THE HONG KONG COLLEGE OF PAEDIATRICIANS (Incorporated in Hong Kong with Limited Liabilities)

Task Force for Higher Training of Paediatric Subspecialty

Application for the Accreditation of the Subspecialty of Paediatric Respiratory Medicine.

1. Declaration :

- 1.1 We, the undersigned, would like to apply for accreditation of the subspecialty of **Paediatric Respiratory Medicine** (兒童呼吸科), 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) <u>54</u> Fellows could be qualified as First Fellows.
- (ii) <u>40</u> subspecialists existed.
- (iii) **<u>80</u>** subspecialists projected as required locally in the next 10 years.
- 1.3 This subspecialty also exists in other countries such as USA, Canada, and the Philippines.
- (i) <u>1000</u> specialists exist in <u>USA</u>, (i.e. <u>1.14/100,000</u> children (population); <u>Canada</u>, i.e. <u>0.9/100,000</u> children (population); and <u>the</u> <u>Philippines</u>, i.e. <u>0.45/100,000</u> children.

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 (**Document 1**).

- (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 <u>3</u> years with <u>at least 30</u> months of full clinical activities.
- 3.2 **ONE** 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 (1071.1 cases per month)
 - ii. Outpatient attendance- new cases/month
 - □ <5
 - 6-10
 - □ 10-15
 - □ 16-20
 - 21-25
 - 26-30
 - ✓ >30 (796 cases per month)
 - iii. Outpatient attendance- old cases/month
 - □ <20
 - □ 21-40
 - 41-60
 - 61-80
 - 81-100
 - ✓ > 100 (1474.6 cases per month)
 - iv. Estimated number of **new** cases in general population:

25652.8 per 1 million children per year

- b. Local facilities:
 - i. Designated inpatient bed numbers (N/A if not applicable):

Total	134
Respiratory	8
PICU	45
HDU	8
NICU	100
Pulmonary	10
rehabilitation	

ii. Designated outpatient attendance per month

796
1474.6
88

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

7 hospitals, 4 in EDU, 3 in
Paediatric department
9 hospitals, 2 in Paediatric
department, 5 in EDU, 2 in
lung function laboratory
8 hospitals, 2 in Paediatric
department, 6 shared
facilities
9 hospitals: USG, CT, MRI

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

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

Paediatric lung function	2
laboratory	
Paediatric sleep laboratory	4
Paediatric flexible	4
bronchoscopy and endoscopy	
suite	

c. Resources

- v. The development of this subspecialty requires extra resources
 - 🗸 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

Training of paediatric respiratory nurses Training of paediatric respiratory therapists Research space and facilities

d. Manpower

i)	Number of subspecialists needed in Hong Kong	35 in the next 8 years
ii)	Number of peer-recognized subspecialists currently practicing in Hong Kong:	40
iii)	Number of Paediatricians currently practicing this subspecialty	50
iv)	Number of trainees that need to be trained to meet the current need	40
v)	Number of qualified trainers currently available	20
vi)	Number of trainees that can be accommodated with the existing provision of manpower and facilities	16
vii)	Number of trainees currently under training in this subspecialty	7

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	
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 subspeciality and the "a" can be reached just right), taking into account of retirement and projection of needs in the next 10 years, etc.	40
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.	20
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.	20
5.	Number of centres or clustered network required for this subspecialty in the whole of Hong Kong.	8 centres

3.5 We also submit additional information on the justification of establishment of our subspecialty, with reference to :

3.5.1 Curriculum: Please see Document 2a and 2b

- 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	\checkmark	
ii)	M. Phil.	\checkmark	
iii)	M. Med. Sc.	\checkmark	
iv)	Others	\checkmark	
v	M.D.	\checkmark	
)			

- c) Clinical experience
 - i) Minimum

 $\Box \qquad 24 \text{ months}$

 \checkmark 30 months

- \Box 36 months
- ii) Maximum
- $\Box \qquad 24 \text{ months}$
- \Box 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
\checkmark	400-500
	500-600
	600-700
	700-800
	Others
	Please specify

v) Minimum number of subspecialty clinics per week

4 vi) Necessity of log sheet or log book \checkmark Yes No vii)Availability of checklist for minimum number of special procedures for that subspecialty \checkmark Yes* Π No * (please submit a separate check list on all special procedures required for the subspecialty) Please see Document 3. d) Research activities required Yes \checkmark No If yes, Clinical research programme (i) \checkmark Yes No (ii) Basic research programme (eg. laboratory experience) ✓ No ☐ Yes If yes, please specify minimum duration 6 months \square 12 months Π Please also specify maximum duration allowed \checkmark 6 months 12 months e) Teaching required Yes No If yes, please specify minimum percentage of time 5% \checkmark 10% 15% Please also specify maximum percentage allowed 10% 15% 20% \checkmark Others Please specify i) Undergraduate ☐ Yes \checkmark No ii)Postgraduate ii)

