Back row, left to right: Dr Phillip Hall (Provincial Fellow); Dr Tom Cottee (Provincial Fellow); Dr Gino Pecoraro (Qld).

Middle row, left to right: Dr David Somerset ( NSW ); Dr John Palmer (Qld); Dr Louise Farrell (WA); Dr Michael Rasmussen (Vic); Professor Peter Stone (NZ); Dr Mahesh Harilall (NZ); Professor Ian Hammond (WA); Dr Glenn McNally (NSW); Dr Bernadette White (Vic); Dr Greg Kesby (NSW); Dr Digby Ngan Kee (NZ); Dr Louise Kornman (Vic); Dr Martin Ritossa (SA/NT); Dr Steve Robson (ACT); Associate Professor Robert Bryce (SA/NT); Dr Peter White (CEO).

Front row, left to right: Professor Michael Permezel (Honorary Treasurer Vic); Dr Alistair Haslam (Vice President, NZ); Dr Edward Weaver (Vice President, Aust); Dr Christine Tippett (President); Dr Ray Watson (Deputy Chair, Vice President, Aust); Dr Rupert Sherwood (Honorary Secretary, Tas).
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President’s Report

Dr Christine Tippett
President

It gives me great pleasure to present the Annual Report of the Royal Australian College of Obstetricians and Gynaecologists for 2007. The work and activities of the College have continued to increase and become more demanding as the expectations of Fellows, Members, Diplomates, Trainees and external organisations both in the government and non-government sector increase. In response to these demands, the College has become a more efficient and sophisticated organisation and I am confident it will continue to fulfill its role in the future whilst ensuring the College remains in its current sound financial position.

The financial position of the College has benefited from the considerable growth in investments and investment income during this period, but careful financial planning and oversight is essential as we continue to expand and improve the organisation. The ability of the College to review and adjust its structures as necessary over the coming years will be essential to ensure we are an effective, efficient and transparent organisation.

The Constitution

At the Annual General Meeting in November 2006, the new Constitution was accepted. The Memorandum and Articles of Association (MOA), which had been developed at the time of the amalgamation of the Australian and New Zealand College in 1998, were no longer providing an appropriate ‘rule book’ underpinning College activities. We were aware at the time the Constitution was accepted that changes would be needed occasionally and that new regulations would need to be developed. This highlights one of the most important changes to the Constitution, which is the ability for the Constitution to be changed by a postal ballot or at an Annual General Meeting (AGM). Changes to the MOA were extremely difficult to make as they had to be approved by the Federal Attorney General after being passed at an AGM. When changes to the Constitution are proposed you will be notified with the AGM agenda documents, or as has already been done, by a postal ballot. It is very important that you take time to consider any proposed changes and take the opportunity to vote either in person, or by proxy, at the AGM or by postal ballot when it is appropriate.

Diplomates

The new Constitution recognises Diplomates as a distinct category of members for the first time. This is most appropriate as they have a very important role in the delivery of women’s health services, particularly in rural and remote areas. The General Practitioner Obstetrics Advisory Committee has facilitated an increasing number of educational activities for general practitioners, particularly in conjunction with scientific meetings, which have been most successful to date.

The development of a new diploma curriculum has commenced and will be progressed in collaboration with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine to ensure it is relevant and applicable to the different specialist groups.

Associate Membership and Educational Affiliates

The new Constitution also enables us to broaden our categories of membership to include individuals involved in the provision of women’s health services, who do not hold a qualification awarded by RANZCOG. At the March Council meeting, two new categories of membership were accepted - Associate Members and Educational Affiliates. Neither Associate Members nor Educational Affiliates will have voting rights or a post-nominal attributable to the College, but will be able to access Continuing Professional Development (CPD) and be involved in College activities. Many of these doctors are making a considerable contribution to the provision of women’s health services and we consider that both the doctors and the women for whom they care will benefit from being included in the College, and in particular, from being able to access our educational activities.

At the recent meeting of the Pacific Society for Reproductive Health in Samoa, a number of doctors who are recognised as specialists in their countries and who have completed a three-year CPD cycle overseen by the College were the first individuals to be presented with their Associate Membership certificates.

Regional Committees

The regional committees play an important role in the overall functioning of the College. We have considerably increased the funding of regional committees to ensure that they have adequate resources. In April 2007 we had a meeting at College House with regional treasurers and representatives to discuss financial issues as well as governance matters and appeals procedures. Consistency of practice and procedures across all regional committees is essential to ensure that the College acts fairly, is not exposed to unnecessary risks, and can defend its processes, particularly in relation to Trainee matters.

Workforce Issues

The very real medical workforce shortages in Australia and New Zealand and the maldistribution and ageing of the medical workforce in Australia, particularly in rural and remote areas, is of great concern. Until the increase in medical graduates translates to an increased number of trained specialists commencing in 2018 there will be ongoing problems. The recruitment of overseas trained specialists is an important, although not ideal, part of building the workforce in the short-term.

The assessment of overseas trained specialists and medical practitioners applying for Area of Need positions has been the focus of much government attention. We recognise that this is
an extremely difficult and demanding but essential role for the College. We have received Federal Government grant funding to enhance and improve the assessment processes as part of the Rapid Assessment Unit projects and had considerable input into the Federal Government initiatives, which aim to have common assessment processes for all overseas trained medical practitioners.

Australian Medical Council (AMC) 2007 Report

The Australian Medical Council reviews and accredits all specialist medical colleges. The RANZCOG was reviewed and accredited in 2003 and following that review we were accredited for six years, however, we do have ongoing mandatory reporting requirements. These requirements cover many areas in relation to Trainees, including selection and supervision of Trainees, implementation of the new curriculum, and examinations and evaluation of the training programs. It also covers the assessment of overseas trained specialists.

A major three-year AMC report was submitted at the end of March 2007. The RANZCOG report was well received. We are now required to prepare and submit a further report by December 2007 detailing how we plan to expand training settings outside the teaching hospitals and to provide further information addressing the recommendation for stakeholder participation in Trainee selection.

Training Issues

The challenge of providing a high standard of training in all areas of obstetrics and gynaecology, and in particular, procedural skills is increasingly difficult. We are acutely aware of the many problems and challenges and are taking steps to try to ensure that at the completion of specialist training, our Trainees are competent and confident specialists. A review and restructure of the advanced training years is to commence to ensure that these two years are a constructive and worthwhile part of the training program.

Accreditation of Integrated Training Sites

The Australian Medical Council, who accredits our training programs, requires us to accredit training sites. The re-accreditation of all hospitals in the RANZCOG Integrated Training Program commenced in February 2007 and will continue throughout 2007 and 2008. The Guidelines for this accreditation process were approved by Council in November. The draft document was circulated widely last year and revised after feedback from Fellows, Trainees, hospitals, a wide range of statutory bodies, health jurisdictions, midwifery organisations in Australia and New Zealand, and the Australian Health Workforce Principal Committee (AHWPC), which is made up of representatives from the jurisdictions. The Accreditation Project is working extremely well, but is both time consuming and expensive and we have budgeted for the considerable ongoing cost of this process. I am confident that the outcome of this process will be to improve training sites and in particular support for trainees.

Training in the Private Sector

With approximately 50 per cent of medical services now being provided in the private sector, there is increasing recognition that the utilisation of the private sector for undergraduate and postgraduate medical training will be essential in the future with the dramatic increase in medical graduates, which will occur over the next seven years with the rapid expansion of medical school places. The increased number of graduates will then translate into an increased numbers of specialist trainees. The Federal Government has committed significant resources to developing the Expanded Settings for Specialist Training Program (ESSTP). We have been working closely with federal representatives to ensure that positions in the private sector are appropriate for specialist training and are accredited by the College before they are funded by the Federal Government. Three advanced training positions have been approved for 2008 and will be subject to review during the year.

Externally Funded Projects

In recent years, the College has been very successful in obtaining grants for external projects. These projects are self-funding and provide significant benefits to the College. They often enable us to develop programs which will have long-term benefits for the College and its members which we would be unable to fund internally. This year an oversight committee has been established, whose task is to scrutinise these projects and ensure that there is a net benefit to the College. The Specialist Obstetrician Locum Scheme (SOLS) is one such project which has ongoing funding support until September 2008. The Nuchal Translucency Project has also received ongoing funding and further federal funding will be available for two Support Scheme for Rural Specialists (SSRS) projects – a colposcopy project and the extension of the Perinatal Mortality and Morbidity audit in South Australia and Western Australia. We have also received funding for long-term evaluation of previous SSRS projects.

The Year Ahead

The very real problems of workforce shortages and the provision of equitable and cost-effective health care services will continue to drive many government initiatives in the coming years, both in Australia and New Zealand. It is essential that all the specialist colleges are not only receptive and responsive to proposed and current initiatives, but are actively involved in and inform the discussion and development of such initiatives to ensure that the high standards of specialist training which have been sustained in Australasia for many years are maintained. We have continued to develop and strengthen our professional relationships, both nationally and internationally, to ensure that we are well-informed and included in discussions which may have implications for the specialist workforce, and in particular, the provision and delivery of women’s health services in Australia and New Zealand.

The progress and achievements over the past year would not have been possible without generous contributions made to the College by many individuals, in particular, the members of the Executive, Councillors, the Chairs of Committees of Council and their members, all of whom I wish to thank. I also wish to acknowledge the support and professionalism of Dr Peter White, the College Chief Executive Officer, and College House staff, and to thank them for their valuable contribution to the College.
Chief Executive Officer’s Report

It may appear somewhat clichéd for a Chief Executive Officer to write at the start of their introduction to an organisation’s Annual Report about how pleasing it is to present the document for the scrutiny of members. This time last year I outlined what a personal and professional privilege it was to be able to do that. Now, reflecting on all that has happened and the activities and achievements that are outlined in this report, it continues to be just that, truly a pleasure.

From a personal perspective, this report looks back on a period that encompasses the majority of my first 18 months as RANZCOG CEO. The organisation is clearly in good health. The College continues to undertake an enormous amount of highly varied activity and it continues to be recognised as a forward-looking entity, not afraid to embrace new developments that occur as its environment changes. The College is able to monitor both its internal and external environment, ensuring operations are run in a rational manner when challenges and opportunities arise. The College continues to remain focused on accomplishing its core business – the constant raising of standards in the delivery of health care for women. This is all being done in a way that is fiscally responsible and which results in membership fees being kept stable in relation to the surrounding economic climate.

This is not to say that it is a time for complacency for the RANZCOG as an individual specialist medical college, or the colleges collectively for that matter. Externally, while some of the threats thought to be on the horizon may appear to have receded since the time of writing the previous Annual Report, one senses others may be emerging, not yet with sufficient form to be accurately evaluated, but there nonetheless. Having for the moment averted a concerted effort to challenge the training of medical specialists as exclusively the province of the colleges, challenges on the horizon appear more related to the nature of the role of the specialist in the delivery of maternity services and the changing nature of models of care. It is imperative that RANZCOG contributes proactively to discussions around such matters.

Internally, the College continues to evolve. It has a new Constitution that was passed by the membership at the Annual General Meeting in November 2006. The adoption of this document has enabled interpretation of the core governance guidelines of the College to be clarified and its objectives to be re-examined and articulated for this stage in its evolution. Coupled with the adoption of the Constitution is the ongoing task of ensuring that required regulations underpinning the core principles articulated therein are developed, as well as the need to ensure that the necessary policies and risk management structures are in place and well documented. Matters affecting the environment in which medical practice occurs is not the only environmental context in which the specialist colleges must be cognisant of relevant regulatory environment nowadays. The organisation is a company limited by guarantee, with directors and their associated responsibilities, and is subject to relevant corporate governance requirements.

The complexity and range of tasks that the College undertakes continues to grow. During the period covered by this report we have commenced individual re-accreditation of all 88 Integrated Training Program (ITP; Year 1 to 4) sites across Australia and New Zealand. This is an important undertaking in ensuring quality delivery of one of the core functions of the College, and one which requires and deserves adequate resourcing to be done properly. As with so many activities, it involves pro-bono contributions from College Fellows, as well as active partnerships and a shared sense of respect between College Fellows and College staff members. It also represents one of the areas where, increasingly, involvement from groups outside the College is being sought and utilised; in this case from health jurisdictions. More formalised accreditation processes for elective and subspecialty training sites will utilise the experiences obtained from this program.

Another area involving representatives from outside the formal College membership is the assessment of international medical graduates for comparability and equivalence to an Australian or New Zealand-trained specialist in obstetrics and gynaecology, as well as for suitability for Area of Need positions in Australia. There has been much activity generally in this area in recent times and the College has made alterations to its assessment processes and requirements in Australia as a result of work undertaken through a recently completed project funded by the Commonwealth Department of Health and Ageing, with more work to come. This is an increasingly important and demanding area of College work and, as with so many other areas, one where the stakes and accountability are high and the College needs to be aware of and appreciate the interest of all stakeholders.

On a core educational front, the time is approaching where the first cohort of trainees will be completing ITP training under the auspices of the RANZCOG Curriculum document at the end of 2007. The three-year report to the Australian Medical Council (AMC) required under their accreditation process called for a ‘comprehensive’ description of the implementation of the curriculum and was received well by the Specialist Education Accreditation Committee (SEAC). Of significance to all of the specialist colleges has been the recently advised changes to their annual reporting requirements by the AMC, whereby progress made in relation to selected recommendations of the 2005 report into the specialist medical colleges by the Australian Competition and Consumer Commission (ACCC) and the Australian Health Workforce Officials Committee (AHWOC), will be incorporated into requirements of the reports. It is incumbent upon the colleges to be cognisant of the recommendations, which are still considered to be ‘best practice’ operating guidelines for the colleges, and to work toward their implementation. RANZCOG is not immune from this.

