

HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



HONG KONG COLLEGE OF PHYSICIANS

SYNAPSE

RESTRICTED TO MEMBERS ONLY

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Photographer
Professor Richard YH YU

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TRAINEES' CORNER

PROFILE DOCTOR

HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



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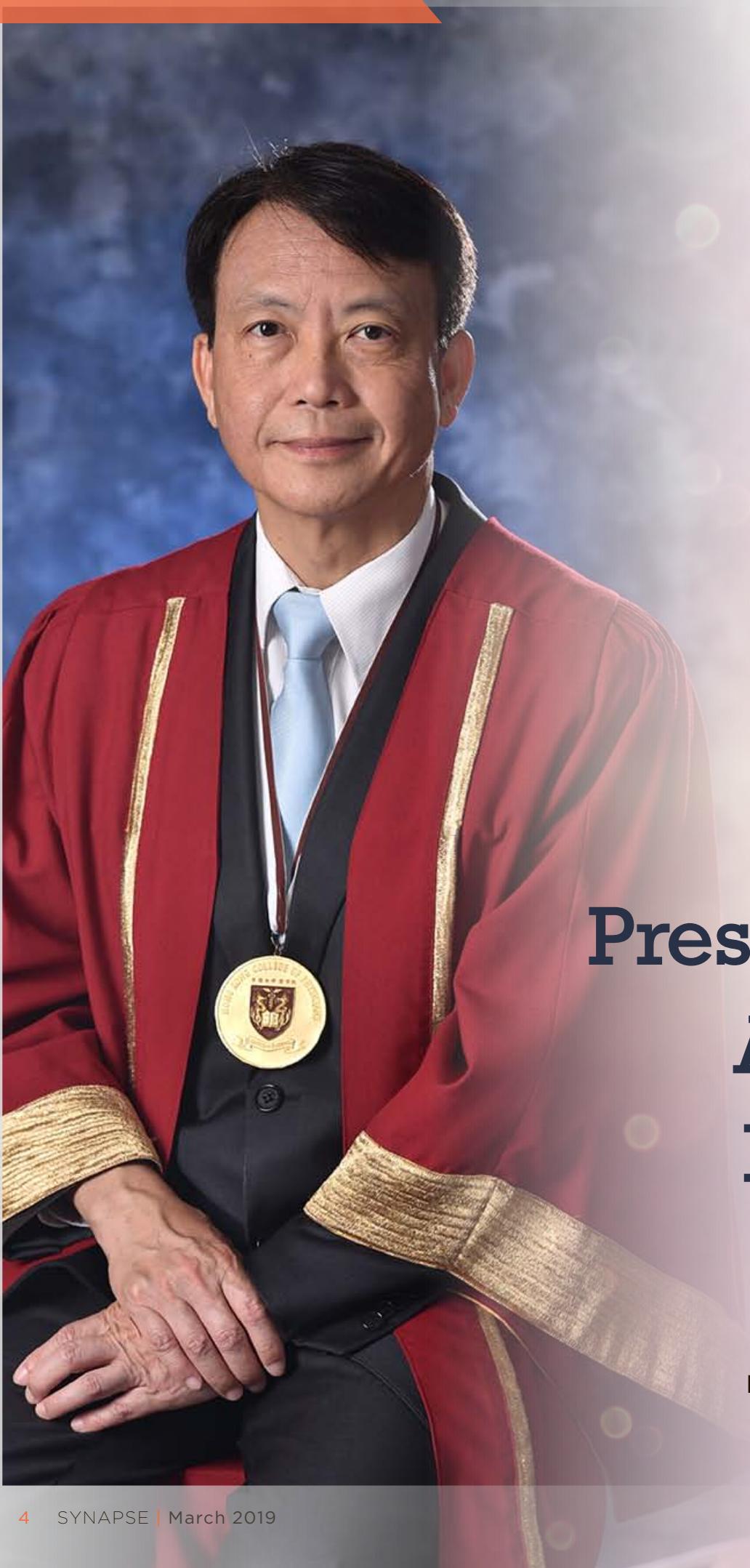
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The President's Annual Report 2018

Prof Philip Kam Tao LI
President, HKCP

The Hong Kong College of Physicians is a statutory body which is responsible for overseeing the training and setting up the standards for our physicians in Internal Medicine. The College continues to carry out this mission by setting up a Training Subcommittee under the Education and Accreditation Committee. The Subcommittee will advise the College on the development of structured training programme. It will propose measures to enhance physician training. We have focused more on how to enhance credentialing and simulation training.

In addition, the College has just published the 6th edition of the Guidelines on Postgraduate Training in Internal Medicine in July 2018. A new specialty "Clinical Toxicology" has been established and its training guideline has been included in the new edition. In view of this new specialty, our College has admitted a number of First Fellows in Clinical Toxicology. These new Fellows will be our trainers for the training programme in this new specialty.

As supportive of MRCP PACES training, we have taken over from the COC (Medicine) to establish the 2 day PACES Training programme. We have invited 2 Trainers from UK and together with local trainers to have the 5 station mock examination for our candidates and this was taken place in September.

Our College always maintains a close relationship with our overseas sister Colleges. In June 2018, I took part in the 500th anniversary celebration of the Royal College of Physicians (London). In July 2018, I attended the 52nd Singapore — Malaysia Congress of Medicine in Kuala Lumpur.

In September 2018, I, together with Chairman of the Young Fellows' Committee, delivered lectures at the "Summit on Specialist Training" organized by the Chinese Medical Doctor Association in Beijing. We had highlighted our training components and the training structure to the participants especially our dual training system. I also had meetings with the Officials of National Health Commission during this visit to share our current system of training of physician specialists in Hong Kong.

A Young Fellows' Retreat was held in August 2018 to provide an opportunity for us to meet the Young Fellows in various Specialty Boards and Committees. We had fruitful discussions on "Training", "Morale", "Workload" and "Expectation of young fellows of College". Our College will study the views from the Young Fellows and try to take appropriate measures to address the issues raised.

In memory of late Prof Sir David Todd, our founding President, our College established the Sir David

Todd Memorial Scholarship. It aims to encourage new Fellows from all Specialties to undertake overseas training of new clinical skills or basic, transitional or clinical research, with an objective to create an environment conducive to the advancement of medicine. I would like to express my deepest appreciation to all donors who have generously contributed to the Sir David Todd Memorial Scholarship. We will publish the book "Professor Sir David Todd – A Doyen of our Times" in memory of Sir David.

The smooth operation and steady progress of the College owe a lot to the contributions of Chairmen and Members of the Specialty Boards, as well as Committees. I would like to thank our two Vice-Presidents for their devotion and efforts in overseeing training and international affairs. I am also grateful to our Honorary Treasurer for his very shrewd book-keeping such that the College remains in a health state financially. I would like to express my gratitude in particular to our Immediate Past President and Senior Advisor for their valuable advice and ceaseless support over the year. My final vote of thanks goes to our Honorary Secretary and the hardworking and dedicated secretariat staff in maintaining smooth operation of the College.



23rd AJS McFadzean Oration 2018

Chapter 38: David AND Goliath

Prof Francis Ka Leung CHAN, JP
MBChB(Hons), FRCP(Edin, Irel, Lond, Thaï), FACG, FHKCP, FHKAM
Choh Ming Li Professor of Medicine & Therapeutics
Dean, Faculty of Medicine
The Chinese University of Hong Kong

Professor Sophia Chan, President Philip Li, Professor Gabriel Leung, honored members of the Council, President CS Lau of the Academy of Medicine, Presidents and Officers of the other Colleges, fellows, distinguished guests, ladies and gentlemen. When President Li asked me to deliver the 23rd McFadzean Oration a few months ago, my immediate reaction was, "Professor Li, did you call the wrong number?" My response at that time was not irrational considering the fact that all McFadzean Orators in the past were legendary persons who received education from admirable families and prestigious institutions. Perhaps allow me to spend a few moments to share with you my humble beginning. This was the place where I grew up. The famous Amoy Garden was built here some 20 years later. Probably you can still recognize the face of this rebellious looking teenager ^(Photo A). I guess it is not hard to imagine that such a teenager didn't quite like to follow rules and values that others believed firmly to be like biblical truth. Although I looked somewhat rebellious in those days, I had already decided to pursue my dream as a medical professional.

In the early 80s, a new medical school was established in CUHK under the leadership of late Professor Gerald Choa. To many people, this new medical school was a risky venture because it had no track record, minimal local network, and was virtually unknown to the outside world. Yet as a divergent teenager, I thought my imagination could be boundless in this brand new environment. Taking a big leap of faith, I gave up my opportunity to study medicine in the other well-established institution and came to CUHK to pursue my dreams.

However, pursuing dreams had a price to pay. This new medical school, like my childhood, in fact had a very humble beginning too. These containers ^(Photo B) were once my tutorial rooms and call rooms in which I had learned to build up my resilience. Perhaps it is not difficult to imagine the hardship of being a small minority in those days. On looking back, however, I feel blessed because I had learnt quite a number of important lessons about the art of battling giants.

Photo A



Photo B





The very first lesson I had learnt was that the starting line is nothing but a myth. Those who think they have lost at the starting line are destined to fail. People said: A good mentor is the key to success. I am most fortunate to have two superb mentors who have made so much difference in my life. Professor Sydney Chung, a visionary surgeon who taught me how to make a paradigm shift with a knife in his heart. Professor Joseph Sung, a man of great wisdom and determination who has built a world renowned academic institute from ground zero with his own pair of hands.

Let me share with you some of their words of wisdom. They often reminded their junior fellows that

we should do research that will change the practice of medicine. Every now and then, Professor Joseph Sung says to me, "Francis, this is not urgent. Just give me the results in the afternoon!" Yes, my mentors are demanding because they are no mediocre persons. This is just a small sampler of their outstanding research work. Being young and naive, I often said to myself in those days, "If they can do it, I can do it too!" So the second lesson I have learnt was that you need to be courageous and naive enough to believe you can achieve something big!

I wish I could tell you all my failures only if I have 3 days instead of 30 minutes for my oration! When I published my very

first study in *The Lancet*⁽¹⁾, I was so excited at that time, thinking that it was a big success. But then my research work was heavily criticized by a world renowned authority at that time because I was one of the few who disagreed with his school of thought. In an editorial, he wrote, "...reluctance to accept this fact was due to the psychological process of cognitive dissonance." He seized every opportunity to disqualify my work in all international conferences. On looking back, however, I have to thank this world renowned expert who has put my name on the map.

This slide shows one of my clinical trials published in *The New England Journal of Medicine* back in 2005⁽²⁾. In essence, my finding

was contradictory to the clinical practice guidelines in the U.S. at that time. Shortly after publishing this paper, I received a letter jointly written by the President of the American College of Cardiology Foundation and the President of the American Heart Association. Specifically, they were disturbed by the scientific rationale and questionable design of my clinical trial. After all these years, I began to realize that there is in fact more than one Goliath along our journey. The third lesson I have learnt is that one needs to think outside the box. Be yourself. Never be afraid to challenge beliefs that others hold to be true. My last lesson learnt about the art of fighting Goliath is "never give up". Once you have set your heart on your cheese, go for it no matter how tough it may seem.

Time flies. The Medical Faculty of CUHK is turning 38 next year. And I speak with joy and humility that the Medical Faculty is going from strength to strength. Looking ahead, I think the two medical schools in Hong Kong should not be portrayed as fighting against each other. In reality, we are more often friends than enemies!

Our threats are actually from our neighborhood. According to a Nature article, the research output from Hong Kong is way below South Korea, Taiwan, and Malaysia. This is in part related to the relatively small number of researchers in Hong Kong. Fortunately, we still manage to maintain a high citation impact but lack of a critical mass is worrisome.

While the Greater Bay Area offers new opportunities, we should not overlook its potential threats on our competitiveness. To date, Hong Kong continues to be an international financial center whereas Shenzhen has already positioned itself as a national high-tech research hub.

Can Hong Kong be more than an international financial center? First, our research focus should no longer be academic publications with limited societal impact. Rather, universities should facilitate entrepreneurship to transform our research ideas into value added business. Second, medical education is much more than vocational training. Our world renowned healthcare system is due to a highly effective health care management and the quality of our doctors. We should continue to uphold our high standards of ethics and professionalism in our medical education.

