

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

TRAINEES' SUBCOMMITTEE TELECONFERENCE MEETING (19 March 2008)

A teleconference meeting of the RANZCOG Trainees' Subcommittee was held on **Wednesday, 19 March 2008, at 7.00 pm Australian Eastern Standard Summer Time (i.e. 7 pm in NSW, VIC & TAS; 6.30 pm in SA; 5 pm in WA; 6 pm in QLD; and 9 pm in NZ).**

NOTE: Subcommittee members and observers are reminded that the substance of the deliberations leading to decisions must remain confidential at all times.

MINUTES

CHAIR	Dr Helen Paterson	(& NZ Sth Island rep)
DEPUTY CHAIR	Dr Amanda Henry	(& 1st NSW rep)
MEMBERS	Dr Salwan Al-Salihi Dr Marian Chinnock Dr Kirsten Connan Dr Brett Daniels Dr Narena Dudley Dr Rosalie Grivell Dr Dhara Karunaratne Dr Harvinder Kaur Dr Will Milford Dr Seonaid Mulroy	(Subspecs. rep) (ACT rep) (VIC rep) (TAS rep) (NZ – Nth Island rep) (SA/NT rep) (2 nd NSW rep) (1st Qld rep) (2 nd Qld rep) (WA rep)
IN ATTENDANCE	Mr Shaun McCarthy Mr George Douvos	Training Services Manager Assessment Services Manager

1 WELCOME

Dr Paterson welcomed participants to the meeting, including new Subcommittee member Dr Will Milford, who was replacing Dr Conaghan as second Qld representative.

2 APOLOGIES

Dr Mulroy, Dr Kaur and Dr Al-Salihi.

3 MINUTES OF THE PREVIOUS MEETING

(27 February 2008)

Following a proposal by Dr Henry (seconded: Dr Daniels), the minutes were accepted as a true and accurate record, with one amendment (Item 10 – Blood-borne Virus Infection & Trainees – should refer to ‘sero-converted’, not ‘zero converted’). Mr McCarthy was asked to correct this typographical error.

ACTION: Mr McCarthy

4 NEW TERMS OF REFERENCE

Dr Paterson confirmed that the new ToR document for the Trainees’ Subcommittee was approved by March Council. The new ToR would be reviewed again in two years’ time.

5 NEW TRAINEES’ STATEMENT OF UNDERSTANDING

Dr Paterson and Dr Henry reported that it had been agreed at the recent meeting of the College Training Accreditation Committee (TAC) that while all trainees would be asked to sign this new document as from 2008 only those trainees commencing the program in 2009 would actually be required to sign. Further, only that category of trainees would be given an Automatic Borderline if they had not signed the document by the time of their first six-monthly assessment for the year. Dr Paterson advised the Subcommittee that the Resident Doctors’ Association in NZ, had expressed concerns about the validity of the new document and was seeking legal advice; however, no further communication had yet been received from the RDA.

6 RESEARCH PROJECT ISSUES

Dr Paterson and Mr Douvos spoke to this issue. While the situation re trainees submitting research proposals at the designated time is better than it was four months ago, submission of these proposals is still a problem and the Education & Assessment Committee (EAC) and the Research Committee are looking at how the College can assist trainees in this area, including running research workshops and appointing research mentors/co-ordinators in each ITP to whom trainees can go for advice/assistance. A letter from Prof. Humphrey had also been sent to all trainees who had not yet submitted a research proposal when they should have. The letter had stressed that assistance from the College was available if needed. Mr Douvos confirmed that trainees had responded very positively to this offer.

The Subcommittee discussed a suggestion that a robust, university-based research paper should be regarded as an acceptable substitute for the research project since the whole point of undertaking research was to demonstrate an ability to read and analyse data. Dr Daniels agreed to draft a proposal on this for discussion at the next Subcommittee meeting – with a view to tabling a formal proposal at the July meeting of the EAC.

ACTION: Dr Daniels

7 TRAINING IN EXPANDED SETTINGS INITIATIVES

Dr Paterson reported that the College was exploring expanded setting training options through the DHA’s Expanded Specialist Training Program (ESTP). So far, three senior registrar posts in private hospitals had been funded under the ESTP for 2008. A new round of funding is available for 2009/2010.

The Subcommittee agreed that one of the key issues to be addressed if private setting training is to be effective is the one of patient consent. There is no clear, agreed process on how consent is obtained, nor can we be certain that patients clearly understand that they will be operated on by

a trainee, particularly in the role of primary operator. Dr Paterson agreed to write to the RANZCOG Ethics Committee for their advice on this issue. Mr McCarthy was asked to check with RACS on how they handle the issue of consent in private setting training.