Another report released during the period covered by this document, which will have significance for the specialist colleges, is that of the Medical Specialist Taskforce Steering Committee. The report deals with the issue of training of specialist medical trainees in settings outside of the traditional public hospital setting. Underpinned by a number of factors, including some
educational imperatives and the burgeoning output of Australian medical schools over the next five to ten years, the implications and opportunities for the colleges should become clear over the next few years. Undoubtedly, however, they are real and must be appreciated, understood and addressed.

The March meeting of the College Council saw the passing of regulations relating to the membership categories of Associate Member and Educational Affiliate. Building on the categories of Fellow, Member, Diplomate and Honorary Fellow enshrined in the Constitution, the regulations enable the inclusion of groups involved in women’s health who can benefit from being embraced under the umbrella of the College, and who can also bring much to the College. It is anticipated that by the time of publication of this report, the first formal admission of Associate Members will have occurred at the September 2007 meeting of the Pacific Society for Reproductive Health (PSRH) in Apia, Western Samoa, where a group of Pacific Island specialists will be admitted and presented with certificates.

The College continues to be aware of the importance of Diplomates as a group of College members and the responsibilities that it has to this group. The General Practitioner Obstetric Advisory Committee (GPOAC) is increasingly effective as a conduit for the views of this group and is one of the groups to be actively consulted for input into the process that sees the development of the existing Diploma syllabus into a true curriculum document. Similar work is in the formative stages for development of curricula for all five subspecialty areas.

In summary, the contents of this Annual Report reflects an organisation coping well in a changing, potentially hostile environment that requires sensible, proactive, forward-looking involvement from its leadership. At both membership and staff level, the organisation is well-equipped to continue the move forward and be a leader in the wider vocational postgraduate education arena. I thank all involved in the continued evolution of RANZCOG for their contributions over the past year and for making it possible for the delivery of the Annual Report to members.
In the past two years, the RANZCOG has become more widely recognised amongst journalists as an important source of information when reporting to their readers, listeners and viewers on specific health issues.

Key Media and Communications Objectives 2006/2007:

- Enhance the image of the RANZCOG both in Australia and New Zealand;
- Increase the College's presence in the general media (print, radio and television);
- Increase awareness and understanding of the work of the College;
- Promote the College's position with innovative training, accreditation and continuing education; and
- Educate the media, the professional health community and the wider general community about the role of the College and its impact on women's health issues.

Key Marketing, Media and Communications Strategies 2006/2007:

The Marketing, Media and Communications Strategic Plan, which was originally developed in December 2005 and January 2006, is regularly updated and modified by the Marketing, Media and Communications Senior Coordinator at College House and is used as a guide when implementing key strategies.

To date, the College has already addressed a number of objectives and strategies. These include:

- Increasing the College's presence in the general media (print, radio and television) – this continues to grow as more and more journalists and reporters are approaching RANZCOG for comments on various women's health issues. Therefore, the objective to educate the media, the professional health community and the wider general community about the role of the College and its impact on women's health issues, has been achieved. There has certainly been an increase in the awareness and understanding of the work of the College. This has particularly been noted amongst various health-related organisations such as the Australian Medical Association (AMA) and the College of Midwives (both have recently referred the College to the media and to the general public for comments on specific women's health issues).

- An increase in the number of media reports on obstetrics and gynaecology with public comments made by an increasing number of RANZCOG Fellows, who have provided expert opinions (and reflects the College's position) on various women's health issues, both in Australia and New Zealand. More journalists and reporters are seeing the Media Coordinator as a cooperative and effective channel and first point-of-contact when developing a story for print, radio and/or television.

- Developing, updating and circulating statements on current issues to media outlets and other key health organisations. For example, cervical cancer vaccination (Gardasil); caesarean vs vaginal births; home birthing units; RU486; and specialists in rural Australia and New Zealand.

The College continues to successfully increase its communications and media profile and has certainly become more and more widely recognised amongst journalists as an important source of information when reporting to their readers, listeners and viewers on specific women's health issues. There has also been a significant increase in the number of referrals to RANZCOG by health organisations such as the AMA and the Department of Human Services in Victoria, identifying key women's health issues should be responded by the College. Therefore, RANZCOG is increasingly being seen, not only by the media but also by other health groups, as the 'key voice' on women's health.

Julia Serafin
Marketing, Media and Communications Senior Coordinator
Medico-legal Committee

This year saw the introduction of the expert witness education program. The College engaged the Australian College of Legal Medicine to conduct a two-day workshop for Fellows who were either on the Expert Witness Register or interested in joining the register. The workshop was held in Sydney at the Coroner’s Court on 17 and 18 March. The first day covered a range of relevant topics including the law of evidence, the role of the expert, the legal profession’s expectations of an expert witness, report writing and a review of reports prepared by the participants prior to the workshop. The second day focused on court performance, with each participant being examined in chief and cross-examined on their report in a court and before a judge. The evaluation reports indicate that the Fellows generally found this a worthwhile activity and further workshops are planned in the future.

Following the workshop the Medico-legal Committee, in consultation with the Executive, recommended to Council that the expert witness education program be split into two components:

1. Medico-legal report writing; and

Continuing Professional Development (CPD)

The Continuing Professional Development (CPD) Committee has an ongoing role in overseeing the development of the College CPD program. During the year a number of new CPD activities were introduced, such as the Colposcopy CD Rom, two SSRS projects as well as a range of templates to assist Fellows in maintaining a record of their CPD activities and points.

In the past financial year, 1523 Fellows participated in the College CPD Program and a further 38 are participating in approved overseas programs. Of the 29 Fellows randomly selected for the verification check at the end of their CPD period, 26 have successfully completed the process. During the year, 67 new Fellows entered the CPD program and 29 Fellows submitted a retirement declaration.

Clinical Indicators

The College, in collaboration with the Australian Council on Health Care Standards (ACHS) revised the RANZCOG/ACHS gynaecology clinical indicators. The range of indicator topics was expanded to reflect the broad scope of gynaecology practice. The new gynaecology indicators were released in January 2007 for use in ACHS accredited hospitals.

The existing RANZCOG/ACHS obstetric indicator suite is currently under review.

Practice Profile

As reported in 2006, the Council agreed to introduce a practice profile of the Fellowship to provide information to the Council and Executive on the scope of practice of the Fellowship. The development phase of this project is nearing completion and is currently with the software developer. The implementation phase will commence in the latter part of 2007.

Fellows need only satisfactorily complete the medico-legal report writing component to remain on the Expert Witness Register. Completion of the court performance component will be optional.

During the year I had the opportunity to speak at two legal seminars about the RANZCOG Expert Witness Register and this provided an excellent opportunity to raise the awareness of the legal profession to the Register. During the 2006 and 2007 financial year the College received 35 requests for an expert witness, significantly more than in the previous two years. There have been several articles in the medical press during the year about medical experts and it is gratifying that RANZCOG is seen as a leader amongst the medical colleges.

Dr Robert Lyneham
Chair, Medico-legal Committee

Valerie Jenkins
Manager, Fellowship Services

Annual Scientific Meetings

An important date on the CPD calendar is the College Annual Scientific Meeting (ASM). In October 2006, a very successful meeting was held in Perth, Western Australia. The excellent scientific and social program was well supported by the fellowship and sponsors.

In addition the Fellowship had access to a range of other College meetings, notably the Provincial Fellows meeting in Ballarat and regional meetings conducted by the local committee in New Zealand, South Australia and a joint New South Wales/Queensland meeting. These meetings offer a range of opportunities to gain access to the latest in O and G along with the opportunity to catch up with colleagues.

CPD in the Pacific

Over the last three years, the College has been trialling a CPD program for specialist obstetricians and gynaecologists in Pacific Island countries. This was funded by a grant from AusAID and has now led to 18 Pacific Island specialists being granted Associate Membership of the College with three-yearly ongoing CPD requirements.

Dr Roy Watson
Chair, Continuing Professional Development Committee

Valerie Jenkins
Manager, Fellowship Services

1. Copies can be download from the College website http://www.ranzcog.edu.au/fellows/cpd
2. RANZCOG/ACHS gynaecology Clinical Indicators http://www.ranzcog.edu.au/fellows/prcmactivities.shtml#Gynaecology
Provincial Fellows Committee

There have been many important developments for Provincial Fellows in 2007. The most significant is the change in definition for a Provincial Fellow, passed at the Council meeting in July 2007. The new definition will streamline administrative procedures and be more inclusive of Fellows in rural and provincial areas who wish to engage with peers with similar practice profiles.

Eligibility is now defined by government initiated classifications (RRMA codes), defining Australian regions from metropolitan through to remote. Provincial Fellows are defined as those with RRMA codes three to seven. Fellows whose practices are outside these areas may still apply to participate in Provincial Fellows activities and projects. Fellows in Tasmania and the ACT vote for their State representatives but are encouraged to join Provincial Fellows.

The Provincial Fellows Annual Scientific Meeting was held in Ballarat, Victoria from 27 to 29 April, 2007. Over 75 Fellows, Trainees, Diplomates and medical students attended the meeting, with a mixture of clinical sessions and interactive workshops including laparoscopic suturing and office ultrasound. The program was comprehensive and stimulating. The meeting received record sponsorship for a Provincial Fellows Annual Scientific Meeting from within and outside the medical industry, with over 20 exhibitors. The immense support shown for rural and regional practitioners is very encouraging. Delegates continue to enjoy networking with practitioners who share similar isolated working and social environments.

The committee acknowledges the importance of integrated cooperation with GP colleagues in providing comprehensive care in women’s health. Future Annual Scientific Meetings will have a Diplomates’ Day integrated into the program to further develop this educational and collegial relationship.

The Provincial Fellows Committee continues to support College CPD activities and is pleased that the Clinical Teleconference Series has again been enthusiastically supported. SSRS funding has allowed the development, implementation and follow up of the tri-College Laparoscopy audit, the Perinatal Mortality and Morbidity audits and Practice Visits. Provincial Fellows acknowledge the much needed support of the Commonwealth in further continuing the Specialist Obstetricians Locum Scheme (SOLS) for which there has been an overwhelming response.

Provincial Fellows are indebted to College House staff for their tireless work and continued support of our aims and projects. Their involvement in our activities has been crucial to the very successful outcomes for this current year.

Dr Philip Hall
Chair, Provincial Fellows Committee

Kate Lawrey
Coordinator, Provincial Fellows Committee

Asia Pacific Committee

Over the year, the Asia Pacific Committee (APC) has continued to monitor College involvement and support for women’s health services in the Asia and Pacific region. However, it was considered timely that a strategic review be held to review activities and provide more definition for activities in the future.

In December 2006, a Strategic Planning Day of the APC was held at College House. Current involvement and support for the Asian region through the Asian and Oceania Federation of Obstetrics and Gynaecology (AOFOG), and the Pacific region, through the Pacific Society for Reproductive Health (PSRH), was agreed to be appropriate, in addition to ongoing College-based initiatives through the Brian Spurrett Foundation, the CPD program for Pacific O & G specialists, and support for professional development and small projects through the Asia Pacific Women’s Health Fund.

A key project undertaken during the year was a joint initiative between RANZCOG, PSRH and the World Health Organisation (PNG office) to develop a RANZCOG/PSRH Pacific Emergency Obstetrics Course (PEmOC). This course was successfully piloted in Port Moresby in May 2006, and will be promoted to Pacific islands as a practical in-country course for those working at the coalface in obstetrics. Future courses will be self-funding.

In addition to current activities, the committee discussed the possibility of increasing its involvement in international project work in collaboration with AusAID and this was supported by the College President and Council. Discussions ensued with a number of interested health professionals in Australia and AusAID was approached for further collaboration. Dialogue is progressing between AusAID, RANZCOG and interested partners with a view to a long-term multidisciplinary program to provide sustainable support for the Pacific teaching institutions, namely the University of Papua New Guinea and the Fiji School of Medicine. This initiative is continuing.

Prof Glen Mola
Chair, Asia Pacific Committee

Carmel Walker
Coordinator, Asia Pacific Committee

Annual Scientific Meetings (ASMs)

New South Wales and Queensland ASM 2007

The 2007 NSW/QLD Annual Scientific Meeting was held over the weekend of 9 and 10 June 2007 at the Sheraton Four Points Hotel at Darling Harbour. The Organising Committee was Dr Alec Welsh (Convenor), A/Prof Christopher Benness, Dr Peter Bland, Dr Andrew Zuschmann, Dr Amanda Henry and Dr Samuel Soo.

The theme for the meeting was ‘Emergencies and Complications in Obstetrics and Gynaecology’. A/Professor Christopher Benness opened the meeting and welcomed delegates from New South Wales, Queensland, Victoria, Tasmania and Singapore. Dr Christine Tippett, President, and Dr Peter White, Chief Executive Officer, then both addressed the meeting.

Session one covered critical care updates in the areas of Obstetric Emergencies and Trauma (MOET), ectopic pregnancy and PPH. Session two focused on the multidisciplinary care for placenta accreta. Speakers covered epidemiology and pathology, the roles of ultrasound, MRI and arterial embolism, surgical and conservative management, and finished the session with a panel discussion.

In session three, ten registrars delivered presentations for the award of the medals. A panel comprising of Dr Christine Tippett, A/Prof Christopher Benness and Dr Benjamin Bopp assessed the presentations.

Dr Lisa Hui from the Royal Hospital for Women at Randwick won the Christopher Kohlenberg Memorial Medal for her presentation entitled, ‘Effect of Labour on Postpartum Clearance of Cell-Free Fetal DNA from the Maternal Circulation’ and Dr Harvinder Kaur from the Royal Women’s Hospital in Brisbane won the Crown Street Medal for her presentation entitled, ‘Prevalence of Dyspareunia in the Gynaecology Clinic’.

