

Response to Vetting
Committee's recommendations

Training dates: mandatory 5-10/6

Administrative dates: mandatory 5-10/6

Different lists of curriculum for the different mandatory modules not necessary. All modules serve the same objectives

Module B: 3- months Adult Neurology Training was reviewed by our three overseas experts to be comparable with overseas standard

Two dissertations for exit, one to be accepted for publication

Exit exams: oral, written and clinical

Log book will be designed based on the basic and higher training log book

Neurology:
The study of the Nervous System

Paediatric Neurology
The study of the nervous system
of the developing child



Paediatric Neurology
as a
Paediatric Subspecialty



Comparison of the UK and overseas Paediatric Neurology Training Programmes	
UK Programme	Overseas Programme
Duration: 3 years (including 1 year of clinical placement)	Duration: 3 years (including 1 year of clinical placement)
Curriculum: The curriculum is based on the UK Paediatric Neurology Curriculum Framework, which is a comprehensive document covering all aspects of paediatric neurology.	Curriculum: The curriculum is based on the UK Paediatric Neurology Curriculum Framework, which is a comprehensive document covering all aspects of paediatric neurology.
Assessment: The assessment is based on the UK Paediatric Neurology Curriculum Framework, which is a comprehensive document covering all aspects of paediatric neurology.	Assessment: The assessment is based on the UK Paediatric Neurology Curriculum Framework, which is a comprehensive document covering all aspects of paediatric neurology.
Exit Exams: The exit exams are based on the UK Paediatric Neurology Curriculum Framework, which is a comprehensive document covering all aspects of paediatric neurology.	Exit Exams: The exit exams are based on the UK Paediatric Neurology Curriculum Framework, which is a comprehensive document covering all aspects of paediatric neurology.
Log Book: The log book is based on the UK Paediatric Neurology Curriculum Framework, which is a comprehensive document covering all aspects of paediatric neurology.	Log Book: The log book is based on the UK Paediatric Neurology Curriculum Framework, which is a comprehensive document covering all aspects of paediatric neurology.

In order to have a broad knowledge in the field of Paediatric Neurology, we would like to request that you provide us with the following information:

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A PN Specialist's Role

A provider of full and comprehensive clinical service to children and adolescents with neurological conditions



A Paediatric Subspecialty is:

- A branch of Paediatrics that deals with the specific aspects of Paediatrics
- A specific branch of Paediatrics that is provided by an other subspecialty (Paediatric Neurology)





Paediatric Neurology as a Paediatric Subspecialty

Neurology:

The study of the Nervous System

Paediatric Neurology

The study of the nervous system
of the developing child

Module A: 24 months hospital based
Paediatric Neurology Training

Module B: 3 months hospital based
Adult Neurology Training

Module A: 24 months hospital based
Paediatric Neurology Training

Module B: 3 months hospital based
Adult Neurology Training

Module C: 3 months FULL TIME
Neuro-rehabilitation training

Module B: 3 months hospital based
Adult Neurology Training

Module C: 3 months FULL TIME
Neuro-rehabilitation training

Module D: 3 months FULL TIME
Neuro-developmental Paediatrics
training

Response to Vetting Committee's recommendations

Teaching duties: mandatory, 5 - 10%

Administrative duties: mandatory, 5 - 10%

Different lists of curriculum for the different mandatory modules: not necessary. All modules serve the same syllabus

Module B: 3 - months Adult Neurology Training was reviewed by our three overseas experts to be comparable with overseas standard



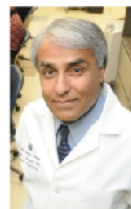
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Michael Shevell



Lieven Lagae



Harry Chugani

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Exit exam: oral, written and clinical

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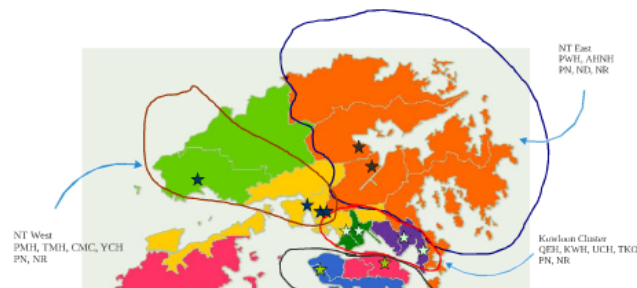


