

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 and Metabolic Medicine .

1. Declaration :

1.1 We, the undersigned, would like to apply for accreditation of the subspecialty of Paediatric Endocrinology and Metabolic Medicine, 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) 22 -25 (number) of Fellows could be qualified as First Fellow
- (ii) 22 - 25 (number) of subspecialists existed. (majority are part timers)
- (iii) 22 (number) of subspecialists projected as required locally in the next 10 years. (17 full –timers + 5 part timers)

1.3 This subspecialty also exist in other countries such as Australia (country A) and UK (country B)

- (i) 35 endocrinologists and 15 metabolic physicians are required in Australia (country A) (i.e. 35 + 15 in 22M population); and 105 endocrinologists are required in UK (country B) ie 105 endocrinologists in 63M population.

Please refer to appendix 1 for manpower planning.

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

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: Lab support

Continuous Glucose Monitoring
System

Body Composition Analyser

d. Manpower

| | | |
|------|---|-------------------------------|
| i) | Number of subspecialists needed in Hong Kong | <u>22</u> |
| ii) | Number of peer-recognized subspecialists currently practicing in Hong Kong (majority are part timers) | <u>22-25</u> |
| iii) | Number of Paediatricians currently practicing this Subspecialty (majority are part timers) | <u>22-25</u> |
| iv) | Number of trainees that need to be trained to meet the current need | <u>8-11</u> |
| v) | Number of qualified trainers currently available | <u>16-18</u> |
| vi) | Number of trainees that can be accommodated with the existing provision of manpower and facilities | <u>3-4 new trainees /year</u> |
| vii) | Number of trainees currently under training in this subspecialty | <u>8 -10</u> |

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 | 22 |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ii) M. Phil. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| iii) M. Med. Sc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| iv) Others | <input type="checkbox"/> | <input type="checkbox"/> |

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) 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
 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 and metabolic diseases

i) Pre-set curriculum for their elective period

Yes No

| | | | |
|----------------------------------|---|-----|--|
| | Research fellows/assistants | 1-2 | |
| | Endocrine nurse | 1 | |
| | Diabetic nurse | 2 | |
| | Metabolic nurse | 1 | |
| | Dietitian | 2 | |
| 7. Structured training programme | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | | |
| 8. Clinical guidelines/protocols | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | | |
| 9. Clinical audit | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Medical subspecialties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Surgical subspecialties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Orthopaedic subspecialties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Oncology | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Transplant | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Others (please specify) | | | | | | | | |
| | | | | | | | | |
| 2. Special investigatory support | | | | | | | | |
| a. Laboratory | | | | | | | | |
| | Yes | No | NA | emergency | elective | On site | Other location | |
| Chemical pathology | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Histo-pathology | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Microbiology | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Immunology | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

| | | | | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| Others (please specify) | | | | | | | | |
| | | | | | | | | |
| b. Radiology | | | | | | | | |
| US | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| CT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| MRI | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Isotope Scan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Others (please specify) | | | | | | | | |
| | | | | | | | | |
| 3. Special therapeutic support | | | | | | | | |
| Radiotherapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Interventional radiology | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Chemotherapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Pharmacy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Total parental nutrition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Nutritionist | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Clinical psychologist | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Medical Social workers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Allied health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Others (please specify) | | | | | | | | |
| Milk kitchen | | | | <input checked="" type="checkbox"/> | | | | |
| 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
 2-3
 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 :

| | <u>Location</u> | <u>Frequency</u> |
|------------------------|--------------------|-------------------|
| Grand round | Inter-hospital | 2-monthly |
| | Local | 1/2-Weekly |
| Journal Club | Local | Monthly |
| | | |
| X-ray/imaging meeting | Local | Monthly |
| | | |
| Audit | Inter-hospital | Every 6-12 months |
| | Local | |
| * 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 subspecialties)**

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

- (i) Clinical
1. Paediatric Wilson's disease in HK- a case series
 2. An update on the management of Wilson's disease with a focus on zinc therapy
 3. Cervical cord compression in patients with mucopolysaccharidosis (MPS)
 4. Long term enzyme replacement therapy for MPS VI
 5. Aetiologies of 46, XY disorder of sex development (DSD): a collaborative study
 6. Glycogen storage disease Type 1 in Hong Kong: diagnosis, clinical course and outcome
-
- (ii) Laboratory
1. Comparison of spot urine copper creatinine ratio to 24 hours copper excretion for monitoring Wilson's disease treatment progress
 2. Setting up reference intervals of urine steroid metabolites in Chinese neonates and young children

-
-
-
-
- (iii) Epidemiological
1. Local inherited metabolic disease registry
 2. Epidemiology of Childhood Diabetes in Hong Kong
-
-

3.11 6 (Number) of candidates are potential programme director(s) for HK (> 50% of time spent on subspecialty)

3.12 16-18 (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. George Werther, Director of Department of Endocrinology and Diabetes and Centre for Hormone Research, Royal Children's Hospital and Murdoch Childrens Research Institute (Institution) in Australia (country) and

(b) Dr./Prof. Avihu Boneh, Head, Metabolic Genetics of Victorian Clinical Genetics Services of the Murdoch Children's Research Institute and Royal Children's Hospital Melbourne (Institution) in Australia (country) to be external assessor of our programme.

On behalf of the core groups of Paediatric Endocrinology and Metabolic Medicine subspecialty

Co-ordinators of the subspecialty :

Dr.

Dr.

Dr.

Dr.

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