

# Accreditation of Training

Updated: 24<sup>th</sup> February 2015

## 1. General Information

In compliance with the regulations of the College, accreditation of two levels of training will be required :

- a) three years of Basic Training Programme
- b) three years of Higher Training Programme

An institution may be accredited for training in general paediatrics and/or one or more of the paediatric subspecialties. Institutions would be assessed individually or in clusters for suitability of basic and higher training and the duration of each level of training recognized will depend on the outcome of the assessment by an accreditation team of Fellows appointed by the College.

Currently, higher training in Paediatrics is considered as higher training in General Paediatrics.

## **2. Subspecialties**

The following subspecialties are being considered for subspecialty accreditation :

1. Adolescent Medicine
2. Cardiology
3. Clinical Genetics
4. Developmental Paediatrics
5. Endocrinology and Metabolism
6. Gastroenterology and Hepatology
7. Haematology and Oncology
8. Immunology & Infectious Diseases
9. Intensive Care
10. Neonatology
11. Nephrology
12. Neurology
13. Respiratory Medicine

### 3. Accreditation of Local Institutions for Basic Training

#### 3.1 Institution

3.1.1 The facilities provided for training in an institution should follow the guidelines of the Hong Kong Academy of Medicine.

3.1.2 All institutions must carry out regular audit of clinical activities.

3.1.3 All institutions must provide a regular education programme for trainees in the form of ward teaching, case discussion, case conference and journal club.

3.1.4 The institution must provide the trainees with sufficient clinical experience and responsibility on both in-patient and out-patient care.

3.1.5 Standardization of terms:

Team : for use in institution to identify number of training team

Module\*\*: for use in individual trainee's training programme

3.1.6 The institution should consist of one or more basic functioning teams\*, each of which is staffed by one or more trainers of the College. Each functioning team should normally be responsible for the care of not less than 10 **patients** and not more than 30 **patients** of the paediatric age group (1 month to 18 years, excluding neonates). Each team should consist of one or more trainers who can supervise the training of not more than 2 basic and 1 higher trainees (or 1 basic and 2 higher trainees) at any one time.

3.1.7 The duration of accredited training of an institution would be assessed as follows:  
Duration of recognition for the core programme of 2 years: e.g.

2 functioning teams, or neonatology + 1 functioning team  
= 12 months (2 modules\*\* for trainee)

3 functioning teams, or neonatology + 2 functioning teams  
= 18 months (3 modules for trainee)

Neonatology + 3 functioning teams  
= 24 months (4 modules for trainee)

3.1.8 An institution should have a minimum of 4 trainers, including a trainer in neonatology, before it could be accredited fully for the 3-year Basic Training Programme.

\* **Basic unit for training in an institution to identify the number of training teams available.**

\*\* **one module is defined as a 6-month period of the trainee's programme**

## **3.2 Teams in General Paediatrics**

- 3.2.1 The minimum average number of patients looked after per team per day is 10 provided that there is adequate ambulatory paediatric service within the training centre to provide additional exposure. Thus an institution can have one or more teams.
- 3.2.2 Basic training should avoid excessive subspecialty exposure.
- 3.2.3 The scope of "Extended Hospital Activities Accreditable for College Training in Paediatrics" should include:
- i) care of patients referred for acute paediatric problems but not admitted into hospital
  - ii) follow up sessions as day patients
  - iii) conventional procedures which used to be carried out as inpatient but could now be performed in the day centre
  - iv) others to be defined in the course of time

## **3.3 Teams in Neonatology**

An institution accredited for the full 3-year Basic Training Programmes should include at least one neonatology team providing an active neonatal service with a minimum delivery rate of 1,400 per annum within the obstetrical unit. An institution can be accredited for one or more training teams in neonatology depending on the annual delivery statistics. Apart from patient load, disease spectrum, intensive care facilities and team structure are other factors that have to be assessed for accreditation. The neonatal team should be supervised by one or more trainers of the College.

