

THE HONG KONG COLLEGE OF PAEDIATRICIANS

Task Force for Higher Training of Paediatric Subspecialties in Hong Kong

3rd Forum on Paediatric Subspecialty Development and Accreditation

Method of Application, Vetting Procedures and Final Accreditation

Date :16 July 2008 (Wednesday)

Dr. Maurice P Leung

1. First Fellows ( New Fellows)

2. Training Programme

3. Training Centres

- 1. Training Programme should start within 24 months after approval of new subspecialty**
- 2. College should cease to admit First Fellows when their formal training programme has started.**

Training Programme

First Fellows
New Fellows



Accreditation of Training Programme

- **Subspecialty Group to submit application (with data)**
- **Vetting Team (designated by Task Force)**
(=Provisional Subspecialty Board)
- ← **Appoint 2 external overseas assessor to review programme**
- ← **First visit to potential training centres**
- **Endorsement of Subspecialty training programme**

Formation of Paediatric Subspecialty

Quotation of Paediatric Subspecialty



Medical Council



Academy of Medicine (Education Committee)



College Council (Paediatrics)



Task Force

Subspecialty Training Programme

Training Programme

First Fellows
New Fellows



Accreditation of Centres and New Fellows

Subspecialty Board (Provisional)



Application Form for

a) Subspecialty

b) Fellows (First and New)

Application for the Accreditation of the Subspecialty of _____

Declaration :

1. We, the undersigned, would like to apply for accreditation of the subspecialty of _____, this being a new and different from existing subspecialties.
2. We submit that the subspecialty is needed in Hong Kong.
3. This subspecialty also exist in other countries such as _____ (country A) _____ (country B), _____ .
 - _____ (number) of specialists are required in _____ (country A) (i.e. _____ in _____ (population); and _____ (country B) _____ (population);
 - i.e. _____ in _____ (population)

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).**

Proposed Training Programme

- We propose the training programme would be _____ years with _____ months of full clinical activities.
- _____(number) proposed training programmes within the territory of HK would be adequate at any one time.

Local Statistics for The Subspecialty

A) Estimated patient load in Hong Kong:

i) Inpatients - new cases/month:

ii) Outpatient attendance- new cases/month

iii) Outpatient attendance- old cases/month

iv) Estimated number of cases in general population: _____ per 1 million

Local Statistics for The Subspecialty

B) Local facilities:

- i. Designated inpatient bed numbers
(N/A if not applicable)**

- ii. Designated outpatient attendance
per month**

Local Statistics for The Subspecialty

B) Local facilities:

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

iv. Details of facilities might need to be given – subspecialty specific: (e.g. Neonatology: ventilator bed, paediatric surgery etc) (please specify)

Type of facilities

Number

Local Statistics for The Subspecialty

C) Resources

The development of this subspecialty requires extra resources

Yes No

If yes the extra resources include:

- 1. Manpower**
- 2. Equipment**
- 3. Space for use by subspecialty**
 - i) Bed space**
 - ii) Laboratory space**
 - iii) Rehabilitation space**
 - iv) Others:**

If yes, please specify:

Local Statistics for The Subspecialty

D) Manpower

- i) **Number of subspecialists needed in Hong Kong** _____
- ii) **Number of peer-recognized subspecialists currently practicing in Hong Kong** _____
- iii) **Number of Paediatricians currently practicing this subspecialty** _____
- iv) **Number of trainees that need to be trained to meet the current need** _____

Local Statistics for The Subspecialty

D) Manpower

- iv) **Number of trainees that need to be trained to meet the current need** _____
- v) **Number of qualified trainers currently available** _____
- vi) **Number of trainees that can be accommodated with the existing provision of manpower and facilities** _____
- vii) **Number of trainees currently under training in this subspecialty** _____

Career Structure

- 1. Number of fully-trained subspecialists in (e.g. neonatology) required for whole of Hong Kong**

- 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 “i” can be reached just right), taking into account of retirement and projection of needs in the next 10 years, etc.**

Career Structure

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.**

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. **Number of centres or clustered network required for this subspecialty in the whole of Hong Kong.**

Curriculum

a) Duration of subspecialty training

- 2 years post-higher training in general paediatrics
- ★ 3 years (incorporating 1 year of training in that particular subspecialty during the higher training in general paediatrics and 2 years of extra subspecialty training)

