

Guideline Document on Programme Organization and Training Centres

1. We propose that there will be ONE training programme for the whole of Hong Kong, with a number of accredited training centres.
2. The training programme will take place in training centres under the supervision of accredited trainers and supervisors, aimed at taking the trainee through all the required curriculum of training in knowledge, practice and skills.
3. A training centre should be a hospital unit with at least ONE trainer, and providing services and training in PRM. If a hospital is only capable of providing some but not all of the aspects of training, that hospital may only be accredited for training for a proportion of the full training programme.
4. The following hospitals are prepared to apply for accreditation to become training centres: QMH, PWH, AHNH, PYNEH, TMH, KWH, QEH, UCH, PMH and CMC.
5. We propose that Hospitals which can provide the following services be accredited for 18-24 months of PRM training: (see table 1)
 - a. Basic requirements
 - i. Trainer: at least 1, preferably 2
 - ii. In-patient case load: 75-100 complex or highly complex episodes per year
 - iii. Respiratory/asthma clinics: at least 2 sessions weekly
 - iv. Spirometry: at least 50 per year
 - b. Special requirements
 - i. Static lung volume/DLCO/Bronchoprovocation tests: available
 - ii. Flexible bronchoscopy: 20 per year
 - iii. Polysomnography: 50 per year
 - iv. Pulmonary rehabilitation service: available

- v. PICU: mandatory
- vi. NICU: preferable
- vii. Centres may be considered for accreditation of less than 24 months' training if there are 3 out of items i to iv available, or if numbers do not match up to required, by the discretion of the College together with the External Assessor, or the Subspecialty Board.

6. Hospitals which can provide the following services should be accredited for 30 months of PRM training: (see table 1)

a. Basic requirements

- i. Trainer: 2 or more
- ii. In-patient case load: 120 complex or highly complex episodes per year
- iii. Respiratory/sleep/asthma clinics at least 2 sessions weekly
- iv. Spirometry: at least 100 per year

b. Special requirements

- i. Static lung volume/DLCO/Bronchoprovocation tests: at least 24 per year
- ii. Flexible bronchoscopy: at least 30 per year
- iii. Polysomnography: at least 100 per year
- iv. Pulmonary rehabilitation service: available
- v. PICU: mandatory
- vi. NICU: mandatory

c. Advanced requirements: any 3 of the following:

- i. ENT surgery
- ii. Surgical services related to the respiratory tract: maxillofacial/plastic/cardiac/thoracic/spine/paediatric surgery
- iii. Multidisciplinary aero-digestive tract assessment and management programme
- iv. Specialized lung function service: e.g. infant lung function
- v. ECMO
- vi. Organ transplant service

7. The accreditation requirement will be amended and improved over time by the Subspecialty Board.
8. At the time of writing, 3 hospitals are likely to fulfil requirements for 30 months' training: QMH, KWH and PWH. Another 2 hospitals are likely to fulfil requirements of 24 months' training: TMH and UCH. Another 4 hospitals are likely to fulfil at least 18 months of training: QEH, PMH, AHNH, CMC. The caseloads and patient statistics of all the hospitals are listed in Appendix 1.
9. Each hospital unit should stipulate the training capacity (the number of trainees it can accommodate) according to the number of trainers available, the clinical case load, and the number of subspecialty procedures the unit provides, at the beginning of the programme.
10. It is proposed that trainees who have obtained training in hospitals accredited for 18-24 months of training must have their remaining training in a hospital accredited for 30 months of training or an accredited overseas centre. Those who have been trained in hospitals accredited for 30 months of training may have part of their training (up to 6 months) in a hospital accredited for 18-24 months' training.
11. Training in more than 2 and up to 4 hospital units will be strongly encouraged.
12. The road map of training of each trainee should be clearly stipulated before the training begins, ensuring adequate clinical exposure and proper training. The programme should start with a small number of trainees to be built up over time.
13. Six months of overseas training in an accredited centre will be required to make up the total of 36 months of required training. Preferably this will be

done to overcome any potential deficiencies in local training according to the curriculum, or for the development of new skills.

14. 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 10 years of subspecialty experience and is working full time in the subspecialty.

15. A trainer must have obtained FHKAM (Paediatrics) and a Fellow of the PRM subspecialty. He should be in full-time employment in an accredited institution and spending more than 50% of his/her activity in the practice of the subspecialty.

16. The accreditation of training centres, the curriculum, and requirements of training will be reviewed by the Subspecialty Board at regular intervals.