The presentations were of a high standard and the medals were awarded at the dinner held on Saturday night at Doltone House, Pyrmont Point. Mrs Cathy Kohlenberg presented the Christopher Kohlenberg Memorial Medal to Dr Hui. Dr John Murray, who was the after dinner speaker, presented the Crown Street Medal to Dr Kaur.

Despite the extreme weather in Newcastle and Sydney on the long weekend, 122 delegates attended the ASM over the two days. Included in this number were eight Overseas Trained Specialists, 11 RANZCOG Diplomates and GPs and 22 Registrars. On Sunday, there were five workshops presented by consultants and College staff. The workshops included integrating digital technology, introductory powerpoint, the Fetal Surveillance Education Program, managing patient expectations and a teacher training workshop. There were seven company sponsors. College House staff were present at the College display stand and NSW and Queensland regional staff worked together to carry out the administrative functions for the meeting.

Dr Alec Welsh
ASM Convenor

Lee Dawson
Executive Officer, NSW Region

South Australia and Northern Territory ASM 2007

Seventy delegates attended the 2007 SA/NT Annual Scientific Meeting held at Mt Lofty House in the Adelaide Hills, 18 to 20 May 2007. The Gold Sponsor was Bayer Schering Pharma, and the Silver Sponsor was Johnson & Johnson Medical.

The risk management workshop, operative complications in O and G, convened by Dr Melissa Sandercock, and the Urogynaecology Symposium convened by Dr Melissa Slattery were both highly successful, with two PR and CRM points and five PR and CRM points respectively awarded for attendance. The Urogynaecology Symposium comprised presentations by Dr Judith Goh, Dr Chris Barry, Dr Ian Tucker and Dr Elvis Seman, followed by a lively panel debate.

The Registrars Presentation Session was included in the program of the regional ASM for the first time, and attracted excellent presentations from five registrars. The O’Loughlin Medal and Bayer Schering Pharma Prize was awarded to Dr David O’Rourke for his presentation entitled, ‘The Early Pregnancy Assessment Project’.

The session on medical management of pregnancy, convened by Dr Chris Hughes, included excellent presentations by Dr Bill Jeffries, Dr Patrick Disney and Dr Shilpa Prassad, followed by a panel discussion with all speakers.

On Sunday, the President, Dr Christine Tippett, and CEO, Dr Peter White delivered their addresses to the conference. This was followed by a session titled, ‘How Do We Stop Rural Obstetrics from Ending Up in the City?’ with entertaining presentations by Dr Colin Weatherill, Dr Steve Holmes and Dr Corinna Sims, chaired by Dr Cara Bryant. The Acting Convenor, Dr Melissa Slattery delivered the closing address.

The trade booths were set up in the Waterhouse Room and attracted a great deal of interest from delegates. Social functions included a cocktail party sponsored by Endotherapeutics on Friday evening, and a conference dinner in the Piccadilly Restaurant sponsored by Mi-tech on Saturday night.

Dr Christine Kirby and Dr Melissa Slattery
ASM Convenors

Judith Hamilton
Executive Officer, SA/NT Region

Figuine, obstetrician and newborn baby.
Porcelain. Made by Zoltan USA.
Gift of Prof Maurice Webb, 2005.
The 12 months between July 2006 and June 2007 have been significant in the history of the Foundation. Building upon the developments and work of previous years, 2006 and 2007 saw the adoption of a constitution that sets down the governance of the RANZCOG Research Foundation for many years into the future, the Constitution replacing the previous Memorandum and Articles of Association. This, in turn, has set the direction for the Foundation and driven much of its work over recent months.

The passing of the Constitution at the November Annual General Meeting by the Foundation’s members was a significant achievement and made possible by the efforts of all involved.

The last elections held under the Articles of Association were conducted with three nominees for two general member positions on the Board of Directors. The Foundation also welcomed Prof Warwick Giles to the Board and Prof Gustaaf Dekker who returned for a second term. Early in 2007, Prof Ian Fraser was appointed Honorary Secretary of the International Federation of Gynaecology and Obstetrics and elected to stand down as Chair of the RANZCOG Research Foundation Board of Directors, while remaining on the Board for the remainder of his term. I would like to take this opportunity to acknowledge the significant contributions that Prof Fraser has made to the Foundation and I am honoured to succeed him as Chairman from 1 March 2007.

RANZCOG Research Foundation: Identity and Role

With the Constitution in place, attention has shifted to promoting the identity of the Foundation and implementing strategies previously identified. This gained further momentum when the new logo received preliminary approval for registration as a Trade Mark. Reflecting the connections between the College and the Foundation, the RANZCOG motto ‘Excellence in women’s health’, formed the basis for a motto that identifies the Foundation, its work and aims. As such, ‘Helping to drive research excellence in women’s health’, was adopted as the motto of the RANZCOG Research Foundation.

A broad range of initiatives previously identified by the Board of Directors is now being progressed to promote the work of the RANZCOG Research Foundation and its role in the pursuit of improved outcomes in women’s health.

The Foundation has maintained its commitment to supporting scientific and medical research in women’s health and a review of past recipients of RANZCOG Research Foundation scholarships, fellowships and grants was commenced. In order to assess the role of the Foundation and the scholarships, fellowships and grants it offers, past recipients have been contacted and asked about the value of research undertaken since their scholarship, their continuing involvement in research and the role of the award received in determining their career path.

Research is one component of the RANZCOG curriculum with Membership/Fellowship trainees required to gain prospective approval of a research project proposal and satisfactorily complete a research study. The Foundation continued to offer and award research grants to assist these trainees.

The last 12 months have continued the momentum that the Research Foundation has attained in recent years. I look forward to continuing to progress the work of the Foundation in my time as Chairman of the Board of Directors.

Prof David Healy
Chair, Board of Directors
RANZCOG Research Foundation

Georgina Anderson
Coordinator, RANZCOG Research Foundation

Left: Microscope, J Parkes & Son, c1900 and pathology slides. Donated by Dr Geoffrey Bishop, 1997.
Right: Microscope, Swift & Son, c1890. Donated by Dr Alec Graeme Bond, 1999.

Helping to drive research excellence in women’s health
Scholarships, Fellowships and Grants from 1 January 2007

Recipients of the scholarships available for application in 2006 were as follows:

### Arthur Wilson Memorial Scholarship 2007-2008

<table>
<thead>
<tr>
<th>Awardee</th>
<th>Project</th>
<th>Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Yasmin Jayasinghe</td>
<td>The Oncogenic Risk of HPV in Children and Adolescents: Risk factors for cervical carcinoma and high grade dysplasia under 25 years of age.</td>
<td>Department of Microbiology and Infectious Diseases, Royal Women’s Hospital Carlton, Victoria</td>
</tr>
</tbody>
</table>

### Taylor-Hammond Research Scholarship 2007

<table>
<thead>
<tr>
<th>Awardee</th>
<th>Project</th>
<th>Institute</th>
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</thead>
<tbody>
<tr>
<td>Dr Thomas Shashian</td>
<td>Endometrial Mesenchymal Stem Cells (MSC) and Biological Scaffold as a Construct for Gynaecological Prolapse Repair Surgery.</td>
<td>Department of Obstetrics &amp; Gynaecology, Monash Medical Centre Clayton, Victoria</td>
</tr>
</tbody>
</table>

### Ella Macknight Memorial Scholarship 2007-2008

<table>
<thead>
<tr>
<th>Awardee</th>
<th>Project</th>
<th>Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Thushari Alahakoon</td>
<td>Angiogenic Factors in Clinical Placental Vascular Disease.</td>
<td>Westmead Hospital, Sydney West Area Health Service Westmead, New South Wales</td>
</tr>
</tbody>
</table>

### Glyn White Research Fellowship 2007-2008

<table>
<thead>
<tr>
<th>Awardee</th>
<th>Project</th>
<th>Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Joanne Said</td>
<td>Identification and Characterisation of Placental Coagulation Markers in Normal Pregnancies and in Pregnancies Complicated by Pre-eclampsia and Fetal Growth Restriction.</td>
<td>Pregnancy Research Centre, Royal Women's Hospital Carlton, Victoria</td>
</tr>
</tbody>
</table>


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<thead>
<tr>
<th>Awardee</th>
<th>Project</th>
<th>Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jodie Benson</td>
<td>Antenatal Vitamin D (AVID) Study.</td>
<td>Westmead Hospital, Sydney West Area Health Service Westmead, New South Wales</td>
</tr>
</tbody>
</table>

### Schering Pty Ltd Research Scholarship 2007

<table>
<thead>
<tr>
<th>Awardee</th>
<th>Project</th>
<th>Institute</th>
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<tbody>
<tr>
<td>Miss Chelsea Stoikos</td>
<td>Identification and Comparison of Endometrial Protein Profiles in Uterine Washings from Women With and Without Endometriosis.</td>
<td>Prince Henry’s Institute, Monash Medical Centre Clayton, Victoria</td>
</tr>
</tbody>
</table>

### Arthur Wilson Memorial Scholarship 2006-2007

<table>
<thead>
<tr>
<th>Awardee</th>
<th>Project</th>
<th>Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Louise Hull</td>
<td>Tissue Remodelling in Endometriosis.</td>
<td>Department of Obstetrics and Gynaecology, University of Adelaide Adelaide, South Australia</td>
</tr>
</tbody>
</table>

### Fotheringham Research Fellowship 2006-2007

<table>
<thead>
<tr>
<th>Awardee</th>
<th>Project</th>
<th>Institute</th>
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</thead>
<tbody>
<tr>
<td>Dr Nicola Bryan</td>
<td>The Molecular Basis of Idiopathic Growth Restriction: The role of homeobox gene expression in the placenta of twins discordant for growth.</td>
<td>Pregnancy Research Centre, Royal Women's Hospital Carlton, Victoria</td>
</tr>
</tbody>
</table>
The College Training and Accreditation Committee is now known as the Training Accreditation Committee, to highlight its fundamentally accrediting role in the ongoing development, coordination and administration of the MRANZCOG and FRANZCOG training program.

Over the past year the committee’s major achievements and areas of interest have been as follows:

• The writing of the College’s guidelines for the re-accreditation of the hospitals in the Integrated Training Program (ITP) in Australia and New Zealand, in close consultation with health jurisdictional bodies in Australia and New Zealand.

• Commencement of re-accreditation of ITP hospitals in March 2007, with site visits to three tertiary hospitals and three peripheral hospitals in Victoria and Tasmania. In this initial cycle only the home or base hospital and one peripheral in each ITP will be visited, but eventually all 88 ITP sites will be re-accredited. Each re-accreditation is conducted by a team from the College comprising two Fellows, a trainee representative, a College staff member and, where available, a jurisdictional representative. Re-accreditations in Queensland and New Zealand are in process or in preparation, with other States to follow.

• Development of a new College selection criteria for ITP trainee recruitment to ensure the selection process is consistent and transparent across Australia and New Zealand.

• Formulation of a new policy on requirements for RANZCOG trainees to perform sexual assault forensic examinations, stipulating that trainees should not be expected to perform such procedures and that if they do undertake these duties they must be appropriately trained and remunerated.

• Introduction of revised six-monthly summative assessment report forms to incorporate the new grading of ‘Automatic Borderline’ for those trainees who have not met specified compulsory assessment requirements by the relevant year level.

• Development of a College policy on recognition of prior learning for current and prospective trainees who have undertaken appropriate O and G training in their own countries and seek to enter the RANZCOG specialty training program. This new policy will be finalised by November Council.

• Introduction of a comprehensive training supervisor information pack for all new and existing ITP/Elective supervisors covering all aspects of their role and responsibilities.

• Exploring possibilities for expanded setting training for Elective and, where appropriate, ITP trainees in a range of facilities, including private hospitals and private rooms, using funding available through the Commonwealth Department of Health and Ageing. These private setting posts are of course subject to College approval and must provide appropriately supervised and supported training which meets the College’s educational objectives.

• Addressing current surgical training needs, particularly ongoing access to general gynaecological surgical experience for ITP trainees. This has included close involvement in an extensive survey of the surgical training and experience of all RANZCOG trainees and recent Fellows.

• Ongoing review of training in gynaecological oncology, ultrasound and colposcopy.

• The establishment of a Trainees’ Common Room section on the website in consultation with the Trainees’ Subcommittee. This section will include information about examinations, regulations, recommended texts, training posts and a chat room.

• Planning the trial of the electronic recording of trainees’ Clinical Training Summaries using Palm Pilots. The trial will be conducted amongst trainees at three hospitals: Monash Medical Centre, Melbourne; Royal Hospital for Women, Sydney and National Women’s Hospital, Auckland.

Dr Rupert Sherwood
Chair, Training and Accreditation Committee

Shaun McCarthy
Manager, Training Services

RANZCOG Curriculum

With the RANZCOG Curriculum now firmly established, work has shifted, as was highlighted in last year’s report, from the systematic introduction of various components to ongoing evaluation of its implementation and refinement as necessary.

Membership Examinations

While the format of the examinations remains unchanged, there have been several significant developments.

The oral examination may now be attempted earlier in the training program—from the beginning of the fourth year of training—thus smoothing the transition to post-Membership training. The minimum six month gap between written and oral examinations remains but the educational reasons for it have been more successfully communicated to Trainees and the desirability of this gap is now well accepted.

Satisfactory completion of the In-hospital Clinical Assessments is no longer an eligibility requirement for candidates applying to sit the MRANZCOG Oral Examination (these assessments still need to be completed as a prerequisite for Membership).

