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HONG KONG COLLEGE OF PHYSICIANS

香港內科醫學院

(Incorporated in Hong Kong with limited liability)

28 February 2011

Dear Fellows and Trainees,

The Hong Kong College of Physicians extends its strong support to doctors working in Departments of Medicine in public hospitals in expressing their dissatisfaction over the heavy workload and unsatisfactory career prospect. The College shall be communicating with the Hospital Authority and the Government about our extreme concern over the deleterious effect of the present situation on the standard of physician training, quality of clinical services and ultimately safety of patient care. We would emphasise that the latest severe manpower wastage at Tuen Mun Hospital is neither an isolated incident related to local factors nor the attraction of a prosperous private market. In fact, in his Annual Report presented in October 2010, Prof. K. N. Lai, our Immediate Past President, had already voiced out our College's concern about the phenomenon that fewer medical graduates were interested in internal medicine as their future career, while a growing number of trainees are dropping out of the physician training programme due to the mounting workload.

With continuing ageing of our population, the role of physicians in the medical services is ever growing in importance. Elderly patients often have multiple chronic medical conditions which require the expertise of physicians to recognise their complex interaction, lead and coordinate the disease management, and diagnose and treat newly developing symptoms/conditions. Physicians are engaged in an increasing number of minimally invasive interventional and innovative therapeutic procedures. In public hospitals, internal medicine service accounts for 40% of all discharges from HA and 30% of all clinic attendance, with notably more than 80% of its inpatient workload from emergency admissions. It also manages all infectious disease outbreaks and provides backup to all other clinical departments in peri-operative care and throughout hospital stay. Due to the nature of physician practice, considerable contact time with our patients is necessary to adequately assess their symptoms and underlying contributing factors and to communicate with them about the treatment plan.

Despite growing patient volume and intense workload in the recent years, there has not been corresponding or appropriate complement of doctors and nurses in



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medical departments of public hospitals. Attempts have already been made, wherever possible, to absorb increasing demand through service reconfiguration and changing to an ambulatory or community model of care. Surges in emergency admissions have been accommodated by placing more and more additional beds in medical wards or overflowing to other clinical departments even though there is no additional manpower, such that patients are never turned away due to lack of medical beds. These measures only partially offset the increasing demand and can only work in the short term.

Doctors in medical departments of public hospitals have thus become severely stretched beyond their limit. Due to overcrowding in medical wards, premature patient discharge is commonplace making unplanned readmissions a high risk. Further risks are incurred because contact time with both in- and out-patients has been inevitably compromised. Despite their hard work and dedication to patient care, the physicians' opportunity for advancement to senior position is consistently lower than counterparts in many other specialties. Their prevailing low morale among doctors in medical department is understandable given the heavy workload, low job satisfaction and unsatisfactory career prospect.

The College would strongly urge the Hospital Authority

1. To undertake a comprehensive review of the basis of medical manpower allocation in all clinical departments, which should be objectively based on actual patient care demand in all aspects of clinical work and their intensity;
2. To proactively take measures to reduce doctors' workload which is not directly related to patient care by providing sufficient clerical support and enhancing the design of information systems;
3. To ensure equitable career advancement opportunities to doctors of all specialties: We would reinforce our position that doctors who have acquired specialist accreditation with our College are competent to lead a clinical team and hence eligible for advancement to senior clinical position;
4. To undertake a comprehensive review of bed provisions to Departments of medicine and to ensure there is opening of designated extra ward(s) in every hospital and cluster to meet the demands of winter surge; and



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5. To strengthen community support for medical patients who are increasingly frail, to prevent readmissions and further aggravation of workload for physicians.

The College of Physicians has a solid training programme for physicians spanning seven years with dual certification in internal medicine and a subspecialty, thereby ensuring both breadth and depth of clinical competence. The College has been constantly reviewing and updating our training programme and assessment procedures to uphold the standard of physician practice while maintaining a high training completion rate. In these few weeks, we shall be looking into modifications to our annual and exit assessment as a priority to reduce the hardship to our trainees in the light of their heavy workload.

Please rest assured that the College will communicate and follow-up with the Hospital Authority on measures that should be undertaken to safeguard the development of internal medicine service and maintain the quality and safety of patient care in the healthcare system of Hong Kong.

At the same time the College will be holding discussion with the Hospital Authority to provide our trainees with better working environment, more manpower to alleviate the very heavy workload in internal medicine and enhance promotion prospect.

Yours sincerely

Dr Li Chung Ki Patrick
President

PRESIDENT'S REPORT

ANNUAL REPORT

HONG KONG COLLEGE OF PHYSICIANS

In the year of the Tiger 2010, the Hong Kong SAR has sustained a peaceful progress in her politics. With a vigilant and attentive approach, our medical community has successfully smothered the threat of Swine flu. At the time of crisis, our profession always proves its quality, alertness and readiness.

This is my last annual report since elected to the Office in 2004. I appreciate greatly of the support from the Council and I would like to thank all Fellows and Members for having given me the opportunity and honor to serve you. While our College continues to flourish with fellowship exceeding 1,350, we must not be complacent as we have noticed less application for physician training over the last two to three years. Physician training is demanding both in time and skill. Nowadays, most specialties in Hospital Authorities hospitals can adopt a five-day week arrangement as they have few emergency admissions but this is not the case in Medicine. All medical units admit emergency seven days a week and 52 week a year. Not only a longer and busier working hours, the promotion prospect in Medicine is less despite we have a devoted and a relatively stable workforce. We must proactively address these issues in order to maintain our attraction to the fresh medical graduates. I sincerely hope the incoming President will discuss thoroughly with the Hospital Authority on these issues. Any Department of Medicine with less than appropriate manpower and resources can bring down the service in the hospital within a short time. The new Chief Executive of the Hospital Authority should be aware of this. Meanwhile, our College maintains a strong academic and collegiate link with overseas physician colleges in London, Edinburgh, Glasgow, Australasia, Malaysia and Singapore. Our interaction with physician societies in China remains active directly through the College and indirectly through our specialty societies. Our College continues to improve our computerisation system in training and examination matters allowing paper documentation be conducted from the desktop computer using the Web.

This Annual Report outlines the various events and achievement of all the College Committees that deserve the attention of our Members and Fellows. My heartiest gratitude and appreciation goes to all Chairmen, Members of the Committee, the Boards and the Secretariat for having done such a magnificent job. Briefly, I would like to highlight some of the important changes.

Education and Accreditation Committee

Under the very capable Chairmanship of Dr Loretta Yam the committee had further improved the examination format, scoring system, remedial training program, and written guideline of the dissertation thesis. Several new developments in training are established in the last 12 months.

1. To raise awareness about clinical risk among our trainees and improve clinical management, the College collaborated with the Hospital Authority to develop a Self Learning Tool (SLT). In essence, SLT is developed as an education and e-learning tool for doctors, in which Basic and Advanced Internal Medicine (AIM) trainees are tested on clinical scenarios in the form of multiple choice questions with scenario development and appropriate explanations. These questions are administered through a tailor-made software and information technology system hosted online by the Hospital Authority. The SLT is expected to be applied to all three years of Basic Physician Training.