



# 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)		
<b>BREAST SURGERY</b>	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"> <li>◆ Mammogram</li> <li>◆ Ultrasound</li> <li>◆ Stereotactic Facilities</li> <li>◆ Combined Meetings / Multidisciplinary team with Pathologist, Radiologist, Oncologist</li> </ul>	1 year
	Breast Conserving Surgery *	10		8	5				
	Axillary Dissection #	10		8	5				
	Sentinel LN Biopsy	10		8	5				
	Lumpectomy with localization (e.g. hookwire, radioisotope, radioactive seed, radar) / Microdochectomy	9		7	4				
	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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<b>COLORECTAL SURGERY</b>	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 <sup>@</sup>  (as chief surgeon) 1 <sup>st</sup> year: 15 2 <sup>nd</sup> year: 22	<ul style="list-style-type: none"> <li>◆ Endoscopic Service: to provide both diagnostic &amp; therapeutic lower endoscopies</li> <li>◆ Endorectal or Endoanal Ultrasound</li> <li>◆ Anorectal Physiology Laboratory</li> <li>◆ Multidisciplinary Management of Colorectal Cancer</li> </ul>	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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<b>ENDOCRINE SURGERY</b>	Hemithyroidectomy / Subtotal / Total Thyroidectomy	40	60	50	37	<ul style="list-style-type: none"> <li>◆ Multidisciplinary team management with endocrinologists,</li> <li>◆ radiologists,</li> <li>◆ nuclear medicine physicians, pathologists and oncologists</li> <li>◆ Intraoperative parathyroid hormone assay and neuromonitoring</li> <li>◆ Ultrasound Nuclear medicine scintigraphy</li> </ul>	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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					1 <sup>st</sup> YEAR			2 <sup>nd</sup> YEAR
<b>HEAD &amp; NECK SURGERY</b>	Neck dissection	10 (unilateral; counted x 2 if bilat)	55	30	15	22	<ul style="list-style-type: none"> <li>◆ Oncology support, endoscopy, ICU, CT/MRI,</li> <li>◆ ideally microvascular laboratory</li> </ul>	
	Salivary gland surgery	8						
	Upper aerodigestive tract(hypopharynx, larynx, oropharynx, oral cavity and maxillectomy)	Optional						
	Major skin excision	8						
	Free flap	Optional						
	Pedicled flap	Optional						
	Thyroid surgery	18						

Updated and endorsed by the GS Board in Dec 2023

Updated as at 20240228



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<b>HEPATOBIILIARY &amp; PANCREATIC SURGERY</b>	Hepatectomy – Major	9	80	6	2	3	<ul style="list-style-type: none"> <li>◆ Ideally/preferable MDT (multidisciplinary) approach</li> <li>◆ ERCP endoscopy, multidisciplinary team for management of liver and pancreatic tumor</li> </ul>	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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<b>UPPER GASTROINTESTINAL SURGERY</b>	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						