

HONG KONG COLLEGE OF PAEDIATRICIANS
Interim Report of the “Task Force for Higher Training of Paediatric Subspecialties”

Preamble

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. Since its establishment in 1991, the College has developed its Training Program in General Paediatrics which has been running effectively. The question of subspecialty training and accreditation which is necessary to develop tertiary and quaternary services, has been raised more than a decade ago at the Forum on Higher Training Programme held at Hong Kong Sanatorium on 25 April 1997. At that stage, the College has resolved to award only Fellowship in General Paediatrics (F.H.K.C.Paed) without any subspecialty designation after the 6-years training programme.

Another Forum was convened by the College on 22 September 1998 at the Grantham Hospital with invited representatives from 13 paediatric subspecialties. The consensus opinion at that time was that general paediatrics should form the foundation of any subspecialty development, that the College has no agenda on when, how and in what order subspecialties would be established in Hong Kong, and that any promotion of subspecialties should coincide with the service needs and service development directions of the Hospital Authority, Department of Health and the Private Sector. After the forum, the convenors of each subspecialty group were invited to submit their first report on the current situation and the need for their subspecialty development in Hong Kong.

The Work of the Task Force

The Task Force for Higher Training of Paediatric Subspecialties was appointed by the College Council on 4th May 2000, with membership from the College Accreditation, Education, Membership, Examination and Review Committees, as well as representatives from the Department of Health, the Hospital Authority, University Departments of Paediatrics, and College Fellows (please see appendix 1 for membership). The Task Force was designated the duty to study the current status of paediatric subspecialties and to make recommendations to the College Council on development of higher training in paediatric subspecialties in Hong Kong.

The Task Force convened a Meeting with the Subspecialty Groups, Chiefs of Service, Training Supervisors and Paediatric Consultants of Training Units on 22nd February 2002 at the Academy Building to update participants on progress of the work of the Task Force, provide information and collect opinions as well as feedback on the proposed Questionnaires from all subspecialty groups. This was followed by excellent exchange of views and opinions regarding the subject matter and 15 subspecialty groups were requested to submit their completed Questionnaires before end of June 2002 to facilitate

consideration of accreditation of higher training in the paediatric subspecialties within the College. Thirteen sets of completed Questionnaires were collected from the subspecialty groups (except General Paediatrics, PICU and Adolescent Medicine) by the end of June 2003. Results were carefully studied and summarized (Appendix 2).

In addition to the consultation of paediatric colleagues, the Task Force also took reference of the following important papers from the Hong Kong Academy of Medicine on Accreditation of New Specialty/Subspecialty.

- 1) HKAM Education Committee Papers on Accreditation of New Specialty/Subspecialty
 - a) Guidelines on Recognition of a Specialty/Subspecialty issued in 1997 (Appendix 3)
 - b) Guidelines for Admission of “First Fellows” in New Subspecialty issued in August 2003 (Appendix 4):
 - i) the name “First Fellow” would be used for the first batch of Fellows admitted in a new subspecialty
 - ii) the admission criteria for “New Fellows”
 - iii) the cut-off date and date of the first examination after recognition and adoption of the new subspecialty

These two documents would be used as reference for our College subspecialty board governance and criteria for accreditation.

- 2) Reference to Subspecialty Documents from other Academy Colleges

These documents and practical experience in the management of subspecialty boards within the sister Colleges would be valuable source of information and reference for the Task Force in accreditation considerations.

In January 2004, the Task Force produced the Guideline on the Criteria for the Accreditation of a Paediatric Subspecialty Training Programme (Appendix 5) and the Application Form for Accreditation of a Paediatric Subspecialty (Appendix 6). These were endorsed by the College Council at the 88th Council meeting on 6 January 2004. A full set of Guideline, together with the Application Form, has been sent to all subspecialty groups, all Chiefs of Service, Training Supervisors, Consultants and Fellows of the College. It was also made available for downloading from the College website.

Two important issues were also discussed and endorsed by the College Council:

1. Double Fellowship: Council decided to adopt the title “Double Fellowship” for subspecialists in future instead of the previous proposal of “Board Certified” for better flexibility to allow the future subspecialists to opt for listing at the Specialists Register of the Medical Council of Hong Kong and to be in good alignment with subspecialists within the Academy Sister Colleges.
2. College Criteria for Admission of First Fellow: The Task Force takes reference to the Guidelines for Admission of “First Fellows” in New Subspecialty issued by the Academy in August 2003. In addition, the Task Force has also suggested the

admission criteria for First Fellows as follows:

“A First Fellow in a subspecialty must be a Fellow of the Hong Kong Academy of Medicine (Paediatrics) and has undergone recognized supervised training in that subspecialty for 3 years. For Fellows who have not undergone a formal supervised training in that subspecialty for 3 years, he/she should have *a period of full-time supervised training (which should normally be not less than 6 months) in a recognized centre*. In addition, the 3 years of the stipulated accredited subspecialty training programme should be made up with a period of good independent practice in that subspecialty of twice of the duration required for the 3 years accredited training programme. 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 should be submitted to the Task Force who would seek final endorsement from the College Council.” This was approved by College Council at the 91st Council Meeting on 6 July 2004.

