



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

Application for Trainers / Honorary Trainers in O&T

Job Description / Requirements:

1. Fellows of the Hong Kong College of Orthopaedic Surgeons (the “College”) with 2 years’ qualification of post-fellowship are eligible for application. The application will be vetted by the College Education Committee during the regular meeting of Education Committee. The status of trainer will be effective on the date of approval of the application.
2. The appointment will be for 3 years or less in accordance to the CME/CPD cycle of the Hong Kong Academy of Medicine and is renewable.
3. A Trainer is responsible to provide and supervise the training of orthopaedic trainees.
4. A Trainer will work under the supervision of the College Education Committee.
5. A Trainer is required to keep an annual record of the training activities and the trainees under his/her direct supervision.
6. The performance is subjected to regular evaluations by the College.
7. A Trainer is required to obtain additional 10 CME/CPD points per annual CME/CPD return (exemption for Honorary Trainer) from 1 January of the following calendar year of the approval date of the application, preferably including items in the following aspects:
 - quality assurance and audit
 - self study
 - inter-hospital meetings

✉ **Return Address:**

The Secretariat, The Hong Kong College of Orthopaedic Surgeons, Room 905, 9/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
☎ (852) 2871 8722



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS
香 港 骨 科 醫 學 院

APPLICATION FORM FOR TRAINER

SECTION 1 – PERSONAL DATA

Name : _____
(Family Name, Given Names) (In Chinese)

Sex : _____ Date of Birth : _____ (dd/mm/yy)

HKID No. : _____ (optional) MCHK No. : _____

Correspondence Address : _____

Contact No.: _____ Pager No. : _____ Mobile : _____

E-mail Address : _____ Fax No. : _____

Date of Election as Fellow of the Hong Kong College of Orthopaedic Surgeons : _____

SECTION 2 – CURRENT PRACTICE

(Please tick)

- Public (Hospital: _____) Hospital Authority Department of Health
 Private Others *(Please specify)* _____

I agree to comply with College directives in regard to training and the College requirements for a Trainer that may be reviewed from time to time.

Signature: _____ **Date:** _____

Please submit the completed form together with a copy of your CV to the College Secretariat.

For Official Use Only

Received on: _____ Verified by: _____ Date: _____

Discussed by EC on: _____ Application Successful Yes No

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