HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院
Sapientia et Humanitas

HONG KONG COLLEGE OF PHYSICIANS

SYNAPSE

RESTRICTED TO MEMBERS ONLY

SEPTEMBER 2019

Photographer
Professor Richard YH YU

CONTENTS

THIS ISSUE

Room 603
Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen
Hong Kong

Tel 2871 8766
Fax 2556 9047
email enquiry@hkcp.org
College Website http://www.hkcp.org

ENGAGEMENT IN ENHANCING PROFESSIONALISM

Dear all Fellows and Members of HKCP,

It is now almost 3 years since I took over as the President of the College.

From the start, I put engagement of our Fellows and Members as one of my priorities as President. To paraphrase Abraham Lincoln, I want you to feel that the College is 'of you', 'by you' and 'for you'.

I have organised 3 retreats to listen to the voices of you to help me to run the College. In 2017, the **College Retreat** was held comprising all Council members, Education & Accreditation Committee members and Specialty Board Chairs. In 2018, a **Young Fellows Retreat** was organised for the members of Young Fellows Committee and Young Fellow representatives in all the College Committees and Specialty Boards. In 2019, a **Senior Physicians Retreat** was held with all senior Fellows from the Public sector including all Chiefs of Service (Medicine) of Hospital Authority (HA), Chairs of the 2 University Departments of Medicine and Fellow representatives of Committees and Boards of the College in the Private sector. I am glad that Professor Rosie Young was there to give us advice and suggestions. In all these Retreats, the topics of discussion were always related to Workforce, Morale, Training and Academic activities. One very important area we discuss is how the Fellows and Members, no matter Senior or Young, no matter in Public or Private Sector that you can contribute to the College in enhancing professionalism, be it just for the Physicians or for the whole medical arena of Hong Kong. Currently our College has 1,865 Fellows and 333 Members. I hope you agree that our College has already done quite a lot but has still room to tap into our own precious resources in achieving our objectives.

In order to enhance professionalism, we have to improve further on all levels of Physician training. A recruitment of high caliber young physicians is important and also to gear them up to become young doctors after graduation. The **Young Fellows' Committee** (YFC) continued to organize the **4th Hong Kong College of Physicians Career Talk for Medical Graduates** on June 8, 2019, which attracted over 140 young doctors. Topics like 'Life as a Physician", "Tips of CV Writing and Interview Skills" and "Houseman Survival Guide" were covered. Our Career Talk has become the premium event welcomed by medical graduates of the 2 Universities as reflected by the large turnout and the excellent feedback.

The **Training Subcommittee** of our College and Coordinating Committee (COC) Medicine of HA organize 3 **Core Medical Skills Course** (CMSC) on August 17th and 31st and November 30th respectively this year. This is the first structured course for **Basic Physician Trainees** organized by the College jointly with COC in order to build up the skills of young doctors using hands on practice and scenario based simulation training on skills like procedural sedation,

airway management, ultrasound guided chest drain and central line insertion as well as bone marrow aspiration and lumbar puncture. Once again, this is very welcome and all are over subscribed.

The College continues to organize the **MRCP PACES training days** on 21 – 22 September 2019 and have invited 2 experienced trainers from UK as well as local trainers to help. These training days are also very popular among our trainees and with wait lists.

Our College thinks that Physician Training and Assessment is very important. Thus under the **Education & Accreditation Committee**, in collaboration with the Academy of Medicine, a **Workshop on Physician Training and Assessment** was held on 27 – 28 July. We have invited an Australian expert in the field to share with the **Trainers of the College** on having more structured and objective assessment of our trainees, both in the Workplace as well as through direct observation and examination. The enthusiastic response from our Trainers to join the Workshop reflects the importance that our Fellows have attached in day to day training and assessments.

All of these indicated the new directions and plans of the College in collaborating with different partners within and outside Hong Kong to enhance professionalism.

Development of new subspecialties within our College is another major step towards enhancing professionalism. You are all aware of the birth of **Clinical Toxicology** under our College and inaugural Fellows were admitted last year as physician specialist of Clinical Toxicology. Genetics and Genomics is another area that the College is actively looking into and **a Working Group on Genetics and Genomics** has been set up in the College to study with various stakeholders on how our College will design our training programme towards granting fellowship in this important field of internal medicine.

To improve clinical care, guidelines are important. However, guidelines without implementation are just a bunch of books on shelf. The College was pleased to be a major partner with Kidney Disease Improving Global Outcome (KDIGO), an internationally acclaimed guideline setting organization, and the Chinese University of Hong Kong, Prince of Wales Hospital in organizing the **KDIGO Hepatitis C Virus in Chronic Kidney Disease Guideline Implementation Summit** on June 1-2, 2019. The College is always happy to support trans-specialty educational forum and activities to cultivate a high quality medical care among our Fellows and Members.

One major event of this year is the forthcoming **Annual Scientific Meeting** on 19th and 20th October 2019, jointly organized by **Hong Kong College of Physicians and Royal College of Physicians** (RCP). We are so glad that Prof Andrew Goddard, the President of RCP and several distinguished speakers from RCP will come to deliver lectures in Symposia on "The Acutely Ill Patients", "Healthcare Challenges" and "Organ Failure in Acutely Ill patients". We look forward to the **AJS McFadzean Oration** by Prof Goddard on **"Medicine in Millennial Times"** during our Annual Dinner on 19th Oct.

By engaging our Fellows and Members, our partners like Specialist Societies, the Academy, Hospital Authority, other Colleges of Physicians around the world and many more, I hope our College can do even better in enhancing professionalism, working through different programmes and voicing out in the appropriate platforms. Once again, your suggestions and comments to us are crucial for further enriching our plans. Please feel free to contact myself and any of the Council members.

The last few months in Hong Kong is anything but peaceful. Recently I had an opportunity in visiting Fo Guang Shan Sutra Repository (佛光山藏經樓) in Kaohsiung and was inspired by the one-stroke calligraphy of Master Hsing Yun (星雲大師一筆字) at age 92. A particular one that impressed me was "Let Go" –「放下」.

Best wishes,

Prof Philip KT Li
President
Hong Kong College of Physicians

HKCP Retreat for Senior Physicians on 30 March 2019

The College organised a Retreat for Senior Physicians from both the public and private sectors on 30 March 2019. A total of 49 Fellows took part in the event.

Prof Phillip Li, HKCP President, kicked off the Retreat with an introduction on the recent and current work of the College. That was followed by group discussions on the future directions of the College in the coming 5 years. The four discussion topics were (a) "How the College can engage and support Fellows who have completed training?" (covered by two groups); (b) "How to enhance Training, CME and Credentialing?"; (c) "How the Senior Physicians can contribute to the College and the Medical Profession?" and (d) "How to enhance Morale of the Profession?". The discussions were subsequently followed by presentations from each group and discussions with the rest of the participants. The major suggestions of each topic from the various groups have been summarized as follows:

(1) How can the College engage and support Fellows who have completed training?

(a) Provision of support and resources for overseas training of Fellows via Specialty Boards or Young Fellows' Committee

(b) Establish connections with "Greater Bay Area" with Fellows via academic exchanges and career opportunities.

(c) Establish connections with private sector, e.g. career talks and Ground Rounds at public hospitals.

(d) Set up more innovative working group (to engage more Fellows) including manpower planning, AI and big data effect.

(e) Invite Specialty Board/Societies for joint development of advanced services and training modalities (digital CME & e-learning programme).

(2) How to enhance Training, CME and Credentialing?

(a) Explore the development of electronic CME registration.

(b) College organizes workshops to enhance development of skills for trainers to organise assessments.

(c) College helps provide lists or links to recognized source of specialty-related information/CMEs.

(3) How the senior physicians can contribute to the College and the Medical Profession?

(a) Set up a "Private Physician Group" in the College.

(b) Suggest Hospital Authority/COC (Med) to nominate and arrange senior physicians to conduct grand rounds or training in procedures.

(c) Suggest Hospital Authority to arrange public-private mentorship as part of post-Fellowship training.

(4) How to enhance the morale of the profession?

(a) Protected training time for trainees

It was suggested to negotiate with Hospital Authority on having "mandatory" Sunday training programmes/conferences with compensatory leaves.

(b) Set up a committee to follow up on flexible working hour/part-time employment.

(c) Empower trainers and leaders to improve external factors that can improve morale.

Report of Prof Philip Li on RACP Congress

Prof Philip Li (L2) with the Officials of RACP and Prof John Wilson (L5) and Prof Mark Lane (L6)

On 6 – 8 May 2019, Prof Philip Li, our College President represented our College to attend the Royal Australasian College of Physicians Congress in Auckland, New Zealand.

Prof Li attended the Opening and Conferment Ceremony and the Presidential dinner. He discussed with Prof Mark Lane, President, and Prof John Wilson, President-Elect of RACP for more collaboration and possibly a joint function between our two Colleges in the near future.

From L-R: Dr Andrew Padmos, Chief Executive Officer, Royal College of Physicians and Surgeons of Canada, Dr Robert McLean, President of American College of Physicians, Prof Mark Lane, Prof Philip Li

Report on KDIGO Hepatitis C Virus in Chronic Kidney Disease Implementation Summit June 1-2, 2019

KDIGO (Kidney Disease Improving Global Outcome) is a well acclaimed international kidney disease guidelines setting organization. The KDIGO guidelines are widely used by doctors and nurses around the world. KDIGO recently updated its Hepatitis C Guideline and is actively working to bring the latest recommendations to clinicians around the world, including physicians who care for patients in Asia. As such, KDIGO was holding a Hepatitis C in CKD Implementation Summit which would bring together thought leaders from 8 countries and regions.

