Hong Kong College of Paediatricians

Final Report

On

Review of Paediatric Subspecialty Accreditation and Development 2019

Prepared by

Committee for Subspecialty Boards

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Committee for Subspecialty Boards

Final Report on Review of Paediatric Subspecialty Accreditation and Development 2019

(A) Introduction

The Hong Kong College of Paediatricians has a statutory responsibility to ensure the standard and quality of paediatric practice through a reliable system of training, accreditation, and continuous professional development.

That general paediatrics has formed the foundation of subspecialty development, the promotion of subspecialties should coincide with the service needs and service development directions of the Hospital Authority, Department of Health and the Private Section.

The Committee for Subspecialty Boards (CSB) was established in July 2013 and replaced the 'Working Group on Accreditation of Paediatric Subspecialties in Hong Kong'.

Composition of the Committee for Subspecialty Boards (CSB)

- Director of Subspecialty Boards is appointed by the College Council to supervise all affairs of the Subspecialty Boards and to carry out relevant duties as directed by the Council
- The CSB is formed to assist the Director of Subspecialty Boards in his/her duties
- The Membership of the CSB:
  Hon Secretary
  Chairs of the Vetting and Assessment Committees
  Chairs of the Accreditation, Education and Examination Committees
  Chairs of each established Subspecialty Board
  One representative each from the Hospital Authority, Department of Health, the two Universities, and in private practice
  Three Co-opted Seniors Fellows and
  Two Co-opted Members nominated by the Young Fellows Sub-committee

(B) Background

Over the past 6 years, the CSB has accredited six subspecialties since October 2012:

1. Paediatric Immunology and Infectious Diseases (PIID)
2. Development-Behavioural Paediatrics (DBP)
3. Paediatric Neurology (PN)

4. Paediatric Respiratory Medicine (PRM)
5. Genetics & Genomics (Paediatrics) [GGP]
6. Paediatric Endocrinology (PE)

Following the establishment of the six subspecialties, the CSB would like to conduct a review of the subspecialty accreditation process. We aim to identify areas of deficiencies for improvement and ensure that future subspecialty development remains robust and sustainable,, especially considering the impact of subspecialty services and development on general paediatric services and commencement of the Hong Kong Children's Hospital (HKCH).,

(C) Procedures and findings

A series of meetings was conducted by the CSB from February 2019 to July 2019, providing platforms for discussion by inviting various stakeholders, including College Fellows, First Fellows, Chiefs of Service (COSs) and heads of Paediatric Departments of training centres, College Trainees, Young Fellows and representatives of Subspecialty Societies. We received their valuable opinions, feedback for subspecialty improvements and collected respective views and input for further study and recommendation to College Council for future department.

(I) <u>Forum for College Fellows and First Fellows of the six Subspecialties</u>

- Purposes:
  To provide a platform to the stakeholders, give suggestion and advice on the subspecialty accreditation and accreditation process in order to make improvements and better workable system for future subspecialty development.
- Meeting held on 28 February 2019 (Thursday), 8:00 pm at Function Room 1, Hong Kong Academy (HKAM) Jockey Club Building
- Panel Speakers: Dr Winnie Tse (President), Dr Chok-wan Chan, (Director of Subspecialty Boards, CSB), Dr Simon Lam (Hon Secretary, CSB), Dr SN Wong (Chairman, Vetting Committee, CSB), Dr Man-chun Chiu (Past Chairman of Assessment Committee, CSB)
- Participants: Around 60 participants including College Fellows, First Fellows, Council Members, Subspecialty Board Members and CSB Members
- Valuable suggestions and advice were received regarding subspecialty accreditation with salient discussion points summarised as follows:

  - PROS:
    * Enhances subspecialty standards and development
    * Recognition of subspecialty and subspecialist
    * Attracts trainees to subspecialty

- CONS
  - May adversely impact on general paediatric service
  - Small subspecialties have poor sustainability
  - Subspecialty services are difficult to maintain if accreditation standards are too high

Further discussion and suggestions included:

- Subspecialty trainers can take up general paediatric trainer roles? Private sector subspecialty fellows contribute as trainers within the training programme?
- Subspecialists often also take on heavy general paediatric services, so strict adherence to the 51% / 49% ratio is too restrictive.
- Training units without subspecialty training centre status may be much less attractive to trainees. Trainee recruitment and retention would be more difficult. Subspecialty services are also harder to maintain.
- College has to discuss with COSs on how to modify the service model to address these issues. According to most External Assessors, suggest that there a few large subspecialty services that cover the territory and offer training would be preferred.
- Large subspecialty services, e.g., neonatology, could be associated with many small centres in Hong Kong which makes subspecialty accreditation difficult. Subspecialty training/service clusters are suggested as a possible way forward. It was commented that trainers in some overseas centres may simultaneously take subspecialty and general paediatric trainees.
- Learning objectives of basic/higher/subspecialty trainees are different and have to be addressed in subspecialty services led by subspecialty trainers, therefore the feasibility of one trainer taking up both subspecialty and general paediatric teams for training purposes is not straightforward.
- There were worries that increasing mandatory rotations of trainees throughout subspecialty services would be severely restrictive and would increase the difficulty of training centres to meet service needs.
- Trainer:trainee ratio currently is hard to fulfil, some participants suggested to recruit private subspecialists to help with training.
- Manpower adjustment to cope with the subspecialty training need is important. HKCH represents a big opportunity for reorganising and consolidating subspecialty services and training, College needs to address the many issues that will arise in the coming 3-5 years to ensure that overall paediatric service does not deteriorate.

