THE HONG KONG COLLEGE OF PAEDIATRICIANS
(Incorporated in Hong Kong with Limited Liabilities)

Working Group for Accreditation of Paediatric Subspecialties in Hong Kong for Higher Training of Paediatric Subspecialty

Application for the Accreditation of the Subspecialty of Paediatric Endocrinology.

1. Declaration :

1.1 We, the undersigned, would like to apply for accreditation of the subspecialty of Paediatric Endocrinology, this being a new and different from existing subspecialties.

1.2 We submit that the subspecialty is needed in Hong Kong.

Proposed manpower estimates :

(i) 21-23 (number) of Fellows could be qualified as First Fellow

(ii) 21-23 (number) of subspecialists existed. (majority are part timers)

(iii) 23-25 (number) of subspecialists projected as required locally in the next 10 years. (full-time and part-time)

1.3 This subspecialty also exist in other countries such as UK , USA and Australia

(i) One paediatric endocrinologist per 500,000 total population is proposed by the British Society of Paediatric Endocrinology & Diabetes- UK standards for Paediatric Endocrinology 2010. There were 11 paediatric endocrinologists per 1 million of the US population aged 18 years or younger as of 2011 and 55 paediatric endocrinologists in Australia as of 2016 (i.e.55 in 24M population).

2. Justification for establishment of subspecialty :

We have also submitted a descriptive narrative, stating that our subspecialty satisfies all the Criteria laid down by the Academy of Medicine for the recognition of a Subspecialty (Appendix I).

(i) the subspecialty is needed in Hong Kong
(ii) the subspecialty is new and different from existing subspecialties
(iii) the knowledge, skills and practice required by that subspecialty are identifiably distinct and are deemed appropriate and compatible with the practice of paediatrics
(iv) the subspecialty exists in other countries
(v) the subspecialty is recognized at the institutional level; with the appointment of academic staff for that subspecialty at the Associate Professor level in a university in Hong Kong or the appointment of a Consultant for that subspecialty in one of the Hospital Authority Hospitals or the Department of Health
(vi) the subspecialty has the administrative support of one or more constituent Colleges of the Academy.

Please also include justification for the subspecialty to be recognized and that the subspecialty has enough members, activities, a training programme ready for accreditation and unanimous agreement of the programme by all Fellows interested in the subspecialty.

3. Proposed training programme :

3.1 We propose the training programme would be 3 years with a minimum of 30 months of full clinical activities.

3.2 One (number) proposed training programmes within the territory of HK would be adequate at any one time.

3.3 We provide local statistics for our subspecialty :

a. Estimated patient load in Hong Kong:

i. Inpatients - new cases/month:
- □ <5
- □ 6-10
- □ 10-15
- □ 16-20
- □ 21-25
- □ 26-30
- □ >30

ii. Outpatient attendance- new cases/month
- □ <5
- □ 6-10
- □ 10-15
- □ 16-20
- □ 21-25

- ☐ 26-30
- ☐ >30

iii. Outpatient attendance- old cases/month

- ☐ < 20
- ☐ 21-40
- ☐ 41-60
- ☐ 61-80
- ☐ 81-100
- ☐ > 100

iv. Estimated number of cases in general population:

~1,000 per 1 million

b. Local facilities:

i. Designated inpatient bed numbers (N/A if not applicable):

N/A	(please specify number)
(mainly outpatient care)	(please specify type: eg neonataology, haematology-oncology, renal, PICU, etc)

ii. Designated outpatient attendance per month

~100	(please specify number of new cases)
~1500	(please specify number of old cases)
~70-80	(please specify frequency of out patient clinics)

iii. Details of facilities relevant to the subspecialty (eg diagnostic laboratories, electrophysiology laboratories, imaging facilities): (please specify number and type of facilities)

Type of facilities	Number
Chemical Pathology Lab	Most HA hospitals
Imaging facilities	Most HA hospitals
Molecular Lab	4-5 under 3 clusters
Metabolic Lab	4-5 under 3 clusters
Endocrine Lab	4-5

iv. Details of facilities might need to be given – subspecialty specific:

