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Dear Professor Cheung,

Recommendation for the Accreditation of Pediatric Cardiology Subspecialty in Hong Kong

I have been invited to review the program for the development of pediatric cardiology as an accredited subspecialty training programme under the auspices of the Hong Kong College of Paediatricians. I understand that with the commencement in 2021 of the pediatric cardiology service at the newly opened Hong Kong Children's Hospital, the only tertiary pediatric cardiology centre in the territory, and the establishment of the hub-and-spoke model for delivery of territory-wide pediatric cardiology service, it is timely for development of a comprehensive and structured pediatric cardiology training program to nurture future generations of pediatric cardiologists in Hong Kong.

In Singapore, we had recently commenced a training program as well for pediatric cardiology in a similar vein. Having passed the exit exam for general pediatrics, selected trainees in cardiology then go into the sub-specialty full-time. Here, they are exposed to a wide variety of cardiology conditions, through rotations in outpatients, inpatient wards, ICU, cath and echo labs. They are also expected to participate in academic activities, such as research and education. At the end of the 2-year program, these cardiology trainees sit an exit exam (chaired by myself and 2 other members, including an invited external examiner) and they can then be gazetted pediatric cardiologists on passing the exit exam.

The members of the Hong Kong sub-committee are well respected members of the pediatric cardiology fraternity and can contribute to mentorship of the program. It is important for supervisors to frequently (I note this is 3-monthly) meet supervisees in providing valuable feedback on their progress and performance. This allows for timely improvement where there is any shortfall. The objectives of the program are also well articulated. Here, we must

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reiterate that the intent is to provide training toward formation of an all-rounded general pediatric cardiologist, and not an expert in all areas such as interventions, echo etc – as such an expectation would be near-impossible. It is increasingly difficult (at least in Singapore) to incentivize paediatricians to choose cardiology which is more intense over the more ‘life-style’-type sub-specialties, so the training has to be calibrated between producing a competent general pediatric cardiologist against a very onerous program which may discourage pediatricians from joining. Once the foundation is laid, the pediatric cardiologist can further choose niche areas to specialize in. This program has set some realistic targets and key deliverables for procedures. Again, we recognize our subspecialty to be a very multi-faceted one with complex interactions, so nurturing soft skills of communication (with patients, parents, other staff – surgeons, anesthesiologists etc) is imperative.

I commend the pediatric cardiology sub-specialty development group for taking on this arduous but very meaningful task. I can see a great deal of effort being put into the preparation of a most comprehensive program which is very fit for purpose. I congratulate the team and offer my support to this program for the formal accreditation of the development of this sub-specialty in Hong Kong, and wish the team great success in this movement. Once this has been rolled out, it would be useful to review on a periodic basis if deliverables are achieved, and to tweak and improve on it from time to time.

If there is anything else I can do to help, please do not hesitate to let me know.

Thank you.

Yours sincerely,



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