



Trainee and SIMG in Difficulty

Policy and Procedure

Contents

Purpose	4
Scope	4
Definition of a Trainee and SIMG in Difficulty	4
1. Policy	6
1.1 Principles for Supporting a Trainee/SIMG in Difficulty	6
1.2 Roles and Responsibilities	6
2. Procedure	10
2.1 FRANZCOG Training	10
2.1.1 Identifying a Trainee in Difficulty	10
2.1.2 Learning Development Plan (LDP)	10
2.1.3 TAC meetings	10
2.1.4 Outcomes of Committee Meetings	10
2.1.5 Notifying the Trainee of the outcome	11
2.1.6 Monitoring and Evaluation	11
2.1.7 Failure to Progress in training	11
2.2 Subspecialties	12
2.2.1 Identifying a Trainee in Difficulty	12
2.2.2 Learning Development Plan (LDP)	12
2.2.3 Subspecialty Committee Meetings	12
2.2.4 Outcomes of Committee Meetings	12
2.2.5 Notifying the Trainee of the outcome	13
2.2.6 Monitoring and Evaluation	13
2.2.7 Failure to Progress in training	13
2.3 Specialist International Medical Graduates	14
2.3.1 Identifying a SIMG in Difficulty	14
2.3.2 Learning Development Plan (LDP)	14
2.3.3 SIMG Committee Meetings	14
2.3.4 Outcomes of Committee Meetings	14
2.3.5 Notifying the SIMG of the outcome	14
2.3.6 Monitoring and Evaluation	15
2.3.7 Failure to Progress in training	15
3. Wellbeing Support	16

Internal support	16
External counselling or assistance	16
4. Related RANZCOG documents	16
5. Appendices.....	17
5.1 Appendix A.....	17

Trainee and SIMG in Difficulty Policy and Procedure

Purpose

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is committed to providing a training support structure that has integrity and is consistent, transparent, kind and respectful.

The purpose of this policy is to provide guidance on the identification, support and management of trainees who encounter difficulties during their training. This policy sets out what 'in difficulty' means in the context of RANZCOG training and SIMG pathways. It defines the principles to be employed by the trainee, SIMG, Supervisor, Employer and RANZCOG when a person is identified as being in difficulty and the roles and responsibilities of the parties involved.

The framework presented in this policy only applies to a person classified as "in difficulty". Once the remediation has been successfully completed or the person no longer requires ongoing monitoring and remediation, the term "in difficulty" will no longer be used in the context of their ongoing progress in the applicable program.

This policy applies to those persons who are engaged with the following programs:

- FRANZCOG trainees
- Subspecialist trainees
- Specialist International Medical Graduates (SIMGs)

Scope

This policy aims to be used in the context of assisting those individuals who are unable to meet their training or program requirements. This policy may be used in conjunction with other existing policies and procedures that allow for exceptional circumstances, special considerations, and additional support to be made in relation to a program requirement or delivery where circumstances impact their ability to meet requirements. See *Appendix A* for more information.

Definition of a Trainee and SIMG in Difficulty

A Trainee or SIMG in difficulty is someone who is not maintaining the level expected as per their program requirements, not meeting expected milestones or not successfully completing program assessment requirements. A person may be classified as in difficulty where they do not meet criteria in the following areas:

- Patient Safety, including not performing as expected or in accordance with AHPRA and National Boards, *Code of Conduct*.
- Training program requirements, including clinical performance, knowledge, skills, assessments, examinations and professional behaviour.

The term "in difficulty" is to be used by RANZCOG to identify those trainees or SIMGs underperforming in meeting the minimum of their program requirements. This term should only be used in the context of a committee that needs to discuss those underperforming persons and whose cases may require further investigation and intervention by RANZCOG. This term will not be permanently attached to a person's education record or used to tarnish their achievements once they are no longer considered "in difficulty".

This term does not allow a person to be exempt from completing any mandatory and/or regulated program requirements.

Not covered by this policy

This policy does not cover those:

- Who are unable to complete training due to conflicts with the scheduling of training, transitions between hospitals, or the general administration of their training program.
- Recruitment and/or replacement of supervisors.
- Situations where a person exhibits notifiable conduct. In these circumstances, the matter will be referred to the relevant registration authority, either the Medical Board of Australia (MBA) or the Medical Council of New Zealand (MCNZ) and referred to RANZCOG's Professional Standards Committee (PSC).

