INTRODUCTION

The Hong Kong College of Otorhinolaryngologists, being a member College of the Hong Kong Academy of Medicine, has the duty of providing quality training for Otorhinolaryngologists in Hong Kong and to ensure standards have been reached by accreditation of training and examination.

This Guidebook sets out the guidelines for training in Otorhinolaryngology and defines the training requirement for completion of Basic and Higher Surgical Training in Otorhinolaryngology. On completion of a minimum of 2 years of Basic Surgical Training approved by the College and passing the intermediate examination of the College, trainees may be accepted by the College as Ordinary Members of the Hong Kong College of Otorhinolaryngologists. On completion of at least 4 years of Higher Surgical Training in Otorhinolaryngology approved by the College and passing the Exit Examination of the College, trainees would be elected Fellows of the Hong Kong College of Otorhinolaryngologists and recommended to be Fellows of the Hong Kong Academy of Medicine. The attained qualification entitles the holder to be included in the Specialist Register of the Medical Council of Hong Kong.

These guidelines may be amended by the College from time to time depending on the current training standards required by the College. Furthermore, the Council of the College shall be the sole authority for the interpretation of such guidelines whose decision upon question of interpretation shall be final and binding.

Revised 2016

The Hong Kong College of Otorhinolaryngologists
I BASIC SURGICAL TRAINING

1. Entry for Basic Surgical Training in Otorhinolaryngology

1.1 Basic Surgical Training in Otorhinolaryngology requires a minimum of 2 years after internship, and is under the auspices of the Hong Kong Intercollegiate Board of Surgical Colleges. The Hong Kong Intercollegiate Board of Surgical Colleges is composed of the Hong Kong College of Emergency Medicine, the Hong Kong College of Orthopaedic Surgeons, the Hong Kong College of Otorhinolaryngologists and the College of Surgeons of Hong Kong. Basic Surgical Training in Otorhinolaryngology is similar to that of the other surgical colleges of the Hong Kong Intercollegiate Board of Surgical Colleges. In this period, basic trainees must pre-register with the Hong Kong Intercollegiate Board of Surgical Colleges and the Hong Kong College of Otorhinolaryngologists. A register of basic trainees in Otorhinolaryngology is maintained at the Hong Kong Intercollegiate Board of Surgical Colleges and the Hong Kong College of Otorhinolaryngologists, and is applicable to all basic trainees until they pass the Intermediate Examination on completion of basic training.

2. Training Requirement

The Basic Surgical Training requirement follows that of The Hong Kong Intercollegiate Board of Surgical Colleges. The most updated curriculum is shown below:

2.1 Basic trainees must have at least twenty four months’ experience in a programme or posts approved by HKICBSC for Basic Surgical Training following their registration or Intern year. For trainees who are admitted from 1 July 2013 onwards, basic trainees must undergo a 2-year rotation comprising of:

- One year of Core Training in General Surgery & Emergency Surgery

  One 6-month training in General Surgery; AND
  One 6 months emergency module, which can include:

  o A&E (max 6 months) /
  o ITU(i.e. Intensive Care Unit) (max 3 months) /
  o Any surgical specialties with emergency calls (3 months will be counted as emergency for any 6 months training in any specialty with emergency calls; that respective 6 months training can be split into two 3-month rotations), i.e. any surgical specialties with less than 6 months training CANNOT be recognized as emergency training.
Basic Surgical Trainees must fulfill the requirements of one year of core training in General Surgery and Emergency Surgery as mentioned above. For the remaining one year, trainees can choose either path (2a) or path (2b):

2a) The remaining 1 year will be in **TWO or THREE specialties or subspecialties, each with at least 3-month duration**, where the experience gained is not included in the 12 months described above (AED or ITU should be included in core-training ONLY; and thus will NOT be accepted in this 1 year of training).

OR

2b) If a basic trainee indicates his/her interest in any specialty, the following rotation would be **preferred** in the remaining 1 year:

- One 6-month training in surgical specialty of the intended higher training
  - Orthopaedic Surgery
  - Otorhinolaryngology
  - Neurosurgery
  - Cardiothoracic Surgery
  - Paediatric Surgery
  - Urology
  - Plastic Surgery

AND

- One 6-month training in a related surgical subspecialty of intended higher training (This is to be determined by HKCOS, HKCORL and Specialty Boards of CSHK)

**Important Notes: During the 2 years of Basic Surgical Training, trainees are required to make up at least 3 specialties to meet the rotational requirement, but not more than 1 year in any 1 specialty**

For trainees who were **admitted before 1 July 2013**, please refer to the CSHK website at [http://www.cshk.org](http://www.cshk.org) for the rotational requirements.
2.2 **Declaration of Specialty Interest (only applicable to BSTs admitted from 1 July 2010 onwards)**

For Basic Trainees who are admitted from 1 July 2010 onwards, they are advised to declare their interest in intended higher specialty training during their first year of training as early as possible, if they wish. The declaration of specialty interest is entirely on a voluntary basis. Trainees who do not declare any specialty interest will be placed in General Surgery.

Declaration of Specialty Interest will be recorded in their Registration Form on entry to Basic Surgical Training and in their Record of Curriculum before next rotation. Trainees should inform their training supervisors of their declaration of specialty interest.

Should trainees wish to change their declaration of specialty indicated earlier to HKICBSC, it is their responsibility to inform their respective supervisor & parent Department Head as well as update the Record of Curriculum, which is required to be kept in their logbook during the entire basic training.

3. **Accreditation of Basic Surgical Training**

3.1 **In-Training Assessment**

On going in-training evaluation is required throughout the basic surgical training period. On entering Basic Surgical Training, trainees must maintain a logbook for their operative experience until the completion of their basic training. They must keep a log book prospectively recording all their training experience. This must be certified as satisfactory by their supervisors/mentors before entry into the MHKICBSC Examination - Part 3.

