



THE COLLEGE OF SURGEONS OF HONG KONG

GUIDELINES ON MAJOR OPERATION

FOR HIGHER SURGICAL TRAINEE

IMPORTANT NOTES:

Individual Specialty Board should be the sole body for interpretation of the definition of major operation in the respective specialty.

CARDIOTHORACIC SURGERY

Higher Surgical Trainees in Cardiothoracic Surgery are required to fulfill the following operation requirements prescribed by the Cardiothoracic Surgery Board during their higher surgical training before they can apply for the Fellowship of the College.

Definition of Major Operation	Recommended minimum number of major operations per six months per higher surgical trainee
Lung resection and above	75

GENERAL SURGERY

Higher Surgical Trainees in General Surgery are required to fulfill the following operation requirements prescribed by the General Surgery Board during their higher surgical training before they can apply for the Fellowship of the College.

1) MAJOR OPERATION

The following requirement is only applicable to Higher Surgical Trainees in General Surgery admitted before 1 July 2011

Definition of Major Operation	Recommended minimum number of major operations per six months per higher surgical trainee
Cholecystectomy and above	★100

The following requirement is only applicable to Higher Surgical Trainees in General Surgery admitted from 1 July 2011 onwards

Definition of Major Operation	Recommended minimum number of major operations per six months per higher surgical trainee
Diagnostic laparoscopy and above Cholecystectomy and above	★100

★ It is a recommended number. Trainees are allowed to perform a minimum of 80 major operations in a 6-month rotation but are required to make up a total of 800 major operations within 5 years of training. Completion of the above is one of the requirements for applying for Fellowship of the College of Surgeons of Hong Kong.

2) FLAGGING CRITERIA

Higher Surgical Trainees in General Surgery will be flagged if:

1. They perform less than 100 major operations in each 6 months' rotation; OR
2. They operate as primary surgeons* in less than 25, 40, 50, or 60 major operations (per 6 months) in year 1, 2, 3, or 4, respectively.

* A trainee is considered as the primary surgeon when he/she completes a major part of the operation, or completes a significant portion of a complex major/ultra-major operation like cholecystectomy during a hepatic resection.

Endorsed by E&EC on 9 May 2006

Endorsed by Council on 25 May 2006

Revised by General Surgery Board on 19 May 2011 (Deleted the requirement on minor operations)

Endorsed by E&EC on 20 July 2011 (Deleted the requirement on C. Endoscopy & C. Colonoscopy)

Endorsed by Council on 28 July 2011

Revised by E&EC on 10 August 2011 (with immediate effect)

Endorsed by Council on 26 August 2011

Revised by General Surgery Board on 12 September 2011 (Added Important Notes)

Revised by General Surgery Board on 23 January 2018 (Flagging Criteria revised)

Endorsed by E&EC on 8 February 2018 and by Council on 26 February 2018

3) INDEX OPERATION

The following additional requirement applies to **Higher Surgical Trainees in General Surgery**, they are required to fulfill the following prescribed number of index operations before they can apply for the Fellowship of the College. Trainees are required to complete the *Index Operation Fulfillment Form* and submit together with the Application Form for Fellowship of the College.

i. **For Higher Surgical Trainees in General Surgery admitted from July 2021 onwards.**

Index Operation	Recommended minimum number within 4 years of training per higher surgical trainee
Hernia repair	20
Appendicectomy	20
Cholecystectomy	20
Emergency Upper GI Surgery	10
Thyroidectomy	10
Haemorrhoidectomy	10
Bowel resection and anastomosis	20
Colonoscopy	100
Oesophagogastroduodenoscopy(OGD)	200
Mastectomy Surgery for Breast Cancer	10

ii. For Higher Surgical Trainees in General Surgery admitted before July 2021.