This policy should not be used in isolation where performance is impacted due to physical or mental health that impedes an individual's progress and ability to undertake their training. *Appendix A* provides examples of holistically supporting a person by utilising committee support, provided in this policy, and other mechanisms detailed in other policies to assist the individual.

1. Policy

1.1 Principles for Supporting a Trainee/SIMG in Difficulty

Managing an individual who is considered to be in difficulty is based on the following principles:

- *Early intervention*

The person should be identified as early as possible when displaying issues with meeting program requirements. With appropriate and timely intervention, this will maximise the opportunity for resolution.

- *Educational progress and professional development*

A person should be working towards meeting and progressing to meet the expectation of their program requirements. These discussions should be ongoing with their supervisor and documented, where appropriate, of any additional support provided or needed.

- *Fairness and transparency*

The person is entitled to a fair and transparent assessment of the progress and be given space to discuss the reasons pertaining to the difficulty.

- *Solution Based Outcomes*

The person and any applicable stakeholder should be provided practical guidance and support centred on solutions-based outcomes available via RANZCOG and /or workplace resources. The person should be actively involved and consulted throughout the process of creating a learning or professional development plan.

- *Local training support, wherever possible,*

A person and their supervisors are best placed to negotiate and implement individually tailored support strategies unless there are specific supervisor-related issues. The involvement of other consultants, colleagues and peers is encouraged, particularly if the difficulty relates to the program and/or relationships within that setting. The appointment of a mentor may be appropriate.

- *Communication of progress and transfer of important educational information*

The Supervisor and applicable hospital-nominated employee should facilitate ongoing communication and information about a person's educational progress and performance with RANZCOG. The information and support arrangements can be transferred between nominated supervisors and from one training rotation to the next. This transfer of information can be facilitated by RANZCOG staff, noting that it does not impede the trainee's right to confidentiality.

1.2 Roles and Responsibilities

When a person is termed "in difficulty", their situation should be considered holistically against all persons, teams, and employers involved in their ongoing education and development. Below are the roles and expectations of those engaging with a RANZCOG program.

Trainee

A trainee is responsible for managing and directing their learning within the RANZCOG training programs. As part of these responsibilities, trainees must:

- Agree to the terms outlined in the *Statement of Understanding for FRANZCOG and Subspecialty Training Programs*.
- Actively seek feedback on their performance and progress in the program.
- Notify their training supervisor if they are aware of an issue impacting their ability to progress.
- Actively participate in any support processes put in place, including any learning development plans, if required, to address identified difficulties.
- Seek advice from representative on the Trainees' Committee or the RANZCOG state, territory, and New Zealand offices.

- Where external influences are impacting training, the trainee must communicate, what they can, of the issues and provide a plan on how to continue meeting training requirements.
- Notify their employer regarding any workplace difficulties. Be aware of and refer to their employer's workplace policies. Issues related to employment and the management of these are the responsibility of the employer and not the College.
- Notify the relevant State, Territory and New Zealand Offices about any unresolved training site or supervision difficulties.
- Attempt to resolve the difficulty in the training setting in collaboration with their Training Supervisor and/or ITP Coordinator before notifying the relevant Committee Chair.

Specialist International Medical Graduates (SIMG)

An SIMG is responsible for attaining gainful employment that provides them with the ability to complete any requirements as per their SIMG Comparability outcome. As part of these responsibilities, an SIMG must:

- Agree to the *Statement of Understanding for Specialist International Medical Graduates*.
- Actively seek feedback on their performance and progress.
- Where external influences are impacting meeting their requirements, the SIMG must communicate, what they can, of the issues and provide a plan on how to continue to meet milestones.
- Notify their supervisor if they are aware of an issue impacting their ability to progress.
- Actively participate in any support processes put in place, including any learning development plans, if required, to address identified difficulties.
- Notify their employer regarding any workplace difficulties. Be aware of and refer to their employer's workplace policies. Issues related to employment and the management of these are the responsibility of the employer and not the College.
- Attempt to resolve the difficulty in the hospital setting in collaboration with their supervisor before notifying the SIMG Committee.