It was further clarified with the Academy that

1. Retrospective accreditation of subspecialty training using the 6-year of good independent practice rule would only be applicable to the admission of First Fellows.
2. After the start of admission of trainees into a new subspecialty training programme (the cut-off date for admission of First Fellow), all subsequent applicants to become Fellow in that subspecialty must have undergone (a) an accredited 3-year full-time training programme in an accredited local institution; or (b) a 3-year full-time training programme in an overseas institution which has been assessed by our College to be comparable in standard to our local training programme.
3. No additional or remedial training would be possible for trainees in a subspecialty who could not fulfill the criteria to be admitted as First Fellow by the cut-off date. (Appendix 7: post-meeting note – 9th TF Meeting on 23 Jun 04)

A 2nd meeting with all Subspecialty Groups, all Chiefs of Service, Training Supervisors, Paediatric Consultants of Training Units was held on 11 February 2004 at the Academy Building to update participants on the progress of work of the Task Force. The updated *Guidelines and Criteria for Accreditation of Higher Training in Paediatric Subspecialties* and the *Application Form for Application of Subspecialty Accreditation* were presented and explained followed by interactive discussions between members of the Task Force and the audience. Logistics of application procedures and provisional framework of implementation were also discussed.

Current situation:

Since the 2nd consultative meeting, the Task Force met further and finalized the logistics and process of vetting applications of paediatric subspecialties (Appendix 8).

As of May 2008, the College has not received any application from any subspecialty groups yet. The Task Force reiterated that subspecialty development was not mandatory and only subspecialties which were mature and ready would be accredited. Accreditation of subspecialty should be stringent and responsible. The following criteria should be considered for defining a subspecialty, namely 1. parallel cases in other places, 2. appropriateness and relevance of the training programme, 3. sustainability, 4. mechanism for monitoring, 5. external assessors' views.

On the other hand, many subspecialties are already in existence in clinical practice and training modules within the General Paediatrics Training Programme. Subspecialty development at the level of professional organizations was well established. As shown in the following list, there are currently ten paediatric subspecialty societies in Hong Kong, some of which have been established for more than 10 years:

- Hong Kong Society for Adolescent Medicine
- Hong Kong Society of Child Neurology and Developmental Paediatrics
- Hong Kong Society of Paediatric Endocrinology and Metabolism
- Hong Kong Society of Paediatric Gastroenterology, Hepatology and Nutrition
- Hong Kong Paediatric Haematology and Oncology Study Group
- Hong Kong Society of Paediatric Immunology and Infectious Diseases
- Hong Kong Society of Neonatal Medicine
- Hong Kong Paediatric Nephrology Society
- Hong Kong Society of Paediatric Respiriology
- Hong Kong Society of Inborn Errors of Metabolism

Furthermore, many paediatric training units in public hospitals have well established subspecialty teams and clinics. The College has also accredited the training status of such subspecialty teams for the purpose of General Paediatric Training Programme.

With the planning of Centre of Excellence in Paediatrics (CEP) by the Hong Kong Government, there is urgency for the Hong Kong College of Paediatricians to prepare for the tertiary subspecialty services in it. Thus the system of accreditation of subspecialists and subspecialty training should be re-activated, and subspecialty groups should be invited to further develop and apply for proper accreditation of their practice and training programmes.



Dr Chan Chok Wan
Chairman,
Task Force for Higher Training of Paediatric Subspecialties

List of Appendices:

- Appendix 1: Membership of Task Force
- Appendix 2: Summary of questionnaire returns by subspecialty groups
- Appendix 3: Guidelines on specialty / subspecialty formation, by HK Academy of Medicine
- Appendix 4: Guidelines on criteria of First Fellow, by HK Academy of Medicine
- Appendix 5: Guideline on the Criteria for the Accreditation of a Paediatric Subspecialty Training Programme, adopted by HK College of Paediatricians
- Appendix 6: Application Form for Accreditation of a Paediatric Subspecialty for HK College of Paediatricians
- Appendix 7: Post-meeting notes – 9th Task Force Meeting, 23 June 2004.
- Appendix 8: Logistics of vetting a subspecialty application.

Hong Kong College of Paediatricians

Membership of the Task Force for Higher Training of Paediatric Subspecialties since its establishment on 4 May 2000

- 1 Chairman : Dr Chan Chok Wan
- 2 Honorary Secretary : Dr Winnie Yam (4 May 2000 – 28 Jan 2002)
Prof Lau Yu Lung (29 Jan 2002 – 23 June 2004)
Dr Wong Sik Nin (from 23 June 2004)
- 3 Members : Dr Chan Kwok Hing, Alex
- 4 Dr Chiu Man Chun
- 5 Dr Chow Chun Bong
- 6 Professor Fok Tai Fai
- 7 Professor Lau Yu Lung
- 8 Dr Leung Ping, Maurice
- 9 Dr Shirley Leung
- 10 Professor Louis CK Low
- 11 Professor Rita Sung
- 12 Dr Tsao Yen Chow
- 13 Dr Cheng Man Yung (from 13 May 2008)

Summary of the Submitted Questionnaire for Subspecialty Development and Accreditation

