# Contents

| CONTENTS |  |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 INTRODUCTION | 11 |
| 1.1 Background | 1 | 1.2 The FRANZCOG Training Program | 1 | 1.3 The FRANZCOG Curriculum | 1 | 1.4 The Role of Hospitals in the FRANZCOG Training Program | 2 |
| 2 RANZCOG HOSPITAL ACCREDITATION AND REACCREDITATION | 4 |
| 2.1 Objective of RANZCOG Hospital Accreditation | 4 | 2.2 Principles of RANZCOG Hospital Accreditation | 4 | 2.3 The RANZCOG Hospital Accreditation Process | 4 | 2.4 Ratings Given in the ReAccreditation Process | 7 | 2.5 Ongoing Monitoring of Accredited Sites | 9 |
| 3 STANDARDS FOR HOSPITAL ACCREDITATION AND REACCREDITATION | 11 |

APPENDIX ONE: GLOSSARY OF TERMS 34
1 Introduction

1.1 Background

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is accredited by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) to train and accredit doctors throughout Australia and New Zealand in the specialty of Obstetrics and Gynaecology (O&G). The College is responsible for delivering and managing the education, training, assessment and professional development programs to facilitate the training of safe and competent specialists in Obstetrics and Gynaecology to ensure the highest standards of health care.

The FRANZCOG Training Program occurs primarily within hospitals and other appropriate private and expanded settings (see 1.4 below) which provide the rich clinical environment and learning opportunities crucial for training. Training is considered to be a shared relationship between the hospitals, O&G specialists, trainees and the College.

This document outlines the accreditation and reaccreditation process and the standards and criteria considered essential to ensure trainees develop the knowledge, skills and attitudes necessary to function safely, proficiently and independently as well as part of a multidisciplinary team, across the Obstetrics and Gynaecology scope of practice.

1.2 The FRANZCOG Training Program

The FRANZCOG Training Program is a six-year (276 weeks) structured post-graduate program comprising a four-year (184 weeks) Core Training Program and a two-year (92 weeks) Advanced Training Program, culminating in Fellowship of the RANZCOG.

The essential components of the training programs are designed to ensure that all trainees have access to the educational resources, clinical experiences and learning environments necessary for satisfactory attainment of requirements.

Each program is designed to ensure trainees progressively reach the necessary level of competence under appropriate supervision to enable them to practice at the level required before advancing to the next level.

The requirements of the Core and Advanced Training Programs are set out in the RANZOG Regulations, the FRANZCOG Curriculum and the FRANZCOG Training Program Handbook.

1.3 The FRANZCOG Curriculum

The FRANZCOG Curriculum outlines the six-year FRANZCOG Training Program and is an essential tool for understanding the educational basis and structure of the Training Program. The FRANZCOG Curriculum emphasises that competency is achieved through an incremental
process of learning and development within and across the key domains of clinical expertise, academic abilities and professional qualities.

The ITP Coordinators, Training Supervisors, consultants, midwifery and nursing staff and other health professionals involved in the training of FRANZCOG trainees at accredited hospitals are expected to be familiar with this document.


1.4 The Role of Hospitals in the FRANZCOG Training Program

The FRANZCOG Core Training Program (Years 1-4 of the six-year specialist training program) is primarily conducted in major teaching hospitals, outer suburban/peripheral, rural/provincial hospitals and other expanded setting sites including private settings that have been accredited for such training by the College across Australia and New Zealand. A combination of these different training sites forms a consortium, each known as an Integrated Training Program (ITP). Trainees receive a significant proportion of their Core Training at a single home/base hospital and rotate to other hospitals in that ITP. An ITP would normally comprise at least two sites and will include at least one tertiary hospital and one rural hospital.

Collectively, the participating hospitals must be able to provide over the four years of the Core Training Program, the range of O&G experiences stipulated in the training and assessment requirements. All sites offering Core Training must be accredited by the College.

It is recognised that not all individual training sites within an ITP can provide the depth and breadth of specialist training necessary to fulfil all of the requirements of the FRANZCOG Training Program. Collaboration and flexibility is necessary within an ITP to ensure a trainee has the opportunity to meet the requirements across the four years of their training within those sites.

Details of all ITPs in Australia and New Zealand can be found in the Training Program Handbook on the RANZCOG website at: https://www.ranzcog.edu.au/Training/Specialist-Training/Curriculum-Handbook

Trainees completing their Advanced Training (the final years of the specialist training program) may undertake those years in a single site or a network of sites that have been prospectively approved within Australia and New Zealand, for training. The network of sites may be either in a pubic or expanded setting or a combination of both. In contrast to Core Training, Advanced Training is not confined to sites which have been formally accredited by the College.

Expanded settings training sites may include:

- Private hospitals, including co-located consulting rooms and day surgery facilities
- Private consulting rooms
- Surgical skills laboratories and simulated training centres
- Publicly funded community health care facilities such as Aboriginal and/or Community Health Services
- Prospectively approved overseas training

Training sites prospectively approved for Advanced Training must be able to provide a range of clinical training opportunities that will enable a trainee to build on core competencies already achieved and to develop higher level knowledge, skills and attitudes in any areas of special interest that will enable their transition to Specialist. Training sites accredited for an Advanced Training Module (ATM) must be able to provide all requirements of that ATM.

The standards detailed in this document specify what each training site must provide as part of its obligations as a RANZCOG-accredited training site. It is recognised that some criteria within the standards may not be equally applicable to every training situation.

Oversight of the FRANZCOG Training Program in each training region is the responsibility of Regional/New Zealand Training Accreditation Committees (TACs), which in turn are responsible to the RANZCOG Training Accreditation Committee and, ultimately, to the RANZCOG Board. The management of the accreditation/reaccreditation process is the responsibility of the Training Services Manager under the direction of the Chair of the RANZCOG Training Accreditation Committee (or his/her nominee) and the Director of Education and Training. The process is coordinated by the RANZCOG Hospital Accreditation/Reaccreditation Senior Coordinator.
2 RANZCOG Hospital Accreditation and Reaccreditation

2.1 Objective of RANZCOG Hospital Accreditation

The purpose of a formal process of accreditation and reaccreditation of sites for Core and Advanced Training is to ensure that defined minimum acceptable training standards are provided. Specifically, to:

1. Ensure that the key requirements for clinical and educational experience as defined in the FRANZCOG Curriculum are being met for all FRANZCOG trainees in participating hospitals and training sites.
2. Assist the hospitals in their role as training providers by identifying factors that are adversely affecting their capacity to deliver effective and supported training to FRANZCOG trainees.
3. Work with the hospital and relevant Regional Training Accreditation Committee to formulate strategies which will maximise training opportunities, and ensure efficient and safe service delivery provision by FRANZCOG trainees.

2.2 Principles of RANZCOG Hospital Accreditation

In accrediting and reaccrediting FRANZCOG training hospitals, RANZCOG will:

1. Make balanced and objective assessments of the hospital’s performance as a training site.
2. Base the accreditation process on clearly defined criteria and implement it in an open and equitable manner.
3. Have an ongoing process of review to ensure that recommended changes are implemented at each accredited training site and to ensure they are given adequate opportunity and support to enable them to implement recommendations effectively.
4. Regularly review the standards and processes of hospital accreditation and reaccreditation.

2.3 The RANZCOG Hospital Accreditation Process

2.3.1 Application for New Accreditation

1. The hospital must complete an Application for Accreditation as a Training site for the FRANZCOG Training Program demonstrating the site’s capacity to meet the College’s accreditation standards. This application must be supported by the relevant Regional Training Accreditation Committee.
2. An initial site visit is then conducted by the College. This visit will include interviews with non-accredited registrars, Diploma/Advanced Diploma O&G trainees, the Head of Department, consultants, senior midwifery and nursing staff and hospital management. This visit is conducted by a team comprising an RANZCOG Fellow from another training region, a member of the relevant Regional Training Accreditation Committee, a trainee representative and a senior member of the RANZCOG staff.

