

HONG KONG COLLEGE OF PHYSICIANS

SYNAPSE

HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



Sapientia et Humanitas

1986 - 2006

OCTOBER 2006

RESTRICTED TO MEMBERS ONLY



Contents

SYNAPSE

3 Editorial Message

4 20th Anniversary Special

Congratulatory messages

College milestones

Lists of speakers of named lectures

Memories from our past

Philip KT LI

17 Council News

18 Scientific Section

Specialty Update – Respiratory Medicine

Mary SM Ip

21 Training

Ambulatory Care Physician

Loretta YC Yam

Updated Statistics on No. of Fellows in all Specialties

Updated Statistics on No. of Trainees in all Specialties

27 Trainees' Column

How medical residents regard their current training

Yannie Soo

29 Announcements

30 Profile Doctor

Professor Richard Yu Yue-hong

John Mackay

32 Obituary

Sister Mary Gabriel O'Mahoney

Michael Humphries



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 hkcp@netvigator.com
College Website <http://www.hkcp.org>

Synapse Editorial Board

Editor-in-Chief : Dr Matthew MT NG

Executive Editor : Dr Carolyn PL KNG

Assistant Editor : Dr John MACKAY

Co-Editors : Dr ML SZETO
Prof CS LAU
Dr Jenny YY LEUNG
Dr TF CHAN
Dr Johnny CHAN
Dr Yannie OY SOO

Ex Chief-Editor : Prof Philip KT LI

*All Copyrights reserved by
the Hong Kong College of Physicians
and no part of the Synapse can be reproduced without
the prior approval from
the Hong Kong College of Physicians.*

The Hong Kong College of Physicians held its first general meeting in December 1986, at which Professor David Todd was elected as Founding President of the College. Since its inception, the College has grown tremendously with a recent count of 1129 Fellows, 286 Members and 453 trainees. Our College now serves a total of 1868 doctors.

Yet many may not realise the significant contributions from our predecessors which have made this College a guardian of the highest standards in physician training and professionalism. The College milestones charted in this edition demonstrates the progressive developments made in postgraduate training and academic standards. To disseminate College news to members, the first College newsletter was published in 1991 with Professor SC Tso as Editor. A year later, the newsletter was named "Synapse" as suggested by prominent neurologist Dr CY Huang. Over the years, Synapse has evolved in appearance and content to offer readers the latest Council news, updates on training guidelines and statistics, academic articles of local interest and feedback from trainees.

The highlight of our celebrations is undoubtedly the Annual Scientific Meeting, Annual General Meeting and College Dinner to be held on October 14-15, 2006. We are fortunate many distinguished guests and old friends will join us during this weekend where we will indulge in excellent orations, academically stimulating lectures with the promise of good company, good food and good wine.

HAPPY 20TH BIRTHDAY, HKCP !

The Editorial Board
Synapse

Our College logo was designed in 1990 by Dr Donald Yu and it features a dragon head, a pearl and a snake with a staff.

College motto in Chinese — 於精於仁

Latin translation of the Chinese motto – "Sapientia et Humanitas"



中華人民共和國香港特別行政區政府總部衛生福利及食物局
Health, Welfare and Food Bureau
Government Secretariat, Government of the Hong Kong Special Administrative Region
The People's Republic of China

Message

It gives me great pleasure to congratulate the Hong Kong College of Physicians on its 20th Anniversary for its outstanding achievements in maintaining and furthering the good practice of Medicine in Hong Kong.

Founded in 1986 the Hong Kong College of Physicians has been devoted to maintaining and furthering the good practice of Medicine by ensuring the highest professional standards of competence and ethical integrity among the physicians. Since its establishment, the College has made significant contributions to improving the standards of services of various specialties through setting standard, accrediting standards, monitoring the standards of training in Medicine, and promoting evidence-based Medicine for the benefit of the public.

With its close relationship with other Physician Colleges worldwide, the Hong Kong College of Physicians has adopted a cosmopolitan attitude in practising the art of healing and the science of medicine. It upholds its professional status globally and has established itself locally and internationally as a focal point for exchange of academic and professional ideas relating to internal medicine practices.

The remarkable work of the Hong Kong College of Physicians in the past two decades is well recognized. As we celebrate the 20th Anniversary of the College, I would like to wish the College every success in its future endeavours.

A handwritten signature in black ink, appearing to read 'Y N CHOW'.

York Y N CHOW
Secretary for Health, Welfare and Food

Yong Loo Lin School of Medicine
Division of Graduate Medical Studies



I am delighted to write this message in celebration of the 20th anniversary of the Hong Kong College of Physicians for several happy reasons.

Hong Kong has understandably been and will always be a special city for my Hong Kong born wife Anna and me, for giving us a rich medical upbringing, graduating in 1955 from her oldest Medical School and for the College to confer on me the Honorary Fellowship in 2002.

The College, founded in October 1985, even before the founding of its parent Academy of Medicine, has been led since its beginning by superb physicians from Sir David Todd, Professors TK Chan, Richard Yu and now KN Lai.

Since its inception, the College has committed its Fellows to the maintenance of high and stringent standards of specialist practice. I remember its publication "Guidelines of Postgraduate Training in Internal Medicine" which was first published in 1993 was an important guide not only in Hong Kong but also for her neighbouring countries as well, including Singapore.

In partnership with the United Kingdom (UK) Colleges of Physicians, the College paved the way of hosting jointly the MRCP (UK) in its entirety overseas in 1985, with Singapore enjoying the same privilege albeit 10 years later in 1995.

The College can be justifiably proud of its immense contributions to Hong Kong Medicine. On this joyous and proud occasion, I heartily congratulate the College and wish the President and Fellows every success for the future. I look forward to the continuing close relationship between the Hong Kong and Singapore medical fraternity.

CHEW Chin-Hin

Honorary Fellow, Hong Kong College of Physicians
Past Master, Academy of Medicine Singapore

With Past President Richard Yu





Royal College of Physicians of Edinburgh

9 Queen Street, Edinburgh, EH2 1JQ
tel: 0131 225 7324 fax: 0131 220 3939

A charity registered in Scotland, no. SC009465



The Fellows and Members of the Royal College of Physicians of Edinburgh congratulate the Hong Kong College of Physicians on its 20th anniversary and outstanding achievements during this time. Our College looks forward to working closely with HKCP over the coming years and to continuing the strong relationship and cooperation which has developed between the two Colleges.

Professor Neil Douglas

President

The Royal College of Physicians of Edinburgh

www.rcpe.ac.uk



ROYAL COLLEGE OF PHYSICIANS

11 St Andrews Place
Regent's Park
London NW1 4LE

Telephone (020) 7935 1174
Textphone (020) 7486 5687

Fax (020) 7487 5218
www.rcplondon.ac.uk



It gives me the greatest of pleasure to send to the Hong Kong College of Physicians very best wishes on the auspicious occasion of their 20th Anniversary. The college has been at the forefront of setting the highest standards of training and clinical practice in Hong Kong, and the impact of these high standards has been felt around the world. It will be a particular pleasure to attend the celebrations in order to ensure that the strong links between our countries are strengthened, because we have much to learn from each other at a time when standards of health care are under threat from many angles. It is up to our colleges to set the high standards of care for patients, to help our fellows and members reach those standards and train the physicians of tomorrow to carry these standards into the future.

Happy anniversary and many happy returns from the Royal College of Physicians of London!

A handwritten signature in black ink, appearing to read 'Ian Gilmore', with a horizontal line underneath.

Professor Ian T. Gilmore MD PRCP
President
The Royal College of Physicians London



INVESTOR IN PEOPLE

RCP – SETTING STANDARDS IN MEDICAL PRACTICE



College of Physicians, Singapore

Academy of Medicine, Singapore



4 September 2006

Prof K N Lai
President
Hong Kong College of Physicians
Room 603,
Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road,
Aberdeen, Hong Kong

Dear Prof Lai

Congratulatory Message from the College of Physicians, Singapore for the 20th Anniversary of Hong Kong College of Physicians

I am honored to add my congratulations to the Hong Kong College of Physicians on the occasion of your 20th Anniversary Celebration.

Your College can be proud of the substantial contributions in the setting of professional standards and training of the next generation of physician specialists in Hong Kong. Our College values the warm and friendly bilateralities that have developed between Fellows of the two Colleges over the last 2 decades and look forward to strengthening our partnership to achieve our common goals.

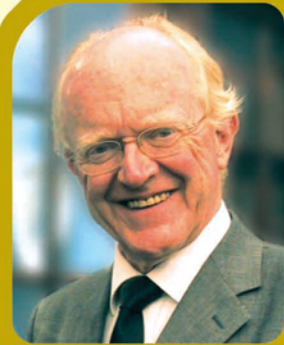
Again, congratulations on your achievement and we wish you every success for many more decades to come.

Dr Shih-Hui LIM
President
College of Physicians, Singapore

RCPSG



From the President
Sir Graham M Teasdale
FRCSGlasg FMedSci FRSE
FRCSEd FRCPLond FRCSEng



The Royal College of Physicians and Surgeons of Glasgow is pleased to offer congratulations, from its members and fellows throughout the World, to the Hong Kong College of Physicians on the occasion of the 20th anniversary of its foundation. This however also recognises the work of its predecessors with its inception in 1887 as the Hong Kong College of Medicine

The College, throughout its history, has grown from strength to strength and now provides a significant contribution to enhancing the care of patients through its promotion of professional education, training and research; scientific meetings and special interest groups. RCPSG continues to value its collaborations with HKCP in staging the MRCP (UK) examination through the federation of the Royal Colleges of Physicians in the United Kingdom

On behalf of all Fellows and members of the Royal College of Physicians and Surgeons of Glasgow, many congratulations on your achievements over the past 20 years and best wishes for many more years ahead.

