

THE HONG KONG COLLEGE OF PAEDIATRICIANS
(Incorporated in Hong Kong with Limited Liabilities)

Committee for Subspecialty Boards

Application for the Accreditation of the Subspecialty of Paediatric Haematology & Oncology.

1. Declaration :

1.1 We, the undersigned, would like to apply for accreditation of the subspecialty of Paediatric Haematology & Oncology (PHO), this being a new and different from existing subspecialties.

1.2 We submit that the subspecialty is needed in Hong Kong.

Proposed manpower estimates :

- (i) 24 (number) of Fellows could be qualified as First Fellow
- (ii) 0 (number) of subspecialists existed.
- (iii) 25 (number) of subspecialists projected as required locally in the next 10 years.

1.3 This subspecialty also exist in other countries such as Canada and Australia.

- (i) About 100 (number) of specialists are required in Canada (i.e. 100 in 37.5M / 8M (whole population / <19 years old); and about 70 are required in Australia (ie 70 in 25.5M / 6.5M (whole population / <19 years old)

(ii)

2. Justification for establishment of subspecialty :

We have also submitted a descriptive narrative, stating that our subspecialty satisfies all the Criteria laid down by the Academy of Medicine for the recognition of a Subspecialty (Appendix I).

- (i) the subspecialty is needed in Hong Kong
- (ii) the subspecialty is new and different from existing subspecialties
- (iii) the knowledge, skills and practice required by that subspecialty are identifiably distinct and are deemed appropriate and compatible with the practice of paediatrics
- (iv) the subspecialty exists in other countries
- (v) the subspecialty is recognized at the institutional level; with the appointment of academic staff for that subspecialty at the Associate Professor level in a university in Hong Kong or the appointment of a Consultant for that subspecialty in one of the Hospital Authority Hospitals or the Department of Health
- (vi) the subspecialty has the administrative support of one or more constituent Colleges of the Academy.

Please also include justification for the subspecialty to be recognized and that the subspecialty has enough members, activities, a training programme ready for accreditation and unanimous agreement of the programme by all Fellows interested in the subspecialty.

3. Proposed training program :

3.1 We propose the training program would be three years with a minimum of twenty-seven months of full clinical activities.

3.2 One (number) proposed training program within the territory of HK would be adequate at any one time.

3.3 We provide local statistics for our subspecialty :

a. Estimated patient load in Hong Kong:

i. Inpatients - new cases/month:

- <5
- 6-10
- 10-15
- 16-20
- 21-25
- 26-30
- >30

ii. Outpatient attendance- new cases/month

- <5
- 6-10
- 10-15
- 16-20
- 21-25
- 26-30
- >30

iii. Outpatient attendance- old cases/month

- < 20
- 21-40
- 41-60
- 61-80
- 81-100
- > 100

iv. Estimated number of new cases in general population:

Oncology : 190 per year
Haematology: 400 per year

b. Local facilities:

i. Designated inpatient bed numbers

<u>72 (In-patient) + 8</u>	Haematology / Oncology / BMT in Hong Kong Children's Hospital
<u>(BMT/HDU) + 22 Day</u>	
<u>Beds</u>	

ii. Designated outpatient attendance per month

<u>About 16 Oncology New and 10 Haematology New Cases in HKCH</u>	(please specify number of new cases)
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<u>HKCH (500) + Regional (800)</u>	(please specify number of old cases)
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<u>HKCH : 12 + 2 Joint Clinic Sessions</u>	(please specify frequency of out patient clinics)
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PWH: 8 sessions
 QMH: 8 sessions
 QEH: 4 sessions
 TMH: 4 sessions
 PYNEH: 1 session
HKEH: 2 sessions

iii. Details of facilities relevant to the subspecialty (eg diagnostic laboratories, electrophysiology laboratories, imaging facilities):
(please specify number and type of facilities)

Type of facilities	Number
<u>Haematology / Pathology Lab</u>	<u>1</u>
<u>Chemical Pathology Lab</u>	<u>1</u>
<u>Microbiology Lab</u>	<u>1</u>
<u>Virology Lab</u>	<u>1</u>
<u>Genetic Genomic Lab</u>	<u>1</u>
<u>Stem Cell Lab</u>	<u>1</u>
<u>Radiology Unit (CT / MRI / USG / Intervention Radiology)</u>	<u>1</u>
<u>Intensive Care Unit</u>	<u>1</u>
<u>Integrated Rehabilitation Unit</u>	<u>1</u>

c. Resources

i. The development of this subspecialty requires extra resources

Yes No

If yes the extra resources include:

