



The Hong Kong College of
Obstetricians and Gynaecologists

香港婦產科學院

Endorsed Curriculum Review Report

Taskforce on Curriculum Review under Education Committee
June 2024

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1. Background

The Royal College of Obstetricians and Gynaecologists (RCOG) of the United Kingdom has substantially updated its curriculum since 2019. In addition to the conventional focus on knowledge and technical skills, there is increased emphasis on the non-technical attributes which are also considered to be key professional elements of modern specialists, including communication (patient, family, and inter-disciplinary), psychosocial environment as advocates for overall women's well-being, research and quality improvement, and self-reflection for life-long learning. This is in line with the Medical Council of Hong Kong which published "Hong Kong Doctors" in October 2017. It encouraged curriculum design in "a spectrum of knowledge, skills and professional attitudes" for long life-long professional development to fulfil "roles of medical practitioner, communicator, educator, humanist, collaborator, health advocate, resource manager, scientist and scholar".

The RCOG adopts a competency-based training model with various workplace-based assessment tools in addition to their membership examinations. This is also echoed by the Hong Kong Academy of Medicine in which its Strategic Planning Retreat in March 2023 identified a growing need for competency-based medical education (CBME) for our trainees.

Therefore, the Hong Kong College of Obstetricians and Gynaecologists (HKCOG) Education Committee (EC) set up a taskforce in January 2023 to review our current curriculum and formulate proposals on how to address this modern trend. The membership constitutes a young Fellow from each training unit, representative from the online education subcommittee, and a CBME educator. In the HKCOG postgraduate seminar in June 2023, a session was dedicated to curriculum in which the RCOG curriculum and CBME were shared. The video of the presentation was uploaded to our HKCOG website and an email was sent to all email correspondences in August to increase awareness of the process among all of us and summon any comments or feedback.

In January 2024, the report was emailed to all email correspondences again. Valuable comments were received and the report was revised by the taskforce. This was discussed in detail in the Education Committee in February. The final version was subsequently endorsed by the Council, and the training document updates endorsed by the Hong Kong Academy of Medicine Education Committee.

This report formulates proposal on various aspects of the curriculum including syllabus, assessment methods including examinations, and training (both trainees and trainers). It is expected to be implemented for trainees who start training in or after July 2025 with the ultimate aim of improving women's health and well-being.

Trainees who have started training before the implementation of the new curriculum (i.e. those who have started before 1/7/2025) can choose to adopt some of the measures in the new curriculum listed below:

- No. of logged procedures - If a trainee does not meet the minimum number for certain procedures according to the old curriculum, he / she can submit 2 summative OSATS for that procedure plus the minimum number specified in the new curriculum instead.
- Colposcopy – Trainees can choose to follow either the old or the new curriculum.
- "OM" (Other Methodologies) – If a trainee cannot encounter certain important conditions in the Modules throughout the training period, he/she can adopt the option of "OM" as specified in the new curriculum.
- Flexible training- Trainees can opt for flexible training as stated in the new curriculum.

2. Capabilities in Practice (CiP)

The new curriculum sets out 14 Capabilities of Practice (CiP) which are high-level statements of the characteristics a trainee should be trained to be a contemporary specialist to address the growing demand from the general public, not only on skill and knowledge, but also on non-technical attributes. These CiPs are subdivided into four main categories, the first two generic and the last two specialty-specific.

Category	CiP	Statement
Healthcare Professional	CiP 1	The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high-quality and safe patient-centred care
	CiP 2	The doctor is able to successfully work within health organisations
	CiP 3	The doctor is a leader and follower who has vision, engages and delivers results
	CiP 4	The doctor is able to design and implement quality improvement projects or interventions
	CiP 5	The doctor understands and applies basic Human Factors principles and practice at individual, team, organisational and system levels
Researcher, Scholar and Educator	CiP 6	The doctor takes an active role in helping self and others to develop
	CiP 7	The doctor is able to engage with research and promote innovation
	CiP 8	The doctor is effective as a teacher and supervisor of healthcare professionals
Clinical Expert	CiP 9	The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy
	CiP 10	The doctor is competent in recognising, assessing and managing emergencies in obstetrics
	CiP 11	The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy care
	CiP 12	The doctor is competent in recognising, assessing and managing non-emergency obstetrics care
Champion for Women's Health	CiP 13	The doctor is able to champion the healthcare needs of people from all groups within society.
	CiP 14	The doctor takes an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease.

The key skills and descriptors under each CiP is detailed in another document: Details of Capabilities in Practice.

3. Modules

This document sets out the HKCOG modules which is a refinement of the previous version and also involves adaptation from the latest document of MRCOG syllabus and knowledge requirements for the core curriculum 2019. These 16 modules are linked to the CiPs as below:

Modules	Capabilities of Practice (CiP)									
	1	2	6	8	9	10	11	12	13	14
1. Clinical Skills	X	X	X						X	X
2. Clinical Governance, Teaching and Research		X	X	X						
3. Core Surgical Skills	X		X		X					
4. Postoperative Care	X		X		X					
5. Surgical Procedures	X		X		X		X			
6. Antenatal Care	X		X					X		
7. Maternal Medicine	X		X					X		
8. Management of Labour	X		X			X				
9. Management of Delivery	X		X			X				
10. Postpartum Problems	X		X			X				
11. Gynaecological Problems	X		X				X			
12. Infertility	X		X				X			
13. Sexual and Reproductive Health	X		X				X			
14. Early Pregnancy Care	X		X							
15. Gynaecological Oncology	X		X				X			
16. Urogynaecology and Pelvic Floor Problems	X		X				X			

Various areas in the core curriculum are covered. Trainees are required to complete each module according to their progress through the training years, with three important time points: pre-SOE, entry into higher training and pre-Exit assessment. They need to acquire the corresponding competency (observation, direct supervision and independent practice) by the designated time point and be confirmed by their assigned trainer.

