

8 May 2004

Dear fellow members of our Society,

Re: Paediatric Subspecialty Development and Accreditation

Our Society is going to apply for Accreditation of Paediatric Nephrology to the Hong Kong College Paediatricians. And we would like to take this opportunity to discuss about the details of accreditation requirement. Please kindly take some time to go over the document that is provided by the HK College of Paediatricians and is answered by representatives from the Council of our Society.

Please join the discussion platform on 12 May 2004 at QEH M ground 6 p.m. to reflect your comment and suggestion.

Thank you for your attention and contribution.

Dr. TSE Kei-chiu Niko
President,
Hong Kong Paediatric Nephrology Society

*Note – in the following pages; those in **unbold** represent the original printout from the College and those in **bold and blue print** represent the answers worked out by our Council*

The Document from our College and answered by us.

Application for the Accreditation of the Subspecialty of **Paediatric Nephrology**.

1. Declaration:

1.1 We, the undersigned, would like to apply for accreditation of the subspecialty of **Paediatric Nephrology**, 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) **10 + 5** (number) of Fellows could be qualified as First Fellow
- (ii) **19 + 5** (number) existing subspecialists (including under training)
- (iii) **6** (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) **UK** (country B) **USA**.

_____ (number) of **sub**specialists are required in _____ (country A)

(i.e. _____ in _____ (population); and (country B)

(i.e. _____ in _____ (population)

(No answer can be provided as the number of subspecialists for General Nephrology Center and the number of subspecialists for Dialysis and Transplant Center is totally different and impossible to guess with good accuracy.)

2. Justification for establishment of the subspecialty:

Descriptive narrative provided – patient load, skill & knowledge, presence of experienced and senior staff working in the field currently, existence in other countries.....

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 Fellow interested in the subspecialty

3. Proposed training programme:

- 3.1 We propose the training programme would be **3** years with **30** months of full clinical activities.
- 3.2 **1** (number) proposed training programme 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: **> 30 / mth**
(from the HA statistics(4/01-3/02) – head count / month = 288)
 - ii. outpatient attendance – new cases: **> 30 / mth**
(from the HA statistics(4/01-3/02) - 2690 attendants / mth)
 - iii. outpatient attendance – old cases: **> 100 / mth**
 - iv. estimated number of cases in general population /million –
problems in arriving to a meaningful figure:
 - **number of cases in private sector not known;**
 - **definition of scope of Pediatric Nephrology to be determined**
- b. Local facilities
- i. Designated inpatient bed numbers (N/A if not applicable):
Usually paediatric renal patients are managed in a general ward with no bed designated with the name of “renal bed” for them; the only one exception is the P5 ward of Dept of Paed & Adol Med., Princess Margaret Hospital where 18 beds are designated for Pediatric Nephrology in the Paediatric Nephrology & Urology Ward.
 - ii. Designated outpatient attendance per month
 - 1 – 3 / clinic session** (pl specify number of new cases)
 - 40 – 60 / clinic session** (pl specify number of old cases)
 - 1 – 2 / week (up to 3)** (pl specify frequency of out patient clinics)
 - iii. Details of facilities relevant to the subspecialty (e.g. diagnostic laboratories, elecphysiology laboratories, imaging facilities): (please specify number and type of facilities)
Type –**diagnostic laboratory, histo-pathology, microbiology, virology, imaging facilities, Nuclear medicine**
Number – **the first 6 available in all major hospitals (thus > 10) and nuclear medicine available in 5 major hospitals**

- iv. Details of facilities might need to be given – subspecialty specific
Pediatric urology, molecular genetics, renal function lab, hormone study (rennin, aldosterone.)...
- c. Resources
 - i. The development of this subspecialty require extra resources - **yes**
The extra resources **include** laboratory spaces, and research aspects;
but not for extra manpower, equipment, bed space, nor rehabilitation space
- d. Manpower
 - i. number of subspecialists needed in **HA hospital** - **25**
 - ii. number of peer-recognized subspecialists currently practicing
in **HA** - **10**
 - iii. number of paediatricians currently practicing this subspecialty
- **10 + 5** (10 HA , 5 private)
 - iii. number of trainees that need to be trained to meet the current need
in 10 years - **15**
 - iv. number of qualified trainers currently available - **10**
 - v. number of trainees that can be accommodated with the existing
provision of manpower and facilities - **up to 6 in 3 yrs**
 - vi. number of trainees currently under training in this subspecialty- **8**

3.4 Career structure

Based on the analysis of the above information, we deduce the following:

