

CONJOINT COMMITTEE FOR THE
DIPLOMA OF OBSTETRICS AND
GYNAECOLOGY
(CCDOG)



DRANZCOG & DRANZCOG ADVANCED
(DIPLOMAS FOR GPs) HANDBOOK
INCLUDING SYLLABUS & REGULATIONS
FOR BOTH QUALIFICATIONS

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Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG) comprising of representatives of
the following Colleges:

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East Melbourne VIC 3002

The Royal Australian College of General Practitioners
1 Palmerston Crescent
South Melbourne VIC 3205

Australian College of Rural and Remote Medicine
1st Floor
467 Enoggera Road
Alderley QLD 4051

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IMPORTANT NOTICE

IMPORTANT NOTICE ON INFORMATION AND REGULATIONS IN THIS HANDBOOK

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

A regularly updated version of the handbook is available on the website of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, which is responsible for Diploma training and assessment.

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

<http://www.ranzcog.edu.au/trainees/diploma-trainees.shtml>

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INTRODUCTION

INTRODUCTION

This handbook contains key reference material on the regulations and syllabus for the two training programs for general practitioners who require further training in women's reproductive health. One program - which involves training for a minimum of six months - leads to the **Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists** (known as the **DRANZCOG**). The other program - which involves training for a minimum of 12 months - leads to the **DRANZCOG Advanced**. An overview of these two programs is provided in the next section of this handbook.

The DRANZCOG and DRANZCOG Advanced Training Programs are governed and administered by the Conjoint Committee for the Diploma in Obstetrics and Gynaecology (CCDOG). The CCDOG is composed of an Executive group and two subcommittees:

- Education and Assessment (EA) Subcommittee, and
- Training, Accreditation and Recertification (TAR) Subcommittee (previously known as the Joint Consultative Committee on Obstetrics, JCCO).

While trainees will find most of the information they require in this handbook, requests for any additional information should be directed to the **Training Services Department, RANZCOG** (see p. 13 for contact details).

THE DIPLOMA TRAINING PROGRAMS: AN OVERVIEW

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THE DIPLOMA TRAINING PROGRAMS: AN OVERVIEW

The Conjoint Committee for the Diploma in Obstetrics and Gynaecology (CCDOG) offers two programs for general practitioners/residents who require further training in women's reproductive health care. One program leads to the Diploma of the RANZCOG (DRANZCOG) and the other leads to the DRANZCOG Advanced.

Aims

DRANZCOG

To offer training for GP obstetricians/doctors who wish to -

- Provide shared ante and postnatal care with specialist obstetricians, GP obstetricians or a specialist hospital
- Provide office gynaecology
- Provide family planning
- Manage the antenatal care of low to moderate risk patients
- Perform normal deliveries and assisted deliveries
- Perform basic gynaecological procedures

DRANZCOG Advanced

To offer extended training for GP obstetricians/doctors who wish to -

- Provide all of the above (DRANZCOG) aims
- Manage complicated labours when they arise
- Perform LUSCS (Elective and Emergency) safely and confidently
- Provide support for GP obstetricians when specialist obstetricians are unavailable
- Perform laparotomies in emergency gynaecological situations
- In special circumstances, be able to perform laparoscopies and/or colposcopies

Syllabus

The syllabus for each program is included in this handbook (see pp [33-56](#)).

Duration of training

Training for the DRANZCOG is for a *minimum* period of six months. Training for DRANZCOG Advanced is for a *minimum* period of 12 months.

Trainees undertaking the DRANZCOG Advanced can register for either the full 12 months of training or for the second six months only if they are already holders of the DRANZCOG (or its equivalent). Approval for DRANZCOG Advanced training for the additional six months must be prospectively approved by the Chairman of the relevant State Reference Committee (SRC).

Eligibility and level of experience required prior to enrolling for DRANZCOG training

Trainees must hold a primary degree in Medicine and Surgery issued by a medical school listed in the WHO Publication *World Directory of Medical Schools* or other publications approved by the Australian Medical Council.

Candidates who occupy DRANZCOG approved posts will be in their second, third, or subsequent postgraduate year.

Recognition of Prior Learning

The Joint Consultative Committee on Obstetrics (JCCO), which oversees DRANZCOG/DRANZCOG Advanced training, does not currently have a Recognition of Prior Learning (RPL) policy. All training towards the DRANZCOG/DRANZCOG Advanced must be prospectively approved and there is no provision for crediting previous training/experience. However, an RPL policy is currently in development. Enquiries about this matter should be referred to the Secretariat of the JCCO (see contact details in the General Information section).

Assessment

DRANZCOG

The Written Examination consists of a 150-item Multiple Choice Question Examination of three hours' duration. The questions are on antenatal care and office gynaecology, and also on intrapartum care.

The Oral Examination is an Objective Structured Clinical Examination, (OSCE) of 15 stations, each of seven minutes' duration.

In-training assessment is based on the In-training Skills Log (in the DRANZCOG Log Book sent to trainees upon registration), which is signed off by the Training Supervisor (or by other approved assessors such as registrars or senior midwives) as the appropriate level of each skill is achieved during the course of training.

In addition, all required clinical experience must be recorded in the Clinical Procedures Log (in the DRANZCOG Log Book referred to above).

DRANZCOG Advanced

As for DRANZCOG assessment, with this addition -

Trainees should submit five written case studies on a range of obstetric conditions. A case study should contain details of the management plan of the patients under the care of the candidate during the attachment. Each case study should deal with a different condition. The following details should be included -

- Patient information
- Presentation
- Brief history relating to the condition
- Physical examinations conducted and their outcomes
- Differential diagnosis
- Investigations conducted and their results
- Details of management plan
- A discussion of the management plan with a statement indicating why treatment chosen was regarded as the most appropriate

option from the alternatives available, and comments on the plan from the perspective of general practice

- A summary statement that could form the basis of a progress or discharge letter

The case studies should be of 1000-1200 words in length.

A formative assessment should be carried out and training reports made at six months and nine months of training. The unit attachment grade relating to the trainee's competencies should be accompanied by brief written comments from the staff member (supervisor or otherwise) to whom the trainee is responsible in the attachment. This grade should be assigned on the basis of their ability to -

- Reach a differential diagnosis and develop a management plan from patient-acquired information about the presenting condition
- Summarise relevant patient information and management plans and communicate these to others
- Order appropriate investigations and interpret the results of such investigations
- Participate in the implementation of the management plan under an appropriate level of supervision
- Participate in decisions about the discharge and follow-up of patients
- Maintain patient records in a regular and orderly manner, including a legible discharge referral
- Develop competence in the conduct of common practices in obstetric and gynaecological management
- Develop competence in new skills that are important in rural practice, and reinforce and extend existing skills
- Develop personal confidence and competence in the management of common obstetric and gynaecological conditions, and an awareness of the limitations of personal competence
- Use reflective thinking and considered decision-making processes in management

of obstetric and gynaecological conditions using the appropriate available resources eg. Medline, Cochrane database, journals

In-training assessment is based on the In-Training Skills Log (in the DRANZCOG Advanced Log Book sent to trainees upon registration), which is signed off by the Training Supervisor (or nominee) as the appropriate level of each skill is achieved during the course of training.

In addition, all required clinical experience must be recorded in the Clinical Procedures Log (in the DRANZCOG Advanced Log Book referred to above).

There will be an exit interview of each trainee, which will be conducted by the relevant SRC Chairman before the trainee is awarded the DRANZCOG Advanced.

Revision courses for the DRANZCOG

There is no requirement for attendance at an approved course, however trainees are encouraged to attend the courses which are offered by some states to prepare candidates for the DRANZCOG Examination (see p. 19 of this handbook).

Training provision expected of accredited hospitals

Note: For a complete list of accredited DRANZCOG/DRANZCOG Advanced hospitals, see pp. [15-16](#) of this handbook.

DRANZCOG

The training which a trainee receives should be matched with that trainee's perceived needs, but, as a minimum, hospitals offering DRANZCOG training must be able to provide or arrange the following supervised experience -

- A *minimum* of six hours' experience in family planning. This can be arranged in a number of ways, either in-house or out-of-house
- A *minimum* of 70 hours' experience in antenatal clinics or equivalent (eg. obstetrician's rooms)

- A *minimum* of 70 hours' experience in a gynaecology clinic or equivalent (eg. obstetrician's consulting rooms, menopause clinics, STD clinics, Well-woman clinics)
- Personal conduct of the management of labour and delivery for *at least* 25 women
- Supervision of the management of labour and assistance in the delivery of *at least* 20 additional women
- Performance of a *minimum* of five instrumental deliveries
- Performance of a *minimum* of 10 dilation and curettage of the uterus and/or manual removal of the placenta

In addition, hospitals must -

- Have an active Quality Assurance program in obstetrics and gynaecology
- Normally have at least one staff member with the FRANZCOG.
- Have provision for GP obstetricians
- Allow trainees time to attend educational activities
- Conduct CPD meetings
- Normally deliver at least 400 babies per year per training post ie for two six-month positions
- Normally have paediatric support

DRANZCOG Advanced

In addition to the above, hospitals should be able to provide experience at registrar level in the following -

Obstetrics

See skills listed on p [50](#) of this handbook.

Gynaecology

See skills listed on p [51](#) of this handbook

Anaesthesia

See skills listed on p [51](#) of this handbook.

Trainees can register for either the full 12 months of training or for the second six months only if they are already holders of the DRANZCOG (or its equivalent). Approval for DRANZCOG Advanced training, whether for the entire 12 months or the additional six months, must be prospectively approved by the Chairman of the relevant State Reference Committee (SRC).

Supervision of trainees

Each accredited hospital for the DRANZCOG must have a designated Training Supervisor approved by the JCCO on the recommendation of the relevant State Reference Committee. The Training Supervisor must be a medical practitioner engaged in active obstetric practice who holds an approved postgraduate qualification.

In the case of DRANZCOG Advanced, there will be two supervisors selected by the JCCO: a specialist obstetrician and a GP clinical supervisor.

However, at the discretion of the Chairman of the relevant SRC, a GP obstetrician not involved in obstetrics in the hospital but situated within a reasonable distance can be appointed as a mentor for the training period.

