

SPECIFICATION FOR TRAINING IN OBSTETRICS AND GYNAECOLOGY

1.0 PREAMBLE

This specification describes the requirements for registrar training in Obstetrics and Gynaecology. It is based on the Royal Australian College of Obstetricians and Gynaecologists MRACOG/FRACOG Training Programme Handbook, information provided by the Royal New Zealand College of Obstetrics and Gynaecology (RNZCOG) on the proposed Integrated Training Programme and other information provided by the College, its members, and other information sources.

In this specification, the term 'registrar' means a registrar in training as defined in Section 3.1 Registrar Eligibility.

Other terms are defined in the CTA Head Agreement and/or Service Agreement.

2.0 DESCRIPTION OF SERVICE

Fellowship of the RNZCOG requires successful completion of six full-time equivalent (FTE) years of training prospectively approved by the RNZCOG. This includes a four year FTE Integrated Training Programme (ITP), a two year FTE Elective Programme (EP) and success in the MRNZCOG examination. The MRNZCOG examination can be taken once three years (36 months) of training has been completed. Progress is contingent on achieving the criteria outlined in section 2.4.

To be considered for entry into the training programme, two years experience post graduation is required, including six months experience in obstetrics and gynaecology. (Refer to Section 3.1 Registrar Eligibility).

The training is designed to be flexible, but all arrangements must have prior approval. Trainees are strongly encouraged to be full-time in the first two years of the programme. Part-time training of at least half (0.5 training unit) is allowed thereafter. Leave of absence from the programme up to two continuous years is allowed. The total time in training must not exceed 11 years. Training objectives can be met at a variety of approved sites and in a variety of training modes.

The training programme is based on both apprenticeship and formal teaching. It has defined educational objectives with both formative and summative assessments throughout the six years.

Learning is facilitated through interactions with patients and medical and other health related staff, supervision, formal teaching, departmental meetings, journal clubs and other continuing medical education activities, teaching others, research and private study. The ITP includes a Distance Education Programme (DEP) with 10 units.

The six year programme is designed to:

- define core requirements for all registrars.
- have flexibility to allow core requirements to be met in a variety of ways.
- give a range of experience through planned rotations and co-ordinated posts.
- have a formal exit assessment at the end of the ITP.
- have structured but flexible further experience to round out training in the EP.

By the end of their training, registrars are expected to have developed an ability to work co-operatively in multi-disciplinary teams, and to have the knowledge and skills required of a specialist in Obstetrics and Gynaecology. This includes communication and teaching skills essential to good clinical practice and to allow their knowledge to be passed on to others. In addition, registrars are expected to have developed wider vocational skills including health leadership, management, policy, economics and population and Maori health.

2.1 LEARNING ENVIRONMENT

Learning is divided into two complementary components, the ITP and the EP. All training in Obstetrics and Gynaecology is on an apprenticeship model supplemented by formal and informal teaching. The educational model of reflective learning and practice is built into the programme. Training should take place in an environment of excellence, and in a range of stimulating clinical and academic settings.

The settings in which learning takes place for all components of the programme may include:

- The clinical environment of wards, departments, outpatient clinics, operating theatre labour wards, and visiting clinics away from base hospital sites, including rural areas and Marae.
- Diagnostic settings (radiology and pathology and other support services).
- Clinical and laboratory based research.
- Formal and informal teaching.
- Access to and participation in regular continuing medical education such as departmental meetings, journal clubs and grand rounds provided by the employer for all staff.

The range of learning environments should be sufficient to ensure all training objectives are met by the end of the period of training. These requirements are outlined more fully in the RNZCOG Training Programme Handbook. The principles of adult education shall apply to all learning situations, including supervision.

The range of skills required by a specialist in obstetrics and gynaecology generally include:

- Currently accepted skills and knowledge of the clinical practice of obstetrics and gynaecology.
- An appreciation of well woman and child health as it applies to obstetric practice.
- Skills in critical appraisal of the literature.
- Excellent communication skills with both patients and professionals.
- Ability to work effectively as part of a team, and an appreciation of the skills of other health professionals in that team, including Maori health workers.
- Sharing knowledge with and teaching others.
- Ability to study individually in the Distance Education Programme.
- An understanding of the importance and practical application of quality assurance and monitoring of outcomes to maintain standards and improve efficiency.
- Skills in applying the principles of cultural safety to obstetric and gynaecological practice.
- General management skills for the efficient and effective delivery of service, including an understanding of the role of the Lead Maternity Carer.
- Application of medico-legal and ethical principles, including informed consent, complaints and disciplinary procedures to clinical practice.
- Self directed and lifelong learning skills.