ACTION: Dr Paterson & Mr McCarthy

8 ASSESSMENT OF COMMUNICATION SKILLS

Dr Paterson and Mr Douvos confirmed that the new formative assessment tool in Communication Skills had been provisionally approved and would be formally introduced once the original developers of the document had given their permission for its use by the College. Mr Douvos stressed that the assessment tool was a non-compulsory document to be used to assist trainees who were struggling in this area.

9 RANZCOG PREJUDICIAL RELATIONSHIPS POLICY

Dr Paterson informed the Subcommittee that the TAC had sent this document back to the Women's Health Committee (WHC) for further revision as it was seen as too wordy and lacking in specifics. The revised document would have to be considered by the Trainees' Subcommittee before the TAC could recommend it to Council.

10 SERVICE DUTIES vs TRAINING DUTIES DOCUMENT

The Subcommittee was advised by Dr Paterson that the TAC had agreed not to formalise this document or circulate it to hospitals because it may be misused (i.e. hospital managements might see it as a definitive statement on what the College considers service duties as opposed to training duties – which in any event are not easily distinguished). However, the document has been useful to RANZCOG hospital re-accreditation teams.

11 ULTRASOUND WORKING GROUP UPDATE

Mr Douvos informed the Subcommittee that the newly developed assessment for basic competencies in ultrasound will commence as from July 2008. It is very similar to the present Ultrasound IHCA, but includes first trimester transvaginal ultrasound. Also, the assessment is more structured and the format far superior to the IHCA. Mr Douvos advised that the new ultrasound FLP was also being finalised and that both trainees and Training Supervisors would be informed of the introduction of both the new assessment and the FLP.

12 FETAL SURVEILLANCE WORKSHOP REQUIREMENT

Dr Paterson informed the Subcommittee that the idea of an online workshop was strongly supported by both the TAC and the EAC. The question now was what package or packages would be used and how assessment would be conducted. The current K2 package widely used in NSW would be accepted as one of the educational tools. Prof. Euan Wallace and Mr Mark Beaves from the College, who developed the current RANZCOG fetal surveillance workshop, would be asked to advise on appropriate packages and assessment methods.

13 ISSUE OF TRAINEE REPS HAVING VOTING RIGHTS ON COUNCIL

Dr Paterson's discussion paper on this issue was discussed during March Council Week with the President, the President Elect and the Chair of the TAC. Dr Paterson had received some initial support for the proposal and had been asked to expand it further. But Dr Paterson reminded the Subcommittee that any change to voting rights/reporting mechanisms would involve changes to the Council format and to the RANZCOG Constitution. Subcommittee members were asked to give Dr Paterson their feedback on the discussion paper as soon as possible.

14 PUBLICATION OF PAST SAQ QUESTIONS

The Subcommittee discussed a letter from Dr Ian Symonds, SAQ convenor at the University of Newcastle, proposing that past short answer questions should be published as an information resource for trainees undertaking the Written Examination. During the discussion the following points were agreed on:

- SAQs should be available online, not in hard copy.
- A complete model answer and scoring should not be included, but the actual SAQ should be included in its entirety rather than just the topic area (as has been the case in the past when SAQ information is provided).
- Questions should be printed exactly as they appear in the examination paper (e.g. Part A, Part B, Part C – and an indication of how many marks are available for each part).
- Consideration should be given to letting trainees see sample answers as it would give them an accurate idea of the appropriate style i.e. key points only are required, not essay-like answers.
- The second option proposed in Dr Symond's letter was appropriate i.e. that trainees should be able to see the complete question with a summary of the key points the examiners were looking for in the ideal answer.
- The College should publish past examination papers online (e.g. on the new Trainees' Common Room).

Dr Paterson indicated that she would write to Dr Symonds to advise him that the Trainees' Subcommittee was supportive of Option 2.

ACTION: Dr Paterson

15 POSSIBLE CHANGE TO THE NUMBER OF STATIONS IN MRANZCOG ORAL EXAM

Dr Paterson and Mr Douvos informed the Subcommittee that the College was considering changing the Oral Examination format from 8 x 20-minute stations to 10 x 16-minute stations. This would enable the College to significantly increase candidate numbers without having to use the cumbersome three-circuits format. Mr Douvos explained that this new format would not be introduced until 2009 and then only after appropriate advance notice to the trainees.

The Subcommittee supported the change in format but suggested that scenarios should be tailored to the shorter timeframe for each station. Mr Douvos pointed out that the potential difficulty with shorter stations is that the history taking aspect would be more limited. However, the general view of the Subcommittee was that the shorter timeframe would actually help to focus the questions/objectives of each station; the new format would also mean more subjects could be covered in the course of the exam, increasing candidates' chances of passing. Dr Paterson agreed to write to the Chair of Examiners, Dr Rasmusen, to inform him of the Subcommittee's views.

