The Hong Kong College of Obstetricians and Gynaecologists **Trainee Register / Annual Return Entry for Higher Specialist Training Application for Structured Oral** M **Application for Exit Assessment** Examination Please tick as appropriate **Personal Particulars** Name in Chinese: (if applicable) Name in English: Please write down full name and **Date of Birth:**______ **Sex:** *Male /Female* Training Unit: Position held: Correspondence Address: Contact Tel no. _____ Contact Fax no. ____ Pager: _____ Mobile: Email:

Medical Qualifications

Category of Practice: Hospital Authority / Academic / Private

Basic Specialist Trainee / Higher Specialist Trainee

Qualifications	Awarding Institutes	Date (dd/mm/yy)
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		
		D.W.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												(= 33) 2)	
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
Year _													
TOTAL													

Use additional sheet if necessary

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

Basic may be: Higher Specialist Training may be:

- Obstetrics - Clinical training for general Obstetrics and Gynaecology

- Gynaecology - Supervised research

- Elective - Training in subspecialty area

- Combined - Any other programmes approved by College.

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:

^{*} 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.

^{*} B = basic training, H = higher specialist training

Summary of obstetric experience during training I

Year	1	1	2	2	Total	3	3	4	4	Total	5	5	6	6	Total
					to date					to date					to date
Month of Training	1-6	7-12	13-18	19-24	SOE	25-30	31-36	37-42	43-48	Entry into	49-54	55-60	61-66	67-72	EXIT
										<u>Higher</u> <u>Training</u>					
General obstetrics										Training					
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															
# MROP (after vaginal															
delivery)															

Signature of Supervisor:	Name of Supervisor:
Date:	

Summary of obstetric experience during training II

Year	1	1	2	2	Total	3	3	4	4	Total	5	5	6	6	Total
					to date					to date					to date
Month of Training	1-6	7-12	13-18	19-24	SOE	25-30	31-36	37-42	43-48	Entry into	49-54	55-60	61-66	67-72	EXIT
										<u>Higher</u> training					
# Severe genital tract										<u>uuming</u>					
trauma (e.g. third or															
fourth degree perineal															
tear)															
# External cephalic															
version															
# Scalp blood sampling															
" G1 11 D															
# Shoulder Dystocia															
# Eclampsia/ Severe PE															
1															
# Cord prolapse															
# Major APH / PPH															
0.1															
Others; specify															
	1			l					1	1	1		1	I	

Signature of Supervisor:	Name of Supervisor:	
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Date:		

Summary of gynaecology experience during training I

Year	1	1	2	2	Total	3	3	4	4	Total	5	5	6	6	Total
					to date					to date					to date
Month of Training	1-6	7-12	13-18	19-24	<u>SOE</u>	25-30	31-36	37-42	43-48	Entry into	49-54	55-60	61-66	67-72	EXIT
										<u>higher</u> training					
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:
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Summary of gynaecology experience during training II

									1						
Year	1	1	2	2	Total	3	3	4	4	Total to	5	5	6	6	Total
					to date					date					to date
Month of Training	1-6	7-12	13-18	19-24	SOE	25-30	31-36	37-42	43-48	Entry into	49-54	55-60	61-66	67-72	EXIT
										<u>higher</u>					
										training					
# 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:
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Summary of extended experience during training (hours of activity)															
No. of cases: Chief(C) an	d Assistan	nt(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	SOE	25-30	31-36	37-42	43-48	Entry into higher training	49-54	55-60	61-66	67-72	EXIT
lectures/meetings/conference/workshops															
Local															
Overseas															
Teaching sessions (students, nurses)															
Departmental academic activities															
Administration															
Quality assurance															
Others; specify															
Research (as distinct from QA)															
Signature of Supervisor: _							N	ame of Su	ipervisor:						
Date:															