- The views of the young fellows suggested College to provide a subspecialty development roadmap and decide on which subspecialties to develop first based on service needs.

The Panel Speakers concluded different centres have different types of problems. Large centres have difficulties with fulfilling the rotational requirements while smaller centres have difficulty attracting trainees or even sustaining subspecialty services. Hence mismatching in training should be addressed. Below are further key points that needed to be addressed:

i) To initiate short-term and long-term measures to help with the training problems occurring as a result subspecialty accreditation process
ii) To solve the key issue of manpower problem. HA and DH had both been engaged before the subspecialty accreditation process was initiated and needs to be re-engaged moving forward to ensure that subspecialty services and training needs are aligned.
iii) To continue to conduct a specialist/subspecialist manpower projection on behalf of HKAM for the Food and Health Bureau (FHB) which may help define how many subspecialists are required.
iv) To create a roadmap and have an overall territory-wide strategy to ensure the overall coordination of subspecialty and general paediatric development.

Dr Chan and Dr Tse expressed sincere gratitude towards the participants who offered valuable suggestions and insights which have enhanced discussion and communication amongst the various stakeholders of paediatric subspecialty development.

(II) <u>Forum for Chiefs of Service (COSs)/Heads of Paediatric Training Units</u>

- Purposes:
  To provide platform to the Heads/COSs and/or delegates to discuss the coordination between subspecialty services and training, and advise on the impact of the subspecialty accreditation process and paediatric development in the training institutions in Hong Kong.
- Forum held on 2 March 2019 (Saturday), 3:30 pm at James Kung Meeting Room, 2/F, HKAM Jockey Club Building
- Panel Speakers: Dr Winnie Tse (President), Dr Chok-wan Chan, (Director of Subspecialty Board, CSB), Dr Simon Lam (Hon Secretary, CSB), Dr SN Wong (Chairman, Vetting Committee, CSB), Dr Man-chun Chiu (Past Chairman of Assessment Committee, CSB)
- Participants: Around 30 from the COSs / delegates, Council Members, Subspecialty Board Members and CSB Members

- Valuable comments and views were received with major points as follows:

  * Subspecialty development impacts on general paediatric service. For example, in view of the large manpower requirement for neonatal service, and need for non-subspecialists to help, subspecialty accreditation for neonatology may lead to restrictions in manpower availability that may impact on the service of both neonatology and general paediatrics. Subspecialty training impacts on where trainees transfer to, but even in centres without subspecialty accreditation, there may still be subspecialty service. However, as it is difficult for these centres to recruit trainees or subspecialists, it becomes difficult to maintain subspecialty services.
  * Detailed manpower estimation is required to determine the general paediatric service and subspecialty service needs. Concepts such as territory-wide subspecialty on call service may need to be considered.
  * Although it takes many years to gradually build up general paediatric and subspecialty trainers within a unit, manpower movements, e.g., lateral transfers can quickly and adversely disrupt the availability of trainers, leading to collapse of training centre status. Such developments have become more common, especially with the commencement of HKCH services and overall change in the territory-wide paediatric service model.
  * With only very few subspecialties available for formal subspecialty training within a training centre decreases its attractiveness to trainees. There is a risk of decreasing subspecialty patients which affects overall service provided and thus overall resources and manpower given. The discrepancies cause severe problems within the hospital.
  * Hospitals become open to increasing challenges regarding whether certain cases are appropriately managed by subspecialists. There are conflicts between training centres, and the different centres need to work together.
  * Strongly requests unilateral transfers of trainees for training to be re-evaluated as they are a heavy burden on manpower within the HA departments. College needs to re-evaluate the curriculum to ensure that the rotations are sustainable.
  * Severe manpower difficulties with large number of new trainees, the number of trainers with a large department is insufficient to support enough trainees to satisfy service. The problem requiring more senior trainees to rotate to HKCH has caused major stresses to team heads. The mismatch in manpower and paediatric service is a major threat to the general paediatric service.
  * The aim of subspecialty accreditation is to enhance subspecialty standards. One solution to ease rotational issues is to take more time to train subspecialists.

- Small hospital in a spoke of the hub-and-spoke model, subspecialty services within larger hospitals must be coordinated much more effectively to prevent breakdown of services.
- Suggest allowing some subspecialty training to occur within smaller departments to ease manpower stresses within the subspecialty training rotations.
- The time required for Fellows to become trainers is a major limiting factor for training centres. Restriction of 51% / 49% service also affects the flexibility of training provision. Suggest General Paediatrics becoming a subspecialty, which may help with some of the problems
- To consider to reduce trainees' training and rotation period while maintaining training standards as their times staying within host hospital are short. Request to examine whether training within the HKCH is sufficient for the trainees' training needs, e.g., HKCH NICU vs regional NNU training.
- There may need to be a level of accreditation/acknowledgement for those not fulfilling criteria as a full subspecialist, but who do provide some subspecialty service, to be recognized as a general paediatrician with special interest and certified accordingly.
- Primary care and child mental health are important areas to be incorporated into general paediatric training for the child health.