Included in some modules are Structured Assessment of Technical Skills (OSATS) assessments. Trainees are encouraged to conduct formative evaluations regularly to gain constructive feedback towards competency. These formative evaluations should be dated in the chronological order in the box provided. When competency is acquired for a particular skill, two summative assessments are required to sign-off that skill, with the dates also inserted into the appropriate boxes provided. All these forms should be submitted as evidence.

There are also areas for trainees to provide evidence of training by participation of certain training courses, drills or attachments. This is especially valuable when some important but rare conditions are not encountered during the training years and they should acquire the required skill and knowledge on their management. In the list, “OM” (other methodologies) should be marked at the end of the corresponding item(s) and evidence provided in the boxes below.

Upon completion of the whole module, this should be verified at the end of each session and dated by the training supervisor who is the Chief of Service of the training unit or delegate.

The knowledge requirements under each module are detailed in another document: Knowledge Requirement for Modules.

1. Clinical Skills						
	Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment					
	Observation		Direct supervision		Independent practice	
	Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer
History taking						
Take and analyse obstetric & gynaecological history						
Appropriate use of interpreters						
Clinical examination and investigation						
Breast examination						
Abdominal examination						
Speculum examination						
Take microbiology swabs						
Perform cervical screening						
Formulation of treatment plans						
Documentation and clinical note keeping						
Breaking bad news						
Team work						
Communication (SBAR - Situation, Background, Assessment, Recommendation) and consultation						

Completion of Module 1		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

2. Clinical Governance, Teaching and Research						
	Competence level <input type="checkbox"/> Pre-SOE		<input type="checkbox"/> Entry into Higher Training		<input type="checkbox"/> Pre-Exit assessment	
	Observation		Direct supervision		Independent practice	
	Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer
Clinical governance						
Prepare or revise a guideline or care pathway						
Deal effectively with complaint						
Risk management						
Present at mortality and morbidity meetings						
Teaching						
Teaching subordinates / students / nurses / etc.						
Journal club						
Critically appraise a scientific paper						

Training courses or examination (certificate(s) required if available)	
Title	Date(s)
HKCOG Research Course or equivalent	
HKCOG Basic Medical Education Course (BMEC) or equivalent	
Audit training	
Publication of Research Title: Journal / Citation:	
Publication of additional research, if any Title: Journal / Citation:	

Audit (Fill in the table below or submit your presentation file(s) in pdf format) – at least one is required		
Title		
Reason(s)		
Standard(s) set, and reasons		
Preparation and planning		
First data collection, and how this comparison with the standard(s)		
Changes implemented		
Second data collection (optional), and comparison with the standard(s)		
Conclusion with this audit cycle		
Date of presentation, if any		

Completion of Module 2		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

3. Core Surgical Skills						
Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment						
Observation		Direct supervision		Independent practice		
Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer	
Interpret preoperative investigations						
Arrange preoperative management						
Obtain informed consent						
Choose appropriate operation						
Open and close the abdomen						
Exhibit technical competence						
Make appropriate operative decisions						
Manage intraoperative problems						

OSATS	Formative (refer to the Formative forms)						
Opening and closing the abdomen	Dates:						
	Summative (refer to the Summative forms)						
	Dates:						

Training courses or examination (certificate(s) required if available)	
Title	Date(s)
Hospital Authority O&G fundamental surgical skill workshop	
Hospital Authority Introductory Gynaecological Endoscopic Surgery workshop	

Completion of Module 3		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

4. Postoperative Care						
Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment						
Observation		Direct supervision		Independent practice		
Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer	
Conduct appropriate review of:						
Fluid / electrolyte balance						
Catheter						
Surgical drainage						
Sutures						
Wound complications						
Communicate:						
With colleagues						
With relatives						
Explain procedure to patient						
Advise on postoperative progress						
Manage postoperative complications, collaborating with others where appropriate						

Completion of Module 4		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

5. Surgical Procedures							
		Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment					
		Observation		Direct supervision		Independent practice	
		Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer
<i>Other than those required in OSATS below:</i>							
Marsupialisation of Bartholin's cyst							
Excision of vulval lesions							
Abdominal hysterectomy ± bilateral salpingo-oophorectomy							
Open myomectomy							
Vaginal hysterectomy							
Management of pelvic abscess							
Laparoscopic sterilisation							

OSATS	Formative (refer to the Formative forms)						
Diagnostic laparoscopy	Dates:						
	Summative (refer to the Summative forms)						
	Dates:						

OSATS	Formative (refer to the Formative forms)						
Operative laparoscopy	Dates:						
	Summative (refer to the Summative forms)						
	Dates:						

OSATS	Formative (refer to the Formative forms)						
Diagnostic hysteroscopy	Dates:						
	Summative (refer to the Summative forms)						
	Dates:						

Completion of Module 5		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

6. Antenatal Care						
Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment						
Observation		Direct supervision		Independent practice		
Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer	
Conduct a booking visit						
Conduct a follow up visit						
Assess fetal wellbeing by interpretation of:						
Cardiotocography						
Ultrasound						
Manage:						
Oligohydramnios / Polyhydramnios						
Growth restriction						
Multiple pregnancy						
Malpresentation						
Reduced fetal movements						
Post-date pregnancy						
Drug and alcohol problems						
Infections						
Preterm premature rupture of membranes						
Antepartum haemorrhage						
External cephalic version						
Counsel about:						
Screening for Down syndrome						
Mode of delivery after Caesarean section						

Training courses or examination (certificate(s) required if available)	
Title	Date(s)
Cardiotocography interpretation	
Hospital Authority Ultrasound Course or equivalent	
Genetics and Genomics course	

Completion of Module 6

I confirm that all components of the module have been successfully completed:

Date	Name of Training Supervisor	Signature of Training Supervisor

7. Maternal Medicine						
Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment						
Observation		Direct supervision		Independent practice		
Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer	
Diagnose, investigate and manage with appropriate consultation:						
Chronic hypertension						
Pre-eclampsia						
Pre-eclampsia with HELLP						
Pre-eclampsia with complications other than HELLP						
Eclampsia						
Renal disease						
Cardiac disease						
Peripartum cardiomyopathy						
Intrahepatic cholestasis of pregnancy						
Acute fatty liver of pregnancy						
Hepatobiliary disease						
Asthma						
Gastrointestinal disease						
Pre-existing diabetes mellitus						
Gestational diabetes mellitus – diet controlled						
Gestational diabetes mellitus – insulin required						
Hypothyroidism						
Hyperthyroidism						
Epilepsy						
Systemic lupus erythematosus						
Rheumatoid arthritis						
Antiphospholipid syndrome						