During the training period, trainees must obtain satisfactory assessments from their supervisors/mentors and copies of these assessments must be filed in the trainee’s log books and recorded by the Hong Kong Intercollegiate Board of Surgical Colleges. **The log book is also required to be provided for inspection at the Conjoint Selection Exercise for entry to Higher Surgical Training held by the Hospital Authority of Hong Kong and the College of Surgeons of Hong Kong.**

3.2 The Hong Kong Intercollegiate Board of Surgical Colleges has adopted the following audit system in order to take a close interest in the overall training and assessment of basic surgical trainees:

3.2.1 Individual trainee’s log book should be reviewed regularly by his/her

- Mentor at 3-month interval (Mid-term Assessment)
- Supervisor at 6-month interval (Half-yearly Assessment)
3.2.2 **Mid-term Assessment**  
On completion of every 3-month training period, an interim face to face assessment between the mentor and the trainee should be carried out to thrash out any problems. During this interim debriefing assessment process, if serious deficiencies are evident, the mentor has to report in writing to the Chairman of the Accreditation Committee of HKICBSC. The trainee should be advised what measures are required to reverse these deficiencies.

3.2.3 **Half-yearly Assessment**  
On completion of every 6-months training period, every trainee would be required to submit the half-yearly assessment documentation to the Accreditation Committee of HKICBSC via the Hong Kong College Otorhinolaryngologists regularly in January and July every year for recognition of the respective training period. The assessment documentation should include the following:

- Log book Summary Report
- Log book Summary
- CME Report
- Two Mentors Assessment Forms for assessing trainees’ performance in the past 6-month training period. Two mentors who must be delegated or designated by the supervisor of the training hospital should complete these forms.

3.2.4 **Competency Assessment**  
*For trainee admitted between 1 July 2010 to 30 June 2016*

Aside from the above assessment documentation, basic trainees are required to submit additional competency assessment before their completion of basic training. **Trainees are required to KEEP them in their logbook during the entire basic training but do not need to submit to HKICBSC Secretariat.** The 4 competency assessment documentation should include the following:

- **Mini-Clinical Evaluation Exercise(CEX)**  
  Trainees admitted between 1 July 2010 to 30 June 2014 must complete **at least 2** of this form during the 2 years of basic training
- **Direct Observation of Procedural Skills in Surgery (Surgical DOPS)**
  - Trainees admitted between 1 July 2010 to 30 June 2014 must complete **at least 2** of this form during the 2 years of basic training
  - Trainees admitted between 1 July 2014 to 30 June 2016 must complete **at least 4** of this form during the 2 years of basic training

- **Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)**
  - Trainees admitted between 1 July 2010 to 30 June 2014 must complete **at least 1** of this form during the 2 years of basic training
  - Trainees admitted between 1 July 2014 to 30 June 2016 must complete **at least 2** of this form during the 2 years of basic training
  *(Note: Endoscopy can include various rigid or flexible endoscopy like OGD, Cystoscopy, Bronchoscopy, Laryngoscopy, Arthroscopy etc.)*

- **Record of Curriculum**
  - Trainees must complete this form during the 2 years of basic training and are advised to keep it in their Logbook.
  - The declaration of specialty interest must be recorded in the above form. It is trainees’ responsibility to update the form and inform their training supervisor if the declaration of specialty interest has been changed.

*For trainees admitted from 1 July 2016 onwards*

Aside from the above assessment documentation, basic trainees are required to submit additional competency assessment TOGETHER with their half-yearly assessment during January and July. The 3 competency assessment documentation should include the following:

- **Mini-Clinical Evaluation Exercise (CEX)**
  - Trainees must complete **at least 1** of this form in every training year, AND **at least 2** of this form during the first 2 years of basic training
- Direct Observation of Procedural Skills in Surgery (Surgical DOPS)
  - Trainees must complete **at least 1 of this form or at least 1 of Endoscopic DOPS** in every 3 months of surgical training*; AND
  - Trainees must complete **at least 6** of this form during the first 2 years of basic training

- Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)
  - Trainees must complete **at least 1 of this form or at least 1 of Surgical DOPS** in every 3 months of surgical training*; AND
  - Trainees must complete **at least 2** of this form during the first 2 years of basic training (Note: Endoscopy can include various rigid or flexible endoscopy like OGD, Cystoscopy, Bronchoscopy, Laryngoscopy, Arthroscopy etc.)

* For trainees rotating to A&E and ITU who are unable to complete the DOPS assessment, they are required to compensate the deficit during other rotations in surgical specialties by performing additional DOPS assessment so as to achieve the total number of assessment forms required.

The following table summarized the above minimum number of Competency Assessment forms:
(Where any discrepancy arises between the following table and the abovementioned guidelines, the abovementioned guidelines shall prevail.)

<table>
<thead>
<tr>
<th>Target BSTs</th>
<th>Mini-Clinical Evaluation Exercise (CEX)</th>
<th>Direct Observation of Procedural Skills in Surgery (Surgical DOPS)</th>
<th>Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)</th>
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<tr>
<td></td>
<td>Minimum no. of forms required per training year</td>
<td>Minimum no. of forms required during the first 2 years of basic training</td>
<td>Minimum no. of forms required during the first 2 years of basic training</td>
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<td>Basic Surgical Trainees Admitted before 1 July 2014</td>
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<td>2</td>
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<tr>
<td>Basic Surgical Trainees Admitted between 1 July 2014 and 30 June 2016</td>
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<td>2</td>
<td>4</td>
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<tr>
<td>Basic Surgical Trainees Admitted from 1 July 2016 onwards</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

Trainees must complete at least 1 Surgical DOPS **OR** at least 1 of Endoscopic DOPS in every 3 months of surgical training.
**BSTs admitted from July 2016 onwards** are required to submit their competency assessment forms together with their half yearly assessment documentation. The respective training rotation will not be recognized if the trainees fail to submit the outstanding documentation by the deadline.

Basic Trainees are required to KEEP the following record form in the logbook during the entire basic training and do not need to submit to HKICBSC Secretariat:

- **Record of Curriculum**
  - Trainees must complete this form during 2 years of basic training and are advised to keep it in their Logbook.
  - The declaration of specialty interest must be recorded in the above form. It is trainees’ responsibility to update the form and inform their training supervisor if the declaration of specialty interest has been changed.

