Acknowledgements

Table of Contents	i
List of Figures	ü
List of Tables	iii
Glossary	1
Acronyms	1
Symbols and other usages:	2
Introduction	3
Vision	3
Mission	3
Fellowship Training Program	4
Hospital Accreditation	11
Certificate and Diploma Training Programs	12
Certificate of Women's Health (CWH)	12
GP Diploma (DRANZCOG)	12
Advanced GP Diploma (DRANZCOG Advanced)	12
Subspecialty Training ProgploGms	13
Examinations	17

Figure 1.	FRANZCOG trainees by year level, 2010 – 2014	.6
Figure 2.	FRANZCOG trainees by gender and country, 2010 - 2014	.6
Figure 3.	FRANZCOG trainees by year and gender, August 2014	10
Figure 4.	Active Fellows by region, 2010-2014	22
Figure 5.	Australian Fellows - Major Cities, Regional and Remote, 2014	24
Figure 6.	Australian SIMG Fellows - Major Cities, Regional and Remote, 2014	25
Figure 7.	Active Fellows by age group, gender and country, 2014	27
Figure 8.	Changes in workforce – Fellows, 2014	30
Figure 9.	Population per O&G, 2010-2014	31
Figure 10.	Australian Diplomates by region and RA, 2014	32
Figure 11.	Diplomates by age group and gender, 2014	33
Figure 12.	Changes in workforce – Diplomates, 2014	34

Table 1.	Applications for 2014 FRANZCOG training positions by region and gender4
Table 2.	Interviews for 2014 FRANZCOG training positions by region and gender4
Table 3.	Offers for 2014 FRANZCOG training positions by region and gender4
Table 4.	Total number of FRANZCOG trainees* in accredited positions by year level, August 20145
Table 5.	Total number of FRANZCOG trainees* in accredited positions by gender, August 20145
Table 6.	FRANZCOG trainees in accredited positions by year level, 2010 – 2014
Table 7.	FRANZCOG trainees in accredited positions by gender and country, 2010 - 20146
Table 8.	FRANZCOG trainees by region, gender and mode of training, August 20147
Table 9.	FRANZCOG Year 1 of training, region, gender and mode of training, August 20147
Table 10.	FRANZCOG Year 2 of training, region, gender and mode of training, August 20148
Table 11.	FRANZCOG Year 3 of training, region, gender and mode of training, August 20148
Table 12.	FRANZCOG Year 4 of training, region, gender and mode of training, August 20149
Table 13.	FRANZCOG Year 5 of training, region, gender and mode of training, August 20149
Table 14.	FRANZCOG Year 6+ of training, region, gender and mode of training, August 201410
Table 15.	Summary of re-accreditation visits for 2014
Table 16.	DRANZCOG trainees by type (highest level in 2013) and region, $2014^*$
Table 17.	Accredited Subspecialty training units by region, 2014
Table 18.	Subspecialty training sites newly accredited by region, to begin training in 2014 (if applicable)
Table 19.	Applications made in 2013 for 2014 Subspecialty training positions
Table 20.	Subspecialty trainees by year of training and gender, August 201415
Table 21.	Subspecialty trainees by year of training and region, August 201416
Table 22.	MRANZCOG examination pass rates, 201417
	CWH.and.DRANZCOG.exampecition pates, 2014

Table 40.	Subspecialist Fellows by region, 2014	.30
Table 41.	Population per O&G Fellow, 2014	.31
Table 42.	Diplomates by gender and region, 2014	.32
Table 41.	Aus5t 113()Tj /R8 9 Tf 5.88008 0 Td [A)33.0(on.9792(st)6.90208(i)-11.9792(st)6.3.00971(gi)-1	<b>\$2</b> 848(850.,oe

# Acronyms

ACT	Australian Capital Territory
AoN	Area of Need
ASGC	Australian Standard Geographical Classification
ASM	Annual Scientific Meeting
ATP	Advanced Training Program
AUS	Australia
CGO	Certification in Gynaecological Oncology
CMFM	Certification in Maternal Fetal Medicine
COGU	Certification in Obstetrical and Gynaecological Ultrasound