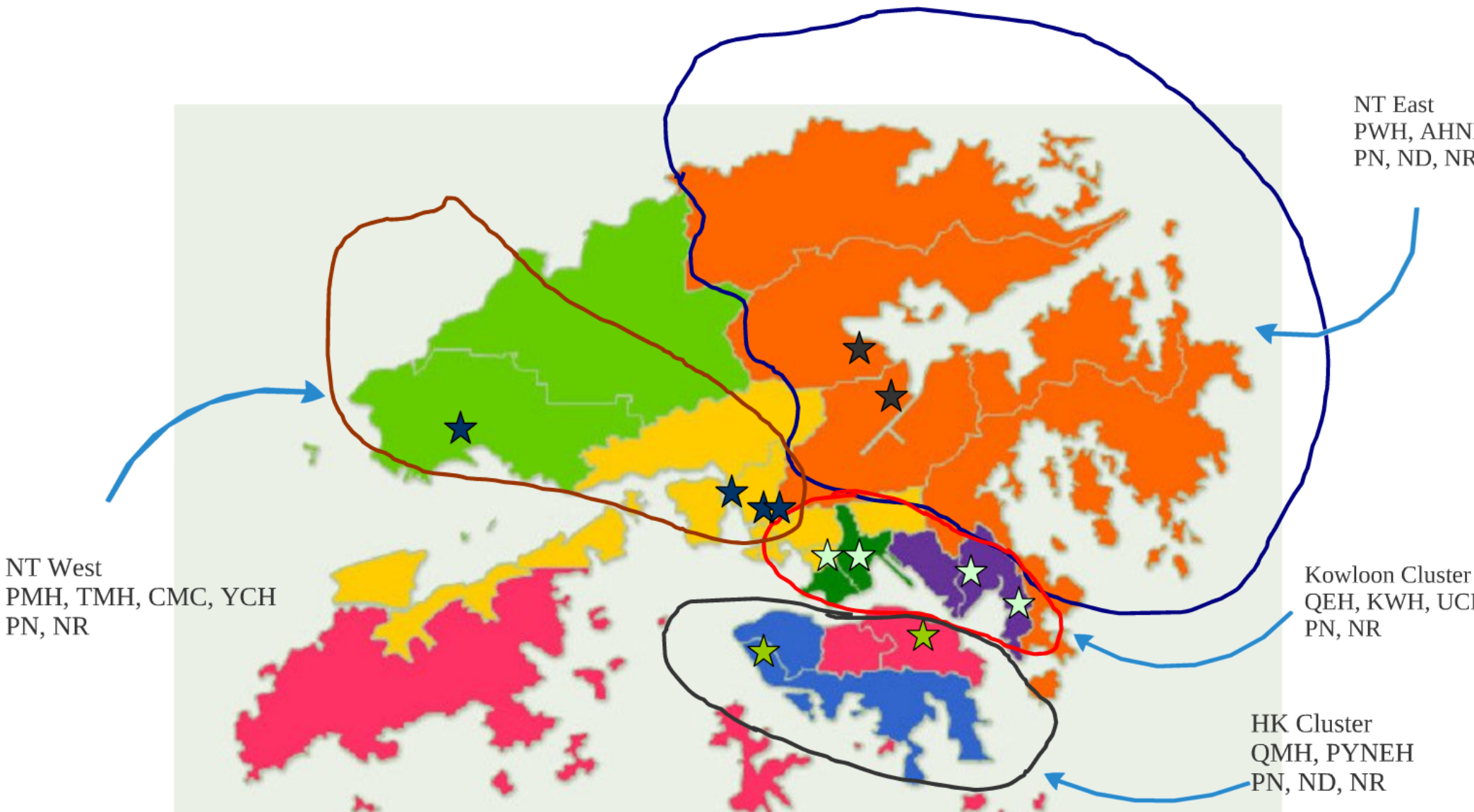
Harry Chugani

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Exit exam: oral, written and clinical

