

ROYAL AUSTRALIAN & NEW ZEALAND
COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS

**ACCREDITATION & RE-ACCREDITATION OF
CERTIFICATE OF WOMEN'S HEALTH,
RANZCOG ASSOCIATE TRAINING
PROGRAM (PROCEDURAL) AND RANZCOG
ASSOCIATE TRAINING PROGRAM (ADV.
PROCEDURAL) TRAINING SITES**



STANDARDS AND PROCEDURES

July 2014

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1.0

2.0

3.0 ACCREDITATION and SUPERVISION

3.1 Certificate of Women's Health

Certificate of Women's Health (CWH) training may be undertaken in a number of settings:

solely in appropriate clinics (e.g.; general practice, gynaecological,

Individual hospitals can apply for accreditation for either or both of the Procedural training programs.

4.0 ACCREDITATION PROCESS (NEW CWH/PTP SITES)

4.1 Applications for accreditation

A detailed application from hospitals for accreditation as an individual training site or as a consortium (which may involve appropriate clinics) must be submitted to the Training, Accreditation and Recertification (TAR) Subcommittee of CCAPT using the [Certificate Procedural Training Site Accreditation Reaccreditation Application](#) form.

Sites already accredited by the RANZCOG for PTP and/or APTP

The purpose of

5.0 RE-ACCREDITATION PROCESS (EXISTING CWH/PTP SITES)

5.1 PAPER-BASED COMPONENT

Application Form

Sites already accredited for CWH/PTP/APTP training and which are due for re-accreditation will be sent an electronic version of the accreditation/re-accreditation application form relevant for that site, depending on whether it has been accredited for CWH, PTP or APTP training. The application form requires the site to indicate how it has met the agreed standards, ranging from clinical experience, staffing and facilities to

Re-accreditation Ratings

In

6.0 ACCREDITATION/RE-ACCREDITATION STANDARDS

The following



6.2 RANZCOG Associate Training Program

- handle drug orders/prescriptions; and
- clerking in and out.

1. Management of labour and delivery;
2. Management of first trimester miscarriage (may/may not include ERPOC);
3. Management of retained placenta;
4. Dilatation and curettage;
5. Masupialisation of Bartholin's cyst/abscess.

Acting in accordance with credentialing process. The document should be distributed to all consultants, senior registrars and senior midwifery staff, and reviewed and updated for each trainee every six months. It must be clearly understood by trainees, supervisors, consultants, midwifery staff and senior registrars which procedures a trainee requires supervision.

Responsibility of consultants. The credentialing document should indicate whether each trainee is competent to perform a specific procedure supervised or unsupervised, particularly after hours. If a trainee is listed as requiring after hours supervision for a procedure, it is a high priority expectation that the on-call consultant come in for that trainee and that procedure until such time as the trainee is signed off as being competent in the procedure. Even in the event that a trainee is considered competent in a procedure, this does not preclude him/her from seeking assistance from a consultant/senior registrar should the trainee feel that assistance is needed, nor does this preclude the consultant/senior registrar providing such support when requested.

IMPORTANT NOTE: The credentialing process is intended to identify each trainee's level of competency and confidence for various key proced5.8051 ()3e's

Obstetrics

- Elective Caesarean section for at least 10 women, of which a minimum of 3 must be repeat
- Emergency Caesarean section for at least 10 women
- Personal conduct of the management of full dilatation at Caesarean section for at least 5 women
- Personal conduct of the management of postpartum haemorrhage for at least 5 women
- Personal conduct of the management and performance of uterine evacuation following second trimester pregnancy loss and/or mid trimester termination for at least 5 women
- Personal conduct of first trimester ultrasound scanning, including both transvaginal and transabdominal, for at least 15 women
- Personal conduct of third trimester ultrasound scanning for at least 15 women

Gynaecology

- Personal performance of exploratory laparotomy for gynaecological emergency (e.g. ectopic pregnancy, ovarian cyst) for at least 1 woman
 - Personal performance of hysteroscopy and dilatation and curettage for at least 10 women
 - Personal conduct of the management of first trimester termination of pregnancy/missed miscarriage for at least 5 women
- NB:** Attainment of these gynaecological skills may require extra time/rotation through gynaecological or surgical registrar posts.

IMPORTANT NOTE RE PROVISION OF CLINICAL EXPERIENCE BY A HOSPITAL OR OTHER UNIT:

If a site is unable to provide a trainee with access to stipulated clinical experience or insufficient clinical experience in a particular area (e.g. in ultrasound), arrangements should be made for the trainee to access this experience at another accredited site.

In order to ensure the provision of appropriate clinical experience to trainees, hospitals must also satisfy the following:

Access to clinical experience: planning of hospital rosters and theatre lists.

FRANZCOG Registrars and other trainees.

registrars at the hospital may be given priority access to this experience

2. **Dedicated time:** To set aside dedicated time each week to teach/mentor trainees. (Note: This includes time spent giving feedback to trainees or contributing to the planning of their O&G educational program.)
3. **Signing Logbook:** To review and sign each trainee's Logbook every month to ensure the trainee is completing the training and assessment requirements and to ensure that the trainee is not leaving the completion of Workplace-based Assessments until the end of their training period.
4. **Assessment:**
 - i) To act as an Assessor of the trainee's competence in skills listed in the In-Training Skills Log of the trainee's Logbook,
 - ii) To act as an Assessor for the trainee completing the requisite Workplace-based Assessments (WBAs),
 - iii)

regular constructive formal and informal feedback through meetings with the

State/Territory	Hospital	Accredited for	
		PTP training	AFTP training
New South Wales & Australian Capital Territory	Armidale & New England District Hospital		
	Auburn District Hospital		
	Bankstown-Lidcrombe Hospital		
	Bathurst Hospital		
	Bega District Hospital		
	Belmont Hospital		
	Blacktown Hospital		
	Bowral District Hospital		
	Camden District Hospital		
	Campbelltown Hospital		
	Canberra Hospital		

State/Territory	Hospital	Accredited for	
		PTP training	APTP training
Tasmania	Launceston General Hospital		
	Mersey Community Hospital		
	Royal Hobart Hospital		
	North West Regional Hospital		
	Angliss Hospital		
	Ballarat Base Hospital		
	Bass Coast Regional Health		
	Bendigo & Northern District Base Hospital		
	Box Hill Hospital		
	Casey Hospital		

Victoria

APPENDIX TWO: ABBREVIATIONS

Abbreviations used/accepted in CWH, PTP & APTP Training Documentation and

APPENDIX THREE: GLOSSARY OF TERMS

Accreditation	The formal process by which a hospital obtains recognition and approval from the RANZCOG as a training site for CWH, PTP or APTP training. Re- accreditation 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.
Accredited Hospital	A hospital which has been accredited by the RANZCOG as a training site for CWH, PTP or APTP training.