QLD	Queensland
RA	Remoteness Area as per the Australian Standard Geographical Classification (ASGC)
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
SA	South Australia
SAQ	Short Answer Question
SIMG	Specialist International Medical Graduate
SSTV	Specialist Short-term Training Visas
TAS	Tasmania
VIC	Victoria
WA	Western Australia

# Symbols and other usages:

-

Nil

## re 1. FRANZCOG trainees by year level, 2010 – 2014

186	66	340	73	369	78	397	89	430	94
32	19	130	22	118	24	118	21	111	20

## e 7. FRANZCOG trainees in accredited positions by gender and country, 2010 – 2014

re 2. FRANZCOG trainees by gender and country, 2010 – 2014

\_\_\_\_

Table 10. FRANZCOG Year 2 of training, region	, gender and mode of training, August 2014

Mode of training*	NSW	VIC	QID	SA	WA	TAS	NT	ACT	AUS	NZ	Total
Female trainees											
Full-time	22	21	12	4	3	3	-	3	68	13	81
Part-time	1	-	-	-	-	-	-	-	1	-	1
Full-time + leave	3	-	2	1	-	-	-	-	6	6	12
Part-time + leave	-	-	-	-	-	-	-	-	-	-	0
Total female							-				
Male trainees											
Full-time	7	5	4	-	2	1	-	-	19	1	20
Total male				-			-	-			
Total trainees											

 Table 11. FRANZCOG Year 3 of training, region, gender and mode of training, August 2014



## Table 14. FRANZCOG Year 6+ of training, region, gender and mode of training, August 2014

IAS NT	WA	SA	QID	VIC	NSW	Mode of training*
--------	----	----	-----	-----	-----	-------------------

#### **Hospital Accreditation**

The Integrated Training Program (IIP) is based in major teaching hospitals, outer suburban and nural/provincial hospitals accredited to provide Core training. A combination of these different types of hospitals forms a consortium, each known also as an IIP. An IIP would normally comprise at least two sites and could be offered by:

A tertiary hospital and a number of peripheral/rural hospitals;

Two or more tertiary hospitals;

All of the teaching hospitals within a state or region;

Three or more hospitals, at least one of which is a tertiary hospital, in different states or regions;

Three or more hospitals, at least one of which is a tertiary hospital, in different countries.

The objectives of accreditation of RANZCOG training sites are:

to ensure that the core requirements for clinical and educational experience as defined in the RANZCOG curriculum are being met for all trainees in participating hospitals in each IIP;

to assist the hospitals in their role as training providers – not just service providers – by identifying factors that are adversely affecting their capacity to deliver effective and supported training to RANZCOG trainees; and

The cuniculum and training program for the DRANZCOG and DRANZCOG Advanced have been extensively reviewed and, in July 2010, the College Council accepted and passed a new three tier model of post-nominal qualifications for what is collectively known as the Diploma Training Program. The DRANZCOG and DRANZCOG Advanced are now complemented by a Certificate of Women's Health (CWH).

#### Certificate of Women's Health (CWH)

The CWH is centred primarily on office-based obstetrics and gynaecology and generally involves three

RANZCOG offers five Subspecialty Training Programs of three years duration, leading to certification in particular areas of practice:

**Gynaecological Oncology** - A certified gynaecological oncologist (CGO) subspecialist should demonstrate comprehensive management of women with a genital malignancy.

**Matemal Fetal Medicine** - A certified matemal fetal medicine (CMFM) subspecialist should demonstrate advanced knowledge of the obstetrical, medical and surgical complications of pregnancy and their effect on both the mother and the fetus, and expertise in the most current approaches to diagnosis and treatment of patients with complicated pregnancies.

