THE HONG KONG COLLEGE OF PAEDIATRICIANS

(Incorporated in Hong Kong with Limited Liabilities)

Committee for Subspecialty Boards

Application for the Accreditation of the Subspecialty of <u>Genetics and Genomics</u> (Paediatrics)

1. Declaration:

- 1.1 We, the undersigned, would like to apply for accreditation of the subspecialty of Genetics and Genomics (Paediatrics), this being a new and different from existing subspecialties.
- 1.2 We submit that the subspecialty is needed in Hong Kong.

- 1.3 This subspecialty also exists in other countries such as (country A) <u>Canada</u>, (country B) <u>the United Kingdom</u>.
- (i) <u>190</u> of specialists are required in <u>United Kingdom</u> (i.e. <u>1</u> in <u>333,333</u> (population) Ref: Royal College of Physician consensus 2011; and <u>>90</u> in Canada ie <u>1</u> in <u>400,000</u> (population) Ref: Canadian Medical Residency Guide 2013.

Version 2 Dated: 30-03-2016

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 24 months of full clinical activities.
- 3.2 One (number) proposed training programme 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.	Inp	patients - new cases/month:
		<5
		6-10
		10-15
		16-20
		21-25
		26-30
	\checkmark	>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:
 - _~1,100 acute hospital admissions_ per 1 million per year (Chung et al. 25th International Congress of Paediatrics, 2007)

b. Local facilities:

i. Designated inpatient bed numbers (N/A if not applicable):

N/A (on Consultation basis)	(please specify number)
	(please specify type: eg
	neonataology,
N/A (on Consultation basis)	haematology-oncology, renal, PICU,
	etc)

ii. Designated outpatient attendance per month

100	_ (please specify number of new cases)
400	_ (please specify number of old cases)
	(please specify frequency of out
30	patient clinics)

iii. Details of facilities relevant to the subspecialty (eg diagnostic laboratories, electrophysiology laboratories, imaging facilities): (please specify number and type of facilities)

Type of facilities	Pre HK Children Hospital Number	Post HK Children Hospital		
Molecular/biochemical	5 (CGS, TYH, QMH, PWH,	5(HKCH, TYH, QMH,		
laboratories	PMH)	PWH, PMH)		
Cytogenetic laboratories	2 (CGS, TYH)	2 (HKCH, TYH)		
Diagnostic Radiology	Most HA hospitals			
Bioinformatics	2 (HKU and CUHK)	3 (HKCH, HKU and CUHK)		

(Some of these facilities will co-localize as a hub in the HK Children's Hospital in 2018)

iv. Details of facilities might need to be given – subspecialty specific:

(e.g. Neonatology: ventilator bed, paediatric surgery etc) (please specify)

Type of facilities	Number		
P/NICU	8		
Paediatric surgical centers	3		
Neurosurgical centers	5		
ENT/Eye/orthopedic unit	Most HA hospitals		
Oncology centers	5		

(Most of these facilities will co-localize as a hub in the HK Children's Hospital in 2018)

		v. The development of this subspecialty requires extra \checkmark Yes \qed No	resources
		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:	
		Manpower:	
		Training of genetic counsellors/nurses a	nd clinical
		bioinformaticians	
		Lab space and equipment	
		Bioinformatics support system	1.6
		(Ref: Zimmern R et al, A Review of Genetic a	and Genomic
		Services in Hong Kong, 2011)	
a	N /	John avvan	
d.	IV	Ianpower	
	i)	Number of subspecialists needed in Hong Kong	14
	ii)	Number of peer-recognized subspecialists currently	1+
	11)		5
	iii)	Number of Paediatricians currently practicing this	<u> </u>
	111)		5
	iv)		8-10 in
	11)		phases
	v)		5
	vi)	Number of trainees that can be accommodated with	
	v1)		4-5
	vii)	Number of trainees currently under training in this	
	, 11)		0
			<u>- </u>

c.

