



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

**HKCOS Orthopaedic Rehabilitation Subspecialty Exit Assessment 2021**

The Orthopaedic Rehabilitation Subspecialty Board would hold its 14<sup>th</sup> Exit Assessment on 8 October 2021. The final schedule will be subject to further confirmation.

During the Assessment, our Assessors would discuss and evaluate candidates in the following aspects related to their capacity in providing quality service to patients in rehabilitation facilities:

1. Knowledge and Experience in providing service to patients in his/her respective Rehabilitation Training Centre.
2. Ability for Quality Assurance in Rehabilitation Service: setting of rehabilitation goals for individual patients, outcome assessment and performance auditing.

Trainees who wish to take part in the Exit Assessment need to fill in the attached application form and mail it together with:

1. A copy of the trainees' dissertation on a chosen project with direct supervision from an Orthopaedic Rehabilitation Subspecialty Trainer.
2. A cheque of HKD10,000 payable to "The Hong Kong College of Orthopaedic Surgeons" as the assessment fee.

The deadline for application would be **20 August 2021**.

For the application procedures and details, please contact the College Secretariat or visit the College website [www.hkcos.org.hk](http://www.hkcos.org.hk).

Dr. NG Ka-ho  
Chairman, Orthopaedic Rehabilitation Subspecialty Board  
The Hong Kong College of Orthopaedic Surgeons

4 June 2021



**THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS**

**香 港 骨 科 醫 學 院**

**REHABILITATION IN  
ORTHOPAEDIC SURGERY**

**APPLICATION FORM for EXIT ASSESSMENT**

Last name of candidate \_\_\_\_\_  
(in BLOCK LETTERS)

Other names in full \_\_\_\_\_  
(in BLOCK LETTERS)

HKID No. \_\_\_\_\_ Sex \_\_\_\_\_

Date of full registration with the  
Medical Council of Hong Kong (if applicable) \_\_\_\_\_ (dd/mm/yy)

MCHK Registration No. \_\_\_\_\_

Admission date as Fellowship of the HKCOS \_\_\_\_\_

Full postal address \_\_\_\_\_  
(for assessment notice)  
\_\_\_\_\_  
\_\_\_\_\_

Telephone no. \_\_\_\_\_ Mobile/Pager no. \_\_\_\_\_

E-mail address \_\_\_\_\_

I wish to apply for the Exit Assessment in Orthopaedic Rehabilitation commencing on .....

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: APPLICATION FORMS / DOCUMENTS / CERTIFICATES BY FAX WILL NOT BE  
ACCEPTED.**

## RECORD OF TRAINING

1. Minimum of twelve months' training in an approved post in Basic Orthopaedic Rehabilitation :

Hospital	From (dd/mm/yy)	To (dd/mm/yy)	Name of Supervisor	Signature & Official Chop of Hospital

2. Minimum of twelve months' hands on training in Advanced (Post-fellowship) Orthopaedic Rehabilitation (including Spinal Cord and Amputees) :

Hospital	From (dd/mm/yy)	To (dd/mm/yy)	Name of Supervisor	Signature & Official Chop of Hospital

3. Attendance in Seminars and Workshops organized by the HKCOS:

Date	Topic	Training Points

# REQUIREMENTS

## **Listing of Publication(s)**

(provide photocopy)

Title of paper

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Journal name

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Volume / Page

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Name of author(s)

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## CHECK LIST OF ASSESSMENT REQUIREMENTS

To be completed by the Training Director/Trainer of the trainee.

I confirm that \_\_\_\_\_ is a rehabilitation trainee of my department. His relevant training requirements are listed below: (Please tick [])

- |  | Yes                          | No                           |
|--|------------------------------|------------------------------|
| 1. He/She is currently a registered medical practitioner of the Medical Council of Hong Kong.  | [ <input type="checkbox"/> ] | [ <input type="checkbox"/> ] |
| 2. He/She has successfully completed 2 years of Orthopaedic Rehabilitation Subspecialty Training of which at least one year must be taken after obtaining the Fellowship of the HKCOS. | [ <input type="checkbox"/> ] | [ <input type="checkbox"/> ] |
| 3. He/She has acquired satisfactory attendance in seminars and workshops organized by the HKCOS.   | [ <input type="checkbox"/> ] | [ <input type="checkbox"/> ] |
| 4. He/She has undertaken one research project, the details of which will be submitted with his/her application.  | [ <input type="checkbox"/> ] | [ <input type="checkbox"/> ] |
| 5. He/She has acquired the necessary number of Training Points required by the HKCOS.  | [ <input type="checkbox"/> ] | [ <input type="checkbox"/> ] |
| 6. Remarks (mandatory if any of the above is “No”)   |                              |                              |

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I would like to recommend him/her to sit for the coming Exit Assessment in Orthopaedic Rehabilitation organised by the Hong Kong College of Orthopaedic Surgeons.

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Name of Training Director/Trainer                      Signature of Training Director/Trainer                      Date