3. A recommendation on the hospital’s accreditation or otherwise is then considered at the next meeting of the RANZCOG Training Accreditation Committee, with a recommendation to the RANZCOG Board as applicable including the duration of the initial period of accreditation if granted.

4. Twelve months after the first FRANZCOG trainee commences prospectively approved training at the newly accredited site, a follow-up review visit is then conducted by the College. During this initial period of accreditation, the relevant Regional Training Accreditation Committee will monitor the training provided and provide advice to the College should an earlier review be considered necessary.

5. If performance is satisfactory, ongoing accreditation will be granted for the remainder of the initial accreditation period subject to satisfactory progress reports.

6. If performance is other than satisfactory, the College will determine whether to grant an extension or withdraw accreditation.

2.3.2 Application for Reaccreditation

Hospitals are normally reaccredited on a four-yearly cycle. The process is as follows:

Before a Site Visit

1. At least two months prior to the accreditation end date, the Director(s)/Head(s) of Obstetrics and Gynaecology and the Chief Executive Officer (or equivalent) at the hospital are contacted by the College to set the date of the visit. The hospital is sent a copy of the College’s accreditation guidelines and general information about how the site visit will be conducted.

2. A hospital questionnaire, together with a template timetable for the day, is then sent to the Director(s)/Head(s) of Obstetrics and Gynaecology. The hospital questionnaire requires detailed information on all aspects of training at the site covering each of the accreditation standards. Both documents must be submitted to RANZCOG in advance of the visit and no later than two weeks before the scheduled visit.

3. A feedback questionnaire is sent to all trainees currently at the site and from the previous six month rotation, asking trainees to provide comment on their training experiences in accordance with each of the accreditation standards.

4. RANZCOG collates the questionnaire data and supporting documentation and forwards it to members of the reaccreditation team. The team analyses the data and identifies areas where the hospital may be experiencing difficulties in providing effective training.
delivery. All previous reaccreditation reports on the relevant hospital are also made available to the team, including the previous recommendations made by the College.

5. The Department of Education and Training will provide the accreditation team with available information on procedural training numbers at the relevant training site(s).

**During a Site Visit**

6. The site visit is conducted by the RANZCOG accreditation team on the date determined. The team generally comprises:
   - A RANZCOG Fellow(s) from a region other than the one in which the site visit is being conducted; this Fellow is the team leader. The Fellow has practical first-hand experience of the FRANZCOG Training Program.
   - A senior member of the RANZCOG staff responsible for the administration of the accreditation process.
   - A RANZCOG trainee representative from a region other than the one in which the site visit is being conducted, with sound knowledge and experience of the FRANZCOG Training Program.
   - A representative from the relevant Department of Health or equivalent where appropriate. While RANZCOG extends an invitation to the relevant health jurisdiction, participation is at their discretion.

7. Reaccreditation visits are of one day’s duration. Site visits generally comprise the following:
   - Confidential interviews with all available trainees in all year levels; these interviews are conducted either singly or in small groups, generally by year level.
   - Confidential interviews with all available Fellows and other relevant health professionals at the site, e.g. the Director(s)/Head(s) of Obstetrics and Gynaecology, ITP Coordinator (if applicable), Training Supervisors, staff specialists, consultants, senior nursing and midwifery staff, theatre managers, paediatrics and anaesthetists who have worked with the trainees, and hospital management.
   - Attendance at the morning handover in the birthing suite.
   - A tour of the Obstetrics and Gynaecology department, including birthing suite, theatre, clinics, etc.
   - A review of the on-line resources offered by the hospital and a visit to any available library.
   - Visit to the trainees’ room and its facilities.
   - Visit to accommodation provided for trainees if a rural hospital.

8. At the conclusion of the site visit, the team meets privately to discuss their initial findings and the most appropriate reaccreditation rating. These initial findings, and the likely reaccreditation rating, are then discussed with the Director(s)/Head(s) of Obstetrics
and Gynaecology and hospital management in a confidential meeting held before the team leaves the hospital.

After a Site Visit

9. Within four to six weeks of the site visit, RANZCOG prepares the reaccreditation report, which comprises the following:
   - An assessment of whether each of the standards has been met;
   - Areas of strengths and any areas of concern for each of the standards;
   - Findings/conditions, if any, that need to be addressed to meet/comply with the standard and the associated timeframe;
   - Recommendations for further improvement; and
   - Overall reaccreditation rating.

The draft report is then sent for review and comment, including the possible identification of any factual errors, to the Director(s)/Head(s) of Obstetrics and Gynaecology, as well as the Chief Executive Officer. Any such comments must be submitted to the Chair of the RANZCOG Training Accreditation Committee within one month of the date on which the draft report is received.

10. The draft report is submitted to the RANZCOG Board for consideration with respect to approval.

11. Once approved by the RANZCOG Board, the report is then forwarded to the Director(s)/Head(s) of Obstetrics and Gynaecology, the Chief Executive Officer/Manager, the ITP Coordinator(s) and the relevant Regional Training Accreditation Committee Chair. A précis of the report including the accreditation rating is sent to Training Supervisors and trainees at the site. The hospital may disseminate the report to any individuals it considers appropriate.

12. As with all College decisions, hospitals do have the right to appeal the RANZCOG’s reaccreditation rating under the terms of the College’s appeals procedures.

Where a hospital has been given a further period of provisional accreditation due to inadequate progress against the accreditation standards and conditions/recommendations imposed (Section 2.4), the follow-up visit and report will focus on whether those conditions and recommendations have been met. When this occurs, hospitals will not be sent a draft report for comment.

2.4 Ratings Given in the Reaccreditation Process

The aims of the reaccreditation process is to ensure that accredited training sites meet the agreed standards necessary to provide specialist O&G training and to encourage further improvement and development at each training site. The College works with each site to make any improvements considered necessary, including negotiating with the training site to determine which conditions and/or recommendations are realistically achievable within a given timeframe. Where necessary, the College also supports the training site in negotiations
with the relevant health jurisdiction to address specific recommendations made by the College.

The accreditation report will specify whether the site has ‘met’, ‘partially met’ or ‘not met’ each of the accreditation standards. This rating will reflect the site’s performance against each of the minimum requirements for that standard. In addition, the report may contain conditions and/or recommendations for further improvement.

The possible reaccreditation ratings are as follows:

**i. Full Accreditation**

Full Accreditation for a period of four years is given to those sites that meet all RANZCOG accreditation standards.

Even though Full Accreditation is granted, the report may contain some recommendations for further improvement.

During the accreditation period, the site will be required to provide a progress report that addresses progress on accreditation conditions/recommendations and any other significant developments. A template document is provided by the College for this purpose prior to the deadline date.

If the report indicates that the hospital is continuing to progress satisfactorily, the hospital retains Full Accreditation for the remainder of the accreditation period.

If the Progress Report or new information which becomes available during the four year Full Accreditation period indicates a hospital may be experiencing difficulties in meeting a number of the accreditation standards, the reaccreditation rating may need to be reviewed. This review could involve a site visit if necessary.

**ii. Provisional Accreditation**

Provisional Accreditation is given to those sites that meet some, but not all, of the RANZCOG accreditation standards. The period for which Provisional Accreditation is granted will be determined by the findings of the accreditation team in relation to each standard and the conditions necessary to meet that standard. Periods of Provisional Accreditation range from 6 to 24 months.

The accreditation team will determine the initial period of provisional accreditation, the date for submission of a progress report and, where required, the month in which a further site visit is to be conducted.