## **3.4 Teams in Paediatric Intensive Care (PICU)**

A paediatric intensive care team would be accredited as a subspecialty team for the purpose of Basic and Higher General Paediatric Training if it cared for at least 4 patients per day in the Hospital Authority designated PICU beds. Apart from patient load, disease spectrum, intensive care facilities and team structure are other factors that have to be assessed for accreditation. The PICU team should be supervised by one or more trainers of the College.

## **3.5 Teams in subspecialties or age-orientated wards**

The accreditation of subspecialty teams or age-orientated teams for the purpose of Basic or Higher Paediatric Training (see section 7.4.a. iii and iv) will be based on the existing guidelines for a training team, namely 10-30 inpatients per day under a qualified trainer

### **3.6 Trainer and Trainee Ratio**

- 3.6.1 Each team should consist of one or more trainers supervising the training of not more than 2 basic and 1 higher trainees (or 1 basic and 2 higher trainees). Family Medicine trainees or trainees in other training programmes will be counted in the trainer : trainee ratio in the consideration of the Basic Training Programme.
  
- 3.6.2 Throughout the 3-year of Basic Training Programme including the 6-month mandatory module in Maternity Child Health Clinic and 6-month flexible training programme, the basic trainee is not allowed to be supervised by the same trainer for more than twelve months.
  
- 3.6.3 The trainer-trainee mapping for basic training from each institution should be submitted six-monthly, in January and July of each calendar year. Statistics of total patient-days in the general paediatrics teams, PICU and other subspecialty teams and total number of deliveries should accompany each 6-monthly submission. COSs of respective training centres should periodically update their number of trainers and trainees. COSs should ensure accurate submission and appropriate matching between trainers and trainees.
  
- 3.6.4 For those training teams which have more trainees than the available training posts, the accredited period of training for each trainee in the team will be adjusted by a ratio of the number of available training posts to the actual number of trainees in the team. This rule will be applied to all categories of trainees in the team whether from the host institution or another institution or other specialties.

### **3.7 Procedures**

- 3.7.1 A new set of guidelines and check-list for accreditation revisits is available from the Honorary Secretary of the Accreditation Committee.
- 3.7.2 The COS of an institution or hospital cluster should apply to the Accreditation Committee for accreditation of the institution or hospital cluster for Basic and Higher training. Certificates of Accreditation (valid for 5 years) would be awarded to all accredited institutions/hospital clusters. Re-visit will be made to each institution/hospital cluster at least once every five years. Application to the Accreditation Committee for re-accreditation should be accompanied by documentation detailing changes in clinical and supporting services provided by that institution/hospital cluster which may have an effect on the training programme.
- 3.7.3 For new training institutions, it has been agreed that the approval of accreditation should start on the date of the accreditation visit. For the accreditation of additional modules (through submission of additional statistical data), approval of accreditation could be backdated to the date when all the data has been completely vetted and approved by the Accreditation Committee.
- 3.7.4 Accreditation of training centres for child health related specialties as part of the General Paediatrics training programme (e.g. Maternal and Child Health Centres, Accident and Emergency Departments, and Child Psychiatry Units) should be assessed on an individual basis, centre by centre.

#### **4. Accreditation of Overseas Institutions for Basic Training**

- 4.1 Where applicable, the Council would take reference from posts and programmes accredited by the postgraduate authorities of the United Kingdom, Australia, New Zealand, United States of America and Canada.
- 4.2 The College reserves the right to write to the supervisors and training authorities in which the trainees had gained their experiences for further information or clarification.

## **5. Accreditation of Local Institutions for Higher Training**

### **5.1 Institution**

- 5.1.1 The facilities provided for training in an institution should follow the guidelines of the Hong Kong Academy of Medicine.
- 5.1.2 All institutions must carry out regular audit of clinical activities.
- 5.1.3 All institutions must provide a regular education programme for trainees in the form of ward teaching, case discussion, case conference and journal club.
- 5.1.4 The institution must provide the trainees with sufficient clinical experience and responsibility in both in-patient and ambulatory care.
- 5.1.5 An institution must provide the trainee with sufficient experience and increasing responsibilities in the following areas:
- i) clinical service
  - ii) supervision of junior doctors
  - iii) teaching
  - iv) administration
  - v) academic and scientific activities
  - vi) research

There should be proper documentation of higher level of responsibility for the trainee (e.g. on call duty list, supervisory or administrative work) endorsed by the supervisor or chief of service.