This GP mentor should be a GP obstetrician who –

- is preferably a GP who has an appointment to the training hospital or, failing that, a practising GP obstetrician who has direct contact with the specialist Training Supervisor ie from a nearby town who is still cognisant of what is happening in the neighbouring town. Examples would be between Bendigo / Echuca and Bathurst / Orange
- can interact appropriately with the trainee
- can ensure that training is appropriate and the trainee is fulfilling all curriculum requirements

Method of hospital accreditation

Hospitals suitable for DRANZCOG/DRANZCOG Advanced training are accredited as training sites by the JCCO on the recommendation of the appropriate State Reference Committee (SRC). The period of accreditation granted is up to five years. Hospitals which have not previously been accredited as training sites are normally accredited for one year in the first instance, with

further extension of the period of accreditation being dependent on satisfactory log book data and an exit interview in the case of DRANZCOG Advanced.

Re-accreditation for DRANZCOG/DRANZCOG Advanced posts does not normally require a site visit, but instead is based on information collected by means of questionnaire, trainee log books and feedback from trainees by means of an evaluation questionnaire completed at the end of training. Accreditation for DRANZCOG Advanced posts will require an initial site visit by both a specialist and GP obstetrician nominated by the JCCO to ascertain suitability for the advanced training.

Any new hospital wanting to be approved as a DRANZCOG/DRANZCOG Advanced training site, or any currently accredited hospital seeking additional DRANZCOG/DRANZCOG Advanced training posts, is required to apply formally, using the appropriate form available on the RANZCOG website at

<http://www.ranzcog.edu.au>

Certification

Certifying body

For DRANZCOG/DRANZCOG Advanced, the certifying body is the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), in collaboration with the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).

Name of qualifications

DRANZCOG

The Diploma of the RANZCOG, known as the DRANZCOG, is jointly awarded by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Royal Australian College of General Practitioners, and the Australian College of Rural and Remote Medicine.

DRANZCOG Advanced

The Advanced Diploma of the RANZCOG, known as the DRANZCOG Advanced, is jointly awarded by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Royal Australian College of General Practitioners, and the Australian College of Rural and Remote

Medicine. The abbreviation of the qualification is DRANZCOG Advanced.

Recertification

DRANZCOG

The DRANZCOG is a time-limited qualification issued for a period of three - five years in the first instance (adjusted to align with the period of the RACGP Quality Assurance and Continuing Professional Development Program). Recertification occurs every three years thereafter and is dependent on the accumulation of points over the three years for approved activities in the areas of Women's Reproductive Health within the RACGP QA & CPD Program or the ACRRM Professional Development Program.

DRANZCOG Advanced

DRANZCOG Advanced requires the same recertification as for DRANZCOG with emphasis on the additional skills attained during training.

GENERAL INFORMATION

GENERAL INFORMATION

GENERAL INFORMATION

STAFF CONTACT DETAILS

Registration, Certification, and Training (including provision of log books and all training matters)

Training Services
RANZCOG
254-260 Albert Street
East Melbourne VIC 3002

tel: 03 9417 1699
fax: 03 9419 7817
training@ranzcog.edu.au

Examinations (including DRANZCOG exam applications and all Written/Oral Examination matters)

Examinations Officer
RANZCOG
254-260 Albert Street
East Melbourne VIC 3002

tel: 03 9417 1699
fax: 03 9412 2953
assessment@ranzcog.edu.au

JCCO (Joint Consultative Committee on Obstetrics)

Administration

(including general correspondence, documentation for consideration at JCCO meetings and any other matters not directly associated with training or examinations)

JCCO Secretariat
RACGP
1 Palmerston Crescent
South Melbourne VIC 3205

tel: 03 8699 0577
fax: 03 8699 0400
jcc@racgp.org.au

STATE REFERENCE COMMITTEE CONTACT DETAILS

DRANZCOG and DRANZCOG Advanced trainees must submit their log books for assessment and signing to the Chair of the relevant State Reference Committee (SRC) listed below.

Important Note -

This list is correct as at March 2009. For the most up-to-date version of the list refer to the one available on the RANZCOG website

<http://www.ranzcog.edu.au> ➔ Trainees ➔ GP (Diploma) Trainees

State/Territory	Contact Details	
New South Wales Australian Capital Territory	Dr Michele Batey Chairman SRC C/-Ms Lee Dawson RANZCOG NSW Suite 4, Level 5 69 Christie Street St Leonards NSW 2065	tel 02 9436 1688 fax 02 9436 4166 admin@ranzcog.nsw.edu.au
Queensland	Dr Gino Pecoraro Chairman SRC C/- Ms Lee-Anne Harris RANZCOG QLD Unit 22, Level 3 17 Bowen Bridge Road HERSTON QLD 4006	tel 07 3839 5383 pecoraro@bigpond.com tel 07 3252 3073 fax 07 3257 2370 ranzcogqld@ranzcog.edu.au
South Australia Northern Territory	Dr Christopher Sexton Chairman SRC 29 Warwick Street Walkerville SA 5081	tel 08 8269 1166 fax 08 8344 5223 cesexton@bigpond.com
Tasmania	Dr Rupert Sherwood Chairman SRC Calvary Medical Centre 49 Augusta Road Lenah Valley TAS 7008	tel 03 6228 3331 fax 03 6228 3050 rsherwood@auswide.net.au
Victoria	Dr Bernadette White Chairman SRC C/- RANZCOG 254-260 Albert St East Melbourne VIC 3002	tel 03 94162540 bwhite2@mercy.com.au tel 03 9412 2911 fax 03 9419 7817 kgoodwin@ranzcog.edu.au
Western Australia	Dr Tamara Walters Chairman SRC C/- RANZCOG WA PO Box 6258 East Perth WA 6892	tel 08 9448 5561 fax 08 9448 5551 ranzcogwa@westnet.com.au tamwalters@inet.net.au

ACCREDITED DRANZCOG & DRANZCOG ADVANCED TRAINING HOSPITALS

Important Note -

This list was correct as at July 2009. For the most up-to-date version of the list refer to the list on the RANZCOG website -

<http://www.ranzcog.edu.au> ➡ Trainees ➡ GP (Diploma) Trainees

Key: Hospital is accredited for DRANZCOG training only.
 Hospital is accredited for both DRANZCOG and DRANZCOG Advanced training.

New South Wales & Australian Capital Territory

Armidale & New England District Hospital
 Auburn District Hospital
 Bankstown-Lidcombe Hospital
 Bathurst Hospital
Belmont Hospital
 Blacktown Hospital
 Camden District Hospital
 Campbelltown Hospital
 Canberra Hospital (conditions apply - please contact College House)
 Canterbury Hospital
Coffs Harbour Hospital
 Dubbo Base Hospital
 Fairfield District Hospital
 Gosford District Hospital
Goulburn Base Hospital
 Griffiths Hospital
Hornsby & Ku-Ring-Gai Hospital
John Hunter Hospital
Lismore Base Hospital
 Liverpool Hospital

Liverpool Hospital
Maitland Hospital
 Manly Hospital
Manning Base Hospital
Mona Vale Hospital
Moruya Hospital
 Murwillumbah District Hospital
Nepean District Hospital
Orange Base Hospital
Port Macquarie Hospital
 Royal Hospital for Women
 Royal North Shore Hospital
 Ryde Hospital
 St George Hospital
 Sutherland Hospital
Tamworth Base Hospital
 Tweed Heads District Hospital
Wagga Wagga Base Hospital
 Westmead Hospital
 Wollongong/Port Kembla Hospital

Queensland

Bundaberg General Hospital
 Caboolture Hospital
 Cairns Base Hospital
 Gladstone Hospital
 Gold Coast Hospital
 Hervey Bay Hospital
 Ipswich General Hospital
 Logan Hospital
Mackay Base Hospital
 Maryborough Hospital
 Mater Mothers' Hospital

Mt Isa Hospital
 Nambour Hospital
Redcliffe Hospital (in conjunction with Caboolture Hospital)
 Redland Hospital
Rockhampton Base Hospital
 Roma Hospital (in conjunction with Toowoomba Hospital)
 Royal Brisbane & Women's Hospital
Toowoomba Hospital
Townsville Hospital

South Australia & Northern Territory	
Alice Springs Hospital Flinders Medical Centre Lyell McEwin Hospital Mt Gambier Hospital	Queen Elizabeth Hospital Royal Darwin Hospital Women's & Children's Hospital
Tasmania	
Launceston General Hospital Mersey Community Hospital	Royal Hobart Hospital
Western Australia	
Albany Hospital Joondalup Health Care Campus Bunbury Regional Hospital Kalgoorlie Hospital	King Edward Memorial Hospital for Women Osborne Park Hospital Swan District Hospital
Victoria	
Angliss Hospital Ballarat Base Hospital Bendigo & Northern District Base Hospital Box Hill Hospital Central Gippsland Health Service Dandenong & District Hospital Geelong Hospital Goulburn Valley Health La Trobe Regional Hospital (LRH) Mercy Hospital for Women Mildura Base Hospital Monash Medical Centre	Moorabbin Hospital Mornington Peninsula (Frankston) Northern Hospital Northwest Health Wangaratta Royal Women's Hospital Sandringham & District Memorial Hospital Wangaratta Base Hospital Warrnambool Hospital West Gippsland Hospital Western Hospital Sunshine Wimmera Base Hospital (conditions apply - please contact College House) Wodonga Hospital

REGISTRATION PROCESS FOR DRANZCOG AND DRANZCOG ADVANCED TRAINEES

Prospective DRANZCOG/DRANZCOG Advanced trainees must have secured an appointment, of six months or twelve months respectively, in a hospital accredited to train GPs in the DRANZCOG/DRANZCOG Advanced qualifications. Note: The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), which administers the Diploma training program (including trainee registration), does **not** assist prospective trainees with hospital placements.



Four weeks prior to the commencement of training, prospective trainees must complete a DRANZCOG/DRANZCOG Advanced Registration form. The forms are available from the RANZCOG website -

<http://www.ranzcog.edu.au> ➔ Trainees ➔ GP(Diploma)trainees

The completed form must be submitted to the RANZCOG along with four photographs, a certified copy of the applicant's primary medical degree or AMC Certificate, and fee payment.

If these requirements are not submitted, the registration process cannot be completed.



Once the registration form and requirements are received at the RANZCOG, trainee details will be added to the RANZCOG database and the trainee will be sent a log book that is to be used as a record of all DRANZCOG/DRANZCOG Advanced training.



The DRANZCOG/DRANZCOG Advanced Handbook, which contains the regulations and syllabus, is an online resource that can be viewed and/or downloaded from the RANZCOG website -

<http://www.ranzcog.edu.au> ➔ Training Services ➔ DRANZCOG & DRANZCOG Advanced (Diplomas for GPs) ➔ Handbook



Upon completion of training, DRANZCOG trainees must have their log book signed by their Training Supervisor and the Chair of the State Reference Committee (SRC) in their state.