The Hepatitis C Implementation Summit was held in Hong Kong from June 1 to June 2, 2019, co-organised by KDIGO and Prince of Wales Hospital, Chinese University of Hong Kong. It was co-chaired by Prof Philip Li and Prof Michel Jadoul of the Université Catholique de Louvain. **Hong Kong College of Physicians (HKCP)**, Hong Kong Society of Nephrology (HKSN) and Hong Kong Association of Study of Liver Diseases (HKASLD) are supporting organisations.

In the Opening Ceremony of this Summit on June 1, Prof Sophia Chan, Secretary for Food and Health, came to officiate and gave an opening speech.

In Opening ceremony of the Implementation Summit. L-R : Dr John Davies, CEO, KDIGO; Prof Sophia Chan; Prof Philip Li (Co-Chair); Prof Michel Jadoul (Co-Chair)

There were nephrologists and hepatologists from Belgium, China, Hong Kong, Japan, Korea, Malaysia, Singapore, Taiwan, and Thailand to share their experience and knowledge on Global & Regional Epidemiology of HCV, Detection & Evaluation of HCV and Liver Disease in CKD, Treatment of HCV in Patients with CKD, Preventing HCV Transmission in Hemodialysis Units, Management of Patients with HCV Before & After Kidney Transplantation and Diagnosis & Management of Kidney Diseases Associated with HCV. There were also summit discussions on June 2 among the experts with a view to prepare a published report on the implementation in a journal.

Prof Sophia Chan and local and overseas Speakers and Moderators of the Implementation Summit together with some Council members of the HKCP, HKSN and HKASLD.

Workshop on Physician Training and Assessment

Prof Daniel TM CHAN
Vice-President and Chairman, Education and Accreditation Committee

Dr Maureen ML WONG
Council Member

With the objectives of training and supporting fellow Trainers and enhancing the standard of physician training programmes under our College, the College organized a two-day workshop on "Physician Training and Assessment" over the weekend on 27-28 July 2019.

The story began about eighteen months ago, when the Academy organized a two-day workshop in January 2018 focusing on assessments in clinical training programmes. The workshop was conducted by Ms. Debbie Paltridge, a seasoned medical educator who now serves as Principal Educator at the Royal Australasian College of Surgeons. Ms Paltridge has extensive experience assisting various Australasian Colleges and bodies in their pre-vocational training and assessment programmes. Participants at the first workshop included representatives from Academy Colleges, and Prof Daniel TM Chan, Dr Siu Fai Cheung and Dr Kai Ming Chow were the participants from our College (incidentally all three are nephrologists, though they were representing the Basic Physician Board, Nephrology Board, and E&AC respectively). The feedback was very positive, and the participants had found the contents useful to the local clinician training programmes.

Following the success of the first workshop, another workshop was conducted in February this year, with participants from the Colleges of Community Medicine, Otorhinolaryngologists, and Paediatricians respectively. Ours was the third workshop. This time we had the workshop all to ourselves. Over the past few months Dr Maureen Wong and Prof Daniel Chan worked with Ms Paltridge to select topics that are relevant to the College of Physicians, and tried to tailor-made the programme to our needs. The administrative and funding support from the Academy is very much appreciated.

Initially we had a not-insignificant apprehension about attendance since, given the heavy clinical work-load of colleagues, a workshop occupying the whole weekend might appear unappealing. To accommodate colleagues' clinical and family commitments, we suggested that each Specialty Board could have different representatives attending the Saturday and Sunday programmes respectively, so that we would still be able to bring all the knowledge and expertise to each of the Specialty Boards. Luckily, our fear turned out to be short-lived. The workshop was oversubscribed rather quickly, with 52 attendees in total and most of them actually came on both days. We had representatives from

all Specialty Boards, colleagues practising in the private sector, and also Young Fellows and new Trainers. Since the class size was almost double that in Australia, and the programme included interactive sessions breaking up the whole class into small groups, Ms Paltridge had suggested whether we should turn away late registrants for fear that the class size could be difficult to manage. We happily said no.

The Saturday programme started with a reflection of what participants perceived as the strengths and challenges faced by our College in our physician training programmes, and issues such as a lack of protected time for both Trainers and Trainees, competing clinical service needs, lack of basic training in medical education, insufficient support and training for Trainers, and insufficient structured training and feedback for Trainees were recurrent themes, which provided an excellent springboard for the rest of the programme.

The basics in compiling a competency-based curriculum with emphasis on observable behaviors as training outcomes were introduced, followed by discussions on blueprinting and programmatic assessment, and the mapping of periodic assessments in various modalities to the curriculum matrix and objectives, to ensure that a Trainee has attained the desired milestones in training (Figures 1 & 2). The basic principles in assessment such as validity, reliability, and competencies tested were then discussed. This was followed by a practical session on setting written and oral questions. Tips and pitfalls in writing up multiple-choice, extended-match, and key-feature or case scenario questions were covered. Participants were reminded of the importance of bearing in mind the hierarchical structure of Bloom's taxonomy when setting questions, to make sure that an assessment would be fit-for-purpose in testing the intended level of knowledge and competencies (Figure 3).

Sunday began with a session on 'workplace-based assessment', covering its merits and limitations, and the methods, such as 'case-based discussion', 'direct observation of procedural skills (DOPPS)', 'mini-clinical exam' and 'multi-source feedback'. This was followed by discussions on the training of Trainers and Assessors. The final session was on the methods of giving feedback to Trainees, and participants took turns in role-play exercises to

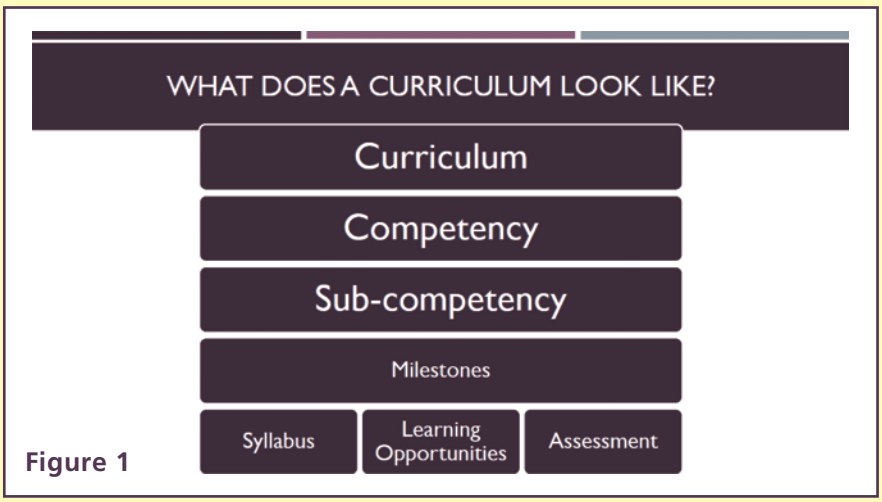


Figure 1

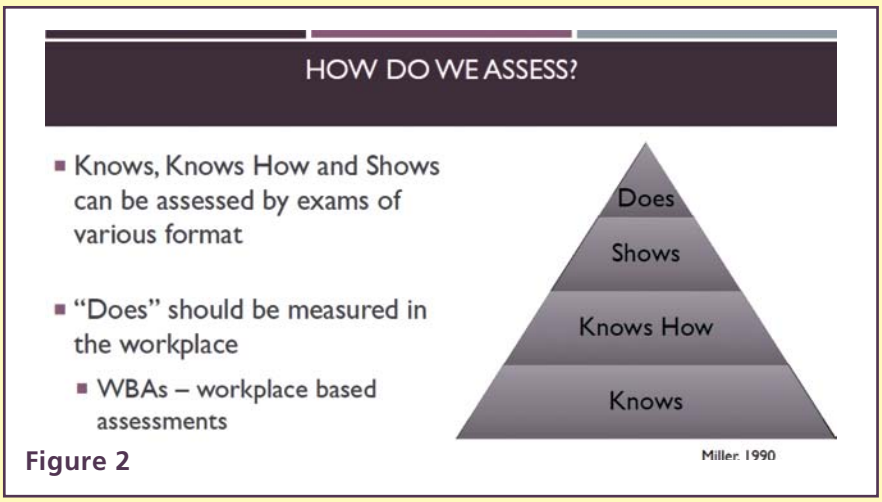


Figure 2

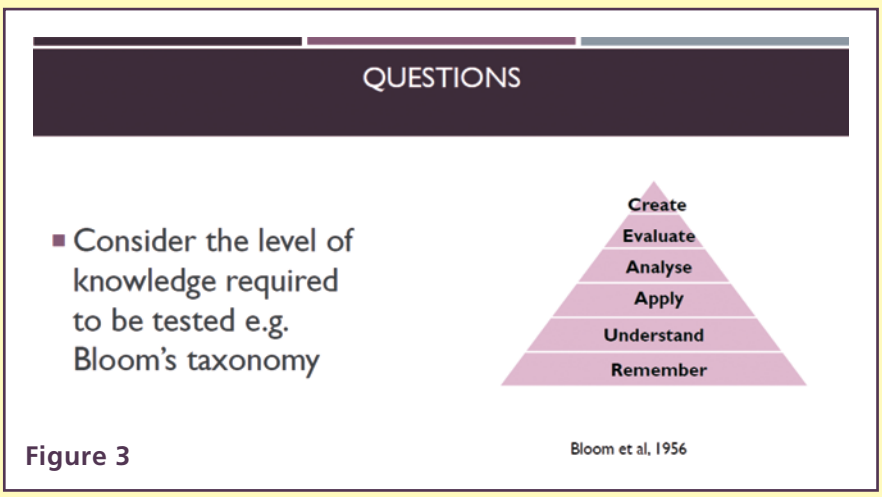
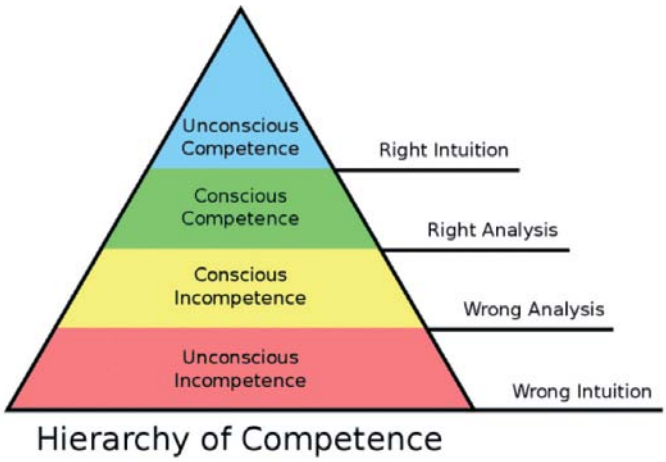


