

**The Hong Kong College of Emergency
Medicine**

**Training Programme for Specialists in
Emergency Medicine**

(Revised Dec. 1996)

(Endorsed by HKCEM Council 16/1/97)

1. OBJECTIVES OF TRAINING

The goal of training in emergency medicine is to develop trainees into specialists who are competent to accept and exercise the highest responsibility in the field of emergency medicine. In particular, the doctor should demonstrate knowledge and skill in the

- a) recognition, resuscitation, stabilization, evaluation and care of the critically ill or injured patient;
- b) arrangement of appropriate follow-up or referral as required;
- c) prehospital care of acutely ill or injured patients;
- d) management of emergency medical system providing prehospital care;
- e) administration of emergency department;
- f) teaching of emergency medicine; and
- g) research in areas relevant to the practice of emergency medicine.

2. ENROLLMENT OF TRAINEES

- a) Trainees must be doctors who are fully registrable with the Hong Kong Medical Council and currently working in a local Accident & Emergency Department with recognised training posts.
- b) Trainees shall enroll with the College at the commencement of their training by recommendation of the supervisors of accredited training centres.
- c) Clinical experience obtained before enrollment, whether local or overseas, shall be subjected to individual assessment by the College for the purpose of recognition as accredited training. Due considerations will be given to whether the training is supervised, relevant to emergency medicine and of comparable standard. The decision of the College shall be final.

3. STRUCTURE OF TRAINING

The training of specialist in emergency medicine should span **six years**. At least three years will be training within the Emergency Department. Elective rotations will be required to give the trainee a wide exposure in other disciplines of medicine of importance to the practice of emergency medicine. Trainees may sit for the intermediate examination during or after the third year of training. After at least six years of accredited training and on compliance with the training requirements, an exit assessment / examination will be conducted. All training posts must be accredited by the Education Committee of the College.

3.1 **3 Years of Mandatory Training in Emergency Department**

All trainees must go through three years of training in recognised training post of accredited Emergency Department of which one year must be as advanced trainee after passing the intermediate examination.

The objectives of training in emergency department are to expose the trainees to a wide varieties of emergencies and to equip them with the basic knowledge and skills to handle these critical events. Trainees will be gradually given more responsibility to manage patients commensurate with their experience.

3.2 One Year of Mandatory Rotations

Rotations outside Emergency Department are required to give trainees a broader perspective of the practice of emergency medicine. This also give trainees a better appreciation of interdisciplinary approach to patient care with cooperation by different specialties. This serves to lay a firm foundation for further training. The rotations will include:

- 6 months in internal medicine
- 6 months in general surgery

3.3 Optional Rotations outside Emergency Department

Only rotations in units accredited by the College as suitable for training will be counted. The minimum period of hospital appointment for approved training is three months.

Category A rotations

A maximum duration of 24 months only may be accredited by the College for the following elective rotations

- internal medicine
- paediatrics
- general surgery
- orthopaedics & traumatology

Category B rotations

For this category of elective rotations, a maximum of 12 months may be accredited.

- medical subspecialties e.g. geriatrics etc.
- surgical subspecialties e.g. neurosurgery etc.
- anesthesia

Category C rotations

Only a maximum of six months may be accredited for the following rotations:

- Intensive care unit
- Coronary care unit
- Obstetrics & Gynecology
- Psychiatry
- Research
- ENT
- Ophthalmology
- Dermatology
- Diagnostic Radiology
- EMS Administration
- Toxicology
- Family Medicine

For Dermatology, ENT or Ophthalmology elective, attachment to outpatient clinics for lesser duration could be accepted.

Trainees with interests in other special areas not listed above should discuss with his or her supervisor and seek approval from the Education Committee.

4. CONTENTS OF TRAINING

Contents of training should cover both knowledge and skills that are required for the management of critically ill patients. In general, the following aspects should be covered:

- basic sciences
- clinical skills
- review of current literature
- communication skills
- prevention and treatment of illness and promotion of health
- teamwork
- management skills
- knowledge and skills which cross specialty boundaries
- professional ethics and conduct

5. METHODS OF TRAINING IN EMERGENCY DEPARTMENT

Trainees are responsible to keep adequate record of their own training activities in the training log book. The forms of educational activities can vary a lot depending on the topic. For example :

- didactic lectures
- case conference
- mortality and morbidity meeting
- X-ray review
- journal club
- seminar
- workshop/drills
- quiz
- bedside coaching
- courses e.g. ACLS, ATLS
- research and clinical studies

Trainees should be given increasing responsibilities and exposure to all areas relevant to the practice of Emergency Medicine. The following points should be observed:

- Trainees will be given increasing responsibility in all areas relating to the clinical practice of emergency medicine.
- Trainees with subspecialty interests will be encouraged to widen their exposure in their areas of interest.
- Trainees will take up teaching of junior staff.
- Trainees should be given chances to participate in academic presentations and research at some stage of their training.
- Trainees should take part in Quality Assurance activities.
- Trainees should be given chances to participate in department/hospital administration. They are also encouraged to take up management courses.