The DRANZCOG examinations can be undertaken upon completion of training. Examination dates and application forms can be downloaded from the RANZCOG website -

<http://www.ranzcog.edu.au> ➔ Examinations ➔ DRANZCOG Examinations

TRAINING FEES AND LOG BOOKS

There is a training and log book fee for both the DRANZCOG and DRANZCOG Advanced, which is payable to the JCCO via

Training Services Department
RANZCOG
254-260 Albert Street
East Melbourne VIC 3002

This fee is required from all candidates seeking accreditation of training.

Payment is required prior to the commencement of the training period and covers the significant administrative expenses generated by the JCCO, and the State Reference Committees (SRCs), and the provision and distribution of log books.

Fees may vary from year to year, so prospective trainees should contact Training Services at the RANZCOG for details.

Registration for training must be made **before** training actually commences. Log books are obtainable **only** from

Training Services Department
RANZCOG
254-260 Albert Street
East Melbourne VIC 3002

upon payment of the training fee.

Once the log book is completed it is to be sent to the relevant State Reference Committee (SRC) Chairman **within two weeks** of completion for assessment and signing. The booklet is then forwarded by the Chairman to RANZCOG Training Services where a copy is taken of the Certificate of Training and SRC approval. The original of the log book will then be returned to the trainee. Enquiries regarding approval of training should be directed to the Chairman of your State Reference Committee, Joint Consultative Committee on Obstetrics. A list of all State Reference Committee Chairmen and their addresses commences on p [14](#) of this handbook.

REVISION COURSES FOR DRANZCOG TRAINEES

Revision Courses Contact Details

There is no requirement for attendance at an approved course; however, trainees are encouraged to attend the revision courses which are offered by some states to prepare candidates for the DRANZCOG examinations.

For precise course dates and information on course registration, contact the Executive Officer in the relevant state.

State	Course Dates & Venue	Contact Details
New South Wales	November Rydges Hotel North Sydney, 54 McLaren St North Sydney	Executive Officer RANZCOG NSW Regional Committee Suite 4 Level 5 69 Christie Street St Leonards NSW 2065 tel 02 9436 1688 fax 02 9436 4166 admin@ranzcoг.nsw.edu.au
	These courses are presented by the NSW Committee of the RANZCOG and are suitable as a refresher course for GPs as they cover a wide range of topics in obstetrics and office gynaecology. Enrolments accepted up to the date of the course.	
Queensland	July Check with the Executive Officer for venue information.	Executive Officer RANZCOG QLD Regional Committee 50 Water Street Spring Hill QLD 4000 tel 07 3839 9001 fax 07 3839 0299 ranzcoгqld@powerup.com.au
	Enrolments accepted up to the date of the course.	
Victoria	January July Check with the Executive Officer for venue information.	Executive Officer RANZCOG Vic Regional Committee 8 La Trobe Street Melbourne VIC 3000 tel 03 9663 5606 fax 03 9662 3908 vsc@ranzcoг.edu.au
	Enrolments close two weeks prior to the date of the course.	

RESOURCES ON WOMEN'S REPRODUCTIVE HEALTH

Note: The information below is offered as a guide only. It is not mandatory to purchase any resources.

Recommended textbooks

Trainees seeking additional reference material may wish to read -

DRANZCOG

- **Essentials of Obstetrics & Gynaecology.**
Hacker & Moore.
- **Obstetrics and the Newborn**
Beischer & Mackay.
- **The Obstetrics Manual.**
Professor Michael D Humphrey, MB BS, MRCOG, FRACOG, FRCOG.
1995 McGraw-Hill Australia, 218 pages illustrated, clothbound.

(Contact details: McGraw-Hill Book Company, 82 Waterloo Road, North Ryde NSW 2113, tel 02 9900 1800, fax 02 9878 8280, email cservers_sydney@mcgraw-hill.com)

DRANZCOG Advanced

- **Munro Kerr's Operative Obstetrics, UK.**
Published by: Bailliere Tindall; Editor: Myerscough; ISBN: 0702009040.

The above publications should be available from medical bookshops.

Other educational resources

Other educational resources which may be of interest to trainees are -

Available from -
Vacca Research Pty Ltd
PO Box 614
Albion QLD 4010

- **Choices with Childbirth (CWCB)**

A self-directed learning program on CD-ROM designed for health care professionals who advise and assist women during childbirth. The content of the program includes essential information and interactive case studies supported by a variety of multimedia and many other features that will enhance the birth attendant's clinical knowledge and reasoning skills about progress of labour and vacuum extraction. For Windows and Macintosh. There is also a Handbook of Vacuum Extraction available.

CWCB CD ROM
CWCB CD ROM & Handbook of Vacuum Extraction package

Note: Information on current prices available from Vacca Research Pty Ltd.

Available from -
Multimedia Medicine
PO Box 224
Moreland VIC 3058
for enquiries, tel Mr David Brockwell on 0408 035 887
fax 03 9386 8994
multimed@alphalink.com.au or david.brockwell@racgp.org.au

- **10th Advanced Course in Obstetrics, Reproductive Health & Care of the Newborn Series - 2001** [6 videos, duration: 21 hours]
 1. Welcome Address; Premature rupture of membranes and premature labour; Medical problems in the first trimester; Fetal assessment and growth;
Case Presentations: Emergency intrapartum care
 2. Plenary Forum: Personal and professional development; Pain relief in obstetrics; Infectious diseases and pregnancy; Hypertension in pregnancy
 3. Case Presentations: Obstetric shock and haemorrhage; Plenary Forum: "Keeping the customers satisfied"
 4. Stabilisation and transfer of the sick neonate; Common neonatal problems; The septic infant; Advanced life support in obstetrics;
Case Presentations: Common postnatal problems
 5. Plenary Forum: Indigenous Women's Health - What can make a difference? New developments in contraception; An approach to the investigation of the infertile couple ; Pitfalls of the female pelvic floor and bladder
 6. Case Presentations: Problems in hormone replacement therapy;
Plenary Forum: Chronic pelvic pain

- **Urinary Tract Infection** [duration: 55 mins]
Diagnosis, treatment and preventing recurrences of urinary tract infections.

- **Breastfeeding Revealed** [duration: 43 mins]
The science of human lactation. A lecture presented by Professor Hartmann, on his research and the clinical implications for breastfeeding management.

- **Pitfalls in the Postpartum Period** [duration: 71 mins]
Covers - Drugs and breastfeeding, contraception, incontinence, mastitis and working and breastfeeding.

- **CheckuP2 on CD-ROM**
MCQs with immediate feedback. Test your knowledge or for exam preparation. Operates in a Windows environment.
 - **Women's Health (100 MCQs) 1**

 - **Women's Health (100 MCQs) 2**
 - Contraception
 - Domestic violence
 - HPV/HSV

 - **Women's Health – Gynaecological Presentations** [duration: 71 mins]
This CD-ROM contains ten interactive case studies with MCQs and feedback and also includes readings, tables and other information.

Note: Information on current prices available from Multimedia Medicine.

Perinatal statistics

Item 8.29 of the DRANZCOG syllabus states –

Perinatal mortality and morbidity

8.29 Know hospital, state and national maternal, stillbirth and neonatal death rates.

DRANZCOG trainees wishing to access these statistics can contact –

Perinatal Statistical Unit
Australian Institute of Health & Welfare
Sydney Children's Hospital
Level 2, McNevin Dickson Building
Randwick Hospital Campus
Randwick NSW 2031

tel 02 9382 1106

or via the website at

<http://www.aihw.gov.au/npsu/>

EXAMINATIONS

DRANZCOG

The DRANZCOG qualification requires both a Written Examination (single multiple choice paper, 150 questions, three hours) and an Oral Examination (15 OSCE stations, each of seven minutes' duration).

DRANZCOG Advanced

Doctors training for the DRANZCOG Advanced qualification sit for both the Written Examination (single multiple choice paper, 150 questions, three hours) and Oral Examination (15 OSCE stations, each of seven minutes' duration) for the DRANZCOG qualification after the initial six months' of training. Trainees completing the second six months of training only for the DRANZCOG Advanced are not required to re-sit the examination. For the DRANZCOG Advanced, completion of five case studies during the last six months is required. There will also be an exit interview arranged by the Chairman of the State Reference Committee.

Application Forms

Examination application forms can **only** be obtained from -

Examinations Officer
RANZCOG
254-260 Albert Street
East Melbourne VIC 3002

tel 03 9417 1699
fax 03 9412 2953
exams@ranzcog.edu.au

or via the website at

<http://www.ranzcog.edu.au>

The closing date for applications is:

- **30 October** for the following February/April Written and Oral Examinations
- **31 May** for the following August/September Written and Oral Examinations

It is the candidate's responsibility to apply for all examinations.

Late applications will NOT be accepted. Applications need to be made for both the Written and Oral examinations at the same time.

IMPORTANT NOTE ON LOG BOOKS AND THE ORAL EXAMINATION: Completed log books must be approved by the relevant State Reference Committee chair prior to sitting the Oral Examination (see item 6 on p [25](#) for more details)

Dates for DRANZCOG Examinations

Session	Examination	Date	Closing Date for Applications
First	Written	February each year	30 October of previous year
	OSCE	April each year	30 October of previous year
Second	Written	August each year	31 May each year
	OSCE	September each year	31 May each year

Note:

- Late applications will NOT be accepted.
- Applications for the Written and Oral examinations in the same half year must be made together.
- The examination fee is subject to annual review. Details of the current fees are available from the RANZCOG website (<http://www.ranzcog.edu.au>) or Examinations Officer at the RANZCOG.
- Cheques should be made payable to -
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Exemption Fee

A fee is payable to the RANZCOG in cases where an exemption from the DRANZCOG examination in Australia is recommended by the Joint Consultative Committee on Obstetrics and granted by the RANZCOG.

Critical Stations in the Oral Examination

Four of the seven topics listed below will be examined in stations at the DRANZCOG Oral Examination and these stations will be 'critical'. That is, in addition to obtaining an overall result that equals or exceeds the pass mark for the examination, candidates will have to pass each of the four stations relating to topics taken from the list below in order to achieve a pass in the examination.

The topics are as follows:

- Management of antepartum haemorrhage
- Instrumental deliveries
- Management of eclamptic patient
- Resuscitation of neonate
- Management of postpartum haemorrhage
- Management of pre-eclampsia
- Management of shoulder dystocia

The standard required to achieve a pass at an individual station in the examination will be determined by the standard setting process that is conducted prior to each examination. As with the overall passing mark for the examination, there is no pre-set mark that corresponds to a pass; thus, it is not possible to indicate the marks required to pass individual stations, or the Oral Examination overall, prior to the examination.