✓ Yes □ No

f) Administration within subspecialty (eg medical audit, involvement of service development, co-ordination & administration within subspecialty)

 \checkmark Yes Π No If yes, please specify minimum percentage of time 5% \checkmark 10% Π \square 15% Others Please specify Please also specify maximum percentage allowed 10% Π Π 15% \checkmark 20% Others Please specify g) Subspecialty training is done in two centres \checkmark more than two centres within the same cluster h) Overseas training required ✓ Yes No If **done**, what is the minimum duration? 3mths ✓ 6mths 12mths others: Please specify If yes, please also describe (i) setting **Overseas paediatric pulmonary departments** (ii) objectives To acquire new techniques, to learn new practices in an international setting i) Pre-set curriculum for their elective period \checkmark

Yes No a) Profolio assessment

Yes 🗌 No

If yes, please describe

(i)Oral	\checkmark	Yes		No
(ii)Written	\checkmark	Yes		No
(iii) Course work	\checkmark	Yes		No
(iv)Postgraduate Degree or Certificate		Yes	\checkmark	No
(v)Published papers	\checkmark	Yes		No

3.6 Institution/Functional Training Unit

 \checkmark

3.6.1 Please describe the statistics for EACH Programme :

We propose a SINGLE programme for the whole of Hong Kong with 2 clusters:

- 1. The Hong Kong/ New Territories Cluster: QMH, DKCH, PWH, AHNH, PYNEH, TMH
- 2. The Kowloon Cluster: KWH, QEH, UCH, PMH and CMC

The following figures represent a TOTAL of all activities of the 2 CLUSTERS. Figures are taken from the hospital data of the years 2008 and 2009 and presented as average.

				Comments	
1. Case load per year	<u>12853</u>			Respiratory	
		d) <u>17695</u>		Outpatient cases	
2. Case profile	* Highly Complex	5	%		
	* Complex	10	%	Please refer to	
	* Intermediate	30	%	Document 4	
	* Simple	55	%		
a) No. of specialists working in	36			Including	
the programme				sub-specialists and	
				specialists	
b) % of time working in the	51-70%			Varies among	
subspecialty				hospitals	
3. No. of sub-specialists (FTE)	21			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 ✓ N	o 🛛 N.	A		
e.g. Director on service,					
5 th Ian 2004				0	

training or research etc				
5. No. of trainees	6			As at June 2011
6. No. of supporting staff	e.g. Clir	nical	4	The support staff
(Please specify)	psychol	ogist		in many hospitals
	Scientif	ic officer	1	that are not
	Respira	tory	1	dedicated to PRM
	Therap	ists		at NOT listed
	Researc	h	3	here. They are
	fellows/	assistants		present in most
	Physioth	nerapist	3	hospitals, shared
				with other
				disciplines
7. Structured training	□Yes	✓ No	NA	
programme				
8. Clinical guidelines/protocols	✓Yes	🗆 No	NA	For some diseases
9. Clinical audit	✓ Yes	🗆 No	NA	
10. Research projects – No.	20			As at June 2011

- * 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								There can
subspecialties (please specify)								be minor
								variations
								among
	1	T	1		•	1		hospitals
	Yes	No	NA	emergency	elective	On	Other	
						site	location	
e.g.	✓			✓		✓		
PICU/NICU								
Medical	✓			✓		✓		
subspecialties								
Surgical	✓			✓		✓		
subspecialties								
Orthopaedic	✓				✓		✓	
subspecialties								
Oncology	✓				✓		✓	
Transplant		✓						
Others (please specify)								
-	- •							