Dr CW Chan thanked all participants for their views. He will take their valuable comments to the CSB and Council to work on solving the problems with HA and other stakeholders.

Dr Tse agreed with the importance of primary care/child health and child mental health. College is currently conducting a curriculum review to strengthen the areas and training programme for the College.

Further suggestion and advice have been received and we will arrange to work on the solutions at the upcoming CSB retreat:

i) Most COS representatives advocate against subspecialty development for the time being.

ii) If continue with subspecialty accreditation, many views suggest that balance between subspecialty service vs training and subspecialty vs general paediatrics must be maintained.

iii) Subspecialty representation of all subspecialties within the College regardless of accreditation status needs to be discussed (e.g., PICU, haematology/oncology, neonatology, nephrology).

iv) Suggestion to provide solid data upon which to make further decisions regarding subspecialty accreditation.

v) To suggest requirement for overall general paediatric/subspecialty manpower planning and developing a clear roadmap/overall strategy.

vi) Suggestions and worries about clustering. Concept of centre, cluster and modules for training will be further discussed.

vii) Most agreed to allow subspecialty trainers to take subspecialty trainees and general trainees simultaneously. This seemed feasible and desirable if the learning objectives were clearly stated (and achieved) for each level of trainee.

viii) The impact of subspecialty training availability in a training centre on trainee recruitment will need further discussions with COSs and HA/DH representatives.

(III) <u>Meeting with the 'Unsuccessful' First Fellow</u>

Purposes:

To explore the views of Fellows who were unsuccessful in their application to be First Fellows regarding the subspecialty accreditation process.

- Meeting held on 2 March 2019 (Saturday) following the COS Forum, James Kung Meeting Room, 2/F, HKAM Jockey Club Building
- Core Group of CSB: Dr Winnie Tse (President & Chairperson of Assessment Committee, CSB), Dr Chok-wan Chan, (Director of Subspecialty Board, CSB and Interview Panellist of PE), Dr Simon Lam (Hon Secretary, CSB and Interview Panellist of PE)
- Participant: One 'unsuccessful' applicant
- Valuable discussion and views were received with significant points as follows:
  - * Applicant expressed personal sentiments and under the subspecialty accreditation, the unfairness to especially private paediatricians as they could not easily go for overseas training. The Good Independent Practice 'GIP' is also hard for the private paediatricians to fulfil.
  - * The CSB has to comply with the predetermined criteria and rules for subspecialty accreditation. The CSB is keen to hear the suggestions from Fellows on how to improve the subspecialty accreditation process.
  - * The Panel of Assessment Committee will suggest that CSB should consider peer assessment as part of the assessment for GIP in future.

Dr CW Chan appreciated the applicant's participation in the meeting and providing feedback to the CSB for further consideration.

(IV) <u>Forum for the College basic and higher Trainees and members of the Young Fellows Subcommittee (YFS)</u>

- Purposes:
  To provide further opportunities for young Paediatricians to express direct feedback to the College on their perception of the impact of subspecialty accreditation on service, training and career development.
- Forum held on 25 May 2019 (Saturday), 2:30 pm at James Kung Meeting Room, 2/F, HKAM Jockey Club Building
- Panel Speakers: Dr Winnie Tse (President), Dr Chok-wan Chan, (Director of Subspecialty Board, CSB), Dr Simon Lam (Hon Secretary, CSB), Dr SN Wong (Chairman, Vetting Committee, CSB), Dr Man-chun Chiu (Past Chairman of Assessment Committee, CSB), Dr Lawrence Chan (Chairman of YFS)
- Participants: Around 17 College trainees, young fellows and members of the YFS
- An informative survey on 'Paediatric Trainees' and Young Fellows' views regarding the Paediatric Subspecialty Development' was conducted by the YFS before the Forum. Dr Lawrence Chan, Chairman of the YFS presented the essential points as follows:

  * 86 responses received (~20% response rate)
  * Most respondents were hospital-based
  * Most respondents would want to subspecialise
  * Respondents believe that subspecialists should predominantly be in their subspecialty field, and if their own centre has insufficient cases, should cover other centres
  * Trainees do not mind rotating within and outside cluster for subspecialty training
  * Some trainees would like to be a general paediatrician with subspecialty interest
  * Most respondents believe that College should continue with subspecialty development and development of multiple subspecialties if possible
  * Most respondents believe that availability of trainers and expertise and case load should be considered to decide which subspecialty is to be accredited next
  * Most respondents believe that service provision should be maintained by clustering of centres or going for a territory-wide approach
  * Subspecialty trainees think that
    i) Required standards are difficult to meet
    ii) Department may not be able to support them to go for overseas training
    iii) Conflict between training and service, may need to achieve training outside usual working time periods

* Some respondents feel that subspecialty development should be focused at HKCH
* Some respondents believe that a 'formal vote' is required before subspecialty development is withheld
* Subspecialty development is an important global trend and should not be stopped
* Problems with the difficulty of trainees entering PRM training and the loss of trainers have left some units with insufficient PRM trainers/fellows

Further salient discussion and suggestion were raised from the participants, including:

- Most trainees would expect that they would proceed with subspecialty training, details of subspecialty training, e.g., years of training, rotation required, are still unclear, which adds to the confusion of trainees. The role of subspecialists and where a subspecialist will practice should be clarified further.
- HKCH services has not be clearly established yet and thus uncertainty is inevitable at that stage, but believed rotations were necessary and guaranteed. Subspecialty service and subspecialty training needs to be distinguished. A fully accredited subspecialist should be accredited at international standards and be capable of full-time state of-the art subspecialty service. After training, the practice could still vary depending on the service requirements of the hospital.
- Many residents cannot enter into the training programme, such as bronchoscopy as a service has also been limited in development in view of future credentialing requirements and suggested College recognize the subspecialty service needs in various hospitals.
- Bronchoscopy standards would be governed by credentialing, which is currently under review by the College. Service deployment is beyond the scope of the College.
- In reality, subspecialty trainers do not shift duties depending on whether they have general paediatric or subspecialty trainees, but only declare their status differently. Compared to the situation overseas, trainees and trainers also have a variety of mix of general paediatric and subspecialty services, and yet the training would be similar regardless of where the subspecialty would ultimately practice. There should be no contradiction in service needs and subspecialty training. Smaller subspecialties have difficulty to develop within their own subspecialties as the workload within a hospital is biased mostly towards the larger subspecialties.
- Exposure to subspecialty is restricted by which hospital one is posted to. Subspecialty workload within each hospital is also an important consideration for subspecialty development.

- Would be best if College and HA organised subspecialty training and subspecialty service on a joint platform. There should be flexibility for trainers as even subspecialist may teach trainees general paediatric aspects. Also, the possibility of an "intermediate" subspecialist or "general paediatrician with subspecialty interest" may be helpful.
- Singapore has developed subspecialty services well because hospitals take cases from the region beyond its own state. Thus, suggest that we should combine subspecialty training into territory-wides/cluster programmes instead of splitting the training centres.
- Trainees would wish to accumulate more experience in subspecialty services. Many of them are using their own time to develop subspecialty skills after fulfilling the department's basic service needs. Supporting trainees to develop their skills should benefit patients.
- College should also consider recruit trainers into training clusters and may include subspecialty fellows from other centres or even private.

Panels Speakers welcomed the young paediatricians for further comments after the forum concluded. Conclusion:

i) The trainees/young fellows' views may not be the same as fellows from management levels. Balance between service and training needs is important. College will need to balance each group's expectations and needs to liaise closely with service/training providers, e.g., HA departments.

ii) To strengthen information provided to higher trainees and consider building in relevant experience into the training curriculum.

iii) Subspecialty rotations should have more planning regarding overall manpower requirements and that would need more coordination between Subspecialty Boards and HA.

iv) Subspecialty services may not require fully accredited subspecialists to provide services. College should explore the possibilities of training some paediatricians to provide certain subspecialist services.

v) There may need to be an appeal system beyond the Subspecialty Boards if there are any issues that a trainee/fellow would like to reflect to the College.

(V) Committee for Subspecialty Boards (CSB) Retreat

- Purposes: Summarising the discussions of the previous meetings and aiming to formulate strategies and recommendations regarding subspecialty development to College Council.

- Forum held on 29 June 2019 (Saturday), 2:30 pm at James Kung Meeting Room, 2/F, HKAM Jockey Club Building
- Panel Speakers: Dr Winnie Tse (President), Dr Chok-wan Chan, (Director of Subspecialty Board, CSB), Dr Simon Lam (Hon Secretary, CSB), Dr SN Wong (Chairman, Vetting Committee, CSB) and Dr Man-chun Chiu (Past Chairman of Assessment Committee, CSB)
- Participants: Around 40 from Council Members, COSs/Delegates, Young Fellows Subcommittee, Members of Subspecialty Boards, Presidents of Subspecialty Societies/ Delegates and CSB Members

a) Summary the discussion of the previous fora/meetings

Current problems of subspecialty accreditation

i) General issues
   - Imbalance between general paediatric services and subspecialty services
   - Difficulty for non-training centres to train/recruit subspecialists that may be needed to maintain services (e.g., PRM)
   - Rate of subspecialty trainer attrition much greater than rate of training up/recruiting new subspecialists

ii) Conflicting priorities
   - Young Fellows/trainees
     * tend to want to proceed with subspecialty development as soon as possible
   - Fellows in management/administration
     * tend to need to prioritise existing general paediatric and subspecialty services rather than expanding subspecialty development
   - Small subspecialties
     * may want to push for subspecialty accreditation to standardise training programme and attract/protect trainees/subspecialty services
   - *De facto* subspecialties
     * may not want subspecialty accreditation due to restrictions in subspecialty service provision that may occur after accreditation (which may lead to severe limitations within single training centres)

iii) Fully accredited subspecialties

PIID: difficulty keeping sufficient trainer numbers in training centres, rotations difficulty to satisfy for some training centres

DBP trainer numbers insufficient and require DBP trainees to train General Paediatric trainees, difficult to recruit trainees during their higher training period

PN many modules which require trainees to rotate out without reciprocal exchange

PRM many small centres have PRM services that may fall apart once the current subspecialist retires/leaves

GGP very small numbers of trainers

PE difficulty keeping sufficient trainer numbers in training centres

iv) Subspecialty teams (not fully accredited)

There are subspecialty teams accredited for the purposes of general paediatric training, eg

