

HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



Sapientia et Humanitas

HONG KONG
COLLEGE
OF
PHYSICIANS

FEBRUARY 2024

SYNAPSE



龍光煥發
桃慶新春



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Message from the Editor

The Joint Scientific Meeting with the Royal College of Physicians held on 21-22 October 2023 was a resounding success. This issue of SYNAPSE features two named lectures: the Gerald Choa Memorial Lecture titled “Future Perspectives on Medical Education and Training” by Dr Mumtaz PATEL, Senior Censor and Vice President for Education and Training, Royal College of Physicians, and the AJS McFadzean Oration titled “Back to the Future” by Dr Sarah CLARKE, President of the Royal College of Physicians. These two articles, focusing on the College’s history and future developments, are both interesting and stimulating.

In this issue, we are privileged to feature Professor Philip Kam Tao LI as the Profile Doctor. Dr Emmy Lau conducted an insightful interview with Professor Li, highlighting his remarkable achievements and profound impact in the field of nephrology globally. Readers will undoubtedly find inspiration in Professor Li’s journey and accomplishments.

We are pleased to publish the list of chairmen and members of the Council Committees and Specialty Boards. It serves as a valuable resource for our readers, facilitating future communication.

We would like to thank the President, the Council, all the Co-editors, and the College Secretariat for their support in bringing this issue of SYNAPSE to fruition.

Synapse and Communications Committee

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Dr Kwok Keung CHAN
Editor

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HONG KONG COLLEGE OF PHYSICIANS

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>

Synapse and Communications Committee

Editor

Dr KK CHAN

Co-Editors

Dr Heyson CH CHAN
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President's Annual Report

Prof Daniel Tak Mao CHAN

President, Hong Kong College of Physicians

After more than three years of COVID, we are back to normal. Our training and examination programmes for physician trainees proceeded smoothly in the past year. In the March 2023 PACES diet, we welcomed back Examiners from the U.K. Royal Colleges, who were impressed by the high standard of our trainees and the excellent organization by Host Examiners under the leadership of Professor Ronald Ma, Chairman of Examination Committee. A PACES training workshop led by two seasoned U.K. Examiners was conducted in July 2023, which included preparations for the new PACES format to be introduced later this year. Also, shortly after relaxation of the infection control restrictions, we hosted a Roll Signing Ceremony for over one hundred Fellows of the Royal College of Physicians of Edinburgh in February 2023, presided by President Professor Andrew Elder. The Annual Scientific Meeting in October this year will be a joint meeting with the Royal College of Physicians, London, U.K. Vice President Global Dr Mumtaz Patel will deliver the Gerald Choa Memorial Lecture, Associate Global Director for Asia Pacific Dr Mo Aye will give a talk on designing and

maintaining a high-quality physician training programme, and President Dr Sarah Clarke will be this year's AJS McFadzean Orator. Under the leadership of Vice-President Professor Anthony Chan, the College continues to further collaborations with overseas Colleges and Academies, notably those in the U.K., Australasia, and Asian countries. In May 2024, we will organize an online CME symposium with the Edinburgh College. The College is also advising cognate bodies in the Mainland on the development of structured physician training and assessment programmes.

There was a restructuring of the Education and Accreditation Committee (E&AC), the key body of the College that oversees Basic Physician Training, Advanced Internal Medicine Training, and Specialty Training Programmes, and the accreditation of Training Centres and Physician Specialists. Starting from July 2023 onwards, chairpersons of Specialty Boards or Committees are now de facto members of the E&AC. The objective of the restructuring is to enhance governance and to improve communication, so that consultation with Boards and Committees can be done

more effectively, and that policy changes are communicated and implemented more efficiently to all stakeholders, trainers and trainees. Following the amendment of the Medical Registration Ordinance in 2021, with the introduction of the ‘Special Registration’ pathway in addition to the ‘Limited Registration’ pathway for doctors who graduated or trained overseas, the College has reviewed and streamlined procedures for the accreditation of physician training obtained outside Hong Kong. Information on the required standards and assessment procedures for the application of Certificate of Specialist Registration or Certificate of Specialist Qualification, applicable to the Limited Registration pathway and the Special Registration pathway respectively, will be available at the College website. Under the leadership of Vice-President Dr Johnny Chan, curriculum review, quality and validity enhancement of trainee assessment modalities, and quality assurance of training programmes, will be the areas of focus for the E&AC in the coming year.

The new specialty of “Genetics and Genomics (Medicine)” was approved by the Medical Council of Hong Kong in December 2022. The College appointed a panel to assess applications to become First Fellows in the new specialty. The Assessment Panel was chaired by Dr Maureen Wong (Chairperson of the Working Group in Genetics and Genomics (Medicine)), and included Professor Sir Munir Pirmohamed (David Weatherall Chair of Medicine at University of Liverpool, U.K., and Advisor to the College on the specialty since 2021), Professor Dennis Lo (Director of Li Ka Shing Institute of Health Sciences, The Chinese University of Hong Kong), and Vice-President Professor Anthony Chan. A total of

39 applications were received, and 25 were accredited as First Fellows in Genetics and Genomics (Medicine). In collaboration with the Hong Kong Genome Institute (HKGI), the College has established the “HKCP-HKGI Overseas Scholarship and Training Grant” to promote training and research in the new specialty.

Among all specialties, Internal Medicine has the highest number of specialists. The College has 18 Specialty Boards or Committees, and over 2000 Fellows at present. As the membership of the College continues to increase, the importance of connecting and communicating with Fellows, Trainees, and all stakeholders cannot be overemphasized. Synapse, the official publication of the College, has just had a renewal of its presentation and design which brings to it a contemporary and refreshed touch, under the editorial leadership of Dr Kwok Keung Chan. For communications and announcements, the College is moving towards electronic means to reduce the adverse impact on environment of paper-based communications. Dr Cheung Hei Choi has been working with other members in the IT Subcommittee on electronic learning platform, and also making plans for a revamp of the College website.

Nurturing of leadership and active engagement with young physicians is a foremost priority of the College. Under the leadership of Dr Thomas Chan and Dr Jacqueline So, the Young Fellows Committee has organized career talks for medical school graduates, and our Young Fellows have contributed to a wide range of causes and initiatives under the College, and many have taken up membership at various committees.

The above is a synopsis of what the College has done over the past year. Further details are available from the Committee Reports that follow. I take this opportunity to thank Immediate Past President Professor Philip Li, the two Vice-Presidents, Honorary Secretary, and members of the College Council, E&AC, Specialty Boards and Committees, CME/CPD Committee, Training Subcommittee, and other subcommittees and work-groups, for your contributions to the College. Special thanks go to Honorary Treasurer Dr Tak Fu Tse who has helped to ensure a healthy status of the College finances despite the global economic turmoil in the past few years. And the College is grateful to the seasoned advice from Senior Advisors Professor Richard Yu and Dr

Loretta Yam. We also thank Professor Man Fung Yuen and Professor Anskar Leung whose term of Council membership has just ended, for chairing the Scientific Committee and the Examination Committee in charge of organizing the PACES examinations respectively. The smooth operation and steady progress of the College owe a lot to the efficient Secretariat under Ms Gloria Ng.

While we would continue to be confronted with challenges and uncertainties, I am resolute in the belief that we must focus on the core values of professionalism, clinical and academic excellence, and striving for better health of the community and health equity. The strength of the College is its membership. Please continue to support your College.

Presidential Address

Annual Conferment Ceremony, Hong Kong College of Physicians, 21st October, 2023

Prof Daniel Tak Mao CHAN

President, Hong Kong College of Physicians

Dr Sarah Clarke, President of the Royal College of Physicians. Prof CM Lo, Prof Gilberto Leung, Dr Ronald Lam, Dr KL Chung, Honorary Fellows, Presidents from Academy Colleges. colleagues, guests, ladies and gentlemen, thank you for joining our Conferment Ceremony this evening.

After a few years' of COVID-19 restrictions, this year we are totally 'back to normal', with a banquet accompanying the Annual Conferment Ceremony. To our newly admitted Members and Fellows, this is a day worthy of celebrations because the high standard of physicians trained in Hong Kong is internationally recognized. In this regard, I wish to highlight the important partnership that the Hong Kong College of Physicians has with the Royal College of Physicians. It is through this partnership that we ensure that our trainees have built a solid foundation in knowledge and skill, both clinical skill as well as communication skill, in physician training, and have a high professional and ethical standard. Hong Kong is one of the first international examination centres for MRCP, and has been holding the examination since the late 1980s. I was among the first candidates who took the examination in Hong Kong, so I can attest to the history



and high standard of the MRCP examination conducted in Hong Kong.

I notice that many family members of our newly admitted Members and Fellows have joined us this evening. So perhaps I would say a few words about the College. Someone has asked me what does the Hong Kong College of Physicians do. So, what is the College? In brief, the College of Physicians oversees the training of all physicians in Hong Kong. This includes designing the training curriculum for the different medical specialties and updating the curricula on a regular basis, devising and conducting assessment of trainees to make sure that the trainees meet the standards,

ensuring that the training programmes are valid and effective, appointing trainers, and accrediting training centres. The progress of trainees are monitored as they proceed through the sequential phases of Basic then Higher Physician Training respectively. For those who have attended this afternoon's scientific sessions, in which speakers from the Royal College of Physicians have spoken on physician training in the U.K., you will notice that the basic framework of the physician training programme locally is very much similar to that in the UK. We have three years of Basic Physician Training which guarantees a solid foundation in broad-based training in general medicine, before going into Higher Physician Training which includes a specific specialty and a broad-based programme which can be Advanced Internal Medicine or Geriatrics. Also, before one can proceed to Higher Physician Training, one must pass the MRCP examination, which is an important way to benchmark with the best international standards and for quality assurance of our training program.

But the College is more than a training institute. Since the Fellowship of the College includes specialists from all disciplines, encompassing those working in the public sector, such as the Hospital Authority, the Department of Health, and the two Universities, as well as those working in the private sector, the College is a good position to advise the government and healthcare authorities and other bodies on clinical service and development, so that our community is well positioned and prepared to meet the evolving healthcare needs of the public. The College, being the biggest as internal medicine is the core of healthcare services in all countries, works to ensure that

our doctors continue to practice medicine at a high professional standard, and also actively engage in training, education and research. Promotion of research is one of the important missions of the College, since it is only through addressing clinically relevant knowledge gaps that one can bring about improvements in healthcare, and research breeds clinical excellence which is ultimately for the good of the public. While basic research is conducted by colleagues in academia, much of the excellent clinical research output is also performed by colleagues working in the Hospital Authority, making use of the valuable clinical material and resources provided by our patients and the local healthcare setup. And so the College not only has a task in training, but also plays an important role in healthcare development and the advancement of medicine.