3.3 **Unsatisfactory Training Performance**

Trainees who fail to meet the above requirements would be required to undertake further training. If individual trainee who has been warned of the deficiencies during the mid-term assessment still performs unsatisfactory at the end of the 6-month period, the Accreditation Committee of HKICBSC may interview this trainee as well as the mentors whom the trainee has worked for in the unsatisfactory period. Below average assessment of performance in any 6-month period will constitute grounds for disqualification of that 6-month training period. The respective training period could only be recognized and registered on condition that satisfactory assessment must be achieved. **Any trainee who do not satisfy the standards set by HKICBSC or have unsatisfactory assessments consecutively twice or non-consecutively three times will be disqualified from the training programme.**

Basic Trainees are required to submit the half-yearly assessment documentation to the Accreditation Committee of the HKICBSC via their training supervisor regularly in January and July every year. Deadline for submission of half-yearly assessment documentation falls on the date of Accreditation Committee meeting. **Late submission of the half-yearly assessment documentation will render the respective training period NOT recognized.**

3.4 **Appeal Procedures**

Trainees can appeal to the Chairman of the Accreditation Committee of HKICBSC concerning disqualification. However, the notice of such appeal must be lodged with the Secretariat of HKICBSC within 21 days from the date of notice in writing of such disqualification to the trainee.
4. **Mandatory Courses**

During the training period, trainees are required to successfully complete mandatory courses stipulated in the training curriculum. Please refer to the “Mandatory Courses for Basic Surgical Trainee” for further details. Attendance at the courses must be recorded in the trainees’ logbooks. Trainees are also required to submit the Certificates of Attendance of the mandatory courses as evidence for completion when they apply for the Ordinary Membership of the College.

Trainees are also advised to take an Early Trauma and Critical Care (ETCC), Advanced Trauma Life Support (ATLS) or equivalent course approved by HKICBSC and the Royal College of Surgeons of Edinburgh (RCSEd).

**Continuing Medical Education (CME) Programme**

CSHK undertakes CME administration for their trainees and reports their compliance to the Hong Kong Academy of Medicine. Basic trainees are strongly recommended to gain 30 CME points per year from the following activities held within the period of a CME cycle:

- In-hospital meetings / Instructional Courses.
- National/ International Meetings.
- Basic trainees are encouraged to participate in investigation studies / research activities.

Please refer to the “Continuing Medical Education (CME) Programme for Surgical Trainees” for further details.

5. **Interrupted Training**

5.1 Basic Surgical Training may be interrupted for rotating to a non-recognized training center or other reasons for a maximum of 6 months. Trainees may apply for interruption from the continuous training programmes for a maximum of 6 months provided that pre-approval from the respective Surgical College & the Accreditation Committee of the HKICBSC was obtained beforehand.

5.2 ** Interruption of training longer than 1 month out of 6-month rotation can be granted only if trainees can provide good reasons such as sick leave, etc.** Under such circumstances, the actual period of satisfactory training within that 6-month assessment can be counted provided that the interruption is pre-approved and the performance of training is up to the satisfaction of mentors.
5.3 Pre-approval from the respective Surgical College and the Accreditation Committee of HKICBSC is required if basic training is interrupted for more than 1 month. Trainees will be required to compensate the stipulated training requirements if there is more than 1 month discontinuity of Basic Surgical Training. Only under exceptional conditions (e.g. health, family or personal reasons), the interruption period can be longer than 6 months.

5.4 Trainees with pre-approved interruption of training longer than 1 year are not only required to make up the deficit but also do remedial training in additional to their normal period of training programme. However, for those who fail to obtain pre-approval from the Accreditation Committee will constitute grounds for disqualification from the training programme.

5.5 For any reasons of interruption of training, pre-approval is required. According to the Regulations of MHKICBSC Examination, all basic trainees are required to complete all Parts of the MHKICBSC Examination within a maximum period of 4 years counting from the first day of basic training. Thus, the interrupted period can be exempted from this 4-year limit only under the condition that the interruption of training has been pre-approved.

5.6 If trainees did not obtain prior approval from the respective Colleges & the Accreditation Committee for their interruption of training, its interrupted period will, therefore, be included in the 4-year limit. HKICBSC does not take any responsibility if any trainees are disqualified from sitting for MHKICBSC Examination under such circumstances. Trainees may also constitute grounds for disqualification of the basic training programme if they did not seek prior approval for their interruption of training.

5.7 Trainees are allowed to have their training interrupted for the purpose of doing research study only when such application is pre-approved by the Accreditation Committee and the length of interruption is up to 1 year.

5.8 Trainees are not allowed to have their training interrupted within 6 months prior to examination.

5.9 Application is reviewed by the Accreditation Committee of HKICBSC on case by case basis. The final decision is subject to the discretion of the Accreditation Committee of HKICBSC.
6. **Retrospective Recognition of Local Training & Overseas Qualification**

6.1 **For local trainees:**
HKICBSC will **NOT** accept any retrospective recognition of training experience obtained in Hong Kong since HKICBSC is not able to validate the exact nature of its past experience. Only training experience registered under HKICBSC will be retrospectively recognized on case by case basis by the Accreditation Committee.

Overseas training without prior approval in writing from the Chairman of the Accreditation Committee of HKICBSC will **NOT** be recognized by HKICBSC.

The final decision is subject to the discretion of the Accreditation Committee.

6.2 **For holders of overseas qualifications:**
Such application is reviewed by the Accreditation Committee of HKICBSC on case by case basis. Applicants are required to provide the following documentation to the Accreditation Committee for consideration:

- Letter(s) of support from the respective training supervisor(s) of their previous training unit(s)
- Satisfactory assessment documentation for the previous completed training
- Other relevant qualification(if any)

Overseas qualification will only be recognized for a **maximum of 1 year**. Applicants must state specifically the exact period of previous overseas training intended for retrospective recognition in the application.

Application will be considered only if the previous overseas training was satisfactory completed within 36 months counting from the commencement date of Basic Surgical Training in Hong Kong. The application for retrospective recognition must be received within one month of the commencement date of Basic Surgical Training in Hong Kong. Should the overseas training experience was obtained more than 3 years before the date of application; such application will **NOT** be accepted.

The final decision is subject to the discretion of the Accreditation Committee.