Log book will be designed based on the basic and higher training log book





NT West Cluster

	TMH	PMH	CMC	Total
Modules	PN/ND	PN	PN*/NR	
Trainers	2	3	2	7
No of higher trainee	0	5	0	
Higher trainee in CN / DP	0	1	0	1
CN clinic per week	2	3	2	7
CN pt per week	60	80	40	180
N-Rehab Clinic per week	1	0.5	3	4.5
NR pt per week	4	4	18	26
ND Clinic per week	2	0	0.5	2.5
ND pt per week	50	0	1	51
# EEG per year	1000	430	130	1560
# EP per year	210	70	66	346
# NCV per year	50	30	40	120
# EMG per year	5			5
Neurosurgery (Y/N)	Y	Y	N	
Child Psychiatry (Y/N)	Y	Y	N	
Liaison with allied health	Y	Y	Y	
PICU (Y/N)	Y	Y	N	
NICU (Y/N)	Y	Y	N	
Designated CN Beds	nil	5	0	
Designed NR beds	nil	0	14/140	
Special activites				
Epilepsy surgery	Y	Y	Y	
SDR	Y	Y		
Others	VFSS Pulmonary Rehab Regular botox Seating/wheelchair Combined clinics	VFSS	CP Clinic Phenol block VFSS Drooling	

Kowloon Cluster

	QEH	KWH	UCH	TKOH	Total
Modules		PN	PN		
Trainers	1	2	2	0	5
No of higher trainee	4	3	1		
Higher trainee in CN / DP	0	1	1		2
CN clinic per week	2	1	2		5
CN pt per week	60	30	30		120
N-Rehab Clinic per week	0.5	0.25			0.75
NR pt per week	2	1			3
ND Clinic per week	0	1			1
ND pt per week	0	1			1
# EEG per year	450	350	600		1400
# EP per year	300	300	300		900
# NCV per year	40	40	25		105
# EMG per year	20		5		25
Neurosurgery (Y/N)	Y	Y	Y		
Child Psychiatry (Y/N)	Y	N	Y		
Liaison with allied health	Y	Y	Y		
PICU (Y/N)	Y	Y	Y		
NICU (Y/N)	Y	Y	Y		
Designated CN Beds	Nil	Y	N		
Designed NR beds	10 in KH	N	N		
Special activities	VFSS Spine clinic VFSS session Botox Seating Clinic Neurodevelopmental Clinic	VFSS Multidisciplinary Neuromuscular Program Botox	VFSS Botox		

NT East Cluster

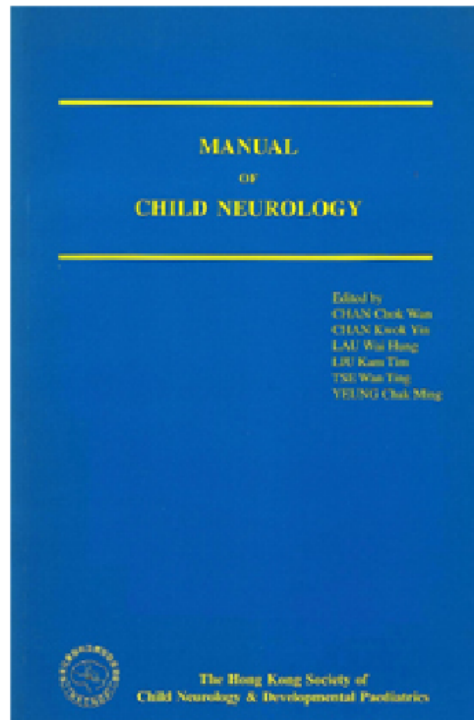
	PWH	AHNNH	Total
Modules		PN*/ND	
Trainers	1	2	3
No of higher trainee	10		
Higher trainee in CN / DP	2	2	4
CN clinic per week	2	2	4
CN pt per week	40	40	80
N-Rehab Clinic per week	0.25	0.25	0.5
NR pt per week	5	2	7
ND Clinic per week	0	0.5	0.5
ND pt per week	0	6	6
# EEG per year	300	220	520
# EP per year	200	40	240
# NCV per year	25	20	45
# EMG per year	25	5	30
Neurosurgery (Y/N)	Y	N	
Child Psychiatry (Y/N)	Y	Y	
Liaison with allied health	Y	Y	
PICU (Y/N)	Y	N	
NICU (Y/N)	Y	N	
Designated CN Beds	N	N	
Designed NR beds	N	N	
Special activites			
Epilepsy surgery	Y	N	
SDR	Y	N	
Others	Combined CP clinic Combined NM clinic Epilepsy Surgery Clinic Seating Clinic Botox Clinic	ADHD program	

