The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Annual Report 2012
RANZCOG Board and Council

Back row, left to right:
Dr Peter White (CEO); Dr Anthony Frumar (NSW); Dr Alec Ekeroma (NZ); Dr Anthony Geraghty (Provincial Fellow); Dr Martin Ritossa (SA); Dr James Harvey (SA); Dr Vijay Roach (NSW); Dr John Tait (NZ); A/Prof Krishnan Kirthigasu (WA); A/Prof Amarendra Tifvedi (VIC); Dr Gregory Jenkins (NSW); Dr Benjamin Bopp (QLD); and Dr Jeffrey Taylor (Chair, GP Obstetric Advisory Committee).

Middle row, left to right:
Dr Edward Weaver (Immediate Past-President); Dr Sarah Tout (NZ); Dr Yee Leung (WA); Prof Ian Symonds (NSW); Dr Amber Moore (VIC); Dr John Hehir (ACT); Prof Susan Walker (VIC); Dr Boon Lim (Tas); Dr Lucinda Pallis (Provincial Fellow); Dr William Milford (Trainee Representative); and Ms Catherine Whitby (Community Representative).

Front row, left to right:
Dr Gino Pecoraro (Non-Office Bearer); Prof Ajay Rane (Treasurer); Prof Michael Permezel (Vice President, Aust); Dr Rupert Sherwood (President); Dr Digby Ngan Kee (Vice President, NZ); Dr Louise Farrell (Vice President, Aust); and A/Prof Stephen Robson (Non-Office Bearer).
President’s Report

It is with pleasure that I present to the membership of RANZCOG the Annual Report for the 2011–12 financial year. This report comes towards the end of my two-year term as President of the Seventh RANZCOG Council and Chair of the first RANZCOG Board under the revised governance of the College and Standing Committees.

It is satisfying to be able to benchmark the achievements of this Council against the Strategic Plan passed at its first meeting in November 2010. Many of these have come to fruition during the term covered by this report and are detailed in the report from the CEO, Dr Peter White, and in the reports from committees that follow.

Achieving change within a professional organisation such as RANZCOG requires recognition of the need to change, often in response to the changing needs of the population we serve as clinicians. This is accompanied by the need to ensure that both the new and existing members of our profession are well equipped with the knowledge and associated clinical and other professional skills necessary to deliver the highest standard of reproductive healthcare.

The development of the new Certificate of Women’s Health and revisions to the Diploma and Advanced Diploma programs, along with an overall review of our specialist Fellowship program, are important and significant examples of this activity, which aims to produce a ‘fit for purpose’ specialist and general practitioner membership with respect to healthcare delivery by RANZCOG members.

None of this occurs in a vacuum, and it is only by the continued commitment to the organisation by many members, both Diplomates and Fellows, that we can achieve such outcomes. The invaluable contribution of those Trainees who are actively involved in the work of their College, must also be acknowledged.

Adapting to and making maximal use of the internet and a variety of e-learning tools to bring new and updated knowledge to Trainees and Fellows alike is a key strategy that has seen significant progress over the 12 months covered in this report. The membership curriculum underpins the online Curriculum-Led Internet-Managed Accessible Training Environment (CLIMATE) program, which replaced the Flexible Learning Program (FLP) modules, and went live in May. All online materials are now available to the whole membership, not only Trainees, and provide valuable learning resources that are readily accessible. The new online CPD program is another activity progressed in recent months and comprises activities that reflect the core elements of the revised curriculum – clinical expertise, teaching and research, and professionalism.

The year has seen considerable activity in policy development to improve the management of various aspects of college business. One such example is the Progression Review Committee, which was formed to allow those who face removal from a particular training program (MRANZCOG/FRANZCOG, subspecialty or Specialist International Medical Graduates working towards Fellowship of the College) for failing to meet certain regulations to have the best opportunity to address the committee with any additional information relevant to their situation. It is developments such as this that exemplify the College’s ongoing commitment to fairness, equity and transparency in all aspects of its governance.

In addition to the ongoing review of internal College processes, RANZCOG has made significant progress with engaging our international colleagues in partnerships to assist some of our less well-resourced neighbours achieve reproductive health outcomes that are closer to the 2015 Millennium Goals relevant to women’s health. A very successful educational meeting with associated clinical workshops was held in Fiji in June, in association with the Fiji School of Medicine and the Asia & Oceania Federation of Obstetrics & Gynaecology (AOFOG). In addition, RANZCOG continues a strong cooperative relationship with both the University of Papua New Guinea and the Pacific Society for Reproductive
Health (PSRH), partnerships that aim to build capacity among healthcare practitioners in what are often remote and under-resourced areas within the Pacific region.

Within Australia and New Zealand, the Fellowship has remained actively involved in various scientific meetings that, in addition to providing updates on contemporary women’s health issues, remain an ideal opportunity for collegiate interactions between members. Of significance for the College was the news that its bid to host a combined scientific meeting with the UK’s Royal College of Obstetricians and Gynaecology in 2015, to be held in Brisbane, was successful. As with all College activities, the successful running of a scientific meeting requires enormous commitment of time and energy by Fellows working with a dedicated College staff.

During the 2011–12 year, we have responded to the Maternity Reform agenda with development of a set of shared referral guidelines for use by midwives and obstetricians involved in Collaborative Care Agreements (CCA). Although significant progress was made at a December meeting in 2011 on this important aspect of interdisciplinary maternity care, there has been some delay with agreement between the Australian College of Midwives (ACM) and RANZCOG with respect to a final working document. It is hoped that this can be resolved, given the critical nature of the referral process when eligible midwives attain admitting rights under CCAs with health facilities following the variation on 14 August 2012 in the Determination governing collaboration.

The Provincial Fellows Committee remains active and provides a range of activities aimed at making CPD accessible to Fellows in more remote locations, including a very successful Provincial Fellows Meeting in Mackay. The committee continues to be involved in a range of activities made possible through commonwealth government funding under the Rural Health Continuing Education as well as initial delivery of the PRactical Obstetric Multi-Professional Training program in provincial New South Wales and Queensland. RANZCOG is indebted to the Victorian Medical Insurance Agency for the gifting of the Trust license for RANZCOG to develop and promulgate the Australasian version of PROMPT for use in our two countries. The Specialist Obstetrician Locum Scheme continues to run and be of considerable benefit to Provincial Fellows.

While the above is a small sample of the full range and breadth of RANZCOG activities, it is important to be mindful of the core business of our College that continues on a day-to-day basis: selection, training and assessment of over 500 Trainees currently in the Fellowship program, as well as those undertaking subspecialty training; maintaining a relevant and broad continuing professional development program for the Fellowship, and continuing the tripartite collaboration with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine to deliver the Diploma programs and provide ongoing reproductive health education for over 2000 Diplomates.

My term as President of RANZCOG has been an exciting challenge and a unique opportunity to serve the College. It has also been immensely satisfying to promote RANZCOG in both national and international forums as the leading provider of reproductive health education and standard setting in Australia and New Zealand, and the region more generally. This advocacy has been made possible by the unwavering support of my colleagues both within and without the College organisation, in combination with the staff at the College who share our aspirations to constantly uphold and further promote our motto ‘Excellence in Women’s Health’.
CEO’s Report

Preparation of an Annual Report provides an opportunity for reflection greater than that afforded on a daily basis and, in doing so on this occasion, confirmation that the College is active on many fronts, extending well beyond those areas that might once have been considered ‘core’ College business.

Many months of work culminated in the launch of the revised suite of qualifications associated with the RANZCOG Diploma – the Certificate of Women’s Health, DRANZCOG and DRANZCOG Advanced – at the July 2011 meeting of Council. The revised qualifications were developed under the auspices of the Conjoint Committee for the Diploma of Obstetrics and Gynaecology and are a testament to the efforts of all involved. Since that time, necessary components of the three training programs have been developed and include online learning resources, policies on Recognition of Prior Learning (RPL), hospital and training site accreditation guidelines, and the development of guidelines to facilitate invitation of applications for grandfathering of DRANZCOG holders to the DRANZCOG Advanced. The College can justifiably proud of the new suite of Diploma programs that were developed under tripartite arrangements, but qualifications for which RANZCOG is ultimately responsible.

November saw the holding of the RANZCOG Annual Scientific Meeting (ASM) in Melbourne and, as is now standard for such meetings, the program incorporated days dedicated to the needs of College Diplomates, as well as workshops addressing specific needs of Fellows in both the clinical and non-clinical aspects of practice. Newly elevated Fellows were again individually invited to attend the meeting and it was encouraging to note the attendance of 70 recipients and their families to receive their Fellowship or subspecialty certification from the President at the Opening Ceremony. Feedback, both formal and informal, from attendees, sponsors and exhibitors confirmed the success of the meeting.

Similarly, the Provincial Fellows’ Annual Scientific Meeting held in Mackay, Queensland, attracted some 190 attendees, including Fellows, Diplomates, midwives and medical students, and was an enjoyable meeting that highlighted issues unique to practice in provincial Australia, as well as those that are shared across Australia and New Zealand, as well as more widely. Issues relevant to New Zealand were the focus of the New Zealand Committee’s ASM held in Rotorua in March 2012, which offered a varied program with the theme of the changing face of the specialty of O and G, with an accompanying program of social events. My thanks go to all involved with the planning and execution of all these meetings – as well as the many others held during this time – for all their efforts.

As most would be aware, the College is required to undergo reaccreditation through the Australian Medical Council (AMC) process in 2013, having previously obtained extensions to its accreditation to the maximum possible period of ten years, which expires in 2013. Preparations for reaccreditation commenced with the Board approving recommendations on activities needed in order to ensure the College is best positioned for the requirements of accreditation at its meeting in September. Since then, the Board, College committees and College staff have worked to progress these recommendations, some of which will drive College work beyond the accreditation visit in 2013.

External to the College, there has been much activity in government policy that has occupied College time on both sides of the Tasman. For example, in Australia, the College has responded to a Senate inquiry into factors affecting the supply of health services and medical professionals in rural areas, as well as a review of health and medical research in Australia. In New Zealand a submission to the Medical Council of New Zealand (MCNZ) on the proposed Framework for the regulation of ‘specialist interests’ for doctors registered within a vocational scope of practice was submitted, as well as a large number of other interactions that exemplify the time and effort contributed by members of the New Zealand Committee for the College in that country.

The College has continued to work with the Medical Board of Australia (MBA) in a range of areas. Clarification in relation to the definition of ‘Practice’ and the need or otherwise for registration in order to undertake a range of functions, including teaching and acting as an examiner for a body such as the AMC, was received in March of this year. The College also welcomed advice on the use of ‘protected titles’, particularly in relation to the five fields of specialty practice in O and G. This advice was subsequently communicated to the membership through O&G Magazine.

Within the changing environment of specialist medical practice, including societal expectations that we train sufficient numbers of doctors to ensure a sustainable health workforce, the College has recognised a need to increase its activities in relation to what may be broadly termed ‘workforce’. The Board approved Terms of Reference for a Workforce Committee, which, among various activities, has since conducted a survey of current MRANZCOG/FRANZCOG Trainees and recent Fellows with regard to workforce intentions as well as overseen the release of the second annual RANZCOG Activities Report (www.ranzcog.edu.au/the-ranzcog/about-the-college/college-statistics.html). Meetings with Health Workforce New Zealand and Health Workforce Australia have continued on a regular basis, with plans for further meetings at regional level.

Clearly, a major component of the business of the College is the training and accreditation of specialists in O and G. The current FRANZCOG training program was implemented in the 2003/2004 training year and all associated with the work of the College will be aware of the existence of the Training Review Working Party chaired by the Immediate Past-President, Dr Ted Weaver. The core principles that will underpin modifications to the current program, and which are currently being further developed to enable presentation to College stakeholders at a level of detail sufficient to appreciate at an operational level, were approved by the College Council and Board at their meetings in July 2011, and subsequently communicated through O&G Magazine. It is imperative
that the training program continues to reflect the needs of the profession and the community that it serves, and I look forward to continuing to work with all involved on the implementation of the revised FRANZCOG training program.