Supervisors

Supervisors have responsibilities to RANZCOG, their employer and the authority body they are registered under. Supervisors have a responsibility to:

- If applicable, fulfil the duties detailed in the FRANZCOG Training Supervisor Position Description..
- Provide frequent and constructive feedback to their supervisee regarding their performance and progress in training.
- They must keep RANZCOG informed of any noticeable changes in the circumstances of their supervisee.
- Identify, assess, support and manage a person who encounters difficulty in their program, including creating and monitoring a Learning Development Plan (LDP) if required.
- Maintain records of any relevant incidents or conversations with the trainee.
- Notify the relevant ITP Coordinator and/or the applicable Committee Chair where a difficulty needs to be reviewed and further monitored.
- Be aware of and refer to their employer's workplace policies. Notify the employer regarding any workplace difficulties that have been identified. Issues related to employment and the management of these are the responsibility of the employer and not the College.
- Understand how to access or contact the training site's Employee Assistance Program (EAP) for confidential, subsidised external professional counselling and support and provide that information to a trainee.
- Ensure smooth transitions between RANZCOG prospectively approved training sites. This includes the handover and implementation of any applicable documentation.
- Notify the relevant Committee Chair about any unresolved training or supervision difficulties.

- Ensure the appropriate workplace policies are adhered to, and the appropriate hospital areas are engaged when required to mitigate personnel issues.
- Immediately notify the senior management of the employing body if they become aware of serious mental health or other issues potentially affecting the safety of the trainee, patients or others.
- Mandatory report where necessary in accordance with Medical Registration Authority and other legal requirements, where there is a concern for risk to patient safety.

At any stage, a training supervisor can communicate directly and confidentially with the relevant Committee Chair, who may advise on additional remediation that could be provided, including further escalation if necessary.

Training/Accreditation Chair and Committees

The Training/Accreditation Chairs and Committees are important in assisting the trainee and their training supervisor in addressing and resolving, if possible, the training or supervision issue. Their role is to:

- Actively monitor trainee progression, supervision and training setting issues within and across the ITP, relevant region, or cohort to improve training quality.
- Provide advice, support and management oversight to training supervisors who support trainees in difficulty.
- If applicable, provide advice, support and the offer of a mentor.
- Assess the individual trainee's suitability for the FRANZCOG Training Program and, where appropriate, discuss vocational options for the trainee.
- Provide advice and guidance to another Committee Chair to resolve, if necessary, a trainee-supervisor relationship issue.
- Ensure the appropriate workplace policies are adhered to, and the appropriate hospital areas are engaged when required to mitigate personnel issues.
- Advise and support supervisors to report a trainee to the relevant Medical Registration Authority where patient safety concerns are raised.

Specialist International Medical Graduate Assessment Committee

The SIMG Assessment Committee plays an important role in assisting the trainee and their training supervisor in addressing and resolving, if possible, the training or supervision issue. Their role is to:

- Actively monitor SIMG progression, supervision and training/ upskilling setting issues within and across to improve training quality.
- Provide advice, support and management oversight to Supervisors who support the SIMG whilst in difficulty.
- Provide advice and guidance to the relevant parties to resolve a SIMG-Supervisor relationship issue.
- Ensure the appropriate workplace policies are adhered to, and the appropriate hospital areas are engaged when required to mitigate personnel issues.
- Advise and support supervisors to report a SIMG to the relevant Medical Registration Authority where patient safety concerns are raised.

Employers

Employers have industrial obligations and responsibilities while also meeting RANZCOG's Hospital Accreditation Standards for the relevant training program. This includes:

- Employing suitable practitioners who can meet RANZCOG's supervisor requirements.
- Proactively find replacement supervisors where a supervisor has left a training site.
- The management of employment issues, including performance management and disciplinary matters in a timely, fair and objective way. This may include, but is not limited to, workplace

bullying, harassment and discrimination, sexual misconduct, drug and alcohol abuse, breaches of workplace policies, and unacceptable standards of work that may affect patient safety, work hours and conditions.

- Meeting RANZCOG's Hospital Accreditation Standards for the relevant program regarding the provision of a quality environment for RANZCOG training. The College will endeavour to work collaboratively with employers where a difficulty is both an employment and a training issue.

2. Procedure

2.1 FRANZCOG Training

2.1.1 Identifying a Trainee in Difficulty

Where RANZCOG identifies a trainee to be in difficulty, it will be escalated and sent for review at the next applicable Training and Accreditation meeting (TAC).

