Updating Guidelines on Accreditation of Training 2017
Aligning with HKAM requirements

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Hong Kong College of Paediatricians
Accreditation Committee
Revisit Briefing Session
10-2-2017
• As a constituent college of the HKAM, the HKCP is a statutory body in Hong Kong to supervise the paediatric professional training & practice

• Her Function is to ensure the standard and quality of paediatric practice by maintaining a reliable system of training, accreditation, and continuous professional development.
- **Education Committee**: Guidelines on Postgraduate Training
- **Accreditation Committee**: accreditation of training units and individual trainers & trainees of general paediatrics
- **Examination Committee**: assessment of trainees (Intermediate Exam & Exit Assessment)
- **Subspecialty Accreditation Committee**: accreditation of training units and individual trainers & trainees of paediatric subspecialties
- **Review Committee**
Evolution of Training Curriculum

1st training curriculum in 1988, by Prof CY Yeung and Heads of Paediatric Units

The first Guideline on Postgraduate Training and Accreditation (1995)

The revised Guideline on Postgraduate Training and Accreditation (2007)
Check List of Clinical Experience and Procedures
Guidelines to Trainers and Trainees

1. The Check List of Clinical Experience and Procedures serves as a reference for trainers and trainees.

2. Disease entities are classified into three categories:

   **Category 1:** Trainees are expected to have *personally managed* at least *ten* of each of these disease entities.

   **Category 2:** Trainees are expected to have *personally managed* at least *five* of each of these disease entities.

   **Category 3:** Trainees are expected to have *clinical exposure* to at least *50%* of the disease entities in this category under *each subspecialty*. Trainees may include patients presented in teaching rounds and seminars in other hospitals.

3. Trainees are expected to have attended, observed, assisted or successfully performed a certain number of activities and procedures under different subspecialties. The number required is shown within the parenthesis.

4. The supervisor should regularly assess the trainee's overall training and identify any deficiencies in either experience gained or experience available to be remedied early in the posting.
Reminder

• Basic Training - Join as Associates within 6 months of starting paediatric training
• Higher Training - Apply for Membership within 6 months of qualifying (3 yr Basic Training + passing Intermediate Exam)
Paediatric Training and Assessment Pathway - Hong Kong

For trainees after July 2001

3 Years

Subspecialty Training

Higher Training

Exit Exam: clinical competence, service related, critical appraisal, 2 dissertations

Work-based assessment by trainers – log sheet & assessment sheet

Intermediate Exam/MRCPCH: Part I, Part II, Clinical Exam

6 months Neonatal training

6 months Community child health

18 months general paediatrics (or rotational scheme to diff subspecialties, or children/infant wards of different age-group (infant -> adolescent)

6 months flexible module (gen paed, neonat, ...)

3 Years

Basic Training

3 Years

Maximum 1 year overlap

Child protection course

PALS Course
Main revisions since the 1995 Guideline

• For trainees starting in July 2003 – Mandatory module in Community Child Health
  – MCHC (6 months) since July 2003
  – MCHC (3 months) + CAC (3 months) since Jan 2009
• July 2005 – PALS course before Membership
• For trainees starting in July 2009 – Child Protection Course before Fellowship
• For trainees starting in July 2015 – Paediatric Sedation Course
ACCREDITATION FOR HIGHER TRAINING

Trainer to Trainee Ratio:

- Both trainers and trainees, >50% of the work should be spend in that subspecialty
- Total number of trainees (1:3), > x 2 trainers for that subspecialty
- The trainer-trainee mapping should be submitted monthly, January and July
Reminder

• Overseas training need prospective approval (apply 3 months before going; otherwise regarded as retrospective application at an administrative charge of $2000)

• Paediatric experience before joining College accredited training programme – can apply for retrospective accreditation, charge of $10000
Reminder

• Interrupted training – need approval
  – Should normally be <1 year;
  – For justifiable reasons;
  – Need to extend training if >12 wk/period of interruption, or >24 wk cumulative
  – Should not affect the mandatory modules
Accreditation of Training Units

Each Unit is accredited to have a number of training teams, headed by 1 or more trainers, supervising at most 3 trainees

2 functioning teams, or neonatology + 1 functioning team
   = 12 months (2 modules** for trainee)
3 functioning teams, or neonatology + 2 functioning teams
   = 18 months (3 modules for trainee)
Neonatology + 3 functioning teams
   = 24 months (4 modules for trainee)
Conditions for accrediting a training team (1)

- A training team in General Paediatrics: 10-30 patients/day
- A training team in Neonatology: 1400 deliveries/year
- A training team in PICU: HA-designated ICU beds with >4 patients/day

