



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

HKCOS Rehabilitation Exit Assessment 2012

The Rehabilitation Subspecialty Board would hold its fifth Subspecialty Fellow Assessment Exercise on 17 February 2012.

During the Assessment, our Assessor 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 Rehabilitation as presented in the candidates' published paper(s).
2. Knowledge and Experience in providing service to patients in his/her respective Rehabilitation Training Center.
3. Ability for Quality Assurance in Rehabilitation Service: setting of rehabilitation goals for individual patients, outcome assessment and performance auditing.

The Assessment Exercise would be conducted by 1 External Assessor and 2 Subspecialty Rehabilitation Board Members and the College Censor. Assessment Fee was set by the Rehabilitation Subspecialty Board and passed by the Executive Council of our College to be HKD10,000.

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

1. A copy of the trainees' paper in Rehabilitation accepted or published before 16 January 2012.
2. A cheque of HKD10,000 payable to "The Hong Kong College of Orthopaedic Surgeons".

The Deadline for application would be **16 January 2012**.

For the application procedures and details, please contact the College Secretariat or visit the College website www.hkcoss.org.hk.

Dr. BONG Shu-chun
Chairman,
Orthopaedic Rehabilitation Subspecialty Board
14 September 2011



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

Journal name

Volume / Page

Name of author(s)

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

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Signature of Training Director/Trainer

.....
Date