**Provisional Accreditation Pathways:**

- If a Progress Report (and site visit, if deemed necessary), demonstrates that the accreditation standards are now met, accreditation is upgraded to Full Accreditation for the remainder of the four-year accreditation cycle.
If a Progress Report (and site visit, if deemed necessary) demonstrates progress against the accreditation standards and conditions/recommendations, but not all standards have been met, Provisional Accreditation will be retained by the site. The accreditation team will determine the timeframe for any further progress reports and, if necessary, a site visit and the timeframe for this visit within the current accreditation period.

If the first Progress Report (and site visit, if deemed necessary) demonstrates inadequate progress against the accreditation standards and conditions/recommendations or deterioration in relation to the standards, the accreditation team will determine the timeframe for a further progress report and site visit. Provisional Accreditation will be retained by the site during this period.

If the second Progress Report and site visit still demonstrates inadequate progress against the accreditation standards and conditions/recommendations or further deterioration in relation to the standards, Provisional Accreditation will be extended for a further limited period, with the site also notified that at the next visit the decision may be one of loss of accreditation.

**iii. Loss of Accreditation**

Loss of Accreditation may occur in circumstances where a site has been unable to meet the accreditation standards or to demonstrate, to the satisfaction of the College, progress against the standards or to address those conditions imposed.

In circumstances where the accreditation team, in consultation with the RANZCOG Board, recommends that accreditation be withdrawn, the site will be invited to respond in writing to the findings of the accreditation team before a final decision is made by the Board.

In the event of loss of accreditation, FRANZCOG trainees will not be permitted to begin a new six-month period of credited Core Training at the site until accreditation has been regained. The College may elect to allow FRANZCOG trainees to complete a current six-month block of training at that site.

The site and relevant Regional Training Accreditation Committee will be notified in writing of the College’s decision and advised of the date on which accreditation is to be withdrawn to allow time, where possible, for alternative rotation arrangements to be made for the Core trainees at the site.

**2.5 Ongoing Monitoring of Accredited Sites**

In addition to training site accreditation, the College has an ongoing process for evaluating the effectiveness of training provided to FRANZCOG trainees, which includes the following:

- Compulsory online six-monthly questionnaires for all trainees who commenced training after 1 December 2013.
- Compulsory exit survey for trainees completing the FRANZCOG Training Program.
- Survey of new Fellows 12 months after completing the FRANZCOG Training Program.
- Annual survey of FRANZCOG ITP Coordinators and Training Supervisors.
- Reports delivered by Regional TAC Chairs at RANZCOG TAC Meetings.
- Monitoring of procedural numbers through the trainee online portfolio.

Should serious concerns be raised through these surveys and/or new information becomes available mid-way through an accreditation cycle that indicates a hospital is not meeting the minimum requirements for a number of the standards; the College will review the reaccreditation rating, which could involve a site visit if necessary.
3 Standards for Hospital Accreditation and Reaccreditation

The following standards detail the requirements RANZCOG considers necessary for the provision of effective training and support for trainees in the FRANZCOG Training Program and the criteria associated with each standard. The standards allow for variations in location and function and are broadly applicable to all sites, in both Australia and New Zealand.

**STANDARD 1: APPOINTMENT AND SUPPORT OF INTEGRATED TRAINING PROGRAM COORDINATORS**

1.1 A RANZCOG Integrated Training Program (ITP) Coordinator has been appointed at the principal ITP home/base hospital(s) to contribute to the development and monitoring of a planned education program that ensures trainees rotating to hospitals within the consortium are able to meet all the requirements of Core Training.

1.2 The appointed RANZCOG ITP Coordinator is provided with a minimum of one paid and protected session per fortnight to enable them to carry out their duties effectively.

1.3 The RANZCOG ITP Coordinator carries out their roles and responsibilities as outlined in the RANZCOG ITP Coordinator Position Description.

**Criteria**

1.1.1 Extensive Experience

An ITP Coordinator who has an interest in medical education and extensive experience with the FRANZCOG Training Program and is a consultant on the hospital staff (usually the home/base hospital in the ITP) has been appointed. ITP Coordinators are appointed by the relevant Regional Training Accreditation Committee following a formal application process, in consultation with the relevant home/base hospital.

1.1.2 Rotations within the ITP

The ITP Coordinator contributes to the planning of a rotation schedule for each trainee in the ITP for the duration of their Core Training in consultation with the relevant Regional Training Accreditation Committee.
1.1.3 **Education and Procedural Skills Program**

The ITP Coordinator takes responsibility for the development of a planned program of teaching and experiences for trainees within the relevant consortium of hospitals to ensure they are able to meet the training and assessment requirements of the Core Training Program. This includes liaising with individual Hospital Director(s)/Head(s) of Obstetrics and Gynaecology within the consortium to ensure that:

- All trainees within the consortium receive formal basic obstetric skills face-to-face training as specified by the RANZCOG Basic Obstetric Skills Workshop Program in their first year of training.
- An Ultrasound Coordinator is appointed at the home/base hospital within the ITP to ensure that a formal ultrasound training program is provided at appropriate sites in the ITP by Ultrasound Educators, to enable trainees to meet the ultrasound curriculum requirements. The Ultrasound Coordinator may also be the ITP Coordinator.
- All trainees located within the ITP will be exposed to gynaecological oncology during their Core Training, in a hospital within the ITP to which a certified Gynaecological Oncologist is appointed or interacts with. This hospital provides a multidisciplinary service including outpatients, operating and MDT reviews. Ideally this should include a formal 10 week rotation in gynaecological oncology. As a minimum, it should include assistance in the management of complex patients, attendance at a minimum of 10 Gynaecologic Oncology MDT meetings (video conferencing is acceptable) and the principles of complex pelvic surgery.
- Colposcopy training is provided within the ITP and trainees have ready access to approved Assessors for the Colposcopy In-Hospital Clinical Assessment (IHCA) Workplace Based Assessment.
- A surgical simulation training program is developed within the ITP in at least one hospital and made available to all trainees, either as part of their normal rotation to that hospital, or in separate formalised teaching sessions.
- Where possible, trainees are advised at least 12 months in advance of their rotations throughout the four years of the ITP, including their rural rotation.

1.1.4 **Implementation of the Education Program**

The ITP Coordinator liaises with relevant persons within the hospitals comprising the consortium, particularly the Training Supervisors, to ensure that the planned program of teaching and experiences for trainees is implemented and appropriately supported.

1.1.5 **Support of Training Supervisors**

The ITP Coordinator advises Training Supervisors in the performance of their tasks as required and assists them in the counselling of trainees experiencing difficulties in their training.
1.1.6 Support for New Training Supervisors

The ITP Coordinator ensures that all new Training Supervisors undertake the eight Clinical Educator Training (CET) online interactive modules that are located on the RANZCOG eLearning platform and that Training Supervisors attend a RANZCOG Training Supervisors’ Workshop during their first year as a Training Supervisor and a minimum of once every three years.

1.2.1 Hospital Support

The ITP Coordinator is provided with a minimum of one paid and protected session per fortnight and suitable administration support by hospitals to allow satisfactory performance of their duties. The special responsibilities of the ITP Coordinator are acknowledged in his/her employment contract and position description, including the provision of this paid and protected time. Payment for this time can be in addition to the supervisor’s salary or factored in as part of the contracted salary.

1.3.1 Roles and Responsibilities

The ITP Coordinator is familiar with The RANZCOG ITP Coordinator - Roles and Responsibilities document, available on the RANZCOG website at: https://www.ranzcoq.edu.au/Training/Specialist-Training/Supervisors-Coordinators
STANDARD 2: APPOINTMENT AND SUPPORT OF TRAINING SUPERVISORS

2.1 An appropriate number of Training Supervisors has been appointed to ensure FRANZCOG trainees receive effective education and clinical supervision.

2.2 Training Supervisors receive support from the hospital to undertake their supervisory roles.

2.3 Training Supervisors undertake training in order to perform their supervisory role.

2.4 Training Supervisors carry out their roles and responsibilities as outlined in the RANZCOG Training Supervisor Position Description.