Furthermore, we should position Hong Kong as an educational hub for healthcare professionals in the Greater Bay Area. By improving the standard of healthcare in our neighboring cities, we may help reduce the burden of our local healthcare system and create a better living environment for our people. To maintain our world class research, we should strive to nurture our future clinician-scientists to maintain an international perspective. This is how we can differentiate Hong Kong from other cities in the Pearl River Delta.

In closing, I have to express my sincere gratitude to my respectable teachers, Professor Richard Yu,

Professor Arthur Li, Professor Joseph Sung, Professor TF Fok, and late Professor Gerald Choa. They inspired me to become a better person and showed me a world that is beyond my imagination. Last but not least, it has been my utmost privilege to work with my wonderful team of brothers and sisters. Without them, I would have achieved nothing. I would like to finish my talk with a quote by Rocky Balboa: "Going in one more round when you don't think you can. That's what makes all the difference in your life." Thank you for bearing with me.

Reference

- 1 Chan FK, et al. Randomized trial of eradication of Helicobacter pylori before non-steroidal anti-inflammatory drug therapy to prevent peptic ulcers. *Lancet.* 1997;350:975-979.
- 2 Chan FK, et al. Clopidogrel versus aspirin and esomeprazole to prevent recurrent ulcer bleeding. *N Eng J Med.* 2005;352(3):238-244.



GERALD CHOA MEMORIAL LECTURE

Duties of Doctors in the Modern Society: The Hippocratic Oath Updated

Prof Tai Kwong CHAN

Modern Medicine evolves from western Medicine which claimed origin from the Greek Physicians, Hippocrates and his followers, in 4-5th Century BC. An important aspect of the profession is the adherence to certain ethical guidelines, first enunciated as the Hippocratic Oath. Over the years, to take into account changes in the modern society, there are Duties of Doctors from the General Medical Council (GMC); the Code of Practice for Doctors by the Hong Kong Medical Council and the Charter of the Royal College of Physicians (RCP) London this year.

A professional code is important, because without it doctors will be no better than merchants or peddlers of Medicine instead of belonging to a noble profession.

I wish to discuss three areas of the Duties of Doctors:-

(I) DOCTOR and PATIENTS

The primary duty of a doctor is to his patient. The aims are to restore health, prevent disease and allays sufferings.

1) Medical Knowledge and Clinical skills

To achieve this we must have good medical knowledge and clinical skills, taught to us by our teachers in the medical school. With that in mind, I wish to dedicate this lecture to memory of one of my teachers, Professor Gerald Choa. (Figure 1)



Figure 1

The emblem of RCP London shows the doctor's hand guided by Divine Power from above and the pomegranate fruit below achieved cure of disease and the return of health. As William Osler said: Bedside teaching is the most important way to learn our skills and apply our knowledge. A complete history and a thorough physical examination with appropriate investigations are the basis

for diagnosis. His quotations were: "Listen to your patient, he is telling you the diagnosis", importance of "thorough physical examination".

2a) Continued Medical Education (CME)

We need CME to maintain our clinical knowledge and skills up-to-date. Quotes from Sir William Osler (1849-1919) and Sir George Pickering (1904-1980) showed the importance of CME: "Medical education is not a college course, not a medical course, but a life course for which the work of a few years under teachers is but a preparation..." (*William Osler*). "If a doctor, who graduated 10 years ago, had not referred to the journals or new editions of textbook, he will be worse than a layman" (*George Pickering*).

In Hong Kong, since the formation of the HK Academy of Medicine, CME is compulsory and needs to be accounted for annually.

CME takes many forms: attend clinical meetings or audit meetings to review the outcome of patients. For specialties with procedures, workshops are more relevant for learning. Nowadays, self-studies using the internet is very effective and quick. One can chose the correct information from "Sites" such as Medscape, Up-to-date, NCCN guidelines for cancer and major Journals. I predict that the future of compulsory CME will be structured Internet CME video programs, allowing flexibility in time. The transfer of knowledge can be confirmed through feedback of multiple choice answers after each session. This would be better than introducing re-certification examination every 3 – 5 years.

2b) Consultation. When we have a patient whose illness requires special skills and knowledge above our own limit, we should not hesitate to consult our colleagues for assistance in diagnosis and/or treatment.

3) Ethical Attitudes

3a) Health and welfare of the patient is our major concern. We should treat the patient not only for his disease but where possible, attend to his psychological and social problems.

While we should be sympathetic to the patient's misfortune and sufferings, a doctor need to distinguish such feelings from events affecting himself, that is, to show empathy. We need to be truthful and honest with our patients and have integrity to deserve their trust. Absolute confidentiality of the patients' identity and their illnesses must be maintained. Patients' autonomy in the choice of treatment and their dignity must be respected.

- 3b) Attitude towards patient's relative. With consent from the patient we should include the close relatives in decision making.
- 3c) Doctor and Death. Many disease processes cannot be reverted and "the surest thing in life is death". A doctor facing the death of his patient usually feels a sense of failure but as long as he had done his best, he need not feel bad and a patient's death can teach him humility.

For pain-killers, we need to use non-narcotics and adjuvants before opiates, in a staged manner. Withholding active treatment, like antibiotics, may sometimes be the best option.

Signing of a Do Not Resuscitate (DNR) or no Cardiopulmonary Resuscitation (CPR) consent document is a useful opportunity to tell patient and/or relative about the expected grave outcome. This would avoid unhappiness and possible litigation should the patient died unexpectedly.

(II) Teaching and Research

An important duty of doctors is to teach our students and junior colleagues as stated in the Hippocratic Oath "To teach by precept, lecture and every other mode of instruction, this art to disciples bound by the rules of the profession". There should be "no trade secrets in Medicine". All new findings are published as soon as possible and techniques taught to our colleagues. Research through observation, analysis or laboratory work are to be encouraged. A code of ethics for clinical research is "*Prima Nil Nocere*" or "*First, do no harm*".

(III) Doctor and Society

Public Health and Preventive Medicine are important contributions of doctors to the Society.

I wish to talk on two other topics:

A) Conflict of Interest

- 1) Patient's Confidentiality and Community Safety. The Statutory Notification of Transmissible Infectious Disease, Health check requirement for work permits, or driver's license, transcend patient's consent. However, we should still inform the patient of the notification.
- 2) Corporate employers and insurance companies often ask for health information of our patients. This should only be provided with the patient's consent. Major controversies



with the insurance companies are pre-existing disease and necessity for hospital inpatient care *versus day-care*.

- 3) Patients and doctors sometimes have conflict of interest, especially in the private healthcare sector. The doctor's fee needs to be transparent and agreed before-hand. A fixed range of fees for procedures and consultations is a good start to avoid conflict and are adopted in most private hospitals in Hong Kong. As to doctor-owned healthcare facilities or Health Management Organization, doctors involved must advise on management in the best interest of the patient. Being truthful, transparent and allowing patient autonomy would easily resolve most problems.

B) Health Care Financing in Hong Kong

Nowadays, many drugs, consumables and appliances are very expensive and patients need to pay unless they are of the low income bracket within the safety net and under medical care in the public sector. As doctors, we need to address this problem. Otherwise, many of our patients will not be able to receive the appropriate treatment (無錢無得醫). This would be completely against the principle of our profession.

Table (I) shows the proportion of healthcare expenditure for both the public and private sectors in Hong Kong for 1989/90 and 2013/14. Total healthcare spending had increased from 3.66% to 5.7 % GDP, largely due to the increased Government health expenditure. However, even in 2013/14, private health spending (2.9% GDP) was still greater than the Government spending (2.8% GDP.). In 2013/14, 69% of the private health care spending was *OUT OF POCKET*.

Table I

Healthcare Financing in Hong Kong

	1989/90	2013/14
Public	39% (1.4)	49% (2.8)
Private	61% (2.2)	51% (2.9)
Insurance	23%	14%
Corporate		17%
Out of Pocket	77%	69%
GDP (per capita):	94K	291K (360K, 2017)
% GDP on health:	(3.66%)	(5.7%)
International:	USA 15.6%	China 4.3%
	Canada 10.1%	Singapore 3.1%
	UK 8.4%	Australia 8.5%

From FHB, HKSAR

POCKET expenses from the patients themselves. The Government is therefore encouraging citizens to buy Private Health Care Insurance in order to spread out the financial burden to the entire private sector.

Many expensive, effective drugs and consumables, costing over \$200,000 per annum, are now available for the treatment of rare Orphan Diseases as well as hematological, immunological and oncological diseases. The recent antisense therapy for Spinal Muscular Atrophy (SMA) and CAR-T cell for leukemia, lymphoma and myeloma have price-tags of HK\$ 4 - 8 million. Thus many new drugs are over the \$40,000-50,000 per annum ceiling imposed by most health insurance scheme. A possible solution is for the Government to establish a Hong Kong Council of Clinical Excellence (HKCCE), akin to the National Institute of Health and Care Excellence (NICE) of United Kingdom. Besides drawing up strict guidelines for the use of each of these drugs, the Council would negotiate price with pharmaceutical companies on cost-effectiveness basis and also organize direct Government subsidy to patients.

Before ending, I wish to show you the recent RCP500 Charter (Figure 2) which summarizes well what I have discussed.

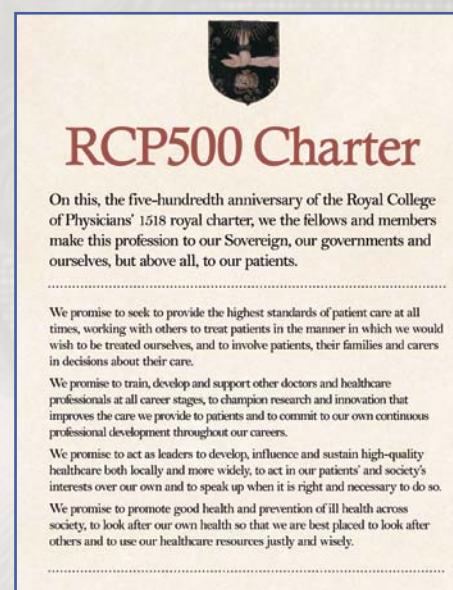


Figure 2

A short version of our pledge may be this: In any medical decision ask ourselves "What Does it Do TO or FOR the PATIENT". And the correct attitude is expressed by the Chinese motto: "醫者父母心".

Finally, the Hippocratic Oath also promised that "If I do not violate this oath, may I enjoy life and the art, respected while I live and remembered with affection thereafter".

THAT SHOULD BE REWARD ENOUGH!

Letter to Secretary for Food and Health on medical manpower

14th December, 2018

Prof Sophia Chan Siu-Chee, JP
 Secretary for Food and Health
 Food and Health Bureau
 18/F, East Wing, Central Government Offices
 2 Tim Mei Avenue, Tamar
 Hong Kong

Dear Prof Chan,

The Hong Kong College of Physicians (HKCP) would like to bring to your attention the critical deficiency of clinician manpower serving in the various specialties under Internal Medicine, which has continued to deteriorate over the past decade, and which we fear could result in a collapse of our public healthcare system if not addressed with a sense of urgency through staged and decisive manpower planning with explicit targets.

We would highlight the importance of Internal Medicine in the healthcare system, and the data illustrating the severity of manpower shortage Internal Medicine is faced with:

1. The various specialties under Internal Medicine constitute the major volume of healthcare service. Local data in 2016 showed that there were 14,013 registered doctors [1.9 per 1,000 population], of which 1661 (12% of all registered doctors) were Fellows of HKCP. For comparison, in 2015 Singapore had 16,963 doctors [2.3 per 1,000 population]. If we were to adopt the doctor-to-population ratio in Singapore in 2015, Hong Kong already had a deficiency of 3000 doctors three years ago, and trained specialists in Internal Medicine and its specialties accounted for at least 360 of the 3000 shortfall.
2. Conditions under the realm of Internal Medicine (such as acute coronary syndrome, stroke, etc) account for the majority (over 50%) of emergency admissions.
3. Unlike surgical disciplines, which deal with conditions that often do not require a lot of long-term follow-up work, the conditions

managed under Internal Medicine are often chronic and progressive. The patient numbers under Internal Medicine and its specialties are cumulative, and the complexity of the conditions increases over time.

4. Seasonal and emerging infectious disease outbreaks that incur recurrent menace to our healthcare system and community at large are managed by Internal Medicine specialties.
5. With increasing prevalence of medical comorbidities, Internal Medicine doctors are contributing a significant portion of their work-hours to the care of patients under other clinical departments, in particular the surgical disciplines.

