

## Document 7

### Guideline Document on Accreditation of Training Centres and Clusters

1. It is understood that a training centre should normally be hospital unit providing services in PRM. However, the present setting is such that some hospital units may provide some but not all of the aspects of training which are unique. Hence there is a need for several hospital units to form a cluster to provide a complete venue for training.
2. We propose that a cluster for training should be able to provide an integrated and comprehensive service in PRM, and has established referral and patient transfer arrangements to manage the whole range of patients with complex respiratory problems. This should be an agreed arrangement for the hospital units involved in the cluster.
3. There should also be an agreed arrangement among the units for deployment of trainees to different units during their training for the trainee to be exposed to all aspects of training.
4. There should be regular meetings of the hospital units in the whole cluster for clinical audit, case presentation, and academic exchange.
5. Each individual hospital unit, functioning as a training centre providing part or a complete range of training, will be accredited for the type and duration of training the unit can provide.
6. The cluster should have an adequate caseload of at least 5000 hospital admissions and 300 new OPD cases per year with paediatric respiratory problems. There should be an active respiratory clinic at least twice a week.
7. Among the hospital admissions, at least 3% should be highly complex and 10% should be complex, as defined in Appendix IV.

8. A cluster should have access to PICU, NICU, medical and surgical subspecialties, orthopaedic subspecialties, oncology and transplant service. Also, there should be easy access to a full range of laboratory services, radiodiagnostic and imaging facilities, and special therapeutic support.
9. Each cluster should be active in performing all the specialist procedures required for training as listed out in Appendix III. The number of tests should at least be 3 times that is required for the training of and individual trainee for each trainee taken.
10. Each cluster should have an active and on-going research programme led by a trainer experienced in research.
11. Each cluster should have adequate library, laboratory and research facilities to enable academic and research work to be done.
12. There should be regular cluster-wide clinical meetings including case presentations, Xray rounds, and didactic lectures. Each hospital unit (training centre) should have regular audit meetings, Xray rounds, case presentations and other academic meetings.
13. All hospital units participating in training should keep a good record of annual statistics including workload, caseload, complications, and morbidity and mortality data.
14. Each cluster should have a co-ordinator who is working full time in PRM and having at least 10 years of PRM subspecialty experience. Each training centre should preferably have at least 2 trainers who are working at least 51% of FTE in PRM.
15. The whole training programme will be headed up by a Director of Training who oversees the consistency and uniformity of training in the various

clusters. He should have at least 15 years of subspecialty experience and is working full time in the subspecialty.

16. A trainer must have obtained FHKAM (Paediatrics) and a PRM subspecialist. He should be working at least 51% of FTE in the subspecialty.

17. The accreditation of training centres and clusters will be reviewed by the Subspecialty Board at regular intervals.