7. Maternal Medicine (cont.)						
Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment						
Observation		Direct supervision		Independent practice		
Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer	
Diagnose, investigate and manage with appropriate consultation:						
Haemoglobinopathies						
Haemophilia						
Immune thrombocytopaenic purpura						
Venous thromboembolism (history or acute)						
Psychiatric disease						
Postnatal depression (history or acute)						
Substance abuse						
Dermatological diseases						
Breast cancer (history or active)						
HIV						
Maternal sepsis						

Training courses or examination (certificate(s) required if available)	
Title	Date(s)

Completion of Module 7		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

8. Management of Labour						
	Competence level <input type="checkbox"/> Pre-SOE		<input type="checkbox"/> Entry into Higher Training		<input type="checkbox"/> Pre-Exit assessment	
	Observation		Direct supervision		Independent practice	
	Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer
Management of:						
Induction of labour						
Slow progress in first stage						
Prolonged second stage						
Advise on pain relief						
Preterm labour and delivery						
Labour after previous Caesarean section						
Breech in labour						
Transverse lie in labour						
Cord prolapse						
Safe use of blood products						
Obstetrical collapse						
Intrauterine infection						
In-utero transfer						
Intrauterine fetal demise						

Training courses or examination (certificate required if available)	
Title	Date
Advanced Life Support in Obstetrics (ALSO) course or equivalent	

Completion of Module 8		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

9. Management of Delivery							
		Competence level <input type="checkbox"/> Pre-SOE		■ Entry into Advanced Training		■ Pre-Exit assessment	
		Observation		Direct supervision		Independent practice	
		Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer
Other than those required in OSATS:							
Normal delivery							
Shoulder dystocia							
Vaginal delivery of twins							
Recognise undiagnosed breech							
Vaginal breech delivery							
Uterine rupture							
Need of maternal special care bed (MSCB) / Intensive Care Unit							

OSATS	Formative (refer to the Formative forms)						
Non-rotational ventouse extraction	Dates:						
	Summative (refer to the Summative forms)						
	Dates:						
OSATS	Formative (refer to the Formative forms)						
Rotational ventouse extraction	Dates:						
	Summative (refer to the Summative forms)						
	Dates:						

OSATS	Formative (refer to the Formative forms)							
Forceps delivery	Dates:							
	Summative (refer to the Summative forms)							
	Dates:							

OSATS	Formative (refer to the Formative forms)							
Simple Caesarean section	Dates:							
	Summative (refer to the Summative forms)							
	Dates:							

OSATS	Formative (refer to the Formative forms)							
Complex Caesarean section	Dates:							
	Summative (refer to the Summative forms)							
	Dates:							

Training courses or examination (certificate(s) required if available)	
Title	Date(s)
Shoulder dystocia drill	
Advanced Life Support in Obstetrics (ALSO) course or equivalent	

Completion of Module 9		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

10. Postpartum problems						
	Competence level <input type="checkbox"/> Pre-SOE		<input type="checkbox"/> Entry into Higher Training		<input type="checkbox"/> Pre-Exit assessment	
	Observation		Direct supervision		Independent practice	
	Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer
Other than those required in OSATS:						
Bladder dysfunction						
Bowel dysfunction						
Primary postpartum haemorrhage						
Secondary postpartum haemorrhage						
Damage to rectum and anal sphincters						
Immediate resuscitation of neonate						
Puerperal sepsis						
Puerperal psychiatric problems						
Contraceptive advice						
Breastfeeding problems						
Management of venous thromboembolism						

Training courses or examination (certificate(s) required if available)	
Title	Date(s)
Advanced Life Support in Obstetrics (ALSO) course or equivalent	
Massive postpartum haemorrhage drill	
Perineal repair workshop	

OSATS	Formative (refer to the Formative forms)							
Perineal repair (second degree tear)	Dates:							
	Summative (refer to the Summative forms)							
	Dates:							
OSATS	Formative (refer to the Formative forms)							
Manual removal of placenta	Dates:							
	Summative (refer to the Summative forms)							
	Dates:							

Completion of Module 10		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

11. Gynaecological Problems						
Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment						
Observation		Direct supervision		Independent practice		
Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer	
Diagnose, investigate and manage the following clinical problems:						
Menstrual disorders						
Dysmenorrhoea and dyspareunia						
Endometriosis						
Pelvic inflammatory disorder						
Postmenstrual bleeding						
Menopause and Hormone replacement therapy						
Vaginal discharge						
Non-neoplastic vulval disorders						
Benign ovarian cysts						
Fibroids						
Congenital genital tract malformation						

Completion of Module 11		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

12. Infertility						
Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment						
Observation		Direct supervision		Independent practice		
Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer	
History taking from couple						
Investigate the cause of infertility						
Interpret semen analysis						
Manage anovulation						
Investigate tubal patency						
Management options						

Completion of Module 12		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

13. Sexual and Reproductive Health						
Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment						
Observation		Direct supervision		Independent practice		
Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer	
Sexual health risk assessment						
Contraception counselling						
Psychosexual problems						
Sexually transmitted infections:						
Chlamydia screening and treatment						
Explain the principles of partner notification						
Perform an HIV risk assessment						
Take a history from individual/couple						
Plan initial management/know when to refer						

Training courses or examination (certificate(s) required if available)	
Title	Date(s)
Family Planning Association training programme	

Completion of Module 13		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

14. Early Pregnancy Care						
		Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment				
		Observation		Direct supervision		Independent practice
		Date	Signature of Trainer	Date	Signature of Trainer	Date Signature of Trainer
Miscarriage:						
Clinical assessment & counselling						
Medical management						
Surgical management						
Manage recurrent miscarriage						
Ectopic pregnancy:						
Diagnosis						
Management						
Trophoblastic disease						