- **Neonatology** (1400 deliveries/year per team): service provision requirements (eg ~30% of departmental manpower) far exceed subspecialty accreditation capacity
- **PICU** (4 patients/day per team): HK PICUs are small with large workload fluctuations and manpower often supported by general paediatrics and/neonatology
- **Haematology/oncology** (10-30 patients/day per team): feasible after HKCH, but will only have a single centre in HK and trainee rotations will be limited.
- **Cardiology** (10-30 patients/day per team): need to solve hub-and-spoke issues before full accreditation possible.
- **Nephrology** (10-30 patients/day per team): small scale services may make full accreditation difficult
- **Community paediatrics** (CAC/MCHC): CAC Fellows may be DBP subspecialists

v) Specific issues

- Accreditation criteria for these subspecialty teams are very simplistic (e.g., 1,400 deliveries/year/team for neonatology)
- No subspecialty representation within College making any changes in subspecialty accreditation criteria or standards difficult
- May lose trainees to fully accredited subspecialties
- May have difficulty recruiting trainees as not all centres have these teams

vi) Other subspecialties

- From our Accreditation of Training guidelines these are further potential subspecialties:
  - Adolescent Medicine
  - Paediatric Gastroenterology and Hepatology
- Other potential subspecialties:
  - Inborn Errors of Metabolism

- Paediatric Rheumatology

b) Discussions summary at the Fora / meetings

- Continue with subspecialty: yes or no?
  - Most views seem in support of continuing to develop subspecialty services and training in Hong Kong
  - COS representatives advocate against rapid subspecialty development for the time being
- If continue with subspecialty accreditation, what should the pace be:
  - Many views suggest that balance between subspecialty service vs training and subspecialty vs general paediatrics must be maintained
  - COS representatives believe that currently, paediatric services are being disrupted
- Do we need subspecialty representation of all subspecialties within the College regardless of accreditation status? (e.g., PICU, haematology/oncology, neonatology, nephrology)
- How should we assess and prevent adverse impact on general paediatric services and training?
  - Previous suggestion to provide solid data upon which to make further decisions regarding subspecialty accreditation
  - Many suggested that overall general paediatric/subspecialty manpower planning is required
  - There was a suggestion for developing a clear roadmap/overall strategy
- How can we align subspecialty services and subspecialty training programmes? (e.g., do we need training clusters?)
  - Many suggestions and worries about clustering. Concept of centre, cluster and modules for training discussed
- How should we handle subspecialty/general paediatric trainer overlap with training teams? (e.g., should we allow subspecialty trainers to take subspecialty and general trainees simultaneously like in DBP?)
  - Most agree that allowing subspecialty trainers to take subspecialty trainees and general trainees simultaneously was feasible and desirable if the learning objectives were clearly stated (and achieved) for each level of trainee
- How can we deal with the impact of subspecialty training availability in a training centre on trainee recruitment?
  - Will need further discussions with COSs and HA/DH representatives
- If we stop or slow subspecialty development:
  - Cannot easily justify reversing established subspecialties

- With the presence of established subspecialties, yet-to-be established subspecialties will face many unfair disadvantages
- Stopping or slowing subspecialty trainee recruitment in established subspecialties may permanently dissolve subspecialties that are unable to replace retiring trainers with new subspecialists
- There may be more uncertainties for trainees/young fellows

- If we continue or speed up subspecialty development:
  - May not be able to balance general paediatrics vs subspecialties or established subspecialties vs *de facto* subspecialties

c) Ideas raised for further discussion
- Training clusters?
  - How to allow subspecialty trainers to cover several training centres?
  - How to ensure that trainees are benefiting from the training experience of the entire training cluster in a structured way?
- Allow subspecialty trainees to train general paediatric trainees? Allow subspecialty trainers to take general paediatric trainees into subspecialty teams for the purposes of general paediatrics?
- How to ensure that general paediatric services are not adversely impacted?
  - Improve attractiveness of general paediatrics as a subspecialty choice for trainees?
  - Have strict coordination at a level above the Subspecialty Boards to determine trainee recruitment?

d) Further discussion and suggestions included:
- College should balance the contrasting priorities of different groups
  - to adjust the pace of subspecialty development and the way the subspecialty accreditation occurs
  - the rate of training up a new subspecialty trainer is very slow and the requirement of having two trainers as a minimum requirement is not sustainable. Reciprocity for trainees is still a problem and manpower deficits will occur
  - To set up subspecialty training modules. To ensure the doctors rotated out for subspecialty training still remain at their parent hospital to serve on calls.
  - To assess the duration allowed for subspecialty training modules depending on trainer quality, by the performance of trainees during assessments and training centre characteristics. Such subspecialty modules would allow the available subspecialty fellows in various hospitals to be more fully utilised and allows more experienced trainers to train subspecialty trainees for longer.