A concerted drive to recruit more examiners has been undertaken and applications are now considered three times a year. The number of Trainees entering the training program has increased significantly in recent years and accommodating these candidates in the oral examination would be problematic without more examiners. Although College regulations permit the limiting of candidate numbers at any given oral examination (this has been implemented on one occasion), such a measure is neither desirable nor sustainable. The examiner recruitment drive is designed to render recourse to such a measure unnecessary.

Considerable work has been done in improving the validity and reliability of the written examinations, following on from work initiated in the previous year. The measures described in the 2006 Annual Report have been fully implemented and have resulted in written examinations that cover the curriculum more comprehensively and which are better constructed, both in terms of the questions themselves and their attendant marking schemes. The rigorous processes for putting together an examination paper, and subjecting it to formal expert review before use, are now well established and have resulted in examinations in which the College can have great confidence.

Workshops on writing quality multiple-choice questions have now become a regular feature and have resulted in a significant increase in both the quantity and the quality of the questions in the College’s item bank.

An investigation has been initiated into the possibility of adopting a modified Angoff style standard setting procedure for the short answer question paper, based on the procedure used for the oral examination. Also, for the short answer question paper, a more structured feedback mechanism whereby examiners would employ a standardised process, is also under consideration. It has been agreed that these two initiatives would undergo trials prior to any decision regarding formal adoption. These trials are under way.

Subspecialty Examinations

In recognition of the fact that both the written and oral subspecialty examinations are, in fact, exit examinations, candidates may now sit these examinations in the order they prefer. In addition, all candidates must attempt a written or oral subspecialty examination for the first time within two years of completing prospectively approved subspecialty training and must pass both the written and oral examinations within six years of completing prospectively approved subspecialty training. This new measure is designed to shorten the time available to subspecialty Trainees to obtain certification.

The quality improvement methods mentioned above with regard to the Membership written examinations have also been fully implemented with regard to the Subspecialty written examinations, with similar pleasing results.

Changes to Ultrasound Training Requirements

The ultrasound section of the RANZCOG Curriculum has undergone revision. This is the first section to be revised since the introduction of the curriculum. Although the new learning outcomes have been determined, it has been agreed that their addition to the curriculum document will be held over until an accompanying online education package and a suitable assessment process have been developed, the idea being that a complete ultrasound training program will be introduced. Work on both of these has begun. It should be noted, however, that the changes to the curriculum have already been incorporated into the hospital re-accreditation guidelines and, as such, the time dedicated to ultrasound training is steadily increasing.

Research Project

Review of trainee progress in this area is an ongoing activity. There has been concern regarding how late many Trainees are leaving the planning and execution of their research project. Accordingly, regulations were passed so that new Trainees would be required to initiate and complete work on the research project earlier in the training program. Specifically, Trainees entering the training program from 1 December 2006 must submit a research proposal and have it approved by the Assessment Subcommittee no later than the end of Year 2 and are required to present a research study that meets satisfactory completion criteria no later than the end of Year 5.

The College has developed extremely efficient procedures for obtaining feedback from Trainees, the preferred methods being short online surveys, notification of which is given via email and in face-to-face forums. Trainees have been surveyed about their experiences in relation to meeting the requirement of approval for a research project proposal. Feedback such as this will prove very useful in fine tuning the requirements of the research project.

Surgical Procedures Competency Assessment

As part of the ongoing review of the curriculum, the Examination Committee has responded to feedback from Trainees regarding basic surgical procedures requirements and has implemented a decision to now require trainee competency in prolapse repair as an advanced surgical procedure and remove posterior and/or anterior repair from the required basic surgical procedures.

This is an example of the very positive contribution the Trainees’ Subcommittee has been making towards review and improvement of the RANZCOG Curriculum.

Prof Michael Humphrey
Chairman, Examination Committee

George Douvos
Manager, Assessment Services
GP Obstetrics Advisory Committee

The GP Obstetrics Advisory (GPOA) Committee continues to represent Diplomates in the functioning of the College, providing a variety of inputs relating to Continuing Professional Development and College statements.

RANZCOG Constitution – recognition of Diplomates

In the past, Diplomates were not mentioned as members of the College in the Memorandum and Articles of Association, but with the approval of the new RANZCOG Constitution in November 2006, Diplomates are now recognised as members of the RANZCOG. This is a significant recognition of the role Diplomates play in the area of women’s health.

Diplomates Day – RANZCOG ASMs

One of the main focuses this financial year has been the implementation of a Diplomates Day at the 2006 RANZCOG Annual Scientific Meeting (ASM) in Perth. The event attracted an overwhelming response from Diplomates and as a result it is planned to hold two Diplomates Days at the 2007 ASM on the Gold Coast. A reflection of the need for ongoing educational sessions for both procedural and non-procedural Diplomates has seen Diplomates Days being incorporated into all future RANZCOG ASMs and Provincial Fellows ASMs.

Classification of Women’s Reproductive Health Activities

Following a request from the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM), the GPOA Committee and College staff have compiled a list of suggested topics to provide guidance on classifying women’s reproductive health activities for accreditation of women’s health points.

Revised Diploma Curriculum

Attractiveness of the Diploma to new graduates has been of some concern with declining numbers of practitioners applying. The GPOA Committee has worked extensively with Dr Roy Watson (Vice-President and past Chair, JCCO) and other key College staff members in developing the framework for a revised Diploma Curriculum. The aim has been to make the Diploma into a broader based and more flexible training program thus being more attractive to new graduates as well as those currently employed in General Practice.

Communication

Diplomates Bulletin

In response to feedback from Diplomates, the GPOA Committee has produced an email newsletter for Diplomates to provide information on College publications and activities, women’s health activities and other items of interest to procedural and non-procedural practitioners. The Diplomates Bulletin is distributed via email and is also available on the RANZCOG website on the GP Diploma page. The Autumn and Winter editions are currently available.

RACGP and ACRRM Scientific Meetings

RANZCOG, along with GPOA Committee, has continued to attend both RACGP and ACRRM events in order to keep Diplomates abreast of the current workings of the College as well as upcoming educational activities.

Dr Jeff Taylor
Chair, GP Obstetrics Advisory (GPOA) Committee

Val Spark
Coordinator, GP Obstetrics Advisory (GPOA) Committee

Works on and about Sir John Bland-Sutton, a British gynaecological surgeon. Donated by Dr Frank Forster.
Overseas Trained Specialists and Area of Need Assessment Committee

The last year has seen significant changes to the assessment requirements and processes for overseas trained specialists (OTSs) and prospective Area of Need (AoN) practitioners. In order to respond better to the rapidly changing OTS environment in which this College, and all others, must operate, the RANZCOG OTS/AoN Assessment Committee has been restructured. It is now a smaller group and concentrates on policy rather than actual assessment of OTS applicants, which remains the province of a panel of assessors. The committee, which meets three times a year, is chaired by Dr Diane Mohen and includes Dr Deryck Charters, Dr Chris Hughes, Dr Louise Kornman, Dr Rupert Sherwood, Dr David Somerset and Ms Kathy Sanders (Community Representative). The assessors complete the assessment interviews, which are held six days per year.

The RANZCOG OTS/AoN Assessment Committee has further developed its assessment policies and processes for overseas trained doctors. The completion of the Rapid Assessment Unit Project, funded by the Australian Government Department of Health and Ageing, has facilitated the introduction of a more flexible and transparent assessment process that still holds paramount the public interest in quality of health care.

An important achievement of this project, which feeds into the OTS/AoN Assessment Committee, has been the development of the competency assessment document and its incorporation within the process of assessment of the OTSs who apply for assessment for Fellowship of the RANZCOG. The document, which defines the broad clinical and non-clinical competency areas against which OTS applicants are now assessed, was developed in accordance with the competencies identified in the RANZCOG Curriculum to ensure that the assessment of OTSs is based on the same expectations and standards as those set for RANZCOG trainees before they can receive Fellowship.

This new document was trialed in the OTS assessment interviews conducted in July 2006 and has been successfully used since its formal implementation at the September 2006 interviews. The assessors have found the document has enabled them to complete a more structured and focused assessment, though of somewhat longer duration. To address this demand on time, three more Fellows were recruited and a third assessment panel was established so that the number of interviews offered was not compromised.

Applicants assessed as ‘partially comparable’ to an Australia trained specialist must still complete the MRANZCOG examinations and the In-Hospital Clinical Assessments, however, they are now required to complete a minimum of 12 months (maximum of four years) of supervised training. At the conclusion of their training, the OTS trainee must have acquired competency in all of the areas of practice listed on the Competency Assessment Document.

A further development has been introduced via the new RANZCOG Constitution, which has enabled the College to broaden its categories of membership to include, in addition to Fellows and Diplomates, categories of Associate Members and Educational Affiliates. Under these arrangements, both AoN practitioners and those OTSs assessed as partially comparable, can now attain Educational Affiliate status with the College. This status enables the College to provide these Overseas Trained Doctors with access to the RANZCOG Continuing Professional Development program and a range of workshops, seminars and other activities through which they will be able to upgrade their skills and increase their knowledge of the practice of obstetrics and gynaecology in Australia.

In the past 12 months, the following assessments have been made of OTS applicants:

- 30 have been interviewed;
- 13 have been identified as ‘substantially comparable’ to an Australian trained specialist and therefore eligible to apply for FRANZCOG;
- 14 have been recommended as ‘partially comparable’ and required to undertake further training or assessment; and
- three have been recommended as ‘not comparable’ and asked to apply for admission to the training program at Year 1.

11 have been interviewed and ten have been considered suitable for an AoN post.

Dr Diane Mohen
Chair, Overseas Trained Specialists and Area of Need Committee

Belinda Boucher
Coordinator, Overseas Trained Specialists and Area of Need Committee
Trainees’ Subcommittee

The Chair of the Trainee Subcommittee is currently Dr Helen Paterson (NZ), who has succeeded Dr Brad Armstrong in the role. Dr Amanda Henry (NSW) has taken on the vacant role of Deputy Chair of the Subcommittee.

During the period 1 July 2006 to 30 June 2007, the Trainees’ Subcommittee held two teleconference meetings and one all day face-to-face meeting at College House.

Major initiatives by the Subcommittee over this time have included:

- Working with the College Training Accreditation Committee to develop a policy on requirements for Trainees to perform sexual assault forensic examinations;
- Working with the Women’s Health Committee to develop a policy on clinical training whilst pregnant;
- Contributing to the writing of RANZCOG guidelines on the re-accreditation of ITP hospitals;
- Contributing to the development and testing of the RANZCOG email system for Trainees in consultation with RANZCOG management and the Assessment Services Department;
- Contributing to the development and testing of the Trainees’ Common Room on the RANZCOG website in consultation with the Training Services Department;
- Ongoing review of surgical competency assessment issues, including the adaptation of the surgical competencies assessment tools;
- Ongoing review of maximum training times for both the ITP and for the combined ITP/Elective program in recognition of need for flexibility, particularly in relation to parental leave requirements;
- Arrangement of exam workshops; and
- Assisting in the development of a new rural training position in the South Island of New Zealand.

Subcommittee members have acted as trainee representatives on:

- Examination Committee;
- College Training Accreditation Committee and each Regional/NZ Training Accreditation Committee;
- RANZCOG Regional Committees;
- Women’s Health Committee;
- Continuing Professional Development Committee;
- RANZCOG Council;
- RANZCOG Ultrasound Working Group;
- RANZCOG O&G Advisory Group;
- RANZCOG hospital re-accreditation teams;
- AMC Working Party revising the standards pertaining to trainees in the AMC’s guidelines for medical college accreditation;
- AMA Doctors in Training Specialties Conference;
- National Health Workforce Secretariat workshop to develop generic hospital accreditation guidelines;
- RANZCOG Workforce Advisory Group (NZ); and
- RANZCOG Maori Advisory Group (NZ).

Dr Helen Paterson
Chair, Trainees’ Committee

Shaun McCarthy
Manager, Training Services
In the past 2 months, the following subspecialists have been certified:

Obstetrical & Gynaecological Ultrasound (COGU) 1
Gynaecological Oncology (CGO) 2
Maternal Fetal Medicine (CMFM) 4
Reproductive Endocrinology & Infertility (CREI) 4
Urogynaecology (CU) 2

The numbers of subspecialty trainees are as follows:

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Number</th>
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<tbody>
<tr>
<td>COGU</td>
<td>8</td>
</tr>
<tr>
<td>GO</td>
<td>5</td>
</tr>
<tr>
<td>MFM</td>
<td>18</td>
</tr>
<tr>
<td>REI</td>
<td>19</td>
</tr>
<tr>
<td>CU</td>
<td>5</td>
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After some concern regarding a falling of interest in subspecialty training last year, there has been an increase in applications, particularly gynaecological oncology, which had no applicants last year.

Key Policy Decisions

With the Diploma no longer available, an alternative award for overseas specialists who wish to undergo some subspecialty training has been introduced. Such specialists who have obtained a position in a RANZCOG-approved subspecialty training unit, and who wish to be able to take home formal recognition of such training, will be required to register with the College and submit satisfactory training documentation for each six-month period of training up to a maximum of two years. On completion of this training, they will be awarded the Certificate of Recognition of Training.

There have been changes made and introduction of new regulations for various aspects of subspecialty training:

- To bring training documentation into line with those for ITP trainees;
- To require trainees to submit a draft research project proposal at the end of the first six months of training, with the final proposal and hospital ethics (where appropriate) at the end of 12 months;
- New regulations resulting in ‘borderline’ training assessment if proposals are not submitted on time; and
- Incorporation of current guidelines and practices for resubmission of unsatisfactory Research Projects and resolution for differing assessment results.

