



THE GUIDELINES FOR TRAINING IN OTORHINOLARYNGOLOGY

INTRODUCTION

The Hong Kong College of Otorhinolaryngologists, being a member College of the Hong Kong Academy of Medicine, has the duty of providing quality training for Otorhinolaryngologists in Hong Kong and to ensure standards have been reached by accreditation of training and examination.

This Guidebook sets out the guidelines for training in Otorhinolaryngology and defines the training requirement for completion of Basic and Higher Surgical Training in Otorhinolaryngology. On completion of a minimum of 2 years of Basic Surgical Training approved by the College and passing the intermediate examination of the College, trainees may be accepted by the College as Ordinary Members of the Hong Kong College of Otorhinolaryngologists. On completion of at least 4 years of Higher Surgical Training in Otorhinolaryngology approved by the College and passing the Exit Examination of the College, trainees would be elected Fellows of the Hong Kong College of Otorhinolaryngologists and recommended to be Fellows of the Hong Kong Academy of Medicine. The attained qualification entitles the holder to be included in the Specialist Register of the Medical Council of Hong Kong.

These guidelines may be amended by the College from time to time depending on the current training standards required by the College. Furthermore, the Council of the College shall be the sole authority for the interpretation of such guidelines whose decision upon question of interpretation shall be final and binding.

Revised in April 2025

The Hong Kong College of Otorhinolaryngologists

I BASIC SURGICAL TRAINING

1. ENTRY FOR BASIC SURGICAL TRAINING IN OTORHINOLARYNGOLOGY

1.1 Basic Surgical Training in Otorhinolaryngology requires a minimum of 2 years after internship, and is under the auspices of the Hong Kong Intercollegiate Board of Surgical Colleges. The Hong Kong Intercollegiate Board of Surgical Colleges is composed of the Hong Kong College of Emergency Medicine, the Hong Kong College of Orthopaedic Surgeons, the Hong Kong College of Otorhinolaryngologists and the College of Surgeons of Hong Kong. Basic Surgical Training in Otorhinolaryngology is similar to that of the other surgical colleges of the Hong Kong Intercollegiate Board of Surgical Colleges. In this period, basic trainees must pre-register with the Hong Kong Intercollegiate Board of Surgical Colleges and the Hong Kong College of Otorhinolaryngologists. A register of basic trainees in Otorhinolaryngology is maintained at the Hong Kong Intercollegiate Board of Surgical Colleges and the Hong Kong College of Otorhinolaryngologists, and is applicable to all basic trainees until they pass the Intermediate Examination on completion of basic training.

2. TRAINING REQUIREMENT

The Basic Surgical Training requirement follows that of The Hong Kong Intercollegiate Board of Surgical Colleges. The most updated curriculum is shown below:

ROTATIONAL REQUIREMENTS

2.1 Basic trainees must have at least twenty-four months' experience in a programme or posts approved by HKICBSC for Basic Surgical Training following their registration or Intern year. For trainees who are admitted from **1 July 2013 onwards**, basic trainees must undergo a 2-year rotation comprising of:

- One year of ***Core Training in General Surgery & Emergency Surgery***
 - One 6-month training in General Surgery; AND
 - One 6 months emergency module, which can include:
 - A&E (max 6 months) /
 - ITU(i.e. Intensive Care Unit) (max 3 months) /
 - Any surgical specialties with emergency calls (3 months will be counted as emergency for any 6 months training in any specialty with emergency calls; that respective 6 months training can be split into two 3-month rotations), i.e. any surgical specialties with less than 6 months training **CANNOT** be recognized as emergency training.

Basic Surgical Trainees must fulfill the requirements of one year of core training in General Surgery and Emergency Surgery as mentioned above. For the remaining one year, trainees can choose either path (2a) or path (2b):

2a) The remaining 1 year will be in *TWO or THREE specialties or subspecialties, each with at least 3-month duration*, where the experience gained is not included in the 12 months described above (AED or ITU should include in core-training ONLY; and thus will NOT be accepted in this 1 year of training).

OR

2b) If a basic trainee indicates his/her interest in any specialty, the following rotation will be *preferred* in the remaining 1 year:

- One 6-month training in surgical specialty of the intended higher training
 - *Orthopaedic Surgery*
 - *Otorhinolaryngology*
 - *Neurosurgery*
 - *Cardiothoracic Surgery*
 - *Paediatric Surgery*
 - *Urology*
 - *Plastic Surgery*

AND

- One 6-month training in a related surgical subspecialty of intended higher training (This is to be determined by HKCOS, HKCORL and Specialty Boards of CSHK)

Important Notes: During the 2 years of Basic Surgical Training, trainees are required to make up at least 3 specialties to meet the rotational requirement, but not more than 1 year in any 1 specialty

For trainees who were **admitted before 1 July 2013**, please refer to the CSHK website at <http://www.cshk.org> for the Rotational Requirements.

2.2 **DECLARATION OF SPECIALTY INTEREST** (*only applicable to BSTs admitted from 1 July 2010 onwards*)

For Basic Trainees who are **admitted from 1 July 2010 onwards**, they are advised to declare their interest in intended higher specialty training during their first year of training as early as possible, if they wish. The declaration of specialty interest is entirely on a voluntary basis. Trainees who do not declare any specialty interest will be placed in General Surgery.

Declaration of Specialty Interest will be recorded in their Registration Form on entry to Basic Surgical Training and in their Record of Curriculum before next rotation. Trainees should inform their training supervisors of their declaration of specialty interest.

Should trainees wish to change their declaration of specialty indicated earlier to HKICBSC, it is their responsibility to inform their respective supervisor & parent Department Head as well as update the Record of Curriculum, which is required to be kept in their logbook during the entire basic training.

3. **SUPERVISION OF BASIC SURGICAL TRAINING**

3.1 **IN-TRAINING ASSESSMENT**

On going in-training assessment is required throughout the Basic Surgical Training period. Review of trainees' training assessment is conducted half-yearly (every January and July) for recognition of the respective training period. On entering Basic Surgical Training, trainees must maintain a logbook for their operative experience until the completion of basic training. They must keep a logbook prospectively recording all their training experience. This must be certified as satisfactory by their supervisors/mentors before entry into the MHKICBSC Examination - Part 3.

During the training period, trainees must obtain satisfactory assessments from their supervisors/mentors and copies of these assessments must be filed in the trainees' logbooks and recorded by HKICBSC. **The logbook is also required to be provided for inspection at the Conjoint Selection Exercise for entry to Higher Surgical Training held by the Hospital Authority of Hong Kong and the College of Surgeons of Hong Kong.**

3.2 **ASSESSMENT**

The Hong Kong Intercollegiate Board of Surgical Colleges has adopted the following audit system in order to take a close interest in the overall training and assessment of basic surgical trainees:

- 3.2.1 Individual trainee's log book should be reviewed regularly by his/her
- Mentor at 3-month interval (Mid-term Assessment for January-March and July and September)
 - Supervisor at 6-month interval (Half-yearly Assessment for January-June and July-December)

3.2.2 **Mid-term Assessment**

On completion of every 3-month training period, an interim face to face assessment between the mentor and the trainee should be carried out to thrash out any problems. During this interim debriefing assessment process, if serious deficiencies are evident, the mentor has to report in writing to the Chairman of the Accreditation Committee of HKICBSC. The trainee should be advised what measures are required to reverse these deficiencies.

3.2.3 **Half-yearly Assessment**

On completion of every 6-month training period, every trainee is required to submit the half-yearly assessment documentation to the Accreditation Committee of HKICBSC via their training supervisor regularly in January and July every year for recognition of the respective training period. The assessment documentation should include the following:

- **Log book Summary Report**
- **Log book Summary**
- **CME Report**
- **Two Mentors Assessment Forms** for assessing trainees' performance in the past 6-month training period. Mentors who signed on the assessment forms must be assigned by the Chief-of-service/Training Supervisor of the training unit.