Resources

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	14
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	0.101
	in the next 10 years, etc.	8-10 in phases
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.	2-4
4.	Number of trainees (pre-fellows) required to	2-4 equivalents
	be working in the subspecialty to reach a	(share with
	desirable level of service and training for the	general
	whole of Hong Kong.	paediatrics)
5.	Number of centres or clustered network	2-3 training
	required for this subspecialty in the whole of	centers (1 training
	Hong Kong.	programme)

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)

		Yes	No	
i)	Ph. D	\checkmark		
ii)	M. Phil.	\checkmark		
iii)	M. Med. Sc.	\checkmark		
iv)	Others	\checkmark	П	
	Please specify	Postgraduate qualifica	ation in	
		medical genetics and/o		
		counseling at University	•	
		Specialist College leve	•	
		Specialist College leve	<u> </u>	
c) Clinical e				
i) Minimuı				
	□ 24 months			
	√ 30 month			
ii) Movimu	□ 36 months	S		
ii) Maximu	\Box 24 months	o.		
		S		
	□ 30 months	c		
		s nt-patient consultation in th	nat subspecialty du	uring the
	✓ 36 months um number of new out e period of subspecial □ 50-100 □ 100-150 □ 150-200 ✓ 200-300 □ Others	s ut-patient consultation in th ty training	nat subspecialty du	uring the
	✓ 36 months um number of new out e period of subspecial □ 50-100 □ 100-150 □ 150-200 ✓ 200-300 □ Others	s nt-patient consultation in th	nat subspecialty du	iring the
whole	✓ 36 months um number of new out e period of subspecial □ 50-100 □ 100-150 □ 150-200 ✓ 200-300 □ Others If um number of old out	nt-patient consultation in the ty training Please specify t-patient consultation in the		
whole	✓ 36 months um number of new out e period of subspecial □ 50-100 □ 100-150 □ 150-200 ✓ 200-300 □ Others Fum number of old out e period of subspecial	nt-patient consultation in the ty training Please specify t-patient consultation in the		
whole	✓ 36 months um number of new out e period of subspecial □ 50-100 □ 100-150 □ 150-200 ✓ 200-300 □ Others If um number of old out e period of subspecial □ 300-400	nt-patient consultation in the ty training Please specify t-patient consultation in the		
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whole	✓ 36 months um number of new out e period of subspecial □ 50-100 □ 100-150 □ 150-200 ✓ 200-300 □ Others If um number of old out e period of subspecial □ 300-400 □ 400-500 □ 500-600	nt-patient consultation in the ty training Please specify t-patient consultation in the		
whole	✓ 36 months um number of new out e period of subspecial □ 50-100 □ 100-150 □ 150-200 ✓ 200-300 □ Others If um number of old out e period of subspecial □ 300-400 □ 400-500 □ 500-600 □ 600-700	nt-patient consultation in the ty training Please specify t-patient consultation in the		
whole	✓ 36 months um number of new out e period of subspecial □ 50-100 □ 100-150 □ 150-200 ✓ 200-300 □ Others If um number of old out e period of subspecial □ 300-400 □ 400-500 □ 500-600 □ 600-700	nt-patient consultation in the ty training Please specify t-patient consultation in the		
whole	✓ 36 months um number of new out e period of subspecial □ 50-100 □ 100-150 □ 150-200 ✓ 200-300 □ Others If um number of old out e period of subspecial □ 300-400 □ 400-500 □ 500-600 □ 600-700 ✓ 700-800 □ Others	nt-patient consultation in the ty training Please specify t-patient consultation in the		
iv) Minimi whole	✓ 36 months um number of new out e period of subspecial □ 50-100 □ 100-150 □ 150-200 ✓ 200-300 □ Others If um number of old out e period of subspecial □ 300-400 □ 400-500 □ 500-600 □ 600-700 ✓ 700-800 □ Others If	repatient consultation in the ty training Please specify t-patient consultation in the ty training		
iv) Minimi whole	✓ 36 months um number of new out e period of subspecial □ 50-100 □ 100-150 □ 150-200 ✓ 200-300 □ Others If um number of old out e period of subspecial □ 300-400 □ 400-500 □ 500-600 □ 600-700 ✓ 700-800 □ Others If	expectation in the state of the		

v1) Necessii ✓ Yes	ty of log sheet or log book No
100	
vii) Availab subspe	pility of checklist for minimum number of special procedures for that
☐ Yes	•
* (please sı	abmit a separate check list on all special procedures required for the
subspecia	alty – Appendix II)
d) Research ac	ctivities required
If yes,	
<u>-</u>	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 re	aguirad
,	□ No
105	ease specify minimum percentage of time
n yes, pr	□ 5%
	□ 376 ✓ 10%
	□ 15%
	☐ Others
	Please specify
Please also	specify maximum percentage allowed
Ticuse aiso	
	□ 15%
	✓ 20%
	□ Others
	Please specify
i)	Undergraduate
	✓ Yes □ No
ii)	ii)Postgraduate
	√ Yes □ No

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f) Administration within subspecialty (eg medical audit, involvement of service Version 2 Dated: 30-03-2016