DRANZCOG Examination Requirements Checklist

When applying for admission to the examination for the DRANZCOG, you must provide all of the following -

1. Completed and signed application form.
2. The appropriate examination fees.
3. Original (or certified copy) of undergraduate medical degree certificate or transcript (if not already submitted at the time of registration for training).
4. Four copies of a recent coloured passport-sized photograph, one of which should be certified on the back by the Training Supervisor, the Medical Superintendent, the senior partner in a private practice, a JP or Commissioner for taking affidavits as being a true likeness of the candidate. [Note: This instruction only applies to candidates who have not already done this at the time of registration for training.]
5. Written confirmation that the required period of training has been completed or is almost complete. This should be in the form of either a copy of the Certificate of Training from your log book or In-training Skills Log which should be completed, signed and forwarded to the Training Services Department, RANZCOG, shortly after completion of training or, in the case of a period of training which is not yet complete, a letter from the Training Supervisor (pro forma letter follows).

Note: Candidates training under Regulation 2.3 (alternative based training) must submit written certification of satisfactory completion of training from the Chairman of the relevant State Reference Committee (SRC).

6. A completed Log Book, including In-training Skills Log, assessed by the Chairman of the appropriate State Reference Committee.

Note: Candidates may sit for the Written Examination even if their log book has not been approved, but log book approval must be obtained prior to sitting the Oral Examination, unless exceptional circumstances apply. The appropriate State Reference Committee Chair must receive log books in sufficient time to notify the RANZCOG Training Services Department within 21 days after the date of the Written Examination.

It is the responsibility of each candidate to ensure that all relevant documents are received by the Examinations Officer, RANZCOG, by the due dates. If all requirements are not met, candidates may not be given permission to proceed to examination, or, alternatively, results may be withheld from those candidates from whom no documentation has been received.

PRO FORMA LETTER FROM TRAINING SUPERVISOR WHERE A PERIOD OF TRAINING IS NOT YET COMPLETE

Please refer to Checklist Item 5 on the previous page for further information on this pro forma letter.

Examinations Officer
RANZCOG
254-260 Albert Street
EAST MELBOURNE VIC 3002

Date

Dear Sir / Madam,

This is to confirm that Dr _____ is currently occupying a training post approved for the DRANZCOG at _____ Hospital.

This appointment commenced on _____ and is expected to be completed on _____.

Yours sincerely

Training Supervisor (Hospital)

Note: This letter should be typed on official hospital letterhead or be certified with the hospital stamp.

Venues for Examinations

Written Examinations

Applicants for the DRANZCOG Written Examination may select the venue where they wish to take their examination. From the first examination in 2010 all RANZCOG written examinations (Diploma, Membership and Subspecialties) will be held only in centres where there is a RANZCOG regional office.

That is: Adelaide, Brisbane, Melbourne, Perth, Sydney and Wellington.

Oral Examinations

All DRANZCOG Oral Examinations are held in Melbourne. Please check the website at

<http://www.ranzcog.edu.au>

for details of the examination venue.

Trainee representation on RANZCOG Examination Committee

The RANZCOG Examination Committee is responsible for the conduct of the DRANZCOG examinations. DRANZCOG trainees have a representative on this committee. If any trainee wishes to raise issues with the committee, contact details for the current representative can be obtained from the RANZCOG Examinations Officer.

Special Consideration Guidelines for RANZCOG Examinations (including the DRANZCOG Examinations)

Preamble

Special consideration is available to candidates who believe their examination preparation and/or performance has been hampered by illness or other causes to such a substantial degree that it is likely to adversely affect their performance and, consequently, their result in a College examination.

Special consideration is available for all RANZCOG written and oral examinations, including the in-hospital clinical examinations for the subspecialties *Maternal Fetal Medicine* and *Obstetrical and Gynaecological Ultrasound*.

All applications for special consideration must be supported by appropriate documentation, except in exceptional circumstances that render this impossible or redundant. Appropriate supporting documentation includes, but is not limited to, certificates or statements from medical professionals licensed to issue such certificates or statements, police reports, bereavement notices and statutory declarations. In particular, applications for special consideration that are based on illness grounds will NOT be considered without appropriate supporting documentation from medical professionals licensed to issue such certificates or statements.

1. Grounds for special consideration

The most common reasons for applying for special consideration include serious illness (either yourself or a close family member), bereavement, family breakdown and personal trauma. If you are in any doubt as to whether particular circumstances warrant special consideration, you should seek advice from the Assessment Co-ordinator (MRANZCOG and DRANZCOG examinations) or the Subspecialties Co-ordinator (all subspecialty written and oral examinations) at the College.

Special consideration is available to candidates who have been:

- prevented by illness or other cause from preparing or presenting for all or part of an examination; or
- adversely affected to a substantial degree by illness or other cause during the performance of an examination.

In cases where candidates feel their examination preparation has been significantly impaired through illness, the College should be contacted and advice requested.

2. Consideration

The RANZCOG Examination Committee will consider applications for special consideration relating to MRANZCOG and DRANZCOG examinations. Applications for special consideration relating to subspecialty examinations will be considered by the relevant subspecialty Board of Examiners, who will make recommendations to the RANZCOG Examination Committee.

Applications for special consideration will be regarded in the strictest confidence and anonymity of applicants will be maintained where possible. Members of the relevant subspecialty Board of Examiners and/or the RANZCOG Examination Committee will, however, be informed of details of the circumstances relating to the application in order to make a decision relating to the application.

Applications for special consideration will only be considered by the relevant College body where a candidate has submitted an application in accordance with the procedures outlined in this document, and where the candidate has not gained a grade of 'Pass' in the examination in question under the normal College procedures.

3. Possible outcomes

The outcome of an application for special consideration may be any of the following, based on material presented to the relevant College body considering the application.

- Candidates may be deemed to have passed the examination.
- Candidates may be allowed a further attempt at the examination without affecting the number of attempts available

to them under relevant College regulations.

- Given other consideration as deemed appropriate.
- No action may be taken.

Where the decision relating to an application for special consideration results in a candidate being granted extra or supplementary attempts at an examination, the decision will include a recommendation relating to the charging of fees or otherwise to the candidate for presenting at those attempts.

The remarking of an examination paper is not an option available under special consideration provisions, unless the candidate can demonstrate that an error in process or natural justice has occurred that warrants such action.

4. Application requirements and time limits

Candidates should advise the College of circumstances that they feel may warrant special consideration as soon as they are aware that such circumstances exist, and communication with the College is possible. Initial notification may be verbal or written; however, formal notification to the College in writing (via e-mail acceptable) on the official College form **MUST** occur no later than TWO days after the relevant examination was scheduled or held. **Applications relating to MRANZCOG and DRANZCOG examinations should be directed to the Examinations Officer at the College. Applications relating to subspecialty examinations should be directed to the Subspecialties Co-ordinator at the College.**

A fee is payable for lodging an application for special consideration, which is indicated on the application form. This fee must be included with the written application and shall be refunded in the cases where special consideration is granted. In cases where applications are lodged via e-mail or Fax, a written authorisation for debit to the applicant's credit card is acceptable.

5. Late applications

An application made after the relevant date, or not on the approved form, must be made to the Chairman of the College Examination Committee.

Such applications will only be accepted if the Chairman is satisfied that it was not possible for the application to have been made on the prescribed form or by the required date. Late applications **MUST** include an outline of the reason(s) why the application was not submitted by the due date. **It should be anticipated that any application for special consideration in an examination made after the publication of results in that examination will not normally be accepted.**

6. Appeals

Applicants for special consideration will be advised of the outcome of their application as soon as is practicable after a decision is reached. Applicants may appeal the decision made in relation to their application through the normal College appeals procedure outlined in Section 19 of the College Regulations.

OBTAINING THE CERTIFICATE ON COMPLETION OF TRAINING

DRANZCOG



To be eligible to enrol on the register of Diplomates trainees must have satisfactorily completed the following requirements:

- 6 months of prospectively approved training
- The In-training Clinical Skills Logbook, and have it signed by the Chair of the relevant local State Reference Committee (SRC)
- The DRANZCOG Written Examination
- The DRANZCOG Oral Examination

The following forms must be completed before the DRANZCOG certificate can be obtained:

- DRANZCOG Declaration
- Enrolment on the Register of Diplomates

These forms can be downloaded from the College website:

<http://www.ranzcog.edu.au>  Trainees
 GP(Diploma) trainees

The forms need to be completed and forwarded to College House, along with payment of the current certification fee (payable to RANZCOG). This fee covers the administration costs associated with the awarding of the certificate. (Details of the current fee amount are available from Training Services, RANZCOG, or via the website.)

Following receipt of the forms, the Diploma, signed by the Presidents of all three Colleges (RANZCOG, RACGP and ACRRM) will be prepared and forwarded to you, along with an invoice for a pro-rata subscription fee that entitles you to receive the College magazine *O&G* and the *Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG)*.

NOTE: All examination results are subject to ratification by the RANZCOG Council and as such certificates will not be sent until Council has met. For examinations sat in April, Council will meet in July. For examinations held in September, Council will meet in November.

While every effort is made by the Training Services Department to expedite the certification

process, candidates are advised that obtaining the signatures of all three Presidents can take some weeks.

DRANZCOG ADVANCED

Following successful completion of all assessment requirements for the DRANZCOG Advanced, the Chair of the relevant State Reference Committee (SRC) will formally recommend to the Joint Consultative Committee on Obstetrics (JCCO) that the candidate be awarded the DRANZCOG Advanced.

The SRC Chair does this by signing the 'Assessment of Additional Skills Required' page in the DRANZCOG Advanced logbook and sending both logbook and completed case studies to the Training Services Department at RANZCOG.

IMPORTANT NOTE: The Training Services Department refers the SRC Chair's recommendation to the JCCO only upon receipt of the above items, **not** before.

Once the recommendation has been approved by the JCCO, it is referred to the next meeting of RANZCOG Council for formal ratification. The Council meets in March, July and November each year.

After this ratification, the Training Services Department at the RANZCOG sends the candidate a form to apply for certification and to be placed on the Register. The candidate also receives an invoice for a certification fee payable to the RANZCOG.

Details of the current fee amount are available from Training Services, RANZCOG.

As with the DRANZCOG qualification, the certificate for the DRANZCOG Advanced has to be signed by the Presidents of the three Colleges (RANZCOG, RACGP and ACRRM) once the application form and fee have been submitted.

