

Working Principles for Accreditation of Training Centres and Conduction of Training Programmes

[This document should be read in conjunction with the Training Regulations and Training Guidelines.]

Section 1: Introduction

1. This document lists out the working principles for accreditation of training centres and conduction of training programmes.
2. These principles are derived from an accumulation of decisions from previous meetings of the Education Committee and Council of the Hong Kong College of Radiologists. They are based on prevailing Training Regulations and Guidelines and summarize the practices which have developed over time in regulating the accreditation of training centres and conduction of training programmes. The document is set out to facilitate Trainers, Training Heads and Administrative Heads in understanding areas that are important in the accreditation process and in sustaining training provision.

Section 2: Accreditation of Basic Specialist Training

1. As a general principle, a new training centre should apply for accreditation of Basic Specialist Training in its initial application.
2. Accreditation of Higher Specialist Training would only be considered for centres that have already been accredited for Basic Specialist Training, with the exception of accreditation of Centres for Designated Training (see Section 4).
3. The College would evaluate the submitted documents and information pertinent to the application process and a dedicated Accreditation Visit Team will be appointed for evaluation of the training programme, interviewing the Trainers and other relevant personnel, and on-site inspection of the training facilities if needed. Upon further evaluation by the Education Committee and Council of College, the centre will be accredited according to the level of training provision that it could possibly provide.
4. The accreditation status could be granted for PARTIAL or FULL coverage for the Basic Specialist Training period. PROVISIONAL accreditation might also be given in situations in which interval re-evaluation on specific areas in the training programme is considered necessary.
5. The status of a newly accredited training centre is subject to on-going monitoring

by Education Committee and Council of College and is regularly re-assessed at 5 years' interval through accreditation exercise of College.

Section 3: Accreditation of Higher Specialist Training

1. Should a training centre intend to apply for accreditation of Higher Specialist Training, it is required to submit its past record of performance on Basic Specialist Training together with the application documents for Higher Specialist Training to the College, with the exception of accreditation of Centres for Designated Training (see Section 4).
2. The accreditation of Higher Specialist Training would only be considered when the College is satisfied that the centre is ready to extend training provision from Basic Specialist Training to a higher level, with the exception of accreditation of Centres for Designated Training (see Section 4).
3. A track record detailing the Basic Specialist Training in the recent three years including a summary on conduction of the training programme, enrolment record of trainees, assessment and appraisals of trainees, the profiles of Trainers and trainees as well as the results of the enrolled trainees in Fellowship examinations should be submitted to College as reference for evaluation.
4. To facilitate the process of application for Higher Specialist Training, the centre has to submit all the necessary information for the proposed new training programmes such as projected caseload of Trainers and trainees, pattern of duty arrangement, level of support from clinical departments and the hospital, arrangement to facilitate research and audit activities, etc.

Section 4: Accreditation of Centres for Designated Training

1. Concurrent with the on-going development of medical system, hospitals and institutions specialized in particular fields of medical practice have been established in Hong Kong. They possess special or advanced services which are invaluable for training that may not be fully available in ordinary training centres.
2. Due to their specialized nature, these hospitals and institutions may not fulfil some of the requirements for accreditation as ordinary training centres for Basic and Higher Specialist Training. On the other hand, recruitment of these specialized hospitals and institutions is important to enhance the continuum of training in the relevant specialties.
3. With thorough deliberation in Education Committee and Council, Centres for Designated Training could be considered as an integral component of Training.

4. Centres for Designated Training do not necessarily fulfil all the requirements for accreditation as ordinary Basic and Higher Specialist Training Centers.
5. A potential Centre for Designated Training should apply to College directly for recognition as a Centre for Designated Training.
6. They should fulfil the pre-defined requirements in the Training Guidelines of the corresponding Specialty and other requirements as specified by College. They should have good track records in providing service in the relevant Specialty and should have attained good academic achievements in the relevant Specialty.
7. The College would assess the attributes of the individual centre including model of patient services for granting accreditation. A dedicated Accreditation Visit Team would be appointed for the evaluation of the applying centre as a Centre for Designated Training and its training programme.
8. PROVISIONAL accreditation might be given in situations in which interval re-evaluation on specific areas in the training programme is considered necessary.