Figure 3

practise carrying out regular 'feedback sessions' between Trainers and Trainees according to the Pendleton Method, aiming to reduce 'unconscious incompetence' and increase the knowledge and competencies in the domain of 'conscious competence' (Figure 4).

We hope the workshop has served its purpose of providing a time-efficient overview of important items and good practices that are relevant to our physician training programmes, and has enhanced the knowledge and skills of current and future Trainers of our College. This workshop for Trainers is but one of the measures that the College is taking to enhance physician training and elevate further the standard of clinical medicine in Hong Kong. The College is in dialogue with the Hospital Authority to enhance workplace-based training and to increase the recognition of the commitments and contributions by our Trainers in the training of young doctors.

Figure 4



We hope that colleagues who have participated in the workshop would promulgate the newly acquired knowledge and competencies in training and assessment at your Specialty Boards and among colleagues and Trainees, and also deliberate and start discussions on initiatives to improve our training programmes.

We prepared this article for the Synapse before looking at the participants' feedback questionnaires on the workshop, as they are still with Ms Paltridge. The Education and Accreditation Committee will study and discuss the feedback and comments from colleagues, and would continue its ongoing efforts in supporting our Trainers and Trainees and improving our training and assessment programmes.

Hong Kong College of Physicians and Royal College of Physicians Joint Scientific Meeting 2019

Our College and the Royal College of Physicians will be co-organising a Joint Scientific Meeting on 19–20 October 2019 at the Hong Kong Academy of Medicine Jockey Club Building. Below is the updated programme for the Joint Meeting. See you all on 19-20 October 2019.

PROGRAMME

19th October, 2019 Saturday	
11:30 a.m.	**Registration**
12:00 – 12:40	**Best Thesis Award** Chairman: Dr Johnny Wai Man Chan, Prof. Andrew Goddard Awardees: Dr Louis Ho Shing Lau, Prince of Wales Hospital Dr Philip Hei Li, Queen Mary Hospital Dr Tsz Kin Tam, Prince of Wales Hospital
1:00 – 2:00	**Lunch Symposium** *(Sponsored by Astra Zeneca)* Chairman: Prof Cheuk Chun Szeto **"Hyperkalemia management & recent clinical update in CKD patients"** Speaker: Dr Kieran McCafferty
2:00 – 2:05	**Opening Ceremony**
2:05 – 3:20	**Symposium 1. "The Acutely Ill Patients"** Chairman: Prof Ivan Fan Ngai Hung, Prof. Bryan Williams
2:05 – 2:30	1.1 **"Developing a National Early Warning Score (NEWS) for the NHS"** Prof. Bryan Williams, Royal College of Physicians
2:30 – 2:55	1.2 **"Antibiotic Stewardship program in acute setting"** Dr David Lung, Children Hospital
2:55 – 3:20	1.3 **"Critical care management of septic patients"** Dr Koon Ngai Lam, North District Hospital
3:20 – 3:55	**Sir David Todd Lecture** Chairman: Prof Richard Yue Hong Yu Speaker: Dr Walter Wai Kay Seto, Queen Mary Hospital
3:55 – 4:15	**Coffee Break**
4:15 – 5:05	**Symposium 2. "Healthcare Challenges"** Chairman: Prof Grace Lai Hung Wong, Prof. Munir Pirmohamed
4:15 – 4:40	2.1 **"Personalised Medicine"** Prof. Munir Pirmohamed, Royal College of Physicians
4:40 – 5:05	2.2 **"Application of healthcare big data in the evaluation of clinical use of anticoagulants"** Prof Ian Chi Kei Wong, Department of Pharmacology and Pharmacy, The University of Hong Kong
5:05 – 5:40	**Gerald Choa Memorial Lecture** Chairman: Prof Anthony Tak Cheung Chan **"Mentoring and Community Building for "Soulful-Excellent" Medical Services''** Speaker: Dr Yuen Wan Choi, Breakthrough Youth Village
6:00 – 6:30	**Annual General Meeting**
6:30 – 7:00	**Cocktail**
7:00 – 11:00	**Fellowship Conferment Ceremony and Annual Dinner** AJS McFadzean Oration Introduction: Prof Philip Kam Tao Li, President, Hong Kong College of Physicians **"Medicine in millennial times"** Orator: Prof. Andrew Goddard, President, Royal College of Physicians

20th October, 2019 Sunday	
8:45 a.m.	**Registration**
9:15 – 9:55	**Distinguished Research Paper Award for Young Investigators** Chairman: Prof David Shu Cheong Hui Awardees: Dr Ka Shing Cheung, Queen Mary Hospital Dr Che To Lai, Prince of Wales Hospital Dr Wing Yan Mak, Prince of Wales Hospital
9:55 – 10:30	**Richard Yu Lecture** Chairman: Dr Patrick Chung Ki Li Speaker: Dr Chung Cheung Yau
10:30 – 10:45	**Coffee Break**
10:45 – 12:00	**Symposium 3. "Organ Failure in Acutely Ill Patients"** Chairman: Dr Wai Ming Chan, Prof. Cheng-Hock Toh
10:45 – 11:10	3.1 **"NEWS on MODS and Sepsis"** Prof. Cheng-Hock Toh, Royal College of Physicians
11:10 – 11:35	3.2 **"Management of acutely ill haematological patients"** Prof Anskar Yu Hung Leung, Queen Mary Hospital
11:35 – 12:00	3.3 **"Renal failure in acutely ill patients"** Prof Cheuk Chun Szeto, Prince of Wales Hospital
12:00	**Closing Remarks**

Clinical Toxicology: The birth of a new subspecialty under the Hong Kong College of Physicians

Dr. Raymond SM WONG
Prince of Wales Hospital Poison Treatment Centre

"Clinical toxicology is a discipline of Medicine that deals with the treatment and prevention of poisoning with special emphasis on the diagnosis, evaluation and management of patients after exposure to toxic agents. It also strives for the advancement in the medical sciences that ameliorate the adverse health effects of xenobiotics which include drugs, herbs, abusive substances, chemicals, natural toxins, venoms, biological toxins and environmental pollutants."

Clinical Toxicology Service by Physicians in Hong Kong: A 30-year Journey

The Drug and Poisons Information Bureau (DPIB), now based at the Division of Clinical Pharmacology, Department of Medicine and Therapeutics, the Chinese University of Hong Kong, was established in 1987 and began providing expert services in January 1988. Its multidisciplinary team of doctors (physicians and clinical pharmacologists), pharmacists and nurses provides advice to health care professionals on the diagnosis and treatment of all forms of poisoning and adverse reactions to medicines as well as on drug usage in general. Since its inception over two decades ago, it has conducted substantial research. It is the leading centre in the region in terms of output of peer-reviewed publications, which currently total over 120.

In 2005, the New Territories East Cluster of Hospital Authority and the DPIB, Faculty of Medicine, the

Chinese University of Hong Kong jointly established the Prince of Wales Hospital Poison Treatment Centre (PWHPTC). This is the first and only designated tertiary referral centre in Hong Kong for the management of patients with acute and chronic poisoning under a multidisciplinary team led by consultant physicians and clinical toxicologists. The Centre is based at the Department of Medicine and Therapeutics, PWH. Apart from providing specialist care for patients with poisoning, PWHPTC functions as the training centre for health care professionals. PWHPTC provides consultation service on the treatment and management of poisoning and other toxicology related topics to all healthcare professionals in Hong Kong. In the same year, an inter-departmental Toxicology Team, the members of which comprise colleagues from the Department of Accident & Emergency, Department of Medicine, and Department of Clinical Biochemistry, became operational at Queen Mary Hospital. The work of this multi-disciplinary team has resulted in streamlining of clinical management and improved care and follow-up of patients with conditions related to toxicology.

The establishment of Toxicology Service under Medical Units does not only improve the management of individual patients but also contributes to the enhancement of poisoning control and prevention in Hong Kong. The Hong Kong Poison Control Network (HKPCN), officially established on 21 April 2007, aims to provide quality services to prevent, manage and control poisoning in Hong Kong. PWHPTC is one of the key components of the HKPCN. In addition, PWHPTC is one of the four core units of the Hospital Authority Toxicology Service (HATS). Physicians of the PWHPTC have active participation in all levels of activities in HKPCN and HATS, including the management of various major incidents such as the lead in drinking water incident in 2015. PWHPTC has also established collaborations with many regional and international poison centres to facilitate exchange of information and experience on poison control and management.

