

The Hong Kong College of Obstetricians and Gynaecologists

- Trainee Register / Annual Return Entry for Higher Specialist Training
 Application for Structured Oral Examination Application for Exit Assessment

Please tick as appropriate

Personal Particulars

Name in English: _____ **Name in Chinese:** _____
Please write down full name and underline surname. *(if applicable)*

I/D No. _____ **Date of Birth:** _____ **Sex:** *Male /Female*
(dd/mm/yy)

Training Unit: _____ **Position held:** _____

Correspondence Address: _____

Contact Tel no. _____ **Contact Fax no.** _____ **Pager:** _____

Mobile: _____ **Email:** _____

Category of Practice: *Hospital Authority / Academic / Private*

Status: *Basic Specialist Trainee / Higher Specialist Trainee*

Medical Qualifications

Qualifications	Awarding Institutes	Date <small><i>(dd/mm/yy)</i></small>
Primary medical qualification (e.g. MBBS)		
MRCOG Part 1	RCOG	
MRCOG Part 2	RCOG	
SOE	HKCOG	
Conjunctive RCOG/HKCOG Part 3	RCOG / HKCOG	
MRCOG	RCOG	
MHKCOG	HKCOG	
Exit Assessment	HKCOG	
Others		

Use additional sheet if necessary

P.T.O.

Supervised Experience

1. *For Basic Specialist Training, the minimum duration of training is four years. This is divided into eight periods, each of which must last for six continuous calendar months. Training periods of less than 6 months duration will require prior approval from the College.*
2. *For Higher Specialist Training, the minimum duration of training is two years. This may be divided into periods, each of which must be of at least 3 completed months duration. Periods of training of less than 3 months duration would require prior approval by the College.*
3. *Leave rule of HKCOG*

3.1 Vacation /study leave:

All study leaves need prior approval from the Education Committee

3.1.1 Basic training:

- *Exceed 40 calendar days in a 6-month training period need remedial training*
- *Short study leaves of up to 14 calendar days would not count as absence from work, unless the total study leave in the respective training period > 40 calendar days*

3.1.2 Higher training:

- *Exceed 20 calendar days in a 3-month training period need remedial training. Short study leaves of up to 14 calendar days would not count as absence from work, unless the total study leave in the respective training period > 20 calendar day*
- *Allowed once during higher training, to take 40 calendar days in a two consecutive 3-month training period. Short study leaves of up to 14 calendar days would not count as absence from work, unless the total study leave in the respective two consecutive 3-month training period > 40 calendar days*

3.2 Maternity or paternity leave/ sick leave/ special leave or absence from work for other reasons

- *Exceed 90 calendar days from the whole specialist training need remedial training*
- *Trainee need to inform the college within 3 months once the 90 calendar days allowance have been exceeded*

Double penalty will not apply to those violate both rule of 'Vacation / study leave' and rules of 'Maternity or paternity leave/ sick leave/ special leave or absence from work for other reasons.

	Hosp.	From (dd/mm/yy)	To (dd/mm/yy)	*No. of Months	∇Type of Training	#B/H	Study Leave – Approved by HKCOG (Days)	Study Leave – Approval NOT granted by HKCOG (Days)	Vacation Leave (Days)	Total for Study / Vacation Leaves (Days)	Sick Leave / Maternity or Paternity Leave (Days)	Special Leave / Absence from work for other reasons (Days)	Total for Sick Leave / Maternity or Paternity Leave / Special Leave / Absence from Work for other reasons (Days)
Year 1													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
TOTAL													

Use additional sheet if necessary

* Reporting period should be on 6-monthly basis for basic training and 3-monthly basis for higher specialist training. If rotation between different training centres is involved, the reporting period can be adjusted accordingly.

∇ Type of Training (letters of approval before and after training from HKCOG where appropriate.)

Basic may be:

- Obstetrics
- Gynaecology
- Elective
- Combined

Higher Specialist Training may be:

- Clinical training for general Obstetrics and Gynaecology
- Supervised research
- Training in subspecialty area
- Any other programmes approved by College.

B = basic training, H = higher specialist training

You may be required to provide documentation of the information given in this application form.

