

Obstetrics and Gynaecology Postgraduate Training in Malaysia



GUIDE FOR APPLICANTS

VERSION 1, 2020

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Preface

What is this document?

This document is a guide for those applying to enter postgraduate training in Obstetrics & Gynaecology. It contains information on the entry requirements for the specialty training programme, the selection process and what training entails. It is an extract from the New Postgraduate Curriculum for Obstetrics & Gynaecology and provides key summaries about the training structure, syllabus and assessments.

The National Postgraduate Medical Curriculum

The Obstetrics & Gynaecology curriculum is a product of a collaborative effort by members of the Conjoint Board committees for Obstetrics & Gynaecology of the Malaysian National Universities from the Ministry of Education (MOE), Ministry of Health (MOH), and the College of Obstetrics & Gynaecology Academy of Medicine Malaysia (COGAMM).

This will be the common curriculum for training in Obstetrics & Gynaecology (O&G), and trainees have the option to train either through a Master's Degree programme, or to train entirely in Ministry of Health hospitals and take the Royal College of O&G (RCOG), UK examinations.

This single curriculum sets the common training programme for Obstetrics & Gynaecology across the whole of Malaysia and ensures specific standards are met to produce Obstetricians and Gynaecologists who are highly skilled, competent and ethical in clinical practice.

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Introduction

Purpose of this guide

The purpose of this guide is to inform prospective applicants seeking a career in O&G. It summarises the key aspects of the O&G curriculum (entry requirements, process, training structure, assessments, some documentation and exit criteria), and provides a guide as to how to prepare and proceed with the application. It is also intended to help candidates decide on their chosen pathway by summarising the different aspects of each pathway.

What is Obstetrics & Gynaecology?

The specialty of Obstetrics & Gynaecology deals largely with the holistic care of women's health focussed primarily on these two different aspects.

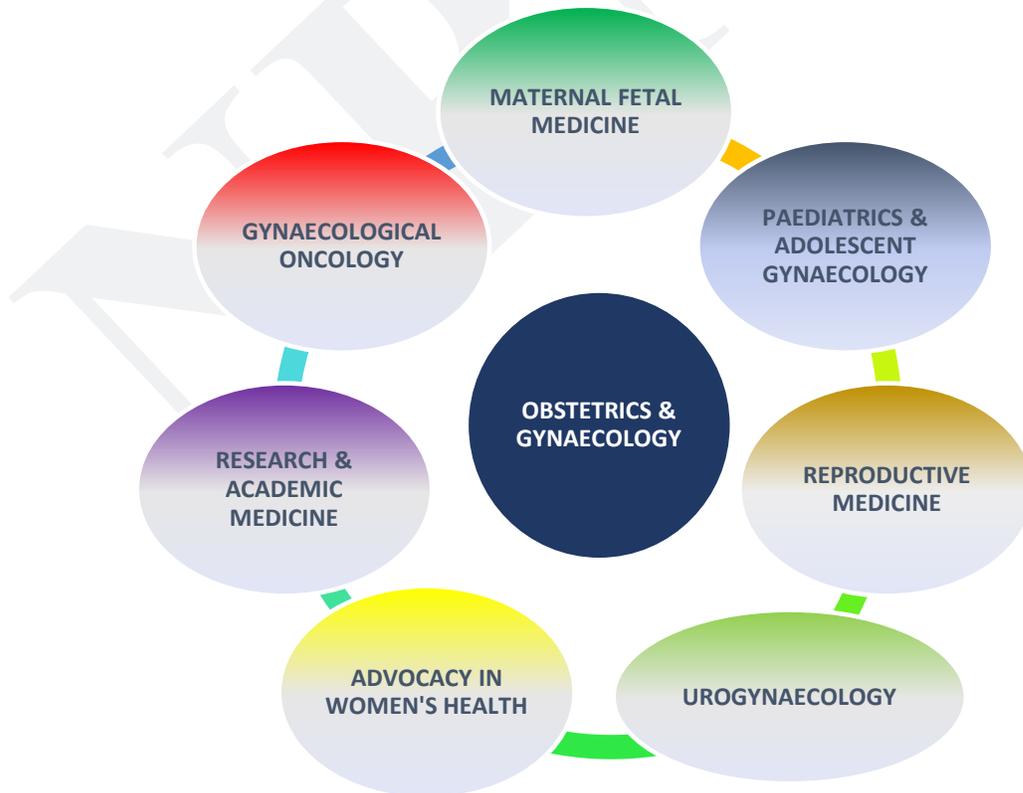
Obstetrics involves the care of the pregnant women, the foetus, labour, delivery, the puerperal period and long-term care in the reproductive life of a woman.

Gynaecology deals with the clinical prevention and management of female reproductive system disease.

Obstetrics & Gynaecology has always been described as a fusion of medicine with hands-on training in surgical skills, which undoubtedly appeals to many doctors.

Size of the specialty

There are at present more than 1075 registered specialists (NSR, 30 June 2020) and approximately 500 trainees across the two training pathways. These trainees are located in most of the tertiary and university hospitals throughout the country under the supervision of approximately 220 appointed/credentialed Obstetricians and Gynaecologists who are trainers, mentors and evaluators.



Although the number of specialists is increasing, there is also an unequal distribution of the specialists across the country due to a number of factors, and a concentration in private practice. There is also an urgent need to increase the number of O&G specialists and provide better care to women living in deprived areas in the country.