Given the increasing complexity of pharmaceutical development and the health hazards associated with exposure to many physical and chemical substances/ toxins in our daily living (e.g. water, air, foods and commercial products), clinical toxicologists will play an increasingly important role in the management of patients with a variety of poisoning conditions.

The need of Clinical Toxicologists in Internal Medicine in Hong Kong

Statistics from the Hong Kong Hospital Authority showed that annually approximately 3500 admissions to Medical wards were for the management of acute, subacute or chronic conditions related to clinical toxicology. Due to the heterogeneous effects of toxins, the diagnosis of a condition related to clinical toxicology may not be evident at the time of presentation. Many patients initially present with a seemingly 'standard' medical condition, with the impact of toxin(s) recognized only during the course of investigations. The spectrum of clinical toxicology includes drug toxicity as well as adverse effects of Western and Chinese medicines and many of these conditions are diagnosed and managed in medical wards. In addition, various toxins have long-term consequences that necessitate prolonged follow-up for both surveillance and management purposes. The in-patient management and follow-up of patients with clinical toxicology related conditions are best served by physicians in an integrated clinical care team.

As patients with toxicology related conditions can present with abnormalities affecting different body systems at variable levels of urgency, the range of clinical presentations is diverse, from immediate potentially life-threatening acute poisoning to more subtle manifestations of chronic toxicity that may not lead to an acute presentation. In addition, patients with acute and chronic drug overdose often have underlying chronic medical illnesses. Diagnosis of poisoning also requires exclusion of other medical conditions. With the mandatory broad-based training in general internal medicine going in parallel with specialization that covers distinct subspecialties, physicians are well positioned to provide comprehensive clinical care to patients with toxicology related conditions. Clinical toxicologists with broad-based training in internal medicine are essential in the proper diagnosis, prevention and management of clinical problems related to toxicology.

Clinical Toxicology training programme in the Hong Kong College of Physicians

In clinical practice worldwide, Toxicology involves various medical specialties such as Emergency Medicine, Intensive Care, Internal Medicine, Paediatrics and Pathology. Through the coordination of Hong Kong Academy of Medicine, it was agreed that the same subspecialty could be existent under different relevant Colleges, possibly with different areas of focus. In Hong Kong, training programmes for Clinical Toxicology were established under the Hong Kong College of Emergency Medicine (HKCEM) and the Hong Kong College of Physicians (HKCP). In view of the wide spectrum of clinical manifestations and the diverse range of toxins involved, it is envisaged that Clinical Toxicology specialists under the two Colleges will have different sets of professional expertise but share commonalities to best serve the varying needs of patients.

Many patients with clinical toxicology related conditions require admission, most often to Medical wards. This applies to patients with more severe symptoms, including those who require critical care. The subspecialty of Clinical Toxicology under the HKCP would have greater emphasis on in-patient management for acute presentations and long-term follow-up for further investigations and delayed toxin-related manifestations, as these roles or duties are best served by physicians and the healthcare delivery portals under Internal Medicine in the local healthcare structure. The design of the subspecialty training programme aims to serve patients' needs since the untoward effects of toxins or drugs can result in diverse manifestations under various medical subspecialties, with immediate or delayed long-term impact.

Based on prior experience and ongoing integrated service model that was developed in the past decade, the Clinical Toxicology subspecialty training programme of the HKCP includes mandatory elements and optional components to ensure attainment of core expertise and knowledge as well as adequacy and breadth of exposure to cognate disciplines. The training programme requires a minimum of 15 months of full-time or part-time equivalent service in a recognized Clinical Toxicology Services for the management of patients with a full spectrum of acute and chronic poisoning where trainee should have primary responsibility for management of in-patients and out-patients with acute or chronic poisoning and provision of poisoning and drug-related consultation service including active participation in care of patients in the emergency setting and those requiring intensive care. The core training should also include a minimum of one month full-time or part-time equivalent training in poison information in a recognized centre and a minimum of one month full-time or part-time equivalent training in a recognized laboratory. In addition, to the core Clinical Toxicology module, a minimum of 6 months of exposure (full time or part-time equivalent) in at least two of the modules relevant to toxicology, including laboratory, nephrology, critical care, poison information, psychiatry and public health. The objective is to ensure that accredited specialists are adequately equipped with the knowledge and skills to provide holistic and continued care to patients with toxicology related conditions as well as in poison control and prevention.

Conclusion

Physicians have a long history of providing clinical toxicology service in Hong Kong. The establishment of Clinical Toxicology as a new subspecialty with a specific training programme under HKCP is a new milestone to improve patient care and prevention of poisoning in Hong Kong.

Passing Rates: Part I Examination – 2002 - 2019

	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%)
January 2019	43	19 (44%)

Pass list (2019): Joint HKCPIE/MRCP(UK) Part II PACES Examination March

Cai Ganhui
Chan Cheuk Yin Derek
Chan Chun Hin
Chan Chung Hei
Chan Karl
Chan Tsz Ho
Chan Wing Man
Chan Yi Kei Monica
Cheng Chor King Lily
Cheng Yu Cheung
Cheung Cheuk Yiu
Cheung Chi Ho
Cheung Chun Lin Raymond
Cheung Chun Lung
Choi Chun Ho
Choi Kwok Ching Alvin
Fong Ka Wah
Ho Chi Wai
Ho Chun Yee Ryan
Kong Shing Pak
Kwan Wai Sze
Kwok Dennis Chun Him
Lai Chun Yip
Lam Yan Lok Tiffany
Lau Tin Wah Christopher
Law Kin Kit
Lee Jeffrey Chun Yin
Leung Hin Cheung
Li Xin*
Ma Ian Victor
Mo Maria Yuk Ting
Ngan Ho Ting Abe
Shek Joyce
Shek Pui Shan
Shek Wai Kwok Jocelyn
So Clarence Hao Yu
Tang Hiu Ying Kristen
Tse Pui Yan
Tse Wing Ching
Wong Chi Yan Jane
Wong Janice Woon Yan
Wong Man Chi
Wong Yun Yi
Xie Bingjiao
Yeoh Tze Hui
Yeung Yin

* Dr Li is not our registered trainee

Passing Rates: PACES – 2001 - 2019

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%
March 2019	46/85 = 54%

Passing Rates : Joint HKCPIE/MRCP (UK) PART II (Written) Examination – 2002 - 2019

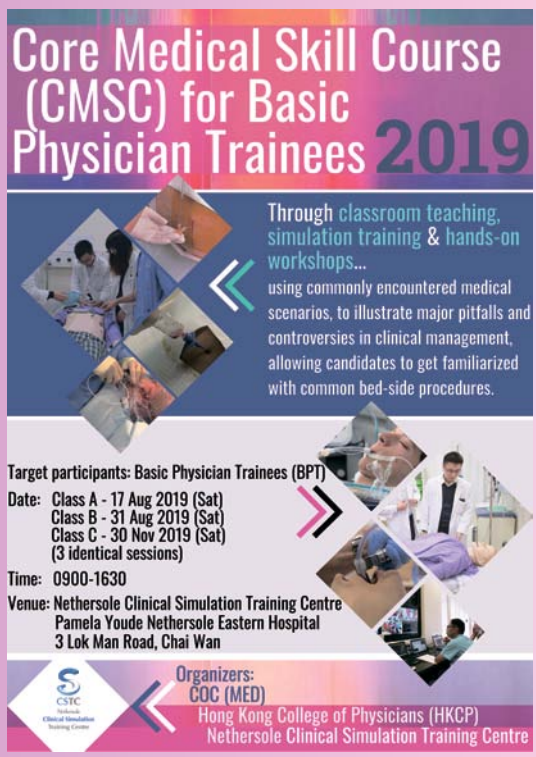
	Sitting	Pass
2 July 2002	53	27 (51%)
13 November 2002	50	24 (48%)
13 August 2003	110	62 (56%)
10 December 2003	54	31 (57%)
28 July 2004	65	42 (65%)
8 December 2004	46	32 (70%)
13 April 2005	32	15 (47%)
27 July 2005	76	56 (74%)
7 & 8 December 2005	26	16 (62%)
12 & 13 April 2006	29	13 (45%)
26 & 27 July 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%)
26 March 2019	79	71 (90%)

Group photo of CMSC Class A held on 17.8.2019:
Front row (from left to right): Dr S O So, Dr Anthony Yau, Dr LH Shek, Dr KL Chui, Dr LM Hau, Dr Candy Kwan (convenor), Dr CB Law (Chair of Training Subcommittee, HKCP), Dr HW Chan, Dr Germaine Chan, Dr Eugenie Hui, Dr Natalie Leung, Dr Howard Wong.
Second row (from left to right): Dr Frankie Choy, Dr KS Mak, and Mr Tacko Tsoi (far right).