The subspecialties are in the process of revising their syllabus to reflect current and anticipated practices, and work is underway to transform them into curricula in similar vein to the curriculum for the Integrated Training Program.

Challenges for 2007 and 2008

Completion of guidelines for re-accreditation of training sites along the lines of the ITP Hospital Accreditation Guidelines, including site visits, will be a high priority in the next 12 months.

Dr Louise Farrell
Chair, Subspecialty Committee

Frances Gilliard
Coordinator, Subspecialty Committee
Women’s Health Committee

The Women's Health Committee (WHC) is responsible for dissemination of current, evidence-based information on a wide range of issues in women's health. It does this by holding regular meetings, both face-to-face and via teleconference, developing and releasing College Statements which provide up-to-date advice to College members, women and the broader community. The Committee also reviews documents from other professional bodies with a view to providing College endorsement. Statements undergo rigorous review by various college processes prior to their publication, and are regularly reviewed and updated.

The WHC, supported by the Women's Health Services Department of the College and College Fellows, continues to provide expert opinion to Government and other organisations on issues associated with women's health. This includes:

- Representation on the Jurisdictional Blood Committee
- Intravenous Immunoglobulin Working Party, in the Development of criteria for intravenous immunoglobulin use in Australia;
- Review and submission for Australia’s Mothers and Babies 2004 Report;
- Review of Correct Site and Correct Side Guidelines, Royal Australian College of Surgeons;
- Representation on Beyond Blue National Depression Initiative, to develop a core training module for Obstetric Registrars and those undertaking the Diploma of O&G;
- Representation and submission for ‘An Accreditation Scheme for Practices Providing Radiology Services under Medicare’;
- Representation of the Department of Health and Ageing's Pregnancy Lifescripts Initiative;
- Representation on a Workshop on Regulatory Issues in Pre-implantation Genetic Diagnosis, convened by the Centre for Health Governance, Law and Ethics;
- Representation on Antenatal Core Competencies Advisory Committee regarding MBS Item 16400, which aims to develop and pilot a three-phase project to train nurses of varying levels and qualifications to deliver antenatal assessments on behalf of rural and remote practitioners;
- Submission to the Screening Section, Dept of Health and Ageing for the Development of National Policy for Cervical Screening during Pregnancy; and
- Representation and submission to the Australian Institute of Health and Welfare regarding the review of Perinatal Data Elements ‘Birth event – anaesthesia administered’ and Birth event – analgesia administered’.

The WHC also disseminates information that is useful to health practitioners and consumers such as:

- **BreaCan Gynaecological and Breast Cancer Support (Women's Health Victoria)**
  The group offers information sessions on breast reconstruction, treatment options for breast or gynaecological cancer, as well as relaxation and stress reduction techniques.

- **Communication Skills Training (National Breast Cancer Centre)**
  A website was launched to support and promote communication skills training for all oncology health professionals, http://www.nbcc.org.au/bestpractice commskills/

Following each WHC meeting, a list of resources for Fellows is updated online. This includes local and international reports, guidelines and other documents relating to women's health.

New College Statements

In the past year, the following new statements were released:

- WPI-14 RANZCOG/ANZCA/RACGP/ACRRM Joint Position Statement on the Provision of Obstetric anaesthesia/ analgesia services;
- C-Obs 22: Use of Prostaglandins for Cervical Ripening Prior to the Induction of Labour;
- C-Gen 8: Diethylstilboestrol (DES) Exposure in Utero;
- C-Obs 23: Timing of Elective Caesarean Sections;
- C-Gyn 18: Guidelines for HPV Vaccine;
- C-Gen 9: Assessment of Competency; and
- C-Gen 10: Position Statement on the Appropriate Use of Diagnostic Ultrasound.

Owing to the increasing number of College Statements to review, the WHC has initiated ‘preliminary recommendations’. This translates to documents that are revisited at the subsequent Council meeting, for final recommendation. This has been done to give Councillors more time to consider and discuss potential issues arising from new or rewritten College Statements, prior to endorsement.

RANZCOG Endorsement Policy/
Public Document Policy

This was developed as a framework to assess documents for College endorsement. It covers the assessment and classification of in-house documents (ie College Statements) and public documents from external organisations. Endorsement translates into permission to use RANZCOG's Coat of Arms and to appear on the list of 'Endorsed Statements of Other Bodies' on the College's website. View the list at http://www.ranzcog.edu.au/womenshealth/endorsedstatements.shtml

New Patient Information Pamphlets

In the past year, the following patient information pamphlets, created and promoted though the WHC, have become available:

- Induction of Labour - A Guide for Women;
- Amniocentesis and Chorionic Villus Sampling (CVS) – 3rd edition;
- Prenatal Screening Tests for Down Syndrome and Other Conditions – 2nd edition;
- Postnatal Depression – A Guide for Women;
- Polycystic Ovarian Syndrome (PCOS) - A Guide for Women about Treatment Options and Surgery; and
- Chronic Pelvic Pain – A Guide for Women.

Nuchal Translucency – Ultrasound, Education and Monitoring Program

The program continues to audit the performance of the nuchal translucency scan in Australia. There has been a steady increase
in centres (198) and operators performing nuchal translucency scans around the country. It has been gratifying to see that the performance of the scan has significantly improved. Currently, a plan is being developed to offer the theoretical course in an online format increasing access to education for all operators, especially those in rural and remote settings. In the meantime, the course will continue to be held in association with the Australasian Society for Ultrasound in Medicine ASUM Meeting.

Dr Edward Weaver  
Chair, Women’s Health Committee

Ann Robertson  
Manager, Women’s Health Services

Julie-Anne Fischer  
Coordinator, Women’s Health Services

Historical Collections

Acknowledgement is made of those Fellows and Friends who donated rare and valuable items to the collections, many of which have been exhibited in displays at College House. Donations included rare books, MRCOG case records, laparoscopy instruments, figurines, photographs, art works, a RCOG china plate and personal papers. Many visitors have been shown treasures in the Collections during the year.

Archives

The audiovisual collection was transferred to archival standard digital format (DVD/CD) for preservation and access purposes. It consists of approximately 80 items (film, video and audio) covering oral history interviews with Fellows, College functions and educational videos. The Committee agreed to offer three original 16mm films dating from the 1940s to the National Film and Sound Archive to ensure they would be preserved in appropriate conditions. The National Archive was pleased to accept the films as they had very little material recording medical procedures of the period. Copies (DVDs) of these films remain in the College Archives and are available for loan.

Cataloguing of personal papers belonging to the following people was completed: Prof Lloyd Cox, Prof J M Munro Kerr, Dr Kelvin McGarrity, Dr Paul Mitchell, Dr Mitchell O’Sullivan and Dr George Simpson (one of the first flying doctors).

The NSW Historical Collections Subcommittee has been particularly active in recording oral histories of senior Fellows in the region and this is to be commended. The recordings provide a wealth of medical history for future researchers.

Frank Forster Library

Eight antiquarian books were purchased through the Frank Forster Memorial Fund. These titles were purchased to fill noticeable ‘gaps’ in the rare book collection.

A significant donation was received from Emeritus Professor Warren Jones of the rare book, *A treatise on the management of female complaints, and of children in early infancy* by Alexander Hamilton, published in 1792. This early midwifery text is believed to be the only print version of the book held in Australia.

As an example of cooperation between libraries, a rare public affairs pamphlet was donated to the State Library of Victoria, as it conformed to the Historical Collections Policy. A major edit of the Library database is being undertaken to conform to a consistent standard.

Museum

Ms Gráinne Murphy was appointed Museum Curator in October 2006 following the resignation of Ms Melissa Campbell.

Some significant donations were made during the year, including an interesting horse hair suture in a glass vial. An emphasis on cataloguing the collection and updating the database records remained a priority.

The Museum is indebted to Dr Geoffrey Bishop, Honorary Curator, and Helen Johnson for their voluntary assistance.
New Zealand Committee

The New Zealand Regional Committee has had an exciting year with two successful ASMs being run over the 12-month period, one in the beautiful Bay of Islands at Paihia, and the other in the nation’s capital, Wellington. Both ASMs attracted a large number of registrars and Fellows and had a very entertaining social program.

In April 2007, the New Zealand office moved from its Wellington harbour views to the new premises located on level 3 of Navigate House, 69 Boulcott Street, Wellington – one floor above the New Zealand Council of Midwives. The new offices afford the New Zealand staff a greater ability to provide effective services for New Zealand Fellows and Trainees, with the premises including a meeting space able to be used for College examinations and small meetings.

The Committee now supports the Practice Visit Subcommittee more closely, with the New Zealand office providing the Subcommittee with administrative and operational support for visits undertaken in New Zealand. Part of this work includes fine-tuning the support process and the work of coordinating the visits along with the Convenor of the Subcommittee (Mark Insull).

The Committee has begun a College initiative working towards Maori Women’s Health, holding an initial meeting in 2006, to which many stakeholder organisations were invited. Progress with this initiative is building and a number of the main areas that RANZCOG will need to work on have been identified by the Subcommittee, headed by Dr Narena Dudley (Middlemore Hospital).

The New Zealand Training Accreditation Committee has been striving to increase the number of Trainees that it is able to select and bring into the workforce by establishing new options for rural rotations (along with the training opportunities that this allows). New hospitals which should come online in 2008 include Rotorua, Greymouth and hopefully Nelson. The South Island hospitals will be particularly important, from a respect that Southern Integrated Training Program trainees will have rural rotations available in the same island, rather than the current need to complete rural rotations at North Island hospitals.

Dr Alec Ekeroma
Chair, New Zealand Committee

Steve Williams
Executive Officer, New Zealand Committee

New South Wales Regional Committee

The NSW Regional Committee comprises of 17 Fellows and two Trainee representatives serving over 1100 College Fellows, Members, Diplomates and Trainees. NSW Diplomates now receive the NSW Newsletter and have a representative on the NSW Regional Committee.

Medical indemnity is less of a concern than in previous years, however, the medical workforce in rural areas with regard to obstetricians and gynaecologists is of considerable concern. Several areas in NSW are only able to maintain services with the help of overseas graduates obtained through the ‘Area of Need’ provisions. The NSW Regional Committee has established a list of Fellows who are available for providing gynaecological and/or obstetric services for female asylum seekers.

Educational activities are a core function of the Committee. The NSW Education Subcommittee presented the ‘12th Advanced Course’ for GPs in July 2006. A shortened version of the DRANZCOG Revision Course was held in conjunction with this course and a full four-day revision course was held in December 2006.

The first MRANZCOG OSCE Pre-examination Course was held in September 2006. The course was successful with 32 Trainees from Australia and New Zealand attending. A five-day MRANZCOG Pre-examination Course was held in November 2006 attracting 53 delegates.

The NSW Committee hosted a dinner in October 2006 for Fellows, Members, Trainees and retired Fellows. Members of the Committee attended the AMA (NSW) Careers Exhibition in April 2007.

In June 2007, the NSW/QLD Annual Scientific Meeting was held at the Four Points Hotel, Darling Harbour. The theme was ‘Emergencies and Complications in Obstetrics and Gynaecology’ and 122 delegates attended over the two days.

The NSW Training and Accreditation Subcommittee is progressing with new procedures for appointment of year one registrars. 9 year one registrars were appointed for 2007 from 46 applicants.

The Institute of Medical Education and Training (IMET) is interested in establishing a collaborative working relationship with the NSW Regional Committee, with the aim of guaranteeing a sustainable O and G service for NSW women.

The NSW regional office is staffed by an Executive Officer and an Administrative Assistant. The Committee made the decision to change the funding model from the historic per capita payment per Fellow to one where staff salaries are paid centrally from Melbourne. This is a similar model to most of the other regional committees. This new arrangement will have no adverse effect on access to, or management of, NSW investments.

A/Prof Christopher Benness
Chair, New South Wales Regional Committee

Lee Dawson
Executive Officer, New South Wales Regional Committee
**Victorian Regional Committee**

The Victorian Regional Committee has had another busy and successful year. It continues to operate out of 8 La Trobe Street and the lease has been renewed for another four years.

Two Diploma education courses were held this year in July and January and had over 60 registrants. These courses are held over three days and involve over 20 presenters with a combination of didactic lectures, interactive learning and a practice oral exam. Training sessions were also part of the program with Mirena and Implanon, as well as hands-on neonatal resuscitation sessions by the Neonatal Emergency Transport Service (NETS). These meetings are approved for Category 1 RACGP Women’s Health CPD points. The annual Membership revision course was held over five days in April, with 48 registrants. Thank you to the Education Subcommittee and the time provided by all of the speakers.

Education evenings have been well attended and are held three to four times a year. Topics this year included an update on cervical cytology and HPV vaccine; genetic counselling and cystic fibrosis screening; and an interesting presentation from Dr Jack Warhaft, the Medical Director of the Victorian Doctors Health Program, which provides a confidential and compassionate service for doctors and medical students with health concerns.

At the April education evening we were delighted to present the newly established Keith Fitzmaurice Bursary to Dr Penelope Sheehan. This Bursary has been sponsored by Victorian Medical Insurance Agency (VMIA) to honour the work of Keith Fitzmaurice. The Bursary was presented with representatives from VMIA and the Keith Fitzmaurice family. The recipient of the award was chosen by a subcommittee established by the Victorian Regional Committee and the project is entitled, ‘The incidence and risk factors for development of post traumatic stress disorders and negative birth experience at the Royal Women’s Hospital’.