OSATS	Formative (refer to the Formative forms)						
Evacuation of uterus	Dates:						
	Summative (refer to the Summative forms)						
	Dates:						

Completion of Module 14		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

15. Gynaecological Oncology						
Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment						
Observation		Direct supervision		Independent practice		
Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer	
Cervical screening:						
Counsel about screening reports						
Perform basic colposcopy examination						
Management of cervical intraepithelial neoplasia						
Management on premalignant conditions:						
Cervix						
Endometrium						
Lower genital tract						
Recognise, counsel and plan initial management of carcinoma of:						
Cervix						
Endometrium						
Ovary						
Vulva						

Training courses or examination (certificate(s) required if available)	
Title	Date(s)
Basic colposcopy workshop	

Completion of Module 15		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

16. Urogynaecology and Pelvic Floor Problems						
Competence level <input type="checkbox"/> Pre-SOE <input type="checkbox"/> Entry into Higher Training <input type="checkbox"/> Pre-Exit assessment						
Observation		Direct supervision		Independent practice		
Date	Signature of Trainer	Date	Signature of Trainer	Date	Signature of Trainer	
Take urogynaecological history						
Cystoscopy						
Interpret:						
Urinary frequency volume charts						
Uroflowmetry profiles						
Cystometric investigations						
Residual volume measurement						
Manage non-surgically:						
Bladder voiding disorders						
Urgency of micturition						
Uterovaginal prolapse:						
Assess						
Manage non-surgically						
Vaginal hysterectomy +/- anterior / posterior repair						
Stress urinary problems:						
Minimally invasive slings/bladder neck procedures						

Completion of Module 16		
I confirm that all components of the module have been successfully completed:		
Date	Name of Training Supervisor	Signature of Training Supervisor

4. Assessments

- 4.1 Procedures
- 4.2 Other WBA tools
- 4.3 Clinical exposure
- 4.4 Regular appraisal
- 4.5 Workshops and courses
- 4.6 Exit assessment
- 4.7 Train-the-trainers

4.1 Procedures

Workplace-based assessment (WBA) has an increased role in the evaluation of trainees' performance during their daily work. Currently, Objective Structured Assessment of Technical Skills (OSATS) has already been implemented for various procedures. Trainees are required to have a summative OSATS for each one by certain year of training. In addition, for certain procedures, there are minimum numbers that a trainee needs to perform as a chief surgeon before Exit assessment. In the concept of WBA, rather than a single summative OSATS, formative OSATS can serve as a valuable tool to provide continued evaluation with constructive feedback and demonstrate progression in the acquisition of independent practice of the skill. Therefore, it is proposed that trainees should be assessed in formative OSATS at a regular interval, after performance of certain number of procedures. There are no recommended numbers of formative OSATS. Higher trainees are encouraged to assess formative OSATS for basic trainees, which also serve as training towards education of juniors. When the level of experience reaches independent practice (for certain procedures, with support), two summative OSATS, rather than one, are required to certify competency, in which both must be assessed by separate specialist trainers. Due to the increased use of OSATS and the altered management of certain conditions in the recent decades, the minimum numbers of the procedures can be adjusted to allow flexibility and sustainability. The concept of 'core skills' and 'for exposure' is introduced to allow trainees to understand that certain procedures are considered essential skills to acquire before Exit assessment regardless of their special interest or future development plans.

As laparoscopy has become the first line operation over laparotomy for various gynaecological operations, a certain level of expertise should be acquired and demonstrated by every specialist after Exit assessment. This needs to be supported by the update in the training requirement which is proposed to be similar to the accreditation requirement of an Intermediate level gynaecological laparoscopic surgery by the HKCOG:

- Minimum number of cases: 30
- Variety of operation:
 - 3 or more types
 - At least 10 procedures of level III or above

OSATS for laparoscopic surgery is proposed as below (total 4 summative OSATS):

- Diagnostic laparoscopy by the end of year 4 (2 summative OSATS)
- Operative laparoscopy by the end of year 6 (2 summative OSATS)
 - One case of level II + One case of level III or above; or
 - Two cases of level III or above

Competency is based on:

Level	Meaning
1	Observation
2	Under supervision
3	Independent practice

Procedure	Minimum number	OSATS (2 summative for each)	By end of Year of training
<i>Core</i>			
Caesarean section (CS)	100	Simple CS	4
		Complex CS (e.g. Transverse lie, major placenta praevia, classical, multiple pregnancy)	6
Operative vaginal delivery	50 (with 10 forceps)	Non-rotational ventouse extraction	4
		Rotational ventouse extraction	6
		Forceps	6
Evacuation of uterus	20 (with ≥ 5 cervical dilatation)		4
Hysteroscopy	50 (with ≥ 25 operative, ≥ 5 cervical dilatation)	Diagnostic hysteroscopy	4
Laparoscopy	30 (≥ 3 types: ≥ 10 level III or above)	Diagnostic laparoscopy	4
		Operative laparoscopy	6
Perineal Repair (second degree tear)			2
Manual Removal of Placenta			3
Opening and Closing the Abdomen			3
<i>For exposure</i>			
Major abdominal Operations	60		
Major vaginal operations	10		
Colposcopy	50 (≥ 10 with high grade lesion)		

4.2 Other WBA tools

In addition to OSATS, other WBA tools will be introduced. Mini-Clinical Evaluation Exercise (mini-CEX) and Case-based discussion (CbD) have been used in the sub-specialty training. This will be extended to the specialist training.

Mini-CEX allows assessment of history-taking, clinical examination, formulating management plans, communicating with patients, and professional and interpersonal skills. Trainees are required to have at least one case per half year (for a total of at least 6 obstetric and 6 gynaecological cases before Exit assessment). The casemix should reflect the breath of case exposure. Higher trainees are encouraged to assess Mini-CEX for basic trainees. Higher trainees should be assessed by specialist trainers and focus on the 'Management and Explanation' as listed in the form.

CbD allows specialist trainers to assess higher trainees on clinical decision-making, knowledge and its application. At least one case per half year should be completed (for a total of at least 2 obstetric and 2 gynaecological cases before Exit assessment).

