

\*\*\*\*\* The Council 2004/2005 \*\*\*\*\*

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## Message from the President

The year 2004-2005 was a busy and boisterous year for the medical fraternity in Hong Kong. Having recovered for less than a year from the 2003 SARS calamity, the region and indeed the whole world was haunted by the avian flu scare. Food safety once again made newspaper headlines when people in Sichuan Province were killed by bacteria present in pork meat, and fish imported from the Mainland and other regions in South-East Asia were found to be contaminated with antiseptics containing carcinogenic materials. Another unexpected development was the change in leadership in both the Health Welfare and Food Bureau and the Hospital Authority. Being cognizant of the deficiency and unsustainability of the existing health care system, the new Bureau Secretary Dr York Chow called for a health care reform to provide a more sustainable and affordable health care service. Three working groups were formed under the Health and Medical Development Advisory Committee appointed by the Bureau to make recommendations on the reforms required for the primary, secondary, and tertiary health care services, respectively. The recommendations were compiled into a document “Building a Healthy Tomorrow” which has been released for public consultation. Our College has responded by providing a document which concurs with the HMDAC on the need for change in our health care system and in principle supports the overall direction of the recommendations. We, however, urge the Government not to overlook the special needs of children at all levels of health care provision. While one of the objectives of the reform is to make health care more affordable, the Government is reminded that children have the right to the “enjoyment of the highest attainable standard of health”, and that “life-long investment in health” should begin with investment in the health of children.

The HMDAC recommendations put significant weight on primary care and emphasize the importance of having a family doctor-led primary health care service. Both the HMDAC consultation document and Dr York Chow himself have explained that a family doctor can be of any specialty that has training in managing problems at the primary care level in a holistic way. We welcome this interpretation and would like to reiterate our stand that Paediatricians are most well positioned to take care of children and adolescents at all levels of health care. Paediatricians have a long tradition of providing holistic care to children including the social needs of their family. Paediatricians are the only specialists who have been trained to manage Paediatric patients ranging from newborns to adolescents. They are the only medical practitioners who have been brought up to serve as child advocates rather than just healers at the time of sickness. It is the mindset and the culture inculcated in Paediatricians through long years of training and working for children and their families that make them the best persons to look after the young people. In the past, training in

Paediatrics, like that in most other clinical specialties, was undeniably lopsided towards hospital medicine and little attention was paid to primary care. Very often Paediatricians began their exposure to the bread and butter of Paediatric care only after they started their private practice. Even after the establishment of a structured training programme by our College soon after its inception in 1993, the training profile had not changed much and remained largely hospital based. Recognizing this deficiency in our programme, the College Council a few years ago made a decision to incorporate formal exposure to primary care in the Maternal and Child Health Centres as part of mandatory training for our basic trainees. Now that a number of our trainees have gone through the MCH rotation, the College is exploring the need and feasibility of enhancing other aspects of training such as that in child development and child psychiatry. Some of our trainees who have rotated through the MCH might think that a six-month rotation looking after minor ailments in babies is too long, and some chiefs of service might be of the opinion that sending their trainees to the MCH for six months is too much a burden to the department with regard to manpower. We must however realize that the present arrangement is important for the future of our trainees and our specialty: the ultimate objective is to equip our trainees with the necessary skills and knowledge to provide truly holistic care to children and adolescents upon completion of their training. Only by so doing, Paediatricians can be omnipotent in providing high standard primary, secondary, and tertiary care to the Paediatric population.

**Prof. FOK Tai-fai**  
**President**

# Council's Report

At the 13<sup>th</sup> Annual General Meeting of the College held on 11<sup>th</sup> December 2004, three council members (Dr Chan Chok-wan, Dr Chan Kwok-hing Alex, and Dr Leung Ping Maurice) were re-elected by postal ballot for the years 2004-2007. Mr. Peter Mark and Mr. Walter Ma were appointed as Honorary Legal Advisor and Honorary Auditor of the College respectively.

During the year 2004/2005, six Council Meetings were held during which the eight standing committees (Accreditation, Education, Examination, House, Information Technology, Membership, Professional & General Affairs and Review Committees) as well as the Hong Kong College of Paediatricians Foundation made their reports to the Council. Two young Fellows, Drs. Hon Kam-lun Ellis and Luk Chi-kong David were co-opted as Council Members in May, 2005 for a period of one year.

It was also resolved in July 2005 that the chairpersons of standing committees (except the Review Committee) and Hong Kong College of Paediatricians Foundation would be co-opted into the Council, renewable on a yearly basis, if they were not already elected Council Members.

## Training in Paediatrics and the Accreditation of Training

The Guidelines on Accreditation of Paediatric Training has been further revised in response to problems encountered during the past year. In summary,

1. All trainees including Family Medicine trainees should be reported in the 6-monthly trainees list. The Family Medicine trainees should be counted as basic trainees in the training team: trainees ratio. This rule should be strictly observed after July 2004.
2. For those training teams which have more trainees than the available training posts, the accredited period of training for each trainee in the team would be adjusted by a ratio of the number of available training posts to the actual number of trainees in the team. This rule would be applied to all categories of trainees in the team whether from the host institution or another institution or other specialties.
3. A higher trainee who has fulfilled 3-years of higher training and waiting for the Exit Assessment could be regarded as a service medical officer and not to be counted as a higher trainee. Similarly a basic trainee who has fulfilled 3-years of basic training and waiting for the MRCPCH/Intermediate Examination could be regarded as a service medical officer and not to be counted as a basic trainee in the team. As long as they are holding a post in paediatric service, their training would not be regarded as interrupted training.
4. A paediatric intensive care team would be accredited as a subspecialty team in Basic and Higher General Paediatric Training if it cared for at least 4 patients per day in the

Hospital Authority designated PICU beds. As with other subspecialty teams, PICU team rotation in Basic Training should preferably be not more than 3 months and definitely not more than 6 months. PICU team rotation in Higher Training should be no more than 12 months.

In the past one year, the Accreditation Committee had accredited the following additional training teams in various units retrospective from July 2003 – 2<sup>nd</sup> and 3<sup>rd</sup> Neonatology teams in PWH, 2<sup>nd</sup> Neonatology team in PYNEH, 2<sup>nd</sup> Cardiology team and 2<sup>nd</sup> Neonatology team in QMH cluster, 2<sup>nd</sup> Neonatology team in PMH, 4<sup>th</sup> General Paediatric team in AHNH, 2<sup>nd</sup> Neonatology team in TMH.

The format of 6-monthly returns of trainers and trainees lists from each training unit were further revised to include the number of training teams and the caseloads of the unit. The assessment forms for Basic and Higher Trainees had also been modified to include a PASS/FAIL score for the overall performance of the trainee. The training period for which the score was FAIL would not be accepted as accredited training.

Since the start of the mandatory requirement of 6-month rotation to Maternal and Child Health Centres during the Basic Training Programme in July 2003, 11 trainees had completed the MCHC training and their feedback through a questionnaire survey were positive. Their suggestions included shortening the training period with more exposure to child developmental assessment and less involvement in non-paediatric activities.

As in August 2005, the College had in total accredited 225 trainers in paediatrics and enrolled 67 Basic and 58 Higher trainees (an overall trainer: trainee ratio of 1.8 to 1.0). All existing trainers were re-appointed for another two years from 2006 – 2007.

Since the adoption of the Guidelines on the Criteria for Accreditation of Paediatric Subspecialty Training Programme in January 2004, the Task Force on Higher Training of Paediatric Subspecialties had not received any application for subspecialty accreditation.

### **Education and Professional Activities**

During the past year, the Education Committee continued its duty to revise the training curriculum and to organize educational activities:

1. The training in paediatric intensive care within Basic and Higher Paediatric Training Programme was studied by the paediatric intensive care group coordinated by Dr NS Tsoi, and its recommendations on the accreditation criteria as stated previously was adopted by the Council in July 2005.
2. The development of the curriculum and accreditation criteria for Ambulatory Paediatrics and Community Child Health was still ongoing. Professor Louis Low

represented the College to liaise with the Community Paediatrics Working Group led by Dr FT Yau under the Co-ordinating Committee in Paediatrics of the Hospital Authority. Amidst the confusion of the definition of community paediatrics, the Council was of the opinion that ‘Community Paediatrics’ meant the practice of Paediatrics in the community, and not restricted to hospital-based institutions. The context of paediatric practice should include both General Paediatrics and Child Health.

3. In August 2005, Dr Patricia Ip represented the College to attend the pilot training programme of the Child Protection Training Development Project in the UK. This was a one-day course aimed at training paediatricians in the legislations, conventions and guidelines in child protection. It was planned that this course could be adapted for use in the Basic Paediatric Training Programme in Hong Kong.
4. The Guidelines on Postgraduate Training and Accreditation was first published in June 1995. The Education Committee planned to revise this curriculum of the Basic and Higher Training Programme in General Paediatrics in the near future. The revision would take reference to the most updated curriculum entitled “A Framework of Competences for Basic Specialist Training in Paediatrics” published by the RCPCH in October 2004.

The following educational activities were organized by the College in the past year. All were well attended by the intended audience.

1. Paediatric Advanced Life Support (PALS) Course jointly organized with the Heart Institute for Children, Hope Children’s Hospital, Illinois, USA on 7-11 September 2005. A total of 98 candidates attended the 2 provider courses, and 7 candidates attended the instructor course.
2. Three sessions of Paediatric update series entitled “Evidence-based medicine” on 22 May 2005; “Medico-legal seminar” on 11 Sept 2005; and “Human malformations- Perspectives from the Centre of Reproduction, Development, and Growth” on 27 November 2005. The average attendance was over 70.
3. Lecture entitled “Recent advances in paediatric oncology” delivered by Professor Ross Pinkerton, supported by HM Lui Memorial Fund on 4 July 2005.
4. “Update series on child health 2005”, jointly organized with the Hong Kong Paediatric Society – 4 sessions with 2 lectures each were held on 16 July, 13 August, 10 September, and 8 October 2005.
5. Postgraduate Training Course for Trainees sitting the MRCPCH Clinical/ Intermediate Examination – 28 Associates had enrolled in the Course.

The H.M. Lui Fellowship for 2005-2006 was awarded to Dr Kuerbanjiang Abuduxikuer from Urumqi Children’s Hospital, Urumqi, Xinjiang, China to enable him to receive further training in gastroenterology and liver disease in the Great Osmond Street Hospital, London, United Kingdom from August 2005 to February 2006.

On the application of Hong Kong Paediatric Haematology and Oncology Study Group, the H.M. Lui Memorial Fund had sponsored Professor Charles Ross Pinkerton from Brisbane to visit Hong Kong from 26 June to 9 July 2005, to review and advise on the development in paediatric oncology service in the territory.

The Hong Kong College of Paediatricians Prizes in Clinical Paediatrics for the year 2005 were awarded to Dr Chan Ying-ting Purdy of the University of Hong Kong and Dr Wong Cho-lam of the Chinese University of Hong Kong.