Now, let me say a few words to our newly admitted Fellows. Today you have achieved an important landmark, indeed an important milestone, in your career development. Now that you have attained a very good foundation in internal medicine, it's time to think about the future. While you were a physician trainee, the things that you were required to do were mostly planned for you and prescribed in the training programmes. From now on you would encounter a lot of situations when you would need to make choices and decisions. You will have to make choices in your career, and choices in your lives. The first thing I'd like to talk about is the very popular notion of 'work-life balance'. My message is very simple – there is no such thing as 'work-life balance'. Indeed, I think looking at things this way is a very bad idea, because it dichotomizes 'work' versus 'life', and seems to elevate

the status of 'life' while denigrating the importance of 'work'. This is obviously not correct. In fact, work is an important element in life, and without work your life would be rather empty. And so, instead of thinking about 'work-life balance', I think it is more important to consider what are the factors that should affect your choices, so that you can make the right choices in your career and in life. I'd like you to think about what are the things that you value, the times that you remember, and the experiences that you treasure. These are the things that would guide you to make the right choices, decisions that you would not regret. Think about the past few years, when you've been working in public hospitals, our main training ground. Think about what are the things that have given you job satisfaction. Often it is the appreciation by patients and their family, even when sometimes the outcome may not be what one had hoped for, but they expressed gratitude to your efforts and care to the patient. Teamwork is often mentioned as a treasured experience - colleagues at different levels working towards common goals; and the opportunity to learn from your seniors and to teach the younger generation. These are just some examples that may help guide your choices and help one get a clear idea of what you value in life. Monetary value attracts immediate attention, but money can be made and lost, while life experience stays with you forever. The other thing that stays with you is continuous lifelong learning. I always encourage younger colleagues to work towards a higher degree such as an MD, telling them that once obtained it is

yours forever, and that a good time to do this is when one is still young, energetic, and inquisitive.

We've talked about the things that are of value to us, the work and experiences that can enrich our life. You would notice that a lot of these fruitful experiences come from teamwork and working in the public sector. When you work in a team you interact with different people and encounter different views and perspectives. Conflicting views is no problem. It's important to be open to different perspectives and ideas. It is only through looking at things from different angles that one becomes more mature, and would be better equipped to accomplish one's goals. Also, I would encourage our younger doctors to continue to work in the public sector because this is where we can serve the underprivileged. I'm concerned that while scientific and medical advances have improved disease management, healthcare has become more and more expensive. Equity and access to care is becoming an important issue even in developed countries. As doctors we have a duty to our patients. When you think about our predecessors and teachers, people who are inspirational and whom we respect and aspire to, they often demonstrate a strong sense of duty and responsibility, to their patients and to their colleagues often to the point of sacrificing their own interests, and a strong sense of justice and integrity. I hope you would follow these examples and make your choices wisely, and I wish you a fruitful career and an enriching life. Thank you.

The HKCP Council 2023 – 2024



		Institution	Specialties
President	Prof Chan Tak Mao Daniel	The University of Hong Kong	AIM, Nephrology
Vice-Presidents	Prof Chan Tak Cheung Anthony	The Chinese University of Hong Kong	Medical Oncology
	Dr Chan Wai Man Johnny	Queen Elizabeth Hospital	AIM, Respiratory Medicine
Honorary Secretary	Dr Chow Kai Ming	Prince of Wales Hospital	AIM, Nephrology
Honorary Treasurer	Dr Tse Tak Fu	813 Medical Centre	AIM, Cardiology
Council Members	Prof Chan Ka Leung	The Chinese University of Hong Kong	AIM, Gastroenterology & Hepatology
	Dr Chan Kwok Keung	Pamela Youde Nethersole Eastern Hospital	AIM, Cardiology
	Dr Choi Cheung Hei	Queen Elizabeth Hospital	AIM, Endocrinology, Diabetes and Metabolism
	Dr Fong Wing Chi	Queen Elizabeth Hospital	AIM, Neurology
	Prof Hui Shu Cheong David	Prince of Wales Hospital	AIM, Respiratory Medicine
	Dr Law Chun Bon Alexander	Princess Margaret Hospital	AIM, Geriatric Medicine
	Dr Leung Yin Yan Jenny	Ruttonjee Hospital	Endocrinology, Diabetes and Metabolism, Geriatric Medicine

		Institution	Specialties
Council Members	Prof Ma Ching Wan Ronald	Prince of Wales Hospital	AIM, Endocrinology, Diabetes and Metabolism, Genetics and Genomics (Medicine)
	Dr Sha Kwok Yiu Edmund	United Christian Hospital	AIM, Geriatric Medicine
	Prof Tang Chi Wai Sydney	Queen Mary Hospital	AIM, Nephrology
	Prof Tse Wai Choi Eric	Queen Mary Hospital	AIM, Haematology & Haematological Oncology, Genetics and Genomics (Medicine)
	Dr Wong Mo Lin	Caritas Medical Centre	AIM, Respiratory Medicine
	Dr Yam Ping Wa	Tuen Mun Hospital	AIM, Cardiology
Co-opted Council Members	Dr Chan Ngai Yin	Princess Margaret Hospital	AIM, Cardiology
	Dr Chan Sau Yan Thomas	Queen Mary Hospital	AIM, Haematology & Haematological Oncology
	Dr Kwan Hoi Yee	Kowloon Hospital	AIM, Respiratory Medicine
	Dr Lau Yuen Fun Emmy	Pamela Youde Nethersole Eastern Hospital	AIM, Endocrinology, Diabetes and Metabolism
	Prof Yan Ping Yen Bryan	Prince of Wales Hospital	AIM, Cardiology
Immediate Past President	Prof Li Kam Tao Philip	Prince of Wales Hospital	AIM, Nephrology
Senior Advisor	Prof Yu Yue Hong Richard	813 Medical Centre	AIM, Nephrology

List of Specialty Board / Subcommittee Chairmen

AIM	Dr Ng Chiu Ming, QEH
Cardiology	Dr Lee Kang Yin Michael, QEH
Critical Care Medicine	Dr Ng Wing Yiu, QEH
Clinical Pharmacology & Therapeutics	Dr Wong Siu Ming Raymond, PWH
Dermatology & Venereology	Dr Ho Ching Kong Stanley, DH
Endocrinology, Diabetes and Metabolism	Dr Ng Ying Wai, QEH
Geriatric Medicine	Dr Chan Tak Yeung, KWH
Genetics and Genomics (Medicine)	Dr Wong Siu Ming Raymond, PWH
Gastroenterology & Hepatology	Prof Wong Wai Sun Vincent, CUHK
Haematology & Haematological Oncology	Prof Tse Wai Choi Eric, HKU
Infectious Disease	Prof Hung Fan Ngai Ivan, HKU
Medical Oncology	Dr Lau Kwan Hang Thomas, PWH
Nephrology	Prof Tang Chi Wai Sydney, HKU
Neurology	Prof Mok Chung Tong Vincent, CUHK
Palliative Medicine	Dr Kwok Oi Ling, CMC
Rehabilitation	Dr Yu Kim Kam Teresa, KH
Respiratory Medicine	Dr Ko Wai San Fanny, PWH
Rheumatology/Immunology & Allergy	Dr Ho Tze Kwan Carmen, TWH

Joint Scientific Meeting with Royal College of Physicians 21 -22 October 2023

The Joint Scientific Meeting with the Royal College of Physicians was successfully held on 21-22 October 2023, in a hybrid format with local participants physically attending the meeting.

The event featured several notable lectures, which were a major highlight. Dr Mumtaz Patel, Senior Censor and Vice-President for Education and Training, delivered an informative talk on “Future Perspective on Medical Education and Training”. Dr Sarah Clarke, President of the Royal College of Physicians, delivered the AJS McFadzean Oration on the topic “Back to the Future”. The Sir David Todd Lecture was presented by Dr Gill Harinder Singh who spoke about “Oral Arsenic Trioxide in the Management of Acute Promyelocytic Leukaemia (APL) – from Invention to Impact”. Additionally, Dr Lee Chi Ho gave a presentation titled “Novel Biomarkers and Strategies for Diabetes Complications”. The event was a resounding success.

Representing the Royal College of Physicians, three delegates attended the meeting: Dr Sarah Clarke, President of the London College; Dr Mumtaz Patel, Senior Censor and Vice-President for Education and Training; and Dr Mo Aye, Associate Global Director for Asia Pacific. On 22 October 2023, our College Council hosted a dinner in honour of Dr Clarke to extend a warm welcome to the visiting delegates.



Special Symposium



Dr Mo AYE



Dr Mumtaz PATEL

Symposium 1



Dr Chi Yui YUNG



Dr Joyce Wai Ting LO

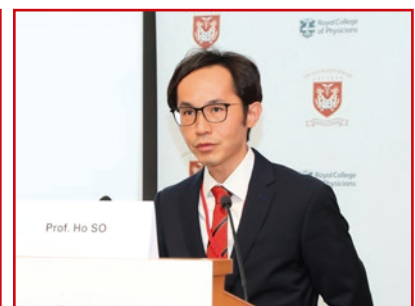


Prof Alice Pik Shan KONG

Symposium 2



Dr Christina Man Tung CHEUNG

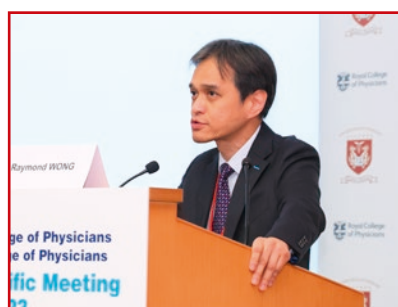


Prof Ho SO

Symposium 3



Dr Lung Yi MAK



Dr Raymond Siu Ming WONG



Dr Johnny Wai Man CHAN

36th Annual General Meeting 24th Congregation Ceremony



On 21 October 2023, the College organised a Conferment Ceremony. The Congregation was graced by the presence of Dr Sarah Clarke, President of the Royal College of Physicians and Prof Lo Chung Mau, Secretary for Health. A total of 22 Fellows were conferred as the First Fellows in Genetics and Genomics (Medicine), a new specialty established in 2023. In addition, our College had conferred an Honorary Fellowship to Prof Li Kam Tao Philip, Immediate Past President.



Prof Daniel Chan, our College President and Prof Philip Li, our Immediate Past President and Honorary Fellow, met Dr Jacqueline Small, President of the Royal Australasian College of Physicians, at the Conferment Ceremony of Hong Kong Academy of Medicine on 8 December 2023.

AJS McFadzean Oration

Back to the Future

Dr Sarah CLARKE

President, Royal College of Physicians



President, past presidents, vice presidents, fellows, members, colleagues, friends and anyone else that I've missed. Thank you very much for this very kind invitation to come and speak to you this evening.

The Royal College of Physicians is more than 500 years old and it's steeped in history. There's a lot about the college that you may not know. So we would have a little look and see what is of interest in the college that's relevant to us all. Towards the end is to share with you what the future holds and some of the challenges that we face in the UK, which probably are challenges that you face here in Hong Kong and globally as well.

The college was founded in 1518 by Thomas Lineker, who was the 1st president. I'm the 122nd, so there's been a few in between us. He persuaded King Henry VIII, to found the

college. Initially it regulated medicine within the City of London up to 7 miles around the city. In 1523, King Henry VIII enabled the college to regulate the practice of medicine across the whole of England.

