Hong Kong College of Paediatricians

Accreditation Committee

Appendix 1 (List of trainers & their subspecialties)

For COS/Training Supervisor (For submission to Accreditation Committee every 6 monthly)

Institution:	

Date of submission:	

Alphabet	**Name of trainers**	**General Paediatrics/Subspecialties***	**Full-time/Part-time#**
A	Chan Tai Man		
B	Chan May Po		
C			

No	**Subspecialties**
0	General Paediatrics
1	Adolescent Medicine
2	Cardiology
3	Clinical Genetics
4	Community Paediatrics
5	Developmental Paediatrics
6	Endocrinology and Metabolism
7	Gastroenterology and Hepatology
8	Haematology and Oncology
9	Immunology & Infectious Diseases
10	Intensive Care
11	Neonatology
12	Nephrology
13	Neurology
14	Respiratory Medicine
15	Others (please specify)

* 1 subspecialty only, excluding General Paediatrics
\# Please indicate full-time (F)/part-time (P) basis