

## Task Force for Higher Training of Paediatric Subspecialties Report

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### THE TASK FORCE FOR 2003-04

The Task Force for Higher Training of Paediatric Subspecialties held a total of 5 meetings (5<sup>th</sup> – 9<sup>th</sup> meetings dated 24/10/03, 23/12/03, 24/3/04, 4/5/04 and 23/6/04) between October 2003 and September 2004. The Core Group for the Task Force which forms the Executive Arm of the Task Force was dissolved on 27<sup>th</sup> August 2003 after fulfillment of its noble duty during the preparation stage.

### PREAMBLE

The Task Force was appointed by the College Council on 4<sup>th</sup> May 2000, with membership from the College Accreditation, Education, Membership, Examination and Review Committees, as well as representatives from the Department of Health, the Hospital Authority, University Departments of Paediatrics, and College Fellows. This diversified composition ensures that needs and concerns of this project are comprehensively and adequately represented. The Task Force was designated the duty to study the current status of paediatric subspecialties and to make recommendations to the College Council on development of higher training in paediatric subspecialties in Hong Kong.

The Task Force convened a Meeting with the Subspecialty Groups, Chiefs of Service, Training Supervisors and Paediatric Consultants of Training Units on 22<sup>nd</sup> February 2002 at the Academy Building to update participants on progress of the work of the Task Force, provide information and collect opinions as well as feedback on the proposed Questionnaires from all subspecialty groups. This was followed by excellent exchange of views and opinions regarding the subject matter and all subspecialty groups were requested to submit their completed Questionnaires before end of June 2002 to facilitate consideration of accreditation of higher training in the paediatric subspecialties within the College.

Owing to the brief interruption of SARS endemic, 13 sets of completed Questionnaires were collected from the subspecialty groups by the end of June 2003. Results were carefully studied and analyzed and summarized into two important sets of documents: Criteria and Guidelines for Subspecialty Accreditation and Governance of Subspecialty Boards, which together with the papers from the Hong Kong Academy of Medicine on Accreditation of New Specialty/Subspecialty will form foundation for consideration of accreditation of paediatric subspecialty under the College.

- 1) HKAM Education Committee Papers on Accreditation of New Specialty/Subspecialty
  - a) Guidelines on Recognition of a Specialty/Subspecialty issued in 1997
  - b) Guidelines for Admission of "First Fellows" in New Subspecialty issued in August 2003:
    - i) the name "First Fellow" would be used for the first batch of Fellows admitted in a new subspecialty
    - ii) the admission criteria for "New Fellows"
    - iii) the cut-off date and date of the first examination after recognition and adoption of the new subspecialty

These two documents would be used as reference for our College subspecialty board governance and criteria for accreditation.

- 2) Reference to Subspecialty Documents from other Academy Colleges

These documents and practical experience in the management of subspecialty boards within the sister Colleges would be valuable source of information and reference for the Task Force in accreditation considerations.

## **HIGHLIGHTS OF MAJOR ACTIVITIES FOR 2003-2004**

During the current year, the Task Force continues its duty to study the current status of paediatric subspecialties and to make recommendations to the College Council on development of Higher Training in Paediatric Subspecialties in Hong Kong.

### **1) The Guideline on the Criteria for the Accreditation of a Paediatric Subspecialty Training Programme and the Application Form for Accreditation of a Paediatric Subspecialty**

The Task Force finalized the Guideline and Application Form in January 2004. These were endorsed by the College Council in the same month (at the 88<sup>th</sup> Council meeting on 6 January 2004). A full set of Guideline, together with the Application Form, has been sent to all subspecialty groups, all Chiefs of Service, Training Supervisors, Consultants and Fellows of the College. It can also be obtained from the College website.

### **2) Meeting with Subspecialty Groups, 11 February 2004**

A 2<sup>nd</sup> meeting with all Subspecialty Groups, all Chiefs of Service, Training Supervisors, Paediatric Consultants of Training Units was held on 11 February 2004 at the Academy Building to update participants on the progress of work of the Task Force since the last meeting with subspecialty groups in February 2002. The updated *Guidelines and Criteria for Accreditation of Higher Training in Paediatric Subspecialties* and the *Application Form for Application of Subspecialty Accreditation* were presented and explained followed by interactive discussions between members of the Task Force and the audience. Logistics of application procedures and provisional framework of implementation were also clearly explained to the participants. The meeting was a success and there was excellent exchange of view and opinions in the meeting.

