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

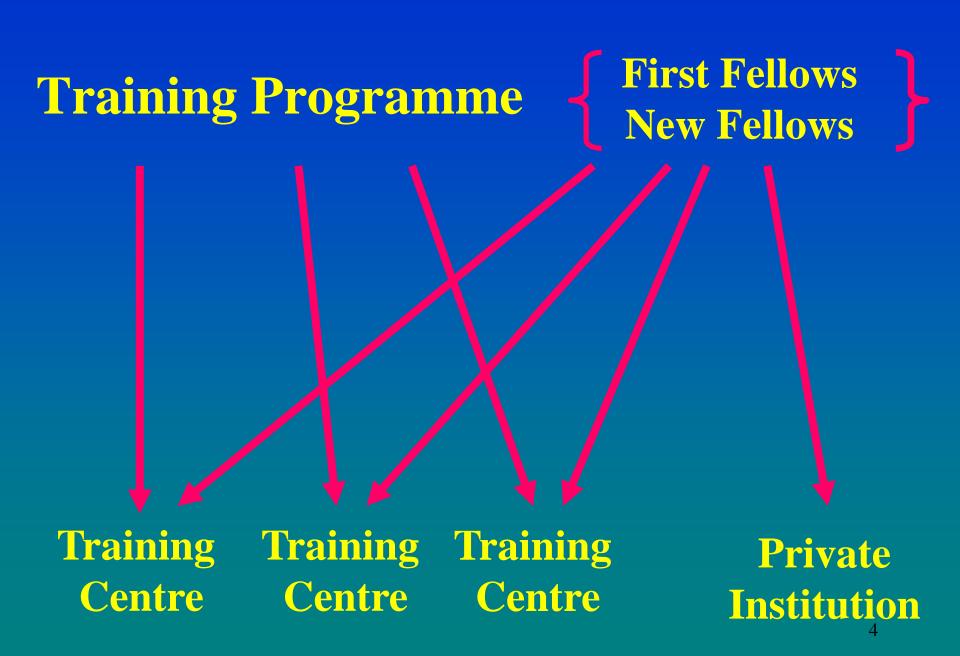
1. First Fellows (New Fellows)

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.



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)

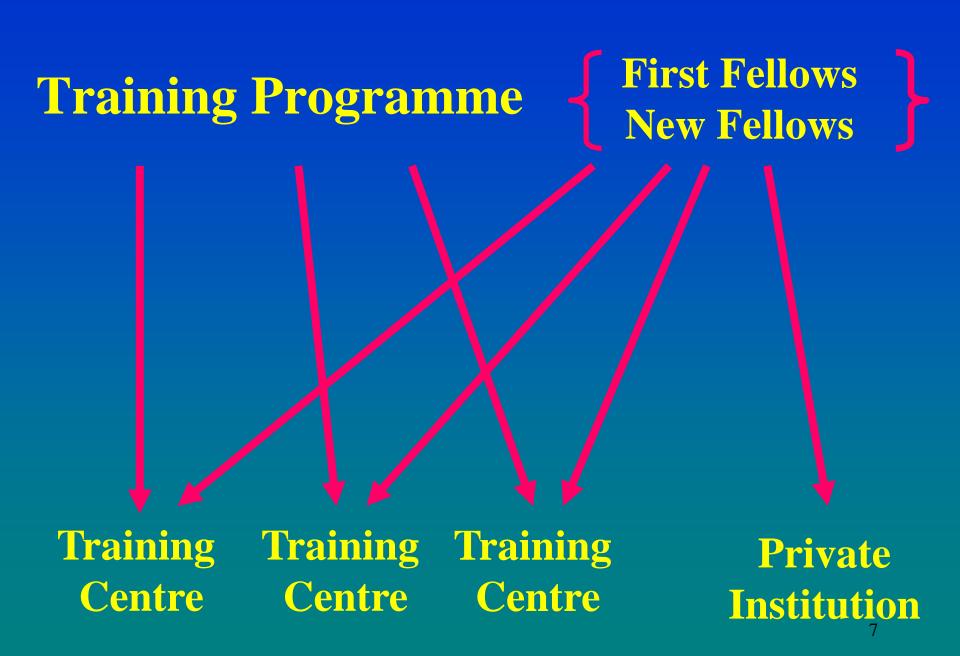


College Council (Paediatrics)