Over the years the college has had five residences. We started first from a townhouse in Knight Rider Street in 1518, and then

moved to Amen Corner in 1614, and then Warwick Lane in 1674, and then to a rather salubrious place that looks like Buckingham Palace in Pall Mall East in 1815. Since 1964 we've been in our current residence – a modern residence in central London near Regents Park which is a grade one listed building. There is a huge collection in the heritage museum and in the library that you are welcomed to visit. Just before the pandemic, we decided to increase our footfall, doing more examination and education, and having a place in the north of England so that it was much more accessible to our colleagues in the north as well as in London. So in 2021 we opened the Spine in Liverpool, which was actually designed to look like skin on the outside. If you ever are in Liverpool, please do go and visit. It's a bit out of town but it's right in the middle of where there's lots of innovation.

As I said, I'm the 122nd President of the college, but only the 4th female. Dame Margaret Turner Warwick was the first woman being elected president of the Royal College of Physicians in 1989, over 470 years after it was first founded. She was one of the pre-eminent physicians of her generation. She was a respiratory physician, and she believed that medicine should be opened to all based on merit, without preference or prejudice. Gender has no place in medicine training. Who are the other female presidents? Dame Carol Black was president between 2002 and 2006, and then Jane Daker from 2014 to 2018, and then me. Before we move on, I would like to introduce two important women to you. Elizabeth Blackwell was the first woman who was admitted to the medical register in UK back in 1859. The second one is Elizabeth Garrett Anderson, who qualified at the Society of Apothecaries in 1865, which then promptly banned women. So she went off

and founded the New Hospital for Women and her campaign led to the Medical Act of 1876, which allowed women to become licensed in the practice of medicine. I have to say I was delighted to see so many women come up tonight, to collect their membership and fellowship. I encourage you all to hang in there and keep going after your ambitions, because you can get there if you dedicate your time to it.

Around 1940s, and that's 75 years ago, the National Health Service (NHS) was founded. The policy is to ensure that everybody in the country, irrespective of age, sex or occupation, shall have equal opportunities to benefit from the best and most up-to-date medical and allied services. And so for the first time, healthcare in England became free to all. Prior to its foundation, infectious diseases were rife in people because they couldn't afford treatment. NHS changed all that and within five years,



it had overseen the implementation of mass vaccination programme, which radically changed the attitudes to disease prevention and eventually eradicating deadly infections such as smallpox. Over the years, we have made a lot of achievements. In 2022, Her Majesty the Queen, shortly before she died, honoured the NHS with the George Cross which was a huge honour.

From the college's perspective, we developed a new 3-year strategy in 2022 to provide the best possible health and healthcare for everyone. We developed a portal called "Medical Care – driving change". This is a resource that enables sharing of best practice, innovation, implementation, digital health among all sorts of professionals and patients. Nationally, we do a lot of work with government. We produce position statements and help advise the politicians. Another piece of important influencing work that we're doing is about workforce. Everyone's been working harder than ever, and they want to work differently. They don't want to work full time long hours. People are wanting to work flexibly or part time. People are still working beyond their job plans. They routinely work beyond the hours that they're actually paid or allocated to do. Many a time it's the extra administrative work you have to do. The group of doctors that work less than full time continues to grow. We did a census in 2022 which projected that by 2027, one third of consultants and a quarter of higher specialty trainees will be working less than full time. So we have a bit of a workforce crisis here. We're going to have to increase the pool for both consultants and trainees, and to develop a wider multidisciplinary team to support us, to release doctors

from tasks that perhaps could be done by others. Retaining existing workforce is the key. We've got to make sure that we address work-life balance in workforce planning. Interestingly, despite all the challenges that many feel, a lot of them still feel valued particularly by their colleagues and their hospitals. Being a leader gives job satisfaction, which is why we encourage those of you, and particularly those fellows and members from tonight, think about getting yourself involved in leadership roles.

So I hope I've given you a little bit of a history lesson. I hope you've been inspired to come and visit the college when you visit UK next time. Also I've just given you a chance to see some of the challenges that we're facing. They are not news to you, but we're in this together, so let's try and solve these things together. As I have said, we've got the website Medical Care - driving change, which we could use to communicate best practice with each other.

I'd like to thank you all for the very kind invitation to come and join you at this meeting. It's been fascinating and I wish you all the very best in your work going forward and hope that we can address all these challenges together. So thank you all very much!

Gerald Choa Memorial Lecture

Future Perspectives on Medical Education and Training

Dr Mumtaz PATEL

Senior Censor and Vice President for Education and Training, Royal College of Physicians



Dr Mumtaz Patel is the Senior Censor and Vice President for Education and Training at the Royal College of Physicians. She is a Consultant Nephrologist, based in Manchester UK and a Postgraduate Associate Dean for NHS England.

It was an honour to give the Gerald Choa Memorial Lecture on the Future Perspectives on Medical Education and Training during the Hong Kong College of Physicians conference on October 21 2023.

This lecture gave an overview of the importance of medical education, including definitions, key concepts, milestones and its impact on professional development and patient care. Some awareness of the medical education standards and quality assurance frameworks was raised as well as giving an overview of future trends of undergraduate and postgraduate medical education.

“Medical Education is the provision of instruction and information in the sciences basic to medicine and in clinical practice, ideally in such a manner to inculcate in the

recipient the desire to continue the process spontaneously throughout life.”¹ It is essential for Good Medical Practice.²

The General Medical Council’s Good Medical Practice describes what it means to be a good doctor and gives a framework of the domains and attributes. This has been updated in 2024 with revised standards and themes particularly around creating a respectful, fair, compassionate workplace for colleagues and patients, promoting patient-centred care and championing fair and inclusive leadership. Medical Education is at the heart of this to promote these key values.

Medical Education is a dynamic process which starts at basic medical education and continues until a physician retires from active practice. It consists of training aimed at ensuring physicians acquire the competencies, skills and behaviours that allow them to practice professionally and ethically at the highest level. All physicians, the profession, medical faculties, educational institutions, and governments share responsibility for guaranteeing that medical education meets the highest quality standards throughout the medical education continuum.

Medical Education has changed significantly over the last few decades. It has moved from didactic teaching to problem-based learning (PBL), case-based learning with an emphasis on integrated learning and

competency-based curricula (Figure 1). The methods of assessment have also changed from traditional exams to objective structured clinical examination (OSCE), workplace-based assessments (WPBA) and now entrustment professional activities (EPAs). There is a greater focus on professionalism and wider generic professional capabilities. There is growing evidence demonstrating impact of the educational environment on learning, assessment and progression. The importance of student and trainee wellbeing support has been further highlighted particularly over the COVID era.

The Royal College of Physicians (RCP), London have described the increasing gap between what doctors are trained to do and the realities of modern practice. There is a shifting context with ageing populations, patients with multiple comorbidities; rising healthcare costs; advances and science and technology; changing patient and societal demands. The remit of a doctor is changing and therefore we need to change how we educate and train doctors.⁴

The development of professional values, actions and aspirations are the backbone of medical education. Standardizing learning outcomes, personalising the learning process, providing opportunities for experience in research, policy, education, leadership and management are crucial with integration of knowledge, skills and values.⁵

The COVID-19 pandemic had a huge negative impact on both undergraduate and postgraduate medical education and training.

It drove a major shift to online teaching to enable education and this has continued with a greater online and hybrid learning options. It significantly affected clinical assessment and exams which required change in methods of assessment and evaluation. There was a huge impact on academic trainees and research with significant negative impact on career progression for many trainees. Mental health and educational wellbeing need of medical trainees were exacerbated including anxiety, depression, burnout, and moral injury with greater need for support for training and progression.⁶

The current challenges in Medical Education include the training recovery which must be prioritised along with service delivery. Making sure we release trainees to attend catch up and providing learning opportunities. We need to maximise digital solutions. Recruitment, retention and burnout are huge issues. We need to give due attention to the wellbeing of trainees and trainers. Flexibility and support are key and greater provision needs to be made for enabling portfolio careers.

The current top 5 trends in Medical Education includes increased interest in Medical School places, hybrid learning is here to stay, need for integrated care will drive a more integrated medical education curriculum, mental health of trainees and patients will become more of a focus, medical school and postgraduate programmes will need to change how they approach diversity, equity and inclusion.⁷

Teaching and learning trends in Medical Education are also changing with greater

Figure 1. Medical Education - shift in emphasis

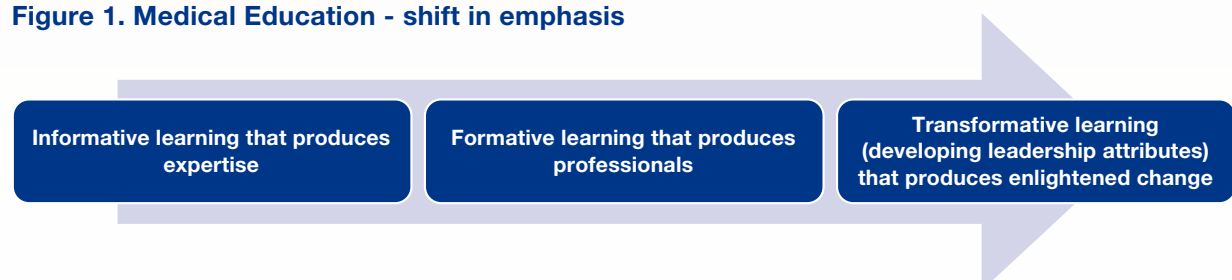
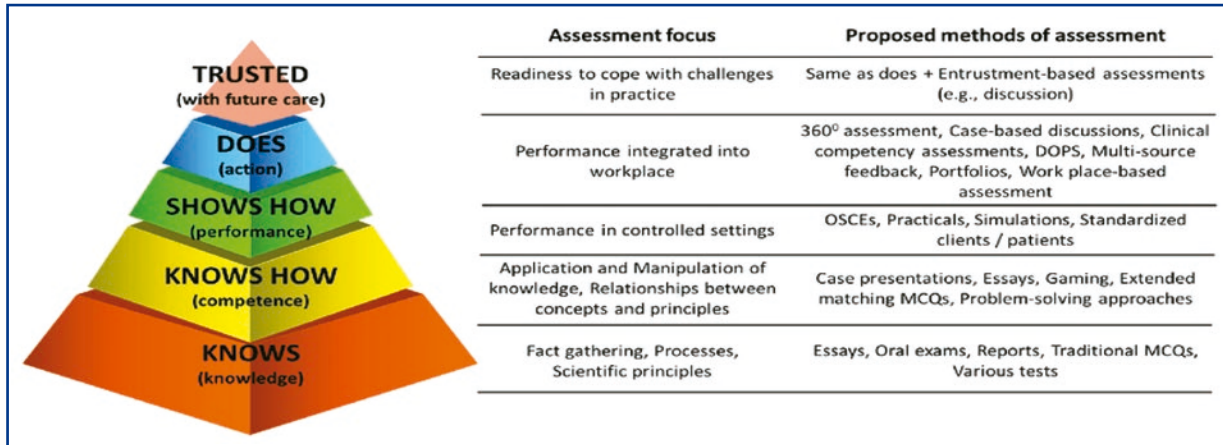


Figure 2. Assessment trends in Medical Education (*Adapted from Extended Miller’s Pyramid*)⁸



interprofessional learning, different methods of teaching including hybrid options, multi-media learning, podcasts, on demand learning, synchronous and asynchronous teaching which cater for different learning styles. Simulation, artificial intelligence options are growing, and we need to be versatile and adaptive to the changing demands. We are working with many new professionals including learning technologists, 3D printing specialists, bioinformatitions, psychologists and lifestyle strategists.

