Hong Kong College of Orthopaedic Surgeons:

Annual Competency Review (ACR)



,			
Trainee:			
Year of Training:		Year of training to be	
		promoted to:	
Training Period From:	To:		
Hospital / Venue:			
Training Director /			
Designated Person:			
Trainer 1:		Trainer 2:	
Trainee's Reflection of this			
Specific area in which I wish	to receive feedback:		
What had I achieved this ye	ar?		
•			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
What can be improved?			
Feedback from Training Dir	ector / Designated Person and Tr	ainers:	
Feedback 1:			
Feedback 2:			
Feedback 3:			
r ecaback or			
<u> </u>			
<u>Check list</u>			
 Number of EPA complete 			
 Mandatory courses or ed 			
•	: Bioskill Workshop ()		
2. Basic microsurger			
	ourse (AO or AADO fracture course	e) ()	
4. ATLS course (•		
	ve Management of Unstable Pelvic	• • • • • • • • • • • • • • • • • • • •	
 Research projection projection 	gress: Introduction () Methodo	logy () Result () Dis	scussion ()
• Oral presentation (1		
 Publish one orthopaedic 	related scientific paper in HKCOS a	ccredited peer-reviewed journ	nal ()
Recommendation:			
	s and the development of compete	encies at the expected rate	
	pecific competencies required – ac	•	
	ning programme with or without:		.quirea
	ice presented – addition training t		ested Duration:
d) Incomplete eviden	ce presented – addition training t	ille may be required (Sugge	sted Duration.
Additional Comments			
Action Plan for the coming ye	ar		
Signature:			
Signature.			
Trainee	Training Director /	Trainer 1	Trainer 2
	Training Director /		
Date:	Designated Person	Date:	Date:
	Date:		