Hong Kong Cluster

	QMH	PYNEH	Total
Modules	PN/NR/ND	PN/ND	
Trainers	4	3	7
No of higher trainee	7	4	
Higher trainee in CN / DP	2	0	
CN clinic per week	3	1	4
CN pt per week	105	40	145
N-Rehab Clinic per week	2	1	3
NR pt per week	5	9	14
ND Clinic per week	8	1	9
ND pt per week	20	5	25
# EEG per year	450	200	650
# EP per year	100	50	150
# NCV per year	90	25	115
# EMG per year	25		
Neurosurgery (Y/N)	Y	Y	
Child Psychiatry (Y/N)	Y	Y	
Liaison with allied health	Y	Y	
PICU (Y/N)	Y	Y	
NICU (Y/N)	Y	Y	
Designated CN Beds	15	Nil	
Designed NR beds	18	Nil	
Special activites			
Epilepsy surgery	Y		
SDR	Y		
Others	VFSS Pulm Rehab ITB ADHD Neurometabolic Program Deep brain stim	Comprehensive Paed Rehab Clinic	

Summary of Statistics

	HK	Kowloon	NT East	NT West
Trainers	7	4	3	7
No of higher trainee				
Higher trainee in CN / DP		2	4	1
CN clinic per week	4	5	4	7
CN pt per week	145	120	80	180
N-Rehab Clinic per week	3	0.75	0.5	4.5
NR pt per week	14	3	7	26
ND Clinic per week	9	1	0.5	2.5
ND pt per week	25	1	6	51
# EEG per year	650	1400	520	1560
# EP per year	150	900	240	346
# NCV per year	115	105	45	120
# EMG per year	25	25	30	5
Neurosurgery (Y/N)	Y	Y	Y	Y
Child Psychiatry (Y/N)	Y	Y	Y	Y
Liaison with allied health	Y	Y	Y	Y
PICU (Y/N)	Y	Y	Y	Y
NICU (Y/N)	Y	Y	Y	Y
Designated CN Beds	15	No fixed no	No fixed no	5
Designed NR beds	18	10	No fixed no	140
Special activites				
Epilepsy surgery	Y	N	Y	Y
SDR	Y	N	Y	Y



Manual of Child Neurology published by HKCNDP

CK Ma, AWY Yung, EKC Yau, L Kwong.
Clinical Guidelines on Management of
Prolonged Seizures, Serial Seizures and
Convulsive Status Epilepticus in Children.
HK J Paediatr (New Series) Jan 2010; 15(1):52-
63



Clinical Guideline on Management of Febrile
Convulsion

V Wong, MHK Ho, NP Rosman, Y Fukuyama, CY
Yeung, KH Chan, MSC Wong, CM Verity, CF Cheng
HK J Paediatr (new series) 2002;7:142-151

DEPARTMENTAL PROTOCOLS FOR COMMON PAEDIATRIC PROBLEMS

Autism S

Impairment

significant decrease in visual function that is due to structures of the visual system. VI is often due to not able to see things clearly. VI can also be area scan and cover by both eyes.

WHO in 1992 has defined the following definition (the two eyes) in the 10th Edition of International Classification of Diseases and Related Health Problems (ICD-

Visual acuity no better than 6/18m (corrected)

Visual acuity no better than 6/60m (corrected) or less than 5 degrees

Visual acuity no better than 3/60m (corrected) or less than 5 degrees

Visual acuity no better than 1/60m (corrected)

no light perception



Coordinator: EYW Kwan

Department of Paediatrics, Queen Mary Hospital
University of Hong Kong

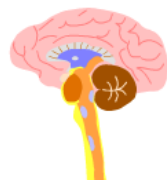
A) Background

- The terminology 'Autism spectrum disorders' (ASDs) refers to a spectrum of clinical characteristics.
- ASDs represent 3 of the pervasive developmental disorders (PDDs) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), and the newer Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-5).
- Autistic Disorder (AD)
- Asperger syndrome (AS)
- Pervasive developmental disorder not otherwise specified (PDD-NOS)
- The estimated prevalence of ASDs in children less than 15 years, worldwide, is approximately 6 per 1,000 children in the United States (approximately 6 per 1,000 children in the United Kingdom).
- ASDs are biologically based neurodevelopmental disorders, and are heritable. Despite this fact, the recurrence risks, based on family studies, are low (approximately 5-6% (range: 2-10%)).
- In a minority of cases (<10%), ASDs are associated with a medical condition or a known syndrome, such as Down syndrome, Tuberous sclerosis, Phenylketonuria, Fragile X syndrome, Rett syndrome, Smith-Lemli-Opitz syndrome, etc.