Assessment trends in medical education have also been changing with greater focus on integration of knowledge and skills and demonstrating these in practice. These are summarised in Figure 2.

The future of medical education, should have more focus on personalised learning, recognize the importance of the student, trainee, and trainer wellbeing. There is already a move towards more virtual learning, hybrid options and the digital solutions should be further developed and maximised. There is a need for more interprofessional learning and developing new roles. Flexibility is key for all our trainees and trainers, and we need to develop more opportunities for portfolio careers. Focus on self- care and how you support each other is really important.

There is a need for compassionate leadership to foster an inclusive and supportive culture providing a better learning and working environment. This will enable and inspire a happier, valued, and sustainable future medical workforce.

References:

1. <https://www.igi-global.com/dictionary/medical-education/18215>
2. <https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-20200128.pdf>
3. <https://www.gmc-uk.org/professional-standards/good-medical-practice-2024>
4. <https://www.rcplondon.ac.uk/projects/outputs/advancing-medical-professionalism>
5. Quintero, G.A. Medical education and the healthcare system - why does the curriculum need to be reformed?. BMC Med 12, 213 (2014).
6. A Goddard, M. Patel. The changing face of medical professionalism and the impact of COVID-19. Lancet, 2021; 397 (10278): 950-952.
7. <https://altusassessments.com/education-program-management/top-5-med-ed-trends-to-watch-in-2022/>
8. <https://www.mdpi.com/2673-8392/2/4/113>



Richard Yu Lecture

Novel Biomarkers and Strategies for Diabetic Complications

Dr Paul Chi Ho LEE

Department of Medicine, Queen Mary Hospital, Hong Kong



Type 2 diabetes (T2D) puts an individual to a lifelong challenge, which is in part related to the development of various complications and an increased risk of mortality. Despite the improvements in the overall health literacy and standard of diabetes care, a significant proportion of T2D patients are still at risk of developing cardio-renal complications, in particular heart failure (HF), diabetic kidney disease (DKD), cancer, as well as some emerging complications such as liver fibrosis and cirrhosis due to concomitant metabolic dysfunction-associated steatotic liver disease (MASLD). Therefore, it is pressing to develop novel biomarkers and explore new strategies for early cardio-renal and liver risk stratification, so that high-risk patients can be targeted for timely intervention to prevent development of these adverse clinical outcomes.

T2D is closely linked with obesity and adipose tissue inflammation, leading to

dysregulated adipokine secretion and responses. Using the Hong Kong West Diabetes Registry Cohort, it was demonstrated that adipocyte fatty acid-binding protein (AFABP), a pro-inflammatory adipokine, plays multifarious roles in the pathogenesis of cardio-renal, infective, cancer complications and sight-threatening retinopathy in T2D. Extracellular matrix remodelling is also a key

pathogenic event in DKD, HF and liver fibrosis. In this regard, thrombospondin-2 (TSP2), a matricellular protein, was recently identified as a potential novel fibrosis biomarker, and carry prognostic importance to the development of advanced liver fibrosis, HF hospitalization and kidney function decline in T2D.

Finally, in addition to MASLD, chronic hepatitis B virus infection (CHB) is also highly prevalent in Hong Kong. Poor glycaemic control, together with obesity and high serum AFABP level, were associated with increased risks of both liver fibrosis and hepatocellular carcinoma (HCC). Notably, in T2D patients with co-existing CHB, use of SGLT2i was recently found to be associated with a lower risk of incident HCC, suggesting the potential of this anti-diabetic agent with cardio-renal protective effects to be developed as a novel strategy to bring additional hepatic benefits in T2D patients.

Sir David Todd Lecture

Oral Arsenic Trioxide in the Management of Acute Promyelocytic Leukaemia (APL) – from Invention to Impact

Dr Gill Harinder SINGH

Department of Medicine, Queen Mary Hospital, Hong Kong



Oral Fowler's solution, known as "liquor arsenicalis" was produced in Queen Mary Hospital, Hong Kong until the mid-1950s, when its use as an anti-leukemic agent was replaced by chemotherapy and radiotherapy. Researchers at the University of Hong Kong (HKU) invented oral arsenic trioxide (oral-ATO) or the "modern" liquor arsenicalis in 1998 as a means of treating patients with acute promyelocytic leukaemia (APL), the most lethal subtype of acute leukaemia worldwide characterized by the *PML::RARA* gene fusion.

Researchers at HKU have recently demonstrated excellent long-term outcomes in patients with APL treated with oral-ATO-based regimens. In a 15-year prospective follow-up study in relapsed APL, oral-ATO-based re-induction resulted in a 100%

molecular remission rate and in 5-year and 10-year overall survival (OS) of 80% and 67%, respectively. Importantly, this was achieved without haematopoietic stem cell transplantation (HSCT). This confirmed that prolonged oral-ATO based maintenance is an effective post-remission strategy in relapsed APL, obviating the need for HSCT. Oral-ATO was then demonstrated to be highly effective as post-remission maintenance following first remission, resulting in a 5-year leukemia-free survival (LFS) and OS of 90% and 97%, respectively. Most recently, incorporation of oral-ATO into frontline induction for newly diagnosed APL with both LFS and OS of 100% at 5 years. With oral ATO-based regimens, outcome for both newly diagnosed and relapsed APL were independent of the conventional risk scores.

Following these studies, the researchers at HKU developed a treatment algorithm that comprised timely treatment initiation, provision of the necessary supportive care and the frontline use of oral-ATO. This approach led to reduced incidence of early deaths from APL-related complications. Oral-ATO based regimens reduced early deaths and improved long-term survivals without significant late toxicities with improvement in survivals and long-term health since the implementation of oral-ATO based regimen.

Best Thesis Award – Gold Award Winner

Citrate-containing Dialysate for High Clotting Risk Haemodialysis Patients – A Pilot, Randomised Crossover Trial

Dr. Cheuk Yiu CHEUNG

Department of Medicine & Geriatrics, Princess Margaret Hospital, Hong Kong

Background: Titrating the optimal anticoagulation dose for haemodialysis patients is an important yet difficult task. Citrate-containing dialysate improves solute clearance and potentially reduces clotting. It is unknown whether switching from acetate-containing dialysate to citrate-containing dialysate for patients with high clotting risks could negate the increment in anticoagulation. This study aims to reduce the usage of anticoagulation in haemodialysis patients.

Methods: A pilot randomised crossover trial was performed among haemodialysis patients (n=30) with high clotting risks. It involved switching to citrate-containing dialysate in the intervention-phase and maintaining acetate-containing dialysate with an extra 500-IU tinzaparin in the comparator-phase. The primary endpoint was failure to complete the dialysis session due to clotting. Secondary endpoints included delivered dialysis dose Kt/Vurea, visual dialyzer performance and systemic calcium concentration.

Results: 144 sessions of haemodialysis were performed. The primary outcome, clotting of the circuit causing premature termination of haemodialysis, occurred in 7 patients of the citrate-phase whilst it occurred

in 2 patients of the acetate-phase, therefore was not statistically significant ($p=0.180$). The secondary endpoint, delivered dialysis dose and visual dialyzer performance scale, favoured the acetate-containing dialysate with anticoagulation increment group, suggesting that there was more subclinical clotting in the citrate-containing group. Systemic calcium level was similar except in the subgroup of 1.75mmol/L, in which the post-dialysate sample of the citrate-containing group was lower.

Conclusion: For patients with high clotting risks, switching from acetate- to citrate-containing dialysate allowed completion of the whole haemodialysis session without utilising an extra dose of low molecular weight heparin at mid-dialysis, although sub-clinical clotting was more severe.



Best Thesis Award – Silver Award Winner

Identification of Risk Factors for Post-Stroke Epilepsy in Acute Ischemic Stroke – A Registry-Based Cohort Study

Dr. William Chun Yin LEUNG

Department of Medicine, Queen Mary Hospital, Hong Kong

Background: Clinical tools for prediction of post-stroke epilepsy (PSE) (e.g. SeLECT score) are largely derived from clinical parameters and computed tomography (CT) findings. With the increasing use of magnetic resonance imaging (MRI), we aimed to identify new clinical and MRI characteristics to develop a novel risk score for PSE.

Methods: This was a single-centre, retrospective study, consisting of 852 consecutive patients admitted to Queen Mary Hospital for acute ischemic stroke from August 2018-December 2020. All patients received a CT brain during admission, whilst 70.1% had an MRI brain. We determined the risk associations of individual components of SeLECT (*Severity, Large-artery atherosclerosis, Early seizures (≤7 days post-stroke), Cortical, Middle cerebral artery (MCA) Territory*) with PSE, and further included new parameters including infarct size and haemorrhagic transformation (HT). Predictive values were illustrated by calculating area under curve (AUC) of receiver operating characteristic (ROC) curves.

Results: At median follow-up of 893 days, PSE occurred in 5.3% of patients (mean time to first seizure: 311.2 ± 367.0 days). Severe stroke (NIHSS ≥ 11), MCA territory involvement, cortical involvement, and large infarct

size ($\geq 5\text{cm}$ or $\geq 1/3$ of MCA territory) were associated with PSE.

Multivariate regression further showed that HT of any severity was independently associated with PSE (sHR 4.72, 95% CI 2.36-9.41, $p < 0.001$). “H-SeLECT” was obtained by adding 2 marks to SeLECT for presence of any HT, which was calculated by dividing its subdistribution hazard ratio (6.99) with the median of the lowest three values (3.43) in univariate analysis and rounding to the nearest integer. The AUC of ROC curve of H-SeLECT was significantly increased when compared with SeLECT using Z test (0.813 vs. 0.774, $Z = 2.67$; $p = 0.008$).

Conclusion: The newly proposed H-SeLECT score significantly increases the predictive value in detecting PSE compared to existing risk scores. Further studies are required to externally validate the utility of H-SeLECT beyond the HK Chinese population.



Best Thesis Award – Bronze Award Winner

A 10-Year Review of Group B Streptococcal Bacteraemia Among Non-Pregnant Adults in a Regional Hospital in Hong Kong

Dr. Ka Wah FONG

Department of Medicine & Geriatrics, Kwong Wah Hospital, Hong Kong

Background: Invasive *Streptococcus agalactiae* (GBS) infection causes a significant casualty in non pregnant adults. We aimed to describe the incidence, clinical, microbiological features and outcome of GBS bacteraemia as well as to identify risk factors or predictors for mortality, especially after a recent outbreak in Hong Kong in 2021.

Methods: This retrospective cohort study included non pregnant adults with a positive GBS culture isolated from blood culture specimens in a regional hospital in Hong Kong from 1st January 2012 to 31st December 2021.