As the work of the College progresses, the need for new committees and modification of the Terms of Reference of existing committees arises and the following new committees were established by the Board during the period covered by this report:

- Diagnostic Imaging Management Committee;
- Fetal Surveillance Guideline Review Working Party;
- Joint Committee on Maternity Services;
- PROMPT Steering Committee;
- Training Review Implementation Working Party; and
- Workforce Committee.

Similarly, the work of the externally funded projects has continued apace. The College has secured the exclusive rights to conduct PRactical Obstetric MultiProfessional Training (PROMPT) training throughout Australia and New Zealand, while funding for the Specialist Obstetrician Locum Scheme continues. The College has also been awarded funding from the Commonwealth to further develop the Nuchal Translucency education and quality assurance program as well as the Colposcopy Quality Improvement Program, and has continued to facilitate the awarding of grants under the General Practitioner Procedural Training Support Program.

Readers will, by now, be familiar with the 'new' RANZCOG website. Separate to this, in March 2012 the Board approved a comprehensive Information and Communications Technology Strategic Plan, which covers initiatives, such as online continuing professional development, already in progress and will guide future developments such as electronic training records, and improved meeting documentation and College records management.

Prof Michael Permezel was elected by the current RANZCOG Council to the position of College President for the period from the Annual General Meeting to be held in November this year until that to be held in November 2014. As such, Prof Permezel will chair the RANZCOG Board for that period, as well as the Eighth RANZCOG Council that will operate concurrently, pursuant to the College Constitution.

RANZCOG is an organisation that is fortunate to have many long-serving members of staff and the 12 months covered by this report saw a refining of the organisational structure, which was prompted in part by the retirement of Bob Kelly, Director of Finance, and the decision of Valerie Jenkins, Manager, Fellowship Services, to scale back her commitments. Lyn Johnston continues as Director of Education and Training; Ann Robertson took on the role of Director of Women’s Health; and Penelope Griffiths continues as Director of Corporate Services, as well as having assumed the role of Deputy Chief Executive Officer. Damian Waters was appointed as Director of Finance and Infrastructure and has responsibility for the College’s financial matters, as well as the strategic and operational aspects of College ICT and day-to-day oversight of College risk management activities.

Having four key senior college staff leading four recognised organisational subunits that link directly to the designated areas of responsibility of the three College vice-presidents and treasurer, enables a more efficient reporting process at executive level to the CEO and, at the non-executive level, to the President and Board.

In the period covered by this report, I was fortunate to spend a period of time in a French provincial town off the regular tourist trail in the latter part of 2011, and my thanks go to Valerie Jenkins for sitting in the CEO chair during the time that I was away. As always, it has been a busy 12 months and the articles in this report provide readers with a snapshot of the broad range of activities of the College and initiatives in which it is involved. As already indicated, these extend beyond those that might once have been considered ‘core’ College business, yet are one of the strengths of the College and something of which all members can be justifiably proud.
RANZCOG is widely recognised among print, television and radio reporters from both Australia and New Zealand. Educating this target group to refer interviews on various women’s health issues on to RANZCOG has been a key strategy in increasing the College’s profile in the media forum. The College continues to be as an important source of information when journalists are reporting on specific women’s health issues and for 2011–12, the College has successfully increased its communications and media profile.

From 1 July 2011, there has been a continuation of a significant increase in the number of referrals to RANZCOG by health organisations, such as the Federal and State(s) Australian Medical Association (AMA) and other state government departments, identifying and directing key women’s health issues to the College. Therefore, RANZCOG is increasingly being seen externally, by not only the media but also other health groups both in Australia and in New Zealand, as the ‘key voice’ on women’s health issues, such as the maternity services reform and collaboration of maternity care in Australia.

Key Media and Communications Objectives 2011–12
- Enhance the image of The RANZCOG in Australia and New Zealand;
- Increase the College’s presence in the general media (print, radio and television);
- Increase the awareness and understanding of the work of the College;
- Utilise the College’s (re-designed) website’s potential as an informative and efficient resource – encouraging all health professionals, media outlets, patients, etc, to refer to the website and view it as an informative research tool which provides up-to-date information;
- Promote the College’s position with innovative training, accreditation and continuing education;
- To educate the media, the professional health community and the wider general community of the role of the College and its impact on women’s health issues;
- Clearly communicate the vision of the College – to pursue excellence in the delivery of health care to women throughout their lives in all internal and external communications activities; and
- Promote the College’s position with innovative training, accreditation and continuing education.

Key Media and Communications Strategies 2011–12
The RANZCOG’s Media and Communications Strategic plan is used as a guide when implementing key strategies. To date, the College has proactively addressed a number of the above objectives and achieved the following to date:
- Used the College’s new and updated website’s potential in effectively communicating the work of the College and its position on current women’s health issues which have attracted media and public attention.
- Provided internal media training for a selected number of Fellows, who regularly provide public comments on behalf of the College through print, television and radio channels.
- Developed and increased the professional and co-operative relationship with Federal and State parliamentarians and senior staff members.
- Developed, updated and circulated to media outlets and other key health organisations, statements on current issues.

There has been 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 and more journalists/reporters are seeing the Media and Communications Senior Coordinator as a cooperative and effective channel and first point-of-contact when developing a story for their readers, listeners and viewers on specific women’s health issues.

RANZCOG Media Award of Excellence
The College recognises the important role the media plays in informing the public as well as decision-makers with an interest in women’s health.

The RANZCOG Media Award of Excellence will be presented on an annual basis by the RANZCOG President in recognition of the best piece of journalism (in either print, radio, television or internet format) in one of the following areas:
- Effectively portraying the practice of obstetrics and gynaecology in a balanced and comprehensive manner in Australia and/or New Zealand, in a report and/or article primarily focusing on the specialty; and/or
- Showcasing/highlighting the specialty’s relationship with women’s health generally in Australia and/or New Zealand.

For more information please visit the College website or contact Ms Julia Serafin: http://www.ranzcog.edu.au/news/1040-ranzcog-media-award-of-excellence.html

Julia Serafin
Senior Coordinator, Media and Communications
Continuing Professional Development

In the past financial year, 1861 Fellows participated in the College CPD Program, a further 35 participated in approved overseas programs. Of these, 33 Fellows were randomly selected for, and successfully completed, the verification check process. During the year 86 new Fellows entered the CPD Program and 25 Fellows submitted a retirement declaration.

There were two Associate Members, both of whom are practising in New Zealand. There were 48 Educational Affiliates: of whom 47 participated in the RANZCOG CPD program. Twenty-nine of these Educational Affiliates have been elevated to Fellowship.

The Professional Competence Scheme, Institute of Obstetricians and Gynaecologists from the Royal College of Physicians of Ireland (RCPI) was approved as an alternative CPD Program for RANZCOG Fellows practising overseas.

During the last 12 months the CPD Committee has approved the claiming of Educator Activity points for assessment of ITP Research Proposals, ITP Research Study Submission, assessment of candidates for ITP Trainee selection, acting as Training Mentors for Certificate of Women’s Health trainees, publication of paper as first and subsequent author and reviewing of articles for scientific journals or medical publications. PR&CRM points have been approved for for Fellows participating in the RHCE Perinatal Mortality & Morbidity Audit project, RHCE Practice Visits project, UGSA Pelvic Floor Audit and Subspecialties Training Units Re-accreditation Team. RANZCOG accredited 235 meetings/workshops.

RANZCOG CPD On-line Program
In March 2011 the RANZCOG Board agreed that the alignment of the existing CPD Program with the RANZCOG Curriculum be adopted for implementation. The infrastructure required to provide the CPD Program online is currently being prepared and a staggered roll out to the Fellowship is planned for January 2013.

Annual Scientific Meeting
The RANZCOG 2011 ASM was held in Melbourne in November 2011, and a record number of newly elevated Fellows participated in the opening ceremony. The RANZCOG 2012 ASM will be held in Canberra in September 2012. A new award, the RANZCOG Media Award of Excellence has been created and will form part of future ASMs. The Allocation of any Profit section of the RANZCOG ASM Guidelines has been reviewed and updated.

Fellowship Review Committee (FRC)
One very satisfying aspect of recent Fellowship Review Meetings has been the decline in the numbers of defaulting Fellows. A stronger line has been adopted in relation to Fellows not submitting their Annual Points Claim (APC) forms. As RANZCOG Trainees are subject to an assessment being failed if not submitted on time, it was felt that the Fellowship should also be subject to similar standards in submitting their documentation and or completing their requirements for recertification of their Fellowship. The Re-entry guidelines following a prolonged period of absence from practice and retraining programs for Fellows have been revised to include point 5b from the Medical Board of Australia document the Continuing professional development registration standard to make it congruent with the Medical Board of Australia requirements.

Expert Witness
The College Statement C-Gen 1: Guidelines for College Fellows participating in the RANZCOG expert witness register has been revised. An Expert Witness workshop was held in Melbourne in June 2012, and planning is underway for one to be held in conjunction with the 2012 RANZCOG ASM in Canberra. RANZCOG has 91 Fellows on the Expert Witness Register.

Dr Gino Pecoraro
Chair, CPD Committee

Val Spark
Senior Coordinator, CPD
The role of the Provincial Fellows Committee (PFC) is to advise the RANZCOG Board on all matters affecting O and G practice undertaken by Provincial Fellows. The PFC is also responsible for organising an Annual Scientific Meeting (ASM) for Provincial Fellows.

The recruitment and retention of specialist O and Gs in rural and regional Australia is one of the key issues that the PFC has considered over the last 12 months. The PFC is concerned about the future of the Provincial Fellowship and believes that the best way forward will be for Provincial Fellows to train specialist O and Gs to become future Provincial Fellows. The PFC encourages input into the training program from the Provincial Fellowship over the next 12 months.

The ongoing funding for the Specialist Obstetrician Locum Scheme (SOLS) is an important rural workforce support mechanism and provides ongoing relief for Provincial Fellows. The PFC looks forward to the continuation of SOLS to support the rural obstetric workforce.

Dr Anthony Geraghty
Chair, Provincial Fellows Committee

Melissa Glogolia
Coordinator, Provincial Fellows Committee

The Asia Pacific Committee (APC) has continued to oversee College activities in the region and, in particular, its contribution to training and educational support for the two major Pacific medical schools: the School of Medical and Health Sciences at the University of Papua New Guinea and the Fiji School of Medicine. RANZCOG also provides educational, networking and collegial support for existing and new O and G specialists starting their career, through Associate Membership of RANZCOG for O and G specialists living and working in the Pacific.

The APC, through the RANZCOG Brian Spurrett Foundation, also provides education and professional development for Pacific midwives, through the Pacific Society for Reproductive Health (PSRH) and the RANZCOG Pacific Midwifery Leadership Program. In 2011–12, a submission to the AusAID Australian Leadership Awards Fellowship (ALAF) program, again secured funding to continue the program in Sydney. The program has been run at Liverpool Hospital, South Western Sydney Local Health District, since 2004 and we are pleased to announce that this year the Nepean Hospital, Nepean Blue Mountains Local Health District, joined the program.

During 2011–12 the APC held two meetings to consider its activities and a number of new and exciting initiatives are under discussion. The major activity during the year was the delivery of the inaugural RANZCOG/FNU CMNHS 2012 Educational Forum in Obstetrics and Gynaecology, held at Lautoka, Fiji, from 24–29 June 2012. The forum comprised a one-day seminar ‘Evidence Based Updates in Clinical Obstetrics and Gynaecology Practice’ followed by four concurrent clinical workshops held at the Lautoka Hospital, delivered by RANZCOG and PSRH facilitators. The educational forum was timed to coincide with the 2012 AOFOG Council meeting, which was hosted by RANZCOG in Lautoka Fiji on 22–23 June. This dual event provided the opportunity for a number of internationally recognised obstetricians and gynaecologists from the AOFOG Council to participate in the seminar and workshop program. It also facilitated development and strengthening of networks, and a number of suggestions arose about ways that the Pacific can interact more with Asian, Australian and New Zealand colleagues through O and G societies in the Oceania region.

Without doubt, the College’s ongoing programs in the Pacific are an invaluable contribution to capacity building for the O and G workforce in the Pacific island countries. The APC believes that the College’s commitment to the Pacific through focused efforts in collaboration with regional partners in a multidisciplinary approach, will reap positive outcomes in addressing maternal and child health challenges in the long-term. News on progress and achievements is regularly reported to the membership in the College’s O&G Magazine.