6. EXAMINATION & ASSESSMENT

6.1 Intermediate Examination

6.1.1 Conjoint Examination

The College will organise a conjoint examination with the Royal College of Surgeons of Edinburgh.

The minimum requirements for the Fellowship examination in Emergency Medicine of the College are:

- pass in Part I examination for MRCP or FRCS
- one year of training in Emergency Department
- 6 months training in internal medicine
- 6 months training in general surgery

The examination consists of the following sections:

- Written
- Clinical in Surgery, Internal Medicine and Accident & Emergency Medicine
- Viva in Surgery, Internal Medicine and Accident & Emergency Medicine

6.1.2 Royal Colleges of Surgeons of Edinburgh Examination (Accident & Emergency)

This examination is regarded as equivalent to the College conjoint examination.

The minimum requirements for this examination are:

- pass in Part I examination for MRCP or FRCS
- one year of training in Emergency Department
- one year training in medicine of which 6 months must be general internal medicine
- one year training in surgery of which 6 months must be in general surgery

For the purpose of the Edinburgh examination, experience in the internship year can be counted. The examination consists of the following sections:

- Written
- Clinical in Surgery, Internal Medicine and Accident & Emergency Medicine
- Viva in Surgery, Internal Medicine and Accident & Emergency Medicine

6.1.3 Other membership or fellowship examinations e.g. MRCP or FRCS may be considered equivalent subject to review by the College Council.

6.2 Exit Assessment

Upon completion of not less than six years of accredited training and with the recommendation of the supervisor, the trainee will be assessed by an **Assessment Board**.

- a) the Assessment Board should have at least three members
- b) the immediate supervisor of the trainee should not be a member of the Assessment Board
- c) Board members are senior Fellows appointed by the College
- d) the Board will examine the content of the log book
- e) the Board will interview the trainee to discuss the content of the log book
- f) the Board will discuss with the trainee on research projects participated or presentations given by the trainee where applicable.
- g) the Board will report to the Education Committee and make recommendations on whether the training has been adequate.

7. ACCREDITATION

Trainees of the College who have fulfilled all requirements for training and examination are eligible to apply for Fellowship of the College subject to its Memoranda, Articles of Association and Bye-laws. The application should be supported by two current Fellows of the College. The decision of the Council to elect such a trainee to Fellowship shall be final.

8. PART TIME TRAINING AND JOB SHARING

Part-time training and job sharing could be accommodated. Trainees are still required to meet the minimum criteria of training as set out above in terms of full time equivalent. Approval must be sought from the College Education Committee beforehand.

9. ABSENCE FROM TRAINING

Trainees who are absent from their training post for more than 6 weeks, apart from annual or study leave, should notify the College for corresponding adjustment of the training period requirement.

10. INTERRUPTION OF TRAINING

Trainees who wish to suspend their training for more than 6 months should seek prior approval from the Education Committee. Trainees who, for whatever reason, suspend training for more than three years must re-enroll as trainee and their previous approved training will be assessed individually by the Education Committee.

APPENDIX:

ACCREDITATION OF TRAINING CENTRES, TRAINING POST, AND TRAINERS

1. Accreditation of training centres

1.1 Accident & Emergency Departments

Accident & Emergency Department accredited for training should meet the following criteria:

- a) The Department must have at least two full-time Consultants and one of whom will assume responsibility for the entire training programme as training supervisor.
- b) Each trainee must be assigned a trainer who is a Fellow of the Academy or of equivalent standing.
- c) The range and volume of cases should provide broad exposure to the trainee. The total attendance should be greater than 70,000 patients per year
- d) Training programmes should be approved by the College. Training program should ensure
 - trainees must have chance to participate in regular educational programmes e.g. case conferences, seminar, procedure workshops etc.
 - trainees must have chance to assume greater responsibilities gradually under supervision by suitable trainers
- e) Availability of a 24 hour laboratory and diagnostic radiology facilities for the practice of high quality emergency medicine.
- f) Sufficient facilities for educational activities including an adequate library, venue for lecture and seminars.
- g) There must be medical audit in the department e.g. mortality & morbidity meeting.