2.5 Training Supervisors are familiar with the requirements of the FRANZCOG Curriculum and the current regulations governing training and assessment.

2.6 Training Supervisors are available on-site on a regular weekly basis with an appointment of at least 0.2 FTE.

Criteria

2.1.1 Ratio of Training Supervisors

Training Supervisors have been appointed in accordance with the following minimum ratios: at least one Training Supervisor to every four trainees.

2.2.1 Support for Training Supervisors

Training Supervisors are given sufficient paid and protected supervision/teaching time to enable them to carry out their duties effectively. This paid/protected time is calculated on the basis of at least 10 hours annually per trainee supervised. The special responsibilities of the supervisor are acknowledged in his/her hospital contract and position description, including the provision of this paid and protected time.

2.3.1 Training Supervisor Workshops

Training Supervisors attend a RANZCOG Training Supervisors’ Workshop during their first year as a Training Supervisor and a minimum of once every three years thereafter to ensure they are up-to-date with curriculum and assessment changes.

2.3.2 Clinical Educator Training Modules

New Training Supervisors undertake the eight Clinical Educator Training (CET) online interactive modules that are located on the RANZCOG eLearning platform as part of the application process. The modules cover a range of topics relevant to teaching, supervising and mentoring, including the principles of workplace based training and assessment, effective communication, different teaching and learning styles, effective teaching practice,
performance appraisal and how to conduct meaningful assessments to provide useful feedback.

2.4.1 Roles and Responsibilities

Training Supervisors are familiar with and perform the roles and responsibilities required of a RANZCOG Training Supervisor as per The RANZCOG Training Supervisor - Roles and Responsibilities Position Description, including conducting the three-monthly Appraisal and six-monthly Assessment Reports.

2.4.2 In-hospital Credentialing

Training Supervisors are responsible for the in-hospital credentialing process of FRANZCOG trainees and the dissemination of these details to relevant staff in consultation with the Director(s)/Head(s) of Obstetrics and Gynaecology.

2.4.3 Rosters

In consultation with the Director(s)/Head(s) of Obstetrics and Gynaecology, Training Supervisors are responsible for ensuring that rostering arrangements are made in consultation with consultants and senior trainees familiar with the specific needs of FRANZCOG trainees.

2.5.1 Training Program Requirements

Training Supervisors are familiar with the content and requirements of the FRANZCOG Training Program as set out in the RANZCOG Regulations and the FRANZCOG Curriculum.

2.5.2 Liaison with ITP Coordinator and Regional TAC Chair

Training Supervisors liaise closely with the relevant ITP Coordinator and/or Regional Training Accreditation Committee Chair to discuss training issues and problems, particularly where the hospital is unable to provide trainees with the clinical experience or support needed to meet the requirements of the FRANZCOG Training Program.

2.6.1 On-site Presence

Training Supervisors hold a minimum of a 0.2 FTE contract at the hospital where their allocated trainees are employed.
STANDARD 3: CONSULTANT INVOLVEMENT WITH AND SUPPORT FOR FRANZCOG TRAINEES

3.1 There is an adequate number of senior medical staff to provide effective training, support and supervision of trainees.

3.2 FRANZCOG Consultants are actively involved and engaged in the teaching and training of registrars in theatre, clinics and on the wards and birthing suite.

3.3 FRANZCOG Consultants help to provide a workplace culture that is harmonious and supportive of training.

Criteria

3.1.1 Full-time Staff Specialist or Academic O&G Specialist

The hospital employs a minimum of two RANZCOG Fellows as permanent members of staff. For hospitals undertaking more than 3000 births, there is at least one full-time Staff Specialist in O&G or full-time academic O&G Specialist.

There is an appropriate FTE of O&G to meet the clinical workload including after-hours clinical requirements.

The hospital has sufficient O&G consultant FTE to support, sustain and deliver the FRANZCOG Training Program, in addition to service provision requirements.

3.1.2 Consultant Staff

The hospital has sufficient consultant FTE, determined by the workload and number of registrars and residents, to cover the following areas:

- 24-hour birthing suite supervision (whether on-site or on-call);
- Teaching, supervision and mentoring of trainees in obstetrics and gynaecology;
- Regular and active involvement in a structured educational program, which includes making formal presentations on a rostered basis and regular attendance at sessions to provide a strong consultant presence and involvement in discussions;
- Coordination of audit activities in both obstetrics and gynaecology; and
- Supporting trainees’ compulsory research activities.
3.2.1 **Consultant Contracts**

Hospital contracts clearly stipulate the requirement for consultants to teach and supervise FRANZCOG trainees and a sample contract should be produced for review by the accreditation team.

3.2.2 **Appropriate Consultant Support**

A consultant is always available to attend the birthing suite in a timely manner when requested by any trainee (Core or Advanced) or the clinical circumstances indicate that attendance is warranted.

A level one trainee rostered to cover labour ward has the continuous presence of a more senior trainee or consultant at all times on the labour ward until he/she is credentialed by the hospital to manage birth suite without continuous senior presence.

3.2.3 **Appropriate After-Hours Supervision**

Trainees have immediate access to the duty consultant for advice and, where appropriate, their physical presence, to assist with decision making, and for the supervision and assistance of procedures.

First-year trainees rostered on night duty have adequate supervision by an on-site or on-call consultant or a senior registrar, even when the trainee has been credentialed by the hospital to perform specific procedures without direct on-site supervision.

3.2.4 **On-call Arrangements**

As many consultants as is reasonable are involved in the on-call arrangements to assist in lowering the individual loads and providing an increased pool of teachers and potential mentors for trainees.

All Consultants on the on-call roster are available to physically attend within 30 minutes or are contractually required to stay overnight when on-call and are provided with appropriate accommodation.

3.2.5 **Team Structure**

Hospitals have a planned team/unit structure which ensures a high quality and continuity of patient care whilst maximising teaching, learning and training opportunities.

3.2.6 **Primary Operator**

Consultants afford both Core and Advanced trainees every available primary-operator experience relevant to the trainee’s skill level and experience and complexity of the case, and ensure appropriate supervision.
3.2.7 Role of the Consultant

Designated consultants have day-to-day responsibility for effective supervision and training, including:

- Treating trainees with respect and courtesy;
- Providing regular constructive feedback;
- Taking trainees through each new procedure and giving adequate opportunities to practise their skills;
- Taking every opportunity to complete formative and summative APSSs as appropriate;
- Close observation of practice and training, including the trainees’ pre-operative assessment of a case, their intra-operative performance, and their post-operative care;
- Involving trainees in case follow-up and appropriate documentation;
- Daily attendance at morning birthing suite handovers and gynaecology ward rounds, including weekends;
- Involvement in credentialing of trainees;
- Involvement in formative and summative assessment of procedural and surgical skills using the designated workplace based assessment forms;
- Involvement in the structured in-hospital education program, including leading case presentations and perinatal mortality/morbidity sessions;
- Assisting trainees to improve their communication and decision-making skills;
- Listening to trainees’ concerns about training and responding respectfully;
- Taking on the role of mentor (whether formally or informally); and
- Contributing to the formal assessment of FRANZCOG trainees, through completion of RANZCOG Consultant Assessment of Trainee reports and providing the Training Supervisor with an objective and fair assessment of a trainee’s performance and progress.

3.2.8 Consultant Support in Clinics

Consultants lead clinics attended by Core trainees on a regular basis.

3.3.1 Consultants and Workplace Culture

Consultants contribute to a workplace culture that is harmonious, respectful and supportive of training and the delivery of up to date, evidence based care. Consultants conduct themselves in a professional manner and have zero tolerance for workplace bullying, harassment and discrimination.
STANDARD 4: PROVISION OF CLINICAL SUPERVISION AND EXPERIENCE

4.1 Core trainees are provided with the appropriate clinical supervision and experience to meet the requirements of the Core Training Program and to ensure the progression of clinical competence from ‘novice to proficient’.