腦電圖檢查簡介

鳴謝：本單張蒙香港兒童腦科及發育學學會准予翻印。



熱性痙攣可怕嗎？



甚麼是熱性痙攣？

熱性痙攣又叫發熱性驚厥，俗稱發熱抽風。是指當發熱時兒童出現肢體抽搐、眼瞼反白、不省人事、嘴唇發紫和大小便失禁的現象。通常抽搐持續數分鐘而極少超過十五分鐘，而抽搐後多數會出現神智遲鈍或昏昏欲睡的情況。

我的小孩怎會有熱性痙攣呢？



發燒抽風是很普遍的現象，中國人大概百分之五有這類現象，主要發生在半歲到五歲期間，由於發燒抽風有遺傳性，父母親或當中心或許也有先例。



發燒抽風通常在發燒的前一兩天發生，而且多數因為感冒(病毒感染)引起。由於腦膜炎和肺炎等罕見而嚴重的疾病亦會誘發抽風，父母應盡快送孩子到醫生處作詳細身體檢查，不宜隨便採用口服抗生素，以免耽誤診斷和適當的治療。

兒童腦癱病



鳴謝：這單張蒙香港兒童腦科及發育學學會准予翻印。



The Hong Kong Society of
Child Neurology & Developmental Paediatrics
香港兒童腦科及發育學學會

腰椎穿刺

何謂腰椎穿刺？

- 腰椎穿刺(俗稱抽腦脊液)，是兒科常用的診斷方法，其目的是抽取腦脊液樣本作化驗及量度頭顱內壓。
- 在特殊情況下，釋放腦脊液可以降低頭顱內壓，以達致治療效果。

適用情況

- 最常見是醫生在臨床診斷後，懷疑病童可能患上腦膜炎或腦炎。
- 其他的情況例如是懷疑腦部出血(如蛛網膜下的出血)，或診斷某些代謝機能異常之疾病。
- 量度頭顱內壓，或在某些情況下釋放腦脊液以降低頭顱內壓。
- 注射抗癌藥物入椎管。

有其他檢查可以代替腰椎穿刺嗎？

- 因為腦膜炎可以迅速引致死亡，以及產生嚴重的後遺症，如失聰、腦積水、大腦麻痺及癲癇症等，醫生必須儘快作出正確判斷及對症下藥。到現時為止，還未有其他更安全有效的檢驗方法可代替腰椎穿刺。
- 抽取了腦脊液可作化學檢驗及顯微鏡分析，醫生便可以在數小時內得知初步結果。部份腦脊液亦會作細菌及病毒培植，以確定病原微生物及測試其抗藥性，而細菌培植則需要數天的時間。
- 此外，由於腦脊液是循環於中樞神經系統的液體，對其進行詳細分析，便能有效及直接地診斷多種神經系統的疾病。







*Subspecialty -
What is the definition?*

In order to have a focused discussion in the Open Forum, we would like to request both Groups to restrict their presentation to:

- (i) Describing what roles each subspecialist plays and specifically what aspects of the care each subspecialist is involved in each of the conditions listed in common in the two proposed programmes (see table below).
- (ii) To enable the College to assess whether the present health care facilities can support the subspecialties in terms of availability of trainers and training centres, these descriptions need to be supported by the following evidence:
 - relevant statistics of clinical activities
 - practice guidelines / protocols currently in use
 - collaborative activities with team and outside partners
 - Information to patients / parents about care pathways / services provided by the subspecialist
 - CMECPD and quality assurance activities
- (iii) The training proposed (in terms of the scope / breadth and depth) should be appropriate to the roles described.

Our Concerns

Role delineation should be self-imposed restriction

Role delineation is not a controversy till later, if a subspecialty board is o

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Any "restrictive" role delineation is not in these two futu

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Role delineation is not a procrastination to leave the controversy till later, i.e. after each respective subspecialty board is operational

Role delineation should not be construed as self-imposed restriction on the scope of expertise

Role delineation is not a procrastination to leave the controversy till later, i.e. after each respective subspecialty board is operational

Role delineation is not a restrictive exercise. And neither is subspecialization

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Any "restrictive" role delineation is of very little significance or relevance to other paediatricians not in these two future subspecialties.

