

	HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院	Document No.	EC-TG-MTR-002-V1
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	<u>Subject</u> Guideline for Mandatory Trauma Rotation in Designated and Non-designated Trauma Centres for Emergency Medicine Trainees	Review Date	1 Aug 2028
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Hong Kong College of Emergency Medicine

Guideline for Mandatory Trauma Rotation in Designated and Non-designated Trauma Centres for Emergency Medicine Trainees

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Author	Dr. Oi Fung WONG Training & Examination Subcommittee Chairman
Custodian	Secretariat Office
Approved by	Education Committee
Approver	Dr Chun-tat LUI Censor-in-Chief
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1. Introduction

This guideline establishes the mandatory requirement for all Emergency Medicine (EM) trainees to complete a dedicated rotation in both Trauma Centre with Neurosurgery & Multidisciplinary Trauma Team (TCNMTT) and non-TCNMTT accredited training centre. This rotation is designed to ensure comprehensive trauma readiness and a uniform, high standard of competency by providing direct, hands-on experience in the leadership and management of polytrauma patients within a multidisciplinary neurosurgical trauma centre. Furthermore, it delivers formal training in the critical principles of secondary trauma triage and interfacility transport (IFT) skills, which are fundamental for future practice in both designated trauma and non-trauma centre environments.

2. Definitions

- a) **Trauma Centre with Neurosurgery & Multidisciplinary Trauma Team (TCNMTT):** A designated hospital with neurosurgical services and a formal, activated multidisciplinary trauma team. This includes: **Prince of Wales Hospital (PWH), Queen Mary Hospital (QMH), Queen Elizabeth Hospital (QEH), Tuen Mun Hospital (TMH), Pamela Youde Nethersole Eastern Hospital (PYNEH), and Princess Margaret Hospital (PMH).**
- b) **Non-TCNMTT:** Any Hong Kong College of Emergency Medicine (HKCEM) - accredited training centre not listed as a TCNMTT.

3. Rotation Requirements

All trainees must complete a single, continuous 3-month full-time clinical rotation dedicated to comprehensive trauma training. This rotation should provide structured exposure to a designated TCNMTT or a non-TCNMTT accredited EM training centre, wherever appropriate. The primary objective is to integrate hands-on major trauma management with the principles of secondary trauma diversion and critical care transport.

The schedule for this combined rotation can be fulfilled via one of two approved pathways:

Pathway A: Integrated with mandatory higher training rotation

This 3-month combined trauma rotation can be planned to overlap with and form an integral part of the trainee's existing 6-month mandatory Higher Training rotation. Trainees choosing this pathway must coordinate with their Training Supervisors to structure the 6-month block to incorporate the required TCNMTT and non-TCNMTT experiences.

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Pathway B: Standalone rotation

If the combined trauma rotation is not integrated with the 6-month higher training rotation, it must be completed as a separate 3-month block. In this case, the trainee's total training schedule must incorporate an additional 3-month clinical rotation, to be completed at a TCNMTT or a non-TCNMTT accredited EM Training Centre, in addition to the 6-month mandatory higher training requirement.

4. Role of Training Supervisors

Training Supervisors at both TCNMTT and non-TCNMTT sites play an important role in the effective implementation of this rotation. Their foremost responsibility is to arrange the rotation schedule for their own trainees to ensure fulfillment of this mandatory training requirement for the Fellowship of HKCEM. Specifically, Training Supervisors should:

- a) **Facilitate Rotation Planning:** The Training Supervisor shall proactively coordinate with the trainee and the Training Supervisors at other EM Training Centres to structure the training schedule, whether via Pathway A or B, to ensure the trainee completes the required 3-month combined rotation at both a TCNMTT and a non-TCNMTT site.
- b) **Facilitate Trauma Team Participation (TCNMTT):** For trainees rotating through a TCNMTT, the Training Supervisor shall ensure the trainee is integrated into the multidisciplinary trauma team. This includes providing opportunities to function in key roles, progressing from an active team member to assuming a leadership position in trauma resuscitations under appropriate supervision.
- c) **Oversee Secondary Trauma Diversion and IFT Experience (non-TCNMTT):** The Training Supervisor shall facilitate the trainee's participation in the secondary trauma diversion and complete IFT process during rotations at non-TCNMTT sites. This involves enabling the trainee to actively participate in the assessment, resuscitation, and decision-making for trauma patients, with a specific focus on the principles of secondary trauma diversion, including clinical decision-making, initial stabilisation, and preparation for transfer to a definitive trauma centre. Where feasible and clinically appropriate, the Training Supervisor shall also arrange for the trainee to accompany critically ill or injured patients during IFT escorts to gain direct experience in transport medicine, including communication with receiving doctors and the logistics of safe IFT.

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5. Implementation and Migration Plan

d) This rotation is a mandatory training requirement for:

1. All trainees newly enrolled in the HKCEM training programme on or after 1 July 2026.
2. All existing trainees who commence their Higher Training on or after 1 July 2026.

e) Transitional Provision for Existing Trainees (Enrolled before 1 July 2026):

For all other trainees enrolled in the HKCEM training programme prior to 1 July 2025 who do not meet the criteria above, completion of this rotation is optional but strongly recommended. These trainees are encouraged to integrate this rotation into their remaining training schedule where feasible.

6. Exceptions

Trainees with prior equivalent trauma experience (e.g., accredited overseas training) may apply for exemption. Applications must be submitted in writing to the Training and Examination Subcommittee (Education Committee), accompanied by comprehensive supporting documentation. All such requests will be forwarded for individual consideration and final approval by the Education Committee.