4.2 Advanced trainees are provided with the appropriate clinical opportunities to enable them to undertake either a “Generalist” or ‘Non Generalist’ Pathway and relevant Advanced Training Modules (ATMs) during their Advanced Training.

4.3 Training Sites have a Patient Consent form that includes patient information can be used for training purposes.

Criteria

Core Training

4.1.1 Core Clinical Experience

Core trainees are provided with the clinical experience and opportunities to enable them to meet the requirements, of the Core Training Program, including any RANZCOG-recommended procedure numbers. It is recognised that the level of experience provided in some procedures varies between individual hospitals within an ITP consortium.

Access to training experience in subspecialist disciplines is not limited because of subspecialty training positions.

Training experience is not compromised by positions occupied by non-FRANZCOG trainees on short term specialist training visas e.g. subspecialty fellows on short term specialist training visas.

4.1.2 Assessment of Procedural and Surgical Skills (APSS)

Consultants teach and provide appropriate feedback to trainees undertaking their formative and summative APSS Workplace-based assessments as required by the FRANZCOG Curriculum and relevant to a trainee’s year level in the FRANZCOG Training Program.

4.1.3 Increased Responsibilities

Clinical responsibilities and training opportunities increase in complexity as the trainee progresses through the FRANZCOG Training Program.

4.1.4 Roster Requirements

Rosters within an ITP ensure regular sessions in the following:
- Full day in the birthing suite;
- General gynaecological surgery (including operative laparoscopy);
- Caesarean section list;
- Antenatal clinic;
- Gynaecological clinic;
- Antenatal, postnatal and gynaecology ward rounds;
- Minor procedures;
- Ultrasound;
- Colposcopy;
- Pre-admission clinic; and
- Involvement in the continuity of care from admission to discharge.

Tertiary hospital rosters or other hospitals within an ITP also include access to the available opportunities in:

- Obstetrics of high complexity;
- Urogynaecology;
- Gynaecological oncology; and
- Reproductive endocrinology and infertility.

### 4.1.5 Gynaecological Surgery Lists

The hospital provides FRANZCOG trainees with sufficient gynaecological surgical experience as the primary operator to meet the College’s clinical requirements.

In any six month period, Core trainees at a hospital average at least one major surgical case per week as primary operator. Where trainees are rostered in blocks to nights or obstetrics only, their corresponding terms in gynaecology have sufficient gynaecological surgery majors so that the overall average remains at \( \geq 23 \) major gynaecological surgical procedures as primary operator per six-month training period.

The average number of procedures can be applied across all Core trainees so that where a trainee may have lower numbers because they have taken leave or are covering nights or obstetrics, another trainee(s) will have higher numbers if covering mainly gynaecology. Overall the trainee average for the hospital must be \( \geq 23 \) major gynaecological surgical procedures as primary operator per six-month training period.

If the gynaecological surgical training takes place at a ‘sister hospital’ to the obstetric training facility, cases undertaken at both training sites may be assessed together for the purposes of meeting core training procedure number requirements.
Surgical procedure numbers in all units will be monitored through RANZCOG’s online portfolio system, and made available to ITP Coordinators and Regional Training Accreditation Committees at regular intervals.

4.1.6 **FRANZCOG Trainees and Non-FRANZCOG Trainees**

FRANZCOG trainees have priority access to O&G theatre lists over other junior medical staff who are not FRANZCOG trainees. This priority is reflected in the roster and position descriptions of FRANZCOG trainees.

4.1.7 **Primary Operator Experience**

FRANZCOG trainees are given maximum opportunities and experience by consultants as the primary operator having regard to year level and abilities.

FRANZCOG trainees are given opportunities to utilise training in expanded settings (e.g. private).

4.1.8 **Birthing Suite Rostering**

Year 1 FRANZCOG trainees are always rostered on with either a senior trainee or a consultant who is dedicated to the birthing suite, except where the in-house credentialing has identified that such supervision is not required. During this time, the senior trainee or consultant does not have any other clinical public duties that would interfere with or preclude this level of supervision.

4.1.9 **Birthing Suite & Accident/Emergency/Women’s Health Assessment**

FRANZCOG trainees are not required to provide cover for both the birthing suite and Accident and Emergency when working on their own after hours in a hospital with more than 2000 births. Support by a suitably experienced junior medical officer is appropriate – not an Intern. In smaller hospitals with less than 2000 births, the night registrar may be required to cover the birthing suite and also see acute O&G cases in Accident/Emergency/Women’s health assessment if appropriate.

4.1.10 **After Hours Support**

FRANZCOG trainees working after hours on the birthing suite are provided with support as a minimum, by a Hospital Medical Officer / House Officer in at least their second postgraduate year (i.e. not an Intern) to enable them to safely perform their clinical responsibilities and maximise available training opportunities:

- > 2000 births: 24-hour cover (particularly where the trainee is expected to concurrently cover emergency, antenatal/gynaecology ward and the postnatal ward;
- 1000-2000 births: 8am to 10pm;
- < 1000 births: not required.

Hospital Medical Officers are able, at a minimum, to:
- Take blood and insert intravenous cannulas;
- Conduct initial assessments by taking an appropriate clinical history;
- Perform vaginal and speculum examinations;
- Assist with episiotomy repairs;
- Assist in emergencies;
- Assist in theatre; and
- Handle drug orders/prescriptions.

### 4.1.11 Experience in Clinics

Trainees at tertiary and country base/metropolitan district hospitals are provided with experience in the care of a broad range of ambulatory (outpatient) cases as well as those presenting with urgent problems. Each trainee is given the opportunity, under the supervision of a consultant, to provide an initial assessment and consultative service to patients presenting with emergency conditions. At sites where the provision of outpatient services has been delegated to the private sector or consultants’ rooms, the trainee is provided with opportunities to act as the primary clinician with appropriate oversight.

Rosters for trainees at all sites ensure that the trainees have the maximum available experience, including access to gynaecology, colposcopy, antenatal and pre-operative anaesthetic clinics.

### 4.1.12 Policies, Procedures and Clinical Guidelines

All policies, procedures and clinical guidelines relevant to O&G are regularly reviewed and revised, and consistently followed by all consultants to an auditable standard.

### 4.1.13 Birthing Suite Handover

The morning birthing suite handover is utilised as an educational opportunity for trainees and includes proactive planning and triaging. In a tertiary hospital, the consultant on duty, the senior registrar and the team leader/midwife are present at handovers. The handovers are multidisciplinary and frequently include a paediatrician and anaesthetist.

### 4.1.14 Training in Expanded Settings

Where trainees utilise training in an expanded setting, including consultants’ private rooms, the expanded setting has a documented process for obtaining informed patient consent for all procedures when trainees are involved. The site also ensures that medical indemnity insurance is in place for both the trainee and the consultant undertaking the training/supervising activities.

### 4.1.15 Trainee In-hospital Credentialing

The hospital has a documented credentialing process in place to identify each trainee’s competence in core obstetric and gynaecological surgical procedures. The in-hospital
The credentialing process is the responsibility of the Director(s)/Head(s) of Obstetrics and Gynaecology in consultation with the Training Supervisor and in collaboration with consultants, senior trainees and other relevant health practitioners.

The hospital may develop its own credentialing process or utilise that of the College, which is available at: [https://www.ranzcog.edu.au/Training/Specialist-Training/Hospitals/In-hospital-Credentialing-Documentation](https://www.ranzcog.edu.au/Training/Specialist-Training/Hospitals/In-hospital-Credentialing-Documentation)

The hospital may also have a list of procedures where the consultant must always be present. If this exists, it is adhered to irrespective of the level of credentialing of any individual trainee.