- 5.1.6 An institution should have sufficient expertise in subspecialties recognized for training and should provide adequate:
- i) trainers
  - ii) facilities and services as in the infrastructure, equipments, etc.
  - iii) case load and case-mix
  - iv) research opportunities
- 5.1.7 An institution should provide training on knowledge and skills for the trainees according to the curriculum laid down by the Education Committee for the subspecialty training.
- 5.1.8 A sufficient number of special procedures related to that subspecialty has to be performed in accordance with approved standards as laid down by the Education Committee.

## **5.2 Trainer to Trainee Ratio**

- 5.2.1 Each team should consist of one or more trainers supervising the training of not more than 1 basic and 2 higher trainees (or 2 basic and 1 higher trainees). Family Medicine trainees or trainees in other training programmes will be counted in the trainer : trainee ratio in the consideration of the Basic Training Programme.
- 5.2.2 Each trainer could supervise the training of not more than 2 trainees. In an institution, the total number of trainees admitted into the Higher Training Programme should not exceed twice the number of trainers for that subspecialty. For both trainers and trainees, a substantial proportion of the duties (more than 50% of the work) should be spent in that subspecialty.
- 5.2.3 The trainer-trainee mapping for higher training should be submitted six-monthly, in January and July of each calendar year. COSs of respective training centres should periodically update their number of trainers and trainees. COSs should ensure accurate submission and appropriate matching between trainers and trainees.

## **5.3 Procedure**

- 5.3.1 A new set of guidelines and check-list for accreditation revisit is available from the Honorary Secretary of Accreditation Committee.
- 5.3.2 The COSs of an institution/hospital cluster should apply to the Accreditation Committee for accreditation of the institution/hospital cluster for Higher Training in Paediatrics. Certificates of Accreditation (valid for 5 years) are awarded to all accredited institutions/hospital clusters. Re-visit will be made to each institution/hospital cluster at least once every five years. Application to the Accreditation Committee for re-accreditation should be accompanied by documentation detailing changes in clinical and supporting services provided by that institution/hospital cluster which may have an effect on the training programme.

## **6. Accreditation of Overseas Institutions for Higher Training**

- 6.1 Where applicable, the Council would take reference from posts and programmes accredited by the postgraduate authorities of the United Kingdom, Australia, New Zealand, United States of America and Canada.
- 6.2 The College reserves the right to write to the supervisors and training authorities in which the trainees had gained their experiences for further information or clarification.

## **7. Accreditation of Basic Training Programme undertaken by Trainees in Local Institutions**

7.1 The trainee should be a paid up Associate of the College.

7.2 The training programme should be continuous unless approved by the Accreditation Committee.

Trainees applying for recognition of interrupted training should fulfill the following criteria :

