



TRAINEE BULLETIN



August 2007

Message from the President

DEAR SPECIALIST TRAINEES,

In 2006, this bulletin was published for the first time and its purpose explained. There have been a number of developments which are of interest to trainees since.

In July, 2007, there is a large cohort of doctors starting training in obstetrics & gynaecology. Together with larger than usual intake in 2006, there is a greater proportion in early basic training than usual. There are special issues associated with this but I am sure these can be worked through and training standards maintained and improved where possible.

There are new principles in regard to trainees taking greater than allowed leave during training. There are also changes to the role of the elective and research in the training scheme. You are encouraged to view these new principles on the HKCOG website. Indeed, you are encouraged to visit the website regularly as this will become an increasingly important instrument of communication of the HKCOG in the future.

The Royal College of Obstetricians & Gynaecologists has promulgated a revised curriculum for training for the MRCOG. There will be changes to both Part I and Part II of the MRCOG examination. The details are on the on the RCOG website. There will be very substantial linkage between the examinations and the syllabus as set out on the website. This should provide adequate guidance to preparation for the examinations. You will be heartened to know that Hong Kong and Singapore have the highest overall pass rate for the MRCOG Part II anywhere in the world since 2005.

Hong Kong was chosen to host the official RCOG MRCOG Part II revision course. It was held from 15-17 August 2007 and was considered to have been a success. These courses will be conducted in Hong Kong in the future every 12-18 months, depending on the demand and number of trainees who will benefit.

Tony CHUNG
President
14th September 2007

Message from the Junior Vice-President

Conjoint RCOG / Singapore COG / HKCOG Examination

I went to Singapore to participate in the conjoint RCOG / HKCOG / Singapore COG membership examination in May 2007 together with the President and Dr Rebecca Tang.

This column may not be a suitable place to discuss examination questions, and in fact, an examiner is probably not allowed to discuss examination details, on basis that the questions may be used again in future. I may remember the style of examination for sharing. There were questions on practical management of obstetric and gynae patients, including preoperative and postoperative counseling of the problem and complications, practical teaching of simple techniques to juniors, organization of clinical training sessions to juniors, quick classification of presenting referred problems about urgency and level of seniority of clinicians to attend.

When a candidate approaches the examination, it may be useful to remember that this is a test of knowledge for a 4-year specialty trainee. Examiners are asked to give pass / fail / borderline decisions. Therefore impression of the examiner about the candidate being an independent thinker and logical management seems to me the most important target.

Work-hour changes in the HA

The HA will restrict work-hours of her staff, firstly down to 65 hours each week. This is likely to cause changes in both work arrangement and training. I was invited into a work group under the HKAM Education Committee, to give opinion about changes and adaptation. I observed that O&G is usually 'taken aside' when the issue is considered. Although some senior colleagues maintain the view that O&G may be treated the same as other specialties, it seems the mainstream view that O&G is covered only by O&G, i.e., ourselves (oops). No other specialty is ready to give lateral cover particularly to obstetrics. In addition, the presence of even a single obstetric delivery necessitates presence of an obstetrician for that shift. So changes in O&G may be less radical than those encountered in other specialties.

Still, any change causes some other changes. Please understand that the pictures I paint below are only my personal predictions but not College standpoint. I anticipate that time allocation to frontline work is likely to decrease, while time available for studies may increase. Whether total exposure to clinical material will change is a function of exact mechanisms to cope with the changes. It is simple arithmetic. If more heads are employed to handle the same work, exposure decreases. However, it seems more likely that some adjustment will be made on workload redistribution.

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Seniors and intermediate level colleagues (i.e., supervisors) are likely to be more directly involved in frontline work. Given the good culture in our specialty that trainees are called in when interesting clients are managed, exposure is unlikely to change drastically.

However, the changes may prompt some supervisors to move to private practice. If we look at it from the optimistic side, fluidity in human resources will increase and young doctors enjoy better chances of promotion. On the other hand, total workload may rest on fewer shoulders. For the system to be sustainable, total public hospital workload has to be reviewed from time to time. In addition, when some points are reached, enrolment of private practitioners as trainers may be considered. Presence of private trainers in the system may actually improve preparation for total patient care, and expose trainees to glimpses into private practice. I would see these developments very positively.