1. Manpower

Yes No

2. Equipment

Yes No

3. Space for use by subspecialty

i) Bed space

Yes No

ii) Laboratory space

Yes No

iii) Rehabilitation space

Yes No

iv) Others:

Yes No

If yes, please specify:

d. Manpower

i)	Number of subspecialists needed in Hong Kong	25
ii)	Number of peer-recognized subspecialists currently practicing in Hong Kong:	24
		(Potential first fellows)
iii)	Number of Paediatricians currently practicing this Subspecialty	20 (17 in HK; 3 in Overseas)
iv)	Number of trainees that need to be trained to meet the current need	13-14 (Estimated Retirement in Coming 10 years + Meet up with future need in HK)
v)	Number of qualified trainers currently available	16
vi)	Number of trainees that can be accommodated with the existing provision of manpower and facilities	1-2 / Year
vii)	Number of trainees currently under training in this subspecialty	0

3.4 Career structure

Based on the analysis of the above information, we deduce the following:

- | | |
|--|---|
| 1. Number of fully-trained subspecialists is required for whole of Hong Kong | 25 |
| 2. Number of subspecialists trainees required to be trained after their FHKAM (Paediatrics) Fellowship Exit Examination in order to maintain a steady state in the next 10 years (i.e. all fully-trained subspecialists can function full-time in that subspecialty and the “a” can be reached just right), taking into account of retirement and projection of needs in the next 10 years, etc. | 13-14
(6 to replace colleagues in retirement age in coming 10 years; + meet the expected need for Hong Kong) |
| 3. Number of fellows (FHKAM Paediatrics) required to be working with the subspecialists to reach a desirable level of service and training for the whole of Hong Kong. | 25 |
| 4. Number of trainees (pre-fellows) required to be working in the subspecialty to reach a desirable level of service and training for the whole of Hong Kong. | 5-6 subspecialty trainees |
| 5. Number of centres or clustered network required for this subspecialty in the whole of Hong Kong. | 1 centre |

3.5 We also submit additional information on the justification of establishment of our subspecialty, with reference to :

3.51 Curriculum:

a) Duration of subspecialty training

- 2 years post-higher training in general paediatrics
- 3 years

b) Maximum duration (**6 months**) of recognition for specified qualification or training within the subspecialty training programme

	Yes	No
i) Ph. D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii) M. Phil.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii) M. Med. Sc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv) Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Please specify	_____	

c) Clinical experience

i) Minimum

- 27 months
- 30 months
- 36 months

ii) Maximum

- 24 months
- 30 months
- 36 months

iii) Minimum number of new out-patient consultation in that subspecialty during the whole period of subspecialty training

- 50-100
- 100-150
- 150-200
- 200-300
- Others

Please specify _____

iv) Minimum number of old out-patient consultation in that subspecialty during the whole period of subspecialty training

- 300-400
- 400-500
- 500-600
- 600-700
- 700-800
- Others

Please specify _____

v) Minimum number of subspecialty clinics per week

- 2
 3
 4

vi) Necessity of log sheet or log book

- Yes No

vii) Availability of checklist for minimum number of special procedures for that subspecialty

- Yes* No

*** (please submit a separate check list on all special procedures required for the subspecialty – Appendix II)**

d) Research activities required

- Yes No

If yes,

(i) Clinical research programme

- Yes No

(ii) Basic research programme (eg. laboratory experience)

- Yes (optional) No

If yes, please specify minimum duration

- 6 months

12 months

Please also specify maximum duration allowed

6 months

9 months

e) Teaching required

- Yes No

If yes, please specify minimum percentage of time

5%

10%

15%

Others

Please specify _____

Please also specify maximum percentage allowed

10%

15%

20%

Others

Please specify _____

- i) Undergraduate
 Yes No
- ii) Postgraduate
 Yes

f) Administration within subspecialty (eg medical audit, involvement of service development, co-ordination & administration within subspecialty)

Yes No

If yes, please specify minimum percentage of time

5%

- 10%
- 15%
- Others

Please specify _____

Please also specify maximum percentage allowed

- 10%
- 15%
- 20%
- Others

Please specify _____

g) Subspecialty training is done in

- ONE centre Hong Kong Children's Hospital (HKCH)
- more than two centres _____

h) Overseas training required

Yes (Optional in Elective Module) No

If yes, what is the minimum duration?