Subspecialties	Representation	Estimated Workload				Manpower		Agreed Action
		Inpatients - new cases/mth	Outpt attend - new cases/mth	Outpt attend - old cases/mth	Est no. of cases in general pop	Present	Projected	
Adolescent Medicine	Dr. Tse Wing-Yee Winnie, Coordinator, Adolescent Medicine Interest Group	(Replied that the subspecialty is not sufficiently well developed and mature to apply for accreditation for higher training at present.)				---	---	---
Cardiology	Prof. Maurice P. Leung, Coordinator, Subspecialty Group in Cardiology	>30 (>100 per month (old & new) most likely underestimates real figures which are not available)	>30 (>100 per month)	>100 (>1600 per month)	6000 per 1 million	14	(not provided)	
Clinical Genetics	Dr. Stephen T.S. Lam, Coordinator, Subspecialty Group in Clinical Genetics	21 - 25	>30 (80)	>100 (200)	6,000 families per 1 million	2	28	
Developmental Paediatrics	Dr. Chan Chok-Wan / Dr. Catherine Lam Society of Child Neurology and Developmental Paediatrics	<5 (2 - 3)	>30 (700)	>100 (2500)	150,000 per 1 million	About 22	40	
Endocrinology and Metabolism	Dr. Huen Kwai-Fun, President, HK Society of Paediatric Endocrinology and Metabolism	>30	>30	>100	600 per 1 million	11	12 - 18	

Gastroenterology and Hepatology	Dr. Tse Kong, President, HK Society of Gastroenterology, Hepatology and Nutrition	Taking TMH as the example – 165-280 patient-days (Data of new cases/month not available)	21 – 25	41 – 60	Population in Tuen Mun and Yuen Long is about 1 million	1+8 x 0.5	6	
Haematology and Oncology	Dr. Shing Ming-Kong, Chairman, HK Paediatric Haematology and Oncology Study Group	26 - 30	26 - 30	>100 (1050)	1100 per 1 million	11.5	14	
Infectious Disease with Immunology (including Rheumatology and Allergy)	Prof. Lau Yu-Lung, Coordinator, Subspecialty Group in Infectious Disease with Immunology	>30 a) in whole of HA hospitals, 3390 admissions per month with infectious disease or immunology disease code (see app 1). b) In PMH with 26 designated beds, 1622 admissions per year (see app 2)	16 – 20 PMH – 13 per month (app 2) QMH – 2.5 per month (app 3) PWH – 3.5 per month (app 4)	>100 PMH – 39 per month (app 2) QMH – 76 per month (app 3) PWH – 16.7 per month (app 4)	We used HA CDARS database as well as PMH, PWH and QMH Paed database.	9 (in HA hospital)	18	
Intensive Care	Dr. Tsoi Nai-Shun, Coordinator, Subspecialty Group in Intensive Care	(Replied that the local PICU program is not yet feasible for subspecialization. Surveys on the fellowship training in USA, Canada and Australia are attached for reference.)						

Neonatology	Prof. T.F. Fok, President, The HK Society of Neonatal Medicine	>30 (1815)	>30 (33) Most Outpatients are patients discharged from neonatal unit and were considered as old cases in some centers.	>100 (2220)	Annual inpatient and outpatient data was obtained from hospitals with neonatal units	29	(not provided)	
Nephrology	Dr. Tse Kei-Chiu, Niko President, HK Paediatric Nephrology Society	>30 (from HA statistics 4/01-3/02, head count per month = 288)	>30 [new + old cases together: from HA statistics 4/01 – 3/02, 2690 attendance per month (new + old)]		(not provided)	23 (5 in private & 18 in HA)	25	
Neurology	Dr. Chan Chok-Wan / Dr. Lau Wai-Hung, HK Society of Child Neurology and Developmental Paediatrics	>30 (Over 200)	>30 (Over 100)	>100 (Over 1000)	(not provided)	32	28	
Respiratory Medicine	Dr. Alfred Tam, President, HK Society of Paediatric Respiriology	>30 (Assuming about 30% of all admissions are new cases, the estimated number would be about 1853 per year, or 154 per month, for the whole of HK.)	>30 (A total of 554 cases per month for the whole of HK: for HA hospitals 354, for Private sector 200)	>100 (According to the above projections, the no. of new cases among all HA hospitals would be about 3899 per month)	5500 per 1 million	19	30	

HONG KONG ACADEMY OF MEDICINE

Guidelines for Recognition of Academy College

1. On Colleges and Specialities

- 1.1. The issue of specialty recognition and College recognition be separated.

2. Specialities

Definition for Specialty

- 2.1. A specialty has a broad base of knowledge and practice, the major part of which is unique.
- 2.2. The major part of the training and assessment of a specialty should be unique.

Application for Recognition of Specialty

- 2.3. On application from 50 or more fully qualified practitioners in a proposed specialty, the Academy may recognize this new specialty. These 50 practitioners must have received recognizable, supervised training or qualifications which the Council will accept as appropriate for that specialty and as equivalent to the standard to that required for the Academy Fellowship. In addition, each of these 50 practitioners must show evidence that they have practised predominantly in the proposed specialty. Basically, at least 60% of the total volume of their work should be from work in the proposed specialty in the previous 12 months;

OR

The Academy may recognize a new specialty on application from one or more established Colleges of the Academy.

- 2.4. If there is a disagreement between a group of 50 practitioners and a College, or no College is available to assist in the matter, these practitioners may appeal to the Council of Academy directly for consideration towards the recognition of a specialty.