The Core Medical Skill Course (CMSC)

Dr. Chun Bon LAW
Chairman, Training Subcommittee

The course was originally conceived in Central Coordinating Committee Medicine (COC Medicine), as an effort to introduce structured, skill based training for new residents in Medicine. It was conceived three years ago by a group of enthusiastic trainers headed by Dr. Candy Kwan of Kowloon Hospital. The course was further developed with the support of the Hong Kong College of Physicians (HKCP) to the present form – a full day course. The course content is aligned with the curriculum of the basic physician training which includes: procedural sedation, airway management and intubation, ultrasound guided chest drain insertion, ultrasound guided central line insertion, bone marrow aspiration and lumbar puncture. The evaluation of the course was very positive and all the participating trainees found the material useful to their work and the teaching excellent. The course will be made mandatory by the College in the year 2020 to all basic trainees. This is the first step, a joint endeavor of the COC Medicine of the Hospital Authority and the HKCP to improve the training experience of our residents and trainees. I am looking forward for more collaboration and development of structured training for the future of Medicine.



Dr S O So delivered a didactic lecture on procedural sedations.

Hands-on practice on various bed-side procedures.

Nice lunch sponsored by HKCP.

Scenario-based simulation training.

Changes to MRCP UK PACES in 2020: "PACES 2020"

Stuart HOOD
Associate Medical Director for Clinical Examinations, MRCP(UK)
Kenneth DAGG
Medical Director for Assessment, MRCP(UK)
Donald FARQUHAR
International Medical Director for Assessment, MRCP(UK)

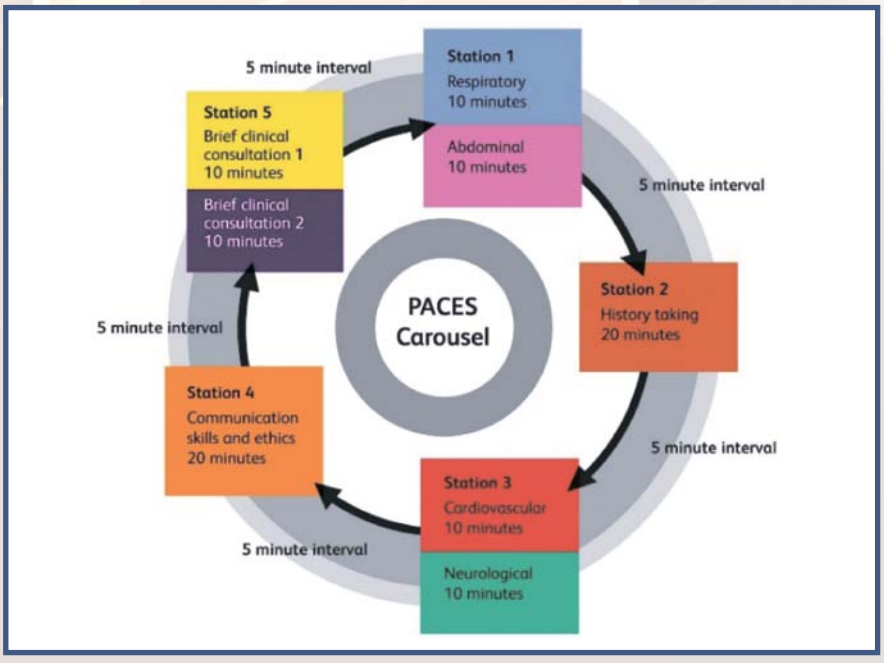
Postgraduate medical education in the UK has undergone significant changes in the ten years since the current PACES examination was introduced. The Shape of Training Report[1], the new Internal Medicine Curriculum[2], and a number of UK government reviews have brought into focus the expectations patients have of the doctors that treat them.

The Practical Assessment of Clinical Examination Skills (PACES) which is part of the MRCP(UK) diploma is a highly regarded examination. In line with the initiatives mentioned above however, and as part of a regular quality assurance process, the examination required updating. The proposed changes (PACES 2020) are the product of a 24 month review of the examination, in the context of these developments. These processes make sure that the examination remains fair, relevant and fit for purpose. The new exam has been piloted in the UK and received positive feedback from both candidates and examiners. This paper will describe the new encounters in PACES 2020, the updated marking scheme and arrangements to assess the impact on pass rates after the exam is introduced.

The current PACES carousel (2009-2020)

The current PACES carousel consists of five stations with one or two clinical encounters at each station, making a total of eight clinical encounters. Each station takes 25 minutes to complete, including five minutes preparation time (Fig 1). There are two examiners at each station, meaning that a total of 10 examiners assess the candidate.

Fig. 1 The current PACES carousel



Seven clinical skills are assessed in the examination and candidates are awarded separate marks for between four and seven of these skills at each encounter. The seven clinical skills tested, and the encounters they are tested in, are listed below (Table 1). By the end of the examination, candidate performance in each of the skills will have been independently assessed between 8 and 16 times (Tables 2& 3).

Candidates need to achieve a minimum passing score in each clinical skill and achieve an overall total score of 130 marks to be eligible to pass (Table 4).

Table 1 The clinical skills assessed at each encounter

Station	Encounter	Skills Assessed
1	Respiratory	A:B:D:E:G
	Abdomen	A:B:D:E:G
2	History	C:D:E:F:G
3	Cardiovascular	A:B:D:E:G
	Neurological System	A:B:D:E:G
4	Communication and Ethics	C:E:F:G
5	Brief Clinical Consultation 1	All seven
	Brief Clinical Consultation 2	All seven

Table 2 Examiner contribution to the overall judgements in each skill for each candidate in the current carousel

	Station	1		2	3		4	5	
	Encounter	1	2	3	4	5	6	7	8
		Resp	Abdo	History	CVS	Neuro	Comms	BCC1	BCC2
Skills A	Physical Examination	P + Q	P + Q		T + U	T + U		X + Y	X + Y
B	Identifying Physical Signs	P + Q	P + Q		T + U	T + U		X + Y	X + Y
C	Clinical Communication			R + S			V + W	X + Y	X + Y
D	Differential Diagnosis	P + Q	P + Q	R + S	T + U	T + U		X + Y	X + Y
E	Clinical Judgement	P + Q	P + Q	R + S	T + U	T + U	V + W	X + Y	X + Y
F	Managing Patient Concerns			R + S			V + W	X + Y	X + Y
G	Maintaining Patient Welfare	P + Q	P + Q	R + S	T + U	T + U	V + W	X + Y	X + Y

Table 3 Examiner contribution to the overall judgements for each candidate in the current carousel

Examiner	P	Q	R	S	T	U	V	W	X	Y
# of judgements	10	10	5	5	10	10	4	4	14	14
# of marks	20	20	10	10	20	20	8	8	28	28
Skills	5	5	5	5	5	5	4	4	7	7

Table 4 Pass mark per skill

Skill		Pass mark/Total mark (% of marks available)
A	Physical Examination	16/24 (66.6%)
B	Identifying Physical Signs	14/24 (58.3%)
C	Clinical Communication	11/16 (68.7%)
D	Differential Diagnosis	17/28 (60.7%)
E	Clinical Judgement	19/32 (59.3%)
F	Managing Patient Concerns	10/16 (62.5%)
G	Managing Patient Welfare	28/32 (87.5%)

PACES 2020 – The new format of the carousel

The new PACES 2020 carousel (Figure 2) will continue to have 5 encounters lasting 20 minutes with 5-minute reading time between stations. Each cycle will therefore last 125 minutes as in current PACES. The assessment methodology will not differ from the current iteration of the examination, as this has been found to be highly satisfactory and reproducible. Candidates will continue to be assessed by five pairs of examiners in each of the five stations. The same seven individual skills will be assessed (physical examination, identifying physical signs, clinical communication skills, differential diagnosis, clinical judgement, managing patients' concerns and maintaining patient welfare). Examiners in each station will undertake a calibration exercise, as at present, before the examination commences, agreeing the key requirements to award candidates a 'satisfactory' score for each of the skills being tested in the encounter.

Although four of the five stations in PACES 2020 will differ in some way from current PACES, the number of assessments of the seven individual skills will be almost exactly the same as in the current examination. Only Skill D (differential diagnosis) will be assessed on fewer occasions in PACES 2020 than in the current examination. Currently it is assessed 7 times, by two separate examiners marking independently; i.e. 14 assessments in total. In PACES 2020 it will be assessed in 6 separate encounters, by two separate examiners marking independently; i.e. 12 assessments in total. This means that in PACES 2020, there will be 4 fewer marks in total available for Skill D than at present. The required pass mark for this skill will, therefore, be reduced proportionately. Currently, candidates are required to achieve 17 of the 28 marks available (60.7%) to be deemed satisfactory in this skill; with PACES 2020 they will require to achieve a minimum pass mark of 15 of the 24 marks available (62.5%).

Fig. 2 The PACES 2020 carousel

What has been removed?

Station 2: Assessing a candidate's ability to take a detailed, structured history remains an important part of the exam. The current station 2 involves assessing history taking in isolation and can be artificial.

Station 4: 20 minutes for a single communication and ethics encounter is felt to be rather long and in particular, the five-minute examiner/candidate interaction adds little value to the candidates overall assessment.

Station 5: The brief clinical consultations are felt to be a significant time pressure for both candidates, and examiners. Testing all seven skills in an integrated manner was very like real life but was pressured in 10 minutes.

What is being introduced?

Communication Encounters

Two 10-minute communication encounters (at stations 1 and 4) will assess candidates on their communication skills. These encounters will be similar to the current station 4 but will no longer include a question and answer section with the examiners. Judgements will be based on observation alone. Including two stations will allow assessment of a wider range of communication scenarios, including: breaking bad news, shared decision making, managing frailty and legal obligations. Many of the existing station 4 scenarios are suitable for PACES 2020 and have been converted to the new format by the scenario editorial committee (SEC). The SEC are also in the process of writing new scenarios suitable for stations 1 and 4.