Non-Technical Skills for Surgeons (NOTSS) allows trainees to be evaluated on situation awareness, decision making, communication and teamwork, and also leadership, in Labour ward and Gynaecological surgery settings. Each should be assessed by specialist trainers at least once per two years (i.e. submission of at least one labour ward and one gynaecological surgery every 2 years).

Team Observation (TO) and Self Observation (SO) form allows trainees to be evaluated by various colleagues on various non-technical skills including

- Empathy & Respect
- Team Working
- Verbal Communication Skills
- Accessibility & Conscientiousness
- Record Keeping
- Organisation & Thoroughness
- Insight
- Clinical Judgement

In order to allow a more balanced input, various parties are included, including 3 specialists, 3 senior midwifery / nursing colleagues (Rank higher or equal to Advanced Practice Nurse) in different clinical areas (antenatal ward, labour ward, gynaecology ward, specialist out-patient clinic, and operation theatres), and 2 trainees for a total of 8 forms. These forms should be directly sent to the training supervisor or the dedicated trainer. These would be compiled to form a single form for feedback to the trainee. A SO form of the same format would allow self-reflection for regular appraisal. This exercise should be performed in 3 time points: pre-SOE, entry into higher training, before Exit assessment.

4.3 Clinical exposure

The various modules of the current logbook would be simplified as some of the disease entities are rarely encountered locally, and some of the conditions are covered by the various WBA assessment tools and the minimum number of procedures.

The log of experience is used to record experiential learning since basic training and to demonstrate continuing proficiency and increased responsibilities in various increasingly complex operations and management of complicated cases.

Summary of Clinical Experience aims to keep track of the overall experience in both Obstetrics and Gynaecology in every half year. Summary of Extended Experience records the non-clinical activities

every half yearly, such as attendances at conferences, teaching, administrative duties.

4.4 Regular appraisal

Currently the training progress is regularly evaluated by the Education Committee throughout the training. Trainees need to submit the following forms which act as the evidence for the evaluation:

- The various WBA forms according to their required intervals
- The action plan form (which replaces the current “Formative & Summative Form”)
- Trainee’s evaluation of training / training post form
- Summary of Obstetric / Gynaecology Clinical Experience during Training I & II
- Summary of Extended Experience during Training

	Basic Training			Higher Training		
	Every ½ year	Every year	Every 2 years	Every ½ year	Every year	Every 2 years
Mini-CEX	X			X		
CbD				X		
TO and SO	Pre-SOE, Entry into higher training, Pre-Exit assessment					
NOTSS (one labour ward and one gynaecological operation)			X			X
Summary of Clinical Experience	X			X		
Summary of Extended Experience	X			X		
Action Plan form		X			X	
Trainee’s evaluation of training / training post form		X			X	

4.5 Workshops and courses

Genetics and Genomics

Genetics and genomics is fast developing and is becoming increasingly important in our daily practice, including diagnosis, management and counselling. Trainees are required to attend the HKCOG Genetics and Genomics course at least once before the Exit assessment.

Ultrasound

Ultrasound skills and interpretation have become an integral part of our day-to-day practice, and therefore specialists in the modern era should be supported with adequate training and certification of such. As Hospital Authority ultrasound course involves lectures, case logging, written and practical examination, trainees are required to have passed this course or equivalent at the time of application for Exit assessment.

Research

Trainees are required to attend the HKCOG research course, perform and publish at least one research which needs to be approved by the Education Committee before the last working day of April and October prior to the applied Exit assessment in July and January respectively.

Audit

Trainees are required to attend an audit training and submit their experience on audit with the report or presentation endorsed by the training supervisor before the Exit assessment.

Other

- Family Planning Association training programme
- Advanced Life Support in Obstetrics (ALSO) or equivalent such as PROMPT/ SOPHIE
- Hospital Authority O&G fundamental surgical skill workshop
- Hospital Authority Introductory Gynaecological Endoscopic Surgery workshop
- Cardiotocogram training
- Perineal repair workshop
- Basic colposcopy workshop
- Basic Medical Education Course (BMEC)

4.6 Exit assessment

In the Exit assessment, in addition to all the evidence provided throughout the training years, critical analysis and appraisal of the management of 10 cases (5 obstetric and 5 gynaecological) written in approximately 1200 words (at most 1500) are required. This is an exercise to train on the analytical and critical review skill required for specialists on case management, literature review and ways to help improve and reduce future complications for the best interest of our patients. This is not a topic review as encountered frequently during the past. Trainees may be required to revise the case summaries to fulfil the requirement before they are allowed to sit for the Exit assessment.

4.7 Train-the-trainers

Standardisation of how to use the different assessment methods is important, especially when new forms are introduced. The importance of regular formative assessment as constructive feedback and charting the learning progress is stressed. Currently the HKCOG is embarking on regular Basic Medical Education Course to equip both trainers and trainees on competency based medical education and assessment. Higher trainees are required to attend the course before the Exit assessment to path the way to be specialist trainers later. Current specialist trainers are encouraged to join the course to keep updated on these tools.

5. References

1. Core Curriculum for Obstetrics & Gynaecology. Definitive Document 2019. Royal College of Obstetricians and Gynaecologists
2. MRCOG Syllabus and Knowledge Requirements for Core Curriculum 2019. Royal College of Obstetricians and Gynaecologists
3. Advanced Training in Obstetrics & Gynaecology. Definitive Document 2019. Royal College of Obstetricians and Gynaecologists.
4. Advanced Training Review. Implementation Planning. March 2023. Royal College of Obstetricians and Gynaecologists.
5. 2024 Core Curriculum Capabilities in Practice (CiPs) as a result of the Advanced Training Review. Royal College of Obstetricians and Gynaecologists.
6. Hong Kong Doctors. October 2017. The Medical Council of Hong Kong
7. Hong Kong Academy of Medicine position paper on postgraduate medical education 2023. Hong Kong Med J 2023; 29: Epub 15 Sep 2023