A trainee can be identified by several areas where they are not performing as expected and could be escalated to TAC for the following, but not limited to, reasons:

- Not meeting training requirements as per the *Six-monthly Summative Assessment* on one or more occasions.
- Failing to meet training requirements within stipulated timeframes as per B1.6 of the RANZCOG regulation, including examinations.
- Failing to meet all assessment requirements, including examinations and research.
- Concerns raised by a supervisor regarding issues that may not be measured or assessed in the *Six-monthly Summative Assessment*.
- Concerns raised in the Consultant Assessment survey during the Six-Monthly Assessment process

2.1.2 Learning Development Plan (LDP)

Where applicable, an LDP will be provided for consideration by the relevant TAC. This LDP should detail steps to assist the trainee in meeting their training milestones. It should be created in consultation with the supervisor and trainee as specified in *A Guide For Implementation Of Learning Development Plans For Core/Advanced Trainees* document.

2.1.3 TAC meetings

At the next scheduled meeting, the applicable TAC will review a trainee in difficulty's file and the situations causing the difficulty. Where possible, the trainee should be notified of this escalation.

Documents that may be provided to a committee but not limited to:

- The Six-monthly Summative Assessment that details the areas that were classified as below expectation;
- An LDP, if applicable;
- Any information to support and explain their circumstances that was submitted by the trainee;
- Any applicable training documents that provide an overview of the trainee's progress in the program.

2.1.4 Outcomes of Committee Meetings

The relevant TAC may choose to recommend or require a trainee to undertake additional activities; these could be, but are not limited to:

- Changes made to the LDP to further develop and build on their current training;
- Recommend that the trainee finds a mentor, inside or outside of the specialty, to provide emotional and developmental support;
- An informal phone call with a TAC member to discuss the trainee's progress. Noting that this communication does not allow the trainee to gain ongoing access to the committee member, and any information provided during this call doesn't relate to or impact previous committee decisions. This call is purely to check in with the trainee's progress and ongoing wellbeing.

These recommendations are not a requirement of the training program, and the trainee may choose not to undertake them. The impact of not completing them may have a bearing on actions taken by the committee in the future.

2.1.5 Notifying the Trainee of the outcome

Feedback from the TAC should be formally communicated in writing to the trainee and their supervisor within a reasonable timeframe following the scheduled meeting. This letter will also provide any remediations and/or recommendations for assisting them with their difficulties.

2.1.6 Monitoring and Evaluation

Until there is a noticeable improvement in the trainee's performance, the trainee will be reviewed at future committee meetings, and where applicable additional adjustments and/or recommendations could be made to their training. During this period of monitoring, if the trainee and supervisor notice any significant (positive or negative) change in the trainee's performance, they are required to report that to RANZCOG in addition to any report submissions.

2.1.7 Failure to Progress in training

Where the trainee does not improve or meet the training requirements as per B1.22 of the RANZCOG regulation, they may be referred to the Progression Review Committee, see *Removal from Training Program Policy and Procedure*.

2.2 Subspecialties

2.2.1 Identifying a Trainee in Difficulty

Where RANZCOG identifies that a subspecialist trainee is in difficulty, it will be escalated and sent for review at the next applicable subspecialty training committee meeting.

A trainee can be identified by several areas where they are not performing as expected and could be escalated to the applicable subspecialty training committee for the following, but not limited to, reasons:

- Failing training requirements as per their *Six-monthly Summative Assessment* on one or more occasions.
- Failing to meet training requirements within stipulated timeframes as per C1.4 of the RANZCOG regulation.
- Failing to meet all assessment requirements, including examinations and research.
- Concerns raised by a supervisor regarding issues that may not be measured or assessed in the *Six-monthly Summative Assessment*.
- *Concerns raised in the Consultant Assessment survey during the Six-Monthly Assessment process.*

2.2.2 Learning Development Plan (LDP)

Where applicable, an LDP will be provided for consideration by the applicable subspecialty committee. This LDP should detail what steps will be taken to assist the trainee in meeting their training milestones. It should be created per the applicable subspecialty documentation in consultation with the supervisor and trainee.

2.2.3 Subspecialty Committee Meetings

At the next scheduled meeting, the applicable subspecialty training committee will review the trainee's file and the situations causing the difficulty. The trainee should be notified of the escalation of their file.

