

Editorial

New curriculum of Hong Kong College of Obstetricians and Gynaecologists

Much progress has been made since the publication of an editorial¹ calling for adaptation of more competency-based medical education (CBME) and an all-round approach in our training and evaluation, based on the curriculum of the Royal College of Obstetricians and Gynaecologists. In January 2023, the Hong Kong College of Obstetricians and Gynaecologists Education Committee convened a taskforce to review our current curriculum and formulate proposals to address this trend. Members of the committee included a young fellow from each training unit, a representative from the Online Education Subcommittee, and an educator familiar with CBME. The proposals were endorsed by the College Council and then the Education Committee of the Hong Kong Academy of Medicine in mid-2024.

To address the growing demand from the general public on skill and knowledge as well as non-technical attributes, the new curriculum sets out 14 Capabilities in Practice, which are high-level statements of the characteristics that a trainee should attain to be a specialist. Modules are refined to allow gradual demonstration of progress at three time points: before the Structured Oral Examination (commonly known as SOE), upon entry into higher training, and before the Exit Assessment. Trainees are required to acquire the corresponding competencies (observation, direct supervision, and independent practice) by the designated time points with confirmation by their trainers. For some important but rare conditions that may not be encountered during the training period, the option of 'other methodologies' is introduced to allow trainees to provide evidence of training by participation in training courses, drills, or attachments.

Workplace-based assessment (WBA) has a significant role in the evaluation of trainees' daily work performance. Objective Structured Assessment of Technical Skills (commonly known as OSATS) is designed for formal provision of constructive feedback by both higher trainees and specialist trainers. Higher trainees are particularly encouraged to participate and serve in training towards education of juniors. This is conducted regularly before two summative OSATSs by two different specialist trainers to certify competency. Trainees are introduced

the concept of classifying clinical procedures into 'core skills' and 'for exposure' in which certain procedures are considered essential skills regardless of their special interest or future development plans.

Other WBA tools are also introduced, including the mini-clinical evaluation exercise (commonly known as mini-CEX), case-based discussion (commonly known as Cbd), non-technical skills for surgeons (commonly known as NOTSS), team observation (commonly known as TO) form, and self-observation (commonly known as SO) form. The mini-CEX is a half-yearly assessment of history-taking, clinical examination, formulation of management plans, patient communication, and professional and interpersonal skills. The Cbd is a half-yearly assessment of higher trainees by specialist trainers on clinical decision-making, knowledge, and application. The NOTSS are related to situation awareness, decision making, communication, teamwork, and leadership in the labour ward and gynaecological surgery settings; evaluation of trainees is conducted by specialist trainers once every 2 years in both basic and higher training. The TO form is used by various colleagues (seniors, juniors, and nursing) to evaluate trainees on different non-technical skills. Similarly, the SO form is used for self-reflection. Both forms should be completed at three specified time points during the training.

As a result of the inclusion of these WBA tools, the required number of case summaries is reduced to 10 (five in obstetrics and five in gynaecology). It should be emphasised that writing case summaries is an exercise to train the analytical and critical review skills required for case management, literature review, and exploring ways to improve and reduce future complications. This should not be simply a topic review. Trainees may be required to revise the case summaries to fulfil the requirement before they are allowed to sit for the Exit Assessment.

The number of logged procedures is also adjusted to reflect the changes in patient demographics and surgical management trends. The numbers of cases of operative vaginal delivery, evacuation of uterus / termination of pregnancy, hysteroscopy, and colposcopy are reduced,

while requirement of laparoscopic procedures is increased to level III rather than level II. The log of the experience of cases encountered is extended to include basic training periods to reflect progression.

Mandatory courses are extended to reflect the increased breadth of our specialty, including genetics and genomics, and ultrasonography, on top of the current required courses. Flexible training with part-time work and extension of training duration can be considered in a case-by-case manner.

To equip our future trainers with the mindset and skill of CBME, higher trainees need to attend courses regularly held by the College. These courses have been well received by the specialists attended. Although it is not mandatory for current specialists to undergo formal training to become trainers (unlike other colleges), they are highly encouraged to keep abreast of the latest development in medical education by active participation in the courses.

The Information Technology Committee has embarked on the task of refining our e-logbook to accommodate the necessary changes. It is anticipated that trainees who enter training in and after July 2025

will follow the new curriculum and the new e-logbook. During the transition period, existing trainees can opt to follow some specified measures introduced in the new curriculum with a declaration form to complete before the Exit Assessment.

I must take this opportunity to acknowledge the effort of the task force members who not only collect ideas from training units and relay our discussion for better preparation of the updated curriculum, but also review the new curriculum of the Royal College of Obstetricians and Gynaecologists and determine statements that can be used or modified to suit local needs. We must also appreciate the comments and support received from experienced fellows, trainees, and members of the Education Committee so that the update process could proceed smoothly. The College is ours and trainees are our future. We are confident that the new curriculum will achieve sustainability and all-round training for the best interest of both patients and ourselves.

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Reference

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

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