Unique features of the speciality

Caring from womb to tomb

O&G is a diverse, exciting, varied and fulfilling career and is the only specialty that manages individuals as early as the preconception phase until the menopausal age. Doctors in many cases are managing the lives of two patients not one and this includes looking after the wellbeing of women who are not ill but going through a joyous life event. Every birth is a special event. This speciality combines medical, surgical and social care and responsibility and O&G specialists have the opportunity to work closely with many other specialties in both managed and emergency situations. The speciality

requires a holistic approach in managing women's reproductive health, which is core to a healthy family. We train professionals who could potentially modify the disease outcome for better survival and quality of life.

Why choose Obstetrics & Gynaecology as a career?

O&G is a multidisciplinary speciality that provides a platform that can span medicine, surgery which includes the latest advances in technology as well as caring social responsibilities. There are opportunities to develop expertise in the most sophisticated and sometimes technically demanding procedures.

Careers with Diversity

Diversities in Obstetrics & Gynaecology provide opportunities to become an academician or an accomplished researcher. Careers in O&G are flexible, exciting and rewarding. Though demanding and undoubtedly stressful, the challenges faced by practitioners provide opportunities for innovation, audit and continuous improvement in clinical practice.



The use of Technology

Technologies play an integral role in Obstetrics & Gynaecology. It is used extensively in prenatal diagnosis, antenatal care and intensive care of complicated pregnancies. Gynaecologists were pioneers in minimally invasive surgery, which has now been adopted into routine practice for most surgical specialities. Technological advancements and breakthroughs in the past decade have provided exciting opportunities to extend treatment modalities.

Social Responsibilities

Obstetricians and Gynaecologists are involved with many stakeholders, collaborating with local and international, government and non-governmental organisations to offer expertise pertaining to women's health globally. There is an opportunity to be involved in women's wellness programmes such as cancer screening, contraception, menopause and hormone therapy after menopause.

Is Obstetrics & Gynaecology for you?

O&G encompasses a wide variety of different areas of medicine, trainees must want to work across multidisciplinary areas in managed and emergency situations, work well in a team and be able to utilise technology. O&G specialists must be motivated, have good interpersonal skills and work collaboratively. Trainees are required to demonstrate personal qualities that are essential for good practice and key to the role are Integrity, Respectfulness, Compassion and Empathy.

Do you have the qualities above and want a satisfying and gratifying career with a fantastic range of subspecialties and skills? If you want to witness a miracle of life as a baby takes its first breath or enjoy the adrenaline rush and satisfaction of successful treatment then Obstetrics and Gynaecology is definitely for you.

AMAZING FACTS IN OBSTETRICS & GYNAECOLOGY



>500,000 DELIVERIES IN 2018, EQUIVALENT TO 1 BABY BORN EVERY MINUTE

MIRACLE OF LIFE

CARING FOR FUTURE GENERATION

R.O.S.E IS THE FIRST IN THE WORLD SCREENING PROGRAMME DEVELOPED IN MALAYSIA WITH THE AIM TO ELIMINATE CERVICAL CANCER



THE OLDEST MOTHER

AN INDIAN WOMAN GAVE BIRTH TO TWINS AT AGE OF 72

TECHNOLOGY DRIVEN

GYNAECOLOGISTS WERE PIONEERS OF MINIMALLY INVASIVE SURGERY



MOST PROLIFIC MOTHER

THE MOST CHILDREN BORN TO ANY WOMAN IN HISTORY IS 69
 TOTAL OF 27 PREGNANCIES, 16 PAIRS OF TWINS, 7 SETS OF TRIPLETS & 4 SETS OF QUADRUPLETS



**IVF WAS FIRST INTRODUCED IN MALAYSIA IN 1986
 FIRST IVF BABY WAS BORN IN 1988**



1. The Obstetrics & Gynaecology Programme

Training pathways

There are two pathways for attaining the qualifications as a specialist in O&G: the Master's degree programme through the Ministry of Education pathway MOE-MOH and the MOH-MRCOG programme through the Ministry of Health pathway.

The minimum training duration is 4 years, and the maximum is 7 years. The 3 phases of the programme correspond to years 1-4, however the duration of each phase may extend beyond a year depending on the trainee's progress.

MOE-MOH Pathway

On the MOE-MOH Pathway training is conducted at the university hospital or an accredited government healthcare facility. On completion of the Masters in Obstetrics and Gynaecology pathway, the trainee is awarded a degree in Master of Obstetrics and Gynaecology (UM, USM & IIUM) and Doctor of Obstetrics and Gynaecology (UKM). The trainee will then undertake a 6-month period of gazettement and needs to complete 2 years of training to be registered in National Specialist Registry as a specialist in Obstetrics and Gynaecology.

MOH-MRCOG pathway

The MOH-MRCOG pathway is a structured programme with logged activities performed under supervision, with objective assessments by clinical supervisors and designated educational supervisors. The programme covers all the modules listed in national curriculum. It is a trainee driven pathway, which may be undertaken at accredited training hospitals. The examinations are conducted by the Royal College of Obstetricians and Gynaecologists. The MOH-MRCOG parallel pathway central committee at the Medical Development Division of Ministry of Health is responsible for the oversight of the programme, progress and examinations.

The single curriculum ensures that both pathways have a common set of standards for in-training contents and experiences, supervision and assessments. The main difference is the examinations that trainees take: university examinations for the Master's Degree programme, and MRCOG UK examinations for the MOH-MRCOG programme.