The wider vocational skills required for specialist practice include:

- Health services management including resource allocation, health Population health and the broader aspects of healthcare across disciplines.
- Epidemiology, research and statistics.
- Teaching.

2.1.1 Clinical Placements

General Requirements

Integrated Training Programme

The Integrated Training Programme is designed to standardise the clinical and educational experience of registrars. It has a number of requirements which include:

- A planned four year rotation which includes experience at two centres, at least 12 months in a tertiary centre and six months in a provincial post.
- A programme co-ordinator.
- A tutorial programme specifically for O & G trainees.
- A level of clinical experience that allows trainees to gain the requisite amount of experience over the four years.
- The objectives for this part of training are to gain the basic skills and knowledge required of a specialist as listed in the learning environment.
- Support will be given for registrars to attend prescribed courses of study, tutorials, and lectures directly related to their training. This should be a minimum of four hours/week.
- Elective Programme

The Elective Programme is individualised to meet the needs and interests of the registrar. The objectives are to develop the wider vocational skills listed in the learning environment, and to develop:

- confidence and competence in surgery.
- confidence and competence in patient management.
- career directions.
- leadership skills.
- teaching skills.
- financial management skills.
- people management skills.

All programmes

Workplace safety issues are the responsibility of the service provider and normal practice will apply to all registrars.

Specific requirements

All registrars and supervisors should have agreed educational objectives for each training placement. Evaluation of the placement and the registrar should be against these objectives.

Training in the ITP must be at a minimum of two sites. At least six months experience must be in a provincial post at some stage in the six years of training and at least twelve months of training must be in a tertiary centre.

2.1.2 Formal Teaching Programme

Integrated Training Programme

The ITP is designed to give registrars a balanced training experience through formal teaching, clinical experience, assessment and feedback. The formal teaching includes the Distance Education Programme and weekly tutorials arranged locally.

Assessments are based on experience, competence and performance as follows: -

Log Book (Experience)

This details the cases seen and training received in a six month period. This information is verified by the Clinical Supervisor, reviewed and assessed by the Training Supervisor and forms part of the six monthly training report.

MRNZCOG Distance Education Programme (Competence)

Ten self directed learning modules assessed by RNZCOG and completed prior to written and oral examination.

In-hospital Clinical Assessments (Competence)

Three modules (Communication and Clinical Examination Skills, Diagnostic Ultrasound, and Colposcopy and Treatment of Cervical Diseases) which must be completed before sitting the oral MRNZCOG examination.

MRNZCOG Written and Oral Examinations (Competence)

These are taken after a minimum of three years (36 months) of credited training have been completed.

Registrar's Assessment Forms and Six Monthly Registrar Report (Performance)

Clinical Supervisors assess registrar performance formally every six months. Assessment forms and log books are reviewed and information collated by the Training Supervisor, who then writes a Six Monthly Training Report. These are sent to the RNZCOG and, if satisfactory, training is credited to the trainee.

Elective Programme

In the Elective Programme there is little formal teaching, but there is ongoing assessment and feedback which allows the registrar to consolidate the skill of reflective practice. *Log books* and *Registrar Assessment Forms* are still completed and reviewed by the clinical and training supervisors each six months, and progress fed back to the registrar.

2.1.3 Access to Resources

Access to general resources for training include:

- Facilities for teaching in a clinical setting.
- Facilities for meetings, case discussion and group teaching sessions.
- Equipment and therapeutic modalities appropriate to the speciality.
- Access to diagnostic resources, including pathology, radiology and ultrasound services.
- A library containing recognised texts and a relevant range of current journals.
- Audio-visual equipment.
- A quality assurance programme.

A broad range of staff is expected to have input into the registrars learning experiences, in particular neonatologists, ultrasonographers, and midwives.