(e.g. Neonatology: ventilator bed, paediatric surgery etc) (please specify)

Type of facilities	Number
Paediatric and neonatal intensive care units	8
Paediatric Surgical Centres	3
Neurosurgical Centres	5
ENT, Eye and Orthopaedic Surgical Department	Most HA hospitals

c. Resources

v. The development of this subspecialty requires extra resources

☐ Yes ☐ No

If yes the extra resources include:

1. Manpower

☐ Yes ☐ No

2. Equipment

☐ Yes ☐ No

3. Space for use by subspecialty

i) Bed space

☐ Yes ☐ No

ii) Laboratory space

☐ Yes ☐ No

iii) Rehabilitation space

☐ Yes ☐ No

iv) Others:

☐ Yes ☐ No

If yes, please specify: Advanced technology such as Insulin pump, Continuous glucose monitoring system, Body composition analyser Bone densitometry (DEXA scan)

d. Manpower

i)	Number of subspecialists needed in Hong Kong	14-16 (FT) ~23-25 (FT and partime)
ii)	Number of peer-recognized subspecialists currently practicing in Hong Kong (majority are part timers)	21-23
iii)	Number of Paediatricians currently practicing this Subspecialty (majority are part timers)	21-23
iv)	Number of trainees that need to be trained to meet the current need	8-11
v)	Number of qualified trainers currently available	14-16
vi)	Number of trainees that can be accommodated with the existing provision of manpower and facilities	2-3 new trainees /year
vii)	Number of trainees currently under training in this subspecialty	6-8

3.4 Career structure

Based on the analysis of the above information, we deduce the following:

1.	Number of fully-trained subspecialists in (e.g. neonatology) required for whole of Hong Kong	23-25
2.	Number of subspecialists trainees required to be trained after their FHKAM (Paediatrics) Fellowship Exit Examination in order to maintain a steady state in the next 10 years (i.e. all fully-trained subspecialists can function full-time in that subspecialty and the "a" can be reached just right), taking into account of retirement and projection of needs in the next 10 years, etc.	8
3.	Number of fellows (FHKAM Paediatrics) required to be working with the subspecialists to reach a desirable level of service and training for the whole of Hong Kong.	5
4.	Number of trainees (pre-fellows) required to be working in the subspecialty to reach a desirable level of service and training for the whole of Hong Kong.	5
5.	Number of centres or clustered network required for this subspecialty in the whole of Hong Kong.	4-5 training centres

3.5 We also submit additional information on the justification of establishment of our subspecialty, with reference to :

3.51 Curriculum:

a) Duration of subspecialty training

- ☐ 2 years post-higher training in general paediatrics
- ☐ 3 years (incorporating 1 year of training in that particular subspecialty during the higher training in general paediatrics and 2 years of extra subspecialty training)

b) Maximum duration **(6 months)** of recognition for specified qualification or training within the subspecialty training programme

		Yes	No
i)	Ph. D	☐	☐
ii)	M. Phil.	☐	☐
iii)	M. Med. Sc.	☐	☐
iv)	Others	☐	☐

Please specify _____

c) Clinical experience

i) Minimum

- ☐ 24 months
- ☐ 30 months
- ☐ 36 months

ii) Maximum

- ☐ 24 months
- ☐ 30 months
- ☐ 36 months

iii) Minimum number of new out-patient consultation in that subspecialty during the whole period of subspecialty training

- ☐ 50-100
- ☐ 100-150
- ☐ 150-200
- ☐ 200-300
- ☐ Others

Please specify _____

iv) Minimum number of old out-patient consultation in that subspecialty during the whole period of subspecialty training

- ☐ 300-400
- ☐ 400-500
- ☐ 500-600
- ☐ 600-700
- ☐ 700-800
- ☐ Others

Please specify _____

v) Minimum number of subspecialty clinics per week

- ☐ 2
- ☐ 3
- ☐ 4

vi) Necessity of log sheet or log book

 Yes No

vii)Availability of checklist for minimum number of special procedures for that subspecialty