Sir Graham M Teasdale

President
Royal College of Physicians and Surgeons of Glasgow



From the President

The Royal Australasian College of Physicians extends its warmest congratulations to the Hong Kong College of Physicians on the occasion of College's 20th Anniversary.

The Royal Australasian College of Physicians has for many years enjoyed a close relationship with the Hong Kong College of Physicians and there are many physicians in our respective Colleges who have strengthened this relationship through clinical service, education and training, research and health administration.

The Royal Australasian College of Physicians is mindful of the great opportunities which emerge from close collaboration between our Colleges as we face the health issues of our region of the world. Sharing ideas and experiences especially in medical education is fundamental to the achievement of this objective.

Once again congratulations to Hong Kong College of Physicians and on behalf of the Royal Australasian College of Physicians I wish the College a very successful future.

A handwritten signature in black ink, appearing to read "Napier Thomson".

Professor Napier Thomson

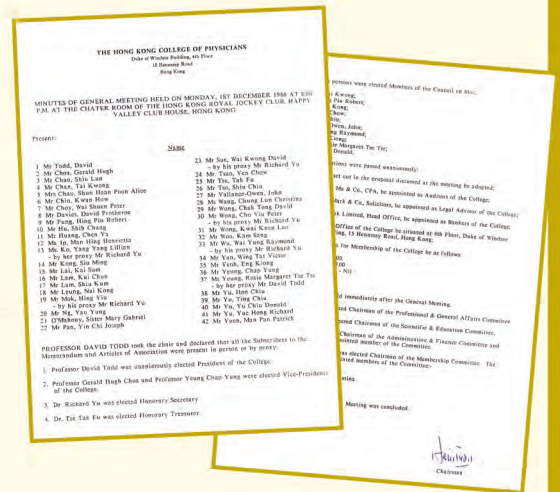
President

The Royal Australasian College of Physicians

College Milestones for the first 20 years

Professor Philip Kam-Tao LI

Honorary Secretary
Hong Kong College of Physicians



- 1 December 1986** — First Meeting of Fellows and First General Meeting in the Royal Jockey Club, Happy Valley with Election of Office Bearers and Council Members

Elected	
President	Prof David Todd
Vice-Presidents	Prof Gerald Hugh Choa, Prof Yeung Chap Yung
Hon Secretary	Dr Richard Yu
Hon Treasurer	Dr Tse Tak Fu
Council Members	Prof Chan Tai Kwong, Dr Fung Hing Piu Robert, Dr Leung Nai Kong, Dr Tsao Yen Chow, Dr Tso Shiu Chiu, Prof Vallance – Owen John, Dr Wu Wai Yung Raymond, Dr Yeoh Eng Kong, Prof Young Rosie Margaret Tse Tse, Dr Yu Yu Chiu Donald

Appointed Auditor – Messrs Walter Ma & Co, CPA
Appointed Legal Advisor - Messrs Peter Mark & Co, Solicitors

- 17 October 1987** — First Annual Scientific Meeting, Sheraton Hotel

Attended by 120 Fellows and Members of the College

Invited overseas speakers include Prof June Lloyd, Prof John Richmond, Dr James Syme, Dr IW Delamore, Dr Robert Humes, Dr AL Spiers who are Fellows of 3 UK Colleges and examiners at MRCP(UK) Part II Examination

- 29 April 1988** — First Annual General Meeting elected the following Council:

President	Prof David Todd
Vice-Presidents	Prof Chan Tai Kwong, Prof Yeung Chap Yung
Hon Secretary	Dr Richard Yu
Hon Treasurer	Dr Tse Tak Fu
Council Members	Prof David P Davies, Dr Fung Hing Piu Robert, Dr Leung Nai Kong, Prof MG Nicholls, Dr Tsao Yen Chow, Dr Tso Shiu Chiu, Dr Wu Wai Yung Raymond, Dr Yeoh Eng Kong, Prof Young Rosie Margaret Tse Tse, Dr Yu Yu Chiu Donald

- 6 February 1990** — The College Logo and Motto approved in the 17th Council Meeting:

College Logo designed by Dr Donald Yu which included a Dragon Head, a Pearl and a Snake with a Staff

College motto in Chinese - 於精於仁

Latin translation of the Chinese motto – “Sapientia et Humanitas”

- 3 July 1990** — At the 20th Council Meeting, Prof David Todd suggested that an Examination and Accreditation Committee be formed which will be co-headed by Prof TK Chan and Prof CY Yeung

- 5 October 1990** — At the 20th Council Meeting, the Chinese name of the College “香港內科醫學院” was endorsed

28 May 1991

At the 4th Annual General Meeting, the HK College of Paediatricians was formed separating from the College (with Prof CY Yeung, Prof SJ Oppenheimer, Dr YC Tsao, Dr Robert Fung, Dr NK Leung and Dr Patrick Yuen leaving our College Council)

2 July 1991

At the 27th Council Meeting, Dr EK Yeoh (Vice President) was elected to be the 1st Chairman of the Education & Accreditation Committee while Prof TK Chan (Vice President) was elected to be the 1st Chairman of the Examination Committee.

December 1991

The first College Newsletter was published with Dr SC Tso as Editor.

15 February 1992

First Teach-in was started in Holiday Inn:

Chemical Pathology	"Too much?"
Hyperlipidaemia	Prof J Maserei
Hyperlipidaemia	Dr KK Yam
Hyperlipidaemia	Dr KL Tong
Hyperlipidaemia	Dr KSL Lam

10 March 1992

At the 27th Council Meeting, the Council agreed to use "Synapse" as proposed by Dr CY Huang as the name of the College Newsletter.

28-30 March 1992

The Joint Scientific Conference of Royal College of Physicians of London, Hong Kong College of Paediatricians and our College was held in Regent Hotel. Prof Dame Margaret Turner-Warwick was the President of the London College.

Prof David Todd delivered his Presidential Lecture on "The Hong Kong Academy of Medicine".

The First AJS McFadzean Memorial Lecture was delivered by Dr Anna Lok: "Hepatitis C – a Hong Kong experience"

20 October 1992

In the EGM, Prof TK Chan was elected President to replace Prof David Todd who had resigned to become the President of The Interim Council of the Hong Kong Academy of Medicine. Prof Gerald Choa was unanimously elected by the Council to the Vice-Presidency.

17 December 1992

At the 37th Council Meeting, the Examination Committee proposed 3+3 year-course structure with an intermediate examination leading to final evaluation and exit specialist qualification. A Pass in the Intermediate Examination and a minimum of 3 yrs of basic training are mandatory for entrance into higher training.

15 June 1993

At the 6th AGM in the Hong Kong Club, the Inauguration Ceremony of presentation of Fellowship & Membership Diplomas was held with the Governor, Rt Hon Chris Patten, as the Guest of honour.

9 December 1993

At the Inauguration Ceremony of the Hong Kong Academy of Medicine in HK Convention & Exhibition Centre, our College had invited Prof LA Turnberg, President, RCP(Lon), Dr Anthony D Toft, President, RCP(Edin), Dr Alex Cohen, President, RACP, Dr J Stephen Doyle, President, RCP(Ire), Dr Donald Campbell, President, RCP&S (Glas) to participate and celebrate.

21-25 February 1994

The 1st Joint HKCP/HKCPaed Intermediate Exam/MRCP(UK) Exam in HK was held with Dr EW Barnes (Edinburgh), Dr B Williams (Glasgow), Prof RD Cohen, Prof AHG Love (London) as Overseas Examiners.

7 June 1994

At the 7th AGM in the Hong Kong Club, our College awarded the Intermediate Examination Certificate to the trainees for the first time.

22-24 October 1994

Joint Scientific Meeting with Royal College of Physicians of Edinburgh and the Hong Kong College of Paediatricians was held in HKAM Building. Dr AD Toft was the President of the Edinburgh College.

Prof David Todd delivered the Sir Stanley Davidson Lecture of the Edinburgh College on "Medical Education in HK: past, present, and future".

22 October 1994

Royal College of Physicians of Edinburgh held for the first time the Signing of the Rolls Ceremony for Edinburgh College Fellows in Hong Kong.

24 October 1994

The College became the Founding College of the HK Academy of Medicine. The Medical Council approved the FHKCP as a quotable qualification.

28 May 1996

At the 9th AGM, the 1st AJS McFadzean Oration was delivered by Prof CN Yang, Nobel Laureate in Physics, on "Physics and Medicine".

7-8 December 1996

The Joint Scientific Meeting with Royal Australasian College of Physicians was held.
The first Prof Sir David Todd Lecture was delivered by Prof Joseph WC Leung, on "Biliary biofilm, stones and cholangitis".

30-31 March 1997

First Joint Scientific Meeting with Chinese Medical Association and Royal College of Physicians (London) was held in China World Hotel and Exhibition Centre, Beijing.

11 June 1998

Prof. Richard Yu was elected the President of our College.

September 1998

The College Secretariat Office was relocated from PYNEH to the Academy of Medicine Building in Wong Chuk Hang.

November 1998

The Joint Memorandum of Understanding on the Joint MRCP/Intermediate Exam was signed by the five Presidents of our College, the HK College of Paediatricians and the three Royal Colleges of Physicians of UK respectively.

14-15 October 2000

Joint Scientific Meeting "Medicine: East Meets West" was organized with Federation of Royal Colleges of Physicians of the UK, Singapore Academy of Medicine and HK College of Paediatricians.

December 2000

A new series of Synapse using cover photos and stories commemorating history of Medicine in Hong Kong.

15-19 October 2001

The first PACES to replace MRCP "clinical and oral exam." took place in PWH, PYNEH, QMH with Overseas Examiners coming from -
Edinburgh: Dr IC Stewart, Dr AT Elder
Glasgow: Dr SD Slater, Dr C Thomson
London: Prof GM Besser (Senior Examiner), Prof PF Mitchell-Heggs, Dr DP Dillon

27-28 October 2001

Joint Scientific Meeting on Infectious Diseases and Ambulatory Medicine was organized with HK College of Paediatricians, HK College of Family Physicians and HK College of Pathologists.