In accordance with guidelines of the Hong Kong Academy of Medicine on CME/CPD, the College Guidelines on CME/CPD had been further revised in July 2005. Briefly, more professional development activities could be accredited as Category E points. The CME cycles of all Fellows were synchronized and the Academy adopted fixed 3-year cycles from 1 January 2005. New Fellows would have their first cycles shortened and points requirements would be counted on a pro-rata basis. For details, please read section 4 of Education Committee report. For the year 2004, 10 Fellows were non compliant and were enrolled in a remedial programme, but 2 Fellows were non-remediable and could not remain in the Specialist Register.

## **Examinations**

The College continued to work with the Royal College of Paediatrics and Child Health to organize different professional examinations. The structure and organization of these examinations were regularly reviewed in response to changing needs. For instance the format of the Clinical Examination has been changed to a more structured format to ensure fairness and reliability.

A new Memorandum of Understanding was agreed between the Royal College of Paediatrics and Child Health and our College to continue to run the Joint MRCPCH/Intermediate Examination in Hong Kong. The financial arrangement was shared equally between the two Colleges. A signing ceremony was held in Hong Kong in February 2005 with Professor Alan Craft representing the RCPCH and Professor TF Fok representing our College.

In 2005, the College has organized 3 Part I Examinations, 3 Part II (Written) Examinations and 2 (Part II) Clinical Examinations. The new format of the Clinical Examination was run smoothly in the past year. The passing rates of the 3 Part IA Paper were 75%, 33%, and 100% (compared with 67%, 44%, 25% in last year). Those of the 3 Part IB Paper were 50%, 83%, 100% (compared with 67%, 20%, and 17% in last year). The passing rates of 3 Part II Examinations were 57%, 50% and 80%. The passing rates of Feb 2005 Clinical Examination were 55%. For the Exit Assessment in December 2004 and June 2005, 80% and 100% of the candidates passed respectively. The passing rates of the 3 DCH Written Examinations were 46%, 37%, 56% (as compared to 67%, 61%, 44% for last year).

## **Response to Community Issues of Child Health Interests**

On the recommendation of the PGA Committee, the Council had submitted the following documents to relevant bodies related to paediatrics and child health issues:

1. Updating of the Professional Code and Conduct on Pre-natal Diagnosis “Section 28: Pre-natal diagnosis, intrauterine intervention, scientifically assisted reproduction and related technology” to the Ethics Committee, Medical Council of Hong Kong.
2. Response to “Building a Healthy Tomorrow: Discussion Paper on the Future Service Delivery Model for Our Health Care System” to Health and Medical Development Advisory Committee.
3. Letter on “Call for Children’s Commission in Hong Kong” to Chief Executive of the Hong Kong Special Administrative Region.
4. Response to “Recommendations by the Jury on Death Inquest of the Coroner’s Court of the Tin Shui Wai Incident” to the Welfare Panel of Legislative Council.

## **Membership**

By the end of November, 2005, there are 457 Fellows, 24 Overseas Fellows, 55 Members, 2 Overseas Members and 62 Associates.

## **Expanded College Chamber and Secretariat Team**

The College moved to the new chamber at Room 801 of the Academy building in February 2005 with an increase of 50% of office space. The College Secretariat is now served by four full-time secretaries, who are providing effective and efficient services to the Council and her committees, the Hong Kong College of Paediatricians Foundation, H.M. Lui Memorial Fund and the Hong Kong Journal of Paediatrics.

## **Acknowledgement**

The Council wishes to thank the chairpersons of all functional committees, the Task Force for Higher Training of Paediatric Subspecialties, and the Hong Kong College of Paediatricians Foundation for their dedicated leadership; our secretariat team Ms Christine Leung, Connie Lui, Karen Yu, and Jenny Chan for their efficient service; all the Chiefs-of-service of training units for their support of paediatric training; all the examiners for their support in the Intermediate Examination/MRCPCH, Exit Assessment and DCH Examination; and all invited speakers of College-held educational programmes.

**Dr. WONG Sik-nin**  
**Honorary Secretary**



## **Hon. Treasurer's Report**

Apart from the surplus of H. M. Lui Memorial Fund Account, the total Income for Year 2004/2005 was slightly increased as compared to last year. (HK\$2.76 million compared to HK\$2.16 million of last year). The increase was mainly contributed by additional surplus received from DCH and MRCPCH Clinical Examinations.

However, total Expenditures for Year 2004/2005 was increased by 40% of last year (HK\$1.95 million compared to HK\$1.36 million of last year). This was mainly due to increase in examination expenditures and office manpower (from 3 secretaries to 4 secretaries).

Operating surplus for Year 2004/2005 was HK\$805,550 as compared to HK\$1,633,725 of last year, a drop of nearly 50%. The surplus for the year was mostly represented by increase in investment funds HK\$507,000 and bank balances HK\$173,272.

Net Current Assets as at 31/3/2005 was HK\$9.9 million (as compared to HK\$9.1 million of last year) including HK\$3.63 million from H. M. Lui Memorial Fund Account. Out of the total assets HK\$2.38 million was placed in the principle-guaranteed investment funds and the total bank balance as at 31/3/2005 was HK\$7.19 million.

Last but not least, I would like to extend my sincere thanks to Walter Ma & Company who arranged for auditing our financial report again this year.

**Dr. KO Wai-keung, Frederick**  
**Honorary Treasurer**

# Standing Committees

## Accreditation Committee's Report

Chairman	Dr. CHAN Chok-wan
Hon. Secretary	Dr. LEUNG Ping, Maurice
Members	Dr. CHAN Kwok-hing, Alex
	Dr. CHIU Man-chun
	Prof. FOK Tai-fai
	Dr. HO Che-shun, Jackson
	Prof. LAU Yu-lung
	Dr. LEUNG Chik-wa, Paul
	Prof. Louis LOW
	Dr. TSAO Yen-chow
	Dr. WONG Sik Nin
	Prof. LEUNG Nai-kong (ex-officio)

Accreditation of postgraduate training for paediatricians in Hong Kong is under the care of the College Accreditation Committee whose terms of reference as stipulated in the Memorandum and Articles of the College stated that “*its functions shall be that of assessing the suitability of the various units for training purpose and to advise the Council on the training in paediatrics and the development of paediatric subspecialties*”. It thus follows that accreditation includes assessment of training institutions, trainers and trainees of paediatrics (general paediatrics) and paediatric subspecialties as designated by the College Council.

The Committee held 6 meetings (72<sup>nd</sup> to 77<sup>th</sup> meetings dated 27/10/03, 2/12/03, 17/2/04, 27/4/04, 29/6/04 and 30/8/04) this year.

### **1 Accreditation of Institutions**

#### **1.1 Review of Accreditation Revisit to Training Institutions in 2003**

1.1.1 The Committee had made a review after the accreditation revisit in September 2003. The Committee made the following recommendations which would be the general principles for future accreditation work :

- 1) The rotation through all age-orientated wards within the 3-year Basic Training Programme should be even and qualitative-measured;
- 2) Trainee rotation to subspecialty-orientated teams within the 2-year core programme should preferably be not more than 3 months for each subspecialty team.

- 3) All training units would be requested to provide a rotation schedule of all their trainees;
- 4) It was noted that some training units might not be able to uphold the requirement of 10-30 patients in each functioning team, and a lower patient number might reduce clinical exposure of a trainee. The Committee would further explore whether ambulatory paediatric service could make up for this;
- 5) Both paediatric and non-paediatric trainees should be counted in the trainer to trainee ratio, irrespective of which specialties they were undertaking their training in;
- 6) The issue of ambulatory paediatric service would be further discussed.

These recommendations were agreed by Council (at the 88<sup>th</sup> Council meeting on 6 Jan 2004)

- 1.1.2 The feedbacks from trainees during the accreditation revisit in 2003 will be referred to individual training units for further improvement.

## 1.2 **Basic Training in Child Assessment Service (CAS)**

The Committee maintained that basic training in CAS should be incorporated as part of the MCH 6-month basic training programme. Council agreed to review the present 6-month obligatory MCHC rotation training after a certain period of implementation of the programme.

## 1.3 **New Template of Training Rotation for each Training Unit**

To enable more accurate reflection of the matching between training teams, trainers and trainees, the Accreditation Committee has devised a new form for reporting the trainee rotation every 6 months. This will replace the existing form "Basic and Higher Training Rotation Schedule 2003-2005". The main difference is that, in addition to the summary worksheet as before, data for each training team should be entered in a separate worksheet following the summary sheet. The new form will be used from 2005 onwards (i.e. covering the period July - December 2004). All COSs and Training Supervisors have been informed of the changed format.

## 1.4 **Application for Accreditation of Training Teams from Training Units**

- 1.4.1 UCH – The Council (at the 90<sup>th</sup> Council meeting on 13 May 2004) approved UCH's application for accreditation of the 4<sup>th</sup> training team in General Paediatrics in addition to 3 General Paediatrics teams and 1 Neonatal team. The approval will be backdated to 1<sup>st</sup> January 2003.

1.4.2 TMH – The Council (at the 92<sup>nd</sup> Council meeting on 9 September 2004) approved TMH's application for accreditation of a 4<sup>th</sup> General Paediatric Team (backdated to July 2003).

1.4.3 PWH – The Council (at the 92<sup>nd</sup> Council meeting on 9 September 2004) approved PWH's application for accreditation of two Haematology/Oncology teams (backdated to July 2003).

## 1.5 **Accreditation of 4 New Additional MCHC Training Centres**

In addition to the 6 MCHC training clusters already approved, 2 more new additional MCHC clusters were approved to be accredited training centres for a 6-month rotation training in Basic Training, namely:

- 1) Ngau Tau Kok (principal centre) and Lam Tin (satellite centre);
- 2) Sai Ying Pun (principal centre) and Ap Lei Chau (satellite centre).

## **2 Accreditation of Trainers**

### 2.1 **Trainer and Trainee Issue**

The Committee recommended and Council approved (at the 88<sup>th</sup> Council Meeting dated 6<sup>th</sup> January 2004) that :

2.1.1 At any one time a Trainer could not supervise more than 3 trainees in total under the following 3 categories:

- i) for Basic Trainee – his/her recognized training could not be more than 6 months in the core programme
- ii) for Higher Trainee – his/her recognized training could not be more than one year
- iii) for Subspecialty Trainee – his/her recognized training could be more than one year

2.1.2 A Trainer in a subspecialty could supervise trainees under the 3 kinds of training programme at any one time, but he would only be recognized as a Trainer in that subspecialty.

### 2.2 **Qualifications of an Accredited Trainer**

2.2.1 Council resolved at the 89<sup>th</sup> Council meeting on 16 March 2004 that an accredited Trainer should be as follows:

- 1) A Trainer for Basic Training Programme should be a College Fellow;
- 2) A Trainer for Higher Training Programme should have a minimum of 3 years post-Fellowship experience in an accredited training centre.

2.2.2 The new rule was implemented immediately after that Council meeting. All existing accredited Trainers would qualify to be trainers in both Basic and Higher Training

Programmes. All new applicants on and after that Council meeting (16<sup>th</sup> March 2004) will be accredited first as Trainers in Basic Paediatric Training Programme if they have less than 3 years of post-Fellowship experience. Their trainer status would be updated upon application when they fulfill 3 years of post-Fellowship experience. This has been announced in the Newsletter and posted on the College website. COSs and Training Supervisors have all been informed.