1. Number of fully-trained subspecialists required for whole of **HA** - **25**
2. No. of subspecialist trainees required to be trained after their FHKAM (Paed) Fellowship Exit Exam in order to maintain a steady state in the next 10 yrs (ie 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 yrs - **15**
3. Number of fellows (FHKAM Paed) required to be working with the subspecialists to reach a desirable level of service and training for the whole of **HA** - **8**
4. Number of trainees (pre-fellow) required to be working in the subspecialty to reach a desirable level of service and training for the whole of **HK** - **0**
5. Number of centers or clustered network required for this subspecialty in the whole of **HK**:

1 programme with 1 Transplant and Dialysis Center,

5 General Nephropathy Centers for the 5 mega-clusters

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 – **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
- a. Ph.D - 3 months
 - b. M. Phil - 3 months
 - c. M.Med.Sc. - 3 months
- c) Clinical experience
- i) Minimum - **30 months;**
 - ii) Maximum - **36 months**
 - iii) Minimum number of new out-patient consultation in that subspecialty during the whole period of subspecialty training: - **100 – 150**
 - iv) Minimum number of old out-patient consultation in that subspecialty during the whole period of subspecialty training: - **600 – 700**
 - v) Minimum of subspecialty clinics per week - **2**
 - vi) Necessity of log sheet or log book - **yes**
 - vii) Availability of checklist for minimum number of special procedures for that subspecialty - **yes (10 renal biopsies)**
- d) Research activities required - **yes**
- i. clinical research programme - **yes**
 - ii. basic science research programme - **no**
- e) Teaching required – **yes: min. % of time 5% & max. % of time 10%:**
undergraduate teaching - **preferable;**
postgraduate teaching - **preferable**
- f) Administration within subspecialty (eg medical audit, involvement of service development, co-ordination & administration within subspecialty)
- **yes: min. % of time 5%; & max. % of time 10%**
- g) Subspecialty training is done in **> 2 centers (gen n, dx&tx, overseas)**
- h) Overseas training required - **yes**
and the minimum duration - **3 months**
- 1. setting – **accredited overseas center in Paed Nephrology**

2. objectives – **interest , exposure, new knowledge**
- i) Pre-set curriculum for their elective period: 6 months (up to) – **yes (Renal Pathology, Adult Nephrology Center, Research (basic science / clinical), Diagnostic radiology and Nuclear medicine)**

3.52 Assessment of training:

- a) Profolio assessment -
- yes for oral,**
course work, and
published papers (2 dissertations with 1 accepted for publication);
- no for written,**
postgraduate degree or
certificate

3.6 Institution / Functional Training Unit

3.61 Please describe the statistics for EACH Program

(Accredited Training Programme in a Subspecialty defined as a programme with structure and function that satisfies the minimum requirement for the training of subspecialist in that subspecialty. This is irrespective of unit, institution and territory. This is not necessary identical to the HA cluster)

1. patient admission per year (new + old) **300 / year**
2. case profile (estimation) %
- highly complex _____
- complex _____
- intermediate _____
- simple _____
- a). number of specialists working in the programme _____
- b). % of time working in the subspecialty _____
3. Number of subspecialists (FTE – 35-50% of time working in the subspecialty):
(not single handed, best 3 – 5 subspecialists for cover) _____
4. Having a structure for center e.g. director on service, training or research etc

5. Number of trainees _____
6. Number of supporting staff (please specify)
- e.g. clinical psychologist **1**
- scientific officer _____

therapists	_____
research fellows/assistants	_____
7. Structured training programme	yes
8. Clinical guidelines / protocols	yes
9. Clinical audit	yes
10. Research projects – number	_____

* Please define clearly each category for your subspecialty, citing clinical examples and the case mix necessary for a viable programme

(i) FOR GENERAL NEPHROLOGY:

In the perspectives of a trainee:

1. case load per year

20 inpatient admissions / month ie 240 inpatient / year

60 outpatient attendance / month ie 720 outpatients / year

2. case profile

two years training in cases of general nephrology

3. catchment population

general nephrology

0.12 million childhood population

(age < 18 years)

4. number of subspecialists

2 or more

5. having a structure for center

yes

6. structured training programme

yes

7. research project

1

In the perspectives of a training center / structure for accreditation

1. case load per year

20 inpatient **admission** / month ie 240 inpatient / year

60 outpatient **attendance** / month ie 720 outpatients / year

2. case profile

two years training in general nephrology

3. catchment population

general nephrology

0.12 million childhood population

(age < 18 yrs)

4. program structure

5 programmes **by networking of renal service centers in providing** 2 years of training in general nephrology

5. number of subspecialists

2 or more for 1 renal service center

6. having a structure for center yes

7. number of trainees 1 - 2 / program

8. structured training programme yes

9. clinical guidelines / protocols yes

10. clinical audit yes

11. research project 1 or more / year

12. available of supporting staff

clinical psychologist, dietitian, medical social worker, physiotherapist, occupational therapists, play therapists etc.

