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Guideline Document on Programme Organization and Training Centres

1. We propose that there will be ONE training programme for the whole of Hong Kong, with a number of accredited training centres.
2. A training centre should normally be a hospital unit with at least ONE trainer, and providing services and training in PRM. If a hospital is only capable of providing some but not all of the aspects of training, that hospital may only be accredited for training for a proportion of the full training programme.
3. The following hospitals are prepared to apply for accreditation to become training centres: QMH, PWH, AHNH, PYNEH, TMH, KWH, QEH, UCH, PMH and CMC.
4. We propose that Hospitals which can provide the following services be accredited for 18-24 months of PRM training: (see table 1)
 - a. Basic requirements
 - i. Trainer: at least 1, preferably 2
 - ii. In-patient case load: 75-100 complex or highly complex episodes per year
 - iii. Respiratory/asthma clinics: at least 2 sessions weekly
 - iv. Spirometry: at least 50 per year
 - b. Special requirements
 - i. Static lung volume/DLCO/Bronchoprovocation tests: available
 - ii. Flexible bronchoscopy: 20 per year
 - iii. Polysomnography: 50 per year
 - iv. Pulmonary rehabilitation service: available
 - v. PICU: mandatory
 - vi. NICU: preferable
 - vii. Centres may be considered for accreditation of less than 24 months' training if there are 3 out of items i to v available, or if

numbers do not match up to required, by the discretion of the Vetting Committee or Assessment Committee.

5. Hospitals which can provide the following services should be accredited for 30 months of PRM training: (see table 1)
 - a. Basic requirements
 - i. Trainer: 2 or more
 - ii. In-patient case load: 120 complex or highly complex episodes per year
 - iii. Respiratory/sleep/asthma clinics at least 2 sessions weekly
 - iv. Spirometry: at least 100 per year
 - b. Special requirements
 - i. Static lung volume/DLCO/Bronchoprovocation tests: at least 24 per year
 - ii. Flexible bronchoscopy: at least 30 per year
 - iii. Polysomnography: at least 100 per year
 - iv. Pulmonary rehabilitation service: available
 - v. PICU: mandatory
 - vi. NICU: mandatory
 - c. Advanced requirements: any 3 of the following:
 - i. ENT surgery
 - ii. Surgical services related to the respiratory tract: maxillofacial/plastic/cardiac/thoracic/spine/paediatric surgery
 - iii. Multidisciplinary aero-digestive tract assessment and management programme
 - iv. Specialized lung function service: e.g. infant lung function
 - v. ECMO
 - vi. Organ transplant service
6. At the time of writing, 3 hospitals are likely to fulfil requirements for 30 months' training: QMH, KWH and PWH. Another 2 hospitals are likely to fulfil requirements of 24 months' training: TMH and UCH. Another 4 hospitals are likely to fulfil at least 18 months of training: QEH, PMH, AHNH,

CMC. The caseloads and patient statistics of all the hospitals are listed in Appendix 1.

7. It is proposed that trainees who have obtained training in hospitals accredited for 18-24 months of training must have their remaining training in a hospital accredited for 30 months of training or an accredited overseas centre. Those who have been trained in hospitals accredited for 30 months of training may have the remainder of their training (up to 6 months) in a hospital accredited for 18-24 months' training, or an accredited overseas centre.
8. The whole training programme will be headed up by a Director of Training who oversees the consistency and uniformity of training in the various clusters. He should have at least 10 years of subspecialty experience and is working full time in the subspecialty.
9. A trainer must have obtained FHKAM (Paediatrics) and a Fellow of the PRM subspecialty. He should be in full-time employment in an accredited institution and spending more than 50% of his/her activity in the practice of the subspecialty.
10. The accreditation of training centres and clusters will be reviewed by the Subspecialty Board at regular intervals.