7. **Withdrawal from Basic Surgical Training**

Trainees are required to write to the Chairman of the Accreditation Committee if they wish to withdraw from basic training of the HKICBSC.
8. **The Intermediate Examination**

8.1 **Membership Examination of Hong Kong Intercollegiate Board of Surgical Colleges Membership (MHKICBSC) Examination**

Basic Surgical Trainees are required to pass the MHKICBSC Examination within their basic surgical training. Trainees must read the Regulations and Syllabus for the Examination for details which are available from the website of the College of Surgeons of Hong Kong: [http://www.cshk.org](http://www.cshk.org). The MHKICBSC Examination comprises three parts:

- **Parts 1 and 2**

  Parts 1 and 2 are multiple choice papers. Part 1 paper tests on Applied Basic Science of Anatomy, Physiology and Pathology. Part 2 paper tests on knowledge of Clinical Problem Solving. Both MCQ papers may be taken at any time after possessing a primary medical qualification from Medical School in Hong Kong or other qualification which deemed equivalent by HKICBSC. Each paper stands alone; candidates will be awarded either a pass or fail. Trainees must start Basic Surgical Training within 3 years after passing the Parts 1 or 2, whichever is taken the latest, otherwise trainees have to retake the examinations before they are eligible to take the Part 3 Examination. Both papers must be passed before trainees may enter the Part 3 Examination.

- **Part 3**

  After a minimum of six months of Basic Surgical Training, trainees may apply for sitting the Part 3 Examination which is an Objective Structured Clinical Examination (OSCE). The OSCE consists of 16 stations and is divided into 2 broad content areas of Basic & Applied Science, as well as Communication and Clinical as follows:-

  1. Basic & Applied Science
     - i. Basic & Surgical Anatomy
     - ii. Basic & Surgical Anatomy
     - iii. Basic & Surgical Anatomy
     - iv. Pathology
     - v. Critical Care
     - vi. Critical Care
     - vii. Technical Skills
     - viii. Pre-assessment (Anaesthetic & Surgical) Clinic/ Patient Safety/MISC

  2. Communication & Clinical
     - i. Communication with Senior or a colleagues from other departments
     - ii. Communication with patient/relative: history taking/ breaking bad news
     - iii. Communication (Informed consent)
     - iv. Clinical (Head & Neck)
     - v. Clinical (Orthopaedics)
vi. Clinical (Breast/lump & buns/plastic)
vii. Clinical (Vascular)
viii. Clinical (Abdomen and Hernia)

8.2 Basic Surgical Trainees MUST PASS all parts of MHKICBSC Examination within four years counting from the commencement date of Basic Surgical Training. Those who cannot do so will be removed from the Surgical Training.

9. Hospitals Accredited for Basic Surgical Training

9.1 During Basic Surgical Training, trainees normally rotate through a series of posts to include as many surgical specialties and disciplines as possible. The following are the recognized training centres in various specialties:

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<tr>
<th>SPECIALTY</th>
<th>HOSPITALS</th>
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<td>Accident &amp;</td>
<td>Alice Ho Miu Ling Nethersole Hospital</td>
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<td>Emergency</td>
<td>Caritas Medical Centre</td>
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<td>Pamela Youde Nethersole Eastern Hospital</td>
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<td>United Christian Hospital</td>
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<td>Yan Chai Hospital</td>
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<td>Cardiothoracic</td>
<td>Queen Mary Hospital</td>
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<td>Surgery</td>
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<td><strong>Tuen Mun Hospital</strong></td>
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<td>General Surgery</td>
<td>Caritas Medical Centre</td>
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<td>North District Hospital / Prince of Wales Hospital /</td>
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<td>Alice Ho Miu Ling Nethersole Hospital</td>
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<td>Specialty</td>
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<td><strong>Neurosurgery</strong></td>
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<td>Tuen Mun Hospital</td>
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<td><strong>Orthopaedics &amp; Traumatology</strong></td>
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<td><strong>Otorhinolaryngology</strong></td>
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<td>United Christian Hospital / Tseung Kwan O Hospital</td>
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<td>Yan Chai Hospital / Kwong Wah Hospital / Princess Margaret Hospital</td>
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</table>
**Paediatric Surgery**  Prince of Wales Hospital *(Clustering hospitals: Alice Ho Miu Ling Nethersole Hospital / North District Hospital / Princess Margaret Hospital / Tuen Mun Hospital / Pok Oi Hospital)*
Queen Elizabeth Hospital *(Clustering hospital: United Christian Hospital / Tseung Kwan O Hospital)*
Queen Mary Hospital *(Clustering hospitals: Kwong Wah Hospital / Pamela Youde Nethersole Eastern Hospital)*

**Plastic Surgery**  Kwong Wah Hospital / Queen Elizabeth Hospital
Prince of Wales Hospital / Tuen Mun Hospital
Queen Mary Hospital / Tung Wah Hospital

**Urology**  Pamela Youde Nethersole Eastern Hospital
Princess Margaret Hospital / Caritas Medical Centre
Prince of Wales Hospital / North District Hospital /
Alice Ho Miu Ling Nethersole Hospital
Queen Elizabeth Hospital
Queen Mary Hospital / Kwong Wah Hospital /
Tung Wah Hospital
Tuen Mun Hospital / Pok Oi Hospital
United Christian Hospital / Tseung Kwan O Hospital
II HIGHER SURGICAL TRAINING

1. Introduction:

1.1 The training programme is formally structured and is approved by the Council of the College. It is also endorsed by the Hong Kong Academy of Medicine.

1.2 A higher surgical trainee, upon successful completion of the training programme and passing the exit examination, will be recommended to the Hong Kong Academy of Medicine to become a Fellow of the Hong Kong Academy of Medicine.

2. Requirement for Entry to Higher Surgical Training in Otorhinolaryngology

2.1 Upon completion of Basic Surgical Training and passing the Intermediate Examination, trainees may apply for membership of the Hong Kong College of Otorhinolaryngologists before they could enter into Higher Surgical Training in Otorhinolaryngology.

2.2 Higher Surgical Training requires a minimum of 4 years.

2.3 After completion of Higher Surgical Training, trainees can become Fellows of the College after successfully passing the Exit Examination.

