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- Any issues that the provider should address in the next report.
- ◀ If the Committee considers that the provider may be at risk of not satisfying the approved accreditation standards, then the issue is referred to the AMC Directors, as per the *AMC Unsatisfactory Progress Procedures*. Providers are also advised if any major changes require assessment via correspondence and/or site visit.

In preparing the monitoring submission, Australasian colleges are required to apply the New Zealand specific criteria in addition to the AMC standards. The Medical Council of New Zealand

Please provide a summary of significant developments completed or planned and resources under each standard.

< Provide a brief summary of the developments, including the rationale.

<

Standard 10

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College Details

Please correct or update these details if necessary:

College Name: Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Address: College Place, 1 Bowen Crescent, Melbourne, Victoria 3004

Date of last AMC accreditation decision: 2019 (via comprehensive report)

Periodic reports since last AMC assessment: 2021

Reaccreditation due: by 31 March 2024 (2023 accreditation assessment)

GLOSSARY OF TERMS

ACRONYM	MEANING
6MA	Six-Monthly Assessment
ATAGI	Australian Technical



3. CASE C: The applicant applied for reconsideration of the outcome of not eligible for interview. The reconsideration application detailed additional evidence of ongoing learning and UK registration. On consideration, the assessors felt comfortable offering an interview

- < RANZCOG continues our interaction and mutual alliances with global health partners including The Society of Obstetricians and Gynaecologists of Canada (SOGC), as well as in the Asia Pacific, maintaining Memoranda of Understanding with medical colleges and societies in Indonesia, Malaysia, Sri Lanka and the Pacific, with a view to collaborating on resources and sharing knowledge.
- < The College has received funding from the Department of Health in Australia to commence work on a rural and remote upskilling project, aimed at providing valuable upskilling opportunities to health professionals in areas with limited access.
- < During the reporting period, the College made 63 submissions to various external stakeholders across Australia and New Zealand.
- < The College continues to organise and run webinars and information sessions for our members, trainees, staff and the public from both a clinician and public perspective to p

Requests for Reconsideration in 2021 (per program)				
Program	Subject of Reconsideration	Number	Outcome	
			Upheld	Varied
FRANZCOG	"Not Satisfactory" Six-monthly Assessment	4	2	2
CGO	Unsuccessful at Selection Shortlisting	2	2	0
CMFM	Unsuccessful at Selection Shortlisting	1	0	1
CGO	"Not Satisfactory" Subspecialty Written and Oral Examination result	1	1	0
FRANZCOG/ SIMG	Paper-based review outcome of Not Comparable	10	8	2
FRANZCOG/ SIMG	Interview Outcome of Not Comparable	2	2	0

Requests for Appeal in 2021 (per program)				
Program	Subject of Review	Number	Outcome	
			Upheld	Varied
FRANZCOG	Decision of the RANZCOG Progression Review Committee regarding removal from the FRANZCOG Training Program.	1	0	1
FRANZCOG/ SIMG	Decision of the RANZCOG Specialist IMG Assessment Committee regarding the			

Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and program and graduate outcomes

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 2.

Has there been any significant developments made against this standard? Please include updates on any developments made in response to COVID-19 in this section. <i>If yes, please describe below.</i>	Yes	No change
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Requests for additional information from the AMC response to the 2021 monitoring submission:

- Please provide an update on the new pathway developments, including any successes in increasing access to operative gynaecology using this new Advanced Obstetrics pathway.

2a. Initiatives to support Aboriginal and Torres Strait Islander peoples of Australia and/or M ori of New Zealand and their health

Australia

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Refer to the Advanced Training Pathways Framework diagram attached as Appendix 2.1.

Trainees undertaking all but the Generalist Pathway would

Standard 3: The specialist medical training and education framework

3c. Sexual & Reproductive Health – curriculum developments

Medical and surgical abortion

Standard 4: Teaching and learning approach and methods

Areas covered by this standard: teaching and learning approach; teaching and learning methods.

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to

Working G

4b.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? i.e. changes to teaching and learning approaches</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<p>Yes</p> <p>Refer to section 4a.</p>	<p>No change</p>
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2 Activity against conditions

Nil remain.

Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality.

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs.

5b.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? i.e. changes to assessment methods.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet the standards.</i></p>	<p>Yes</p>	<p>No change</p>
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5d. Changes to assessments

Changes to assessment methods in 2021 were:

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Table

- < An introductory section outlining:
 - Principles of evaluation
 - Evaluation model
 - Stakeholder engagement
 - Techniques/mechanisms used in evaluation
 - Barriers to or challenges of evaluation
- < A tabular breakdown of evaluation data relating to RANZCOG's education and training programs, detailing for each activity:
 - Its purpose
 - Who provides input
 - Frequency of activity
 - Those responsible for delivery and analysis
 - Committee/s who receive evaluation report/s
 - How

Additionally, it should be noted that for small FRANZCOG sites with only one or two trainees, any issue raised by a trainee that relates to a site’s underperformance against accreditation standards may well result in a higher level of response, since the issue may be affecting 50%/100% of trainees.

6d. Training Support Unit

The Training Support Unit continued to offer support to trainees, training supervisors and SIMGs in all training programs.