Phases of training

The phases of training are the same for both pathways but with an MOE-MOH or a MOH-MRCOG final examination as appropriate.

The syllabus describes the three (3) key aspects of what must be learned.

The **Early Phase**, (Year 1), is foundational, covers basic management in O&G disciplines and the start of dealing with emergency situations.

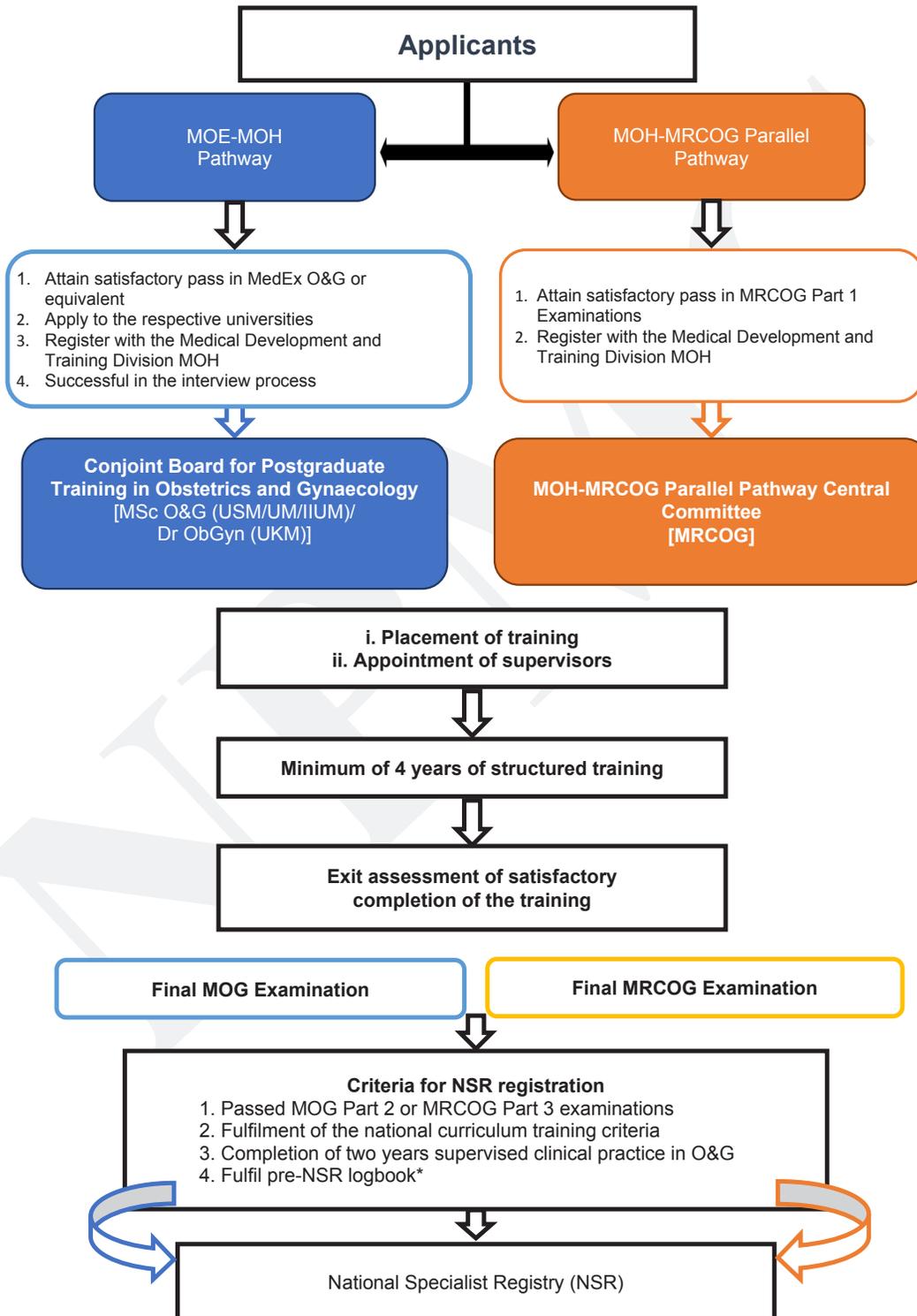
The **Intermediate Phase**, (Years 2 & 3), refines and expands on the early phase knowledge and skills, and additionally starts to build surgical procedures and competency. The research/audit/quality project should also be carried out primarily in this phase.

The **Advanced Phase**, (Year 4), builds on, and is a refinement of the previous phases where the trainee also has to learn and demonstrate full, safe and reliable patient plan management. This phase is the completion of the programme and should lead to successful qualification as an O&G specialist.

In-training assessments are scheduled throughout the training and include workplace-based assessments, (WPBA), a logbook of procedural skills, research/audit/quality improvement, (RAQI) project, and a supervisor's/trainer's report. An annual review is scheduled at the end of each year to monitor the trainee's progress.

Figure 1 summarises the training pathways.