Criteria for Recognition of a Specialty

- 2.5. The Academy may recognize a specialty if it is *satisfied that enough of the following criteria are fulfilled:-*
- a) that the specialty is needed in Hong Kong;

- b) that the specialty is new and different to existing specialties;
- c) that the knowledge base and practice involved are broad enough to constitute more than a subspecialty within another specialty;
- d) that such a specialty exists in another country;
- e) that the specialty is recognized at the institutional level; with the establishment of a department of that specialty or the appointment of a full professorship in that specialty in at least one of the universities in Hong Kong, or the establishment of a department of that specialty in one of the Hospital Authority Hospitals or the Department of Health;
- f) that sufficient specialists in that specialty already exist in Hong Kong to make the specialty viable, to enable the development of adequate training programme, and to conduct academic activities such as teaching, research, and professional meetings;
- g) that the specialty is viable in private practice;
- h) that the specialty has the administrative support of one or more constituent Colleges of the Academy;
- i) that the major part of the postgraduate training and assessment required is unique and different to existing specialties.

After Recognition of a Specialty

- 2.6. Council shall appoint one or more of its constituent Colleges to represent the specialty on Academy committees, and to supervise the organization, training, and assessment of the specialty.
- 2.7. The Academy may intervene and arbitrate over unresolved disputes between members of the specialty and its supervisory College, on application from the College, or from 20 or more members of the specialty.

3. Subspecialties

Definition for Subspecialty

- 3.1. A subspecialty may exist only within an established specialty.
- 3.2. A subspecialty shares with its parent specialty a significant part of training and assessment, including basic training and entry assessment.

Criteria for Recognition of a Subspecialty

- 3.3. On application from one or more Colleges, the Academy may recognize a subspecialty if it is *satisfied that enough of* the following criteria are fulfilled:
- a) that the subspecialty is needed in Hong Kong;
 - b) that the subspecialty is new and different to existing subspecialties;
 - c) that the knowledge base and practice involved are identifiably distinct, and is appropriate and compatible with its parent main specialty;
 - d) that such a subspecialty exists in another country;
 - e) that the subspecialty is recognized at the institutional level; with the appointment of academic staff for that subspecialty at the Senior Lecturer or Associate Professor level in at least one of the universities in Hong Kong, or the appointment of a Consultant for that subspecialty in one of the Hospital Authority Hospitals or the Department of Health;
 - f) that the subspecialty has the administrative support of one or more constituent Colleges of the Academy.
- 3.4. The subspecialty is supervised by a separate Board and represented via its parent College.

4. Recognition and Quotability

- 4.1. The Academy establishes a register of recognized specialties and subspecialties that exist in Hong Kong.
- 4.2. The Academy recognizes a list of existing specialties, these being identical to the existing Colleges.
- 4.3. Where the specialty or subspecialty requires formal, structured, College-supervised training and equivalent full assessment process, then the specialty or subspecialty should be quotable.

5. Colleges

Conditions under which the Academy should not recognize a new College

- 5.1. A decision to recognize a new College shall not be made unless the application to do so is made by 50 members of a specialty which has already been recognized by the Academy.

- 5.2. A decision to recognize a new College shall not be made unless Council is satisfied that such a College has a viable separate existence, and that its existence does not prejudice the effectiveness of an existing College.
- 5.3. A new College should normally not be recognized by the Academy unless the specialty has been recognized by Council from the foundation of the Academy, or for a minimum of four years.
- 5.4. A new College shall not be recognized by the Academy unless its constitution and regulations are compatible with those of the Academy, that it stipulates a willingness to abide by the standards set by the Academy, and it has a standing Education Committee.
- 5.5. A new College shall not be recognized by the Academy unless its training programme is accepted by the Council as of a sufficient standard.
- 5.6. A new College shall not be recognized by the Academy unless Council is satisfied that the College will conduct its own examinations within two years of its recognition.
- 5.7. A new College shall not be recognized by the Academy unless Council is satisfied that the College will begin its Continuing Medical Education programme within one year of its recognition.

*Approved by Education Committee on 10.9.96, endorsed by Council on 19.9.96
Revised by Education Committee on 28.10.97, endorsed by Council on 20.11.97*

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20.11.97

Guidelines for Admission of “First Fellows” in New Subspecialty

1. Name

The terminology “First Fellow” will be used for the first batch of Fellows admitted in a new subspecialty.

2. Admission Criteria

A First Fellow must satisfy **all** of the following: -

- a) be a Fellow of the Hong Kong Academy of Medicine;
- b) has satisfied the College that his training and/or clinical competence is comparable in quality and standard to be required for a Fellow in the new subspecialty;
- c) has satisfied the College that he has a minimum period of good practice in the field of the new subspecialty. The period should be twice of the duration required for a formal subspecialty training programme. The standard of such practice or supervision must be assessed as satisfactory by the College for the purpose of accreditation;
- d) has passed an assessment by the College. The assessment shall be based on criteria comparable to that required for Fellowship in the new subspecialty obtained via the approved formal training programme. The assessment should preferably be conducted by a panel consisting of at least one external independent member.

3. Cut-off Date

- a) Colleges should cease to admit First Fellows when their formal training programme has started; and
- b) the training programme should start within 24 months after approval of the new subspecialty by the Academy Council.

*Approved by EC on 12.08.2003, endorsed by Council on 21.08.2003
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HONG KONG COLLEGE OF PAEDIATRICIANS

13. Guidelines on the Criteria for the Accreditation of a Paediatric Subspecialty Training Programme

13.1 The Subspecialty Programme must fulfill the Guidelines for Recognition of Academy College of the Hong Kong Academy of Medicine.