- (i) the interruption should normally be less than one year for consideration of the 6-year training programme;
  - (ii) there must be a justifiable reason for the interruption, either because of medical or other compassionate reason;
  - (iii) the trainee should show his / her intention for further training;
  - (iv) any one period of interruption should not be more than 12 weeks without the need for additional training;
  - (v) a maximum of 24 weeks of cumulative leave (leave other than the entitled statutory leave, annual leave and casual leave) would be allowed during the trainee's 6-year of training period, where not more than 12 weeks would be allowed during either the Basic or Higher Training period;
  - (vi) only one period of continuous or cumulative 12-week leave would be allowed (other than the entitled statutory leave, annual leave and casual leave) during each of the 3-year Basic Training Programme or Higher Training Programme. Trainees taking leave more than that would be required to extend his/her training period to make up for the interruption in excess of 12 weeks during either Basic or Higher Training;
  - (vii) all trainees should fulfill the compulsory Basic Training modules, i.e. the 6-month Neonatology and the 6-month Maternal and Child Health Clinic / Child Assessment Service rotation training despite he/she being allowed to take a maximum of 12 weeks continuous leave;
  - (viii) a declaration of any interruption of training should be made by the trainee entering into Basic or Higher Training on or after 1<sup>st</sup> January 2004, on his/her application for Membership and Exit Assessment;
  - (ix) must follow the regulations laid down by the Academy (including the Grandfather clause: By-Law 16);
  - (x) final decision is at the discretion of the College Council.
- 7.3 The trainee must apply to join the College as an Associate, through the recommendation of the COS, within 6 months of joining as a trainee in the Basic Training Programme of an accredited institution/hospital cluster. The trainee should periodically update his/her logbook. Verification will be carried out by the Membership Committee by checking the logbook upon application for membership.
- 7.4 The Basic Training programme should be 3 years and consists of the following:

- a) the 2-year core programme consisting of 4 modules of 6 months each:
- i) 18 months of general paediatrics (3 modules\*). Each 6-month module would be under the supervision of a basic functioning team\* staffed by one or more trainers of the College;
  - ii) 6 months of neonatology training (1 module) supervised by a team consisting of one or more trainers of the College. At least one module of neonatology is required before a trainee could be accredited as completing his / her basic training.
  - iii) In hospitals with established subspecialty teams, an accredited standardized rotation of trainees through different subspecialties for 18 months and for 6 months in neonatology will also be accepted as core programme of the Basic Training Programme. Subspecialty rotations during the 2-year core programme should preferably be not more than 3 months but definitely not more than 6 months for each subspecialty rotation. Trainees should not rotate through these subspecialties again in the 1-year flexible programme (the exception being neonatology and a trainee is allowed to have a further 6-month training during the flexible programme).
  - iv) In training units with age-orientated wards, the rotation of a trainee through such wards during the 3-year Basic Training Programme should normally be evenly distributed.

\* **One module is defined as a 6-month period of the trainee's programme**

**"Team" is a basic unit for training in an institution, staffed by one or more trainers, to identify the number of training teams available.**

- b) A 6-months mandatory training in accredited Maternal and Child Health / Child Assessment Centres. This can be deferred to be undertaken during Higher Training. If so, the resulting 6 months slot in Basic Training should be made up by training in General Paediatrics. If mandatory training in Maternal and Child Health /Child Assessment Centres is undertaken during Higher Training, it cannot be counted as fulfilling the requirement of the 6-month mandatory elective training in other local or overseas institutions (refer to 9.5. iii).
- c) the 6-month flexible programme (for trainees who join the Basic Training Programme on or after 1<sup>st</sup> July 2003) :
- i) this can be carried out in general paediatrics or in a number of subspecialties including neonatology (and excluding Maternal and Child Health, Child Assessment Service and Clinical Genetics Service), but the duration spent in any 1 subspecialty should not be more than 6 months; (a trainee can only be trained in neonatology for a maximum of 12 months during the 3-year Basic Training Programme);