NOTE: Candidates are advised that obtaining the signatures of all three Presidents can take some weeks.

RECERTIFICATION REQUIREMENTS

DRANZCOG

The DRANZCOG qualification is a time-limited qualification, issued for a period of three - five years in the first instance (adjusted to align with the period of the RACGP Quality Assurance and Continuing Professional Development Program). Recertification occurs every three years thereafter and is dependent on the accumulation of points over the three years for approved activities in the areas of Women's Reproductive Health within the RACGP QA & CPD Program or the ACRRM Professional Development Program.

If a Diplomat is a Fellow of the RACGP or the ACRRM or on the Vocational Register, their Women's Health points will be administered by the RACGP or the ACRRM.

Diplomates who are not included on the list of recognised GPs with the Health Insurance Commission (Fellows list or Vocational Register) will have their points administered by the RANZCOG.

DRANZCOG Advanced

DRANZCOG Advanced requires the same recertification as for the DRANZCOG, with emphasis on the additional skills attained during training.

For full and up to date details on gaining points in Women's Reproductive Health, Diplomates and Diploma trainees should refer to the RANZCOG website at -

<http://www.ranzcog.edu.au> ➔ Professional Development
➔ Diplomates

DRANZCOG

**DRANZCOG
SYLLABUS & REGULATIONS**

DRANZCOG SYLLABUS

SYLLABUS

1. Attitudes

While these attitudes should be developed throughout the training program, they should also form the basis for selection of trainees to the program.

- 1.1 Empathy with patients.
- 1.2 Willingness to work as a team member.
- 1.3 Readiness to learn.
- 1.4 Willingness to teach.
- 1.5 Enquiring mind.
- 1.6 Tolerant caring approach to others.
- 1.7 Recognition of own limitations and appropriate referral.
- 1.8 Open-mindedness.
- 1.9 Responsibility for overall care of patient.
- 1.10 Honourable approach to patients and colleagues.
- 1.11 Commitment to continuous improvement of care by means of participation in Quality Assurance and Continuing Education activities.

The remainder of the syllabus is composed of objectives which describe what a trainee should know and be capable of performing to qualify for the Diploma.

2. General Skills

- 2.1 Take a case history: obstetric, gynaecological, contraceptive, psychosexual.
- 2.2 Examine the abdomen of the pregnant woman.
- 2.3 Perform a speculum examination.
- 2.4 Perform a bi-manual examination: gynaecological, antenatal, intrapartum, postnatal.
- 2.5 Perform a breast examination.

- 2.6 Take appropriate specimens from the genital tract.
- 2.7 Awareness of and the ability to sensitively handle and document domestic violence issues.
- 2.8 Perform a pap smear.

3. Communication and Counselling Skills

- 3.1 Counsel women in aspects of obstetrics and gynaecology, including contraception, sterilization (female and male), sexually transmissible disease, before surgery, infertility (initial counselling only).
- 3.2 Take a sexual history and perform basic sexual counselling.
- 3.3 Convey bad news to patients and relatives in a sensitive manner.
- 3.4 Perform basic grief counselling, including counselling parents after a perinatal death.
- 3.5 Counsel women with unwanted pregnancy.
- 3.6 Counsel women seeking termination.
- 3.7 Communicate with other health professionals.
- 3.8 Consult with colleagues in other specialties.

4. Documentation

- 4.1 Maintain accurate and legible records, including diagnosis and plan of management.
- 4.2 Write full and accurate operation notes.
- 4.3 Write concise discharge summaries and understand contemporary coding practices and their implications.

5. Ethical and Legal

- 5.1 Understand the legal implications when obtaining consent or documenting adverse outcomes.
- 5.2 Understand the medical and interpersonal difficulties which commonly lead to litigation in O&G practice.

- 5.3 Discuss ethical issues in a non-judgmental manner.
- 5.4 Demonstrate an understanding of the Privacy Acts, the legal status of the fetus and of laws relating to the Family Court and Guardianship Boards.

6. Epidemiology and Research

- 6.1 Define livebirth, abortion, stillbirth, neonatal mortality, perinatal mortality, infant mortality, maternal mortality, pre-term birth and low birth weight in use in Australia and internationally.
- 6.2 Understand basic demographic trends, both nationally and internationally.
- 6.3 Critically review personal and hospital current practice using contemporary Quality Assurance principles.
- 6.4 Organise and participate in Quality Assurance activities using contemporary Quality Assurance methodology.
- 6.5 Understand the common statistical terms as they apply to day-to-day practice eg positive predictive value, odds ratio, relative risk, etc.

7. Women's Health Issues

The definition of Women's Reproductive Health is as defined at the 1994 World Health Organisation's Conference on Population and Development -

'Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.'

Reproductive health care in women includes sexual health, fertility regulation, pregnancy childbirth and aftercare of the mother and her baby, infections associated with sexual activity, cancers of the genital tract, and the menopause. Implicit in this is the freedom of choice, the right to be treated with dignity, and the rejection of all forms of coercion or violence, especially sexual and domestic violence.

- 7.1 Understand the expectations of women and

their partners with respect to menstruation, sexuality, fertility, pregnancy, childbirth and parenthood.

- 7.2 Understand the major objections and complaints that women make about the delivery of obstetric and gynaecological services.
- 7.3 Understand the impact of social and cultural issues on the delivery of health care and outcomes.
- 7.4 Identify and understand the principles of and arrange appropriate management of women on sexual assault, domestic violence and postnatal depression.

8. Obstetrics

Periconceptual care

- 8.1 Perform pre-conception and early pregnancy counselling.
- 8.2 Understand the principles of the effect of pregnancy on disease and the effect of disease on pregnancy.
- 8.3 Understand the principles of the inheritance of disease.
- 8.4 Understand the principles of teratogenesis.
- 8.5 Understand obstetric risk factors relating to shared care.
- 8.6 Have some knowledge of the results of significant studies relating to the management of pregnancy and labour eg term breech trial.

Antenatal care

- 8.7 Understand the purposes and practices of antenatal care, including arrangements for and conduct of the booking visit, arrangements for and conduct of follow-up visits, use of imaging techniques, screening for abnormality and health education.
- 8.8 Manage antenatal booking, including appropriate screening and antenatal tests.
- 8.9 Perform antenatal follow-up, including appropriate screening and antenatal tests.

- 8.10 Identify, evaluate and manage normal pregnancies. complications which develop during labour, including pregnancy-induced hypertension and fetal distress.
- 8.11 Understand the principles of management of miscarriage, ectopic pregnancy and drugs in pregnancy. 8.22 Chart the progress of labour.
- 8.12 Understand the principles of management of pregnancies in patients with pre-existing or current medical conditions, such as maternal systemic infections, urinary tract infection, maternal haematological disorders, diabetes mellitus, renal disease, cardiac disease. 8.23 Assess the need of analgesia in labour.
- 8.13 Understand the principles of diagnosis and management of pregnancy-induced medical and surgical disorders, including pregnancy-induced hypertension, urinary tract infection, cholestasis, hyperemesis gravidarum, fibroid complications and ovarian cysts. 8.24 Manage the third stage of labour.
- 8.14 Understand the principles of diagnosis and management of early pregnancy complications, including congenital malformations. 8.25 Perform the following procedures in relation to labour:
- 8.15 Understand the principles of diagnosis and management of significant obstetric complications, including antepartum haemorrhage, iso-immunisation, abnormal growth, pre-term labour, multiple pregnancy, abnormal lie, abnormal presentation and prolonged pregnancy. 8.25.1 Induction and augmentation of labour.
- 8.16 Understand the use and reliability of tests of fetal wellbeing. 8.25.2 Low instrumental delivery.
- 8.17 Assess fetal wellbeing. 8.25.3 Episiotomy and repair.
- 8.18 Understand the principles involved in first trimester ultrasound scanning and use of ultrasound obstetrics management. 8.25.4 Repair of perineal and vaginal tears.
- 8.25.5 Management of maternal collapse.

Puerperium and Postnatal

- 8.26 Perform post-natal review, including appropriate tests and examination of the neonate.
- 8.27 Manage normal puerperium, including lactation.
- 8.28 Manage problems arising during puerperium, including -
- 8.28.1 Pyrexia
- 8.28.2 Thrombo-embolism
- 8.28.3 Depression
- 8.28.4 Haemorrhage
- 8.28.5 Perineal complications
- 8.28.6 Disorders of lactation
- 8.28.7 Breast complications
- 8.28.8 Postnatal contraception

Perinatal mortality and morbidity

- 8.19 Understand the principles of management of labour and delivery, induction and augmentation of labour, analgesia, haemorrhage, fetal compromise, instrumental delivery, breech delivery, twin delivery, Caesarean section, retained placenta and perineal repair.
- 8.20 Manage normal labour and delivery.
- 8.21 Recognize and manage maternal and fetal 8.29 Know hospital, state and national maternal, stillbirth and neonatal death rates.

8.30 Evaluate a perinatal death

9. Neonatology

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

9.2 Resuscitate a newborn baby.

9.3 Advise concerning feeding difficulties.

9.4 Immunisation of neonates.

9.5 Management of neonatal jaundice.

9.6 Recognition and management of sick neonates, including sepsis, respiratory distress and hypoglycaemia.

9.7 Understand the requirements for a sick neonate prior to transfer.

10. Gynaecology

General

10.1 Understand the process of sexual differentiation, including basic embryology of female reproductive tract, female pelvic anatomy, male pelvic anatomy and chromosomal disorders.

10.2 Understand the process of puberty, including endocrinology, effects on growth, secondary sex characteristics, gonadal function and behavioural changes.

10.3 Understand the gonadal function, including normal hypothalamo-pituitary gonadal interactions, female gametogenesis and male gametogenesis.

10.4 Take a cervical smear and understand the reporting of cervical cytology and the principles of management of the abnormal pap smear.

10.5 Understand the principles of the control of micturition in the female.

10.6 Diagnose and initiate management of urinary tract infection, incontinence and voiding difficulties.

10.7 Diagnose and manage women with

infections of the genital tract.

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

10.9 Diagnose and manage the patient with vaginal discharge, pruritus, and superficial dyspareunia.

10.10 Understand the physiology of the normal menstrual cycle and the pathophysiology of the premenstrual syndrome, infrequent menses, menstrual irregularity, excessive menstruation and pain.