13.1.1 The subspecialty exists only within the Paediatric specialty

13.1.2 The subspecialty must share with the specialty of paediatrics a significant part of training and assessment, including basic training and entry assessment

13.1.3 The subspecialty should satisfy the following criteria according to the guidelines of the Hong Kong Academy of Medicine:

- (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 recognised 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 the Hong Kong College of Paediatricians.

13.2 The subspecialty is supervised by a Subspecialty Board and is represented by the Hong Kong College of Paediatricians at the Academy.

13.2.1 The Subspecialty Boards are under the supervision of the Director of Subspecialty Boards of the Hong Kong College of Paediatricians. The operations of the Subspecialty Boards are subjected to the approval by Council. The post of Director of Subspecialty Boards will need to be endorsed by Council and put into the Bye-law of the College.

13.2.2 The Subspecialty Board is responsible for

- (i) setting the accreditation guidelines for the training programme in a subspecialty
- (ii) accreditation of the subspecialty programme
- (iii) setting the criteria for accreditation of training modules* within the training programme
- (iv) accreditation of an institution for the duration and type of training allowed by the Subspecialty Board
- (v) accreditation of Subspecialty Training Programme Directors and Subspecialty Trainers

- (vi) ensuring a high standard of practice in that subspecialty comparable to that in centres overseas by arranging peer review of proposed Subspecialty Training Programme
- (vii) appointment of examiners and organization of subspecialty board examinations
- (viii) the administration, organisation and validation of continuing medical education / continuing professional development (CME/CPD) which must be fulfilled by all Fellows in that subspecialty within the CME requirement for paediatrics of the Hong Kong College of Paediatricians.

* One module is defined as a 6-month period within the training programme.

- 13.2.3 The composition of the Subspecialty Board should include 6 Fellows of that subspecialty of the College:
- (i) whenever possible, five Fellows in that subspecialty should be appointed from the University, Hospital Authority, Department of Health and the private sector.
 - (ii) one Fellow appointed by Council
 - (iii) the Chairman of the Subspecialty Board will be elected by the Subspecialty Board members and appointed by Council.

13.3 The Subspecialty Training Programme should fulfill the following criteria:

- 13.3.1 Service need of the subspecialty in Hong Kong must be clearly demonstrated and a sound service infrastructure must be well established in the training institutions.
- 13.3.2 The duration of subspecialty training shall be at least 3 years and should normally follow the Higher Training Programme in Paediatrics with only up to one year of overlap allowed between the two programmes. (Basic Training Programme 3 years + Higher Training in General Paediatrics 2 years + Higher Training in a paediatric subspecialty 1 year + Subspecialty Training Programme 2 years)
- 13.3.3 The duration of clinical training should be 24 to 36 months
- 13.3.4 Research activities (which could be clinical, laboratory or epidemiological research or other relevant academic activities) are mandatory as evidenced by the submission of dissertations for the Subspecialty Board examinations or by publication.
- 13.3.5 The maximum duration of retrospective or prospective recognition for a relevant full-time research postgraduate degree should be 6 months after assessment by the Subspecialty Board.
- 13.3.6 Teaching and administrative duties in the subspecialty should ordinarily be required as part of the training programme
- 13.3.7 Acquisition of higher qualifications and overseas training is encouraged as evidence of personal professional development

- 13.3.8 The programme must satisfy all the subspecialty training requirements determined by the Subspecialty Board
- 13.3.8.1 The content of the training programme must be comparable to similar training programme in that subspecialty overseas; information on at least two overseas training programme in that subspecialty must be provided
- 13.3.8.2 The Subspecialty Training Programme must have
- a) a clearly defined set of educational and professional objectives in terms of acquisition of knowledge in basic and clinical science, skills and attitudes relevant to the subspecialty.
 - b) a detailed well-defined curriculum.
 - c) an appropriate administrative structure of programme director, trainers, continuous assessment of progress and annual report on individual subspecialty trainees.
 - d) an organized programme of clinical rotation and other educational experiences, both mandatory or elective, designed to provide each trainee with the opportunity to fulfill the comprehensive educational requirements and achieve competence in that subspecialty.
 - e) Portfolio assessment and successful attempt at the subspecialty Board Examination is required for conferment of Fellowship in the Subspecialty of the Hong Kong College of Paediatricians.
- 13.3.8.3 An individual trainee should be under the supervision of at least two accredited subspecialty trainers during the 3-year subspecialty training programme
- 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.
- 13.3.8.5 A subspecialty trainee can receive his/her supervised training in at least two but not more than four accredited institutions/departments in an accredited subspecialty training programme. There should be a significant period (to be defined by the Subspecialty Board) during the subspecialty training programme that the trainee has intensive and a substantial proportion of subspecialty exposure in one of the training centers.
- 13.3.8.6 The programme should be continuous.
- a) Any one period of interruption should not be more than 12 weeks.
 - b) Only one period of continuous or cumulative 12-week leave would be allowed (other than the entitled statutory leave, annual leave and casual leave) during the 3-year Subspecialty Training Programme. Trainees taking leave more than that would be required to extend his/her training period to make up for the interruption in excess of 12 weeks during the subspecialty training.

Appendix 5

- c) A declaration of any interruption of training should be made by the trainee on his/her application for Subspecialty Board Examination.