13. referral pattern

accepting referral from private sectors and inter-hospital referrals

(ii) DIALYSIS AND TRANSPLANTATION

In the perspectives of a dialysis and transplantation training center for accreditation

1. case load per year

- a. chronic PD: 5 active patients undergoing chronic PD
- b. chronic HD: = / > 500 sessions per year
- c. transplantation: managing 10 **actively transplanted children**
- d. OPD: = / > 300 attendances per year

2. case profile

half year training in dialysis and transplantation

3. catchment population

one million childhood population (age < 18 yrs)

4. program structure

1 dialysis transplantation center with program providing half year training in dialysis and transplantation.

5. number of subspecialists

3 or more for 1 dialysis transplantation center

6. having a structure for center yes

7. number of trainees 1 per programme at one time

8. structured training programme yes

9. clinical guidelines / protocols yes

10. clinical audit yes

11. research project

trainee preferably 1
dialysis and transplantation 1 or more / year

12. availability of supporting staff

clinical psychologist, dialysis nurses, dietitian, medical social worker,
physiotherapist, occupational therapists, play therapists etc.

13. referral pattern

accepting referral from private sectors and HA hospitals

3.7 Supportive Service considered as *mandatory* to the programme:

1. Co-ordination with other relevant paediatric subspecialties

ICU, NICU **yes – emergency and on site**
Medical subspecialties **yes – elective and on site**
Surgical subspecialties **yes - elective**
Orthopaedic subspecialties **yes - elective**
Oncology **no**
Transplant **yes – emergency and on site**
Others (please specify) **paediatric urology**

2. Special investigatory support

Laboratory

a. chemical pathology **yes – emergency and on site**
b. histo-pathology **yes – elective and on site**
c. microbiology **yes – elective and on site**
d. immunology **yes – elective and on site**

Radiology

US & CT **yes –urgent and on site**
MRI, isotope scan **yes – elective, maybe urgent**

3. Special therapeutic support

yes - interventional radiology, pharmacy, total parental nutrition, nutritionist, clinical
psychologist, medical social workers, allied health
no - radiotherapy, chemotherapy

4. Special management modalities (eg. parent support group) - **preferable**

3.8 Proposed requirement of Trainers

- a). Number of training staff in a center recommended: - **1**
(each programme with 3 – 4 training staff)
- b). In possession of the necessary skills in laboratory, special procedure or basic sciences practice: **NO - for laboratory & basic sciences practice**
yes - for special procedure such as renal biopsy

3.9 Proposed educational activities:

Grand round	hospital based; 1 per week
Journal club	1 per month
X-ray / imaging meeting	1 per month
Audit	1 per 6 months
Renal biopsy meeting	1 per 2 months
Other CME activities:	monthly interhospital renal meeting with topical update, subject review and case discussion (currently run by our Society)

* pl note that CME activities will be required for recognized subspecialties

3.10 The field or research available in our subspecialty and existing in HK

- (i). Clinical
- **interest groups available – GN, UTI, tubular, CRF, HT..**
- **studies on enuresis, FSGS, HSPN, NOS, biopsy, Lupus nephritis**
- (ii). Laboratory – **not applicable**
- (iii) Epidemiology – **Renal registry, CRC renal registry**

3.11 4 (number) of candidates are ***potential programme director*** (s) for HK (> 50% of time spent on subspecialty)

3.12 10 (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 of Postgraduate Training & Accreditation published by the College)

4. External assessor of our programme

We propose (a) Dr. / **Prof James Chan** of xxxx in yyyy and
(b) Dr. / **Prof MJ Dillon** of aaa in cccc
to be external assessor of our programme

On behalf of the core groups of **Paediatric Nephrology** subspecialty

Co-ordinators of the subspecialty:

Dr. CHIU Man-chun _____

Dr. WONG Sik-nin _____

Dr. TSE Kei-chiu, Niko _____

Dr. LAI Wai-ming _____

Dr. CHAN Kwai-yu, Winnie _____

Contact person _____

(i) Telephone _____

(ii) Email _____

(should be the training provider)