The credentialing document specifies the level of supervision each trainee requires for specific procedures particularly where these are performed after hours. If a trainee is listed as requiring after hours direct supervision for a particular procedure, the on-call consultant attends until such time as the registrar is credentialed for that procedure to be supervised remotely. Regardless of the credentialing for a particular procedure, trainees feel comfortable to seek assistance from a consultant and/or consultants provide support when requested to do so.

The credentialing document is distributed to all relevant staff: consultants, including locums, senior midwifery and theatre staff, senior trainees and theatre nurses. The credentialing document is reviewed and updated for each trainee every six months at a minimum. All relevant staff adhere to the level to which an individual FRANZCOG trainee is credentialed. Where necessary, and in addition to their own credentialing processes, hospitals other than the home/base hospital verify with the home/base hospital the credentialing of their allocated FRANZCOG trainee(s).

### Advanced Training

#### 4.2.1 Advanced Clinical Experience

Advanced trainees are provided with the clinical experience and opportunities to enable them to meet the requirements of the Advanced Training Program, including any relevant Advanced Training Modules (ATMs).

#### 4.2.2 Access to Areas of Special Interest

Advanced generalist trainees’ access to subspecialist/special interest disciplines is not prevented by subspecialist/special interest trainees or positions filled by non-FRANZCOG trainees on short term specialist training visas.

#### 4.2.3 Primary Operator Experience

Advanced trainees are provided with opportunity to advance in practice from Advanced trainee to consultant in the clinical management of complex obstetrics, common emergency gynaecology and office gynaecology as well as any other area(s) of special interest and intended scope of practice. This includes reaching a high level of independence in the performance of procedural and surgical skills, which necessitates:
Primary operator experience, with a junior assistant, for those procedures where remote supervision credentialing level has been achieved.

Directly supervised primary operator experience for those procedures where onsite or remote credentialing level has not yet been achieved.

Supervising Core trainees who are acting as the primary operator.

4.2.4 Training in Private or Expanded Settings

Where Advanced trainees utilise training in expanded settings e.g. consultants’ private rooms, the expanded setting has a documented process for obtaining informed patient consent for all procedures that may involve a trainee. The site must also ensure that medical indemnity insurance is in place for both the trainee and the consultant undertaking the training/supervising activities.

4.2.5 Professional Attributes

Advanced training positions have a defined role that includes most of the following:

- Administration
- Rostering of junior staff
- Involvement in audit
- Organisation and performance of education activities for medical students, FRANZCOG trainees and other clinical staff who are not FRANZCOG trainees.
- Recognised role in the training and assessment of Core trainees
- Participation as appropriate in Departmental consultant meetings
- Involvement in the development of policies, procedures and clinical guidelines.

4.3 Patient Consent

Training sites have Patient Privacy/Consent processes that include a statement acknowledging that patient information can be used for training purposes.
**STANDARD 5: PROVISION OF STRUCTURED EDUCATION PROGRAMS, TEACHING SESSIONS AND LEARNING OPPORTUNITIES**

5.1 A comprehensive education program that includes consultant-led hospital teaching, rounds, lectures, case presentations, ultrasound teaching, mortality/morbidity meetings, journal club, discussions, audits and reviews is provided.

5.2 Rostering arrangements and strategies are in place to ensure that all trainees have protected time to attend education sessions. Trainees are not rostered for other duties when education sessions are scheduled, except for the provision of emergency cover.

5.3 Formal basic obstetric skills training sessions are provided for all first year trainees.

5.4 Structured ultrasound and colposcopy training is in place to enable trainees to meet the required core competencies, including completion of their IHCAs.

5.5 Simulation training is offered to all FRANZCOG trainees.

5.6 Trainees have the opportunity to attend external education activities, meetings, courses and workshops.

5.7 Trainees are provided with regular opportunities to teach prevocational medical staff and medical students.

5.8 Trainees undertaking Advanced Training are provided with additional educational opportunities.

5.9 The hospital has at least one consultant who has been a FRANZCOG examiner within the last 10 years.

5.10 The O&G Department provides an adequate range of education resources to support the learning environment.

5.11 Research opportunities and support and protected research/study time are provided to trainees to undertake private study and their compulsory research project.

5.12 The hospital provides an easily accessible obstetric database to assist trainees with audit and research.

5.13 The O&G Department conducts regular minuted consultant meetings.

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**Criteria**

5.1.1 **Coordination of Education Program**

The educational program at the hospital is coordinated by a designated consultant or a senior trainee who is overseen in this role by a designated consultant. Consultants are in
regular attendance, make formal presentations on a regular basis and utilise cases for interactive teaching.

5.1.2 **Education Program Content**

If the hospital is a home/base hospital, a comprehensive and coordinated consultant-led formal educational program is provided, covering an extensive range of obstetric and gynaecological topics and other learning opportunities. The program timetable includes inter-professional and multidisciplinary education opportunities and at a minimum, the following on a regular basis:

- Tutorials and/or trainee case presentations;
- Journal club;
- Complex gynaecology case reviews, cervical pathology meetings;
- Regular perinatal, neonatal and maternal morbidity/mortality meetings;
- CTG audit meetings and intra partum management tutorials;
- Complex obstetric case review meetings;
- Obstetrics and gynaecology teaching rounds; and
- Emergency Obstetrics Training.

If a hospital is a small urban or rural site, a structured though less comprehensive education program is provided on a regular basis; monthly as a minimum. The program timetable includes as a minimum:

- Regular consultant-led teaching sessions;
- Combined case review meetings - trainees present a review/audit on interesting or complex cases; and
- Regular perinatal morbidity/mortality meetings – minimum of three monthly which are coordinated by a trainee with designated consultant support.

5.1.3 **Safety and Quality**

A strong commitment to safety and quality exists which is underpinned by trainees’ involvement in clinical reviews and audits.

5.1.4 **Governance Participation**

Trainees are given opportunities to participate in hospital committees such as OH&S, Clinical Audit, Mortality and Morbidity, Quality Assurance and Clinical Governance.

5.2.1 **Protected Training/teaching Time**

Trainee timetables include protected teaching time to attend and/or conduct educational sessions. Arrangements are in place to ensure that Core trainees are able to attend educational sessions. This may include designation of consultants, Advanced trainees or non-
FRANZCOG trainees to hold the Core trainees’ pagers and cover the birthing suite or the clinics at these times. Trainees should be receiving at least four hours of paid training/teaching time per week.

5.3.1 Basic Obstetric Surgical Skills Training

Formal teaching sessions in basic obstetric skills are provided by designated consultants in accordance with the RANZCOG Basic Obstetric Surgical Skills Workshop Manual. Where this does not occur, the hospital arranges for any first year trainees to attend such workshops/sessions in another hospital within the ITP.

5.4.1 Structured Training to enable IHCAs to be completed

5.4.1.1 Ultrasound

Core trainees are receiving formal ultrasound training sessions that will enable them to meet the core competencies required. This includes satisfactory completion of the Ultrasound In-hospital Clinical Assessment (IHCA). A designated Ultrasound Coordinator (located at the home/base hospital in each ITP) has been appointed to oversee this ultrasound training, who in turn, appoints local Ultrasound Educators (located at appropriate sites within the ITP). The Ultrasound Coordinator may be a Fellow or a Senior Trainee; however an Educator may be a Fellow, a Senior Trainee, a Sonographer or another appropriately qualified practitioner who is responsible for delivering the training. The Ultrasound Coordinator liaises with the ITP Coordinator to ensure the training sessions are appropriate for the year level and to determine if additional training may need to be offered off site.

5.4.1.2 Colposcopy

Core trainees are rotated through attachment to a colposcopy service, with sufficient caseload and continuity of exposure to both new and review cases to enable them to obtain the skills required to pass the Colposcopy IHCA.