10.11 Manage women with menstrual disorders.

10.12 Manage a woman with premenstrual syndrome.

10.13 Know the physical and psychological changes associated with the climacteric.

10.14 Manage the menopausal and climacteric patient, including use of hormone replacement therapy.

10.15 Know the epidemiology, causes and principles of management of infertility.

10.16 Perform dilation and curettage.

10.17 Understand the principles of management of post-coital, inter-menstrual and post-menopausal bleeding.

10.18 Understand the principles of common gynaecology operations, post-operative management and common post-operative complications.

10.19 Some knowledge of the diagnosis and management of gynaecological cancer.

10.20 Some knowledge of familial cancers.

10.21 Some knowledge of significant studies in gynaecology eg HERS Study.

11. Family Planning

11.1 Know the acceptability, effectiveness, indications, contra-indications, complications, techniques for the use of, and age-specificity of the available methods of contraception, including natural methods, spermicides, barrier methods, intra-uterine devices, hormonal methods and

sterilization.

- 11.2 Counsel women about family planning and contraceptive issues.
- 11.3 Management of intrauterine and hormonal contraception, including long acting injectables.
- 11.4 Understand the principles of termination of pregnancy, including the methods available, the after care required and complications.

DRANZCOG REGULATIONS

REGULATIONS

Introduction

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine award the Diploma of the RANZCOG to registered medical practitioners who have completed an approved period of training in obstetrics, gynaecology and family planning in accredited DRANZCOG training posts and who satisfy its examiners.

Decisions regarding the suitability of the postgraduate training will rest with the Joint Consultative Committee on Obstetrics (JCCO), which comprises representatives of the three colleges referred to above and will be based on the information provided by the candidate in accordance with the regulations.

There are two examination sessions held each year - one in the first half of the year (February/April) and one in the second half (August/September).

The DRANZCOG Examination requires competence in the following areas -

Obstetrics

Those aspects of obstetrics necessary to the practice of a general practitioner who wishes to provide all aspects of care for low risk patients, with particular emphasis on ante-natal, intrapartum and post-natal care of the mother and child, and the resuscitation and examination of the newborn child.

Family Planning

All aspects of Family Planning.

Office Gynaecology

Common activities such as taking cervical smears and vaginal swabs, managing genital tract infection, knowledge and basic management of menstrual disorders, infertility, post-menopausal symptoms and performance of procedures such as D&C.

The DRANZCOG Examination requirement will comprise two components -

- a Written component
- an Objective Structured Clinical Examination (OSCE) component.

These examination components will be held in those centres deemed appropriate by the Examination Committee of the RANZCOG.

1. Regulations

1.1 Prerequisites

1.1.1 Eligibility

Trainees must hold a primary degree in Medicine and Surgery issued by a medical school listed in the WHO Publication *World Directory of Medical Schools* or other publications approved by the Australian Medical Council.

1.1.2 Level of experience

Candidates who occupy DRANZCOG approved posts will be in their second, third or subsequent postgraduate year.

2. Training

The DRANZCOG Examination is only available to those who have satisfactorily completed a training program **prospectively** approved by the Joint Consultative Committee on Obstetrics.

Those applying to undertake the examination requirement of the DRANZCOG must have completed a minimum of six months' training preceding the date of the Written Examination component, whether it be in the first or second half of the year.

There are three forms of approved training -

2.1 Hospital-based training in accredited posts

2.1.1 Usually a total of six months' experience in an accredited DRANZCOG training post, but in some accredited posts nine or twelve months' experience is required.

2.1.2 Posts must be accredited by the

- JCCO before the commencement of training.
- 2.1.3 Except under unusual circumstances, candidates must pass the Written Examination within two years of completion of training.
- 2.1.4 Interrupted training of two three-month periods is accepted providing the interval between these periods is less than two years. The trainee may not have less than three calendar months in each block. This training may be in two different hospitals.
- 2.1.5 Candidates who occupy 12-month posts may sit the written and oral components of the examination in the first half of their 12 months, provided that the log book has been approved prior to sitting for the oral component (see Item 3.2.7). However, those candidates who pass both examination components will not be awarded the DRANZCOG until they have satisfactorily completed their 12 months of training.
- 2.1.6 Part-time training requires **prospective** approval by the JCCO following recommendation by the appropriate State Reference Committee (SRC). Such training should not be less than half-time and the duration of the training period must be extended appropriately.
- 2.2 Overseas training
- 2.2.1 Training undertaken in a post which is recognised for the Diploma of the Royal College of Obstetricians and Gynaecologists, the Diploma in Obstetrics of the University of Auckland, or the Post-Graduate Diploma in Obstetrics of the University of Otago, may be recognised as training for the DRANZCOG depending on the clinical procedures log book.
- 2.2.2 All training must be **prospectively** approved by an SRC. In general, such appointments should guarantee the trainee sufficient experience to allow satisfactory completion of the training requirements as detailed under regulation 3.1.3.
- 2.2.3 Candidates will be required to maintain a log book of training. This log book must be submitted to the Chairman of the relevant SRC for formal approval as soon as possible after the completion of training.
- 2.3 Alternative practice-based training for experienced general medical practitioners
- 2.3.1 Applicants for alternative training must be graduates of at least five years' standing and be in active practice. Assessment should be made as to the experience of the practitioner when determining the training required.
- 2.3.2 Supervised training for these candidates must be **prospectively** approved and will be no less rigorous than hospital-based training. Alternative training is only to allow the candidate to sit the written component. From then on, all the relevant regulations relating to the DRANZCOG apply.
- 2.3.3 Individual applications for alternative training should be directed to the Chairman of the appropriate SRC for consideration.
- 2.3.4 Trainees in this category must have an approved DRANZCOG Training Supervisor as per Regulations 2.5.1 and 2.5.2.
[Revised and ratified by Council, November 2009]
- 2.3.5 Candidates must obtain a log book from the RANZCOG and record the management of a specified number of their own cases.
- 2.3.6 This training must be linked to regular review of case records, case discussion, follow-up of appropriate cases, review of cases referred to consultants and participation in Quality Assurance activities.
- 2.4 Leave
- 2.4.1 Annual leave of two weeks may be taken during the six-month

DRANZCOG training term by prior arrangement with the hospital.

2.4.2 The regulation concerning absence from the training program in excess of normal leave entitlements, which includes -

- Extended sick leave
- Unexpected leave
- Family leave (which must be taken as full-time leave)

- is that if the trainee is absent for more than the pro-rata leave entitlements in the six-month training period, the Clinical Procedures Log and In-training Skills Log must be assessed by the Training Supervisor and the Chair, SRC, for the amount of work achieved in that period. The assessment and credit for training commences again when the trainee resumes RANZCOG training.

2.4.3 There is a time limit for leave taken. Trainees cannot interrupt their training for more than **two years** without the loss of credit for previous training.

2.4.4 All leave arrangements in excess of normal leave entitlements must be prospectively approved by the Training Supervisor and the Chair, SRC. Details can be requested from the Training Services Department, RANZCOG.

2.5 Training Supervisors

2.5.1 Training Supervisors for DRANZCOG trainees must be either a Fellow of the RANZCOG or hold the DRANZCOG Advanced qualification. They must also be in active obstetric practice in the hospital where the trainee is undertaking DRANZCOG training. When completing training application forms, prospective trainees can only nominate as their supervisor practitioners who have been formally approved for the role as per Regulation 2.5.2 below.
[Revised and ratified by Council, November 2009]

2.5.2 The appointment of new Training Supervisors must be approved by the Training, Accreditation and Recertification Subcommittee of the Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG) for recommendation to the CCDOG Executive and, through that body, the RANZCOG Council. Applications for approval must be made to the Training, Accreditation and Recertification Subcommittee using the appropriate application form, accompanied by a current Curriculum Vitae. Training Supervisors are required to perform the supervisory/assessment/training certification functions detailed in the RANZCOG document *Essential Information for DRANZCOG/DRANZCOG Advanced Training Supervisors – Role and Responsibilities*.
[Revised and ratified by Council, November 2009]

2.6 Accreditation of Training Posts

2.6.1 Hospitals wishing to apply for accreditation for DRANZCOG training must apply to the JCCO. Application forms are available from the Training Services Department, RANZCOG. Applications should be forwarded to the Chairman of the appropriate SRC for preliminary assessment. Final accreditation of a training post is the responsibility of the JCCO on the recommendation of the SRC.

2.6.2 To be eligible for accreditation, hospitals must normally -

- have a Quality Assurance program in operation
- have at least one staff member with the FRANZCOG
- allow trainees time to attend educational activities
- conduct Continuing Medical Education meetings
- deliver at least 400 babies per year per training post
- have paediatric support

2.6.3 Each hospital must be able to offer

each trainee -

- a minimum of six hours' experience in Family Planning
- a minimum of 70 hours' experience in antenatal clinics or equivalent
- a minimum of 70 hours' experience in a gynaecology clinic or equivalent
- personal conduct of the management of labour and delivery of at least 25 women
- supervision of the management of labour and delivery of at least 20 additional women
- performance of a minimum of five instrumental deliveries
- performance of a minimum of 10 dilatation and curettage of the uterus and/or manual removal of the placenta.

3. Examination Requirements

3.1 Log Book

- 3.1.1 All candidates are required to maintain a log book of training which must be obtained prior to the commencement of training.
- 3.1.2 Log books can only be obtained from the Training Services Department, RANZCOG. Trainees will be provided with a log book on receipt of the appropriate training fee.
- 3.1.3 On satisfactory completion of training, including performance of the minimum number of procedures as stipulated in regulation 2.5.3 and completion of the In-training Skills Assessment, the log book must be certified by the Training Supervisor to indicate satisfactory completion of training, and certified as satisfactory by the Chairman of the appropriate SRC.
- 3.1.4 Candidates for the DRANZCOG may sit the Written and Oral Examinations even if their completed logbooks have not been formally approved by the Chair of the relevant State Reference Committee. However, the logbook

must be submitted to the relevant State Reference Committee Chair for formal approval absolutely no later than four weeks after the completion of clinical training. The DRANZCOG qualification cannot be obtained until the Written and Oral Examinations have been passed and the logbook has been approved as satisfactory by the relevant Chair.

3.1.5 **The onus of ensuring that the log book has been properly certified rests with the candidate.**

3.2 The Examination

- 3.2.1 The closing date for applications is 30 October for the first examination and 31 May for the second examination. **LATE APPLICATIONS WILL NOT BE ACCEPTED. Applications need to be for both the Written and Oral Examinations.**

[Revised and ratified by Council, July 2009]

- 3.2.2 Applications must be submitted on the prescribed application form and forwarded to **the Examinations Officer, Assessment Services Department, RANZCOG, 254-260 Albert Street, East Melbourne, Victoria 3002.**

- 3.2.3 Applications must be accompanied by the required examination fee **and other documentation listed in 3.2.4**

- 3.2.4 **The following items must be attached to all applications [Note: Unless this has already been done at the time of registration for training]:**

- four recent passport-sized photographs certified on the reverse by the Training Supervisor as being a true likeness of the candidate
- **a certified copy of the primary medical degree**
- **a letter confirming training from the Training Supervisor**
- **a completed acknowledgement card,**

which will be posted to applicants on receipt of the application.