26-27 October 2002

The Inaugural Gerald Choa Memorial Lecture was delivered by Dr Chew Chin Hin on "Ethical Medicine 1921-2001" in the Joint Scientific Meeting with the HK College of Paediatricians.

March 2003

The SARS epidemic hit Hong Kong hard. Our College Fellows and Members fought bravely and selflessly against the infection. Unfortunately, it claimed the lives of two of our members who contracted SARS on duty in public hospitals.

23 October 2004

Prof. KN Lai was elected President of our College.



Speakers of Named Lectures at the HKCP Annual Scientific Meetings

AJS McFadzean Oration, 1996-2006

Name of Orator	Year	Title of Oration
Prof Yang Chen Ning	1996	Physics and medicine
Ms Leung Oi Sie, Elsie	1997	The law and the past 30 years
Prof Cheng Yiu Chung	1998	The dream team? Life science in the new millennium
Prof Sir Leslie Turnberg	1999	Is there a future for the clinician — scientist?
Prof Li Lei-Shi	2000	The role of traditional chinese medicine in complementing modern medical sciences: A physician's view
Prof Li Kwok Cheung, Arthur	2001	Reflections of a surgeon
Prof Ross Lorimer	2002	Reflections on medicine in Glasgow
Prof Tsui Lap Chee	2003	Genomics and disease
Dr Leong Che Hung	2004	A tribute to a great teacher – Infectious disease: A public health challenge? A social dilemma? Or a political melodrama?
Mr Andrew Sheng	2005	Medicine and capital markets
The Hon Wong Yan Lung, SC	2006	Medicine and litigation

AJS McFadzean Memorial Lecture, 1992-1995

Name of Lecturer	Year	Title of Lecture
Dr Lok Suk Fong, Anna	1992	Hepatitis C – epidemiology, diagnosis, natural history and treatment
Prof Sung Jao Yiu, Joseph	1993	Defence system in the biliary tract against bacterial infection
Dr Liang Hin Suen, Raymond	1994	Curing blood cancers: from bedside to test tubes
Prof Lai Kar Neng	1995	IgA Nephropathy: the IgA molecule and cellular immunity

The AJS McFadzean Memorial Lecture was renamed as the Sir David Todd Lecture in 1996.

Sir David Todd Lecture, 1996-2005

Name of Lecturer	Year	Title of Lecture
Prof Leung Wing Cheong, Joseph	1996	Biliary biofilm, stones and cholangitis
Dr Kwong Yok Lam	1997	Genes, chromosomes and leukaemia
Prof Lau Chu Pak	1999	New insights in atrial fibrillation: electrical therapy for an electromechanically remodelled atrium
Prof Kung Wai Chee, Annie	2000	Thyroid autoantibodies: from bench to bedside
Dr Li Kam Tao, Philip	2001	Immunogenetics of IgA nephropathy- insights into its pathogenesis and progression
Dr Tang Chi Wai, Sydney	2002	Human kidney as an organ of complement synthesis: its regulation by tubular protein
Prof Chan Tak Mao, Daniel	2003	Systemic lupus erythematosus — recent progress in clinical and basic research
Dr Chan On On, Annie	2004	Molecular genetics in GI cancers – pathogenesis and clinical application
Dr Cheung Tak Fai, Raymond	2005	Functional CT and MRI Studies in Stroke
Prof Yu Cheuk Man	2006	Cardiac resynchronization therapy: The unique role of researches in Hong Kong

In 1998, there was no Sir David Todd Lecture as the Annual Scientific Meeting was held in Shanghai.

Gerald Choa Memorial Lecture, 2002-2005

Name of Lecturer	Year	Title of Lecture
Dr Chew Chin Hin	2002	Ethical medicine, 1921-2001
Prof Li Kwok Cheung, Arthur	2003	Thoughts on doctors as administrators
Prof Rosie Young	2004	Back to basics
Dr Leong Che Hung	2005	Beyond the practice of medicine
Prof Chan Kwong Fai, Laurence	2006	Controversies in organ donation

Memories from our past



Professor Sir David Todd, President of the HKCP (1986-1992) with Council members in 1987
(seated) 1st Left: Professor Rosie Young, From R-L: the late Professor Gerald Choa, Professor John Vallance-Owen and Professor Sir David Todd
(Standing From R-L) the late Dr Raymond WY Wu, Dr TF Tse, Professor TK Chan, Professor Richard Yu, Dr NK Leung and Dr EK Yeoh



1987 – The late Professor Gerald Choa, Professor John Vallance-Owen, Dr Tse Tak Fu, Professor Richard Yu and Professor Sir David Todd



Farewell party for Professor Sir David Todd at the Hong Kong Club



Professor TK Chan, President of the HKCP (1992-1998) with Council members



Council members with distinguished guest, Mrs Anson Chan, the past Chief Secretary for Administration, Hong Kong



Professor TK Chan and Professor Vivian Chan with the past Governor of Hong Kong, Mr Christopher Patten, who was admitted as Honorary Fellow of the RCP(Edin) in 1994



Professor Richard Yu, President of the HKCP awarded the Honorary Fellowship to Professor Sir Leslie Turnberg in 1999



Professor Ross Lorimer, AJS McFadzean Orator in 2002



Professor Tsui Lap Chee, AJS McFadzean Orator in 2003



Professor Richard Yu, President of the HKCP (1998-2004) with our Honorary Fellows; Professor Zhong Nan Shan (seated 1st left), Dr EK Yeoh (seated 2nd left) and Dr CH Leong (seated 4th left) and the official platform party at the 2004 Congregation ceremony



Professor Rosie Young, Gerald Choa Memorial Lecturer, 2004



Professor KN Lai, President of the HKCP (from 2004) and Council members at the AGM in 2005

Newly Elected Fellows of the UK Colleges

Congratulations to the newly elected Fellows of the Edinburgh and London Colleges.

FRCP(Edinburgh)

MRCP Holders

Elected 30 November 2005

Dr Tang Yuen Wai

Elected 29 March 2006

Dr Ong Lawrence Chi-Yin

Dr Tong Chak Kwan

Dr Lam Siu Pui

Dr Kwong Kwok Chu

Dr Choo Kah Lin

FRCP(London)

Elected 22 March 2006

MRCP Holders

Dr Chan Lik Yuen

Dr Fung Wing Hong

Dr Hu Wayne James Hsing Cheng

Dr Leung King Sun Vincent

Dr Lau George

Dr Li Siu Lung Steven

Dr Lo Yuk Ming Dennis

Dr Ma Hon Ming

Dr Tang Chi Wai Sydney

Dr Wong Peter Cho Yiu

Dr Yu Cheuk Man

Dr Tse Lap Shing Samuel

Fellows or Members of other College of Physicians

Dr Yu Alex Wai Yin

Passive Participation of Continuing Medical Education

Please be informed that, in accordance with the Principles and Guidelines on Continuing Medical Education of the College and the Operational guidelines promulgated in June 2005, once Fellows have accumulated over 60 Points for passive participation in any 3-year cycle, further passive attendance at local and overseas meetings submitted in the remaining period of the cycle will not be registered nor accredited by the CME/CPD Board.

In this context, please note that "0" CME Point will be shown under passive participation on the annual CME/CPD report for the second and/or third year, provided that the maximum Points has been achieved in the first year or first and second year combined in the cycle, regardless of the total CME Points accumulated. Fellows with such CME reports should submit at least 10 Points of active participation at Formal College-Approved Activity (FCAA), self-study or publications per year, to make up the minimal requirement of 30 active CME/CPD Points per cycle.

College Subscriptions

For the past 20 years, Fellows of the HKCP have enjoyed low annual subscription fees. The chart below is a reference of the subscription fees payable to the various Colleges.

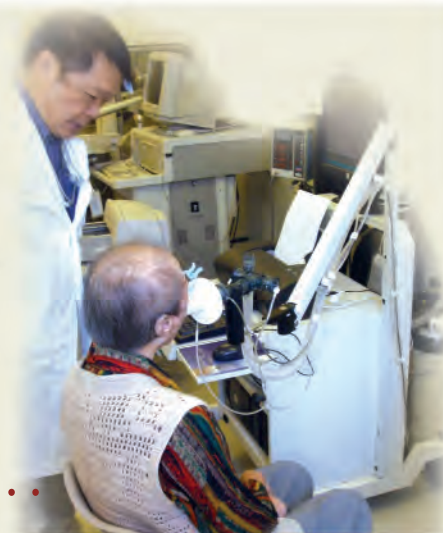
College	Annual Fellowship Subscription
Hong Kong College of Anaesthesiologists	HK\$2500
Hong Kong College of Community Medicine	HK\$2000
College of Dental Surgeons of Hong Kong	HK\$2000
Hong Kong College of Emergency Medicine	HK\$1500
Hong Kong College of Family Physicians	HK\$1200
Hong Kong Academy of Medicine	HK\$2500
Hong Kong College of Obstetricians & Gynaecologists	HK\$800
College of Ophthalmologists of Hong Kong	HK\$500
Hong Kong College of Orthopaedic Surgeons	HK\$1000
Hong Kong College of Otorhinolaryngologists	HK\$3000
Hong Kong College of Paediatricians	HK\$1500
Hong Kong College of Pathologists	HK\$2000
Hong Kong College of Physicians	HK\$800
Hong Kong College of Psychiatrists	HK\$1000
Hong Kong College of Radiologists	HK\$3000
College of Surgeons of Hong Kong	HK\$1000

Specialty Update

Respiratory Medicine

Professor Mary SM Ip

Division of Respiratory Medicine
The University of Hong Kong



From the lower airways

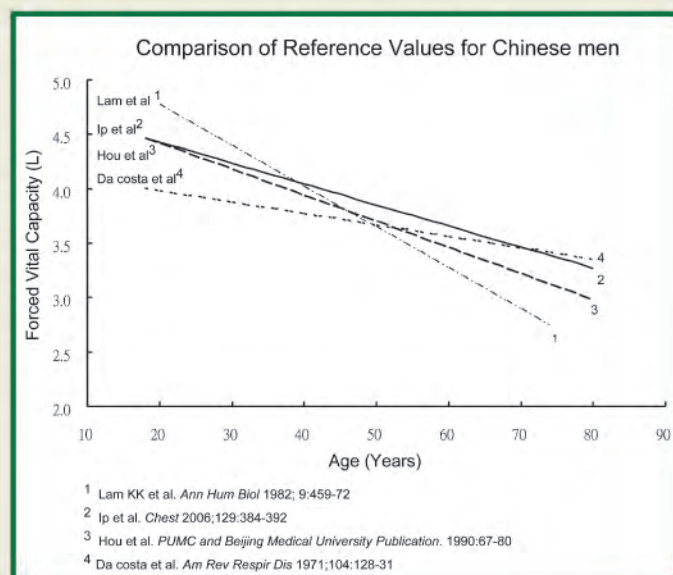
Lung function test is an important tool in the diagnosis of many respiratory diseases, in the evaluation of severity or functional impairment attributed to certain respiratory conditions and in surveillance programmes in respiratory, occupational and sports medicine. The interpretation of results of lung function tests relies on comparison with reference values derived from a "normal" population. The accuracy of the reference values has important implications on both the individual and the health care system.