Clinical Consultations

Two 20-minute clinical consultations will assess candidates across all seven skills in a realistic and integrated manner (Stations 2 and 5). During the first 15 minutes, candidates will be required to take a detailed structured history from a patient, undertake a relevant physical examination and also interact with the patient by communicating their findings and managing any concerns the patient may have. During the final 5 minutes, candidates will answer questions from the examiners on their findings and management of the patient. It is anticipated that one of these encounters will assess candidates in an acute scenario (e.g. the medical admissions unit) and the other will be in a less acute setting such as in an outpatient clinic. The history may be delivered by the patient themselves or by a surrogate (as often happens in overseas centres). Some of the existing station 2 scenarios will be suitable for the new clinical consultations provided patients with appropriate clinical signs can be matched to the scenario. In addition host examiners will be encouraged to write new scenarios for appropriate patients. This process will be similar to current arrangements for the brief clinical consultations at station 5.

Encounter sequencing PACES 2020 Carousel:

The new carousel (Fig 2) will alter the sequencing of the encounters through the carousel.

Station 1: A new 10-minute communication encounter will be aligned with respiratory examination. The communication encounter will precede respiratory examination ensuring that the candidate will proceed directly from the 5-minute reading time into the communication encounter.

Stations 2 & 5: The new 20-minute clinical consultation encounters will be located at stations 2 and 5.

Station 3: This station will assess examination of the cardiovascular and neurological systems and remains unchanged in PACES 2020.

Station 4: The second 10-minute communication encounter will be aligned with abdominal examination. As with station 1, the communication encounter will precede the abdominal examination.

Reliability of PACES 2020:

Although there are 10 examiners and 7 skills, in the current PACES exam, not all examiners contribute an equivalent number of judgements to each skill over the entire carousel. The spread of judgements between skills and examiners can be seen in Tables 2 and 3 above.

As can be seen from the tables, examiners P+Q and V+W do not contribute any judgements to skills C and F, and examiners R+S and V+W do not contribute to the assessment of skills A and B. In addition, examiners X+Y contribute a significantly higher number of judgements than the other examiners – particularly V+W. These tables show how the different skills are assessed to different degrees in the various stations, which is important when considering the overall reliability of the examination. It was agreed that the sequencing of the clinical encounters in the carousel should be reviewed to maximise each examiner's contribution to each of the skill marks.

The revised sequencing of encounters in PACES 2020 will increase the number of skills that four of the examiners contribute to, and increase the reliability of the overall examination. The number of marks will fall slightly, but there will be a more even spread of the skills and number of judgements that each examiner is required to make. The distribution of examiner judgements can be seen in Tables 5 and 6.

Table 5: Examiner contribution to the overall judgements in each skill for each candidate in the 2020 carousel

	Station	1		2	3		4		5
	Encounter	1	2	3	4	5	6	7	8
		Comms	Resp	Clin. Cons.	Cardio	Neuro	Comms	Abdo	Clin. Cons
Skills A	Physical Examination		P+Q	R+S	T+U	T+U		V+W	X+Y
Skills B	Identifying Physical Signs		P+Q	R+S	T+U	T+U		V+W	X+Y
Skills C	Clinical Communication	P+Q		R+S			V+W		X+Y
Skills D	Differential Diagnosis		P+Q	R+S	T+U	T+U		V+W	X+Y
Skills E	Clinical Judgement	P+Q	P+Q	R+S	T+U	T+U	V+W	V+W	X+Y
Skills F	Managing Patient Concerns	P+Q		R+S			V+W		X+Y
Skills G	Maintaining Patient Welfare	P+Q	P+Q	R+S	T+U	T+U	V+W	V+W	X+Y

Table 6: Examiner contribution to the overall judgements for each candidate in the 2020 carousel

Examiner	P	Q	R	S	T	U	V	W	X	Y
# of judgements	9	9	7	7	10	10	9	9	7	7
# of marks	18	18	14	14	20	20	18	18	14	14
Skills	7	7	7	7	5	5	7	7	7	7

Pass mark in PACES 2020

In PACES 2020 there will be 4 fewer available marks (Total 168 versus current 172). The reduction to 168 results from differential diagnosis (skill D) being tested on fewer occasions. The pass mark for skill D has been adjusted accordingly (15/24 in 2020 compared to 17/28 in current PACES). The number of marks, and pass mark, for the other 6 skills remains unchanged (Table 7).

Table 7 The pass mark by skill for PACES 2020

Skill		Pass mark/Total mark (% of marks available)
A	Physical Examination	16/24 (66.6%)
B	Identifying Physical Signs	14/24 (58.3%)
C	Clinical Communication	11/16 (68.7%)
D	Differential Diagnosis	15/24 (62.5%)
E	Clinical Judgement	19/32 (59.3%)
F	Managing Patient Concerns	10/16 (62.5%)
G	Managing Patient Welfare	28/32 (87.5%)

In addition to meeting the pass standard for each of the seven skills, successful candidates are required to attain a minimum number of marks overall for the examination, currently 130 of the 172 total marks available (75.6%). With the reduced number of marks available for Skill D in PACES 2020, the new pass requirement will be reduced proportionately to 127 (75.6% of total marks).

The transition period – 2020 and beyond

The transition period, when an examination adopts a different structure, content or marking scheme, is always potentially problematic, and can be a high-risk period for any high-stakes professional examination, particularly if pass rates inadvertently rise or fall dramatically, which inevitably risks bringing the examination into disrepute. For these reasons there will be a 'hybrid year' during which the new marking scheme will be scrutinised to ensure outcome equivalence in a manner similar to the regular standard setting exercises for PACES. This will be reviewed by the Clinical Examining Board and, if necessary, adjustments can be made to ensure equivalent standards to the current exam are maintained.

A Hofstee analysis method will be used to manage any undue variation in pass rate and to maintain outcome equivalence. This will be reviewed by the Clinical Examining Board and, if necessary, adjustments can be made to obtain outcome equivalence. To facilitate reliable analysis, 90% of results will require to be withheld for analysis. This means that candidates will not receive their marks in 2-3 weeks as currently occurs. Those sitting at the beginning of the assessment period will have to wait longest. At the end of the hybrid year a full meeting of standard setters will take place. With a complete year of marks from three diets using the new marking scheme to inform the process, so that appropriate pass marks can be set, which will be implemented fully in the next year.

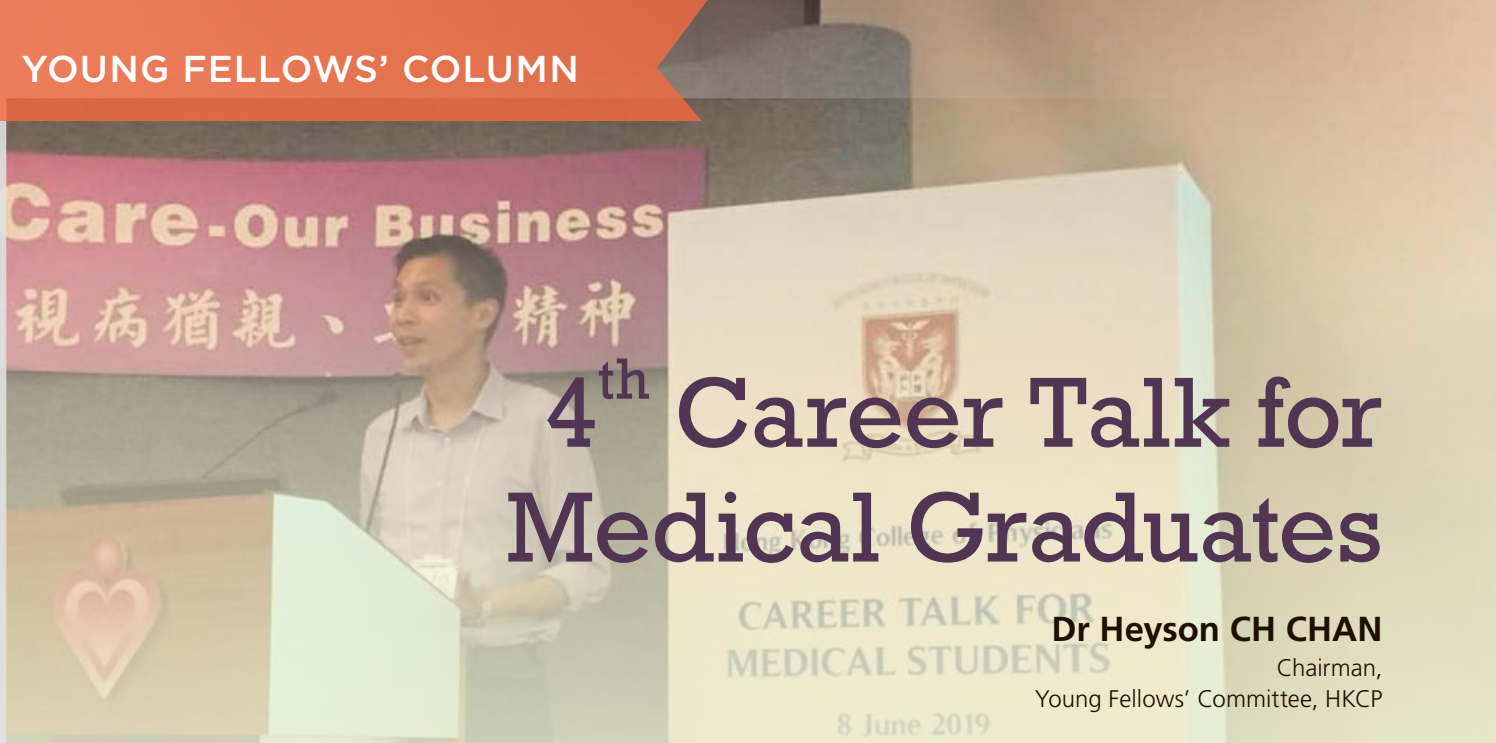
Summary

PACES 2020 will replace the current PACES carousel next year. The exam has been updated to reflect recent changes in medical education but will also improve the reliability of the exam with a more even distribution of marks awarded by examiners. The ability to test contemporary practice will be enhanced by the new communication and clinical consultation encounters.