### **3. Accreditation of Training Curriculum**

#### **3.1 Composition of Basic Training Programme**

3.1.1 The Council resolved (at the 89<sup>th</sup> Council Meeting dated 16 March 2004) that in training units with established subspecialty teams, rotation of trainees through different subspecialties for 18 months and for 6 months in neonatology would also be recognized as core programme in the Basic Training Programme. Subspecialty rotations should preferably be not more than 3 months but definitely not more than 6 months for each subspecialty rotation. Trainees should not rotate through these subspecialties again in the one-year flexible programme (except for neonatology and a trainee could be allowed for a 6-month training in the flexible programme).

3.1.2 A training team could have more than one trainer. The principle that the number of trainees in an accredited training unit to be governed by the number of accredited training teams and the average number of patients looked after per day by a training team, should be maintained.

#### **3.2 Application for Accreditation of Subspecialty Teams within General Paediatric Basic Training Programme**

3.2.1 Accreditation Committee agreed (at 75<sup>th</sup> meeting on 27<sup>th</sup> April 2004) that before the establishment of Paediatric Subspecialty Boards, the accreditation of subspecialty teams or age-orientated teams for the purpose of Basic or Higher Paediatric Training will be based on the existing guidelines for a training team, i.e. 10-30 inpatients per day under a qualified trainer.

3.2.2 A letter (dated 7 October 2004) has been sent to each training centre to invite application for accreditation of subspecialty training teams within General Paediatrics. An application should include the following for consideration :

- 1) the trainees list matched to accredited training teams (including trainees in other training programs in the same unit)
- 2) a template of rotation that the trainees usually go through in their Basic Training including subspecialty teams or age-orientated wards.
- 3) In addition, they are invited to provide detailed information about each subspecialty

team (trainers, number of inpatient beds, bed-occupancy, bed-days occupied, facilities, duly endorsed by the Chief-of-Service) for accreditation as a training team.

### 3.3 **Prospective Application for Local and Overseas Rotation of Training**

*For local rotation of training between accredited training units, no prospective application is required. The information should be reflected in the 6-monthly returns of trainees rotation. However, prospective applications are still required for rotation to overseas training and local training in institutions which are not accredited training centres.*

## 4. **Accreditation of Trainee**

Following the re-accreditation visits to all the paediatric units, a number of issues have been identified, and accordingly the Guidelines for Basic and Higher Paediatric Training has been updated. In view of the complexity of training requirements, the Accreditation Committee has recommended and the Council has endorsed at its 91<sup>st</sup> Council Meeting to enlist the greater support of the Training Supervisors of all accredited training units.

The College would trust the Training Supervisors in arranging i) the basic team structure (for day-time functioning) and duty roster, with strict adherence to the Collegial training requirements; and that (ii) all trainees would rotate evenly through various teams available in the unit, to ensure even exposure to all clinical activities while ensuring a quality service delivery.

*In addition, the College also requests that, in normal circumstances, any correspondence from the trainees regarding training matters should be sent through the Training Supervisors in the unit. This is to ensure that the Training Supervisors are aware of the progress and problems of each trainee in their units.*

## 5. **Updated Guidelines on Accreditation of Training**

The updated Guidelines have been endorsed by the Hong Kong Academy of Medicine. The announcement and new version of the Guidelines has been sent to all COSs and Training Supervisors on 3<sup>rd</sup> May 2004.

In particular, the following clarifications are highlighted :

1. A training team is governed by the number of patients looked after per day (10

- 30 patients) and can have one or more trainers. However, a training team can have a maximum of 3 trainees – either 2 Basic and 1 Higher Trainees, or 1 Basic and 2 Higher Trainees (see Section 3.1.6). Family Medicine trainees or trainees in other training programmes working in the same training centre, will be counted in the trainer: trainee ratio. (see Section 5.2.1)
- 2. In training units with age-orientated wards, the rotation through all such wards within the 3-year Basic Training Programme should normally be evenly distributed. (see Section 7.4.a.iv)
- 3. In training units with established subspecialty teams, an accredited standardized rotation of trainees through different subspecialties for 18 months and for 6 months in neonatology will also be accepted as core programme of the Basic Training Programme. Subspecialty rotations during the 2-year core programme should preferably be not more than 3 months but definitely not more than 6 months for each subspecialty rotation. Trainees should not rotate through these subspecialties again in the 1-year flexible programme (the exception being neonatology and a trainee is allowed to have a further 6-month training during the flexible programme). (see Section 7.4.a.iii)

## **6. Revised Guidelines for Accreditation of Neonatal Units in Basic Paediatric Training Programme**

- 6.1 College has revised the accreditation guidelines for training in Neonatology. With the decline in the birth rate and increasing complexity of neonatal care, a revised curriculum that an annual delivery of 1,400 babies will provide an adequate training exposure to 3 trainees in a neonatology team supervised by a College accredited neonatologist has been made. Council has approved that the revised guidelines (at the 92<sup>nd</sup> Council meeting on 9 September 2004) could be backdated for one year to July 2003. This has been announced to all COSs and Training Supervisors on 7 October 2004.
- 6.2 The guidelines for accreditation of paediatric training has been revised accordingly to the following :  
 “Section 3.3 Teams in Neonatology  
 An institution accredited for the full 3-year Basic Training Programmes should include at least one neonatology team providing an active neonatal service with a minimum delivery rate of 1,400 per annum within the obstetrical unit. An institution can be accredited for one or more training teams in neonatology depending on the annual delivery statistics. Apart from patient load disease spectrum, intensive care facilities and team structure are other factors that have to be assessed for accreditation. The neonatal team should be supervised by one or more trainers of the College.”

## **7. Manpower Survey for College Trainers and Trainees**

As on 10<sup>th</sup> October 2004, the College has in total accredited 217 trainers in paediatrics and enrolled 76 basic and 52 higher trainees (an overall trainer: trainee ratio of 1.7 to 1.0). The results were submitted to the Education Committee of the Hong Kong Academy of Medicine for planning and projection of future manpower requirement for medical specialties to be used as reference for all key stakeholders within Hong Kong.

## **CONCLUSION**

The past twelve months have been a memorable period of significant activities and progress for the Accreditation Committee, as evidenced by the work achieved throughout the period. We are especially encouraged to witness the accomplishment of accreditation activities at institution, trainer, trainee and training programme levels, as well as adoption of the Committee's policy recommendations by the College Council. We have re-visited 13 accredited institutions in paediatrics (under the Hospital Authority) and 2 clinical services (under the Department of Health) and renewed their accreditation status in training. We have successfully supported the Task Force for Higher Training in Paediatric Subspecialties. We are pleased to observe commencement of clustering between different paediatric departments and child health services within the HKSAR. This collaboration between various institutions well serves to maximize manpower and resources and also supports the missions of paediatric training and accreditation. The future offers even more challenges for the Committee, especially in the areas of subspecialty higher training and quality assurance of training programmes. Strengthening of our training in general paediatrics, primary care and preventive paediatrics will continue to be viewed with importance. Work ahead is formidable, but we are fortunate to have a competent and cooperative team of committee members, many of whom are also key figures at other standing committees of the College. This specially intended overlap enables the Accreditation Committee to work in good harmony and to interact efficiently with diversified functions of the College. The other assets of this Committee are the honour to have our College President and College Honorary Secretary sitting in our Committee. Their invaluable contribution is vital and essential for all the work we have achieved during the period of this report. We strongly believe that the successful fulfillment of our duties is dependent on the transparency, reliability and accountability of the Accreditation Committee, on effective communications with and support from all College Fellows and trainees, and good relationships with other sister colleges within the Academy. We are privileged to be able to serve at this important groundbreaking stage, and will strive to achieve our objectives with your valuable support!

**Dr. CHAN Chok-wan**  
**Chairman, Accreditation Committee**



# Standing Committees

## Accreditation Committee's Report

Chairman	Dr. CHAN Chok-wan
Hon. Secretary	Dr. LEUNG Ping, Maurice
Members	Dr. CHAN Kwok-hing, Alex
	Dr. CHIU Man-chun
	Dr. HO Che-shun, Jackson
	Prof. LAU Yu-lung
	Dr. LEUNG Chik-wa, Paul
	Prof. LOW Chung-kai, Louis
	Dr. TSAO Yen-chow
	Dr. WONG Sik-nin
	Prof. FOK Tai-fai (ex-officio)

Accreditation of postgraduate training for paediatricians in Hong Kong is under the care of the College Accreditation Committee whose terms of reference as stipulated in the Memorandum and Articles of the College stated that “*its functions shall be that of assessing the suitability of the various units for training purpose and to advise the Council on the training in paediatrics and the development of paediatric subspecialties*”. It thus follows that accreditation includes assessment of training institutions, trainers and trainees of paediatrics (general paediatrics) and paediatric subspecialties as designated by the College Council.

The Committee held a total of 5 meetings between October 2004 and September 2005 (78<sup>th</sup> to 82<sup>nd</sup> meetings dated 26/10/04, 23/2/05, 19/4/05, 21/6/05 and 30/8/05) this year.

## 1. Accreditation of Institutions

### 1.1 Application for Accreditation of Training Teams from Training Units

1.1.1. PWH – The Council (at the 95<sup>th</sup> Council meeting on 8 March 2005) approved PWH’s application for accreditation of three Neonatology teams. The approval was backdated to 1<sup>st</sup> July 2003.

1.1.2. PYNEH – The Council (at the 95<sup>th</sup> Council meeting on 8 March 2005) approved PYNEH’s application for accreditation of a 2<sup>nd</sup> Neonatology team. The approval was backdated to 1st July 2003.

1.1.3 QMH – The Council (at the 95<sup>th</sup> Council meeting on 8 March 2005) approved QMH’s

application for accreditation of the following training teams:

- 1) 2 teams in General Paediatrics
- 2) 1 team in Haematology / Oncology
- 3) 1 team in Paediatric Intensive Care
- 4) 2 teams in Cardiology
- 5) 1 team in Neurology/Developmental Paediatrics
- 6) 2 teams in Neonatology

The approval was backdated to 1<sup>st</sup> July 2003.

1.1.4 PMH – The Council (at the 96<sup>th</sup> Council meeting on 9 May 2005) approved PMH's application for accreditation of a 2<sup>nd</sup> Neonatology team. The approval was backdated to 1st July 2003.

1.1.5 AHNH – The Council (at the 97<sup>th</sup> Council meeting on 26 July 2005) approved AHNH's application for accreditation of a 4th training team in General Paediatrics. The approval was backdated to 1<sup>st</sup> July 2003.

1.1.6 TMH – The Council (at the 97<sup>th</sup> Council meeting on 26 July 2005) approved TMH's application for accreditation of a 2<sup>nd</sup> Neonatology team. The approval was backdated to 1st July 2003.

## 1.2 **Accreditation of Subspecialty Training Teams (including Neonatology) for the purpose of Basic and Higher Paediatric Training**

All Paediatric training units are encouraged to submit applications for subspecialty training teams for the purpose of Basic and Higher Paediatric Training. This is especially necessary in some units to rationalize the proper mapping of trainees to each training team. Also, the Council has resolved at its meeting on 9 May 2005 to request all training units to submit their bed statistics together with their 6-monthly returns of trainers and trainees list.