3.2.4 **Competency Assessment**

FOR TRAINEES ADMITTED BETWEEN 1 JULY 2014 TO 30 JUNE 2016

Apart from the above assessment documentation, basic trainees are also required to submit additional competency assessment before their completion of basic training. **Trainees are required to KEEP them in their logbook during the entire basic training and do not need to submit to HKICBSC Secretariat.** The 4 competency assessment documentation should include the following:

- **Mini-Clinical Evaluation Exercise(CEX)**
 - Trainees must complete **at least 2** of this form during 2 years of basic training
- **Direct Observation of Procedural Skills in Surgery (Surgical DOPS)**
 - Trainees must complete **at least 4** of this form during 2 years of basic training
- **Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)**
 - Trainees must complete **at least 2** of this form during 2 years of basic training

(Note: Endoscopy can include various rigid or flexible endoscopy like OGD, Cystoscopy, Bronchoscopy, Laryngoscopy, Arthroscopy etc.)
- **Record of Curriculum**
 - Trainees must complete this form during ~~the~~ 2 years of basic training and are advised to keep it in their Logbook.
 - The declaration of specialty interest must be recorded in the above form. It is trainees' responsibility to update the form and inform their training supervisor if the declaration of specialty interest has been changed.

FOR TRAINEES ADMITTED FROM 1 JULY 2016 ONWARDS

Apart from the above assessment documentation, basic trainees also are required to submit additional competency assessment **TOGETHER with their half-yearly assessment during January and July**. The 3 competency assessment documentation should include the following:

- **Mini-Clinical Evaluation Exercise (CEX)**
 - Trainees must complete **at least 1** of this form in every training year, **AND at least 2** of this form during the **first 2 years** of basic training
- **Direct Observation of Procedural Skills in Surgery (Surgical DOPS)**
 - Trainees must complete **at least 1 of this form or at least 1 Endoscopic DOPS** in every 3 months of surgical training*; **AND**
 - Trainees must complete **at least 6** of this form during the **first 2 years** of basic training

- **Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)**
 - Trainees must complete **at least 1 of this form or at least 1 Surgical DOPS** in every 3 months of surgical training*; AND
 - Trainees must complete **at least 2** of this form during the **first 2 years** of basic training
(Note: Endoscopy can include various rigid or flexible endoscopy like OGD, Cystoscopy, Bronchoscopy, Laryngoscopy, Arthroscopy etc.)

** Starting from 1 January 2019 onwards, THERE WILL BE NO EXEMPTION ON DOPS ASSESSMENT for trainees rotating to A&E and ITU. TRAINEES ARE REQUIRED TO COMPLETE DOPS ASSESSMENT IN EVERY 3-MONTH ROTATION.*

FOR TRAINEES ADMITTED FROM 1 JANUARY 2019 ONWARDS

Apart from the above assessment documentation, basic trainees are also required to submit additional competency assessment **TOGETHER with their half-yearly assessment during January and July**. The 4 competency assessment documentation should include the following:

- **Mini-Clinical Evaluation Exercise (CEX)**
 - Trainees must complete **at least 1** of this form in every **6 months** of surgical training, AND **at least 4** of this form during **first 2 years** of basic training
- **Direct Observation of Procedural Skills in Surgery (Surgical DOPS)**
 - Trainees must complete **at least 1 of this form or at least 1 Endoscopic DOPS** in every **3 months** of surgical training#; AND
 - Trainees must complete **at least 6** of this form during the **first 2 years** of basic training
- **Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)**
 - Trainees must complete **at least 1 of this form or at least 1 Surgical DOPS** in every **3 months** of surgical training; AND
 - Trainees must complete **at least 2** of this form during the **first 2 years** of basic training
(Note: Endoscopy can include various rigid or flexible endoscopy like OGD, Cystoscopy, Bronchoscopy, Laryngoscopy, Arthroscopy etc.)
- **Case-based Discussion (CBD)**
 - Trainees must complete **at least 1 of this form in every 6 months** of surgical training, AND **at least 4** of this form during the **first 2 years** of basic training

The following table **summarized the above minimum number of Competency Assessment forms:**

(Where any discrepancy arises between the following table and the abovementioned guidelines, the abovementioned guidelines shall prevail.)

Target BSTs	Mini-Clinical Evaluation Exercise (CEX)	Direct Observation of Procedural Skills in Surgery (Surgical DOPS)	Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)	Case-based Discussion (CBD)
	<i>Minimum no. of forms required during the first 2 years of basic training</i>			
Basic Surgical Trainees Admitted before 1 July 2014	2	2	1	N/A
Basic Surgical Trainees Admitted between 1 July 2014 and 30 June 2016	2	4	2	
Basic Surgical Trainees Admitted from 1 July 2016 onwards	2	6	2	
	Trainees must complete: <ul style="list-style-type: none"> - At least 1 mini-CEX in every year of surgical training; - At least 1 Surgical DOPS <u>OR</u> at least 1 of Endoscopic DOPS in every 3 months of surgical training 			
Basic Surgical Trainees Admitted from 1 January 2019 onwards	4	6	2	4
	Trainees must complete: <ul style="list-style-type: none"> - At least 1 mini-CEX and 1 CBD in every 6 months of surgical training - At least 1 Surgical DOPS <u>OR</u> at least 1 Endoscopic DOPS in every 3 months of surgical training 			

****BSTs admitted from July 2016 onwards** are required to submit their competency assessment forms together with their half yearly assessment documentation. The respective training rotation will not be recognized if the trainees fail to submit the outstanding documentation by the deadline.

Basic Trainees are required to KEEP the following record form in the logbook during the entire basic training and do not need to submit to HKICBSC Secretariat:

▪ **Record of Curriculum**

- Trainees must complete this form during 2 years of basic training and are advised to keep it in their Logbook.
- The declaration of specialty interest must be recorded in the above form. It is trainees' responsibility to update the form and inform their training supervisor if the declaration of specialty interest has been changed.

3.3 **Unsatisfactory Training Performance**

Trainees who fail to meet the above requirements may be required to undertake further training. If individual trainee who has been warned of the deficiencies during the mid-term assessment still performs unsatisfactory at the end of the 6-month period, the Accreditation Committee of HKICBSC may interview this trainee as well as the mentors whom the trainee has worked for in the unsatisfactory period. Below average assessment of performance in any 6-month period will constitute grounds for disqualification of that 6-month training period. The respective training period could only be recognized and registered on condition that satisfactory assessment must be achieved. **Any trainee who do not satisfy the standards set by or have unsatisfactory assessments consecutively twice or non-consecutively three times will be disqualified from the training programme.**

Basic Trainees are required to submit the half-yearly assessment documentation to the Accreditation Committee of the HKICBSC via their training supervisor regularly in January and July every year. Deadline for submission of half-yearly assessment documentation falls on the date of Accreditation Committee meeting. **Late submission of the half-yearly assessment documentation will render the respective training period NOT recognized.**

3.4 **Appeal Procedures**

Trainees can appeal to the Chairman of the Accreditation Committee of HKICBSC concerning disqualification. However, the notice of such appeal must be lodged with the Secretariat of HKICBSC within 21 days from the date of notice in writing of such disqualification to the trainee.

4. MANDATORY COURSES

During the training period, trainees are required to successfully complete mandatory courses stipulated in the training curriculum. Please refer to the “*Mandatory Courses for Basic Surgical Trainee*” for further details. Attendance at the courses must be recorded in the trainees’ logbooks. Trainees are also required to submit the **Certificates of Attendance** of the mandatory courses as evidence for completion when they apply for the Ordinary Membership of the College.

Trainees are also advised to take an Early Trauma and Critical Care (ETCC), Advanced Trauma Life Support (ATLS) or equivalent course approved by HKICBSC and the Royal College of Surgeons of Edinburgh (RCSEd).

CONTINUING MEDICAL EDUCATION (CME) PROGRAMME

CSHK undertakes CME administration for their trainees and reports their compliance to the Hong Kong Academy of Medicine. Basic trainees admitted from 1 January 2022 onwards are required to gain 15 CME points per half year from the following activities:

- In-hospital meetings / Instructional Courses.
- National/ International Meetings.
- Basic trainees are encouraged to participate in investigation studies / research activities.