Dr Kenneth Clark
Chair, Asia Pacific Committee

Carmel Walker
Senior Coordinator, Corporate and Asia Pacific Services

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Dr Kenneth Clark
Chair, Asia Pacific Committee

Carmel Walker
Senior Coordinator, Corporate and Asia Pacific Services
The RANZCOG Research Foundation has, over the past 12 months, continued to help drive research excellence in women’s health through the various scholarships, fellowships and research grants it has funded. It is particularly pleasing to note the introduction of a new scholarship dedicated to improving the care of patients with pelvic pain. This two-year scholarship was established following a donation from the late Robert Wrigley and was made available for application for the first time in 2012. The RANZCOG Fellows' Clinical Research Scholarship and the ASGO International Travelling Fellowship were both awarded for the first time and it is hoped that the ASGO National Travelling Fellowship can be awarded for 2013.

At the conclusion of the scholarship selection process in 2011, and having served five years as chair of the Grants and Scholarships Committee, Prof John Newnham stood down from this position. In his time as chair, Prof Newnham oversaw the implementation of a new selection process, one closely modelled on that of the National Health and Medical Research Council (NHMRC), which continues to be used by the Grants and Scholarships Committee in the selection and allocation of the Foundation’s awards, and which has been attributed to the noticeable increase in the quality of the applications received by the RANZCOG Research Foundation each year. On behalf of the Foundation, the Board of Directors and the members of the Grants and Scholarships Committee, I wish to thank Prof Newnham for his valuable contributions over many years. Prof Gustaaf Dekker, Dr John McBain and Prof Andreas Obermair also stepped down from the Grants and Scholarships Committee at the conclusion of the 2011 selection process and, on behalf of the Foundation, I thank them also.

Periodically, the RANZCOG Research Foundation conducts reviews of past scholarship recipients, with the last such review having been conducted in 2007. Recipients of the Foundation’s scholarships, fellowships and travel grants since that time were surveyed in 2011, and the responses received affirmed for the Board the important role the Foundation’s awards have in supporting early career researchers. These results, in de-identified form, will be made available on the website and, it is hoped, will serve to encourage those considering applying to the Foundation in future years.

In closing, it was with great sadness that the Board of Directors of the RANZCOG Research Foundation learned of the passing of Prof David Healy on 24 May 2012. Prof Healy was a long-serving and active member of the Foundation; serving on the then Scholarship Selection Committee (now Grants and Scholarships Committee) and the Board of Directors, including four years as Chairman of the Board.

Prof Caroline de Costa
Chair, Board of Directors

Georgina Anderson
Coordinator, Research Foundation
RANZCOG Research Foundation
Scholarship, Fellowship and Grant Recipients

Recipients of the scholarships available for application in 2011 were as follows:

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Awardee</th>
<th>Project</th>
<th>Institution</th>
<th>Supervisor</th>
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<tbody>
<tr>
<td><strong>Arthur Wilson Memorial Scholarship 2012–13</strong></td>
<td>Dr Claire Whitehead</td>
<td>Measuring Hypoxic-induced mRNA Transcripts in Maternal Blood to Identify the Hypoxic Growth Restricted Fetus</td>
<td>Mercy Hospital for Women</td>
<td>A/Prof Stephen Tong Prof Sue Walker</td>
</tr>
<tr>
<td><strong>Luke Proposch Perinatal Research Scholarship 2012</strong></td>
<td>Mrs Hala Phipps</td>
<td>Persistent Occipito-Posterior: Outcomes following digital rotation. The “POPOUT” Study</td>
<td>Royal Prince Alfred Hospital</td>
<td>Prof Jon Hyett</td>
</tr>
<tr>
<td><strong>Taylor-Hammond Research Scholarship 2012</strong></td>
<td>Dr Justin Oliver Daly</td>
<td>The Causes and Consequences of Obstetric-related Pelvic Floor Trauma</td>
<td>Royal Prince Alfred Hospital</td>
<td></td>
</tr>
</tbody>
</table>

**RANZCOG Fellows’ Clinical research Scholarship 2012**
Awardee: Dr Vivien Wong
Project: The Puborectalis Sling Study: A multicentre, randomised controlled study of pelvic organ prolapse repair using a novel method
Institution: Sydney Medical School Nepean Hospital
Supervisor: Prof Hans Peter Dietz

**The following scholarship recipient was supported in their second year:**

**Arthur Wilson Memorial Scholarship 2011–12**
Awardee: Dr Kirsten Palmer
Project: Therapeutic Antibody Development: A potential treatment for Pre-eclampsia
Institution: Department of Obstetrics & Gynaecology of Mercy Hospital for Women, University of Melbourne
Supervisor: A/Prof Stephen Tong

**The following scholarship recipient was supported in their third year:**

**Mary Elizabeth Courier Research Scholarship 2010-2012**
Awardee: Dr Viola Heinzelmann-Schwarz
Project: Evaluation of an Anti-glycan Antibody Panel as New Diagnostic Signature in Serous Ovarian Cancer Patients
Institution: Royal Hospital for Women/ Lowy Cancer Research Institute Gynaecological Cancer Centre/ Translational Ovarian Cancer Group
Supervisor: Prof Neville Hacker
Training Accreditation

During the period 1 July 2011 to 30 June 2012, the RANZCOG Training Accreditation Committee (TAC) focused on the following areas.

Re-accreditation of Integrated Training Program hospitals
This year, 90 integrated training program (ITP) sites were re-accredited. Of these, 54 required follow-up owing to issues raised in the re-accreditation reports. Most follow-ups only involve the submission of detailed progress reports by the hospitals; but in cases of serious concern return site visits are conducted. All newly accredited hospitals now undergo a site visit conducted by a team from the College 12 months after initial accreditation to assess how the hospital has performed as a training unit.

New ITP sites
Four additional hospitals have been accredited as ITP training sites in the past year: Gawler (SA); Hutt Valley (NZ); Southland (Invercargill, NZ); and Werribee Mercy Hospital (VIC). Three hospitals have been jointly accredited for both ITP and Specialist Training Program (STP) training: Manning Rural Referral (NSW), Epworth-Freemasons (VIC); and Geraldton (WA). The total number of RANZCOG-accredited sites is now 104.

Membership/Fellowship
During this year, 53 Membership applications and 54 Fellowship applications were considered and recommended to the Board.

ITP Trainee selection process
The College's national selection process is now in its second year and is working well. In 2011, 182 applicants applied for a total of 74 first-year training posts in Australia and 19 applied in New Zealand for 18 posts. In 2012, 216 applied in Australia for 79 posts and 28 applied in New Zealand for 19 posts. The TAC continues to review the process each year to ensure it is as efficient and equitable as possible.

Training Supervisor Workshops
Six eight-hour workshops for new, experienced and prospective ITP/Elective Training Supervisors were conducted around Australia and New Zealand in the past 12 months. A total of 50 Training Supervisors and senior Trainees interested in becoming supervisors (upon elevation to Fellowship) have attended the workshops, which are designed to support Fellows performing this crucial assessment and mentoring role in the training program.

Flexibility of training in the FRANZCOG Program
The TAC has worked closely with the Board and the Training Review Implementation Working Party to develop a more flexible approach to training, including enabling Trainees to gain credit for blocks of training between 0.5 and 1.0 FTE, recognising three-month blocks of training that can be split between separate hospitals, and substantially revising the assessment report forms to make them more effective assessment tools. These changes to the program will not be implemented until December 2013 (New Zealand) and January 2014 (Australia).

New policies relating to training
The Committee worked with the RANZCOG Board, the Education & Assessment Committee, the Subspecialties Committee and the SIMG Assessment Committee to develop a new College policy on special consideration due to exceptional circumstances and is in the process of finalising a new policy on bullying, harassment and discrimination in the training workplace.

Specialist Training Program
In 2011, 24 hospitals/other facilities in Australia were the recipients of funding for training posts in expanded settings under the Commonwealth Department of Health and Ageing’s Specialist Training Program: $100,000 is available for each post to cover salary costs. This funding enables the College to provide additional training places for registrars at both ITP and Elective level in such areas as general gynaecological surgery, ultrasound and infertility.

Online Trainee surveys
Online surveys of Trainees’ experience of the training program are conducted each year. The surveys focus on Trainees at pivotal stages of their training – the end of Year 2 and the end of Year 4.

Leave policy and regulations
The Committee has been reviewing the College’s policy and regulations on Trainees’ leave arrangements, including amending the regulations to stipulate that Trainees can only take a maximum of six weeks’ leave per six-month training block (four weeks if at a rural rotation) and clarifying maternity leave arrangements. The Trainee study/conference leave entitlement policy is also under review.

Anatomy survey
Of ITP/Elective Trainees, 48 per cent responded to a survey of Trainees’ anatomy skills and knowledge. Indications are that the majority of Trainees would welcome further training in this area and a College-run anatomy course is under consideration.

Dr Martin Ritossa
Chair, RANZCOG Training Accreditation Committee

Shaun McCarthy
Manager, Training Services
Examinations
Sincere thanks are extended to Prof Jonathan Morris for his time and expertise in the role of subspecialties representative and to his successor, Dr Deborah Neesham, as she takes on the role.

Guidelines for giving feedback to examination candidates have been revised. All DRANZCOG and MRANZCOG candidates will be given written feedback after each examination attempt. The feedback will indicate their performance in relation to the MAPS score. Verbal feedback continues to be offered by an experienced examiner after a second failed attempt at the written and/or oral examination.

One hundred multiple choice questions (MCQs) from each of the MRANZCOG and DRANZCOG item banks were placed on the RANZCOG website in a location accessible to Trainees. Up to one-third of the questions from the Open Bank may appear in any one written examination. MCQ writing workshops have been held in Melbourne and Sydney to increase the number of questions in the bank.

MCQs that have been standard-set in previous examinations will no longer be standard-set each time when used in subsequent examinations; previous scores will be used and this will be reviewed every five years. A Standard Setting Subcommittee was formed to review criterion reference standard setting in the RANZCOG examinations and to develop a proposal for improvements. A report from the Assessment Research Centre, Melbourne Graduate School of Education, concluded that the current methodologies of standard setting for RANZCOG examinations are appropriate. The Subcommittee is reviewing suggestions made in the report and is currently trialing and implementing some changes.

The Release of Examination Results Policy was ratified by the Board in September 2011. Integrated Training Program (ITP) Coordinators, Training Supervisors and State Chairs, as relevant to individual examinations/candidates, will be notified of the results (pass/fail) of candidate(s) following the release of examination results to candidates. Release to these individuals is intended to enable an ITP Coordinator, Training Supervisor and/or State Chair to appropriately assist a Trainee to plan and review their performance, future training needs and their progression. The policy will also assist with the ongoing review of performance at a regional level of Trainees and their performance in examinations.

Subspecialty assessment
The Subspecialty Subcommittees have continued developing new assessment strategies that incorporate existing and revised assessment tools and a range of new workplace-based assessments.

New Qualifications
The Conjoint Committee for the Diploma of Obstetrics and Gynaecology, comprising representatives from RANZCOG, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine, launched a suite of women's health qualifications for medical practitioners. The new Women's Health Certificate, the revised Diploma and Diploma Advanced curricula offer greater flexibility and include online modules, workplace-based validation tools and training supervisor calibration activities. NSW Health has agreed to adopt the Certificate / Diploma curriculum for use in its Hospital Skills Training Program.

eLearning Strategy
The new CLIMATE eLearning platform was launched in May 2012. All eLearning support resources are now accessed via CLIMATE. The 17 core CLIMATE modules map resources and learning activities directly to the RANZCOG Curriculum via common learning outcomes. These modules are in an ongoing state of development. The new eLearning Editorial Committee has been formed to guide future resource development with a focus on student-driven learning and the alignment of eLearning resources with topical issues and events. The College has developed a suite of eight online Clinical Educator Training modules to support training supervisors and senior registrars.