- ii) upon recommendation by the supervisor, a total duration of not more than 6 months could be spent in 1 or more of the following disciplines:  
e.g. Paediatric Surgery, Accident and Emergency Service, Child Psychiatry and other disciplines as approved by the Council;
  - iii) prospective application for accreditation in a child health related specialty and other non-accredited centres is required.
- d) for trainees who started their basic training before 1<sup>st</sup> July 2003, the 1-year flexible programme would be governed by the regulations stipulated in page 98 of the College Guidelines on Postgraduate Training and Accreditation published in 1995.
- 7.5 The trainees should have adequate exposure to in-patients and out-patients according to the guidelines laid down for basic training.
- 7.6 Excessive subspecialty exposure by a trainee during the Basic Training Programme should be avoided. Although it is difficult to distinguish between general and subspecialty training, supervisors and trainees should observe and follow the training guidelines.
- 7.7 Throughout the three years of basic training (including the flexible 6 month module), the basic trainee is not allowed to be supervised by the same trainer for more than twelve months.
- 7.8 With effect from 1<sup>st</sup> July 2005, all applications for Membership by a trainee must be accompanied by a Certificate of Attendance and successful completion of the assessment of the Paediatric Advanced Life Support (PALS) Course or its equivalent.
- 7.9 The Chief of Service of a training institution must inform the College Accreditation Committee when there is any change in the bed status and functional designation of beds because these may affect the accreditation of the training teams in that institution.
- 7.10 Trainees are encouraged to undertake formal training in child protection in their Basic Training years. For all trainees who start their basic paediatric training on or after 1<sup>st</sup> July 2009, all applications for Fellowship must be accompanied by evidence of satisfactory completion of Child Protection Course run by the Hong Kong College of Paediatricians or its equivalent.
- 7.11 For all trainees admitted on or after 1<sup>st</sup> July 2013, their applications for Membership must be accompanied by a Certificate of Attendance and successful completion of the Neonatal Resuscitation Programme organized by the Hong Kong College of Paediatricians or its equivalent.
- 7.12 For all trainees admitted on or after 1<sup>st</sup> July 2015, their applications for Membership must be accompanied by a Certificate of Attendance and successful completion of a paediatric sedation course such as “Enhancing Sedation Safety in

Children having Diagnostic & Therapeutic Procedures” jointly organized by Hospital Authority and Hong Kong College of Anaesthesiologists, or its equivalent.

## **8. Accreditation of Basic Training Programme undertaken by Trainees in Overseas Institutions**

- 8.1 Local trainees who wish to undergo training in overseas institutions should first apply prospectively to the College to have their training assessed at least 3 months before the beginning of training.
- 8.2 Each training programme would be assessed individually. The accreditation would be conditional upon provision of evidence of satisfactory completion of training in the specified institution.
- 8.3 Trainees from abroad may apply to the College for retrospective accreditation of part or all of the training gained in overseas institutions. (Refer to Section 12)
- 8.4 Each application would be assessed individually. The applicant should submit detailed information on the training institution and the training undertaken by the trainee and references from the former supervisors.
- 8.5 The Accreditation Committee may write to the supervisors to obtain relevant information.

## **9. Accreditation of Higher Training Programme undertaken by Trainees in Local Institutions**

9.1 The trainee should be a Member of the College.

9.2 The training programme should be continuous unless approved by Accreditation Committee.

Trainees applying for recognition of interrupted training should fulfill the following criteria :

- (i) the interruption should normally be less than one year for consideration of the 6-year training programme;
- (ii) there must be a justifiable reason for the interruption, either because of medical or other compassionate reason;
- (iii) the trainee should show his / her intention for further training;
- (iv) any one period of interruption should not be more than 12 weeks without the need of additional training;
- (v) a maximum of 24 weeks of cumulative leave (leave other than the entitled statutory leave, annual leave and casual leave) would be allowed during the trainee's 6-year of training period, where not more than 12 weeks would be allowed during either the Basic or Higher Training period;
- (vi) only one period of continuous or cumulative 12-week leave would be allowed (other than the entitled statutory leave, annual leave and casual leave) during each of the 3-year Basic Training Programme or Higher Training Programme. Trainees taking leave more than that would be required to extend his/her training period to make up for the interruption in excess of 12 weeks during either Basic or Higher Training;
- (vii) a declaration of any interruption of training should be made by the trainee entering into Basic or Higher Training on or after 1<sup>st</sup> January 2004, on his/her application for Membership and Exit Assessment;
- (viii) must follow the regulations laid down by the Academy (including the Grandfather clause: By-Law 16);
- (ix) final decision is at the discretion of the College Council.

