



THE COLLEGE OF SURGEONS OF HONG KONG

CRITERIA FOR RECOGNITION OF SUBSPECIALTIES IN GENERAL SURGERY

| SUBSPECIALTY | 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 | <ul style="list-style-type: none"> ◆ Mammogram ◆ Ultrasound ◆ Stereotactic Facilities ◆ 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) 1 st year: 15 2 nd year: 22 | <ul style="list-style-type: none"> ◆ 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 | <ul style="list-style-type: none"> ◆ 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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|--------------------------------|--|----------------------|--|--|----------------------|--|---|----------------------|
| | | MINIMUM PER 6 MONTHS | MINIMUM OF THE TOTAL KEY PROCEDURES REQUIRED IN 6 MONTH PERIOD | MINIMUM OF THE TOTAL KEY PROCEDURES REQUIRED IN 6 MONTH PERIOD | AS CHIEF SURGEON | | | |
| | | | | | 1 st YEAR | | | 2 nd YEAR |
| HEAD & NECK SURGERY | Neck dissection | 10 | 55 | 30 | 15 | 22 | <ul style="list-style-type: none"> ◆ Oncology support, endoscopy, ICU, CT/MRI, ◆ ideally microvascular laboratory | |
| | 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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| | | | | | 1 st YEAR | 2 nd YEAR | | |
| HEPATOBIILIARY & PANCREATIC SURGERY | Hepatectomy – Major | 9 | 80 | 6 | 2 | 3 | <ul style="list-style-type: none"> ◆ 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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| | | | | | 1 st YEAR | 2 nd 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 | | | | | | |