- < [Training Support FAQs](#) were added to the RANZCOG website to help trainees, supervisors and SIMGs better understand when and how the Training Support Unit could help.
- < A ‘Having your own GP’ section was added to RANZCOG’s [Member support and wellbeing hub webpage](#). It provides links to psychiatrists, psychologists and doctors who treat other doctors.
- < RANZCOG signed up to the [Every Doctor, Every Setting Framework](#), which sets out sector-wide actions to improve doctor health and wellbeing.

In 2021, the TSU liaised with 81 people, as shown in Table 8.

- < The TSU received contact from 71 people.
- < The TSU initiated contact with 10 trainees:
 - o one who had received a ‘not satisfactory’ outcome on their summative six-monthly assessment
 - o nine who had been referred to the Progression Review Committee for their training progress.

Table 8: Breakdown of contacts to the Training Support Unit in 2021

Contact type	No. of incoming contacts	No. of contacts initiated by TSU
FRANZCOG Trainee	36	9

- < From 6 August to 5 September 2021, RANZCOG surveyed:
 - o Fellows (including retired Fellows)
 - o Subspecialists
 - o FRANZCOG Trainees
 - o Subspecialist Trainees
 - o Diplomates
 - o DRANZCOG Trainees
 - o

The RANZCOG Accreditation Team was consulted by the Bullying, Harassment and Discrimination Advisory Working Group to identify current practices. Suggestions arising from these discussions were taken for feedback and comment to the College’s Accreditation Steering Group, and include:

- ◁ Asking sites to provide data on the number of BHD complaints they received in the previous year
- ◁ Asking sites for relevant results of workplace surveys (e.g. Victorian Government People Matters survey)
- ◁ Asking what proactive action a site has taken to create a positive workplace culture
- ◁ Implementing an information-sharing protocol with hospitals to share data on BHD complaints
- ◁ Building a requirement into the accreditation standards that sites must provide information when RANZCOG requests it, at any time in the accreditation cycle
- ◁ Ascertaining what information on culture other regulators request from hospitals, including the Australian Commission on Quality and Safety in Health Care.

The Accreditation Steering Group will consider these and other recommendations arising from the Bullying, Harassment and Discrimination Advisory Working Group report to inform continuous improvement in this area. It should be noted that the Accreditation Steering Group and RANZCOG Board have also been informed of the outcomes of the Medical Training Survey, with particular reference to the section on BHD.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? I.e. changes to processes for monitoring and evaluation of curriculum content, teaching and learning activities, assessment, and program outcomes.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	Yes	No change
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2 Activity against conditions

Nil remain.

3 Statistics and annual updates

Please provide data **for 2021** in the table below showing:

- ◁ A summary of evaluations undertaken
- ◁ The main issues arising from evaluations and the college’s response to them, including how the College reports back to stakeholders.

If required please adjust the table to suit the College training and education program.

Evaluation activity	Issues arising	College response to issues
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Analysis of six-monthly
assessment survey
responses, 2020

<p>Investigated results, or is planning to investigate the MTS results, and is making changes based on these investigations?</p>	<p>Four main areas for improvement were identified from the 2020 Medical Training Survey, with associated strategies to address them:</p> <ol style="list-style-type: none"> 1. Competing with others for access to opportunities See section 4c, and revised accreditation standards in section 8b. 2. Exam feedback See section 5b. 3. Work/life balance There is a general understanding that O&G trainees will accept necessarily longer hours than others, as long as the sufficient quality training experiences are provided. Improvements to delivery of training in hospitals will be undertaken through both the curriculum review project, and through continuous improvement of accreditation standards and processes. The College will also reinforce relevant aspects of the accreditation standards in response to any recommendations of the Wellbeing Working Group 4. Bullying, harassment and discrimination See sections 6e and 6f
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Your feedback on the survey will be shared with the Board and Ahpra for survey evaluation purposes. Please let the AMC know if you do not want your responses shared.

Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes.

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 7.

<p>Has there been any significant developments made against this standard?</p> <p>Please include updates on any developments made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below.</i></p>	Yes	No change
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Requests for additional information from the AMC response to the 2021 monitoring submission:

- Provide detail on membership of the Wellbeing Working Group.

7a. Selection process developments

- < FRANZCOG and subspeciality selection interviews continued to be conducted online in 2021 as a result of COVID-19 limitations.
- <

Training

Has the College made any significant changes affecting the delivery of the program? I.e. changes to trainee

2 Activity against conditions

Please address the condition separately.

