



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

**APPLICATION NOTICE FOR SELECTION INTERVIEW
FOR ADMISSION TO HIGHER ORTHOPAEDIC TRAINING
(JANUARY 2020)**

Application is invited from qualified basic surgical trainees to apply for higher training posts in Orthopaedics and Traumatology.

Requirements

(I) All of the following requirements must be met:

1. Full registration with the Medical Council of Hong Kong and in good standing.
2. Satisfactory completion of a minimum of 24 calendar months of accredited basic surgical training according to the requirements of the College (*please refer to the College's requirements of basic surgical training*).
3. Possesses an acceptable intermediate qualification.

(II) Other qualifications and experiences may also be considered in the evaluation of the application, including: undergraduate/postgraduate degree, other professional medical qualifications, research experience, conference presentations and paper publications.

(III) Please provide the FULL SET OF "HKICBSC Assessment form for Basic Surgical Training" covering your ENTIRE basic surgical training (except the assessment forms for the last 6-month rotation i.e. from July to December 2019 would be excluded). The assessment forms must be submitted in chronological order.

(IV) Please provide the HA Staff Development Reviews (SDR) reports since your first appointment as basic surgical trainee till the end of the latest SDR cycle. For non-HA BST, individual submission of at least 1 completed SDR report (SDR format for HA staff) is required.

(V) Please provide the supporting letters from 3 referees, preferably one of them should be an orthopaedic surgeon, in addition to the other documentations that are required.

(VI) Applicant must apply for the same diet of HA Conjoint Selection Exercise for HST separately. Failure to apply for the Interview either of HKCOS or HA will result in unsatisfactory in the Conjoint Selection Exercise.

Closing Date for Application

The application should reach the College by **15 October 2019 (Tuesday)**.

An acknowledgement will be sent upon receipt of the complete application by the College Secretariat. Applicant shall contact the College Secretariat if he/she does not receive the acknowledgement on or before the closing date for application.

For the application procedures and details, please contact the College Secretariat or visit the College website www.hkc.org.hk. Short-listed candidates would be invited to attend an interview on **26 October 2019**.

Chief Censor
The Hong Kong College of Orthopaedic Surgeons
16 September 2019

The Hong Kong College of Orthopaedic Surgeons (HKCOS) Selection of Higher Orthopaedic Trainees (HOTs)

HKCOS guideline for Basic Surgical Trainees (BSTs) who intend to apply for HOTs post.

- 1. Be a registered as BST under the Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC)**
- 2. Apply for the Higher Surgical Training post (usually before you attempt the intermediate examination) according to the standard procedures of the HA head office (HAHO)**
- 3. At the same time, also apply to the HKCOS for HOT post through the College secretariat**
- 4. Admission Criteria and Selection Procedure of HOT**
(Abstract from the new Training Guidelines from the HKCOS Version 2014, Section 3.3)

Section 3.3.1

The following criteria must be met:

- a. A Hong Kong citizen with a current full registration with the Medical Council of Hong Kong and in good standing.
- b. Completed an accredited Basic Surgical Training programme as described in the "Rules and Regulations For Basic Surgical Trainee", published by the College of Surgeons of Hong Kong
- c. Holds a recognized intermediate qualification.

Section 3.3.2

The selection procedure consists of a structured interview and requires the following documents from the applicant:

- a. An application form and the prescribed fees.
- b. A structured curriculum vitae using a specific form, including information on basic medical qualification, postgraduate qualification(s), number of attempts of examination, training and research experience.
- c. Documentation of a successful pass in a recognized intermediate examination
- d. 6-monthly Assessment Reports of an accredited BST training programs, including documentation of training points and CME points, unless otherwise exempted by the College.

Section 3.3.3

Information supplied by the applicant and the interview will be rated. The selection criteria may be changed from time to time. Potential applicants may obtain the most updated information from the College secretariat.

- 5. The result of the HKCOS selection board will be brought to the HAHO selection board (on Higher Surgical Trainees) for consideration. However, the final decision will depend on the group decision after the selection interview as arranged by the HAHO.**
- 6. This is a guidance note for the basic surgical trainees to facilitate their application to the post of HOT. Full compliance to the recommendation does not guarantee a post of HOT after the basic surgical training.**



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**APPLICATION INSTRUCTIONS FOR SELECTION INTERVIEW
FOR ADMISSION TO HIGHER ORTHOPAEDIC TRAINING
(January 2020)**

