THE COLLEGE OF SURGEONS OF HONG KONG

GUIDELINES ON WORKPLACE-BASED ASSESSMENT (WBA)

FOR HIGHER SURGICAL TRAINEE

Higher Surgical Trainees (HSTs) are required to complete the following requirements during their higher surgical training in the respective specialty.

CARDIOTHORACIC SURGERY

- **Workplace-Based Assessment**

  HSTs are required to complete **1 assessment per 2 months**. **A total of 6 assessments including 4 PBAs and 2 Case-Based Discussions (CBD)** need to be completed **per year of training** and submitted to the College Secretariat together with the half-yearly assessment**.**

- **Eligibility for Enrolment to Examination**

  Completion of the above is one of the eligibility criteria for enrolment to Joint Specialty Fellowship Examination in Cardiothoracic Surgery.

GENERAL SURGERY

- **Workplace-Based Assessment**

  For HST admitted from 1 July 2021 onwards

  HSTs are required to **complete at least 8 PBAs and 8 CBDs during their 4-year training period** and submit them to the College Secretariat together with the half-yearly assessment:

  - At least **2 PBAs should be submitted by the end of the 2nd year of training.**
  - HSTs should submit only 1 PBA in categories of "Upper GI Surgery" and "Breast Cancer Surgery" respectively unless the minimum number of PBAs was achieved (i.e. 8 PBAs by the completion of training).
  - PBAs of the same category will be counted as a repetition which is allowed only when the minimum number of PBAs has been achieved.
  - The 17 designated operations for PBA are shown below:

01. Hernia Repair	02. Varicose Vein Surgery	03. Appendicectomy
04. Cholecystectomy	05. Upper GI Surgery - Patch Repair for PPU	06. Upper GI Surgery - Emergency Gastrectomy
07. Upper GI Surgery - Plication of Bleeder	08. Upper GI Surgery - Gastrojejunostomy	09. Thyroidectomy
10. Haemorrhoidectomy	11. Bowel Resection and Anastomosis	12. Breast Cancer Surgery - Simple Mastectomy
13. Breast Cancer Surgery - Axillary Dissection	14. Breast Cancer Surgery - Wide Local Excision	15. Breast Cancer Surgery – MRM
16. OGD	17. Colonoscopy	

  - HSTs are required to **complete at least 1 CBD per 6 months** and submit it to the College Secretariat together with the half-yearly assessment.

- **Eligibility for Enrolment to Examination**

  For HST admitted from 1 July 2021 onwards

  Completion of at least 6 PBAs and 6 CBDs is one of the eligibility criteria for enrolment to Joint Specialty Fellowship Examination in General Surgery.

NEUROSURGERY

- **Workplace-Based Assessment**

1. HSTs are required to **complete 2 PBAs per year of training** among their first three years of training on the following themes:

1st year:	(1) Burr Hole & Drainage	(2) Ventriculo-peritoneal Shunt
2nd year:	(1) Supratentorial craniotomy	
	(2) Laminectomy and Excision of Intradural Tumour	
3rd year:	(1)Retrosigmoid Craniotomy	(2) Pterional Approach to ICA

   - HSTs are required to submit the completed assessment forms to the Neurosurgery Board for vetting. The deadline for submission is on 1 October every year. A reminder for the submission deadline will be sent to higher surgical trainees via email. CSHK will not take responsibility for the consequence if any message delivering to the email address which was provided by trainees cannot reach them or they fail to check their email regularly.

   - A certifying letter will be issued to those trainees who have completed PBA requirements among their first three years of training.

For HST admitted from 1 July 2021 onwards

2. HSTs are required to **complete at least 1 CBD per 6 months** and submit it to the College Secretariat together with the half-yearly assessment.

3. HSTs are required to **complete at least 2 Mini Clinical Evaluation Exercise (Mini-CEX)** including 1 cranial case and 1 spinal case 6 months before Exit Examination.

- **Eligibility for Enrolment to Examination**

Completion of the above is one of the eligibility criteria for enrolment to Joint Specialty Fellowship Examination in Neurosurgery.

PAEDIATRIC SURGERY

- **Workplace-Based Assessment**

  For HST admitted from 1 July 2021 onwards
  HSTs are required to complete **at least 2 PBAs and 2 CBD/Mini-CEX forms every 6 months** and submit them to the College Secretariat together with the half-yearly assessment:

  - Competency in PBA in 6 selected procedures would be determined at two levels (intermediate and final) during the 4-year training period.

  - The intermediate assessment should be completed by the end of the 2nd year of training, and Competency Level 2 is expected to be achieved.

