



THE COLLEGE OF SURGEONS OF HONG KONG

CRITERIA FOR RECOGNITION OF SUBSPECIALTIES IN GENERAL SURGERY

SUBSPECIALTY	KEY PROCEDURES	TRAINING UNIT		TRAINEE ^		DEDICATED FACILITIES / EQUIPMENTS WHICH ARE ESSENTIAL FOR THE TRAINING IN THE SUBSPECIALTY	SUGGESTED DURATION OF POST FELLOWSHIP SUBSPECIALTY TRAINING
		MINIMUM PER 6 MONTHS	MINIMUM OF THE TOTAL KEY PROCEDURES REQUIRED IN 6 MONTH PERIOD	MINIMUM PER 6 MONTHS	MINIMUM OF THE TOTAL KEY PROCEDURES REQUIRED IN 6 MONTH PERIOD		
BREAST SURGERY	Total Mastectomy / MRM *	10	82 (The minimum number of Total Mastectomy + Breast Conserving Surgery will be at least 50)	8	The minimum number of Total Mastectomy + Breast Conserving Surgery will be at least 40	<ul style="list-style-type: none"> ◆ Mammogram ◆ Ultrasound ◆ Stereotactic Facilities ◆ Combined Meetings / ◆ Multidisciplinary team with Pathologist, Radiologist, Oncologist 	1 year
	Breast Conserving Surgery *	10		8			
	Axillary Dissection #	10		8			
	Sentinel LN Biopsy	10		8			
	Wire Guide Biopsy /ROLL	6		5			
	Microdochoectomy / Major Duct Excision	3		2			
	Reconstruction / Oncoplastic	3		3			

* The minimum number of Total Mastectomy + Breast Conserving Surgery will be at least 50 for training centre and 40 for trainee. 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



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COLORECTAL SURGERY	Rectal Cancer Surgery*	10	The minimum number of Rectal Cancer Surgery + Colonic Cancer Surgery will be at least 40	5	The minimum number of Rectal Cancer Surgery + Colonic Cancer Surgery will be at least 30®	<ul style="list-style-type: none"> ◆ Endoscopic Service: to provide both diagnostic & therapeutic lower endoscopies ◆ Endorectal or Endoanal Ultrasound ◆ Anorectal Physiology Laboratory ◆ Multidisciplinary Management of Colorectal Cancer 	2 years
	Colonic Cancer Surgery*	10		5			
	Surgery for Benign colorectal conditions (e.g. Diverticulitis / IBD)	4		2			
	Advanced anorectal surgery (e.g. complex fistula / rectal prolapse)						
	Advanced colonoscopy / transluminal surgery #	6		3			

* The definition of Rectal Cancer Surgery and Colonic Cancer surgery is equivalent to SOMIP definition.

Examples for Advanced colonoscopy / transluminal surgery as below.

1. Endoscopic submucosal dissection
2. Endoscopic mucosal resection
3. Colonic stenting
4. Transanal endoscopic operation/ Transanal endoscopic microsurgery
6. TAMIS Surgery
7. Colonic ESD
8. Endoscopic intervention including: stenting, dilatation, volvulus decompression
9. Transanal excision of benign/malignant anorectal lesion

^ The minimum number of procedures for trainee is set according to the number the trainee performs the procedure as chief surgeon.

® For Rectal Cancer Surgery and Colonic Cancer Surgery, the procedures for trainees as chief surgeon should be: 50% in first year and 75% in second year.



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ENDOCRINE SURGERY	Hemithyroidectomy / Subtotal / Total Thyroidectomy	40	60	50	<ul style="list-style-type: none"> ◆ Multidisciplinary team management with endocrinologists, ◆ radiologists, ◆ nuclear medicine physicians, pathologists and oncologists ◆ Intraoperative parathyroid hormone assay and neuromonitoring ◆ Ultrasound Nuclear medicine scintigraphy 	1 year
	Neck Dissection	5				
	Parathyroidectomy	10				
	Adrenalectomy	5				
	Pancreatic Resection	-				

^ Procedures as chief surgeon: 75%

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



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HEAD & NECK SURGERY	Neck dissection	10	55	30	<ul style="list-style-type: none"> ◆ Oncology support, endoscopy, ICU, CT/MRI, ◆ ideally microvascular laboratory 	2 years
	Salivary gland surgery	6				
	Upper aerodigestive tract(hypopharynx, larynx, oropharynx, oral cavity and maxillectomy)	10				
	Major skin excision	3				
	Free flap	3				
	Pedicled flap	5				
	Thyroid surgery	18				

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



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HEPATOBIILIARY & PANCREATIC SURGERY	Hepatectomy – Major	9	80	6	<ul style="list-style-type: none"> ◆ Ideally/preferable MDT (multidisciplinary) approach ◆ ERCP endoscopy, multidisciplinary team for management of liver and pancreatic tumor 	2 years
	Hepatectomy – Minor	15		10		
	Whipple's Operation	6		4		
	ERCP	30				
	Laparoscopic Cholecystectomy	15				
	Miscellaneous	5				

^ Procedures as chief surgeon: 35% in first year and 50% in second year



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UPPER GASTROINTESTINAL SURGERY	Gastrectomy — Partial and Total	12	23 (exclude Upper Endoscopy)	20 (exclude Upper Endoscopy)	Endoscopy Centre, EUS	2 years
	Esophagectomy	6				
	Minimally Invasive Upper GI Surgery	5				
	Upper Endoscopy — Therapeutic	50				

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



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VASCULAR SURGERY	Aortic Surgery including aneurysm, trauma, dissection	20 *	70	50 (≥ 80% arterial surgery)	<ul style="list-style-type: none"> ◆ Vascular Laboratory Facilities ◆ Intraoperative Image Intensifier Facilities 	2 years
	Lower Limb Revascularization Procedures	25 *				
	Intervention for Carotid Pathology	5#				
	Venous Surgery	20				

* 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