## 2. **Accreditation of Trainers**

### 2.1 **Qualifications of Accredited Trainers**

2.1.1 The Accreditation Committee continued to execute its function of accreditation including assessment of trainers. Council resolved at the 89<sup>th</sup> Council meeting on 16 March 2004 that :

- 1) a Trainer for Basic Training Programme should be a College Fellow; and
- 2) a Trainer for Higher Training Programme should have a minimum of 3 years post-Fellowship experience in an accredited training centre.

The new rule was implemented immediately after that Council meeting. Trainers status

would be updated upon application when they fulfilled 3 years of post-Fellowship experience.

- 2.1.2 Trainers for the Basic Training Programme and the Higher Training Programme are accredited for a period of two years. Applications for accreditation or re-accreditation must be submitted with updated curriculum vitae of each of the trainers.

## 2.2 **Trainer and Trainee Issue**

To enable more accurate reflection of matching between training teams, trainers and trainees, the Accreditation Committee has devised a new form for reporting the trainee rotation every 6 months. The main difference with the existing form is that, in addition to the summary worksheet as before, data for each training team should be entered in a separate worksheet. The new form was being used starting from the July – December 2004 trainee list submission.

## 3. **Accreditation of Training Curriculum**

### 3.1 **Revised Guidelines for Accreditation of Neonatal Units in Basic Paediatric Training Programme**

The Council resolved (at the 92<sup>nd</sup> Council Meeting on 9<sup>th</sup> September 2004) that a minimum of 1,400 deliveries per year would be required to provide adequate training exposure to 3 trainees in one Neonatology team. This accreditation criterion for Neonatology teams would be backdated to July 2003. The Guidelines on Paediatric Training had been amended accordingly.

### 3.2 **Accreditation Criteria of Paediatric Intensive Care (PICU) as a Subspecialty Team in Basic and Higher General Paediatric Training Programme**

The Council at the 97<sup>th</sup> meeting on 26 July 2005 made the following resolutions concerning the criteria of PICU as a subspecialty team:

- 1) PICU should be recognized as an established subspecialty team for the purpose of both Basic and Higher General Paediatric Training.
- 2) Each PICU team should on average have at least 4 patients per day. The complexity of that subspecialty has been taken into consideration. For that purpose, the PICU beds should be under the Hospital Authority's designated setup for PICU.
- 3) PICU team rotations in Basic Training should preferably be not more than 3 months but definitely not more than 6 months.
- 4) PICU subspecialty rotations in Higher Training should be no more than 12 months within the 3-year programme.

#### **4. Accreditation of Trainee**

College Council at the 96<sup>th</sup> meeting on 9 May 2005 resolved the following issues regarding trainees :

- 4.1 A Higher Trainee with fulfillment of 3-year higher training and waiting for the Exit Assessment could be regarded as a service medical officer and not to be counted as a trainee. As long as he/she is holding a post and is in continuous service in Paediatrics before examination, his/her training would not be regarded as an interrupted training.

- 4.2 **Accredited Training Period of Trainees by Pro-rata Adjustment**

For those institutions in which some teams have exceeded the trainer to trainee ratios after July 2004, the accredited period of training for each trainee would be adjusted by a ratio of the number of available training posts to the actual number of trainees in the team. This rule will be applied to all categories of trainees in the team whether from the host institution or another institution or other specialties.

- 4.3 **Assessment Forms for Basic and Higher Training**

The assessment forms for Basic and Higher Training would be modified to include an assessment of the overall performance of the trainee as PASS / FAIL, to be completed by the Trainer. The training period for which the overall assessment is FAIL will not be accepted as accredited training for the purpose of Basic or Higher Training in Paediatrics. The revised assessment forms will be used for the next assessment exercise.

- 4.4 The Council also resolved at the 97<sup>th</sup> meeting on 26 July 2005 that a Basic Trainee with fulfillment of a 3-year basic training and waiting for MRCPCH / Intermediate Examination could be regarded as a service medical officer and not to be taken as a trainee. As long as he/she is holding a post in Paediatric service before Intermediate Examination, his/her training would not be regarded as an interrupted training.

#### **5. Updated Guidelines on Accreditation of Training**

The College has announced the Updated Guidelines on Accreditation of Training in May 2004. One of the updated criteria of accreditation was the inclusion of all trainees including Family Medicine trainees in the trainees list and the training team-to-trainees mapping submitted by training units. As Family Medicine trainees are in the first 3 years of paediatric training and have not passed the MRCPCH / Intermediate Examination, they should be counted as Basic trainees. Also, the Council has considered the situation of many training units when the announcement of Updated Guidelines on Accreditation of Training was made in May 2004, and resolved at its 96<sup>th</sup> meeting on 9 May 2005 to give special tolerance to some units

before the announcement date, as a one-off exercise. The Council stressed that the Guidelines should be strictly observed for the subsequent intake of trainees after the announcement date from July 2004 onwards.

#### **6. Manpower Survey for College Trainers and Trainees**

As in August 2005, the College has in total accredited 225 trainers in Paediatrics and enrolled 67 basic and 58 higher trainees (an overall trainer : trainee ratio of 1.8 to 1.0). The results were submitted to the Education Committee of the Hong Kong Academy of Medicine for planning and projection of future manpower requirement for medical specialties to be used as reference for all key stakeholders within Hong Kong.

#### **7. Task Force for Higher Training of Paediatric Subspecialties**

During the current year, the Task Force continued its duty to study and oversee the development of paediatric subspecialties in Hong Kong. Since the 2<sup>nd</sup> meeting with all Subspecialty Groups, all Chiefs of Service, Training Supervisors and Paediatric Consultants in February 2004, the College did not receive any applications for accreditation from subspecialty groups as at today. The Task Force reiterated that subspecialty development was not mandatory and only subspecialties which were mature and ready would be accredited. Accreditation of subspecialties should be stringent and responsible and there is no definite deadline for subspecialty application.

### **CONCLUSION**

The past twelve months have been a memorable period of significant activities and progress for the Accreditation Committee, as evidenced by the work achieved throughout the period. We are pleased to witness update in general paediatric and subspecialties teams in many training institutions and the adoption of new criteria for the neonatal and paediatric intensive care teams. We have conducted a questionnaire on the first batch of basic trainees having completed their obligatory training at the Family Health Service during the basic training period and are pleased to note that the results are very positive. We are now planning to increase their exposure in child assessment during this period as the consensus disclosed. Dr. Ho Che-shun, Dr. Leung Chik-wa and members of the *Subcommittee on Accreditation for Individual Training* are to be commended for the outstanding performance in accomplishing the designated task. Their contributions are highly appreciated by members of the Committee. Strengthening our training in general paediatrics, primary care, child protection and preventive paediatrics should be emphasis of the College in the near future. More communications with Chiefs of Service and Training Supervisors at regular intervals are essential to establish effective channel of communication and to improve mutual understanding on areas of accreditation between the College and the training institutions.

Work ahead is formidable, but we are fortunate to have a competent and cooperative team of committee members, many of whom are also key figures at other standing committees of the College. This specially intended overlap enables the Accreditation Committee to work in good harmony and to interact efficiently with diversified functions of the College. The other assets of this Committee are the honour to have our College President and College Honorary Secretary sitting in our Committee. Their invaluable contribution is vital and essential for all the work we have achieved during the period of this report. We strongly believe that the successful fulfillment of our duties is dependent on the transparency, reliability and accountability of the Accreditation Committee, on effective communications with and support from all College Fellows and trainees, and good relationships with other sister colleges within the Academy. We are privileged to be able to serve at this important groundbreaking stage, and will strive to achieve our objectives with your valuable support!

**Dr. CHAN Chok-wan**  
**Chairman, Accreditation Committee**

## **Task Force for Higher Training of Paediatric Subspecialties Report**

Chairman	Prof. CHAN Chok-wan
Hon. Secretary	Dr. YAM Ka-Ling, Winnie (up to 28 <sup>th</sup> January 2002)
	Prof. LAU Yu-Lung (up to 23 <sup>rd</sup> June 2004)
	Dr. WONG Sik Nin (from 23 <sup>rd</sup> June 2004)
Members	Dr. CHAN Kwok-Hing, Alex
	Dr. CHIU Man-Chun
	Dr. CHOW Chun-Bong
	Prof. FOK Tai-Fai
	Dr. Maurice LEUNG Ping
	Dr. Shirley LEUNG
	Prof. Louis LOW
	Prof. Rita SUNG
	Dr. TSAO Yen-Chow
	Prof. LEUNG Nai-Kong ( <i>ex-officio</i> )

### **THE TASK FORCE FOR 2003-04**

The Task Force for Higher Training of Paediatric Subspecialties held a total of 5 meetings (5<sup>th</sup> – 9<sup>th</sup> meetings dated 24/10/03, 23/12/03, 24/3/04, 4/5/04 and 23/6/04) between October 2003 and September 2004. The Core Group for the Task Force which forms the Executive Arm of the Task Force was dissolved on 27<sup>th</sup> August 2003 after fulfillment of its noble duty during the preparation stage.

### **PREAMBLE**

The Task Force was appointed by the College Council on 4<sup>th</sup> May 2000, with membership from the College Accreditation, Education, Membership, Examination and Review Committees, as well as representatives from the Department of Health, the Hospital Authority, University Departments of Paediatrics, and College Fellows. This diversified composition ensures that needs and concerns of this project are comprehensively and adequately represented. The Task Force was designated the duty to study the current status of paediatric subspecialties and to make recommendations to the College Council on development of higher training in paediatric subspecialties in Hong Kong.

The Task Force convened a Meeting with the Subspecialty Groups, Chiefs of Service, Training Supervisors and Paediatric Consultants of Training Units on 22<sup>nd</sup> February 2002 at the Academy Building to update participants on progress of the work of the Task Force, provide information and collect opinions as well as feedback on the proposed Questionnaires from all subspecialty groups. This was followed by excellent exchange of views and opinions regarding the subject matter and all subspecialty groups were requested to submit their completed Questionnaires before end of June 2002 to facilitate consideration of accreditation of higher training in the paediatric subspecialties within the College.

Owing to the brief interruption of SARS endemic, 13 sets of completed Questionnaires were collected from the subspecialty groups by the end of June 2003. Results were carefully studied and analyzed and summarized into two important sets of documents: Criteria and Guidelines for Subspecialty Accreditation and Governance of Subspecialty Boards, which together with the papers from the Hong Kong Academy of Medicine on Accreditation of New Specialty/Subspecialty will form foundation for consideration of accreditation of paediatric subspecialty under the College.

- 1) HKAM Education Committee Papers on Accreditation of New Specialty/Subspecialty
  - a) Guidelines on Recognition of a Specialty/Subspecialty issued in 1997
  - b) Guidelines for Admission of "First Fellows" in New Subspecialty issued in August 2003:
    - i) the name "First Fellow" would be used for the first batch of Fellows admitted in a new subspecialty
    - ii) the admission criteria for "New Fellows"
    - iii) the cut-off date and date of the first examination after recognition and adoption of the new subspecialty

These two documents would be used as reference for our College subspecialty board governance and criteria for accreditation.

