Specialty Training Requirements (STR)

Name of Specialty:	Hand Surgery
Chair of RAC:	Dr Sreedharan Sechachalam
Date of submission:	04 August 2026

Contents

Note : In addition to the training requirements stated in this STR, residents must comply with any other regulatory requirements or practice-based requirements mandated by the healthcare institutions or place of practice.

Scope of Hand Surgery

Hand Surgery includes the study and prevention of diseases, disorders, and injuries of the hand, upper limb and their treatment by medical, surgical, and physical methods. It also includes competencies in microsurgery and its clinical applications including microsurgical reconstruction.

Purpose of the Residency Programme

The Hand Surgery programme is designed to be seamless with the Surgery-in-General (SIG) programme for the resident. There will be core postings in Hand Surgery and selected elective postings to expose the resident to the breadth and depth of the specialty. The educational outcome is a Hand Surgeon capable of independent management of common hand and upper limb conditions and providing a reconstructive microsurgery service. This education will also form the foundation for further subspecialty training in a particular area within the specialty.

Admission Requirements

At the point of application for this residency programme,

a) applicants must be employed by employers endorsed by Ministry of Health (MOH), and

b) residents who wish to switch to this residency programme must have waited at least one year between resignation from his/her previous residency programme and application for this residency programme.

At the point of entry to this residency programme, residents must have fulfilled the following requirements:

a) Hold a local medical degree or a primary medical qualification registrable under the Medical Registration Act (Second Schedule);

b) Have completed Post-Graduate Year 1 (PGY1);

c) Have a valid Conditional or Full Registration with Singapore Medical Council (SMC); and

d) Completed SIG Residency Programme.

Dual Specialty Programmes in Plastic Surgery / Orthopaedic Surgery and Hand Surgery

Plastic Surgery and Orthopaedic Surgery residents, who want to pursue dual accreditation in Plastic Surgery / Orthopaedic Surgery and Hand Surgery, must complete their 72 months of residency training (including 24 months of Surgery-in-General) and pass the exit examination in Plastic Surgery / Orthopaedic Surgery before commencement in Hand Surgery Residency training.

Selection Procedures

Applicants must apply for the programme through the annual residency intake matching exercise conducted by MOH Holdings (MOHH).

Plastic Surgery and Orthopaedic Surgery residents pursuing dual accreditation in Plastic Surgery / Orthopaedic Surgery and Hand Surgery must also apply through the annual residency intake matching exercise.

Continuity plan: Selection should be conducted via a virtual platform in the event of a protracted outbreak whereby face-to-face on-site meeting is disallowed and cross institution movement is restricted.

Less Than Full Time Training

Less than full time training is not allowed. Exceptions may be granted by Specialist Accreditation Board (SAB) on a case-by-case basis.

Non-traditional Training Route

The programme should only consider the application for mid-stream entry to residency training by an International Medical Graduates (IMG) if he/she meets the following criteria:

a) He/she is an existing resident or specialist trainee in the United States, Australia, New Zealand, Canada, United Kingdom and Hong Kong, or in other centres/countries where training may be recognised by the SAB: and

b) His/her years of training are assessed to be equivalent to the local training by Joint Committee on Specialist Training (JCST) and / or SAB.

Applicants may enter residency training at the appropriate year of training as determined by the Programme Director and RAC. The latest point of entry into residency for these applicants is Year 1 of the senior residency phase.

Separation

The PD must verify residency training for all residents within 30 days from the point of notification for residents' separation/exit, including residents who did not complete the programme.

Duration of Specialty Training

The training duration must be 48 months comprising 12 months junior residency and 36 months of senior residency.

The training duration for Plastic Surgery / Orthopaedic Surgery residents pursuing dual accreditation in Hand Surgery must be 36 months of senior residency.

Maximum candidature: All residents must complete the training requirements, requisite examinations and obtain their exit certification from JCST not more than 36 months beyond the usual length of their training programme. The total candidature for Hand Surgery is 24 months Surgery-in-General residency + 48 months Hand Surgery residency + 36 months candidature.

Maximum candidature: All residents in the Dual Residency Programme must complete the training requirements, requisite examinations and obtain their exit certification from JCST not more than 24 months beyond the usual length of their training programme. The total candidature for Hand Surgery dual residency programme is 36 months Hand Surgery residency + 24 months candidature.