REFERENCES:

1. Shape of Training Report
https://www.shapeoftraining.co.uk/static/documents/content/Shape_of_training_FINAL_Report.pdf_53977887.pdf

2. New Internal Medicine curriculum
https://www.jrcptb.org.uk/imt



4th Career Talk for Medical Graduates

Dr Heyson CH CHAN
Chairman,
Young Fellows' Committee, HKCP

The Young Fellows' Committee is honoured to present the report of the 4th Career Talk for Medical Graduates which was held on 8 June 2019 in Queen Elizabeth Hospital.

The Career Talk for Medical Graduates is a major annual event of the Young Fellow's Committee aiming to promote internal medicine and to attract new blood to join its big family.

The previous three talks received overwhelming responses from medical students and interns from both medical schools. This time is of no exception, with over 140 enthusiastic young men and women turning up.

As in previous years, we started off with "Introduction to Internal Medicine", followed by "Life as a Physician". Both sessions depicted the joyous journey of physician trainees with emphasis on the job satisfaction and how to achieve work-life balance. Coming next was "Tips of CV Writing and Interview Skills", a session aimed to alleviate the stress of job hunting, and "Houseman Survival Guide, which was loaded with practical frontline knowledge and, given the welcoming feedback from previous years, newly included many commonly encountered scenarios for discussion.

After the seminars, the signature interactive coffee klatch session was held. Attendees were joined by representatives from various subspecialties for in-depth personal sharing on career planning and development in a relaxed ambience.

The feedback from participants this year was most encouraging. Many have found the talk stimulating, piquing their interests in internal medicine, and some readily expressed their commitment to join the ranks in no time.

The Young Fellows' Committee would like to express our sincere appreciation to the Council of the Hong Kong College of Physicians and the secretariat for their steadfast support and assistance. We would also like to thank all the representatives from different subspecialties for their selfless sharing of personal views and experience. Last but not least, I am personally indebted to all our Committee members who have put in tremendous efforts in making the talk a success.

How to learn effectively and efficiently from self-learning tool (SLT)?

Dr Helen CHAN
Member, Young Fellows' Committee

With the ever-expanding scope of medical knowledge, improvement of diagnostics and sophisticated therapeutic options, there has been an increasing need of using computer-assisted tools for medical teaching or self-learning. These computer-assisted tools are different from traditional instructor-based models, a shift in which the student or trainee, instead of being a passive recipient, is required to actively search for the latest knowledge.

Our SLT is designed as a kind of formative assessment, which helps trainees internalize their knowledge learnt from textbooks, daily ward rounds and clinics. Instance feedback is provided to facilitate trainees' engagement in self-assessment or reflection and in turns allow them to understand the learning objectives and the goals that they need to achieve.

The following 4 tips can help you get through SLT successfully:

1) Check the SLT schedule

Don't miss that as it is a prerequisite to complete the training!

For BPT: 4-month cycle with deadlines in Feb, Jun and Oct every year

For HPT: 6-month cycle with deadline in Mar and Sep every year

2) Do allow time to complete SLT

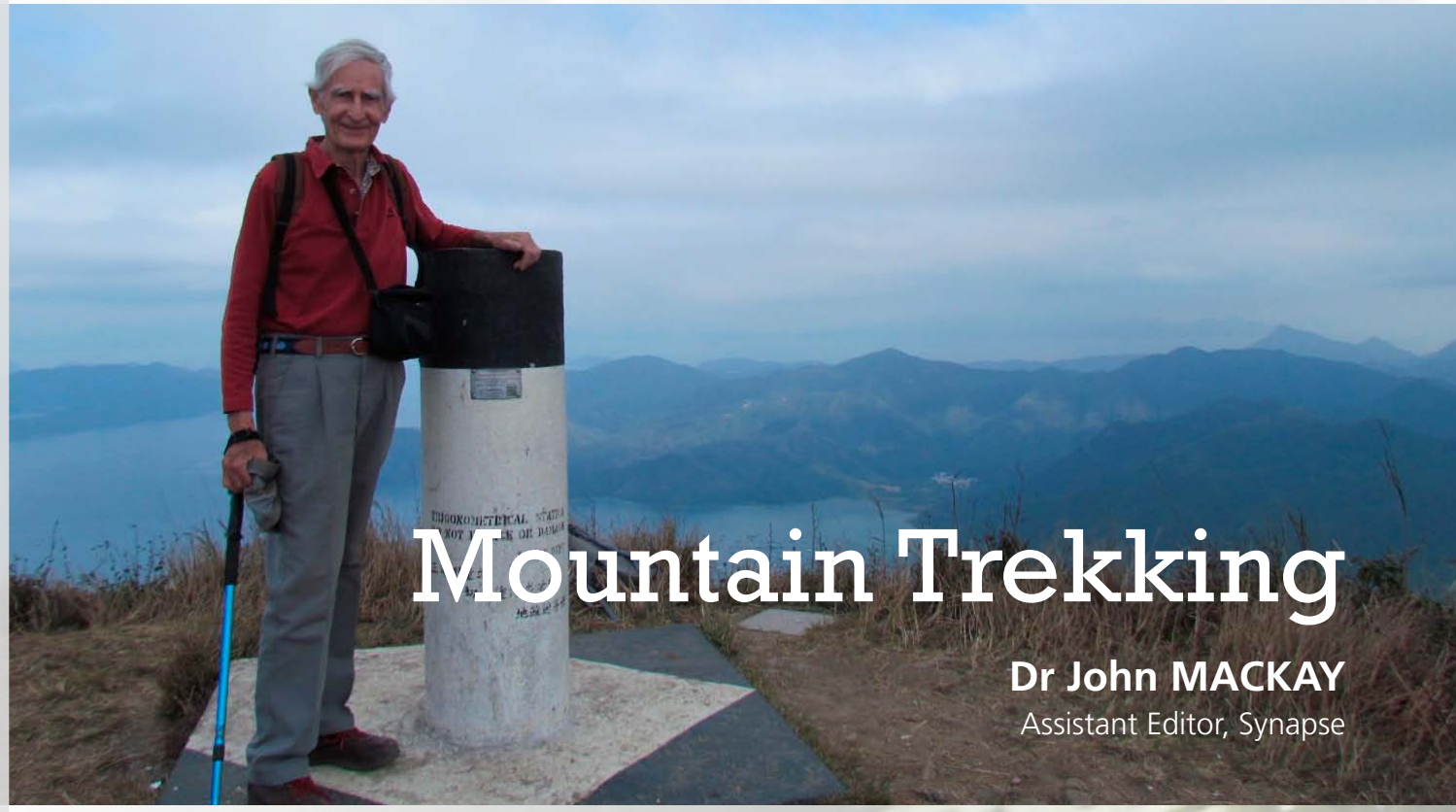
SLT aims to provide interactive assessment modules with informative content, with flexibility to allow trainees complete it at their own pace (do remember the deadline!). Do start the SLT early so that you can have sufficient time to absorb the comprehensive materials in SLT.

3) Form a community of learning buddies

Two heads are better than one! Learning will be more efficient through knowledge sharing and explaining concepts to your fellow colleagues, which help consolidate what you have learned. Peers will also keep you motivated and on tract of SLT.

4) Do give feedback

Given the fast pace of medical advancement, your opinions are essential to keep the SLT up to date and ensure the appropriateness of the assessment.



Mountain Trekking

Dr John MACKAY
Assistant Editor, Synapse

To celebrate my sixtieth birthday I climbed Mount Kinabalu, at 4,101m the highest peak in Malaysia. I had already climbed most of the mountains in Hong Kong.

Since then I have climbed another twenty five peaks of more than 3,000 ft. (914.4m), the highest, Mt Kilimanjaro in Tanzania, at 5,895m. My last mountain trek was up Ma On Shan, last year, aged 83. I am looking forward to my next mountain.

The purpose of this article is to encourage you to join the many people who enjoy the pleasure of outdoor activity.

Before going further some definitions are needed.

Mountain. There is no universal definition of a mountain according to Wikipedia. In Britain, and in USA since 1970, a mountain is defined as a peak of over 2,000ft or 610m above sea level.

In Hong Kong there are 15 peaks over 2,000ft and two over 3,000ft (914.4m) -Tai Mo Shan at 957m and Lantau Peak at 934m.

In Scotland, where I come from, a **'Munro'** is a mountain over 3000 ft. There are 282 separate peaks. 6,000 people, men and women, have climbed all of them.

Peak Bagging is a colloquial term for summiting a mountain.

Walking is excellent exercise, a walk around Lugard Road on the Peak, or a Sunday stroll from Victoria Park to the Government Offices in Admiralty.

Hiking is a walking activity on a well-marked trail of easy or moderate difficulty that can be completed in one day, such as the Dragon's Back on the island or along the many village trails in the New Territories, or up Tai Mo Shan.

