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Professor PC Ng
President, Hong Kong College of Paediatricians
Hong Kong Academy of Medicine
Hong Kong

8 August 2012

Dear Professor Ng,

Support for establishing Paediatric Respiratory Medicine as a New Subspecialty in Hong Kong

I am pleased to strongly support the proposal to establish Paediatric Respiratory Medicine (PRM) as a new subspecialty in Hong Kong. This proposal has been developed with great care over a number of years and those who have put it together have consulted widely and have included suggestions from leading international experts. Overall, I believe the proposal is an outstanding document with highly professional, practical and realistic targets.

The need for PRM in Hong Kong has been well articulated in the proposal and the point has been made that the great majority of other countries with well-developed health services have had this sub-specialty successfully and productively established for a number of years. Experience in these countries has shown that providing a professional framework for paediatric respiratory medicine has increased recruitment into the subspecialty, raised the standards of respiratory care for children and stimulated research output in children's respiratory diseases. Although Hong Kong already has high standards in all these areas, each could be expected to derive further benefit from formally establishing paediatric respiratory medicine.

The curriculum outlined in the proposal is thorough and comprehensive and includes all the essential specialist skills that a PRM specialist physician needs to be able to perform in this sub-specialty. For each of these skills, appropriate details are provided of requirements to perform the associated procedures.

The clinical and basic research currently being undertaken in Hong Kong is of a very high standard and in many areas, particularly in asthma and respiratory epidemiology, Hong Kong paediatric respiratory research is amongst the world's best. In addition, several paediatric respiratory physicians from Hong Kong have provided leadership in the international arena, including activities such as organisation of international scientific meetings, journal editorship and generation of international guidelines. Overall, the level of research in paediatric respiratory medicine in Hong Kong is well in advance of the level needed for the commencement of Hong Kong-based training in academic aspects of PRM.

The PRM training program itself is well thought out and highly comprehensive and the exit exam is structured to ensure that those who pass will be of the highest international standards in PRM. The level of the exam is comparable to or exceeds standards required to pass PRM sub-specialty examinations in other countries.

Hong Kong currently has a series of excellent paediatric units. These are a strong basis on which to build the sub-specialty and in each of the units I have had the privilege to visit in 2011 and 2012, there were groups of skilled paediatricians working in paediatric respiratory medicine. Due to limitations of size, not all units can provide all the areas of training needed

in PRM. Hence, the proposal outlines the need to establish 'clusters' which would be a combination of several units so that all necessary components of training and practice would be covered within each cluster. This is an excellent way of retaining the talents of each group, covering all required areas of PRM training and providing useful collaborative opportunities for future development.

The timelines and plans for the introduction of PRM into Hong Kong have been well thought out and are practical and comprehensive. With regard to 'First Fellows', I know many of the nominated potential First Fellows and all those whom I know are of a high calibre and their expertise in PRM is comparable to PRM specialists in countries with established training and specialist programs. The First Fellow concept has been used elsewhere to establish new clinical specialties and works well.

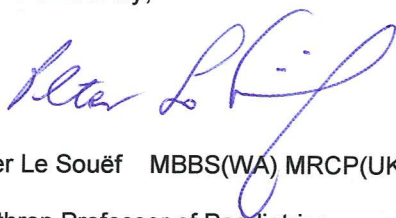
The list of potential assessors includes four paediatric respiratory physicians all of whom are highly-experienced, well-respected for their research and at the highest level of international recognition as paediatric respiratory physicians.

In summary, the application and its appendices provide an excellent description of the need to establish paediatric respiratory medicine in Hong Kong. Hong Kong already has many highly regarded paediatricians practicing in respiratory medicine and the establishment of formal training and a professional structure for paediatric respiratory medicine in Hong Kong is long overdue. The current high level of patient care provided in Hong Kong for children with respiratory problems could be expected to increase with the establishment of PRM. Hence, I strongly support this application and hope it receives the success it deserves.

Finally, I would like to congratulate those who put the application together and wish them well for the future.

If you or any of your colleagues wish to contact me for any reason about this application, I would be delighted to respond.

Yours sincerely,



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