Research Project
Multi-author projects (subject to first author validation), oral presentations and local audits have been approved as acceptable alternatives to first author research projects published or submitted to the College. These additions and the new Online Research Modules have helped to address the concerns about this training requirement. Consequently, very few trainees are overdue with their proposal or study. The assessment of research proposals and final studies have been added to the Roles and Responsibility of examiners to address the shortage of ITP research project proposals and study report assessors. The requirement for Subspecialty Trainees to have their research study assessed satisfactory for eligibility to apply for their final examination is currently under review.

Training Program Working Parties
A Training Program Review Working Party (TRWP) reviewed the current structure of the FRANZCOG training program to ensure that it is educationally sound and able to meet the changing workforce needs of Australia and New Zealand into the foreseeable future. Recommendations from the working party were forwarded to the 2011 July Council. Subsequently, a Training Review Implementation Working Party (TRIWP) was formed, to implement the recommendations approved by the Board.

AMC Accreditation
The Committee is in the process of addressing a series of recommendations made by the College Board in readiness for reaccreditation by the Australian Medical Council in 2013.

Prof Ian Symonds
Chair, Education and Assessment Committee

Michele Quinlan
Manager, Educational Services
The General Practice Obstetrics Advisory (GPOA) Committee was formed in 2005 to represent the views of Diplomates within the College, thus providing an opportunity to provide input relating to continuing professional development and College Statements. Since then, the GPOA Committee has expanded its activities in the representation of Diplomates. Three of the original members of this Committee, Drs Linda Mann (Shared-Care representative), Elizabeth Boyd and Jeffery Taylor (Intrapartum Care representatives) have served three terms on the GPOA Committee and therefore will not be eligible to stand for re-election in 2012.

Diplomates Days
Continuing professional development has remained the utmost priority for this financial year. Diplomates Days for procedural and non-procedural GPs form an integral part of the College and Provincial Fellows Annual Scientific Meetings. Due to popular demand, similar Diplomates Days were held in conjunction with Regional Scientific Meetings and participant numbers were increased to 75 Diplomates at the 2011 Melbourne ASM and 50 at the 2012 Mackay Provincial Fellows ASM.

Membership 2011–12
DRANZCOG Membership remained stable at 2416; of which 202 hold the DRANZCOG advanced, 1775 are DRANZCOG holders and 439 have the DipRACOG. During the year, 25 Diplomates resigned and 16 were removed from the Register of Diplomates due to their unfinancial status.

Practice Profile for Diplomates
The Practice Profile for Diplomates has continued to be rolled out this year and, pleasingly, the number of Diplomates responding has increased to 40 per cent. The median age of GPs practising remains under 50, with over 90 per cent of participants predicting that they will remain in intrapartum and/or shared care for the next five years.

The Specialist Obstetric Locum Scheme (SOLS)
The Specialist Obstetric Locum Scheme, a Commonwealth-funded workforce support program, continues to provide much needed support to our Diplomates.

The Procedural Support Training Program
The objective of this program is to improve access to maternity services for women in rural and remote areas through financial support to eligible GPs. This financial year it was pleasing to be able to offer 25 GPs in rural and remote Australia the $40,000 grant towards receiving the DRANZCOG Advanced qualification. Areas identified in the searching process were the ability for the practitioner to maintain obstetric services in their town and, in many situations, for the expansion of obstetric services to include the provision of emergency caesarean section.

Grandfathering of Diploma Holders
The grandfathering of Diploma holders performing caesarean section this financial year saw the introduction of the grandfathering clause, allowing those Diplomates with the DRANZCOG qualification who were credentialed in caesarean sections to be grandfathered into the Diploma Advanced. This was brought about to assist the workforce, which in many states and territories have made the DRANZCOG Advanced the minimum qualification for the providing of caesarean section services.

Dr Jeffery Taylor
Chair, GP Obstetrics Advisory Committee

Val Spark
Coordinator, GP Obstetrics Advisory Committee
During the period 1 July 2011 to 30 June 2012, the RANZCOG Specialist IMG Assessment Committee, on behalf of the Australian Medical Council (AMC), has assessed 31 Specialist International Medical Graduates (SIMGs) at interview for comparability to an Australian trained specialist in obstetrics and gynaecology; four applicants were also concurrently assessed for suitability for intended Area of Need (AoN) positions. In New Zealand, RANZCOG acts as a Branch Advisory Body for the Medical Council of New Zealand (MCNZ) and four IMGs were assessed for suitability for provisional registration within a vocational scope of practice. New assessors have been recruited to broaden the pool and to replace more experienced assessors who will be leaving the panel.

The College has continued to work very closely with representatives from the AMC and the MCNZ in these processes.

The Committee continues its ongoing review of Regulations to ensure College processes and Regulations relating to Specialist IMGs are consistent with those for ITP/Elective Trainees, can meet AMC timelines and provide realistic and expedient timelines. The committee is also responding to recommendations in the AMC Accreditation Report and report of the House of Representatives inquiry into Registration Processes and Support for Overseas Trained Doctors. Over the last 12 months, new and amended Regulations have been adopted regarding: relaxing of the requirement to obtain referee reports before initial assessment of applications, a requirement for applicants to provide evidence of specialist registration and reduction in the time following each period of training by which training documentation must be submitted.

The Committee has also approved guidelines for determining periods of oversight for applicants deemed Substantially Comparable, the appointment of SIMG assessors, a position description for the Community Representative on the SIMG Assessment Committee and formalisation of a remedial action plan for SIMG trainees.

The term Overseas Trained Specialist (OTS) has been replaced by the term Specialist IMG (SIMG) in line with internationally-accepted terminology. As such, all College documentation, publications and the website have been changed to reflect this revised practice.

The work that RANZCOG does on behalf of the AMC and MCNZ in assessing Specialist IMGs and Area of Need applicants continues to be underpinned by the generous support of the Fellows and community representatives who freely give their time for this important work within the Australian and New Zealand healthcare workforce.

Dr Christopher Hughes
Chair, Specialist IMG Assessment Committee

Frances Gilleard
Program Coordinator, Specialist IMG
Trainees

During the period 1 July 2011 to 30 June 2012, the Trainees’ Committee held four teleconference meetings and one face-to-face meeting at College House.

Major initiatives by the Trainees’ Committee over this time have included:

• Worked closely with the RANZCOG Board and the College Training Accreditation Committee (TAC) to develop a more flexible approach to training, including enabling Trainees to gain credit for blocks of training between 0.5 and 1.0 FTE, recognising three-month blocks of training that can be split between separate hospitals, and substantially revising the three-monthly and six-monthly Trainee assessment report forms to make them more effective assessment tools. These changes to the program will not be implemented until December 2013 (New Zealand) and January 2104 (Australia).

• Worked with the College Training Accreditation Committee to develop the new RANZCOG policy on special consideration due to exceptional circumstances and a new policy on bullying, harassment and discrimination in the training workplace (the latter still being finalised).

• Represented RANZCOG Trainees on the Training Review Implementation Working Party in the development of strategies, documentation and learning modules to support Trainees’ training and assessment activities.

• Represented RANZCOG Trainees on the eLearning Committee and contributed to the development and implementation of the College’s new learning platform, CLIMATE.

• Represented RANZCOG Trainees on the College Workforce Committee in the ongoing review of the RANZCOG’s current and future workforce needs, and the work intentions of Trainees and new Fellows.

• Developed an online survey of ITP/Elective Trainees’ anatomy skills and knowledge. The response rate was 48 per cent and indications are that the majority would welcome further training in this area. In response to the survey, the development of a College-run anatomy workshop is under consideration by the TAC.

• Collaborated with the TAC in the review of the College’s policy and regulations on Trainees’ leave entitlements, including amending the regulations to stipulate that Trainees can only take a maximum of six weeks’ leave per six-month training block (four weeks if at a rural rotation) and revising the processes for requesting maternity leave. The current policy on Trainees’ study/conference leave entitlements is also under review.

• Contributed to the ongoing review of the MRANZCOG and DRANZCOG Written and Oral Examinations by the Education & Assessment Committee, including the development and implementation of MCQ question banks and improvements to the processes for post-examination feedback.

• Contributed to the development and implementation of the landmark trials information which will be made available to Trainees via the College website.

• Ongoing support for and active encouragement of Trainees’ Days at RANZCOG Annual Scientific Meetings.

Committee members have also acted as Trainee representatives on:

• The Education and Assessment Committee
• The College Training Accreditation Committee and each Regional/New Zealand Training Accreditation Committee
• Regional Committees
• The Women’s Health Committee
• The Continuing Professional Development Committee
• RANZCOG Council
• RANZCOG ITP hospital re-accreditation teams
• Interview panels for ITP Trainee selection
• The Recognition of Prior Learning Assessment Subcommittee
• Australian Medical Association (AMA) Doctors in Training Forums
• RANZCOG Workforce Advisory Group (New Zealand)

Dr Will Milford
Chair, Trainees’ Committee

Shaun McCarthy
Manager, Training Services
Subspecialties

Certification

The following subspecialists were certified this year:

- Obstetrical & Gynaecological Ultrasound (COGU) 2
- Gynaecological Oncology (CGO) 4
- Reproductive Endocrinology & Infertility (CREI) 5
- Urogynaecology (CU) 4
- Maternal Fetal Medicine (CMFM) 0

The number of current certified subspecialists is as follows: COGU 38; CGO 51; CMFM 48; CREI 68; CU 35. The total number of certified subspecialists is 240. All eligible subspecialists have met the recertification pathway requirements. Two COGU subspecialists chose to revert to Fellowship instead of complying with subspecialty CPD requirements.

Training

The table below indicates the number of Trainees in the five Subspecialty Training Programs as of June 2012:

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 3+ *</th>
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<tr>
<td>CGO</td>
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<td>2</td>
<td>3</td>
<td>1</td>
<td>8</td>
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<tr>
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<td>5</td>
<td>7</td>
<td>22</td>
</tr>
<tr>
<td>CU</td>
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<tr>
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<td>13</td>
<td>17</td>
<td>15</td>
<td>62</td>
</tr>
</tbody>
</table>

* Year 3+ includes Trainees who have completed the training component but not the assessment component and those Specialist International Medical Graduates (IMGs) who have been assessed as substantially comparable to an Australian-trained subspecialist and who are waiting to complete the relevant examination.

Entry into the five subspecialty programs is via a National Selection Process. Interviews for selection into the 2013 programs were conducted in May and June of 2012. Sixteen candidates were selected - five in CGO, one in COGU, three in CREI, and seven in CMFM.

Accreditation of Subspecialty Training Units

MFM re-accreditation visits were conducted to National Women's Hospital Auckland and Wellington Hospital (November 2011). REI re-accreditation visits were conducted to the Royal Women's Hospital/ Melbourne IVF (August 2011), Monash IVF Clayton (December 2011) and the King Edward Memorial Hospital/Fertility Specialists of Western Australia (May 2012). The COGU Subcommittee approved the accreditation of the Women's Imaging Department at the Women's and Children's Hospital Adelaide for COGU training in February 2012.

Certificate of Recognised Training (CORT)

Two international medical graduates (IMGs) completed the CORT in gynaecological oncology. Currently, one IMG is registered for the CORT in reproductive endocrinology/infertility. IMGs registered for the CORT are not required to complete a research project and are not eligible for the subspecialty examinations.

Key policy decisions and regulation changes

The five Subspecialty Subcommittees have refined and developed new assessment methods in response to the EAC and Board request, in 2010, to review the individual assessment strategies and especially the relevance of the subspecialty oral examinations in its current format. A range of alternative assessment methods will be trialled in the second half of 2012 and 2013, pending EAC and Board approval.

Regulation 15.8.2 has been amended (November 2011) to align with the modified regulations relating to the assessment of IMGs who apply for the FRANZCOG. The revised Regulation 15.8.2 no longer requires an International Subspecialist assessed as ‘substantially comparable’ to complete one or both of the relevant subspecialty examinations.

Two International Subspecialists have been assessed as substantially comparable – one COGU (March 2012) and one CREI (June 2012).