13.4 Accreditation of an institution providing training in a subspecialty training programme

- 13.4.1 The institution must provide an adequate clinical service in that subspecialty as required by the Subspecialty Board.
- 13.4.2 The institution must have adequate supportive and investigational facilities for the delivery of a subspecialty clinical service which is stipulated by the Subspecialty Board.
- 13.4.3 The Subspecialty Board will determine the duration of subspecialty training accredited in an institution which is dependent on the clinical activity load, the case mix, allied health and other support and the number of accredited subspecialty trainers working in that institution.
- 13.4.4 The training institution must provide in-service and continuing medical education / continuing professional development in that subspecialty in the form of regular journal club, grand rounds, seminars, X-ray meetings and case audit meetings in accordance with College / Academy Guidelines..
- 13.4.5 The institutions must perform and provide evidence of regular audit of clinical activities in the subspecialty.
- 13.4.6 The trainees must have access to subspecialty journals and reference textbooks as defined by the Subspecialty Board.

13.5 Accreditation of the Subspecialty Programme Director

The Subspecialty Programme Director should:

- 13.5.1 be a Fellow of the College in the subspecialty (either as a Fellow with accredited supervised subspecialty training or as a “First Fellow” who has fulfilled the Guidelines for Admission of First Fellows in a New Subspecialty of the Hong Kong Academy of Medicine).
- 13.5.2 have 10 years of experience of good practice excluding the training period in the subspecialty in an accredited institution.
- 13.5.3 be actively involved in teaching as evidenced by teaching of postgraduates in the subspecialty.
- 13.5.4 be actively participating in clinical audit and establishment of management guidelines.
- 13.5.5 be active in research with track record in scientific publications.
- 13.5.6 participate and fulfill the continuing medical education / continuing professional development requirement of the subspecialty.
- 13.5.7 have local, regional or international standing in that subspecialty as evidenced by membership of learned societies, invitations for lectures and participation in regional and international meetings/organizations.
- 13.5.8 be in full-time employment in an accredited institution and spend more than 50% of his / her activity in the practice of the subspecialty.
- 13.5.9 may be required to provide a certificate of competency by the Subspecialty Board of the College if technically complex skills are required for the practice of the subspecialty.
- 13.5.10 be re-accredited once every 3 years.

13.6 Accreditation of Subspecialty Trainers

The Subspecialty Trainer should:

- 13.6.1 be a Fellow of the Subspecialty of the Hong Kong College of Paediatricians (either as “First Fellow” or a Fellow with accredited training in the subspecialty).
- 13.6.2 have 5-year experience of good practice excluding the training period in the subspecialty in an accredited institution.
- 13.6.3 be actively involved in teaching, research and clinical service of that subspecialty.
- 13.6.4 be in full-time employment in an accredited institution and spend more than 50% of his / her activity in the practice of the subspecialty.
- 13.6.5 The accreditation of Subspecialty Trainers will be required once every 3 years.
- 13.6.6 participate and fulfill the continuing medical education / continuing professional development requirement of the subspecialty.

13.7 Accreditation of Training of Subspecialty Trainees

- 13.7.1 All training must be approved by the Accreditation Committee, Programme Director in that subspecialty and the Subspecialty Board
- 13.7.2 Possession of certificate of Intermediate Examination or equivalent and application for subspecialty training should normally be submitted at the end of the first year of Higher Training in General Paediatrics
- 13.7.3 The trainee admitted into a subspecialty training programme must undergo full-time subspecialty training (more than 50% of the time must be spent in the activity related to the subspecialty) under the supervision of an accredited trainer in an accredited training institution
- 13.7.4 The trainee is required to keep a personal log book of educational activities and exposure to cases during the period of training; the log book must be endorsed regularly by his / her supervisor every 6 months during the training programme
- 13.7.5 Trainees must make at least 2 presentations in local or regional meetings
- 13.7.6 Subspecialty trainees should submit 2 dissertations for assessment of which at least one is accepted for publication in an international journal or local journal upon completion of subspecialty training
- 13.7.7 Trainees are encouraged to attend training courses in that subspecialty held locally or overseas

13.8 Trainer : Trainee Ratio

A trainer can supervise no more than two trainees either in the subspecialty training programme or in the Higher Training Programme in Paediatrics and no more than three trainees at any one time.

13.9 Accreditation of Subspecialty Training Programme undertaken by Trainees in Overseas Institutions

13.9.1 The training programme overseas must fulfill all the criteria of a Subspecialty Training Programme as stated in Section 13.3 and 13.4.

13.9.2 The application for retrospective accreditation of overseas training in a paediatric subspecialty must fulfill all the guidelines laid down in Section 12.

13.9.2.1 The training programme should be continuous unless approved by the Subspecialty Board.

Trainees applying for recognition of interrupted training should fulfill the following criteria :

- (i) the interruption should be less than one year
- (ii) the trainee should show his / her intention for further training
- (iii) there must be a justifiable reason for the interruption, either because of medical or other compassionate reason
- (iv) members entering into Subspecialty Training on or after a certain date (to be defined) who has cumulative or continuous interruption of training in excess of 12 weeks excluding entitled leave must make declaration when he/she applies for Subspecialty Board Examination
- (v) interruption of training more than 12 weeks during the 3-year Subspecialty Training Programme (trainees starting Subspecialty Training on or after a certain date (to be defined)) must be made up with additional training

13.9.3 Trainees who wish to undergo subspecialty training in overseas institutions should apply prospectively to the Subspecialty Board at least 3 months before the commencement of overseas training.

