Editor's Column

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In this first issue of the Journal in 2012, we have two case reports ranging from the commonly seen community acquired pneumonia complicated with pulmonary thromboembolism, to the rarely seen life-threatening pulmonary haemorrhage in children.

In the case report by Dr. Eric Chan, a case of a 5-year old boy with mycoplasma pneumonia complicated by bilateral pulmonary thromboembolism is presented. Treatment failure of pneumonia and thromboembolism is discussed. On the other hand, Dr. TW Wong reports three cases of life-threatening pulmonary haemarrhage in children aged from 6 to 17 years. They all suffered from different aetiologies of pulmonary haemorrhage, including ANCA-associated vasculitis, Goodpasture's syndrome, and tuberculosis. The importance of prompt airway management, early provision of PICU care and a systematic diagnostic and management approach is highlighted. Do also take the challenge from Dr Ivy Tang in the X-ray quiz.

I am delighted and honoured to be elected the Editor of the Journal of Paediatric Respirology and Critical Care since 2012. Under Dr. Daniel Ng, the former Editor, the Journal has published numerous scholarly original research papers, review articles, case reports and conference proceedings including a wide spectrum of important subjects related to clinical practice and research in paediatrics and child health. Dr. Ng was instrumental in establishing the Journal its present leading position in the region. I would like to take this opportunity to thank Dr. Ng for his dedicated contributions. I would like to build on the past success and push for further development of the Journal. Among the three main areas that the Hong Kong Society of Paediatric Respirology is committed to focus on in the coming years, including research, training and accreditation, original clinical research is essential for the development of paediatric respirology and it should not be confined to the university units. I hope to encourage more collaborative research projects both in the HA hospitals and the private sector, with continuous scholarly scientific publications in our Journal. Eventually, with our united vision and effort, the marriage of clinical excellence and scientific rigor will form the cornerstone of the subspecialty accreditation and the establishment of the Centre of Excellence in the near future.

Progress of the Accreditation of Paediatric Respiratory Medicine (PRM) as a Sub-specialty

The Sub-committee for the Accreditation of PRM has been working on the application for some time. We are now in the final stages of preparing for the submission of our application. We have now finalized the objectives, the curriculum, contents, requirements and the organization of the training programme. There will be one programme in Hong Kong with 2 clusters, namely Hong Kong Island and New Territories cluster and the Kowloon cluster, that allow sharing of cases and rotation of trainees within in the cluster. Guidelines of the accreditation of a training centre have been drawn up. There will be an exit assessment in the form of an oral examination. A list of potential first Fellows and the criteria for admission of First Fellows have also been prepared. A Sub-specialty Board will govern the training, accreditation and examination for future Fellows. CME in PRM will be essential for Fellows in the Sub-specialty. We shall propose Dr Andrew Colin and Professor Peter le Souef to be Referees for our application. Potential External Assessors have also been proposed and will be announced in due course. It is hoped that our application will be submitted in May for the College to consider in the first quarter of 2013.

Dr. Alfred Tam