

Council's Report

At the 12th Annual General Meeting of the College held on 22nd November, 2003, Prof. Fok Tai Fai was elected as President, Prof. Low Chung-Kai Louis as Vice President, Dr. Wong Sik Nin as Honorary Secretary, and Dr. Ko Wai-Keung Frederick as Honorary Treasurer for the years 2003-2006. Mr. Peter Mark and Mr. Walter Ma were appointed as Honorary Legal Advisor and Honorary Auditor of the College respectively.

During the year 2003/2004, six Council Meetings were held during which the eight standing committees (Accreditation, Education, Examination, House, Information Technology, Membership, Professional & General Affairs and Review Committees) as well as the Hong Kong College of Paediatricians Foundation made their reports to Council. The chairmanship and membership of all standing committees were appointed or renewed for a period of two years from 2004. Two young Fellows, Dr. Chan Hoi Shan Sophelia and Dr. Tong Tsz Fun were co-opted as Council Members in March, 2004 for a period of one year. Dr Leung Tsz Ching Vincent, newly elected Chairman of Hong Kong College of Paediatricians Foundation, was also co-opted as Council Member in July 2004 for one year.

Training in Paediatrics and the Accreditation of Training

The Accreditation Committee reviewed the problems identified after the accreditation revisits in September 2003, and made recommendations to revise the Guidelines on Accreditation of Paediatric Training. In summary, the Council endorsed the following revisions:

1. A training team is governed by the number of patients looked after per day (10 – 30 patients) and can have one or more trainers. A training team can have a maximum of 3 trainees – either 2 Basic and 1 Higher Trainees, or 1 Basic and 2 Higher Trainees (see Section 3.1.6). Family Medicine trainees or trainees in other training programmes working in the same training centre, will be counted in the trainer: trainee ratio. (see Section 5.2.1)
2. In training units with age-orientated wards, the rotation through all such wards within the 3-year Basic Training Programme should normally be evenly distributed. (see Section 7.4.a.iv)
3. In training units with established subspecialty teams, an accredited standardized rotation of trainees through different subspecialties for 18 months and for 6 months in neonatology will also be accepted as core programme of the Basic Training Programme. Subspecialty rotations during the 2-year core programme should preferably be not more than 3 months but definitely not more than 6 months for each subspecialty rotation. Trainees should not rotate through these subspecialties again in the 1-year flexible programme (the exception being neonatology and a trainee is allowed to have a further 6-month training during the flexible programme). (see Section 7.4.a.iii)

4. A Trainer for Basic Training Programme should be a College Fellow. A Trainer for Higher Training Programme should have a minimum of 3 years post-Fellowship experience in an accredited training centre.
5. An institution accredited for the full 3-year Basic Training Programmes should include at least one neonatology team providing an active neonatal service with a minimum delivery rate of 1,400 per annum within the obstetrical unit. An institution can be accredited for one or more training teams in neonatology depending on the annual delivery statistics. Apart from patient load disease spectrum, intensive care facilities and team structure are other factors that have to be assessed for accreditation. The neonatal team should be supervised by one or more trainers of the College (Section 3.3 Teams in Neonatology).

The Accreditation Committee also adopted the principle that, before the establishment of Paediatric Subspecialty Boards, the accreditation of subspecialty teams or age-orientated teams for the purpose of Basic or Higher Paediatric Training will be based on the existing guidelines for a training team, namely 10-30 inpatients per day under a qualified trainer.

To rectify the matching of training teams and trainees, the College has accredited additional training teams in various paediatric units (one more General team in UCH and TMH, 2 Haematology/Oncology teams in PWH, 2 Neonatology teams in UCH). A new format was adopted to be used for reporting trainees rotation from January 2005. Eight MCHC clusters were accredited to enable trainees to undertake a compulsory 6-month MCHC rotation during their Basic Training Programme from July 2003.

As on 10th October 2004, the College has in total accredited 217 trainers in paediatrics and enrolled 76 basic and 52 higher trainees (an overall trainer: trainee ratio of 1.7 to 1.0).

The Task Force on Higher Training of Paediatric Subspecialties finalized the Guidelines on the Criteria for Accreditation of Paediatric Subspecialty Training Programme in January 2004, and convened a forum with all subspecialty groups on 11 February 2004 to explain the Guidelines and the logistics of implementation. As a result of further consultation and discussion, it was further clarified that the Hong Kong Academy of Medicine recognizes only FHKAM(Paediatrics) even if the Fellow has completed a College accredited subspecialty training programme to the fellowship standard. A Fellow who has completed the Subspecialty Training Programme can opt to be registered with the Medical Council of Hong Kong as a Specialist in Paediatrics or Specialist in a Paediatric Subspecialty but not both. In accordance to the regulations of the Hong Kong Academy of Medicine, he/she can only have one quotable fellowship and that is FHKAM(Paediatrics) and not College or Academy Fellowship in a paediatric subspecialty. As at November 2004, the College has not yet received any applications for subspecialty accreditation.