Looking into the future in medical manpower planning, we must be cognizant of the threats to our healthcare system. An aging population and increasing prevalence of chronic non-communicable Medical diseases, the long life expectancy and the continued population growth [projected growth of 9.3% by 2030] that Hong Kong is facing, coupled with advancements in clinical medicine such as novel therapies for previously untreatable conditions, increase in complex interventional procedures in various specialties of Internal Medicine (e.g. cardiology, neurology, gastroenterology, and others), and increasing time spent on communicating with patients and their families in shared decision making, are additional factors that increase the need of Internal Medicine doctors in particular. The gap between the demand and available Physician (i.e. Internal Medicine) manpower is widening, and the current level of 12% of total doctor number being Physicians is insufficient. Indeed, Physicians account for over 20% of all doctors in many countries in Europe and N. America. If we were to adopt this 20% benchmark, Hong Kong was already short of 600 Physicians in 2016.

Even now, the quality of care to patients in our public healthcare system is deteriorating. In our letter to you dated 28 August 2017, we already highlighted the 23% growth of inpatient medical bed-days from 2011 to 2016, and the soar by

Health, Food and Health Bureau,

20% and 34% of Specialist Medical Outpatient Clinic (SOPC) patient headcounts and day-patient attendances respectively during that 5-year period. It is evident that many specialty clinics under Internal Medicine in public hospitals are barely coping with the increasing number of patients, with consultation durations progressively shortened and follow-up visits for patients with complex conditions separated by unacceptably wide time intervals. The waiting times for new cases at some Medical Specialist Clinics are over two years. Additional or temporary beds (usually referred to as "camp beds") have become permanent fixtures and occupancy rates of 130% or higher are not uncommon in Medical wards. Procedures that are regarded current standard-of-care and already implemented in neighboring Asian cities such as emergency percutaneous coronary intervention for acute myocardial infarction and emergency thrombolytic therapy or neurovascular interventions for ischaemic stroke await to be fully implemented due to insufficient Physician manpower. For the same reason, Internal Medicine is unable to implement a 5-day working week. Internal Medicine specialists that our society has invested heavily in their training are leaving the public healthcare system because of increasingly unendurable working conditions.

Our College expresses grave concern on such dire circumstances as illustrated. The severe Physician manpower shortage not only poses considerable risk to patients, but also undermines clinical training, specialty development, and the long-term development of healthcare service and health-related industries in Hong Kong. HKCP oversees the training of all Internal Medicine doctors, and we aim to ensure that the standard of Physicians trained in Hong Kong continues to be among the best in the world, with regard to clinical acumen and skill, and commitment to clinical innovations. Our work-place-based training is closely linked to clinical service. Beset by unrelenting clinical service demand and grossly insufficient manpower, Physicians at all levels of experience could barely manage to cope with the service load, let alone their responsibilities and

expected commitments as Trainers or Trainees. Many mid-career Physicians leave the public healthcare system soon after finishing their specialist training, not because of the financial attraction of the private sector, but because of their frustration with the excessive workload and the deteriorating quality of patient care in the public sector that they bear witness to. Detrimental impacts on clinical training, succession planning, and keeping up with advances in medical technologies, are the unavoidable consequences. It is apposite to point out that the time and human resources required for Physician training have never been recognized, nor included, in the calculations for budget or manpower allocation, by our public healthcare provider; and, unlike some other specialties, Internal Medicine has never been given 'protected time' for training purposes in manpower allocation.

HKCP pledges the senior leadership in the Hong Kong Government to take serious and concrete measures to address these pressing issues immediately, or it would not be long that we face disastrous consequences. Our College would be pleased to provide further information and assistance.

Thank you for your kind attention.

Yours sincerely,

Prof Philip Li
President, Hong Kong College of Physicians

c.c. Prof John CY Leong
Chairman, Hospital Authority
Dr PY Leung
Chief Executive, Hospital Authority
Prof CS Lau
President, Hong Kong Academy of Medicine

ANNUAL SCIENTIFIC MEETING

on 20-21 October 2018

The Annual Scientific Meeting of the College took place on 20-21 October 2018, covering a wide range of topical subjects such as "Updates in Respiratory Diseases", "Diagnostic and management approach for latent Infectious Diseases" and "Advances in Diagnostic Medicine".

Highlights included the prestigious named lectures. Prof Francis Chan, our distinguished AJS McFadzean Orator, gave an impressive lecture entitled "Chapter 38: David and Goliath". Prof Chan Tai Kwong delivered the Gerald Choa Memorial Lecture on "The duties of doctors in the modern society: the Hippocratic Oath revisited". Prof Wong Wai Sun Vincent received the Sir David Todd Lecture medal for his work on "Nonalcoholic fatty liver disease in Asia". Dr Yan Ping Yen Bryan gave the Richard Yu Lecture on "Large scale atrial fibrillation screening using smart technologies".

On the second day of the meeting, recipients of the College's prizes for the Best Thesis Award and the Distinguished Research Paper Awards for Young Investigators 2018 lectured on their winning works.



From left to right: Prof MF Yuen, Prof Philip Li, Prof F Blaine Hollinger, Prof Daniel Chan



Prof Philip Li with Dr Tony Ko

Symposium 1 Updates in Respiratory Diseases



Dr Lui Mei Sze Macy



Dr Wong Mo Lin Maureen



Prof Yuen Kwok Yung

Symposium 2 Diagnostic and management approach for latent Infectious Diseases



Dr Leung Chi Chiu



Dr Seto Wai Kay Walter

Symposium 3 Advances in Diagnostic Medicine



Dr Chan Wing Sze



Prof Chan Kwan Chee Allen

Annual Scientific Meeting



Speakers and Chairpersons of Day 2 Symposium



Well attended Symposium



Symposium

Named Lectures and Awards In 2018

**Professor
Francis Ka Leung
CHAN**

Choh Ming Li Professor of Medicine & Therapeutics
Dean, Faculty of Medicine
The Chinese University of Hong Kong



**AJS McFadzean Oration
Chapter 38:
David and Goliath**

**Professor
Vincent Wai Sun
WONG**

Department of Medicine & Therapeutics, Prince of Wales Hospital
The Chinese University of Hong Kong



**Sir David Todd Lecture
Nonalcoholic fatty liver disease in Asia**

**Professor
Tai Kwong
CHAN**

Past President

**Gerald Choa Memorial Lecture
Duties of Doctors in the Modern Society:
The Hippocratic Oath Updated**



**Dr
Bryan Ping Yen
YAN**

Department of Medicine & Therapeutics, Prince of Wales Hospital
The Chinese University of Hong Kong

**Richard Yu Lecture
Large Scale Atrial Fibrillation Screening using Smart Technologies**



**Dr
Abdul Rashid
Nok Shun LUI**

Department of Medicine & Therapeutics
Prince of Wales Hospital

**Award for Obtaining
The Highest Score in AIM
Exit Assessment**



**Dr
Ka Wai WONG**

Department of Medicine & Geriatrics
Tuen Mun Hospital

**Award for Obtaining
The Highest Score in PACES**



31th Annual General Meeting 20th Congregation and Annual College Dinner

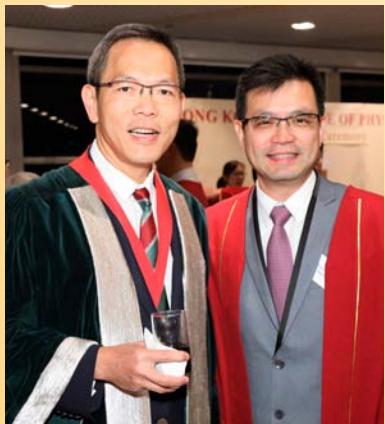
On 20 October 2018 the College held its annual gatherings.

The AGM was presided over by Prof Philip Li who delivered the presidential report featuring the work and achievements of our College over the past year.

The 20th Congregation conferred Honorary Fellowship on Prof John Leong and Dr Patrick Li in recognition of their distinguished contributions to Medicine, as well as admitted new Fellows and Members into the College. The establishment of a new specialty "Clinical Toxicology" was announced, followed by presentation of certificates to five pioneers admitted as the First Fellows.

During the annual dinner, Prof Francis KL Chan delivered the 23rd AJS McFadzean Oration. The President presented the College awards, notably the inaugural Sir David Todd memorial Scholarship received by Dr So Chak Yu.

The occasion was well attended by Fellows and Members old and new together with their families and guests.



Prof CS Lau and Prof MF Yuen



Prof Philip Li, Prof John Leong, Prof Peter Mathieson, Prof Sophia Chan and Prof Francis Chan



New Fellows showing appreciations to Family, Seniors and Colleagues upon request of the President during his speech



Happy moments with New Fellows



Prof John Leong receiving Honorary Fellowship



Dr Patrick Li receiving Honorary Fellowship



New Fellows of Clinical Toxicology



At the cocktail reception



Winner of Sir David Todd Memorial Scholarship (Dr So Chak Yu)



At the dinner



At the dinner

Distinguished Research Paper Award for Young Investigators 2018



Dr Ka Shing CHEUNG

Department of Medicine, Queen Mary Hospital
Winner for the Best Oral Presentation Award

Long-term proton pump inhibitors and risk of gastric cancer development after treatment for *Helicobacter pylori*: a population-based study.

Cheung KS, et al. Gut 2017;0:1-8.



Dr Gary Kui Kai LAU

Department of Medicine, Queen Mary Hospital

Antiplatelet treatment after transient ischaemic attack and ischaemic stroke in patients with cerebral microbleeds in 2 large cohorts and an updated systematic review.

Stroke 2018; 49(6):1434-1442.



Dr Sunny Hei WONG

Department of Medicine & Therapeutics,
Prince of Wales Hospital

Lavage of fecal samples from patients with colorectal cancer promotes intestinal carcinogenesis in germ-free and conventional mice.

Gastroenterology 2017;153:1621-1633.

Young Investigator Research Grant 2018

The following doctors received a research grant from the HKCP to complete their respective projects as named. Selection was decided by a scientific panel headed by Prof David Hui.

The grant was established in 2012, to encourage young Fellows aged 40 or below to conduct research in Hong Kong. Up to five grants of up to HK\$50000 each are awarded annually.

Metformin use and gastric cancer risk in diabetic patients after *Helicobacter pylori* eradication: a territory-wide study with propensity score adjustment

Dr Ka Shing CHEUNG

Single Arm, Open-label Trial on the Efficacy of Pantoprazole, Amoxicillin and Clarithromycin Triple Therapy for 14 Days as First-line Therapy for *Helicobacter pylori* in Hong Kong

Dr Abdul Rashid Nok Shun LUI

Surface-enhanced Raman spectroscopy for enhancing diagnostic accuracy of parkinsonian syndromes

Dr Karen Ka Yan MA

Predictors of complicated disease course in patients with perianal Crohn's disease

Dr Wing Yan MAK

A prospective study on citrate accumulation in continuous renal replacement therapy using regional citrate anticoagulation

Dr Hormony Hau Man TO

Hong Kong College of Physicians / Hong Kong Hospital Authority Central Renal Committee Clinical Practice Guidelines in the Provision of Renal Service in Hong Kong

***Cheuk Chun SZETO**
Sydney TANG
Andrew WONG
Philip KT LI

In 2003, the Hong Kong College of Physicians and the Central Renal Committee under Hong Kong Hospital Authority published a set of Quality Initiative Recommendation in The Provision of Renal Services. With the advances in medical technology and increasing clinical demand, the Hong Kong College of Physicians and the Central Renal Committee of Hong Kong Hospital Authority envisioned the need to publish a new set of Clinical Practice Guidelines for renal service in Hong Kong in 2015. A key difference between the new Guidelines and the previous Quality Initiative Recommendation is the extensive coverage and evidence-based approach recommendations on all aspects of clinical nephrology, including general nephrology (which encompasses acute kidney injury, glomerular disease, and chronic kidney disease), haemodialysis, peritoneal dialysis, kidney transplantation, infection control, and renal nursing. The Guidelines also have dedicated chapters on Renal Registry and Accreditation of Renal Dialysis Unit to suit our local needs.

With the collaboration with the Hong Kong Society of Nephrology, local experts in each sub-specialty area were identified. The process of literature review and guideline writing was expectedly painstaking, and the entire writing team strived hard to maintain a delicate balance between best scientific evidence and local clinical reality. The first draft of the new version of Guidelines was ready in early 2017. An open forum was held at the Hospital Authority's auditorium on 2 July 2017. Stakeholders with a

wide range of representation were invited. Their comments and opinions were gathered, and Guidelines were modified and updated accordingly. A second round of open consultation by email circulation was conducted in early 2018. Additional suggestions were gathered and the documents were further polished. The final version of the Guidelines has been published as a supplement issue in *Nephrology* (Carlton) in Spring 2019.