Yes	J ~~P	<u>r</u>					
Yes		2. Special investigatory support a. Laboratory					
	No	NA	emergency	elective	On site	Other location	
✓			✓		✓		
✓				✓		✓	
✓			✓		✓		
\checkmark				✓		✓	
Others (please specify)							
	-	_		_			
✓			✓		✓		
✓			✓		✓		
✓				✓		✓	
\checkmark				✓		✓	
Others (please specify)							
eutic	suppo	ort		1	1		
✓				✓		✓	
~			~			~	
✓		Π	Π	✓			
✓				✓			
✓				~	√		
\checkmark				✓		✓	
✓				✓		✓	
✓				✓	✓		
✓				✓	✓		
Others (please specify)							
4. Special management modalities support groups) (Please specify)				Hong Ko Society	ong As	sthma	
	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	\checkmark \square \land \square <	Image: Constraint of the section o	✓ □ □ □ ✓ □ □ ✓ ✓ □ □ □ ✓ □ □ □ ✓ □ □ ✓ ✓ □ □ ✓ ✓ □ □ ✓ ✓ □ □ ✓ ✓ □ □ □ ✓ □ □ □ ✓ □ □ □ ✓ □ □ □ ✓ □ □ ✓ ✓ □ □ ✓ ✓ □ □ ✓ ✓ □ □ ✓ ✓ □ □ □ ✓ □ □ □ ✓ □ □ □ ✓ □ □ □ ✓ □ □ □ ✓ □ □ □ ✓ □ □ □ ✓	Image: state of the state	Image: second symplement of the sy	Image: state of the state

3.8 Proposed requirement of Trainers

a) Number of training staff in a centre recommended:

- D >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 :

	Location	Frequency
Grand round	Individual hospital unit or	At least quarterly
	within cluster	
Journal Club	Individual hospital unit or	At least quarterly
	within cluster	
X-ray/imaging meeting	Individual hospital unit or	At least quarterly
	within cluster	
Audit	Individual hospital unit or	At least quarterly
	within cluster	
* other CME Activities	Clinical meeting of	Monthly
	HKSPR	
	Annual Scientific Meeting	Annually
	of HKSPR	
	Regional or international scientific congresses	Annually
	(CIPP, APAPARI, ERS,	
	ATS)	
	111.5	

* (please note that CME activities will be required for recognized subspecialities)

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

Please refer to Document 4 for details.

- 3.11 <u>4</u> (Number) of candidates are potential programme director(s) for HK (> 50% of time spent on subspecialty) **They are Dr. Daniel NG, Prof. Albert LI, Dr. Shu Yan LAM, and Dr. Wa Keung CHIU.**
- 3.12 <u>24</u> (Number) candidates are potential trainers of the programme. They are Drs. Theresa LEUNG, Ping LAM, Qun Ui LEE, So Lun LEE, Sergio KOO, Christy Shuk Kuen CHAU, Pok Yu CHOW, Ka Li KWOK, Daniel NG, Eric Yat Tung CHAN, Chin Pang WONG, Albert LI, Wai Tai KO, Ting Yat MIU, Wa Keung CHIU, Lilian LEE, Eligina POON, Simon LAM, Gary Wing King WONG, Kam Lau CHEUNG, Ellis HON, LAM Shu yan, LAU Ka Fai, WONG Tak Wai.
- 3.13 We submit in details the curriculum of our subspecialty training programme under the headings of knowledge, skills and attitudes as **Document 2a &2b** (on describing the training programme, please take reference from the handbook of Guideline on Postgraduate Training & Accreditation published by the College).

We propose (a) Prof. Peter le Souef of The University of Western Australia 4. (Institution) in Australia (country) and

> (b) Prof. Andrew Colin of Miller School of Medicine, University of Miami (Institution) in The USA (country)

to be **REFEREES** of our programme. Their referee letters are attached with this Document. Please see Document 0a. Letter from Professor le Souef will follow soon.

On behalf of the core groups of **Paediatric Respiratory Medicine** subspecialty

Co-ordinators of the subspecialty :

ally

Dail Ian Chiu Wa Keung

Dr. Alfred TAM Dr. Daniel NG

Dr. Shu yan LAM

Dr. Wa Keung CHIU

Prof. Albert LI

Contact person **Dr. Alfred TAM**

(i) Telephone 2526 6332

(ii) Email alfredtam@children818.com

Additional Documents

Document 1:	Paediatric Respiratory Medicine as a New Subspecialty
Document 2a:	Curriculum of Training in Paediatric Respiratory Medicine
Document 2b:	Guideline Document on Training: Duration and Content
Document 3:	Specialist Procedures Required for PRM Subspecialists
Document 4:	Case Profile Definition
Docuemnt 5:	Main Research in PRM Currently Existing in Hong Kong
Document 6:	Guideline on Exit Assessment
Document 7:	Guideline on Accreditation of Training Centres and Clusters
Document 8:	List of Potential Trainers
Document 9:	List of Potential First Fellows
Document 10:	List of Potential Assessors
Document 11:	Proposed Composition of Subspecialty Board
Document 12:	CME/CPD for Fellows in PRM
Document13:	Training Programmes of Europe for comparison