



TRAINEE BULLETIN



March 2008

Message from the President

DEAR SPECIALIST TRAINEES,

As I write, the training units in obstetrics & gynaecology seem to be coping better with the increased workload generated by mainland mothers, especially compared to this time last year. The reduction of non booked cases presenting in labour has probably contributed most significantly to this. The more orderly care given to these mothers has also enhanced training opportunities. It is much closer to the kind of obstetric care we would all like to practice and this can only enhance training.

Training in obstetrics & gynaecology is evolving everywhere. The skills set required of a specialist continues to evolve. Compared to when I was a trainee, there has been a very substantial increase in minimal requirement in ultrasound and laparoscopic surgery skills. Correspondingly, there may have been reduction in opportunities to do open and vaginal surgery. The nature of treatments is changing. For example, we have many more options to discuss with women presenting with

menorrhagia. Training has had to adapt accordingly.

In the coming 6 months, I shall be reviewing the HKCOG structured training log book and the new syllabus of the RCOG. The defined 6 years has always been about training a generic generalist in obstetrics & gynaecology. Integrated into this training is the attainment of the MRCOG, in effect an international reference examination in the specialty. We also have an Exit assessment, a feature often praised by our international colleagues. The backbone of this training structure will not change but there may be some modification of specific requirements. I shall be consulting trainees and trainers in the first half of 2008 in regard to what they see as reasonable or unrealistic requirements in the structured training log book.

Your training period is probably the most exhilarating time of your clinical career. The hours are long but this is made endurable by the dramatic increase in your mental and manual skills in a relatively short time. Although there are plans to cap work hours at 65 hours in the near future, maintain a positive attitude to learning and be prepared to make sacrifices. Seize the opportunities and make the

most of them. It will be a source of strength through out your career.

*Tony CHUNG
President
December 2007*

Message from Honorary Fellow Professor Kin-Hung LEE

O & G Specialist Training in the 50's and 60's

I graduated from the University of Hong Kong in 1958 and obtained Membership of the RCOG in 1965. I can say that our training then was different from nowadays. We did not have structured training and no designated supervisor.

In the 1950's and 1960's the whole purpose of training in O & G was to get the MRCOG.. After obtaining this qualification one was considered to be a specialist in the field and would earn two increments in the Government salary or be eligible for appointment to be a Lecturer in the HKU Department of O & G.

To qualify to sit the MRCOG examination then, one must have received three years training in O & G in an institution approved by the RCOG , together with an elective period of six months in either medicine or surgery. Before the examination the candidate must submit a Case Book.

The training posts in the 1950's and early 1960's were confined to the Tsan Yuk Hospital and the Queen Mary

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Hospital. Queen Elizabeth Hospital was recognized for training after it was opened in 1963.

When one was assigned a training post it was the Department Head that was ultimately responsible and would endorse the training and support the application to sit the MRCOG examination which was held twice a year, only in London.

My own trainers were Professor Daphne Chun, Dr. Carol Braga, Dr. Dorothy Kwan and Dr. P. S. Kan in the University. The training process was not too different from nowadays. You learned through your clinical duties, ward rounds, grand rounds, mortality meetings. You acquired the skills as you observed and assisted in the operations. Self-study included standard texts and journals. Fortunately there were few standard textbooks apart from those of Jeffcoate, Ian Donald, Brown and the Ten Teachers.

Professor Chun and Dr. Braga were very straight. There were things that trainees could do and could not do and we were given straight instructions to inform our seniors early.

After completing the period of training the trainee would wait for the opportunity to go to London for the MRCOG examination. Very few of us could afford to go on our own expenses. Either we got a Government Scholarship for those in civil service, or a Commonwealth Scholarship from the British Council in the case of University staff. The Government scholarship included full pay leave for

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one year or more, together with the air fare, daily allowance, course fees, and examination fees. It was like a fortune to most of us, especially this was usually our first trip abroad..

The Case Book could be prepared before we left Hong Kong. Some would bring along the case notes and compile the Case Book in London. We should describe 20 short cases which we managed or assisted. The two long cases would each include a commentary that required some clinical research work. Ultimately the Case Book was endorsed by the Department Head.

In London, some would take the Long Course of three months organized by the Institute of Obstetrics and Gynaecology and be attached to a teaching hospital. Others would just join the Short Course of two weeks shortly before the examination.

Not all the candidates would pass at the first attempt. When one returned from London with the MRCOG he would receive more or less a hero's welcome.

*LEE Kin Hung
February 2008*

Information Update

Community Gynaecology training programme

Trainees who would like to apply for the Community Gynaecology training programme are reminded to notify his / her COS prior to application, so that arrangement of clinical duties could be

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made to allow enough attendance of the community gynaecology training programme.

Research projects

Research projects should fulfil the following requirements:

1. must be relevance in the field of O&G
2. could be PROSPECTIVE or RETROSPECTIVE studies. Could be randomized trials, observational studies, case-controlled studies or survey. The study must have a clearly defined objective, and contain original data or data analysis. Data obtained by extraction of information from existing clinical or audit databases are acceptable. A formal meta-analysis of current literature with appropriate statistical analytical tools is acceptable.
3. MUST results in a PUBLICATION (or acceptance for publication) in a peer-reviewed local, regional or internal medical journal. The trainee MUST be the FIRST author of the publication.
4. Case reports or pure literature reviews are NOT acceptable.

A PUBLICATION or acceptance for publication, of an 'acceptable' project in a peer-reviewed journal as a FIRST AUTHOR would be considered as fulfilling the MINIMAL requirement for research training. Final approval for 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)

Update on RCOG matters

A revised curriculum for MRCOG part 2 was posted at RCOG Website. Trainees were encouraged to look at the syllabus before attending the examination.

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HKCOG 2008 Calendar for Education, Training & Examinations

HKCOG Postgraduate Seminars
27 April 2008 (Sunday)

ALSO Courses 2008
28 April – 3 May 2008

**RCOG / HKCOG Part I
Examinations**
1 September 2008 (Monday)

**RCOG / HKCOG Part II Written
Examinations**
2 September 2008 (Tuesday)

**Conjunctive RCOG / HKCOG Part
II Oral Assessment Examinations**
12 May (Monday) in Singapore
10 November (Monday) in Hong Kong

**HKCOG Structured Oral
Examinations**
7 April 2008 (Monday) / 6 October
2008

OCSE Revision Course
The next OSCE Revision Course
organized by RCOG will be held on 7-9
January 2009.