ANZJOG

Following a request by the ANZJOG Editorial and RANZCOG Boards to address the difficulty in maintaining a peer reviewer base for the ANZJOG, the Subspecialties Committee agreed to:

- Include ANZJOG in the Continuing Professional Development Pathway to Recertification for subspecialists in the research section (July 2011); and
- Amend Regulation 15.11.7 (January 2012) to include ANZJOG (impact factor 1.3) in the research publication acceptance process for subspecialty training.

Subspecialty Written Examination

Regulation 15.12.1.1 has been amended (January 2012) to allow subspecialty trainees to attempt the Written examination after completion of 12 months’ satisfactory subspecialty training.

A/Prof Stephen Robson
Chair, Subspecialties Committee

Maggie Von Tonder
Senior Coordinator, Training Program
Women’s Health

The Women’s Health Committee (WHC) which is supported by the Women’s Health Services Section continues in the important work of representing the Fellowship on Government committees and other organisations on initiatives concerning women’s health.

These activities have been:
• National Maternity Services Capability Framework: Maternity Services Inter-jurisdictional Committee for the Australian Health Ministers Advisory Council.
• Public Consultation for the National Antenatal Care Guidelines: Department of Health and Ageing.
• Support provided for a Medical Services Advisory Committee (MSAC) application for the detection of Phosphorylated insulin-like growth factor binding protein-1 (phIGFBP-1) as a predictor of preterm labour.
• Input into the Australian Council on Healthcare Standards (ACHS) Clinical Indicator for Obstetrics.
• Consideration of the endorsement of several modules of the National Blood Authority Australia Patient Blood Management Guideline Development.

New College Statements
In the past year the following new statements were released. The College statements provide a valuable resource for the Fellowship making available to them collective opinions on a range of subjects that are dealt with on a daily basis in their practice.
• Antibiotic Prophylaxis for Obstetric and Gynaecological Surgery
• Attributes of a RANZCOG Fellow
• Clinical Handover
• Credentialing in Obstetrics and Gynaecology
• Cultural Competency
• Guidelines for Scanning of Live Subjects for Teaching Purposes
• Influenza Vaccination for Pregnant Women
• Management of Monochorionic Twin Pregnancy
• Management of Postpartum Haemorrhage
• Perinatal Anxiety and Depression
• Surrogacy
• The Personally Controlled Electronic Health Record

Patient Information Pamphlets
The College has continued to review past pamphlets. The pamphlets have been a very successful initiative of the College and are widely used by doctors and hospital clinics to aid consultation and are appreciated and valued by women in the community.

Indigenous Women’s Health
The Indigenous Women’s Health Committee (IWHC) has been progressing a range of Indigenous Women’s Health initiatives, including:
• Participation in partnership with Royal Australian College of Surgeons (RACS) run projects that have been funded by the Department of Health & Ageing.
  a. The Indigenous Health and Cultural Competency Online Portal for Medical Specialists and
  b. The Intercultural Learning for Medical Specialists Project.
  c. The third RACS project, known as the Australian Indigenous Health Medical Specialists Project (AIHMSP), has been funded by the Committee of Presidents of Medical Colleges.
• Participation in the Steering Committee/ Expert Advisory Group of the Leaders in Indigenous Medical Education (LIME Network).

Diagnostic Imaging Management
The Diagnostic Imaging Management Committee (DIMC) undertakes oversight of all aspects of College activity relating to diagnostic imaging and the provision of recommendations and advice to the RANZCOG Board and Council as applicable, on such matters. The DIMC held its first meeting for 2012 in May.

Prenatal Diagnosis and Screening
The Joint Human Genetics Society of Australasia (HGSA) and RANZCOG Prenatal Diagnosis and Screening Committee has been re-established and held its first meeting in March 2012. The primary function of this committee is to advise the RANZCOG Board and Council and the HGSA Council on all matters concerning the provision of women’s health services, with particular reference to prenatal screening for genetic and chromosome abnormalities, neural tube defects, prenatal diagnosis and investigative procedures.

The committee is currently in the process of reviewing two RANZCOG statements:
• Prenatal screening tests for trisomy 21 (Down Syndrome), trisomy 18 (Edwards syndrome) and neural tube defects (C-Obs 4), and
• Joint HGSA/ RANZCOG Prenatal diagnosis policy (C-Obs 5).

Dr Louise Farrell
Chair, Women’s Health Committee

Ann Robertson
Director, Women’s Health Section
The Historical Collections were involved in having the College accepted into the Open House Melbourne program for the first time this year. It was held over the weekend of 28–29 July 2012. Historical Collections staff gave tours of College House to more than 200 visitors during the two days. One of the highlights of the tour was provided by Professor Caroline de Costa, the Honorary Curator, who gave informative talks and demonstrations in the Museum. College staff assisted in the Open Day and it was an excellent team effort.

The Historical Collections gratefully acknowledges the generosity of all the Fellows and Friends who have donated items to the Collections and also contributed monetary donations to the Friends of the College Collection. Donations amounted to $3,000 this year. Purchases have included paintings by indigenous artist Nora Tjookootja and a number of rare antiquarian engravings by early French explorers. Valuable donations included the gown of Dr Mercia Barnes, former RNZCOG President; papers of Dr Alan Foate, a former President of the New Zealand Council; Professor Derek Llewellyn-Jones papers; and rare books and items from Dr James Roche.

During the year, the Frank Forster Library became an active participant of the LADDS (Libraries Australia Document Delivery Service). This has seen an increased awareness of the Library Collection, evident from the number of loans and enquiries received. There have also been more enquiries from postgraduate students using the TROVE database to locate the Library’s resources. Researchers continued to use the Library and this year has been busy.

The library section of the College website was re-designed to make the collection more accessible to Fellows, Members, staff and researchers. Changes include online forms for requesting articles, books, or information/literature searches. It also includes new acquisitions with pictures and images. A sale of duplicate books was held with interest from local and overseas buyers.

The Museum received some valuable gifts that included Dr Alison Wright’s medical case, containing a number of contraceptive devices, from Dr Jay Rao; an interesting collection of items and instruments from Dr David Abell; a Rubins test kit from Dr Chris Beaton; and a Sonicaid portable Doppler machine from the late Dr David Eizenberg.

A number of displays were exhibited during the year including: Contraceptives; The Secret Instrument – Chamberlen’s forceps; Smellie’s Obstetric Forceps; Dr Frank Forster – a College Benefactor; and a display on Professor F J Browne,

Dr Anthony Frumar
Chairman, Historical Collections Committee

Diane Horrigan
Librarian

Gráinne Murphy
Museum Curator

Rosalind Winspear
Archivist
Workforce

Contributing to the development of a sustainable workforce is a key objective for the College, as identified in the RANZCOG 2010–12 Strategic Plan. The last 12 months has seen a continued focus on workforce issues and, in particular, the formation of the Workforce Committee. The Committee has overseen the ongoing drive to increase the College’s access to accurate information about the O and G workforce in Australian and New Zealand, via the Practice Profile, the Workforce Intentions Survey and the annual Activities Report.

The Workforce Committee was established in July 2011, and has membership that represents Australia and New Zealand, Provincial Fellows, Subspecialists, the Training Accreditation Committee, CPD Committee and the Trainee Committee. The Workforce Committee works closely with the Board in considering and recommending actions that may be taken to address the provision of a sustainable specialist and subspecialist O and G workforce in Australia and New Zealand.

The Practice Profile provides the College with previously unknown data about the nature and scope of the O and G workforce, as well as information about leave taken, hours worked and future work intentions. In 2011–12, the response rates for both Fellows and Diplomates increased significantly. 75 per cent of Fellows have completed their Practice Profile, with 80 per cent of these updated since January 2010. This overall response rate from Fellows has increased six per cent from the previous 12 months. The response rate from Diplomates is 42 per cent, up 13 per cent from last year.

A survey of MRANZCOG/FRANZCOG Trainees and new Fellows was conducted in March, to obtain information about the intentions of the future O and G workforce. The overall number of responses to the survey was 467 on 27 March 2012, a response rate of 54 per cent. Comparison of basic demographics (gender, age, country of training) of respondents to those of the target group show strong similarities, suggesting that the results of the survey can be considered to adequately represent the views of the whole group. The data collected through this survey will be a valuable tool for the College as it develops new initiatives and reviews existing practices.

The College produced its second Activities Report at the beginning of 2012. This report, collated annually, is a comprehensive account of College activities throughout the previous year. It focuses on providing details of the workforce, as well as information regarding training of Fellows, Subspecialists, and Diplomates across Australia and New Zealand, displaying data in categories such as geographical locations, gender and age demographics. The report enhances the College’s ability to track trends and changes in workforce patterns into the future.

Prof Michael Permezel
Chair, Workforce Committee

Kate Lording
Workforce Coordinator, Fellowship Services
The New Zealand Committee (NZC) and staff were fully occupied over the previous 12 months, working on a number of national projects as well as running the regular College-based programs and services. Much of our work involved liaison and consultation with senior politicians and health officials and collaboration with like-minded organisations. Weekly Executive Committee teleconferences allowed us to be proactive in this area.

In May we farewelled Kate Bell (Executive Officer 2009 – 2012) and welcomed Jane Cumming to the organisation. Jude Kaveney continued as part-time Training Coordinator and Makiko Wimbush as part-time Event Officer.

The NZC projects, initiatives and achievements in 2011–12 included:

- Implementation workshops provided collaboratively with all maternity stakeholders on the Ministry of Health (MoH) Maternity Quality & Safety Program
- Contribution to the appointments process for the important new maternity governance group (The National Maternity Monitoring Group). Dr John Tait, chair of the New Zealand Committee, was appointed to the Group.
- Contribution to allied organisations focused on health workforce and training issues. This included lobbying for women’s health training and workforce development through the Medical Council of New Zealand (MCNZ) and Council of Medical Colleges (CMC) and active encouragement to Health Workforce New Zealand (HWNZ) to address long-term, strategic issues facing the medical workforce.
- Combined actions and media responses with other maternity providers as an expression of our commitment to the principle of seamless, collaborative care
- Ongoing work as an MCNZ Branch Advisory Body to determine whether International Medical Graduates’ training, qualifications and experience are at the level of a NZ-trained specialist.
- Facilitation of quarterly Clinical Directors’ Forums that allow O and G Clinical Directors from all DHBs to share clinical information and ideas. We also run an annual forum combined with the Midwifery Leaders from each DHB.
- Ongoing work with Porter Novelli to increase the profile of women’s health issues.
- Peer review in action through the practice visit programme
- A successful ASM in Rotorua that delivered a strong scientific program and drew 226 delegates
- 88 Trainees involved in the Integrated Training Program (ITP). 18 new Trainees were accepted in June. The interview panel was very impressed with the calibre of medical graduates coming through into the O and G speciality.
- The Mercia Barnes Trust (the charitable trust affiliated with the NZC) held its AGM in June 2012. Trustees reconfirmed a commitment to promoting access to Trust funds for junior researchers.

The NZC looks forward to another productive 12 months.

Dr John Tait
Chair, New Zealand Committee

Jane Cumming
Executive Officer, New Zealand Office
New South Wales

The NSW Regional Committee, comprising of 14 Fellows, two Trainee representatives and one Diplomates' representative, serves more than 1,350 NSW College Fellows, Members, Trainees, Educational Affiliates, Diplomates and retired Fellows. The Committee meets every two months and produces three newsletters a year. The NSW Regional Committee office is located at St Leonards and is supported by two staff.

Education activities are the main focus of the NSW Regional Committee. The MRANZCOG Oral Pre-Examination Course was held in September 2011, with 23 Trainees attending. A MRANZCOG Written Pre-Examination course was presented in October 2011 for 79 Trainees from Australia and New Zealand. A DRANZCOG Revision Course for GPs was held in November 2011 for 14 GPs. A Fetal Surveillance Education Program Workshop was held in February 2012 with 37 Fellows, Trainees and Diplomates attending. Members of the Education Subcommittee attended various careers events.

The NSW Education Subcommittee continued the successful Educational Evenings for Fellows. Three evenings were held during the year, covering the topics: Dead opiate society: opioids we need to give up; Ultrasound in the diagnosis of endometriosis; PCOS for Gynaecologist: Fertility and Endocrine Considerations; Thyroid disease and iodine in pregnancy; The Colposcopy Quality Improvement Program; and an Open Forum with the RANZCOG Board.