6. Appendices

1. Membership of Taskforce

- CHAN Lin Wai Daniel (Chairperson)
- CHEUNG Wing Lam (PYNEH, Secretary)
- CHIU Pak Hey Christopher (PWH)
- CHUNG Hoi Ki (PMH)
- CHUNG Wai Hang (Representative from online education Taskforce)
- HUNG Man Wai Catherine (KWH)
- KWONG Lee Ting (TMH)
- TANG Kwok Keung (BMEC co-ordinator)
- TONG Yu Wing (QMH)
- WONG Keedon (QEH)
- YU Po Ming (UCH)

2. Workplace based assessment (WBA) forms

- i.** CbD – Obstetrics
- ii.** CbD - Gynaecology
- iii.** Mini-CEX – Obstetrics
- iv.** Mini-CEX - Gynaecology
- v.** NOTSS – Labour ward
- vi.** NOTSS – Gynaecological surgery
- vii.** OSATS – Formative
- viii.** OSATS - Summative
- ix.** TO / SO

3. Action plan form

4. Trainee's evaluation of training / training post form

5. Summary of Clinical Experience (Obstetrics)

6. Summary of Clinical Experience (Gynaecology)

7. Summary of Extended Experience

8. Summary of Obstetric Clinical Experience during Training I

9. Summary of Obstetric Clinical Experience during Training II

10. Summary of Gynaecology Clinical Experience during Training I

11. Summary of Gynaecology Clinical Experience during Training II

12. Summary of Extended Experience during Training

13. Log of experience in Higher Training

14. Detailed Case Reports for Exit Assessment

HKCOG Case-based Discussion (CBD) Supervised Learning Event – Obstetrics

Trainee Name:	Year of Training:
Specialist Trainer Name:	Date:
Clinical setting: Labour Ward / Clinic / AN Ward / PN Ward Clinical problem category: Antenatal care / Maternal & Fetal medicine / Intrapartum care / Postpartum care Case summary: Focus of clinical encounter: Clinical record keeping / Clinical assessment / Management / Professionalism Complexity of case: Low / Average / High	

This is a **formative** tool to provide feedback to the trainee about their clinical knowledge in some or all aspects of this case. Please provide **specific, constructive feedback** to the trainee in verbal and written forms (in box below) that you feel will enhance training and future learning. There is **NO** overall judgement relating to competence for this event.

Areas to consider:

1. Clinical record keeping (completeness, legibility, information sharing)
2. Clinical assessment (interpretation of clinical findings, “putting it all together”)
3. Investigation and referrals (appropriate tests and referrals for case, rationale demonstrated)
4. Management (use of clinical knowledge, correct interpretation, use of evidence, safe and logical approach, dealing with uncertainty, appropriate advice sought)
5. Follow up and future planning (linking current problem to future needs, rationale for follow up)
6. Professionalism (respectful, logical approach to problem-solving, diligent and self-directed approach to patient and learning needs)

Feedback:

What went well?

What could have gone better?

Learning plan:

Trainee signature:

Trainer signature:

Trainee Reflection:

What could have gone better?

Learning Plan:

Trainee signature:

Trainer signature:

Trainee Reflection:

HKCOG Mini-Clinical Evaluation Exercise (Mini-CEX) Supervised Learning Event – Obstetrics

Trainee Name:	Year of Training:
Higher Trainee / Specialist Trainer Name:	Date:
Clinical setting: Labour Ward / Clinic / AN Ward / PN Ward Clinical problem category: Antenatal care / Maternal & Fetal medicine / Intrapartum care / Postpartum care / Other Case summary: Focus of clinical encounter: History / Diagnosis / Management / Explanation Complexity of case: Low / Average / High Encounter declared in advance: Yes / No	

This is a **formative** tool designed to provide feedback to the trainee about their performance in some or all areas of this clinical encounter. Please provide **specific, constructive feedback** to the trainee in verbal and written forms (in box below) that you feel will enhance training. There is **NO** overall judgement relating to competence for this event.

Areas to consider (may be others):

1. History taking (completeness, logic, focus)
2. Physical examination skills (approach to patient, technical skill, interpretation of findings)
3. Communication skills (patient friendly, questioning style, empathy, clear explanation)
4. Clinical judgement (use of clinical knowledge, correct interpretation, logical approach, safe and confident, recognising limits and appropriate advice sought)
5. Professionalism (respectful, courteous, confident, use of team members)
6. Organisation and efficiency (efficient, logical and ordered approach)
7. Overall clinical care (global judgement of performance)

Feedback:

What went well?

What could have gone better?

Learning plan:

Trainee signature:

Assessor signature:

Trainee Reflection:

HKCOG Mini-Clinical Evaluation Exercise (Mini-CEX) Supervised Learning Event – Gynaecology

Trainee Name:	Year of Training:
Higher Trainee / Specialist Trainer Name:	Date:
Clinical setting: Out-patient / Acute admission / In-patient / Other Clinical problem category: Benign gynaecology / Reproductive medicine / Early pregnancy / Gynae oncology / Urogynaecology / Other Case summary: Focus of clinical encounter: History / Diagnosis / Management / Explanation Complexity of case: Low / Average / High Encounter declared in advance: Yes / No	

This is a **formative** tool designed to provide feedback to the trainee about their performance in some or all areas of this clinical encounter. Please provide **specific, constructive feedback** to the trainee in verbal and written forms (in box below) that you feel will enhance training. There is **NO** overall judgement relating to competence for this event.

Areas to consider (may be others):

1. History taking (completeness, logic, focus)
2. Physical examination skills (approach to patient, technical skill, interpretation of findings)
3. Communication skills (patient friendly, questioning style, empathy, clear explanation)
4. Clinical judgement (use of clinical knowledge, correct interpretation, logical approach, safe and confident, recognising limits and appropriate advice sought)
5. Professionalism (respectful, courteous, confident, use of team members)
6. Organisation and efficiency (efficient, logical and ordered approach)
7. Overall clinical care (global judgement of performance)

Feedback:

What went well?

What could have gone better?