* If the rules are limiting our services and training, we should discuss with HKAM whether there rules could be revised.
* Adjustment should be made on the ratio of subspecialty/general paediatrics services being 51% / 49%% should be reviewed as the limitation has unnecessarily restricted training and service provision and is very unrealistic.
* Larger units with several accredited subspecialties have problem with constructing viable rotation schedules. Smaller units with few or no accredited subspecialties are less able to attract trainees. There is some unfairness because of some differences in accreditation process between subspecialties.
* College should address the qualifications of subspecialty recognition for not-fully-accredited subspecialties.
* It was traditionally believed that trainees should not have to simultaneously act as trainers. The current situation with the large movements of trainers to HKCH without corresponding movement of patients has posed severe stresses in the current systems. Another possibility is to delink subspecialty teams from general paediatric teams, especially for subspecialty teams that may operate mainly via consults and subspecialty clinics.
* The aim of subspecialty training is to provide high quality subspecialty services. Subspecialty services and training are not conflicting. The views of external assessors should be respected and invited to help assess our subspecialties at the initial stages. For example,to concentrate complex subspecialty cases in fewer centres to help develop subspecialty service and training.
* PN Subspecialty seems to be the most successful by allowing accredited training centres with only one trainer. This allows flexibility and sustainability.
* Must obtain data for rational and effective decision-making and enable an accurate matching of manpower and service needs and allocation of appropriate workload to trainees.
* The details of each hospital may not have been adequately considered, as the case load of different centres is different and may not have been matched.
* The uniqueness of each subspecialty, still need overall coordination to avoid imbalances in service provision.
* Overall timeline and overall planning that is linked to the local population.
* Training clusters may preferably correspond to the same hospitals even between subspecialties for convenience of trainee rotations and subspecialty

provisions. The changes in accreditation criteria can be proposed for consideration by Council and HKAM.

* Subspecialty accreditation and subspecialty training are two separate things. It is possible to receive subspecialty training even without that subspecialty going through full subspecialty accreditation.

Dr CW Chan and Dr Winnie Tse expressed appreciation for the valuable opportunity for fruitful discussion to hear all the views of the participants. The Panel Speakers concluded below further essential points for the final report:

i) The importance of general paediatrics has to be recognised and ways to enhance its quality, its scope and status.

ii) To recognise the mismatch in training and service and should work on harmonising the issue.

iii) To determine the manpower needs for each subspecialty with respect to Hong Kong's needs.

iv) The impact of HKCH should also be considered, as the landscape of paediatric services in Hong Kong is rapidly changing.

v) Currently subspecialty trainers are providing general paediatrics and subspecialty services at the same time, therefore, even though they have general paediatric trainees under them, the trainees are signed off by general paediatric trainers, which in turn, limits the trainers available. Special interim treatment could be discussed and arranged while the guidelines are reviewed.

vi) Seriously consider part-time trainers and how to integrate into the subspecialty programme/training centres.

vii) Need to lay down rules for clustering, but clustering non-accredited centres will need careful consideration. Heads of department and rostering officers need to determine the extent of rotations possible to provide such clustered subspecialty training programmes.

viii) To recognise that each subspecialty is different and has unique requirements. There cannot be a unified approach in all aspects of the accreditation process.

ix) To consider service reorganisation, and have some centres focus on training while others on service and then match the training programme. Without overall coordination, problems have emerged due to mismatches between service and training.

x) To construct strategies for different phases of paediatric service development, especially at that interim phase when extensive paediatric service reorganisation is ongoing.

xi) To obtain subspecialty and general paediatric service-related data for rationale and effective decision-making and enable an accurate matching of manpower and service needs and allocation of appropriate workloads to trainees.

xii) To adjust details such as trainer:trainee ratios, subspecialties:general workload criteria

xiii) The pace of further subspecialty development may be slowed down / temporarily paused to account for HKCH development as various subspecialty services may not all be linked to HKCH.

xiv) Still believes that external assessor is required for at least the first term of the Subspecialty Board's operation.

xv) We should not be restrictive in our view of the pace of subspecialty development, especially as we have stringent systems to vet subspecialty accreditation applications.

(VI) CSB Core Group Meeting

- Purposes:
  A brainstorming meeting to discuss in detail the various recommendations regarding subspecialty review that were discussed in the precious CSB fora/meetings
- held on 11 July 2019 (Thursday), 8:00 pm at Room 2, G/F, Block M, Queen Elizabeth Hospital (QEH)
- Participants:
  - CSB subspecialty review panel members
    - Dr CW Chan
    - Dr MC Chiu
    - Dr Simon Lam
    - Dr SN Wong
    - Dr Winnie Tse
  - COC (Paed): Dr KW So to bring expertise regarding subspecialty needs and paediatric service needs from an HA perspective
  - Subspecialty Board delegates from the College
    - Dr SN Wong (PIID)
    - Dr Winnie Tse (DBP)
    - Prof CK Li (PN) – Prof Li was unable to attend, but did not send any specific problems specific to PN subspecialty development
    - Dr William Wong (PRM)
    - Prof TF Leung (GGP)
    - Dr Simon Lam (PE)

1) Summary of recommendations and suggestions for discussion

- The general consensus from most participants of the CSB fora/meetings was for College to continue with subspecialty development. For the fully accredited subspecialties, the subspecialty training exposure of trainees

must be maintained and impact on other subspecialties and general paediatrics must be considered.

- Further discussion will be needed between with the Subspecialty Boards, HA and College Council.

- As an interim measure, to relax the 51% subspecialty service minimum for subspecialists who act as subspecialty trainers for 3 years in order to determine the impact of changing the restriction on subspecialty development.

2) It has been strongly advocated that training centre structure and training programmes should be redesigned. Suggestion include:

- Clustering of training centres: and
  * Manpower clusters (e.g., PWH and AHNH)
  * True subspecialty training clusters, where the trainees and trainers rotate to different centres within subspecialty training clusters for service/training needs.