9.3 The Associates must apply to the Membership Committee (with the necessary documentations) to become a Member of the College, through the recommendation of the COS, within 6 months of completion of the Basic Training Programme. After approval, Members will enter into the 3-year Higher Training Programme. The trainee should periodically update his/her log sheets. The trainee should make a declaration on fulfilling the collegial requirements (to be endorsed by COS or training supervisor) before applying for the Exit Assessment. Verification will be carried out by the Examination Committee by checking the log sheets and the training undertaken. A provisional acceptance on the basis of valid declaration will be issued.

9.4 The duration of training should be 3 years. General Paediatrics would be the foundation for the training. For the time being, only FHKCPaed without any subspecialty designation will be awarded to all trainees who have completed their training programme in general paediatrics. For this reason, the total time spent on the training in any one paediatric subspecialty would have to be limited to no more than 12 months (see below) within the 3-year programme.

9.5 General Paediatrics:

For the time being, the higher training in Paediatrics is equivalent to higher training in General Paediatrics. Higher training in subspecialties would be implemented at a later stage (to be defined) at which time General Paediatrics will be regarded as one of the subspecialties.

**For trainee who commenced his / her higher training before 1.7.1997:**

- i) not more than 12 months should be spent in any one subspecialty;
- ii) at least 6 months should be spent in other local or overseas institutions (prospectively approved).

A flexible approach will be taken on accrediting higher training commenced before 1.7.1997.

**For trainee who commenced his / her higher training on or after 1.7.1997 and before 1.7.2000:**

- i) at least 1 year hospital-based acute general paediatrics with acute emergency hospital admission of children not restricted to any age group or subspecialty;
- ii) not more than 12 months should be spent in any one subspecialty;
- iii) at least 6 months should be spent in other local or overseas institutions (prospectively approved).

A flexible approach will be taken on accrediting higher training commenced on or after 1.7.1997 and before 1.7.2000.

**For trainee who commenced his / her higher training on or after 1.7.2000 and before 1.7.2001:**

- i) at least 2 years hospital-based paediatrics of which at least 1 year should be in acute general paediatrics with acute emergency hospital admission of children not restricted to any age group or subspecialty;
- ii) not more than 12 months should be spent in any one subspecialty;
- iii) at least 6 months should be spent in other local or overseas institutions (prospectively approved).

A flexible approach will be taken on accrediting higher training commenced on or after 1.7.2000 and before 1.7.2001.

**For trainee who commenced his / her higher training on or after 1.7.2001:**

- i) at least 2 years hospital-based paediatrics of which at least 1 year should be in acute general paediatrics with acute emergency hospital admission of children not restricted to any age group or subspecialty;
- ii) not more than 12 months should be spent in any one subspecialty; and not more than 6 months out of these 12 months should be spent in any one child

- health related specialties (required prospective approval by the Accreditation Committee);
- iii) at least 6 months clinical training should be spent in other local or overseas institutions (prospective approval required);
  - iv) full time medical research training leading to a child health related master or doctorate degree or other defined outcomes can be accredited up to a period of 6 months towards the 12-month paediatric subspecialty training in the 3-year Higher Training Programme (prospective accreditation required).

**The above criteria will be strictly enforced in accrediting higher training undertaken by trainees who entered into the Higher Training Programme on or after 1.7.2001.**

**9.6 Definition of teams and modules used in the Basic Training Programme are also applicable to the Higher Training Programme.**

9.7 With the implementation of a compulsory 6-month training module in a Maternal and Child Health Clinic (MCHC) cluster / Child Assessment Service (CAS) for trainees entering into basic paediatric training on or after 1<sup>st</sup> July 2003, any further training in MCHC/CAS during the Higher Training Programme is subjected to prospective accreditation of an advanced programme offered by the MCHC Cluster/CAS. The application for accreditation must be submitted to the Accreditation Committee at least 3 months prior to the commencement of training.

9.8 Subspecialty:

Accreditation for higher training in paediatric subspecialties is now being actively explored by the Task Force for Higher Training of Paediatric Subspecialties, the Education and Accreditation Committees. Further details will be available in due course.