  - The final assessment should be completed by the end of the 4th year of training, and Competency Level 4 is expected to be achieved.

  - The 6 procedures selected for PBA are shown below:
    1. Laparoscopic appendectomy;
    2. Bowel anastomosis;
    3. Inguinal orchidopexy;
    4. Central venous catheter insertion;
    5. Neonatal laparotomy;
    6. Cystoscopy and its related procedures such as Deflux injection, incision of ureterocele, or double J removal/insertion.

  - By the end of completion of higher surgical training, the submissions of CBD/ Mini-CEX by each HST must include the following topics: Urology, Hepatobiliary, Colorectal, Surgical Oncology, Neonatal Surgery, Thoracic Surgery, Vascular Anomaly.

- **Eligibility for Enrolment to Examination**

  For HST admitted from 1 July 2021 onwards
  Completion of the above is one of the eligibility criteria for enrolment to Joint Specialty Fellowship Examination in Paediatric Surgery.

PLASTIC SURGERY

- **Workplace-Based Assessment**

For HST admitted from 1 July 2021 onwards

HSTs are required to complete and fulfill a satisfactory assessment in **a minimum of 5 PBAs (2 Basic, 2 Intermediate, and 1 Advanced) over the 4-year training period** and complete at least **1 CBD and 1 Mini-CEX form per 6 months**, and submit them to the College Secretariat together with the half-yearly assessment:

- PBA is divided into 3 levels based on the complexities of the procedures, namely Basic, Intermediate and Advanced.

- There are 4 Basic topics and 4 Intermediate topics. These are compulsory topics and HSTs can select at least 2 out of each category of basic and intermediate level. HSTs should complete at least 1 advanced PBA. 10 advanced topics are listed as examples and are not exclusive. The supervisor should ensure that topic selected should be related to the curriculum and clinical practice in the field of Plastic Surgery.

- The selection will be based on agreement with the trainers on the area of specialization and clinical exposure in their training centres. However, there is no limit as to the number or the topics of PBA performed.

- It is recommended that HSTs should have completed 2 basic PBAs in their HST Yr 1-2, 2 Intermediate PBAs in their HST Yr 2-3 as the chief surgeons and to complete the Advanced PBA in their HST Yr 3-4 as the chief surgeon or under supervision.

- The flexibility in topics selected allows assessment according to the service volume and clinical specialization of different training centres. It also allows repeated attempts until a standard of achievement is attained. No limit is set for the number of attempts but the supervisor or trainer can comment on the overall competence and suitability of the HSTs to continue HST training. This forms parts of the assessment tools towards the regular assessment report.

- HSTs should discuss with their supervisors and take the initiation to have PBA and submit the satisfactory forms to College for the record.

- Lists of PBA procedures

  Basic (compulsory 2 out of 4)

  1. Excision of facial skin cancer and reconstruction with flap or skin graft
  2. Burn excision and skin grafting / burn scar release and reconstruction
  3. Laser surgery – application and safety
  4. Basic Head and Neck Surgery e.g. submandibular gland / small tumour excision

  Intermediate (compulsory 2 out of 4)

  1. Lipoplasty & lipofilling in cosmetic / reconstructive surgery or use of fillers / botulinum toxin
  2. Facial fracture and reconstruction
  3. Breast reconstructive and pedicle flap reconstruction
  4. Intermediate Head and Neck Surgery e.g. parotidectomy / thyroidectomy

Advanced (at least 1, as chief surgeon independently or under supervision)

1. Cleft lip or palate repair
2. Microvascular surgery and free flap reconstruction
3. Advanced Head and Neck Surgery and reconstruction e.g. laryngectomy, glossectomy
4. Skin / soft tissue cancer resection and reconstruction with defect > 10 cm
5. Congenital deformities resection and reconstruction (including vascular lesions)
6. Blepharoplasty / Rhinoplasty / Otoplasty or other aspects of aesthetic/reconstructive surgery
7. Pressure injury / perineal wound /pelvic floor including vagina and flap reconstruction
8. Facial reanimation surgery
9. Mammoplasty (augmentation / reduction /reconstructive/ implants surgery)
10. Hand surgery / limb reconstruction including lymphedema surgery

- ## Eligibility for Enrolment to Examination

For HST admitted from 1 July 2021 onwards

Completion of **at least 1 CBD and 1 Mini-CEX per 6 months, and 5 PBAs** is one of the eligibility criteria for enrolment to Specialty Fellowship Examination in Plastic Surgery.

