

# THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS AND THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH



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## \*\* IMPORTANT NOTICE \*\*

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1. Date of commencement of higher Orthopaedic training should be counted from the first day of the month immediately after passing the intermediate examination or after **completion of** 24 months of accredited basic surgical training as organised by the Hong Kong Intercollegiate Board of Surgical Colleges, whichever is later.
2. This application must be returned to the College Censor, the Hong Kong College of Orthopaedic Surgeons no later than the closing date together with the necessary documents and full payment of the examination fee. Cheques should be made payable to “The Hong Kong College of Orthopaedic Surgeons”.
3. Candidates who has submitted an application form but are subsequently found to be ineligible to enter for the examination will have **80%** of their examination fee refunded. The remain of the **20%** will be charged as administrative fee.
4. Candidates who wish to withdraw from the examination must apply in writing to the College secretariat.
  - (i) The examination fee may be refunded less 20% administration charges, when the written notice is received by the College secretary prior to the closing date of application.
  - (ii) Half of the examination fee may be refunded, when the written notice is received **after the closing date but** not less than 21 calendar days before the commencement of the examination.
  - (iii) After that date no refund will be made to candidates who withdraw from examination or fail to attend any session of the examination for any reason whatsoever. No allowance will be made for postal or other delays.
5. No change can be made after the dates of the oral and clinical examinations have been allocated.
6. The Log Book must be sent to the office of the College Censor within one month of the application deadline.
7. Details of the research project and published paper must be submitted to the College Censor before deadline of application. First page of the published paper(s) should be included with the application form.
8. Please make sure that you have completed your election procedure on passing your MRCS examination or other equivalent intermediate qualification; and have paid your annual training fees to the HKCOS and the annual subscription fee to the Royal College or the equivalent academic institute of your Intermediate Examination. Unpaid trainees will not be accepted for the Examination.
9. The application form will not be returned to the trainee and it will be destroyed if the application is unsuccessful.

**THE HONG KONG COLLEGE OF  
ORTHOPAEDIC SURGEONS  
AND  
THE ROYAL COLLEGE OF  
SURGEONS OF EDINBURGH**

Please affix one  
recent passport  
size photo here

**JOINT SPECIALTY FELLOWSHIP EXAMINATION IN ORTHOPAEDIC SURGERY  
APPLICATION FORM**

Last name of candidate \_\_\_\_\_  
(in BLOCK LETTERS)

Other names in full \_\_\_\_\_  
(in BLOCK LETTERS)

Date of Birth \_\_\_\_\_ (dd/mm/yy) Sex \_\_\_\_\_

Medical school \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

Date of full registration with the  
Medical Council of Hong Kong (if applicable) \_\_\_\_\_ (dd/mm/yy)

Registration number \_\_\_\_\_

Full postal address \_\_\_\_\_  
(for examination notice)  
\_\_\_\_\_  
\_\_\_\_\_

Permanent address \_\_\_\_\_  
(if different from above)  
\_\_\_\_\_  
\_\_\_\_\_

Telephone no. \_\_\_\_\_ Mobile/Pager no. \_\_\_\_\_

E-mail address \_\_\_\_\_

I wish to apply for the Joint Specialty Fellowship Examination in Orthopaedic Surgery commencing on .....

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: APPLICATION FORMS / DOCUMENTS / CERTIFICATES BY FAX WILL NOT BE  
ACCEPTED.**

# REQUIREMENTS

**An Intermediate Surgical Qualification acceptable to the Council of HKCOS**  
(e.g. FRCS/AFRCS/MRCS Sections B&C) (attach a certified true copy)

Title & Granting Body \_\_\_\_\_

Date of Passing the Examination \_\_\_\_\_

Date of Admission as a Higher Orthopaedic Trainee of the HKCOS  
(refer to note 1 of the important notice) \_\_\_\_\_

