HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

(HKICBSC)

NEW CURRICULUM FOR BASIC SURGICAL TRAINING

(For Basic Surgical Trainees registered with HKICBSC)

Effective date: 1 January 2024
For Basic Surgical Trainees (BSTs) admitted from 1 January 2022 onwards

By Training & Curriculum Committee
Hong Kong Intercollegiate Board of Surgical Colleges

For any enquiry, please e-mail College Secretariat of CSHK
The College of Surgeons of Hong Kong
601, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel: (852) 2871 8799 Fax: (852) 2515 3198
E-mail: info@cshk.org Website: http://www.cshk.org

New Curriculum for Basic Surgical Education & Training

Objective

The aim of a basic surgical training program is to produce practitioners with the necessary surgical knowledge and skills before proceeding for higher surgical training.

The objective of the Basic Surgical Training is to build up a sound foundation for trainees in surgery for proceeding to higher training.

Target

There should be a clear delineation of the expected competency and skill development at different stages of surgical training for each specialty. The structuring of surgical training is based on Clinical Skills, Technical Skills, Knowledge, Professionalism.

The various parts in the curriculum included:

1. ***The rotation in various specialties***
2. ***Training modules during each specialty so that the training will be structured, formatted and transparent (with achievable deliverables)***
3. ***Continuous assessment to ensure competencies particularly in skill acquisition***
4. ***The examination***

The Basic Surgical Training Curriculum:

Year	***Rotations***	***Exams eligible***	***Actions***
PGY1	*Intern*	*Membership Exam of HKICBSC Part 1 and Part 2*	
PGY2	*Year 1 residency*		
	Rotation 1	*Part 1 and Part 2*	*Indicate choice of higher training specialty, if wish*
	Rotation 2	*Part 1, 2, 3(any part)*	
PGY3	*Year 2 residency*		
	Rotation 3	*Any Part*	*Allow change of wish of higher training specialty*
	Rotation 4	*Any Part*	*Interview for HST selection if passes all Parts of Exam & competency assessment.*
PGY4	*Any BST post*	*Any Part*	*Interview for HST selection if passes all Parts of Exam & competency assessment.*
PGY5	*Any BST post*	*Any Part*	

IMPORTANT

Trainees must register with the Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC) by submitting the completed Registration Form *(Appendix 1)* within 1 month on entry to BST; ***delay in registration may result in delay of training for 6 months.***

Time-based rotational training:

Basic trainees must have at least twenty four months' experience in a programme or posts approved by HKICBSC for Basic Surgical Training following their registration. For trainees who are **admitted from 1 January 2019 onwards**, basic trainees must undergo a 2-year rotation comprising of:

1) One year of ***Core Training in General Surgery & Emergency Surgery***
   - One 6-month training in General Surgery; AND
   - One 6 months emergency module, which can include:
     - A&E (max 6 months) /
     - ITU(i.e. Intensive Care Unit) (max 3 months) /
     - Any surgical specialties with emergency calls (3 months will be counted as emergency for any 6 months training in any specialty with emergency calls; that respective 6 months training can be split into two 3-month rotations), i.e. any surgical specialties with less than 6 months training CANNOT be recognized as emergency training.

Basic Surgical Trainees must fulfill the requirements of one year of core training in General Surgery and Emergency Surgery as mentioned above.

For the remaining one year, trainees can choose either path (2a) or path (2b):

2a) The remaining 1 year will be in ***TWO or THREE specialties or subspecialties, each with at least 3- month duration,*** where the experience gained is not included in the 12 months described above (AED or ITU should include in core-training ONLY; and thus will **NOT** be accepted in this 1 year of training).

OR

2b) If a basic trainee indicates his/her interest in any specialty, the following rotation will be ***preferred*** in the remaining 1 year:

- One 6-month training in surgical specialty of the intended higher training
  - Orthopaedic Surgery
  - Otorhinolaryngology
  - Neurosurgery
  - Cardiothoracic Surgery
  - Paediatric Surgery
  - Urology
  - Plastic Surgery
  - Vascular Surgery

AND

- One 6-month training in a related surgical subspecialty of intended higher training (This is to be determined by HKCOS, HKCORL and Specialty Boards of CSHK)

Each Specialty module must be at least 3 month duration, preferably 6 month.

Important Notes:

- ***The overall 2-year rotation will be limited to a maximum of 1 year in any one specialty (General Surgery or Orthopedics or ENT) or a maximum of 1 year in any one specialty of the College of Surgeons of Hong Kong (CSHK), including those in Emergency Surgery.***

- ***During the 2 years of Basic Surgical Training, trainees are required to make up at least 3 specialties to meet the rotational requirement, but not more than 1 year in any 1 specialty***

The declaration of specialty interest is entirely on a voluntary basis. Trainees who do not declare any interest will be regarded as declaration in General Surgery. This is to facilitate and maximize the training opportunities for trainees, instead of imposing restrictions. Trainees may fill in the Record of Curriculum *(Appendix 2) if they wish to declare interest in any specialty.* The trainees should inform their training supervisors of his declaration of specialty interest.

2 sets of Mentor Assessment Forms *(Appendix 3)* must be completed by 2 mentors who assigned by the Chief-of-service/Training Supervisor of the training unit at the end of each module (3 or 6 months) and submitted to Accreditation Committee of HKICBSC within 2 weeks after end of term. Copy of assessment forms must be kept in Log-book for inspections.

Modular-based training:

It comprises of structured course or workshop, trainer-trainee tutorials, operation skill transferred exercise and competencies in specified index operations provided during the rotation in each specialty.

Subject to endorsement by the Council from time to time, completion of some of the courses will be mandatory before admission to higher training. The course or workshop will include assessment as to make sure deliverables or skills are achieved by the trainees.

Elements in General (recommended course or workshop)

- Workshops (applicable to all Trainees in HAHO):
  - Critical Appraisal – the Basics and Essences
  - Communication Skill workshop
  - Ethics
- Course and workshop (common to all Surgical Trainees):
  - Basic Surgical Skills Course (BSSC) (**Compulsory** for all BSTs)
  - Clinical Core Competencies Course for BST (**Compulsory** for all BSTs)
  - Basic Endoscopic Skill Course
  - Advanced Trauma Life Support (ATLS)
  - Research Training Workshop
  - Anatomy Workshop in Acute Abdomen
  - Paediatric Surgery Emergency Course
  - Preparatory Course for the Membership Examination of HKICBSC Part 3 (OSCE)

Specialty related Modules

The structure of surgical training is based on **Clinical Skills, Technical Skills, Knowledge, Professionalism** disregarding the organizational and administrative constraints.
Deliverables in **the above domains** are specified by each specialty with achievable deliverables *(Appendix 4a-4k)*. Structured modules are to be provided by the respective specialty when the trainees rotated to that specialty. ***A trainee should achieve and be competent in these deliverables after a 6-month rotation (except 3-month for ITU or AED rotation)***. Trainees are required to comment on their training achievement on the Record of Curriculum. ***Each module (rotation) should be at least of 3 month duration.***

Continuous Competency Assessments on Basic Skill:

There will be continuous competency assessments throughout the basic training in various specialties. Basic trainees are required to submit additional competency assessment *(Appendix 5a-5d)* **TOGETHER with their half-yearly assessment during January and July**.

1. **Mini-Clinical Evaluation Exercise (CEX)** *(Appendix 5a)*
   - Trainees must complete **at least 1 of this form** in **every 6 months** of surgical training, AND **at least 4** of this form during the **first 2 years** of basic training
   - It aims to test trainee's communication and approach to a clinical scenario
   - Trainees will be assessed in Out-patient or In-patient setting
   - Trainees will be assessed by Trainers of the same/other hospital.

2. **Direct Observation of Procedural Skills in Surgery (Surgical DOPS)** *(Appendix 5b)*
   - Trainees must complete **at least 1 of this form or at least 1 Endoscopic DOPS** in **every 3 months** of surgical training; AND
   - Trainees must complete **at least 6** of this form during the **first 2 years** of basic training
   - It aims to test trainee's basic surgical skill in index operation as specified in module of relevant specialty.
   - Trainees will be assessed by Trainers of the same/other hospital.

3. **Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)** *(Appendix 5c)*
   - Trainees must complete **at least 1 of this form or at least 1 Surgical DOPS** in **every 3 months** of surgical training; AND
   - Trainees must complete **at least 2** of this form during the **first 2 years** of basic training
   - It aims to test trainee's basic endoscopic skill in index endoscopic procedure as specified in module of relevant specialty.
   - Trainees will be assessed by Trainers of the same/other hospital.

   (Note: Endoscopy can include various rigid or flexible endoscopy like OGD, Bronchoscopy, Laryngoscopy, Arthroscopy etc.)

4. **Case-Based Discussion (CBD)** *(Appendix 5d)*
   - Trainees must complete **at least 1 of this form** in **every 6 months** of surgical training, AND **at least 4** of this form during the **first 2 years** of basic training
   - It is designed to assess clinical judgement, decision making and the application of medical knowledge.
   - Trainees will be assessed by Trainers of the same/other hospital.

*** Starting from 1 January 2019 onwards, THERE WILL BE NO EXEMPTION ON DOPS ASSESSMENT for trainees rotating to A&E and ITU. TRAINEES ARE REQUIRED TO COMPLETE DOPS ASSESSMENT IN EVERY 3-MONTH ROTATION.**

[@] For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.

For more detailed requirements on competency assessment, please refer to the BST Rules and Regulations.