- Training teams in Subspecialties (for the purpose of rotational scheme to fulfill the 18 months of General Paediatric training): 10-30 patients/day
Conditions for accrediting a training team (2)

Additional criteria for accreditation:
– clinical facilities;
– teaching activities, case discussion, conferences, journal club;
– clinical audit;
– ambulatory or outpatient activities;
– on-call duties;

(for Higher Trainees) higher level of responsibilities - supervision of junior, administration, research.
Accreditation of training supervisors & trainers

• Each Unit: One Training Supervisors + “n” Trainers
• Full time employment in a Training Unit

• Before 16 Mar 2004, all Trainers can supervise Basic and Higher Trainees
• After 16 Mar 2004, Trainers with ≤ 3 years of Fellowship can supervise Basic Trainees only; Fellows after 3 years of experience can supervise both Basic and Higher Trainees
Accreditation of training supervisors & trainers

• Trainers in a General Paediatrics team (or a Subspecialty team) must spend >50% of their work in General Paediatrics (or in that Subspecialty)
• A trainer cannot take trainees in both General Paediatrics and a Subspecialty at the same time
• A subspecialty trainee cannot serve as trainer while they are on training*
Accreditation of Training Units

• Each team can supervise 3 trainees (2 Higher + 1 Basic or vice versa). Elective Family Medicine trainees or trainees in other training programmes are counted as Basic trainees.

• If a team has >3 trainees, the accredited training period of all trainees is reduced pro-rata.

• During Basic Training, each trainee cannot be supervised by the same trainer for > 1 year

• During Higher Training, each trainee cannot be in a subspecialty for >1 year

• The subspecialty training within the Higher Training period can be counted as one year of subspecialty training for the 3 years of subspecialty training
Monitoring

• Trainee-Training team mapping and caseloads are reported to College every 6 months

• Training Units are re-accredited every 5 years

• All changes in the training programme and training centres have to be approved by Academy EC and Council
Special Features in 2017

• As the Hong Kong Children’s Hospital will commence operation in 2018, for this re-accreditation exercise, all training units are additionally requested to submit estimated data regarding the projected impact (if any) of the possible translocation of services to HKCH.

• Including the post-HKCH caseload, trainee and trainer ratio, the team structures and the projected service for our provisional accreditation.

• The differences between trainee rotations (if applicable) pre-and post-HKCH should be highlighted
Thank you
List of Participants

• Chief of Services (COS), HA Hospitals & DH
• Training Supervisors, HA Hospitals & DH
• Visiting Team Members
• Members of Accreditation Committee
Request to COS’s and Training Supervisors

• Provide adequate and accurate statistics before the visits
• Cooperative with the Accreditation Teams during the visits
• Included a session for the Visiting Team to meet the Trainees without presence of the seniors during the visit
• Supply additional information at request of the Visiting Team
• Please reserve your rights to appeal to the College Review Committee if you have different views to the recommendations of the Visiting Team
Compositions of the Team

- 1 Team Coordinator and 2 team members
- The Team Coordinator would be previous member who would facilitate leading new members, briefed for procedure and logistic works
- 1 Team member would be Accreditation Committee Member who would monitor the standard and rules
- 1 new member
- All COS & Chief of HA and DH training units
# Upcoming Re-accreditation Visits – 2017


<table>
<thead>
<tr>
<th>Month / Year</th>
<th>Hospital/ COS</th>
<th>Date for Pre-visit briefing session</th>
<th>Date for Visit</th>
<th>Team Members 2012-2013 (Team Leader in Bold; *AC member)</th>
<th>Team Members 2017-2018 (Team Leader in Bold; *AC member)</th>
<th>Deadline for the hospitals to submit the reports</th>
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<td>March 2017</td>
<td>AHNH + NDH/ Luke Chi Tak TONG</td>
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Time line for Accreditation Visit

• Feb & April 2017: Submission of data
• Mar to Aug 2017: Field visits to different units
• Oct to Nov: visiting reports from visiting teams
• Mar-2018: recommendation from Accreditation Committee and approval by Council
• Mid-2013: Submission to HKAM Education Committee
Procedure of Accreditation Visits

- Training supervisor to provide statistics on request
- Accreditation team will study details well before the visit
- Meeting the COS, Training Supervisor, Trainers at the beginning
- Field visit of the training unit
- Meeting with the COS again
- Meeting Trainees in the absence of seniors
- Revisits where necessary
- Field visit Report for consideration of the Accreditation Committee
- Approval of College Council for accreditation status
Thank you