- 3mths
- 6 mths
- 12mths
- others:

Please specify 12 months (Maximum)

If yes, please also describe

(i) setting Renown Oversea Training Centre with developed PHO program

(ii) objectives Widen Exposure in Subspecialty

i) Pre-set curriculum for their elective period

Yes No

3.52 Assessment of training :

a) Portfolio assessment

Yes No

If yes, please describe

- | | | |
|---|---|--|
| (i) Oral | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) Written | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (iii) Course work | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (iv) Postgraduate Degree or Certificate | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (v) Published papers | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

3.6 Institution/Functional Training Unit

3.61 Please describe the statistics for EACH Program :

		Comments	
1. Case load per year (Outpatient + In-patient)	(new) <u>320</u> (old) <u>14700</u>	Case load of 5 hospitals before translocation to HKCH is included in Appendix	
2. Case profile	* Highly Complex	70 %	Case profile of 5 hospitals before translocation to HKCH is included in Appendix
	* Complex	10 %	
	* Intermediate	10 %	
	* Simple	10 %	
a) No. of specialists working in the programme	20		
b) <u>>50</u> % of time working in the subspecialty	17 (HK) and 3 (Overseas)		
3. No. of sub-specialists (FTE) (FTE = at least 35-50% of time working in the sub-specialty)	0		
4. Having a structure for centre e.g. Director on service, training or research etc	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

5. No. of trainees			Max 5-6 PHO Subspecialty Trainees at one time point
6. No. of supporting staff (Please specify)	e.g. Clinical Psychologist	1	
	Scientific Officer	1	
	Therapists	30	
	Research Fellows/Assistants	2	
	Palliative Nurses	3	
7. Structured training programme	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
8. Clinical guidelines/protocols	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
9. Clinical audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
10. Research projects – No.	> 10		

*** Please define clearly each category for your subspecialty, citing clinical examples and the case mix necessary for a viable programme.**

3.7 Supportive Service considered as mandatory to the programme :

								Comments
1. Coordination with other relevant paediatric subspecialties (please specify)								
	Yes	No	NA	emergency	elective	On site	Other location	
e.g. PICU/NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Medical Subspecialties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Surgical Subspecialties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Orthopaedic Subspecialties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oncology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radiation Oncology
Transplant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Others (please specify)								
2. Special investigatory support								
a. Laboratory								
	Yes	No	NA	emergency	elective	On site	Other location	
Chemical pathology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Histo-pathology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Microbiology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Immunology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)								
Haematology Lab	Yes			On site / Emergency and Elective Services				
Stem cell Lab	Yes			On site				
Genetic & Genomic Lab	Yes			On Site				
b. Radiology								
US	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MRI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Isotope Scan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Others (please specify)								
3. Special therapeutic support								
Radiotherapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Interventional radiology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chemotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pharmacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Total parental nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Nutritionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clinical psychologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Medical Social workers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Allied health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)								
4. Special management modalities (eg Parents support groups) (Please specify)					Parents Support Groups			

3.8 Proposed requirement of Trainers

a) Number of training staff in a centre recommended :

- 1
- 2-3
- 3-4
- > 4

Please specify Minimum 4 trainers

b) In possession of the necessary skills in laboratory, special procedure or basic sciences practice

- Yes
- No

c) Active in carrying out clinical audit and setting up of management guidelines

- Yes
- No

3.9 Proposed educational activities :

	<u>Location</u>	<u>Frequency</u>
Grand round	<u>HKCH PAED</u>	<u>1 per month</u>
Journal Club	<u>HKCH PAED</u>	<u>1 per month</u>
X-ray/imaging meeting	<u>Haem Onco (PHO) Multi-Disciplinary Meeting</u>	<u>7 per month</u>
Audit	<u>Morbidity and Mortality Meeting (HKCH PAED)</u>	<u>1 per month</u>
	<u>Combined Round and Audit (PHO)</u>	<u>4 per month</u>
Others	<u>Clinico-Pathology Conference (PHO)</u>	<u>2 per month</u>
	<u>Research Seminar (PHO)</u>	<u>2 per month</u>
* Other Activities	<u>Trainee Session (HKCH PAED)</u>	<u>1 per month</u>
	<u>Research Seminar (HKCH PAED)</u>	<u>1 per month</u>