2.2 SUPERVISORS

Supervision and ongoing assessment of registrars is necessary to ensure the quality of training, educational support and guidance for the learner, progress towards expected outcomes and suitability to continue and complete the course of training. (Refer to the *Guidelines for Training Supervisors* in the MRNZCOG Training Programme Handbook)

There are four levels of supervision in this training programme. There are five regional programmes, Northern (3 programmes), Central and Southern.

Regional supervision for each of the five programmes is the responsibility of the *Programme Co-ordinator*. Each hospital which has training posts has a *Training Supervisor* with responsibility for the educational supervision of registrars in those posts. *Consultants* (specialists in Obstetrics and Gynaecology) oversee the *clinical experience* gained by the registrars. At the most informal level, registrars are encouraged to seek out a *mentor* to guide and support them through their training.

2.2.1 Clinical Supervision

Clinical supervision is provided by Consultants in the clinical team to which the registrar is attached. The level of training supervision given is appropriate to the skill and knowledge level of the registrar.

Clinical Supervisors are required to sign the registrars Log Book of experience regularly and assess the adequacy of work experience. If it is inadequate, the reason should be sought and discussed with the Training Supervisor and the registrar, and corrective action planned.

An important part of this role is to make formative assessments and give feedback to registrars on their performance. To make experience educational it is necessary to clearly define expectations and to give feedback on how well those expectations are met. Feedback needs to be frank, specific, objective and helpful, and include both strengths and deficiencies. This is provided at a formal level by the training supervisor every six months, but is of most value when given regularly as part of daily clinical practice. Reflective learning is an important skill for future clinical practice, and may include elements of reflection on the supervisors' practice as well as that of the registrar.

A Registrar (Trainee) Assessment Form is completed every six months for each registrar by the clinical supervisor(s). These are given to the Training Supervisor to form part of the six monthly registrar report.

The registrar assessment form and the six monthly registrar report are the main tools used to assess registrar clinical performance, which is ultimately the measure of how a registrar will perform when given specialist status. It is therefore a vital element of the programme.

For daily clinical practice normal lines of service responsibility and accountability shall apply to registrars.

2.2.2 Educational Supervision

The RNZCOG Regulations state that all hospitals with training posts must have a Training Supervisor appointed by the RNZCOG after consultation with hospital authorities. The main role of the Training Supervisor is to co-ordinate the training experience and assessments for all registrars in training posts at the site. There may be more than one training supervisor in a hospital, depending on the number of registrars. Normally training supervisors will supervise a maximum of four registrars.

The main duties of the Training Supervisor for all registrars are:

- Participation in the selection of registrars.
- Planning the training programme of each registrar, including appropriate clinical areas.

- Examining and signing registrars logbooks every three months with particular attention to balance of clinical experience and taking corrective action where necessary.
- Collecting and collating information from Clinical Supervisors Trainee Assessment forms.
- Conducting a formal feedback interview with each registrar every six months to discuss all documented training for the period (Log Book and Trainee Assessment Forms) and giving constructive feedback.
- Taking appropriate action to correct deficiencies so identified (including depths and breadth of experience available and opportunities taken).
- Taking necessary steps when a registrar's performance is below an acceptable standard and has not responded to corrective action.
- Advising registrars on all aspects of future training including regulations for training.
- Establishing a mechanism to provide personal mentoring for registrars.
- Sending all reports and documentation as required by the RNZCOG to the Co-ordinator of Training by the due date.

In addition, for pre-membership registrars, the Training Supervisor is also responsible for:

- Ensuring tutorials are available to registrars.
- Organising In Hospital Clinical Assessment for registrars.
- Preparing candidates for MRNZCOG Written and Oral Examinations.
- Conducting formal interviews every three months to discuss performance, progress and to give feedback.
- Conducting informal interviews with registrars monthly.
- Assisting registrars with Commentaries and other training matters.

Assessment of registrar's experience, competence and performance is undertaken both internally and externally. The MRNZCOG Distance Education Programme and Written and Oral Examinations form the external assessment of competence. Internal assessment has three components. In-Hospital Clinical Assessment Modules examine competence. Log-Books assess experience. Trainee Assessment Forms and Six Monthly Trainee Reports are used for the assessment of performance. The Training Supervisor co-ordinates registrar assessments internally.