Nomenclature: Because residents continue with Hand Surgery residency after the 2-year SIG residency, residents in 1st year of Hand Surgery residency are denoted as R3, residents in 2nd year of Hand Surgery residency as R4, etc.

"Make-up" Training

"Make-up" training must be arranged when residents:

- Exceed days of allowable leave of absence / duration away from training or
- Fail to make satisfactory progress in training.

The duration of make-up training should be decided by the Joint Coordinating Committee JCC[1] and should depend on the duration away from training and / or the time deemed necessary for remediation in areas of deficiency. The JCC should review residents' progress at the end of the "make-up" training period and decide if further training is needed.

Any shortfall in core training requirements must be made up by the stipulated training year and / or before completion of residency training.

Learning Outcomes: Entrustable Professional Activities (EPAs)

Residents must achieve level 4 of the following EPAs by the end of residency training:

	Title
EPA 1	Managing Hand Surgery Patients Non-Operatively
EPA 2	Managing Bone and Joint Conditions Surgically for Hand Surgery Patients
EPA 3	Managing Hand Infections Surgically for Hand Surgery Patients
EPA 4	Managing Tendon Conditions Surgically for Hand Surgery Patients
EPA 5	Managing Fingertip Injuries Surgically for Hand Surgery Patients
EPA 6	Managing Neuropathies Surgically for Hand Surgery Patients

[1] The JCC is established for Integrated Programmes (IPs) to oversee resident selection, training curriculum, and faculty and resident evaluations.

Learning Outcomes: Core Competencies, Sub-competencies and Milestones

The programme must integrate the following competencies into the curriculum, and structure the curriculum to support resident attainment of these competencies in the local context.

Residents must demonstrate the following core competencies:

1) Patient Care and Procedural Skills

Residents must demonstrate the ability to:

- Gather essential and accurate information about the patient
- Counsel patients and family members
- Make informed diagnostic and therapeutic decisions
- Prescribe and perform essential medical procedures
- Provide effective, compassionate and appropriate health management, maintenance, and prevention guidance

Residents must demonstrate competence of the following:

a. Managing Hand Surgery patients non-operatively
b. Managing bone and joint conditions surgically for Hand Surgery patients
c. Managing hand infections surgically for Hand Surgery patients
d. Managing tendon conditions surgically for Hand Surgery patients
e. Managing fingertip injuries surgically for Hand Surgery patients
f. Managing neuropathies surgically for Hand Surgery patients

2) Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioural sciences, as well as the application of this knowledge to patient care.

Residents must demonstrate knowledge in basic sciences, clinical, diagnostics, treatment, system, emergency management, surgical planning, operative principles, technical considerations, and post-operative care, that are applicable to Hand Surgery.

3) Systems-based Practice

Residents must demonstrate the ability to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinate patient care within the health care system relevant to their clinical specialty
- Incorporate considerations of cost awareness and risk / benefit analysis in patient care
- Advocate for quality patient care and optimal patient care systems

- Work in inter-professional teams to enhance patient safety and improve patient care quality. This includes effective transitions of patient care and structured patient hand-off processes.
- Participate in identifying systems errors and in implementing potential systems solutions

4) Practice-based Learning and Improvement

Residents must demonstrate a commitment to lifelong learning.

Resident must demonstrate the ability to:
- Investigate and evaluate patient care practices
- Appraise and assimilate scientific evidence
- Improve the practice of medicine
- Identify and perform appropriate learning activities based on learning needs

5) Professionalism

Residents must demonstrate a commitment to professionalism and adherence to ethical principles including the SMC's Ethical Code and Ethical Guidelines (ECEG).

Residents must:
- Demonstrate professional conduct and accountability
- Demonstrate humanism and cultural proficiency
- Maintain emotional, physical and mental health, and pursue continual personal and professional growth
- Demonstrate an understanding of medical ethics and law

6) Interpersonal and Communication Skills

Residents must demonstrate ability to:
- Effectively exchange information with patients, their families and professional associates.
- Create and sustain a therapeutic relationship with patients and families
- Work effectively as a member or leader of a health care team
- Maintain accurate medical records

Other Competency: Teaching and Supervisory skills.