- 2) Reference to Subspecialty Documents from other Academy Colleges
 

These documents and practical experience in the management of subspecialty boards within the sister Colleges would be valuable source of information and reference for the Task Force in accreditation considerations.

## **HIGHLIGHTS OF MAJOR ACTIVITIES FOR 2003-2004**

During the current year, the Task Force continues its duty to study the current status of paediatric subspecialties and to make recommendations to the College Council on development of Higher Training in Paediatric Subspecialties in Hong Kong.



### **1) The Guideline on the Criteria for the Accreditation of a Paediatric Subspecialty Training Programme and the Application Form for Accreditation of a Paediatric Subspecialty**

The Task Force finalized the Guideline and Application Form in January 2004. These were endorsed by the College Council in the same month (at the 88<sup>th</sup> Council meeting on 6 January 2004). A full set of Guideline, together with the Application Form, has been sent to all subspecialty groups, all Chiefs of Service, Training Supervisors, Consultants and Fellows of the College. It can also be obtained from the College website.

### **2) Meeting with Subspecialty Groups, 11 February 2004**

A 2<sup>nd</sup> meeting with all Subspecialty Groups, all Chiefs of Service, Training Supervisors, Paediatric Consultants of Training Units was held on 11 February 2004 at the Academy Building to update participants on the progress of work of the Task Force since the last meeting with subspecialty groups in February 2002. The updated *Guidelines and Criteria for Accreditation of Higher Training in Paediatric Subspecialties* and the *Application Form for Application of Subspecialty Accreditation* were presented and explained followed by interactive discussions between members of the Task Force and the audience. Logistics of application procedures and provisional framework of implementation were also clearly explained to the participants. The meeting was a success and there was excellent exchange of view and opinions in the meeting.

As at the deadline for subspecialty application (15 May 2004), the Task Force did not receive any applications from subspecialty groups. The Task Force reiterated that subspecialty development was not mandatory and only subspecialties which were mature and ready would be accredited. Accreditation of subspecialty should be stringent and responsible. 15 May 2004 was not meant to be a definite deadline for subspecialty application.

### **3) Title for Future Paediatric Subspecialists**

Postgraduate paediatric subspecialty training for an additional three years after completion of the 6-year training programme in General Paediatrics (or two years post-fellowship training allowing for one year of subspecialty training during the Higher Paediatric Training Programme) and successful attempt at the subspecialty assessment ensure a high standard of subspecialty training to the fellowship level. However, the Hong Kong Academy of Medicine recognizes only FHKAM(Paediatrics) in our case even if the Fellow has completed a College accredited subspecialty training programme to the fellowship standard. A Fellow who has completed the Subspecialty Training Programme can opt to be registered with the Medical Council of Hong Kong as a Specialist in Paediatrics or Specialist in a Paediatric Subspecialty but not both. In accordance to the regulations of the Hong Kong Academy of Medicine, he/she can

only have one quotable fellowship and that is FHKAM(Paediatrics) and not College or Academy Fellowship in a paediatric subspecialty.

#### **4) College Criteria for Admission of First Fellow**

The Task Force takes reference to the Guidelines for Admission of “First Fellows” in New Subspecialty issued by the Academy in August 2003. In addition, the Task Force has also suggested the admission criteria for First Fellows as follows:

“A First Fellow in a subspecialty must be a Fellow of the Hong Kong Academy of Medicine (Paediatrics) and has undergone recognized supervised training in that subspecialty for 3 years. For Fellows who have not undergone a formal supervised training in that subspecialty for 3 years, he/she should have *a period of full-time supervised training (which should normally be not less than 6 months) in a recognized centre*. In addition, the 3 years of the stipulated accredited subspecialty training programme should be made up with a period of good independent practice in that subspecialty of twice of the duration required for the 3 years accredited training programme. The assurance of the standard and quality of the good independent practice should be supported by documentation of the workload in that subspecialty as well as relevant educational activities, such as publications, grand rounds and audit activities, conducted during the claimed period. The Subspecialty Board has the full discretion and final decision on the accreditation of individual Fellows. The Board decision should be submitted to the Task Force who would seek final endorsement from the College Council.” This was approved by College Council at the 91<sup>st</sup> Council Meeting on 6 July 2004.

#### **5) Seminar on “How to Maintain Standard in Paediatric Subspecialization?”**

This special seminar was organized on 24th September 2004 as part of the Scientific Meeting hosted to celebrate the Ruby Jubilee of the Department of Paediatrics and Adolescent Medicine, The University of Hong Kong with panel speakers from Hong Kong, Singapore, Malaysia, China, Australia and the Netherlands. These speakers together with an audience of more than 150 paediatricians exchanged extensively on their experiences and opinions on the development of subspecialty training, manpower planning, accreditation criteria for subspecialty programmes, the training curriculum, CME/CPA and measures to ensure quality service and standard for paediatric subspecialization. The participants also agreed that, while there might be conflicts between service needs and standard of practice, quality service should always take the lead in all communities. The valuable comments and views gathered therefrom throw light onto future development of paediatric subspecialization in Hong Kong.

## CONCLUSION

The Task Force for Higher Training in Paediatric Subspecialties was formed in May 2000. Through the dedicated work of its members, we are pleased to witness substantial achievements to date. Based on the *Academy Guidelines for Subspecialty Training*, *our own Criteria and Guidelines for Subspecialty Accreditation* and *Governance for Subspecialty Boards*, we are now at the final stage of designing an Application Form to be used by the subspecialty groups. The only set-back here is the current contract system for Hospital Authority employees which might hamper input of future trainees and hinder perpetuation of subspecialty development. However, as an Academy College, we do have obligation to promote such development which is vital for the betterment of child service in our community. Also, subspecialty groups (and future approved boards) have inherent duty to organize CME and CPD activities for their own subspecialists. Resources and manpower resources are other important constituents for ultimate success of subspecialty implementation. Given support from the College Council, contributions from the subspecialty groups, and dedication of the Task Force, it will not be long before Higher Training for Paediatrics Subspecialty can be realized in Hong Kong so that local paediatric subspecialists can have quality clinical and research activities ready to share and cross-pollinate with their counterparts elsewhere in the world.

**Dr. CHAN Chok-wan**  
**Chairman, Task Force for**  
**Higher Training**  
**in Paediatric Subspecialties**

# Standing Committees

## Education Committee's Report

Chairman	Prof. LOW Chung-kai, Louis
Hon. Secretary	Dr. LEE Wai-hong
Members	Dr. CHENG Chun-fai
	Dr. CHEUNG Pik-to
	Dr. CHU Wai-po, Reann
	Dr. LEUNG Sze-lee, Shirley
	Prof. Anthony NELSON
	Dr. TSOI Nai-shun
	Dr. YAU Fai-to, Adrian
	Dr. YOUNG Wan-yin, Betty

### 1. Postgraduate Training Course

With the introduction of the new format Clinical Examination in the Part II Examination of the Conjoint Intermediate Examination/Membership Examination of the Royal College of Paediatrics and Child Health in November 2004 in Hong Kong, the new Postgraduate Training Course is now running for the second year. The programme organised by Dr. Cheung Pik-to is designed to better equip our trainees with the knowledge and skills in communication, ethics, counselling, history taking and management planning, developmental assessment and management of paediatric emergencies. Developmental assessment will only be part of the training programme this year as all future trainees will receive training in this area during the 6-month mandatory module of working in the Maternal Child Health Clinics. Members of the Committee are grateful to Dr. Catherine Lam of the Child Assessment Service and Dr. Shirley Leung of the Maternal Child Health Clinic for their efforts in organising the training in developmental paediatrics.

Twenty-eight Associates of the College enrolled in the Postgraduate Training Course which commenced on 6<sup>th</sup> May 2005 and will end on 24<sup>th</sup> February 2006. Small group training sessions in communication skills and ethics, observed history taking and management planning, developmental assessment and bedside clinical teaching were organised between 6<sup>th</sup> May to 28<sup>th</sup> October 2005 and 18<sup>th</sup> November to 24<sup>th</sup> February 2006 for trainees sitting the MRCPCH/Intermediate Examination in November 2005 and February 2006 respectively. All trainees also participated in the lectures.

## **2. Curriculum of the Paediatric Training Programme**

- 2.1** Two batches of paediatric trainees had completed the 6-month mandatory rotation to the eight Maternal Child Health Clinic (MCHC) clusters accredited by our College. A questionnaire survey was conducted by the Accreditation Committee and the feedback from the trainees was very positive. Suggestions to reduce this training period, increase the exposure to child developmental assessment and to lessen the involvement in the non-paediatric activities in the MCHC will be reviewed by the Accreditation Committee once more basic trainees have completed the MCHC rotation.
- 2.2** The recommendations on the training in paediatric intensive care within the Basic and Higher Paediatric Training Programme were researched and proposed by Dr. Tsoi Nai-shun and the paediatric intensive care group. The revised knowledge, skills and attitudes required for the 3 to 6 months training in paediatric intensive care within the Basic and Higher Training Programme were presented at the 79th Education Committee on 28<sup>th</sup> April 2005. It was resolved at this meeting that a paediatric training team in paediatric intensive care in the Basic and Higher Programme must supervise and care for a minimum of four patients at any one time to ensure that there would be enough educational exposure for the trainees working in that team. For the purpose of accreditation, the patients must occupy paediatric intensive care beds designated by the Hospital Authority. The proposal was adopted by the Accreditation Committee and the recommendations of the Education and Accreditation Committees were formally approved in the 97<sup>th</sup> Council Meeting held on 26<sup>th</sup> July 2005. Invitations for applications for the accreditation of paediatric intensive care training teams within the Basic and Higher Paediatric Training Programme had been sent to the COSs of the different accredited paediatric training units in the Hong Kong SAR.
- 2.3** The annual Paediatric Advanced Life Support (PALS) Course jointly organised by our College and the Heart Institute for Children, Hope Children's Hospital, Illinois, USA was held between 7<sup>th</sup>-11<sup>th</sup> September 2005. Our College would like to thank Dr. Cheung Kam-lau and Dr. Tsoi Nai-shun, the local faculties and the overseas faculties Dr. Alfred HuYoung and Dr. David Jaimovich for their invaluable contributions to the educational activities of our College. Two provider courses each with 50 participants were held. Disappointingly only 8 paediatric doctors participated including 3 Fellows, 1 Members and 4 Associates. Fellows and Members will be encouraged to participate in a refresher course when such courses are organised by our College. One Fellow participated in the Instructor Course which was held on 9<sup>th</sup> September 2005.
- 2.4** The Guidelines on Postgraduate Training and Accreditation of the Hong Kong College of Paediatricians were published in June 1995. A lot of changes in the

curriculum have taken place over the years. The most up-to-date curriculum of the postgraduate paediatric training programme in the United Kingdom is presented in a document entitled “A Framework of Competences for Basic Specialist Training in Paediatrics” published by RCPCH in October 2004. It was proposed by the Education Committee and endorsed by Council that we adopt the British document as the basis of the curriculum review of the Basic Paediatric Training Programme of our College. Another development in Education and Accreditation in our College has been the establishment of the Accreditation Guidelines for the development of a Training Programme for a Paediatric Subspecialty. The proposed revision of the Guidelines on Postgraduate Training in Paediatrics will cover the curriculum of the Basic and Higher Training Programme in General Paediatrics. The Committee hopes to have the first draft of the revised curriculum ready by the end of the year.

