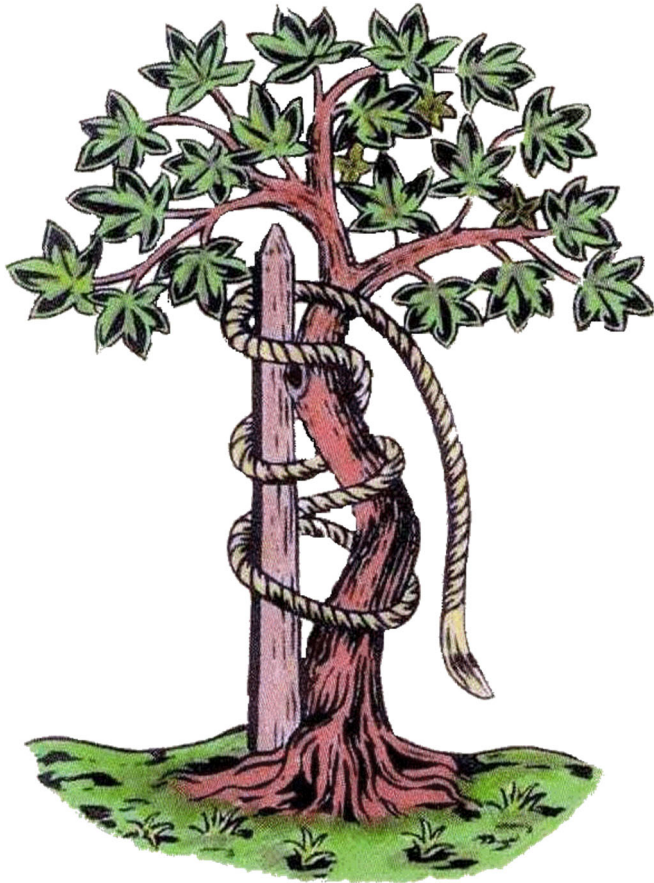




Postage affix

Secretariat

48th Postgraduate Course in Orthopaedics
Department of Orthopaedic Surgery
National University of Singapore
NUHS Tower Block, Level 11
1E Kent Ridge Road
Singapore 119228

48th Postgraduate Course in Orthopaedics

Incorporating
the FRCS (Ortho) Preparatory Course

15 - 19 February 2027

<https://medicine.nus.edu.sg/os/postgraduate.html>

**VENUE: NUHS Tower Block, Level 11
1E Kent Ridge Road, Singapore 119228**

**Organized By:
Department of Orthopaedic Surgery**

**Supported By
National University of Singapore
National University Hospital
Residency Advisory Committee for Orthopaedic Surgery**

CME Points will be accredited for the Course

Course Convenor:

Professor James Hui

Co-Course Convenor:

Dr Mark Chong
Dr Barry Tan
Dr Kong Chee Hoe

Registration Fees:

The registration fees are as follows:-

- A) **Course Participant** (sitting for FRCS(Ortho)- **SGD 2,500.00**
- B) **Returning Overseas Participants** from 47th Orthopaedic Postgraduate Course 2026 : - **SGD 2,200.00**
- C) **Overseas Observers:** **SGD 1400.00**
- **Observers will be allocated into the VIVA Participant Groups to understand the expectations and content for the FRCS from observation of the viva sessions.**
(Includes Course Dinner and all meal refreshments)

Please mail your application together with your cheque/bank draft payable to "**NATIONAL UNIVERSITY OF SINGAPORE**" or credit card payment details to:

Department of Orthopaedic Surgery
National University of Singapore,
NUHS Tower Block, Level 11,
1E Kent Ridge Road,
Singapore 119228.

Cancellation Clause

Any cancellation or replacement must be conveyed to the organizer in writing. A cancellation charge of 90% of fee will be levied if the cancellation is received before 1 January 2027 failing which there will be no refund. There will also be no fee refund for NO SHOW. The organizer reserves the right to cancel the workshop and fully refund the participants should unforeseen circumstances necessitate it.

For General Enquiries, please contact:

Ms Sarojeni
Department of Orthopaedic Surgery
National University of Singapore,
NUHS Tower Block, Level 11
1E Kent Ridge Road, Singapore 119228

Tel: (65) 6772 4342
E-mail : dossss@nus.edu.sg

Course Description

This 5 day Course is designed for higher surgical trainees in orthopaedics as well as basic surgical trainees with a keen interest in Orthopaedics.

The Course will provide a comprehensive review of the syllabus in FRCS (Orthopaedics). It is designed to cover the topics through enlightening and stimulating lectures, and a set of clinical practice sessions.

Most importantly, there will be plenty of interactive viva and mock clinical examinations.

Highlights of the Course include:

1. Viva on anatomy and surgical exposures of the upper limb and lower limb.
2. Mock clinical examinations covering sports, spine, knee, hip, shoulder and hand.
3. Viva and mini-lectures on the basic science of materials (wear and polymers).
4. Viva and OSCE session on pathology and histology on bone tumours.
5. Update on articular cartilage, nerve and plexus injury.
6. Interactive sessions on statistics and journal critique.



Comments from Past Participants

"Very examination-oriented!"
"We loved the interactive sessions!"



"The mock clinical examinations were superb"
"We will definitely recommend this course to our juniors!"

48th Postgraduate Course in Orthopaedics 15 - 19 February 2027

I wish to register for the 48th Postgraduate Course in Orthopaedics

☐ **SGD 2500.00 - Course Participant**
☐ **SGD 2200.00 - Returning Overseas Participant** from 47th Postgraduate Course (Overseas Participant)
☐ **SGD 1,400.00—Overseas Observer** for the Course

☐ I enclose my bank draft/cheque no. _____ for SGD\$, _____ payable to "National University of Singapore".

☐ Please charge the amount of SGD\$ _____ to my credit card. ☐ Visa ☐ MasterCard ☐ Amex

Name on Credit Card : _____ Name of Bank : _____

Credit Card No : _____ Expiry Date : _____

I hereby authorize National University of Singapore to debit the above-mentioned card account for the payment of registration fees stated above.

Signature of Cardholder _____ Date _____

REGISTRATION DETAILS

Name (Please underline surname) : _____

Mailing Address : _____

E-mail : _____

Hospital / Country : _____

Please mail this form and bank draft / cheque (if enclosed) to: **Secretariat, 48th Postgraduate Course in Orthopaedics**

Department of Orthopaedic Surgery
National University of Singapore
NUHS Tower Block, Level 11
1E Kent Ridge Road, Singapore 119228

Registration