

HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院	Document No.	EC-TG-TPS-001-V17
	Issue Date	01 June 2020
<u>Subject</u> Training Programme for Specialists in Emergency Medicine	Review Date	31 May 2022
	Approved by	College Council
	Page	1 of 17

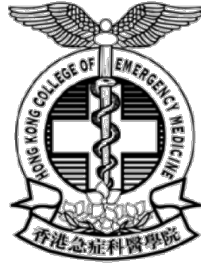
# Hong Kong College of Emergency Medicine

## Training Programme for Specialists in Emergency Medicine

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Distribution List	Training Supervisors, Trainers and Trainees

HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院	Document No.	EC-TG-TPS-001-V17
	Issue Date	01 June 2020
Subject Training Programme for Specialists in Emergency Medicine	Review Date	31 May 2022
	Approved by	College Council
	Page	2 of 17



# Hong Kong College of Emergency Medicine

## Training Programme for Specialists in Emergency Medicine

(Revised Dec. 1996)

(Endorsed by HKCEM Council 16 Jan 1997)

(Revisions endorsed by HKCEM Council on 29 Oct 1998)

(Revisions endorsed by HKAM Education Committee on 19 Jan 1999)

(Revisions endorsed by HKCEM Council on 2 Mar 2000)

(Revisions endorsed by HKAM Education Committee on 21 Mar 2000)

(Revision endorsed by HKCEM Council on 3 Mar 2003)

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(Revision endorsed by HKAM Education Committee on 12 Jan 2010)

*Recognized Overseas Qualifications (2010 01 12)*

(Revision endorsed by HKAM Education Committee on 8 March 2011 – with effect from 1 Jan 2012)

(Revision endorsed by HKAM Education Committee on 19 Feb 2013)

(Revision endorsed by HKAM Education Committee 3 Feb 2015)

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HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院	Document No.	EC-TG-TPS-001-V17
	Issue Date	01 June 2020
<u>Subject</u> Training Programme for Specialists in Emergency Medicine	Review Date	31 May 2022
	Approved by	College Council
	Page	3 of 17

**(Revision endorsed at 158<sup>th</sup> HKCEM Council meeting on 5 Apr 2016)**

**(Revision endorsed at HKAM Education Committee 19 Dec 2017)**

**(Revision endorsed at 188<sup>th</sup> HKCEM Council Meeting on 18 Jun 2019)**

**(Revision endorsed at 196<sup>th</sup> HKCEM Council Meeting on 16 Apr 2020 and 249<sup>th</sup> HKAM Education Committee on 12 May 2020)**

**\*major update in blue fonts**

HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院 <u>Subject</u> <b>Summary of Training Assessment and Half-yearly Accreditation</b> <b>Education Committee (EC), HKCEM</b>	Document No.	EC-TG-TPS-001-V17
	Issue Date	30 Jun 2020
	Review Date	31 May 2022
	Approved by	College Council
	Page	4 of 17

## 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. The following 6 Core Competences are the key areas in the maturation towards a competent Emergency Physician:

1. Medical knowledge and Clinical Skills
2. Patient Care
3. Professionalism and other Ethical and Legal Issues
4. Education and Research
5. Communication, Collaboration and Interpersonal Skills
6. Organizational Planning and Management Skill

Upon satisfactory completion of the specialist training program, the doctor should be able to 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) Local trainees must be doctors who are registered with the Hong Kong Medical Council and currently working in an accredited Emergency Department with recognized training posts.
- b) Non-HK trainees should be medical graduates from qualified medical schools, fully registered with the corresponding local license-regulatory authorities or equivalence, and are working in an accredited Emergency Department with recognized training posts. Their registration should be subject to the final approval by the College.
- c) Trainees shall enroll with the College at the commencement of their training by recommendation of the training supervisors of accredited training centres where they are working.
- d) 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. 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. There are two phases of training, namely, basic training and higher training.

HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院 <u>Subject</u> <b>Summary of Training Assessment and Half-yearly Accreditation</b> <b>Education Committee (EC), HKCEM</b>	Document No.	EC-TG-TPS-001-V17
	Issue Date	30 Jun 2020
	Review Date	31 May 2022
	Approved by	College Council
	Page	5 of 17

### Basic training

Basic training must include at least one year of accredited Emergency Medicine training. Trainees may sit for the intermediate examination after 24 months of accredited training.