Index Operation	Recommended minimum number within 4 years of training per higher surgical trainee
Hernia repair	20
Appendicectomy	20
Cholecystectomy	20
Emergency Upper GI Surgery	10
Thyroidectomy	20
Haemorrhoidectomy	20
Bowel resection and anastomosis	20
Colonoscopy	100
Oesophagogastrroduodenoscopy(OGD)	200
Mastectomy	10

Added the Index Operation by General Surgery Board on 9 February 2010

Endorsed by E&EC on 10 February 2010

Endorsed the number by Council on 26 February 2010

Revised the half year minimum requirement by General Surgery Board on 20 October 2011

Revised by General Surgery Board on 12 July 2022

Endorsed by E&EC on 5 August 2022

Endorsed the number by Council on 29 August 2022

NEUROSURGERY

Higher Surgical Trainees in Neurosurgery are required to fulfill the following operation requirements prescribed by the Neurosurgery Board during their higher surgical training before they can apply for the Fellowship of the College.

Definition of Major Operation	Recommended minimum number of major operations per six months per higher surgical trainee
Burr-hole and above	60

PAEDIATRIC SURGERY

Higher Surgical Trainees in Paediatric Surgery are required to fulfill the following operation requirements prescribed by the Paediatric Surgery Board during their higher surgical training before they can apply for the Fellowship of the College.

Definition of Major Operation	Recommended minimum number of major operations per six months per higher surgical trainee
Orchidopexy and above	100 (of which at least 15 should be major neonatal operations)

PLASTIC SURGERY

Higher Surgical Trainees in Plastic Surgery are required to fulfill the following operation requirements prescribed by the Plastic Surgery Board during their higher surgical training before they can apply for the Fellowship of the College.

Definition of Major Operation	Recommended minimum number of major operations per six months per higher surgical trainee
Resection of tumour or above Any Therapeutic endoscopic/ interventional procedures	50

UROLOGY

Higher Surgical Trainees in Urology are required to fulfill the following operation requirements prescribed by the Urology Board during their higher surgical training before they can apply for the Fellowship of the College.

Definition of Major Operation	Recommended minimum number of major operations per six months per higher surgical trainee
For Diagnostic procedures, Diagnostic endoscopy of upper urinary tract, and above Any Therapeutic endoscopy and Interventional procedures For open procedures, open lithotomy and above	100

VASCULAR SURGERY

Higher Surgical Trainees in Vascular Surgery are required to fulfill the following operation requirements prescribed by the Vascular Surgery Board during their higher surgical training before they can apply for the Fellowship of the College.

Index Operation	Recommended minimum number of major operations per six months per higher surgical trainee
Aortic Surgery - Thoracic and abdominal aneurysm, aortic dissection, open and endovascular, in both elective and emergency setting - Aorto-iliac occlusive disease, open and endovascular - Infected aortic graft surgery - Trauma major vascular exposure	20

<p>Lower limb revascularization Procedures</p> <ul style="list-style-type: none"> - Open surgery - Common femoral artery procedures infrainguinal bypass, infected bypass graft surgery - Endovascular - Angioplasty / stenting of iliac, SFA, popliteal and below the knee arteries 	30
<p>Carotid artery intervention</p> <ul style="list-style-type: none"> - Carotid endarterectomy - Carotid artery stenting - Carotid subclavian bypass/Cross carotid Bypass 	5
<p>Emergency peripheral arterial surgery</p> <ul style="list-style-type: none"> - Femoral / brachial embolectomy - 4 compartment fasciotomy - Control and repair of false aneurysms of femoral /radial arteries - Decannulation of ECMO catheters with vascular repair - Vascular trauma 	5
<p>Amputation and debridement</p>	5
<p>Varicose vein surgery</p> <ul style="list-style-type: none"> - Sapheno-femoral and sapheno-popliteal ligation - Endovenous LSV and SSV ablation - Injectional sclerotherapy 	20
<p>Deep vein intervention</p> <ul style="list-style-type: none"> - Mechanical thrombectomy / catheter direct thrombolysis + ilio-femoral vein stenting - Caval filter insertion/removal - Central vein occlusion: angioplasty / stenting 	5
<p>Haemodialysis vascular access surgery</p> <ul style="list-style-type: none"> - AVF creation - AVG creation - Access maintenance: angioplasty / stenting - Access salvage: thrombectomy (open / endovascular), re-do surgery - Central vein occlusion: angioplasty / stenting, bypass surgery - Access aneurysm surgery - Dialysis access steal syndrome surgery - Explant of infected AV graft 	15