

Standing Committees

Accreditation Committee's Report

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Accreditation of postgraduate training for paediatricians in Hong Kong is under the care of the College Accreditation Committee whose terms of reference as stipulated in the Memorandum and Articles of the College stated that "*its functions shall be that of assessing the suitability of the various units for training purpose and to advise the Council on the training in paediatrics and the development of paediatric subspecialties*". It thus follows that accreditation includes assessment of training institutions, trainers and trainees of paediatrics (general paediatrics) and paediatric subspecialties as designated by the College Council.

The Committee held 6 meetings (72nd to 77th meetings dated 27/10/03, 2/12/03, 17/2/04, 27/4/04, 29/6/04 and 30/8/04) this year.

1 Accreditation of Institutions

1.1 Review of Accreditation Revisit to Training Institutions in 2003

1.1.1 The Committee had made a review after the accreditation revisit in September 2003. The Committee made the following recommendations which would be the general principles for future accreditation work :

- 1) The rotation through all age-orientated wards within the 3-year Basic Training Programme should be even and qualitative-measured;
- 2) Trainee rotation to subspecialty-orientated teams within the 2-year core programme should preferably be not more than 3 months for each subspecialty team.

- 3) All training units would be requested to provide a rotation schedule of all their trainees;
- 4) It was noted that some training units might not be able to uphold the requirement of 10-30 patients in each functioning team, and a lower patient number might reduce clinical exposure of a trainee. The Committee would further explore whether ambulatory paediatric service could make up for this;
- 5) Both paediatric and non-paediatric trainees should be counted in the trainer to trainee ratio, irrespective of which specialties they were undertaking their training in;
- 6) The issue of ambulatory paediatric service would be further discussed.

These recommendations were agreed by Council (at the 88th Council meeting on 6 Jan 2004)

1.1.2 The feedbacks from trainees during the accreditation revisit in 2003 will be referred to individual training units for further improvement.

1.2 **Basic Training in Child Assessment Service (CAS)**

The Committee maintained that basic training in CAS should be incorporated as part of the MCH 6-month basic training programme. Council agreed to review the present 6-month obligatory MCHC rotation training after a certain period of implementation of the programme.

1.3 **New Template of Training Rotation for each Training Unit**

To enable more accurate reflection of the matching between training teams, trainers and trainees, the Accreditation Committee has devised a new form for reporting the trainee rotation every 6 months. This will replace the existing form "Basic and Higher Training Rotation Schedule 2003-2005". The main difference is that, in addition to the summary worksheet as before, data for each training team should be entered in a separate worksheet following the summary sheet. The new form will be used from 2005 onwards (i.e. covering the period July - December 2004). All COSs and Training Supervisors have been informed of the changed format.

1.4 **Application for Accreditation of Training Teams from Training Units**

1.4.1 UCH – The Council (at the 90th Council meeting on 13 May 2004) approved UCH's application for accreditation of the 4th training team in General Paediatrics in addition to 3 General Paediatrics teams and 1 Neonatal team. The approval will be backdated to 1st January 2003.

1.4.2 TMH – The Council (at the 92nd Council meeting on 9 September 2004) approved TMH’s application for accreditation of a 4th General Paediatric Team (backdated to July 2003).

1.4.3 PWH – The Council (at the 92nd Council meeting on 9 September 2004) approved PWH’s application for accreditation of two Haematology/Oncology teams (backdated to July 2003).

1.5 **Accreditation of 4 New Additional MCHC Training Centres**

In addition to the 6 MCHC training clusters already approved, 2 more new additional MCHC clusters were approved to be accredited training centres for a 6-month rotation training in Basic Training, namely:

- 1) Ngau Tau Kok (principal centre) and Lam Tin (satellite centre);
- 2) Sai Ying Pun (principal centre) and Ap Lei Chau (satellite centre).

2 **Accreditation of Trainers**

2.1 **Trainer and Trainee Issue**

The Committee recommended and Council approved (at the 88th Council Meeting dated 6th January 2004) that :

2.1.1 At any one time a Trainer could not supervise more than 3 trainees in total under the following 3 categories:

- i) for Basic Trainee – his/her recognized training could not be more than 6 months in the core programme
- ii) for Higher Trainee – his/her recognized training could not be more than one year
- iii) for Subspecialty Trainee – his/her recognized training could be more than one year

2.1.2 A Trainer in a subspecialty could supervise trainees under the 3 kinds of training programme at any one time, but he would only be recognized as a Trainer in that subspecialty.

2.2 **Qualifications of an Accredited Trainer**

2.2.1 Council resolved at the 89th Council meeting on 16 March 2004 that an accredited Trainer should be as follows:

- 1) A Trainer for Basic Training Programme should be a College Fellow;
- 2) A Trainer for Higher Training Programme should have a minimum of 3 years post-Fellowship experience in an accredited training centre.

2.2.2 The new rule was implemented immediately after that Council meeting. All existing accredited Trainers would qualify to be trainers in both Basic and Higher Training

Programmes. All new applicants on and after that Council meeting (16th March 2004) will be accredited first as Trainers in Basic Paediatric Training Programme if they have less than 3 years of post-Fellowship experience. Their trainer status would be updated upon application when they fulfill 3 years of post-Fellowship experience. This has been announced in the Newsletter and posted on the College website. COSs and Training Supervisors have all been informed.