The NSW/ACT Training Accreditation Committee held four meetings. This Committee comprises nine Integrated Training Program Co-ordinators and two Trainee representatives. The Committee appointed 27 year-one Trainees for the 2012 clinical year. It has continued its program of full-day Registration Education Days. The day was held at Royal Prince Alfred Hospital in August 2011, the topic being Endometriosis and Pelvic Pain; at John Hunter Hospital, in October, with the theme Substance Abuse in Pregnancy and MRANZCOG Examination preparation; and in March 2012 at Royal North Shore Hospital, the theme being Management of Gynaecological Cancer.

Current issues facing the NSW Regional Committee include:
- provision of a rural workforce;
- the impact of extended leave from the training program; and
- the balance between service provision and training opportunities.

Prof Gabrielle Casper
Chair, New South Wales Regional Committee

Lee Dawson
Executive Officer, New South Wales Regional Office

ACT

The committee for 2011–12 comprised of Dr Andrew Foote (Chairman), and Drs Close, Lo, Hehir, Mukerjee, (treasurer) and Mutton.

The 2011 Annual Research Registrar day was held last November. Dr Grant won the prize for her paper on low Apgars in term babies. The keynote speaker was Prof William Ledger, from UNSW, who spoke about the latest developments in managing PCOS.

We instituted regular clinical breakfasts every quarter to discuss interesting clinical cases and College matters. These meetings will continue in the coming year.

The next Research Registrar Day will be held in November. Regular monthly meetings were also held in preparation for the RANZCOG Annual Scientific Meeting held in Canberra in September.

Dr Andrew Foote
Chair, ACT Regional Committee
Western Australia

The WA Regional Committee has been very active throughout the year, holding Committee meetings as well as General Meetings of the WA Fellowship. Western Australia has valued the contribution of one of the College’s Vice Presidents, Dr Louise Farrell, and WA’s two College Councillors, Clinical A/Professor Krish Karthigasu and Professor Yee Leung. The Annual General Meeting was held on Wednesday 2 November 2011.

The WA Training Accreditation Committee was ably kept on track by Chair Clinical A/Professor Krish Karthigasu, ITP Co-ordinator Dr Dale Hamilton and supported by a good team of Training Supervisors in Drs Patty Adams (Joondalup), Phil Daborn, Bridget Jeffery, Craig Pennell, Steven Harding, Roger Hart, Johan Herholdt (now Sri Guruparan in Albany), Ron Jewell (Bunbury), Anne Karczub, Bernie McElhinney, Paul McGurgan (Osborne Park), Roger Perkins, Cliff Saunders, additional Training Supervisors in Pierre Smith, Patrick Wu and Mini Zachariah and Sara Armitage/Sue Hamid (Geraldton) thus enabling interaction with all of the outer metropolitan and country hospitals. Dr Scott White replaced Dr Heidi Hughes-d’Aeth as WA’s Trainee representative. There was the usual strong field of candidates for the 2012 integrated training program.

College examinations were held in July 2011 and February 2012. The College’s annual Regional Committee Forum was held on Friday 14 October 2011, and attended by WA, followed by one on Friday 9 March 2012.

The annual Medical Careers Expo was held on Tuesday 27 March 2012 at Burswood on Swan, with another one held with the AMSA (Australian Medical Students’ Association) on Thursday 5 July 2012 at Perth Convention Exhibition Centre. As always, there was great interest in the O and G profession.

WA held a successful Annual Dinner on Saturday 9 June 2012 at The Trustee Bar and Restaurant.

It is pleasing to report that WA and South Australia have joined forces to undertake combined Regional Scientific Meetings.

Thanks must go to members of the WA Regional Committee, Fellows, Trainees and retirees for their ongoing support, interest and participation, and also to WA’s Executive Officer Janet Davidson who keeps us well informed and on track to deliver a sound base for O and G in Western Australia.

Dr Tamara Walters
Chair, Western Australia Regional Committee

Janet Davidson
Executive Officer, Western Australia Regional Office

Queensland

The Queensland Regional Committee had a productive year, continuing to offer involvement in College activities to Fellows, Trainees and Diplomates. This takes the form of contributions to the College through the Regional Committee, Queensland Training Accreditation Committee or participating either as a speaker or attendee at the variety of educational events. In November, the annual 3rd and 4th degree perineal tear workshop was held, complemented by the hosting of a vaginal surgery workshop. These events were attended by a multi-disciplinary team, including Fellows, Trainees, Diplomates, midwives and physiotherapists. The Committee is grateful for the teaching provided not only by our own Fellows, but also by specialists from other disciplines and physiotherapists.

As a result of the increasing Trainee numbers and ongoing demand, the Queensland Regional Committee held its first ever Membership written pre-exam course in April 2011. This was a significant undertaking, and I am extremely grateful to all who gave so generously of their time and expertise. More than 60 delegates from around Australia and New Zealand attended the four-day course. Feedback from delegates indicated it was very well received and highly valued.

For those Trainees who were eligible to sit the May oral examination, a trial MRANZCOG OSCE Examination course was conducted in early May. This attracted Trainees from across Australia and New Zealand. The Committee sincerely appreciates the time given by Fellows and senior Trainees to make this day a valuable experience. The Committee continues to consider the ongoing education of Diplomates and, where possible, seeks meeting accreditation from the Royal Australian College of General Practitioners to provide CPD points for those Diplomates who attend the various meetings and workshops held.

Eighteen trainees commenced the RANZCOG Integrated Training Program in February of 2011. Securing a place on the training program continues to be extremely competitive and the standard of applications was again very high.

The Committee received several requests throughout the year for Fellows to represent the College on various committees and hospital credentialling panels. These requests are often met by Committee members; however, the Committee is appreciative of all Fellows who accept these invitations to represent the College.

This report is my last as Chair of the Queensland Regional Committee, and I take this opportunity to thank all Fellows who have been involved in various College activities throughout my time as Chair.

Dr Paul Howat
Chair, Queensland Regional Committee

Lee-Anne Harris
Executive Officer, Queensland Regional Office
Registrars Careers Day – 9 July 2011
On Saturday 9 July, the Inaugural Registrar Careers’ Day was launched. The morning session consisted of laparoscopic training at the Royal College of Surgeons Skills Lab in North Adelaide. Eighteen Trainees rotated through intra-corporeal knot tying on box trainers and computer virtual reality tasks. The afternoon was spent relaxing with a glass of wine and some nibbles at the College of Surgeons building in North Adelaide, while listening to six Adelaide College Fellows explain how they have chosen to practise – whether it be private, public, subspecialist, generalist or any combination. Thank you to Drs Carolyn Marlow, Jeff Hillen, Jay McGavigan, Wendy Hodge, Jodie Semmler and Susan Evans for their time.

2011 DRANZCOG Pre Exam and GP Revision Course – July 2011
The 2011 DRANZCOG Pre-Exam and GP Revision Course held on 22–24 July. This year, RANZCOG worked in association with SAPMEA, a very successful union. The ease of online registrations and the attraction of registrants qualifying for 40 Royal Australian College of General Practitioners quality improvement and continuing professional development Category One points as well as Australian College of Rural and Remote Medicine XXX and two-day grant in obstetrics, attracted in excess of 15 registrations, our highest number in two years.

SA/NT – Integrated Training Program
The 2011 integrated training program (ITP) selection process resulted in the selection of four local Trainees for year one in 2012. The standard was again high, with many keen local applicants not attaining a place in the RANZCOG training program. All major teaching hospitals are to be congratulated not only on their support of the junior RANZCOG Trainees, but also their mentoring of those aspiring to become Trainees. Current rotations, which include an increased emphasis on gynaecological training in the early years, are performing well.

New Trainee Induction Evening – February 2012
Early this year we welcomed our new 2012 ITP Trainees as well as those Trainees who have transferred from interstate to train in South Australia. Dr Payam Nikpoor, Dr Heather Waterfall, Dr Kate De Laine and Dr Sarah Cash are SA/NT new ITP Trainees and Dr Ksenia Katyk has transferred from interstate.

Careers Expo – May 2012
The 2012 SA Medical Careers Expo was held at the Hilton Hotel on Wednesday 23 May 2012. This gave students from across all South Australian tertiary institutions the opportunity to explore the specific training requirements of medical specialties and gain a greater understanding and confidence as to which career path they should choose to pursue. Dr Rosalie Griwell, Dr Sally Reid and Dr Payam Nikpoor managed enquiries from interested attendees. Tania Back managed the RANZCOG booth and provided promotional materials to potential Trainees.

Dr Christopher Hughes
Chair, South Australia/Northern Territory Regional Committee

Tania Back
Executive Officer, South Australia/Northern Territory Regional Committee
No predefined question, but the content pertains to the Specialist Obstetrician Locum Scheme (SOLS) which has been designed to support the quality and safety of rural obstetrics by servicing communities located in rural and remote Australia and facilitating access to personal leave, professional development or breaks from on-call commitments for rural obstetricians. The scheme supports the rural obstetric workforce and improves rural workforce retention through the provision of locum services and subsidies to rural specialist and GP obstetricians in meeting locum costs.

SOLS was designed to support the quality and safety of rural obstetrics by servicing communities located in rural and remote Australia and facilitating access to personal leave, professional development or breaks from on-call commitments for rural obstetricians and by strengthening the synergies between the specialist and GP obstetric rural workforce.

SOLS continues to deliver improved satisfaction to consumers and cost savings to service providers by removing the need for women to be transferred to larger centres for obstetric care. In the funding period 1 July 2011 to 30 June 2012, SOLS locums estimated that on average they avoided one transfer every two days during their SOLS locum placement. During 994 days of SOLS locum cover, approximately 497 birth and/or obstetric transfers were avoided. Based on an estimated average transfer cost of $5,500, this represents a total saving of approximately $2.7 million or $2750 per day.

For approximately 82 per cent of placements, SOLS prevented other obstetricians or GP obstetricians in the same town or other centres from having to cover the caseload of the host taking leave. This suggests that SOLS not only supports individual obstetricians by facilitating access to leave, but it also significantly assists in avoiding an increase in workload for their colleagues.

Forty rural and remote towns throughout Australia accessed a SOLS specialist obstetrician and/or GP obstetrician locum, enabling obstetricians in the towns to take leave and rural women to continue to access quality local obstetric care.

Each obstetrician is eligible for 14 days of subsidised locum relief per financial year, plus locum travel costs. Targets and achievements for the reporting period 1 July 2011 to 30 June 2012 are as follows:

<table>
<thead>
<tr>
<th>Associate Professor Ian Pettigrew</th>
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<tbody>
<tr>
<td>Chair, SOLS Advisory Committee</td>
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<table>
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<tr>
<th>Melissa Glogolia</th>
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<tr>
<td>Coordinator, SOLS</td>
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### 2011–2012 SOLS Locum Placements

<table>
<thead>
<tr>
<th></th>
<th>Target placements</th>
<th>Actual placements</th>
<th>Target days</th>
<th>Subsidised days</th>
<th>Unsubsidised days</th>
<th>Total days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist</td>
<td>76</td>
<td>67</td>
<td>510</td>
<td>515</td>
<td>316</td>
<td>831</td>
</tr>
<tr>
<td>GP obstetrician</td>
<td>27</td>
<td>44</td>
<td>208</td>
<td>266</td>
<td>35</td>
<td>301</td>
</tr>
</tbody>
</table>
Fetal Surveillance Education Program

More than 24,000 participants across 170 facilities throughout Australia and New Zealand have attended the Fetal Surveillance Education Program (FSEP) since it was piloted in 2004. The FSEP continues to grow and provide an educational program that delivers excellence in fetal surveillance education, training and assessment. In the past 12 months, FSEP has further refined and developed its suite of products to support and underpin the stability and long-term success of the program.

FSEP Online Programs
The new online education program (OFSEPlus) is currently being piloted by various groups of clinicians in Australia and New Zealand before being launched. The OFSEPlus will be freely available to those with access to the RANZCOG members’ portal but payment is required by other users. The original online education program (OFSEP) will continue to be an open resource.