subspecialty board is operational

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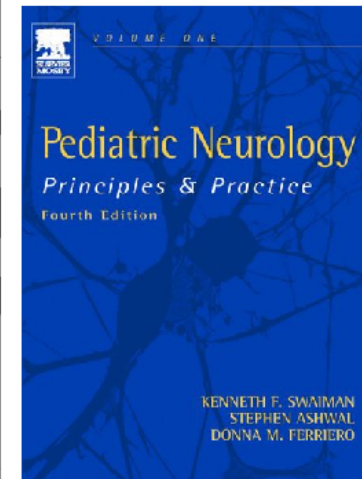
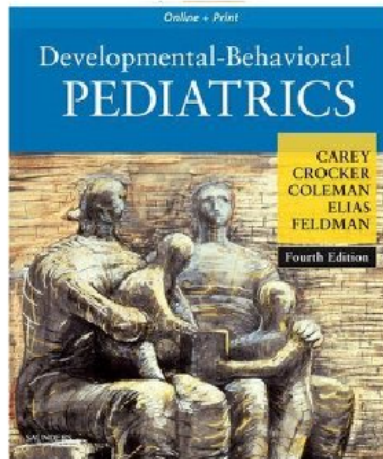
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A PN Specialist's Role

A provider of full and comprehensive clinical service to children and adolescents with neurological conditions

Comparison of syllabus of DBP versus PN programme

DBP programme ("major specific patient groups"- pg. 25-27 of Program)	Overlap?	PN syllabus(pg. IX, X of Program)
Ambulatory Programme		
Global developmental delay & mental retardation		6. developmental delay and other cognitive function disorders
Physical disabilities arising from cerebral palsy, neuromuscular disorders and other CNS conditions		2. cerebral palsy 24. Neuromuscular diseases:
Hearing impairment		13. hearing impairment
Visual impairment		25. Neuro-ophthalmology 29. Visual impairment
Developmental language delay and specific language impairment		28. Speech disorders
Specific learning disabilities		15. learning disabilities (including specific learning disabilities)
Autistic spectrum disorders		1. Autistic spectrum disorder
Attention deficit / hyperactivity disorder		19. neurobehavioral disorders, including attention deficit-hyperactivity disorders ...
Externalizing conditions including conduct disorder and oppositional defiant disorder		19. neurobehavioral disorders, including ... conduct disorder, opposition-defiant disorder
Internalizing conditions including depression, anxiety, mood and obsessive disorders		19. neurobehavioral disorders, including Obsessive-compulsive disorders
Congenital and genetic conditions affecting development		9. Genetic disorders 4. Congenital malformations of the nervous system
Regulatory disorders including sleep disorders, feeding, eating and elimination disorders		26. Peripheral Nervous System diseases 4. Congenital malformation of the nervous system
Developmental disabilities resulting from chronic illnesses, including chronic pain conditions		
Developmental disabilities arising from acquired brain injury		11. Head Injury
High risk / early identification and intervention programmes		
Developmental problems / disorders resulting from psychosocial factors		
		3. Cerebrovascular diseases
		8. Fetal neurology
		12. Headaches and migraine
		14. Infections of the nervous system
		16. Movement disorders
		17. Neonatal neurology
		18. Neoplasms of the nervous system
		20. Neurodegenerative diseases
		21. Neurological emergencies ...
		22. Neurological manifestations of systemic illnesses



		26. Peripheral nervous system diseases
Inpatient Programme		
Intractable epilepsy , for consideration of		7. epilepsy

		20. Neurodegenerative diseases
		21. Neurological emergencies ...
		22. Neurological manifestations of systemic illnesses

		26. Peripheral nervous system diseases
Inpatient Programme		
Intractable epilepsy , for consideration of neurosurgery		7. epilepsy
uncommon genetic or metabolic conditions		23. Neurometabolic diseases: including 9. Genetic disorders
Severe challenging behaviours		
Serious medical illnesses requiring long term hospitalization		
Acquired brain injury requiring assessment and neuropsychological planning after stabilization		11. Head injury : including inflicted head injury 10. Habilitation and rehabilitation 27. Rehabilitation of conditions related to paediatric neurology

DBP may include other conditions not listed above?

Overlap in patient population but different in focus of management?

A Paediatric Subspecialty is

- **A unique body of knowledge that arises from the parent specialty, e.g. Paediatrics**
- **A specific battery of skills that is practised by no other subspecialty colleagues in Paediatrics**



We are ready!