3. Accreditation of Training Curriculum

3.1 Composition of Basic Training Programme

3.1.1 The Council resolved (at the 89th Council Meeting dated 16 March 2004) that in training units with established subspecialty teams, rotation of trainees through different subspecialties for 18 months and for 6 months in neonatology would also be recognized as core programme in the Basic Training Programme. Subspecialty rotations 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 one-year flexible programme (except for neonatology and a trainee could be allowed for a 6-month training in the flexible programme).

3.1.2 A training team could have more than one trainer. The principle that the number of trainees in an accredited training unit to be governed by the number of accredited training teams and the average number of patients looked after per day by a training team, should be maintained.

3.2 Application for Accreditation of Subspecialty Teams within General Paediatric Basic Training Programme

3.2.1 Accreditation Committee agreed (at 75th meeting on 27th April 2004) 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, i.e. 10-30 inpatients per day under a qualified trainer.

3.2.2 A letter (dated 7 October 2004) has been sent to each training centre to invite application for accreditation of subspecialty training teams within General Paediatrics. An application should include the following for consideration :

- 1) the trainees list matched to accredited training teams (including trainees in other training programs in the same unit)
- 2) a template of rotation that the trainees usually go through in their Basic Training including subspecialty teams or age-orientated wards.
- 3) In addition, they are invited to provide detailed information about each subspecialty

team (trainers, number of inpatient beds, bed-occupancy, bed-days occupied, facilities, duly endorsed by the Chief-of-Service) for accreditation as a training team.

3.3 **Prospective Application for Local and Overseas Rotation of Training**

For local rotation of training between accredited training units, no prospective application is required. The information should be reflected in the 6-monthly returns of trainees rotation. However, prospective applications are still required for rotation to overseas training and local training in institutions which are not accredited training centres.

4. **Accreditation of Trainee**

Following the re-accreditation visits to all the paediatric units, a number of issues have been identified, and accordingly the Guidelines for Basic and Higher Paediatric Training has been updated. In view of the complexity of training requirements, the Accreditation Committee has recommended and the Council has endorsed at its 91st Council Meeting to enlist the greater support of the Training Supervisors of all accredited training units.

The College would trust the Training Supervisors in arranging i) the basic team structure (for day-time functioning) and duty roster, with strict adherence to the Collegial training requirements; and that (ii) all trainees would rotate evenly through various teams available in the unit, to ensure even exposure to all clinical activities while ensuring a quality service delivery.

In addition, the College also requests that, in normal circumstances, any correspondence from the trainees regarding training matters should be sent through the Training Supervisors in the unit. This is to ensure that the Training Supervisors are aware of the progress and problems of each trainee in their units.

5. **Updated Guidelines on Accreditation of Training**

The updated Guidelines have been endorsed by the Hong Kong Academy of Medicine. The announcement and new version of the Guidelines has been sent to all COSs and Training Supervisors on 3rd May 2004.

In particular, the following clarifications are highlighted :

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. However, 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)

6. Revised Guidelines for Accreditation of Neonatal Units in Basic Paediatric Training Programme

- 6.1 College has revised the accreditation guidelines for training in Neonatology. With the decline in the birth rate and increasing complexity of neonatal care, a revised curriculum that an annual delivery of 1,400 babies will provide an adequate training exposure to 3 trainees in a neonatology team supervised by a College accredited neonatologist has been made. Council has approved that the revised guidelines (at the 92nd Council meeting on 9 September 2004) could be backdated for one year to July 2003. This has been announced to all COSs and Training Supervisors on 7 October 2004.
- 6.2 The guidelines for accreditation of paediatric training has been revised accordingly to the following :
 “Section 3.3 Teams in Neonatology
 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.”

7. Manpower Survey for College Trainers and Trainees

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 results were submitted to the Education Committee of the Hong Kong Academy of Medicine for planning and projection of future manpower requirement for medical specialties to be used as reference for all key stakeholders within Hong Kong.

CONCLUSION

The past twelve months have been a memorable period of significant activities and progress for the Accreditation Committee, as evidenced by the work achieved throughout the period. We are especially encouraged to witness the accomplishment of accreditation activities at institution, trainer, trainee and training programme levels, as well as adoption of the Committee's policy recommendations by the College Council. We have re-visited 13 accredited institutions in paediatrics (under the Hospital Authority) and 2 clinical services (under the Department of Health) and renewed their accreditation status in training. We have successfully supported the Task Force for Higher Training in Paediatric Subspecialties. We are pleased to observe commencement of clustering between different paediatric departments and child health services within the HKSAR. This collaboration between various institutions well serves to maximize manpower and resources and also supports the missions of paediatric training and accreditation. The future offers even more challenges for the Committee, especially in the areas of subspecialty higher training and quality assurance of training programmes. Strengthening of our training in general paediatrics, primary care and preventive paediatrics will continue to be viewed with importance. Work ahead is formidable, but we are fortunate to have a competent and cooperative team of committee members, many of whom are also key figures at other standing committees of the College. This specially intended overlap enables the Accreditation Committee to work in good harmony and to interact efficiently with diversified functions of the College. The other assets of this Committee are the honour to have our College President and College Honorary Secretary sitting in our Committee. Their invaluable contribution is vital and essential for all the work we have achieved during the period of this report. We strongly believe that the successful fulfillment of our duties is dependent on the transparency, reliability and accountability of the Accreditation Committee, on effective communications with and support from all College Fellows and trainees, and good relationships with other sister colleges within the Academy. We are privileged to be able to serve at this important groundbreaking stage, and will strive to achieve our objectives with your valuable support!

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