We would like to take this opportunity to extend our gratitude to all the contributors for making this mission possible, and to all stakeholders who gave valuable comments to sharpen its quality. We hope the Clinical Practice Guidelines would safeguard the quality of renal service, serve as a useful reference to all members and fellows of the College and benefit all renal patients in Hong Kong.

*CC Szeto, Sydney Tang, Andrew Wong and Philip KT Li are Editors to Clinical Practice Guidelines for Renal Service in Hong Kong 2019

APSN HKSN HKCP CME 2018 Report

On Sept 29, 2018, the Hong Kong College of Physicians has joined hands with Asian Pacific Society of Nephrology (APSN) and Hong Kong Society of Nephrology (HKSN) in organising a CME meeting. 103 participants attended the Meeting. 23 trainees from 12 countries (Cambodia, Guangxi of China, India, Indonesia, Malaysia, Myanmar, the Philippines, Sri Lanka, Thailand, Vietnam and Australia) were supported by APSN and HKSN to come to Hong Kong. Among the speakers are Prof Philip Li, President of HKCP and APSN, Prof Mark Okusa, President of American Society of Nephrology (ASN), Prof Carmine Zoccali, President of European Renal Association – European Dialysis Transplant Association (ERA-EDTA), Prof Xueqing Yu, President of Chinese Society of Nephrology (CSN) and Prof Sydney Tang, Chairman of HKSN.



Speakers and participants at the APSN HKSN HKCP CME meeting Sept 29, 2018.

L-5 Prof Xueqing Yu; L-6 Prof Sydney Tang; L-8 Prof Richard Yu; L-9 Prof Carmine Zoccali; L-10 Prof Philip Li; L-11 Prof Mark Okusa; L-15 Prof TM Chan.

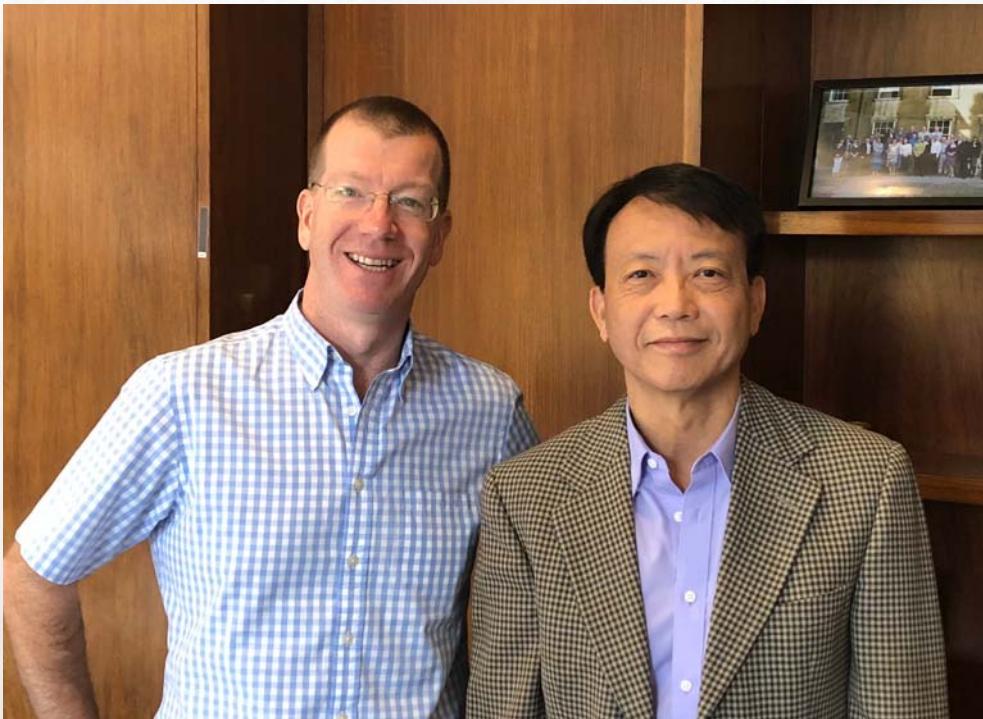
Conjoint Scientific Meeting on 19-20 October 2019

Prof MF YUEN

Chairman of organizing committee of
annual scientific meeting, HKCP

Prof Anthony CHAN

Vice-president of HKCP



In Oct 2018, Prof Philip Li and Dr Andrew Goddard, President of Royal College of Physicians (RCP) discussed in RCP Office London about the Joint HKCP RCP Scientific Meeting to be held in HK in Oct 2019

It is our great pleasure to announce that our coming annual scientific meeting on 19th and 20th October 2019 would be jointly organized by Hong Kong College of Physicians and Royal College of Physicians (RCP), London. We believe that this special arrangement would enrich our academic program as Professor Andrew Goddard (President) and Professor Cheng-Hock Toh (Academic Vice-President) and other academics from RCP would take part in delivering different talks. At the same time, the meeting would provide a valuable opportunity for knowledge exchange between our physicians and physicians from the United Kingdom. The detail of program will be released once it is finalized and we are very much looking forward to meeting you in this great event.

SYNAPSE Editorial Board



From left to right

Dr Emmy Lau, Ms Gloria Ng (HKCP Secretariat), Dr John Mackay, Prof Philip Li (HKCP President), Dr KK Chan (Editor), Dr Carolyn Kng, Dr Heyson Chan, Dr Hon Pierre Chan, Dr MH Leung and Dr Terrence Yip (Dr Francis Mok absent in the photo)

Synapse Photo Competition 2019

My Specialty – An Unusual View Through My Lens

1. All fellows, members and trainees of the Hong Kong College of Physicians are welcome to participate.
2. The theme of the photos should be medically related and preferably based on a particular subspecialty.
3. Each participant can submit not more than three photos in the competition and each photo can only be submitted once.
4. Please submit your photos in electronic format e.g. Jpeg [1280 x 800 pixels or more] to the College secretariat at gloriang@hkcp.org by 31 May 2019.
5. The winning photos will be published as the Synapse cover photo and there will be a gift for the winner.
6. The photo competition judges are: Prof Richard Yu, Dr Leo Wong, Dr SY So and Prof Philip Li.
7. For enquiries, please contact Ms. Gloria Ng at gloriang@hkcp.org.



An intellectually-stimulating discussion with Prof. Tak Mak

HKCP Scholarship for Medical Students

Lok Yee CHOY

Medical Student (Year 5)

Li Ka Shing Faculty of Medicine, The University of Hong Kong

As a final year medical student, I have long harboured an aspiration to engage in medical research over a dual teaching and clinical career after graduation. I am privileged to be awarded the Hong Kong College of Physicians Scholarship for Medical Students, which has supported my research attachment at Campbell Family Institute for Breast Cancer Research at the Princess Margaret Cancer Centre, University Health Network, Toronto.

The Centre is run by Prof. Tak Mak, a world-renowned scientist who first cloned the T-cell receptor gene, which is regarded as the 'Holy Grail' in Immunology. His ground-breaking discovery enables the scientific community to have a better understanding on the immune system and its role in health and diseases, thereby leading to the development of novel treatment modalities for cancer, autoimmune and infectious diseases. Currently, his team at the Princess Margaret Cancer

Centre focuses on researching the underlying mechanisms of immune response and cancer as a basis of drug development. Many of their research outcomes are now undergoing clinical trials with promising results, offering hope to many cancer patients. As I am fascinated by immunology and oncology, this is a very precious opportunity for me to witness how to harness the immune system to combat cancer and to appreciate the potential of bringing the fruits of research from bench to bedside benefitting patients ultimately.

During my one-month attachment, I was glad to have Dr. Robert Nechanitzky as my supervisor. He trusted me, and provided me with ample opportunities to have hands-on experience in his ongoing project about choline acetyltransferase and explored its possible disease implications. I had the chance to do a huge variety of experiments, including gene cloning and DNA purification, mouse

dissection, cell transfection, mRNA extraction, tissue culture, flow cytometry, and T cell activation. I was immersed into the world of immunology research, spending a substantial amount of time in the laboratory, including occasional Sundays. My laboratory skills were greatly enhanced and I realized the importance of paying meticulous attention to details in carrying out experiments. This working attitude will be conducive to my future clinical practice and research.

In addition to brushing up laboratory skills, I benefitted a lot from stimulating discussions with Prof. Mak, Dr. Robert and other lab members. Such intellectual exchanges helped me appreciate good experimental design and the rationale behind a sound research foundation. I now know asking a key question is often a crucial step in research development, and am glad that I have built up a strong motivation to ask relevant questions.

Problem-solving skill is another take-away from this attachment. When I encountered a problem, I would think about the possible causes, read relevant literature, and discuss with colleagues. For instance, the cells which I used in my DNA transfection experiment had a low viability after transfection. To solve this problem, I observed carefully with my supervisor each step of the transfection. We discovered that the transfected cells were easily detached when we changed the medium. I proposed to my supervisor that we might try to improve this step by diluting the medium instead of changing the medium of the entire well. He agreed we might try this out, which indeed improved the cell viability. This might seem trivial in the whole scheme of things but every step counts for the project to work. I am glad that I have taken the initiative to try to solve problems during my attachment and am sure that this trait will go a long way in my future research and clinical service.

One interesting experience in this attachment was dealing with mice. In Prof. Mak's lab, there were many strains of genetically-modified

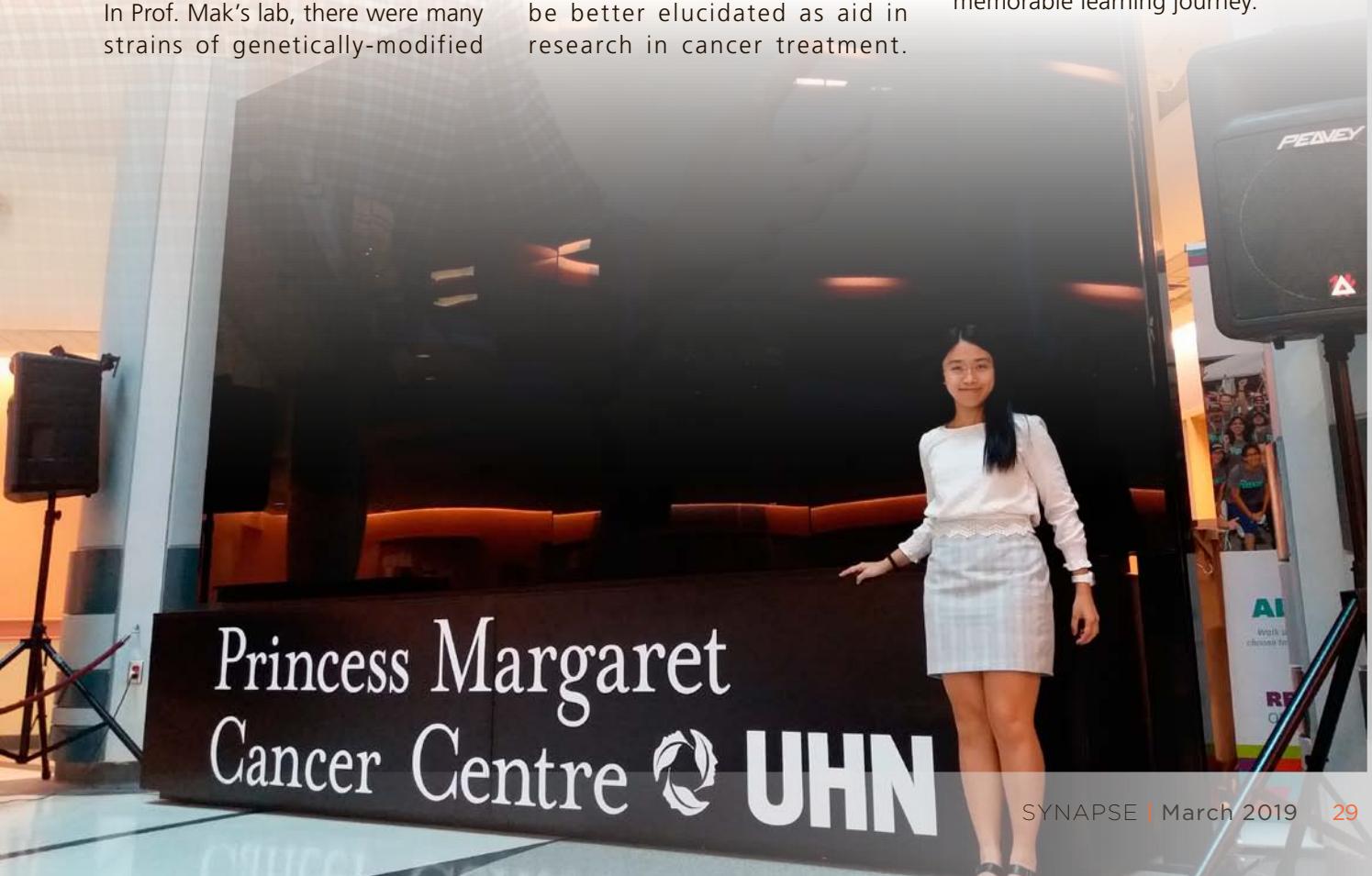
mice. By knocking-in or knocking-out genes of interest, we can study the effect of a gene on immune response and carcinogenesis. I had to clip the ears of genetically-modified mice for genotyping. At first, I had some difficulty in picking up the mice securely as they energetically ran around and were always ready to bite whoever tried to touch them. After practicing several times, I successfully clipped the ears of the mice and obtained the samples I need. This experience enhanced my confidence in dealing with animals. This is beneficial to my future researches if I will use animals as disease models.