ACTION: Dr Paterson

16 APPLICATION FEE FOR PROSPECTIVE TRAINEES

The Subcommittee discussed a proposal discussed at the recent Executive meeting that the College impose an application fee for prospective trainees applying for ITP selection. The fee would help to cover the costs of the selection process, including the time spent by each Executive Officer at Regional Offices and the members of the selection panels. The general view of the Subcommittee was that a fee was not a good idea, even though some other colleges had imposed such a fee. Dr Paterson indicated that she would inform Dr Sherwood of the Subcommittee's view.

ACTION: Dr Paterson

17 SURGICAL SKILLS COMPETENCY ASSESSMENT

The Subcommittee discussed a report on this issue, which was tabled at the March meeting of the EAC. It was agreed that the implications of the report were disturbing since it indicated that 57 out of 79 trainees in Year 3 had not yet met their basic surgical competency requirements and there were even trainees in Year 5 who had not yet been signed off on basic surgical competencies. During the ensuing discussion the following points were agreed on:

- Due to limited access to general gynaecological surgical experience – a problem endemic throughout the training program – trainees could easily miss out on gaining experience in specific areas depending on their rosters, the number of non-accredited registrars at the site who are also seeking surgical experience, etc.
- Many trainees are not as focused on getting signed off on surgical competencies because 3-monthly/6-monthly assessments take up more of their attention.
- The fact that each individual procedure has to be assessed at a specific time by a specific consultant is difficult. This is particularly the case when doing nights where it may not be possible to get a consultant to come in and observe a particular procedure.
- The EAC should consider allowing Training Supervisors to sign off on specific procedures retrospectively, if they have seen a trainee satisfactorily complete a procedure.

Dr Paterson agreed to take the latter proposal to the next meeting of the EAC for its consideration.

ACTION: Dr Paterson

18 MFM/COGU WORKING GROUP

Dr Al-Salihi will be the official Subspecialties trainee representative (as recommended by Council) on the new working group established to review the MFM and COGU subspecialties. Dr Al-Salihi will report on the working group's progress at future meetings of the Subcommittee.

19 TRAINEES' DAY AT RANZCOG ASMs

The organisers of the NZ ASM for 2009 had asked the Trainees' Subcommittee for their views on the kind of Trainees' Day they would like. During the discussion of this topic the following points were agreed on:

- The Trainees' Day should include an exam workshop, a practice review and an OSCE practice in the afternoon – as is the case with the current NZ ASM Trainees' Day.
- A research skills workshop should also be included, which could be run concurrently with the OSCE practice session (trainees not about to do exams would then be able to concentrate on their research skills instead).
- A session of general interest should also be featured e.g. a Q&A session with relevant College staff, an open forum involving trainees across all year levels, discussions of research issues or private setting training, lectures on setting up a private practice, etc.
- A Trainees' Day run comprising the above should be a standard part of all RANZCOG ASMs.

Dr Paterson suggested that she write an outline based on the Subcommittee's suggestions and send it to Prof. Pete Stone, after first running the draft past the Subcommittee.

ACTION: Dr Paterson

20 ANY OTHER BUSINESS

20.1 Trainee Reps for July Council

Dr Paterson advised the Subcommittee that it was likely she would be a Fellow before July Council, so the issue of whether or not she should attend that Council Week needed to be addressed. After discussion with Dr Henry, who will take over the role of Chair of the Subcommittee, and also with the RANZCOG CEO and the Chairs of TAC and EAC, it had been agreed that it would be appropriate for Dr Paterson to attend July Council Week to provide an effective handover for Dr Henry. The Subcommittee unanimously endorsed this decision.

20.2 New Transfer Form for Trainees Moving to New ITP

The Subcommittee agreed that it would be of benefit to both the trainee and the new Training Supervisor if, when a trainee is transferring to a new ITP, their current supervisor completed a form containing a summary of their TAR, particularly in relation to specific clinical experience they have either done or not done. This transfer form would accompany the trainee to the new site. Mr McCarthy agreed to draft a standard form for discussion at a future meeting, with a view to presenting this to the TAC for adoption as a standard ITP/Elective document.

ACTION: Mr McCarthy

20.3 Working Groups

Dr Henry advised the Subcommittee that she is a member of the Curriculum Review Subcommittee, which will be reviewing all aspects of the RANZCOG curriculum, including assessment documentation. Dr Paterson indicated that she is a member of the Colposcopy Working Group, which is going to review colposcopy training, including the introduction of a possible optimal colposcopy assessment at Year 5 level.