Please refer to the “*Continuing Medical Education (CME) Programme for Surgical Trainees*” for further details.

5. INTERRUPTION OF TRAINING

5.1 Basic Surgical Training may be interrupted for rotation to a non-recognized training center or for other reasons. It is the responsibility of trainee to note the following scenarios and the need for **pre-approval** from the respective Surgical College & the Accreditation Committee of the HKICBSC.

Conditions of interruption of training:

- **Less than 30 calendar days out of a 6-month training period**
Trainees are allowed to have their training interrupted without pre-approval if the period is less than 30 calendar days out of a 6-month training period. The 6-month training period will be counted provided that the performance of training during the period is up to the satisfaction of mentors. Trainees are **NOT required** to compensate for **the stipulated training requirements and no remedial training is required**.
- **More than 30 calendar days out of a 6-month training period**
Trainees are required to obtain **pre-approval** from the respective Surgical College & the Accreditation Committee of HKICBSC if their discontinuity of training is more than 30 calendar days. Such interruption

can only be granted for good reasons like sickness or maternity leave. Within that 6-month period, the months of training undertaken can only be counted if trainees provide satisfactory assessment documentations. Trainees are **required to compensate for the stipulated training requirements. Remedial training is not required.**

- **More than 12 months**

Trainees are required to obtain **pre-approval** from the respective Surgical College & the Accreditation Committee of HKICBSC. They **need to make up for the deficit and take remedial training** in addition to their normal period of training.

- **Research/Higher Degree**

Trainees are required to obtain **pre-approval** from the respective Surgical College & the Accreditation Committee of HKICBSC before they are allowed to have their training interrupted for a **maximum of 12 months** for the purpose of doing research.

5.2 Pre-approval is required for any interruption of training for more than 30 calendar days. For those who fail to obtain pre-approval from the Accreditation Committee, it will constitute grounds for disqualification from the training programme. Pre-approval could be waived on medical grounds on a case-by-case basis, subject to approval by the Accreditation Committee of HKICBSC.

According to the Regulations of MHKICBSC Examination, all basic trainees are required to complete all Parts of the MHKICBSC Examination within a maximum period of 4 years counting from the first day of basic training. Thus, the interrupted period can be exempted from this 4-year limit only under the condition that the interruption of training has been pre-approved.

If trainees did not obtain prior approval from the respective Colleges & the Accreditation Committee for their interruption of training, the interrupted period will be counted in the 4-year limit. HKICBSC will ~~does~~ not take any responsibility if a trainee is disqualified from sitting for MHKICBSC Examination under such circumstances. A trainee may also be disqualified from the basic training programme if they did not seek prior approval for their interruption of training.

5.3 **Trainees are not allowed to have their training interrupted within 6 months prior to examination.**

Application will be reviewed by the Accreditation Committee of HKICBSC on case by case basis. The final decision is subject to the discretion of the Accreditation Committee of HKICBSC.

6. RETROSPECTIVE RECOGNITION OF LOCAL TRAINING & OVERSEAS QUALIFICATION

6.1 ***For local trainees:***

HKICBSC will **NOT** accept any retrospective recognition of training experience obtained in Hong Kong since HKICBSC is not able to validate the exact nature of its past experience. Only training experience registered under HKICBSC will be retrospectively recognized on case by case basis by the Accreditation Committee.

Application will be considered only if previous training was satisfactorily completed within 48 months counting from the commencement date of Basic Surgical Training in Hong Kong. Training will be recognized for a maximum of 1 year.

Overseas training without prior approval in writing from the Chairman of the Accreditation Committee of HKICBSC will **NOT** be recognized by HKICBSC.

The final decision is subject to the discretion of the Accreditation Committee.

6.2 ***For holders of overseas qualifications:***

Such application is reviewed by the Accreditation Committee of HKICBSC on case by case basis. Applicants are required to provide the following documentation to the Accreditation Committee for consideration:

- **Letter(s) of support from the respective training supervisor(s) of their previous training unit(s)**
- **Satisfactory assessment documentation for the completed previous training**
- **Other relevant qualification (if any)**

Overseas qualification will only be recognized for a **maximum of 1 year**. Applicants must state specifically the exact period of previous overseas training intended for retrospective recognition in the application.

Application will be considered only if the previous overseas training was satisfactorily completed within 36 months counting from the commencement date of Basic Surgical Training in Hong Kong. The application for retrospective recognition must be received within one month of the commencement date of Basic Surgical Training in Hong Kong. Should the overseas training experience was obtained more than 3 years before the date of application; such application will NOT be accepted.

The final decision is subject to the discretion of the Accreditation Committee.

7. WITHDRAWAL FROM BASIC SURGICAL TRAINING

Trainees are required to write to the Chairman of the Accreditation Committee if they wish to withdraw from basic training of HKICBSC.

8. FORMAT OF EXAMINATION

8.1 Membership Examination of Hong Kong Intercollegiate Board of Surgical Colleges (MHKICBSC Examination)

Basic Surgical Trainees are required to pass the MHKICBSC Examination within their basic surgical training. Trainees must read the Regulations and Syllabus for the Examination for details which are available from the website of the College of Surgeons of Hong Kong: <http://www.cshk.org>. The MHKICBSC Examination comprises **three parts**:

▪ **Parts 1 and 2**

Parts 1 and 2 are multiple choice papers. Part 1 paper tests on Applied Basic Science of Anatomy, Physiology and Pathology. Part 2 paper tests on knowledge of Clinical Problem Solving. Both MCQ papers may be taken at any time after possessing a primary medical qualification from Medical School in Hong Kong or other qualification which deemed equivalent by HKICBSC. Each paper stands alone; candidates will be awarded either a pass or fail. Trainees must start Basic Surgical Training within 3 years after passing the Parts 1 or 2, whichever is taken the latest, otherwise trainees have to retake the examinations before they are eligible to take the Part 3 Examination. Both papers must be passed before trainees may enter the Part 3 Examination.

▪ **Part 3**

After a minimum of six months of Basic Surgical Training programme, trainees may apply for sitting the Part 3 Examination which is an Objective Structured Clinical Examination (OSCE). The OSCE consists of 16 stations and is divided into 2 broad content areas of Basic & Applied Science, as well as Communication and Clinical as follows:

1. Basic & Applied Science

- i. Basic & Surgical Anatomy*
- ii. Basic & Surgical Anatomy*
- iii. Basic & Surgical Anatomy*
- iv. Pathology*
- v. Critical Care*
- vi. Critical Care*
- vii. Technical Skills*
- viii. Pre-assessment (Anaesthetic & Surgical) Clinic/ Patient Safety/ MISC*

2. Communication & Clinical

- i. *Communication with Senior or a colleagues from other departments*
- ii. *Communication with patient/ relative: history taking/ breaking bad news*
- iii. *Communication (Informed consent)*
- iv. *Clinical (Head & Neck)*
- v. *Clinical (Orthopaedics)*
- vi. *Clinical (Breast/lump & buns/plastic)*
- vii. *Clinical (Vascular)*
- viii. *Clinical (Abdomen and Hernia)*

8.2 Basic Surgical Trainees MUST PASS all parts of MHKICBSC Examination within four years counting from the commencement date of Basic Surgical Training. Those who cannot do so will be removed from the Surgical Training.