Examinations:

Membership Examination of HKICBSC Part 1 & 2: MCQ & EMQ.
Membership Examination of HKICBSC Part 3: OSCE examination

Please refer to MHKICBSC examination guideline and syllabus.

Declaration of specialty interest in subsequent higher training & Fulfillment of requirement for Higher Training

To facilitate the arrangement of the rotational training, all BSTs are advised to declare their specialty interest in intended higher specialty training during the PGY2 as early as possible, if they wish. The declaration of specialty interest will be recorded in their Registration Form on entry to BST and in their Record of Curriculum before next rotation. The trainees should inform their training supervisors of his declaration of specialty interest. The rotational post ***may not be guaranteed*** despite the declaration, which depends on the number of posts available and the number of trainees declaring that specialty.

The objective is ***to facilitate and maximize the training opportunities*** for the trainees. The declaration of specialty interest is entirely voluntary. Those who do not declare specialty interest will be placed in generic training, namely General Surgery.

There is no limit to the number of change in declaration of interest. ***The later the declaration of wish by the trainees, the more difficult the rotational preference can be met.***

1. Trainees must fulfill the following requirements for entry to higher training:
2. Complete the basic rotational training with satisfactory assessments and Log-book record;
3. All modular trainings (if any) as provided by each specialty during rotation;
4. Fulfil 15 CME points per half year;
5. Fulfil training points of individual Colleges for each 3-month or 6-month rotations;
6. Complete all competency assessment forms by senior trainers;
7. Complete all mandatory courses for BSTs
8. Passing of Membership Examination of HKICBSC Part 1 and Part 2; and
9. Passing of Membership Examination of HKICBSC Part 3

The total period of Basic Surgical Training will not be limited, but they have to pass all parts of MHKICBSC examination within 4 years after the commencement of Basic Surgical Training. Trainees must be in a BST post in order to be eligible for selection to Higher Surgical Training.

Log-book

Aspects of core competencies are required to be included in the current Log-book to quantify and record certain core competencies acquired by trainee. Components of modular-based training provided by individual specialty and achieved by the trainee must also be kept in the Log-book.

Trainees are required to duly complete the following documents and attached them to the Log-book upon the completion of BST training. This Log-book should be produced for inspection during Conjoint Selection Exercise for entry to Higher Training.

1. Record of Curriculum;
2. 2 Mentor Assessment Forms for every 6 months (for rotation to one specialty). If the trainee rotated to 2 specialties in any 6-month training, a total of 4 assessment forms should be completed, i.e. two forms for each specialty rotation;
3. Competency Assessment Forms for every 6 months;
4. Detailed Operation Record Listing and Operation Record Summary for each rotation (record in the Log-book).

(For BSTs rotated to Emergency Medicine, they are required to fill in the Procedural Logsheet for BSTs rotated to Emergency Medicine.)

Notes:

Specialty is defined as College recognised with separate curriculum and examination, namely,

General Surgery
Orthopaedics
Otorhinolaryngology (ENT)
Cardiothoracic Surgery; Neurosurgery; Paediatric Surgery; Plastic Surgery; Urology, Vascular Surgery

For Accident & Emergency (AED) and Intensive Therapy Unit (ITU), they are only included in the traumatology training not in declaration of specialty training.

Subspecialty is defined as subspecialties under a specialty determined by the respective constituent College of the HKICBSC or Specialty Board of CSHK from time to time and endorsed by ICBSC – see Appendix 4a-4k

End of paper

Appendix 1

Hong Kong Intercollegiate Board of Surgical Colleges

BASIC TRAINEE REGISTRATION FORM

IMPORTANT NOTES TO APPLICANTS:

1. To be eligible for admission to the Basic Surgical Training Programme of the Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC) in Hong Kong, applicants are required to fulfill the following criteria:
   - ✓ One must be registered with the Medical Council of Hong Kong.
   - ✓ One must obtain a Basic Surgical Training post accredited by the HKICBSC. This post must be from the approved hospitals or institutions in Hong Kong.
2. This application form should be typed or written in block letters. Please use separate sheets for details or explanations if necessary. The HKICBSC will not process any incomplete application.
3. All information given in this form will be treated **STRICTLY CONFIDENTIAL**.
4. **A crossed cheque** of **HKD 3,000** (Entrance fee HKD 1,700 & Annual Registration Fee HKD 1,300) should be made payable to "The College of Surgeons of Hong Kong **Limited**". The cheque will be returned to the applicant by post if the application is unsuccessful.

   ** Applicants pay for the registration fee through Telegraph Transfer should notify the College in advance and submit their transaction details together with the application form. Applicants should pay an additional amount of **HKD 300** for Bank charge if choosing to submit the registration fee through Telegraph Transfer.*

   ***Applicants are required to pay the registration fee annually within the first month of the year until they have completed their Basic Surgical Training.*
5. A processing fee of HKD 300 will be charged for any unsuccessful application, including incomplete application (including insufficient postage) It is the applicant's responsibility to ensure that they fulfill the eligibility criteria, and to make sure all required documentation and fees are submitted by the required date. To avoid unnecessary delivery delay or unsuccessful delivery, it is the responsibility of the applicant to ensure that all mail items bear **sufficient postage** by **weight** and **mail format**.
6. Application should be sent to:

   HKICBSC Secretariat (BST Registration)
   The College of Surgeons of Hong Kong
   Rm 601, Hong Kong Academy of Medicine Jockey Club Building
   99 Wong Chuk Hang Road, Aberdeen, Hong Kong

   All applicants must submit the Registration Form to HKICBSC Secretariat within the first month of training. It is the responsibility of the applicant to make sure the application form reach our office on time. Late application or incomplete application (including insufficient postage) will not be accepted. No allowance will be made for postal or other delays. Late submission will render the respective training period not recognized. Application received will be acknowledged by email.
7. Retrospective recognition of local training and overseas qualification:

   For local trainees: HKICBSC will **NOT** accept any retrospective recognition of training experience obtained in Hong Kong since HKICBSC is not able to validate the exact nature of its past experience. Only training experience registered under HKICBSC will be retrospectively recognized on case by case basis by the Accreditation Committee. Application will be considered only if previous training was **satisfactorily completed within 48 months** counting from the commencement date of Basic Surgical Training in Hong Kong. Training will be recognized for a maximum of 1 year.

   For holders of overseas qualifications: Such application is reviewed by the Accreditation Committee of HKICBSC on case by case basis. Application will be considered only if the previous overseas training was **satisfactorily completed within 36 months** counting from the commencement date of HKICBSC Basic Surgical Training Programme. The maximum duration of retrospective recognition of basic surgical training is 1 year. **The application for retrospective recognition must be submitted along with this BST registration form.** Should the overseas training experience was obtained more than 3 years before the date of application, such application will NOT be accepted.
8. For general enquiry, please contact HKICBSC Secretariat:
   Tel: (852) 2871 8799 Fax: (852) 2515 3198 Email: info@cshk.org

For Office Use

Applicant Name

_____

Hong Kong Intercollegiate Board of Surgical Colleges

BASIC TRAINEE REGISTRATION FORM

Applicants must read the "Notice for Applicant of Basic Surgical Trainee" before completing this form.

Surname: _____ ***Given Name:*** _____ ***Name in Chinese:*** _____

HK I/D No. / Passport No. _____ **Date of Birth** _____ ***(dd/mm/yr)*** **Gender** _____

Address: Office _____

_____

Residence _____

_____

➢ **Address for Correspondence: Office ☐ Residence ☐ (**Please tick ONE only**)**

***E-mail:** _____ **Office Tel :** _____

Tel (Residence): _____ **Mobile:** _____ **Fax:** _____ **Pager :** _____

****Remarks: Trainees are required to keep HKICBSC informed of the most updated email and correspondence address. HKICBSC will not take any responsibility of the consequence if any message delivering to the above email address or correspondence address cannot reach them in the future.***

Employment Type (Please tick ☑ below as appropriate)

☐ HA Permanent Full-Time ☐ HA Contract Full-Time (Contract Start _____ **End** _____ **)**

☐ University (HKU / CUHK – Please delete as appropriate)

Please provide the relevant certificates for the followings qualification:

Basic Medical Qualification where obtained with date _____

Date of Passing MHKICBSC Part 1 Exam _____ ***(Month/Year)*** **Other Qualifications** _____
Date of Passing MHKICBSC Part 2 Exam _____ ***(Month/Year)***

COMMENCEMENT OF BASIC TRAINING

Declaration of Specialty Interest (if any) (Please tick either ONE)		
Cardiothoracic Surgery ☐ **General Surgery ☐** **Neurosurgery ☐** **Vascular Surgery ☐**	**Paediatric Surgery ☐** **Plastic Surgery ☐** **Urology ☐**	**ENT ☐** **O&T ☐** ***NIL ☐** *(No specific interest)*
* Applicants who do not declare any specialty interest will be automatically placed in General Surgery		

Principal Hospital	**Principal Department**

Details of your first rotation in Basic Training	**Specialty in Training**	**Training Hospital**	**Training Period**	
			From (dd/mm/yr)	**To (dd/mm/yr)**

TO BE CERTIFIED BY SUPERVISOR OR TRAINER

This is to certify that Dr. _____ has not contravened the Rules & Regulations stipulated by HKICBSC, and will be having his/her Basic Surgical Training from _____ (dd/mm/yr) in _____(Specialty).