The College will inspect training centres from time to time to see if the above requirements are complied with. Initial recognition of any training centre will be for 5 years and the status will be reviewed at the end of the fifth year.

1.2 Rotations outside Accident & Emergency Department

- a) Training units shall be accredited by the Education Committee. Reference will be made to accreditation of the unit by other Colleges of the Academy for the training of specialist in that specialty .

2. Training posts

- a) Training post(s) must be approved by the College and reviewed every five years.
- b) Training post(s) must be in an accredited training centre.
- c) Trainee to trainer ratio should be no more than 3 : 1 normally.
- d) The number of training posts or the duration of training in a particular post can be varied by the College if trainees in that post are inadequately supervised.

3. Supervisor and Trainer

- a) Supervisors and Trainers are appointed by the College, and are responsible to the College for the proper supervision of trainees under their charge.
- b) Supervisors and Trainers should be working full-time in an accredited training centre.
- c) Each training centre must have a **supervisor**. The supervisor will have overall responsibilities to oversee the training of trainees in a training centre. The supervisor has the responsibility of reporting any changes in the training centre which may affect training.
- d) **Supervisors** should be senior specialists in Emergency Medicine and Academy Fellows or of equivalent standing.
- e) **Trainers** should be Academy Fellows or of equivalent standing.
- f) Supervisors and Trainers have the following responsibilities
 - Ensure adequate teaching of trainees
 - Provide career guidance to trainees
 - Advocate for the welfare of trainees
 - Inspect and sign training log book
 - Report on the training progress of trainees under their charge

APPENDIX:

COLLEGE EDUCATION COMMITTEE

The College Education Committee will perform the following functions :

- a) accreditation, supervision and recommendation for approval by the Council of the College of education and training programmes;
- b) accreditation and recommendation for approval by the Council of the College of recognised training units;
- c) accreditation, supervision and recommendation for approval by the Council of the College of recognised training posts;
- d) accreditation and recommendation for approval by the Council of the College of recognised supervisors and trainers;
- e) registration and supervision of recognised trainees;
- f) supervision, inspection and recommendation for approval by the Council of the College of training log books;
- g) maintenance of a central registry of trainees;
- h) recommendation for approval by the Council of the College of the formats of assessment and examination for the assessment of trainees at various stages of their training;
- i) accreditation and recommendation for approval by the Council of the College of continuing medical education activities;
- j) to keep in close liaison with the Academy Education Committee, post graduate medical education centres in hospitals and clinics, medical faculties of the Universities, specialist trainers and hospital chief executives;
- k) to form any subcommittee necessary for the purpose of carrying out any of the above functions.

Internationally Recognised Overseas Higher Qualifications

Type of Qualification	Institutions	Qualifications
Surgery and Orthopaedics	Fellow of the Royal College of Edinburgh: Diploma in General Surgery	FRCSEd
	Fellow of the Royal College of England: Diploma in General Surgery	FRCS (Eng)
	Fellow of the Royal College of Glasgow: Diploma in General Surgery	FRCS (Glas)
	Fellow of the Royal College of Ireland: Diploma in General Surgery	FRCS (Ire)
	Fellow of the Royal Australasian College of Surgeons	FRACS
Medicine and Paediatrics	Member of the Royal College of Physicians (UK)	MRCP (UK)
	Member of the Royal College of Physicians (London, Edinburgh, Glasgow or Ireland)	MRCP (London, Edin, Glasg, Ire)
	Fellow of the Royal College of Physicians (London, Edinburgh, Glasgow or Ireland)	FRCP (London, Edin, Glasg, Ire)
	Fellow of the Royal Australasian College of Physicians	FRACP
Anaesthesia	Fellow of the Royal College of Anaesthetists	FRCA
	Fellow of the Australia and New Zealand College of Anaesthetists	FANZCA
Emergency Medicine	Fellow of the Royal College of Edinburgh: Diploma in Accident & Emergency Medicine	FRCSEd (A&E)
	Fellow of Australasian College for Emergency Medicine	FACEM
	Diplomate of American Board for Emergency Medicine	ABEM
	Fellow of Royal College of Physicians (Emergency Medicine)	FRCPC. (Emergency Medicine)