Figure 1: Flowchart of the Obstetrics & Gynaecology National Curriculum



2. Entry requirements

The table below summarises the entry requirements for O&G training:

MOH-MOE Pathway	MOH-MRCOG Parallel Pathway
ACADEMIC QUALIFICATION	
1. A medical degree from an academic institution recognised by the Malaysian Medical Council (MMC), (or an equivalent approved by the Senate of the university concerned) 2. Full Registration as a medical practitioner under the Malaysian Medical Act 1971 (Act 50)	
and	
3. To pass the Medical specialist Pre-Entrance examination in Obstetrics and Gynaecology (MedEx-O&G) 4. Successful in interview process	or
3. To pass MRCOG Part 1	
and	
5. No disciplinary action / TWO (2) referees' reports (at least one of the referees is an O&G consultant). For international candidates, a letter of good standing is required 6. Proof of proficiency in the English language – minimum score SPM (English language, B+), MUET (4), IELTS (6.0), TOEFL (650)	4. No disciplinary action / TWO (2) referees' report (at least one of the referees is an O&G consultant)
and	
Professional experience requirement It is desirable but not essential for trainees to have experience in Obstetrics and Gynaecology demonstrated by the ability to perform certain tasks at the beginning of the training as per Entry Essential Learning Activity (ELA)* (Refer to the Appendices)	
and	
Extra Merits A candidate is encouraged to undertake the following <ol style="list-style-type: none"> 1. Attended a preparatory course in Obstetrics and Gynaecology 2. Participated at Obstetrics and Gynaecology conferences/workshops/continuous medical education (CME) 	

Essential Learning Activities (ELA)

Entry ELAs are clinical activities that prospective trainees should be able to perform in a trustworthy manner by the time they enter the postgraduate training in O&G. Each Entry ELA describes the knowledge, skills and attitudes that a prospective trainee is expected to possess, as well as the desired positive and undesired negative and negative passive behaviours.

The Entry ELAs have been selected to represent the typical and basic day-to-day work in O&G. They indicate the knowledge, skills and attitudes that the trainees need to be aware of when carrying out the tasks and responsibilities. They also serve as learning opportunities for prospective trainees when they are tasked to undertake the activities and then receive feedback regarding their performance.

There are five Entry ELAs for O&G:

ELA 1	Antenatal Booking history
ELA 2	Antenatal Abdominal Examination
ELA 3	Gynaecological Menstrual History
ELA 4	Pelvic Mass History
ELA 5	Speculum Examination

It is essential that prospective trainees can demonstrate that their clinical experience has resulted in them having acquired the appropriate knowledge, skills and attitudes that prepares them for postgraduate training. Applicants for the postgraduate training in O&G are expected to present their logbook of procedures and activities during the Selection for Postgraduate Training as evidence that they have completed all Entry ELAs, and may expect to be asked questions during the selection process about their Entry ELAs.

The complete set of the Entry ELAs can be found in the appendices of this document.

3. Entry Process

MOE-MOH Pathway

Applicants from the MOH visit the “Sistem Permohonan Hadiah Latihan Persekutuan (HLP)’s” website at <http://ehlp.moh.gov.my/>. Applications are to be submitted by July of each year. Applicants who are not from the MOH are required to apply at the university’s graduate website; e.g. the University of Malaya web link is: <http://apply.um.edu.my>.

Applications will be screened and the results made available in December of each year. This is followed by an interview and assessment by the universities and the MOH in January of the following year. The results of the applications will be known in April. Successful applicants are required to attend a briefing in May and report to the universities in June. Decisions are final.

Jabatan Perkhidmatan Awam (JPA) Scholarships

The application process is as follows:
For entry into the Masters programme the applicants will be required to sit an entrance examination and attend an interview.

The Medical Specialist Pre-Entrance Examination (MedEx) registration form can be found at <http://apps.mpm.edu.my/medex/public/register>.

It is conducted twice a year. Following a successful evaluation of the application and submitted documents, the applicants will attend a national selection interview which is held in January.

MOH-MRCOG Pathway

Doctors with full registration with Malaysian Medical Council (MMC), need to register with ‘Bahagian Latihan’ (Medical Training Division MOH) and should be set up on an electronic Trainee Register. Registered trainees will be assigned to a clinical and educational supervisor. Candidates who would like to be transferred to a recognised RCOG training hospital in Malaysia can send in a written request to the Chairperson of the MOH-MRCOG Parallel pathway.

The table below summarises the entry process for O&G training

	MOE-MOH Pathway	MOH-MRCOG Parallel Pathway
MOH applicants	Applications are made online at http://ehlp.moh.gov.my/ The application is to be completed by July of each year.	Register with Medical Training Division MOH by filling in <i>Borang Permohonan Pendaftaran Parallel Pathway 2019 (BPAR2019)</i>
Overseas/Private applicants	Online application via the appropriate web link for postgraduate studies at each University	Not Applicable
Screening of applications	Completed by end of October	Not Applicable
Interview	January each year	Not Applicable
Outcome of process	April each year	December each year
Briefing	May each year. Report to the University June each year.	Not Applicable

INDUCTION PROCESS

The induction process is in place to ensure that trainees are familiar with the following:

- Understand the programme of study that they will be following
- The requirement for registration into the programme
- The payment of fees
- To outline what learning opportunities should be expected
- To provide information about assessments
- To discuss the processes for supporting a trainee in difficulty
- To introduce the trainee to the healthcare facility(ies) in which the training will take place
- To discuss the rotations and the duties of a trainee
- To discuss established guidelines and protocols in the workplace
- To understand the support provided in the workplace and the role of trainers
- To outline the CPD requirements and attendance at teaching sessions
- To understand disciplinary processes and the processes to report concerns about training

For trainees accepted into the postgraduate programme, induction will consist of two elements:

- Induction into the University structures and processes
- Induction into the healthcare facility

Attendance at the induction process meeting is compulsory. Failure to attend will result in the trainee not being able to commence their training.