Interest in specialist training in Victoria remains strong with College representatives at the Victorian Medical Postgraduate Foundation (VMPF) Medical Careers Expo in June providing information to several hundred interested graduates. The 20 Victorian Integrated Training Program positions commencing in 2008 were filled with excellent applicants from a short list of 30 interviews from over 70 applicants. A welcome evening was held in April for all new Trainees and Dr Stephen Tong gave a presentation on research projects which was well received.

The annual dinner was held in November 2006 and was well attended. As in the last few years, the dinner provided a venue for Trainee research projects to be presented, with the best presentation being awarded the Organon Prize.

**Dr Geoff Edwards**  
Chair, Victorian Regional Committee

**Fran Watson**  
Executive Officer, Victorian Regional Committee

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**Queensland Regional Committee**

The Queensland Regional Committee has continued to provide many services and support to Fellows, Trainees and Diplomates throughout the 2006 and 2007 year. This included maintaining an ongoing educational program, participation in government working groups and general advocacy for the specialty of obstetrics and gynaecology in Queensland.

Educational opportunities offered this year included two Computer Skills Workshops for Fellows. These provided an introduction to common Microsoft programs such as Word, PowerPoint and Outlook. The workshops, held over two Saturdays, were highly regarded by those who attended and we thank the Federal College for this initiative.

As has been the case in the last few years, an essential obstetric skills course targeted primarily at Trainees entering the Integrated Training Program was held in October 2006. This full day course is always in demand, and provides Trainees with a basic introduction to common obstetric skills. At the other end of the training spectrum, the Queensland Regional Committee conducted, for the first time, a trial Membership OSCE Course. This course was limited to ten participants, and simulated a ‘real’ OSCE situation. Feedback from those who attended indicated that it was an extremely valuable exercise. We intend to repeat the Membership OSCE Course again in 2007 and 2008.

The Committee continues to meet quarterly, whilst considering other matters between meetings. Our good relationship with Queensland Health has been maintained, and there has been an increasing number of requests for involvement with the government this year, including representation on the proposed Midwifery Drug Therapy Protocol (DTP) working group. Recommendations from this DTP were circulated amongst the Queensland Fellowship for comment and response to the working group. The Committee also arranged a meeting in January 2007 for Fellows to meet with Dr Cherrell Hirst, (Chair, Maternity Services Steering Committee), to hear directly from Dr Hirst of the work of the committee and future plans. At the present time, the tenure of the Maternity Services Steering Committee has expired and we await an announcement in the next financial year regarding the proposed future strategy.

The Integrated Training Program continues to attract a high number of quality applicants. This year, in excess of 50 applications were received and 18 first year positions were appointed for commencement in 2008.

The 2007 Annual Scientific Meeting, held at the Gold Coast in October, was a great success and was run in conjunction with the Hong Kong College of Obstetricians and Gynaecologists.

I express my thanks to all involved in the Queensland Regional Committee throughout the last 12 months, both committee members and other Fellows who have been involved in the variety of work undertaken.

**Dr Benjamin Bopp**  
Chair, Queensland Regional Committee

**Lee-Anne Harris**  
Executive Officer, Queensland Regional Committee
South Australia/Northern Territory Regional Committee

The second SA/NT Regional Annual Scientific Meeting was held in the Adelaide Hills, from 18 to 20 May 2007 and was highly successful.

For the first time, the registrars presentations were held in conjunction with the Regional ASM, which was once again supported by Schering Bayer Pharma. There were five presentations by registrars before an audience of over 100 delegates. The highly prestigious John O’Loughlin Medal was awarded to Dr David O’Rourke for his presentation entitled, ‘The Early Pregnancy Assessment Project’.

The SA/NT DRANZCOG Pre-Exam Course and GP Update was held from 29 June to 1 July 2007. It was a very successful course with 15 candidates registered; approximately half the registrants were from rural areas and several were from interstate.

The second South Australia Medical Careers Expo was held on Sunday, 20 May in the National Wine Centre and was again a great success, with approximately 500 delegates visiting the exhibition area and attending the seminar presentations. Staff on the RANZCOG booth were kept busy speaking to prospective trainees in O and G.

This year the SA/NT Regional Annual Dinner was held at Assaggio Ristorante in Hyde Park on 1 September, 2006. Sixty people attended and enjoyed the superb food and excellent service.

During the year, planning for the RANZCOG 2008 Annual Scientific Meeting was deferred until March 2010 in line with the deferral of the 2008 Annual Scientific Meeting in Adelaide, in order to work in collaboration with other scheduled meetings changes.

In 2006, four year one Trainees were appointed to the SA/NT Integrated Training Program for 2007, following a record number of applicants, including many from interstate and New Zealand. Applications were of an extremely high standard.

In a new initiative, the Training Accreditation Chair, Dr Chris Hughes, and Executive Officer, Judith Hamilton, met with each of the ITP trainees individually for an informal discussion about any issues or concerns. Common patterns of concern were noted and subsequently addressed, and these sessions will be held once again in 2007 and 2008.

Dr Christine Kirby
Chair, South Australia/Northern Territory Regional Committee

Judith Hamilton
Executive Officer, South Australia/Northern Territory Regional Committee

Western Australia Regional Committee

In July 2006, the WA Regional Committee hosted their Annual Dinner at the University Club of Western Australia. The WA Executive group comprises of Chair, Dr Louise Farrell (previously Dr Dale Evans), supported by Dr Krish Karthigasu (Secretary) and Dr Panos Maouris (Treasurer). The Committee comprises Dr Michael Gannon, Dr Tamara Walters and Dr Yee Leung with Provincial Member, Dr Tom Cottee, and ex-officio WA College Councillors, Professor Ian Hammond and Dr Louise Farrell, who keep the WA contingency informed after each College Council meeting.

The WA Regional Committee has held Office Bearers and Committee Meetings, as has the WA Training Accreditation Committee, chaired by Dr Krish Karthigasu who is also the Integrated Training Program Coordinator. We received a strong field of candidates for the Integrated Training Program for 2008, who went through a rigorous selection process. We look forward to welcoming them.

College examinations were held in both August 2006 and February 2007. The WA Regional Committee always wishes the candidates well and extends its congratulations to all the successful candidates.

The RANZCOG Annual Scientific Meeting (ASM) was held in Perth, Western Australia in October 2006 at the Burswood International Resort. This Spring meeting brought together local, national and international speakers and culminated in a very successful ASM for the College.

The Committee congratulated Dr Christine Tippett (Victoria) in her new role as College President. We were pleased to welcome her to Western Australia in July, where she attended the WA Annual Dinner and Dance.

Best wishes to all our colleagues throughout Australia and New Zealand, and to all in Western Australia (Fellows, Retirees, Trainees, Diplomates) whom we will continue to support and keep informed.

Dr Louise Farrell
Chairman, Western Australia Regional Committee

Janet Davidson
Executive Officer, Western Australia Regional Committee
It has been an exciting year within the FSEP, with the employment of new educators and the commencement of work on a number of projects which are vital to its long-term success. Importantly, a steering committee has been put in place to oversee the ongoing development and successful expansion of the program in 2008 and beyond, in a cost effective manner.

In early 2007, the FSEP employed two new part-time educators with one based in Sydney, and more recently another part-time educator based in Victoria. This brings the total number of educators to four and will allow the Program Manager to focus on the developments described below, as well as meet the increasing demand for education.

The FSEP has had a very successful trial using videoconferencing as a method of educational delivery to regional centres with small workforces. Videoconferencing provides greater accessibility and reduced costs for regional and remote areas and significantly reduces wear and tear on the clinical educators. Interest in this mode of delivery is increasing with growing awareness. Further modules for face-to-face and videoconferencing delivery have also been developed to meet specific learning needs.

The development of an online program has commenced, with the assistance of the Biomedical Multimedia Unit at the University of Melbourne. This will expand the FSEP’s ability to respond to varying adult learning styles as well as meeting the industry’s need for on-demand and geographically independent materials. This site will promote a self-directed learning environment, both as a resource hub and to support online assessment. It should be noted that the online program is being designed to complement rather than to replace face-to-face multidisciplinary education.

Work has also commenced on the development of a reliable and valid tool that aims to assess competency in fetal surveillance across all clinical groups. This test is being developed with the assistance of the Assessment Research Centre in the Faculty of Education at the University of Melbourne and is expected to be piloted at the end of 2007.

The FSEP has commenced work on the development of a comprehensive fetal monitoring book in conjunction with the Maternal Fetal Medicine Department at Southern Health Clayton. The book will act as a valuable resource to support the face-to-face and web based components of the program and will tightly integrate with both the FSEP and RANZCOG Intrapartum Fetal Surveillance Clinical Guidelines. It is anticipated that the book will also act as a stand alone reference for those not accessing the program.

We look forward to further expansion and development of this important program and its associated components and continuing to address the fetal surveillance educational needs throughout Australia and New Zealand.

Prof Euan Wallace  
Chair, FSEP Steering Committee

Mark Beaves  
FSE Program Manager

Holly Coppen  
FSEP Administrator
Specialist Obstetrician Locum Scheme (SOLS)

SOLS commenced in July 2006 as a pilot project to provide the rural specialist obstetrician workforce with efficient and cost-effective locum support. The pilot is a workforce support mechanism, designed to contribute to workforce retention and the provision of high quality specialist care for rural women through the provision of affordable, quality locum relief for rural obstetricians.

The pilot received $560,000 in funding from the Australian Government to run for 15 months. SOLS was expected to provide 20 rural locum placements over the 15 months. A locum placement is for a maximum of 14 days, and includes a subsidy of $750 per day for each of the 14 days to contribute towards the cost of the locum fee. The subsidy is paid to the SOLS applicant (hospital or private practitioner). The SOLS Secretariat, based at RANZCOG, arranges and pays for locums travel, medical registration and Medicare provider numbers.

The SOLS pilot is jointly managed by a tripartite management group consisting of representatives from RANZCOG, the Rural Doctors Association of Australia and the NSW Rural Doctors Network. There is also an advisory committee consisting of representatives from key stakeholder groups, including seven RANZCOG Fellows, who provide external guidance.

In August 2006, SOLS commenced its recruiting of applicants and locums. Up until 30 June 2007, there were 60 RANZCOG Fellows registered as locum providers on the SOLS database. This is an encouraging figure, with such locum support the key to the project’s success. As of 30 June 2007, 22 SOLS locum placements had occurred in rural areas around Australia, including Kalgoorlie, Warrnambool, Goulburn, Nowra, Derby, Port Augusta, Port Pirie, Gladstone, Sale, Wangaratta, Mackay, Wagga Wagga, Shepparton, Griffith, Berri, Bendigo, Taree and Tamworth.

The SOLS pilot was to conclude on 30 September 2007. A request for continued funding was submitted and the Minister for Health provisioned of affordable, quality locum relief for rural obstetricians.

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SOLS Project Manager

Anna Maloney

Support Infrastructure Program for Overseas Trained Specialists (SIP)

This year the College has implemented a number of initiatives to support Overseas Trained Specialists (OTSs) in Australia as they move towards achieving Fellowship of the College. The initiatives have been developed under the auspices of the Support Infrastructure Program (SIP), a two-year Australian Government funded project that commenced in October 2006.

The SIP offers practical support to OTSs, training supervisors and senior registrars to help specialists from overseas move more rapidly and more effectively through the assessment and up-skilling processes. The SIP helps them meet the high standards that the College requires of anyone who wishes to practice O and G in Australia.

Support includes online material and networking, exam preparation workshops, training supervisor education, mentoring and a training portfolio designed to help monitor and assess specific competencies. Components of the SIP are accessed via a dedicated SIP web page on the RANZCOG website. The page provides access to important training documentation, contemporary Australian media resources with an O and G focus and key information related to workshops and training opportunities.

The College’s Online Orientation Program for OTSs now operates as part of the SIP and has been updated and enhanced to provide a degree of interactivity to users. This includes the trialling of test questions and reflective exercises.

In June 2007, the first of a series of communication skills workshops designed to address the needs of OTSs was presented in Sydney, in conjunction with the RANZCOG combined NSW/Qld Regional ASM. The workshop was well attended by both OTS trainees and training supervisors.

The position of OTS Training Supervisor has been formalised within the College through the introduction of specific College regulations and a position description that largely mirrors that of ITP Training Supervisor. The move recognises that supervision of an OTS trainee is different to supervision of ITP trainees and requires a different set of skills. It also facilitates the provision of appropriate training and support to those directly involved in OTS training. The position description of OTS Training Supervisor formalises the provision of quarantined training time in hospitals for OTS training supervisors to liaise with their trainees.

A draft version of an OTS Training Portfolio has been developed to be trialled with a select group of OTS Trainees. The Portfolio is a purpose-designed document that removes the reliance of OTS Trainees and Supervisors on the ITP Training Handbook, which does not directly serve their needs. It serves as a cumulative training record, personal training plan and formative assessment tool and provides OTS Training Supervisors with a clear breakdown of the competencies they are asked to assess.

Dr Diane Momen
Chair, Overseas Trained Specialists (OTS) Committee

Liam Davison
Support Infrastructure Program Coordinator
Aligning the CPD Program with the RANZCOG Curriculum – A Framework for Continuing Professional Development

At the 2007 July Council, the CPD Committee endorsed the piloting of a new framework that aligns the CPD program with the RANZCOG curriculum.

The existing CPD program is based on participation in types of activities, such as meetings attendance, rather than being directly linked to the range of competencies described in the RANZCOG curriculum, on which attainment of Fellowship is based, and current clinical practice.

Aligning the CPD program with the curriculum will provide Fellows with a sound framework of clinical professionalism on which to base the continued development and maintenance of their knowledge, skills and abilities that can be directly applied to their daily clinical practice.