	□ No		
If yes, ple	ase spe	cify minimum perce	ntage of time
		5%	
	\checkmark	10%	
		15%	
		Others	
		Please sp	ecify
Please also	o specif	fy maximum percent	age allowed
		10%	
		15%	
	\checkmark	20%	
		Others	
		Please sp	pecify
g) Subspecialty	trainir	ng is done in	
g) suespecially	√	two centres	(CGS, QMH+TYH and in the future HKCH
	П	more than two cer	
h) Overseas tra ✓optional	_	-	
optional			
If yes, what	is the m	ninimum duration?	
		3mths	
	\checkmark	6mths	
		12mths	
		others:	
		Please specify	At least 6 months is recommended during this
			3 years programme, but not mandatory
If yes, please	e also d	escribe	
(i) setting		Tertiary care facilit	ies with a recognized training programme
(ii) objectiv	es		and laboratory experience in the diagnosis and
(ii) oojooii,		management of ger	• 1
		management of get	ieue diseases
i) Pre-set curric	culum f	or their elective perio	od

3.52 Assessment of training: a) Portfolio assessment ✓ Yes No If yes, please describe (i)Oral Yes □ No (ii)Written Yes ✓ No (iii) Course work Yes ✓ No

3.6 Institution/Functional Training Unit

(v)Published papers

(iv)Postgraduate Degree or Certificate

3.61 Please describe the statistics for EACH Programme:

				Comments
1. Case load per year	(new) 1000 (old) 4000			
2. Case profile	* Highly Complex 10 %		%	
	* Complex	30	%	
	* Intermediate	30	%	
	* Simple	30	%	
a) No. of specialists working in	3-4			
the programme				
b) <u>>50</u> % of time				
working in the subspecialty				
3. No. of sub-specialists (FTE)	3-4			Not single handed,
(FTE = at least 35-50% of				best 3-5
time working in the				subspecialists for
sub-specialty)				cover
4. Having a structure for centre	√Yes □ No □ NA			
e.g. Director on service,				
training or research etc				
5. No. of trainees	8-10 in 10 years	S		
6. No. of supporting staff	Scientific office	er 3	3-4	
(Please specify)	Medical		10	
	technologists			
	Research	,	1-2	
	fellows/assistan	ts		
	Genetic	4	4-5	
	counsellors/Nur	rses		
7. Structured training	√Yes □ No	□N	A	
programme				

Yes

Yes

No

No

8. Clinical guidelines/protocols	√Yes	\square No	\square NA	
9. Clinical audit	√Yes	\square No	\square 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.

*Highly complex – requires advanced knowledge and considerable experience for optimal management, often rare or uncommon conditions demanding sophisticated diagnostic techniques, complicated treatment regimen and multidisciplinary team approach e.g. multiple congenital anomalies in P/NICU, undiagnosed diseases, inherited cancer syndrome, genetic counselling in presymptomatic testing/ incidental findings in next-generation sequencing testing

*Complex – requires special diagnostic tests and careful therapeutic monitoring, or newly identified conditions with diagnosis and treatment under development e.g. emerging genomic disorders, mosaic disorders, genetically heterogeneous conditions including intellectual disability, autism spectrum disorders or complex neurological conditions

*Intermediate – serious/ life-threatening / organ-specific disorders, or conditions requiring extensive diagnostic evaluation e.g. connective tissue disorders, skeletal dysplasia, cardiomyopathies, inherited arrhythmias, rare but well known genetic syndromes and inborn errors of metabolism

*Simple – common conditions that are generally managed at secondary level if hospitalization is required and diagnosis and treatment are straight forward e.g. common genetic syndromes – Down syndrome, Williams syndrome, 22q11.2 deletion syndrome, Prader Willi syndrome, etc.

3.7 Supportive Service considered as mandatory to the programme:

								Comments
1. Coordination w	ith oth	er rele	vant p					
subspecialties (ple	ease sp	ecify)						
	Yes	No	NA	emergency	elective	On	Other	
						site	location	
e.g.	✓				✓		\checkmark	
PICU/NICU								
Medical	✓				✓		\checkmark	
subspecialties								
Surgical	✓				✓		\checkmark	
subspecialties								
Orthopaedic	✓				✓		\checkmark	
subspecialties								
Oncology	✓				√		√	
Transplant	✓				√		✓	_