A variety of individual, behavioural and environmental factors would affect lung function development in childhood and adolescence, and subsequent lung function decline with age. Genetic factors may control body habitus and lung function development, and it has been well documented that different ethnic groups have different lung function values. Exogenous factors such as smoking, nutrition, exercise, air quality, occupational exposures, and environmental tobacco smoke may affect both lung function development and decline. Many such exogenous factors not only vary in an individual but are expected to change over time in the community at large.

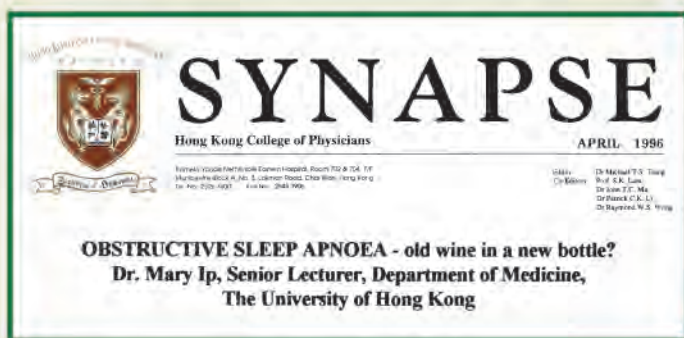
In Hong Kong, adult reference values in use were derived from studies done in Chinese over two decades ago. With changes in technology of equipments, introduction of rigorous guidelines for test procedures, and environmental and social changes, it would be timely to revisit the normative data for Hong Kong people. In 2001, the Hong Kong Thoracic Society and the HK and Macau Chapter of the American College of Chest Physicians embarked upon a territory-wide multi-center study to obtain adult reference data for lung function tests. With the support of a grant from the Pneumoconiosis Compensation Fund Board, the study was carried out with the participation of eight hospitals: Hong Kong island: Queen Mary Hospital, Pamela Youde Nethersole Eastern Hospital; Kowloon: Princess Margaret Hospital, Queen Elizabeth Hospital, and Kowloon Hospital; New Territories: Prince of Wales Hospital, North District Hospital and Tuen Mun Hospital.

1089 healthy Chinese non-smokers were recruited by random digit dialing. Apart from gender, the major determinants of forced vital capacity and force expiratory volume in one second were age and

height, with a linear decline of height-adjusted values with age in both sexes¹. Spirometric values have increased compared to that derived from Singaporean Chinese over two decades ago, but similar to that derived from Southern Chinese adults in the mainland of China. The increase in adult lung function was consistent with secular trends reported in children^{1,2}. Compared to a study done in Hong Kong in the late 1970s, our values were variably higher (in the elderly) or lower (in young adults), and the discrepancies could be related to differences in subject recruitment. Reference values of Caucasians were about 5-19% higher than ours, and blanket application of correction factors would not be appropriate. For the determination of lower limits of normal, the application of a different statistical approach, the distribution-free estimation of age-related centiles, was shown to be more appropriate. Furthermore, for the first time, reference values for diffusing capacity were derived from our middle-aged population³. It is anticipated that these new lung function reference values will be used by the lung function laboratories not only in Hong Kong, but also internationally to serve the many emigrant Chinese populations as the anticipated lung function may be more akin to ours than that based on old reference formulae.



..... to the upper airways



Sleep related breathing disorders is a relatively “young” condition, compared to respiratory diseases like asthma or emphysema, although description of characters with manifestations of sleep disordered breathing can be dated back to ancient history. In 1996, Synapse published an article, “Old wine in a New Bottle”, about obstructive sleep apnea, OSA, the condition whereby the upper airway collapsed during sleep, causing transient and recurrent suffocations. Since then, the wine has matured, and the bottle has undergone several facelifts.

In the late 1980s, we were asking if OSA was a rare condition in Hong Kong⁴. A general impression prevailed that Chinese were “protected” from OSA as obesity, the known risk factor of OSA in Caucasians, was less common among Chinese. However, a community-based study of the prevalence of OSA in middle-aged Chinese subjects in Hong Kong demonstrated prevalence rates of symptomatic OSA of 4% and 2% in men and women respectively^{5,6}, which were no less than that seen in Caucasian cohorts⁷. Taking note of the different criteria for obesity for Asians, overweight and obesity remain the major risk factors of OSA in Hong Kong Chinese adults, though the condition can occur in lean individuals, and further contribution of craniofacial factors to severity of OSA in Chinese subjects has been demonstrated^{8,9}.

Although primarily an upper airway condition, OSA leads to a myriad of downstream systemic effects with neurobehavioural and cardiovascular sequelae. OSA results in sleep fragmentation and excessive daytime sleepiness, and ranks among the list of common causes of sleepiness in modern society, alongside sleep deprivation and sedating medications. This has raised concern for public safety as many drivers may be afflicted with OSA¹⁰.

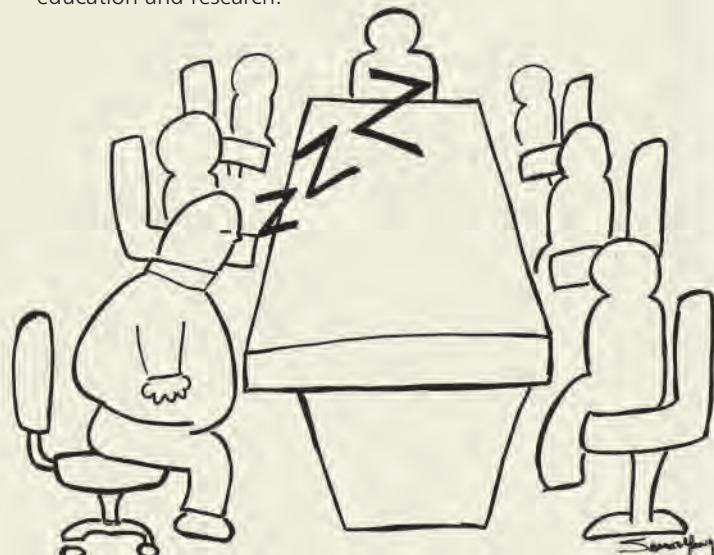
OSA is highly associated with hypertension, left ventricular dysfunction and stroke^{11,12,13}. There is growing evidence that OSA contributes to cardiovascular morbidity and mortality, independent of confounding factors of obesity and others. With recurrent obstructed breathing events, hypoxia-reoxygenation and sympathetic activation ensue, which may roll on to a cascade of metabolic or inflammatory events. There is intense interest in the role of OSA in vascular pathogenesis, and Hong Kong has contributed its share of novel research findings. Our studies have shown that OSA is independently associated with various atherogenic mechanisms, including decreased nitric oxide¹⁴, lipid

dysfunction¹⁵, increased insulin resistance¹⁶, platelet activation¹⁷, endothelial dysfunction¹⁸, and most recently, increased advanced glycation end products¹⁹. An independent association between OSA and the metabolic syndrome, a major risk factor for cardiovascular disease, has been demonstrated in our Chinese community²⁰.

The mainstay of treatment of OSA is Continuous Positive Airway Pressure applied through the nasal mask (nasal CPAP) during sleep²¹. Effective control of OSA has been shown to improve a number of symptoms and intermediary outcomes. Treatment benefit is consistently demonstrated for a lowering of blood pressure in subjects with OSA²². The role of other treatment modalities including weight control and oral appliances have been explored²³.

