



Thank you for the opportunity to provide comment on the AMC Standards for Assessment.

Available at: https://www.amc.org.au/wp-content/uploads/accreditation_recognition/specialist_edu_and_training/assessment/standards_for_assessment.pdf

Standard 1	The context of the training and education	<p>1.4 – Educational expertise and exchange Suggested addition to Notes: The education provider ensures the formation of a Course Advisory Group (CAG).</p> <p>1.5 - Educational resources Suggested addition to Notes: The education provider ensures that the course delivery is supported by appropriate and qualified educators.</p> <p>1.6 Interaction with the health sector In regards to relationship with local communities and organisations (aimed at improving Indigenous health), consider mandating engagement with LIME (https://www.limenetwork.net.au/): The LIME Network is a dynamic network dedicated to</p>
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		<p>ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment and retention of Indigenous medical students and trainees.</p> <p>Suggested addition to Note: Effective consultation should include a formal mechanism for establishing high-level agreements concerning the expectations of the respective parties, for example, a Memorandum of Understanding (MoU), and should extend to regular communication with the jurisdictions.</p> <p>1.7 - Continuous renewal Suggested addition to Notes (2nd sentence): Consider formation of a Course Advisory Group (CAG) to assist with the review process.</p> <p>Suggested addition to Notes (3rd sentence): Ensure that health consumers are also included in the planning of new training requirements or a new program.</p> <p>Comment: Australian College of Midwives would be interested to be actively involved in matters related to training and education for RANZCOG programs. The level of involvement should be relative to the effect of the training on the professions. For example, if the training is in regard to management of obstetric emergencies, then any one professional group involved in the clinical management, should also have input into the training development. Involvement could include working group or committee membership, revision or review of documents/curricular developed, invitations for submissions and consultations.</p>
Standard 2	The outcomes of specialist training and education	<p>2.1 Educational Purpose 2.13 – ensure consumers are engaged and current evidence-based practice are supported.</p> <p>2.2 Program Outcomes Suggested addition to Notes (final paragraph): Graduates should be able to demonstrate expertise in multidisciplinary collaboration within the health sector.</p> <p>2.3 Graduate outcomes Suggested addition to Notes: The outcomes to include a commitment to interprofessional collaboration and learning.</p>

Standard 3	The specialist medical training and education framework	3.2 Content of the curriculum Added change to item 3.2.3: The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient-centred care.
Standard 4	Teaching and learning	No feedback.
Standard 5	Assessment of learning	5.3 Performance feedback Consider a process whereby the trainee can provide feedback on the trainer/educator. This is a valuable tool to ensure that trainers and educators are also meeting their obligations and any issues can be addressed. (potentially covered in 8.14) Would cross professional assessment be considered? E.g. when working with midwives or nurses consider having those professions engaged as a part of the assessment process.
Standard 6	Monitoring and evaluation	6.1 Monitoring Formation of a Course Advisor Committee (CAC) that includes consumers (as well as the trainees, trainers etc.)
Standard 7	Trainees (selection, wellbeing, support, communication and dispute resolution)	7.4 trainee wellbeing Consider the training related to collaboration and bullying should be developed and undertake inter professionally and supported to be continued after training is completed in such a manner.
Standard 8	Implementing the program – delivery of education and accreditation of training sites (educational resources, including clinical training resources and supervision)	No feedback.
Standard 9	Continuing professional development programs, further training and remediation (that assist members to maintain their knowledge, skills and performance, and processes for retraining and for	No feedback.

	remediation of specialists who are underperforming)	
Standard 10	Assessment of specialist international medical graduates (e.g. processes for assessing the suitability of overseas-trained specialists for practise in Australia and New Zealand)	English Language Standards are not addressed. What is the minimum?
Definitions	Cultural Safety	Consider reviewing/incorporating the NMBA/CATSINaM joint statement on culturally safe care: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Position-Statements/joint-statement-on-culturally-safe-care.aspx

Additional professional organisation feedback:

1. Has your organisation provided input into any of the training, education and continuing professional development programs or planning activities of the College?	Yes
1.1 If yes, what was the extent of your organisation's involvement with the College (e.g. membership of planning committees, contribution to focus groups or the like)?	2013 Australian Medical Council's accreditation of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. From time to time, ACM have been asked to provide comments/feedback and/or nominate a representative to join committees or working groups involved in designing and developing RANZCOG continuing educational programs. This involvement is on an ad hoc basis and does not ensure a request for engagement. ACM would like to see a consistent process for involvement of midwives in the design and planning of training provided by RANZCOG.
1.2 If you have not had the opportunity to provide such input, would your organisation be interested in doing so?	We would welcome a more consistent engagement.

2. Has the College involved your organisation in evaluating training outcomes?	No
2.1 If you have not had the opportunity to provide such feedback, would you be interested in doing so?	Yes
3. How well developed are interdisciplinary and interprofessional teamwork and learning in College's training, education, and continuing professional development programs?	<p>We believe there is scope for improvement, specifically with midwives and nurses.</p> <p>The importance of interprofessional education in preparing health professionals for collaborative practise is well documented and it is incumbent upon all health professions to embed its principles in education accreditation and professional practise standards. There is strong evidence that collaborative practice can reduce hospital admissions, patient complications, clinical error rates and conflict between members of the health care teams. Collaborative practice can also lead to improvements in patient safety and better access to and coordination of health care services (WHO 2010).</p> <p>Thinking on RANZCOG - in order to engage more broadly in interprofessional collaborative practice, obstetricians and gynaecologists must have a comprehensive understanding of the role of nurses and midwives in the care of women receiving direct obstetric and gynaecological services as well as the role of nurses and midwives in the provision of more indirect but related care. Recognising the roles and potential roles of nurses and midwives is also vital for service innovation, particularly to support opportunities to promote preventative health care services. The ability of obstetricians and gynaecologists to identify the roles, scope of practice and strengths of other professionals within the health care team is critical for ensuring quality maternal and child health (WHO 2010). Interprofessional education plays an essential role in familiarising health professionals with each other's roles, opening channels of communication and building trust between team members.</p>

	<p>There are some opportunities for interprofessional training for obstetricians and midwives, but these need to be expanded. Interprofessional training programs such as the Advanced Life Support in Obstetrics (ALSO), the NSW Fetal Obstetric and Neonatal Training (FONT) and the RANZCOG Fetal Surveillance Education Program (FSEP) provide good examples of the interprofessional approach to emergency management training, but there is a need for other professional skills such as communication, collaboration, teamwork, clinical supervision and woman centred care to be included.</p>
<p>4. Comments on any perceived areas where the College's training and education efforts could be improved and/or any particular areas of excellence.</p>	<p>No feedback.</p>