Questions Collected at the 3rd Forum on Paediatric Subspecialty Development and Accreditation, 16th July 2008
(Interim Guidelines as at 4 November 2008, subject to further modifications when necessary)

App. III to 1st WG minutes, 30/9/2008
Updated: 4 Nov 2008

General Information

- The Task Force for Higher Training of Paediatric Subspecialties was appointed by the College Council on 4 May 2000 to study the status of paediatric subspecialties development in Hong Kong and to make recommendations to the College Council. During the past 8 years, the Task Force had extensively studied the development of subspecialties in Hong Kong and has carried out 3 consultation meetings to paediatricians. In September 2008, the Task Force has prepared a final report to the Council, recommending the readiness of subspecialty accreditation in Hong Kong. At the 116th Council Meeting on 9 Sept 2008, it was resolved that the Task Force would dissolve and to be transformed to a Working Group named "Working Group on Accreditation of Paediatric Subspecialties in Hong Kong". The Task Force would be regarded as a precursor for the Working Group for implementation of paediatric sub-specialization.
- Hong Kong is prepared and ready for implementation of paediatric sub-specialization.
- Sub-specialization of the 14 subspecialties may not necessarily be implemented at the same time. Only subspecialties which were mature and ready would be accredited.
- The College's duty is to ensure the quality of training, education, accreditation and CMECPD activities.
- The criteria for accreditation of a paediatric subspecialty training programme should meet with the approval of the Academy EC before it is eligible to be put to the Specialist Register of the Medical Council of Hong Kong (MCHK).
- Implementation of subspecialty training should take into consideration of quality training and service need in Hong Kong (not within the purview of the College).
- The Centre of Excellence in Paediatrics (CEP) is a catalyst assisting the development of subspecialties but not as a pre-requisite for completion of subspecialty accreditation..

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Questions asked and comments made during the 3rd Forum on 16 July 2008:

Questions / Comments by audience	Opinions expressed by Panel
1) On Establishment of a Subspecialty	
1.1 Who decides on the application, formation of provisional subspecialty board, or content of subspecialty programme?	Consensus should be arrived at by the majority view of members (by headcount) in that subspecialty group before submission of an application. College accepted only one application from each subspecialty group.
1.2 Who pays the cost of external assessors?	Subspecialty group is responsible for the cost of the reports by two external referees in support of their application. College is responsible for the cost of inviting an external assessor (chosen from a list recommended by subspecialty group or at the recommendation of the Working Group)
1.3 If College see a need for a specific subspecialty, College should discuss with HA to see it develop as a hospital service.	College would seek the support and coordination from HA and the Universities on the following: (a) a rotation training programme among paediatric units to promote subspecialty development (b) creation of posts that would maintain the viability of subspecialty training (c) appointment of designated subspecialty senior posts (Associate Professors and Consultants).
2) On Admission of First Fellows	
2.1 The requirement of 6 months supervised overseas training would exclude many currently practicing subspecialists because some may	This is a requirement adopted by the Medical Council of Hong Kong for all quotable qualifications.

have changed specialties, HA trainees only had 3 months overseas study leave.	
2.2 How to prove your period of good independent practice?	The assurance of the standard and quality of the good independent practice should be supported by documentation of the workload in that subspecialty as well as relevant educational activities, such as publications, grand rounds and audit activities, conducted during the claimed period. The Subspecialty Board has the full discretion and final decision on the accreditation of individual Fellows. The Board decision would be submitted to the Working Group who would seek final endorsement from the College Council.
2.3 How to certify the period of supervised training ?	Applicants would be required to provide full curriculum vitae and make a statutory declaration of the contents.
2.4 Could colleagues apply for retrospective recognition of supervised training in local Training Centres for the period before these centres are accredited by the Subspecialty Board?	Retrospective recognition of 6-month supervised training in local tertiary centers (which would then accredited as Training Centres when the subspecialty is established) could be considered acceptable, if it could be proven that the previous training has been full time and the programme has not changed. A flexible approach would be adopted before commencement of a structural training programme.
2.5 Can the period of supervised training in local hospitals (which are already peer recognized as tertiary centres) be taken as the 6-month formal supervised training?	Retrospective recognition of 6-month supervised training in local tertiary centers (which would then accredited as Training Centres when the subspecialty is established) could be considered acceptable, if it could be proven that the previous training has been full time and the programme has not changed. A flexible approach would be adopted

	before commencement of a structural training programme.
2.6 Can the 6-months training be broken up into 2 periods? If so, when will be the start of good independent practice?	The cumulative period of supervised training and good independent practice would be accepted. The start of good independent practice would be taken as after the first period of supervised training.
2.7 There is a vacuum period (likely to be 2 years) from approval of a Subspecialty to start of a training programme, so that some colleagues can meet the requirement of First Fellows. However, no trainees will enter the subspecialty because their training in this vacuum period is not recognized. Hence it is better to start the training programme as soon as enough Trainers are available.	Retrospective recognition of 6-month supervised training in local tertiary centers (which would then accredited as Training Centres when the subspecialty is established) could be considered acceptable, if it could be proven that the previous training has been full time and the programme has not changed. A flexible approach would be adopted before commencement of a structural training programme.
2.8 Why is there a need for Interview assessment for the admission as First Fellow. How is the Interview conducted?	The Assessment is a requirement for admitting First Fellows as specified in the Guidelines of the HKAM. The Task Force suggested that the assessment would be in the form of an Interview conducted by a Assessment Panel for all subspecialties. Panel members would be recommended by the Task Force and approved by the College Council. When an applicant who happens to be on the Assessment Panel, then he/she should declare conflict of interest and refrain from attending or voting.
3) On Criteria of Training Programme, Institution, Trainers	
3.1 Centres needed to fulfill training requirement: some subspecialties may require >4 for appropriate exposure.	There could be flexibility and variation would be allowed for each individual subspecialty. The training programme together with all the individual units would be considered as a whole (in terms of their manpower strength, clinical