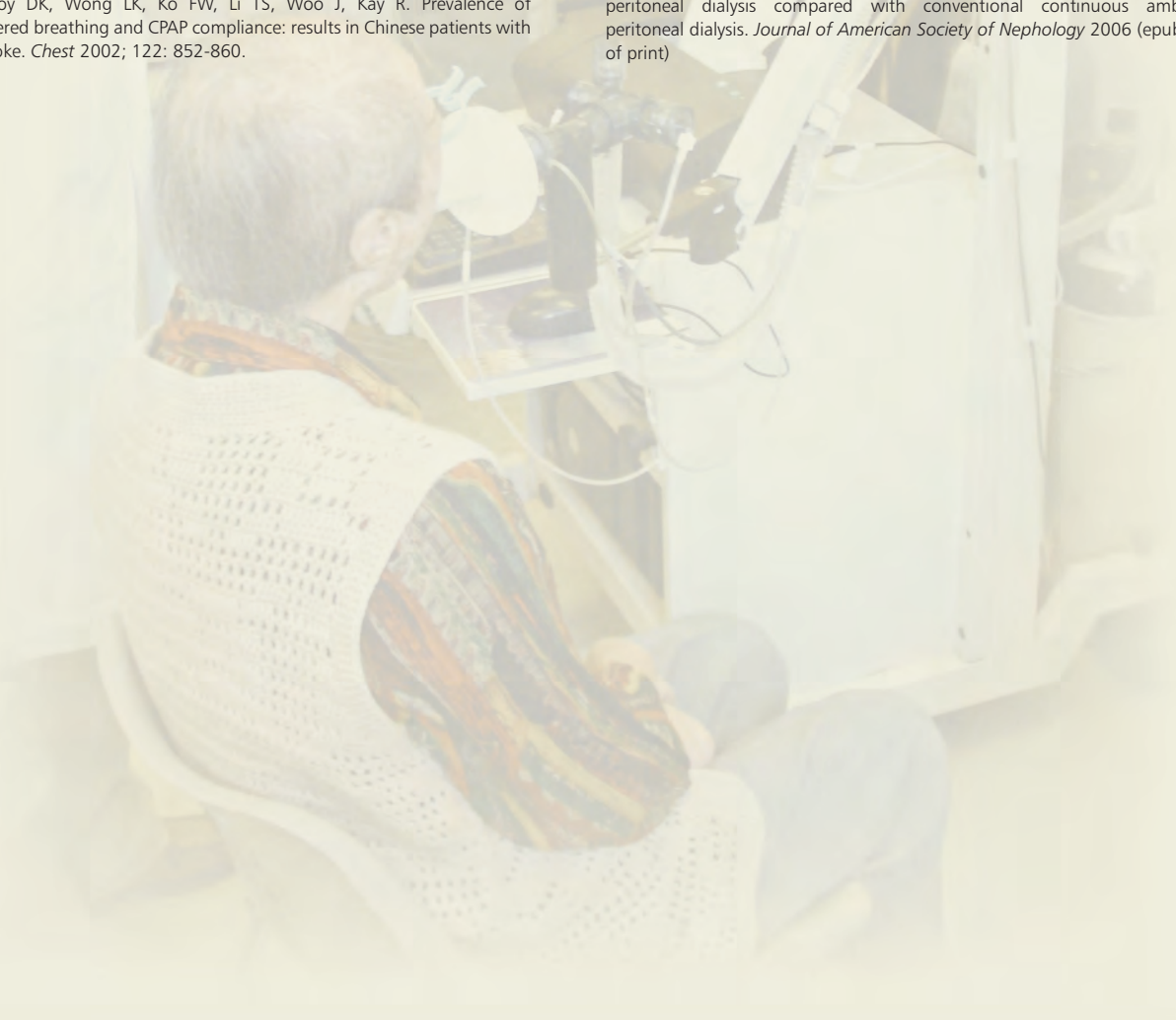
Finally, the occurrence of various kinds of sleep disordered breathing in other diseases such as chronic renal failure and acromegaly have been recognised^{24,25,26}.

Research has little meaning if its impact were to remain within the ivory towers of research institutes. With the knowledge of the common occurrence of sleep related breathing disorders, in particular OSA, the morbidity it can cause, and the benefits of treatment, clinical service provision for sleep disordered breathing in Hong Kong has escalated in the past decade. The recognition of this condition has gone beyond the respiratory specialty to other disciplines of medicine as well as the lay public, and this spread of information is essential as symptoms of excessive daytime sleepiness and snoring were probably waved aside as laziness, work stress, or social nuisance in the past. Hospital authority statistics show that the numbers of subjects diagnosed as OSA have increased from less than 20 in 1993 to over 6000 in 2005. The prevalence of OSA and its healthcare burden are expected to increase with the global epidemic of obesity. The onus is on us to continue to champion the cause of promoting clinical services as well as scientific understanding for control of this disease through education and research.



References

1. Ip MS, Ko FW, Lau AC, Yu WC, Tang KS, Choo K, Chan-Yeung MM; Hong Kong Thoracic Society and American College of Chest Physicians (Hong Kong and Macau Chapter). Updated spirometric reference values for adult Chinese in Hong Kong and implications on clinical utilization. *Chest* 2006;129(2):384-392.
2. Ip MS, Karlberg EM, Karlberg J, Luk KDK, Leong J. Lung function testing in healthy Chinese children and adolescents in Hong Kong. I. Spirometric values and comparison with other populations. *American Journal of Respiratory and Critical Care Medicine* 2000; 162: 424-429
3. Ip MSM, Lam RWK, Lai AYK, Ko FWS, Lau AC, Ling SO, Chan JWM, Chan-Yeung MM; Hong Kong Thoracic Society. Reference values of diffusing capacity of nonsmoking Chinese in Hong Kong. *Respirology* 2006 (In press).
4. Ip MSM, So SY, Lam WK. Obstructive sleep apnoea syndrome – A rare entity in Hong Kong Chinese? *Journal of the Hong Kong Medical Association* 1989; 41: 191-194.
5. Ip MSM, Lam B, Lauder I, Tsang K, Chung KF, Mok W, Lam WK. A community study of sleep disordered breathing in middle-aged Chinese men in Hong Kong. *Chest* 2001; 119: 62-69.
6. Ip MSM, Lam B, Tang LCH, Lauder IJ, Ip TY, Lam WK. A community study of sleep disordered breathing in middle-aged Chinese women in Hong Kong – prevalence and gender differences. *Chest* 2004; 125: 127-134.
7. Young T, Palta M, Dempsey J, Skatrud J, Weber S, Badr S. The occurrence of sleep-disordered breathing among middle-aged adults. *The New England Journal of Medicine* 1993; 328: 1230-1235.
8. Lam B, Ooi C, Peh W, Lauder IJ, Tsang KW, Lam WK, Ip MS. Computed tomographic evaluation of the role of craniofacial and upper airway morphology in OSA in Chinese. *Respiratory Medicine* 2004; 98: 301-307.
9. Lam B, Ip MSM, Tench E, Ryan CF. Craniofacial profile in Asian and white subjects with obstructive sleep apnoea. *Thorax* 2005; 60: 504-510.
10. Hui DS, Ko FW, Chan JK, To KW, Fok JP, Chan MC, Tung A, Chan D, Ho CW, Lai CK. Sleep disordered breathing and CPAP compliance in a group of commercial bus drivers in Hong Kong. *Respirology* (In press).
11. Ip MSM, Chung KF, Chan KN, Lam SP, Lee KLF. Previously unrecognised obstructive sleep apnoea in Chinese subjects with essential hypertension. *Lung* 1999; 17: 391-400.
12. Fung JW, Li TS, Choy DK, Yip GW, Ko FW, Sanderson JE, Hui DS. Severe obstructive sleep apnea is associated with left ventricular dysfunction. *Chest* 2002; 121: 422-429.
13. Hui DS, Choy DK, Wong IK, Ko FW, Li TS, Woo J, Kay R. Prevalence of sleep-disordered breathing and CPAP compliance: results in Chinese patients with first-ever stroke. *Chest* 2002; 122: 852-860.
14. Ip MSM, Lam B, Chen LY, Zheng L, Tsang KW, Fung P, Lam WK. Circulating nitric oxide is suppressed in OSA and is reversed by nCPAP. *American Journal of Respiratory and Critical Care Medicine* 2000; 162: 2166-2171.
15. Tan K, Chow WS, Lam J, Lam B, Wong E, Tam S, Ip M. HDL dysfunction in OSA. *Atherosclerosis* 2006; 184:377-382.
16. Ip MSM, Lam B, Ng MMT, Lam WK, Tsang KWT, Lam KSL. Obstructive sleep apnoea is independently associated with insulin resistance. *American Journal of Respiratory and Critical Care Medicine* 2002; 165: 670-676.
17. Hui DS, Ko FW, Fok JP, Chan MC, Li TS, Tomlinson B, Cheng G. The effects of nasal CPAP on platelet activation in obstructive sleep apnea syndrome. *Chest* 2004; 125: 1768-1775.
18. Ip MSM, Tse HF, Lam B, Tsang KWT, Lam WK. Endothelial function in obstructive sleep apnea and response to treatment. *American Journal of Respiratory and Critical Care Medicine* 2004; 169: 348-353.
19. Tan KCB, Chow WS, Lam JCM, Lam B, Bucala R, Betteridge J, Ip MSM. Advanced glycation end products in non-diabetic patients with obstructive sleep apnea. *Sleep* 2006; 29(3): 329-333.
20. Lam JC, Lam B, Lam CL, Fong Daniel, Wang J, Tse HF, Lam KSL, Ip MSM. Obstructive sleep apnoea and the metabolic syndrome in community based Chinese adults in Hong Kong. *Respiratory Medicine*. 2006; 100: 980-987.
21. Hui DS, Chan JK, Choy DK, Ko FW, Li TS, Leung rC, Lai CK. Effects of augmented continuous positive airway pressure education and support on compliance and outcome in a Chinese population. *Chest* 2000; 117: 1410-1416.
22. Hui DS, To KW, Ko FW, Fok JP, Chan MC, Ngai JC, Tung AH, Ho CW, Tong MW, Szeto CC, Yu CM. Nasal CPAP reduces systemic blood pressure in patients with obstructive sleep apnea and mild sleepiness. *Thorax* 2006 (e pub ahead of print)
23. Hou HM, Sam K, Hägg U, Rabie ABM, Bendeus M, Yam LYC, Ip MSM. Long-term dento-facial changes in Chinese OSA patients following treatment with a mandibular advancement device. *The Angle Orthodontist* 2006; 76: 432-440.
24. Hui D, Wong TY, Ko FW, Li TS, Choy DK, Wong KK et al. Prevalence of sleep disturbances in Chinese patients with end-stage renal failure on continuous ambulatory peritoneal dialysis. *American Journal of Kidney Disease* 2000; 36: 783-788.
25. Ip M, Tan KC, Peh W, Lam KSL. Effect of sandostatin on sleep apnea in acromegaly. *Clinical Endocrinology* 2001; 55: 477-483.
26. Tang S, Lam B, Ku PP, Leung WS, Chu CM, Ho YW, Ip MS, Lai KN. Alleviation of sleep apnea in patients with chronic renal failure by nocturnal cyclor assisted peritoneal dialysis compared with conventional continuous ambulatory peritoneal dialysis. *Journal of American Society of Nephrology* 2006 (e pub ahead of print)



Ambulatory Care Physician (ACP)

Dr Loretta YC Yam

Chairman

Education and Accreditation Committee, HKCP

To achieve efficiency and cost-effectiveness, healthcare delivery has shifted from the hospital-based to the community-based model. Care of the elderly and those with chronic and disabling illnesses is increasingly community-based. This new healthcare model means physicians trained in the prevention and management of common life-style diseases and the rehabilitation will be best placed to serve the community's healthcare needs.