2.4 Higher trainees must be pre-registered with the Hong Kong College of Otorhinolaryngologists before entering the training programme. A register of higher surgical trainees is maintained at the College Secretariat.

2.5 Registration, which includes an annual fee, is applicable to higher trainees until they pass the exit examination.

3. Requirement of Training Centre:

3.1 All training centres must provide training programme for trainees to the satisfaction of the College.

3.2 All training centres are required to be inspected by the College from time to time for their eligibility as training centers.

3.3 Each training center must fulfill the following requirements:

3.3.1 must be staffed by at least 2 full time trainers who must be fellows of the Hong Kong Academy of Medicine in Otorhinolaryngology;

3.3.2 24-hour emergency admission;
3.3.3 24-hour radiology and laboratory services;
3.3.4 a library with satisfactory number of international ENT journals;
3.3.5 regular quality assurance activities;
3.3.6 temporal bone dissection facilities;
3.3.7 speech therapy services;
3.3.8 audiology services;
3.3.9 A satisfactory training programme for the higher trainee

4. **Requirement of Trainer:**

4.1 Those who want to become trainers need to apply to the Education Committee of the College for assessment and appointment.

4.2 Trainers must satisfy the following requirements:

4.2.1 Trainers must be fellows of The Hong Kong College of Otorhinolaryngologists and fellows of the Hong Kong Academy of Medicine in Otorhinolaryngology or holders of other equivalent qualifications approved by the College.

4.2.2 Trainers should have at least 2 years working experience in a training centre after obtaining the fellowship of the College or other approved qualifications.

4.2.3 The minimum requirement of a part-time trainer is commitment of at least five half-day sessions per week in a training centre. Appointed part-time trainers could be counted in the trainer to trainee ratio. Two part-time trainers might team up to monitor the training of one higher surgical trainee.

4.3 The performance of trainers is monitored by the College and the appointment of trainers is subjected to review by the College.

5. **Training Post:**

5.1 The number of higher surgical training posts in a training centre depends on the following factors:
5.1.1 The higher surgical trainee to trainer ratio should not be greater than 1:1.

5.1.2 The recommended number of operating sessions per week is 2 or more per higher surgical trainee.

5.1.3 The number of acute beds should be more than one per higher surgical trainee. The number of acute beds of basic and higher surgical trainee should be counted separately.

5.1.4 A minimum annual workload of 200 operative procedures of intermediate to high level of skill (with a minimum of 50 procedures of high level of skill) as defined in the logbook summary of the College per higher surgical trainee.

5.1.5 The available higher surgical training post from all training centres will be adjusted by the College from time to time according to the demand for Otorhinolaryngologists in Hong Kong based on the following factors:

5.1.5.1 Available posts for the Otorhinolaryngologists from all private and public institutes.

5.1.5.2 Available number of operative procedures per specialist per year.

5.2 Training centres are not allowed to have the number of higher surgical trainee more than the maximal number of accredited higher surgical training posts.

5.2.1 Trainee who has passed the Intermediate Examination and is working in the training centre is considered to be occupying a higher surgical training post.

5.2.2 Trainee who is taking remedial training programme is considered to be occupying a higher surgical training post.

5.2.3 Visitor who does not have higher degree and is undergoing higher surgical training with clinical duty in the training centre is considered to be occupying a higher surgical training post.

5.2.4 Visiting clinical fellows who are observers without clinical duties are not considered to be occupying higher surgical training posts.
6. **Training Programme:**

6.1 There should be ample opportunities for trainees to observe, manage, and assume responsibility for the investigation and treatment of patients suffering from a variety of otorhinolaryngological diseases.

6.2 A trainee should acquire during the period of training the ability to obtain precise, reliable and thorough medical histories, elicit clinical signs and use appropriate drugs to treat various pathologies related to otorhinolaryngology; demonstrate sufficient experience and exposure in appropriate operative procedures in the management of diseases related to otorhinolaryngology.

6.3 The knowledge required can be addressed by competence in the following areas:

- **Rhinology**: including allergy, endoscopic surgery, etc.
- **Otology**: including middle ear surgery, etc.
- **Laryngology**: including microlaryngeal surgery, different types of laryngectomy, etc.
- **Head & neck oncology**: including major resection of head & neck cancer and reconstruction of defects, etc.
- **Neuro-otology**: including acoustic neuroma surgery, etc.
- **Audiology**: including hearing test assessments, otoacoustic emission test, etc.
- **Oro-maxillofacial surgery**: including maxillofacial trauma, cleft lip and palate, etc.
- **Facial plastic and reconstructive surgery**: Please refer to the 'Facial Plastic And Reconstructive Surgery Pre-fellowship (Higher) Training Curriculum of The Hong Kong College of Otorhinolaryngologists’ (Appendix I) for further details). The curriculum would be formally incorporated into the Training Guidelines in July 2017.
- **Paediatric otolaryngology**: including congenital malformation of ear, nose and throat, etc.
- **other related areas**: including sleep apneas management, etc.
6.4 The list of procedure for each successive year of training is indicated below

<table>
<thead>
<tr>
<th>TRAINING YEARS</th>
<th>OBJECTIVE</th>
</tr>
</thead>
</table>
| Up to Year 3   | Routine physical examination  
                 Basic knowledge in speech & hearing science  
                 Endoscopic / fibreoptic examination  
                 Use of Microscope  
                 Ear toilet  
                 Nasal packing  
                 Drainage of peritonsillar abscess  
                 Myringotomy and grommet  
                 Close reduction of nasal fracture  
                 Biopsy of nasopharynx  
                 Nasal cautery for epistaxis  
                 Antral washout  
                 Ear Syringing  
                 Removal of foreign body  
                 Excision of lumps  
                 Sinoscopy  
                 Tonsillectomy and adenoidectomy  
                 Turbinectomy  
                 Rigid endoscopy (including Direct laryngoscopy, oesophagoscopy)  
                 Excision of preauricular sinus  
                 Tracheostomy |
| Year 4         | Microlaryngoscopy  
                 Submucosal resection of nasal septum and septoplasty  
                 Myringoplasty / tympanoplasty  
                 Uvulopalatopharyngoplasty |
| Year 5         | Laser surgery of the airway  
                 Endoscopic sinus surgery  
                 Mastoidectomy  
                 Ossicular chain reconstruction |
| Year 6         | External sinus operations for infection and cancer  
                 Laryngectomy and voice rehabilitation  
                 Neck dissection  
                 Thyroidectomy  
                 Maxillary artery ligation  
                 Maxillofacial plating  
                 Rhinoplasty  
                 Stapedectomy  
                 Surgery for salivary gland |
6.5 On completion of the higher surgical training, a trainee must have acquired minimum surgical experiences as chief surgeon of 50 procedures of high level of skill and 150 procedures of intermediate level of skill as defined in the logbook summary of the College. Please refer to the 'Minimum requirements of surgical experiences as chief surgeon of trainees before sitting final examination of The Hong Kong College of Otorhinolaryngologists' (Appendix II) for further details.