Curriculum

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

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

Please specify _____

Curriculum

c) **Clinical experience**

i) **Minimum**

- 24 months**
- 30 months**
- 36 months**

ii) **Maximum**

- 24 months**
- 30 months**
- 36 months**

Curriculum

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

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

v) Minimum number of subspecialty clinics per week

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

Curriculum

d) Research activities required

- Yes No

If yes,

(i) Clinical research programme

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

- Yes No

If yes, please specify minimum duration

6 months

12 months

Please also specify maximum duration allowed

6 months

12 months

Curriculum

e) Teaching required

Yes No

If yes, please specify minimum percentage of time

Please also specify maximum percentage allowed

i) Undergraduate

ii) Postgraduate

Curriculum

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

Please also specify maximum percentage allowed

g) Subspecialty training is done in

★ **two centres** _____

more than two centres _____

Curriculum

h) Overseas training required

Yes **No**

If yes, what is the minimum duration?

3mths

6mths

12mths

others: _____

If yes, please also describe

(i) setting _____

(ii) objectives _____

i) Pre-set curriculum for their elective period

Yes **No**

Assessment of Training

a) Profolio assessment

Yes No

If yes, please describe

i) **Oral** Yes No

ii) **Written** Yes No

iii) **Course work** Yes No

iv) **Postgraduate Degree
or Certificate** Yes No

v) **Published papers** Yes No

Institution/Functional Training Unit

Please describe the statistics for EACH Programme :

		Comments
1. Case load per year	(new)____ (old)_____	
2. Case profile	* Highly Complex % * Complex % * Intermediate % * Simple %	
a) No. of specialists working in the programme b) _____ % of time working in the subspecialty		
3. No. of sub-specialists (FTE) ★(FTE = at least 35-50% of time working in the sub-specialty)		Not single handed, best 3-5 subspecialists for cover

Institution/Functional Training Unit

Please describe the statistics for EACH Programme :

4. Having a structure for centre e.g. Director on service, training or research etc	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
5. No. of trainees		
6. No. of supporting staff (Please specify)	e.g. Clinical psychologist Scientific officer Therapists Research fellows/assistants	31

Institution/Functional Training Unit

Please describe the statistics for EACH Programme :

7. Structured training aprogramme	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
8. Clinical guidelines/protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
9. Clinical audit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
10. Research projects – Number		

Supportive Service considered as mandatory to the programme :

1. Coordination with other relevant paediatric subspecialties (please specify)

	Yes	No	NA	emergency	elective	On site	Other location
e.g. PICU/NICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical subspecialties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical subspecialties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic subspecialties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supportive Service considered as mandatory to the programme :

2. Special investigatory support

a. Laboratory

	Yes	No	NA	emergency	elective	On site	Other location
Chemical pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Histo-pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microbiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify) _____							

b. Radiology

US	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isotope Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others (please specify) _____

Supportive Service considered as mandatory to the programme

3. Special therapeutic support

Radiotherapy

Interventional
Radiology

Chemotherapy

Pharmacy

Total parental
Nutrition

Nutritionist

Clinical psychologist

Medical Social workers

Allied health

Others (please specify) _____

4. Special management modalities (eg Parents support groups) (Please specify)

Proposed Requirement of Trainers

a) Number of training staff in a centre recommended :

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

Please specify

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**

Proposed Educational Activities

	<u>Location</u>	<u>Frequency</u>
Grand round	-----	-----
Journal Club	-----	-----
X-ray/imaging meeting	-----	-----
Audit	-----	-----
* other CME Activities	-----	-----

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

Proposed Training Programme

The field of research available in the subspecialty

i) Clinical _____

ii) Laboratory _____

iii) Epidemiological _____

Proposed Training Programme

- _____ (Number) of candidates are potential programme director(s) for HK (> 50% of time spent on subspecialty)
- _____ (Number) of candidates are potential trainers of the programme
- 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).

Proposed Training Programme

We propose (a) Dr./Prof. _____ of _____ (Institution)
in _____ (country) and

(b) Dr./Prof. _____ of _____
(Institution) in _____ (country) to be
external assessor of our programme.

Proposed Training Programme

On behalf of the core groups of _____ subspecialty

Co-ordinators of the subspecialty :

Dr.

Dr.

Dr.

Dr.

Contact person

(i) Telephone _____

(ii) Email _____

Accreditation of Training Programme

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Task Force

Subspecialty Training Programme

The End

Thank You