- 2.5 The curriculum and accreditation of Ambulatory Paediatrics and Community Child Health is still under intense discussion. Confusion on the exact definition of ambulatory paediatrics and community child health exists. Meetings chaired by Dr. Yau Fai-to on the future developments of these disciplines within general paediatrics had been convened and involved members recommended by the Service Development Subcommittee of the Co-ordinating Committee in Paediatrics of the Hospital Authority with Professor Louis Low representing the College Education Committee.
- 2.6 A Child Protection Training Development Project has been initiated by Royal College of Paediatrics and Child Health and National Society for the Prevention of Cruelty to Children (RCPCH/NSPCC) and Dr. Patricia Ip attended the pilot training programme as an observer in Leeds on 11<sup>th</sup> August 2005. The Education Committee hopes that this training programme can be adapted for use in Hong Kong. The one-day course consisted of presentations, interactive discussion on case scenarios and role play with the trainees taking turns in playing different roles. There were 6 instructors for 18 trainees, which would require the involvement of many of the Medical Co-ordinators on Child Abuse working in HA hospitals, if our College were to start such a training programme in Hong Kong. All paediatricians on completion of training should understand their duties and responsibilities in the safeguarding of children and be familiar with the legislation, conventions and guidance relevant to child protection work.

### **3. Educational Activities**

- 3.1 Three Paediatric Update Series of lectures were organised for 2005.

Paediatric Update on Evidence-based Medicine was held on 22<sup>nd</sup> May 2005. A total of 72 Fellows, 5 Members, 1 Associate and 6 visitors attended this function.

The presentations of the three speakers can be viewed on the College website. The Committee would like to thank the 3 speakers and Professor Tony Nelson for organising the lecture series.

#### Introduction to Evidence-based Medicine and Assessing Systemic Reviews

Professor Tang Jin-ling

Director, the Chinese Cochrane Centre Hong Kong Branch

Peking University Centre for Evidence Based Medicine

School of Public Health, Faculty of Medicine, CUHK

#### Introduction to Decision Analysis

Dr. Anthony Ho

Professor, Department of Anaesthesia and Intensive Care

Prince of Wales Hospital

#### Evidence-based Medicine for the Busy Practitioner

Dr. So King-woon, Alan

SMO, Department of Paediatrics

Prince of Wales Hospital

The second Paediatric Update 2005 was a Medico-legal Seminar held on 11<sup>th</sup> September 2005. The seminar was attended by 71 Fellows, 4 Members, 3 Associates and 14 visitors. A 7-page handout was prepared for each participant. The Education Committee would like to acknowledge the contributions by the three speakers all from Kennedys Law Firm in Hong Kong and also Dr. Betty Young for organising the seminar.

#### Medical Record Documentation

Ms. Vivien Lau

Solicitor, Kennedys Law Firm

#### Medical Reports & Expert Witness Reports

Mr. Julian Wallace

Solicitor, Kennedys Law Firm

#### Informed Consent & Consent Forms

Ms. Christine Tsang

Solicitor, Kennedys Law Firm

The third Paediatric Update 2005 on Human Malformations-Perspectives from the Centre of Reproduction, Development and Growth was held on 27<sup>th</sup> November

2005. The Education Committee would like to thank the speakers from the Centre of Reproduction, Development and Growth, the University of Hong Kong and Dr. Cheung Pik-to for organising this seminar.

Genetic/Environmental Factors in Congenital Malformation

Professor Cheung Pik-to

Department of Paediatric & Adolescent Medicine

Faculty of Medicine

University of Hong Kong

Genetic Basis of Skeletal Dysplasia, Ear Development and Congenital

Deafness-lessons from mouse models of human malformations

Professor Katherine Cheah

Head, Department of Biochemistry and Director, Centre of Reproduction,  
Development and Growth

University of Hong Kong

Illustrative Clinical Cases of Skeletal Dysplasias-role of molecular genetics

Dr. Ivan Ho

Senior Medical Officer

Clinical Genetic Service

Department of Health

Advances in Clinical Management of Hirschsprung Disease-from bench to bedside

Professor Paul KH Tam

Pro-Vice Chancellor, and Head of Paediatric Surgery, Department of Surgery

University of Hong Kong

Mouse Models of Enteric Neural Crest Disorder: prospects for clinical application

Professor MH Sham

Department of Biochemistry

University of Hong Kong

Pre-implantation Genetic Diagnosis

Professor PC Ho

Head, Department of Obstetrics & Gynaecology, and Deputy Director, Centre of  
Reproduction, Development and Growth

University of Hong Kong

Poster presentations on human malformations in addition to the lectures were available for viewing during the extended coffee break.



- 3.2** An open lecture supported by the HM Lui Memorial Fund was held on 4<sup>th</sup> July 2005 in the Queen Elizabeth Hospital. The lecture entitled “Recent Advances in Paediatric Oncology” was delivered by Professor Ross Pinkerton, Director of Cancer Services, Mater Hospitals, Brisbane, Australia.
- 3.3** The Update Series on Child Health 2005 was jointly organised by the Hong Kong College of Paediatricians and the Hong Kong Paediatric Society. The four sessions of lectures of the update series on Child Health were well attended by Fellows, Members and Associates of the College as well as a large number of nursing and allied health professionals.

Session I - 16<sup>th</sup> July 2005

Changing Pattern of Congenital Malformation

Dr. Lam Cheung-cheung, Barbara

Consultant

Department of Paediatrics and Adolescent Medicine

Queen Mary Hospital

A Brief Introduction to Community Paediatrics

Dr. Yu Chak-man

Consultant

Department of Paediatrics and Adolescent Medicine

Pamela Youde Nethersole Eastern Hospital

Session II – 13<sup>th</sup> August 2005

Overview of Autistic Spectrum Disorder

Mr. Lau Kai-tai, Joseph

Senior Clinical Psychologist

Child Assessment Service

Department of Health

Minimally Invasive Surgery in Infants and Children: Past, Present and Future

Professor Yeung Chung-kwong

Professor of Surgery

Chief of Paediatric Surgery and Paediatric Urology

The Chinese University of Hong Kong

Prince of Wales Hospital

Session III – 10<sup>th</sup> September 2005

Therapeutic Cardiac Catheterization in Children

Dr. Chau Kai-tung, Adolphus

Chief of Service  
Division of Paediatric Cardiology  
Grantham Hospital

New Recent Advances and Practical Issues on Infant and Child Nutrition  
Dr. Leung Suk-fong, Sophie  
Specialist in Paediatrics  
Private Practice

Session IV – 8<sup>th</sup> October 2005  
Common Inherited Metabolic Diseases in Chinese  
Dr. Tang Leung-sang, Nelson  
Professor  
Department of Chemical Pathology  
The Chinese University of Hong Kong

New Trends in Infection Control  
Dr. Yung Wai-hung, Raymond  
Head, Infection Control Branch  
Centre for Health Protection and Consultant in-charge  
Infections Disease Control Training Centre  
Hospital Authority

The Education Committee would also like to thank all the paediatric subspecialty societies for providing Fellows, Members and Associates with such an extensive choice of lectures and case presentations over the past year.

#### **4. Continuing Medical Education and Continuing Professional Development (CME/CPD)**

In accordance with the guidelines of the Hong Kong Academy of Medicine on CME/CPD, the guidelines for Continuing Medical Education and Continuing Professional Development of the Hong Kong College of Paediatricians have been extensively revised and the documents had been approved by our Council as well as the Education Committee of HKAM in July 2005. The revised guidelines have been posted on the College website and all Fellows are advised that they should familiarise themselves with this document. In addition, Fellows are strongly advised by the Academy to be fully aware of the consequences of non-compliance of CME/CPD requirements and the procedures for application for reinstatement after discontinuation of the Fellowship by the Academy. This important information is available on the website of the Hong Kong Academy of Medicine. Some important changes in the guidelines on CME/CPD are highlighted.

- (1) Our College does not accredit undergraduate or postgraduate teaching, non-clinical administrative activities, service ward rounds and participation as examiner for undergraduate and postgraduate examination as CME/CPD activity.
- (2) With prior approval, Fellows may be accredited CME/CPD points for medically related Diploma, Master or PhD studies.
- (3) A minimum of 30 Category A points in a 3-year cycle is required but this rule does not apply to Fellows whose first CME cycle is 2 1/2 years or shorter.
- (4) The Academy adopted fixed CME/CPD cycle from 1<sup>st</sup> January 2005. Fellows will commence their first CME/CPD cycle upon their admission to Academy Fellowship and the requirements will be counted on a pro-rata basis.
- (5) The rule of only accepting a maximum of 50 CME/CPD points per year has been removed.
- (6) For remediable non-compliance of CME/CPD requirement, a Fellow must have acquired not less than two-thirds of the required number of points for a cycle.
- (7) A new Category E of CME/CPD activity has been added to increase the range of activities accredited by our College. A maximum of 10 points per annum will be allowed in this Category and prospective application for approval of Category E activities is required.
- (8) The normal capping of individual CME/CPD Categories will apply irrespective of the cycle length when a Fellow joins the CME/CPD programme for the first time.
- (9) The list of journal titles approved for self-study has been greatly expanded.

The Education Committee of the HKAM asked our Committee to look for evidence and suggest a process of auditing that compulsory CME/CPD has resulted in improved patient care and outcome. The Academy invited Professor Kendall Ho, University of Vancouver to give a presentation on “From CME to CPD and Knowledge Transfer” on 26<sup>th</sup> May 2005. Extensive discussions were held by members of the College and Academy Education Committee and the following recommendations were noted by the Academy Council.

- (a) The 3-year cycle worked well in the past and should continue.
- (b) There is no scientific basis for any recommendations on the number of CME/CPD points per cycle; the 90 points per 3-year cycle should continue.

- (c) The Academy should not prescribe a mandatory yearly minimum of CME/CPD points requirement.
- (d) Fellows should be encouraged to participate in CPD activities and it is not advisable to make any CPD activity as a mandatory requirement.

Members of the Education Committee will assess “Learning needs” and “Knowledge Gaps” by seeking the views of Fellows in public and private practice. It has been pointed out that interactive workshops, discussions and development of practice guidelines are preferable to didactic lectures in changing and improving practice. Members of Committee will take these thoughts into consideration in their planning of future update lecture series. COSs and training supervisors should encourage their trainees to attend the update series of lectures.

## **5. Report of the Continuing Medical Education Subcommittee**

The membership of the Continuing Medical Education (CME) Subcommittee for 2005:

Chairman	Dr Tsoi Nai-shun
Vice-Chairperson:	Prof. Sung Yn-tz, Rita (Institutions)
Secretary	Dr Lee Chi-wai, Anselm (Membership Committee)
Members	Dr Chiu Cheung-shing, Daniel (Private Study Groups)
	Dr Lau Wai-hung
	Dr Lee Ngar-yee, Natalie
	Dr Lee Wai-hong (Overseas Fellows)
	Dr Leung-ping, Maurice (Accreditation Committee)
	(Individuals)
	Prof. Low Chung-kai, Louis (Education Committee)
	Prof. Ng Pak-cheung (HK Paediatric Society)
	Dr Wong Sik-nin
	Dr Yuen Hui-leung (Societies)

Executive Summary of 2004 Annual Report of CME Subcommittee prepared by Dr. Tsoi Nai-shun (April 2005)

This is the eighth year since College CME programme started in 1997. The majority of Fellows have started their third CME cycle. The programme has been operating smoothly. Two CME Subcommittee Meetings were held this year.