6.6 Trainees are required to perform at least 25 temporal bone dissection procedures under supervision and documented them in the logbook during their higher surgical training.

6.7 Other cadaveric dissections, e.g. on the sinuses, are also encouraged for training.

6.8 Trainees are required to attend at least one and preferably both practical training courses on temporal bone dissection and endoscopic sinus surgery.

7. Research:

7.1 A trainer should provide supervision and assistance to the trainees to undertake research projects.

7.2 A trainee is required to submit a research project title and protocol to the College for approval within 12 months after starting higher surgical training.

7.3 Each trainee is required to complete at least one research project and to present the result of the research project at least once in the annual scientific meeting of the College.

8. Monitoring of Training:

8.1 Each trainee entering into the training programme has to be approved by the College and occupies one of the recognized training posts as accredited by the College.

8.2 The College maintains, and updates every 6 monthly a central registry of trainees who occupy the recognized training posts.

8.3 Each trainee possesses a logbook of the College recording the operative procedures performed, mortality and morbidity arising from the procedures, supervised temporal bone and Functional Endoscopic Sinuses Surgery dissections practised on cadaveric specimens, and academic activities including publication and research, presentation at meetings and attendance at courses.
8.4 Every 3 months trainees will have an interview face-to-face assessment with trainers for ongoing training assessment.

8.5 Every 6 months, logbooks will be assessed by trainees’ mentor. A Logbook Summary, Mentor Assessment Form and 2 case reports should be sent to the College for assessment of training.

8.6 Trainees must have completed at least 4 years of accredited Higher Surgical Training before sitting the exit examination.

9. **Overseas Training:**

9.1 Any trainees who wish to undertake overseas elective training must apply to the College for prior approval.

9.2 Details of the training programme, including the training centre, the duration, the objective of the training, have to be submitted and will be vetted by the College on a case by case basis.

9.3 On completion of training, trainees are required to submit a training report through their supervisor for accreditation of training by the College.

9.4 Overseas training as an observer could only be accredited up to 3 months.

10. **Rotation of Training:**

10.1 Trainees are required to have completed at least 3 months’ rotation to other accredited training centres before taking the exit examination.

10.2 Overseas training may be taken in lieu of rotation to local accredited training centres but prior approval has to be obtained from the College.

11. **Interrupted Training:**

11.1 Trainees are entitled to have interruption of training due to annual vacation leave, compassionate leave, sick leave and maternity leave. All other leaves require approval of the College.

11.2 Special leaves for conference, training course and examination are considered part of the training programme and are not considered as interruption or suspension of training.

11.3 If the total entitled leave exceeds 24 weeks (168 days) during the 4 years of Higher Surgical Training, additional training will be required to compensate for those periods beyond 24 weeks.
11.4 All non-entitled or unapproved leave or interruption of training is required to be compensated with additional training period of same duration.

11.5 A trainee, who has prolonged leave or interruption of training for more than 3 years, be it entitled or non-entitled leave, is required to restart the training from the first year of the higher training programme.

11.6 The whole higher training programme must be finished within 7 years from the date of the registration as higher trainee of the College. A trainee who fails to finish the higher training within 7 years will be considered to have ineffective higher training and be removed from the training post registry of the College.

12. **Exit Examination:**

12.1 After completion of the 4 years of higher surgical training, trainees should submit their logbook summary, mentor’s report, case reports, research project report or publication to the College for the final assessment of their training. Trainees are permitted to take the exit examination after passing the final assessment by the College.

12.2 The College may allow a trainee to apply for final assessment and sit the Exit Examination if he/she has completed 42-months (3.5 year) of satisfactory higher training up to the date when the applicant signs the application form. Upon passing the Exit Examination, the conferment of the fellowship however will be given after the trainee has completed the 4 years full time training.

12.3 Trainees who fail the final assessment of the College are required to take remedial training programme approved by the College before sitting the Exit Examination.

12.4 After satisfactory completion of the 4 years of higher surgical training, a trainee is allowed to sit the Exit Examination within a period of up to a maximum of 24 months without further training.

12.5 Those who apply to sit the Exit Examination beyond 24 months are required to have completed to the satisfaction of the College a pre-approved remedial training programme in a recognized higher surgical training centre for a minimum of 6 months within one year prior to any further attempt of Exit Examination.
12.5.1 The remedial training programme must be submitted to the College education committee for prior approval before the starting date. Retrospective accreditation is not allowed.

12.5.2 Trainee undergoing the remedial training programme is considered to be occupying a higher surgical training post of the training centre.

12.5.3 The remedial training programme must have a minimum of 4 sessions per week for 6 months including a minimum of 2 operative sessions per week and one outpatient session per week. Longer duration of remedial training with proportional adjustment of weekly operative and out-patient session can be approved.

12.5.4 There should be a minimum exposure of 100 procedures of intermediate to high level of surgical skill.

12.5.5 The programme should include outpatient service, emergency on call duty, attendance to all educational activities including journal review, pathology meeting, radiology meeting, mortality and morbidity meeting and research meeting.

12.5.6 The trainee must go through all continuing assessment same as other higher surgical trainee in their normal course of training including the regular interview with mentor and submission of mentor assessment report, logbook summary and 2 case reports.

12.6 All trainees are allowed to sit the Exit Examination up to 5 years after completion of the 4 years of higher surgical training.