2.2.3 Mentors

A mentor acts as an advisor, guide and support to the registrar in training. This is not a formally appointed position, but one taken by senior registrars and specialists on a personal and individual level. Mentors have no role in assessment of registrars and so can offer guidance at times of personal or professional stress or uncertainty without this reflecting on any assessments in the future. Registrars are encouraged to seek out a mentor by the Training Supervisor, who has a duty to facilitate this process.

2.3 PROGRAMME CO-ORDINATION

A Programme Co-ordinator is appointed for each of the five Regional Integrated Training Programmes. Their role is to oversee the performance and assessment of registrars in the ITP and administration of the process of crediting training to individual registrars with the RNZCOG. There is also a National Co-ordinator of Training to oversee all training programmes.

2.4 EXPECTED OUTCOMES

The expected final outcome of the completed training course is eligibility for Fellowship of the RNZCOG.

Membership and Fellowship of RNZCOG are the postgraduate qualifications which are awarded by the College to those who successfully complete the RNZCOG specialist training programme. FRNZCOG is the specialist qualification. MRNZCOG is an intermediate qualification which must be obtained before Fellowship is awarded.

The Membership examination can be taken once three years (36 months) of training have been completed. Progress through the training programme is not dependent on success in the MRNZCOG examination, but Membership must be achieved before Fellowship can be awarded.

For registrars who commenced training prior to the introduction of the Distance Education Programme, the requirements are modified in accordance with the RNZCOG regulations. In summary, such registrars:

- are exempt from the Distance Education Programme, and
- are required to submit two Commentaries (in lieu of Paper 3 of the MRNZCOG Written Examination) and
- must have obtained a pass in the Part I MRNZCOG Examination (no longer held), plus
- must fulfil all the other requirements of candidates outlined above.

The Elective Programme may be commenced before passing the Membership examination. MRNZCOG must be obtained within two years of completing both the ITP and the EP for all components of training to remain credited training experience.

The following table details the milestones in training and criteria required to meet these milestones.

Table 1

Milestone	Criteria
Ten Distance Education Programme (DEP) modules completed	Must be completed prior to sitting MRNZCOG Written examination
In-hospital Clinical Assessment modules completed.	Must be completed prior to sitting MRNZCOG Oral examination.
Pass in MRNZCOG Written examination	36 months training in general obstetrics and gynaecology completed prior to sitting examination. This can be either retrospectively credited or prospectively approved.
Pass in MRNZCOG Oral examination	All three above criteria fulfilled prior to sitting examination. Must be taken within five years of first sitting written examination.
Eligible to apply for MRNZCOG	All the above criteria fulfilled plus <ul style="list-style-type: none"> • documented credit for three years training in obstetrics & gynaecology • satisfactory referees report from two currently practicing obstetric and gynaecological specialists.
Membership RNZCOG	RNZCOG accept all above criteria have been fulfilled.
Four six month Training Assessment Records and Trainee Reports available	Satisfactory completion
24 months prospectively approved training completed.	Satisfactory completion approved by an officer of RNZCOG at the end of training.
Eligible to apply for Fellowship RNZCOG	Criteria above completed within seven years of passing MRNZCOG Oral examination.
Fellowship awarded	Candidate applies to RNZCOG for Fellowship on completion of all the requirements of the ITP and EP. There is no exit examination.

3.0 ELIGIBILITY

3.1 REGISTRAR ELIGIBILITY

Registrars must:

- Be accepted by the RNZCOG into the training programme; and:
- Be a graduate in Medicine and Surgery of a Medical School recognised by the Medical Council of New Zealand; and
- Hold general registration as a medical practitioner from the Medical Council of New Zealand.

Medical graduates who do not meet the above criteria may be considered on a case by case basis.

To be considered for placement on the RNZCOG programme, the RNZCOG require registrars to have completed at least two years practice following graduation including six months work experience in Obstetrics and Gynaecology.

All training must be prospectively approved and undertaken in RNZCOG recognised training posts (refer to Schedule 1). (Where is Schedule 1? Not included in 1/B10)

3.2 PROVIDER ELIGIBILITY

All training posts must be accredited by the RNZCOG as set out in the MRNZCOG/ FRNZCOG Training Handbook, and meet the standards set out in the Handbook.

All posts must be part of an integrated training programme accredited by the RNZCOG. The ITP must meet the standards as set out in the RNZCOG Training Handbook.

