

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 Neurology.

1. Declaration :

1.1 We, the undersigned, would like to apply for accreditation of the subspecialty of Paediatric Neurology, 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) 25 (number) of Fellows could be qualified as First Fellow
- (ii) 25 (Part time) (number) of subspecialists existed.
- (iii) 40 (number) of subspecialists projected as required locally in the next 10 years.

1.3 This subspecialty also exist in other countries such as Canada (country A) and United States of America (country B).

- (i) 175 (number) of specialists are required in Canada (country A) (i.e. 5 in 1,000,000 (population)); and 1200 in USA (country B) ie 4 in 1,000,000 (population)

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 at least 33 months of full clinical activities.

3.2 3 (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:

12,000 per 1 million

b. Local facilities:

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

<u>400</u>	(please specify number)
Paediatric Neurology,	(please specify type: eg
Inpatient rehabilitation,	neonatology,
Developmental Disability	haematology-oncology, renal, PICU,
<u>units</u>	<u>etc)</u>

ii. Designated outpatient attendance per month

<u>100</u>	(please specify number of new cases)
<u>1500</u>	(please specify number of old cases)
<u>14</u>	(please specify frequency of out
	<u>patient clinics)</u>

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	Number
Neuroimaging Facilities (X ray, MR, CT, contrast studies, ultrasound	Provided by at least 11 Departments of Diagnostic Radiology
Nuclear Medicine (including PET and SPECT studies)	At least 3 regional departments
Electrophysiology Laboratory (with capability of long term EEG monitoring)	At least 10 departments
Specialized Neurophysiology Facilities (Intraoperative monitoring, Electrocorticography)	At least 3 units
Gait laboratory	At least 2 units
Comprehensive allied health facilities (Physiotherapy, Occupational Therapy, Prosthetics and Orthotics, Speech Therapy	At least 6 units

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
Paediatric ICU beds	10
Epilepsy Surgery Unit	1
Orthopaedic Unit	At least 2 units
Child Psychiatric Unit	At least 5 units

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

If yes, please specify:

Advanced Nurse practitioners

Speech therapists

Rehabilitation Engineers

Genetic laboratory with capability of molecular genetic studies on chromosomal and mitochondrial DNA

Biochemical laboratory with capability of metabolic studies

d. Manpower

i)	Number of subspecialists needed in Hong Kong	40
ii)	Number of peer-recognized subspecialists currently practicing in Hong Kong:	28
iii)	Number of Paediatricians currently practicing this subspecialty	28
iv)	Number of trainees that need to be trained to meet the current need	12
v)	Number of qualified trainers currently available	20

vi)	Number of trainees that can be accommodated with the existing provision of manpower and facilities	20
vii)	Number of trainees currently under training in this subspecialty	5

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	40 full time subspecialists
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.	15
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.	40 full time subspecialists
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.	18- 24
5. Number of centres or clustered network required for this subspecialty in the whole of Hong Kong.	12 centre in 5 networks

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

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

Please specify _____

c) Clinical experience

i) Minimum

- ☐ 24 months
- ☐ 30 months
- ☐ 36 months
- ☒ 33 months

ii) Maximum

- ☐ 24 months
- ☐ 30 months
- ☐ 36 months
- ☒ No upper limit

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 Training can be conducted in more than 2 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 Hospital based or specialized centre based
(ii) objectives Clinical training in paediatric neurology, neurodevelopmental paediatrics, neurorehabilitation or adult neurology

i) Pre-set curriculum for their elective period

☐ Yes ☒ No

3.52 Assessment of training :

a) Profolio assessment

☒ Yes ☐ No

If yes, please describe

- | | | |
|---|---|--|
| (i) Oral | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) Written | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) Course work | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) Postgraduate Degree or Certificate | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (v) Published papers | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

3.6 Institution/Functional Training Unit

3.61 Please describe the statistics for EACH Programme :

				Comments
1. Case load per year	(new) 2000	(old) 6000		
2. Case profile	* Highly Complex	20	%	
	* Complex	30	%	
	* Intermediate	30	%	
	* Simple	20	%	
a) No. of specialists working in the programme	3			
b) <u>50</u> % of time working in the subspecialty				
3. No. of sub-specialists (FTE) (FTE = at least 35-50% of time working in the sub-specialty)	3 - 4			Not single handed, best 3-5 subspecialists for cover
4. Having a structure for centre e.g. Director on service, training or research etc	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
5. No. of trainees	3			
6. No. of supporting staff (Please specify)	Clinical psychologist	1		
	Scientific officer	2		
	Therapists	10		
	Research fellows/assistants	2		
	Rehabilitation Engineers	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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopaedic subspecialties	<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"/>	
Oncology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transplant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	
Total parental nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritionist	<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"/>	
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 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)								
4. Special management modalities (eg Parents support groups) (Please specify)								

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	Within training centre	Weekly
Journal Club	Within training centre	Weekly
X-ray/imaging meeting	Within training centre	Monthly
Audit	Within training centre	Monthly
* other CME Activities	Presentation at subspecialty Society	Highly recommended

*** (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) :

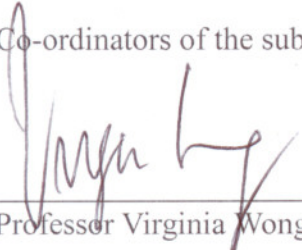
(i) Clinical	Clinical study on childhood Multiple Sclerosis and Acute disseminated encephalomyelitis
	Epilepsy surgery study
	Consensus development of the use of steroid in acute inflammatory brain diseases
	Migraine headaches in children
(ii) Laboratory	Genetic studies in Dravet Syndrome, Hereditary spastic paraplegias and spinocerebellar atrophy
	Epilepsy localization studies for epilepsy surgery
(iii) Epidemiological	Central Registry of Duchenne Muscular Dystrophy, Spinal muscular Atrophy

- 3.11 2 - 3 (Number) of candidates are potential programme director(s) for HK (> 50% of time spent on subspecialty)
- 3.12 20 (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) Dr./Prof. Harry Chugani of Wayne State University (Institution) in United States of America (country) and
- (b) Dr./Prof. Lieven Lagae of University Hospital Leuven (Institution) in Belgium (country) to be external assessor of our programme.

On behalf of the core groups of Paediatric Neurology subspecialty


Co-ordinators of the subspecialty :



Professor Virginia Wong



Dr. Chan Kwok Yin



Dr. Kwong Ling Karen



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