FSEP Assessment Tool
From October 2011, the FSEP assessment result is reported as a score and practitioner level, accompanied by a description of the practitioner level characteristics to accurately reflect the different expectations and requirements of the clinical workforce. This followed the extensive work by the Assessment and Research Department at The University of Melbourne and approval by the RANZCOG Board.

After a successful pilot, the new FSEP Teaching and Assessment Tool; designed to help educators further assess clinicians’ cardiotocography interpretive and management skills, was available for purchase in May 2012. After launch, 40 copies of the teaching tool were sold in the first month with uniformly positive feedback from educators. This is sold to clinical leaders and educators and is not for general release.

FSEP Book
Since the publication of the ‘Fetal Surveillance: A practical guide’, more than 3300 copies have been sold across Australia and internationally. The book is currently available for purchase in PDF version on the FSEP website.

Intrapartum Fetal Surveillance Clinical Guidelines
The Fetal Surveillance Review Working Party has been established to review the Second Edition of the RANZCOG Intrapartum Fetal Surveillance Clinical Guidelines, following funding from VMIA. A literature search and review on Intrapartum Fetal Surveillance – CTG was conducted by the Clinical Practice Improvement Unit at Royal Women’s Hospital and the first teleconference had been scheduled for early July. It is anticipated the Clinical Guideline review will be completed by December.

The FSEP team looks forward to the ongoing development and expansion of the program to continue meeting the fetal surveillance educational and risk management needs across Australia and New Zealand.

Prof Euan Wallace
Chair, FSEP Steering Committee

Mark Beaves
Program Manager, FSEP

Sharon Chang
Administrator, FSEP
The General Practitioner Procedural Training Support Program

The General Practitioner Procedural Training Support Program (GPPTSP) supports rural and remote general practitioners to obtain procedural training in obstetrics and anaesthetics. The Australian Government is funding the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) to administer the obstetrics component of the program, GPPTSP-O over a three year period. Successful applicants will be funded to undertake the RANZCOG Advanced Diploma of Obstetrics (DRANZCOG Advanced). The Australian College of Rural and Remote Medicine (ACRRM) administers the anaesthetic component of GPPTSP.

The GPPTSP seeks to minimise any financial barriers experienced by rural and remote GPs in obtaining procedural skills in obstetrics and anaesthetics, at the same time assisting in overcoming workforce shortages and improving access to maternity services.

26 applicants were selected as being eligible for GPPTSP funding in Round One. Two of these applicants had their grants re-allocated to applicants in Round Two as they were not able to secure training posts within the given timeframe. As a result, there are a total of 24 active applicants currently on the list. Of these:

• 13 GPs have successfully completed the DRANZCOG Advanced;
• 10 GPs are currently in the DRANZCOG Advanced training program; and
• one GP is yet to commence the DRANZCOG Advanced program.

Since the beginning of the funding round, seven initially successful applicants have withdrawn from the program owing to not being able to find a training post in the given timeframe, or not submitting their signed Terms & Conditions document.

For Round Two, RANZCOG focused promotional activities on the use of e-media and direct marketing to current DRANZCOG holders in RA 2 to 5. A joint advertising scheme with the ACRRM was put into place to ensure advertising through ACRRM e-newsletters throughout the application period.

Round Two applications were open from 1 July 2011 – 30 July 2011. RANZCOG received 46 applications. Of these, 44 met the GPPTSP eligibility criteria. The Assessment Committee met on Friday 19 August 2011 to rank the eligible applications and recommended that 25 applicants receive GPPTSP funding. Eligible applications were ranked on the basis of rurality/remoteness of their current training post or practice, and the need for obstetrics in the GP’s geographic area of practice.

Two applicants in Round One had their grants re-allocated to applicants in Round Two, making a total of 27 active applicants for Round Two. Of these, currently:

• four GPs have successfully completed the DRANZCOG Advanced;
• 18 GPs were currently in the DRANZCOG Advanced training program;
• two GPs are yet to commence their DRANZCOG Advanced training; and
• three GPs are yet to be accepted into the DRANZCOG Advanced program.

All applicants were notified of the outcome of the assessment process. Those GPs who were yet to find a training post were notified that they had a six-month timeframe in which to obtain a training post and enrol in the DRANZCOG Advanced Training Program. Two initially successful applicants had their grants re-allocated as they exceeded the time given to find a suitable training post.

Jeff Taylor
Chair GPPTSP Assessment Committee

Rosalie Sirotic
GPPTSP-Obstetrics Coordinator
Perinatal Mortality and Morbidity Audit

RANZCOG and the Paediatrics and Child Health Division of the Royal Australasian College of Physicians (RACP) have secured Commonwealth funding to run the Perinatal Mortality and Morbidity (PNM&M) Audit project. This project is covered under the Commonwealth Qualified Privilege Scheme. Qualified Privilege encourages health professionals to undertake efficient quality assurance activities in connection with the provision of certain health services. The Scheme has been designed to provide important safeguards by protecting certain information from disclosure and protecting persons involved in the activity from civil liability.

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 (‘near misses’) that have resulted in a transfer to a neonatal intensive care unit or a perinatal death.

The audit consists of one full-day visit by two facilitators, including: a retrospective 12–24 month review of records; interviews with staff including obstetricians, paediatricians, midwives, registrars and anaesthetists, a review of practice surroundings and checking compliance with the Perinatal Society of Australia and New Zealand (PSANZ) guidelines. Audit facilitators will provide feedback on clinical and systems issues and an action plan for improvement will be developed in collaboration with the clinician involved.

Requests for an audit have been received from 16 rural/remote Fellows in Australia. To date, seven have received an audit, six will receive an audit between July and November and three Fellows have had to withdraw their request for an audit due to hospital administration not endorsing their participation in this activity. Currently, 14 RANZCOG Fellows, three RACP fellows (paediatricians) and three midwives have volunteered to act as audit facilitators.

Follow-up teleconferences are arranged following each audit during which the auditors’ written report is discussed and feedback delivered. This allows formal feedback to be given to the visited Fellow in a timely manner.

PSANZ has held off finalising amendments to the Clinical Practice Guideline for Perinatal Mortality, as they have requested that the findings of the PNM&M Audit be taken into consideration prior to making any changes.

A/Prof Ian Pettigrew
PNM&M Audit

Mathew Davies
RHCE Projects Coordinator

Practice Visits

The Practice Visits Project is funded by the Rural Health Continuing Education (RHCE) – Stream One as a unique continuing professional development (CPD) opportunity for rural and remote Fellows. Initially, RANZCOG was granted funding to conduct 16 site visits in 2011–13. Approval to use the funding to conduct up to 20 visits was subsequently approved by RHCE.

The project involves a one-day site visit by two Fellows. Prior to the visit, the Fellow receiving the visit is required to complete a practice profile questionnaire, a three-month surgical logbook, 50 patient satisfaction questionnaires, a self-assessment survey and a memorandum of understanding.

On the day of the site visit, the visiting Fellows conduct confidential interviews with the Fellow’s colleagues, observe the Fellow undertaking a major and minor surgical procedure, and review the practice surroundings. At the end of the visit, the Fellow receives feedback from the visitors, outlining positive aspects of work and areas of vulnerability from a risk-management perspective.

The objective of the visit is for the specialist to gain an understanding of their performance while gaining feedback about any areas of vulnerability that could be addressed to improve patient care. An overview and summary of recommendations is made at the end of the practice visit. This is formalised through a letter from the Practice Visits Working Party.

Requests for a Practice Visit have been received from 18 rural/remote Fellows in Australia. To date, eight have received a Practice Visit, with the remaining ten to receive their Visit between July and November this year.

A follow-up teleconference has been arranged for all of the Fellows who received a Practice Visit. This forum provides an opportunity to gain feedback from the visited Fellows regarding the process and allows them to make suggestions as to how to improve the process should further funding be received.

One of the most challenging parts of the project has been recruitment of visitors and coordination of available dates for visits. The main reason for this is the time involved in travelling and undertaking the site visits, in particular when more than one Fellow at a site requests a visit. Coordinating busy clinicians is often a difficult task.

A/Prof Ian Pettigrew
Practice Visits Project

Mathew Davies
RHCE Projects Coordinator
PRACTICAL OBSTETRIC MULTI-PROFESSIONAL TRAINING: PROMPT

PROMPT was developed by Dr Tim Draycott and colleagues in Bristol, UK, and focuses on the development, and refining, of necessary clinical and communication skills and teamwork that are required by a maternity care team to enable them to improve their treatment outcomes for mothers and babies during the management of common obstetric emergencies. There is now good evidence that practising for obstetric emergencies in this way improves all sorts of measurable outcomes.

The Victorian Managed Insurance Authority (VMIA) supported the College by funding the purchase of the license to run PROMPT courses in Australia and New Zealand. Funding secured through the Rural Health Continuing Education (RHCE) Scheme, has allowed the College to initiate a pilot phase of this program, including the scheduling of an initial ‘Train the Trainer’ program to develop sufficient faculty for subsequent courses. RHCE funding specifically supports continuing professional development (CPD) activities for specialists in rural and remote areas of Australia. PROMPT is being piloted by obstetric teams in rural and remote Queensland and New South Wales.

Provincial Fellows in these states were provided an opportunity, via an Expression of Interest application, to nominate an obstetric team from their hospital to participate in a scheduled PROMPT ‘Train the Trainer’ day. Seven hospitals from across Queensland have applied to attend a PROMPT workshop in Townsville, with six hospitals from New South Wales to attend a workshop in Sydney.

The PROMPT course is designed to be run in ‘real time’ in the hospital maternity unit, and not in a skills or simulation centre, ensuring all members of the team are familiar with their own maternity care facility and the location of relevant equipment and medication. This enables the course to be run regularly in smaller centres, which may not have a dedicated skills centre, and better prepares the maternity care team for an obstetric emergency.

The UK version of the course material and training materials have been reviewed by Dr Edward Weaver and Dr Martin Sowter, to ensure they reflect Australian and New Zealand guidelines, diverse nature of practice and the different healthcare systems within each country, which are very different from the UK.

The rollout of PROMPT as a program offered by RANZCOG throughout Australia will be further considered by the PROMPT Steering Committee beyond the pilot, but promises to be an extremely useful addition to the College’s CPD program.

Dr Edward Weaver
Chair, PROMPT Steering Committee

Ms Lauren Patten
PROMPT Coordinator

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Colposcopy Quality Improvement Program

The Colposcopy Quality Improvement Program aims to improve the care of women who are referred for colposcopy and treatment of screen detected abnormalities.

In the past year the C-QuIP has:

• Certified over 750 practising colposcopists. Initial certification lasts for three years.
• Finalised the Standards that form the basis for audit for all health professionals performing colposcopy. There are two certification streams – 1: Diagnostic and 2: Therapeutic.
• Finalised the requirements for C-QuIP re-certification.
• Developed the Colposcopy Online Learning Program (COLP), which will be available to all RANZCOG Trainees, new applicants and Certified Colposcopists for certification and re-certification purposes free of charge. The theoretical-based course will be accessed through the C-QuIP website and hosted by RANZCOG. There are five topics, with a pre test at the start of each topic. On completion of all topics there are two post tests to be taken.
• Developed Data Collection Forms for those colposcopists who do not have practice management software to collect their colposcopy data for re-certification and audit. These are on the C-QuIP website.
• Worked with a New Zealand company to develop web-based software that collects colposcopists’ data and provides reports on audit standards. This is being tested and will launch in the second half of 2012.

Jordan Chrisp
Senior Coordinator, Special Projects, Women's Health Services

Nuchal Translucency: Ultrasound Education and Monitoring Program

The Nuchal Translucency (NT) Program now provides a certification and auditing service to 325 centres around Australia where over 1000 ultrasound providers perform the nuchal translucency scan.

To keep up to date with the developments that occur in the literature that supports prenatal obstetric and fetal medicine, it is important to maintain relationships with authorities around the world, such as the Fetal Medicine Foundation, and also the changing requirements for reporting to centres and individuals on their performance of the nuchal translucency scan.

The NT Program was successful in obtaining supportive funding from the Diagnostic Imaging Section of the Federal Department of Health and Ageing to travel to Malta for the Fetal Medicine Foundation Congress and then to the UK. In the UK, meetings were arranged with key individuals at the Fetal Medicine Foundation in London and National Health Service personnel at Exeter University and Plymouth University who administer the program and the audit of practitioners in the UK. The knowledge and experience gained will inform the way forward to enhance service in Australia.