Name : _____ **Signature:**_____

Post : _____ **Institution :**_____

(Stamp with Institution Chop)

Date : _____

DECLARATION

1. **I declare that the information provided by me in this document (the "Information") is true and complete.**
2. **I consent to provide the Information and my personal data from time to time collected by the Hong Kong Intercollegiate Board of Surgical Colleges (the "HKICBSC") (all the Information and such personal data are together called "Personal Data") for the administration and management of the HKICBSC and training, education, practice, professional accreditation and registration in relation to medicine.**
3. **I acknowledge and consent that in relation to the above-mentioned purposes my Personal Data may be transferred by the HKICBSC to (a) the Hospital Authority, the Hong Kong Academy of Medicine, the Medical Council of Hong Kong, any hospitals, clinics or similar medical institutions providing medical treatment and health care and other professional and regulatory bodies related to medicine all of which may further share the use of such Personal Data amongst themselves and (b) other persons as required by law.**
4. **I acknowledge that it is my responsibility to inform the HKICBSC in writing of any change in my Personal Data (e.g. correspondence address, place of work, email address etc.). The HKICBSC will not be liable to me for any loss or damage that may arise or be incurred as a result of my failure to inform the HKICBSC of such change in my Personal Data in a timely manner.**

Signature:_____ **Date** : _____

APPLICATION FOR RETROSPECTIVE RECOGNITION OF OVERSEAS TRAINING

I wish to apply for the retrospective recognition of overseas training. (please put a tick in the appropriate box)

□ Yes.
□ No.

If the applicant wishes to apply for retrospective recognition of overseas training, a crossed cheque for HKD 15,000 as a vetting fee should be made payable to "The College of Surgeons of Hong Kong Limited" Additionally, the following documentation MUST be provided with this BST Registration Form to the Accreditation Committee for consideration:
These copies are not returnable and will be verified in due course.

□ Curriculum Vitae (C.V.)
□ Letter(s) of support from the respective training supervisor(s) of the previous training unit(s)
□ Documentation of satisfactory assessment for the completed previous training
□ Logbook
□ Proof of registration in an accredited training program in the applicant's previous country (if applicable)

Please submit this form together with a crossed cheque of HKD 3,000 as registration fee which should be made payable to "The College of Surgeons of Hong Kong Limited".

Cheque No.:_____ **Trainee's Signature:**_____

✉ **Return Address:**
HKICBSC Secretariat(BST Registration), The College of Surgeons of Hong Kong, Room 601, 6/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

☎ **(852) 2871 8799**

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

CHECK LIST FOR BASIC TRAINEE REGISTRATION FORM

Please ensure the following documents are enclosed with the BST Registration Form:
These copies are not returnable and will be verified in due course.

☐ **A crossed cheque** with the amount of **HKD 3,000** payable to "The College of Surgeons of Hong Kong **Limited**"

☐ **Sufficient postage** (otherwise the application will be treated as incomplete application which will **NOT** be processed.)

Certified True Copy of:

☐ **University Certificate (Basic Medical Qualification)**

☐ **Letter** certifying registrable qualification with the Medical Council of Hong Kong or **Medical Registration Ordinance – Annual Practising Certificate**

☐ MHKICBSC Examination Result Slip (Part 1/ 2) (if any)

☐ Other relevant examinations / qualifications (if any)

Please specify _____

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

NOTICE

FOR APPLICANT OF BASIC SURGICAL TRAINEE

To be eligible for admission to the Basic Surgical Training Programme of the Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC) in Hong Kong, applicants are required to fulfill the following criteria:

- ✓ One must be registered with the Medical Council of Hong Kong.
- ✓ One must obtain a Basic Surgical Training post accredited by the HKICBSC. This post must be from the approved hospitals or institutions in Hong Kong.

Please read the followings carefully before registering with HKICBSC.

1) HKICBSC composes of the College of Surgeons of Hong Kong (CSHK), the Hong Kong College of Emergency Medicine (HKCEM), the Hong Kong College of Orthopaedic Surgeons (HKCOS) and the Hong Kong College of Otorhinolaryngologists(HKCORL). **All basic surgical trainees must submit the registration form to HKICBSC Secretariat within the first month of training.** It is the responsibility of the applicant to make sure the application form reach our office on time. Late application or incomplete application will not be accepted. No allowance will be made for postal or other delays. **Failure to register in time will render the respective training period NOT recognized.**

2) All applicants are required to submit the following documents together with the BST Registration Form in order to complete the application process:

   Certified True Copy of:
   - **University Certificate(Basic Medical Qualification)**
   - **Letter** certifying registrable qualification with the Medical Council of Hong Kong; **or Medical Registration Ordinance - Annual Practising Certificate**
   - HKICBSC Part 1/2 Result Slip (if any)
   - Other relevant examinations/qualifications (if any)

   A crossed cheque of HKD 3,000 (Entrance Fee HKD 1,700 & Annual Registration Fee HKD 1,300) should be made payable to "The College of Surgeons of Hong Kong **Limited**". The cheque will be returned to the applicant by post if the application is unsuccessful.

   Basic Surgical Trainees are required to pay their registration fee annually within the first month of the year until they have completed their Basic Surgical Training.

3) A processing fee of HKD 300 will be charged for any unsuccessful application, including incomplete application. It is the applicant's responsibility to ensure that they fulfill the eligibility criteria, and to make sure all required documentation and fees are submitted by the required date.

4) The appointment to a hospital **must be certified** by the respective supervisor before the respective training period could be recognized and registered.

5) **Retrospective recognition of local training and overseas qualification:**
   - **For local trainees:** HKICBSC will **NOT** accept any retrospective recognition of training experience obtained in Hong Kong since HKICBSC is not able to validate the exact nature of its past experience. Only training experience registered under HKICBSC will be retrospectively recognized on case by case basis by the Accreditation Committee. Application will be considered only if previous training was **satisfactorily completed within 48 months** counting from the commencement date of Basic Surgical Training in Hong Kong. Training will be recognized for a maximum of 1 year.
   - **For holders of overseas qualifications:** Such application is reviewed by the Accreditation Committee of HKICBSC on case by case basis. Application will be considered only if the previous overseas training was **satisfactorily completed within 36 months** counting from the commencement date of HKICBSC Basic Surgical Training Programme. The maximum duration of retrospective recognition of Basic Surgical Training is 1 year.
   - **The application for retrospective recognition must be submitted along with the HKICBSC BST Registration Form.** Should the overseas training experience was obtained more than 3 years before the date of application, such application will **NOT** be accepted.

6) A registered trainee will receive a Guide to Surgical Training upon successful registration including the following documents:

   - Rules & Regulations for Basic Surgical Trainee
   - Guideline on Revised Curriculum for Basic Surgical Training under HKICBSC(***Applicable to trainees admitted from 1 January 2022 onwards only)***
   - Mandatory Courses for Basic Surgical Trainee
   - Policy on Annual Subscription
   - Logbook Order Form
   - Update of Personal Information
   - Half-yearly Assessment Documentation
   - Competency Assessment Forms

The Rules & Regulations and relevant forms can be downloaded from the website of HKICBSC at http://www.cshk.org. You are strongly recommended to refer to the website for further details on BST registration and training.

Application should be sent to:

HKICBSC Secretariat (BST Registration)
The College of Surgeons of Hong Kong
Rm 601, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

For general enquiry, please contact HKICBSC Secretariat:
Tel: (852) 2871 8799
Fax: (852) 2515 3198
Email: info@cshk.org

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES (HKICBSC)

RECORD OF CURRICULUM FOR BST ADMITTED FROM 1 JANUARY 2019

Part 1 – Personal Information

Name:_____ **(in Chinese)** _____

Basic Medical Qualification

Date of Award: _____ Institution of Learning: _____

Other Qualifications: _____

Basic Surgical Training Background

Date of Commencement: _____

Date of Passing Membership Examination of HKICBSC:

Part 1: _____

Part 2: _____

Part 3: _____

Completion Date of Compulsory Courses

Basic Surgical Skills Course: _____ Clinical Core Competencies Course: _____

Part 2 - Training Rotation

Specialty Declared (if any)	Specialty / Subspecialty in Training	Training Hospital	Training Period	
			From (DD/MM/YR)	To (DD/MM/YR)
Comment by trainee			**Deliverables achieved: 1=not at all; 10=highly**	
			1 2 3 4 5 6 7 8 9 10	
Comment by trainee			**Deliverables achieved: 1=not at all; 10=highly**	
			1 2 3 4 5 6 7 8 9 10	
Comment by trainee			**Deliverables achieved: 1=not at all; 10=highly**	
			1 2 3 4 5 6 7 8 9 10	
Comment by trainee			**Deliverables achieved: 1=not at all; 10=highly**	
			1 2 3 4 5 6 7 8 9 10	
Comment by trainee			**Deliverables achieved: 1=not at all; 10=highly**	
			1 2 3 4 5 6 7 8 9 10	

P.T.O.

Appendix 2

CHECK LIST FOR BASIC TRAINEE CURRICULUM

Declaration of Interest

The declaration of interest is entirely on voluntary basis. Trainees who do not declare any interest will be placed in General Surgery. This is to facilitate and maximize the training opportunities for trainees, instead of imposing restrictions.