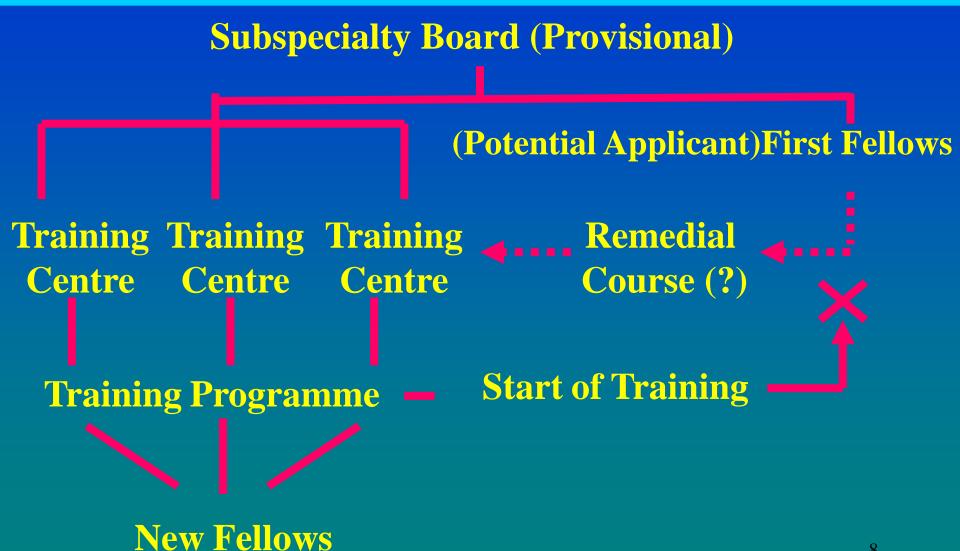


Task Force

Subspecialty Training Programme



Accreditation of Centres and New Fellows



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), _____.
 - (i.e. _____ in _____ (population); and _____ (country B)
 - **▶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).

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.

- 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

B) Local facilities:

- i. Designated inpatient bed numbers (N/A if not applicable)
- ii. Designated outpatient attendance per month

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К) Local	taci	DIFFE
		Laci	IIIIO

(eg diagnostic labor	relevant to the subspecialty atories, electrophysiology laboratories please specify number and type of
Type of facilities	Number
	night need to be given — subspecialty tology: ventilator bed, paediatric specify)

C) Resources

The development of this subspecialty requires extra resources Yes \(\square\) No \(\square\)

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:

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

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.

- 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)

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

	Yes	No
i) Ph. D		
ii) M. Phil.		
iii) M. Med. Sc.		
iv) Others		
Please specify		

- c) Clinical experience
 - i) Minimum
 - ☐ 24 months
 - \square 30 months
 - **36 months**
 - ii) Maximum
 - \square 24 months
 - \square 30 months
 - □ 36 months

- 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 □

d) Res	earch a	ctivitie	s requi	ired			
	Yes			No			
	If yes,						
	(i)	Clinic	al resea	arch pr	o <mark>gram</mark> r	ne	
	(ii)	Basic	researc	c <mark>h prog</mark> i	ramme		
		(eg. la	borato	ry expe	rience)		
			Yes			No	
		If yes, please specify minimum duration					
		□ 6 months					
		□ 12 months					
		Please also specify maximum duration allowed					
			6 mon	ths			
			12 mo	nths			

- e) Teaching required
 - □ Yes

 \square No

If yes, please specify minimum percentage of time

Please also specify maximum percentage allowed

- i) Undergraduate
- ii) Postgraduate

f) Adı	ministrat	ion within su	bspeci	alty (eg medical audit,
inv	olvement	of service de	velopi	ment, co-ordination &
adr	ninistrati	on within sub	ospeci	alty)
	Yes		No	
	If yes, p	lease specify	minir	num percentage of time
	Please a	also specify m	axim	um percentage allowed
g) Su	bspecialty	y training is d	lone ii	
★ 🛮 t	wo centre	S		
Πn	nore than	two centres		

h) Overseas training required							
	Yes		No				
If y	es, what is the	minim	um duration?				
	3mths						
	6mths						
	12mths						
	others:						
If y	es, please also	describ	oe e				
(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 Oral ☐ Yes ☐ No ii) Written ☐ Yes ☐ No iii) Course work \square Yes \square No iv) Postgraduate Degree or Certificate \square No ☐ Yes **Published papers** \square Yes \square 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)		Not single
\bigstar (FTE = at least 35-50% of time		handed, best 3-5
working in the sub-specialty)		subspecialists for
		cover 30

