

Editorial

Recent changes in the Royal College of Obstetricians and Gynaecologists core curriculum

Although implementation of both Structured Oral Examination and Exit Examination for the Fellowship of the Hong Kong Academy of Medicine enables local control over evaluation of trainees for specialist status, the Members of the Royal College of Obstetricians and Gynaecologists (RCOG) examinations are still incorporated into training programmes. It is therefore imperative to equip both trainers and trainees with the requirements and updates in the RCOG training, in particular when there were substantial revisions to both the curriculum and the logbook in 2019.

The latest RCOG core curriculum was published in June 2019. Its development coincided with the preparation and publication of the generic professional capabilities framework by the General Medical Council of the United Kingdom. The latest curriculum shifts from a competency-based assessment on clinical skills and procedures alone to a significant increase in the proportion of non-technical skill training such as communication in a multidisciplinary setting, quality individualised care delivery, valuable research, and preparation for lifelong learning. It focuses on person-centred learning rather than the disease-based structure in the current training model. 14 capabilities in practice (CiP) under four professional identities are introduced (Table).

In Hong Kong, the current training model concentrates on the professional identity of clinical expert (CiP 9 to 12), with relatively minor, though valuable, input from the other three CiPs: quality improvement projects (in format of audits), research, and teaching. It is usually expected that other CiPs will 'automatically' be acquired when experience grows, such as teamwork, leadership, care of minorities/vulnerable groups, and public health mindset. In reality, it is not unusual to encounter highly knowledgeable and/or skilful trainees who are weak in these perspectives after years of training and even after completion. Therefore, including these CiPs in formal training programmes with specific training opportunities and assessment may lead to better patient satisfaction and outcomes in the patient-centred era.

In parallel with the expanded curriculum is the

evidence to inform decision for trainers to ascertain minimal competency of each CiP at certain critical progression points and on completion of training. Apart from the OSATS (Objective Structured Assessment of Technical Skills), CbD (Case-based Discussions), and Mini-CEX (Mini-Clinical Evaluation Exercise), team observations (plus self-observation), non-technical skills for surgeons, and reflective practice are added. Members of the RCOG examination parts 1 to 3 are modified accordingly. Other formal evaluations include personal development plan and annual review of competence progression. Trainees are annually reviewed by a competence progression panel before progression to next year of training. External education assessor representing RCOG and lay representative are involved. Hong Kong College of Obstetricians and Gynaecologists and various training units need to determine whether and how the new tools and evaluations be used locally, with adequate training and briefing. This becomes increasingly complex when the training systems and practice environment in Hong Kong and United Kingdom differ. For example, the number of years of internship and specialist training are 1 year shorter in Hong Kong, and the local trainees usually stay in their training hospital rather than having regular rotation.

In the new RCOG curriculum logbook, the tick-box approach is replaced with a more self-initiated demonstration of progress and evaluation of their own performance at the expected rate. Quality is emphasised rather than quantity. In addition to being better tailored to each individual trainee's learning curve, this also has the benefit of showing competency in rare clinical circumstances through other methodologies such as simulation, drills, and web-based learning. Log of procedures is still required. The RCOG ePortfolio platform enables not only tracking of progress but also provision of online learning tools for trainees and supervisors to review training. This allows more regular updates and is more environmentally friendly (than the current paper-based system). The College's own electronic logbook may take some more time to complete given the change of the RCOG curriculum and the accompanying evaluations. Hopefully when it is ready, more accurate

Table. 14 capabilities in practice under four professional identities

Capability in practice	Description
Developing the doctor (generic)	
Healthcare professional	
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
2	The doctor is able to successfully work within health organisations
3	The doctor is a leader who has vision, engages and delivers results
4	The doctor is able to design and implement quality improvement projects or interventions
5	The doctor understands and applies basic human factors principles and practice at individual, team, organisational and system levels
Researcher, scholar, and educator	
6	The doctor takes an active role in helping self and others to develop
7	The doctor is able to engage with research and promote innovation
8	The doctor is effective as a teacher and supervisor of healthcare professionals
Developing the obstetrician & gynaecologist (specialty-specific)	
Clinical expert	
9	The doctor is competent in recognising, assessing, and managing emergencies in gynaecology and early pregnancy
10	The doctor is competent in recognising, assessing and managing emergencies in obstetrics
11	The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy care
12	The doctor is competent in recognising, assessing and managing non-emergency obstetrics care
Champion for women's health	
13	The doctor is able to champion the healthcare needs of people from all groups within society
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

recordings can be made during daily clinical practice.

Now that the more fundamental non-technical perspectives are formally considered to be as important as knowledge and technical skills, there is an urgency for our College, training units, trainers, and trainees to decide how our local model can adapt.

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