Since my supervisor was involved in single cell research, he kindly brought me to a single cell technology user group meeting filled with presentations by representatives from different labs in Toronto. Single cell analysis is a hot topic in biomedical research as cancer cells show a high degree of heterogeneity which gives rise to treatment resistance and disease relapse. Through analysis at single cell level, pathogenesis and disease mechanisms can be better elucidated as aid in research in cancer treatment.

During the meeting, I learned about technologies like immune profiling at single cell level and its application in understanding the tumour microenvironment, as well as single cell ATAC sequencing which look at epigenomics at a single cell resolution. It is amazing to see how cutting-edge technologies help advance cancer research.

I am fascinated by how this legendary lab attracts talents from around the world. Although we come from different cultural backgrounds, we share the same passion in immunology research and never fail to inspire one another over our conversations and exchanges.

I would like to take this opportunity to express my heartfelt gratitude to Prof. Tak Mak, who offered me the precious opportunity to work in his lab and provided continuous support and guidance. My thanks also go to Dr. Robert for demonstrating the qualities of an excellent researcher and to the Hong Kong College of Physicians for its generous support for my memorable learning journey.





HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



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Dr Sha Kwok Yiu Edmund

Dr Wong Mo Lin

Dr Li Chung Ki Patrick

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SIR DAVID TODD LECTURE

Nonalcoholic Fatty Liver Disease in Asia

Prof Vincent Wai Sun WONG

Department of Medicine & Therapeutics, Prince of Wales Hospital
The Chinese University of Hong Kong

Twenty years ago, few if any researchers in Asia showed interest in nonalcoholic fatty liver disease (NAFLD). Today, NAFLD is increasingly recognized as a major chronic liver disease not only in Western countries but also in Asia. Its importance is exemplified by its high prevalence, disease progression and association with major medical disorders. In Asia, 15-30% of the general adult population suffers from NAFLD. In patients with diabetes and metabolic syndrome, the reported prevalence is typically over 50%. Patients with the active form of NAFLD, namely steatohepatitis (NASH), may have fibrosis progression and eventually develop cirrhosis. Patients with NASH-related cirrhosis have similar mortality to those with other causes of cirrhosis, and they have high risk of developing hepatocellular carcinoma up to 1-3% per year. In addition, NAFLD patients have high prevalence of cardiovascular disease and colorectal neoplasm. One major challenge for practising clinicians is how to identify patients with significant liver disease among many who are found to have NAFLD. While liver biopsy is traditionally considered the gold standard for disease staging, it is invasive and unpleasant, and is an impractical tool for a disease that affects a quarter of the general population. To this end, new developments in transient elastography and biomarkers can help exclude significant liver fibrosis and NASH. This talk summarizes a young researcher's journey through this exciting area of research and what he has learned from amazing people all around the world.



RICHARD YU LECTURE

Large Scale Atrial Fibrillation Screening Using Smart Technologies

Dr Bryan Ping Yen YAN

Department of Medicine & Therapeutics, Prince of Wales Hospital
The Chinese University of Hong Kong

The prevalence of atrial fibrillation (AF) is increasing in our ageing population and at least 1 in 3 strokes are related to AF. Although AF-related strokes are highly preventable, one of the clinical challenges is the ability to identify AF and initiate prophylaxis before the occurrence of stroke. Screening can identify asymptomatic AF for stroke prevention, but the best method of AF screening is not established. Current international guidelines recommend opportunistic screening by pulse palpation or ECG rhythm strip, followed by confirmatory 12-lead ECG in patients >65 years of age. Limitations of screening by pulse palpation include variable diagnostic accuracy and the time to perform a 12-lead ECG. In recent years, several handheld devices, including stand alone and smartphone based devices and applications, have been developed for point-of-care AF screening. We have recently completed 23,851 AF screenings events in a RGC grant-supported large-scale randomized study to assess the feasibility and cost-effectiveness of targeted screening for AF using a handheld ECG device with automated diagnostics in an outpatient setting. Our novel finding of incremental yield for repeated opportunistic ECG screening was awarded the Best Moderated Poster at the European Society of Cardiology Congress, Barcelona in 2017. Our group is the first in the world to validate a novel contact-free AF screening method using a smartphone camera to analyze facial pulsatile photoplethysmographic (PPG) signals with high accuracy. Our current research direction is to further develop a contact-free high-throughput AF screening method suitable for large-scale community and population screening.



BEST THESIS GOLD AWARD

The Relationship Between Hepatitis B Core-related Antigen (HBcrAg) and Chronic Hepatitis B Outcomes in HBeAg Negative Patients

Dr Wai Pan TO

Department of Medicine, Queen Mary Hospital

Background

Hepatitis B core-related antigen (HBcrAg) is a novel serological marker for hepatitis B virus. It correlates well with serum HBsAg, HBV DNA and intrahepatic cccDNA levels. However, long-term data regarding the predictive value of HBcrAg is limited. We aim to determine the relationship between HBcrAg levels after spontaneous HBeAg seroconversion and hepatocellular carcinoma (HCC).

Methods

207 chronic hepatitis B patients with a documented time of HBeAg seroconversion were enrolled. HBcrAg and HBsAg were checked within 3 years (as baseline), at 5 years and 10 years after HBeAg seroconversion. HBV DNA was measured at the baseline. Multivariable cox regression model was used to investigate the predictors for the development of HCC and ROC analysis was used to determine the cut-off value of HBcrAg.

Results

Fourteen patients developed HCC during a median follow-up duration of 13.1 years. The median level of HBcrAg at baseline was significantly higher in the HCC patients when compared with patients without HCC (5.68 vs 4.78 log IU/ml respectively; $p=0.003$). Cox proportional hazards model indicated that age of HBeAg seroconversion older than 40 years (hazard ratio (HR): 4.60; $p=0.049$), presence of baseline cirrhosis (HR: 6.23; $p=0.003$) and a higher baseline HBcrAg (HR: 1.75; $p=0.032$) were independently associated with HCC development. A cut-off value of baseline HBcrAg level ≥ 5.21 log IU/ml yielded an AUROC of 0.74 with a negative predictive value of 97.7%.



Conclusion

High HBcrAg level within 3 years after HBeAg seroconversion was independently associated with the development of HCC in chronic hepatitis B patients.

BEST THESIS SILVER AWARD

Longitudinal Changes of Nf- κ B Downstream Mediators and Peritoneal Transport Characteristics in New Peritoneal Dialysis Patients

Dr Winston Wing Shing FUNG

Department of Medicine & Therapeutics, Prince of Wales Hospital

Background

The success of peritoneal dialysis (PD) depends on the semi-permeable peritoneal membrane, which is not a passive structure, but is constantly changing in response to exposure to unphysiological dialysis solutions and peritonitis insult. Previous studies showed a progressive increase in submesothelial fibrosis and angiogenesis in serial peritoneal biopsies from PD patients over time. The regulation of peritoneal transport remained to be fully elucidated, but several intra-peritoneal cytokines, involved in the proinflammatory Nf- κ B pathway, notably interleukin-6 (IL-6), cyclooxygenase-2 (COX-2), and hepatocyte growth factor (HGF), probably play important roles. In the present study, we investigate the relation between longitudinal changes in PD effluent cytokine levels and the corresponding alterations in peritoneal transport parameters over 1 year.

Methods

We studied 46 new PD patients who had peritoneal equilibration test performed shortly after PD was started and then one year later. Dialysate-to-plasma creatinine level at 4 hours (D/P4), mass transfer area coefficient of creatinine (MTAC), and ultrafiltration (UF) volume were taken as peritoneal transport parameters. Concomitant PD effluent levels of IL-6, COX-2 and HGF were measured and compared. The effect of peritonitis episode during that year and the type of PD solution are also analyzed.

Results

There were significant correlations between baseline as well as one-year PD effluent IL-6 and COX-2 levels with the corresponding D/P4 and MTAC. The change in PD effluent IL-6 and COX-2 levels from baseline to one year also correlated with the change in D/P4 and MTAC during the same time. In contrast, PD effluent HGF did not show any significant correlation with the corresponding D/P4 and MTAC, both at baseline and one year later. After one year, patients who had peritonitis had higher PD effluent IL-6 (26.6 ± 17.4 vs 15.1 ± 12.3 pg/ml, $p = 0.037$) and COX-2 levels (4.97 ± 6.25 vs 1.60 ± 1.53 ng/ml, $p = 0.007$) than those without peritonitis, and the number of peritonitis episode during follow up period significantly correlated with the PD effluent IL-6 and COX-2 levels after one year. No significant difference in PD effluent HGF level after 1 year of dialysis are noted between patient with and without peritonitis. There was no significant difference in any cytokine level between patients who received conventional and low glucose degradation product PD solutions.



Conclusion

PD effluent IL-6 and COX-2 levels significantly correlate with the concomitant peritoneal transport characteristics. Patients who had peritonitis during the follow up period had higher PD effluent IL-6 and COX-2 levels after one year than patients without peritonitis. Our result suggests that intra-peritoneal IL-6 and COX-2 play important roles in the short-term regulation of peritoneal transport.

BEST THESIS BRONZE AWARD

Value of High-Resolution Sonography In The Diagnosis of Carpal Tunnel Syndrome in Local Chinese Population

Dr June Ho Ming WONG

Department of Medicine & Geriatrics, Caritas Medical Centre

Objective

To determine the usefulness of high-resolution sonography in the diagnosis of carpal tunnel syndrome (CTS) in patients with clinical suspicion of having the condition.

Materials and Methods

Thirty patients who were referred to the electrodiagnostic unit of a regional hospital in Hong Kong for CTS between January and October 2017 and 58 healthy volunteers were recruited into this prospective study. Fifty-six wrists from the patient group and 111 wrists from the control group were evaluated by high-resolution sonography (HRS) within 2 weeks of the nerve conduction study (NCS). The cross-sectional area (CSA) of median nerve was measured by HRS at 2 levels: distal wrist crease (CSAc) and proximal one-third of the pronator quadratus muscle of the forearm (CSAp). Sensitivity, specificity and accuracy of CSA in diagnosing CTS were determined with clinical evaluation set as the reference standard.

Results

CSA of median nerve at distal wrist crease was found to be significantly enlarged in patients with CTS (13.5mm^2) when compared to the control group (8.7mm^2) ($p=0.000$). Using the receiver operating characteristic (ROC) curve, the area-under-the-curve (AUC) of CSAc, difference in CSA at distal wrist crease and pronator quadratus levels (ΔCSA) and ratio between CSA at wrist and forearm (WFR) were found to be 0.931, 0.931 and 0.893 respectively ($p=0.000$), when clinical diagnosis was used as the reference standard. CSAc was assessed to be the best HRS parameter for diagnosing CTS, which had a sensitivity of 82.1%, specificity of 91.9% and accuracy of 88.6% when the cutoff was set at 11 mm^2 .



Conclusion

High-resolution sonography is a useful, non-invasive tool for the diagnosis of CTS and is a valuable complementary test to NCS.