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	□Yes □ No □ 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	□Yes	□ No	□NA	
8. Clinical guidelines/protocols	□Yes	□ No	□NA	
9. Clinical audit	□Yes	□ No	□NA	
10. Research projects – Number				32

Supportive Service considered as mandatory to the programme:

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

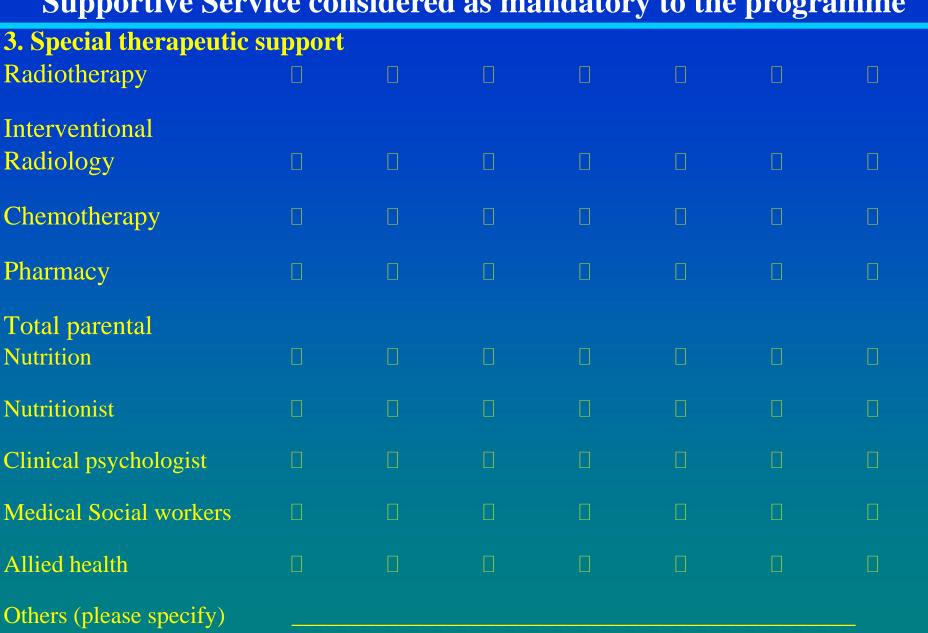
	Yes	No	NA 6	emergency	elective	On site	Other location
e.g. PICU/NICU							
Medical subspecialties							
Surgical subspecialties							
Orthopaedic subspecialties							
Oncology							
Transplant							
Others (please specify)							

Supportive Service considered as mandatory to the programme:

2. Special investigatory support a. Laboratory Yes No NA emergency elective On Other site location Chemical pathology Histo-pathology Microbiology Immunology Others (please specify) _ b. Radiology US CT **MRI** Isotope Scan 34

Others (please specify)

Supportive Service considered as mandatory to the programme



35

Proposed Requirement of Trainers

a) Nu	mber of training staff in a centre recommended :
	2-3
	3-4
	>4
	Please specify
	possession of the necessary skills in laboratory, special ocedure or basic sciences practice [] No
	tes Lino
	tive in carrying out clinical audit and setting up of inagement guidelines

Proposed Educational Activities

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

^{* (}please note that CME activities will be required for recognized subspecialities)

The field of research available in the subspecialty

i) Clinical	
/		

- ii) Laboratory _____
- iii) Epidemiological_____

- 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).

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

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

On behalf of	subspecialty		
Co-ordi	nators of the	subspecialty	
Dr.	Dr.	Dr.	
	rson elephone lmail		

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Subspecialty Training Programme

The End

Thank You