Trekking is a walking activity lasting more than one day, of easy, moderate or severe difficulty involving camping overnight. The MacLehose Trail of 100km, inaugurated by then Governor Sir Murray MacLehose in 1962, qualifies as a trek. If walked at a reasonable pace, it can take three or more days.

The fact that this year the winning team in the Oxfam Trailwalker race covered the 100km distance in less than 12 hours, does not make it into a Hike. Hong Kong Medical Association members have participated in teams of four since 1994. In 2004 there were twenty HKMA teams. I know one doctor who has completed the race twenty times.

Mountain Trekking is a sport involving treks, sometimes at high altitude, requiring no technical climbing aids.

Mountaineering is the ultimate test requiring training in the use of technical gear, such as ropes, carabiners, ice axes and oxygen; requires extreme physical fitness, and being part of a team.

Scrambling is the action of using both hands and feet to ascend or descend a steep slope or rock face, but without use of technical equipment. It may be a part of a hike or a trek.

Precautions

Before setting off on a hike, find a companion, tell someone where you are going, check the weather forecast, carry food and plenty of water, a map, a compass, and a whistle to attract attention in mist or cloud. A mobile phone may or may not work depending on the topography. Carry a GPS device to measure location and altitude.

On a trek you will need camping equipment, and a guide if in unfamiliar territory.

Nepal is a prime country for trekking. Guides and porters are necessary to complete classic treks such as to Everest Base Camp, or the Annapurna circuit.

Fitness

Enjoyment of a trek depends on physical fitness, so regular exercise in preparation for a trek, particularly at altitude, is important.

Physiological factors

At 1,000m the Oxygen pressure has dropped to 90% of that at sea level.

At 3,000m the pressure is down to 70%.Below 70% Oxygen pressure the blood oxygen saturation starts to drop.

In the 'Death Zone', above 8,000m, the pressure is down to below 40%.

This effect of altitude is not a problem in Hong Kong.

Temperature factors are relevant in Hong Kong.

The temperature drops nearly 10°C for every 1,000m elevation.

Wind Chill, regarding which there is no international definition, is the cooling effect of the wind on the skin. At a wind speed of 10m/sec the cooling effect is 9°C.

When the wind speed is low in periods of high temperatures, the 'feels like' temperatures become more impacted by the humidity level. When humidity is high, the evaporation of sweat from the skin is reduced resulting in 'feels like' temperatures that appear warmer than the actual air temperature. This overheating can lead to heat stroke, not uncommon in Hong Kong.

Age is a consideration. Lung capacity increases till about the age 20 to 25 years and decreases steadily after the age of 35. At 60 years of age the lung capacity is about 75% of maximum. Older adults have a decreased sensation of dyspnoea and diminished ventilatory response to hypoxia and hypercapnia, making them more vulnerable to ventilatory failure during high demand states.

Altitude sickness is related more to a too fast ascent to a height of over 8,000ft, than to age or fitness. Sensitivity to altitude varies between individuals. I have been fortunate in that I have never experienced more than mild altitude sickness symptoms. However, my wife has had two episodes of acute dyspnoea and chest pain in my company at over 8,000ft. The last one, just short of the summit of Mount Paektu (Changbai) in North Korea, both requiring a rapid descent to a lower altitude.

Conclusion

We are fortunate in Hong Kong because it is so easy to get to a hiking or trekking trail. (Unlike Singapore where the highest natural point is Bukit Timah, 162m or 532ft.)

Every week-end, in the cooler months, there are hundreds of people hiking in the mountains of Hong Kong. Join them. Mountain trekking is great sport, anyone can do it – as long as they are non-smokers.

Dr Patrick Chung Ki LI

MBBS, MRCP (UK), FHKCP,
FHKAM (Medicine), FRCP (Edin), FRCP (Lond),
FRACP (Hon), FAMS, FCPS

John MACKAY

Dr Patrick Li is among those physicians who has rewarded Hong Kong handsomely for the education he received in Hong Kong.

He was born in Hong Kong.

He went to Diocesan Boys School.

He entered Hong Kong University Medical School in 1972, at a time when Prof. McFadzean was head of department, graduating in 1978.

He continued his training in Medicine at the Queen Mary Hospital under Prof. David Todd.

Dr. Li received neurology training at the Regional Neurological Centre, Newcastle General Hospital in England from 1982 to 1984.

He joined the Department of Medicine at the Queen Elizabeth Hospital in 1984, being appointed a consultant in six years later as a specialist neurologist. He was Chief of Service from 1996 to 2013.

Dr. Li was conferred Fellowship by the Hong Kong College of Physicians in 1987, Royal College of Physicians of Edinburgh in 1993 and Royal College of Physicians of London in 1997.

He served as Chairman of the Neurology Specialty Board of the Hong Kong College of Physicians from 1996 to 2001; President of the Hong Kong Neurological Society from 1992 to 1994 and President of the Hong Kong Stroke Society from 2006 to 2007. He served as Chairman of the Central Committee on Stroke Service, Hong Kong Hospital Authority from 2011 to 2013.

Dr. Li has participated in the management of HIV/AIDS patients since 1985 and served as the Consultant in charge of the AIDS Clinical Service at Queen Elizabeth Hospital till 2013.

The first case of AIDS was reported in 1984. By 2013 the new cases reported was only 84 despite 559 new cases of HIV infection, a tribute to the increasingly effective treatment regimes.

Dr Li has co-authored over 100 papers in local and international peer-reviewed journals and written 15 book chapters and review articles.

Dr. Li has made major contributions to the development of physician training and internal medicine service in Hong Kong.

He was Chairman of the Basic Physician Board of the Hong Kong College of Physicians from 2001 to 2007; and Chairman of the Coordinating Committee in Internal Medicine of the Hospital Authority from 2008 to 2012.

He has also served as member of the Research Council, Food and Health Bureau from 2009 to 2015 and is currently an Executive of its Grant Review Board.

With this background in medical training, Dr Li's thoughts on

the subject are supremely well informed, important, and worth studying by Physicians, the Hospital Authority and by Government.

Regarding the advances in the technology of medical care, he says, "The future generations of physicians need to be prepared to face these challenges and be able to harness the potential of medical advances and the powerful capability of information technology in order to excel in providing professional care to their patients."

"A key aspect of patient care by physicians which cannot be readily taken over by sophisticated machines and computer system is our human touch and rapport with our patients. Most patients still value such aspects of our care as much as our diagnostic skills and therapeutic competence."

Such humanistic attitudes can only be nurtured in a favourable environment of care and fostered through role modelling.

We are all acutely aware of the growing strain of excessive patient load on the public health system. With the heavy patient attendance and time constraints, it would not be realistic to expect the attending physicians to be able to review the complicated case record, formulate more long-term treatment plan, not to mention meaningfully communicate with the patients to address their concerns.

As most physician training is undertaken within the public health system, such unfavourable practice environment cannot be conducive to the development of good clinical care and especially the development of humanistic elements of physician practice. With training not being factored into the system for manpower allocation by the Government or the Hospital Authority, both the trainers and trainees have their prime responsibility being patient service delivery. With their excessively heavy patient loads, opportunities for meaningful interaction between trainers and trainees have become severely compromised.

Such unfavourable training experience as well as the overwhelming workload with low job satisfaction in internal medicine departments of the public hospitals are already deterring medical graduates from joining the physician training programme, causing increasing number of trainees to drop out from the programme, and younger generations of specialists to leave the public hospital system out of frustration.

Such compromise to the internal medicine training programme cannot be good for the future of healthcare of Hong Kong. We

need to join hands to convince the Government to formulate a realistic medical manpower plan for internal medicine and its subspecialties that can cater for the healthcare needs of an ageing population and the ever-growing complexity of the medical care that they require. As individual physician, we need to do our part to foster the development of humanistic attitude among the younger generation of doctors."

Dr Li received Outstanding Team Award from the Hong Kong Hospital Authority in 2002 for the AIDS clinical service and in 2011 for the thrombolytic service for acute stroke at Queen Elizabeth Hospital. Recognising his contributions to AIDS and public hospital service, he was conferred the Bronze Bauhinia Star award by the Hong Kong Special Administrative Region Government in 2002.

At present Dr Patrick Li is an Advisor of the Hong Kong Brain Foundation, Honorary Fellow of the Hong Kong Multiple Sclerosis Society and Director of the Board Committee of the Hong Kong Stroke Fund. He is also serving as Honorary Advisor for a number of local patient groups, including the Hong Kong Stroke Association, Hong Kong Neuro-Muscular Disease Association, Hong Kong Epilepsy Association and Hong Kong Parkinson's Disease Association.

His clinical career continues as the Co-Director of the Neurology Centre at the Hong Kong Sanatorium and Hospital. He is also Honorary Consultant in Neurology of the Hong Kong Sanatorium and Hospital, Honorary Consultant of the Department of Medicine, Queen Elizabeth Hospital, as well as Honorary Clinical Associate Professor, Department of Medicine, University of Hong Kong and Department of Medicine and Therapeutics, Chinese University of Hong Kong, and Honorary Professor of the Department of Microbiology, University of Hong Kong.

He has served on the Council of the Hong Kong College of Physicians since 1995 and was elected President in 2010

The Hong Kong College of Physicians has conferred upon him an Honorary Fellowship. "In recognition of Dr. Patrick Chung-Ki Li's esteemed leadership in internal medicine, neurology and infectious disease, devoted professional and community services and distinguished contributions to our College".

It is fitting that the medical community and Government should have awarded Dr Patrick Li for the contributions he has made, and continues to make in Hong Kong.