4. Syllabus

The syllabus defines what will be taught or learned throughout training in O&G. It is an outline of the required subjects and competencies to be achieved by the trainee in each phase of the programme. The syllabus helps to set the expectations for both trainer and trainee as to what should be achieved during a rotation. As stated above the curriculum is standard across both pathways and the phase structure and coverage is the same.

The **Early Phase** of training, (Year 1), are designed to build the basic knowledge and skills in O&G. This is an important phase where the trainees work together with their trainer to build a foundation for their future skills development. This phase focuses on basic management in pregnancy, labour and basic gynaecological conditions. In addition to the foundational skills already described there is also an expectation and requirement that the trainees to develop a basic level of skills in the assessment of the patients and manage obstetrics and gynaecological emergencies such as postpartum haemorrhage, maternal collapse, eclampsia, ectopic pregnancies and miscarriages under supervision. The trainee is expected to have exposure to research methodology, obtain a Good Clinical Practice Certificate and to develop a research/audit/quality proposal.

The **Intermediate Phase**, (Years 2 & 3) is where skills are being further developed and refined, and the trainee will also gain competence in surgical procedures. The trainee is expected to complete the research/audit/quality (RAQI), project by the end of intermediate phases. The completion of the research/audit/quality will be one of the determinants for the advancement to the final phase.

The **Advanced Phase**, (Year 4), i.e. final year of specialist training will require the trainee to show that they are reliable and safe at in-patient management and their management plan is of sound judgement and agreed by the specialist/consultant.

The successful assessment at the end of the previous phase is the key requirement for the progression to the next phase.

The pictorials below outline the coverage of the syllabus which is described in detail in the O&G Curriculum document.

Figure 2: Obstetrics & Gynaecology Tree of Knowledge

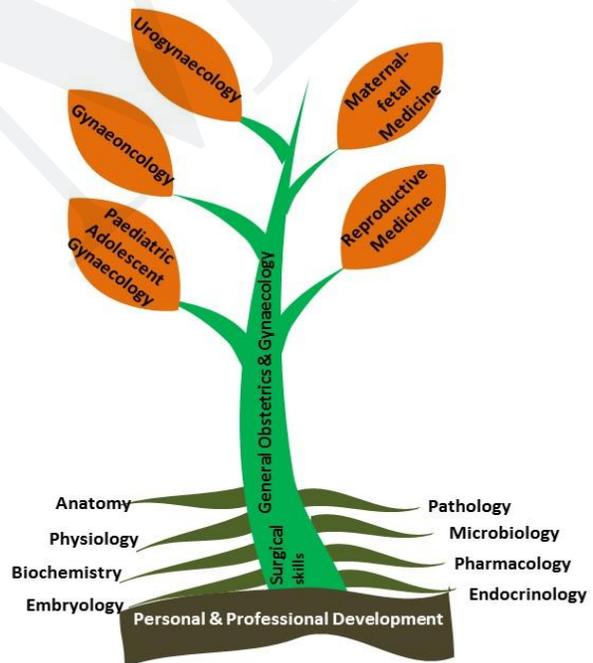
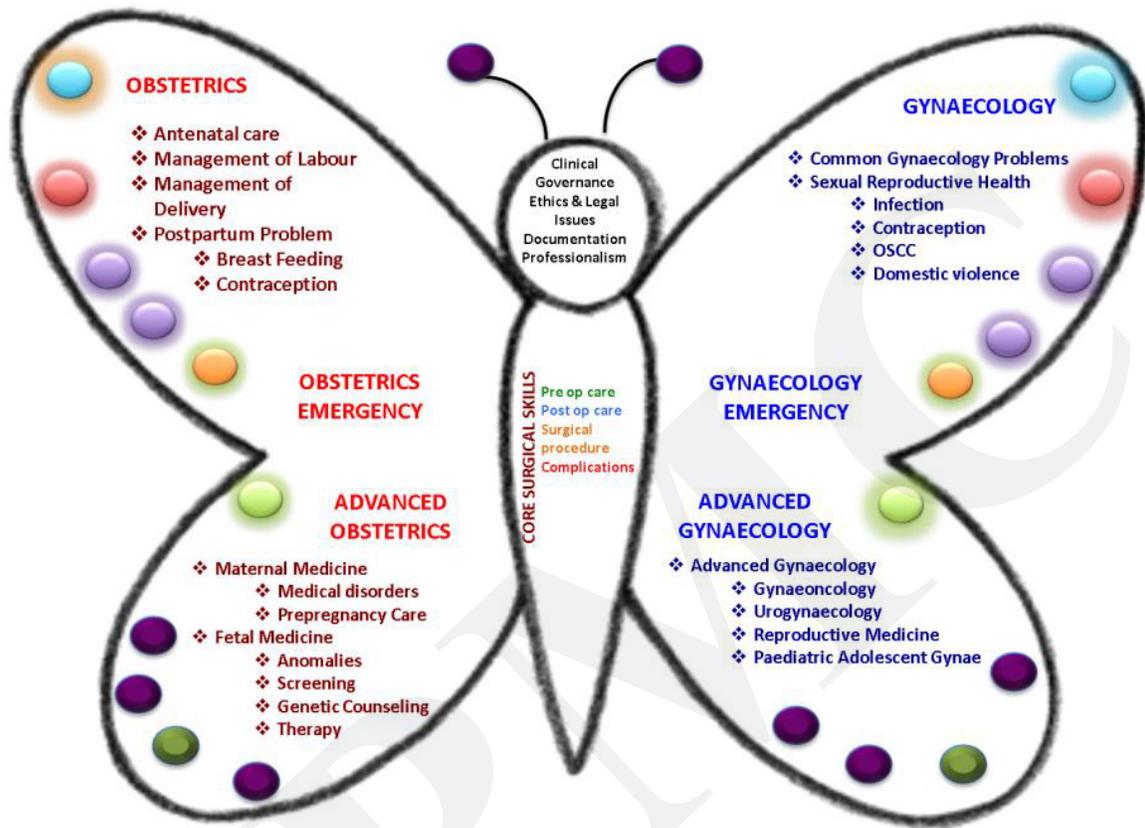