Condition 35 – new in 2021

To be met by: **2022**

Develop policies and strategies to support trainees access part-time training, flexible training and parental leave throughout training, including in the first year of training. This should include advocating for trainees and working with accredited traini

- B1.10.1 Year 1 of Basic Training may be approved to be undertaken on a part-time basis at the trainee's home or base hospital.*
- D1.8.1 Trainees commencing subspecialty training in CGO, COGU and CU from 1 January 2022, Year 1 of training may be undertaken as fractional (part time) training.*

Number of trainees entering training program in 2022								
Training program	QLD	NSW/ACT	SA/NT	TAS	VIC	WA	NZ	Total
FRANZCOG	21	31	5	1	27	7	22	114
CGO	0	0	0	0	2	0	0	2
CMFM	1	1	0	0	1	1	0	4
COGU	0	0	0	0	3	0	0	3
CREI	0	0	0	0	0	1	1	2
CU	1	1	0	0	0	0	0	2
Aboriginal and/or Torres Strait Islander trainees	1	1	0	0	0	0	0	2
M ori trainees	0	0	0	0	0	0	3	3
Pasifika trainees	0	0	0	0	0	0	1	1

College response

Fees are reviewed yearly during the College's budgeting process.

In 2020 there were no changes to the fees. In 2021 there was an increase of 15.5% to all trainee, member and workshop fees.

Trainees were notified in writing about the change to the fees. The College also organised a Q&A session with all trainees where they had an opportunity to ask questions to

Policy / Procedure	Description of changes
Selection into training	<p data-bbox="632 259 1070 293"><u>Situational Judgement Test (SJT)</u></p> <ul data-bbox="632 311 1426 443" style="list-style-type: none"> <li data-bbox="632 311 1426 443">◁ In 2020 the College agreed that SJTs were not cost-effective and decided to put this component on hold. This hold has remained for both the 2021 and 2022 Selection cycles. <p data-bbox="632 463 855 497"><u>Online interviews</u></p> <ul data-bbox="632 515 1426 647" style="list-style-type: none"> <li data-bbox="632 515 1426 647">◁ Online interviews have remained as the preferred method of delivering Selection interviews in 2021 and 2022 to ensure certainty in delivering robust and timely selection outcomes. <p data-bbox="632 667 916 701"><u>CV scoring guidelines</u></p> <p data-bbox="632 719 1426 777">From 2022 (for 2023 training year), an additional criterion has been added to the CV scoring guidelines regarding urelhod</p>

Standard 8: Implementing the program – delivery of education and accreditation of training sites

<p>Has the College made any significant changes affecting the delivery of the program?</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<p>Yes</p>	<p>No change</p>
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Accreditation visits continued to be conducted by virtual means throughout 2021; this will

* Two Queensland hospitals have had significant issues identified through accreditation visits conducted in 2020:

Hospital A has no trainees in place and has thus had accreditation suspended pending an independent review. Outcomes of this review and progress reporting by the hospital later in 2022 will inform a subsequent additional visit which will determine ongoing accreditation status.

Hospital B had a large number of conditions and recommendations placed upon it as a result of the accreditation visit in 2021, most of which were underpinned by staffing issues. Provisional accreditation has been awarded until September 2022: an interim progress report will inform the follow-up visit which will be

Standard 9: Continuing professional development, further training and remediation

9b. Continuing professional development (CPD) – to meet Medical Council of New Zealand requirements for recertification

RANZCOG’s Aotearoa New Zealand practice visit program continues to be disrupted by COVID-19. Practice visits were offered to Fellows in 2021. Two visits were completed, however a further three visits were deferred after the Delta outbreak. During 2021, cultural safety aspects of the practice visit program were reviewed with increased emphasis on self-reflection. The CPD points attached to the program were also reviewed to incentivise participation in this high value activity.

Min Requirements by 2022	Progress
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Min Requirements by 2022	Progress
9. Have a mechanism to recognise and give credit for appropriate activities that are undertaken through other processes, such as fulfilling the requirements of another accredited recertification programme or during the course of a doctor's employment.	Met
10. Report to Council doctors who are not meeting their recertification programme requirements.	In progress CPD team currently reviewing processes for reporting to MCNZ as this is a new requirement.
11. Provide a method by which continuous quality improvement of the recertification programme can occur.	Met CPD committee
In addition, Council recommends that providers should offer an essentials knowledge quiz, which gives doctors the opportunity to learn more about Council's standards and statements. Providers might also like to use this as an opportunity to include vocation specific learning and topical issues.	In progress Quizzes provided by MCNZ and can be included in the CPD Framework

2 Activity against conditions

Nil remain.

3 Statistics and annual updates

Please provide data in the tables below showing:

- the number and proportion of college fellows participating in and meeting the requirements of the college's continuing professional development programs **in 2021**.

The data should reflect both Australian and New Zealand activity for bi-national training programs.

Standard 10: Assessment of specialist international medical graduates

10b. Changes to SIMG processes

2021 Standards

In January 2021 the Medical Board of Australia released the revised *Standards: Specialist medical college assessment of specialist international medical graduates*. As part of these new standards, all medical colleges are required to supply an SIMG with a Summary of Preliminary Review (SPR) before an interim decision is made.

- < The SPR is a summary of an SIMG's application and is to be undertaken before the interim assessment decision is made
- < SPR addresses procedural fairness for SIMGs and aims to ensure that SIMGs have seen the information that the RANZCOG will use to make a decision of either Eligible for Interview or Not Comparable, noting that on non-technical professional attributes are not assessed as part of the SPR.
- < The SIMG will be given an opportunity to add to or correct the details of that information before the interim decision is made.
- < Applicants must provide a response within 21 calendar days of the prel