**Paper Published in Peer-reviewed Journal with First Authorship**

(attach a copy of the front page)

Title of paper \_\_\_\_\_

Journal name \_\_\_\_\_

Volume / Page \_\_\_\_\_

Name of author(s) \_\_\_\_\_

\_\_\_\_\_

**Conference Presentation**

(attach a copy of the programme, including the front page and the abstract)

Name of conference \_\_\_\_\_

Organizer \_\_\_\_\_

Venue and Dates \_\_\_\_\_

Title of paper \_\_\_\_\_

Name of author(s) \_\_\_\_\_

Section of the conference where the paper is presented \_\_\_\_\_

**Research Project** (attach a summary)

Title \_\_\_\_\_

Investigators \_\_\_\_\_

## RECORD OF TRAINING

**Important Notes:**

1. *Only Higher Orthopaedic Trainee of the HKCOS needs to fill in this section.*
2. *Six months of rotational training must be arranged by the College. Please mark it with an asterisk (\*) at the beginning of the row.*
3. *Please count the training period up to the date of the Examination.*

1. Minimum of twelve months' training in an approved post in General Orthopaedics :

Hospital	From (dd/mm/yy)	To (dd/mm/yy)	Name of Supervisor	Signature & Official Chop of Hospital

2. Minimum of eighteen months' training in an approved post in Musculo-skeletal Trauma :

Hospital	From (dd/mm/yy)	To (dd/mm/yy)	Name of Supervisor	Signature & Official Chop of Hospital

3. Minimum of three months' training in an approved post in Hand Surgery :

Hospital	From (dd/mm/yy)	To (dd/mm/yy)	Name of Supervisor	Signature & Official Chop of Hospital

4. Minimum of three months' training in an approved post in Paediatric Orthopaedics :

Hospital	From (dd/mm/yy)	To (dd/mm/yy)	Name of Supervisor	Signature & Official Chop of Hospital

5. Minimum of three months' training in an approved post in Rehabilitation :

Hospital	From (dd/mm/yy)	To (dd/mm/yy)	Name of Supervisor	Signature & Official Chop of Hospital

## CHECK LIST OF EXAMINATION REQUIREMENTS

To be completed by the Training Director/Trainer of the trainee.

I confirm that \_\_\_\_\_ is an orthopaedic trainee of my department. His relevant training requirements are listed below: (Please tick [√])

- |  | Yes | No  |
|--|-----|-----|
| 1. He/She is currently a registered medical practitioner of the Medical Council of Hong Kong.  | [ ] | [ ] |
| 2. He/She has successfully completed 2 years of Basic Surgical Training in posts approved by the Hong Kong Intercollegiate Board of Surgical Colleges.                           | [ ] | [ ] |
| 3. He/She has passed an intermediate surgical qualification as stated.   | [ ] | [ ] |
| 4. He/She has successfully completed a minimum of 3 and a half-year of the required higher orthopaedic training rotations as detailed in the training requirements of the HKCOS. | [ ] | [ ] |
| 5. He/She has successfully completed 6 months of higher orthopaedic rotation training arranged by the HKCOS.   | [ ] | [ ] |
| 6. He/She has acquired adequate operative experience and his/her Log Book will be submitted with this application.   | [ ] | [ ] |
| 7. He/She has undertaken one research project, the details of which will be submitted with his/her application.  | [ ] | [ ] |
| 8. He/She has acquired the necessary number of Training Points required by the HKCOS.  | [ ] | [ ] |
| 9. Remarks (mandatory if any of the above is “No”)   |     |     |

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I would like to recommend him/her to sit for the coming Orthopaedic Fellowship Examination organised jointly by the Hong Kong College of Orthopaedic Surgeons and the Royal College of Surgeons of Edinburgh. I also certify that training post will be available for him/her to complete the 48 months of Higher Orthopaedic Training required.

Name of Training Director/Trainer	Signature of Training Director/Trainer	Date
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