The two-dimensional framework is a matrix of areas of practice (described by the key areas and competencies in the curriculum) and required types of activities (CPD and PR&CRM). It will allow Fellows to choose activities that are directly linked and relevant to their current practice, thereby ensuring that individual professional needs are addressed more successfully.

Volunteer Fellows involved in the pilot of the new framework will be asked to develop their own Professional Learning Plan which will assist them in ensuring guidelines of the program are met, and to participate in a range of activities in each of the three key areas of competence described in the curriculum. It is envisaged that the proposed new framework will considerably enhance the relevance of Fellows’ CPD by increasing the potential for direct application to daily clinical practice with a view to maintaining the highest quality of patient care.

The College will be seeking expressions of interest from Fellows willing to pilot the CPD framework during 2008.

Anna Kaider
Curriculum Coordinator

Medical Responses to Adults Who Have Experienced Sexual Assault and/or Domestic Violence Workshops

In this Commonwealth funded project, RANZCOG was contracted to deliver interactive workshops aimed at improving the understanding and knowledge of medical responses to adults who experience sexual assault and/or domestic violence, to eight regional and rural hospital sites, inclusive of indigenous populations, during 2006.

Workshops were delivered at the following locations: Canberra, Toowoomba, Townsville, Albury, Fitzroy Crossing, Gawler, Albury/Wodonga and Shepparton. Participants included O and Gs, physicians, Overseas Trained Specialists, GPs, Diplomates, medical students, registrars, midwives, nurses, police, community case workers and other multidisciplinary health professionals.

The program was facilitated by two presenters who possess a range of practical and research experience in the field of working with survivors of sexual assault and/or domestic violence and one RANZCOG staff member.

Each program was tailored to the local site and was of six hours duration (spread over two evenings, three hours each, or a full day). Local sexual assault resources, references and personnel were used at each site to ensure participants were aware of what local services were available, how each centre operates and how, who and when to refer patients/clients who disclose.

The learning objectives of the workshops included the ability to:

- understand the potential health impacts of sexual assault;
- identify cues that indicate the possibility that sexual assault may be a factor for their patient;
- empower health professionals to ask direct, sensitive and open questions that will enable patients to talk about their experience; and
- identify appropriate medical responses, resources and referral pathways.

Feedback from the workshops suggests that the topic is one in which medical staff need professional development, guidance and support. Although specialised training in the collection and management of forensic evidence associated with immediate sexual assault occurs in each state, little or no training exists to improve the capacity of medical professionals to recognise and respond to the long-term health implications of sexual assault and domestic violence. These workshops offered such training.

The project funding allowed for all workshop participants to receive a copy of the Interactive Education Module for Doctors, Medical Responses to Adults who have Experienced Sexual Assault, published by the RANZCOG. Funding also allowed all current O and G Trainees to be sent a copy of the module in April of this year.

Lyn Johnson
Manager, Subspecialty and Curriculum Development Services
Laparoscopy in Gynaecology and Surgery: Practice Review using Audit for Improving Safety

This project was designed to develop and implement a quality framework for laparoscopic audit to:

- profile laparoscopy practice, anaesthesia and adverse events in rural Australia;
- identify potential opportunities to improve practice related to patient safety; and
- provide rural specialists with a supported, multidisciplinary CPD activity.

The project was managed by RANZCOG in collaboration with the Royal Australian College of Surgeons (RACS) and the Australian and New Zealand College of Anaesthetists (ANZCA) and is a declared activity, protected by Qualified Privilege.

There was an overwhelming response to the project with 300 rural specialists interested in participating. Additional funding was granted to enable expanded uptake of the project. Over 700 cases were received from 205 participants following the data collection period. This response was well in excess of the 50 participants to which the project was initially targeted.

A paper based audit tool was developed to capture data related to laparoscopy and anaesthesia. The audit tool was designed to be used prospectively and shared by multiple specialists in relation to a single patient. The audit tool effectively profiled laparoscopy, anaesthesia and adverse events which may not be captured by other reporting systems.

Significant lessons have been learned in relation to engaging specialists in audit. Specialists from all three disciplines have successfully collaborated, illustrating a strong commitment to multidisciplinary quality improvement and prospective audit. Introductory videoconferences were held to present the audit tool and to highlight the benefit of audit as a risk management activity.

Participants were sent the audit tool in a kit to collect data on their laparoscopy over a two-month period. Data was then returned for analysis. Follow-up videoconferences were held to present the data and to discuss implications for practice.

Participants received individual and aggregate feedback, which was structured to encourage self-reflection and practice review. Support resources including action plans and opportunities for ongoing audit were sent to participants to encourage implementation into practice and further review. Evaluation activities including interviews, surveys and observation were undertaken throughout the project.

The resulting dataset provides a base for participants to conduct self reflection and potentially improve their practice. Unfortunately, there was insufficient time within the project to evaluate the extent to which changes have been implemented into practice.

There is great potential to build on the momentum and motivation for audit encouraged by this activity. Providing this audit in an ongoing capacity for individuals, small teams of specialists, or on a broader scale, could help target multidisciplinary laparoscopy quality improvement in both rural and urban settings.

Valerie Jenkins
Manager, Fellowship Services

Perinatal Mortality and Morbidity Audit Project

Funding was again received to offer the Perinatal Mortality and Morbidity Audit (PNM&M) project in 2006 and 2007; this time to NSW Provincial Fellows. The project was originally piloted in Victoria and Tasmania in 2004 and 2005, and conducted in rural Queensland and the Northern Territory in 2005 and 2006. The project seeks to improve the audit, investigation and peer review skills of regional and rural obstetricians and paediatricians, who have been involved in perinatal adverse events which have resulted in an unexpected transfer to a neonatal intensive care unit or a perinatal death.

This year, the project involved 18 provincial Fellows (14 RANZCOG and four RACP) and eight sites in regional and rural NSW. For the first time, paediatricians and/or neonatologists joined obstetricians as audit facilitators. Sites visited included: Bathurst, Dubbo, Taree, Goulburn, Armidale, Bowral, Lismore, and Tamworth.

Participating Fellows attended a one day face-to-face training event at the start of the project to develop their skills in interviewing, giving feedback, root cause analysis and writing reports. Methods of data collection used by NSW Health and compliance with and implementation of the PSANZ guidelines were also discussed.

Visits to obstetric units were then arranged and conducted. Volunteer Fellows acted as co-facilitators and/or site coordinators. The full day audit visit included: a retrospective 12-24 month record review; interviews with staff including obstetricians, paediatricians, midwives, GP specialists, registrars and anaesthetists; a review of the practice surroundings; and checking compliance with the PSANZ ‘Perinatal Mortality Audit Guidelines’. Informal or verbal feedback was given at the conclusion of the visit to the site coordinators.

A confidential report, identifying strengths and areas of vulnerability, was then written and provided to the site coordinators within four weeks of the visit. These reports, which are protected by Commonwealth Qualified Privilege, focused on clinical and systems issues and offered recommendations that can be enacted by the department.

A teleconference was held for all participants upon the completion of the visits. This provided an opportunity for all audit facilitators and site coordinators to give feedback about their experiences of the audit process and the lessons learned and to offer suggestions and recommendations that will be used to inform future projects.

The involvement and participation this year of paediatricians as co-facilitators and site coordinators enabled the scope of the project to broaden, with a wider selection of records and a greater range of perinatal and neonatal morbidities to be included in the review process. Overall, 21 obstetric units have been visited in the past three years, using funds under the SSRS program.

Lyn Johnson
Manager, Subspecialty and Curriculum Development Services

Teacher Training Workshops

RANZCOG secured funding through the Rural Advanced Specialist Trainee Support (RASTS) Program, an initiative of the Australian Government, Department of Health and Ageing, to run full day interactive teaching workshops, to regional and rural training hospitals throughout Australia during 2007.

The teacher training workshops, which are being conducted in collaboration with the Teaching on the Run Program at the Medical Education Centre at the University of Western Australia, are designed to equip clinicians to be effective educators, building on current teaching knowledge, skills and practice. Although most clinicians teach and/or supervise, few have had formal training or support on how to do this. These workshops address this issue and are designed for all medical educators and clinicians, regardless of their years of experience, specialist discipline or practice setting.

In December 2006, expressions of interest were sought from RANZCOG training supervisors in regional hospitals who were interested in a teaching workshop being delivered to their hospital in 2007 and/or who were interested in attending a two-day teacher training workshop to be held at College House in March 2007. Participants who attended the training days were encouraged to host and/or help co-facilitate a similar workshop back at their own workplace.

The funding allows the workshops to be delivered free of charge to the hosting hospital. Staff at College House liaise with the site coordinator; develop site-specific flyers and registration forms; organise the clinician co-facilitator, venue and catering; and provide all the training materials, including pre-reading packs, workshop handouts, videos and evaluation forms.

Clinical scenarios, small group teaching techniques, discussion and video presentations are used throughout the day. Workshops outcomes include the ability to:

• build confidence in teaching adults;
• incorporate principles about teaching and learning into clinical teaching;
• improve teaching by recognising best opportunities to teach;
• understand the meaning of assessment and appraisal for trainees;
• give effective feedback;
• discuss difficult clinical teaching difficulties; and
• feel more confident in recognising junior doctors with difficulties.

Workshops held in 2007 include Alice Springs, Bendigo, Maitland, Rockhampton, Wagga Wagga, Gold Coast, Launceston, Lismore, McKay and Traralgon. Participants have included O and G training supervisors, consultants and Trainees; Fellows and Trainees from other specialist medical colleges; medical officers; registrars and nurse educators.

Feedback from the workshops conducted to date has been very positive with participants believing their teaching effectiveness, motivation and confidence to teach, ability to give effective feedback and deal with Trainees in difficulty, has improved as a result of attending the workshop.

Lyn Johnson
Manager, Subspecialty and Curriculum Development Services
Support Scheme for Rural Specialists (SSRS)

In 2006, the Australian Commonwealth Government provided funding for a sixth round of projects under the Support Scheme for Rural Specialists (SSRS) program. The aim of the SSRS program is to fund continuing professional development activities for rural specialists with Colleges encouraged to develop multidisciplinary activities.

The College successfully applied for funding to conduct a laparoscopic audit project and Perinatal Mortality and Morbidity audits in rural New South Wales, which are covered elsewhere in this report.

Valerie Jenkins
Manager, Fellowship Services

Computer Literacy Workshops

In response to the 2005 November Council recommendation that RANZCOG work towards all Fellows being information technology (IT) literate and online within three years, introductory computer literacy workshops were again offered during 2006 and 2007.

Ten workshops have been held in Victoria, New South Wales, Western Australia, Queensland, South Australia and New Zealand in the past 12 months.

Workshops have been held on a Saturday and in most cases:
• ‘Introduction to Word’ and ‘Introduction to Email and the Internet’ have been offered as two separate modules on one day; and
• ‘Integrating Digital Technology’ and ‘Introduction to PowerPoint’ were offered as two separate modules on the second day.

Fellows have been able to enrol in one or both modules on either or both days. Workshops have been priced to cover costs and all modules have individual take-home manuals.

Venues used have included commercial computer labs, private schools, hospital labs and local TAFES or universities. Despite relatively small numbers on a few occasions, workshop costs have generally been recovered overall.

Lyn Johnson
Manager, Subspecialty and Curriculum Development Services

Sex education pamphlets from the 1940s. Donated by Dr Frank Forster.
Honorary Treasurer’s Report

The 2006/2007 financial year will return a forecast of a surplus of $242,705 for College House operations subject to audit and final adjustment. This is obviously an extremely good result, stemming in part from better than expected financial returns from College investments, and also from strong and prudent financial management by the College.

The forecast prediction for the financial year 2007/2008 is a deficit of $37,989. Although a budgeted deficit is generally undesirable, this should be seen in the context of a financial year immediately following a large surplus and with the particular one-off needs of both diploma and sub-specialty curriculum development.

Approximately $6 million are held as College House investments and a further $2 million dollars invested on behalf of the regional committees. Investments are with three funds: ASGARD, Pitcher Partners and UBS Warburg. Each has performed well in line with market expectations with annualised returns of approximately 12 per cent. Adjustments are made to the three portfolios on advice to maintain the ‘balanced to growth’ profile requested by the College. The College is very grateful to Mr Rob Dowling who generously gives his time and advises the financial arm of the College in these and other matters.

There are two financial issues of particular note. There has been a considerable increase in financial support from College House to the regional offices, following centralisation of the employment of regional College House staff and improvements in regional office services in some regions. The undoubted improvements in staff management and services have come with some financial inequity across the regions. These will be addressed in the coming year.

The other financial issue of note is the expense incurred by the ‘hospital accreditation visits’. Having had personal experience with such a visit, these have been an outstanding success, giving the College an opportunity to highlight the needs of the Trainees to the hospital administration in a very formal way. The costs of the program are not fully recovered from the fees charged to hospitals and RANZCOG Council has determined that Trainees will contribute to this additional financial imposition on the College through a two per cent increase in training fees above CPI. All other fees and subscriptions will be adjusted by CPI only.

I conclude my first report as Honorary Treasurer, with thanks to College House staff; Chairman of the Financial Advisory Committee, Dr Alastair Haslam; and my predecessor as Honorary Treasurer, Dr Roy Watson.

Prof Michael Permezel
Honorary Treasurer
Independent Audit Report to the Members

Report on the concise financial report

The accompanying concise financial report of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, comprises the balance sheet as at 30 June 2007, the income statement and cash flow statement for the year then ended and related notes, derived from the audited financial report of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the year ended 30 June 2007, and the discussion and analysis. The concise financial report does not contain all the disclosures required by the Australian Accounting Standards.