- Utilisation of subspecialty modules in non-training centres
- Consider single trainer centres
- Delinking inpatient general paediatric team structures and subspecialty team structures
- Some sort of service reorganisation, Cluster-wide/territory-wide levels, single trainer training centres, training centres with subspecialty modules etc. will require further discussion with HA, Subspecialty Boards and College Council. The most important factors to consider is to keep high standards include adequacy of numbers and experience of trainers, sufficiently complex casemix and adequate caseload.

- To suggest that the College re-addresses the role of the External Assessor in subspecialty development. To propose that the External Assessor could help assess whether the subspecialty curriculum, training centre standards and potential first fellow qualifications meet international subspecialty standards. The accreditation framework as already decided by the College and in operation in other subspecialties e.g., minimum trainer numbers, structure of subspecialty "modules", trainer definitions, should preferably not be changed within short notice during the accreditation visit,

and should not vary significantly between different subspecialties if possible.

3) It has been well-recognised in the fora/meetings that general paediatric service and training must be more closely monitored and protected. COSs may need to address trainee expectations regarding training, especially if most trainees can only practice predominantly in the general paediatric service even after subspecialisation.

4) To strengthen College/CSB administrative support for subspecialty development. It was recommended that a College/CSB representatives should continue within the Subspecialty Board as a permanent member, rather than only for the first 3 years.

With increasing numbers of subspecialties, it may be helpful to appoint more officers within the CSB to help monitor the subspecialties.

5) **Discussion on feasible actions to solve current manpower issues**

(i) As interim measures, it was agreed within the meeting that:

Subspecialty trainees should be allowed to supervise general paediatric trainees. However, this would continue to be an interim measure for the time being when manpower was tight, as it is not ideal for trainees to also take up trainer responsibilities. It was also agreed that these subspecialty trainees should be limited to taking in one basic trainee at any one time.

Subspecialty trainers should be allowed to simultaneously supervise general paediatric trainees and subspecialty trainees. Currently subspecialty trainers can take up to 3 trainees. But if they supervise both general paediatric and subspecialty trainees, having their time split between two services, they should only be allowed to supervise a total of 2 trainees, i.e., 1 general paediatric trainee and 1 subspecialty trainee.

For training centres dropping below accreditation criteria, e.g., decrease from 2 to 1 trainer, then a grace period of 6 months would be reasonable to allow them to remedy the situation, provided that efforts to ensure the trainee's training exposure is adequate have been made.

(ii) It has been suggested that the scope and training curriculum of *de facto* subspecialties (e.g., paediatric haematology/oncology, PICU, neonatology, cardiology) should be more clearly defined, especially with regards to general paediatric training

(iii) Roadmap for future accreditation

a. The interim measures are recommended for 3 years initially
b. New subspecialty applications were still allowed, but before new accreditation framework is available, would have to follow the original accreditation framework
c. Applications for new subspecialties would need to be assessed in terms of impact on general paediatrics and/or other subspecialties within the training centre and also the impact on subspecialty services and training within non-training centres after subspecialty accreditation is complete.
d. Detailed roadmap is not possible until the service reorganisation, especially related to HKCH has been clarified.

6) **Recommendations and report to Council**

A. Interim measures for the next three years recommended to Council for discussion and endorsement on 17 September 2019:

a. Allow subspecialty trainees to supervise one basic trainee
b. Allow subspecialty trainers to simultaneously supervise one general paediatric trainee and one subspecialty trainee
c. Allow subspecialty training centres a 6-month grace period to continue training trainees when the full number of trainers not met, provided reasonable remedial actions are taken, but to treat as interruption of training if no trainer is available for an extended period of time

B. Full report with recommendations for subspecialty revamp to Council to be submitted by September 2019. Recommendations for discussion and endorsement include:

a. Subspecialty modules/single trainer training centres
b. Subspecialty training clusters
c. Part-time/honorary trainers
d. Measures to ensure general paediatric service and training is protected while subspecialty development progresses
e. Measures to ensure that existing subspecialty services and training (including subspecialties that are not fully accredited yet) are protected while new subspecialties develop

f. College to take a more active role to coordinate subspecialty trainee recruitment according to manpower needs
g. College to decide the overall direction of subspecialty development:

1. Large general paediatric service with most paediatricians working as general paediatricians and fewer subspecialists working as full-time paediatric subspecialists. Subspecialty services to be concentrated in fewer centres.
2. Smaller general paediatric service with larger subspecialty services, with more subspecialists spending a larger proportion of their time providing general paediatric services in addition to subspecialty services. Subspecialty services may be available in more centres.

Since the accreditation of six subspecialties, the CSB has reviewed the progress of subspecialty accreditation and the impact this has had on overall paediatric services and training in Hong Kong. Several issues regarding manpower restrictions, imbalances between general paediatric and subspecialty services and training, impact on non-accredited subspecialty services and training, and sustainability of the accreditation framework have been identified. Many interim measures may need to be implemented quickly while a definitive revamp of the subspecialty accreditation process is undertaken.

(D) **Conclusion**

The Hong Kong College of Paediatricians was inaugurated in May 1991. Ever since its establishment, the Council has resolved that General Paediatrics should be the foundation for the development of Paediatrics in Hong Kong and Paediatric Subspecialty Development should only be considered when we have attained a robust platform for subspecialties development. That is why we spent the first twenty years of development for General Paediatrics and confidently established a solid foundation for General Paediatrics in Hong Kong.