9.9 For all trainees who start their basic paediatric training on or after 1<sup>st</sup> July 2009, all applications for Fellowship must be accompanied by evidence of satisfactory completion of Child Protection Course run by the Hong Kong College of Paediatricians or its equivalent.

9.10 For all trainees who start their basic paediatric training on or after 1<sup>st</sup> July 2013, all applications for Fellowship must be accompanied by evidence of satisfactory completion of Neonatal Resuscitation Programme Course run by the Hong Kong College of Paediatricians or its equivalent.

## **10. Accreditation of Higher Training Programme undertaken by Trainees in Overseas Institutions**

10.1 The trainee should be a Member of the College.

10.2 The training programme should be continuous unless approved by Accreditation Committee.

Trainees applying for recognition of interrupted training should fulfill the following criteria :

- i) the interruption should be less than one year for consideration of the 6-year training programme;
- ii) the trainee should show his / her intention for further training;
- iii) there must be a justifiable reason for the interruption, either because of medical or other compassionate reason;
- iv) members entering into Higher Training on or after 1<sup>st</sup> January 2004 who has cumulative or continuous interruption of training in excess of 12 weeks excluding entitled leave must make declaration when he/she applies for Exit Assessment;
- v) interruption of training more than 12 weeks during the 3-year Higher Training Programme (trainees starting Higher Training on or after 1<sup>st</sup> January 2004) must be made up with additional training and the trainee must satisfy all the training requirements set out in section 9.5;
- vi) must follow the regulations laid down by the Academy (including the Grandfather clause);
- vii) final decision is at the discretion of the College Council.

10.3 Trainees who wish to undergo higher training in overseas institutions should apply prospectively to the Accreditation Committee at least 3 months before the commencement of overseas training.

10.4 Trainees must supply the following documents and information to the Accreditation Committee for prospective approval 3 months before commencement of overseas training:

- i) Application letter for prospective approval
- ii) Period of overseas training and duration
- iii) Subspecialty, Institution/Training Centre, Country
- iv) Name of supervisor
- v) Institution information: background of the institution and institution accreditation status (whether it is a locally accredited training centre for the paediatric subspecialty )
- vi) Preliminary Training Programme (activities involved)
- vii) Undertaking by applicant on the status of the institution that it is a locally accredited training centre for the paediatric subspecialty
- viii) Acceptance letter from overseas training centre
- ix) Recommendation letter by local training supervisor/COS

- 10.5 Applications will not be processed unless all required documents are submitted with preliminary approval by the COS/training supervisor. All overseas higher training applications will be acknowledged and outstanding information will be requested. The Accreditation Committee accepts that all the necessary information and documentation required may not be available before commencement of overseas training. If the trainee responds by giving a valid reason why such documentation is not available and undertake to provide the outstanding information and documentation within 3 months upon return from training overseas, this would be acceptable to the Committee. A preliminary approval by the Honorary Secretary of the Accreditation Committee will be issued after the application has been approved by the Accreditation Committee.
- 10.6 Unless a valid reason is provided for a trainee's inability to provide the necessary documentation prior to commencement of overseas training, submission of the necessary documentation upon completion of overseas training for accreditation will be treated as retrospective accreditation subjected to an administrative charge of HK\$2,000. This regulation will be strictly enforced with effect from the 1<sup>st</sup> January 2004.**
- 10.7 The trainee should submit the following information within 3 months upon return from training to the Accreditation Committee for final approval of his higher training at the overseas institution:
- i) Application letter for final approval
  - ii) Training report by the applicant, including the finalized full training programme and duty roster
  - iii) Training summary and log sheet, duly signed by the overseas supervisor
  - iv) Summary of project and/or publication achieved during the training period
  - v) Declaration by trainee that the information submitted is true and accurate
  - vi) Local supervisor's evaluation together with recommendations towards accreditation

The Committee reserves the right to write to the supervisor abroad directly for additional information.