### Higher training

A basic trainee will become a higher trainee only if he/she has completed the basic training and passed the Intermediate Examination for Emergency Medicine or its equivalent. Higher training comprises at least 2 years of accredited training in Emergency Medicine

After at least six years of accredited training, including the mandatory rotations to another accredited EM training centre (section 3.1) and other specialties (section 3.2), successful participation in mandatory training courses (sections 3.3), and satisfactory completion of all the training requirements, trainees may sit the Exit Examination in Emergency Medicine. All training must be accredited by the Education Committee of the College. [Trainees must have fulfilled the College research requirement before they can apply for Fellowship of HKCEM.](#)

## **3.1. 3 Years of Mandatory Training in Emergency Departments**

The objectives of training in emergency departments are to expose the trainees to different case complexities and wide varieties of emergencies to equip them with the basic knowledge and skills to handle these critical events.

All trainees must go through three years of recognized training in accredited Emergency Department(s) of which two years must be as higher trainee after passing the intermediate examination or equivalence.

### Mandatory rotation to other accredited EM training centres

Different Emergency Departments have their own merits and uniqueness in terms of the capacity and size, patient load, case complexity, spectrum of diseases, workflow, and collaboration with other departments within the hospitals. In order to broaden the exposure of the trainees during clinical maturation, trainees are required to take rotation to different accredited EM training centre(s) during the training period.

- The mandatory rotation will be a total of 6 months in duration, and will be done during higher training period
- The arrangement will be centrally coordinated by College
- Exemption can be considered for trainees who have previous accredited training experience in another EM training centres during the higher training period
- (Effective for trainees registered under HKCEM from 1<sup>st</sup> July 2015)

## **3.2. One Year of Mandatory Rotation to other specialties**

Rotations outside Emergency Department are required to give trainees a broader perspective of the practice of emergency medicine. This also gives 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. Each rotation period should be at least 3 months. The rotation should involve handling of patients admitted with emergencies. The rotations will include:

	HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院	Document No.	EC-TG-TPS-001-V17
		Issue Date	30 Jun 2020
	<u>Subject</u>	Review Date	31 May 2022
	<b>Summary of Training Assessment and Half-yearly Accreditation</b>	Approved by	College Council
	<b>Education Committee (EC), HKCEM</b>	Page	6 of 17

- a) 6 months in surgical stream:
  - General surgery and other surgical subspecialties
  - Orthopaedics & Traumatology
  - Anaesthesiology
  
- b) 6 months in non-surgical stream drawn from the following list
  - Internal Medicine
  - Critical and Intensive Care
  - Paediatrics and Adolescent Medicine

This one year mandatory rotations can be done during either basic training or higher training, but must be satisfactorily completed before sitting for the Exit Examination.

### 3.3. Mandatory training courses in EM training

- a. Before promotion to Higher Trainee
  - BLS
  - ACLS
  
- b. Before allowing to sit in Exit Examination in Emergency Medicine
  - Orthopaedic & Surgical Skills Workshop
  - Airway Workshop
  - APLS / PALS
  - USG Basic Course
  - Disaster Triage & Management Workshop
  - Basic Toxicology Course
  - Simulation Training Course in Emergency Medicine
  - Literature Appraisal / Evidence Base Medicine Workshop

Trainees can submit to EC any training which might be considered equivalent to the mandatory trainings listed above for approval. A vetting mechanism is in place in EC for any case-by-case consideration (Effective for trainees registered under HKCEM from 1<sup>st</sup> July 2015)

### 3.4. 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 six weeks.

- a) Category A rotations

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

- Internal Medicine
- Paediatrics and Adolescent Medicine
- General Surgery

	HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院	Document No.	EC-TG-TPS-001-V17
		Issue Date	30 Jun 2020
	<u>Subject</u>	Review Date	31 May 2022
	<b>Summary of Training Assessment and Half-yearly Accreditation Education Committee (EC), HKCEM</b>	Approved by	College Council
		Page	7 of 17

- Orthopaedics & Traumatology

b) Category B rotations

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

- ICU
- Critical care
- CCU
- Clinical Toxicology
- Anaesthesiology
- Surgical Subspecialties

c) Category C rotations

A maximum of six months only may be accredited for the following rotations:

- Obstetrics & Gynecology
- Psychiatry
- Research
- ENT
- Ophthalmology
- Dermatology
- Diagnostic Radiology
- Family Medicine
- Rehabilitation Medicine
- Clinical Oncology
- Pre-hospital Emergency Medical Service
- Administrative Medicine
- [Community Medicine](#)
- [Infectious Diseases](#)

Trainees with interests in other special areas not listed above should discuss with their training supervisors and seek approval from the Education Committee.