Documents that may be provided to a committee but not limited to:

- The Six-monthly Summative Assessment that details the areas that were classified as below expectation;
- An LDP, if applicable;
- Any information to support and explain their circumstances that was submitted by the trainee;
- Any applicable training documents that provide an overview of the trainee's progress in the program.

2.2.4 Outcomes of Committee Meetings

The subspecialty training committee may choose to recommend or enforce a trainee to undertake additional activities; these may be, but are not limited to:

- Changes made to the LDP to further develop and build on their current training;
- Recommend that the trainee finds a mentor, inside or outside of the specialty, to provide emotional and developmental support;
- An informal phone call with a committee member to discuss the trainee's progress. Noting that this communication does not allow the trainee to gain ongoing access to the committee member, and any information provided during this call doesn't relate to or impact previous committee decisions. This call is purely to check in with the trainee's progress and ongoing wellbeing.

These recommendations are not a requirement of the training program, and the trainee may choose not to undertake them. The impact of not completing them may have a bearing on actions taken by the committee in the future.

2.2.5 Notifying the Trainee of the outcome

Feedback from the Committee should be formally communicated to the trainee and their supervisor within a reasonable timeframe after the scheduled meeting in writing. This letter will also provide any remediations and/or recommendations for assisting them with their difficulties.

2.2.6 Monitoring and Evaluation

Until there is a noticeable improvement in the trainee's performance, the trainee will be reviewed at future committee meetings, where applicable, and additional adjustments and/or recommendations could be made to their training. During this period of monitoring, if the trainee and supervisor notice any significant (positive or negative) change in the trainee's performance, they are required to report that to RANZCOG in addition to any report submissions.

2.2.7 Failure to Progress in training

Where the trainee does not improve or meet the training requirements as per C2.1 of the RANZCOG regulation, they will progress to the Progression Review Committee, see *Removal from Training Program Policy and Procedure*.

2.3 Specialist International Medical Graduates

2.3.1 Identifying a SIMG in Difficulty

Where RANZCOG identifies that an SIMG is not meeting the requirements as per their SIMG Outcome, their file will be escalated and sent for review at the next applicable Committee Meeting. An SIMG can be identified as in difficulty when RANZCOG is contacted by either:

- Failing their *Formative Assessment* or *Summative Assessment* on one or more occasions.
- Failing to meet requirements as per either D1.5 or D1.6, D3.5, or D3.6 of the RANZCOG regulation.
- Failing to meet all assessment requirements, including examinations.
- Concerns raised by a supervisor regarding issues that may not be measured in the *Six-monthly Summative Assessment*.
- Concerns raised in the Consultant Assessment survey during the Six-Monthly Assessment process.

2.3.2 Learning Development Plan (LDP)

Where applicable, an LDP will be provided for consideration by the SIMG Committee. This LDP should detail what steps will be taken to assist the SIMG in meeting their pathway requirements. The LDP should be created in consultation with the nominated Supervisor and SIMG as per the applicable form form

2.3.3 SIMG Committee Meetings

At the next scheduled meeting, a SIMG in difficulty's case and situation will be reviewed by the SIMG Committee.

Documents that may be provided to a committee but not limited to:

- The Formative Assessment and Summative Assessment that detail the areas that were classified as:
 - Substantially Comparable: *Performs consistently below the expected level, or sometimes performs below the expected level,*
 - Partially Comparable: *partially demonstrated or not demonstrated;*
- An LDP, if applicable;
- Any information to support and explain their circumstances that was submitted by the SIMG
- Any applicable performance-related documents that provide an overview of the SIMG's progress in the program.

2.3.4 Outcomes of Committee Meetings

Where a report is not signed off and counted toward their clinical time, the SIMG committee may make recommendations or enforce the SIMG to undertake additional activities; these may be, but are not limited to:

- Additional changes are made to an LDP to further build on their training;
- Recommend finding a mentor, inside or outside of the specialty, to provide emotional and developmental support;
- An informal phone call with a committee member to discuss the SIMG's progress. Noting that this communication does not allow the SIMG to gain ongoing access to the committee member, and any information provided during this call doesn't relate to or impact previous committee decisions. This call is purely to check in with the SIMG's progress and ongoing wellbeing.

2.3.5 Notifying the SIMG of the outcome

Feedback from the Committee should be formally communicated to the SIMG and their supervisor within a reasonable timeframe after the scheduled meeting in writing. This letter will also provide any remediations and/or recommendations for assisting them with their difficulties.