Figure 3: Butterfly of Obstetrics & Gynaecology



5. Assessment tools

Assessment is an essential part of training and reflects the clinical activities that the trainee will perform as an O&G specialist. These include clinical activities relating to the care of individual patients, and non-clinical activities relating to administrative and organisational tasks, and academic skills.

O&G is a specialty in which there is a large component of practical skill (including the use of technology and techniques to perform surgical procedures), as well as cognitive and communication skills. The assessment strategy in O&G has three primary functions:

1. To encourage and monitor learning through formative (workplace) tools.

2. To evaluate whether the trainee is ready to progress through the programme through summative tools.
3. To generate and evaluate evidence that the trainee is able to care for patients in a safe and effective way as a specialist.

Assessments can be summarily categorised as Summative and Formative.

The tables below summarise the various assessments and outlines the timelines for each of the pathways.

Summative Assessment			
Assessment	Descriptions	Site	Timing
Multiple choice questions	Divided into two (2) papers. Obstetrics Paper consists of 50 single best answer (SBA) questions and 30 extended matching questions (EMQ). Gynaecology paper consists of 50 single best answer (SBA) questions and 30 extended matching questions (EMQ).	University	At 36 months (End of Year 3)
Clinicopathological Correlation (CPC)	Divided in two papers. Obstetrics consists of 4 packages with questions Gynaecology consists of 4 packages with questions	University	
Original research or systematic review or survey or clinical audit in an area relevant to O&G	Must be submitted at least 6 months before the clinical examination in the form of manuscript or report.	University	

(Continued)

OSCE (Objective Structured Clinical Examination)	Must cover a total of twelve (12) stations 6 Obstetrics and 6 Gynaecology	University	At 42 months (Mid-Year 4), with passing of the Theory examination
Modified Long Cases	2 cases consisting of 1 Obstetrics and 1 Gynaecology	University	

Formative Assessment (WBA)

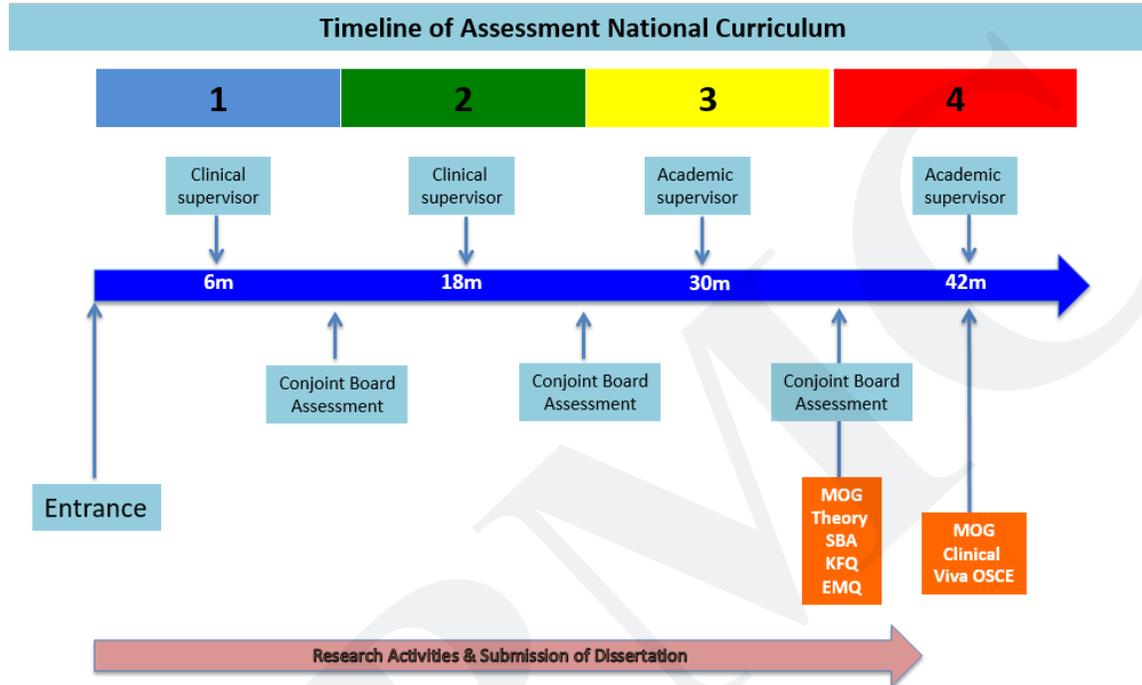
Assessment	Description	Site	Timing
Case-based Discussion (CBD)	To assess the trainee's ability to present and discuss with their trainer the case that they have managed as inpatient or outpatient.	Workplace	Continuous assessment
Mini-CEX (Mini-Clinical Evaluation Exercise)	To assess the trainee's interview and history taking/clinical examination skills with the patient, as directly observed by their trainer.	Workplace	Continuous assessment
Professional Presentation (PP)	To assess the trainee's ability to present either a clinical case or topic to the audience.	Workplace	Continuous assessment
Procedure/Intervention-based assessment (PBA/IBA)	To assess the trainee's clinical skills in performing procedures and interventions in O&G. Both the trainee and the trainer arrange to conduct the assessment during the posting.	Workplace	Continuous assessment