- 10.8 If all the criteria as required by the Accreditation Committee are satisfied, a letter of accreditation will be issued to the trainee as official approval of his higher training at the overseas institution.

## **11. Accreditation of Trainers in General Paediatrics at Local Institutions**

- 11.1 Application for trainer status can be made to the Accreditation Committee upon recommendation and endorsement by the COSs or training supervisors of a training institution/hospital cluster. The curriculum vitae of trainers, together with their indicated subspecialty interest, should be submitted for consideration.
- 11.2 A trainer must normally be a Fellow of the College. He should be practicing in a College accredited training institution/hospital cluster. Trainers who are not Fellows should have approval from the College Council. Special recognition may be given on an individual basis.
- 11.3 For trainers in General Paediatrics subspecialty a substantial proportion of the duties (more than 50% of the work) should be spent in General Paediatrics.
- 11.4 Certificates for trainers will be issued to all approved trainers by the College biannually.
- 11.5 From 16<sup>th</sup> March 2004 and thereafter, any Fellows of the College applying to be a trainer for the first time will only be appointed as a trainer in the Basic Training Programme unless he / she has more than 3 years of post-Fellowship clinical experience in an accredited training institution.
- 11.6 From 16<sup>th</sup> March 2004 and thereafter, all existing College appointed trainers will qualify as trainers in both the Basic and Higher Training Programme; after 16<sup>th</sup> March 2004, a Fellow will only be appointed as a trainer in the Higher Training Programme if he / she has more than 3 years of clinical experience in an accredited training institution.

## **12. Application for Retrospective Accreditation of Training in Paediatrics**

- 12.1 The applicant should be a paid-up Associate or Member of the College.
- 12.2 The applicant should write to the Honorary Secretary of the College, citing the retrospective nature of the application.
- 12.3 The Honorary Secretary would redirect the application to the Accreditation Committee.
- 12.4 The Honorary Secretary of the Accreditation Committee would then send out the standard forms to the applicant.
- 12.5 The applicant would have to return the application forms with details of his/her training and date of passing the Intermediate Examination of the College or its equivalent (**Appendix**).
  - 12.5.1 The reasons for not applying for prospective accreditation of training should be explained.
  - 12.5.2 He/she would have to declare that there has been no interruption of his/her training, or give reasons for any interruption taken during his/her training.
  - 12.5.3 He/she would have to prepare a statement declaring that all information supplied are correct.
  - 12.5.4 An administrative fee of HK\$10,000 would have to be submitted before the application will be processed.
- 12.6 The applicant would have to supply the names of two Trainers as his/her referees.
- 12.7 The Supervisor or Head of Department of the institution would be requested to certify the training activities taken by the trainee applying for retrospective accreditation.

## Appendix

### HONG KONG ACADEMY OF MEDICINE

#### Internationally Recognized Overseas Higher Qualifications

COLLEGE	QUALIFICATION	
Paediatricians	1. Diplomate of the American Board of Paediatrics	DAB Paed
	2. Fellow of the Royal Australasian College of Physicians	FRACP
	3. Fellow of the Royal College of Physicians (Canada)	FRCP(Canada)
	4. Fellow of the Royal College of Physicians (Edinburgh)	FRCP(Edin)
	5. Fellow of the Royal College of Physicians (Glasgow)	FRCP(Glas)
	6. Fellow of the Royal College of Physicians (Ireland)	FRCP(Ire)
	7. Fellow of the Royal College of Physicians (London)	FRCP(London)
	8. Member of the Royal College of Physicians (Edinburgh)	MRCP(Edin)
	9. Member of the Royal College of Physicians (Glasgow)	MRCP(Glasg)
	10. Member of the Royal College of Physicians (Ireland)	MRCP(Ire)
	11. Member of the Royal College of Physicians (London)	MRCP(London)
	12. Member of the Royal College of Physicians (UK)	MRCP(UK)
	13. Fellow of the Royal College of Paediatrics and Child Health	FRCPCH
	14. Member of the Royal College of Paediatrics and Child Health	MRCPCH