Time-based rotational training

- ☐ ***During the 2 years of Basic Surgical Training, trainees are required to make up at least 3 specialties to meet the rotational requirement, but not more than 1 year in any 1 specialty (with 6 months in Gen Surgery; 6 months in Emergency Surgery)***
- ☐ One 6-month training in General Surgery
- ☐ One 6-month training in emergency module
- ☐ One 6-month training in other specialty/subspecialty or specialty declared
- ☐ One 6-month (or TWO 3-month) in other specialties/subspecialties (related)

Restriction: General Surgery; Orthopaedics; Otorhinolaryngology Cardiothoracic Surgery; Neurosurgery, Plastic Surgery, Paediatric Surgery, Urology, Vascular Surgery (max 1 year in any one specialty in 2-year training including those for Emergency Surgery);
Emergency Surgery in A&E (max 6 months) / ITU (max 3 months) /
Any surgical specialties with emergency calls (3 months will be counted as emergency for any 6 months training in any specialty with emergency calls; that respective 6 months training can be split into two 3-month rotations)

- ☐ Completion of at least 4 sets (2 each) of end-of-rotation mentor assessments
- ☐ Completion of Operation Record and Operation Record Summary Report

Continuous Assessments on Basic Skill

- ☐ Completion of at least 1 Competency Assessments on Mini-Clinical Evaluation Exercise in every 6 months training, and at least 4 Competency Assessments on Mini-CEX during the first 2 years of basic training **(Mini-CEX)**
- ☐ Completion of at least 1 Competency Assessment on Direct Observation of Procedural Skills in Surgery or Endoscopy in every 3 months of surgical training*, and at least 6 Surgical DOPS and 2 Endoscopic DOPS during the first 2 years of basic training **(Surgical DOPS and Endoscopic DOPS)**
- ☐ Completion of at least 1 Competency Assessments on Case-based Discussion in every 6 months training, and at least 4 Competency Assessments on Mini-CEX during the first 2 years of basic training **(CBD)**

*** Starting from 1 January 2019 onwards, THERE WILL BE NO EXEMPTION ON DOPS ASSESSMENT for trainees rotating to A&E and ITU. TRAINEES ARE REQUIRED TO COMPLETE DOPS ASSESSMENT IN EVERY 3-MONTH ROTATION.**

Mandatory Courses

- ☐ Basic Surgical Skills Course
- ☐ Clinical Core Competencies Course for BST

Appendix 3

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

ASSESSMENT FORM FOR BASIC SURGICAL TRAINING

Name of Trainee :_____ **Training Period From :** _____ **To :**_____

Date of commencement of Basic Surgical Training: _____

Hospital :_____ **Specialty in Training :**_____

No. of Days absent ____ **Reason for absence** *(e.g. holiday / study leave / others)*_____

Guidelines for Supervisor : Please enter your number (scored 1-5) in the column provided, which best reflects your assessment using the prompts as a guide. Each column must contain a number. Please note that explanatory comments would be required for a score of 1, 2 and 5 in "Overall Rating" of the performance.

POOR = 1	DEFICIENT = 2	SATISFACTORY = 3	ABOVE AVERAGE = 4	EXCELLENT =5

	NO.	POOR	SATISFACTORY	EXCELLENT
(A) KNOWLEDGE				
Knowledge of Subject		Poor knowledge base. Significant deficiencies	Adequate fund of knowledge and relates it satisfactory to patient care.	Outstanding knowledge of the subject. Knows common areas in depth.
Learning attitude		Poor perspective Needs direction to study	Maintains currency of knowledge Applies scientific knowledge to patient care Reads appropriately	Asks for information and follows-up Aware of the unusual
Application		Inadequate application of knowledge in real-life	Recognises and solves real-life problems	Excellent application of knowledge in clinical situation
(B) CLINICAL SKILLS				
Assessment History / Examinations		Incomplete or inaccurate Poorly recorded Poor basic skills	Usually complete, orderly and systematic	Precise, thorough and perceptive
Case presentations		Wordy or inaccurate on history, signs or diagnosis. Poor discussion.	Competent, concise and correct on clinical details. Good deductions.	Accurate and succinct case presentation, good perspective in case discussions.
Use of Investigations		Inappropriate, poor ability to select / interpret	Usually appropriate Selective. Can read X-rays / understand results	Almost always best choice of tests. Excellent at interpretation.
Judgement		Fails to grasp significance of findings or respond accordingly. Under or overreacts to emergencies.	Reliable, Competent under pressure. Asks for advice appropriately.	Outstanding clinicians, who is aware of his / her limits.
Perioperative Care		Disinterested. Fails to notice complications and act appropriately	Conscientious. Good awareness of complications. Reliable follow-up	Excellent care. Notices problems early. Outstanding in follow-up.
(C) TECHNICAL SKILLS				
Surgical Laparoscopy / Endoscopy		Too hasty or too slow. Slow learner. Poor hand / eye coordination.	Good hand / eye coordination. Sound skills for level of training	Excellent and unusual ability at access procedures and endoscopic technique
Open Surgery		Rough with tissues. "Near enough is good enough". Hesitant	Mastered basic skills Well ordered approach, careful with tissues	Outstanding technician.
As surgical assistant		Fails to follow the operation	Follows the operation with guidance from the operator	Anticipates the needs of the operator
(D) PROFESSIONALISM				
Communication with patients		Bad listener and communicator. Disliked by patients. Increases patient anxieties.	Listens well, explains well. Trusted by the patient.	Excellent rapport. Inspires confidence. Patients delighted to be looked after by him / her.
Cooperation with staff		Refuses to help out. Poor relationship with peers and may undermine.	Good rapport with nursing and other medical staff. Willing to help.	Always willing to help even if personally inconvenient. Diffuses any problems in the surgical team.
Self motivation Organization		Idle, lacking in any work enthusiasm. Behind with letters or summaries.	Hard-working, keen to learn, self-organizes waiting list.	Full of energy. Performances go far beyond the "call of duty".

Reliability Punctuality		Poor time management. Forgets to do things. Unreliable	Dependable. Efficient in use of his / her time	Highly conscientious. Always completes tasks and anticipates well.
Stress Response		Copes poorly. "Disappears" when problems arise	Responds appropriate, seeks help when needed, copes well.	Thinks ahead, still efficient "when the going gets tough". Seems to thrive on pressure.
Acceptance of criticism		Responds poorly to criticism. Angry. "Turn off".	Adequate response. Works to correct the problem area.	Prompt response, marked improvement and positive change.
Medical Ethics		Behaviour inconsistent with ethical ideals Little interest/comprehension of medico-legal issues	Consistently applies ethical principles Identifies ethical expectations that impinge on the most common medico-legal issues	Highly conscientious Anticipates possible areas where medico-legal issues may arise
Teaching / Supervision		Avoids if possible. Poorly prepared, poorly delivered. Poor interaction with and/or supervision and management of junior medical staff.	Competent and well prepared in teaching others. Directs and supervises junior medical staff effectively.	Enthusiastic teacher. Logical and clear. Can inspire. Excellent role model for junior medical staff, all ways offers support for junior medical staff.

RESEARCH ACTIVITIES DURING CURRENT TERM:

Continuing Research
(Circle appropriate number)

1. No current research project
2. Research project in progress
3. Active researcher, demonstrated flair for research, original ideas

RESEARCH REQUIREMENT SATISFIED: YES / NO

Publications
(Circle appropriate number)

1. No current project
2. Project in process of being prepared for submission for publication

How? *(Please specify)*
Meeting : Date:
Title of Presentation
Publication(s) Reference (including date)

COMPETENCY ASSESSMENT:

Basic trainees **admitted between 1 July 2010 to 30 June 2016** are required to submit competency assessments before their completion of basic training. **Trainees are required to KEEP them in their logbook during the entire basic training and do not need to submit to HKICBSC Secretariat**. The forms would be inspected together with the logbook before the Conjoint Selection Exercise for Admission to Higher Training.

Basic trainees **admitted from 1 July 2016 onwards** are required to submit competency assessments **TOGETHER with their half-yearly assessment**. **Trainees are also required to KEEP a duplicated copy in their logbook during the entire basic training.** The respective training rotation will not be recognized if the trainees fail to submit the outstanding documentation by the deadline.

Trainee	**Mini-Clinical Evaluation Exercise (CEX)**	**Direct Observation of Procedural Skills in Surgery (Surgical DOPS)**	**Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)**	**Case-based discussion (CBD)**
	Minimum no. of forms required during the first 2 years of basic training			
Admitted between 1 July 2014 and 30 June 2016	**2**	**4**	**2**	**N/A**
***Admitted from 1 July 2016 onwards**	**2**	**6**	**2**	
	Trainees must complete: • At least 1 mini-CEX in **every 1 year** of surgical training; • At least 1 Surgical DOPS OR at least 1 Endoscopic DOPS in **every 3 months** of surgical training			
# Admitted from 1 January 2019 onwards	**4**	**6**	**2**	**4**
	Trainees must complete: • At least **1 mini-CEX** and **1 CBD** in **every 6 months** of surgical training • At least **1 Surgical DOPS** OR at least **1 Endoscopic DOPS** in **every 3 months** of surgical training			

* Remark: Trainees **admitted from 1 July 2016 onwards** must complete **at least 1 Surgical DOPS or at least 1 Endoscopic DOPS** in every 3 months of surgical training, making a total of 6 Surgical DOPS and 2 Endoscopic DOPS in the first 2 years of Basic Training.

Starting from 1 January 2019 onwards, THERE WILL BE NO EXEMPTION ON DOPS ASSESSMENT for trainees rotating to A&E and ITU. TRAINEES ARE REQUIRED TO COMPLETE DOPS ASSESSMENT IN EVERY 3-MONTH ROTATION.

