

TASK FORCE FOR HIGHER TRAINING OF PAEDIATRIC SUBSPECIALTIES

Summary of the Questions raised from Subspecialty Groups, COSs / Consultants, and Feedbacks from the Task Force

(As at 24 March 2004)

1) Admission criteria for First Fellow –

A First Fellow in a subspecialty must be a Fellow of the Academy (Paediatrics) and had undergone a recognized supervised training programme in that subspecialty for 3 years. In Fellows without any formal supervised training in a subspecialty, there should be at least a core period of 6-12 months (to be defined later) of subspecialty training undertaken by the Fellow in an accredited overseas centre. In addition, the difference from the 3 years of the usual accredited subspecialty training programme can be made up with a period of good independent practice in that subspecialty of twice the duration of the short-fall from the 3-year accredited training programme (after the completion of the 6 years supervised training in General Paediatrics).

- 2) There was an enquiry on the procedures for admitting subspecialists who are not eligible for admission of First Fellow, but will become eligible during the period of up to 24 months before the training programme starts. HKAM guidelines stipulated that the admission of First Fellows in a subspecialty must cease as soon as the first trainees were admitted into an Academy approved subspecialty training programme. The subspecialty board should decide and recommend the admission of “potential First Fellows” until the start of the training programme within 24 months of the subspecialty programme being accredited by the Academy Education Committee. This would imply that anyone eligible before the cut-off date could apply to be admitted as First Fellows.

3) Who will be eligible for the first batch of trainers –

- (i) A subspecialist with 5 years of good independent subspecialty practice or a First Fellow with 5 years of good independent practice after qualifying as a First Fellow in a recognized training institution at the recommendation by the Provisional Subspecialty Board could be eligible to be a subspecialty trainer.
- (ii) A First Fellow in that subspecialty would not automatically become one of the first batch of trainers. Trainers should be recommended by the subspecialty board.
- (iii) Field visiting teams would assist in the formation of the Provisional Subspecialty Board. Thereafter, based on the HKAM criteria and rulings, the provisional board members would be vetted. An external assessment of the qualifications of the Provisional Subspecialty Board members may be required.

4) Definition of 50% of clinical work in that subspecialty –

- (i) The term “50%” was used to denote a semi-quantitative reference to the time spent in teaching, research and clinical work in that subspecialty, and not denoting a vetting of the exact quantity of time spent on clinical work alone; and the idea of the way forward would be an honour system by self-declaration.
- (ii) There would be a mechanism in future for subspecialty trainers to swap back into General Paediatrics as a trainer and vice versa, depending on the service and training needs in that accredited training centre. However, each trainer can only opt to be a trainer for either a subspecialty or in General Paediatrics,

but not both at the same time.

5) Formation and composition of subspecialty board –

The wordings in the Guidelines under paragraph 13.2.3(i): Composition of the Subspecialty Board were further revised. The clause would now read as follows: “Whenever possible, five Fellows in that subspecialty should be appointed from the University, Hospital Authority, Department of Health and the private sector.”

6) Relationship between subspecialty accreditation and service provided

- (i) A subspecialist could provide service to another subspecialty within the same training institution provided that the service work would not interfere with his / her status and requirement as a subspecialty trainer.
- (ii) The development and training programme of a subspecialty must have the full support and agreement of the Chief of Service in terms of manpower, training, staffing and service support to facilitate the running of the training programme.

7) Can a trainer be both accredited to be a trainer in General Paediatrics and a trainer of another subspecialty at the same time –

A trainer can only be accredited to be Trainer in Paediatrics (General Paediatrics) or in a Paediatric Subspecialty but not both at any one time. When a Trainer is accredited to be the former, he/she will be empowered by the College to be responsible for training of trainees in Paediatrics (General Paediatrics) only. If one is accredited as Trainer in a Paediatric Subspecialty, he/she can still supervise the training of trainees in Basic and Higher Training Programmes in General Paediatrics as follows :

- (i) 3-6 months in a subspecialty which forms part of an accredited subspecialty training rotation during the 2-year core programme of the Basic Paediatric Training Programme; OR
The 6-month training in paediatric subspecialty during the elective year of the Basic Paediatric Training Programme; and
- (ii) The 12-month of Higher Training in paediatric subspecialty during Higher Paediatric Training.