Results: A total of 137 admissions of GBS bacteraemia were included. The overall incidence was 21.22/100,000 admissions/year with an average annual percent change of 10.4% ($p = 0.048$). 83.2% of the patients had ≥ 1 underlying conditions among which neurologic disease (35.8%) and malignancy (26.3%) were the most common comorbidities. Primary bacteraemia (27.0%), skin and soft tissue infection (18.2%) and pneumonia (17.5%) were the most frequent clinical manifestations. Serotypes

Ia, Ib, II, III, IV and V represented 86.7% of serotype distribution. No penicillin resistance was observed. Serotype III 4 was more commonly found in summer to early autumn, and in patients with bone and joint infection compared with non serotype III 4 ($p = 0.001$). The overall 30 day mortality was 19%. Bedridden state was independently associated with mortality (OR 12.09, 95% C.I. 1.74-83.97). qPitt performed satisfactorily as a prediction tool for mortality (AUROC = 90.3%).

Conclusion: Further efforts, including the control of risk factors and the development of vaccines, are required for the increasing burden of invasive GBS infections.



Named Lectures and Awards in 2023

AJS McFadzean Oration Back to the Future



Dr Sarah CLARKE
President,
Royal College of Physicians

Gerald Choa Memorial Lecture Future Perspectives on Medical Education and Training



Dr Mumtaz PATEL
Senior Censor and Vice President
for Education and Training,
Royal College of Physicians

Sir David Todd Lecture Oral Arsenic Trioxide in the Management of Acute Promyelocytic Leukaemia (APL) – from Invention to Impact



Dr. Gill Harinder SINGH
Department of Medicine,
Queen Mary Hospital, Hong Kong

Richard Yu Lecture Novel Biomarkers and Strategies for Diabetic Complications



Dr. Paul Chi Ho LEE
Department of Medicine,
Queen Mary Hospital, Hong Kong

Highest score for PACES



Dr Hei Tung CHAN



Dr Cheuk Yin LAI

Highest score for AIM Exit Assessment



Dr Che To LAI

Distinguished Research Paper Award for Young Investigators 2023



Dr Bonaventure Yiu Ming IP

Department of Medicine & Therapeutics,
Prince of Wales Hospital

Association of Alternative Anticoagulation Strategies and Outcomes in Patients with Ischemic Stroke While Taking a Direct Oral Anticoagulant

Dr David Tak Wai LUI

Department of Medicine, Queen Mary Hospital

Evaluation of fracture risk among patients with type 2 diabetes and nonvalvular atrial fibrillation receiving different oral anticoagulants



Dr Loey Lung Yi MAK

Department of Medicine,
The University of Hong Kong

Glycemic burden and the risk of adverse hepatic outcomes in patients with chronic hepatitis B with type 2 diabetes

Dr Pauline Yeung NG

Intensive Care Unit, Queen Mary Hospital

Risk of ICU Admission and Related Mortality in Patients With Sodium-Glucose Cotransporter 2 Inhibitors and Dipeptidyl Peptidase-4 Inhibitors: A Territory-Wide Retrospective Cohort Study



Dr Jane Chi Yan WONG

Department of Medicine, Queen Mary Hospital

Prospective Study on the Efficacy and Impact of Cascade Screening and Evaluation of Hereditary Angioedema (CaSE-HAE)

Young Investigator Research Grant 2023

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 eight grants of up to HK\$80000 each are awarded annually.



Dr Ka Shing CHEUNG

Department of Medicine, Queen Mary Hospital

Potential effect of gut microbiota on the treatment outcomes of berberine on non-alcoholic fatty liver disease in non-diabetic patients in a double-blind, randomized, placebo-controlled trial



Dr Agnes Hiu Yan HO

Department of Medicine & Therapeutics, Prince of Wales Hospital

Rifaximin and misoprostol combination therapy for healing of small bowel ulcers in aspirin users with small bowel bleeding: A double blind randomized trial



Dr Wang Chun KWOK

Department of Medicine, Queen Mary Hospital

Fractional exhaled nitric oxide level in predicting the risk of bronchiectasis exacerbation



Dr Loey Lung Yi MAK

Department of Medicine, The University of Hong Kong

Clinical Utility of novel HCC biomarkers in predicting oncological outcomes for intermediate and advanced stage liver cancer



Dr Jacqueline SO

Department of Medicine & Therapeutics, Prince of Wales Hospital

Potential role of gut microbiome in predicting onset of inflammatory arthritis



Dr GuangMing TAN

Department of Medicine & Therapeutics, Prince of Wales Hospital

In-hospital Initiation of Sodium-Glucose CoTransporter-2 (SGLT2) Inhibitors for The Treatment of Acute Heart Failure Regardless of Ejection Fraction: A Pilot Study



Dr Kay Cheong TEO

Department of Medicine, Queen Mary Hospital

MOBILE health intervention in IntraCerebral Hemorrhage survivors (MOBILE-ICH)- Cuffless Blood Pressure Substudy



Dr Zoe Suet Yee TSANG

Department of Medicine & Geriatrics, Caritas Medical Centre

A prospective, single-centre study to determine the relationships between microbiomes, metabolomes and renal outcomes

Congratulations

Prof Li Kam Tao, Philip, our Honorary Fellow and Immediate Past President, has been bestowed the American Society of Nephrology (ASN) Belding Scribner Award for 2023. The Belding Scribner Award is one of ASN's highest honoured Awards. It is a lifetime achievement award acknowledging individuals who have made outstanding contributions that have a direct impact on the care of patients with renal disorders and have substantially changed the clinical practice of nephrology. Prof Li is the first Chinese and also from Asia to receive this Award since its inception in 1995.



Prof Philip Li received the American Society of Nephrology Belding Scribner Award from Prof Michelle Josephson (L) and Prof Susan Quaggin (R), President and Immediate Past President of ASN respectively during the ASN Kidney Week in Philadelphia, USA with 13,000 participants in November 2023.



Prof Philip Li with the renal team of Prince of Wales Hospital, The Chinese University of Hong Kong at the ASN Award Ceremony.

Prof Chan Tak Cheung, Anthony, our Vice-President, is conferred the European Society for Medical Oncology (ESMO) Lifetime Achievement Award, one of the most prestigious international honours given to cancer researchers, for his lifelong contribution to outstanding research in nasopharyngeal cancer.



Dr Ko Ho, recipient of the Sir David Todd Lecture award of the Hong Kong College of Physicians in 2022, is selected one of the Hong Kong Ten Outstanding Young Persons 2023. Dr Ko was also selected as a Life Science Fellow for the inaugural Asian Young Scientist Fellowship in 2023.





New SLT platform is coming to Town!

Dr. Victor Hin Fai HUNG

Chairman, Basic Physician Training Board

Dr. Yuk Lun CHENG

Immediate Past Chairman, Specialty Board in Advanced Internal Medicine

“The SLT is well organized” and “The SLT on the whole helps me understand more about potential pitfalls in my practice” constituted more than 90% of responses from BPT and AIM trainees in the survey report featuring the new SLT platform which marks an important milestone in the development of this web-based interactive Self-Learning Tool (SLT).

History of SLT

In 2008, the Hong Kong College of Physicians collaborated with the Hospital Authority (HA) to initiate an Affirmatory Proficiency Test (APT)-Self Learning Tool for physician trainees. The primary objective of SLT is to help trainees to identify and prevent risks in clinical decision making and ultimately improve their clinical management. This training module also supplements the Basic Physician Training (BPT) and Higher Physician Training (HPT) programs with basic management tips in case scenarios covering various specialties based on contemporary scientific evidence and local clinical settings in public hospitals.

First set of 36 core questions were rolled out to all acute and non-acute hospitals during the Basic Physician Training in 2nd quarter of 2009 after the pilot run in major hospitals for 1 year. Subsequently, an initial reserve pool of 200 questions, contributed by 79 specialists in various specialties, were established and managed by a vetting group in the SLT Steering Committee. Subsequent development of SLT involved extending to HPT and later incorporating into both BPT and Advanced Internal Medicine (AIM) in HPT Training Curriculum as the mandatory requirements. The implementation

of SLT was regularly monitored by the SLT Steering Committee which was renamed as SLT Committee in March 2014.

Basic physician trainees have to complete 3 cycles of SLT each year while higher physician trainees have to finish 2 cycles yearly. Each cycle consists of 10 main questions each with 3-4 branched multiple-choice questions. Non-compliant trainees are required to do the remedial exercise with payment of an administration fee. Within each cycle of SLT, regular SLT tutorials conducted by specialists in cluster hospitals have been useful to enhance Basic Physician training and Advanced Internal Medicine Training. Since October 2017, BPT/ AIM SLT Cluster Trainers have been appointed to assist Cluster Programme Directors in organizing SLT tutorials and related training. They also serve to collect feedback from physician trainees and provide counselling to them on SLT related training.

All the SLT questions were collectively revised by respective specialists and Cluster Coordinators in 2016. Since 2020, a regular review mechanism, comprising of two phases, has been introduced to ensure the questions are kept up-to-date and consistent with contemporary clinical practice. The first phase was a one-off exercise involving revision of the reserve question pool with addition of new questions by respective specialty boards. The process was completed in 2021. In second phase, the ongoing batches of questions will be reviewed. Those batches due for rolling out in the following year will be reviewed by respective specialty board members in the 2nd

half of the present year. Those questions which are outdated or inappropriate will be replaced by new ones from reserve pool. The composition of the batches of questions will also be regularly reviewed by chief coordinator to maintain a balanced proportion of different subspecialty questions.

The SLT revamp

In the pursuit of evaluating the effectiveness and acceptability of SLT as a training tool, a SLT Questionnaire was designed to obtain feedback from trainees through SLT platform to identify areas for future improvement. The survey question was composed of three parts, including overall assessment of SLT questions, quality of questions and additional feedback on SLT tutorials. It was originally rolled out in May 2021. However, the old SLT platform, which was designed in 2006, could not support this enhancement due to outdated program codes and depreciated information technology (IT) framework. A major system revamp is deemed necessary to provide support for contemporary cloud-based platform with reliability, compatibility, and enhanced cybersecurity. With the concerted effort of advisors and members of SLT committee, Medical Grade and IT Department of Hospital Authority, SLT revamp was kicked started after the budget of \$0.8 million for the SLT revamp project was approved by HA in March 2022. The first meeting of SLT revamp working group was held on 23 June 2022. An external vendor was sought by IT Department of HA Head Office in July 2022. The first demonstration meeting of the two SLT interfaces was introduced on 7 November 2022 followed by a live demonstration of the platform as User Acceptance Test on 16 Jan 2023.

On top of accessible through HA intranet browser, the new platform also allows trainees to access the SLT through mobile devices, making training accessible at any time and from anywhere. The layout is highly responsive and user-friendly. Automatic push notifications at

regular time intervals are in place as reminders for trainees to complete the exercise before deadlines. The supervisors and trainers can monitor the status of completion and act accordingly. There is an additional survey question in each batch of SLT for collecting feedback from trainee for future evaluation and quality improvement. After each SLT cycle, a management report can easily be generated with performance and completion data of trainees available to SLT Committee for subsequent assessment and analysis.

