HONG KONG COLLEGE OF PAEDIATRICIANS

Report on the Open Forum on Accreditation of the Subspecialties of Developmental Behavioural Paediatrics (DBP) and paediatric Neurology (PN) Programme Proposals

Introduction

The Forum organized by the Working Group was held on 11th May 2011 Wednesday from 8:05 pm to 10:15 pm at the James Kung Meeting Room, 2/F HKAM JC Building. The Forum was intended to be open for both the Applying Subspecialties of DBP and PN for presentation on the delineation of their patient groups and let all concerned colleagues to discuss on the justification. The Forum was attended by 48 doctors including 11 doctors from DBP and 13 doctors from PN Group **(See Appendix 1-Agenda and Appendix 2-Attendance Record)**.

Presentations

The Open Forum was commenced by a welcoming remark by Dr CW Chan on behalf of the College. He declared his conflict of interest. He is the Chairman of the Working Group on Accreditation of Paediatric Subspecialties of the College, the Director of the Subspecialty Boards and also the President of the Hong Kong Society of Child Neurology & Developmental Paediatrics. He claimed that he had refrained himself from any meetings on the accreditation of the DBP and PN subspecialties.

As requested by the audience, Dr SN Wong, Honorary Secretary of the Working Group, was empowered to be the Chairman of the Forum and Prof PC Ng, the College President, to overlook the whole process.

Prof Ng extended a warm welcome to all audience in the Forum. He hoped the Forum could achieve a fruitful discussion when the two Applying Groups could highlight the important points and the features in the similar areas. He emphasised that the College is devoted and keen in establishing matured paediatric subspecialties.

Dr SN Wong reported the progress of vetting the two applications **(Appendix 3)**. There were 9 responses to the proposed DBP programme during the consultation period from November 2010 to January 2011 and 2 responses to the PN programme during the consultation period from January to March 2011. After each consultation period, a meeting was held by the Vetting Committee to discuss each proposed programme. He reiterated that the criteria for the subspecialty accreditation were made in accordance with the Criteria for Recognition of a Subspecialty in the Guidelines for Recognition of Academy College under HKAM. The main points are a) that the subspecialty is needed in Hong Kong; b) 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; and d) that such a subspecialty exists in another country.

The Vetting Committee noted that there were many overlapping in the patient groups included in the two proposed programmes, hence causing difficulty in deciding whether the two proposed programmes satisfy points b) and c) above. For point d), the Committee was uncertain whether the proposed DBP programme took reference to the Subspecialty of Neurodisability in the U.K., or Neurodevelopmental Paediatrics in the U.S.A.; or Developmental Behavioural Paediatrics in the U.S.A.; or Developmental Paediatrics in Canada.

It was hoped that the two Applying Groups could make their presentation in the Forum on the roles of their subspecialty in management of each conditions that were listed in both subspecialty programmes, and how the training proposed could achieve the roles specified.

The College President reiterated that Dr CW Chan's role in the Forum was to clarify generic rules for subspecialty accreditation as he was the current Chairman of the Working Group. Thereafter Dr Chan presented College's principles of subspecialty development, which were not limited to the two subspecialties under consideration **(Appendix 4)**. He reminded that the preliminary works for subspecialty accreditation had started since 12 years ago. In 2009, the Working Group had prepared for inviting the applications for subspecialties accreditation. He stressed, however, the principles of the College are: the General Paediatrics was still the main stream for the College; and the development of subspecialty was voluntary and not compulsory. One of the criteria for the accreditation was the maturity of the subspecialty. So, there is no urgency in timetable for a subspecialty to be accredited. Due to the narrowness of the syllabus of Paediatrics, overlapping in certain areas among subspecialties was inevitable. A fraternity, friendliness and well-defined approach would be taken by the College. He added that the College had a legal responsibility to ensure the standard of training programmes, running examinations and keeping CMECPD programmes. The subspecialization was a legal procedure which would put to the Specialist Register under the Medical Council. The status was the same as specialty, i.e. indicative of the service but not restrictive. He discussed the concept of 'Consensus'. After consulting the Council and College Honorary Legal Advisor, the Council's view was that, since the College was formed by all Fellows, a referendum should be conducted for any disagreement on such important matters as subspecialty development. Lastly he declared that there would be no voting or resolution in the Forum which was aimed at clarification and free exchange of views among the audience.