9. Hospitals Accredited for Basic Surgical Training

9.1 During Basic Surgical Training, trainees normally rotate through a series of posts to include as many surgical specialties and related disciplines as possible. The following are the recognized training centres in various specialties:

SPECIALTY

Accident & Emergency

HOSPITALS

Alice Ho Miu Ling Nethersole Hospital
Caritas Medical Centre
HKU-Shenzhen Hospital
Kwong Wah Hospital
North District Hospital
North Lantau Hospital
Pamela Youde Nethersole Eastern Hospital
Prince of Wales Hospital
Princess Margaret Hospital
Pok Oi Hospital
Queen Elizabeth Hospital
Queen Mary Hospital
Ruttonjee & Tang Shiu Kin Hospital
St. John Hospital
Tin Shui Wai Hospital
Tseung Kwan O Hospital
Tuen Mun Hospital
United Christian Hospital
Union Hospital
Yan Chai Hospital

***Cardiothoracic
Surgery***

Queen Mary Hospital
Prince of Wales Hospital
Queen Elizabeth Hospital
Tuen Mun Hospital

General Surgery

Caritas Medical Centre
Kwong Wah Hospital / Our Lady of Maryknoll Hospital
North District Hospital / Prince of Wales Hospital /
Alice Ho Miu Ling Nethersole Hospital
Pamela Youde Nethersole Eastern Hospital
Prince of Wales Hospital
Princess Margaret Hospital
Queen Elizabeth Hospital
Queen Mary Hospital / Hong Kong Sanatorium & Hospital /
Tung Wah Hospital
Ruttonjee Hospital
Tseung Kwan O Hospital
Tuen Mun Hospital / Pok Oi Hospital
United Christian Hospital
Yan Chai Hospital

Neurosurgery

Kwong Wah Hospital
Pamela Youde Nethersole Eastern Hospital
Prince of Wales Hospital
Princess Margaret Hospital
Queen Elizabeth Hospital
Queen Mary Hospital
Tuen Mun Hospital

***Orthopaedics &
Traumatology***

Alice Ho Miu Ling Nethersole Hospital
Caritas Medical Centre
Kwong Wah Hospital
North District Hospital
Pamela Youde Nethersole Eastern Hospital
Prince of Wales Hospital
Princess Margaret Hospital
Queen Elizabeth Hospital
Queen Mary Hospital / Duchess of Kent Children's Hospital
Tseung Kwan O Hospital
Tuen Mun Hospital
United Christian Hospital
Yan Chai Hospital

<i>Otorhinolaryngology</i>	<p>Alice Ho Miu Ling Nethersole Hospital / Prince of Wales Hospital Pamela Youde Nethersole Eastern Hospital Queen Elizabeth Hospital / Kwong Wah Hospital (w.e.f. 1 October 2022) Queen Mary Hospital / Tung Wah Hospital Tuen Mun Hospital United Christian Hospital / Tseung Kwan O Hospital Yan Chai Hospital / Kwong Wah Hospital (until 30 September 2022) / Princess Margaret Hospital</p>
<i>Paediatric Surgery</i>	<p>Prince of Wales Hospital (Clustering hospitals: Alice Ho Miu Ling Nethersole Hospital / North District Hospital / Princess Margaret Hospital / Tuen Mun Hospital) Hong Kong Children's Hospital Queen Mary Hospital</p>
<i>Plastic Surgery</i>	<p>Kwong Wah Hospital / Queen Elizabeth Hospital Prince of Wales Hospital / Tuen Mun Hospital Queen Mary Hospital / Tung Wah Hospital</p>
<i>Urology</i>	<p>Kwong Wah Hospital / Our Lady of Maryknoll Hospital Pamela Youde Nethersole Eastern Hospital Princess Margaret Hospital / Caritas Medical Centre Prince of Wales Hospital / North District Hospital / Alice Ho Miu Ling Nethersole Hospital Queen Elizabeth Hospital Queen Mary Hospital / Tung Wah Hospital Tuen Mun Hospital / Pok Oi Hospital United Christian Hospital / Tseung Kwan O Hospital</p>

II HIGHER SURGICAL TRAINING

1. INTRODUCTION

- 1.1 The training programme is formally structured and is approved by the Council of the College. It is also endorsed by the Hong Kong Academy of Medicine.
- 1.2 A higher surgical trainee, upon successful completion of the training programme and passing the Written and Exit examination, will be recommended to the Hong Kong Academy of Medicine to become a Fellow of the Hong Kong Academy of Medicine.

2. REQUIREMENT FOR ENTRY TO HIGHER SURGICAL TRAINING IN OTORHINOLARYNGOLOGY

- 2.1 Upon completion of Basic Surgical Training and passing the Intermediate Examination, trainees may apply for membership of the Hong Kong College of Otorhinolaryngologists before they could enter into Higher Surgical Training in Otorhinolaryngology.
- 2.2 Higher Surgical Training requires a minimum of 4 years.
- 2.3 After completion of Higher Surgical Training, trainees can become Fellows of the College after successfully passing the Written and Exit examination.
- 2.4 Higher trainees must be pre-registered with the Hong Kong College of Otorhinolaryngologists before entering the training programme. A register of higher surgical trainees is maintained at the College Secretariat.
- 2.5 Registration, which includes an annual fee, is applicable to higher trainees until they pass the exit examination.

3. REQUIREMENT OF TRAINING CENTRE

- 3.1 All training centres must provide training programme for trainees to the satisfaction of the College.
- 3.2 All training centres are required to be inspected by the College from time to time for their eligibility as training centers.
- 3.3 Each training center must fulfill the following requirements:
 - 3.3.1 must be staffed by at least 2 full time trainers who must be fellows of the Hong Kong Academy of Medicine in Otorhinolaryngology;

- 3.3.2 24-hour emergency admission;
- 3.3.3 24-hour radiology and laboratory services;
- 3.3.4 a library with satisfactory number of international ENT journals;
- 3.3.5 regular quality assurance activities;
- 3.3.6 temporal bone dissection facilities;
- 3.3.7 speech therapy services;
- 3.3.8 audiology services;
- 3.3.9 A satisfactory training programme for the higher trainee

4. REQUIREMENT OF TRAINER

- 4.1 Those who want to become trainers need to apply to the Education Committee of the College for assessment and appointment.
- 4.2 Trainers must satisfy the following requirements:
 - 4.2.1 Trainers must be fellows of The Hong Kong College of Otorhinolaryngologists and fellows of the Hong Kong Academy of Medicine in Otorhinolaryngology or holders of other equivalent qualifications approved by the College.
 - 4.2.2 The Hong Kong College of Otorhinolaryngologists has stipulated that trainers must meet one of the following requirements *either*
 - a)** must possess at least two years of local experience at a training centre after obtaining fellowship with the College or holding an equivalent approved qualification;
 - or*
 - b)** have at least one year of local experience at a training centre with participation in the train-the-trainer workshop organized by the College or recognized courses offered by the Hong Kong Academy of Medicine. All application will be individually reviewed by the Education Committee of the Hong Kong College of Otorhinolaryngologists and the final decision is subject to the discretion of the Council of the Hong Kong College of Otorhinolaryngologists

- 4.2.3 A qualified trainer must fulfil the Continuing Medical Education (CME) / Continuous Professional Development (CPD) prerequisites that are equivalent to those mandated by the College. An applicant must provide documentation of their CME/CPD undertakings for proper assessment.
 - 4.2.4 A trainer is expected to teach and supervise the trainee in operative procedures, outpatient clinics and in in-patient management. A trainer should conduct or supervise regular ward rounds and carry out workplace-based assessment of the trainee's clinical performance.
 - 4.2.5 The minimum requirement of a part-time trainer is his/her commitment to serving at least five half-day sessions per week in a training centre. Appointed part-time trainers would be accounted for in the department's trainer to trainee ratio. Two approved part-time trainers could jointly monitor the training of one higher surgical trainee.
- 4.3 It is the responsibility of a training centre to report to the College of any prolonged absence of an approved trainer if his/her absence should exceed 24 weeks (168 calendar days) within 12 months. Higher trainee(s) under his/her supervision would be required to make up for any period of unrecognized training according to our College rules
 - 4.4 Higher surgical trainee(s) who is/are employed by a training centre deficient in the required number of trainers may be required to share any extra training period according to our College rules. The final decision and allocation would be made by the head of training centre upon agreement of the involved parties. Prior approval should be sought from the Education Committee. A final approval and endorsement by the Council of the Hong Kong College of Otorhinolaryngologists is mandatory.
 - 4.5 The performance of all trainers would be monitored by the College and the appointment of trainers would be subjected to regular review by the College.