Section 5: Accreditation of Training Programmes involving Satellite Facilities of Accredited Training Centres

1. Pertinent to the evolution of medical service model, some clinical services in an accredited training centre would be reallocated to satellite facilities at physical locations different from the parent accredited training centre.
2. Training in such satellite facilities, after approval by College, can be recognized as components of the accredited training programmes (including Basic Specialist Training programmes, Higher Specialist Training programmes and Subspecialty Training programmes) of the parent training centre.
3. To include the clinical exposure in satellite facilities as a component of a training programme, the parent accredited training centre should clearly delineate the training arrangements in the application for accreditation of the corresponding training programme, which must be submitted by the parent accredited training centre to College for approval.
4. Potential Trainers/Co-trainers with majority of clinical duty allocated in corresponding satellite facilities can apply as Trainers/Co-trainers of the parent accredited training centre.
5. Workload generated in the satellite facilities can be counted as workload acquired in the parent accredited training centre for the purpose of training and training accreditation, provided that such workload is relevant to the corresponding training programme.

6. Training conducted in satellite facilities should consist of the same quality and supervision as training conducted in the parent accredited training centre.
7. For an individual trainee, the total duration of training taking place in one or more satellite facilities should not be more than half of his/her overall training period under the corresponding training programme.

Section 6: Trainee Recruitment and Placement

1. It is necessary for all training centres, from public or private sectors, to have detailed plans in place for the intake and placement of trainees at different stages of training.
2. The mechanisms on recruiting new trainees and the arrangement to avoid interruption of training along the whole course of training have to be elaborated clearly in the accreditation application.
3. The College has the obligation and responsibility to provide training opportunities for the enrolled trainees to complete their training. Before granting accreditation status to a new training centre, the College would scrutinize closely the pre-arranged training pathway for trainees, including continuous training in other accredited centres if the centre would only be partially approved for accreditation or if Higher Specialist Training could only be available in other centres. The applying centres are requested to denote the mechanism for such arrangement in the accreditation application.
4. For placement in a non-public hospital, the insurance coverage of trainees on workplace safety and professional liability would also be further delineated.

Section 7: Enrolment Procedures and Training Requirements

1. The College has stringent requirement that all trainees should enrol with HKCR at the commencement of training through the Training Head of the accredited training centres and all trainees must become a Trainee Member or Member of the College.
2. The trainees must also comply with all the requirements as stipulated in the Training Regulations and Training Guidelines as well as the College's M&A.
3. While constantly updating the Training Regulations and Training Guidelines to keep abreast of the professional standards, the College also sends on as-needed basis important reminders and supplementary information pertinent to the training requirements to individual training centres through the Training Heads.
4. The Training Heads are vested with the responsibility to ensure Trainers and

trainees of the centre are well aware of the prevailing training requirements and liaise with College for clarifying the areas of concern.

Section 8: Training Supervision

1. Supervision of trainees is important for training. The mechanism of conducting supervision and the four levels of supervision including Observation, Direct Supervision, Indirect Supervision and Independent Performance, should be clearly specified in a training programme.
2. The proportion of these four levels of training varies with different imaging modalities and the level of training. For instance, Observation, Direct Supervision and Indirect Supervision should be highly emphasized in interventional radiology while Independent Performance could constitute the majority of the overall caseload in training of general radiology.
3. In general, the prevailing Training Guidelines of the College have stipulated the minimal case-load requirements for a trainee prior to Independent Performance and serve as important basis for establishing the supervision arrangement in a training programme.

Section 9: Training Rotation Programme in Accredited Training Centres

1. Training centres are encouraged to arrange their trainees to rotate to other accredited training centres with an aim to broaden the exposure of their trainees and/or to supplement its deficit.
2. Logistics on the arrangement such as period of rotation, level of training involved in the rotation, on-call or emergent duty arrangement, leave arrangement, etc. should be provided in details for approval by College before the rotation programme commences.

Section 10: Recognition of External Training Activities as Accredited Training

1. While vast majority of training activities should be conducted in accredited training centres, a trainee may apply for recognition of external training activities as part of accredited training (up to 1 month during the whole Basic Specialist training period and up to 1 month during the whole Higher Specialist training period).
2. Such external training activities may be in forms of clinical attachment to renowned institutions, attendance of external structured training programmes, or attainment of specific qualifications or certifications.

