

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 D).

- (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

3.52 Assessment of training :

a) Profolio assessment

Yes No

If yes, please describe

(i) Oral Yes No

(ii) Written Yes No

(iii) Course work Yes No

(iv) Postgraduate Degree or Certificate Yes No

(v) Published papers Yes No

3.6 Institution/Functional Training Unit

3.61 Please describe the statistics for EACH Programme :

			Comments
1. Case load per year	(new)_____	(old)_____	
2. Case profile	* Highly Complex		%
	* Complex		%
	* Intermediate		%
	* Simple		%
a) No. of specialists working in the programme			
b) _____ % of time working in the subspecialty			
3. No. of sub-specialists (FTE) (FTE = at least 35-50% of time working in the sub-specialty)			Not single handed, best 3-5 subspecialists for cover
4. Having a structure for centre e.g. Director on service, training or research etc	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
5. No. of trainees			
6. No. of supporting staff (Please specify)	e.g. Clinical psychologist		
	Scientific officer		
	Therapists		
	Research fellows/assistants		

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 _____