Alternatively, the forms can be downloaded from the RANZCOG website at <http://www.ranzcog.edu.au>. In this case, the postcard will not be available but will be completed and returned by the Examinations Officer.

3.2.5 The examination will consist of two components -

- a written component
- an Objective Structured Clinical Examination (OSCE) component

3.2.6 Candidates must pass the written component before sitting for the OSCE.

3.2.7 Candidates may sit the Written Examination even if their log books have not yet been approved, but log book approval must be obtained prior to sitting the Oral Examination, unless exceptional circumstances apply. The RANZCOG Examinations Officer must be notified of this log book approval no later than 21 days after the date of the Written Examination.

3.3 Withdrawal from the examinations

3.3.1 Candidates who provide formal written notice of withdrawal from the examination within 30 days of the closing date of receipt of application will receive a refund of 90 per cent of the examination fee.

3.3.2 After this time but before the date of the Written Examination, candidates will receive a refund of 75 per cent of the Written Examination fee.

3.3.3 Candidates who withdraw from the OSCE component no later than 30 days prior to the examination date will be refunded 50 per cent of the fee.

3.3.4 Candidates who do not present for either or both components of the

examination, unless extenuating circumstances exist which are acceptable to the Examination Committee of the RANZCOG, shall be deemed to have failed the examination and shall forfeit the entire examination fee.

3.4 OSCE examination

The OSCE must be passed within two years of passing the Written Examination. Failure to pass the examination within this period will result in invalidation of previously credited training unless the candidate can demonstrate to the satisfaction of the Examination Committee of the RANZCOG that exceptional circumstances prevail.

3.5 Results

3.5.1 Meetings of the examiners take place at the conclusion of each examination where candidates' performances are reviewed. After publication of results, candidates are not permitted to communicate directly with individual examiners regarding their results.

3.5.2 All queries should be directed to the Chairman of the DRANZCOG Board of Examiners, RANZCOG, 254 Albert Street, East Melbourne, Victoria 3002.

3.5.3 If, in the opinion of the Board of Examiners, a candidate is found to have attempted to obtain, or is found to have 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 RANZCOG will be considered by the Council of the RANZCOG.

3.5.4 Candidates may request a report on their performance in the OSCE within one calendar month of the examination. A report will be provided by the Chairman of the DRANZCOG OSCE Subcommittee.

4. Exemption from the Examination

4.1 Holders of DRCOG, Diploma in

Obstetrics of the University of Auckland or the Postgraduate Diploma in Obstetrics of the University of Otago may be granted exemption from the examination, subject to a satisfactory log book.

- 4.2 Where exemption from the examination is granted, an exemption fee is payable.

5. DRANZCOG Certification

- 5.1 Successful candidates will be required to pay a certification fee to the RANZCOG before being granted the Diploma, which is awarded jointly by the RANZCOG, the RACGP and ACRRM. (Note that formal application to receive the Diploma must be submitted to the Training Services Department at the RANZCOG.)

- 5.2 The DRANZCOG is a recertifiable and time-limited qualification. It is granted for a period of three - five years (adjusted to align with the period of the RACGP QA&CPD Program). Recertification occurs every three years thereafter. This recertification is contingent on the Diplomat accruing a set of points in the RACGP QA&CPD (Quality Assurance and Continued Professional Development) Program or the ACRRM Professional Development Program.

Note: Diplomates who are not included on the list of Recognised GPs with the Health Insurance Commission (Fellows list or Vocational Register) will have their points administered by the RANZCOG.

- 5.3 Payment of an annual Diploma subscription fee is required to ensure maintenance of the qualification and retention on the RANZCOG Register of Diplomates.
- 5.4 Diplomates listed on the Register will be sent copies of the *Australian and New Zealand Journal of Obstetrics and Gynaecology*, and also *O&G* magazine.
- 5.5 Diplomates will be removed from the

Register, with consequent withdrawal of College privileges, if they fail to pay the Diploma subscription fee within six months of the due date and/or if they fail to attain the required points for approved QA&CPD activities by the end of the triennium (as stipulated in regulation 5.2).

- 5.6 Those Diplomates who have been removed from the Register will have to reapply to the Joint Consultative Committee on Obstetrics if they wish to regain the Diploma.

6. Conversion from Dip Obs to DRANZCOG and CPD Requirements

Until 31 December 2005 Diplomates who hold the old Dip RACOG (also known as the Dip Obs) are eligible to convert to the DRANZCOG upon making formal application to the RANZCOG. Applicants must provide documentary evidence of the old qualification and pay an administrative fee set by the RANZCOG Council.

DRANZCOG ADVANCED

DRANZCOG ADVANCED SYLLABUS & REGULATIONS

DRANZCOG ADVANCED SYLLABUS

SYLLABUS

1. Overview

The primary purpose of the DRANZCOG Advanced course is to train candidates in the additional skill of safe, elective and emergency LSCS. In conjunction with the attainment of these skills, will come the ability to manage pregnancies and labours that have some complications eg trial of scar. Candidates are expected to take on the roles and responsibility of a junior obstetric registrar under the direction of the head of unit or obstetric supervisor. In general the duties would include -

- 1.1 Admission and assessment of patients.
- 1.2 Drawing up and implementing management plans under supervision with increased responsibility over time.
- 1.3 Participation in labour ward duties.
- 1.4 Participation in effective referral and preparation for transport of pregnant women with a variety of problems.
- 1.5 Assistance at Caesarean sections with increased responsibility over time.
- 1.6 Performance of Caesarean sections, initially under supervision, but with increasing independence over time.
- 1.7 Post-operative management including management of complications.
- 1.8 Preparation of discharge summaries and plans for followup.
- 1.9 Management of minor neonatal problems.
- 1.10 Emergency gynaecological conditions, including miscarriages and ectopic pregnancy.

2. Skills

The curriculum is as for DRANZCOG with the acquisition of the additional following skills -

2.1 Obstetrics

	Skill	Number of procedures
2.1.1	Elective Caesarean section (first)	} 15
2.1.2	Elective Caesarean section (repeat)	
2.1.3	Emergency Caesarean section	15
2.1.4	Repair torn bladder (know principles)	*
2.1.5	Repair third degree tear (know principles)	*
2.1.6	Repair lacerated cervix (know principles)	*
2.1.7	Perform or understand the principles of an elective breech delivery and demonstrate on a manikin how to manage the delivery	*
2.1.8	Twins delivery	*
2.1.9	Operative vaginal delivery	15
2.1.10	Demonstrate skills in first trimester ultrasound screening/scanning.	-
2.1.11	Understand the principles of emergency subtotal hysterectomy and internal iliac artery ligation.	-

(* As many as possible. Should know principles of management)

2.2 Gynaecology

Attainment of these skills may require extra time/rotation through gynaecology or surgical registrar posts.

	Skill	Number of procedures
2.2.1	Pelvic laparotomy	*
2.2.2	Understand the principles and management of ectopic pregnancy	*
2.2.3	Management of CL cyst	*
2.2.4	Management of ruptured/torsion ovarian cyst	*
2.2.5	Female sterilisation	5
2.2.6	Understand the principles of clinical cervical pathology	*
2.2.7	Marsupialization of Bartholins cyst/abscess	*
2.2.8	Understand the principles of IUCD complications	*
2.2.9	Appendicectomy	*

(* As many as possible. Should know principles of management.)

2.3 Anaesthesia

Understand the principles of regional and general anaesthesia as it applies to obstetrics and gynaecology.

	Skill	Number of procedures
2.3.1	Provision of a spinal / epidural anaesthesia	*
2.3.2	Provision of general anaesthesia (including intubation)	*

(* As many as possible. Should know principles of management.)

3. Optional Additional Training

In some cases, it may be appropriate for trainees to gain appropriate training in laparoscopy to assist in diagnosis of acute pelvic pain, to offer female sterilisation, and to perform tubal studies for investigation of infertility, where these services are not reasonably available in the intended area of practice.

Basic training in colposcopic techniques might also be offered to trainees caring for women in remote areas without reasonable access to specialist care. However, positive cytology should be referred for specialist gynaecological management.

When accredited training courses in colposcopy are developed, these trainees would be eligible for those courses.

4. Case Studies

Trainees should submit five written case studies on a range of obstetric conditions. A case study should contain details of the management plan of one of the patients under the care of the trainee during the attachment. Each case study would deal with a different condition. The following details should be included -

- 4.1 Patient information (which must be deidentified).
- 4.2 Presentation.
- 4.3 Brief history relating to the condition.
- 4.4 Physical examinations conducted and their outcomes.
- 4.5 Differential diagnosis.
- 4.6 Investigations conducted and their results.
- 4.7 Details of management plan.
- 4.8 A discussion of the management plan with a statement indicating why treatment chosen was regarded as the most appropriate option from the alternatives available, and comments on the plan from the perspective of general practice.
- 4.9 A summary statement that could form the basis of a progress or discharge letter.

The case studies should be of 1000-1200 words in length. They must be submitted to the Chair of the relevant State Reference Committee (SRC) within two years of the date of completion of training.

Note: Concise summary of patient information, history, examination and diagnosis should be presented, but the major part of the written report should focus on points 4.7-4.9. These case studies are to be reviewed by the two Training Supervisors and the Chairman of the relevant SRC.

DRANZCOG ADVANCED REGULATIONS

REGULATIONS

Introduction

The Joint Consultative Committee on Obstetrics (JCCO), a tripartite committee consisting of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM), award the DRANZCOG Advanced diploma to registered medical practitioners who have completed the approved period of advanced training in obstetrics, gynaecology and family planning in accredited DRANZCOG training posts, and who satisfy its examiners.

Decisions regarding the suitability of the postgraduate training will rest with the JCCO, and will be based on the information provided by the trainee in accordance with the regulations.

1. DRANZCOG Regulations

For the first six months of the DRANZCOG Advanced training, the regulations for DRANZCOG training apply. Please refer to that section in the handbook for further information.