On 28 March 2023, the old SLT platform was suddenly malfunctioned and some trainees could not complete all the SLT questions. As the new SLT system was ready by then, it was decided to speed up its implementation. The new SLT platform, in Mobile myHR App and Web version via HA e-Learning Centre (eLC), for both BPT and AIM were successfully launched on 3 April 2023 to replace the old one. Since the implementation of the new SLT platform, the performances of trainees are readily available and the deficiencies on specific areas can be identified for focused training. The passing rate and specific trainees' feedback of each question can also be obtained for analysis and sent to respective specialty board for evaluation and revision. The effectiveness of SLT as learning tool can also be objectively evaluated in longitudinal manner for continuous improvement.

Future development

Since its implementation in 2009, SLT has been instrumental in training young physician trainees on risk awareness and patient safety. The revamped SLT system is more user friendly with readily available performance data for identifying and tailoring special training needs. Valuable feedback from trainees can be collected for continuous quality improvement. Further optimization of SLT includes support for multimedia learning materials to align with modern trends of online learning, as well as addition of list of references for further reading.

Case Reports that Received High Scores at AIM Interim Assessment

Candidates who take part in the AIM Interim Assessment need to submit case reports. The good examples of case reports of each examination diet have been uploaded to our College website: <http://www.hkcp.org>. Below is the information on the case reports for the December 2023 diet:

Case report title	Name of the candidate	Department and Hospital
A case of rickettsial infection and its diagnostic challenges	Dr Cheung Hoi Ting Heidi	Department of Medicine & Therapeutics, Prince of Wales Hospital
Just Dementia? A case of central nervous system lymphoma	Dr Lai Chin Wai	Department of Medicine & Geriatrics, United Christian Hospital
Two sides of the same coin: A paradox of bleeding and clotting	Dr Lee Steffi Kristen	Department of Medicine, Haven of Hope Hospital
A case of idiopathic normal pressure hydrocephalus	Dr Ngai Sai Fai	Department of Medicine, North District Hospital
A case of debilitating paradoxical reaction in Tuberculosis	Dr Wong Ka Ming Edmund	Department of Medicine & Therapeutics, Prince of Wales Hospital
A case of immune mediated necrotizing myopathy	Dr Wong Sum Long	Department of Medicine, Queen Mary Hospital

College Training activities in 2023

Our College had conducted the following training activities in 2023:

- (1) **Advanced Medical Simulation Course (AMSC)**
Co-Organized by COC (Med) & Hong Kong College of Physicians
Date: 14, 15, 17, 18, 21, 22, 24 & 25 February 2023
- (2) **Core Medical Skill Course (CMSC)**
Co-Organized by COC (Med) & Hong Kong College of Physicians
Date: 16, 19, 23 & 26 August 2023
- (3) **Developing Simulation Educators - I**
Organized by Training Subcommittee, Hong Kong College of Physicians
Date: 5 - 7 July 2023
- (4) **General Medicine Quarterly Update (GMQU)**
Organized by Training Subcommittee, Hong Kong College of Physicians

The Training Subcommittee of our College has been organizing “General Medicine Quarterly Update” regularly for providing knowledge on general medicine. The videos of the lectures can be found on our College website: <http://www.hkcp.org>. It is password protected and you can send your request for the password to our College email address: enquiry@hkcp.org should you forget the password.

Date	Topic	Speaker
1 March 2023	Practical Tips of Antibiotics Use	Dr CHAN Man Chun Jacky (Department of Medicine & Geriatrics, Princess Margaret Hospital)
17 May 2023	Hepatitis B & C	Dr Lai Che To Jimmy (Department of Medicine & Therapeutics, Prince of Wales Hospital)
16 August 2023	Rheumatology No Secret	Dr Leung Moon Ho (Department of Medicine, Queen Elizabeth Hospital) Dr Chau Shuk Yi Lucia (Private)
29 November 2023	Clinical Reasoning	Dr Chu Chung Ming (Honorary Consultant, United Christian Hospital & Haven of Hope Hospital)

Passing rate for the Joint HKCPIE/MRCP(UK) Part I examination:

	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%)
September 2019	96	64 (67%)
January 2020	41	20 (49%)
September 2020	109	101 (93%)
January 2021	33	20 (61%)
August 2021	106	63 (59%)
May 2022	65	48 (74%)
August 2022	104	75 (72%)
May 2023	36	20 (56%)
August 2023	109	63 (58%)

Passing rate for Joint HKCPIE/MRCP(UK) Part II (Written) examination:

	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%)
22 October 2019	17	12 (71%)
27 October 2020	87	77 (89%)
23 March 2021	107	84 (79%)
5 October 2021	44	32 (73%)
1 Jun 2022	61	49 (80%)
7 September 2022	56	40 (71%)
2 February 2023	78	60 (77%)
6 September 2023	40	25 (63%)

Passing rate of PACES over the past years:

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%
October 2019	47/86 = 55%
No examination had been conducted in 2020	
March 2021	81/119 = 68%
October 2021	84/120 = 70%
June 2022	50/87 = 57%
October 2022	32/72 = 44%
March 2023	54/89 = 68%
October 2023	46/89 = 52%

Joint HKCPIE/MRCP Oct PACES 2023 Pass List

Au Chin Wang
 Chan Chun Nam
 Chan Kai Lung
 Chan Wai See Joyce
 Chau Wing Yan
 Chay Tin Wai
 Cheng King Hei Dominic
 Cheung Win Kei
 Chiu Tze Fung Ronald
 Chiu Yuen Fei
 Choi Tsz Wai
 Chow Chi Kin Anson
 Chu Hui Ning Florinda
 Chu Tik Ming
 Fa Tsz Leuk
 Fan Ka Yeung
 Fok Ho Man
 Ho Cheuk Ying Karen
 Lai Hei Tung
 Lam Pui Wing
 Lau Chun Wai
 Lau Shun Fai Ivan
 Lau Suet Kiu Jody
 Lee Ka Sen Florence
 Leung Ka Kei Alex
 Leung Ka Long
 Lo Chak Ming
 Luk King Sum
 Ma Hei Chun Justin
 Ma Sum Kiu
 Mak Tin Yan
 Mok Tsz Ching
 Ng Hay Yan Abraham
 Ng Man Chin
 Shum Tin Yau
 Sun Frances Sze Kei
 Sze Chun Ting
 Tsang Nelson Siuki
 Tung Lok Fung
 Wai Chun Marcelino
 Wong Chi Chung Jeffrey
 Wong Jin Ning Clarabel
 Wong Kit Yan Sarah
 Yam Yan Kiu
 Yau Chung Wai
 Yeung Chi Pong



Dr Becky Mingyao MA

Department of Medicine, Queen Mary Hospital

In this issue of the Young Fellows' Section, we have the privilege of featuring Dr Becky Ma, an emerging nephrology fellow who has recently completed her overseas training in genetics for kidney disease. Becky's enthusiasm in this area has driven her to undertake training in the United States. In her article, she will share with us her perspective on this topic and her personal experience of overseas training.

Drs Thomas Sau Yan CHAN and Jacqueline SO

Co-Chairs, Young Fellows' Committee



Photo with Dr. Ali Gharavi

Chronic kidney disease is becoming one of the world's most prevalent non-communicable chronic diseases and a major public health challenge. The underlying etiologies of many patients with chronic kidney diseases remain undetermined due to the silent clinical course, late presentation and limitations of traditional diagnostics such as the invasive kidney biopsy. Pilot studies revealed that Mendelian kidney diseases are the culprits in a significant portion of these patients. Establishing a genetic diagnosis is essential to guide disease-specific

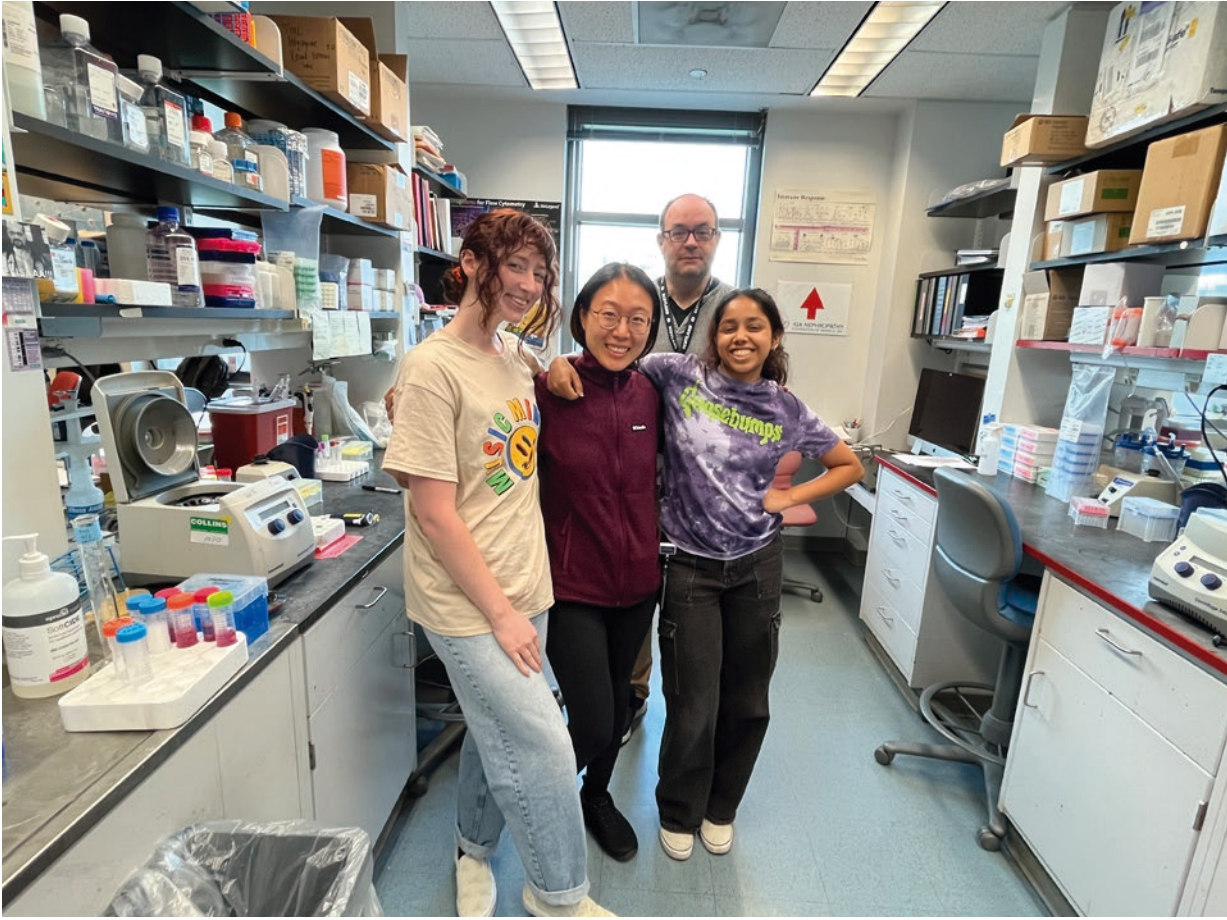


Photo with laboratory friends

management, inform prognosis, influence transplant decisions, affect family planning and enable cascade testing.