Ares LEUNG
Junior Vice-President

Information Update

Criteria for handling long absence from training

Currently, trainees who are absent for more than 40 calendar days in any 6 months for vacation leave or study leave, the period is rendered ineffective and remedial training is required. In a 3 month training period, 20 days are allowed. Prospectively approved study

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leave will not be counted for this purpose provided the total number of approved study leave days in these periods do not exceed 40 and 20 days in a 6 and 3 month period respectively.

Trainees who are absent for more than 90 calendar days within the whole specialist training period for whatever reason other than vacation leave or approved study leave, have to do additional remedial training.

At the 111th Council meeting, it was agreed that the following principles shall apply when deliberating the amount remedial training required.

- 1.1 The quality and the quantity of training is the prime consideration. Standards of training must be maintained.
- 1.2 The minimum number of days of remedial training is the number of days in excess taken by the trainee as stipulated above. Rendering whole period of training, be it 3 or 6 month blocks, as ineffective shall not take place if appropriate remedial training is undertaken.
- 1.3 The Education Committee of the HKCOG shall consider the relevant documented experience including log books to determine whether any additional remedial training over and above the minimum is required. A formal submission from the concerned trainee and the chief of training unit is required and forms an integral part of this deliberation.

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- 1.4 The recommended amount of remedial training shall be expressed in calendar days.

Review on elective training year

The following rules took effect from 1st July 2007. For trainees who were recruited before 1st July 2007, they have the options to follow the old regulation or the new regulation.

“The elective training year should be optional so that in future, the training could be composed of:-

- i) all 6 years in clinical obstetrics and gynaecology*
- ii) or include a 6 months or 12 months training in clinical outside obstetrics and gynaecology*
- iii) or include a 12 months in research”*

Research report

At the 149th Education Committee meeting, it was decided that final approval for the research report must be granted from the Education Committee at least one month before the next available Exit Assessment (i.e. on or before 30th June / 31st December).

Requirements for research activities for the HKCOG specialist training program

At the 110th Council meeting, the document on “Mandatory Research Activity during Training in Obstetrics and Gynaecology” has been endorsed.

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This document will take effect from 1st July 2007.

Exit Assessment

The Education Committee would like to remind all trainees that logging of their daily clinical experience is essential in reflecting their depth and adequacy of training. The log book is the only proof of their training. Retrospective logging from hospital registry book does not cover their true experience and training.

Trainees and their supervisors are recommended to complete every items of the Structured Training logbook in details and in correct chronological order before sending them for assessment. Failure in compliance may lead to delay in Exit Assessment.

Update on RCOG matters

A revised curriculum for MRCOG Part 2 and Part 2, commencing in August 2007, was posted at the RCOG Website. Trainees were encourage to look at the document.

HKCOG 2007 Calendar for Education, Training & Examinations

HKCOG Postgraduate Seminars
11 November (Sunday)

RCOG/HKCOG Part I Examinations
3 September (Monday)

RCOG/HKCOG Part II Written Examinations
4 September (Tuesday)

**Conjunctive RCOG/HKCOG Part II
Oral Assessment Examinations**

12 November (Monday) in Hong Kong

**HKCOG Structured Oral
Examinations**

8 October (Monday)

Announcement**Waiving of entrance fee and 2007
subscription fee of OGS HK**

Trainees are encouraged to join the big family of Obstetrical and Gynaecological Society of Hong Kong which was founded in 1961. Members have priority to join all scientific meeting, dinner and apply for overseas sponsorship etc. If you join OGS HK from now on till 31 December 2007, the entrance fee (HK200) and 2007 subscription fee (HK400) will be waived. Please download the application form from : [www.ogshk.org/documents/application_form\(050614\).doc](http://www.ogshk.org/documents/application_form(050614).doc) and send to Dr. AU YEUNG Kam Chuen, Honorary Secretary c/o Department of Obstetrics and Gynaecology, Tuen Mun Hospital (no need to include any payment). If you have applied previously or is a current member already, there is no need to re-apply. New members are required to pay annual subscription from 2008 onwards.

(PLEASE NOTE THERE IS A UNDERSCORE FOR "...../application_form(050614).doc..")

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