

HONG KONG COLLEGE OF PAEDIATRICIANS

Curriculum Review Consultative Forum 2

Date: 18 April 2023 (Tuesday)

Time: 19:00 – 21:20

Venue: MG Lecture Theatre, QEH

College President and WGCR Co-chairpersons:

Prof Simon Lam (President, HKCPaed)

Dr Wu Shun Ping (Vice-President, HKCPaed and Co-Chairperson of WGCR)

Dr Winnie WY Tse (Co-chairperson of WGCR)

WGCR members (14)	College Members (30)	
1. Prof Lam Hugh Simon Hung San	15. Dr Chan Hui Gwan Gwenda	30. Dr Man Elim
2. Dr Tse Wing Yee Winnie (Co-Chair)	16. Dr Chan Louis	31. Dr Mo Chung Yin
3. Dr Wu Shun Ping (Co-chair)	17. Dr Chan Mei Ching	32. Dr Pau Chee Kit Benjamin
4. Dr Tung Yuet Ling (Hon Sec)	18. Dr Chim Stella	33. Dr Shek Chi Chiu
5. Dr Chan Cheong Wai Stephen	19. Dr Chiu Wa Keung	34. Dr Siu Kiu Lok
6. Dr Chan Sophelia	20. Dr Chow Chin Ying	35. Dr So Kin Mo
7. Dr Cheng Wai Tsoi Frankie	21. Dr Cheng Sze Wing	36. Dr Tse Cheuk Tung Vincent
8. Dr Fok Oi Ling Annie	22. Dr Chow Shuk In	37. Dr Tsui Kwing Wan
9. Dr Fong Nai Chung	23. Dr Chiang Pui King	38. Dr Wong Dorothy
10. Dr Kwok Ka Li Carrie	24. Dr Fung Tsui Hang Sharon	39. Dr Wong Hugo
11. Dr Lee Kwok Wai Eric	25. Dr Ko Po Wan	40. Dr Wong Rosanna
12. Dr Li Chak Ho	26. Dr Ko Wai Tai Daniel	41. Dr Wong Tak Wai
13. Dr Shiu Yiu Keung	27. Dr Lam Kee See	42. Dr Wong Wan Ching
14. Dr Tsao Sabrina Siu Ling	28. Prof Li Chi Kong	43. Dr Yeung Chung Him
	29. Dr Ma Alison	44. Dr Yau Ping Wa

1.	Welcome and introduction by Prof Simon LAM and Dr SP WU	
1.1	Dr S P Wu welcomed all participants to the forum	
1.2	Prof Simon LAM gave a presentation on the background of curriculum review and objectives of the consultation	
2.	Open forum discussion	
2.1	Dr Janice CHOW pointed out that, there seemed to be a lack of natural progression of the complexity of the procedural skills in Domain 3 from basic to higher training. She noted that there was no requirement for central venous catheterization in basic training and in higher training the requirement is ultrasound-guided venous access. It was clarified that the ultrasound-guided venous access was not referring to a central line, and the focus was on learning the skill of ultrasound usage at the point of care. Dr WU further elaborated that when a trainee was entrusted with the procedure, retention of the skill was naturally expected.	
2.2	Dr TW WONG asked if an on-site trainer (e.g. second-call resident specialist) could	