Learning plan:

Trainee signature:

Assessor signature:

Trainee Reflection:

HKCOG NOTSS Tool for Labour Ward

Trainee Name _____ Year of Training: _____

Specialist Trainer Name _____ Date: _____

The following elements are suggested areas for assessment and are not designed to be exhaustive. Please feel free to comment on other relevant areas as appropriate.

Category	Element	Feedback on performance and debriefing notes
Situation Awareness	Gathering information Understanding information Projecting and anticipating future state	
Decision Making	Considering options Selecting and communicating option Implementing and reviewing decisions as appropriate	
Communication and Teamwork	Exchanging pre, intra and post-operative information with team (and patient if awake) Establishing a shared understanding Co-ordinating team activities Role clarity	
Leadership	Setting and maintaining standards Supporting others Coping with pressure	

Comments by Trainer, including strengths, areas for development and suggested plan of action:

Comments by Trainee, including plan of action:

Trainer signature:

Trainee signature:

HKCOG NOTSS Tool for Gynaecological surgery

Trainee Name _____ Year of Training: _____

Trainer Name _____ Date: _____

Operation:.....

The following elements are suggested areas for assessment and are not designed to be exhaustive. Please feel free to comment on other relevant areas as appropriate.

Category	Element	Feedback on performance and debriefing notes
Situation Awareness	Gathering information Understanding information Projecting and anticipating future state	
Decision Making	Considering options Selecting and communicating option Implementing and reviewing decisions as appropriate	
Communication and Teamwork	Exchanging pre, intra and post-operative information with team (and patient if awake) Establishing a shared understanding Co-ordinating team activities Role clarity	
Leadership	Setting and maintaining standards Supporting others Coping with pressure	

Comments by Trainer, including strengths, areas for development and suggested plan of action:

Comments by Trainee, including plan of action:

Trainer signature:

Trainee signature:

HKCOG OSATS Supervised Learning Event (Formative)

Trainee name: _____ Year of Training: _____ Date: _____

Higher Trainee / Specialist Trainer name: _____

Procedure: _____

Clinical details and complexity:

This is a **formative** tool designed to give feedback to the trainee about their performance in this procedure. Please provide specific, constructive feedback to the trainee in verbal and written forms in the box below that you feel will enhance training. There is NO overall judgement relating to competence for this event.

The following areas are suggestions to consider about the overall observed performance. This includes both the technical and non-technical skills necessary for the procedure and is not an exhaustive list.

- Checking equipment/environment
- Peri-operative planning e.g. positioning
- Technical ability
- Selection of instruments and equipment
- Economy of movement
- Tissue handling
- Completion of task as appropriate
- Communication with patients and/or relatives
- Use of assistants
- Communication with staff
- Forward planning
- Dealing with problems and/or difficulties
- Documentation
- Safety considerations

Feedback:

What went well?

What could have gone better?

Learning Plan:

Level of competence: (Please encircle, only by specialist trainer)

Level	Meaning
1	Observation
2	Under supervision
3	Independent practice

Trainee Signature:

Assessor Signature:

Trainee reflection:

HKCOG OSATS Assessment of Performance (Summative 1 / 2)

Trainee name: _____ Year of Training: _____ Date: _____

Specialist Trainer name: _____

Procedure: _____

Clinical details and complexity:

Degree of difficulty: Basic/Intermediate/Advanced Encounter requested in advance: Yes / No

This assessment is a mandatory, **summative** tool designed to:

1. Enable judgement of surgical competency in **this** procedure and
2. To provide specific, constructive **feedback** to the trainee about their performance.

There is a judgement to be made in this assessment relating to the overall performance observed: **competent** or **working towards competence**.

Trainees require a minimum of two OSATS deemed competent per core procedure, by more than one assessor, both being specialist trainers. This judgement is **specific to this assessment only**.

The following anchor statements are for general guidance about the overall observed level of performance. Suggestions for areas to consider during the assessment are listed after.

For the trainee considered **competent** in the observed procedure it would generally be expected that:

- The trainee was able to perform all aspects of the procedure safely and competently with no or minimal need for help, or in the context of an unexpectedly difficult case, may have needed more assistance for the more difficult aspects of the procedure.

Level of competence (Please encircle)

Level	Meaning
1	Observation
2	Under supervision
3	Independent practice

The following areas are suggestions to consider about the overall observed performance. This includes both the technical and non-technical skills necessary for the procedure and is not an exhaustive list.

- Checking equipment/environment
- Peri-operative planning e.g. positioning
- Technical ability
- Selection of instruments and equipment
- Economy of movement
- Tissue handling
- Completion of task as appropriate
- Communication with patients and/or relatives
- Use of assistants
- Communication with staff
- Forward planning
- Dealing with problems and/or difficulties
- Documentation
- Safety considerations

What went well?

What could have gone better?

Trainee Signature:

Trainer Signature:

Trainee reflection:

HKCOG Team Observation / Self Observation Form

Trainee Name _____ Year of Training _____

Assessor Name _____ Email _____

Assessor Position _____ Date: _____

- The trainee should also complete a Self Observation Form and describe their own positive / negative behaviours
- If any ticks are in the Concern columns, they must give further details in the comments area
- If you have had no opportunity to observe, tick the 'Unable to comment' column

	Not assessable during the encounters	Major Concern	Some Concern	Satisfactory	Good	Excellent
Empathy & Respect Treats patients politely and considerately. Involves them in decisions about their care. Respects their privacy, dignity and confidentiality						
Team Working Works well as a member of a team. Liaises with colleagues. Accepts criticism and responds constructively						
Verbal Communication Skills Gives understandable information. Speaks at the appropriate level for the patient.						
Accessibility & Conscientiousness Accessible. Responds when called. Only delegates appropriately.						
Record Keeping						
Organisation & Thoroughness Keeps up-to-date with administrative tasks. Manages time efficiently. Remembers to complete tasks.						
Insight Acts within own capability. Seeks advice appropriately.						
Clinical Judgement						

Comments:

HKCOG Action plan form

Trainee Name

Year of Training

Date

ACTIVITIES

(e.g. presentations, audit, literature, teaching, research)