Education and Professional Activities

During the year 2004, Our College organized the following scientific meetings. On 10-12 January 2004, the First Asia-Pacific Regional Adolescent Health Conference "Towards Healthy Adolescence: Intersectoral Collaboration" was successfully held in collaboration with the Hong Kong Polytechnic University School of Nursing and Hong Kong Paediatric Nurses Association. On 24 July 2004, the 5th Guangdong-Hong Kong Paediatric Exchange Meeting was held in collaboration with Chinese Medical Association Guangdong Paediatric Society at the Hong Kong Academy of Medicine Building. There were 12 invited presentations and 103 posters with prizes for selected posters. The 13th Joint Scientific Meeting of the Hong Kong College of Physicians and Hong Kong College of Paediatricians was held on 23-24 October 2004 with three Fellows participating as symposium speakers. The College also continued to collaborate with Hong Kong Paediatric Society in organizing the annual Update Series on Child Health, which attracted over 600 doctors and nurses at each of the four afternoon sessions. The new series of Paediatric Update Meetings for College Fellows and Members will start again with the first meeting on "Rational Use of Antibiotics" on 12 December 2004 at the HAHO Building.

The 2004 Paediatric Advance Life Support (PALS) Course was held from 2-6th October 2004, attended by 18 Associates among other health care professionals. Successful completion of the course will become a mandatory requirement for application of College Membership with effect from 1 July 2005.

In view of the new format of MRCPCH Clinical Examination from November 2004, the Education Committee has revised the format of Postgraduate Training Course for basic paediatric trainees. The new Course, which started from July 2004, consisted of lectures for all registrants, and a series of small group training sessions (on communication skills, history taking and management planning, developmental assessment and clinical examination) restricted to those trainees due to attempt the next Part II Clinical Examination.

The H.M. Lui Fellowship for 2003-2004 was awarded to Dr Liu Xiaorong from the Beijing Children's Hospital to receive further training in gastroenterology and liver disease in the U. K. Nominations for the H. M. Lui Visiting Professorship in Gastroenterology and Hepatology for the year 2004 were in progress. Through a generous donation from the Providence Fund, the College has invited applications for funding to review and promote subspecialty development.

The CME Programme has been running smoothly. By the end of 2003, all of the 53 Fellows fulfilled the Academy's CME requirement for their 2001-2003 cycle. All other Fellows achieved the recommended CME points up to their respective stages of CME cycles. In accordance with guidelines of the Academy Education Committee, the College CME Guidelines will be

revised to include additional activities for Continuing Professional Development points, but the points requirements will remain as 90 for a three-year cycle. From 2004, Fellows can also access their updated CME points records on-line in the Membership Learning and Management System of the Academy.

Examinations

The College continued to organize the Joint Intermediate/MRCPCCH examinations with the Royal College of Paediatrics and Child Health but in a new format. Since January 2004, the Part I examination consisted of two written papers : Part IA was previously the DCH written examination and Part IB was previously MRCPCCH Part I examination. The previous Part II written examination was now called Part II Examination and similarly consisted of two written papers. From November 2004, the previous Part II clinical examination was renamed the Clinical Examination and took a new format consisting of 10 stations that the candidates have to go through, including 2 communication skills stations, 1 consultation/management station, 1 video scenario station, 5 clinical stations (cardiovascular, respiratory, neurology, abdomen and others), and 1 developmental assessment station.

Extensive consultations and dissemination of the details of the new examinations have been made to both trainers and trainees. Also a pilot Clinical Examination was conducted in February 2004 in Princess Margaret Hospital. Dr Colin Campbell, a senior member of the UK Examination Board, was specially invited to conduct training on the new Clinical Examination to both examiners and candidates in October 2004.

In 2004, the College has organized 3 Part I Examinations, 3 Part II Written Examinations and 1 Part II Clinical Examinations in the old format and 1 Clinical Examination in the new format. It was worrying that the passing rates of the Part I Examinations had worsened. Candidates attempting DCH examination (Part IA paper) had passing rates of 67%, 61%, 44%. Candidates attempting MRCPCCH examination had passing rates of 67%, 44%, 25% for Part IA paper, and 67%, 20%, 17% for Part IB paper.

The College continued to hold Exit Assessment in December and June each year. In October 2004, the following revisions were made in the Dissertations Section of the Guidelines for Exit Assessment:

- (a) **Two** papers are required, with one from each of the following 2 categories:
 - (i) research project/study
 - (ii) case report and review of literature of a clinical problem related to the caseHowever, full research study can replace the case report/review of literature. Research protocols are not acceptable as submission for the purpose of the Exit Assessment.

- (b) The candidate must be the first author of **both** papers.
- (c) The two dissertations should not be on the same **disease condition**.
- (d) An original thesis written for a postgraduate degree is not allowed.
- (e) The papers are expected to be written up within the higher training period. For published papers, those which are accepted prior to the commencement of the higher training period cannot be submitted.
- (f) Candidates are advised not to submit more than 2 papers. If so, he/she would be requested to choose only 2 papers for assessment.
- (g) Dissertation submitted after the deadline for application will not be accepted. Candidates who fail to submit the required number of dissertations will not be able to present themselves for the Exit Assessment.
- (h) If any one of the dissertations submitted by the candidate is considered as **exceptionally unacceptable** by the panel of the assessors, the candidate will fail the Exit Assessment irrespective of his/her overall score.

With effect from 1 December 2007 and thereafter, ALL higher trainees sitting for the Exit Assessment should adhere to the Revised Guidelines. During the interim period between 1 December 2004 to 30 November 2007, higher trainees can adhere to EITHER the current guidelines OR the revised guidelines.

Membership

By the end of November, 2004, there are 445 Fellows, 21 Overseas Fellows, 52 Members, 4 Overseas Members and 76 Associates.

New College Chamber

With the increase in activities of the College, its various Committees and the Hong Kong Journal of Paediatrics, the College Secretariat is expanded to a staff of three full-time secretaries. In view of the shortage of office and storage space, the College will move to bigger premises of 75 square metres at the Academy building shortly.

Dr WONG Sik Nin
Honorary Secretary