Trainees who wish to undergo overseas attachment for longer than 6 weeks in fields related to emergency medicine must obtain prior approval from the Education Committee.

**3.5 Trainees who are also the holders of fellowship of the other Academy Colleges listed in appendix 5 and wish to pursue further training in emergency medicine and obtain fellowship in HKCEM**

They are required to

- Undertake a minimum of 12 months of basic training in emergency medicine
- Undertake a minimum of 24 months of higher training in emergency medicine, including 6 months

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	HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院	Document No.	EC-TG-TPS-001-V17
		Issue Date	30 Jun 2020
	<u>Subject</u>	Review Date	31 May 2022
	<b>Summary of Training Assessment and Half-yearly Accreditation</b>	Approved by	College Council
	<b>Education Committee (EC), HKCEM</b>	Page	8 of 17

mandatory rotation to other accredited EM training centres

- c) Fulfill the 1 year mandatory rotation requirement as listed in 3.2
- d) Fulfill the College research requirement
- e) Pass the Exit Examination in Emergency Medicine

For their relevant clinical experience prior to joining the HKCEM training programme to be counted as fulfillment of mandatory rotation requirement

- It is subjected to accreditation by the Education Committee of the College
- A maximum of 12 months is counted
- Experience less than 3 months is not recognized

For their Emergency Medicine experience prior to joining the HKCEM training programme to be accredited

- It is subjected to accreditation by the Education Committee of the College
- A maximum of 12 months is counted
- Experience less than 3 months is not recognized
- The prior accredited EM training is counted as basic training in emergency medicine.
- The trainees have to undertake a period of training in an acute specialty equal to the duration of their prior accredited EM training. The period of acute specialty training can include the mandatory rotation as required in 3.2

### **3.6 Dual Training Program for HKCEM and HKCA(Intensive Care)**

The practice of the specialties of Emergency Medicine and Intensive Care are in many aspects similar, and address different stages in the continuity of care for critically ill patients. There are trainees of both Colleges who are interested to pursue dual fellowship. Training requirements, mutual recognition and eligibility for the examinations in the other College have been agreed upon to facilitate this endeavor. Trainees should refer to the relevant EC documents for details.

## **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:

- a) basic sciences
- b) clinical skills
- c) review of current literature
- d) communication skills
- e) prevention and treatment of illness and promotion of health
- f) teamwork
- g) management skills
- h) knowledge and skills which cross specialty boundaries
- i) professional ethics and conduct

## **5. METHODS OF TRAINING IN EMERGENCY DEPARTMENT**

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HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院 <b>Subject</b> <b>Summary of Training Assessment and Half-yearly Accreditation</b> <b>Education Committee (EC), HKCEM</b>	Document No.	EC-TG-TPS-001-V17
	Issue Date	30 Jun 2020
	Review Date	31 May 2022
	Approved by	College Council
	Page	9 of 17

Trainees are responsible to keep adequate record of their own training activities in the [e-Portfolio](#) of the College. The forms of educational activities can vary depending on the topic. For example:

- a) didactic lectures
- b) case conference
- c) mortality and morbidity meeting
- d) X-ray review
- e) journal club
- f) seminar
- g) workshop/drills
- h) quiz
- i) bedside coaching
- j) courses e.g. ACLS, ATLS
- k) research and clinical studies
- l) [work place based assessment \(WBA\)](#)
- m) [online learning](#)

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.

## 5.1 [WORKPLACE BASED ASSESSMENT \(WBA\)](#)

- Starting from 2020, the College would include workplace based assessment (WBA) as a training and assessment tool for trainees. Entrustable Professional Activities (EPA) is chosen as the tool. It is a comprehensive assessment activity on a particular clinical (and sometimes non-clinical healthcare related) task.
- WBA is compulsory for all HKCEM trainees and should start the latest after one year post trainee registration. EPA should be performed regularly for trainees until an Exit level for that specific EPA has been attained.
- WBA is performed by College trainers who have undertaken the relevant training modules. Details of each assessment including the formative assessment and summative decision should be recorded into the [e-Portfolio](#).
- Trainees have to attain the Exit Level for ALL EPA before being allowed to sit for the Exit Examination.
- Readers should refer to the standalone document issued by EC on WBA for further details.