	services and facilities, etc.) for accreditation.
3.2(a) Why we need >50% of time spent in that subspecialty by trainers and trainees. 3.2(b) How to recognize the subspecialty training? In most units, colleagues worked in both Gen Paed and subspecialty. If on-call hours are counted, invariably <50% in subspec.	a) The quality of subspecialty training would need to be ensured and this depends on case load, clinical exposure, criteria of training and other factors related to trainers-trainees interactions. Therefore, when one is training under one subspecialty, the trainee should spend majority of his/her time to that subspecialty. b) Daytime activities in paediatric subspecialty and on-call hours covering both the paediatric subspecialty and the General Paediatrics would be recognized. When supervising subspecialty trainees, a subspecialty trainer could only be trainer in that subspecialty and not a trainer in General Paediatrics at the same time.
3.3 HK can have one or >1 training programmes for each subspecialty?	There will be only one accredited template training programme for the HKSAR. But under the template training programme, there can be different clusters of training centers.
3.4 How many trainers are required? Two trainers for each programme, or two trainers at each centre? There may not be enough trainers in small centres.	Minimum requirement would be 2 core trainers for each programme, and not less than one trainer in each training center.
3.5 Should there be designated beds/wards/teams for that subspecialty in a training centre? Should the minimum OPD sessions be specified?	Yes, there should be designated beds. However, for subspecialties like ICU, OPD requirement is not necessary and this would be included in the training programme at the time of setting up the accredited programme. Also, they are required to report back whenever they have changes. College would undertake regular accreditation visits every 5

	years as required by the Academy EC.
3.6 The document on First Fellows required training in an accredited institution. This contradicts the Guideline specifying 2-4 centres for a trainee.	This is a special case for First Fellows. Because in the accredited center there may be one or >1 centres and the center where he/she has good independent practice could be regarded as an additional center.
3.7 How will the training centres be monitored during the time they have trainees?	All centers should have been properly accredited before they could be accreditated as training centers. Regular revisits could be conducted by accreditation teams.
3.8 One year of Higher Training recognized as Subspecialty Training: this is only practiced in HK. Would it jeopardize exposure to General Paediatrics.	No, because subspecialty exposure is encouraged by the College during Higher Training in General Paediatrics.
3.9 One year of Higher Training recognized as Subspecialty Training: Does it apply only to trainees of that institute?	This would also apply to elective trainees.
4) Maintenance of Subspecialist Status	
4.1 What are the CMECPD requirements?	CMECPD is needed. It is up to the College CME Subcommittee to decide on the distribution of General and Subspecialty CMECPD points, but the minimum would be kept at 90 per cycle.
4.2 Can a Fellow be accredited in >1 subspecialties?	Yes, each Fellow if he/she fulfills the accreditation criteria. However, he/she can only choose ONE for admission into the Specialist Register under the MCHK.

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Relevant and Innovative Questions collected during and after the 3rd Consultative Meeting held on 16 July 2008:

The following questions relating to training and services during subspecialty training will be discussed with major service providers such as HA, DH, Universities, the Steering Group for the future Centre of Excellence in Paediatrics and others. Once answers are available, College will feedback to Fellows via the College website.

1. Many colleagues are practicing general paediatrics with an interest in a subspecialty. Many will be excluded (not qualify as First Fellows, not fulfill >50% time requirements) and they will lose interest in that subspecialty → HA will lose the subspecialty expertise and contribution of these staff.
2. Some colleagues feel pressured to be a subspecialist because the general feeling is that subspecialists are superior (better qualified) than general paediatricians → This leads to poor staff morale or even confrontation – see example of general surgery and paed surgery.
3. Concern on continuity of training programme – changes in COS or CCE's priorities of service provision; resignation/retirement of trainers.
4. Concern on difference in pay / remuneration of general paediatricians vs subspecialists – in HA, insurance reimbursement?
5. Concern on duty arrangements - call duties, exchange of trainees between centres for Higher Training and Subspecialty Training.
6. Difficult for non-training units to retain/ recruit Fellows or even Higher Trainees.
7. The availability of subspecialty training posts should be open to all so that graduating Higher Trainees in non-training units would not be disadvantaged.
8. How will future rearrangements of service (e.g. by Children Hospital) affect the training centres – trainers or patients may be relocated?
9. Doubts about future Children Hospital –
   - Exclude local staff and "import" overseas experts in CEP, by setting stringent subspecialists criteria.
   - Local paediatricians esp in non-tertiary units will be forced to drop their subspecialty interest and practice general paediatric primary/secondary care.
   - Even with CEP, subspecialists are still needed in "service hospitals" to provide a 2-direction cooperation – selecting cases for

referral and providing step down care.

- We need to ask HA to put more manpower into Paediatrics – instead of trimming all units to provide staff for the CEP.