Place a number into the boxes provided for the number of competency assessment you submitted together with this assessment.

Number of Mini-Clinical Evaluation Exercise (CEX) forms submitted together with this assessment: ☐

Number of Direct Observation of Procedural Skills in Surgery (Surgical DOPS) submitted together with this assessment: ☐

Number of Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS) submitted together with this assessment: ☐

Number of Case-based discussion (CBD) submitted together with this assessment: ☐

REPORT ON CME PROGRAMME

CME Cycle (From _____ To _____)
Number of CME points accumulated:

1st Year _____ points / 2nd Year _____ points / 3rd Year _____ points

COMPLIANCE OF CME REQUIREMENTS : YES / NO

OVERALL RATING *(place appropriate number in boxes provided)*

Poor = 1	Deficient = 2	Satisfactory = 3	Above Average = 4	Excellent = 5

Overall Rating ☐ **Log Book Statistics** ☐

ADDITIONAL / EXPLANATORY COMMENTS *(If insufficient space attach separate document)*

Feedback to trainee in area with score less than 3 & suggestion for improvement

RECOMMENDATIONS REGARDING FUTURE TRAINING

Date : _____

(Circle appropriate number)

1. Trainee should continue in Training Position.
2. Continued position in training programme in doubt due to identified deficiencies.
3. Trainee should be removed from training programme because of deficiencies that have not been rectified.

Signature of *Supervisor / Mentor _____Print Name_____
***Must be assigned by the Chief-of-service/Training Supervisor of the training unit.**

Trainee's Signature _____ I have sighted this assessment YES / NO

Important Note: ***Trainees should ensure that this Basic Trainee Assessment form together with a copy of the logbook summary and logbook summary report are distributed as follows:***

1. *Original assessments, logbook summary forms and report, and competency assessment forms should be submitted to the Accreditation Committee through your supervisor / mentor. The Secretariat of the Hong Kong Intercollegiate Board of Surgical Colleges at Room 601, 6/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong would be responsible for keeping the documentation for trainees*
2. *Copies of the above should be made and retained by the trainee for his / her personal record of curriculum.*
3. *A score less than 3 in any category will be discussed by the Accreditation Committee, Hong Kong Intercollegiate Board of Surgical Colleges*

The trainee must ensure that separate assessment forms are filled in by two mentors of the respective training unit and submit the completed assessment forms, log book summary data and logbook summary report to the respective supervisor no later than two weeks from the end of the terms. Unless there are extenuating circumstances late lodgment of these forms will incur disqualification of that 6-month term.

Module for Basic Surgical Training

[CARDIOTHORACIC SURGERY]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic cardio-thoracic surgical principles: including one-lung ventilation, VATS, chest drain management, principle of cardio-pulmonary bypass, cardiac arrhythmia (AF & VT).
	Acquire knowledge in the management of trauma patient with Cardio-thoracic injury during the first hours.
	Acquire knowledge in the management of non-acute surgical conditions including lung Cancers investigation and staging, benign thoracic tumours, pleural space diseases and surgical cardio-vascular problems such as surgical intervention for ischaemic heart disease, valvular heart disease and aortic pathologies
Diagnostic ability & Clinical Judgement	Able to diagnose common surgical emergencies including: Pneumothorax, haemothorax, pericardial effusion, Acute aortic pathologies. Able to manage acute upper airway obstruction.
	Able to diagnose common non-acute surgical conditions and refer if necessary, including: Lung and mediastinal tumours; Pleural and pericardial effusion.
Surgical Skills (index procedures to be assessed)	Able to perform under supervision the following procedures including: Central Venous Line Insertion; Insertion of Chest drain; Surgical and chemical pleurodesis Long saphenous vein harvesting (6m trainee only).
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Sternotomy open and closure; Thoracotomy open and closure; Video-assisted or thoracoscopic surgery; Open-heart procedure.
Endoscopic Skills (index procedures to be assessed)	Expose to the following procedures including: Diagnostic fiber-optic bronchoscopy; VATS pleruodesis
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Therapeutic fiber-optic bronchoscopy; VATS lung biopsy and resection; VATS treatment of pleural and mediastinal conditions; Endoscopic conduit harvesting
Specialty / Subspecialties	General CTS
	CTS in Traumatology
	Thoracic Surgery
	Cardiac Surgery
Recommended specialties or subspecialties for training	Vascular Surgery
	Upper GI Surgery (Esophageal)

Module for Basic Surgical Training

[GENERAL SURGERY]

Competencies	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic surgical principles, for example, wound healing, haemostasis, infection, nutrition, pain control, and safe surgery.
	Acquire knowledge in the principles of emergency surgical management such as fluid replacement, appropriate use of antibiotics, indication for urgent surgical intervention.
	Acquire knowledge in the management of trauma patient during the first hours.
	Acquire knowledge in the management of non-acute surgical conditions, for example, various cancers, benign tumours, and vascular problems.
Diagnostic ability & Clinical Judgement	Able to diagnose common surgical emergencies, for example: Acute appendicitis, perforated viscus, intestinal obstruction, acute cholecystitis, acute pancreatitis, acute cholangitis, acute GI bleeding, incarcerated or strangulated hernia, acute limb ischaemia, ruptured aneurysm.
	Able to assist in a multi-disciplinary trauma team in acute trauma patients during the first hours.
	Able to diagnose common non-acute surgical conditions and refer if necessary, for example: GI and HBP tumours and their differential diagnoses, per-rectal bleeding, breast tumours, vascular aneurysm, peripheral vascular disease.
Surgical Skills (index procedures to be assessed)	Able to perform under supervision the following procedures: • Excision of benign skin or subcutaneous lesion • Abscess drainage (superficial/breast/perianal) • Wound closure (including port site) • [Optional] Central Venous Line Insertion • [Optional] Injection/Ligation of Haemorrhoid • [Optional] Insertion of Chest drain • [Optional] Adult Circumcision
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures: • Open & close midline laparotomy • Common surgical emergencies such as appendicectomy, repair of viscus, large bowel resection, cholecystectomy • Common laparoscopic operations such as laparoscopic cholecystectomy • Repair of abdominal wall hernia • [Optional] Breast lump excision • [Optional] Tracheostomy
Endoscopic Skills (index procedures to be assessed)	Able to perform under supervision the following procedures: • Oesophago-gastro-duodenoscopy (Diagnostic OGD) / flexible sigmoidoscopy
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures: • Therapeutic OGD for bleeding ulcers • Colonoscopy

Module for Basic Surgical Training

[NEUROSURGERY]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic neurosurgical principles: including intracranial pressure, haemostasis when operating in the brain and spinal cord.
	Acquire knowledge in the principles of emergency neurosurgical management, classification of head injury and the indications for surgical intervention.
	Acquire knowledge in the management of trauma patient during the first hours, particularly as part of a multidisciplinary team (MDT).
	Acquire knowledge in management of critically ill patients as a result of intracranial pathology, including those on mechanical ventilation in HDU and ICU.
	Acquire knowledge of non-acute surgical conditions including various brain tumours and neurovascular problems.
Diagnostic ability & Clinical Judgement	Able to diagnose common surgical emergencies including: Raised intracranial pressure; ruptured aneurysm; hypertensive intracerebral haemorrhage; various types of head injury.
	Able to assist in a multi-trauma team in an acute trauma patient during the first hours.
	Able to diagnose common non-acute surgical conditions and refer if necessary, including: Brain tumour, approach to patient with headache and neurological dysfunction; Intracranial aneurysm.
Surgical Skills (index procedures to be assessed)	Able to perform under supervision the following procedures including: External ventricular drain (EVD) and sampling of CSF; Removal of external ventricular drain (EVD) or ICP monitor. 1. Scalp wound suturing 2. CSF related procedures - Lumbar puncture, handling of EVD (external ventricular drains) 3. Excision of scalp or skull lesions 4. Burr holes. *(1, 2 for 3 months rotation, 1 to 4 for 6 months rotation)*
Surgical Skills (procedures exposed during basic training)	Exposure to the following procedures including: Craniotomy – opening and closure; Craniotomy for traumatic haematoma; Insertion of frontal external ventricular drain; Insertion of intracranial (ICP) monitor.
Endoscopic Skills (index procedures to be assessed)	Able to perform under supervision the following procedures including: nil
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures, for example: - Endoscopic III ventriculostomy - Endoscopic transsphenoidal surgery
Recommended specialties or subspecialties for training	Orthopedic & Traumatology Paediatric Surgery

Module for Basic Surgical Training

[PAEDIATRIC SURGERY]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic paediatric surgical principles: including paediatric fluid and electrolyte management, nutrition, safe sedation.
	Acquire knowledge in the principles of emergency surgical management in a paediatric patient such as intussusception, strangulated inguinal hernia, acute scrotum, acute abdomen and common neonatal conditions
	Acquire knowledge in the management of non-acute surgical conditions such as inguinal hernia, vesico-ureteric reflux.
Diagnostic ability & Clinical Judgement	Able to diagnose common paediatric surgical emergencies such as: Acute appendicitis, irreducible hernia, torsion of testis, intussusception.
	Able to diagnose common non-acute surgical conditions and refer if necessary, including inguinal hernia, hydrocele, undescended testis.
Surgical Skills (index procedures to be assessed)	Able to perform under supervision the following procedures including: Setup of intravenous access, Insertion of Foley's catheter, Abscess drainage (superficial), Circumcision, rectal washout, suturing of wound
Surgical Skills (procedures exposed during basic training)	Exposure to the following procedures including: laparotomy, herniotomy, ligation of patent processus vaginalis, orchidopexy, appendicectomy, laparoscopy, pneumatic reduction of intussusception
Endoscopic Skills (index procedures to be assessed)	Nil
Endoscopic Skills (procedures exposed during basic training)	Exposure to the following procedures including: OGD, colonoscopy, cystoscopy in children
Specialty / Subspecialties	General Paediatric Surgery
	Paediatric Urology
	Neonatal Surgery
Recommended specialties or subspecialties for training	Nil

