

Editorial

Obstetrics and gynaecology training in Hong Kong: where are we?

The last major update of the curriculum of Hong Kong College of Obstetricians and Gynaecologists (HKCOG) was in 2008. This curriculum has served us well; we have produced good specialists year after year; we should be proud of our training system. Why should we change it?

As discussed in an editorial of the *Hong Kong Journal of Gynaecology, Obstetrics and Midwifery* in 2020¹, the latest curriculum of the Royal College of Obstetricians and Gynaecologists (RCOG) adopts the concept of capabilities in practice under four professional identities to enable holistic development of the trainee. We used to believe that trainees should develop holistic qualities naturally during their medical career with accumulation of experience. Nonetheless, it is a good idea to emphasise these qualities early in the training to ensure all four professional identities are adequately achieved.

Over the past 13 years, obstetrics and gynaecology services have changed a lot. As interventional radiological techniques become more popular and the need for minimally invasive endoscopic surgery increases, fewer conventional laparotomies are performed. Indications for surgery has decreased, as better medical treatment options are available. The public expects better quality of service and communication with physicians. The advanced maternal age and the ageing population have led to a decrease in delivery rates but a significant increase in demand for assisted reproduction, urogynaecology, and gynaecological oncology services. Therefore, training needs to cover new techniques and knowledge of these trends and at the same time make up for the decreasing training experience in conventional procedures. For technical skills training, we should shift our emphasis from requiring trainees to fulfil a target number of cases to competence base training and skills assessment. Rotation in different specialised training centres, simulation training, and workplace-based assessment (WBA) can help to solve part of these problems.

The Hong Kong Academy of Medicine (HKAM) has promoted WBA for 2 years and has run several rounds of train-the-trainer workshop. WBA is a more realistic assessment of performance and can be used as a summative

assessment to certify competence. It can also be used as a formative assessment for ongoing training. The HKCOG is one of the earliest colleges to adopt WBA as an integral part of specialty training, using objective structured assessment of technical skills for summative purposes. Its subspecialty training programmes use mini clinical evaluation exercise and case-based discussion as formative assessment tools. Trainees are required to complete a minimal number of mini clinical evaluation exercise and case-based discussion within a training period.

There are concerns about incorporating more WBA into our curriculum such as time and manpower constraints, appropriateness of the debriefing style for Hong Kong trainees and trainers, and reluctance of trainers to explicitly record the deficiencies of trainees. However, the Hong Kong College of Anaesthesiologists has successfully adopted formative WBA into its specialty training for years. The principles of debriefing have been well accepted in crew resources management courses and advance life support courses. Trainees understand that deficiencies exist during learning, and improvements should promptly be made when WBA is used as a formative assessment tool to help identify their deficiencies.

High-fidelity scenario-based simulation training is increasingly popular in courses attended by our trainees including the intensive peri-operative care course and the advance life support in obstetrics course. Unfortunately, the present curriculum does not include any specific simulation training modules. The requirement for technical resources and mandatory retraining at regular intervals make integration of high-fidelity simulation training into our curriculum difficult.

The use of electronic platform in medical training is another breakthrough. The e-portfolio of HKCOG was launched in July 2021. It helps trainees to log useful cases and acts as a one-stop centre for their application to the College. It facilitates trainers to follow the progress of trainees without lag time. It simplifies the logistic flow and connects different parties of the College (administrative support, trainers, and trainees) in one comprehensive platform. At present, only trainees recruited from July 2021

onwards use the e-portfolio. It still needs to be fine-tuned, and feedbacks and comments from users at all levels are welcomed.

During the Covid-19 pandemic, the use of online webinar becomes a new normal for didactic teaching and scientific seminars and conferences. The HKAM has received government funding for development of a learning management system to help implementation of e-learning in colleges. Apart from regular online continuing medical education multiple choice question exercises and ad hoc webinars, our College has not established any comprehensive e-learning programmes. Although our trainees are granted access to the extensive RCOG eLearning modules and materials, some contents may not

be applicable to Hong Kong. The development of local learning management system can benefit both trainees and specialists. We should determine what we need and make good use of the technology. Should we be complacent, reminiscing previous achievements and feeling at ease in the next 5 years? Or should we take up the challenges, striving to define future directions and catching up with the others?

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Reference

1. Chan DLW. Editorial: Recent changes in the Royal College of Obstetricians and Gynaecologists core curriculum. Hong

Kong J Gynaecol Obstet Midwifery 2020;20:60-1. [Crossref](#)