Clinical Pharmacology & Therapeutics (CPT)

Dr Raymond SM WONG

Chairman, Subcommittee in
Clinical Pharmacology and Therapeutics

Clinical Pharmacology & Therapeutics (CPT) is the scientific discipline that involves all aspects of the relationship between drugs and humans, ranging from molecular pharmacology, animal pharmacology, pharmacokinetics, pharmacodynamics, drug efficacy and safety, clinical trial design, pharmacogenetics, pharmacogenomics, pharmacoepidemiology, pharmacovigilance, risk management to drug economics, utilization and regulation.¹

The specialty training of CPT aims to develop clinician scientists who can integrate these complementary knowledge to contribute to human health through clinical practice, applied research, healthcare administration, industrial development, policy formulation and implementation.

Role of CPT specialists in daily clinical practice

CPT is a multi-system subspecialty which is not based on a single organ or disease. Yet, the inter-linking nature of many diseases, the large population of people requiring multiple medications and the common use of traditional medicine have led to multi-system problems due to drug-host, drug-drug, drug-herb interactions as well as over-, under- or inappropriate prescribing. Specialists in CPT promote the effective, rational and safe use of drugs not just for individual patients but also for the patient populations.¹ Their key roles in daily clinical practice include:

- delivering a clinical service, including general or acute medicine
- providing drug information services
- reducing adverse drug reactions
- de-prescribing ineffective medications
- promoting adherence to prescriptions
- minimising prescribing errors

Role of CPT specialists in the healthcare system

Adverse drug reactions (e.g. bleeding due to warfarin, hypoglycaemia due to anti-diabetic drugs and electrolyte abnormalities due to common drugs) are amongst the leading causes of hospitalizations. On the other hand, polypharmacy, clinical inertia and non-adherence are major medical issues that call for safer and more effective use of medicine. With the rapidly increasing healthcare cost due to aging population as well as advances in healthcare technology and therapeutics, there is increasing emphasis on "cost-effective treatment". The growing healthcare burden also calls for more effective use of preventive drug therapy and good clinical practice in the hospital and community-based outpatient clinics.

CPT is the only subspecialty with training that focuses on the safe, effective and cost-effective use of drugs supported by knowledge and understanding of pharmacology, drug discovery, pharmacoeconomic and drug regulation.² The broad-based knowledge and interactions with multiple stakeholders enable CPT specialists to serve the medical community by providing expert opinion to hospital drug and therapeutics committees, research ethics and clinical trial governance committees, and medication safety committees to promote cost-effective and safe use of drugs.³⁻⁵

Drug industry is a global enterprise that transcends academia, research institutes, pharmaceutical industry, clinical research organizations, regulatory agencies, drug distributors, retail pharmacies, healthcare institutions and practitioners. With training in clinical medicine, CPT specialists play important roles in drug development, drug approval, post-marketing surveillance and reimbursement decisions.^{1,6} In addition, CPT specialists often have additional specialties with multi-system involvement, notably

geriatrics, rheumatology, endocrinology, cardio-metabolic-renal medicine and haematology, whose special interests in drug development and usage have helped them develop careers in academic medicine and enhanced their advisory roles in the hospitals and public health systems.

Role of CPT specialists in education, training and research

In the university setting, CPT specialists play major roles in teaching and research. Prescribing is one of the major roles and responsibilities of a doctor. The need for teaching the practical skills of rational prescribing cannot be overstated.⁵ In addition to the undergraduate education for medical students, practising clinicians will benefit from postgraduate professional and on-job training in CPT to acquire a balanced view on latest drug development as well as the safe and cost-effective use of current complex therapies. Specialists in CPT often design, participate or coordinate early phase studies, large-scale clinical trials and population studies.⁵ The recent establishment of Phase 1 Clinical Trial Centres in both university hospitals with *state-of-the-art* facilities, will expose our CPT specialists and trainees to early drug development programs according to international standards. This holistic training encompassing drug development, utilization and evaluation will also promote good clinical practices and better patient care.

Emerging developments in CPT

In addition to these basic but key functions, other emerging developments in drug/technology or

service delivery model promise to broaden the career development of CPT specialists:

- 1) The proliferation of new drugs including injectables and biosimilars, the common use of traditional medicine, the increasing co-morbidities and advancing age of our patients have called for better understanding of drug-drug, drug-host and drug-herb interactions and their impacts on healthcare burden.
- 2) There are emerging therapeutic approaches such as precision medicine, gene therapy and cell-based therapies aimed to improve health. Specialists with dual training in CPT and relevant subspecialties are in a prime position to develop, evaluate and introduce these technologies in partnerships with other stakeholders to address unmet needs.
- 3) The mandate of the Hong Kong SAR Government to develop biotech and innovative medicine requires medical leaders with expertise in drug development and evaluation of ranging from conduct of early to late phase clinical trials, drug registration and approval, drug surveillance, pharmacoepidemiological and cost-effectiveness analysis. The expansion of a workforce of CPT specialists will contribute to our healthcare sustainability by promoting cost-effective use of old medicine, and economic competitiveness by developing new medicine for unmet needs especially relevant to Asian populations.
- 4) The increasing use of generic drugs in public hospitals will call for more CPT specialists to conduct bioavailability and bioequivalence (BABEL) study with ongoing quality assurance and improvement programmes. Promoting CPT will offer a broader choice of training and job opportunities to physicians pursuing an academic or research career paths.

Conclusion

Delivery of healthcare is a multidisciplinary subject where safe and effective use of drugs plays a crucial role in preventing avoidable hospitalizations, multiple morbidities and premature death. The training of CPT specialists with or without other medical subspecialties will catalyse the biotechnological development and improve our health care through research, practice and policy in Hong Kong and beyond.

Acknowledgement

The author would like to thank Dr. Jones Chan, Prof. Juliana Chan and Prof. Bernard Cheung for their invaluable advice and input.



Figure 1. Clinical pharmacologists promote rational, safe and effective use of better medicines through multidisciplinary collaborations

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Passing Rates: Part I Examination – 2002 - 2018

	Sitting	Pass
September 2002	100	33 (33%)
January 2003	124	55 (44%)
May 2003 (SARS Special)	21	7 (33%)
September 2003	54	29 (54%)
January 2004	93	39 (42%)
September 2004	29	16 (55%)
January 2005	96	68 (70.8%)
September 2005	24	15 (62.5%)
January 2006	95	74 (80%)
September 2006	21	13 (62%)
January 2007	87	67 (77%)
September 2007	23	12 (52%)
January 2008	56	38 (68%)
September 2008	47	32 (68%)
January 2009	59	47 (80%)
September 2009	47	28 (60%)
January 2010	45	28 (62%)
September 2010	62	39 (63%)
January 2011	44	23 (52%)
September 2011	64	49 (77%)
January 2012	45	28 (62%)
September 2012	80	59 (74%)
January 2013	41	22 (54%)
September 2013	76	60 (79%)
January 2014	30	20 (67%)
September 2014	84	64 (76%)
January 2015	29	20 (69%)
September 2015	100	71 (71%)
January 2016	33	18 (55%)
September 2016	84	63 (75%)
January 2017	36	19 (53%)
September 2017	69	56 (81%)
January 2018	25	12 (48%)
September 2018	108	74 (69%)

Pass list (2018): Joint HKCPIE/MRCP(UK) Part II PACES Examination October

Chan Hiu Yan
 Chan King Pui Florence
 Cheung Chun Hin
 Cheung Ka Yung
 Choi Chun Wai
 Chow Cheuk Yin
 Chu Hei Yu Zoe
 Chui Tsz Hang
 Ho Chiu Leung Jacky
 Ho Mei Han
 Kam Ngong Pang Kenny
 Kam Shou Yan
 Kwok Chin Tong
 Lai Che To
 Lam Hing Yin Wilson
 Lau Ka Ying
 Lau Wan Hang
 Lee Lok Hang
 Lee Yu Yan Carmen
 Leung Calvin
 Leung Chun Yin William
 Leung Siu Chung
 Li Siu Ching
 Luk Tsz Ho
 Mak Wai Lun
 Ng Kwan Kit
 Shum Tsz Ho
 Siu Wai For
 Tang Yue Hin
 Wong Chun Ka
 Wong Hiu Yan Grace
 Wong Man Sin
 Wong Shing Lung
 Wong Wing Yee
 Wong Yik Ming
 Woo Wing Man
 Yeung Jessica Oi Lum
 Yim Ming Suen

Passing Rates: PACES – 2001 - 2018

October 2001	36/72 = 50%
February 2002	34/74 = 46%
October 2002	29/72 = 40%
February 2003	30/69 = 43%
October 2003	27/59 = 46%
March 2004	39/64 = 61%
October 2004	26/69 = 38%
March 2005	35/75 = 47%
October 2005	28/75 = 37%
March 2006	36/75 = 48%
October 2006	16/73 = 22%
March 2007	44/74 = 59%
June 2007	44/74 = 59%
October 2007	36/55 = 65%
March 2008	36/74 = 49%
October 2008	29/65 = 45%
February 2009	39/75 = 52%
October 2009	24/72 = 33%
March 2010	33/75 = 44%
October 2010	40/74 = 54%
February 2011	23/66 = 35%
October 2011	34/70 = 49%
February 2012	32/74 = 43%
October 2012	32/74 = 43%
March 2013	28/75 = 37% (for HK local candidates)
October 2013	28/74 = 38%
February 2014	29/74 = 39% (for HK local candidates)
October 2014	21/74 = 28%
March 2015	36/75 = 48%
October 2015	35/75 = 47%
March 2016	40/75 = 53%
October 2016	36/75 = 49%
March 2017	26/74 = 35%
October 2017	26/75 = 35%
March 2018	32/75 = 43%
October 2018	38/75 = 51%

Passing Rates : Joint HKCPIE/MRCP (UK) PART II (Written) Examination – 2002 - 2018

Sitting	Pass
2 July 2002	53 27 (51%)
13 November 2002	50 24 (48%)
13 August 2003	110 62 (56%)
10 December 2003	54 31 (57%)
28 July 2004	65 42 (65%)
8 December 2004	46 32 (70%)
13 April 2005	32 15 (47%)
27 July 2005	76 56 (74%)
7 & 8 December 2005	26 16 (62%)
12 & 13 April 2006	29 13 (45%)
26 & 27 July 2006	91 68 (75%)
6 & 7 December 2006	33 18 (55%)
11 & 12 April 2007	34 22 (65%)
25 & 26 July 2007	80 70 (88%)
5 & 6 December 2007	19 13 (68%)
9 & 10 April 2008	21 13 (62%)
30 & 31 July 2008	47 36 (77%)
3 & 4 December 2008	17 10 (59%)
8 & 9 April 2009	32 25 (78%)
29 & 30 July 2009	50 43 (86%)
25 & 26 November 2009	12 7 (58%)
7 & 8 April 2010	41 34 (83%)
28 & 29 July 2010	25 19 (76%)
24 & 25 November 2010	8 2 (25%)
6 & 7 April 2011	45 35 (78%)
23 & 24 November 2011	32 25 (78%)
28 & 29 March 2012	55 43 (78%)
12 & 13 December 2012	57 44 (77%)
10 & 11 April 2013	60 52 (87%)
11 & 12 December 2013	48 34 (71%)
9 & 10 April 2014	54 46 (85%)
10 & 11 December 2014	26 25 (96%)
25 & 26 March 2015	53 45 (85%)
9 & 10 December 2015	68 65 (96%)
6 & 7 April 2016	29 28 (97%)
7 & 8 December 2016	62 50 (81%)
29 & 30 March 2017	25 21 (84%)
28 & 29 November 2017	58 54 (93%)
27 March 2018	21 14 (67%)
24 October 2018	20 15 (75%)

Report on PACES Training Programme in September 2018

Prof Anskar LEUNG
Chairman
Examination Committee

PACES (Practical Assessment of Clinical Examination Skills) is an objective and structured assessment of basic physician trainees before entrance into specialist training. Two PACES, each lasts for 5 days in 5 different hospitals, are held in Hong Kong each year. Each examination day comprises 3 sequential cycles and in each cycle there are 5 clinical stations. In each station a set of core clinical skills are evaluated by two examiners (1 UK and 1 HK examiner). Fifteen candidates are examined each day and a total of 75 candidates, mostly local medical graduates, are examined in each examination. Since the first PACES in H.K. in 2001, the local pass rate has been around 30-60%. However, our recent performance has been unsatisfactory with pass rate hovering around the lower side of the range in the past few examinations. The observations have called for a need to provide training and guidance to our trainees specifically during their preparation for PACES.