Others (please s	pecify	·)						
2. Special invest	tigator	y sup	port					
a. Laboratory		1			T		T	
	Yes	No	NA	emergency	elective	On site	Other location	
Chemical	✓				/		location	
pathology	,						,	
Histo-pathology	√				√	П	√	
Microbiology				П				
Immunology								
Cytogenetics	<u> </u>			<u> </u>	<u>−</u>	<u> </u>		
Molecular	√			√	✓	√		
genetics								
IEM lab	√			√	√		✓	
Others (please s	pecify	·)					<u> </u>	
b. Radiology								
US	✓				✓		✓	
CT	✓				✓		✓	
MRI	✓				✓		✓	
Isotope Scan	✓				✓		✓	
Others (please s	pecify	·)						
3. Special therap	eutic	suppo	rt					
Radiotherapy		✓						
Interventional		✓						
radiology								
Chemotherapy		✓						
Pharmacy	✓				✓		✓	
Total parental	✓	✓						
nutrition								
Nutritionist	√				√		√	
Clinical	✓				✓		√	
psychologist								
Medical Social	✓				✓		✓	
workers								
Allied health	·.c				√		✓	
Others (please specify)								
4. Special management modalities (e.g				. (Donovite			
=	-			=	Parents s	uppor	ı groups	
Parents support	group	s) (Pl	ease s	peciry)				

Trainers from other Colleges will be cross accredited to provide training sessions including lectures, seminars, practical trainings, clinical and laboratory rotation to our
fellows)
a) Number of training staff in a centre recommended:
\checkmark 1
\Box 2-3
\Box 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

Proposed requirement of Trainers (NB this only counts trainers from our College,

under the cross-discipline Genetic and Genomic training programme of the HKAM,

3.8

3.9 Proposed educational activities:

	Location	Frequency
Joint Institute meeting	Inter-institute	Every 3-4 months
Case conference	Local	Every 1-2 weeks
Postgraduate meeting	Local	Every 1-2 weeks
Journal Club	Local	Every 1-2 weeks
Lab meeting	Local	Every 1-2 weeks
X-ray/imaging meeting	Local	Every 3-4 months
Audit	Local /inter-institute	Every year
* other CME Activities	Conference	Every 1-2 years
* (please note that CM	E activities will be require	ed for recognized subspecialties)

^{3.10} The field of research available in our subspecialty and existing in HK

(please describe in details):

(i) Clinical	CGS		
(1) Clinical	Review of Angelman Syndrome in Hong Kong		
	Review of Silver Russell Syndrome in Hong Kong		
	QMH/TYH (HKU)		
	Quality of Life Studies for Patients with genetic		
	syndromes		
	Clinical spectrum of <i>PIK3CA</i> -related disorders		
	Exome sequencing for undiagnosed diseases in Hong		
	Kong		
(ii) Laboratory	CGS		
	Genetic study of Retinitis pigmentosa in Hong Kong		
	QMH/TYH (HKU)		
	Clinical application of whole genome technologies		
	Copy number variation analysis for Autism Spectrum		
	Disorders		
(iii) Epidemiological	CGS		
	Epidemiological study of Prader Willi syndrome in Hong		
	Kong		

Epidemiological study of Angelman Syndrome in Hong

		Kong
		QMH/TYH (HKU)
		Physical measurement of Chinese Children in Hong
		Kong
3.11	2 (Number) or time spent on	f candidates are potential programme director(s) for HK (> 50% of subspecialty)
3.12	<u>3-4</u> (Number)	of candidates are potential trainers of the programme
3.13	under the he describing the	n details the curriculum of our subspecialty training programme adings of knowledge, skills and attitudes as Appendix III (on e training programme, please take reference from the handbook of Postgraduate Training & Accreditation published by the College).
4. We	propose (a) Pro	f. Judith HALL of The University of British Columbia
	(Ins	titution) in Canada (country) and
	(b) Pro	of. Carmencita PADILLA of The University of the Philippines
	(Ins	titution) in the Philippines (country)
	(c) Pro	of. Meow Keong THONG of The University of Malaya
	(Ins	titution) in Malaysia (country)
	(d) Pro	of. Angus CLARKE of The University of Cardiff
	(Ins	titution) in the United Kingdom (country) ****pending
	con	firmation
	to b	e external assessor of our programme.
On beha	alf of the core gr	roups of <u>Genetics and Genomics (Paediatrics)</u> subspecialty
Co ordi	nators of the sub	ospecialty: (in alphabetical order)
Co-orui	nators of the sut	specialty. (In alphabetical order)
Dr. Chu	ng H.Y.B.	Dr. Lam T.S.S. Dr. Lo F.M.I.
	<u> </u>	
Dr. Luk	H.M.	Dr Tsui K. M.

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