## 6. EXAMINATION

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	HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院	Document No.	EC-TG-TPS-001-V17
		Issue Date	30 Jun 2020
	<u>Subject</u>	Review Date	31 May 2022
	<b>Summary of Training Assessment and Half-yearly Accreditation</b>	Approved by	College Council
	<b>Education Committee (EC), HKCEM</b>	Page	10 of 17

## 6.1 Primary Examination

- The HKCEM holds the Primary Examination in Emergency Medicine (PEEM) for holders of basic medical degrees.

## 6.2 Intermediate Examination

- The entry training requirements for the Intermediate Examination in Emergency Medicine (IEEM) of the College are:
  - Passing the College Primary Examination or equivalent (Appendix 3), AND
  - Completed at least 24 months of accredited training including at least one year of accredited training in Emergency Department
- The examination consists of the following sections:
  - Short Answer Questions (SAQ)
  - Objective Structured Clinical Examination (OSCE)
- Please refer to College website for most updated details regarding the Intermediate Examination

## 6.3 Exit Examination

### 6.3.1 Requirements

- Trainee must have passed the College Intermediate Examination. Other internationally recognized local or overseas qualifications (appendix 4) may be considered equivalent subject to review by the College Council and approval by the Academy.
- Trainee is allowed to sit for the Exit Examination in Emergency Medicine (EEEM) only if all of the followings are fulfilled:
  - completed at least six years of accredited training of which a minimum of
    - three years must be in Emergency Medicine (of which two years must be in higher training [including 6 months to other accredited training centres as specified in section 3.1](#));
    - one year must be in mandatory rotations as listed in 3.2
  - [satisfactory completion of mandatory training course as specified in section 3.3](#)
  - [fulfilled the workplace based assessment requirement as specified in section 5.1 \(Effective for Exit Examination applicants for 2022 or future diets\)](#)
- Trainee, who is a holder of the qualification(s) listed in appendix 5, is allowed to sit for the Exit Examination if they have completed the accredited training specified in Section 3.5
- [Starting from 2021, trainees are allowed to sit for Exit Examination before their fulfillment of College research requirement. \(section 7\)](#)
- Candidates who have completed the required accredited training programme, [including research requirement](#), are allowed to sit the Exit Examination within three years after leaving the training posts.
- Please refer to College website for most updated details regarding the Exit Examination

## 6.4 Examination Boards

- [Examination boards of PEEM, IEEM and EEEM are led by respective Chief Examiners appointed by the College EC](#)
- [Examiners are senior Fellows with skills and experience on assessment.](#)

HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院 <u>Subject</u> <b>Summary of Training Assessment and Half-yearly Accreditation</b> <b>Education Committee (EC), HKCEM</b>	Document No.	EC-TG-TPS-001-V17
	Issue Date	30 Jun 2020
	Review Date	31 May 2022
	Approved by	College Council
	Page	11 of 17

- The Boards will conduct examinations to assess [the core competence](#) relevant to the practice of emergency medicine [according to the stage of training](#).

## 7. COLLEGE RESEARCH REQUIREMENT (Effective from 1 July 2021)

- Trainees must have fulfilled the College research requirement before they can apply for Fellowship.
- Trainees who have passed the Exit Examination before the fulfillment of College requirement is allowed to complete the process within 2 years, counting from the date of passing the Exit Examination.
  - These pre-fellows have to maintain their continuous professional development by attending College CME activities to attain the required training points during this window period.
- Fulfillment of the College research requirement after 2 years post Exit Examination is not entertained. Cases with exceptional justifications will be subjected to review and approval by College EC. EC may impose remedial actions on the applicants. An applicant may be required to re-sit the Exit Examination as the most serious consequence. The decision of the College shall be final.
- Please refer to College website for most updated details regarding the College research requirement.

## 8. APPLICATION FOR FELLOWSHIP

Trainees of the College who have fulfilled all requirements for training, examinations and research 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.

