



# THE COLLEGE OF SURGEONS OF HONG KONG

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APPLICATION FOR ACCREDITATION OF  
SUBSPECIALTY TRAINING PROGRAMME IN GENERAL SURGERY

## **HEAD & NECK SURGERY**

From \_\_\_\_\_ (Hospital)

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The completed form should be returned to:

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

1. SUPERVISOR \_\_\_\_\_

**2. STAFF LIST**

Rank	Number

**3. LIST OF TRAINERS FOR THE CONCERNED SUBSPECIALTY**

Name	Rank	Special Interest	Sessions	Year Appointed

**4. LIST OF TRAINEES WHO JOINED THE CONCERNED SUBSPECIALTY**

Name	Date Of Appointment	Qualifications


### 5. STATISTICS

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

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SUBSPECIALITY	KEY PROCEDURES	TRAINING UNIT
		NO. OF KEY PROCEDURES PER 6 MONTHS
<b>HEAD &amp; NECK SURGERY</b>	Neck dissection	
	Salivary gland surgery	
	Upper aerodigestive tract(hypopharynx, larynx, oropharynx, oral cavity and maxillectomy)	
	Major skin excision	
	Free flap	
	Pedicled flap	
	Thyroid surgery	

^ Procedures as chief surgeon: 50% in first year and 75% in second year

### 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**

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Signed on behalf of the Hospital Chief Executive

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_