Directors’ responsibility for the concise financial report

The directors are responsible for the preparation and presentation of the concise financial report in accordance with Australian Accounting Standard AASB 1039: Concise Financial Reports (including the Australian Accounting Interpretations), Statutory and other requirements. This responsibility includes establishing and maintaining internal control relevant to the preparation of the concise financial report, selecting and applying the appropriate accounting policies, and making accounting estimates that are reasonable in the circumstances.

Auditor’s responsibility

Our responsibility is to express an opinion on the concise financial report based on our audit procedures. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the year ended 30 June 2007. Our audit report on the financial report for the year was signed on the 27 September 2007 and was not subject to any modification. The Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

Our procedures in respect of the concise financial report included testing that the information in the concise financial report is derived from, and is consistent with, the financial report for the year, and examination on a test basis, of evidence supporting the amounts, discussion and analysis, and other disclosures which were not directly derived from the financial report for the year. These procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with Accounting Standard AASB 1039: Concise Financial Reports and whether the discussion and analysis complies with the requirements laid down in AASB 1039: Concise Financial Reports.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, provided to the directors of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists on 27 September 2007, would be in the same terms if provided to the directors as at the date of this auditor’s report.

Auditor’s Opinion

In our opinion the concise financial report including the discussion and analysis of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the year ended 30 June 2007 complies with Accounting Standard AASB 1039: Concise Financial Reports.

MORTON WATSON & YOUNG
Chartered Accountants
51 Robinson Street, DANDENONG 3175

G.A.HALLAM FCA
Partner

Auditor’s Independence Declaration

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2007 there have been:

(i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

MORTON WATSON & YOUNG
Chartered Accountants
51 Robinson Street, DANDENONG 3175

G.A.HALLAM FCA
Partner

Date: 27 September 2007
Discussion and Analysis of Financial Statements for the Year Ended 30 June 2007

Important Information for Members

The Directors’ report, concise financial report and Auditor’s Statement contained within this document represent a Concise Report. The full financial report of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and that of associated entity the RANZCOG Research Foundation, and the Audit Reports thereon will be sent, free of charge to members upon request.

Fellows and Members wishing to receive the full financial reports and auditor’s report may arrange delivery by calling (03) 9412 2947 or visiting our web site at www.ranzcog.edu.au.

The discussion and analysis is provided to assist members in understanding the concise financial report.

The information contained in the concise financial report has been derived from the full 2005/2006 Financial Report of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Profit and Loss Account

The operating surplus of $595,642 was $565,234 higher than the surplus in 2005/2006.

Income increased by $1,249,659 during 2006/2007. Income from subscriptions and fees increased by $642,874.

Grant monies received and expended increased by $186,687 and foreign exchange gains totalled $71,542.

Increases in training fees and ASM income have been partially offset by lower income from assessment fees.

Fees from subscriptions increased by three per cent in line with the CPI index for the period.

Other income was $342,65 higher than in 2005/2006 as a result of higher returns from investments and an increase in ANZJOG subscription revenue.

Surpluses attributable to regional offices increased from $90,941 to $352,936.

Expenditure in 2006 and 2007 was $684,425 higher than in the previous year. Staff expenses increased by $504,971 due to the increase in the appointment of project officers funded by government grants and increases in staffing levels of regional offices previously treated as per capita grants. Grants and donations reduced by $197,000 in accordance with this change in treatment.

Other college expenses decreased by $72,154. The reduction in grants and donations mentioned previously was partially offset by an increase in travel and accommodation of $134,250. Loss on foreign exchange was $67,448 less than in 2005/2006 and stock of $60,884 was written off in 2006/2007.

Balance Sheet

Total assets increased by $615,289 due to additional cash funds generating from the operating surplus. During the year the cost of fixed assets and the provision for depreciation were reduced by $630,450 being assets fully depreciated and disposed of.

Current liabilities have increased by $19,650. Provision for employee benefits have increased by $39,046 and grants received in advance have decreased by $493,090. Member fees in advance have increased by $251,567. Funds of $322,264 are held in trust.

Statement of Cash Flows

Cash flows remained consistent relative to 2005/2006. Additional cash of $1,194,157 generated from the operating activities has been used to purchase assets of $1,910,271 and cash held has decreased by $716,114.
Directors’ Report

Your directors present their report on the college for the financial year ended 30 June 2007.

Directors
The names of the directors in office at any time during or since the end of the year are:

- Dr K Clark Res 24/11/06
- Dr G McNally
- Prof M Permezel App 24/11/06
- Dr G Bates App 24/11/06
- Dr G Bates Res 29/03/06
- Prof I Hammond App 24/11/06
- Dr G Kesby App 24/11/06
- Dr G Pecararo App 24/11/06
- Dr M Ritossa App 24/11/06
- Dr B White App 24/11/06
- Dr C Tippett
- Dr R Watson
- Dr R Sherwood App 24/11/06
- Assoc Prof R Bryce App 24/11/06
- Dr L Farrell App 24/11/06
- Dr M Harilall App 24/11/06
- Dr L Kornman App 24/11/06
- Prof A Rane App 24/11/06
- Dr D Somerset App 24/11/06
- Dr A Haslam
- Dr P Hugo Res 24/11/06
- Dr E Weaver App 24/11/06
- Dr T Cottee App 24/11/06
- Dr P Hall App 24/11/06
- Dr D Kee App 24/11/06
- Dr J Palmer App 24/11/06
- Dr M Rasmussen App 24/11/06
- Prof P Stone App 24/11/06

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Significant Changes
No significant changes in the College’s state of affairs occurred during the financial year.

Principal Activities
The principal continuing activities of the College during the financial year remained unchanged and were the promotion of medical and allied sciences and the maintenance of the honour and interests of the medical profession in accordance with the Constitution.

Result of Operations
The surplus of the College for the year amounted to $595,642.

Subsequent Events
No matters or circumstances have arisen since the end of the financial year which has significantly affected or may significantly affect the operations of the College, the results of those operations or the state of affairs of the College in future financial years.

Environmental Regulation
The College’s operations are not regulated by any significant environmental regulation under the law of the Commonwealth or the State or Territory.

Dividends
In accordance with its Constitution the college is prohibited from declaring any form of dividend in favour of its members.

Indemnities
During the financial year the college has paid premiums to insure the directors against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct while acting in the capacity of director of the college, other than conduct involving wilful breach of duty in relation to the College. The amount of the premium was $4,306.

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an auditor of the College.

Auditor’s Independence Declaration
A copy of the auditor’s independence declaration as required under section 307C of the Corporations Act 2001 is included.

Court Proceedings
No person has applied for leave of court to bring proceedings on behalf of the College or intervene in any proceedings to which the College is a party for the purpose of taking responsibility on behalf of the College for all or any part of those proceedings. The College was not a party to any such proceedings during the year.
### Directors’ Meetings

#### Directors’ meetings held during the financial year:

<table>
<thead>
<tr>
<th>Name</th>
<th>Meetings attended</th>
<th>Meetings held during term at office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr K Clark</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Dr C Tippett</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Dr A Haslam</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Dr G McNally</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Dr P Hugo</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Dr R Watson</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Prof M Permezel</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr E Weaver</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr R Sherwood</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr G Bates</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Assoc Prof R Bryce</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr T Cottee</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr L Farrell</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr P Hall</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Prof I Hammond</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr M Harilall</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr D Kee</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr G Kesby</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr L Kornman</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr J Palmer</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr G Pecararo</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Prof A Rane</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr M Rasmussen</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr M Ritossa</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr D Somerset</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Prof P Stone</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr B White</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Signed in accordance with a Resolution of Directors,

[Signature]

Dr C Tippett, Director
President

[Signature]

Dr R Sherwood, Director
Honorary Secretary

Dated this day of 27th September, 2007.
### Profit and Loss Account for the Year Ended 30th June 2007

<table>
<thead>
<tr>
<th></th>
<th>2007 $</th>
<th>2006 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues from ordinary activities</td>
<td>7,668,006</td>
<td>6,418,347</td>
</tr>
<tr>
<td>Expenses from ordinary activities</td>
<td>7,072,364</td>
<td>6,387,939</td>
</tr>
<tr>
<td>Profit from ordinary activities before income tax expense</td>
<td>595,642</td>
<td>30,408</td>
</tr>
<tr>
<td>Income tax attributable to ordinary activities</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Profit from ordinary activities after income tax expense</td>
<td>595,642</td>
<td>30,408</td>
</tr>
<tr>
<td><strong>TOTAL CHANGES IN EQUITY</strong></td>
<td>595,642</td>
<td>30,408</td>
</tr>
</tbody>
</table>

### Balance Sheet as at 30th June 2007

<table>
<thead>
<tr>
<th></th>
<th>2007 $</th>
<th>2006 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>756,385</td>
<td>1,472,499</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>366,261</td>
<td>1,057,941</td>
</tr>
<tr>
<td>Inventories</td>
<td>86,70</td>
<td>86,170</td>
</tr>
<tr>
<td>Other current assets</td>
<td>3,478,374</td>
<td>2,263,445</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>4,600,962</td>
<td>4,880,028</td>
</tr>
<tr>
<td><strong>Non-current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial assets</td>
<td>6,86,089</td>
<td>5,236,222</td>
</tr>
<tr>
<td>Property plant &amp; equipment</td>
<td>3,955,105</td>
<td>4,010,618</td>
</tr>
<tr>
<td><strong>Total Non-current Assets</strong></td>
<td>10,141,194</td>
<td>9,246,840</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>14,742,157</td>
<td>14,126,868</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>5,191,451</td>
<td>5,210,846</td>
</tr>
<tr>
<td>Short term provisions</td>
<td>410,166</td>
<td>371,121</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>5,601,617</td>
<td>5,581,967</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>5,601,617</td>
<td>5,581,967</td>
</tr>
<tr>
<td><strong>NET ASSETS (LIABILITIES)</strong></td>
<td>9,140,540</td>
<td>8,544,901</td>
</tr>
<tr>
<td><strong>Members’ Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Surplus</td>
<td>8,934,112</td>
<td>8,338,473</td>
</tr>
<tr>
<td>Reserve for Professional Development</td>
<td>206,428</td>
<td>206,428</td>
</tr>
<tr>
<td><strong>TOTAL MEMBERS’ EQUITY</strong></td>
<td>9,140,540</td>
<td>8,544,901</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
Statement of Cash Flows
for the Year Ended 30th June 2007

<table>
<thead>
<tr>
<th>Cash Flows from Operating Activities:</th>
<th>2007 $</th>
<th>2006 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from Members</td>
<td>5,331,769</td>
<td>4,817,984</td>
</tr>
<tr>
<td>Interest Received</td>
<td>609,820</td>
<td>633,273</td>
</tr>
<tr>
<td>Donations and Appeals</td>
<td>23,050</td>
<td>2,700</td>
</tr>
<tr>
<td>Other Income</td>
<td>1,871,823</td>
<td>1,843,078</td>
</tr>
<tr>
<td>Payment to Suppliers and Employees</td>
<td>(6,642,305)</td>
<td>(6,024,88)</td>
</tr>
<tr>
<td><strong>Net Cash Provided by (Used in) Operating Activities</strong></td>
<td>1,194,157</td>
<td>1,272,217</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash Flows from Investing Activities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from (transfers to) Investments</td>
<td>(1,828,238)</td>
<td>(1,500,442)</td>
</tr>
<tr>
<td>Payment for Property, Plant and Equipment</td>
<td>(82,033)</td>
<td>(123,243)</td>
</tr>
<tr>
<td><strong>Net Cash Provided by (Used in) Investing Activities</strong></td>
<td>(1,910,271)</td>
<td>(1,623,685)</td>
</tr>
</tbody>
</table>

| Net Increase (Decrease) in Cash Held                        | (716,114) | (351,468) |
| Cash at Beginning of Financial Year                         | 1,472,499 | 1,823,967 |
| **CASH AT END OF FINANCIAL YEAR**                           | 756,385 | 1,472,499 |

Notes to the Financial Statements
for the Year Ended 30th June 2007

Note 1: Basis of Preparation of the Concise Financial Report

The concise financial report has been prepared in accordance with Accounting Standard AASB 1039 : Concise Financial Reports and the Corporations Law.

The financial statements, specific disclosures and other information included in the concise financial report is derived from and is consistent with the full financial report of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as the full financial report. The accounting policies are consistent with those of the previous financial year.

Note 2: Revenue

Included in the Operating Profit are the following items of Operating Revenue:

<table>
<thead>
<tr>
<th>Operating Activities</th>
<th>2007 $</th>
<th>2006 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members Services</td>
<td>6,294,682</td>
<td>5,387,674</td>
</tr>
<tr>
<td>Other revenue from ordinary activities</td>
<td>1,373,324</td>
<td>1,030,673</td>
</tr>
<tr>
<td><strong>Total revenue from ordinary activities</strong></td>
<td>7,668,006</td>
<td>6,418,347</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>7,668,006</td>
<td>6,418,347</td>
</tr>
</tbody>
</table>
Directors’ Declaration

The Directors of the College declare that:

1. the financial statements and notes are in accordance with the Corporations Act 2001; and
   (a) comply with Accounting Standards and the Corporations Regulations 2001; and
   (b) give a true and fair view of the financial position as at 30th June 2007 and
       of the performance for the year ended on that date of the College; and

2. in the Directors’ opinion there are reasonable grounds to believe that the College
   will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with the resolution of the Board of Directors,

Dr C Tippett, Director
President

Dr R Sherwood, Director
Honorary Secretary

Dated on this 27th day of September, 2007.
Dr Frank Forster conducts a tutorial for 5th year medical students in the corridor outside the Royal Women’s Hospital’s only labor ward, 1956.

[From the Royal Women’s Hospital Archives]