

Committee for Subspecialty Boards (CSB)

Proposal to Council for accreditation framework of subspecialty training clusters and modules

Draft prepared by Simon Lam on 12 March 2020

Since accreditation of 6 subspecialties in our College, there has been several important problems that threaten the sustainability of subspecialty training programmes:

1. Sustainability of subspecialty training centres is problematic as some subspecialties need 2 or more subspecialty trainers to be a training centre and centres are highly vulnerable to trainer movements.
2. The developing hub-and-spoke model in collaboration with the HKCH does not favour subspecialty training programmes based on standalone training centres

A series of meetings have been conducted as an interim review of our College's subspecialty development so far and to provide solutions to the problems identified so far. Meetings with College Fellows and Subspecialty First Fellows (28 February 2019), Chiefs of Service and Department Heads (2 March 2019), unsuccessful First Fellow applicants (2 March 2019) and Young Fellows and College Trainees (25 May 2019) were successfully held. This was followed by a CSB retreat (29 June 2019) and a post-retreat meeting by core CSB members (11 July 2019). Based on these meetings, a final report was submitted to the CSB and College Council. Council endorsed the report at the 183rd Council Meeting held on 27th November 2019.

From the previous discussions and the CSB Final Report, an accreditation framework for subspecialty training clusters and subspecialty modules was suggested. The following suggestions have been reviewed by the six established Subspecialty Boards, endorsed at the 20th CSB meeting and suggested for further Council discussion.

1. Setting up subspecialty training clusters
 - a. A Subspecialty Training Cluster (as a whole) should have the same accreditation criteria in terms of trainers, casemix/workload and training activities as accredited training centres (while individual hospitals within the cluster may not fulfil all accreditation criteria).
 - b. Need to ensure that trainers provide subspecialty training coverage throughout the subspecialty training cluster.
 - c. Need to ensure that the trainee is engaged in subspecialty training activities from throughout the subspecialty cluster in a structured and pre-approved way.
2. Setting up subspecialty modules
 - a. Units may be accredited to offer subspecialty training modules of limited duration if they have fulfilled similar (even though not completely fulfilled) accreditation criteria in terms of trainers, casemix/workload and training activities as accredited training centres.

- b. Some possible scenarios:
 - i. A unit with casemix/workload and training activities sufficient for full training centre status, but insufficient trainers (e.g., 1 instead of 2), may be offered a subspecialty training module at a percentage of the original duration (e.g., 50%).
 - ii. A unit with casemix/workload and training activities insufficient for full training centre, but provides certain specialised subspecialty skills training, e.g., PSG for PRM, EEG for PN, BMT for PIID, may provide a certain duration of specialised module for subspecialty training, e.g., 6 months of paediatric sleep medicine for the purposes of PRM training.
 - iii. The exact duration of modular training and number of training modules allowed and the criteria required for accreditation should be determined in advance by the Subspecialty Boards.

3. Allowing change in number of required number of trainers in training centres

- a. Will need Subspecialty Boards to apply for change in training centre accreditation criteria to be approved by CSB, Council and HKAM. Need to demonstrate to CSB, College and HKAM that training standards and trainee exposure have not been compromised if application is for reduction in trainer requirements or number of trainers needed.

Updated: 13 March 2020

Endorsed at 185th Council meeting of 31 March 2020