The DBP Programme was presented by Dr Catherine Lam and Florence Lee **(Appendix 5)** and PN Programme was presented by Dr SP Wu **(Appendix 6)**.

Q & A session:

Q.1 Which of the programmes of Neurodisability, Neurorehabilitation and Developmental Paediatrics in overseas is more alike the proposed DBP programme?
A.1 (DBP): In U.K. there were many community Paediatricians and even General Paediatricians to take care of the children with disability in the community. So, there was the need of the relevant training for these paediatricians, and a subspecialty of Neurodisability was developed in the community level to support for the children and the growing young people with disability. In U.S.A., Neurodevelopment was neurology-oriented programme and looked at the neurology of children with development issues. Developmental Bebavioural Paediatrics programme was another stream more related to community related multidisciplinary teams. The proposed DBP programme was similar to the DBP in the U.S.A. and not the Neurodisability (U.K.) nor Neurodevelopment (U.S.A.) programmes.
Q.2 Would there be overlapping in the patient groups of the two Applying Groups?
A.2 (DBP): Yes. For instance, Autism. Neurologists would deal with neurological aspects of Autism, e.g. brain differences whereas DBP mainly focused on the function in family, community and their grow-up as life-long issues.
Q.3 Would there be any patients under both teams?
A.3 (DBP): The DBP team would hope that an Autistic child in future would be under both teams serving in different aspects. The DBP Group also clarified their inclusion of inpatients in their programme such as patients with 'intractable epilepsy' and 'uncommon genetic or metabolic conditions': they proposed that their role was to provide input on the developmental problems of such inpatients, while other specialists would be in charge of these patients. The audience commented that the DBP should revise their curriculum because they should not include those patient groups that they were only involved in developmental assessment. Dr SN Wong clarified for the DBP Group that the revised curriculum already specified exactly the developmental paediatricians' role in each of the patient groups listed.

Q.4 It appeared that DBP involved services in the Department of Health (DH) and PN involved those in Hospital Authority (HA). Since each subspecialty had expertise in certain areas that the other did not, there would be opportunities for collaboration in training programmes so that future trainees could benefit from both programmes.
A.4 (DBP): The DBP programme should cross the boundaries between DH and HA. They cited examples of their collaboration with HA and other partners in the past 10 years: ADHD programme with Child Psychiatry and NT East Cluster; their programme for physically disabled children in special schools and the community. Thus HA colleagues involved in DBP, hospital beds and hospital patients were included in their proposal.
A.4 (PN): PN agreed that subspecialties should not be bounded by service providers. Although HA colleagues were also unable to do much community works, the PN group explained that PN subspecialists should look after all aspects of management of neurology patients including the aspects that DBP subspecialists would do. Actually, the PN training curriculum was more or less the same in other parts of the world. In this respect, their concern was that the Academy might not agree that the DBP and PN were distinct since the two teams shared the same patient groups. The PN groups suggested DBP to adjust the proposal to reflect their broader scope and nature of service such as including child abuse and social paediatrics, and deleting inpatients groups such as epilepsy and uncommon genetic or metabolic conditions.
Q.5 The audience would like to know whether DBP's role overlapped with that of Psychiatrists when they conducted diagnostic interview (diagnostic depression, diagnostic CD, ODD or ADHD) and whether diagnosis of psychiatric conditions would be the role of DBP?
A.5 (DBP): The DBP subspecialists and child psychiatrists would be working at different levels but closely collaborating in the care of children with psychiatric diagnosis. In view of feedback from the Vetting Committee, the DBP proposal had been amended to extend the mandatory training in Child Psychiatry from 3 months to 6 months. They had consulted Psychiatry colleagues who had given their full support to the proposed programme.
Q.6 The College allowed one year of overlap between the three years of Higher Training and three years of Subspecialty Training. How could DBP training (which was not hospital-based) fit into the third year of Higher Training in General Paediatrics?