2.3.6 Monitoring and Evaluation

Until there is a noticeable improvement in the SIMG's performance, they will be reviewed at a future committee meeting, where applicable, and additional adjustments could be made to their pathway. During this time, if the SIMG and Supervisor notice any significant (positive or negative) change in the SIMG's performance, they are required to report that to RANZCOG in addition to any report submissions.

2.3.7 Failure to Progress in Program

Where the SIMG does not improve or meet the training requirements they will be referred for removal from the SIMG Pathway as per either D1.5.11.1, D1.6.10, D3.5.7 or D3.6.6.1 of the RANZCOG regulation then they will progress to the Progression Review Committee.

3. Wellbeing Support

We recognise that Applicants under this Policy may need extra support and advise the following support available to them:

Internal support

RANZCOG Training Support Unit is a confidential service for trainees and SIMGs to discuss any concerns related to their wellbeing on +61 (08) 6102 2096 or by email at traineeliasion@ranzco.edu.au.

External counselling or assistance

There are a range of organisations external to the College who can assist, including Employer Assistance Programs (EAPs); Practitioner Advisory Services; Australian Medical Association support bodies; New Zealand Doctors Health Advisory Services; and organisations such as Beyond Blue and Lifeline.

Converge International, specialists in psychology and wellbeing, is a service available for College Fellows, FRANZCOG trainees, SIMGs, Associate (Procedural and Advanced Procedural) trainees and staff can contact [Converge](#)

All sessions are entirely confidential, and the first four sessions (in any 12-month period) are fully subsidised by the College. To contact Converge, call 1300 687 327 (Australia), 0800 666 367 (New Zealand) or from other countries on +61 3 8620 5300. To book a session online visit the Converge website.

Other external resources:

- Beyond Blue
- Lifeline
- Lifeline Aotearoa
- [DRS4DRS](#) (For Associate (Procedural) Members in Australia)
- [Doctors Health Advisory Services \(DHAS\)](#) (For Associate (Procedural) Members in Australia or New Zealand)

Additional information and contact details for the organisations mentioned above are available in the Member Support and Wellbeing Hub on the College [Member wellbeing - RANZCOG](#).

4. Related RANZCOG documents

- AHPRA and National Boards, *Code of Conduct*.
- Guidelines on Supporting Trainees in Difficulty
- Bullying, Harassment and Discrimination Policy
- Conflict of Interest Policy
- FRANZCOG and Subspecialty Training Programs Statement of Understanding
- Fellowship-of-RANZCOG-FRANZCOG-Guide-for-Implementation-of-Learning-Development-Plans.pdf
- Prejudicial Relationships Policy
- Examiner Roles and Responsibilities
- Release of Examination Results
- RANZCOG Regulations
- Reconsideration, Review and Appeal of Decisions Policy
- *SIMG Partially Comparable Learning Development Plan*
- Privacy Policy

5. Appendices

5.1 Appendix A

Example Situation	Policies that can provide support and guidance
Physical or mental health issues that impact the person's ability to meet their training requirements.	<ul style="list-style-type: none"> • Additional Support Policy and Procedure
Environmental/organisational issues. Where a workplace culture, lack of support, lack of appropriate clinical management or resources, trainee/supervisor relationship issues, lack of appropriate supervision causes issues and prevents the trainee from successfully undertaking training requirements.	<ul style="list-style-type: none"> • Bullying, Harassment and Discrimination Policy • Trainee and SIMG in Difficulty Policy and Procedure • Exceptional Circumstances and Special Consideration Policy and Procedure
A sudden and unexpected situation that causes a disruption to training.	<ul style="list-style-type: none"> • Exceptional Circumstances and Special Consideration Policy and Procedure
Not meeting milestones expected of the program, without exceptional circumstances, and may need to be provided extra remedial support within the program.	<ul style="list-style-type: none"> • Trainee and SIMG in Difficulty Policy and Procedure

Version	Date of Version	Pages revised / Brief Explanation of Revision
V1	July 2016	New policy
V2	July 2023	Revised policy to document procedures
V3	January 2024	Policy revised to reflect change in nomenclature.

Policy Version:	Version 3
Policy Owner:	Education Directorate
Policy Approved by:	RANZCOG Board
Review of Policy:	July 2025