



# THE COLLEGE OF SURGEONS OF HONG KONG

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APPLICATION FOR ACCREDITATION OF  
SUBSPECIALTY TRAINING PROGRAMME IN GENERAL SURGERY

## VASCULAR 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:

\_\_\_\_\_

SUBSPECIALITY	KEY PROCEDURES	TRAINING UNIT
		NO. OF KEY PROCEDURES PER 6 MONTHS
<b>VASCULAR SURGERY</b>	Aortic Surgery including aneurysm, trauma, dissection	
	Lower Limb Revascularization Procedures	
	Intervention for Carotid Pathology	
	Venous Surgery	

\* At least 5 open and 5 endovascular procedures in 6 months

# At least 8 open and 8 endovascular procedures in 2 years

^ 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 : \_\_\_\_\_