

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



**** IMPORTANT NOTICE ****

1. This application must be returned to the Chief 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”.
2. 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 remains of the **20%** will be charged as administrative fee.
3. 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 secretariat 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.
4. No change can be made after the dates of the oral and clinical examinations have been allocated.
5. The Log Book must be sent to the office of the Chief Censor within one month of the application deadline.
6. Details of the research project and published paper must be submitted to the Chief Censor before deadline of application. First page of the published paper(s) should be included with the application form.
7. Please make sure that you have paid your annual training fee to the College. Unpaid trainees will not be accepted for the Examination.
8. 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 2016
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
(MCHK) / National Health and Family Planning Commission of
the People's Republic of China (NHFPC) _____ (dd/mm/yy)

Registration number of the MCHK / NHFPC _____

Full postal address _____
(for examination notices
and correspondence) _____

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 HKCOS

(attach a certified true copy)

Title & Granting Body _____

Date of Passing the Examination _____ (mm/yy)

Date of Admission as a Higher Orthopaedic Trainee of the HKCOS _____ (dd/mm/yy)

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. *Six months of rotational training must be arranged by the College. Please mark it with an asterisk (*) at the beginning of the row.*
2. *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 of the trainee.

I confirm that _____ is an orthopaedic trainee of my department.

His/Her relevant training requirements are listed below: (Please tick [✓])

	<u>Yes</u>	<u>No</u>
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”)		

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

Signature of Training Director

Date

NOTES

PLEASE READ THESE NOTES CAREFULLY BEFORE SUBMIT THE **APPLICATION FORM**

NOTE 1 – APPLICATION

This application must be returned to the Chief Censor, The Hong Kong College of Orthopaedic Surgeons, Room 905, 9th Floor, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong no later than the closing date together with the necessary documents and full payment (HK\$30,000) of the examination fee (£60 *RCSEd Administration Fee is included*). Cheque should be made payable to “The Hong Kong College of Orthopaedic Surgeons”. Fax will not be accepted.

NOTE 2 – EXAMINATION FEE

- 2.1 For those candidates whose application is rejected by the College for whatever reason, 20% of the examination fee will be charged as administrative fee.
- 2.2 For those candidate who withdraw from the examination for whatever reason, an administrative fee will be charged (For detail, please refer to point 3 of “Important notice” of the application form).

NOTE 3 – RECORD OF TRAINING

- 3.1 Only Higher Orthopaedic Training after admission into the HKCOS is required to be entered in the page 4 and 5 “Record of Training”. The required training record should be continuous, counting from the date of admission until the date (or month) of the examination.
- 3.2 Please mark asterisk (*) at the beginning of the row for six months of rotational training arranged by the College.
- 3.3 Each training period must be certified by a Trainer’s signature and the Official Chop of Hospital.

NOTE 4 – SUPPORTING DOCUMENTS

- 4.1 Documents submitted, if they are photocopies, must be certified by the Training Director or Chief of Service of the training unit of the applicant; or a public notary; or a solicitor (with his/her full name).
- 4.2 Application must be supported by a full set of documents, including the followings:
 - (i) Copy of HKID card / passport
 - (ii) Copy of MCHK / NHFPC registration
 - (iii) Copy of current Annual Practicing Certificate
 - (iv) Proof of basic medical qualifications
 - (v) Proof of recognized intermediate qualifications
 - (vi) Proof of paper publication of an orthopaedic related scientific paper as the first author in a peer-reviewed journal
 - (vii) Proof of oral presentation at an orthopaedic related local or overseas conference
 - (viii) Proof of completion of one research project
 - (ix) Proof of attendance of the Four bioskill workshops:
 - 1) Basic Orthopaedic Bioskill Workshop
 - 2) ATLS Course
 - 3) Basic Microvascular Skill Training
 - 4) Fracture Fixation Course
- 4.3 For those candidates who have NOT completed 48 months of Higher Orthopaedic Training at the date of the examination, a letter signed by the COS (with hospital chop and printed on letterhead) must be submitted to certify that continuous training will be available for him/her to complete the remaining months of Higher Orthopaedic Training.

NOTE 5 – ENQUIRIES

For enquiries in relation to the application, please contact the HKCOS Secretariat via email at: hkcoss@hkcoss.org.hk; telephone: 2871 8722 or fax: 2873 4077.