As early as 2002, our College has conceived and developed an Ambulatory Care Physician (ACP) programme under Advanced Internal Medicine (AIM) in response to the society's changing needs. The ACP is primarily a practising physician who is able to provide holistic care to individual citizens throughout their life courses, who is fully aware of the constraints in resources, the value of partnership among healthcare providers, the importance of disease prevention, and the need for coordinated care for the chronically ill and disabled.

Unlike hospital-based doctors, the ACP will be working in community-based ambulatory healthcare facilities in the public or private sector. He/she will be working closely with hospital-based doctors at the interface between primary and secondary levels of care, to facilitate timely and appropriate use of secondary and tertiary hospital services with the support of appropriate bi-directional referral guidelines. In addition to direct patient care, the ACP will contribute towards the development and implementation of health-promotion programmes in the community, and the coordination of rehabilitation services rendered by different service providers.

Details of the duties of the ACP include:

- Provision of clinical service as general physician for primary and secondary care as well as prevention, in particular the provision of integrated and holistic care to patients with cancel chronic illnesses and multiple co-morbidities.
- Provision of advice and support to general outpatient clinics (GOPC) and Family Medicine (FM) Specialist Clinics through direct and expedited professional communication and/or setting up of on-site specialist clinics on sessional basis.
- Triage and preparation of patients in ambulatory setting before referral to public or private hospitals for more sophisticated procedures or higher level of medical services.
- Supervision of community-based maintenance rehabilitation for stable patients after acute illnesses.
- Advice and supervision on care and care plan of patients referred from Community Nursing Service (CNS).
- Provision of medical advice to residents of old age homes as visiting doctor in partnership with the Community Geriatric Assessment Team (CGAT) of the Hospital Authority.
- Provision of community-based palliative and hospice care.

In the foreseeable future, there will be increasing need for ACPs to play important clinical and managerial roles as community-based healthcare delivery models become further established. The broad-based physician training of ACPs will enable them to meet the new requirements of the modern concept of health and healthcare, so that they can effectively assume leadership and coordination roles in complex multi-disciplinary and cross-sectoral healthcare delivery models, to simultaneously incorporate both healing and preventive elements and reduce patient's reliance on hospitals.

Statistics on No. of Fellows in all Specialties

Updated in September 2006

		FELLOWS										
		HONG KONG EAST CLUSTER				HONG KONG WEST CLUSTER					HONG KONG EAST + WEST CLUSTER	
SPECIALTY	FELLOWS TOTAL (PP/DH/HA/OTHERS)	PYNEH	RH	TWEH	Subtotal	FYKH	GH	QMH	TWH	Subtotal		
CARDIOLOGY	170	7	3	0	10	0	5	9	0	14	24	
CRITICAL CARE MEDICINE	48	5	0	0	5	0	0	7	0	7	13	
DERMATOLOGY & VENEREOLOGY	75	0	0	0	0	0	0	1	0	1	1	
ENDOCRINOLOGY, DIABETES & METABOLISM	63	3	2	2	7	0	0	9	0	9	16	
GASTROENTEROLOGY & HEPATOLOGY	108	6	2	0	8	0	0	8	1	9	17	
GERIATRIC MEDICINE	144	6	12	5	23	3	0	4	0	7	30	
HAEM/HAEM ONCOLOGY	38	2	0	0	2	0	0	9	0	9	11	
IMMUNOLOGY & ALLERGY	6	0	0	0	0	0	0	1	0	1	1	
INFECTIOUS DISEASE	21	1	0	0	1	0	0	1	1	2	3	
INTERNAL MEDICINE	851	43	25	7	75	1	7	67	9	84	159	
MEDICAL ONCOLOGY	32	0	0	0	0	0	0	7	0	7	7	
NEPHROLOGY	98	7	0	0	7	0	0	8	2	10	17	
NEUROLOGY	65	4	3	0	7	0	0	5	1	6	13	
PALLIATIVE MEDICINE	13	0	1	0	1	0	2	0	0	2	3	
REHABILITATION	41	0	3	3	6	1	0	1	4	6	12	
RESPIRATORY MEDICINE	132	7	7	0	14	0	10	8	1	19	35	
RHEUMATOLOGY	42	3	2	1	6	0	0	3	2	5	11	

		FELLOWS														KOWLOON CENTRAL + EAST + WEST CLUSTER
		KOWLOON CENTRAL CLUSTER			KOWLOON EAST CLUSTER				KOWLOON WEST CLUSTER							
SPECIALTY	FELLOWS TOTAL (PP/DH/HA/OTHERS)	KH	QEH	Subtotal	HOHH	TKOH	UCH	Subtotal	CMC	KWH	OLMH	PMH	WTSH	YCH	Subtotal	
CARDIOLOGY	170	0	10	10	0	2	5	7	1	4	1	7	0	3	16	33
CRITICAL CARE MEDICINE	48	0	5	5	0	1	4	5	4	2	0	1	0	2	9	19
DERMATOLOGY & VENEREOLOGY	75	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ENDOCRINOLOGY, DIABETES & METABOLISM	63	0	5	5	0	1	3	4	2	2	2	5	0	1	12	21
GASTROENTEROLOGY & HEPATOLOGY	108	0	6	6	0	3	3	6	5	5	1	12	0	6	29	41
GERIATRIC MEDICINE	144	5	4	9	6	2	11	19	8	8	1	10	4	5	36	64
HAEM/HAEM ONCOLOGY	38	0	5	5	0	1	1	2	0	0	0	2	0	0	2	9
IMMUNOLOGY & ALLERGY	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INFECTIOUS DISEASE	21	0	2	2	0	0	1	1	0	0	0	4	0	1	5	8
INTERNAL MEDICINE	851	6	57	63	7	15	37	59	25	31	5	53	3	22	139	261
MEDICAL ONCOLOGY	32	0	1	1	0	0	0	0	0	0	0	1	0	0	1	2
NEPHROLOGY	98	0	8	8	2	2	4	8	2	5	0	7	0	2	16	32
NEUROLOGY	65	0	7	7	0	1	3	4	0	3	1	3	1	0	8	19
PALLIATIVE MEDICINE	13	0	0	0	3	0	1	4	4	0	0	0	0	0	4	8
REHABILITATION	41	8	0	8	1	0	3	4	1	1	0	2	4	0	8	20
RESPIRATORY MEDICINE	132	7	7	14	5	3	3	11	3	4	0	4	6	1	18	43
RHEUMATOLOGY	42	1	2	3	0	0	2	2	1	1	0	3	0	1	6	11

		FELLOWS										NEW TERRITORIES EAST + WEST CLUSTER
		NEW TERRITORIES EAST CLUSTER						NEW TERRITORIES WEST CLUSTER				
SPECIALTY	FELLOWS TOTAL (PP/DH/HA/OTHERS)	AHNH	NDH	PWH	SH	TPH	Subtotal	POH	TMH	Subtotal		
CARDIOLOGY	170	3	3	8	0	0	14	0	8	8	22	
CRITICAL CARE MEDICINE	48	2	4	1	0	0	7	0	2	2	9	
DERMATOLOGY & VENEREOLOGY	75	0	0	1	0	0	1	0	0	0	1	
ENDOCRINOLOGY, DIABETES & METABOLISM	63	2	1	10	0	0	13	0	1	1	14	
GASTROENTEROLOGY & HEPATOLOGY	108	2	2	6	0	0	10	0	7	7	17	
GERIATRIC MEDICINE	144	2	1	4	6	4	17	1	11	12	29	
HAEM/HAEM ONCOLOGY	38	0	0	3	0	0	3	0	5	5	8	
IMMUNOLOGY & ALLERGY	6	0	0	0	0	0	0	0	0	0	0	
INFECTIOUS DISEASE	21	1	0	1	0	0	2	0	3	3	5	
INTERNAL MEDICINE	851	19	15	52	6	5	97	2	55	57	154	
MEDICAL ONCOLOGY	32	0	0	11	0	0	11	0	0	0	11	
NEPHROLOGY	98	3	0	5	0	1	9	0	7	7	16	
NEUROLOGY	65	1	2	6	0	0	9	0	3	3	12	
PALLIATIVE MEDICINE	13	0	0	0	1	0	1	0	0	0	1	
REHABILITATION	41	0	0	2	1	2	5	1	3	4	9	
RESPIRATORY MEDICINE	132	4	3	6	0	1	14	0	7	7	21	
RHEUMATOLOGY	42	1	1	3	0	2	7	0	3	3	10	