Module for Basic Surgical Training

[PLASTIC SURGERY]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in: 1. Principles of Plastic Surgery 2. Wound Management 3. Burns 4. Head & Neck Surgery 5. Skin & soft tissue pathologies (Skin Cancer & Vascular Anomalies) 6. Breast Surgery 7. Medical Laser 8. Ethics, informed consent & documentations 9. Hand & Limb trauma 10. Basics of evidence based medicine
Diagnostic ability & Clinical Judgement	Able to diagnose common surgical emergencies including: Manage patient with burns or scald, also burns of special area (face, eyes, and perineum) & inhalational injury. 1. Principles of management of facial fractures 2. Acute surgical infection e.g. cellulitis, necrotising fasciitis 3. Compartment syndrome diagnosis and management 4. Acute airway management
	Able to diagnose common non-acute surgical conditions and refer if necessary, including: Malignant and benign skin lesions.
Surgical Skills (index procedures to be assessed)	Able to perform under supervision the following procedures including: Excision and direct approximation of skin lesion; Repair of simple facial lacerations; Acute Burn Management in minor & intermediate burns patients; Assist in harvesting and application of skin graft; Flap monitoring; Wound debridement.
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Use of flaps, grafts & tissue expansion; Surgical Wound Management; Surgical Management of Head & Neck Infections.
Endoscopic Skills (index procedures to be assessed)	Able to perform under supervision the following procedures including: Pan-endoscopy of aerodigestive tract
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Oesophag-gastro-duodenoscopy (Diagnostic OGD)
Specialty / Subspecialties	General Plastic Surgery
	Cranio-facial & Cleft Surgery
	Burns Surgery
	Breast Reconstructive Surgery / Transexual Surgery
	Head & Neck Surgery
	Aesthetic Surgery
Recommended specialties or subspecialties for comphrensive training	General Surgery (Head & Neck)
	General Surgery (Breast Surgery)
	Orthopaedic Surgery (Hand Surgery & Microsurgery)
	Otorhinolaryngology (Head & Neck Surgery)
	Neurosurgery (Skull Base Surgery)
	Urology (Perineal & Genitourinary Reconstruction)

Module for Basic Surgical Training

[UROLOGY]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic science relevant to the management of patients with common genitourinary problems, including anatomy, physiology, pharmacology, pathology and radiology.
	Acquire knowledge in the principles of management of emergency urological conditions including kidney, bladder and urethral injury.
	Acquire knowledge in the principles of management of non-acute urological conditions including various genitourinary cancers, benign tumours, urinary calculi, lower urinary tract symptoms and BPH, infections.
Diagnostic ability & Clinical Judgement	Able to diagnose, assess, investigate and provide initial management for common urological emergencies including: bladder and urethral injury, kidney contusion, acute or chronic retention of urine, urinary tract obstruction (hydronephrosis), urinary tract infection, epididymitis, scrotal abscess, pyonephrosis, urosepsis, testicular pain and testicular swelling, testicular torsion, renal colic, renal failure.
	Able to diagnose, assess, investigate, provide initial management for common non-acute urological conditions including: Urinary tumours and its differential diagnosis; diagnosis of the presence of urinary calculi;approach to haematuria, lower urinary tract symptoms & dysfunction
Surgical Skills (index procedures to be assessed)	Able to perform under supervision the following procedures including: Insertion of urethral Foley catheter; Suprapubic catheter insertion Adult or pediatric Circumcision. Tenckhoff catheter insertion or removal
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Transrectal / Transperineal ultrasound (TRUS/TPUS) +/- biopsy of prostate; Excision of epididymal cyst/ spermatocele Hydrocelectomy (e.g. Lord's / Jaboulay's operation) Orchidopexy; ESWL; Hernia repair; Simple orchidectomy
Endoscopic Skills (index procedures to be assessed)	Able to perform under supervision the following procedures including: Flexible cystoscopy, removal of double J stent
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Rigid / flexible cystoscopy, with biopsy Rigid / flexible cystoscopy with ureteric catheter insertion, retrograde pyelogram
Specialty / Subspecialties	General Urology
	Endo-urology
	Urological oncology
	Pediatric Urology, Female & Reconstructive Urology, Andrology
Recommended specialties or subspecialties for training	Neuro-surgery
	Orthopaedic

Appendix 4g

Module for Basic Surgical Training

[VASCULAR SURGERY]

Competencies	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic vascular surgical principles including basic sciences, vascular pathology, principles of vascular imaging, principles of anticoagulation, principles of open and endovascular surgery, principles of perioperative management, postoperative follow up and surveillance, principles of wound management, principles of major and minor amputations
	Acquire knowledge in principles in emergency surgical management in vascular surgical patients such as rupture thoracic and abdominal aortic aneurysm, complicated and non-complicated acute thoracic aortic dissection, thrombosed lower limb bypass graft, vascular access-site / graft infection, mycotic pseudoaneurysm, arterial percutaneous closure device-related complications, thrombosed and failing hemodialysis vascular access
	Acquire knowledge in principles in surgical management in non-acute vascular surgical patients such as symptomatic and asymptomatic carotid stenosis, thoracic and abdominal aortic aneurysm, chronic thoracic arotic dissection, lower limb and upper limb ischaemia, lower limb varicose veins, lower limb deep vein thrombosis
	Acquire knowledge in communication skills, medical ethic, informed consent and proper documentations
Diagnostic ability & Clinical Judgement	Able to diagnose common vascular surgical emergencies, for example: Acute upper limb and lower limb ischaemia, rupture thoracic and abdominal aortic aneurysm, complicated and non-complicated acute thoracic aortic dissection, thrombosed lower limb bypass graft, vascular access-site / graft infection, mycotic pseudoaneurysm, arterial percutaneous closure device-related complications, thrombosed and failing hemodialysis vascular access
	Able to diagnose common non-acute vascular surgical conditions, for example: Symptomatic and asymptomatic carotid stenosis, thoracic and abdominal aortic aneurysm, chronic thoracic arotic dissection, lower limb and upper limb chronic ischaemic, lower limb varicose veins, lower limb deep vein thrombosis
	Able to assist in endovascular surgery with mastering of basic endovascular surgical skills Able to assist in open vascular surgery with mastering of basic open surgical skills
Surgical Skills (index procedures to be assessed)	• Duplex ultrasound guided puncture of of common femoral artery, balloon angioplasty superficial femoral artery stenosis • Trendelenberg's operation, stripping of long saphenous veins, avulsions of varicose veins • Splitted-thickness skin graft for wound coverage • Central venous access for chemotherapy or parenteral nutrition, i.e. Hickman catheter insertion, PowerPort / PortaCath insertion, open and percutaneous approach • Removal of central venous line for haemodialysis • Major lower limb amputations: above knee and below knee • Minor amputations / wound debridement • IVC filter insertion
Surgical Skills (procedures exposed during basic training)	• Carotid endartectomy, carotid artery stenting • Thoracic Endovascular Aortic Repair for thoracic aortic aneurysm and Type B dissection • Endovascular Aortic Repair for abdominal aortic aneurysm • Lower limb arteries revascularization procedures for lower limb ischaemia, acute and chronic, open and endovascular approach • Lower limb variocose veins surgery, open and endovascular approach • Haemodialysis vascular access surgeries - AV fistula creation, AV graft creation, surgical management of access-related complications • ECMO decannulation procedures
Duplex ultrasonographic Skills (index skills to be assessed)	• Ability to perform a basic diagnostic Duplex ultrasound on carotid arteries, lower limb arteries, lower limb superficial and deep veins, iliac veins and neck veins
Duplex ultrasonographic Skills (skills exposed during basic training)	• Exposure in diagnostic Duplex ultraound on carotid and vertebral arteries, abdominal aorta and iliac arteries, upper limb arteries, lower limb arteries, lower limb superficial and deep veins, iliac veins, neck veins, mapping of upper limb arteries and veins for haemodialysis access creation

Module for Basic Surgical Training

[OTORHINOLARYNGOLOGY]