Relevant Documents in Formative and Summative Assessment

Trainee Logbook (Documentation)	This is the compilation of work-related activities, educational activities, and all workplace-based assessments (WPBAs). It is to help both trainee and trainer keep track of the progress of the trainee. The trainee is responsible for the upkeep of the logbook and to update their progress through the phases. At the end of each phase the logbook review is carried out between the trainer and the trainee and this must be completed before the trainee sits for summative assessments.	University or workplace	End of each Phase
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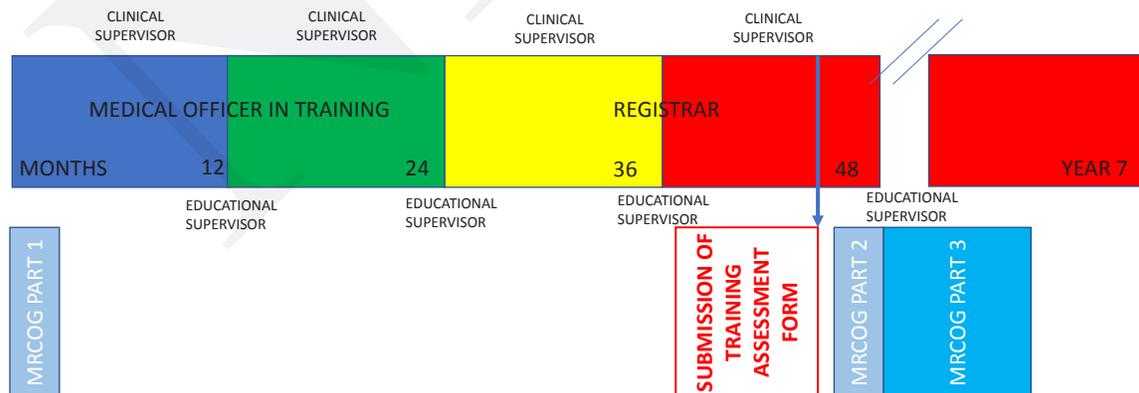
Assessment Timelines

MOE-MOH Pathway



MOH-MRCOG Parallel Pathway

TIMELINE ASSESSMENT FOR MOH-MRCOG PARALLEL PATHWAY



6. Appendices

All items on the tables below are examples and do not constitute an exhaustive list.

Entry ELA-1

Activity	Antenatal booking history taking
Description	To take and analyse basic Obstetric history

Knowledge (Know, facts, information)	Skills (Do, practical, psychomotor, techniques)	Attitudes (Feel, behaviours displaying underlying values or emotions)
Knowledge of physiological changes in pregnancy Know the relevant pregnancy related history Know the possible common difficulties and pathological changes in pregnancy	Able to obtain details of menstrual cycle e.g. date of last menstrual period (LMP) duration, frequency, regularity, menstrual blood flow, dysmenorrhoea, age of menarche, abnormal bleeding etc. Able to calculate the period of amenorrhoea and the expected date of delivery based from the last menstrual period Able to risk stratify the patients from the history Open ended question Give patient a chance to talk and give history Elicit important negative history	Patience, empathy, establishing good rapport, addressing patient with appropriate and respectful salutation Proactively address and manage any pertinent issues
Example Behaviours		
Positive (Things that should be done, correct techniques or practices, things a trainee might do right)	Negative (Things that should not be done, incorrect techniques or practices, things a trainee might do wrong)	Negative passive (Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do)
Respect patient confidentiality and privacy Proper documentation of the history obtained Make sure of the presence of a chaperone	Rushing through the history Judgmental attitude Constant interruption during history taking Closed ended questions	Missing socio-economic aspects of the history Insensitive towards the culture and religious beliefs of the patient Ignoring language barrier

Entry ELA-2

Activity	Abdominal Examination of pregnancy	
Description	To perform specific assessments with regards to pregnancy	
Knowledge (Know, facts, information)	Skills (Do, practical, psychomotor, techniques)	Attitudes (Feel, behaviours displaying underlying values or emotions)
<p>Knowledge of physiological abdominal changes in pregnancy</p> <p>Knowledge of physiological gravid uterus size in relation with common landmark</p> <p>Basic terminology e.g. lie, presentation, engagement, attitude</p> <p>Knowledge of examination techniques for gravid uterus</p>	<p>Performing the correct technique of obstetrical abdominal examination</p> <p>Able to identify abnormal findings during the assessment</p> <p>Able to correlate the positive clinical findings to possible causes</p>	<p>Explain and ask for permission before performing examination</p> <p>Appropriate expression and body language during examination</p> <p>Observing patients' expression during the examination</p> <p>Respecting women's dignity</p>
Example Behaviours		
Positive (Things that should be done, correct techniques or practices, things a trainee might do right)	Negative (Things that should not be done, incorrect techniques or practices, things a trainee might do wrong)	Negative passive (Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do)
<p>Explain and ask for permission before performing examination</p> <p>Presence of a chaperone</p> <p>To ensure privacy and modesty of the patient</p>	<p>Rough examination</p> <p>Causing discomfort and pain during the examination</p> <p>Poor respect to women's dignity</p>	<p>Not performing the examination in the standard manner</p>