Statistics on No. of Trainees in all Specialties

Updated in September 2006

		TRAINEES														
		HONG KONG EAST CLUSTER						HONG KONG WEST CLUSTER								
SPECIALTY	TRAINEES TOTAL (PP/DH/HA/ OTHERS)	PYNEH		RH		TWEH		FYKH		GH		QMH		TWH		
		YEAR		YEAR		YEAR		YEAR		YEAR		YEAR		YEAR		
CARDIOLOGY	16	1—1 2 3 4	1 4	1 4	1 2	1 2	0 3	0 4	1 2 3 4	0 0 3 4	1 2 3 4	0 4	2 2 3 4	1 2 3 4	0 0	
CRITICAL CARE MEDICINE	14	1 2—II 3—I 4	3 2 3 4	1 2 3 4	0 2 3 4	0 2 3 4	0 0	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 4	0 0	1 2—II 3 4	2 2 3 4	1 2 3 4	0 0
DERMATOLOGY & VENEREOLOGY	6	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 4	0 0	1 2 3 4	0 2 3 4	1 1 0	
ENDOCRINOLOGY, DIABETES & METABOLISM	14	1 2 3 4	0 0	1 2 3 4	0 2	1 2 3 4—I	1 1 2	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 4	0 0	1 2—I 3 4	1 2 3 7	1 2 3 4	0 0
GASTROENTEROLOGY & HEPATOLOGY	18	1 2 3 4	0 5	1 2 3 4	0 2	1 2 3 4	0 0	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 4	0 0	1 2 3—I 4	1 2 3 6	1 2 3 4	0 0 1
GERIATRIC MEDICINE	10	1 2 3—I 4—I	2 5	1 2 3 4	0 II	1 2 3 4	0 3	1 2 3 4	0 3 4	1 2 3 4	0 0 3 4	0 0	1 2 3 4—I	1 2 3 1	1 2 3 4	0 0
HAEM/HAEM ONCOLOGY	6	1 2 3—I 4	1 2 4	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 4	0 0	1 2 3—I 4	1 2 3 8	1 2 3 4	0 0
IMMUNOLOGY & ALLERGY	0	1—I 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 4	0 0	1 2 3 4	0 2 3 1	1 2 3 4	0 0
INFECTIOUS DISEASE	7	1—I 2 3—I 4	2 0	1 2 3 4—I	1 0	1 2 3 4	0 0	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 4	0 0	1 2 3 4	0 2 3 0	1 2 3 4	0 0
INTERNAL MEDICINE	150	1—II 2—II 3—V 4—II	11 28	1 2—II 3 4—I	3 19	1—I 2—I 3 4—I	3 5	1 2 3—I 4	1 1 3 1	1 2 3 4	0 0 3 4	0 0	1—II 2—VII 3—III 4—II	14 2 3 45	1 2 3 4	0 0 8
MEDICAL ONCOLOGY	6	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 4	0 0	1 2—I 3 4	1 2 3 6	1 2 3 4	0 0
NEPHROLOGY	9	1 2—I 3 4	1 4	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 4	0 0	1 2 3 4	0 2 3 6	1 2 3 4	0 0
NEUROLOGY	18	1 2 3—I 4	1 4	1 2 3 4	0 3	1—I 2 3 4	1 0	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 4	0 0	1—II 2—I 3 4	3 2 3 4	1 2 3—I 4	1 2 0
PALLIATIVE MEDICINE	3	1 2 3 4	0 0	1 2 3 4	0 1	1 2 3 4	0 0	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 4	2 0	1 2 3 4	0 2 3 4	1 2 3 4	0 0
REHABILITATION	4	1 2 3 4	0 0	1 2 3 4	0 3	1 2 3 4	0 2	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 4	0 0	1 2 3 4	0 2 3 4	1 2 3 4	0 3
RESPIRATORY MEDICINE	15	1 2—I 3—I 4	2 2	1 2—I 3 4	1 5	1 2 3 4	0 0	1 2 3 4	0 0 3 4	1 2 3 4	0 0 3 7	0 0	1 2 3 4	0 2 3 4	1 2 3 4	0 0
RHEUMATOLOGY	8	1 2 3—I 4	1 1	1 2 3 4	0 1	1 2 3 4	0 0	1 2 3—I 4	1 1 3 0	1 2 3 4	0 0 3 0	0 0	1 2—I 3 4	1 2 3 2	1 2 3 4	0 2

		TRAINEES																
		KOWLOON CENTRAL CLUSTR		KOWLOON EAST CLUSTER			KOWLOON WEST CLUSTER											
SPECIALTY	TRAINEES TOTAL (PP/DH/HA/OTHERS)	KH	QEH	HOHH	TKOH	UCH	CMC	KWH	OLMH	PMH	WTSH	YCH						
		YEAR		YEAR			YEAR											
CARDIOLOGY	16	1 2 3 4	0 1-1 3-1 8	1 2 3 4	0 2 3 0	1 2 3 4	1 2 3-1 4	1 2 3 4-1	1 2 3-1 3	1 2 3 4	0 1 3 1	1 2 3 4-1	1 2 3 6	0 2 3 4	1 2 3 0	1 2 3 4		
CRITICAL CARE MEDICINE	14	1 2 3 4	0 1-1 3 5	1 2 3 4	0 2 3 0	1 2 3 4	1 2 3-1 4	1 2 3-1 4	1 2 3 4	1 2 3-1 0	1 2 3 4-1	1 2 3 1	2 2 3 4	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 2	
DERMATOLOGY & VENEREOLOGY	6	1 2 3 4	0 1 3 0	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	1 2 3 0	0 2 3 0	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	
ENDOCRINOLOGY, DIABETES & METABOLISM	14	1 2 3 4	0 1-2 3 5	1 2 3 4	0 2 3 0	1 2 3 4-1	1 2 3 4	1 2 3 4-1	1 2-1 3 4	1 2 3 4	0 2 3 1	1 2 3 4	1 2 3 4	0 2 3 3	1 2 3 4	0 2 3 0	1 2 3 4	
GASTROENTEROLOGY & HEPATOLOGY	18	1 2 3 4	0 1-1 3 6	1 2 3 4	0 2 3 0	1 2 3-1 4	1 2 3 4	1 2-1 3 4	1 2 3 4	0 2 3 5	1 2 3 4	1 2 3-1 10	1 2 3 4	0 2 3 4	1 2 3 4	0 2 3-1 4	1 2 3 2	
GERIATRIC MEDICINE	10	1 2 3 4	1 2 3 4	1 2 3 4-1	0 2 3 6	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3-1 9	1 2 3 4	1 2 3 4	0 2-1 3 4-1	1 2 3 9	2 2 3 4	1 2 3 4	0 2 3 3	1 2 3 4	
HAEM/HAEM ONCOLOGY	6	1 2 3 4	0 1 3-1 4	1 2 3 4	2 2 3 0	1 2 3 4	0 2 3 1	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	1 2-1 3 4	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 4	1 2 3 0	
IMMUNOLOGY & ALLERGY	0	1 2 3 4	0 1 2 0	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	
INFECTIOUS DISEASE	7	1 2 3 4	0 1 3-1 0	1 2 3 4	1 2 3 0	1 2 3 4	0 2 3 4-1	1 2 3 1	1 2 3 4	0 2 3 0	1 2 3 4	1 2 3 4-1	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 4	1 2 3 1	
INTERNAL MEDICINE	150	1 2 3 4	0 1-IV 2-VIII 3-IV 4-IV	20 43	1 2 3-1 5	1 2 3-1 13	1 2-1 3-1 4-1	5 13	1 2-1 3-1 4-1	14 28	1 2-1 3-1 4-1	6 21	1 2-1 3-1 4-1	11 23	1 2-1 3-1 4-1	2 3	1 2-1 3-1 4-1	9 17
MEDICAL ONCOLOGY	6	1 2 3 4	0 1 3 0	1 2 3 4	1 2 3 0	0 2 3 0	1 2 3 0	0 2 3 0	1 2 3 0	0 2 3 0	1 2 3 0	0 2 3 1	1 2 3 4	0 2 3 4	1 2 3 4	0 2 3 0	1 2 3 0	
NEPHROLOGY	9	1 2 3 4	0 1 3-1 6	1 2 3 4	1 2 3 0	1 2-1 3 4	1 2 3 4-1	1 2 3 3	1 2-1 3 4	1 2 3 5	1 2 3 4-1	1 2 3-1 0	1 2 3 6	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 2	
NEUROLOGY	18	1 2 3 4	0 1-1 3 5	1 2 3 4	0 2 3 0	1 2 3 4	1 2 3-1 2	1 2 3 4	1 2-1 3 4-1	2 2 3 3	1 2 3 4	0 2-1 3 0	1 2 3 4	0 2 3 4	1 2 3 4	0 2 3 4	1 2 3-1 0	
PALLIATIVE MEDICINE	3	1 2 3 4	0 1 3 0	1 2 3-1 4	1 2 3 1	0 2 3 0	1 2 3-1 4	1 2 3 4	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	1 2 3 0	
REHABILITATION	4	1 2 3-1 4-1	2 2 3 4	1 2 3 4	0 2 3 1	1 2 3 4	0 2 3 0	1 2 3 2	0 2 3 4	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 4	1 2 3 4	0 2 3 4	1 2 3 4	0 2 3 0	
RESPIRATORY MEDICINE	15	1 2 3 4	0 1 3 6	1 2 3-1 3	1 2 3 4-1	1 2 3 4	0 2 3 4	1 2 3-1 4	1 2 3 4	1 2 3 4	1 2 3 4	0 2-1 3 0	1 2 3 4	0 2 3 4	1 2 3-1 4	1 2 3 4	0 2 3 1	
RHEUMATOLOGY	8	1 2 3 4	0 1 3 1	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 4-1	1 2 3 2	1 2 3 4	1 2 3 4	1 2-1 3 0	1 2 3 4	0 2 3 1	1 2 3 4	0 2 3 0	1 2 3 4	0 2 3 0	