 Yes***** ☒ No

*** (please submit a separate check list on all special procedures required for the subspecialty – Appendix II)**

d) Research activities required

☒ Yes No

If yes,

(i) Clinical research programme

☒ Yes No

(ii) Basic research programme (eg. laboratory experience)

 Yes ☒ No

If yes, please specify minimum duration

 6 months

 12 months

Please also specify maximum duration allowed

 6 months

 12 months

e) Teaching required

☒ Yes No

If yes, please specify minimum percentage of time

 5%

 10%

 15%

 Others

Please specify _____

Please also specify maximum percentage allowed

 10%

 15%

 20%

 Others

Please specify _____

i) Undergraduate

☒ Yes No

ii) ii)Postgraduate

☒ Yes No

f) Administration within subspecialty (eg medical audit, involvement of service development, co-ordination & administration within subspecialty)

☐ Yes ☐ No

If yes, please specify minimum percentage of time

- ☐ 5%
- ☐ 10%
- ☐ 15%
- ☐ Others

Please specify _____

Please also specify maximum percentage allowed

- ☐ 10%
- ☐ 15%
- ☐ 20%
- ☐ Others

Please specify _____

g) Subspecialty training is done in

- ☐ two centres, minimum requirement
- ☐ more than two centres, up to 4 centres

h) Overseas training required

☐ Yes ☐ No, but highly recommended and encouraged

If yes, what is the minimum duration?

- ☐ 3mths
- ☐ 6mths (preferably at least)
- ☐ 12mths
- ☐ others:

Please specify _____

If yes, please also describe

(i) setting Tertiary care facilities with a recognized training programme

(ii) objectives To broaden clinical and laboratory experience in the diagnosis, treatment and prevention of paediatric endocrine diseases

i) Pre-set curriculum for their elective period

☐ Yes ☐ No

3.52 Assessment of training :

a) Profolio assessment

 Yes No

If yes, please describe

(i)Oral	Yes	No
(ii)Written	Yes	No
(iii) Course work	Yes	No
(iv)Postgraduate Degree or Certificate	Yes	No
(v)Published papers/dissertations	Yes	No
(vi) Presentations	Yes	No

3.6 Institution/Functional Training Unit

3.61 Please describe the statistics for EACH Programme :

				Comments
1. Case load per year	(new) 1000 (old) 5000			
2. Case profile	* Highly Complex	10	%	
	* Complex	30	%	
	* Intermediate	30	%	
	* Simple	30	%	
a) No. of specialists working in the programme	14-16			
b) > 50 % of time working in the subspecialty				
3. No. of sub-specialists (FTE) (FTE = at least 35-50% of time working in the sub-specialty)	5-6			Not single handed, best 3-5 subspecialists for cover
4. Having a structure for centre e.g. Director on service, training or research etc	Yes No NA			
5. No. of trainees	6-8			
6. No. of supporting staff (Please specify)	e.g. Clinical psychologist	2-3		
	Scientific officer	1-2/ unit		
	Therapists	2		

	Research fellows/assistants	1-2	
	Endocrine nurse	2	
	Diabetic nurse	5	
	Dietitian	2	
7. Structured training programme	□Yes □ No □ NA		
8. Clinical guidelines/protocols	□Yes □ No □ NA		
9. Clinical audit	□Yes □ No □ NA		
10. Research projects – No.	2-3		

*** Please define clearly each category for your subspecialty, citing clinical examples and the case mix necessary for a viable programme.**