The Online Learning Program continues to meet the requirements of early and returning learners and has proved to be very successful, this program replaces the theoretical course that ran biannually since 2001. A successful meeting, themed ‘Prenatal Screening for Chromosome Abnormality and Adverse Obstetric Outcomes’, was held at the Melbourne Convention and Exhibition Centre in November 2010, the meeting attracted overseas and interstate speakers and delegates.

Dr Andrew McLennan
Chair Steering Committee

Ann Robertson
Program Manager
Treasurer’s Report

The 2011–12 year saw an improvement in RANZCOG’s financial position. The result of operations, after audit, is an operating surplus of $639,425, compared to a surplus of $402,449 for the 2010–11 year. However, a net loss on valuation of financial investments of $314,785 saw total comprehensive income reduce to $324,640.

The College held investments of approximately $4,820,087 on 30 June 2012 in both the College capital account and on behalf of regional committees which represented a decrease of 1.74 per cent from $4,905,552 at 30 June 2011. The two main investments are with Pitcher Partners and UBS Wealth Management. A third smaller fund is held with Navigator. These three funds showed an increase of 0.68 per cent and decreases of 5.18 per cent and 0.5 per cent, respectively. The Finance Advisory Committee meets regularly with advisors from the three funds to discuss the appropriate response to the market, while maintaining a philosophy of balanced growth, income generation and an ethical approach appropriate for the College. Adjustments are made both in asset allocation and the products in which we invest.

Despite the reduction in value of investments the overall financial position of the College remains extremely positive with net assets at the end of the financial year of $12,145,803. The past year has seen a considerable increase in activity with total income and expenses increasing by $2,924,135 and $2,687,159, respectively. This is in part due to externally funded projects including commonwealth grants for Diplomate Trainees, STP Hospital funding and the Specialist Obstetrician Locum Scheme with corresponding increases in cash flows and staffing levels.

The College is undertaking a detailed analysis of funding streams to ensure adequate resourcing of these activities.

The College is grateful for the assistance of Mr Rob Dowling in providing expertise and advice to the Finance Advisory Committee to Executive.

Prof Ajay Rane
Treasurer
Independent Audit Report to the Members

The accompanying concise financial report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, comprises the statement of financial position as at 30 June 2012, the statement of comprehensive income and statement of cash flows 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 2012, 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 2012. Our audit report on the financial report for the year was signed on the 20 September 2012 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, 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 2012 complies with Accounting Standard AASB 1039: Concise Financial Reports.

MORTON WATSON & YOUNG
Chartered Accountants
51 Robinson Street, Dandenong
Victoria 3175
G A HALLAM FCA
Partner
Date: 20 September 2012
Discussion and Analysis of Financial Statements for the Year Ended 30 June 2012

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 the Audit Reports thereon will be sent, free of charge, to members on request. The concise financial statements cannot be expected to provide as full an understanding of the financial performance, financial position and financing and investing activities as the full report.

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 2011–12 Financial Report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Statement of Comprehensive Income
The result from operations other than investments was a surplus of $639,438 compared with $402,448 in 2010–11. Total income increased by $2,924,135 during 2011–12. Income from subscriptions and fees increased by $771,339. Grant Monies received and expended increased by $1,730,254. Interest and Dividends increased by $30,506. Other income was $62,683 lower than 2010–11 as a result of a loss on value of investments. Regional offices results moved from a surplus in 2010–11 of $227,930 to a surplus of $165,924 in 2011–12. Expenditure in 2011–12 was $2,687,159 higher than in the previous year. The major increase resulted from commonwealth grants paid to Diplomate Trainees under the General Practitioner Procedural Training Program of $1,090,704 and $1,586,684 paid to hospitals under the STP Hospital Funding Program. Salaries and superannuation increased by $798,593 reflecting a CPI increase, additional leave provisions, performance-based increases and employment of additional staff members. Consultancy expenses increased by $146,543, due mainly to externally funded project requirements.

Grants and Donations decreased by $32,193 due to one-off large donations in the previous year. Media expense decreased by $67,541 due to reduced need for promotion of externally funded projects now underway. Travel and Accommodation increased by $216,674, representing increased airline prices and an increase in travel associated with funded projects.

Statement of Financial Position
Total assets increased by $1,491,069. The overall decrease in value of investments was $85,466. Net change in written down value of assets held, after depreciation, was a reduction of $39,406. Short Term deposits increased by $1,635,446 with funds held for externally funded projects. Cash and cash equivalents decreased by $408,233 and trade and other receivables increased by $388,729.

Liabilities have increased by $1,166,418. Provision for employee benefits have increased by $105,205 and grants received in advance have increased by $945,273 with funds held for externally funded projects. Funds of $172,960 are held in trust, compared with $169,668 at 30 June 2011.

Statement of Cash Flows
Cash of $1,657,946 was generated from operating activities. Cash investments of $2,066,179 has resulted in cash holdings being decreased by $408,233.
Directors’ Report

Your Directors present their report on the The Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the financial year ended 30 June 2012.

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

- Dr R Sherwood
- Prof M Permezel
- Prof A Rane
- Dr D Ngan Kee
- Dr L Farrell
- A/Prof Robson
- Dr G Pecararo

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

Company Secretary
The following person held the position of Company Secretary at the end of the financial year: Dr Peter White. Appointed 24 November 2006.

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 $324,640.

Subsequent events
No matters or circumstances have arisen since the end of the financial year which have 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.

Future developments
The College expects to maintain the present status and level of operations and hence there are no likely developments in the College's operations.

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 $4,732

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>Director/Officer</th>
<th>Meetings attended</th>
<th>Meetings held during term of office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr R Sherwood</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Prof M Permezel</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Prof A Rane</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Dr L Farrell</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Dr D Ngan Kee</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Dr G Pecoraro</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>A/Prof Robson</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

Signed in accordance with the resolution of Directors.

Dr R Sherwood, Director  
President

Prof M Permezel, Director  
Vice President

Date: 13 September 2012
### Statement of Comprehensive Income for the Year Ended 30 June 2012

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues from member services</td>
<td>$13,450,786</td>
<td>$10,511,326</td>
</tr>
<tr>
<td>Other income</td>
<td>$273,892</td>
<td>$319,723</td>
</tr>
<tr>
<td>Interest on investments</td>
<td>$582,547</td>
<td>$552,041</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>($5,283,730)</td>
<td>($4,485,137)</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>($196,925)</td>
<td>($127,456)</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>($93,383)</td>
<td>($114,722)</td>
</tr>
<tr>
<td>Fuel, light and power</td>
<td>($30,127)</td>
<td>($31,036)</td>
</tr>
<tr>
<td>Rental expenses</td>
<td>($187,566)</td>
<td>($184,098)</td>
</tr>
<tr>
<td>Audit, legal and consultancy expenses</td>
<td>($1,431,578)</td>
<td>($1,277,087)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>($2,566,393)</td>
<td>($2,129,751)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>($3,878,085)</td>
<td>($2,631,355)</td>
</tr>
<tr>
<td><strong>Profit before income tax</strong></td>
<td>$639,438</td>
<td>$402,448</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Profit for the year</strong></td>
<td>$639,438</td>
<td>$402,448</td>
</tr>
</tbody>
</table>

**Other comprehensive income**

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donation of property</td>
<td>—</td>
<td>$3,000,000</td>
</tr>
<tr>
<td>Net (loss)/gain on revaluation of non-current assets</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Net (loss)/gain on revaluation of financial assets</td>
<td>($314,785)</td>
<td>$156,935</td>
</tr>
<tr>
<td><strong>Other comprehensive income for the year</strong></td>
<td>($314,785)</td>
<td>$3,156,935</td>
</tr>
</tbody>
</table>

**Total comprehensive income for the year**                       | $324,640   | $3,559,384 |

**Total comprehensive income attributable to members of the entity** | $324,640   | $3,559,384 |
Statement of Changes in Equity for the Year
Ended 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>Retained Earnings $</th>
<th>Reserve for Professional Development $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2010</td>
<td>8,138,785</td>
<td>122,982</td>
<td>8,261,767</td>
</tr>
<tr>
<td>Profit/(loss) attributable to the entity</td>
<td>402,448</td>
<td>—</td>
<td>402,448</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>3,156,935</td>
<td>—</td>
<td>3,156,935</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2011</strong></td>
<td>11,698,168</td>
<td>122,982</td>
<td>11,821,1510</td>
</tr>
<tr>
<td>Profit/loss attributable to the entity</td>
<td>639,438</td>
<td>—</td>
<td>639,438</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>(314,785)</td>
<td>—</td>
<td>(314,785)</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2011</strong></td>
<td>12,022,821</td>
<td>122,982</td>
<td>12,145,803</td>
</tr>
</tbody>
</table>
Statement of Financial Position as at 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>956,635</td>
<td>1,364,868</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>904,767</td>
<td>516,037</td>
</tr>
<tr>
<td>Financial assets</td>
<td>6,520,332</td>
<td>4,884,886</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>8,381,734</td>
<td>6,765,791</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial assets</td>
<td>4,820,087</td>
<td>4,905,552</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>7,585,499</td>
<td>7,624,906</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>12,405,586</td>
<td>12,530,458</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>20,787,320</td>
<td>19,296,249</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>7,803,552</td>
<td>6,742,339</td>
</tr>
<tr>
<td>Short-term provisions</td>
<td>837,965</td>
<td>732,759</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>8,641,517</td>
<td>7,475,099</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>8,641,517</td>
<td>7,475,099</td>
</tr>
<tr>
<td><strong>Net assets (liabilities)</strong></td>
<td>12,145,803</td>
<td>11,821,150</td>
</tr>
<tr>
<td><strong>Members’ equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated surplus</td>
<td>12,022,821</td>
<td>11,698,168</td>
</tr>
<tr>
<td>Reserve for professional</td>
<td>122,982</td>
<td>122,982</td>
</tr>
<tr>
<td>development</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total members’ equity</strong></td>
<td>12,145,803</td>
<td>11,821,150</td>
</tr>
</tbody>
</table>

The accompanying notes on page 39 form part of these financial statements.
### Statement of Cash Flows for the Year Ended 30 June 2012

<table>
<thead>
<tr>
<th>Cash Flows from Operating Activities</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from members</td>
<td>8,000,755</td>
<td>7,217,702</td>
</tr>
<tr>
<td>Interest received</td>
<td>582,547</td>
<td>552,041</td>
</tr>
<tr>
<td>Donations and appeals</td>
<td>4,350</td>
<td>2,981</td>
</tr>
<tr>
<td>Other income</td>
<td>5,953,023</td>
<td>4,300,043</td>
</tr>
<tr>
<td>Payment to suppliers and employees</td>
<td>(12,882,730)</td>
<td>(10,607,148)</td>
</tr>
</tbody>
</table>

| Net cash provided by (used in) operating activities | 1,657,946 | 1,465,618 |

<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>(1,908,662)</td>
<td>(1,143,333)</td>
</tr>
<tr>
<td>Payment for property, plant and equipment</td>
<td>(157,517)</td>
<td>(140,502)</td>
</tr>
</tbody>
</table>

| Net cash provided by (used in) investing activities | (2,066,179) | (1,283,835) |

| Net increase (decrease) in cash held             | (408,233)  | 181,783 |
| Cash at beginning of financial year              | 1,364,868  | 1,183,085 |

| Cash at end of financial year                     | 956,635   | 1,364,868 |
Notes to the Financial Statements for the Year Ended 30 June 2012

Note One: 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 presentation currency used in this concise financial report is Australian dollars. The accounting policies are consistent with those of the previous financial year.
Directors’ Declaration

The Directors of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists declare that:

1. The financial statements and notes, as set out on pages 31 to 39 of this Annual Report, 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 30 June 2012 and of the performance for the year ended on that date of the RANZCOG.

2. In the Directors’ opinion there are reasonable grounds to believe that RANZCOG 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 R Sherwood, Director
President

Prof M Permezel, Director
Vice President

Date: 13 September 2012