5. TRAINING POST

- 5.1 The number of higher surgical training posts in a training centre depends on the following factors:
 - 5.1.1 The higher surgical trainee to trainer ratio should not be greater than 1:1.
 - 5.1.2 The recommended number of operating sessions per week is 2 or more per higher surgical trainee.

- 5.1.3 The number of acute beds should be more than one per higher surgical trainee. The number of acute beds of basic and higher surgical trainee should be counted separately.
- 5.1.4 A minimum annual workload of 200 operative procedures of intermediate to high level of skill (with a minimum of 50 procedures of high level of skill) as defined in the logbook summary of the College per higher surgical trainee.
- 5.1.5 The available higher surgical training post from all training centres will be adjusted by the College from time to time according to the demand for Otorhinolaryngologists in Hong Kong based on the following factors:
 - 5.1.5.1 Available posts for the Otorhinolaryngologists from all private and public institutes.
 - 5.1.5.2 Available number of operative procedures per specialist per year.
- 5.2 Training centres are not allowed to have the number of higher surgical trainee more than the maximal number of accredited higher surgical training posts.
 - 5.2.1 Trainee who has passed the Intermediate Examination and is working in the training centre is considered to be occupying a higher surgical training post.
 - 5.2.2 Trainee who is taking remedial training programme is considered to be occupying a higher surgical training post.
 - 5.2.3 Visitor who does not have higher degree and is undergoing higher surgical training with clinical duty in the training centre is considered to be occupying a higher surgical training post.
 - 5.2.4 Visiting clinical fellows who are observers without clinical duties are not considered to be occupying higher surgical training posts.

6. TRAINING PROGRAMME

- 6.1 There should be ample opportunities for trainees to observe, manage, and assume responsibility for the investigation and treatment of patients suffering from a variety of otorhinolaryngological diseases.
- 6.2 A trainee should acquire during the period of training the ability to obtain precise, reliable and thorough medical histories, elicit clinical signs and use appropriate drugs to treat various pathologies related to otorhinolaryngology; demonstrate sufficient experience and exposure in appropriate operative procedures in the management of diseases related to otorhinolaryngology.
- 6.3 The knowledge required can be addressed by competence in the following areas:

Rhinology	:	including allergy, endoscopic surgery, etc.
Otology	:	including middle ear surgery, etc.
Laryngology	:	including microlaryngeal surgery, different types of laryngectomy, etc.
Head & neck oncology	:	including major resection of head & neck cancer and reconstruction of defects, etc.
Neuro-otology	:	including acoustic neuroma surgery, etc.
Audiology	:	including hearing test assessments, otoacoustic emission test, etc.
Oro-maxillofacial surgery	:	including maxillofacial trauma, cleft lip and palate, etc.
Facial plastic and reconstructive surgery	:	Please refer to the '<i>Facial Plastic And Reconstructive Surgery Pre-fellowship (Higher) Training Curriculum of The Hong Kong College of Otorhinolaryngologists</i>' (Appendix I) for further details).

The curriculum has been formally incorporated into the Training Guidelines since July 2017.

Higher Surgical Trainees (HSTs) who are admitted from July 2017 onwards would be expected to follow this curriculum.

Paediatric otolaryngology	:	including congenital malformation of ear, nose and throat, etc.
other related areas	:	including sleep apneas management, etc.

6.4 The list of procedure for each successive year of training is indicated below

<u>TRAINING YEARS</u>	<u>OBJECTIVE</u>
Up to Year 3	Routine physical examination Basic knowledge in speech & hearing science Endoscopic / fiberoptic examination Use of Microscope Ear toilet Nasal packing Drainage of peritonsillar abscess Myringotomy and grommet Close reduction of nasal fracture Biopsy of nasopharynx Nasal cautery for epistaxis Antral washout Ear Syringing Removal of foreign body Excision of lumps Sinoscopy Tonsillectomy and adenoidectomy Turbinectomy Rigid endoscopy (including Direct laryngoscopy, esophagoscopy) Excision of preauricular sinus Tracheostomy
Year 4	Microlaryngoscopy Submucosal resection of nasal septum and septoplasty Myringoplasty / tympanoplasty Uvulopalatopharyngoplasty
Year 5	Laser surgery of the airway Endoscopic sinus surgery Mastoidectomy Ossicular chain reconstruction
Year 6	External sinus operations for infection and cancer Laryngectomy and voice rehabilitation Neck dissection Thyroidectomy Maxillary artery ligation Maxillofacial plating Rhinoplasty Stapedectomy Surgery for salivary gland

- 6.5 On completion of the higher surgical training, a trainee must have acquired minimum surgical experiences as chief surgeon of 50 procedures of high level of skill and 150 procedures of intermediate level of skill as defined in the logbook summary of the College. **Please refer to the '*Minimum requirements of surgical experiences as chief surgeon of trainees before sitting final examination of The Hong Kong College of Otorhinolaryngologists*' (Appendix II) for further details.**
- 6.6 Trainees are required to perform at least 25 temporal bone dissection procedures under supervision and documented them in the logbook during their higher surgical training.
- 6.7 Other cadaveric dissections, e.g. on the sinuses, are also encouraged for training.
- 6.8 Trainees are required to attend at least one and preferably both practical training courses on temporal bone dissection and endoscopic sinus surgery.

7. RESEARCH

- 7.1 A trainer should provide supervision and assistance to the trainees to undertake research projects.
- 7.2 A trainee is required to submit a research project title and protocol to the College for approval within 12 months after starting higher surgical training.
- 7.3 Each trainee is required to complete at least one research project and to present the result of the research project at least once in the annual scientific meeting of the College.

8. MONITORING OF TRAINING

- 8.1 Each trainee entering into the training programme has to be approved by the College and occupies one of the recognized training posts as accredited by the College.
- 8.2 The College maintains, and updates every 6 monthly a central registry of trainees who occupy the recognized training posts.
- 8.3 Each trainee possesses a logbook of the College recording the operative procedures performed, mortality and morbidity arising from the procedures, supervised temporal bone and Functional Endoscopic Sinuses Surgery dissections practised on cadaveric specimens, and academic activities including publication and research, presentation at meetings and attendance at courses.

- 8.4 Every 3 months trainees will have a face-to-face interview with trainers for ongoing training assessment.
- 8.5 Every 6 months, logbooks will be assessed by trainees' mentor. A Logbook Summary, Mentor Assessment Form, Research Project Progress/Final Report, 2 Procedure-Based Assessment (PBA) on Index Procedures and Case-Based Discussion (CBD) must be sent to the College for assessment of training.
- 8.6 Every 6 months, at least 2 sets of PBA with satisfactory results must be submitted. **Please refer to the 'Procedure-Based Assessment (PBA) on Index Procedures' (Appendix III) for further details.**
- 8.7 Every 6 months, at least 1 set of CBD with satisfactory result must be submitted. By the end of 4 years of training, a total number of at least 8 sets of CBD must be submitted. These competency assessments must cover the six sub-specialties, at least once: Otolology, Rhinology, Laryngology/Voice, Head and Neck Surgery, Paediatric Otorhinolaryngology and Facial Plastic Surgery.
- 8.8 Trainees must submit at least 1 set of Workplace-Based Assessment (WBA) on Practical Audiology with satisfactory results by the end of each year of training in July every year. If HSTs are admitted in January, the first WBA must be submitted by the end of their first 6 months of training (i.e. also in July) and then once every year in July.
- 8.9 Trainees are responsible to record their attended training activities during the current training period. A form for reporting training activities can be obtained from the College to record the required information. Trainees must submit the completed form together with the Mentor Assessment Form half yearly in every January and July to the College.
- 8.10 Trainees are required to obtain a minimum of 15 training points in every 6-month training period. All training points accumulated in excess of the requirement in 6-month training period cannot be carried forward to the next training periods. All training points are allocated to accredited training activities of the College or other recognizable educational activities listed in the training point requirement for trainees. **Please refer to the 'Principle and Guidelines on Training Point requirements' (Appendix IV) for further details.**
- 8.11 Trainees must have completed at least 36 months of accredited Higher Surgical Training before sitting the Written examination and 42 months for sitting the Exit examination.

