Editorial

About Our College – the Challenges Ahead

Founded in 1988, the Hong Kong College of Obstetricians and Gynaecologists (HKCOG) celebrates its 30th anniversary this year. Our College was established to (1) encourage the study and advancement of the science and practice of Obstetrics and Gynaecology in Hong Kong; and (2) develop and maintain the good practice of Obstetrics and Gynaecology by ensuring the highest professional standards of competence and ethical integrity.

Over the years, with the efforts of our Past Presidents and Council Members, our College has developed a comprehensive and efficient infrastructure of committees and subcommittees. Human resources with continuous recruitment of trainees and good education and training are essential to continue the mission and success of our College.

Currently the HKCOG has 13 Honorary Fellows, 486 Fellows, and 55 Members. Of 475 practising obstetrics and gynaecology specialists, 35% work in the Hospital Authority or universities and are the major trainers of trainees (Figure 1). More than 50% of the specialists are female. This gender imbalance is more notable in the younger specialists, and the female-to-male ratio is even higher among trainees (Figure 2).

A survey published in the Hong Kong Medical Journal reported a low level of career interest in obstetrics and gynaecology among medical graduates and a decreasing popularity of the specialty as a career choice\(^1\). The three key influential factors were working style, clerkship experience, and career prospects. Despite this, in 2018, for the first time in recent years, all vacant resident posts in all eight training units have been filled (Table).

Our long-term goal of manpower planning over the next few years is to recruit more trainees from the Hospital Authority. A more flexible training and working schedule should be welcomed by female trainees so that they can better manage childcare and family responsibilities.

![Figure 1. Distribution of practising specialists in various sectors in 2018.](image)

![Figure 2. Age and sex distribution of practising (a) specialists and (b) trainees in 2018](image)

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A new Part 3 Membership of the Royal College of Obstetricians and Gynaecologists (MRCOG) examination was introduced in November 2016, replacing the original Part 2 objective structured clinical examination. It assesses clinical knowledge, skills, attitudes, and competencies. After much preparatory work, the new Part 3 examination was first run in Hong Kong on 13 November 2017. Prior to this, a training course organised by the Royal College of Obstetricians and Gynaecologists (RCOG) for local clinical examiners and lay examiners (newly introduced) was conducted in October 2017 to prepare for the examination (Figure 3). A new memorandum of understanding was signed with the RCOG. The pass rate for local candidates was an impressive 100% (all eight trainees passed). Special thanks are due to our College Secretary, Ms Winnie Choi, for her coordination, great organisational skills, and hard work.

A revised subspecialist training programme and assessment methods were endorsed by the Hong Kong Academy of Medicine in 2016. In 2018, most subspecialists chose maternal and fetal medicine (n=55), followed by reproductive medicine (n=35), gynaecological oncology (n=18), and urogynaecology (n=11) [Figure 4].

In 2015, the Medical Protection Society changed from occurrence-based to claim-based indemnity for obstetrics; this caused much uncertainty and anxiety. With the tremendous efforts of the Immediate Past President, Dr Ares Leung, the new Medical Professional Indemnity was launched by Aon in 2016 offering free coverage for an unlimited extended period following permanent retirement at age 55 years, provided that the insured has been with Medical Professional Indemnity for a minimum of 5 years immediately prior to retirement. In addition, since 2016, the Medical Protection Society has offered individuals the opportunity to make a single payment for extended reporting benefits when one retires. There are more medical insurance competitors and we have choices now. Whatever our choice is, risk management and credentialing are the

### Table. Recruitment of new trainees from 2013 to 2018

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<th>Year</th>
<th>2013</th>
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<th>2016</th>
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<th>2018 (as of July)</th>
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<tr>
<td>No. of new trainees</td>
<td>9 (2 males)</td>
<td>10 (2 males)</td>
<td>11 (5 males)</td>
<td>22 (5 males)</td>
<td>19 (6 males)</td>
<td>22 (5 males)</td>
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**Figure 3.** (a) The lay examiner team (newly introduced) and (b) Part 3 Membership of the Royal College of Obstetricians and Gynaecologists examination faculty in Hong Kong on 13 November 2017

**Figure 4.** Distribution of subspecialists in public and private sectors in 2018
way forward. We should not be complacent because more work is required to ensure sustainability of the medical indemnity system.

The last RCOG Congress was held in Hong Kong in 1993. We made a bid for the RCOG World Congress 2021 to be held in Hong Kong once again. This involved a joint effort by the College, The Obstetrical and Gynaecological Society of Hong Kong, the two universities, and various working partners. Professor TY Leung, President-Elect of HKCOG 2019, has been appointed Chairman of the Organising Committee of this important project. On 9 June 2018, the RCOG informed us that our bid has been successful.

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President, Hong Kong College of Obstetricians and Gynaecologists

Reference