



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

**APPLICATION FOR ACCREDITATION AS A  
DRANZCOG ADVANCED  
TRAINING SITE**

Participation by a hospital in the DRANZCOG Advanced (Advanced Diploma of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists) training program involves two components. The hospital itself is considered for accreditation and an appropriate number of training posts within the hospital are also approved.

Accreditation of the hospital will be granted for a defined period of one to five years and will be based on the information provided in this application and any other additional information requested by the CCDOG, the accrediting body.

**PLEASE RETURN THIS APPLICATION TO THE CHAIR, TRAINING, ACCREDITATION AND  
RECERTIFICATION (TAR) SUBCOMMITTEE OF THE CCDOG  
College House, 254-260 Albert Street, EAST MELBOURNE VIC 3002**

**Email: [kgoodwin@ranzco.edu.au](mailto:kgoodwin@ranzco.edu.au)**

**Fax: 03 9419 7817**

**Typed responses are preferred but legible printing is acceptable.**

**CONTACT INFORMATION:**

Name of Hospital/Rural Health Training Unit \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name of Medical Director: \_\_\_\_\_

Name of contact person (*if different from above*): \_\_\_\_\_

Address: (*if different from above*): \_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Number of DRANZCOG Advanced training posts for which accreditation is sought: \_\_\_\_\_**

## SECTION 1

### HOSPITAL STATISTICS (for last two completed years)

**Current Number of beds:** Obstetric \_\_\_\_\_ Gynaecology \_\_\_\_\_ Total \_\_\_\_\_  
(i.e. as at date of application)

	<i>Public</i>	<i>Private and Intermediate</i>	<i>Total</i>	<i>Public</i>	<i>Private and Intermediate</i>	<i>Total</i>
Number of vaginal deliveries						
Number of caesarean sections						
Number of gynaecological admissions						
Number of day surgery cases in O&G						
Number of major* gynaecological operations						
Number of minor* gynaecological operations (including laparoscopy)						
Perinatal mortality rate						

\* For the purpose of this questionnaire, major Gynaecological operations include:

- Simple vulvectomy
- Radical vulvectomy
- Excision of pelvic lymph glands
- Vaginal removal or reconstruction
- Anterior vaginal repair
- Posterior vaginal repair
- Donald-Fothergill or Manchester operation for prolapse
- Enterocele repair or suspension of vaginal vault - abdominal approach
- Repair of enterocele-vaginal approach
- Genital and urinary or alimentary tract fistula repair
- Abdominal and/or vaginal sling for stress incontinence
- Hysterotomy or myomectomy
- Radical hysterectomy
- Ectopic gestation removal
- Repair of Bicornuate uterus
- Tuboplasty - microsurgical or macroscopical
- Anastomosis of fallopian tubes
- Laparotomy - all procedures

All other gynaecological operations are defined as minor operations.

## SECTION 2

### OBSTETRIC AND GYNAECOLOGICAL STAFF

(Please list all Specialist obstetrician - gynaecologists and GP obstetricians)

<i>Name/s of obstetricians</i>	<i>Qualifications</i>	<i>Number of sessions per week</i>

Does the hospital provide access to GP obstetricians?

YES  NO

## SECTION 3

### TRAINEES

#### 3.1 Current number of O & G Registrars (*if any*)

Please enter the number of registrars/residents you currently have in each of the following categories:

		<i>Number of Registrars / Residents</i>
Year 1	MRANZCOG / FRANZCOG Trainees	
Year 2	MRANZCOG / FRANZCOG Trainees	
Year 3	MRANZCOG / FRANZCOG Trainees	
Year 4	MRANZCOG / FRANZCOG Trainees	
Year 5	MRANZCOG / FRANZCOG Trainees	
Year 6	MRANZCOG / FRANZCOG Trainees	
O & G	Registrars in Non-accredited Posts	
DRANZCOG	Trainees	
ARS	ARS Obstetrics Trainees	

#### 3.2 Roster

Please include a copy of a typical weekly roster for trainees in your hospital.