Training posts for the Integrated Training Programme are grouped into training rotations as listed in Appendix II. For approval to be part of the ITP there are minimum standards which include:

- At least two FRNZCOG specialists.
- An appropriate clinical workload.
- A suitable educational programme.

Approval is gained by inspection in the first instance and is maintained by review every four years.

4.0 LOCATION AND SETTING

Any secondment of a registrar to another location for further training experience must comply with Part 9 of the CTA Head Agreement.

5.0 ASSOCIATED LINKAGES

The provider will have established linkages with:

- RNZCOG.
- Distance Education Programme provider(s).
- Providers in the same Integrated Training Programme rotation.
- Australasian Society for Ultrasound in Medicine.
- Research institutions.
- Schools of Medicine.
- Women's consumer group representatives.
- Patient advocates for Code of Health and Disability Services Consumer Rights and Privacy issues.
- Other relevant groups, e.g. Family Planning Association, Maori health providers, College of Midwives, etc.

6.0 PURCHASE UNIT

An eligible registrar in a RNZCOG approved training post for Obstetrics & Gynaecology Training.

The Purchase Units are as follows:

- Pre-Membership
- Post-Membership

(Please refer to Section 2.4 – Expected Outcomes, for classification of the above).

Part time registrars will be funded on a pro rata training unit basis under this contract.

7.0 PROGRAMME SPECIFIC QUALITY STANDARDS

*This section should be read in conjunction with Schedule 1 Part 3 of the CTA Head Agreement which specifies **generic** quality standards for all programmes provided under the contract.*

7.1 LEARNING ENVIRONMENT QUALITY STANDARD

Each provider will demonstrate their commitment to training by:

- Having policies in place which detail the roles, responsibilities and limitations for the registrars in the organisation.
- Having written and implemented policies on cultural safety.
- Assessing and monitoring of the standards of supervisors.
- Provide placement appropriate to the registrars' knowledge and experience, so that training can be graduated and ongoing.
- Invite registrars to give feedback on their experiences annually.
- Regularly reviewing care to ensure it is in line with currently accepted practice, including knowledge of bi-culturalism, ethics, informed consent, complaints, and disciplinary procedures.
- Monitor that access to clinical resources are adequate and initiate action when appropriate.

7.2 CLINICAL SUPERVISION QUALITY STANDARD

Clinical supervision will be provided to a standard that ensures:

- Log books are signed and regularly reviewed to ensure a specified range of clinical experience is obtained and to report any corrective action necessary, including depth and breadth of clinical experience available.
- Clear lines of clinical accountability for patient care at all times, with backup available that is appropriate to the level of experience of the registrar.

7.3 EDUCATIONAL SUPERVISION QUALITY STANDARD

The educational supervisor should:

- Arrange all teaching and assessment for registrars as required by the RNZCOG.
- Processes are in place to identify and take appropriate action for registrars who require additional support, including advice on future options for that registrar.
- Encourage registrars to have a mentor.
- All clinical and educational supervisors understand the objectives of the training programme and supervision process.
- Regular meetings are held (at least twice a year) to review and critically evaluate training programmes.

7.4 PROGRAMME COORDINATION QUALITY STANDARDS

The programme co-ordinator should ensure that:

- All training is correctly credited to individual registrars.

8.0 PROGRAMME SPECIFIC REPORTING REQUIREMENTS

*This section should be read in conjunction with Schedule 1 Part 1 of the CTA Head Agreement, which specifies **generic** reporting requirements for all programmes provided under the contract.*

8.1 PROGRESS REPORTING

Section 2.4 of the specification details the expected outcomes of the training programme purchased.

8.2 QUALITY REPORTING

Reports as described in Schedule 1 Part 1 of the CTA Head Agreement require a summary of the programme. Schedule 1 Part 3 of the CTA Head Agreement requires that you have a quality plan in place for the ongoing monitoring of the training provided. The summary should refer to the outcomes of this internal quality management and make reference to the service specific quality standards in 7.0 above, particularly supervision.

Provincial Post as defined by the RNZCOG:

- *does not function as a tertiary referral centre*
- *more than 100 kilometres from a tertiary referral centre*
- *minimum of two supervisory specialists in obstetrics and gynaecology*
- *maximum of 11 supervisory specialists within the city or town.*