Competencies in Medical Expert	Expected deliverables: After the 6 months rotation, trainees should be competent to deal with conditions commonly encountered by an average general practitioner or family doctor.
Medical Knowledge	Acquire knowledge to be able to take a good history for patients with common ENT conditions including head and neck malignancy.
	Acquire knowledge in the principles of emergency management including common injuries of the ear nose and throat and of the skull base and knows the indications for urgent surgical intervention.
	Acquire knowledge in the management of non-acute surgical conditions including NPC, benign tumours, approach to epistaxis.
Diagnostic ability & Clinical Judgement	Emergency: Able to apply appropriate initial management for patients with profuse epistaxis, acute upper airway obstruction and acute infection of ear, nose and throat.
	Non emergency: Able to diagnose common ENT conditions and refer if necessary, including NPC, acoustic neroma, and patients with hearing problems.
Surgical Skills (index procedures to be assessed)	Aural microsuction; Biopsy of common head and neck lesions; Nose packing for epistaxis control; Clinical tests and work-up for the diagnosis of vertigo; Removal of foreign body from the ear nose and throat; Changing tracheostomy tube
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Drainage of peritonsillar abscess; Myringotomy and insertion of grommet; Reduction of simple nasal fractures.
Endoscopic Skills (index procedures to be assessed)	Able to perform under supervision the following procedure including: Flexible Nasal Endoscopy; Adult Rigid Nasal Endoscopy.
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Flexible nasolaryngoscopy
Specialty / Subspecialties	General ENT
	Rhinology & Facial Plastics
	Laryngology and H&N Surgery
	Otology and Neurotology
	Pediatric ENT
Recommended specialties or subspecialties for training	Neuro-surgery
	Cardiothoracic surgery
	Plastic surgery
	Accident and Emergency Medicine

Module for Basic Surgical Training

[ORTHOPAEDIC and TRAUMATOLOGY]
[General]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic orthopedic principles, including bone healing, osteoporosis.
	Acquire knowledge in the principles of emergency management including wound exploration and debridement, musculoskeletal infection.
	Acquire knowledge in the management of non-acute orthopaedic conditions including osteoarthritis, inflammatory arthropathy, tenosynovitis, repetitive stress injury, degenerative spine disease, compressive neuropathy, osteoporosis, bone tumour, osteonecrosis, common paediatric orthopaedic conditions.
Diagnostic Ability & Clinical Judgement	Able to diagnose common orthopaedic emergencies and critical conditions including: Infection of bone and joints; Necrotizing soft tissue infection; Spinal cord compression.
	Able to diagnose common non-acute orthopaedic conditions, including: Osteoarthritis; Inflammatory arthropathy and crystal arthropathy; Stenosing tenosynovitis; Repetitive stress injury; Spinal disorder; compressive neuropathy; Bone and soft tissue tumour; Osteonecrosis; Common paediatric orthopaedic conditions;
	Able to approach painful condition in different region: Back pain, neck pain
	X-ray, CT, MRI, DEXA scan, isotope scans: indications, limitations, interpretations.
Surgical Skills (index procedures potentially to be assessed)	Able to perform under supervision the following procedures including: Clinical examination of musculoskeletal system; Injections of joints, trigger fingers and other soft tissue injection; Aspiration of knee and elbow joints; Basic orthopaedic operations e.g. skin or subcutaneous lesion-excision, biopsy, Orthopaedic fixation device management e.g. insertion or removal of wire or pins, removal of external fixator.
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Arthroscopic surgery; Amputations; Nerve entrapment surgery; Soft tissue, muscle and tendon reconstruction; Joint replacements surgery; Common hand surgery; Common spine surgery; Common foot & ankle surgery; Others.
Endoscopic Skills (index procedures to be assessed)	nil
Endoscopic Skills (procedures exposed during basic	Expose to the following procedures including: Arthroscopic procedures.
Specialty / Subspecialties	any
Recommended specialties or subspecialties for training	any

Appendix 4i

Module for Basic Surgical Training

[ORTHOPAEDIC and TRAUMATOLOGY]
[Trauma]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic orthopedic trauma principles, including bone healing, nerve healing and regeneration, tendon & ligament healing, including sports related injuries.
	Acquire knowledge in the principles of emergency management including closed and open fracture; dislocation; soft tissue injury; polytrauma patients; traumatic amputations; pathological fractures; early and late complications of trauma.
	Acquire knowledge in the management of trauma patient during the first hours, particularly as part of a multidisciplinary team.
	Rehabilitation after orthopaedic trauma and treatment.
Diagnostic Ability & Clinical Judgement	Able to diagnose common orthopaedic emergencies including: Bone fracture, joint dislocation; Tendon, vascular and nerve injury; Compartment syndrome of the extremities.
	Provide acute trauma care as part of a multi-trauma team.
	X-ray, CT, MRI, isotope scans: indications, limitations, interpretations.
Surgical Skills (index procedures potentially to be assessed)	Able to perform under supervision the following procedures including: Clinical examination of musculoskeletal system; Aspiration of major joints; Closed reduction of simple fracture and dislocations; Application of plasters; Insertion of traction pins; Intra articular injections for joint aspiration; Surgical exploration and debridement of trauma wound; Soft tissue repair; Orthopaedic fixation device management e.g. insertion or removal of wire or pins, removal of external fixator.
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Amputations; Soft tissue, muscle and tendon repair; Upper limb common fracture or dislocation treatment; Lower limb common fracture or dislocation treatment e.g. Hip fracture surgery; Spine fracture or dislocation treatment; Others.
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Arthroscopic procedures.
Specialty / Subspecialties	nil
Recommended specialties or subspecialties for training	not relevant

Module for Basic Surgical Training

[AED]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic emergency medicine, resuscitation and management of common emergency conditions
	Acquired knowledge in managing patients with trauma and burn in the initial phase of presentation
	Acquired knowledge in managing patients with acute surgical problems presenting to the AED
	Acquire knowledge in the management of acute medical problems including acute myocardial infarction, acute stroke, acute exacerbation of COPD, congestive heart failure, arrhythmias and sepsis
	Acquire knowledge in the initial management of acute orthopedic problems, including fracture and dislocation of joints
	Acquire knowledge in the management of patients with head injury
	Acquire communication skills in discussing with patients and their relatives for the management and disposal plan
Diagnostic ability & Clinical Judgement	Able to diagnose common surgical emergencies including: peritonitis, acute bleeding, bowel obstruction that require urgent surgical assessment and intervention
	Able to assist in a multidisciplinary trauma team in the resuscitation and initial management of trauma patients
	Able to diagnose other common conditions that require in-patient management or intervention, including: Traumatic brain injury; Acute or acute on chronic organ failure: heart, lung or kidney; Severe sepsis
	Able to identify major organ injuries from the CT scan images in trauma patients Able to identify common fractures and dislocations from radiographic images Able to perform FAST scan in trauma patients
Surgical Skills (index procedures to be assessed)	Able to perform under supervision the following procedure including: Abscess drainage (superficial); Removal of FB from nostril, or superficial wound; Suturing of laceration; Close reduction of simple fractures & dislocations; Anterior nasal packing
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Insertion of chest drain; Insertion of central venous line; Insertion of foley catheter Endotracheal intubation and emergency airway management Procedural sedation
Endoscopic Skills (index procedures to be assessed)	Able to perform under supervision the following procedure including: Nil
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Nil
Specialty. Subspecialties	Nil
Recommended specialties or subspecialties for training	**BSTs rotated to Emergency Medicine (EM) are required to complete the Procedural Logsheet for BSTs rotated to EM.**

Appendix 4j

PROCEDURE LOGSHEET for BST Trainee rotating to A&E for EM Training ()

Trainee's English Name:
Trainee's Chinese Name:
Report Hospital:

Trainee should use the following logsheet to log his/her clinical skills and technique learned during the period of training.
The clinical skill and experience should include the following categories:

A	Resuscitation and cardiac procedures
B	Airway management and IV access
C	General surgical procedures
D	Orthopaedic procedures
E	Others, e.g. bedside USG

Each new skill should better be discussed with/demonstrated by a Trainer, then practised under supervision before being practised independently.

Key: D=Demonstrated S=supervised practice I=Independent practice

No.	Date / Period	Category	Procedure	D/S/I	A&E No.	Trainer's Name	Procedure Remarks
1							
2							
3							
4							
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Appendix 4k

Module for Basic Surgical Training

[ITU]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in physiology of a critically ill patient including SIRS and MODS.
	Acquire knowledge in the principle of fluid replacement, organ support, appropriate use of antibiotics in a critically-ill patient, and evident based indication for urgent surgical or endoscopic intervention.
	Acquire knowledge in the management of trauma patient during the first hours.
	Acquire knowledge in patho- physiology & mechanism in mechanical ventilation, renal support and cardiac support.
Diagnostic ability & Clinical Judgement	Able to implement non-invasive and invasive monitoring and interpret result.
	Able to manage according to urgent laboratory result and respond to alarms in a mechanically ventilated patient.
	Able to diagnose common surgical emergencies in a critically ill patient that require urgent surgical/endoscopic intervention including: Perforated viscus; Acute bleeding; Cholang itis/pancreatitis; Limb ischemia.
	Able to manage acute trauma patients with critically ill condition during the first hours.
Surgical Skills (index procedures to be assessed)	Able to perform under supervision the following procedures including: Central Venous Line Insertion; Femoral and radial arterial line puncture; Insertion of Chest drain; Changing tracheostomy tube; Change of venous access line.
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Pulmonary wedge pressure monitoring; Needle tracheostomy.
Endoscopic Skills (index procedures to be assessed)	Able to perform under supervision the following procedures including: nil
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Bronchoscopic lavage.
Specialty / Subspecialties	nil
Recommended specialties or subspecialties for training	not relevant

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

Appendix 5a

Revised in Jul 2022

Mini-Clinical Evaluation Exercise (CEX)

Trainee's name: _____ **Date:** _____

Parent Hospital: _____ **Current Hospital:** _____

Specialty/Subspecialty*: CTS Ped Surg Plastic Surgery NS Urology
Vascular Surgery O&T ENT A&E ICU

Trainee level*: ST1 ST2
Others (please state level):

Term*: 0-6th month 7th-12th month
13th-18th month 19th-24th month
24th month or above

Case setting*: Inpatient Outpatient

Clinical Problem*: Surgical emergency / Trauma End of Life Care General

Hospital Number / Outpatient Number: _____

** Please circle as appropriate.*

TRAINEE'S REFLECTIONS ON THIS ACTIVITY
What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

ASSESSOR'S COMMENTS ON THIS ACTIVITY

RATINGS

The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum.