3.7 Supportive Service considered as mandatory to the programme :

								Comments
1. Coordination with other relevant paediatric subspecialties (please specify)								
	Yes	No	NA	emergency	elective	On site	Other location	
e.g. PICU/NICU	□	□	□	□	□	□	□	
Medical subspecialties	□	□	□	□	□	□	□	
Surgical subspecialties	□	□	□	□	□	□	□	networked
Orthopaedic subspecialties	□	□	□	□	□	□	□	
Oncology	□	□	□	□	□	□	□	networked
Others (please specify)								
2. Special investigatory support								
a. Laboratory								
	Yes	No	NA	emergency	elective	On site	Other location	
Chemical pathology	□	□	□	□	□	□	□	
Histo-pathology	□	□	□	□	□	□	□	
Microbiology	□	□	□	□	□	□	□	
Immunology	□	□	□	□	□	□	□	
Others (please specify)								

b. Radiology								
US	□	□	□	□	□	□	□	
CT	□	□	□	□	□	□	□	
MRI	□	□	□	□	□	□	□	
Isotope Scan	□	□	□	□	□	□	□	
Others (please specify)								
3. Special therapeutic support								
Radiotherapy	□	□	□	□	□	□	□	
Interventional radiology	□	□	□	□	□	□	□	
Chemotherapy	□	□	□	□	□	□	□	
Pharmacy	□	□	□	□	□	□	□	
Total parental nutrition	□	□	□	□	□	□	□	
Nutritionist	□	□	□	□	□	□	□	
Clinical psychologist	□	□	□	□	□	□	□	
Medical Social workers	□	□	□	□	□	□	□	
Allied health	□	□	□	□	□	□	□	
Others (please specify)								
Milk kitchen □								
4. Special management modalities (eg Parents support groups) (Please specify)					Patient Support Group			

3.8 Proposed requirement of Trainers

a) Number of training staff in a centre recommended :

□ 1-2
□ 2-3
□ 3-4
□ >4

Please specify _____

b) In possession of the necessary skills in laboratory, special procedure or basic sciences practice

□ Yes □ No

c) Active in carrying out clinical audit and setting up of management guidelines

□ Yes □ No

3.9 Proposed educational activities :

	Location	Frequency
Grand round	Inter-hospital	Every 3 months
	Local	1/2-Weekly
Journal Club	Local	Monthly
X-ray/imaging meeting	Local	Monthly
Audit	Inter-hospital	Every 6-12 months
* other CME Activities	Conferences	Every 1-2 years
	Fellowship Meeting	Yearly
	Lab workshop	Every 2 years

*** (please note that CME activities will be required for recognized subspecialities)**

3.10 The field of research available in our subspecialty and existing in HK (please describe in details) :

(i) Clinical

1. Endocrine complications in Thalassaemia Major patients
2. Genetics in hyperinsulinism
3. Bone health in children with neuromuscular disorders
4. Aetiological bases of 46, XY disorder of sex development in the Hong Kong Chinese population
5. Molecular analysis of congenital adrenal hyperplasia due to 21-hydroxylase deficiency in Hong Kong Chinese patients
6. Endocrine late effects and neuro-endocrinology of childhood cancer survivors
7. Construction of local growth charts e.g. Waist circumference for normal children and Growth parameters for Down syndrome.
8. Case-based study on unusual endocrinologic disorders

9. Osteogenesis Imperfecta
10. Feasibility study on expanded newborn screening logistics

(ii) Laboratory

1. Setting up reference intervals of urine steroid metabolites in Chinese neonates and young children

(iii) Epidemiological

1. Childhood Diabetic Registry in Hong Kong

3.11 4 (Number) of candidates are potential programme director(s) for HK (> 50% of time spent on subspecialty)

3.12 14-16 (Number) of candidates are potential trainers of the programme

3.13 We submit in details the curriculum of our subspecialty training programme under the headings of knowledge, skills and attitudes as Appendix III (on describing the training programme, please take reference from the handbook of Guideline on Postgraduate Training & Accreditation published by the College).

4. We propose

(a) Prof. Mehul Dattani from Great Ormond Street Hospital

(b) _ Prof. George Werther from Royal Children's Hospital Melbourne, and

(c) Prof. Phil Zeitler from Children's Hospital Colorado

to be external assessor of our programme.

On behalf of the core groups of Paediatric Endocrinology subspecialty

Co-ordinators of the subspecialty :

Dr.	Dr.	Dr.	Dr.
Dr.	Dr.	Dr.	Dr.
Dr.	Dr.	Dr.	Dr.

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