5.5.1 Simulation Training

Within the units that comprise an ITP, trainees have access to simple basic skills training equipment and are rostered to regularly utilise simulation activities and equipment on or off-site to increase their confidence and dexterity. The equipment is to be available in an area that is accessible out of regular working hours. A training supervisor should be nominated to coordinate simulation activities and skills within the program, ensuring equity of access to trainees from all sites in the ITP.

5.6.1 External Education Programs

Trainees are given opportunities to attend external education activities, meetings, courses and workshops, including education sessions conducted at nearby RANZCOG-accredited sites. Consideration is given by the hospital to reimburse or partially reimburse costs involved in attending relevant conferences and workshops that will assist a trainee’s
knowledge, skills and level of understanding to meet learning objectives of the training program.

5.7.1 **Teaching Residents and Medical Students**

Advanced trainees are rostered onto the tutorial program for Core trainees, prevocational trainees and/or medical students and regularly give tutorials. Trainees are involved in one-on-one teaching with residents on the ward and in theatre where such an arrangement is feasible and appropriate.

5.8.1 **Advanced Courses, Workshops and Academic Development**

Advanced trainees are given opportunities to attend specific courses appropriate to their training plan or area(s) of special interest.

5.8.2 **Teaching and Assessing of Junior RANZCOG trainees**

In addition to teaching residents and medical students, Advanced trainees have a formalised and recognised role in the training of Core trainees, including the assessment of the procedural and surgical skills that need to be signed off by the end of Year 1 and 2 of Core Training. Where there is not a nominated consultant responsible for the Educational Program, an Advanced trainee may undertake that role with nominated consultant support.

5.8.3 **Administration Duties**

Advanced trainees are involved in some or all of: rostering of junior staff, department audits, organisation and performance of educational activities for medical students, prevocational trainees, DRANZCOG trainees, FRANZCOG trainees and participation as appropriate in departmental consultant meetings and policy development for the unit.

5.9.1 **FRANZCOG Examiners**

The hospital has at least one consultant who has been a FRANZCOG examiner within the last 10 years. This is to ensure that teaching and learning focuses on the knowledge, skills, professional qualities and competencies expected and which are assessed informally and formally throughout the training program both within the hospital and through the examinations. For a provincial or rural hospital, this is desirable but not mandatory.

5.10.1 **Facilities for Trainees**

Trainees are provided with Information Technology and on-line library facilities including:

- Ready access to Personal Computers (PCs), with internet access and supportive software such as evidence-based clinical decision support tools such as Up-To-Date and medical data bases such as Medline with relevant passwords where required.
- On-line access to relevant electronic journals and an extensive and up-to-date library collection, including access to an efficient interlibrary loan facility
- Trainees are provided with a fully equipped, appropriately sited and resourced room for the sole use of trainees. This includes a minimum of one computer for every five trainees.

5.11.1 Research Support and Commitment to Research

If a hospital is a major teaching hospital with a University affiliation and academic department, trainees are provided with research opportunities with appropriate guidance, mentoring and supervision.

The provision of research support and opportunities includes:

1. Identification of individuals on staff to provide support, advice and guidance to trainees to undertake their compulsory research projects.
2. Identification of a range of research possibilities for trainees including but not limited to systematic reviews for publication in the Cochrane Library, systematic literature reviews, case reports and local audits.
3. Opportunities to present research projects in peer-reviewed journals, at conferences and Annual Scientific Meetings.
4. Allocation of a paid and protected half day of research/study/administration time per trainee per fortnight in addition to protected time for attendance at in-hospital education sessions. This is to be provided regardless of whether there is an existing jurisdictional obligation to provide this time for trainees.

Trainees at major teaching hospitals and peripheral sites participate in additional research activities, including obstetric audits and assisting in the review and writing of protocols.

5.12.1 Obstetric Database

Trainees are able to easily access an obstetric database to assist with audit and research.

5.13.1 Consultant Meetings

The O&G Department holds regular minuted meetings with consultants and registrars that address matters such as policy development, training, education, safety and quality and administration. This may be through the attendance by a nominated senior registrar at regular senior staff meetings, or communication of policy decisions through a regular bulletin or email.

The O&G Department holds regular minuted inter-professional meetings that provide opportunities for members of the multi-disciplinary team to discuss relevant matters, including any issues that may be impacting on trainee health and well-being.
STANDARD 6: WORKPLACE CULTURE, REGISTRAR STAFFING, SAFE WORKING HOURS, LEAVE ARRANGEMENTS & ASSISTANCE FOR RURAL ROTATIONS

6.1 A supportive, harmonious workforce culture and team environment is evident.

6.2 A suitable number of junior medical staff is employed to ensure there are opportunities for training to enable trainees to meet FRANZCOG training requirements, over and above meeting service requirements.

6.3 The hospital complies with award conditions relating to working hours and shift work relevant to the region in which it is located.

6.4 The hospital permits trainees to undertake fractional training subject to the requirements of the hospital and prospective approval by the Chair of the relevant Regional Training Accreditation Committee.

6.5 A mentor is offered and available if requested or recommended, in addition to the Training Supervisor.

6.6 The hospital, if providing a rural rotation, provides appropriate accommodation for the duration of the rotation.

6.7 The hospital has in place a process for critical incident management, including the immediate and longer term care of trainees involved in critical incidents such as adverse maternal or peri-natal outcomes.

Criteria

6.1.1 Workforce Culture

The leadership and organisational culture is supportive and harmonious. Team work and morale are strong and this culture is propagated amongst the medical, midwifery, nursing, allied health staff and management with constructive inter-professional relationships encouraged. The training site has zero tolerance for workplace bullying, harassment and discrimination. The training site has comprehensive policies and processes to identify, investigate and resolve issues of workplace, bullying, harassment and discrimination.

Consultants, trainees and other hospital medical officers are trained in recognising and dealing with instances of workplace bullying, harassment and discrimination and conduct themselves in a professional manner in accordance with the AMC’s Good Medical Practice: A Code of Conduct for Australian Doctors and the MCNZ’s Good Medical Practice.

Mechanisms are in place to identify and assist trainees who may be experiencing personal and/or professional difficulties that may be affecting their training.
6.2.1  **Trainee Staffing**

Trainee numbers are such as to ensure trainees receive adequate training opportunities as defined in the FRANZCOG Curriculum in addition to the hospital clinical service requirements.

6.3.1  **Award Conditions - Working Hours**

The hospital adheres to the relevant award conditions in relation to working hours and shift work prescribed under the AMA National Code of Practice, individual regional/state Occupational Health and Safety legislation, or stipulations of the New Zealand Resident Doctors’ Association as applicable. Rosters are available to demonstrate compliance if requested.

6.3.2  **Guide to Appropriate Hours**

The College recommends the following guide for hospitals:

- Trainee hours worked in a 14-day period comply with the appropriate award applicable in the relevant state/region.
- The maximum length of a registrar’s shift is generally no more than 16 hours. In a hospital delivering less than 500 births annually, this may be extended to 24 hours.
- If occasional 24-hour shifts are undertaken, they are followed by a day off and only occur at hospitals where there is 24-hour resident cover and ready availability of consultant support.
- Weekend rosters are organised on a minimum 1:3 basis. A 1:2 roster on a consistent basis is only used on occasion and only when staffing difficulties at a particular site allow no other option.

The College acknowledges that the situation for smaller hospitals, particularly in rural areas where there is only one trainee and he/she is required to be on-call over the weekend, will, in circumstances where there is easy access to consultant support; necessitate some flexibility to the above guide.