**Obstetical and Gynaecological Ultrasound (COGU)** - A certified obstetric and gynaecological ultrasound (COGU) subspecialist should demonstrate advanced knowledge in all aspects of ultrasound diagnosis relating to obstetrics and gynaecology, including ultrasound guided interventional diagnostic and therapeutic techniques.

**Reproductive Endocrinology and Infertility (CREI)** - A certified reproductive endocrinology and infertility (CREI) subspecialist should demonstrate comprehensive management of patients with reproductive endocrine disorders and infertility.

**Urogynaecology (CU)** - A certified urogynaecology (CU) subspecialist should demonstrate comprehensive management of patients with urogynaecological disorders.

Table 17. Accredited Subspecialty training units by region, 2014

	NSW	VIC	QLD	SA	WA	ACT	AUS	NZ	Total
CGO	3	3	2	2	1				

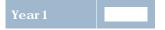
#### Table 19. Applications made in 2013 for 2014 Subspecialty training positions

	CGO	CMFM	COGU	CREI	CU	Total
Applications						

Gender	Year 1	Year 2	Year3+	Total
CGO				
Female	2	3	2	7
Male	1	2	2	5
Subtotal	3	5	4	12
CMFM				
Female	7	4	5	16
Male	-	2	5	7
Subtotal	7	6	10	23
COGU				
Female	3	1	4	8
Male	-	-	-	-
Subtotal	3	1	4	8
CREI				

 Table 20. Subspecialty trainees by year of training and gender, August 2014

 Table 21. Subspecialty trainees by year of training and region, August 2014



The MRANZCOG Written Examination is part of the assessment for the attainment of both the MRANZCOG and FRANZCOG qualifications. The MRANZCOG Written Examination is held twice yearly and currently consists of two papers:

A multiple choice question (MCQ) paper of 120 questions.

A short answer question (SAQ) paper consisting of 12 questions, all of equal value.

Both papers are standard-set on an examination by examination basis.

The MRANZCOG Oral Examination

**MRtwnea** 

RANZCOG is the body formally appoir of Specialist International Medical Gra gynaecology and who wish to be recc of the comparability of an applicant's trained specialist. The College also un New Zealand (MCNZ) in the capacity o

Elevation to Fellowship (FRANZCO( http://www.ranzcog.edu.au/the-ranzc e Medical Board of Australia (MBA) to conduct assessments IMGs) who possess overseas qualifications in obstetrics and a specialist in this field in Australia. Assessment is undertaken qualifications and experience relative to that of an Australian such assessments in New Zealand for the Medical Council of cational Education and Advisory Body to the Council.

f the College is governed by regulations, available at governance/ranzcog-regulations.html

The Area of Need (AoN) process aims to meet gaps in service delivery in Australia, primarily in rural areas where there is an acute shortage of pactitioners, including obstetricians and gynaecologists. The College undertakes assessment of International Medical Graduates (IMGs) with overseas specialist qualifications relative to a specific position description to determine whether the applicant is able to safely undertake the AoN position in question. AoN applicants are also assessed concurrently for their comparability to an Australian-trained specialist in Obstetrics and Gynaecology.

Further information in regard to specific aspects of the SIMG assessment processes conducted by the College may be found at <u>www.ranzcog.edu.au/process.html</u>

Applications received (Australia)	No.
SIMG applications	69
Not eligible for interview	4
	6

 Table 25. Applications from SIMGs, 2014 – Australia

RANZCOG collects annual demographic data on the fellowship. This data has enabled the College to gain a greater understanding of the composition of the fellowship and diploma workforce.

Tables 31 to 47 have been produced using membership data from the College database RADAR, as at 31 December 2014 in order to summarise the 2014 workforce.