- 1) Please fill in all the information required in the application form.
- 2) Certified true copies of your qualification(s) must be provided.
- 3) The appointment by a hospital ***must be certified*** by a responsible person before the respective working or training period could be recognized and registered.
- 4) Please also enclose the certified true copies of (i) Annual Practising Certificate; (ii) Hong Kong Identity Card.
- 5) Please also attach a cheque of **HK\$2,500**, payable to "**The Hong Kong College of Orthopaedic Surgeons**", as the application fee.
- 6) Please provide the FULL SET OF "HKICBSC Assessment form for Basic Surgical Training" covering your ENTIRE basic surgical training (except the assessment forms for the last 6-month rotation i.e. from July to December 2019 would be excluded). The assessment forms must be submitted in chronological order.
- 7) Please provide the HA Staff Development Reviews (SDR) reports since your first appointment as basic surgical trainee till the end of the latest SDR cycle. For non-HA BST, individual submission of at least 1 completed SDR report (SDR format for HA staff) is required.
- 8) Please provide the supporting letters from 3 referees, preferably one of them should be an orthopaedic surgeon, in addition to the other documentations that are required.
- 9) Applicant must apply for the same diet of HA Conjoint Selection Exercise for HST separately. Failure to apply for the Interview either of HKCOS or HA will result in unsatisfactory in the Conjoint Selection Exercise.
- 10) The information you submitted will be assessed for your eligibility for higher orthopaedic training. If you are eligible, you will be invited to a Selection Interview.
- 11) The Selection Interview is an integral part of the application process. Failure to attend the interview will automatically remove your application.
- 12) The Hong Kong College of Orthopaedic Surgeons cannot guarantee that a training position must be granted to any applicant and cannot guarantee to offer any particular number of training positions each year.

The Hong Kong College of Orthopaedic Surgeons will not be able to process any application without complete information and the required documents. Only registered higher trainees will be eligible to sit for the Specialty Fellowship Examination in Orthopaedics and Traumatology after completing the required training.

FOR ANY ENQUIRY, PLEASE CONTACT THE SECRETARIAT ON TEL: 2871 8722 OR FAX: 2873 4077.

APPLICATION SHOULD BE SENT TO:

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



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香 港 骨 科 醫 學 院

APPLICATION FORM FOR SELECTION INTERVIEW
FOR ADMISSION TO HIGHER ORTHOPAEDIC TRAINING (JANUARY 2020)

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

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

HKID No. : _____ MCHK No. : _____

Correspondence Address : _____

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

E-mail Address : _____ Fax No. : _____

For the following items, please provide relevant documents or certified true copies. Please use separate sheet for information relevant to this applications.

Basic Medical Degree(s)

Qualification	University / Institution	Country	Year

Registration with the Medical Council of Hong Kong / Licentiate

Registration	Number	Year

Registration with the Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC) (if applicable)

Date of entrance	Date of completion (if applicable)

Registration with the Hong Kong College of Orthopaedic Surgeons (HKCOS) (if applicable)

Date of entrance	Date of completion (if applicable)

Intermediate qualification(s) (put down the date of all the examinations including those fail attempts)

Qualification (e.g. MHKICBSC Part 1,2,3 Exam)	Institution (e.g. HKICBSC)	Country	Month/Year (or date of examination)	Pass (P) or Fail (F)

Mandatory Courses for Basic Surgical Trainee

Mandatory Course	Month/Year
Basic Surgical Skills Course (BSSC)	
Clinical Core Competency Course	

Other community / voluntary / non-medical working experience (if applicable)

Period (month/year)	Company / institution	Position	Supervisor / manager

Listing of Publications/ Conference presentations

(Provide photocopy of front-page of paper or abstract. Papers accepted for publication may be listed but the letter of acceptance should be provided)

Title and authors	Journal / Conference	Date

Paper or Project in Progress (if applicable)

Title	Authors

I DECLARE THAT I AM A REGISTERED MEDICAL PRACTITIONER OF HONG KONG IN GOOD STANDING AND ORDINARILY RESIDE IN HONG KONG, AND ALL THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature : _____

Date : _____

FOR OFFICE USE ONLY

- Selection Interview on _____
- Recommendation by Selection Board Recommended Not Recommended

Signature of Selection Board Chairman

- Discussed in Education Committee Meeting on _____
- Application successful Yes No

REMARKS :

Signature of College Censor, HKCOS

APPENDIX : Certification of Work & Training Experience

This is to certify that Dr. _____
has worked in the hospital / department for the duration and in the specialty(s) as shown below.

Period (Month/Year) :

Hospital :

Department :

Signature :

(Official Chop)

Date :

Period (Month/Year) :

Hospital :

Department :

Signature :

(Official Chop)

Date :

Period (Month/Year) :

Hospital :

Department :

Signature :

(Official Chop)

Date :

Period (Month/Year) :

Hospital :

Department :

Signature :

(Official Chop)

Date :

Period (Month/Year) :

Hospital :

Department :

Signature :

(Official Chop)

Date :

Period (Month/Year) :

Hospital :

Department :

Signature :

(Official Chop)

Date :

N.B. Must be signed by the Training Director / Program Director or Personnel Department of hospital.