12.7 The Exit Examination is held at an interval decided by the College. Details of the examination dates can be obtained from the College Secretariat.

12.8 Successful candidates of the above examination would be elected to full fellowship of the Hong Kong College of Otorhinolaryngologists. They would be recommended for nomination to fellowship of the Hong Kong Academy of Medicine.

13. Examination Board:

13.1 A board of examiners is appointed by the Education Committee to oversee the conduct and standard of the Exit Examination upon completion of training.

13.2 External examiners are involved in the Exit Examination.
14. **Appointment of Local Examiner:**

14.1 Fellows who want to be local examiners need to submit their application to the College.

14.1.1 Applicants must be fellows of the Hong Kong Academy of Medicine in Otorhinolaryngology for at least 6 years and is in Consultant, Associate Professor, Professor or equivalent level of practice at the time of application.

14.1.2 Applicants must have attended Examiners' Course of the Royal College of Surgeons of Edinburgh.

14.1.3 Preference will be given to those with a keen interest and involvement in education and the development of higher surgical training in Otorhinolaryngology.

14.1.4 The term of office of Examiners is 8 years and may be reappointed on the expiry of the term of office.

14.1.5 It is not necessary for the Examiners to be in Consultant or equivalent level of practice at the time of re-appointment.

14.2 The number of examiners required is subjected to approval by the College.

14.3 The College may appoint overseas examiners for the Exit Examination.

15. **Accredited Higher Surgical Training Centers:**

15.1 The following hospitals are recognized higher surgical training centres in Otorhinolaryngology:

- Alice Ho Miu Ling Nethersole Hospital / Prince of Wales Hospital
- Pamela Youde Nethersole Eastern Hospital
- Queen Elizabeth Hospital
- Queen Mary Hospital / Tung Wah Hospital
- Tuen Mun Hospital
- United Christian Hospital / Tseung Kwan O Hospital
- Yan Chai Hospital / Kwong Wah Hospital /
- Princess Margaret Hospital
16. **Recognized Overseas Training Qualification:**

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Post-qualification training required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma of American Board of Surgical Specialty in Otorhinolaryngology</td>
<td>1 year of higher training in local accredited training centres</td>
</tr>
<tr>
<td>Fellow of the Royal Australasian College of Surgeons in Otorhinolaryngology</td>
<td>Same as above</td>
</tr>
<tr>
<td>Fellow of the Royal College of Surgeons of Canada in Otorhinolaryngology</td>
<td>Same as above</td>
</tr>
<tr>
<td>Fellow of the Royal College of Surgeons of Edinburgh in Otolaryngology</td>
<td>3 years of higher training. At least one year must be done in local accredited training centres. Overseas training will be vetted by the College Education Committee and can be accepted up to maximum of 2 years provided that it is of comparable standard to our training in local accredited training centres.</td>
</tr>
<tr>
<td>Associate Fellow of Royal College of Surgeons of Edinburgh</td>
<td>4 years of higher training. At least one year must be done in local accredited training centres. Overseas training will be vetted by the College Education Committee and can be accepted up to maximum of 3 years provided that it is of comparable standard to our training in local accredited training centres.</td>
</tr>
<tr>
<td>Fellow of the Royal College of Surgeons of England in Otorhinolaryngology</td>
<td>3 years of higher training. At least one year must be done in local accredited training centres. Overseas training will be vetted by the College Education Committee and can be accepted up to maximum of 2 years provided that it is of comparable standard to our training in local accredited training centres.</td>
</tr>
<tr>
<td>fellowship</td>
<td>qualification</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>Fellow of the Royal College of Physicians &amp; Surgeons of Glasgow</td>
<td>F.R.C.S. (Glasg) up to year 2000</td>
</tr>
<tr>
<td>Fellow of the Royal College of Surgeons of Ireland in Otorhinolaryngology</td>
<td>FRCS(Ire) up to year 2000</td>
</tr>
<tr>
<td>Fellow of the South African College of Surgeons in Otorhinolaryngology</td>
<td>FCS(SA) up to year 2000</td>
</tr>
<tr>
<td>Intercollegiate Specialist Examination in ORL(UK)</td>
<td>–</td>
</tr>
</tbody>
</table>

17. **Appeal Committee:**

17.1 The College has an Appeal Committee to handle appeals on the result of examination or accreditation of training.
FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY PRE-FELLOWSHIP (HIGHER) TRAINING CURRICULUM

[Note: This document should be read in conjunction with the Guidelines for Higher Surgical Training in Otorhinolaryngology]

Brief description of training objectives

✈ An adequate exposure to facial plastic and reconstructive surgery (FPS) is recommended during the 4 years of higher surgical training program in Otorhinolaryngology – Head and Neck Surgery.
✈ The exposure may involve both clinic and operative experience provided by the training hospitals or a good understanding of the principles of clinical and operative facial plastic surgery via lectures, courses or overseas attachments. All higher surgical trainees are recommended to understand the principles in facial trauma management.

Basic science in facial plastic surgery

✈ A thorough understanding of gross anatomy of the head and neck region and facial proportions related to facial plastic surgery
   ➢ Including the ears, nose, eyelids, scalp, facial bony skeleton, neck and the facial nerve
✈ A good understanding of the embryologic development of the ear, nose, and face.
✈ Knowledge of the basic physiology of skin and wound healing
✈ Principles in skin grafting, local flaps and free tissue transfer
✈ Understand the physiology of aging skin, actinic changes, and principles in skin resurfacing, scar revision and tissue expansion.