UROLOGY

- ## Workplace-Based Assessment

For HST admitted from 1 January 2021 onwards

1. HSTs are required to complete and submit **1-2 PBAs on each of the 6 following procedures** to the College Secretariat together with the half-yearly assessment during the **4-year training period**:

Urologic Procedures

1. Major Laparoscopic Surgery^
2. PCNL
3. Flexible ureterorenoscopy (with/without lithotripsy)
4. TURP
5. TURBT
6. URSL

^includes transperitoneal or retroperitoneoscopic laparoscopic radical prostatectomy, radical cystectomy, pelvic lymphadenectomy, total nephrectomy, partial nephrectomy, nephroureterectomy, adrenalectomy, ureteral surgery.

- PBA needs to be conducted by Professor/Consultant only

- Trainees should be conducting the procedure as "chief without direct supervision" whilst being assessed

✧ Completion of the above is one of the requirements for the award of The Certificate of Competency in Endoscopic and Laparoscopic Skills in Urology, which is one of the eligibility criteria for application for Fellowship.

2. HSTs are required to complete **at least 1 CBD per 6 months** and submit it to the College Secretariat together with the half-yearly assessment.

- ## Eligibility for Enrolment to Examination

For HST admitted from 1 January 2021 onwards

Completion of **at least 5 PBAs and 7 CBDs** is one of the eligibility criteria for enrolment to Joint Specialty Fellowship Examination in Urology.

VASCULAR SURGERY

- **Workplace-Based Assessment**

HSTs are required to **complete 2 PBAs and 2 CBDs per six months during their 4-year training period (i.e. 16 PBAs and 16 CBDs during their 4-year training period)** and submit them to the College Secretariat together with the half-yearly assessment:

- HSTs should submit only 1 PBA in categories of "Varicose Vein – Endovascular Treatment (17, 18)" and "Haemodialysis Access Creation (11 & 12)" respectively unless the minimum number of PBAs was achieved (i.e. 16 PBAs by the completion of training).

- PBAs of the same category will be counted as a repetition which is allowed only when the minimum number of PBAs has been achieved.

- The 18 designated operations for PBAs & CBDs are shown below:

01. Open Abdominal Aortic Aneurysm Repair (Elective & Emergency)	02. Endovascular Aortic Repair for Abdominal Aortic Aneurysm (Elective & Emergency)	03. Thoracic Endovascular Aortic Repair for Thoracic Aortic Aneurysm / Type B Thoracic Aortic Dissection (Elective & Emergency)
04. Carotid Endartectomy / Carotid Artery Stenting	05. Carotid Subclavian Bypass / Cross-carotid Bypass	06. Iliac / Ilio-femoral / Femoro-popliteal Percutaneous Balloon Angioplasty / Stenting
07. Popliteal & Below knee Percutaneous Balloon Angioplasty / Stenting	08. Above knee Autologous venous / Synthetic graft Bypass	09. Below knee Autologous venous / Synthetic graft Bypass
10. Upper / Lower Limb Arterial (open / Endovascular) Embolectomy / Thrombectomy	11. Upper Limb Haemodialysis Arteriovenous Fistula Creation (radiocephalic / brachiocephalic / basilic vein transposition & brachiobasilic)	12. Upper / Lower Limb Haemodialysis Arteriovenous Synthethic Graft creation (loop / straight)
13. Haemodialysis AV Access Complications Management (Thrombectomy ,Open / Endovascular, Access / Central Venous Percutaneous Balloon Angioplasty / stenting, Aneurysm management, Steal Syndrome management, etc)	14. Redo Surgery for Infected Aortic / Lower limb bypass / Arteriovenous Access Synthetic Graft	15. Lower limb Deep Vein Thrombosis – IVC filter insertion / Retrieval + Endovascular Thrombectomy / Catheter-directed thrombolysis + Deep Venous Stenting
16. Varicose vein – Open Trendelenburg's Operation + Stripping of Long Saphenous Vein +/- Avulsions of Varicosities	17. Varicose vein – Endovascular Treatment - Tumescent & Thermal	18. Varicose vein – Endovascular Treatment - Non-tumescent & Non-thermal

- PBA needs to be conducted by Professor/Associate Professor/Consultant only.

- **Eligibility for Enrolment to Examination**

  Completion of at least 14 PBAs and 14 CBDs is one of the eligibility criteria for enrolment to Joint Specialty Fellowship Examination in Vascular Surgery.

All the mentioned assessment forms can be downloaded from the College's website, please refer to the link below:
https://www.cshk.org/cshk.php?page=download/cshk/download&id=286855