



THE COLLEGE OF SURGEONS OF HONG KONG

APPLICATION FOR ACCREDITATION OF
SUBSPECIALTY TRAINING PROGRAMME IN GENERAL SURGERY
UPPER GASTROINTESTINAL SURGERY

From _____ (Hospital)

The completed form should be returned to:

The Secretariat
The College Of Surgeons Of Hong Kong
Room 601, 6th Floor
Hong Kong Academy Of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong

1. SUPERVISOR _____

2. STAFF LIST

Rank	Number

3. LIST OF TRAINERS FOR THE CONCERNED SUBSPECIALTY

Name	Rank	Special Interest	Sessions	Year Appointed

4. LIST OF TRAINEES WHO JOINED THE CONCERNED SUBSPECIALTY

Name	Date Of Appointment	Qualifications

5. STATISTICS

Total no. of major cases in the concerned subspecialty per 6 months:

SUBSPECIALITY	KEY PROCEDURES	TRAINING UNIT
		NO. OF KEY PROCEDURES PER 6 MONTHS
UPPER GASTROINTESTINAL SURGERY	Gastrectomy — Partial and Total	
	Esophagectomy	
	Minimally Invasive Upper GI Surgery	
	Upper Endoscopy — Therapeutic	

Outpatient Clinic

Clinic	No. of Sessions/Week

6. Enclose a list of publications of

(a) Trainers and

(b) Trainees who joined the concerned subspecialty in the past three years.

7. Any other information that commends your hospital as a Training Centre for Subspecialty Training in General Surgery

Signed on behalf of the Hospital Chief Executive

Name : _____

Signature : _____

Date : _____