Residents must demonstrate ability to:
- Teach others

Supervise others

Learning Outcomes: Others

Residents must attend Medical Ethics, Professionalism and Health Law course conducted by Singapore Medical Association (SMA) and Geriatric Medicine Modular Course by Academy of Medicine Singapore (AMS).

Curriculum

The curriculum and detailed syllabus relevant for local practice must be made available in the Residency Programme Handbook and given to the residents at the start of residency.

The PD must provide clear goals and objectives for each component of clinical experience.

Learning Methods and Approaches: Scheduled Didactic and Classroom Sessions

Residents must attend at least 80% of the national training lecture series.

The programme must organise, and residents must attend at least 70% of the following:

- Grand rounds
- Peer-review learning (PRL) sessions
- Multi-disciplinary conferences
- Journal Clubs
- Case audits

Learning Methods and Approaches: Clinical Experiences

Residents must complete the following rotations:

i. 12 months of compulsory Hand Surgery rotations in R3
ii. 18 months of compulsory Hand Surgery rotations in R4 and R5
iii. 6 months of elective Plastic Surgery and Orthopaedic Surgery rotations in R5
iv. 12 months of Hand Surgery Elective in R6 such as Hand Surgery (or a focus area within it), Plastic Surgery, Orthopaedics, Vascular Surgery and / or others approved on a case-to-case basis by the RAC.

Learning Methods and Approaches: Scholarly/Teaching Activities

Residents must complete the following scholarly activities by the end of residency:

	Name of activity	**Brief description: nature of activity, minimum number to be achieved, when it is attempted**
1.	First or second author publication of a nature, and in a journal acceptable to RAC	At least 1
2.	Paper Presentation in an international conference	At least 1

In the event of a protracted outbreak, scholarly activities should continue with meetings and conference for the scholarly activities conducted via virtual platforms.

Elective Scholarly Activity that is encouraged:

	Name of activity	*Brief description: nature of activity, when it is attempted*
1.	*Quality improvement projects*	*These may be undertaken at any point during the resident programme.*

Learning Methods and Approaches: Documentation of Learning

Residents must log at least 200 cases including at least 20 microsurgical cases per year.

Training requirement for residents in R3 from AY2026 onwards:

Residents must perform and log the following procedures by the end of residency.

Types of Procedures	**Minimum Number**
Fracture & Joint	200
Tendon	100
Nerve	100
Tumour	60
Fingertip	30
Microsurgical Reconstruction	30

Summative Assessments

	Summative assessments	
	Clinical, patient-facing, psychomotor skills etc.	Cognitive, written etc.
R6	Hand Surgery Exit Examination	- 120 Multiple Choice Questions (3 hours) - 4 Viva Voce Stations (Basic Science, Trauma Reconstruction, Hand Surgery Elective I, Hand Surgery Elective II) (Per station 20 minutes) - 1 Long Case (1 hour) - 4 Short Cases (15 minutes per case)
R5	-	-
R4	-	-

R3	IMRCS	The IMRCS Part A is a five-hour MCQ exam consisting of two papers taken on the same day. The AM paper is three hours and the PM paper is two hours in duration. Part B of the IMRCS is an objective structured clinical exam (OSCE). It tests: • Anatomy and surgical pathology; • Applied surgical science and critical care; • Clinical and procedural skills; and • Communication skills.
R2	Not applicable in SIG	
R1		

S/N	**Learning outcomes**	**Summative assessment components**		
		Component a: MCQ	Component b: Viva	Component c: Clinical
1	EPA 1: Managing Hand Surgery Patients Non-Operatively	✓	✓	✓
2	EPA 2: Managing Bone and Joint Conditions Surgically for Hand Surgery Patients	✓	✓	✓
3	EPA 3: Managing Hand Infections Surgically for Hand Surgery Patients	✓	✓	✓
4	EPA 4: Managing Tendon Conditions Surgically for Hand Surgery Patients	✓	✓	✓
5	EPA 5: Managing Fingertip Injuries Surgically for Hand Surgery Patients	✓	✓	✓
6	EPA 6: Managing Neuropathies Surgically for Hand Surgery Patients	✓	✓	✓