## 9. 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.

## 10. ABSENCE FROM TRAINING

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

## 11. 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 recognition of their previous training experience will be assessed individually by the Education Committee.

	HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院	Document No.	EC-TG-TPS-001-V17
	<u>Subject</u> Summary of Training Assessment and Half-yearly Accreditation Education Committee (EC), HKCEM	Issue Date	30 Jun 2020
		Review Date	31 May 2022
		Approved by	College Council
		Page	12 of 17

## APPENDIX 1: ACCREDITATION OF TRAINING CENTRES, TRAINING POST, AND TRAINERS

### 1. ACCREDITATION OF TRAINING CENTRES

#### 1.1. Emergency Departments

Emergency Department accredited for training should meet the following criteria:

- a) The Department must have at least two full-time equivalent Consultants and one of whom will assume responsibility for the entire training programme as training supervisor.
- b) Each trainee must be assigned a mentor who is a trainer of HKCEM.
- 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 **and including an adequate proportion of critical/ emergency/ urgent cases.**
- 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
- f) Sufficient facilities for educational activities, **such as online educational resources, and 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.

The centres which have not satisfied all of the above criteria but have sufficient quality of training may be partially recognized by the College for training. The type and amount of training to be accredited shall be prescribed by the College.

#### 1.2. Rotations outside 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; consideration would be made to the full-time equivalence of the Trainers working in the particular training centre.
- 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.

	HONG KONG COLLEGE OF EMERGENCY MEDICINE	Document No.	EC-TG-TPS-001-V17
	香港急症科醫學院	Issue Date	30 Jun 2020
	<u>Subject</u>	Review Date	31 May 2022
	<b>Summary of Training Assessment and Half-yearly Accreditation</b>	Approved by	College Council
	<b>Education Committee (EC), HKCEM</b>	Page	13 of 17

### 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) Trainers should be Academy Fellows in Emergency Medicine (or equivalent) in an accredited training centre. The EC would consider the application and appointment upon thorough assessment.
- c) Training Supervisors should be full-time practicing Academy Fellows in Emergency Medicine. The EC would consider and appoint the Trainers as Supervisors having due regard to their standing, passion, experience and devotion in Emergency Medicine training.
- d) 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.
- e) Supervisors and Trainers have the following responsibilities
  - Ensure adequate teaching of trainees
  - Provide career guidance to trainees
  - Advocate for the professional welfare of trainees
  - [Monitor and ensure training progress with timely documentation by trainees through regular inspection of their e-Portfolios](#)
  - Report on the training progress of trainees under their charge

	HONG KONG COLLEGE OF EMERGENCY MEDICINE	Document No.	EC-TG-TPS-001-V17
	香港急症科醫學院	Issue Date	30 Jun 2020
	<u>Subject</u>	Review Date	31 May 2022
	<b>Summary of Training Assessment and Half-yearly Accreditation</b>	Approved by	College Council
	<b>Education Committee (EC), HKCEM</b>	Page	14 of 17

## APPENDIX 2: 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 recognized training units;
- c. accreditation, supervision and recommendation for approval by the Council of the College of recognized training posts;
- d. accreditation and recommendation for approval by the Council of the College of recognized supervisors and trainers;
- e. registration and supervision of recognized trainees;
- f. supervision, inspection and recommendation for approval by the Council of the [e-Portfolios](#);
- g. maintenance of a central registry of trainees;
- h. coordinating, conducting, and monitoring the College examinations for the assessment of the trainees at various levels of their training profile;
- i. 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;
- j. accreditation and recommendation for approval by the Council of the College of continuing medical education activities;
- k. 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;
- l. to form any subcommittee necessary for the purpose of carrying out any of the above functions.

	HONG KONG COLLEGE OF EMERGENCY MEDICINE	Document No.	EC-TG-TPS-001-V17
	香港急症科醫學院	Issue Date	30 Jun 2020
	<u>Subject</u>	Review Date	31 May 2022
	<b>Summary of Training Assessment and Half-yearly Accreditation</b>	Approved by	College Council
	<b>Education Committee (EC), HKCEM</b>	Page	15 of 17

### APPENDIX 3: PRIMARY EXAMINATION

Attainment of primary examination is essential for being eligible to sit for the Intermediate Examination.