A.6 (DBP): The DBP group suggested keeping a log of all the modules. During the third year of Higher Training in General Paediatrics, the trainee could do more Child Neurology and 6 months Elective in Child Assessment Service or other DBP modules. In the past, the CAC have also accepted some trainees as their mandatory elective module in Higher Training. This entirely depended on whether the COS of the unit was willing to release the staff especially if there was no reciprocal rotation arrangement with the CAC.
Q.7 Since DBP and PN cared the same groups of patients though focusing on different aspects, would there be division of labour?
A.7 (PN): The PN group did not agree to have division of labour and to self-restrict their scope of service. There were also overlapping areas among other subspecialties which should be allowed, depending on the actual infrastructure of the health care facilities.
A.7: **(DBP)** The DBP group cited the example of a 24-week premature neonate who was discharged from hospital. He/she would be screened for developmental problems in follow up clinic. If cerebral palsy was detected, he/she would go through the assessment and treatment by the neurologist, and also assessment and school placement by the developmental paediatrician.
Q.8 Since each subspecialty required mandatory module in the other subspecialty, what level of expertise would the DBP trainee be required to achieve in neurology, and vice versa?
A.8 (PN): The PN training programme included mandatory full time modules in neurodevelopment (3 months) and neurorehabilitation (3 months). Trainees would be required to achieve a level of expertise above that of General Paediatrics to enable them to handle all aspects of child neurology cases including ADHD or autism, in case such patients "knocked on their doors".
A.8 (DBP): The DBP programme required mandatory training in child neurology for 3 months. The level of neurology training expected for General Paediatrics was considered adequate for the DBP trainees.
Q.9 How would the College facilitate the trainee who wanted to change subspecialty in the last year of his/her Higher Training in General Paediatrics?
A.9 (PN): For PN, the trainee could do at most one year of neurology in Higher Training which could be counted for PN training. Then he/she could do the elective modules after obtaining Fellowship in General Paediatrics. The situation for DBP trainees was clarified in Q6 above.

Concluding remarks

Dr SN Wong concluded that

1. Although the syllabuses of the two programmes covered similar groups of patients, they had emphasis on different aspects of management: The PN group took a broader perspective and adopted a holistic approach to all aspects of patient care including diagnosis and treatment and follow up. The DBP group focused more on developmental and educational and family aspects of the patients.
2. While there could be two parallel subspecialties, they were indicative and not restrictive. Any paediatrician would have the right to manage any patients commensurate with his/her training and expertise.
3. It was also anticipated that there would be plenty of opportunities for collaboration should there be two separate subspecialties – in terms of mutual recognition of training experience, or service networking between inpatients, outpatients, and community care.

Dr CW Chan concluded that the Forum was a platform for exchanging views and there was no consensus made. He would bring the opinions and views from all Fellows to the Working Group to continue the work of accreditation. The two subspecialties would be separated but had more rooms for cooperation and complementary development. The basic principle discussed could also apply to all subspecialties. The development of subspecialties aimed at the maturation of child health and paediatric practice. The subspecialty could enhance further training, examinations, research in certain subjects. He acknowledged that the Accreditation Committee would study to facilitate for a candidate to prepare to undergo training for subspecialty when he/she entered Higher Training. He believed that the College could make it by recommending to the relevant authorities if all the College Fellows worked together with one heart to prepare well the training structure.

Prof Ng concluded that the College's view on subspecialty was a unique entity no matter it originated from DH, HA, private or public.

The forum ended at 10:15pm

Recorded by Ms Mandy Chan
Compiled by Dr SN Wong and Dr CW Chan

Attached documents:

Appendix 1: Agenda of Open Forum
Appendix 2: Attendance List
Appendix 3: Progress of Vetting, Presentation by Dr SN Wong
Appendix 4: Principles of Subspecialty Development, Presentation by Dr CW Chan
Appendix 5: Presentation by DBP Group
Appendix 6: Presentation by PN Group