3. A list of pre-approved external training activities would be endorsed by the College with specification on the conditions required for recognition as accredited training, subjected to regular review by Education Committee and Council.
4. If a trainee wishes to attend a pre-approved external training activity on the list for recognition as part of his/her accredited training, the trainee should seek endorsement from his/her Training Head. The Training Head should notify the College at least 90 days in advance before the trainee attends the corresponding external training activity. The trainee must attend the external training activity complying with the conditions required for recognition as accredited training. Upon accomplishment of the pre-approved external training activity, evidence of completion of the corresponding external training activity must be submitted to College for final approval.
5. For external training activities outside the pre-approved list, if a trainee wishes to apply for recognition as part of his/her accredited training, prospective approval from the College must be sought. The application for prospective approval must be submitted through the Training Head of the trainee's parent training centre at least 90 days in advance before the trainee attends the corresponding external training activity. Such application would be vetted by Education Committee and Council of the College for provisional approval. After granting provisional approval by the College, the trainee must undergo the provisionally approved external training activity according to the conditions specified by the College. Upon accomplishment of the provisionally approved external training activity, evidence of completion of the corresponding external training activity must be submitted to College for final approval.
6. The College has ultimate decision on the approval and recognition of such external training activities as part of a trainee's accredited training

Section 11: Cross-Specialty Training Arrangements within HKCR

1. Within an accredited Specialty Training programme of the Hong Kong College of Radiologists, a trainee may attach to another Specialty of the College to broaden his/her training exposure and to fulfil the training requirements.
2. When individual trainee undergoes the accredited Cross-Specialty training arrangement, he/she should be supervised by accredited Trainer(s) or Co-trainer(s) of the attached accredited training centre under Hong Kong College of Radiologists.
3. The Cross-Specialty training arrangement aims to broaden the exposure of trainees and is not equivalent to training for independent practice in the Cross-Specialty trained subject.

Section 12: Training Courses and Mandatory Lectures

1. Training centres should give full support its trainees to attend all the Training Courses organized by the College.
2. The Trainers and Training Head should ensure that all trainees could meet the attendance requirements on the Fellowship Basic and Intermediate Training Course as stipulated in the Training Regulations.
3. Of equal importance is the series of lectures that are organized together with these training programmes as mandatory lectures. It is also required by the Training Regulations for trainees to attend these lectures before eligible to apply for Exit Assessment. Any trainee who fails to attend the lectures will be required to take remedial attendance during their training period.

Section 13: Quality Assurance and Audit Programme

1. Audit and quality assurance are crucial components in training and key areas in evaluating the trainee's competence in the Exit Assessment.
2. Trainers & trainees are required to have active participation in intra- and inter-departmental audit activities.
3. The required number of audit projects to be done by the trainee, support of the training centre to trainees on performing audit activities and regular audit meetings organized by the centres should be documented properly in the application process.

Section 14: Report Format and Training Record System (for Radiology and Nuclear Medicine)

1. A trainee could perform radiology examinations and reporting independently after fulfilling the training requirements as stipulated in the Training Guidelines AND that his / her competence level has attained the required standards as confirmed by the Training Head in the performance appraisal report.
2. Examination reports should be signed by the trainee if the cases are performed on his / her own independently.
3. The report should be verified and countersigned by the Trainer if the case is performed by the trainee under supervision.
4. Record of reporting without trainees' name would not be accepted and counted in his / her training profile.
5. To facilitate the assessment of workload of a new training centre, the records of

radiological examinations with coding should be provided. The Radiology Information System (RIS) in HA Hospitals provide convenient conversion of examination data into training records.

6. For training to be provided in non-HA hospitals, the information system for radiological reports in the concerned centres should provide technical support for the same conversion at a performance level that is comparable if not compatible as the RIS system of HA. The format of such information system has to be elaborated in the application for training accreditation.

Section 15: Sustainability of Training Programme

1. A training centre has to ensure that the training programme is sustainable. Dormant programmes without intake of trainees and unanticipated suspension of programmes should be avoided.
2. All training centres are required to regularly notify the College on the updated number of Trainers and trainees, and any change of their status.
3. Suboptimal number of Trainers or failure to timely report to College for important change of status of Trainers might prompt the College to actively review the accreditation status of a training centre.