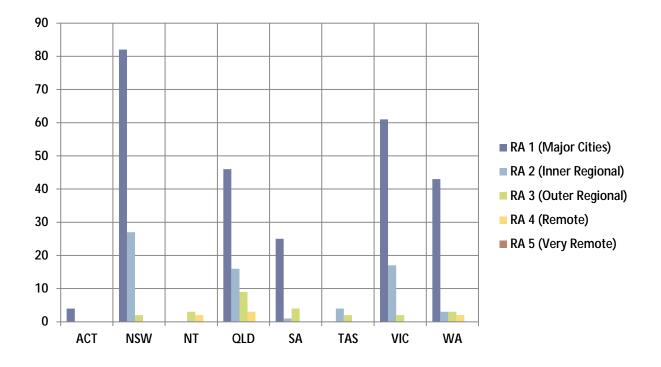
Workforce demographics:

The O&G workforce in Australia and New Zealand comprised 1,945 active Fellows (Table 31).

Figure 4. Active Fellows by region, 2010-2014

## Table 32. Number of active Fellows by gender and region 2014

Gender ACT



\*The number of Australian SIMG Fellows in Figure 6 is included in the overall number of Australian Fellows in Figure 5.

Figure 6. Australian SIMG Fellows - Major Cities, Regional and Remote, 2014

RANZCOG Activities Report 2014 | version 3.0



Figure 7. Active Fellows by age group, gender and country, 2014

	АСТ	NSW	NT	QID	SA	TAS	VIC	WA	AUS	NZ	
--	-----	-----	----	-----	----	-----	-----	----	-----	----	--

#### Table 41. Population per O&G Fellow, 2014

Region active O&G Fellows	Region	No. of active O&G Fellows	
------------------------------	--------	---------------------------------	--

# **Diplomates**

 Table 42. Diplomates by gender and region, 2014

	ACT	NSW	NT	QID	SA	TAS	VIC	WA	Total	%
Female	29	290	52	202	114	35	563	148	1433	

 Table 44. Diplomates by age group and gender, 2014

Age Group	Female	Male	Total
20-24	1	1	2
25-29	74	6	80
30-34	205	25	230
35-39	182	46	228

## Table 45. New Diplomates by region, 2014

	АСТ	NSW	NT	QID	SA	TAS	VIC	WA	Total
RA 1 (Major Cities)	-	10	-	4	2	-	6	3	25

#### **Associate Members**

Associate Membership is open to any medical practitioner who holds a specialist qualification in the area of obstetrics or gynaecology that was not awarded by RANZCOG and who is practising unsupervised providing specialist women's health services in Australia, New Zealand, the Pacific Islands or Timor Leste. Associate Members are required to participate in and satisfactorily complete CPD activities of the College.

#### **Educational Affiliates**

Registered medical practitioners working as a specialist in obstetrics and gynaecology or more broadly in Women's Health in Australia or New Zealand who are not a Fellow of RANZCOG, and are not eligible for Associate Membership may apply to become an Educational Affiliate; for example, AoN practitioners in Australia and SIMGs practising in New Zealand under a provisional vocational scope of practice. An RANZCOG's Continuing Professional Development (CPD) program is designed to facilitate continuing training, lifelong learning and practice review by:

- providing a framework that directs clinical and professional learning to the essential knowledge, skills and professional qualities that are deemed essential for obstetricians and gynaecologists in the changing healthcare landscape;
- encouraging the development of a Professional Development Plan (PDP), enabling participants to reflect on their practice and identify areas of knowledge, skills or performance that require further development; and
- providing an accessible and easily navigated online portal for Fellows to plan, record and track their CPD activities.
- In 1986, RANZCOG fellowship became linked to a mandatory program of continuing education and recertification and in 1999 it became a three year cyclic CPD program.

Fellows/Subspecialists in the paper-based CPD Program are required to accrue a minimum of 150 points in CPD activities per three year cycle with a minimum of 25 of those points in the area of practice review and clinical risk management (PR&CRM).

Fellows/Subspecialists in the CPD Online

Australian Bureau of Statistics, <u>http://www.abs.gov.au/</u>

RANZCOG. Training Program Handbook 2014: For Trainees commencing prior to 1 December 2013.