At its council meeting on 26 October 2017, the College has appointed council members, young College fellows, university academics and HA (Hospital Authority) Consultants to form a working group with a view to improve trainees' performance in PACES. It was decided that an integrative training programme should be organized by the College, incorporating elements of training workshop on communication skills previously commissioned by HA as well as the PACES training day on Saturday that was held after PACES and focused on physical examination skills.

After a few meetings and discussions at the college council, the working group has organized a 2-day training programme on 1st and 2nd September 2018 in Alice Ho Miu Ling Nethersole Hospital (1st September) and North District Hospital (2nd September). Two U.K. PACES examiners, Dr. Donald Farquhar International Associate Medical Director, MRCP(UK), and Dr. Nicola Zammit, Consultant Physicians and Honorary Clinical Senior Lecturer, Clinical Director Edinburgh Centre for Endocrinology and Diabetes (ECED), Clinical Lead (Secondary Care) Diabetes Managed Clinical Network, Royal Infirmary of Edinburgh, were invited as overseas trainers. Eleven local trainers, who were seasoned PACES examiners from various subspecialties have also participated in the training programme (Table 1). The 2-day training comprised 4 identical sessions. Each session included a presentation from the U.K. trainers who have explained the key features of PACES stations, assessment procedures, expectation from examiners and addressed concerns and questions from candidates. This was followed by a mock PACES examination following the exact format and procedures and with comparable levels of difficulty as in real PACES except that there was only one instead of two examiners in each station. The trainees joined in groups of 3 of whom 1 was asked to be the candidate and the other two as observers in each station and they changed roles between stations so that they all have the experience of PACES candidates in at least some stations. After a complete cycle, a detailed debrief was conducted in which the 2 U.K. and 3 local trainers commented on the general and specific performance of the candidates whom they examined. At the end, the candidates gave feedback on their experience in a standard evaluation form.

A total of 57 out of 60 evaluation forms were completed and returned by candidates after the programme and their feedback was evaluated. The training day has met the expectation of all responding candidates. Most candidates agreed or strongly agreed that the contents of the lectures by the overseas examiners, bedside teaching and the whole class debriefing were appropriate and the teaching overall has been useful and satisfactory. Some candidates were of the opinions that more time should be allocated for questions and discussion, particularly after each station and preferably the participants should be able to go through all rather than only some stations. These comments will become important considerations for the preparation of next training programme, tentatively on 7 and 8 September 2019 to be organized by Tseung Kwan O Hospital and Pok Oi Hospital.



PACES training day which was conducted at Alice Ho Miu Ling Nethersole Hospital

In summary, the first integrative training programme for PACES was well received by basic physician trainees. Its impact on candidates' performance in PACES would have to be evaluated in due course. The training programme has also provided the hosts with the opportunity to prepare themselves as new PACES centres in the future in response to the increase in number of candidates waiting to sit for the examination.

Table 1

HKCP PACES Training Programme

Date	: 1 Sept 2018 at AHNH 2 Sept 2018 at NDH
Program	: Five stations, two sessions per day
Examiners	: Two external, three to twelve local
Candidates	: 60 candidates, 15 per session in pairs of three
<i>Proposed schedule (Day 1 & Day 2, am and pm session same)</i>	

Time	Program	Remarks
08:30 – 08:50	Examiners check signs Candidates are assigned stations for active participation	Candidates report before 8:30
08:50 – 10:20	Lecture by external examiner 1: Tips and regulation on PACES exam*	External examiner 1 Local examiners check sign
10:20 – 10:25	Candidate read instructions	
10:25 – 10:45	First station	
10:50 – 11:10	Second station	
11:15 – 11:35	Third station	
11:40 – 12:00	Fourth station	
12:05 – 12:25	Fifth station	
12:30 – 13:30	Discussion and comments on candidate performance Examiner lunch Candidates are assigned stations for active participation	All examiners Candidates report before 13:00
13:30 – 15:00	Lecture by external examiner 2: Tips and regulation on PACES exam*	External examiner 2 Local examiners check sign
15:00 – 15:05	Candidate read instructions	
15:05 – 15:25	First station	
15:30 – 15:50	Second station	
15:55 – 16:15	Third station	
16:20 – 16:40	Fourth station	
16:45 – 17:05	Fifth station	
17:10 – 18:10	Discussion and comments on candidate performance	All examiners

BPT Trainees Who Have Left the Physician Training Programme

At its 326th Meeting of 30 November 2018, the Council decided that BPT trainees who had left the physician training programme for more than 3 years be classified as "Inactive". Should these doctors wish to resume physician training in future, they would need to start afresh with a new application to the College, and to pay the respective training fee at the time of registration.

Prof Daniel Tak Mao CHAN

Chairman

Education and Accreditation Committee

Extended Leave of Absence during BPT or HPT

In relation to the extension of Maternity Leave entitlement to 14 weeks recently announced by the HKSAR Government, the Council at its 326th Meeting of 30 November 2018 decided that, in addition to the normally entitled Annual Leave, Trainees undergoing Basic or Higher Physician Training are allowed no more than a cumulative duration of 14 weeks of extended special leave of absence (such as sick leave, maternity leave, or other types of special leave, but excluding study leave) in their respective physician training programmes. Accordingly, trainees with over 14 weeks of leave of absence under the above-named categories would need to defer the Completion Date of their physician training programmes.

Also, presently HPT trainees are allowed to undergo Exit Assessment three months prior to the HPT Completion Date. In line with the new regulation, HPT trainees are now allowed to undergo Exit Assessments 14 weeks prior to the anticipated HPT Completion Date.

Prof Daniel Tak Mao CHAN

Chairman

Education and Accreditation Committee

Medication-related error in disciplinary inquiries of the Medical Council of Hong Kong

Dr Pierre CHAN

Legislative Councillor (Medical) and Member of Medical Council of Hong Kong

First and foremost, I would like to thank the Hong Kong College of Physicians for inviting me to take part in the recent medico-legal symposium. I want to take this opportunity to share with you the medication issues in the Medical Council of Hong Kong ("MCHK") in my capacity as a member of the MCHK and a medical practitioner.

Many people believe that the MCHK has the power to enforce the law through investigations, arrests, and the ability to sue suspects on behalf of the general public. However, it does not have the authority to arrest. The Preliminary Investigation Committee of the MCHK is mainly responsible for investigating complaints. Basically, the MCHK is to assure and promote quality in the medical profession in order to protect patients, foster ethical conduct, and develop and maintain high professional standards. It handles registration of eligible medical practitioners, administers the Licensing Examination, issues Code of Professional Conduct ("the red book") and guidelines, as well as maps out a disciplinary mechanism to handle complaints lodged by the general public. Meanwhile, it exercises disciplinary actions

towards medical practitioners when a physician is alleged to have engaged in misconduct. All medical practitioners are advised to study the Code of Professional Conduct carefully. There were over 100 participants in the medico-legal symposium, only 6% of them followed suit.

From 2000 to 2014, there were 25 cases of alleged mishandling of dangerous drugs, 24 cases of alleged improper drug labeling, 19 cases of alleged prescription of steroids and 15 cases involving drug allergy. The physicians were found guilty of professional misconduct in MCHK judgement. Surprisingly, in the symposium, there were only 42% of the physicians who would write down that they had explained indications, possible side effects and the nature of steroid to their patients. In 2016, a doctor was found guilty of misconduct in a professional respect - inappropriately or without good medical reason prescribing systemic Dexamethasone to a patient. His name was removed from the General Register for 3 months. History repeated itself. In 2009, another doctor was found guilty of misconduct because of prescribing steroids to a patient

without explaining the nature, indications and possible side effects of the drug.

In addition to the prescription of steroids, the MCHK also issued 6 pages of guidelines on the proper prescription and dispensing of dangerous drugs in the "red book". The guidelines clearly stated the Practice Directions of the use of drugs like benzodiazepines. The initial assessment of patients should include (i) proper history and examination, (ii) appropriate investigation, (iii) proper diagnosis and/or diagnostic formulation; (iv) education and counselling. With respect to repeated and/or prolonged prescription, there should be a clear documented management plan.

All physicians should keep clear clinical documentation after explaining to their patients about the indications, possible side effects and the nature of medications, especially steroids and dangerous drugs. Insurance claims for professional liability and legal advice are reliant on the complete set of clinical documents. Equally important, clinical documentation serves as credible evidence when we encounter any potential legal challenges.

Report on 1st Medico-Legal Symposium Co-organized by Young Fellows' Committee, HKCP and COC (Medicine), HAHO



Dr Heyson Chi Hey CHAN

Chairman, Young Fellows' Committee, HKCP

From left to right:
Dr Heyson Chan,
Ms Jamie Lam, Prof Philip Li,
Dr Johnny Chan, Dr Danny Lee

There has been a strong link between practice of medicine and law. With the soar in the occurrence of medico-legal cases, there is a pressing need for physicians to be better equipped with knowledge in this area. As such, the Young Fellows' Committee has co-organized the 1st Medico-Legal Symposium with COC (Medicine), HAHO on 1st December 2018 (Saturday) in the Hospital Hall, Princess Margaret Hospital.

The half-day workshop consisted of four seminars covering a vast range of medico-legal topics delivered by experienced speakers with special

interests in the field. The topics covered were as follows:

- 1) "Confidentiality and Informed Consent" by Ms Jamie Lam, Partner of Mayer Brown (Panel Lawyer of HA);
- 2) "Avoiding and Handling Complaints" by Dr Johnny Chan, Honorary Secretary of HKCP;
- 3) "Gross Negligence and Manslaughter" by Dr Danny Lee, practicing medical doctor with law background; and
- 4) "Medications and Medical Council" by Dr Hon Pierre Chan, Legislative Councilor (Medical).

The seminars were followed by Q&A sessions. Participants were actively involved and had raised important questions. Speakers addressed the questions with detailed explanation and further interactive discussions.

The overall response was overwhelming with nearly one hundred fellows and trainees attended. The symposium was well acclaimed by the participants. They found the topics relevant and information gained from participating in the symposium useful and applicable for their daily practice. Many suggested us to organize another medico-



Prof Philip Li addressing the participants



Dr Heyson Chan delivering the closing remarks



Prof Li presenting souvenirs to the speaker



Prof Li, the speakers and the Young Fellows' Committee

legal symposium in the future and some suggested us to extend the half-day symposium to whole-day. Our committee will explore the possibility of organizing the medico-legal symposium again with further refinement of the program.

The symposium would not have been a tremendous success without the support from various parties. I am indebted to the President, the College council and the secretariat for their enduring support; Dr Jacky Chan for his on-site logistic

support; our committee members for their enormous effort; all speakers for their informative talks; all participants for their interactive discussions and COC (Medicine) for co-organizing the event.