NEW OBJECTIVES & ACTION PLAN

Trainee Signature

Trainer Signature
Trainer Name

HKCOG TRAINEE'S EVALUATION OF TRAINING / TRAINING POST

INSTRUCTIONS

To be completed by the Trainee at the end of an attachment or yearly whichever is shorter and returned to the Secretary, Education Committee, HKCOG

Training Unit: _____ Dates of Training: _____ to _____

Please indicate your evaluation by circling the appropriate number

*1: very dissatisfied	*2: dissatisfied	3: neutral	4: satisfied	5: very satisfied
-----------------------	------------------	------------	--------------	-------------------

I.	SERVICE COMMITMENTS					
	Working patterns/ shifts / rotas	1	2	3	4	5
	Range of service experience	1	2	3	4	5
II.	TRAINING					
	Senior supervision	1	2	3	4	5
	Help in achieving targets	1	2	3	4	5
	On the job training	1	2	3	4	5
III.	FORMAL EDUCATIONAL PROVISION					
	Number of weekly formal teaching sessions	1	2	3	4	5
	Quality of these formal teaching sessions	1	2	3	4	5
	Educational supervision	1	2	3	4	5
	Resources for independent learning	1	2	3	4	5
	Facilities for research	1	2	3	4	5
	Study leave (if applicable)	1	2	3	4	5
	Courses / Day release (if applicable)	1	2	3	4	5
IV.	GENERAL ENVIRONMENT					
	Willingness of colleagues to give help and advice	1	2	3	4	5
	On-call Accommodation	1	2	3	4	5

Please give comments for those circled 1 or 2 (The comments are necessary to help the unit to improve):

Other Suggestions / Comments:

Please tick box and specify your name if help or advice from HKCOG is needed.

Name & Signature

Summary of Clinical Experience (Obstetrics)

Name: _____

Dates : from _____ to _____

Precise numbers required

Others: reasonable estimate based on duty roster

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

Experience	Number
General obstetric clinics (hours/week)	
Special obstetric clinics (hours/week)	
Normal deliveries (Supervision and management)	
Malpresentation	
Multiple pregnancies	
Premature labour (before 32 weeks)	
Ultrasound scan (hours) [both obstetrics and gynaecology scan]	
Diabetes, thyroid diseases, hypertension, cardiac disease	
Other medical disorders	
# Ventouse w/o rotation (vaginal delivery)	
# Low & mid-cavity forceps (vaginal delivery)	
# Ventouse with rotation	
# Caesarean Section	
# Classical Caesarean Section	
# Breech vaginal delivery	
# Twins: vaginal delivery	
# Manual removal of placenta (after vaginal deliveries)	
# Severe genital tract trauma	
# External cephalic version	
# Shoulder Dystocia	
# Eclampsia / severe pre-eclampsia	
# Cord prolapse	
# Major APH/PPH	

Signature of Training Supervisor: _____

Name of Training Supervisor: _____

Date: _____

Summary of Clinical Experience (Gynaecology)

Name: _____

Dates : from _____ to _____

Precise numbers required

Others: reasonable estimate based on duty roster

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

Experience	Number
General gynaecology clinics (hours/week)	
Subspecialty gynaecology clinics (hours / week)	
EPAC	
Urogynaecology study	
Hormonal replacement therapy	
Hyperprolactinaemia / amenorrhoea	
Premenarchial gynaecological disorders	
Chronic pelvic pain / dysmenorrhea / dyspareunia	
# 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	
# Vaginal Hysterectomy / Pelvic Floor Repair	
# Continence procedures including sling operations (assist or chief)	
# Laparoscopy / Laparoscopic procedures, level I & II	
# Laparoscopy / Laparoscopic procedures, level III	
# Major vulval / vaginal operations	
# Radiotherapy clinic / sessions	
# Chemotherapy procedures	
# Colposcopy	
# ART procedures	

Signature of Training Supervisor: _____

Name of Training 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 Training Supervisor: _____ Name of Training 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																
# Shoulder Dystocia																
# Eclampsia/ Severe PE																
# Cord prolapse																
# Major APH / PPH																
Others; specify																

Signature of Training Supervisor: _____ Name of Training 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)															
# 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 Training Supervisor: _____ Name of Training 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 Training Supervisor: _____ Name of Training 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>	
Academic activities (lectures/ meetings/ conference/ workshops) (estimate Hr.)	Department															
	Local															
	Overseas															
Teaching/ coaching – To subordinates/ students/ nurses, etc (estimate Hr.)																
Q.A. activities – Clinical audit (estimate Hr.)																
Q.A. activities – Morbidity / mortality review (estimate Hr.)																
Research – Research activity (estimate Hr.)																
Administrative – Department organisation (estimate Hr.)																
Administrative – Management training (estimate Hr.)																

Signature of Training Supervisor: _____ Name of Training Supervisor: _____

Date: _____

HKCOG Log of Experience

These forms provide an opportunity to record experiential learning since basic training. The Clinical skills selected will vary among trainees, and for this reason there has been no attempt to provide an exhaustive list. Trainees are encouraged to demonstrate continuing proficiency in different areas of Obstetrics and Gynaecology.

It is not possible to be prescriptive about the number of procedures that should be undertaken by each trainee, since rates of learning and clinical opportunities vary considerably. However, it is hoped that trainees will be able to demonstrate increasing responsibility in carrying out the listed procedures and in the management of complicated cases. These forms are designed to help make this explicit. In each case, trainees should indicate the role in the case management.

Space is also provided for comments to be made about any particular features of the case, such as the degree of difficulty of procedure or the extent to which the supervisor is involved. This should provide a clearer indication of the level of clinical responsibility than the numerical system alone. It is anticipated that a good trainee will be given increasing responsibility, even although it may not be appropriate to delegate the entire procedure.

Detailed Case Reports for Exit Assessment

Case No:

Role of Management

Word Count _____ [The description and discussion of each case should be approximately 1200 words (not more than 1500 words, excluding the appended references)]

I hereby declare that generative AI tools *have/have not been used in the preparation of this case.

* delete as appropriate

Name of Trainee

Signature

Date