## SECTION 4

### SUPERVISED EXPERIENCE

It is accepted that some hospitals will not be able to provide the full range of supervised experience required within the hospital. In these cases, the hospital may still be accredited with a DRANZCOG Advanced training sitge if it arranges for trainees to obtain the required level of supervised experience at other sites, eg. family planning clinics, women's health centres, community health centres, GP's rooms, specialist obstetrician/gynaecologists' rooms, etc.

**This hospital is able to provide or arrange for each DRANZCOG Advanced trainee –**

- ◆ \_\_\_\_\_ hours of supervised experience in family planning (min 6 hours)

*If this level of supervised experience cannot be provided within the hospital, please describe how it will be arranged at other sites.*

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- ◆ \_\_\_\_\_ hours of supervised experience in antenatal care (min 70 hours)

*If this level of supervised experience cannot be provided within the hospital, please describe how it will be arranged at other sites.*

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- ◆ \_\_\_\_\_ hours of supervised experience in outpatient office gynaecology (min 70 hours)

*If this level of supervised experience cannot be provided within the hospital, please describe how it will be arranged at other sites.*

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#### **Operative Obstetrics (Primary Operator)**

Please circle

◆ personal conduct of management of labour and delivery of minimum 25 women	<b>YES</b>	<b>NO</b>
◆ supervision of the management of labour and assistance in the delivery of minimum 20 women	<b>YES</b>	<b>NO</b>
◆ instrumental deliveries of minimum 5 women	<b>YES</b>	<b>NO</b>
◆ evacuation of the uterus and/or manual removal of the placenta of minimum 10 women	<b>YES</b>	<b>NO</b>
◆ elective caesarean section (first/repeat) of minimum 15 women	<b>YES</b>	<b>NO</b>
◆ emergency caesarean section of minimum 15 women	<b>YES</b>	<b>NO</b>
◆ operative vaginal delivery of minimum 15 women	<b>YES</b>	<b>NO</b>
<b>Operative Gynaecology</b>		
◆ Female Sterilisation of minimum 5 women	<b>YES</b>	<b>NO</b>

**Note:** For a list of the clinical areas where trainees are expected to know the principles but not actually perform relevant procedures, see pages 50-51 of the DRANZCOG and DRANZCOG Advanced Handbook: <http://www.ranzcog.edu.au/publications/pdfs/education/diploma-handbook.pdf>

SECTION 5: SUPERVISORS



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

**DRANZCOG ADVANCED TRAINING SUPERVISOR APPLICATION FORM  
(Rural GP Obstetrician)**

*Note: One rural GP and one specialist is the minimum supervision requirement for a DRANZCOG Advanced training site*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

University of Graduation: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Year of Birth: \_\_\_\_\_ Years in general practice \_\_\_\_\_

Status in RACGP (*please tick*): Fellow  Member  Nil

Specialist Qualifications: \_\_\_\_\_

Do you have full and unrestricted Medical Registration? \_\_\_\_\_

Present practice: Full-time  Part-time   
Private  Salaried

What medical appointments do you hold? (*please specify*) \_\_\_\_\_

\_\_\_\_\_

Do you serve on any medical or academic committees? (*please specify*) \_\_\_\_\_

\_\_\_\_\_

Do you have any special interests in the community? (*please specify*) \_\_\_\_\_

\_\_\_\_\_

Do you have past experience in teaching medical undergraduates, postgraduates, or other health professionals?

YES  NO

(If yes, please specify) \_\_\_\_\_

Are you presently engaged in the teaching of medical undergraduates, postgraduates, or other health professionals?

YES  NO

(If yes, please specify) \_\_\_\_\_

**TRAINING EXPERIENCE:**

Please outline your previous experience as a teacher/trainer/supervisor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What advanced rural skills disciplines do you have teaching experience in? \_\_\_\_\_

Aboriginal & Torres Strait Islander Health	<input type="checkbox"/>	Obstetrics	<input type="checkbox"/>
Adult Internal Medicine	<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>
Anaesthetics	<input type="checkbox"/>	Psychiatry/Mental Health	<input type="checkbox"/>
Emergency Medicine	<input type="checkbox"/>	Surgery	<input type="checkbox"/>

What advanced rural skills are you currently practising? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In which advanced rural skills disciplines are you currently engaging in continuing medical education?

