

# THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS AND THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH



THE ROYAL  
COLLEGE OF  
SURGEONS  
OF EDINBURGH

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## **\*\* IMPORTANT NOTICE \*\***

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1. The examination is organized and conducted by the Hong Kong College of Orthopaedic Surgeons in Hong Kong. Successful examination candidate will be awarded with Fellowship of the Hong Kong College of Orthopaedic Surgeons (FHKCOS) provided that the candidate fulfils all the college training requirement. The successful candidate will also be awarded with Fellowship of Royal College of Surgeons of Edinburgh in Orthopaedics [(FRCS(Edin) Orth)] provided that the examination fulfilled the requirement of the Royal College of Surgeons of Edinburgh.

In the extra-ordinary event that the examination cannot be conducted in the originally planned format, the Hong Kong College of Orthopaedic Surgeons reserves the right to cancel or defer the examination, or to change the format of the examination while keeping the same dates, according to prevailing changed conditions, before the commencement of the examination. In the latter situation that the format is changed, the Hong Kong College of Orthopaedic Surgeons will still award the successful candidates with FHKCOS, while the decision whether to award the successful candidates with FRCS(Edin) Orth. or not will be made in full consultation with The Royal College of Surgeons of Edinburgh in accordance with prevailing by laws and regulations of both colleges.

2. This application must be returned to the Chief Censor, The Hong Kong College of Orthopaedic Surgeons no later than the closing date together with the necessary documents and full payment of the examination fee. Cheques should be made payable to "The Hong Kong College of Orthopaedic Surgeons".
3. Candidates who has submitted an application form but are subsequently found to be ineligible to enter for the examination will have **80%** of their examination fee refunded. The remains of the **20%** will be charged as administrative fee.
4. Candidates who wish to withdraw from the examination must apply in writing to the College secretariat.
  - (i) The examination fee may be refunded less 20% administration charges, when the written notice is received by the College secretariat prior to the closing date of application.
  - (ii) Half of the examination fee may be refunded, when the written notice is received **after the closing date but** not less than 21 calendar days before the commencement of the examination.
  - (iii) After that date no refund will be made to candidates who withdraw from examination or fail to attend any session of the examination for any reason whatsoever. No allowance will be made for postal or other delays.
5. No change can be made after the dates of the oral and clinical examinations have been allocated.
6. The Log Book must be sent to the office of the Chief Censor within one month of the application deadline.
7. Details of the research project and published paper must be submitted to the Chief Censor before deadline of application. First page of the published paper(s) should be included with the application form.
8. Please make sure that you have paid your annual training fee to the College. Unpaid trainees will not be accepted for the Examination.
9. The application form will not be returned to the trainee and it will be destroyed if the application is unsuccessful.

**THE HONG KONG COLLEGE OF  
ORTHOPAEDIC SURGEONS  
AND  
THE ROYAL COLLEGE OF  
SURGEONS OF EDINBURGH**

Please affix one  
recent passport  
size photo here

**JOINT SPECIALTY FELLOWSHIP EXAMINATION IN ORTHOPAEDIC SURGERY  
APPLICATION FORM  
(2025)**

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

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

Date of birth \_\_\_\_\_ (dd/mm/yyyy) Sex \_\_\_\_\_

Medical school \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

Date of full registration with the Medical Council of Hong  
Kong (MCHK) / National Health and Family Planning  
Commission of the People's Republic of China (NHFPC) \_\_\_\_\_ (dd/mm/yyyy)

Registration number of the MCHK / NHFPC \_\_\_\_\_

Full postal address \_\_\_\_\_  
(for examination notices  
and correspondence) \_\_\_\_\_  
\_\_\_\_\_

Permanent address \_\_\_\_\_  
(if different from above) \_\_\_\_\_  
\_\_\_\_\_

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

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

I wish to apply for the Joint Specialty Fellowship  
Examination in Orthopaedic Surgery commencing on

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

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

# REQUIREMENTS

## **An Intermediate Surgical Qualification acceptable to the HKCOS**

(attach a certified true copy)

Title & Granting Body \_\_\_\_\_

Date of Passing the Examination \_\_\_\_\_ (dd/mm/yyyy)

Date of Admission as a Higher Orthopaedic Trainee of the HKCOS \_\_\_\_\_ (dd/mm/yyyy)

## **Paper Published in Peer-reviewed Journal with First Authorship**

(attach a copy of the front page)

Title of paper \_\_\_\_\_

Journal name \_\_\_\_\_

Volume / Page \_\_\_\_\_

Name of author(s) \_\_\_\_\_

## **Conference Presentation**

(attach a copy of the programme, including the front page and the abstract)

Name of conference \_\_\_\_\_

Organizer \_\_\_\_\_

Venue and Dates \_\_\_\_\_

Title of paper \_\_\_\_\_

Name of author(s) \_\_\_\_\_

Section of the conference where the paper is presented \_\_\_\_\_

## **Research Project** (attach a summary)

Title \_\_\_\_\_

Investigators \_\_\_\_\_

# RECORD OF TRAINING

Candidates must ensure their training rotations satisfy the requirement as stipulated in the training regulations. Candidates shall submit a print out of “Training Rotation Records” and “Summary of Training Requirement” from e-Logbook System, with a certified true copy by the candidate and the training director of corresponding hospital with official chop of the hospital. Alternatively, candidates may fill in the record of training rotation on the designated sheet provided with a certified true copy by the supervisor or training director of corresponding hospital and official chop of the hospital.

## CHECK LIST OF EXAMINATION REQUIREMENTS

To be completed by the Training Director of the trainee.

I confirm that \_\_\_\_\_ is an orthopaedic trainee of my department.

His/Her relevant training requirements are listed below: (Please tick [✓])

	<u>Yes</u>	<u>No</u>
1. He/She is currently a registered medical practitioner of the Medical Council of Hong Kong.	[ ]	[ ]
2. He/She has successfully completed 2 years of Basic Surgical Training in posts approved by the Hong Kong Intercollegiate Board of Surgical Colleges.	[ ]	[ ]
3. He/She has passed an intermediate surgical qualification as stated.	[ ]	[ ]
4. He/She has successfully completed a minimum of 3 and a half-year of the required higher orthopaedic training rotations as detailed in the training requirements of the HKCOS.	[ ]	[ ]
5. He/She has successfully completed 6 months of higher orthopaedic rotation training arranged by the HKCOS.	[ ]	[ ]
6. He/She has acquired adequate operative experience and his/her Log Book will be submitted with this application.	[ ]	[ ]
7. He/She has undertaken one research project, the details of which will be submitted with his/her application.	[ ]	[ ]
8. He/She has acquired the necessary number of Training Points required by the HKCOS.	[ ]	[ ]
9. Remarks (mandatory if any of the above is “No”)		

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to recommend him/her to sit for the coming Orthopaedic Fellowship Examination organised jointly by the Hong Kong College of Orthopaedic Surgeons and the Royal College of Surgeons of Edinburgh. **I also certify that training post will be available for him/her to complete the 48 months of Higher Orthopaedic Training required.**

\_\_\_\_\_  
Name of Training Director

\_\_\_\_\_  
Signature of Training Director

\_\_\_\_\_  
Date