9. OVERSEAS TRAINING

- 9.1 Any trainees who wish to undertake overseas elective training must apply to the College for prior approval.
- 9.2 Details of the training programme, including the training centre, the duration, the objective of the training, have to be submitted and will be vetted by the College on a case by case basis
- 9.3 On completion of training, trainees are required to submit a training report through their supervisor for accreditation of training by the College.
- 9.4 Overseas training as an observer could only be accredited up to 3 months

10. ROTATION OF TRAINING

- 10.1 Trainees are required to have completed at least 3 months' rotation to other accredited training centres before taking the exit examination.
- 10.2 Overseas training may be taken in lieu of rotation to local accredited training centres but prior approval has to be obtained from the College.

11. INTERRUPTED TRAINING

- 11.1 Trainees are entitled to have interruption of training due to annual vacation leave, compassionate leave, sick leave and maternity leave. All other leaves require approval of the College.
- 11.2 Special leaves for conference, training course and examination are considered part of the training programme and are not considered as interruption or suspension of training.
- 11.3 If the total entitled leave exceeds 24 weeks (168 days) during the 4 years of Higher Surgical Training, additional training will be required to compensate for those periods beyond 24 weeks.
- 11.4 All non-entitled or unapproved leave or interruption of training is required to be compensated with additional training period of same duration.
- 11.5 A trainee, who has prolonged leave or interruption of training for more than 3 years, be it entitled or non-entitled leave, is required to restart the training from the first year of the higher training programme.

- 11.6 The whole higher training programme must be finished within 7 years from the date of the registration as higher trainee of the College. A trainee who fails to finish the higher training within 7 years will be considered to have ineffective higher training and be removed from the training post registry of the College.

12. WRITTEN EXAMINATION

- 12.1 Trainee are eligible to register for the Written Examination upon the completion of at least 36 months of higher surgical training
- 12.2 Starting in 2025, the examination will consist of multiple-choice questions, each with a single best answer, divided into two papers. Each paper will contain 120 questions, specifically designed to assess curriculum content that is best evaluated through this format.
- 12.3 Trainees admitted in Higher Surgical Training (HST) BEFORE June 30, 2023, who do not pass the Written Examination will still be eligible to take the Exit Examination. If they successfully pass the Exit Examination, they may retake the Written Examination the following year.
- 12.4 Trainees admitted in Higher Surgical Training (HST) ON OR AFTER July 1, 2023, all candidates must successfully pass Written Examination in order to gain eligibility to proceed to Exit Examination, the clinical component of the examination.

13. EXIT EXAMINATION

- 13.1 After completion of the 4 years of higher surgical training, trainees should submit the following documents to the College for the **final assessment** of their training before taking the exit examination.
- Logbook summary
 - Mentor Assessment Form
 - Research Project Progress/Final Report
 - Procedure-based Assessment (PBA) on Index Procedures
 - Case-Based Discussion (CBD)
 - Workplace-based Assessment (WBA) on practical Audiology
 - Index Procedure Audit Report

- 13.2 The College may allow a trainee to submit the final assessment and apply the Exit Examination if he/she has completed 42 months (3.5 year) of satisfactory higher training up to the date when the applicant signs the application form.
- 13.3 Trainees admitted in Higher Surgical Training (HST) ON OR AFTER July 1, 2023, all candidates must successfully pass Written Examination in order to gain eligibility to proceed to Exit Examination, the clinical component of the examination.
- 13.4 Trainees who fail the final assessment of the College are required to take remedial training programme approved by the College before sitting the Exit Examination.
- 13.5 After satisfactory completion of the 42 months (3.5 years) higher surgical training, the final assessment and the written examination (effective from 2027), the trainee is allowed to sit the Exit Examination within a period up to a maximum of 24 months without further training.
- 13.6 Those who apply to sit the Exit Examination beyond 24 months are required to have completed the College-approved remedial training programme in a recognized higher surgical training centre for a minimum of 6 months within one year prior to any further attempts of the Exit Examination.
- 13.6.1 The remedial training programme must be submitted to the College education committee for prior approval before the starting date. Retrospective accreditation is not allowed.
- 13.6.2 Trainee undergoing the remedial training programme is considered to be occupying a higher surgical training post of the training centre.
- 13.6.3 The remedial training programme must have a minimum of 4 sessions per week for 6 months including a minimum of 2 operative sessions per week and one outpatient session per week. Longer duration of remedial training with proportional adjustment of weekly operative and out-patient session can be approved.
- 13.6.4 There should be a minimum exposure of 100 procedures of intermediate to high level of surgical skill.
- 13.6.5 The programme should include outpatient service, emergency on call duty, attendance to all educational activities including journal review, pathology meeting, radiology meeting, mortality and morbidity meeting and research meeting.

- 13.6.6 The trainee must go through all continuing assessment same as other higher surgical trainee in their normal course of training including the regular interview with mentor and submission of mentor assessment report, logbook summary and all the other competency assessment forms [see **Guidelines 8**].
- 13.7 All trainees are allowed to sit the Written and Exit Examination up to 5 years after completion of the 4 years of higher surgical training.
- 13.8 The Written and Exit Examination is held at an interval decided by the College. Details of the examination dates can be obtained from the College Secretariat.

14. ADMISSION TO FELLOWSHIPS (FHKCORL & FHKAM)

Successful candidates of the Written and Exit examinations would be elected as fellows of the Hong Kong College of Otorhinolaryngologists. They would also be nominated as fellows of the Hong Kong Academy of Medicine.

15. EXAMINATION BOARD

- 15.1 A board of examiners is appointed by the Education Committee to oversee the conduct and standard of the Exit Examination upon completion of training.
- 15.2 External examiners are involved in the Exit Examination.

16. APPOINTMENT OF LOCAL EXAMINER

- 16.1 Fellows who want to be local examiners need to submit their application to the College.
- 16.1.1 Applicants must be fellows of the Hong Kong Academy of Medicine in Otorhinolaryngology for at least 6 years and is in Consultant, Associate Professor, Professor or equivalent level of practice at the time of application.
- 16.1.2 Applicants must have attended Examiners' Course of the Royal College of Surgeons of Edinburgh.

- 16.1.3 Preference will be given to those with a keen interest and involvement in education and the development of higher surgical training in Otorhinolaryngology.
- 16.1.4 The term of office of Examiners is 8 years and may be reappointed on the expiry of the term of office.
- 16.1.5 It is not necessary for the Examiners to be in Consultant or equivalent level of practice at the time of re-appointment.
- 16.2 The number of examiners required is subjected to approval by the College.
- 16.3 The College may appoint overseas examiners for the Exit Examination.