13.9.4 Trainees must supply the following documents and information to the Subspecialty Board for prospective approval 3 months before commencement of overseas training:

- (i) Application letter for prospective approval
- (ii) Period of overseas training and duration
- (iii) Subspecialty, Institution/Training Centre, Country
- (iv) Name of supervisor
- (v) Institution information: background of the institution and institution accreditation status (whether it is a locally accredited training centre for the paediatric subspecialty)
- (vi) Preliminary Training Programme (activities involved)
- (vii) Undertaking by applicant on the status of the institution that it is a locally accredited training centre for the paediatric subspecialty
- (viii) Acceptance letter from overseas training centre
- (ix) Recommendation letter by local training supervisor/COS

- 13.9.5 Applications will not be processed unless all required documents are submitted with preliminary approval by the COS/training supervisor. All overseas subspecialty training applications will be acknowledged and outstanding information will be requested. The Subspecialty Board accepts that all the necessary information and documentation required may not be available before commencement of overseas training. If the trainee responds by giving a valid reason why such documentation is not available and undertake to provide the outstanding information and documentation within 3 months upon return from training overseas, this would be acceptable for the Committee. A preliminary approval will be issued by the Chairman of the Subspecialty Board after the application has been approved by the Subspecialty Board.
- 13.9.6 Unless a valid reason is provided for a trainee's inability to provide the necessary documentation prior to commencement of overseas training, submission of the necessary documentation upon completion of overseas training for accreditation will be treated as retrospective accreditation subjected to an administrative charge of HK\$2,000. This regulation will be strictly enforced within one year of setting up of the Subspecialty Board.
- 13.9.7 The trainee should submit the following information within 3 months upon return from training to the Subspecialty Board for final approval of his subspecialty training in the overseas institution:
- (i) Application letter for final approval
 - (ii) Training report by the applicant, including the finalized full training programme and duty roster
 - (iii) Training summary and log sheet, duly signed by the overseas supervisor
 - (iv) Summary of project and/or publication achieved during the training period
 - (v) Declaration by trainee that the information submitted is true and accurate
 - (vi) Local supervisor's evaluation together with recommendations towards accreditation

The Subspecialty Board reserves the right to write to the supervisor abroad directly for additional information.

- 13.9.8 If all the criteria as required by the Subspecialty Board are satisfied, a letter of accreditation will be issued to the trainee as official approval of his subspecialty training in the overseas institution.
- 13.9.9 The final decision is at the discretion of the College Council.

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

Task Force for Higher Training of Paediatric Subspecialty

Application for the Accreditation of the Subspecialty of _____.

1. Declaration :

1.1 We, the undersigned, would like to apply for accreditation of the subspecialty of _____, 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) _____ (number) of Fellows could be qualified as First Fellow
- (ii) _____ (number) of subspecialists existed.
- (iii) _____ (number) of subspecialists projected as required locally in the next 10 years.

1.3 This subspecialty also exist in other countries such as _____
(country A) _____ (country B) , _____ .

- (i) _____(number) of specialists are required in _____ (country A)
(i.e. _____ in _____ (population); and _____ (country B)
ie _____ in _____ (population)

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 programme :

3.1 We propose the training programme would be _____ years with _____ months of full clinical activities.

3.2 _____ (number) proposed training programmes 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 cases in general population:

_____ per 1 million

b. Local facilities:

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

_____ (please specify number)
 _____ (please specify type: eg
 neonatology,
 haematology-oncology, renal, PICU,
 _____ etc)

ii. Designated outpatient attendance per month

_____ (please specify number of new cases)
 _____ (please specify number of old cases)
 _____ (please specify frequency of out
 _____ patient clinics)

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
_____	_____
_____	_____
_____	_____
_____	_____

c. Resources

v. 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 _____
- 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 _____
- 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 _____

3.4 Career structure

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

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

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 (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	<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 _____

c) Clinical experience

i) Minimum

- 24 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 No

If yes, please specify minimum duration

6 months

12 months

Please also specify maximum duration allowed

6 months

12 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 No

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

- two centres _____
- more than two centres _____

h) Overseas training required

Yes No

If yes, what is the minimum duration?

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

Please specify _____

If yes, please also describe

- (i) setting _____
- (ii) objectives _____

i) Pre-set curriculum for their elective period

Yes No

7. Structured training programme	<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 – No.			

* 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 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)								
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)								
3. Special therapeutic support								
Radiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interventional radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total parental nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Social workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allied health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)								
4. Special management modalities (eg Parents support groups) (Please specify)								

3.8 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

3.9 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)**

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

- (i) Clinical _____

- (ii) Laboratory _____

- (iii) Epidemiological _____

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

- 3.12 _____ (Number) of candidates are potential trainers of the programme
- 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. _____ of _____
(Institution) in _____ (country) and
- (b) Dr./Prof. _____ of _____
(Institution) in _____ (country) to be external assessor of our programme.

On behalf of the core groups of _____ subspecialty

Co-ordinators of the subspecialty :

Dr. Dr. Dr. Dr.

Contact person _____

(i) Telephone _____

(ii) Email _____

Post-meeting Notes – 9th Task Force Meeting, 23 June 2004

Prof. L. Low had a long discussion with Prof. G. Tang and Mr. E. Wan and he was advised not to table any formal questions to the Academy Education Committee. The following comments are based on summary of the discussion.