There were a total of 446 Fellows who were required to send in their CME ARF Forms for Year 2004. As required by the Academy, all the Fellows had to synchronize the start of a new 3-year CME cycle on 1<sup>st</sup> January 2005. All Fellows had submitted their ARF. Among them,

12 were unable to comply with the CME requirement. 10 Fellows were able to enroll in a remedial programme. 2 Fellows did not fulfill the Academy minimal CME requirement to remain on the specialist register. Their names were submitted to the Academy for appropriate action. This year, the number of non-compliant Fellows was more than in previous years. The largest group belonged to year 2. This may due to the fact that most Fellows were not aware of the implications of the synchronization as some still thought that they could catch up the following year.

This is the first year of launching the MLMS. Again most Fellows are still not aware of its usefulness in helping them to complete the ARF. More promotion is necessary. Review of the information from the MLMS showed that the documentation is quite reliable but errors still exist. The MLMS is only useful to Fellows for reviewing their CME activities and auditing purpose. At this stage, the College holds the opinion that MLMS cannot replace Fellows' ARF.

One Fellow out of 19 in the 3.5-year cycle required remedial CME. 10 out of 293 Fellows in the 2-year cycle were non-compliant. 8 Fellows were eligible for remedial CME. 2 Fellows, unfortunately, did not gain enough CME points required by the HKAM to remain on the specialist register. All CME non-compliant Fellows must complete the remedial CME in addition to the annual CME requirements by the end of December 2005. 1 out of 26 in the 1.5-year cycle required remedial CME. All the 52 Fellows in 3-year cycle, 10 Fellows in the 2.5-year cycle, 35 in the 1-year cycle and 11 in the 0.5-year cycle complied with CME requirements.

A total of 78 activities providing 229 Cat A CME points were organized by the HKCPaed, the Hong Kong Paediatric Society and 11 subspecialty paediatric societies or study groups in 2004. In addition, we have accredited a total of 256 meetings (911 Cat A points) offered by non-paediatric medical associations. Individual Fellows have successfully applied for a total of 1368 Cat A points by attending local and overseas conferences. The paediatric units of 14 public hospitals/institutes have continued to run regular CME meetings giving a total of 934 Cat B CME points in 2004. The public institutes had organised a total of 1641 Cat A&B CME points. In addition, two private study groups and 12 private hospitals continued to have regular programmes, providing a total of 105 meetings with 535 Cat B and 4 Cat A CME points. In 2004, 79 Fellows and 184 Fellows have claimed Cat C (publications) and Cat D (self-study) CME points respectively.

As in previous years, 5% of the Fellows ARFs were randomly selected for checking and all have satisfied the audit requirements.

Apart from the routine operation of accrediting and recording CME activities, the CME Subcommittee was involved in the launching of the MLMS and drafting of the revised CME/CPD guidelines.

**Prof. LOW Chung-kai, Louis**  
**Chairman, Education Committee**

# Standing Committees

## Examination Committee's Report

Chairman	Dr. CHIU Man-chun
Hon. Secretary	Prof. NG Pak-cheung
Members	Prof. FOK Tai-fai
	Dr. IP Lai-sheung, Patricia
	Prof. LAU Yu-lung
	Dr. LEE Wai-hong
	Dr. LI Chi-keung
	Dr. YOUNG Wan-yin, Betty

### 1. Examination Committee Meetings

Four Examination Committee Meetings were held in 2005. The Coordinators for different examinations were appointed as follows: Dr. Patricia Ip & Dr. Betty Young for Part IA, Prof. Y L Lau & Prof. P C Ng for Part IB, Dr. M C Chiu and Dr. W H Lee for Part II and Clinical Examination of the Joint MRCPCH / Intermediate Examination, and Prof. T F Fok & Dr. Li Chi Keung for Exit Assessment. As in the previous year, there were a total of 11 examinations / assessments held, including three Part I A & IB Examinations, three Part II (Written) Examinations, two Part II Clinical Examinations, one DCH Clinical Examination and two Exit Assessments.

### 2. Joint Intermediate / MRCPCH Examinations

A Memorandum of Understanding was made with the Royal College of Paediatrics and Child Health (RCPCH) for the Joint MRCPCH / Intermediate Examination between the two Colleges. It stipulates the joint effort and co-operation in running the Examination in Hong Kong with financial arrangement being equally shared between the Colleges. The signing ceremony was held in February this year with Professor Alan Craft, President of RCPCH visiting our College for the occasion. Dr. Patricia Ip, Dr. Betty Young, Prof. P C Ng, Prof. Y L Lau, Dr. W H Lee and Dr. M C Chiu represented our College to attend the respective RCPCH Examination Part I and II Boards at UK. Local questions groups were set up to contribute questions to the different examinations.

The Clinical Examination taking a new format of 10 stations in a circuit was run successfully. It includes 2 Communication stations, 1 Consultation & Management station, 1 Video

Scenario station, 5 Clinical stations (CVS, Abdomen, Neurology, Respiratory & Others) and 1 Child Development station. As more examiners are needed for the new format, a number of new examiners has been recruited and accepted by RCPCH.

#### Results of MRCPCH Examinations

##### Part I Examination (Jan 2005)

	<i>Pass /attendance</i>	<i>Pass rate</i>
IA	6 / 8	75 %
IB	6/12	50 %

##### Part I Examination (May 2005)

IA	1 / 3	33 %
IB	5 / 6	83%

##### Part I Examination (Sept 2005)

IA	2/2	100%
IB	3/3	100%

Part II Examination (Dec 2004)	4 / 7	57%
Part II Examination (Apr 2005)	3 / 6	50%
Part II Examination (Aug 2005)	8 / 10	80%

Clinical Examination (Feb 2005)	11 / 20	55%
Clinical Examination (Nov 2005)	pending	pending

*Examiners for February 2005 Clinical Examination at Princess Margaret Hospital and Prince of Wales Hospital included Prof. Alan Craft, Dr. Robert Dinwiddie, Dr. Michael Hall, Dr. Chow Chun-bong (Host examiner), Dr. Chan Kwok-yin, Dr. Wong Sik-nin, Prof. Virginia Wong, Dr. Betty Young, Dr. Chiu Man-chun, Prof. Rita Sung (Host examiner), Dr. Ho Che-shun, Dr. Patricia Ip, Dr. Li Chi-kong, Dr. Yau Fai-to, Prof. Fok Tai-fai.*

*Examiners for November 2005 Clinical Examination at Queen Mary Hospital and Queen Elizabeth Hospital included: Dr. Barbara Bell, Dr. Martin Bellman, Dr. Ramesh Mehta, Dr. Helen Issler, Prof. Lau Yu-lung (Host examiner), Dr. Yau Fai-to, Dr. Huen Kwai-fun, Prof. Virginia Wong, Dr. Ho Che-shun, Dr. Chow Chun-bong, Dr. Lee Wai-hong (Host examiner), Dr. Ng Yin-ming, Dr. Li Chi-kong, Dr. William Wong, Dr. So Kwan-tong.*

### 3. Exit Assessment

Two Assessments were conducted, one in December 2004 and one in June 2005. Both were held in the Hong Kong Academy of Medicine. The number of dissertations to be submitted by each candidate had been adjusted to two with amendments of requirements of authorship and contents. Until December 2007, both the amended and existing guidelines can apply.

The results of the two Assessments were as follows:

	<i>Pass/attendance</i>	<i>Pass rate</i>
Exit Assessment (Dec 2004)	4 / 5	80%
Exit Assessment (June 2005)	8 / 8	100%

*Assessors for Exit Assessment in December 2004 included: Dr. Patricia Ip, Dr. Alex Chan, Dr. So Lok-ye, Dr. Lee Wai-hong, Dr. Ho Che-shun, Dr. Ng Yin-ming.*

*Assessors for Exit Assessment in June 2005 included: Prof. Lau Yu-lung, Dr. Ha Shau-yin, Dr. Chan Hin-biu, Prof. Virginia Wong, Dr. Tsoi Nai-shun, Dr. Chan Lai-har, Dr. Chow Chun-bong, Dr. Chan Kwok-yin, Dr. Cheung Kam-lau, Dr. Alex Chan, Dr. Yau Fai-to, Prof. Tony Nelson.*

### 4. Diploma of Child Health

The written part of the Examination had been incorporated into the Part I Examination as Part IA, and was run three times a year. Although applications for the Clinical Examination were oversubscribed, the quota was limited to 30 and the examination was limited to once a year. United Christian Hospital and Pamela Youde Nethersole Eastern Hospital continued to serve as centers.

Results of DCH Examinations

	<i>Pass/attendance</i>	<i>Pass rate</i>
Part IA (Jan 2005)	21/46	46%
Part IA (May 2005)	11/30	37%
Part IA (Sept 2005)	23/41	56%
Clinical Examination (Nov 2005)	17/29	59%

*Examiners at UCH included Dr. Martin Bellman, Dr. Barbara Bell, Dr. Ramesh Mehta, Dr. Helen Issler, Dr. Patricia Ip (Host examiner), Prof. Kelly Lai, Dr. Tsao Yen-chow.*



*Examiners at PYNEH included Dr. Martin Bellman, Dr. Barbara Bell, Dr. Ramesh Mehta, Dr. Helen Issler, Dr. Betty Young (Host examiner), Prof. Paul Tam, Dr. Philomena Tse.*

The structure and organization of different examinations were set up with the examinations run smoothly. The policy and strategy of examinations for qualifying paediatricians and those working for children's health need to be reviewed from time to time to meet the changing requirements and needs. Examinations are geared to a more structured format to ensure fairness and reliability.

**Dr. CHIU Man-chun**  
**Chairman, Examination Committee**

# Standing Committees

## House Committee's Report

Chairman	Prof. LEUNG Nai-kong
Hon. Secretary	Dr. HUEN Kwai-fun
Members	Dr. KO Wai-keung, Frederick Dr. LI, Albert Martin Dr. WONG Sik-nin Dr. WOO Lap-fai, Chris

### Terms of Reference

1. To oversee the management of the College Chamber including Secretariat and its facilities
2. To take charge of the issuance of the College Newsletters and other materials as directed by the Council
3. To procure benefits for the members of Hong Kong College of Paediatricians not covered by other committees

### College Chamber and Secretariat

The College moved to the new chamber at Room 801 of the Academy building in February 2005 with an increase of 50% of office space. The College Secretariat is now served by four full-time secretaries, who are providing effective and efficient services to the Council and her committees, the Hong Kong College of Paediatricians Foundation, H.M. Lui Memorial Fund and the Hong Kong Journal of Paediatrics. New office and IT equipments have also been installed. The filing system has been reviewed.