17. ACCREDITED HIGHER SURGICAL TRAINING CENTERS

- 17.1 The following hospitals are recognized higher surgical training centres in Otorhinolaryngology:

Alice Ho Miu Ling Nethersole Hospital /

Prince of Wales Hospital

Pamela Youde Nethersole Eastern Hospital

Queen Elizabeth Hospital / Kwong Wah Hospital (w.e.f. 1 October 2022)

Queen Mary Hospital / Tung Wah Hospital

Tuen Mun Hospital

United Christian Hospital / Tseung Kwan O Hospital

Yan Chai Hospital / Kwong Wah Hospital (until 30 September 2022) /

Princess Margaret Hospital

18. RECOGNIZED OVERSEAS TRAINING QUALIFICATION

<u>Qualification</u>		<u>Post-qualification training required</u>
Diploma of American Board of Surgical Specialty in Otorhinolaryngology	DAB(ORL)	1 year of higher training in local accredited training centres
Fellow of the Royal Australasian College of Surgeons in Otorhinolaryngology	FRACS(ORL)	Same as above
Fellow of the Royal College of Surgeons of Canada in Otorhinolaryngology	FRCS(Canada)	Same as above
Fellow of the Royal College of Surgeons of Edinburgh in Otolaryngology	FRCS(Edin) up to year 2000	3 years of higher training. At least one year must be done in local accredited training centres. Overseas training will be vetted by the College Education Committee and can be accepted up to maximum of 2 years provided that it is of comparable standard to our training in local accredited training centres.
Associate Fellow of Royal College of Surgeons of Edinburgh	AFRCS(Edin) up to year 2000	4 years of higher training. At least one year must be done in local accredited training centres. Overseas training will be vetted by the College Education Committee and can be accepted up to maximum of 3 years provided that it is of comparable standard to our training in local accredited training centres.
Fellow of the Royal College of Surgeons of England in Otorhinolaryngology	FRCS(Eng) up to year 2000	3 years of higher training. At least one year must be done in local accredited training centres. Overseas training will be vetted by the College Education Committee and can be accepted up to maximum of 2 years provided that it is of comparable standard to our training in local accredited training centres.

<u>Qualification</u>		<u>Post-qualification training required</u>
Fellow of the Royal College of Physicians & Surgeons of Glasgow	F.R.C.S. (Glasg) up to year 2000	Same as above
Fellow of the Royal College of Surgeons of Ireland in Otorhinolaryngology	FRCS(Ire) up to year 2000	Same as above
Fellow of the South African College of Surgeons in Otorhinolaryngology	FCS(SA) up to year 2000	Same as above
Intercollegiate Specialty Fellowship Examination in ORL (England, Edinburgh, Glasgow and Ireland)	–	1 year of higher training in local accredited training centres.

19. APPEAL COMMITTEE

19.1 The College has an Appeal Committee to handle appeals on the result of examination or accreditation of training.

FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY PRE-FELLOWSHIP (HIGHER) TRAINING CURRICULUM

[Note: This document should be read in conjunction with the Guidelines for Higher Surgical Training in Otorhinolaryngology]

Brief description of training objectives

- ✧ An adequate exposure to facial plastic and reconstructive surgery (FPS) is recommended during the 4 years of higher surgical training program in Otorhinolaryngology – Head and Neck Surgery.
- ✧ The exposure may involve both clinic and operative experience provided by the training hospitals or a good understanding of the principles of clinical and operative facial plastic surgery via lectures, courses or overseas attachments. All higher surgical trainees are recommended to understand the principles in facial trauma management.

Basic science in facial plastic surgery

- ✧ A thorough understanding of gross anatomy of the head and neck region and facial proportions related to facial plastic surgery
 - Including the ears, nose, eyelids, scalp, facial bony skeleton, neck and the facial nerve
- ✧ A good understanding of the embryologic development of the ear, nose, and face.
- ✧ Knowledge of the basic physiology of skin and wound healing
- ✧ Principles in skin grafting, local flaps and free tissue transfer
- ✧ Understand the physiology of aging skin, actinic changes, and principles in skin resurfacing, scar revision and tissue expansion.

Core clinical knowledge

- ✧ Pathogenesis, pathophysiology, psychology, and treatment of various facial plastic and reconstructive disorders
 - Bony and soft tissue injury and trauma in head and neck
 - Benign and malignant skin lesions and local flap reconstruction
 - Microtia and auricular deformities
 - Congenital and traumatic nasal deformity
 - Facial paralysis and management
 - Scars and management
 - Lasers and application to skin conditions
 - Craniofacial anomalies

- ✧ Diagnosis and Management of facial plastic emergencies
 - Hematoma after rhytidectomy or approach in head and neck surgery
 - Epistaxis after rhinoplasty/nasal reconstruction
 - Retro-orbital hematoma after blepharoplasty/eyelid procedures
 - Microvascular free flap failure

Diagnostic skills

- ✧ Ability to obtain a good history in facial plastic conditions
- ✧ Ability to complete a full otolaryngological physical examination
- ✧ Ability to evaluate and interpret additional diagnostic tests
 - Imaging studies
 - Photographic documentation (eg. Rhinoplasty)
- ✧ Ability to create a rational differential diagnosis for various facial plastic and reconstructive problems

Medical management

- ✧ Understanding the prevention of certain facial plastic and reconstructive adverse conditions
- ✧ Understanding medical management of various facial plastic and reconstructive conditions
- ✧ Nasal valve collapse and its management
- ✧ Facial paralysis rehabilitation
 - Physical therapy and evaluation
- ✧ Develop proper referral skills to other subspecialties
 - Allergy
 - Dermatology
 - Head and neck surgery
 - Neuro-otology
 - Oral and maxillofacial surgery
 - Oculoplastic surgery
 - Pain medicine
 - Psychiatry/psychology
 - Rhinology

Surgical experience (if available) or a good understanding of the surgical principles of Facial Plastic Surgery

- ✧ A good understanding of the principles of evaluation of patients for surgical treatment of facial plastic and reconstructive issues
 - Selection of suitable patients
 - Assessment of co-morbidities
 - Appropriate pre-operative medical management and optimization of surgical patients

- Appropriate pre-operative investigations (i.e. imaging studies, photographic documentation, etc)
- Assessment of patient expectations
- Determining the goal of the operations

- ✧ An understanding of the preoperative preparation and planning for facial plastic procedures
- ✧ An understanding of the facial plastic procedures and the sequence of surgery if more than one surgery is performed in the same setting.
- ✧ An understanding of the management of intra-operative and postoperative complications
- ✧ An understanding of the principles of postoperative care and monitoring

Specific Surgical Procedures

- ✧ Upon completion of higher surgical training in otorhinolaryngology – head and neck, the trainees should have sound knowledge in the following facial plastic and reconstructive procedures:
 - Closed reduction nasal fracture
 - Local and regional flap reconstruction of cutaneous defects
 - Full-thickness and split-thickness skin graft reconstruction of cutaneous defects
 - A good understanding of the principles of open reduction internal fixation midface fractures
 - A good understanding of Facial reanimation procedures
 - ◆ Both static and dynamic
 - A good understanding of the principles of Rhinoplasty
 - Septoplasty
 - An understanding of the principles of Nasal valve repair
 - Scar revision (eg. keloid and hypertrophic scar)
 - A sound knowledge of the principles of Otoplasty/Microtia repair
 - A sound knowledge of the principles of Microvascular free flap reconstruction

- ✧ A graduated experience and increase in responsibility are expected with advancing years of otorhinolaryngology – head and neck training. The higher surgical trainees will have increasing responsibility for diagnosis, medical management, and surgical treatment for facial plastic and reconstructive problems.

- ✧ By the end of the second year of higher surgical training in otorhinolaryngology – head and neck surgery, the trainees should be able to demonstrate:
 - Competence in basic diagnostic skills, basic science and clinical core knowledge in facial plastic surgery, as well as understanding of true emergencies in this field
 - Ability to clinically and radiologically evaluate a facial trauma patient, to recognize common fracture types, recognize when it is appropriate to intervene surgically, and appropriate consultation for patient management

- A good understanding of the principles of surgical approaches to visualize a facial fracture and provide appropriate exposure for open reduction and internal fixation (ORIF).
 - Ability to analyze the nose in terms of both cutaneous reconstruction and rhinoplasty
 - Ability to analyze the face in terms of subunit analysis and (aging/congenital) deformities
 - A good knowledge of the application of facial plastic and reconstructive surgical instruments
 - Competence in performance of closed reduction nasal fracture
 - The ability to perform limited dynamic nasal function analysis
 - Ability to discuss appropriate incision placement for open rhinoplasty and understands common complications of rhinoplasty
 - Understanding the principles of skin resurfacing (eg. Rhinophyma)
- ✧ By the end of the fourth year, the higher surgical trainees should be able to demonstrate:
- Competence in the evaluation and treatment planning for cutaneous defect repair
 - Competence in the evaluation and treatment planning in patients with facial paralysis
 - A thorough understanding of the principles of open septorhinoplasty including appropriate pre-operative evaluation with correlation of examination to underlying structural etiologies and a surgical plan to correct these abnormalities.
 - A thorough understanding of the principles in the evaluation and the formulation of treatment plan for uncomplicated facial fractures.