As at the deadline for subspecialty application (15 May 2004), the Task Force did not receive any applications from subspecialty groups. The Task Force reiterated that subspecialty development was not mandatory and only subspecialties which were mature and ready would be accredited. Accreditation of subspecialty should be stringent and responsible. 15 May 2004 was not meant to be a definite deadline for subspecialty application.

### **3) Title for Future Paediatric Subspecialists**

Postgraduate paediatric subspecialty training for an additional three years after completion of the 6-year training programme in General Paediatrics (or two years post-fellowship training allowing for one year of subspecialty training during the Higher Paediatric Training Programme) and successful attempt at the subspecialty assessment ensure a high standard of subspecialty training to the fellowship level. However, the Hong Kong Academy of Medicine recognizes only FHKAM(Paediatrics) in our case 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.

#### **4) College Criteria for Admission of First Fellow**

The Task Force takes reference to the Guidelines for Admission of “First Fellows” in New Subspecialty issued by the Academy in August 2003. In addition, the Task Force has also suggested the admission criteria for First Fellows as follows:

“A First Fellow in a subspecialty must be a Fellow of the Hong Kong Academy of Medicine (Paediatrics) and has undergone recognized supervised training in that subspecialty for 3 years. For Fellows who have not undergone a formal supervised training in that subspecialty for 3 years, he/she should have *a period of full-time supervised training (which should normally be not less than 6 months) in a recognized centre*. In addition, the 3 years of the stipulated accredited subspecialty training programme should be made up with a period of good independent practice in that subspecialty of twice of the duration required for the 3 years accredited training programme. The assurance of the standard and quality of the good independent practice should be supported by documentation of the workload in that subspecialty as well as relevant educational activities, such as publications, grand rounds and audit activities, conducted during the claimed period. The Subspecialty Board has the full discretion and final decision on the accreditation of individual Fellows. The Board decision should be submitted to the Task Force who would seek final endorsement from the College Council.” This was approved by College Council at the 91<sup>st</sup> Council Meeting on 6 July 2004.

#### **5) Seminar on “How to Maintain Standard in Paediatric Subspecialization?”**

This special seminar was organized on 24th September 2004 as part of the Scientific Meeting hosted to celebrate the Ruby Jubilee of the Department of Paediatrics and Adolescent Medicine, The University of Hong Kong with panel speakers from Hong Kong, Singapore, Malaysia, China, Australia and the Netherlands. These speakers together with an audience of more than 150 paediatricians exchanged extensively on their experiences and opinions on the development of subspecialty training, manpower planning, accreditation criteria for subspecialty programmes, the training curriculum, CME/CPA and measures to ensure quality service and standard for paediatric subspecialization. The participants also agreed that, while there might be conflicts between service needs and standard of practice, quality service should always take the lead in all communities. The valuable comments and views gathered therefrom throw light onto future development of paediatric subspecialization in Hong Kong.

## CONCLUSION

The Task Force for Higher Training in Paediatric Subspecialties was formed in May 2000. Through the dedicated work of its members, we are pleased to witness substantial achievements to date. Based on the *Academy Guidelines for Subspecialty Training, our own Criteria and Guidelines for Subspecialty Accreditation* and *Governance for Subspecialty Boards*, we are now at the final stage of designing an Application Form to be used by the subspecialty groups. The only set-back here is the current contract system for Hospital Authority employees which might hamper input of future trainees and hinder perpetuation of subspecialty development. However, as an Academy College, we do have obligation to promote such development which is vital for the betterment of child service in our community. Also, subspecialty groups (and future approved boards) have inherent duty to organize CME and CPD activities for their own subspecialists. Resources and manpower resources are other important constituents for ultimate success of subspecialty implementation. Given support from the College Council, contributions from the subspecialty groups, and dedication of the Task Force, it will not be long before Higher Training for Paediatrics Subspecialty can be realized in Hong Kong so that local paediatric subspecialists can have quality clinical and research activities ready to share and cross-pollinate with their counterparts elsewhere in the world.

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