N = Not observed **I =** Improvement required **S =** Satisfactory **O =** Outstanding

Domain	**Rating**	**Specific Comments**	**GLOBAL SUMMARY** *Please **tick** the overall level at which the CEX was performed.*		**TICK**
1. History taking			Level 0	Undergraduate Level or below	
2. Physical Examination Skills					
3. Use of investigations			Level 1	Appropriate for 1st year BST training	
4. Diagnosis					
5. Management			Level 2	Appropriate for 2nd year BST training	
6. Communication Skills					
7. Clinical Judgement			Level 3	Appropriate for completed BST training	
8. Professionalism					
9. Organisation/Efficiency			Level 4	Level beyond BST training	

FEEDBACK

Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Improvement needs
Recommended actions

Time taken for observation (mins): _____ Time taken for feedback (mins): _____

Assessor's name: _____ Assessor's institutional e-mail address: _____

Assessor's signature: _____ Trainee's signature: _____

General guidelines on Mini-CEX

- *Trainees admitted **from 1 July 2016 onwards** must complete at least 1 of this form in every training year; AND at least 2 of this form during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.*
- *Trainees admitted **from 1 January 2019 onwards** must complete at least 1 of this form in every 6 months of surgical training, AND at least 4 of this form during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.*

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.
^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.

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Revised in Jul 2022

Direct Observation of Procedural Skills in Surgery (Surgical DOPS)

Trainee's name: _____ **Date:** _____

Parent Hospital: _____ **Current Hospital:** _____

Specialty/Subspecialty*: CTS Ped Surg Plastic Surgery NS Urology
Vascular Surgery O&T ENT A&E ICU

Trainee level*: ST1 ST2
Others (please state level):

Term*: 0-6th month 7th-12th month
13th-18th month 19th-24th month
24th month or above

Name of procedure: _____

Number of times procedure performed by trainee: _____

Hospital Number / Outpatient Number: _____ **Location*:** Ward OT OPD

Difficulty of procedure*: Easier than usual Average difficulty More difficult than usual

** Please circle as appropriate.*

TRAINEE'S REFLECTIONS ON THIS ACTIVITY
What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

ASSESSOR'S COMMENTS ON THIS ACTIVITY

RATINGS

The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum.

N = Not observed **I =** Improvement required **S =** Satisfactory **O =** Outstanding

Domain	Rating	Specific Comments
1. Describes indications, relevant anatomy, & details of procedure		
2. Obtains informed consent, after explaining procedure & comps		
3. Prepares for procedure, checks for instruments		
4. Gets patient history, administers effective analgesia or safe sedation		
5. Proper draping and demonstrates good asepsis		
6. Handles tissue gently,		
7. Enters correct plane, haemostasis		
8. Closure of space, appropriate suturing		
9. Techniques up to level of training and safe use of instruments		
10. Deals with any unexpected event or seeks help when appropriate		
11. Completes required documentation (written or dictated)		
12. Issues clear post-procedure instructions to patient and/or staff		

FEEDBACK

Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Improvement needs
Recommended actions

P.T.O.

Appendix 5b

GLOBAL SUMMARY *Level at which completed elements of the PBA were performed on this occasion*		TICK
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1	Unable to perform the procedure, or part observed, under supervision	
Level 2	Able to perform the procedure, or part observed, under supervision	
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)	
Level 4	Competent to perform the procedure unsupervised (could deal with complications that arose)	

Time taken for observation (mins): _____ Time taken for feedback (mins): _____

Assessor's name: _____

Assessor's institutional e-mail address: _____

Assessor's signature: _____

Trainee's signature: _____

General guidelines on Surgical DOPS

- *Trainees admitted **from 1 July 2016 onwards** must complete **at least 1 of Surgical or Endoscopic DOPS** in **every 3 months** of surgical training*; AND Trainees must complete **at least 6 Surgical DOPS** during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.*

** **Starting from 1 January 2019 onwards**, THERE WILL BE NO EXEMPTION ON DOPS ASSESSMENT for trainees rotating to **A&E** and **ITU**. TRAINEES ARE REQUIRED TO COMPLETE DOPS ASSESSMENT IN EVERY 3-MONTH ROTATION.*

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.

^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

Revised in Jul 2022

Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)

Trainee's name: _____ **Date:** _____

Parent Hospital: _____ **Current Hospital:** _____

Specialty/Subspecialty*: CTS Ped Surg Plastic Surgery NS Urology
Vascular Surgery O&T ENT A&E ICU

Trainee level*: ST1 ST2
Others (please state level):

Term*: 0-6th month 7th-12th month
13th-18th month 19th-24th month
24th month

Name of procedure: _____

Number of times procedure performed by trainee: _____

Hospital Number / Outpatient Number: _____ **Location*:** Endoscopy Suite OT Ward

Difficulty of procedure*: Easier than usual Average difficulty More difficult than usual

** Please circle as appropriate.*

TRAINEE'S REFLECTIONS ON THIS ACTIVITY
What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

ASSESSOR'S COMMENTS ON THIS ACTIVITY

RATINGS

The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum.

N = Not observed **I =** Improvement required **S =** Satisfactory **O =** Outstanding

Domain	Rating	Specific Comments
1. Describes indications, relevant anatomy, & details of procedure		
2. Obtains informed consent, after explaining procedure & comps		
3. Prepares for procedure, check for endoscope, patient monitoring & O_2		
4. Gets patient history, administers effective analgesia or safe sedation anaesthetist)		
5. Proper positioning and demonstrates good communication with nurses		
6. Handles endoscope gently, enter correct lumen, maintain luminal views		
7. Aware of position; proper use of distension, suction & lens washing		
8. Demonstrates good technique of in/out and torque of endoscope		
9. Accurate identification and management of pathology		
10. Deals with any unexpected event or seeks help when appropriate		
11. Completes required documentation (written or dictated)		
12. Issues clear post-procedure instructions to patient and/or staff		

FEEDBACK

Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Improvement needs
Recommended actions

P.T.O.

Appendix 5c

GLOBAL SUMMARY *Level at which completed elements of the PBA were performed on this occasion*		TICK
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1	Unable to perform the procedure, or part observed, under supervision	
Level 2	Able to perform the procedure, or part observed, under supervision	
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)	
Level 4	Competent to perform the procedure unsupervised (could deal with complications that arose)	

Time taken for observation (mins): _____ Time taken for feedback (mins): _____

Assessor's name: _____

Assessor's institutional e-mail address: _____

Assessor's signature: _____

Trainee's signature: _____

General guidelines on Endoscopic DOPS

- *Trainees admitted **from 1 July 2016 onwards** must complete **at least 1 of Endoscopic or Surgical DOPS** in **every 3 months** of surgical training*; AND Trainees must complete **at least 2 Endoscopic DOPS** during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July;*

** **Starting from 1 January 2019 onwards**, THERE WILL BE NO EXEMPTION ON DOPS ASSESSMENT for trainees rotating to **A&E** and **ITU**. TRAINEES ARE REQUIRED TO COMPLETE DOPS ASSESSMENT IN EVERY 3-MONTH ROTATION.*

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.

^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

Appendix 5d

Revised in Jul 2022

Case-Based Discussion (CBD)

Trainee's name: _____ **Date:** _____

Parent Hospital: _____ **Current Hospital:** _____

Specialty/Subspecialty*: CTS Ped Surg Plastic Surgery NS Urology
Vascular Surgery O&T ENT A&E ICU

Trainee level*: ST1 ST2
Others (please state level):

Term*: 0-6th month 7th-12th month
13th-18th month 19th-24th month
24th month or above

Case setting*: Inpatient Outpatient

Clinical Problem*: Surgical emergency / Trauma End of Life Care General

Hospital Number / Outpatient Number: _____

** Please circle as appropriate.*

TRAINEE'S REFLECTIONS ON THIS ACTIVITY
What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

ASSESSOR'S COMMENTS ON THIS ACTIVITY

RATINGS

The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum.

N = Not observed **I =** Improvement required **S =** Satisfactory **O =** Outstanding

Domain	**Rating**	**Specific Comments**	**GLOBAL SUMMARY** *Please **tick** the overall level at which the CBD was performed.*		**TICK**
1. Medical record keeping			Level 0	Undergraduate Level or below	
2. Clinical assessment					
3. Diagnostic skills and underlying knowledge base			Level 1	Appropriate for 1st year BST training	
4. Management and follow-up planning					
5. Clinical judgement and decision making			Level 2	Appropriate for 2nd year BST training	
6. Communication and team working skills					
7. Leadership skills			Level 3	Appropriate for completed BST training	
8. Reflective practice/writing					
9. Professionalism			Level 4	Level beyond BST training	

FEEDBACK

Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Improvement needs
Recommended actions

Time taken for observation (mins): _____ Time taken for feedback (mins): _____

Assessor's name: _____ Assessor's institutional e-mail address: _____

Assessor's signature: _____ Trainee's signature: _____

General guidelines on CBD

*Trainees admitted **from 1 January 2019 onwards** must complete at least 1 of this form in every 6 months of surgical training; AND at least 4 of this form during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.*

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.
^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.