2. Details of Training

2.1 Eligibility

If the trainee has been granted registration by the state Medical Board (ie full, provisional or restricted) this is acceptable to enrol for training. However, doctors who have only provisional or restricted registration may find difficulty when seeking credentialling at a hospital or may be restricted to one hospital only by the Medical Board. The JCCO has no jurisdiction in these matters.

2.2 Twelve months

DRANZCOG Advanced training consists of an initial six months as per the requirements for the DRANZCOG, the Written and Oral Examination components for the DRANZCOG, and completion of a further six months, which includes additional procedures and the completion of five case studies. Candidates may commence the second six months of

training if they have not yet sat the DRANZCOG Written or Oral Examination. But the examination component must be satisfactorily completed before the DRANZCOG Advanced qualification can be obtained.

The 12 months of DRANZCOG Advanced training can be completed in two different hospitals provided the appropriate arrangements are made with the hospitals concerned. In such a case, the Training Supervisors' report requested at six months (ie the period involving the same training as for DRANZCOG) is to be completed by the first hospital. The Training Supervisors' reports at nine and 12 months are to be completed by the second hospital.

Note: The trainee needs to advise Training Services, RANZCOG, of this split training. The trainee also needs to ensure that the second hospital is accredited for DRANZCOG Advanced training. If there is no GP obstetrician practising at the hospital, arrangements will need to be made by the hospital for the provision of a mentor for the DRANZCOG Advanced training.

2.3 Six months

The additional six months of DRANZCOG Advanced training can be undertaken by holders of the DRANZCOG providing that the following documentation is provided and confirmed as satisfactory by the Chairman of the relevant SRC.

- Curriculum vitae which includes details of recent obstetrics practice
- Copy of the DRANZCOG
- The DRANZCOG training log book, including the name of the DRANZCOG Training Supervisor
- Documentation of all deliveries done since obtaining the DRANZCOG. Note: It is expected that the practitioner will have been involved in continuing obstetrics care since the award of the DRANZCOG
- Evidence of completion of the CPD requirement in women's reproductive health

2.4 Annual leave

Four weeks' annual leave can be taken with prior arrangement with the hospital during

DRANZCOG Advanced training.

2.5 Part-time training

Part-time training can be undertaken with the proviso that it is completed within a maximum of a two-year time period and must be arranged prospectively.

2.6 Recognition of prior experience

The DRANZCOG regulations state that all training must be **prospectively** approved. In extraordinary circumstances it may be possible to count some prior experience towards training, but this would need to be discussed (**also prospectively**) with the Chairman of the State Reference Committee. Requests for recognition of prior experience must be submitted to the Chairman, SRC, at least two months prior to the commencement of training.

2.7 Overseas training

There are no training positions available for the DRANZCOG Advanced outside Australia. However, a doctor can apply to undertake training in the United Kingdom (and other appropriate countries) and take a copy of the syllabus and relevant log book for completion and confirmation by the UK Training Supervisor. This can then be submitted to the JCCO for consideration of recognition towards the DRANZCOG Advanced training upon return to Australia. This arrangement needs to be done prospectively and the JCCO **cannot** issue any guarantee that the work undertaken in the UK will be accepted towards the DRANZCOG Advanced upon the doctor's return to Australia.

3. Documentation

This handbook includes information on both the DRANZCOG and DRANZCOG Advanced regulations and syllabus and the Clinical Procedures Log and In-training Skills Log, which provide a record of the procedures performed during training.

3.1 Clinical Procedures Log

This Clinical Procedures Log must be maintained by all DRANZCOG Advanced trainees following completion of the first six

months of training. It acts as a progressive record of the additional procedures which must be performed by all DRANZCOG Advanced trainees. These procedures are to be confirmed by the Training Supervisors at the completion of the first six months prior to the trainee sitting for the Written and OSCE examination components. Please note that trainees should record ALL of the procedures performed rather than just the minimum number required. Most trainees should be able to accumulate more than the defined minimum number for each procedure.

3.2 Cumulative record sheets

For each procedure, the trainee is provided with a number of Cumulative Record Sheets which are used to maintain a chronological record of clinical experience. The details required are specified on the Cumulative Record Sheet.

The Cumulative Record Sheets are reviewed by the Training Supervisors every month and initialled with the date of signing after the last entry on each Cumulative Record Sheet at that time.

3.3 Summary of experience

At the end of training, the trainee must complete the Summary of Experience page in the Certificate of Training by counting up the number of procedures actually *performed* (and assisted with) during the entire period of training. This can then be signed as confirmed by the Training Supervisors.

4. Training Supervisors

4.1 Two Training Supervisors are required for each DRANZCOG Advanced trainee: a specialist obstetrician supervisor, who must be a Fellow of the RANZCOG, and a GP obstetrician supervisor/mentor. Ideally, both the specialist supervisor and the GP obstetrician supervisor/mentor should be in active obstetric practice in the hospital where the trainee is undertaking DRANZCOG Advanced training. However, in situations where no GP supervisor/mentor is attached to the hospital or even located in the area the Training, Accreditation and Recertification Subcommittee of the Conjoint

Committee for the Diploma of Obstetrics and Gynaecology (CCDOG) may approve a remote supervision/mentoring arrangement. Such approval would be given on the proviso that the following requirements are met:

- the GP supervisor/mentor is in regular phone/email contact with the trainee and with the specialist supervisor;
- he or she regularly sights the trainee's logbook via fax or email; and
- the GP supervisor/mentor is involved in regular case discussions with the trainee and the specialist supervisor.

When completing training application forms, prospective trainees can only nominate as their supervisors practitioners who have been formally approved for the role as per Regulation 4.2 below.

[Revised and ratified by Council, November 2009]

- 4.2 The appointment of both new specialist obstetrician supervisors and GP obstetrician supervisors/mentors must be approved by the Training, Accreditation and Recertification Subcommittee of the Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG) for recommendation to the CCDOG Executive and, through that body, the RANZCOG Council. Applications for approval must be made to the Training, Accreditation and Recertification Subcommittee using the appropriate application form, accompanied by a current Curriculum Vitae. Training Supervisors are required to perform the supervisory/assessment/training certification functions detailed in the RANZCOG document *Essential Information for DRANZCOG/DRANZCOG Advanced Training Supervisors - Role and Responsibilities*.

[Revised and ratified by Council, November 2009]

5. Assessment Procedure

5.1 Formative assessment

Formative assessment is provided by the Training Supervisors at the end of six months and nine months of training. These certificates are included in the log book. The Training Supervisors complete the certificate with the appropriate grades. The

certificates should remain in the log book to ensure there is a complete record at the conclusion of training. The certificate is to be forwarded to the Chairman, SRC, within two weeks of the end of the six and nine months training. The completed assessment form can be photocopied and initialled by the supervisors to be sent to the SRC Chairman if preferred rather than forwarding the whole log book whilst still training.

There are also certificates which are used as formal proof that the trainee has satisfactorily completed training, following completion of all procedures and the five case studies. One certificate must be signed by the Training Supervisors and the other by the Chairman of the State Reference Committee at the end of the DRANZCOG Advanced training period. Until these two people have declared that the training as recorded in the log book is satisfactory, the DRANZCOG Advanced qualification cannot be awarded, even if the appropriate examination components have been passed.

5.2 Completion of log book

On completion of the 12 months' training period, the log book must be submitted to the SRC. The entire training record for the DRANZCOG Advanced and the five case studies will then be assessed by the Chairman who will forward a recommendation to the JCCO for consideration at its next meeting. Following this, a recommendation will be made to the RANZCOG Council concerning the results of these assessments. It is expected that this process may take up to six months to complete.

The completed log book must contain a completed -

1. Clinical Procedures Log of all Cumulative Record Sheets
2. Certificate of Training, which includes the summary of experience, signed by the Training Supervisor

In addition, the five case studies should be forwarded with the log book.

The SRC Chairman will, if all is satisfactory, then sign the Certificate of Training and return the log book and the five

case studies to the Training Services Department, RANZCOG, after conducting an exit interview with the trainee.

Training Services, RANZCOG, will return the log book to the trainee after taking a copy of the signed Certificate of Training, Summary of Experience and SRC assessment for the records, following submission at the next meeting of the JCCO. The five case studies are retained until after discussion of the trainee's application for the DRANZCOG Advanced at this meeting.

5.3 Examination requirement

For examination purposes, completion of the log book is not necessary to sit the DRANZCOG examination, but a satisfactory formative assessment is required after six months. Both log books, the case studies and formative assessment are required to be submitted within two years, prior to the award of the DRANZCOG Advanced.

6. DRANZCOG Advanced Exit Interview

At the conclusion of the DRANZCOG Advanced training, an exit interview is held with the trainee by the Chair of the relevant SRC, usually in the form of a feedback type session. The exit interview can be either by telephone or face-to-face. The trainee needs to provide all assessments, log books and case studies prior to the interview taking place.

7. Submission of Case Studies

See item 5.3 above on examination requirements. [Note: It is preferable to submit the five case studies to the SRC Chairman within three months of completion of training.] If the case studies are not completed, then the training will be deemed to be incomplete and the application for award of the DRANZCOG Advanced will be withdrawn.

8. Certification and Recertification

8.1 Successful candidates will be required to pay a certification fee to the RANZCOG before being granted the Diploma, which

is awarded jointly by the RANZCOG, the RACGP and ACRRM. (Note that formal application to receive the Diploma must be submitted to the Training Services Department at the RANZCOG.)

8.2 The DRANZCOG is a recertifiable and time-limited qualification. It is granted for a period of three - five years (adjusted to align with the period of the RACGP QA&CPD Program). Recertification occurs every three years thereafter. This recertification is contingent on the Diplomate accruing a set of points in the RACGP QA&CPD (Quality Assurance and Continued Professional Development) Program or the ACRRM Professional Development Program. NOTE: Diplomates who are not included on the list of Recognised GPs with the Health Insurance Commission (Fellows list or Vocational Register) will have their points administered by the RANZCOG.

8.3 Payment of an annual Diploma subscription fee is required to ensure maintenance of the qualification and retention on the RANZCOG Register of Diplomates.

8.4 Diplomates listed on the Register will be sent copies of the *Australian and New Zealand Journal of Obstetrics and Gynaecology*, and also *O&G* magazine.

8.5 Diplomates will be removed from the Register, with consequent withdrawal of College privileges, if they fail to pay the Diploma subscription fee within six months of the due date and/or if they fail to attain the required points for approved QA&CPD activities by the end of the triennium (as stipulated in regulation 5.2).

8.6 Those Diplomates who have been removed from the Register will have to reapply to the Joint Consultative Committee on Obstetrics if they wish to regain the Diploma.

