THE COLLEGE OF SURGEONS OF HONG KONG

CRITERIA FOR RECOGNITION OF SUBSPECIALTIES IN GENERAL SURGERY

SUBSPECIALITY	KEY PROCEDURES	TRAINING UNIT		TRAINEE				DEDICATED FACILITIES / EQUIPMENTS WHICH ARE ESSENTIAL FOR THE TRAINING IN THE SUBSPECIALTY	SUGGESTED DURATION OF POST FELLOWSHIP SUBSPECIALTY TRAINING
		MINIMUM PER 6 MONTHS	MINIMUM OF THE TOTAL KEY PROCEDURES REQUIRED IN 6 MONTH PERIOD	MINIMUM PER 6 MONTHS	(AS CHIEF SURGEON)	MINIMUM OF THE TOTAL KEY PROCEDURES REQUIRED IN 6 MONTH PERIOD	(AS CHIEF SURGEON)		
BREAST SURGERY	Total Mastectomy / MRM *	10	82 (The minimum number of Total Mastectomy + Breast Conserving Surgery will be at least 50)	8	5	The minimum number of Total Mastectomy + Breast Conserving Surgery will be at least 40	28	♦ Mammogram ♦ Ultrasound ♦ Stereotactic Facilites ♦ Combined Meetings / ♦ Multidisciplinary team with Pathologist, Radiologist, Oncologist	1 year
	Breast Conserving Surgery *	10		8	5				
	Axillary Dissection #	10		8	5				
	Sentinel LN Biopsy	10		8	5				
	Wire Guide Biopsy /ROLL	6		5	3				
	Microdochectomy / Major Duct Excision	3		2	1				
	Reconstruction / Oncoplastic	3		3	2				

* The minimum number of Total Mastectomy + Breast Conserving Surgery will be at least 50 for training centre and 40 for trainee. This will ensure minimum number of breast cancer treated in the training unit while allowing variation of preference of practice in different centres.

The number also include those performed as integral component of MRM

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

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		MINIMUM PER 6 MONTHS	MINIMUM OF THE TOTAL KEY PROCEDURES REQUIRED IN 6 MONTH PERIOD	MINIMUM OF THE TOTAL KEY PROCEDURES AS **CHIEF SURGEON** REQUIRED IN 6 MONTH PERIOD			
COLORECTAL SURGERY	Rectal Cancer Surgery*	10	The minimum number of Rectal Cancer Surgery + Colonic Cancer Surgery will be at least 40	5	The minimum number of Rectal Cancer Surgery + Colonic Cancer Surgery will be at least 30@ (as chief surgeon) 1st year: 15 2nd year: 22	♦ Endoscopic Service: to provide both diagnostic & therapeutic lower endoscopies ♦ Endorectal or Endoanal Ultrasound ♦ Anorectal Physiology Laboratory ♦ Multidisciplinary Management of Colorectal Cancer	2 years
	Colonic Cancer Surgery*	10		5			
	Surgery for Benign colorectal conditions (e.g. Diverticulitis / IBD)	4		2			
	Advanced anorectal surgery (e.g. complex fistula / rectal prolapse)						
	Advanced colonoscopy / transluminal surgery #	6		3			

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

Examples for Advanced colonoscopy / transluminal surgery as below.

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

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

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ENDOCRINE SURGERY	Hemithyroidectomy / Subtotal / Total Thyroidectomy	40	60	50	37	♦ Multidisciplinary team management with endocrinologists, ♦ radiologists, ♦ nuclear medicine physicians, pathologists and oncologists ♦ Intraoperative parathyroid hormone assay and neuromonitoring ♦ Ultrasound Nuclear medicine scintigraphy	1 year
	Neck Dissection	5					
	Parathyroidectomy	10					
	Adrenalectomy	5					
	Pancreatic Resection	-					

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

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					1st YEAR	2nd YEAR		
HEAD & NECK SURGERY	Neck dissection	10	55	30	15	22	♦ Oncology support, endoscopy, ICU, CT/MRI, ♦ ideally microvascular laboratory	2 years
	Salivary gland surgery	6						
	Upper aerodigestive tract(hypopharynx, larynx, oropharynx, oral cavity and maxillectomy	10						
	Major skin excision	3						
	Free flap	3						
	Pedicled flap	5						
	Thyroid surgery	18						

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					1st YEAR	2nd YEAR		
HEPATOBILIARY & PANCREATIC SURGERY	Hepatectomy – Major	9	80	6	2	3	♦ Ideally/preferable MDT (multidisciplinary) approach ♦ ERCP endoscopy, multidisciplinary team for management of liver and pancreatic tumor	2 years
	Hepatectomy – Minor	15		10	3	5		
	Whipple's Operation	6		4	1	2		
	ERCP	30						
	Laparoscopic Cholecystectomy	15						
	Miscellaneous	5						

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					1st YEAR	2nd YEAR		
UPPER GASTROINTESTINAL SURGERY	Gastrectomy — Partial and Total	12	23 (exclude Upper Endoscopy)	20 (exclude Upper Endoscopy)	10 (exclude Upper Endoscopy)	15 (exclude Upper Endoscopy)	Endoscopy Centre, EUS	2 years
	Esophagectomy	6						
	Minimally Invasive Upper GI Surgery	5						
	Upper Endoscopy — Therapeutic	50						

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					1st YEAR	2nd YEAR		
VASCULAR SURGERY	Aortic Surgery including aneurysm, trauma, dissection	20 *	70	50 (≥ 80% arterial surgery)	25	37	♦ Vascular Laboratory Facilities ♦ Intraoperative Image Intensifier Facilities	2 years
	Lower Limb Revascularization Proceudres	25 *						
	Intervention for Carotid Pathology	5#						
	Venous Surgery	20						

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

At least 8 open and 8 endovascular procedures in 2 years

Updated as at 20200831