We only started to accredit Subspecialty of Paediatric Immunology and infectious Disease (PIID) in 2011 and through the effort of all the fellows and the External Assessors of various subspecialties, we successfully accredited six paediatric subspecialties in Hong Kong by the year 2019. With the Grand Opening of the Hong Kong Children's Hospital and the consequent change of service structure of the departments of paediatrics in the regional hospitals (the "Hub-and-Spokes Model"), time has come for us to review the quality and the services of the subspecialty development and as well as to evaluate the efficiency of the accreditation procedure in Hong Kong bearing in mind the following golden principles:

- *That Quality Assurance for Service should be granted*
- *That a top international level of Child Health and Paediatrics be ensured*
- *That General Paediatrics be the Foundation of Paediatrics*
- *That Hospital Paediatrics should always be geared from Hospital to the Community.*

Through arises of concentrative exercise, six fora/meetings and one survey were carried out with in-depth discussions on

- *The process of accreditations*
- *The procedures for subspecialty training (programme, trainers, trainees, patient load, training facilities)*
- *The service models*
- *Manpower and resources shortage*
- *Working relationships of Subspecialties with General Paediatrics*
- *Challenges and opportunities for subspecialty development in Hong Kong*
- *Future relationship with the Hong Kong Children's Hospital*
- *The way ahead*

Consequent to all these deliberations, significant recommendations were made to the Council:

- *To continue accreditation of other paediatric subspecialties at the old principle of "accreditation when ready"*
- *To improve the quality of training*
- *To improve the standard of service*
- *To have the Quality and Standard well geared to the Hong Kong Children's Hospital*
- *To put Hong Kong standard in alignment with the world standard*

Results in the Interim Recommendations to the Council would be valid for the coming five years and results would be subjected to effectiveness of

- *Results of initial implementation of the Hong Kong Children's Hospital*
- *Change of the numbers of trainees in Paediatrics in the near future*
- *Experiences in smooth cooperation of the Hub-and-Spokes model*
- *Evolution of the community-Hospital Model*

As these involve stakeholders such as the Hong Kong College of Paediatricians, the Food and Health Bureau, the Department of Health and the Hospital Authority of Hong Kong, a high-power meeting should be contemplated in the near future to smooth out the various aspect of

paediatric subspecialties in Hong Kong so that the highest standard of training and service can be suitably maintained in the forthcoming! Also, a large-scale manpower survey should be performed by the College Council to assess the future manpower requirements for General Paediatrics and all Paediatric Subspecialties in Hong Kong as these are essential for the College to plan for our better training requirements.

We would like to take this opportunity to pay tributes to our College management, members of the College Committee for Subspecialty Boards, Chiefs of Service of the Paediatric Departments, Hospital Authority, all Fellows of the College for their contributions. Efforts, timing and valuable advice which are essential for the final momentum for the implementation of this historic moment for the subspecialty development for our College. To all this professional solidarity, we thank you all for your kind support. Long live the Hong Kong College of Paediatricians!

Dr Chok-wan Chan
Director of Subspecialty Boards
For and on behalf of
Committee for Subspecialty Boards
Hong Kong College of Paediatricians
23rd September 2019

Appendix I

In responses to Council Member, Dr NC Fong's comments of 3 October 2019 regarding the CSB Final report:

"This report has "vision" but no action or timeline.
Not helpful for many departments and trainees"

The CSB Members have discussed and unanimously agreed to reply at its 19th CSB Meeting of held on 22 October 2019 for Council Members' consideration:

(A) **Immediate actions**

To submit revised guidelines to seek for Education Committee (EC) of HKAM on 13 August 2019 and 8 October 2019 respectively and received endorsement of the revision:

- Revision on the "*Guidelines on the Criteria for the Accreditation of a Paediatric Subspecialty Training Programme*"guidelines", additional input is indicated as below asterisk (*) shown:

- *13.3.8.4* A trainer can supervise no more than two trainees either in the Subspecialty Training Programme or in the Higher Training Programme in Paediatrics at any one time. * *Applications to allow paediatric subspecialty trainers to supervise subspecialty and general paediatric trainees concurrently may be approved by the College on a case-by-case basis.*

(B) **Interim measures within 2 years**

- Stakeholders such as the Hong Kong College of Paediatricians, the Food and Health Bureau, the Department of Health and the Hospital Authority of Hong Kong, **a high-power meeting** should be contemplated in the near future to smooth out the various aspect of paediatric subspecialties in Hong Kong so that the highest standard of training and service can be suitably maintained in the forthcoming.

- A **large-scale manpower survey** should be performed by the College Council to assess the future manpower requirements for General Paediatrics and all Paediatric Subspecialties in Hong Kong as these are essential for the College to plan for our better training requirements.

- To **review and monitor the quality and the services of the subspecialty development** and to evaluate the **efficiency of the accreditation procedure** in Hong Kong bearing in mind the following golden principles:

  * That Quality Assurance for Service should be granted
  * That a top international level of Child Health and Paediatrics be ensured
  * That General Paediatrics be the Foundation of Paediatrics
  * That Hospital Paediatrics should always be geared from Hospital to the Community.