6.3.3  **Physical Safety and Security**

Trainees working extended hours and subject to on-call and call-out arrangements which require them to attend and leave the hospital workplace at unusual hours, are provided with:

- Physical safety and security, such as lighting and escorts, when leaving work and reaching their car or transport at times well outside normal business hours.
- Provision of taxis or other transport when work-induced fatigue makes it unsafe for the doctor to drive home in their own car.
6.3.4 Arrangements for Trainees After Hours

Trainees working on-call from home after hours are available within 30 minutes. Trainees working on-call on-site after hours, a rest room is provided and available.

6.4.1 Fractional Training

Subject to the staffing levels and the requirements of the hospital, and where approved by the Chair of the relevant Regional Training Accreditation Committee and the hospital, FRANZCOG trainees are able to undertake fractional (part-time) training, defined as training undertaken between 0.5 and 1.0 (FTE) after they have completed their first 12 months of full-time training. Where fractional training is undertaken, the clinical exposure experience is proportionately equivalent to the full-time position.

6.4.2 Leave Arrangements

The hospital adheres to the relevant award conditions regarding minimum annual leave entitlements. Additionally, trainees are afforded two weeks of study/conference leave per year, which is recognised as part of active clinical service.

6.4.3 Training Whilst Pregnant

The hospital is supportive of, and familiar with, workplace policies and occupational health and safety protocols relating to working while pregnant and accommodates trainee requests where possible (refer to the College statement on the RANZCOG website at https://www.ranzcog.edu.au/Statements-Guidelines/Training/Clinical-Training-Whilst-Pregnant-(C-Trg-7)).

6.4.4 Training After Taking Leave

A supportive and comprehensive return to work program is provided.

6.5.1 Mentor

The hospital facilitates the provision of an appropriate mentor if requested by the trainee or if it is felt that a trainee may benefit from the guidance and support of a mentor in addition to the Training Supervisor as outlined in the RANZCOG Mentoring Policy. Appropriate mentors may include health professionals outside of the O&G speciality.

6.6.1 Accommodation

The hospital, if providing a rural rotation, may provide:

- Hospital accommodation or other subsidised accommodation, or assistance in obtaining suitable accommodation for the trainee and his/her family;
- Removal expenses to and from the rural location;
- Travel expenses to and from the rural location; and
Funding for at least two home visits by the trainee in every six-month period, either in full or not less than 50 per cent of the cost.

6.7.1 Critical Incident Management

The hospital has strategies in place to support trainee health and wellbeing and a process for critical incident management, including the immediate and longer term care of trainees involved in critical incidents such as adverse maternal or perinatal outcomes.
**Appendix One: Glossary of Terms**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>The formal process by which a hospital obtains recognition and approval from the RANZCOG as a training site for Core and Advanced Training. Reaccreditation is the formal process by which the College determines if this recognition and approval should continue, based on the effectiveness of the training, supervision and support provided to the trainees at the hospital.</td>
</tr>
<tr>
<td>Accredited Hospital</td>
<td>A hospital which has been accredited by the RANZCOG as a training site for the Core and Advanced Training Program.</td>
</tr>
<tr>
<td>Advanced Training</td>
<td>The final 92 weeks (2 years) of clinical, educational and assessment requirements in approved RANZCOG training undertaken by trainees after completing the Core Training Program.</td>
</tr>
<tr>
<td>Consultant</td>
<td>A full-time or sessional specialist in obstetrics/gynaecology and a Fellow of the College with whom a trainee works and trains in an accredited RANZCOG training site.</td>
</tr>
<tr>
<td>Consultant Assessment of Trainee Form</td>
<td>The online assessment document each consultant is required to complete every six months which assesses the performance and progress of each trainee they have worked with during that time. These assessments contribute to the online Six-monthly Summative Assessment Report on the trainee which is completed by the Training Supervisor.</td>
</tr>
<tr>
<td>Core Training Program (CTP)</td>
<td>The first 184 weeks (four years) of clinical educational and assessment requirements in approved RANZCOG training sites.</td>
</tr>
<tr>
<td>Credentialing</td>
<td>A documented in-hospital process where the appropriate O&amp;G department staff working with and overseeing trainees assess their competency in a range of surgical procedures and determines from that assessment the degree of supervision required, particularly after hours.</td>
</tr>
<tr>
<td>Fellowship (FRANZCOG)</td>
<td>The qualification awarded to a trainee, subject to approval by Council, who has satisfactorily completed all assessment and administrative requirements for the designated 72 months of FRANZCOG training.</td>
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</tbody>
</table>
Integrated Training Program (ITP)  
A consortium of hospitals accredited by the College to provide Core Training. An ITP has a home/base hospital and a number of peripheral and rural hospitals through which trainees rotate in different combinations.

Integrated Training Program (ITP) Coordinator  
A consultant and Fellow of the College responsible for planning and coordinating a local Integrated Training Program (ITP) involving a consortium of at least two hospitals in a particular area.

Regional/New Zealand Training Accreditation Committees  
RANZCOG committees covering Australian states and territories and New Zealand responsible for the appointment of ITP Coordinators and Training Supervisors, and reviewing applications by prospective FRANZCOG trainees in the relevant state, territory or country. These committees also review the training documentation and progress of these trainees.

Rotation  
A planned period of training undertaken by a trainee at a designated site within an ITP, lasting for a minimum of six months and generally a maximum of 12 months.

Rural Rotation  
A planned period of at least six months’ training at an accredited provincial or rural hospital, which all RANZCOG trainees must undertake in the course of Core Training.

Rural Site  
A hospital accredited by the RANZCOG as a rural rotation site for Core Training.

Six-monthly Summative Assessment Report  
An online compulsory composite report on the performance of each trainee in the FRANZCOG Training Program compiled every six months by their Training Supervisor based on their progress and the individual assessments of the consultants with whom the trainee has worked.

Training Accreditation Committee (TAC)  
A standing committee of Council responsible for the development and maintenance of the training and assessment requirements for the FRANZCOG, the approval of training hospitals and posts, and the consideration of applicants for Fellowship. This Committee is also known as the College Training and Accreditation Committee (TAC).

Three-monthly Formative Appraisal Form  
An online compulsory mid-semester appraisal of performance and progress which trainees are required to complete and Training Supervisors are required to discuss with each trainee.
**Tertiary Hospital**
A hospital which has both complex obstetrics and access to complex gynaecology (either within the same hospital or in an allied facility within the same ITP). The hospital deals with low, moderate and high risk pregnancies and has a Neonatal Intensive Care Unit (NICU), which provides high dependency specialist nursing and medical care for all newborn infants, including sustained life support such as mechanical ventilation. In the event that the tertiary unit does not have NICU facilities, the trainee should spend at least 23 weeks FTE in a unit where this is provided, in addition to the time spent in the tertiary unit.

A tertiary hospital is also expected to undertake research and provide structured undergraduate/postgraduate teaching as an integral part of its service provision, governance and models of care.

**Training Post**
A hospital position in an accredited hospital, which has been accredited by the RANZCOG as suitable for training towards the FRANZCOG.

**Training Program**
A structured six-year (276 weeks) postgraduate program leading to elevation as a Fellow (FRANZCOG) of the College.

**Training Supervisor**
A consultant and Fellow of the College, who is a member of staff in an accredited hospital, responsible for the coordination and ongoing supervision of FRANZCOG trainees in that hospital, including the regular formative appraisals and summative assessments of the trainee/trainees for whom he or she is responsible.

**Ultrasound Coordinator**
A Fellow of the College appointed at the home/base hospital within an ITP to ensure that a formal ultrasound training program is provided at appropriate sites in in the ITP by Ultrasound Educators. The Ultrasound Coordinator may also be the ITP Coordinator.

**Ultrasound Educator**
A practitioner with a special interest in ultrasound scanning e.g. a Fellow, an Advanced-level trainee, a Radiologist or a Sonographer who is responsible for providing hands on training at appropriate sites within each ITP to ensure that FRANZCOG trainees can achieve the core competencies and ultrasound curriculum requirements by the end of their first two years of training.