In recent years, increasing efforts have been committed to developing local genetic services. Given the unmet demand, I undertook a Post-Doctoral Fellowship at the Center for Precision Medicine and Genomics, Department of Medicine, Columbia University Irving Medical Center from October 2022 to September 2023. I was very grateful to be the mentee of Dr. Ali G. Gharavi, who is a world-renowned leading researcher and clinician in the field of genetic kidney diseases. Furthermore, it was my great honor to be granted the Health and Medical Research Fund Research Fellowship (2022-2024), which covered a significant portion of the training expenses.



Photo with Dr. Gerald Appel at his clinic

During my overseas training, I attached regularly to the genetic kidney disease clinics and multi-disciplinary genetics sign-out meetings, where I learnt the appropriate selection of genetic diagnostics, results interpretation, counselling and management of patients with genetic kidney disease. I learnt multiple genetic laboratory techniques and both led and participated in various research projects. With the support of Dr. Gharavi and his team, I was able to participate in several important meetings and presented my work there, including the 2023 American College of Medical Genetics Meeting, 2023 American Society of Human Genetics Meeting and 3rd Rare & Genetic Kidney Disease Drug Development Summit. The experiences greatly broadened my horizons and helped me build precious connections.

On a lighter note, New York City is truly a cultural diverse and vibrant city. Our laboratory friends would very often bring

their hometown specials so that we could all have a taste and Lox Bagel was my favorite.

Apart from Dr. Gharavi who has been highly encouraging, I would like to express my heartfelt gratitude towards my mentors Professor TM Chan and Dr. Desmond Yap, whose support were indispensable in making this fellowship possible. Special appreciation to my supportive teammates for covering the clinical duties while I was abroad. Also, I would like to thank our local collaborators, Professor Ching-wan Lam and Dr. Felix Wong from the Division of Clinical Biochemistry, Department of Pathology, Queen Mary Hospital and Dr. Brian Chung from the Hong Kong Genome Institute. I look forward to apply all the knowledge and skills acquired from my training back home, bring advancement to the diagnosis and management for patients with genetic kidney disease.



Laboratory party

Professor Philip Kam Tao Li

MBBS(HK), MD(CUHK), DSc(HK), FHKAM(Med), FHKCP, FRCP(Lond), FRCP(Edin), FRACP(Hon), FACP, FAMS(Singapore), FSCP(Singapore), FAMM (Malaysia), FCoPM (Malaysia), FRCPT(Thailand)

Dr Emmy LAU

Professor Li is a distinguished physician whose remarkable contributions and profound impact in the field of nephrology have garnered global recognition. His unwavering dedication and visionary leadership earned him the prestigious 2023 Belding Scribner Award.

Prof. Li attended St Bonaventure School (1966-71) and then studied in Wah Yan College, Kowloon (WYK), from 1971 to 1976. As a Catholic school, WYK respected students of all religions. He remembers the supportive and liberal environment and the success of his classmates, with 16 out of 40 graduates in his class receiving an “A” in English in School Certificate Examination. He enjoyed social activities and participated in the Boy Scout Troop, Lifeguard Society

and Bridge Society. His involvement in these organizations, especially his experiences as a boy scout, greatly enriched his school life.

From 1976 to 1978, Prof. Li was awarded a scholarship by Education Department that allowed him to study abroad at the United World College of the Atlantic (AC) in Wales. During his time there, he pursued the International Baccalaureate (IB) curriculum. As one of the earlier groups of Hong Kong students to undertake this international curriculum, he greatly valued the opportunity and cherished the experience, especially AC has a focus of international understanding with students from over 50 countries. In his second year in AC, Prof. Li took part in a research project in the Medical School at Cardiff University in Wales.



Visited Prof Sir David Todd in Cambridge and enjoyed his favorite 'pub food' in 1998

Upon completing his studies at AC, Prof. Li made the decision to return to Hong Kong for further university education, driven by his belief that the city would offer ample opportunities to pursue his aspirations. Following a memorable admission interview chaired by Prof. Sir David Todd in the summer of 1978, he was offered a place in the Faculty of Medicine, University of Hong Kong (HKU), where he eagerly enrolled to embark on his medical journey. He possessed a strong passion for social engagement, demonstrated by his active involvement in organizing campus events and actively participating in student affairs. Additionally, Prof. Li held a deep interest in history and current affairs. During his time at the HKU, Prof. Li was highly active in various university associations and clubs and also in St John's College. He served as the Student Senator of the Medical Faculty and actively contributed to Faculty affairs with the Dean.

In 1983, Prof. Li graduated from the Faculty of Medicine at HKU with an MBBS degree. He then pursued his physician training at the Department of Medicine in Prince of Wales Hospital, The Chinese University of Hong Kong. In 1986, he obtained his MRCP.

During his training, Prof. Li developed a keen interest in renal research, which led him to Hammersmith Hospital, Royal Postgraduate Medical School (RPMS) in London in 1988. There, he focused on the specialized field of nephrology and immunogenetics, with a particular emphasis on the study of IgA nephropathy. His wife also had the opportunity to have an overseas posting in London for eight months with the same bank she was employed by in Hong Kong. The couple thoroughly enjoyed their time in the vibrant city.

At the RPMS, Prof. Li dedicated himself to further exploring his passion for nephrology. In addition to conducting research during the day, he eagerly attended Nephrology Diploma Course lectures four evenings a week from 5-6 pm throughout that academic year. Although he was not officially enrolled in the course, Prof. Li was granted a special permission as a research fellow, to sit in all the lectures, joining students from various countries such as the Middle East, Europe, Japan, and Malaysia. The lectures, delivered by renowned renal experts from across the United Kingdom, were well-organized and provided invaluable insights that expanded



Received the Gerald Choa Medal after delivering the named lecture from Prof Sir David Todd and Prof Richard Yu in 2016



Annual renal team Christmas lunch organized by Prof Li with team members and family in 2019

Prof. Li's knowledge and expertise in the field.

While in London, Prof. Li had the wonderful opportunity to take advantage of discounted tickets for musicals and various performing arts shows, including *Cats*, *Les Misérables*, and *Phantom of the Opera*, enhancing his cultural experiences. Before returning to Hong Kong, he and his wife took some time to explore the then USSR (now Russia), immersing themselves in the country's history, culture, and landmarks, creating lasting memories of their time abroad.

Prof. Li's dedication to research and clinical practice propelled him to become a Consultant Physician in 1994 and the Chief of Nephrology at Prince of Wales Hospital from 2002 to 2020. He served as

the Honorary Professor of Medicine at CUHK since 2005. His research interests include Peritoneal Dialysis, IgA Nephropathy, and Integrated Care for Chronic Kidney Diseases (CKD). Since 2012, he has been the Founding Director of CUHK Carol and Richard Yu Peritoneal Dialysis Research Centre.

Prof. Li has an impressive publication record, with over 650 original and review articles in esteemed peer-reviewed journals. His work has been featured in publications such as *Annals of Internal Medicine*, *Lancet*, *New England Journal of Medicine*, *Nature Medicine*, and *Kidney International*. His papers have been cited over 21,000 times, and he has an impressive H-Index of 73 by Web of Science. He has also authored 5 books and 23 book chapters.

His contributions have had a significant impact globally, as he has led the development of clinical practice guidelines that enhance patient care worldwide. As the Chair of the ISPD Workgroup on Peritoneal Dialysis Related Infections, he has spearheaded pivotal guidelines that are now the international standard. He has also chaired the IgA Nephropathy subgroup of the KDIGO Clinical Practice Guideline for Glomerulonephritis.

Prof. Li has played a key role in organizing international nephrology conferences, including serving as the Chairman of the Local Organizing Committee and Scientific Co-chair for the World Congress of Nephrology 2013 in Hong Kong, attracting 6000 participants from 124 countries.

In Hong Kong, he has contributed significantly to undergraduate and postgraduate medical education, holding various positions within the Council of the Hong Kong College of Physicians since joining in 2000, including Editor-in-Chief of Synapse, Honorary Secretary, and Vice President (Education). He served as the College President from 2016 to 2022 and is currently the Vice President (Education & Examinations) of the Hong Kong Academy of Medicine. He has received Honorary Fellowships from prestigious Royal College of Physicians in Australia, Malaysia and Thailand and the Hong Kong College of Physicians.

Prof. Li's expertise has led to appointments as a Visiting Professor and Scholar at esteemed institutions worldwide, including Harvard Medical School, Brown University and University of Virginia in USA, Nanjing, Fudan and Peking University in China, Nagoya University in Japan, and Karolinska Institute in Sweden. He has delivered lectures at numerous international congresses and academic institutions, further cementing his global influence.

Prof. Li has received numerous prestigious awards throughout his career, including the Richard Yu Endowment Award, Chief Executive's Commendation for Community Service, International Distinguished Medal of the National Kidney Foundation, USA, Priscilla Kincaid-Smith Award of the Asian Pacific Society of Nephrology, and the Dimitrios Oreopoulos Award of the International Society for Peritoneal Dialysis.

His influential work in kidney care spans over four decades, consistently pushing boundaries and achieving remarkable advancements. Recently, he was honored

with the 2023 Belding Scribner Award, a prestigious recognition in renal medicine. This award acknowledges individuals who have made outstanding contributions and had a significant impact in the field. Prof. Li's visionary approach and pragmatic mindset have earned him immense respect as a leader in nephrology. During the award presentation at the Annual Meeting of the American Society of Nephrology (ASN) in November 2023, held in Philadelphia, Prof Li received praise from ASN Immediate Past President Dr. Susan Quaggin. She commended him for his pioneering spirit and the profound impact he has had throughout his distinguished career. Colleagues and peers expressed their admiration for his work, transforming kidney care on a global scale, with heartfelt tributes and a standing ovation. Despite his numerous accolades, Prof. Li remains dedicated to his patients and is committed to advancing clinical standards through rigorous research. He expressed gratitude to his colleagues and team for their support in his lifelong mission of improving lives and advancing hope for those with kidney disease. Prof. Li looks forward to tackling the greatest challenges in renal healthcare through global collaboration. This prestigious award recognizes his lifetime of achievements and the lasting impact he has made on renal care. It is an honor to witness his visionary leadership making a profound global impact.

After four decades of medical practice, Professor Li looks back on the early years of his career. "Back then, the world of nephrology was smaller, allowing me to know each patient by name and to form deep connection with them. I accompanied them throughout their entire care journey, from the diagnosis stage and continuing through

kidney failure, dialysis and transplantation and witnessed some of them getting married and pregnant.” These experiences left a lasting impression on him, and he still holds them close to his heart.

Medicine is both an art and a science. Outside of his medical career, Professor Li has a deep appreciation for the arts. He commissioned musical shows for kidney patients, recognizing the power of music to bring them joy during their health challenges. He has a love for musicals, dramas, and Chinese Opera, and enjoys local productions. In fact, he has served as the Chairman of the Actors Family, a musical company established in 1991, for eleven years. One memorable show for Professor Li was "The Good Person of Szechwan". This production held special significance as it was requested by Professor Li himself to be commissioned specifically for his patients after the SARS outbreak in 2003. The patients were deeply touched and expressed their gratitude. Thanks to Professor Li's efforts, the HK Society of Nephrology (HKSAN) has arranged multiple shows specifically for renal patients from 2004-2023. One notable recent production was "The Impossible Trial - a musical" by the HK Repertory Theatre, staged at the Grand Theatre, Xiqu Centre,

West Kowloon Cultural District. The show was held for the International Association of Chinese Nephrologists (IACN) and HKSAN in September 2022, while the city was still influenced under COVID.