Entry ELA-3

Activity	To take and analyse basic gynaecology history
Description	Menstrual history taking

Knowledge (Know, facts, information)	Skills (Do, practical, psychomotor, techniques)	Attitudes (Feel, behaviours displaying underlying values or emotions)
Knowledge of the menstrual cycle based on the physiology and anatomy	<p>Able to obtain details of menstrual cycle e.g date of last menstrual period (LMP) duration, frequency, regularity, menstrual blood flow, dysmenorrhea, age of menarche, abnormal bleeding etc.</p> <p>Able to make anatomical, physiological correlation and possible pathological correlation from the history</p>	<p>Show empathy</p> <p>Respect patient confidentiality and privacy</p> <p>Acknowledge and respect cultural diversity</p>
Example Behaviours		
Positive (Things that should be done, correct techniques or practices, things a trainee might do right)	Negative (Things that should not be done, incorrect techniques or practices, things a trainee might do wrong)	Negative passive (Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do)
<p>Elicit important negative history</p> <p>Proper documentation of the history obtained</p> <p>Display good communication skills</p> <p>Eye contact, voice tone, open ended question and give time for patients to answer</p>	<p>Display impatience or anger during history taking</p> <p>Use medical jargon</p>	<p>Missing relevant contents e.g sexual history, contraception history, pap smear</p>

Entry ELA-4

Activity	To take and analyse basic pelvic mass history
Description	History taking on pelvic mass

Knowledge (Know, facts, information)	Skills (Do, practical, psychomotor, techniques)	Attitudes (Feel, behaviours displaying underlying values or emotions)
<p>Knowledge of the menstrual cycle based on the physiology and anatomy</p> <p>Knowledge of causes of secondary amenorrhea</p>	<p>Able to obtain details of menstrual cycle e.g. date of last menstrual period (LMP) duration, frequency, regularity, menstrual blood flow, dysmenorrhea, age of menarche, abnormal bleeding etc.</p> <p>Able to make anatomical, physiological correlation and possible pathological correlation from the history</p>	<p>Show empathy</p> <p>Respect patient confidentiality and privacy</p> <p>Acknowledge and respect cultural diversity</p>
Example Behaviours		
Positive (Things that should be done, correct techniques or practices, things a trainee might do right)	Negative (Things that should not be done, incorrect techniques or practices, things a trainee might do wrong)	Negative passive (Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do)
<p>Explore possible missing history with systematic review</p> <p>Elicit important negative history</p> <p>Proper documentation of the history obtained</p>	<p>Display impatient or anger during history taking</p>	<p>Missing menstrual history, sexual, contraception history, pap smear history, drug and allergic history</p>

Entry ELA-5

Activity	To perform general pelvic examination
Description	Speculum examination

Knowledge (Know, facts, information)	Skills (Do, practical, psychomotor, techniques)	Attitudes (Feel, behaviours displaying underlying values or emotions)
<p>Able to perform basic speculum examination</p> <p>Knows various types and sizes of speculum</p> <p>Know about the anatomy of the perineum, vulva, vagina and cervix</p>	<p>Able to perform in the correct technique</p> <p>Adequate exposure and positioning of the patients in various needs</p>	<p>Explain the needs of the examination before performing the procedure</p> <p>Obtain consent prior to the examination</p> <p>Appropriate expression and body language during examination</p> <p>Maintaining professionalism during the procedure</p>
Example Behaviours		
Positive (Things that should be done, correct techniques or practices, things a trainee might do right)	Negative (Things that should not be done, incorrect techniques or practices, things a trainee might do wrong)	Negative passive (Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do)
<p>Presence of chaperone</p> <p>To ensure privacy and modesty of the patient</p> <p>Explain the findings of the examination to the patient</p> <p>Complete documentation after the procedure</p>	<p>Rough examination</p> <p>Causing discomfort and pain during the examination</p>	<p>Not performing bimanual examination</p>

Glossary of Terms

AMM	Academy of Medicine Malaysia
CBD	Case-Based Discussion
CME	Continuous Medical Education
COGAMM	College of Obstetrics & Gynaecology Academy of Medicine Malaysia
ELA	Essential Learning Activities
IBA	Intervention Based Assessment
IELTS	International English Language Testing System
IUM	International Islamic University Malaysia
KFQ	Key Feature Questions
MCQ	Multiple Choice Questions
MedEx	Medical Specialist Pre-Entrance Examination
Mini-CEX	Mini-Clinical Evaluation Exercise
MMC	Malaysian Medical Council
MOE	Ministry of Education
MOG	Master of Obstetrics & Gynaecology
MOH	Ministry of Health
MRCOG	Masters Royal College of O&G
MUET	Malaysian University English Test
NPMC	National Postgraduate Medical Curriculum
NSR	National Specialist Registry
O&G	Obstetrics & Gynaecology
PBA	Procedure Based Assessment
RCOG	Royal College of O&G
ST	Specialty Training
TOEFL	Test of English as a Foreign Language
UK	United Kingdom
UM	University of Malaya
UKM	Universiti Kebangsaan Malaysia
USM	Universiti Sains Malaysia

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