The Primary Examination in Emergency Medicine (PEEM) of our College is the primary examination that trainees are encouraged to attempt.

Other examinations that are currently considered equivalent to PEEM include the followings:

- MCEM Part A
- MRCEM Part A
- FRCEM Primary
- Primary Examination of Australasian College for Emergency Medicine
- MHKICBSC Part 1&2
- MMed (Emerg Med) Part A (National University of Singapore)

HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院 <b>Subject</b> <b>Summary of Training Assessment and Half-yearly Accreditation</b> <b>Education Committee (EC), HKCEM</b>	Document No.	EC-TG-TPS-001-V17
	Issue Date	30 Jun 2020
	Review Date	31 May 2022
	Approved by	College Council
	Page	16 of 17

## APPENDIX 4: INTERNATIONALLY RECOGNISED LOCAL OR OVERSEAS HIGHER QUALIFICATIONS (updated on 18 Jun 2019)

Type of Qualification	Institutions	Qualifications
<b>Surgery and Orthopaedics</b>	1. Fellow of the Royal College of Surgeons of Edinburgh: Diploma in General Surgery	FRCS (Edin)
	2. Fellow of the Royal College of Surgeons of England: Diploma in General Surgery	FRCS (Eng)
	3. Fellow of the Royal College of Physicians and Surgeons of Glasgow: Diploma in General Surgery	FRCS (Glasg)
	4. Fellow of the Royal College of Surgeons of Ireland: Diploma in General Surgery	FRCS (Irel)
	5. Associate Fellow of the Royal College of Surgeons in the United Kingdom	aFRCS
	6. Member of the Royal College of Surgeons in the United Kingdom	MRCS
	7. Fellow of the Royal Australasian College of Surgeons	FRACS
	8. Member of Hong Kong Intercollegiate Board of Surgical Colleges	MHKICBSC
<b>Medicine</b>	1. Member of the Royal College of Physicians (UK)	MRCP (UK)
	2. Member of the Royal College of Physicians (London, Edinburgh, Glasgow or Ireland)	MRCP (Lond, Edin, Glasg, Irel)
	3. Fellow of the Royal College of Physicians (London, Edinburgh, Glasgow or Ireland)	FRCP (Lond, Edin, Glasg, Irel)
	4. Fellow of the Royal Australasian College of Physicians	FRACP
<b>Emergency Medicine</b>	1. Fellow of the Royal College of Surgeons of Edinburgh : Diploma in Accident & Emergency Medicine & Surgery	FRCS (Edin)
	2. Member of the Royal College of Surgeons of Edinburgh: Diploma in Accident & Emergency Medicine	MRCS (Edin)
	3. Member of the Faculty of Accident and Emergency Medicine in the UK	MFAEM
	4. Fellow of the Faculty of Accident & Emergency Medicine in the UK	FFAEM
	5. Fellow of Australasian College for Emergency Medicine	FACEM
	6. Diplomate of American Board for Emergency Medicine	ABEM
	7. Fellow of Royal College of Physicians of Canada	FRCPC (Emerg Med)
	8. Member of the College of Emergency Medicine in the UK	MCEM
	9. Member of the Royal College of Emergency Medicine in the UK	MRCEM
	10. Final Master of Medicine (Emergency Medicine) Part B&C (National University of Singapore)	MMed (Emerg Med) Part B&C (NUS)
	11. Fellow, Royal College of Emergency Medicine	FRCEM



	HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院	Document No.	EC-TG-TPS-001-V17
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	<b>Summary of Training Assessment and Half-yearly Accreditation</b>	Approved by	College Council
	<b>Education Committee (EC), HKCEM</b>	Page	17 of 17

## **APPENDIX 5: Recognized Fellowships of the Colleges under the Hong Kong Academy of Medicine for second Fellowship training in HKCEM**

- Fellow of the Hong Kong College of Anaesthesiologists (Intensive Care) (FHKCA(Intensive Care))
- Fellow of College of Surgeons of Hong Kong (FCSHK)
- Fellow of the Hong Kong College of Orthopaedic Surgeons (FHKCOS)
- Fellow of the Hong Kong College of Physicians (FHKCP)
- Fellow of the Hong Kong College of Paediatricians (FHKCPaed)
- Fellow of the Hong Kong Academy of Medicine (Family Medicine) (FHKAM(Family Medicine))