Signature of Trainee: _____

Name of Trainee: _____

Date: _____

Signature of Supervisor: _____

Name of Supervisor: _____

Date: _____

Summary of obstetric experience during training I

Precise numbers required

Others: reasonable estimate based on duty roster

No. of cases: Chief(C) and Assistant(A)

Year	1	1	2	2	Total to date	3	3	4	4	Total to date	5	5	6	6	Total to date
Month of Training	1-6	7-12	13-18	19-24	<u>SOE</u>	25-30	31-36	37-42	43-48	<u>Entry into Higher Training</u>	49-54	55-60	61-66	67-72	<u>EXIT</u>
General obstetrics clinics (hours/week)															
Specialty obstetrics clinics (hours/week)															
# Ventouse w/o rotation (vagina delivery)															
# Forceps (vaginal delivery)															
# Ventouse with rotation															
# Caesarean section															
# Classical CS															
# Breech: vaginal delivery															
# Twins: vaginal delivery															
# MROR (after vaginal delivery)															

Signature of Supervisor: _____

Name of Supervisor: _____

Date: _____

Summary of obstetric experience during training II

Precise numbers required

Others: reasonable estimate based on duty roster

No. of cases: Chief(C) and Assistant(A)

Year	1	1	2	2	Total to date	3	3	4	4	Total to date	5	5	6	6	Total to date	
Month of Training	1-6	7-12	13-18	19-24	<u>SOE</u>	25-30	31-36	37-42	43-48	<u>Entry into Higher training</u>	49-54	55-60	61-66	67-72	<u>EXIT</u>	
# Severe genital tract trauma (e.g. third or fourth degree perineal tear)																
# External cephalic version																
# Scalp blood sampling																
# Shoulder Dystocia																
# Eclampsia/ Severe PE																
# Cord prolapse																
# Major APH / PPH																
Others; specify																

Signature of Supervisor: _____ Name of Supervisor: _____

Date: _____

Summary of gynaecology experience during training I

Precise numbers required

Others: reasonable estimate based on duty roster

No. of cases: Chief(C) and Assistant(A)

Year	1	1	2	2	Total to date	3	3	4	4	Total to date	5	5	6	6	Total to date
Month of Training	1-6	7-12	13-18	19-24	<u>SOE</u>	25-30	31-36	37-42	43-48	<u>Entry into higher training</u>	49-54	55-60	61-66	67-72	<u>EXIT</u>
General gynaecology clinics (hours/week)															
Subspecialty clinics (hours/week)															
# D&C (+/- hysteroscopy)															
# Diagnostic hysteroscopy															
# Hysteroscopic procedures															
# Surgical TOP or evacuation of uterus															
# Medical TOP															
# Abdominal hysterectomy															
# Open operations on ovarian tumour															
# Radical surgery (assist)															
# Other laparotomy procedures															

Signature of Supervisor: _____ Name of Supervisor: _____

Date: _____

Summary of gynaecology experience during training II

Precise numbers required

Others: reasonable estimate based on duty roster

No. of cases: Chief(C) and Assistant(A)

Year	1	1	2	2	Total to date	3	3	4	4	Total to date	5	5	6	6	Total to date
Month of Training	1-6	7-12	13-18	19-24	<u>SOE</u>	25-30	31-36	37-42	43-48	<u>Entry into higher training</u>	49-54	55-60	61-66	67-72	<u>EXIT</u>
# Vaginal hysterectomy +/- PFR															
# Continence surgery e.g. sling procedures (assist)															
# Laparoscopic procedures, level I, II															
# Laparoscopic procedures, level III															
# Major vulval / vaginal operations															
# Radiotherapy clinic / sessions															
# Chemotherapy procedures															
# Colposcopy															
# ART procedures															
Others; specify															

Signature of Supervisor: _____ Name of Supervisor: _____

Date: _____

Summary of extended experience during training (hours of activity)

No. of cases: Chief(C) and Assistant(A)

Year	1	1	2	2	Total to date	3	3	4	4	Total to date	5	5	6	6	Total to date
Month of Training	1-6	7-12	13-18	19-24	<u>SOE</u>	25-30	31-36	37-42	43-48	<u>Entry into higher training</u>	49-54	55-60	61-66	67-72	<u>EXIT</u>
lectures/meetings/conference/workshops															
<i>Local</i>															
<i>Overseas</i>															
Teaching sessions (students, nurses)															
Departmental academic activities															
Administration															
Quality assurance															
Others; specify															
Research (as distinct from QA)															

Signature of Supervisor: _____

Name of Supervisor: _____

Date: _____