### Newsletter

The Editorial Board of the College Newsletter includes Professor Leung Nai-kong, Dr. Li Albert Martin, Dr. Wong Sik-nin and Dr. Woo Lap-fai. College newsletters are being published bi-monthly.

### Benefits for Members

The Committee has been trying to procure benefits for our members. In addition to special discounts on the purchase of books and special arrangements with two travel agents, members of our College can now enjoy a discount of \$1 per litre off gas station retail price at Caltex stations.

**Prof. LEUNG Nai-kong**  
**Chairman, House Committee**

# Standing Committees

## Information Technology Committee's Report

Chairman	Dr. KO Po-wan
Hon. Secretary	Dr. KWAN Yat-wah
Members	Dr. CHAN Hin-biu, Bill
	Dr. CHIU Cheung-shing, Daniel
	Dr. TSOI Nai-shun
	Dr. WONG Sik-nin
	Dr. WONG Yat-cheung, Charles

### Terms of reference

1. To study, explore, and recommend to the College Council how modern knowledge of information technologies could aid the College and our Fellows
2. To promote the use of information technologies and Internet among fellow members of the College.
3. To facilitate communications among fellow members of the College via electronic telecommunications
4. To coordinate various Committees and Subcommittees of the College as regards to the use of Information technologies
5. To establish, maintain and periodically update the College Web site

### College Web Site

As the archived content of the College website expands with time, we would have to explore secure web space for future development. This year, we joined the “SWIFT” package offered by The Federation of Medical Societies of Hong Kong to have 1 GB web space and technical support to upload content update to the College web site.

**Dr. KO Po-wan**  
**Chairman, IT Committee**

# Standing Committees

## Membership Committee's Report

Chairman	Dr. CHAN Kwok-hing, Alex
Hon. Secretary	Dr. SO Lok-yee
Members	Dr. CHAN Kwok-chiu
	Dr. HO Che Shun
	Dr. KO Wai-keung, Frederick
	Dr. LEE Chi-wai, Anselm
	Dr. LEE Kwok-piu
	Dr. LI Chi-kong
	Prof. NG Pak-cheung

In the year 2003/04, 8 Associates were admitted to the College. 13 Members were enrolled, all from existing Associates. 22 Members passed the Exit Examination and were elected as Fellows.

Presently, our Membership are as follows:

Fellows:	445
Members:	52
Associates:	76
Overseas Fellows:	21
Overseas Members:	4

**Total Membership: 598**

**Dr. CHAN Kwok-hing, Alex**  
**Chairman, Membership Committee**

# Standing Committees

## Membership Committee's Report

Chairman	Dr. CHAN Kwok-hing, Alex
Hon. Secretary	Dr. SO Lok-yee
Members	Dr. CHAN Kwok-chiu
	Dr. HO Che-shun
	Dr. KO Wai-Keung, Frederick
	Dr. LEE Chi-wai, Anselm
	Dr. LEE Kwok-piu
	Dr. LI Chi-kong
	Prof. NG Pak-cheung

In the year 2004/05, 16 Associates were admitted to the College. 19 Members were enrolled, all from existing Associates. 12 Members passed the Exit Examination and were elected as Fellows.

Presently, our Membership are as follows:

Fellows:	457
Members:	59
Associates:	64
Overseas Fellows:	24
Overseas Members:	2
<b>Total Membership:</b>	<b>606</b>

**Dr. CHAN Kwok-hing, Alex**  
**Chairman, Membership Committee**

# Standing Committees

## Professional and General Affairs Committee's Report

Chairman	Dr. IP Lai-sheung, Patricia
Hon. Secretary	Dr. LEUNG Cheuk-wa, Wilfred
Members	Dr. CHENG Chun-fai
	Prof. FOK Tai-fai
	Dr. FUNG Hing-piu, Robert
	Dr. KO Po-wan
	Dr. LAM Cheung-cheung, Barbara
	Prof. LEUNG Nai-kong
	Dr. LI Chi-him
	Dr. YOUNG Wan-yin, Betty
	Dr. LEUNG Tze-ching, Vincent (co-opted)

Three meetings were held in 2005.

## Clinical Practice Guidelines

The Working Group on the Development of Clinical Practice Guidelines consists of the following members:

Dr LAM, Barbara (convener)	Dr CHOW Kit-wun, Olivia
Dr POON KH (secretary)	Dr TAM, Alfred
Dr CHAN Cho-him, Bobby	Dr TONG Chi-tak
Dr CHIU, Daniel	Dr YOUNG, Betty
Dr CHIU, Susan	

A review of the SIGN and AAP Guidelines on Acute Otitis Media written by Dr Barbara Lam with commentaries from Dr Hiu Yau and Dr Tsao YC is being published in our College journal.

The Guideline on Management of Bronchiolitis is in its final stage of preparation as led by Dr Alfred Tam. A Guideline on the Management of Community Acquired Pneumonia is in progress under the leadership of Dr Susan Chiu.

## **Paediatric Advanced Life Support (PALS) Course**

Two provider courses were held on 7<sup>th</sup> – 8<sup>th</sup> and 10<sup>th</sup> – 11<sup>th</sup> September 2005 jointly by our College and the Heart Institute for Children, Hope Children’s Hospital, Illinois, USA. 95 candidates successfully completed the courses while 3 candidates required reassessment one month later. Seven candidates also successfully completed the instructor course held on 9<sup>th</sup> September 2005. The faculty members were as follows:

Overseas:	Dr HUYOUNG, Alfred	
	Dr JAIMOVICH, David	
Local:	Dr CHEUNG Kam-lau (co-ordinator)	
	Ms CHEUNG, Karen	Dr KWOK KL
	Dr CHIU WK	Dr LEUNG, Maurice
	Dr HO HT	Dr MIU TY
	Dr HON, Ellis	Ms TANG SK
	Dr HUI, Henry	Dr TSOI NS
	Dr HUI YW	Dr WONG, Dora
	Dr KWAN YW	Dr YAM MC

## **Responses to Government Consultation and Professional Issues**

A response to the government consultation paper “Building a healthy tomorrow: Discussion paper on the future service delivery model for our health care system” and recommendations on the Medical Council’s proposed revision of the Professional Code of Conduct with respect to “Pre-natal diagnosis, intrauterine intervention, scientifically assisted reproduction and related technology” were prepared for our Council and subsequently submitted to the respective parties. A letter to the Chief Executive of HKSAR urging for a Child Commission was also prepared for our Council and sent prior to the Chief Executive’s policy address.

## **Social Function**

Our College fellows, members and their family members enjoyed an outing to the Kadoorie Farm and Botanic Garden’s Organic Farmers Market with a dinner at Beas River Country Club in the evening on 6<sup>th</sup> November 2005.

**Dr. IP Lai-sheung, Patricia**  
**Chairman, Professional &**  
**General Affairs Committee**

## Standing Committees

### Review Committee's Report

Chairman	Dr. TSAO Yen-chow
Hon. Secretary	Dr. CHANG Kan, Jane
Members	Dr. CHENG Man-yung
	Dr. CHIU Lee-lee, Lily
	Dr. KO Yiu-shum, Paul
	Prof. YEUNG Chap-yung
	Prof. YUEN Man-pun, Patrick

As there were no complaints or issues to be discussed, the Review Committee did not meet for the year 2004-2005.

**Dr. TSAO Yen-chow**  
**Chairman, Review Committee**



## NEW FELLOWS, MEMBERS AND ASSOCIATES

The following doctors were elected as  
Fellows of the Hong Kong College of Paediatricians  
in 2004/2005

*DR CHANG KIT*

張 傑醫生

*DR CHEUK KA LEUNG*

卓家良醫生

*DR CHEUNG HEUNG YAN*

張香忍醫生

*DR CHEUNG WAI YIN*

張蔚賢醫生

*DR LAM SHU TING*

林樞庭醫生

*DR LAU KIT YU*

劉潔如醫生

*DR LEE KAY MAN*

李基敏醫生

*DR LO FUNG CHEUNG*

羅鳳翔醫生

*DR MA KAM HUNG*

馬錦雄醫生

*DR MAK HON KWONG*

麥漢光醫生

*DR MAK WAI YAU*

麥偉猷醫生

*DR SO KIT WING*

蘇傑榮醫生

*DR TONG KAI SING*

唐繼昇醫生

## NEW FELLOWS, MEMBERS AND ASSOCIATES

The following doctors were elected as  
Members of the Hong Kong College of Paediatricians  
in 2004/2005

DR CHAN SIN HANG  
DR CHAN TANG TAT  
DR CHENG LING LING  
DR KO LEE YUEN  
DR KOO, SERGIO DON  
DR LAU YU  
DR LEE PO YEE  
DR LEUNG WING KWAN  
DR MA YEE MAN  
DR NG HAK YUNG

陳善珩醫生  
陳騰達醫生  
鄭玲玲醫生  
高利源醫生  
古修齊醫生  
劉 瑜醫生  
李寶儀醫生  
梁永堃醫生  
馬綺雯醫生  
吳克勇醫生

DR POON YEE LING  
DR SOO MAN TING  
DR TANG MIU SZE  
DR TANG SAU SHEK  
DR WAN HOI SHAN  
DR WONG SUET NA  
DR YAU HO CHUNG  
DR YIP MUNG SZE  
DR YUEN LAI KEI

潘綺靈醫生  
蘇文庭醫生  
鄧妙詩醫生  
鄧秀碩醫生  
尹海珊醫生  
王雪娜醫生  
游可聰醫生  
葉夢詩醫生  
袁麗琪醫生

## NEW FELLOWS, MEMBERS AND ASSOCIATES

The following doctors were elected as  
Associates of the Hong Kong College of Paediatricians  
in 2004/2005

DR CHAU SHUK KUEN  
DR CHAN WAI YIN  
DR CHAN YICK CHUN  
DR CHEE YUET YEE  
DR FOK OI LING  
DR HO PO KI  
DR HUI WUN FUNG  
DR JALAL, KHAIR

周淑娟醫生  
陳偉賢醫生  
陳亦俊醫生  
池月兒醫生  
霍愛玲醫生  
何寶琪醫生  
許栢峰醫生

DR LAM LAI NA  
DR LAU TSZYING  
DR MA PING YUEN  
DR POON SIN TING  
DR SO MEI YUE  
DR SUN WAI FUN  
DR TAM YUEN SHAN  
DR TUNG YUET LING

林麗娜醫生  
劉紫盈醫生  
馬秉源醫生  
潘善婷醫生  
蘇美如醫生  
孫偉芬醫生  
譚婉珊醫生  
童月玲醫生



The College Council and the Newly Admitted Fellows  
at the Admission Ceremony on 11<sup>th</sup> December, 2004.



Honorable Guests, President of Hong Kong Academy of Medicine,  
Sister Colleges and College Council at the Fellowship Admission Ceremony  
on 11<sup>th</sup> December, 2004.



Ceremony of Signing of the MOU between Royal College of Paediatrics and Child Health and Hong Kong College of Paediatricians, 28<sup>th</sup> February, 2005.  
(Left) Prof. Alan Craft, President of RCPCH  
(Right), Prof. Fok Tai-fai, President of HKCPaed.



Meeting with the Health Officials of Yunnan in Kunming, China on 25<sup>th</sup> March, 2005