Core clinical knowledge

✈ Pathogenesis, pathophysiology, psychology, and treatment of various facial plastic and reconstructive disorders
   ➢ Bony and soft tissue injury and trauma in head and neck
   ➢ Benign and malignant skin lesions and local flap reconstruction
   ➢ Microtia and auricular deformities
   ➢ Congenital and traumatic nasal deformity
   ➢ Facial paralysis and management
   ➢ Scars and management
   ➢ Lasers and application to skin conditions
   ➢ Craniofacial anomalies
Diagnosis and Management of facial plastic emergencies
- Hematoma after rhytidectomy or approach in head and neck surgery
- Epistaxis after rhinoplasty/nasal reconstruction
- Retro-orbital hematoma after blepharoplasty/eyelid procedures
- Microvascular free flap failure

Diagnostic skills
- Ability to obtain a good history in facial plastic conditions
- Ability to complete a full otolaryngological physical examination
- Ability to evaluate and interpret additional diagnostic tests
  - Imaging studies
  - Photographic documentation (eg. Rhinoplasty)
- Ability to create a rational differential diagnosis for various facial plastic and reconstructive problems

Medical management
- Understanding the prevention of certain facial plastic and reconstructive adverse conditions
- Understanding medical management of various facial plastic and reconstructive conditions
- Nasal valve collapse and its management
- Facial paralysis rehabilitation
  - Physical therapy and evaluation
- Develop proper referral skills to other subspecialties
  - Allergy
  - Dermatology
  - Head and neck surgery
  - Neuro-otology
  - Oral and maxillofacial surgery
  - Oculoplastic surgery
  - Pain medicine
  - Psychiatry/psychology
  - Rhinology

Surgical experience (if available) or a good understanding of the surgical principles of Facial Plastic Surgery
- A good understanding of the principles of evaluation of patients for surgical treatment of facial plastic and reconstructive issues
  - Selection of suitable patients
  - Assessment of co-morbidities
  - Appropriate pre-operative medical management and optimization of surgical patients
- Appropriate pre-operative investigations (i.e. imaging studies, photographic documentation, etc)
- Assessment of patient expectations
- Determining the goal of the operations

- An understanding of the preoperative preparation and planning for facial plastic procedures
- An understanding of the facial plastic procedures and the sequence of surgery if more than one surgery is performed in the same setting.
- An understanding of the management of intra-operative and postoperative complications
- An understanding of the principles of postoperative care and monitoring

**Specific Surgical Procedures**

- Upon completion of higher surgical training in otorhinolaryngology – head and neck, the trainees should have sound knowledge in the following facial plastic and reconstructive procedures:
  - Closed reduction nasal fracture
  - Local and regional flap reconstruction of cutaneous defects
  - Full-thickness and split-thickness skin graft reconstruction of cutaneous defects
  - A good understanding of the principles of open reduction internal fixation midface fractures
  - A good understanding of Facial reanimation procedures
    - Both static and dynamic
  - A good understanding of the principles of Rhinoplasty
  - Septoplasty
  - An understanding of the principles of Nasal valve repair
  - Scar revision (e.g. keloid and hypertrophic scar)
  - A sound knowledge of the principles of Otoplasty/Microtia repair
  - A sound knowledge of the principles of Microvascular free flap reconstruction

- A graduated experience and increase in responsibility are expected with advancing years of otorhinolaryngology – head and neck training. The higher surgical trainees will have increasing responsibility for diagnosis, medical management, and surgical treatment for facial plastic and reconstructive problems.

- By the end of the second year of higher surgical training in otorhinolaryngology – head and neck surgery, the trainees should be able to demonstrate:
  - Competence in basic diagnostic skills, basic science and clinical core knowledge in facial plastic surgery, as well as understanding of true emergencies in this field
  - Ability to clinically and radiologically evaluate a facial trauma patient, to recognize common fracture types, recognize when it is appropriate to intervene surgically, and appropriate consultation for patient management
- A good understanding of the principles of surgical approaches to visualize a facial fracture and provide appropriate exposure for open reduction and internal fixation (ORIF).
- Ability to analyze the nose in terms of both cutaneous reconstruction and rhinoplasty
- Ability to analyze the face in terms of subunit analysis and (aging/congenital) deformities
- A good knowledge of the application of facial plastic and reconstructive surgical instruments
- Competence in performance of closed reduction nasal fracture
- The ability to perform limited dynamic nasal function analysis
- Ability to discuss appropriate incision placement for open rhinoplasty and understands common complications of rhinoplasty
- Understanding the principles of skin resurfacing (eg. Rhinophyma)

By the end of the fourth year, the higher surgical trainees should be able to demonstrate:
- Competence in the evaluation and treatment planning for cutaneous defect repair
- Competence in the evaluation and treatment planning in patients with facial paralysis
- A thorough understanding of the principles of open septorhinoplasty including appropriate pre-operative evaluation with correlation of examination to underlying structural etiologies and a surgical plan to correct these abnormalities.
- A thorough understanding of the principles in the evaluation and the formulation of treatment plan for uncomplicated facial fractures.
Minimum requirements of surgical experiences as chief surgeon of trainees before sitting final examination of
The Hong Kong College of Otorhinolaryngologists

Minimum number of intermediate and high skill procedures = 200
Minimum number of high skill procedures = 50
Minimum number of index procedures:
Mastoidectomy = 10
FESS = 30
High skill Head and Neck Procedures = 10
Intermediate skill Head and Neck Procedures = 20
Myringoplasty = 40
SMR/septoplasty = 20
ML for benign vocal cord lesions = 20
Tonsillectomy = 30
Tracheostomy = 20

#1 It is the College’s mission to ensure all fellows of our College must have the expected minimum standard of specialist knowledge and surgical skills in Otorhinolaryngology to provide professional medical care of patients in the community comparable with the expected standard internationally and medico-legally by peers and patients.

#2 This is a minimum requirement, not the maximum. Trainees are preferably to be able to obtain more than the minimum required surgical experiences including non-index procedures as a professional.

#3 ENT procedures performed during BST period or during training period in other surgical specialty can also be counted (e.g. tracheostomy while doing general surgery).

#4 The minimum requirement is an objective pre-requisite requirement for final examination for all HST recruited starting from 1 January 2013. The minimum number will not be compulsory pre-requisite requirement for final examination of existing HST recruited before 1 January 2013. The surgical experiences of current HST trainees however should not be too much below the minimum number as it is an objective reference for assessment of satisfactory completion of training of a trainee before he/she is allowed to sit the final examination.

#5 The minimum number of procedure and the list of index procedures will be re-evaluated every two years to match the changes in disease pattern, mode of clinical practice and expectation of minimum standard of professional service provided by an ENT specialist by the peers and patients.

Endorsed by HKCORL Council at 181st meeting on 8 October 2012