	<p>be the assessor for DOPS during off hours. He pointed out that many of the mandatory procedures were often performed after office hours. Dr WONG also raised the concern that the number of procedures may not be sufficient to fulfill all the requirements of Domain 3, particularly at small regional departments without NICU or PICU. Prof. Simon LAM responded that the current proposal allows the actual clinical supervisors working with the trainee to conduct DOPS assessments. Dr WU supplemented that simulation was acceptable for uncommon procedures like chest tapping.</p>	
2.3	<p>Dr Alison MA asked that under the proposed curriculum of a domain-based, competency-based framework, whether more trainee rotations would be necessary for an all-round training. Prof. LAM responded that the trainee rotations should not be determined solely by the service needs, but should account for the training needs of the trainees. The curriculum will likely lead to some restructuring of the training pathway in the future and, by extension, trainee movement through different institutions</p>	
2.4	<p>Dr CC SHEK raised the concern that the formative assessments will turn into another form of training logs. Dr WU pointed out that the log sheet now served little educational purpose. The Working Group is hopeful that the formative assessments will replace training logs, and there will be a recommended number of these assessments during the six years of training.</p>	
2.5	<p>Dr Grace LAM pointed out that the proposed competency-based learning and assessment may blur boundaries between general paediatrics and subspecialty training. Dr WU agreed and emphasized that “General Paediatrics” in the proposal encompasses all 22 subspecialties, including neonatology. After six years of training, a fellow should be able to handle most of the commonly encountered paediatric problems. Dr Grace LAM asked if some of the core competencies could be acquired in a subspecialty environment like the Hong Kong Children’s Hospital. Prof Simon LAM concurred that the distinction between “General Paediatrics” and “Subspecialties” may not be as relevant to deciding the accreditation status of a training unit under the conceptual framework of the proposal. In the future, as we gain better understanding of the competencies that can be acquired in various training settings, we may potentially be more flexible in arranging rotations that can allow trainees to achieve the core learning outcomes.</p>	
2.6	<p>Prof. CK LI opined that the six-year training programme was to ensure the trainees could acquire the core competency to work independently as a paediatrician. The evolution to competency-based learning and assessment was the correct direction. The paradigm shift however would likely take time. Dr Winnie TSE agreed with Prof. Li that the goal of training is to nurture trainees to become trustworthy, independent paediatricians. Dr TSE acknowledged the concerns and worries of the medium-sized training institutions about the implementation of the new assessment</p>	

	format and the workload that it might create. She highlighted again that the number of assessments would be a reasonable finite number, and that for certain assessments, e.g. MSF, all medical doctors, from trainees and trainers, could also be assessors. The burden of assessment does not rest solely on the training supervisors.	
2.7	Some paediatric trainees were concerned that the assessment standard of the formative assessment will vary depending on the trainer. Dr Carrie KWOK replied that the Working Group envisioned the future training to be initiated and directed by trainees. A reasonable trainee would seek the input from different trainers that will render the biggest educational value from the formative assessments. Dr WU highlighted that the goal of the formative assessments was not to become a burdensome exercise for both the trainers and the trainees. The emphasis was on constructive feedback through a finite number of assessments. They are “assessments for learning”, not “assessments of learning”.	
2.8	Dr KH Ma asked if all formative assessment forms need to be submitted to the College. Dr WU replied that the formative assessments record will form the training portfolio of the trainees for training supervisors to review. The Working Group had not made a recommendation if the result of the formative assessment may determine the eligibility of a trainee to sit for the exit assessment. A trainee may do more assessment than required and one may wish to submit only those with good results. It was the pathway through which the trainee grew that mattered.	
2.9	Dr Louis CHAN asked whether there would be new requirement of trainers in the new competency-based curriculum. Dr WU responded that “train-the-trainers” workshops would be developed in the near future. Dr WU also announced that a pilot training programme known as the “Basic Medical Education Course” run by Innovative Learning Centre for Medicine of the HKAM would take place soon this year. The Working Group will see into ways of tailoring the training to our trainers.	
2.10	Dr Rever LI raised that, with the proposed new curriculum, it would be a paradigm shift from quantity-based to quality-based training.	
3.	Concluding remarks	
3.1	Dr WU thanked all colleagues for their comments and participation. It was concluded that the general opinions were supportive of the move toward a competency-based curriculum. The proposal would shape the future generations of paediatricians to be competent, dedicated and continuously striving for excellence.	
3.2	The next step would be seeking champions to advocate the curriculum reform at all training institutions. The Working Group would also give a few finishing touches to the proposal before submitting it to the Council for endorsement.	
3.3	Dr WU reiterated that the Working Group welcomes any opinion. All college members were also welcome to join the group to help the continuous process of advancing our training.	

4.	The meeting was adjourned at 21:20.	
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Dr WY TSE, Co-chairperson

Dr SP WU, Co-chairperson

Dr Joanna TUNG, Honorary Secretary