**Minimum requirements of surgical experiences as chief surgeon of trainees
before sitting final examination of
The Hong Kong College of Otorhinolaryngologists**

Minimum number of intermediate and high skill procedures = 200

Minimum number of high skill procedures = 50

Minimum number of index procedures:

Mastoidectomy = 10

FESS = 30

High skill Head and Neck Procedures = 10

Intermediate skill Head and Neck Procedures = 20

Myringoplasty = 40

SMR/septoplasty = 20

ML for benign vocal cord lesions = 20

Tonsillectomy = 30

Tracheostomy = 20

- #1 It is the College's mission to ensure all fellows of our College must have the expected minimum standard of specialist knowledge and surgical skills in Otorhinolaryngology to provide professional medical care of patients in the community comparable with the expected standard internationally and medico-legally by peers and patients.
- #2 This is a minimum requirement, not the maximum. Trainees are preferably to be able to obtain more than the minimum required surgical experiences including non-index procedures as a professional.
- #3 ENT procedures performed during BST period or during training period in other surgical specialty can also be counted (e.g. tracheostomy while doing general surgery).
- #4 The minimum requirement is an objective pre-requisite requirement for final examination for all HST recruited starting from 1 January 2013. The minimum number will not be compulsory pre-requisite requirement for final examination of existing HST recruited before 1 January 2013. The surgical experiences of current HST trainees however should not be too much below the minimum number as it is an objective reference for assessment of satisfactory completion of training of a trainee before he/she is allowed to sit the final examination.
- #5 The minimum number of procedure and the list of index procedures will be re-evaluated every two years to match the changes in disease pattern, mode of clinical practice and expectation of minimum standard of professional service provided by an ENT specialist by the peers and patients.

PROCEDURE-BASED ASSESSMENT (PBA) ON INDEX PROCEDURES

Level	Index Procedures	Nos. of PBA submitted
Intermediate Skill	1. Tracheostomy 2. Tonsillectomy 3. Tv1L for benign vocal cord lesions 4. SMR/septoplasty 5. Myringoplasty	At least 2 for each category by the end of 4 years of training
High Skill	6. FESS 7. Mastoidectomy 8. Head and Neck Procedures <i>(Thyroidectomy / Parotidectomy / Submandibulectomy)</i>	At least 2 for each category by the end of 4 years of training

Every 6 months, at least 2 sets of PBA with satisfactory results must be submitted.

By the end of 4 years of training, a total number of at least 16 sets of PBA, including at least 2 sets for each of the 8 categories of Index Procedure as listed above, with satisfactory results must be submitted.



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Principles and Guidelines on Training Point Requirements for Higher Surgical Trainees

1. The Hong Kong College of Otorhinolaryngologists (HKCORL) requires training points from all higher surgical trainees in Otorhinolaryngology. Training points are allocated to participation in approved training activities which may be organized by the College, ENT departments or other organizations. The training points are a quantification of the academic efforts of the trainees and form an integral part of the assessment of their training.
2. HKCORL undertakes training posts administration for our trainees.
3. **Requirements and Training Point Assessment**
 - 3.1 **Higher Trainees are required to obtain a minimum of 15 training points in every 6-month training period. All training points accumulated in excess of the requirement in 6-month training period cannot be carried forward to the next training periods.**
 - 3.2 **Training points are allocated to accredited for each category of passive or active from activities as listed in 5.1 to 5.8.**
 - 3.3 **One point in CME/CPD activity for specialist is equivalent to one training point awarded for participation in CME/CPD activities.**
 - 3.4 Trainees are responsible to record their attended training activities during the current training period. A form for reporting training activities can be obtained from the College to record the required information. Trainees must submit the completed form together with the Mentor Assessment Form half yearly in every January and July to the College.
 - 3.5 The College Secretariat should report to the Education Committee of the College any higher trainee who fails to comply with training post requirements in any 6-month training period. Failure to obtain the required number of training points will render the academic assessment of the training period unsatisfactory.
4. **Measurement of Activities**
 - 4.1 A Point of training activity is equivalent to one hour of participation in a Formal College Approved Activity.
 - 4.2 The Education Committee of the College will decide number of points to be awarded to activities that normally cannot be accredited on a time basis; and to individual training post categories taking into consideration to the nature of their specialties.
5. **Accredited Training Activities**
 - 5.1 *Self-study*
 - a) Self-study of medical educational material is accepted as a form of active activity.
 - b) The self-study materials include journal paper, book chapter, audiovisual material, and internet publication.

- c) Self-study is only accredited with the necessary evidence that it has been carried out diligently. Self-study would require documentation of completion of the relevant activity. This will take the form of written summary of not less than 100 words for each hour of study or correctly answer to the required test questions approved by the College.
- d) One active point per self-study item.

5.2 *Passive Participation in meeting.*

- a) One passive point per hour of passive participation.
- b) Half passive point per hour for non-ENT related activities.

5.3 *Active Participation in meeting*

- | | |
|------------------------------------|-----------------|
| a) Invited speaker | 5 active points |
| Oral presentation of | 5 active points |
| Poster presentation (first author) | 3 active points |
| Abstracts (no presentation) | 2 active points |
| Chair or moderate a meeting | 5 active points |

5.4 *Publications*

- | | |
|---|------------------|
| a) Book/thesis | 10 active points |
| Book chapter, first author or corresponding author | 10 active points |
| Book chapter, co-author | 5 active points |
| Paper (Index Medicus), first or corresponding author | 10 active points |
| Paper (Index Medicus), co-author | 5 active points |
| Paper (non Index Medicus), first author or corresponding author | 5 active points |
| Paper (non Index Medicus), co-author | 2 active points |

5.5 *Research*

- a) Peer review manuscript for journal is accepted as a form of active activity.
- b) Participation in reviewing articles submitted to Hong Kong Medical Journal, Journals of Academy Colleges and other indexed Journals is accepted as a form of active activity.
- c) One training point per manuscript.

5.6 *Development of New Technologies or Services.*

- a) The development of new technologies or services is accepted as a form of active activity.
- b) A written report is required for assessment of active points.
- c) Five active points for principal developer and two active points for co-developer for each new technology or service.

5.7 *Undergraduate Teaching*

- a) Undergraduate teaching activities are accepted as a form of active activities, subject to a quality assurance process.
- b) Development of audiovisual teaching materials or problem-based learning case is considered as active activity. A written report is required for assessment of active points
- c) One active point per activity.

5.8 *Activities for Improvement of Patient / Medical Care*

- a) Participation in learning / activities that enhances the ability to practice medical both as an individual doctor and as a part of the health care team eventually leading to improvement of patient management and medical care, e.g. relevant laws, information technological, interpersonal and communication skill training, clinical and other skills laboratory learning, simulator and virtual reality learning, patient safety enhancement programme can be accepted as a form of active activity (*including Journal Club Meeting, X-ray Meeting, Morality & Morbidity Meeting, Clinical Pathology Meeting, attending workshop*).
- b) A written report is required for the assessment of active points.
- c) One active point per hour of passive participation.

TRAINING POINTS CODING

Category 1	Self-study
Category 1.2	Self-study (Non-ENT related)
Category 2	Formal College Approved Post-graduate Meetings
Category 2.2	Meetings organized by other Colleges or organizations (Non-ENT related)
Category 3	Lectures, Chairpersons or Moderators
Category 4	Publications
Category 5	Research
Category 6	Development of New Technologies or Services
Category 7	Undergraduate Teaching
Category 8	Activities for Improvement of Patient Cares (Including Journal Club Meeting, X-ray Meeting, Morality & Morbidity Meeting, Clinical Pathology Meeting, attending workshop)