\_\_\_\_\_  
\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CURRICULUM VITAE**

**PLEASE RETURN THIS APPLICATION AND CV TO:**  
Chair, TAR Subcommittee, RANZCOG  
College House, 254-260 Albert Street, East Melbourne VIC 3002  
Email: [kgoodwin@ranzcoq.edu.au](mailto:kgoodwin@ranzcoq.edu.au)  
Fax: 03 9419 7817



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

**DRANZCOG ADVANCED TRAINING SUPERVISOR APPLICATION FORM  
(Specialist Obstetrician Supervisor)**

**Note: One rural GP and one specialist is the minimum supervision  
requirement for a DRANZCOG Advanced training site  
Specialist Supervisors must be RANZCOG Fellows**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

University of Graduation: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Year of birth: \_\_\_\_\_ Years in practice \_\_\_\_\_

Specialist qualifications: \_\_\_\_\_

Do you have full and unrestricted Medical Registration? \_\_\_\_\_

Present Practice:            Full-time                Part-time      
                                         Private                    Salaried    

What medical appointments do you hold? *(please specify)* \_\_\_\_\_

\_\_\_\_\_

Do you serve on any medical or academic committees? *(please specify)* \_\_\_\_\_

\_\_\_\_\_

Do you have any special interests in the community? *(please specify)* \_\_\_\_\_

\_\_\_\_\_

Do you have past experience in teaching medical undergraduates, postgraduates, or other health professionals?

YES  NO

(If yes, please specify) \_\_\_\_\_

Are you presently engaged in the teaching of medical undergraduates, postgraduates, or other health professionals?

YES  NO

(If yes, please specify) \_\_\_\_\_

**TRAINING EXPERIENCE:**

Please outline your previous experience as a teacher/trainer/supervisor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have teaching experience in other advanced rural skills disciplines? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please attach a copy of your current Curriculum Vitae**

**PLEASE RETURN THIS APPLICATION AND CV TO -**  
Chair, TAR Subcommittee, RANZCOG  
College House, 254-260 Albert Street, East Melbourne VIC 3002  
Email: [kgoodwin@ranzcoq.edu.au](mailto:kgoodwin@ranzcoq.edu.au)  
Fax: 03 9419 7817

**SECTION 6**

**DRANZCOG ADVANCED TRAINING SITE  
EDUCATIONAL COMPONENTS**

**EDUCATIONAL COMMITMENT:**

For trainees and RACGP Rural Training Stream Registrars undertaking a DRANZCOG Advanced training post a minimum of three hours per week of dedicated teaching time is required. This teaching must be according to the DRANZCOG Advanced curriculum requirements.

How much dedicated time will the principal supervisor make available each week?

GP: \_\_\_\_\_

Specialist: \_\_\_\_\_

Are the supervisors and Unit Director (or equivalent) familiar with the curriculum requirements for the DRANZCOG Advanced training post?

\_\_\_\_\_

(Notes: \_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL ACTIVITIES:**

What type of educational opportunities will the post be prepared to offer the trainee/registrar? (*please tick*)

- |                                                 |                          |
|-------------------------------------------------|--------------------------|
| Tutorials/Seminars                              | <input type="checkbox"/> |
| Procedural training                             | <input type="checkbox"/> |
| Clinical audit                                  | <input type="checkbox"/> |
| Case commentary reviews                         | <input type="checkbox"/> |
| Research projects                               | <input type="checkbox"/> |
| Videotape review of consultations or procedures | <input type="checkbox"/> |
| Formative assessment                            | <input type="checkbox"/> |
| Final summative assessment                      | <input type="checkbox"/> |



**DRANZCOG ADVANCED TRAINING SITE  
MEMORANDUM OF AGREEMENT TO PROVIDE  
EDUCATIONAL REQUIREMENTS**

The supervisors agree to provide the requisite educational activities to the registrar in the DRANZCOG Advanced training post.

NAME OF POST: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The hospital administration agrees to form and implement policies which ensure that service requirements are compatible with the training requirements of rural registrars.

*Signature of Responsible Officer  
(CEO/Medical Superintendent):* \_\_\_\_\_

The Rural Health Training Unit agrees to oversee the post and provide mentorship and support to the Registrar in the Post.

***Signature of RHTU Medical Director*** \_\_\_\_\_