Interactions of the participants with the speaker



Dr Johnny Chan



Dr Danny Lee

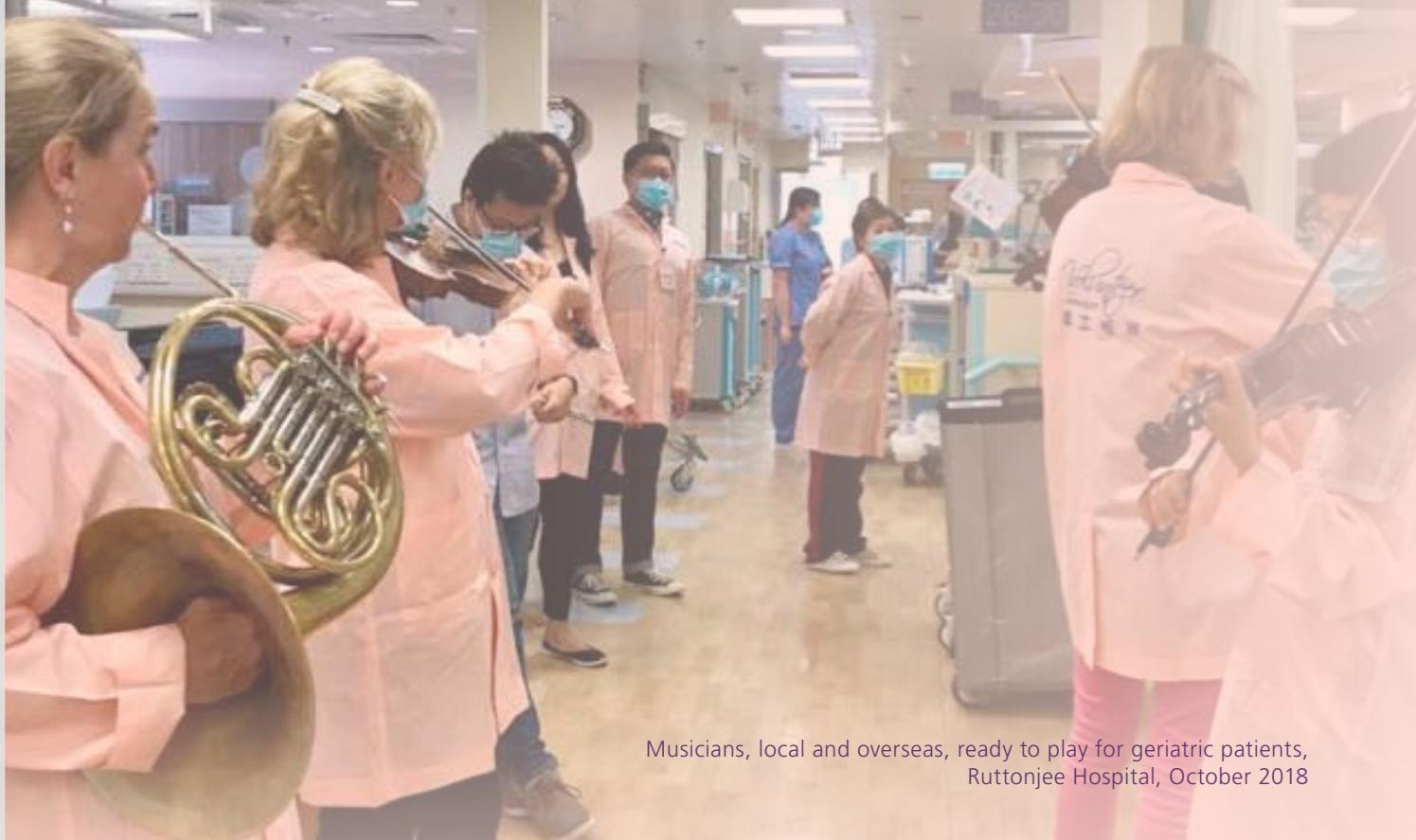


Dr Hon Pierre Chan

The Power of Music: Unlocking the Mind in Elderly Patients

Dr Wilson CHENG

Department of Medicine & Geriatrics, Tung Wah Eastern Hospital



Musicians, local and overseas, ready to play for geriatric patients,
Ruttonjee Hospital, October 2018

I grew up in Hong Kong, learning to play the piano from the age of three: It is common for children at this age in our city to be playing more than one musical instrument. Many readers are certainly aware that children are often pushed to learn music or creative arts so that they become 'well-rounded' in order to get into a 'good' school. I was not fond of the idea of practising

the piano endlessly, and my passion for music did not come until much later, when I studied in the U.K. Nowadays, I cannot imagine living without it as it plays such a central role in my life. Playing and listening to music always feels liberating and relaxes me when things get difficult at work and in my personal life. For me it is a language in which I can truly and fully express myself.

Dr Oliver Sacks is a neurologist and an author of many acclaimed books, including *Musicophilia*, a book that explores the connection between music and the human brain. His book, *The Awakenings*, based on a true story, described how hearing familiar music had unique effects on a particular catatonic patient. The book was later made into a film starring

Robert De Niro and Robin Williams. As a physician, I have always wondered how I could connect the two worlds together. I was fascinated when I discovered that music therapy is being appreciated and plays an important role in the medical world, and I am excited to share some of my own experience as I uncover this mystery for myself.

Since joining the Geriatrics Department at Ruttonjee Hospital, I have been working on a geriatrics-friendly ward, and joining the Community Geriatrics Assessment Team (CGAT), a service reaching out regularly to various nursing homes across Hong Kong island. Many of the patients I treat have dementia, a condition that is increasingly prevalent with the ageing population. Many interventions have been described for managing dementia, and non-pharmacological intervention is always preferred as it is more acceptable to the patients, without the unwanted side-effects from the pharmacological treatments. Non-pharmacological interventions such as pet therapy have already been implemented across many healthcare institutions in Hong Kong. Therefore, I took the initiative to organise some live music sessions in the geriatric ward at Ruttonjee Hospital and also in one of the nursing homes I have visited.

Many patients and their families were surprised when musicians, playing instruments, such as the french horn, the flute, the violin and the viola, turned up and played as an ensemble by their bedsides. Their response was phenomenal: Nurses later recalled that those with dementia were so much calmer after listening to the music, some who refused to have their bloods taken before the music session would later comply. One of the patients we played to happened to be having her birthday. As we played Happy Birthday to her, it



Outreach to an old age home in Wan Chai, September 2018

was as if the music evoked her past memories and emotion. Like many patients we played to, somehow the music was able to activate part of her brain. Her daughter later said that her mother had been hospitalised for over a decade and had never made such a strong and positive response. Although some of the elderly patients have been labelled 'non-communicable', they have now through music, a path along which they can reconnect with the world again.

Although my experience has been mostly anecdotal, I am keen to develop further the role of music therapy for the frail and elderly patients. It is still an unexplored field that requires much research especially in the local setting. I

would like to collect quantitative data, such as using the facial score or Geriatrics Depression Score to objectively assess the effectiveness of music therapy in this group of patients.

In retrospect I feel very fortunate to have developed the gift of playing music, and to be able to share it with those who are in need. As a geriatrician, nothing is more satisfying than seeing the frail and elderly patients transformed through music. In the medical ward where sicknesses and death surround, patients are desperately thirsty for life. Music provides an extraordinary way by which it can give meaning and life to patients and their families when other means fail.

Professor John Chi-yan LEONG

DSc, MBBS, FRCS, FRCSE, FRACS, FHKAM
(Orthopaedic Surgery)
FRCOST (Hon), FHKCOS(Hon), FHKCP(Hon)
Academician of the Chinese Academy of Sciences

John MACKAY



Professor Leong is a distinguished surgeon. He has made major contributions in the field of orthopaedic surgery, but it is for his long and continuing contribution to medical administration that he was conferred an Honorary Fellowship in October 2018 by the Hong Kong College of Physicians.

It is not surprising that the young John Leong took up a medical career, his father qualified as a doctor in 1938 at Hong Kong University, spent the years during the Japanese occupation of Hong Kong, in China with his young family. On return to Hong Kong he practiced at the Jockey Club government clinic in Aberdeen, then started his own General Practice in Aberdeen, the only private doctor in the area. John Leong's brother, Edward, three years older, had entered Hong Kong University to read Medicine in 1957. At that time Hong Kong had only one university and the choice of courses for someone looking for a professional carrier was limited.

John Leong made his own choice to become a doctor, and has never regretted it. His other five siblings all went to university, but none became doctors.

St. Joseph's College he enjoyed. It is an all-boys school founded in 1876 by De La Salle brothers when they took over the St Savior's College founded in 1860. It has a long list of pupils who went on to distinguished careers, in medicine alone former pupils range from Dr Jehangir Ruttonjee in the 1890s, Sir Albert Rodrigues in 1927, and his own brother Leong Che Hung in 1958.

He followed his brother into Hong Kong University, winning a prize in psychiatry and qualifying in 1965. Dr Leong was attracted by the opportunities in the Orthopaedics and Trauma Unit which had been uprated to a Department in 1961, headed by Prof Hodgson. He joined as an Assistant Lecturer in 1966. He also did 18 months of post internship training in University

Surgical Unit. The professor of surgery was at that time a General Surgeon, Francis Stock. In the first ten years that he had already been in the Department of Orthopaedic Surgery, Hodgson had created a reputation for the unit's pioneering work on spinal surgery; at a time when tuberculous spine and joint disease, and deformities from juvenile poliomyelitis were common in Hong Kong. To this day, the anterior approach to spinal surgery 'The 'Hong Kong Operation' is recognised world-wide.

Professor Hodgson retired in 1975 to be replaced by Professor Arthur Yau, whose great technical skill had complemented Hodgson's visionary enterprise. When Professor Leong was appointed to head the department in 1981, he continued to build on its reputation with his signal contributions to paediatric and adult spinal surgery, particularly in spinal deformities.

During his time at the University, Professor Leong became

internationally known because of his 200 original publications and 37 invited articles or chapters in books and journals. He travelled extensively to give invited and eponymous lectures to international societies and institutions, North America on 17 occasions (including the Universities of Stanford and Toronto), Europe on 25 occasions (including Imperial College London), Australia and New Zealand on 13 occasions, Asia on 87 occasions, Mainland China on 47 occasions, Middle East on 10 occasions and Africa twice.

He was Chairman of international societies including the Asia Pacific Orthopaedic Association and was the President of the World Orthopaedic Society (SICOT) from 2002 to 2005. He was appointed an Honorary Professor at eight Universities in China.

In 2001, Professor Leong was elected an Academician of the Chinese Academy of Sciences, the first clinician in Hong Kong to receive the honour.

He retired in 2003 after 38 years at the University of Hong Kong, during which time he had been Dean of the Faculty of Medicine from 1985 to 1990, the youngest one to be appointed in that era, and Director of the School of Postgraduate Medical Education and Training from 1993 to 1999.

Professor Leong was honoured with the OBE in 1996.

He was appointed President of the Open University of Hong Kong, a post he filled from 2003 till 2014 during a time of very rapid expansion, including the offering

of full-time face-to-face degree programmes, and cooperation with local hospitals for nursing degree education. During his tenure, he completed two major campus extension projects which made tremendous contributions to the University's long-term development. He also facilitated several new programmes on the arts including Bachelor of Arts (Hons) in Creative Advertising and Media Design, Bachelor of Arts (Hons) in Creative Writing and Film Arts, Bachelor of Fine Arts (Hons) in Animation and Visual Effects, and Bachelor of Fine Arts (Hons) in Cinematic Design and Photographic Digital Art. On his retirement he was conferred Emeritus President.

He was awarded an Honorary Doctorate from the Hong Kong Academy of Performing Arts in 2015.

A Silver Bauhinia Star was awarded to him in 2009.

He began his present position as Chairman of the Hospital Authority (HA) in 2013. Half way through his

third two-year term, he is still full of enthusiasm for his job.

Professor Leong commented on the problems HA was facing. 90% of hospital care service in Hong Kong is provided by HA. As performance improves, the demands escalate. At the same time, the population is severely ageing. 50% of doctors working in HA are under training. 95% of specialists are trained by HA whereas 5% are trained by the two universities and the Department of Health. 4% to 6% of doctors leave HA every year on retirement or transfer to the private sector. Despite pressure on Accident and Emergency Departments, those patients triaged as Critical are seen at once. 90% of those rated as Emergency are seen within 15 minutes. Waiting time for patients triaged as the other three categories, namely Urgent, Semi-urgent, and Non-urgent are increasing. During flu epidemics, the hospitals are seriously over-occupied.

To cope with these problems, the universities are turning out more



Prof John Leong after Conferment Ceremony

medical graduates, making up for the shortfall from 2003 to 2008. Overseas doctors can work for HA on three-year contracts subject to passing of licencing examination, while further development depends on the Medical Council of Hong Kong. HA has adopted a higher retirement age of 65 for new recruits employed on or after 1 June 2015, while retirement age for employees employed before then remained 60. Re-employment of retirees is now possible and much easier with the Special Retired and Rehire Scheme.

HA has developed Public-Private Partnership programmes that he hopes will be useful in coping with care and long-term management of chronic diseases patients with

stable conditions such as diabetes and hypertension.

There are government plans to open District Health Centres in each of the 18 geographic districts for private practitioners to contribute to treatment of patients, conduct research and have further education.

New hospitals and redevelopment of existing ones will make up for the shortfall of construction during the economic recession when Donald Tsang was the Chief Executive.

Overall, Professor Leong feels that Hong Kong medical care is very good, though not perfect; it is important for medical schools and doctors to maintain standards

and keep the confidence of the public. He would encourage young generation to consider a career in Medicine.

When asked about his plans for eventual retirement Professor Leong outlined a future of morning walks of 6-8,000 steps with his wife and with 'Ms Muffin' his dog, reading books - medical and non-medical, listening to classical music, and spending more time with his sons in Hong Kong and in London. It sounds a very pleasant prospect to look forward to, and one well deserved after such a full and rewarding career.

