



THE COLLEGE OF SURGEONS OF HONG KONG

APPLICATION FOR ACCREDITATION OF
SUBSPECIALTY TRAINING PROGRAMME IN GENERAL SURGERY

BREAST SURGERY

From _____ (Hospital)

The completed form should be returned to:

The Secretariat
The College Of Surgeons Of Hong Kong
Room 601, 6th Floor
Hong Kong Academy Of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong

5. STATISTICS

Total no. of major cases in the concerned subspecialty per 6 months:

SUBSPECIALITY	KEY PROCEDURES	TRAINING UNIT
		NO. OF KEY PROCEDURES PER 6 MONTHS
BREAST SURGERY	Total Mastectomy / MRM *	
	Breast Conserving Surgery *	
	Axillary Dissection #	
	Sentinel LN Biopsy	
	Wire Guide Biopsy /ROLL	
	Microdochectomy / Major Duct Excision	
	Reconstruction / Oncoplastic	

* The minimum number of Total Mastectomy + Breast Conserving Surgery will be at least 50. This will ensure minimum number of breast cancer treated in the training unit while allowing variation of preference of practice in different centres.

The number also include those performed as integral component of MRM

^ Procedures as chief surgeon: 70%

In order to align with the basic requirement for general surgical trainer, breast surgery program will only accept candidates who have > 1 year general surgery experience after exit
Outpatients Clinic

Clinic	No. of Sessions/Week

6. Enclose a list of publications of

(a) Trainers and

(b) Trainees who joined the concerned subspecialty in the past three years.

7. Any other information that commends your hospital as a Training Centre for Subspecialty Training in General Surgery

Signed on behalf of the Hospital Chief Executive

Name : _____

Signature : _____

Date : _____