

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. _____ **MCHK 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

- *Applications for approval of study leave should be submitted to the College at least 2 weeks prior to the starting date of leave period. Any study leave application passing the deadline would not be granted.*
- *Applications should be sent:*
 - *to admin@hkco.org.hk (for trainees commencing training before 1st July 2021)*
 - *via e-portfolio (for trainees commencing training on/after 1st July 2021)*
- *The following must be included in the applications:*
 - *Leave approval from the COS of your unit*
 - *Note that this is not the same as approval from the HR department*
 - *Confirmation of acceptance from exam/course organiser*

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	^v 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 1													
Year 2													
Year 2													
Year 3													
Year 3													
Year 4													
Year 4													
Year 5													
Year 5													
Year 5													
Year 5													
Year 6													
Year 6													
Year 6													
Year 6													
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.

^v 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)	Chief															
	Assistant															
# Forceps (vaginal delivery)	Chief															
	Assistant															
# Ventouse with rotation	Chief															
	Assistant															
# Caesarean section	Chief															
	Assistant															
# Classical CS	Chief															
	Assistant															
# Breech: vaginal delivery	Chief															
	Assistant															
# Twins: vaginal delivery	Chief															
	Assistant															
# MROP (after vaginal delivery)	Chief															
	Assistant															

Signature of Trainee: _____

Name of Trainee: _____

Date: _____

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)	Chief																
	Assistant																
# External cephalic version	Chief																
	Assistant																
# Scalp blood sampling	Chief																
	Assistant																
# Shoulder Dystocia	Chief																
	Assistant																
# Eclampsia/ Severe PE	Chief																
	Assistant																
# Cord prolapse	Chief																
	Assistant																
# Major APH / PPH	Chief																
	Assistant																
Others; specify	Chief																
	Assistant																

Signature of Trainee: _____

Name of Trainee: _____

Date: _____

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)	Chief															
	Assistant															
# Diagnostic hysteroscopy	Chief															
	Assistant															
# Hysteroscopic procedures	Chief															
	Assistant															
# Surgical TOP or evacuation of uterus	Chief															
	Assistant															
# Medical TOP	Chief															
	Assistant															
# Abdominal hysterectomy	Chief															
	Assistant															
# Open operations on ovarian tumour	Chief															
	Assistant															
# Radical surgery (assist)	Chief															
	Assistant															
# Other laparotomy procedures	Chief															
	Assistant															

Signature of Trainee: _____

Name of Trainee: _____

Date: _____

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	Chief																
	Assistant																
# Continence surgery e.g. sling procedures (assist)	Chief																
	Assistant																
# Laparoscopic procedures, level I, II	Chief																
	Assistant																
# Laparoscopic procedures, level III	Chief																
	Assistant																
# Major vulval / vaginal operations	Chief																
	Assistant																
# Radiotherapy clinic / sessions	Chief																
	Assistant																
# Chemotherapy procedures	Chief																
	Assistant																
# Colposcopy	Chief																
	Assistant																
# ART procedures	Chief																
	Assistant																
Others; specify	Chief																
	Assistant																

Signature of Trainee: _____

Name of Trainee: _____

Date: _____

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 Trainee: _____

Name of Trainee: _____

Date: _____

Signature of Supervisor: _____

Name of Supervisor: _____

Date: _____