

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	
SOE	HKCOG	
Conjunctive RCOG/HKCOG Part 2 Oral Assessment Examination	RCOG / HKCOG	
MHKCOG	HKCOG	
Exit Assessment	HKCOG	
Others		

Use additional sheet if necessary

P.T.O.

Supervised Experience

- 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.
- 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.
- Leaves taken before 1st July 2003:** During Basic Specialist Training, absence from recognized College training of more than 40 working days in a six-month period will render that period ineffective. During Higher Specialist Training, absence from recognized College training of more than 20 working days in a three-month period (or a pro-rata calculation if longer than three months) will render that period ineffective.
- With Effect from 1st July 2003, the following rules will apply on all trainees:**
 - Absence from College recognized training of 40 calendar days due to vacation leave and/or study leave within a six months training period (or 20 calendar days in a three months period at higher training) will require remedial training. Absence from College recognized training of total 90 calendar days within the whole specialist training period due to maternity leave, sick leave, special leave, or any other reasons will require additional remedial training. The trainee should notify the College as soon as the 90 days allowance has been exceeded, and submit an application for remedial training within three months (*double penalty will not apply to trainees who took leave under item 3*).
- With Effect from 17th November 2005,** short study leave (up to 10-14 day duration) during the 6-month period at basic training or 3-month period at higher training would **NOT** be included in the calculation of absence from work, provided the total study leave do not exceed 40 calendar days or 20 calendar days in the respective period. All study leave would need prior approval from the Education Committee.
- With effect from 1st July 2008,** Higher Specialist Trainees are allowed to take 40 calendar days due to vacation leave and/or study leave within two consecutive 3 months training period once only during higher specialist training.

	Hosp.	From (d/m/y)	To (d/m/y)	No. of Months	Type of Training*	B/H#	Leave taken [∇]	
							No. Days	Types
Year 1								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								
Year _								

*Type of Training (letters of approval before and after training from HKCOG where appropriate, use additional sheet if required)

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

∇ Leave taken in three / six months period

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

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

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															
# 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

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

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)

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: _____