In addition to his involvement in performing arts, Professor Li enjoys traveling, playing golf, engaging with visual arts and pursuing photography. These diverse interests contribute to his well-rounded perspective and enrich his life beyond the medical field.

Professor Li has dedicated nearly 40 years of his career to working at PWH, where he served as Deputy Hospital Chief Executive from 2002 to 2019. Throughout his tenure, he witnessed five changes in leadership, all while balancing heavy clinical and administrative responsibilities. Despite the challenges, he continues to find joy in his work. As he says, "Work is busy but not tiring," and he believes the motto "Work hard, play hard." Professor Li's career has been groundbreaking, and he shows no signs of slowing down. When asked for advice to fellow doctors, he simply advises, "Follow your heart, enjoy your work and celebrate success." It was a delightful interview with Professor Li, and we wish him many happy and fulfilling years ahead.



The cast of 'The Good Person of Szechwan-The Musical' commissioned by the Hong Kong Society of Nephrology (HKSAN) for the renal patients with the HKSAN council members in 2019



Hong Kong Society of Endocrinology,
Metabolism and Reproduction Limited



DIABETOLOGISTS &
ENDOCRINOLOGISTS
ALLIANCE

12 October 2023

Joint Position Statement Regarding the Concurrent Use of Sodium Glucose Co-transporter 2 Inhibitors and Glucagon Like Peptide-1 Receptor Agonists in Patients with Type 2 Diabetes

This position statement is produced by the Hong Kong Society of Endocrinology, Metabolism and Reproduction (HKSEMR), Diabetes Hongkong (DHK), Diabetologists and Endocrinologists Alliance (DEA), and the contents are supported by the Division of Endocrinology and Diabetes, Department of Medicine and Therapeutics of the Chinese University of Hong Kong (CUHK), the Division of Endocrinology and Metabolism, Department of Medicine, School of Clinical Medicine of the University of Hong Kong (HKU), and the Hong Kong College of Physicians (HKCP). It is issued in response to the concerns reported recently in the media about the concurrent use of sodium glucose co-transporter 2 inhibitors (SGLT2i) and glucagon like peptide-1 receptor agonists (GLP1rA), a combination which is not uncommonly prescribed in patients with type 2 diabetes. The objective of this statement is to reassure the public that **the concurrent use of SGLT2i and GLP1rA, when clinically indicated, is well supported by current professional guidelines for clinical management of type 2 diabetes, and the efficacy of this combination has been substantiated with ample scientific evidence.**

Both SGLT2i and GLP1rA are anti-diabetic agents with beneficial effects on glycaemic control and cardiovascular risk factors, which include body weight, blood pressure and lipid profile, and with minimal risk of hypoglycaemia. Moreover, SGLT2i and some GLP1rA possess cardio- and reno-protective effects as demonstrated in several multi-centre randomized controlled studies over the past few years. (1) Therefore, the concurrent use of SGLT2i and GLP1rA has been recommended for glycaemic control by the American Diabetes Association since 2017. (1) (2) Indeed, the concurrent use of SGLT2i and GLP1rA in patients with type 2 diabetes and atherosclerotic cardiovascular disease, heart failure, chronic kidney disease, or those with a compelling need to minimize hypoglycaemia or weight gain, has further been reinforced in the Standards of Medical Care in Diabetes by the American Diabetes Association since 2019. (1) (3) (4) (5)

The superior efficacy in glycaemic control and cardiovascular risk factors with this combination over the addition of either SGLT2i or GLP1rA to background anti-diabetic therapy has been demonstrated in several large-scale randomized controlled trials such as DURATION-8 (exenatide weekly plus dapagliflozin), AWARD-10 (dulaglutide plus dapagliflozin or empagliflozin) and SUSTAIN-9 (semaglutide plus canagliflozin or dapagliflozin or empagliflozin). (6-8) Notably, SGLT2i and GLP1rA were simultaneously initiated in DURATION-8 and none of the participants on this combination therapy had diabetic ketoacidosis. (6)



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DIABETOLOGISTS &
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Taken together, the current evidence demonstrates that the concurrent use of SGLT2i and GLP1rA is both efficacious and safe. Nevertheless, due caution is required when both SGLT2i and GLP1rA are initiated simultaneously. Patients with diabetes can have complex phenotypes, and insulin insufficiency can be present despite being overweight. In patients with or at risk of insulin insufficiency, as might occur in patients with long duration of disease, when there are multiple complications, or high HbA1c despite adhering to treatment with multiple medications, (especially when accompanied by weight loss and low C-peptide level), SGLT2i should always be used with caution. Insulin enables effective use of glucose as a normal fuel substrate and prevents lipolysis as an alternative fuel. Therefore, patients who are at risk of insulin insufficiency should be considered for treatment with insulin first to prevent lipolysis that can precipitate ketosis, especially during acute stressful events such as infections, surgery, or prolonged fasting. At all times, we recommend clinicians to alert patients the need of sick day management before initiating SGLT2i, and to remind patients to withhold SGLT2i during acute illness and to seek medical attention if they experience symptoms of ketoacidosis. Patients should be counselled to understand that ketoacidosis, though uncommon, is a serious potential adverse event of SGLT2i.

References

1. ElSayed NA, Aleppo G, Aroda VR, Bannuru RR, Brown FM, Bruemmer D, et al. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes-2023. *Diabetes Care*. 2023;46(Suppl 1):S140-S157.
2. American Diabetes A. 8. Pharmacologic Approaches to Glycemic Treatment. *Diabetes Care*. 2017;40(Suppl 1):S64-S74.
3. American Diabetes A. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes-2019. *Diabetes Care*. 2019;42(Suppl 1):S90-S102.
4. Davies MJ, Aroda VR, Collins BS, Gabbay RA, Green J, Maruthur NM, et al. Management of hyperglycaemia in type 2 diabetes, 2022. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetologia*. 2022;65(12):1925-66.
5. de Boer IH, Khunti K, Sadusky T, Tuttle KR, Neumiller JJ, Rhee CM, et al. Diabetes Management in Chronic Kidney Disease: A Consensus Report by the American Diabetes Association (ADA) and Kidney Disease: Improving Global Outcomes (KDIGO). *Diabetes Care*. 2022;45(12):3075-90.
6. Jabbour SA, Frias JP, Ahmed A, Hardy E, Choi J, Sjostrom CD, et al. Efficacy and Safety Over 2 Years of Exenatide Plus Dapagliflozin in the DURATION-8 Study: A Multicenter, Double-Blind, Phase 3, Randomized Controlled Trial. *Diabetes Care*. 2020;43(10):2528-36.
7. Ludvik B, Frias JP, Tinahones FJ, Wainstein J, Jiang H, Robertson KE, et al. Dulaglutide as add-on therapy to SGLT2 inhibitors in patients with inadequately controlled type 2 diabetes (AWARD-10): a 24-week, randomised, double-blind, placebo-controlled trial. *Lancet Diabetes Endocrinol*. 2018;6(5):370-81.
8. Zinman B, Bhosekar V, Busch R, Holst I, Ludvik B, Thielke D, et al. Semaglutide once weekly as add-on to SGLT-2 inhibitor therapy in type 2 diabetes (SUSTAIN 9): a randomised, placebo-controlled trial. *Lancet Diabetes Endocrinol*. 2019;7(5):356-67.

OBITUARY

Dr Matthew Kwok-lung TONG (1953 - 2023)



It is with great sadness that the College mourned the passing away of Dr Matthew Kwok-lung Tong who had made significant contributions to the College.

Dr Tong was a gentleman, a man of integrity and honesty with high respect who served the profession, the College and the community with enormous dedication and devotion.

Matthew had successively held important positions in the College shaping the post-graduate education of our physicians. He was the Programme Director of the Specialty Board in Nephrology (1996 – 2002) and then the Chairman (2002-2007). He was also the Programme Director of the Basic Physician Board (1999 – 2005) and then the Chairman (2007-2011). He served the Scientific Committee of the College from 2003 to 2014. During his service to the College Council from 2002 to 2014, Dr Tong provided very insightful advice on training and education of our younger generation, especially in general medicine and nephrology.

Matthew completed his secondary education in Wah Yan College, Hong Kong and then studied Medicine in University of Hong Kong. After graduation in 1976, he started his training in internal medicine and nephrology in Princess Margaret Hospital. He had his overseas nephrology training in Royal Infirmary, Newcastle Upon Tyne, United Kingdom in 1982 and then later in Toronto General Hospital, Canada in 1985.

Matthew was one of the most respected nephrologists in Hong Kong. He became the head of Renal Unit in Princess Margaret Hospital (PMH) in 1991. Under his leadership, the renal block in PMH was established dedicated to treatment of kidney disease. His contribution to the Hong Kong Society of Nephrology was even more significant and important as Council Member in 1991, Honorary Secretary in 1994 and finally Chairman (1996-1998). He continued to stay in the Council of the Society until 2022 and gave excellent advice and support to the Society towards better education, training and research in nephrology in Hong Kong. His leadership in Nephrology was also reflected by his Chairmanship of Central Renal Committee of Hospital Authority (HA) from 2010-2013 which shaped the development and maintenance of

high quality renal service for the whole of Hong Kong.

Matthew had played key roles in organizing major international nephrology conferences in Hong Kong including the Asian Pacific Congress of Nephrology in 1995, the 11th Congress of the International Society for Peritoneal Dialysis in 2006, the 2nd Congress of International Society for Hemodialysis in 2009 and the World Congress of Nephrology in 2013 which brought Hong Kong nephrology to the international arena. He also played a leading role in introducing nocturnal home hemodialysis to Hong Kong. He had also been the champion in promoting patient welfare and rehabilitation. He had served as the Honorary Advisor of PMH Renal Patient Support Group and Alliance for Renal Patient's Mutual Help Associations respectively. He also served the Board of Governors and Clinical Convenor of Hong Kong Kidney Foundation since 1995 to support the renal patients of Hong Kong. He was also a strong proponent of kidney donation and transplantation and was the Chairman of Hong Kong Society of Transplantation from 2005-2007.

Dr. Tong also took the lead in development of internal medicine service of Hong Kong. He was the Chief of Service and Consultant Physician, Department of Medicine & Geriatrics, PMH from 2001-2013. He was Co-Chair of the COC Medicine in HA from 2010-2012 and also the Chairman of HA Drug Formulary Committee from 2007-2013. His insights and foresights in the improvement of medical service and cost-effective use of drugs in the public sector were always treasured. In recognition of his contributions, he had been awarded HA Outstanding Staff Award in 2012.

Matthew had set personal examples of kindness, generosity, dedication and moral rigour. His clinical leadership, his passion in nurturing younger generation physicians and nephrologists and his devoted care to patients have set role models and will always be remembered in our hearts.

The College would like to send the deepest condolences to Matthew's wife Amy and his two daughters Joanna and Dora and the family.

Philip Kam-Tao LI



HONG KONG COLLEGE OF PHYSICIANS

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>