- 1) Retrospective accreditation of subspecialty training using the 6-year of good independent practice rule (twice the duration of the formal subspecialty training programme) would only be applicable to the admission of First Fellows.
- 2) After the start of admission of trainees into a new subspecialty training programme (cut-off date for admission of First Fellow), all subsequent applicants to become Fellow in that subspecialty must have undergone (a) an accredited 3-year full-time training programme in an accredited local institution; or (b) a 3-year full-time training programme in an overseas institution which has been assessed by our College to be comparable in standard to our local training programme.
- 3) No additional or remedial training would be possible for trainees in a subspecialty who could not fulfill the criteria to be admitted as First Fellow by the cut-off date. This had been the Academy ruling for the HK College of Obstetricians and Gynaecologists (**Appendix I**).
- 4) Although the 6-year good independent practice rule for admission as First Fellow in a new subspecialty has been suggested by the Academy Guidelines for the Admission of First Fellows (**Appendix II**), the Academy Education Committee holds the view that individual Colleges will still have the final say in how First Fellows are accredited. Whether formal full-time training in local or overseas institutions would be accredited in full or in part is up to the Colleges to decide (the College should set the standard which will normally be respected and accepted by the Academy Education Committee). The Academy had accepted the proposal of the College of Obstetricians and Gynaecologists in admitting First Fellows who had undergone three to six years of training if they fulfill certain accreditation criteria (**Appendix III**).

Prepared by Prof Louis CK Low
2 July 2004

TASK FORCE FOR HIGHER TRAINING OF PAEDIATRIC SUBSPECIALTIES

Procedures of Vetting the Application for Accreditation from Subspecialty Groups :

- (1) Subspecialty Groups to submit applications for accreditation assessment
↓
- (2) Receipt of Programme and returned data → vetting team (designated by the Task Force) to make a summary of the returned data; set the objective criteria for assessment → write direct to the 2 external overseas assessors and invite for their objective views → assessors' remarks and the programme to be screened by the vetting team
↓
- (3) Accreditation Visit (Field Visit to potential training centres) → the submitted data and report of the visit to be sent to the 2 overseas experts for further review before final endorsement of the subspecialty training programme
↓
- (4) Task Force to recommend the subspecialty training programme to College Council for approval
↓
- (5) Programme to be submitted to the HKAM Education Committee for approval
↓
- (6) To apply to HK Medical Council for quotability of Board Certification of a Paediatric Subspecialty
↓
- (7) To seek College Council's approval to form the Provisional Subspecialty Board, upon confirmation of approval from the Academy
↓
- (8) Task Force / Accreditation Committee to vet the qualifications of Provisional Subspecialty Board members (with assistance of the field visiting team) for their eligibility to become First Fellows
↓
- (9) Provisional Subspecialty Board to process the applications of First Fellows in that subspecialty and to recommend successful applicants to the Task Force for proposal to Council for admission as First Fellows in that paediatric subspecialty
↓
- (10) Formation of Subspecialty Board in accordance to the governance and rulings as stipulated in the College's "Guidelines and Criteria for Accreditation of a Paediatric Subspecialty Training Programme"
↓
- (11) Accreditation of individual training centers and their training programmes
↓
- (12) Announcement of the date for start of training programme (College should cease to admit First Fellows)

Application to be accredited training centres for the subspecialty of _____

Guideline

- i. Task force (with Accrediting team members) to design an application form for various hospitals interested in taking up accredited training for the subspecialty

Application form should include :

Designated beds for the subspecialty

Number of potential trainers/trainees

Relevant equipments/laboratory

Training Programme with activities (statistics – to compare with training programme submitted by subspecialty group)

- ii. Return of application form by various Hospitals
- iii. Accrediting Team to review data supplied (to compare with overseas centre)
- iv. Agree/Disagree on sufficient activities to warrant field visit
- v. Formation of accreditation team*, meeting of team members prior to visit to discuss thoroughly what to look for (members of visiting team can be slightly different for each centre to be accredited, all members should not have direct linkage to the centre to be accredited)
- vi. Report by Accreditation Team
(should be standardized for each centre/subspecialty)
- vii. Report to be submitted to external assessor for evaluation.

*

Formation of accreditation team

(team members should preferably has no direct link to the training programme)

- (i) Convener of subspecialty board (local subspecialist)
 - (ii) Another local subspecialist
 - (iii) Counterpart from College of Physicians
 - (iv) Member of the Accreditation Committee
- Agreement on 1 external assessor (i) 1st priority
(ii) 2nd priority

Checklist for vetting applications for subspecialty program accreditation

The subspecialty is needed in Hong Kong

The subspecialty is new and different from existing subspecialties

The subspecialty is identifiably distinct.

The subspecialty is compatible with paediatrics.

Such a subspecialty exists in other countries.

The subspecialty is recognized at the institutional level.

Name of Senior lecturer/associate professor/consultant practising the subspecialty:

Training program

Duration of program total _____ (expected criteria: >3 yr)

Duration of program clinical _____ (expected criteria: >24 months)

Rotation to training centres numbers _____

Teaching duties required _____

Administrative duties required _____

Overseas training required _____; duration _____

Elective training required _____; duration _____

No. of trainers required _____

Exit procedure:

Dissertations required for exit: _____

Log books: _____

Board examination: Oral _____ ; Written _____

Curriculum – knowledge skills attitudes available

Comparison with overseas programs: comparable _____

Service Infrastructure in Hong Kong

No. of potential training directors: _____

No. of potential trainers: _____

No. of potential training centres: _____