*** (please note that CME activities will be required for recognized subspecialties)**

3.10 The field of research available in our subspecialty and existing in HK (please describe in details) :

(i) Clinical	<u>ALL / Relapsed ALL / EsPhALL</u>
	<u>AML</u>
	<u>Hepatoblastoma</u>
	<u>Non-Hodgkin Lymphoma</u>
	<u>Solid Tumor / CNS Tumor</u>
	<u>BMT</u>
	<u>Supportive Care Studies in Above Areas</u>
(ii) Laboratory	<u>Basic and Genetic Research in Haematology Field</u>
	<u>Basic and Genetic Research in ALL</u>
	<u>Basic and Genetic Research in AML</u>
	<u>Genetic Research in CNS Tumor / Solid Tumor Tumor</u>

Basic and Genetic Research in Lymphoma

(iii) Epidemiological Paediatric Cancer Long Term Follow Up Study

3.11 About 5 (Number) of candidates are potential program director(s) for HK (> 50% of time spent on subspecialty)

3.12 16 (Number) of candidates are potential trainers of the program

3.13 We submit in details the curriculum of our subspecialty training programme under the headings of knowledge, skills and attitudes as Appendix III (on describing the training programme, please take reference from the handbook of Guideline on Postgraduate Training & Accreditation published by the College).

4. We propose (a) Dr./Prof. Jeffrey S. Dome of Centre for Cancer and Blood Disorders, Children's National Hospital, Washington (Institution) in United States of America (country) and

(b) Dr./Prof. Denise Mary Williams of Addenbrooke's Hospital, Cambridge University Hospitals Foundation Trust (CUHFT) (Institution) in United Kingdom (country) to be external assessor of our programme.

On behalf of the core groups of Paediatric Haematology & Oncology Subspecialty

Co-ordinators of the PHO subspecialty :

Prof Chan Chi Fung Godfrey Dr Chiang Kwok Shing Alan Dr. Cheng Wai Tsoi Frankie

Prof Li Chi Kong Dr Cheuk Ka Leung Daniel Dr Luk Chung Wing

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Appendix 1 : Case Load and Case Profile of 5 Paediatric Units with Oncology Services before Translocation to HKCH

	Hong Kong Children's Hospital (HKCH)	Prince of Wales Hospital (PWH)	Princess Margaret Hospital (PMH)	Queen Elizabeth Hospital (QEH)	Queen Mary Hospital (QMH)	Tuen Mun Hospital (TMH)
Case Load (Per Year) *	14700 (by projection)	7965	1952	3661	7048	2262
Case Profile #						
Highly Complex:	75%	59%	19%	33%	56%	18.6%
Complex:	5%	2%	2%	6 %	11%	5.0%
Intermediate :	10%	10%	36%	10%	11%	21.6%
Simple	10%	29%	43%	51%	22%	54.8%

* Outpatient Attendance + Inpatient Episodes: Average of 3 years (2016 – 2018)

Case profile Definition:

Highly Complex:

All oncology cases as primary or secondary diagnosis, all Haematopoietic stem cell transplant cases; Haemophagocytic Lymphohistiocytosis (HLH); Langerhans Cell Histiocytosis (LCH)

Complex:

Transfusion Dependent Anemia; Haemophilia; Clotting Factor Deficiency; Hereditary Thrombophilia; Aplastic Anemia

Intermediate:

Non-transfusion dependent thalassemia; Haemolytic Anemia; Hereditary Spherocytosis; von-Willibrand disease; Hereditary TTP; Hereditary platelet disorder

Simple:

Iron Deficiency Anaemia; Immune Thrombocytopenia; Unspecified Anemia, Neutropenia, Leucocytosis; Thrombocytopenia, Erythrocytosis..

Appendix 2 : Checklist for Special Procedures and Minimum Number of Procedures Required

1. Apheresis 3
2. Bone Marrow Aspiration with or without Trephine Biopsy 30
3. Haematopoietic Stem Cell Harvest 3
4. Intrathecal Chemotherapy Administration 30