		TRAINEES										
		NEW TERRITORIES EAST CLUSTER					NEW TERRITORIES WEST CLUSTER					
SPECIALTY	TRAINEES TOTAL (PP/DH/HA/ OTHERS)	AHNH	NDH	PWH	SH	TPH	POH	TMH				
		YEAR					YEAR					
CARDIOLOGY	16	1 0 2 2 3 3 4 2	1 2 2-II 3 3 4 2	1 2 2-I 3-I 4 5	1 2 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 1 2 2 3 3 4 0	1 1 2 2 3 3 4 0	1 1 2 2 3 3 4 0	1 1 2 2 3 3 4 0
CRITICAL CARE MEDICINE	14	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 2	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 1
DERMATOLOGY & VENEREOLOGY	6	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 1 2 2 3-I 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0
ENDOCRINOLOGY, DIABETES & METABOLISM	14	1 0 2 2 3 3 4 1	1-I 1 2 2 3 3 4 1	1 3 2-I 3-I 4-I 9	1 1 2 2 3 3 4 0	1 1 2 2 3-I 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 1 2 2 3 3 4-I 1
GASTROENTEROLOGY & HEPATOLOGY	18	1 0 2 2 3 3 4 0	1 2 2 2 3-I 4-I 2	1 3 2-III 3 3 4 6	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1-I 3 2-II 3 3 4 4
GERIATRIC MEDICINE	10	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 3	1 1 2 2 3-I 4 6	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 8
HAEM/HAEM ONCOLOGY	6	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 3	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 1 2-I 3 3 4 2
IMMUNOLOGY & ALLERGY	0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0
INFECTIOUS DISEASE	7	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 0	1 1 2-I 3 3 4 1	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 2
INTERNAL MEDICINE	150	1-I 1 2 2 3 3 4 12	1-I 9 2-V 3-II 4-I 10	1 18 2-VIII 3-III 4-VI 39	1 5 2-I 3-III 4-I 6	1 1 2 2 3 3 4-I 4	1 1 2 2 3 3 4-I 4	1 1 2 2 3 3 4-I 4	1 1 2 2 3 3 4-I 4	1 1 2 2 3 3 4-I 4	1 1 2 2 3 3 4-I 4	1-I 10 2-III 3-III 4-III 37
MEDICAL ONCOLOGY	6	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 4 2-I 3-II 4 9	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0
NEPHROLOGY	9	1 0 2 2 3 3 4 2	1 0 2 2 3 3 4 0	1 1 2 2 3 3 4-I 5	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 7
NEUROLOGY	18	1 1 2 2 3 3 4-I 1	1 1 2-I 3 3 4 1	1 1 2 2 3-I 4 4	1 2 2 2 3-I 4-I 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 1 2 2 3-I 4 1
PALLIATIVE MEDICINE	3	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0
REHABILITATION	4	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 2	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 2	1 0 2 2 3 3 4 2	1 0 2 2 3 3 4 2	1 0 2 2 3 3 4 2	1 0 2 2 3 3 4 2	1 0 2 2 3 3 4 2	1 2 2 2 3-I 4-I 3
RESPIRATORY MEDICINE	15	1 0 2 2 3 3 4 3	1 3 2-II 3-I 4 3	1 1 2-I 3 3 4 4	1 1 2-I 3 3 4 0	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 1	1 0 2 2 3 3 4 5
RHEUMATOLOGY	8	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 1 2 2 3 3 4 3	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 0	1 0 2 2 3 3 4 1

* Total No. of trainees is shown in upper right corner of each hospital

** No. of trainees is shown in italics & bold in lower right corner of each hospital

SPECIALTY	TRAINEES TOTAL (PP/DH/HA/OTHERS)	TRAINEES	
		DH	
DERMATOLOGY & VENEREOLOGY	6	1	5
		2	
		3—IV	
		4—I	12
INTERNAL MEDICINE	150	1	1
		2	
		3	
		4—I	0
IMMUNOLOGY & ALLERGY	0	1	0
		2	
		3	
		4	2
RESPIRATORY MEDICINE	15	1—I	1
		2	
		3	
		4	5

* Total No. of trainees is shown in upper right corner of each hospital

** No. of trainees is shown in italics & bold in lower right corner of each hospital



How Medical Residents Regard Their Current Training

Dr Yannie Soo Department of Medicine, Prince of Wales Hospital

This is a report of an informal survey conducted to assess how young doctors view their medical training in Hong Kong¹.

Methods

Survey questionnaires were distributed to all medical Basic Physician Trainees (BPT) and Higher Physician Trainees (HPT) in all public hospitals in Hong Kong in March 2006. There were 20 items on the questionnaire on 4 domains: (1) preparation for membership examination, (2) current training status, (3) future career plan and (4) the impact of training on their social life. (Figure 1)

Summary of Key Findings

- Response rate of 28.4% (173 residents).
- 60.1% were Basic Physician Trainees (BPTs) and 39.9% were Higher Physicians Trainees (HPTs).

(A) Preparation for Membership Examination

- 67.6% of respondents believed that mock examination for PACES station 1, 3 and 5 would be helpful as well.
- 73.4% of respondents, especially the BPTs, agreed that a recommended book list for the membership examination would be helpful.

Figure 1 Results of Questionnaire

MRCP Exam	Agree	No idea	Disagree		
There are tutorials/bedside teachings for MRCP in my hospital.	86.7%	6.9%	6.4%		
I have joined the PACES mock exam (history taking & communication station) and it was useful.	50.9%	42.2%	6.9%		
Mock exam for PACES station 1,3 and 5 will be useful as well.	67.6%	30.1%	2.3%		
A recommended book list for preparation will be helpful.	74.3%	23.7%	2.9%		
Guidelines to candidates taking part in overseas exam are adequate.	16.2%	59.0%	24.9%		
Training	Agree	No idea	Disagree		
I am working in the specialty which I am most interested in.	68.8%	21.4%	9.8%		
I have thought of changing to another specialty. (If yes, indicate reason with ✓ : Too busy (3.5%); No prospect (2.9%); Poor relationship with colleagues (1.7%).	12.1%	35.3%	52.6%		
Average working hours per week (circle one option)	< 65 hrs 22.5%	65–80 hrs 64.7%	> 80 hrs 12.7%		
Average over-night calls per month (circle one option)	<6 85.5%	6-8 13.3%	>8 1.2%		
I am satisfied with my current training	65.3%	23.7%	11.0%		
I would like to have overseas training.	82.1%	14.5%	3.5%		
I am willing to take no-pay leave to obtain overseas training for (Circle one option)	0 mths 33.5%	3-6 mths 50.9%	> 6 mths 15.6%		
I would like to rotate to other hospital to gain more experience.	0 mths 16.2%	3-6 mths 59.0%	> 6 mths 24.9%		
A recommended book list from each subspecialty will be helpful for HPT training.	75.1%	22.0%	2.9%		
Your Future Career Path	HA	DH	Academic Field	Private Sector	Others
After my exit exam, I plan to continue my career in (Circle one option)	74.0%	0.6%	0.6%	17.3%	7.5%
Your Social Life	Please circle one answer				
Average sleeping hours during weekdays.	<6 hrs 28.3%	6-7 hrs 63.0%	> 7 hrs 8.7%		
Frequency of unrefreshed awakenings per week.	Daily 24.3%	< 3 days 45.1%	≥ 3 days 30.6%		
I feel detached from my family and friends because of my job.	Agree 48.6%	No idea 21.4%	Disagree 30.1%		
I have more active social life because of my career.	Agree 5.2%	No idea 19.7%	Disagree 75.1%		
Frequency of aerobic exercise (at least 30 mins) per week.	0 49.1%	1 39.9%	≥ 2 11.0%		

(B) Opinion on Training Status

- Almost 70% of the residents were working in the specialties they were most interested in.
- The most popular specialties among BPTs were Cardiology (12.5%), Gastroenterology (6.7%), and Neurology (4.8%).
- 84.5% of the residents had less than 6 over-night calls per month.
- 64.7% of the residents had average working hours of 65-85 hours per week.
- HPTs had longer working hours than BPTs.
- 65.5% of the respondents were satisfied with their current training.
- 82.1% of the residents would like to have overseas training.
- 66.5% were willing to take 3 to 6 months of no-pay leave for overseas training.
- 83.6% of residents would like to rotate to other local hospitals to gain more experience.

(C) Future Career Plan

- 74.0% of residents planned to stay in Hospital Authority.
- 17.4% planned to work in private sector.

(D) Effect of Training on Social Life

- The average sleeping hours during weekdays was 6 to 7 hours in 63.0% of the respondents.
- 48.6% felt detached from their families and friends because of work.
- 38.2% did exercise once per week.
- Half of the residents had no aerobic exercise at all.

Discussion

The major limitation to this survey was the low response rate, which was a common problem with surveys performed among busy residents.

¹ Disclaimer

This survey was organised by the editorial board of Synapse to understand the current needs of trainees. The views expressed do not represent the official position of the Hong Kong College of Physicians.

Tutorials and bedside teachings for membership examination were available in most of the hospitals. However, mock examination for PACES station 1,3 and 5, as well as recommended book lists were deemed useful for examination preparations..

The average sleeping hours were fair during weekdays; however, family and social life were compromised in majority of the residents. Long working hours was a likely major factor accounting for the low proportion of residents able to undertake regular sports and exercise activities.

Regarding training, the response was generally positive. Despite the long working hours, 68.8% of the respondents were satisfied with their current training. Two thirds were keen for overseas training exposure even if they needed to take no-pay leave, indicating the high degree of motivation for learning. In reality, job contractual constraints and manpower shortage posed great difficulties for arranging overseas training. Such obstacles may be overcome if manpower resources are improved and there is increased flexibility in the contract system. Financial support in the form of scholarships and training funds will be helpful for residents to pursue overseas training. In an era where medical advances in techniques and treatment are ever rapid, overseas training offers a channel for exchange of experience and knowledge to benefit our local population.

Conclusion

Overall speaking, the respondents were motivated and satisfied with their current training. Additional mock examinations, a book reference list and financial assistance may facilitate residents in preparing for membership examination and overseas training.

Acknowledgements

Compliments to Dr. Rosalina Ip for her assistance in data entry



20th Anniversary Logo Competition

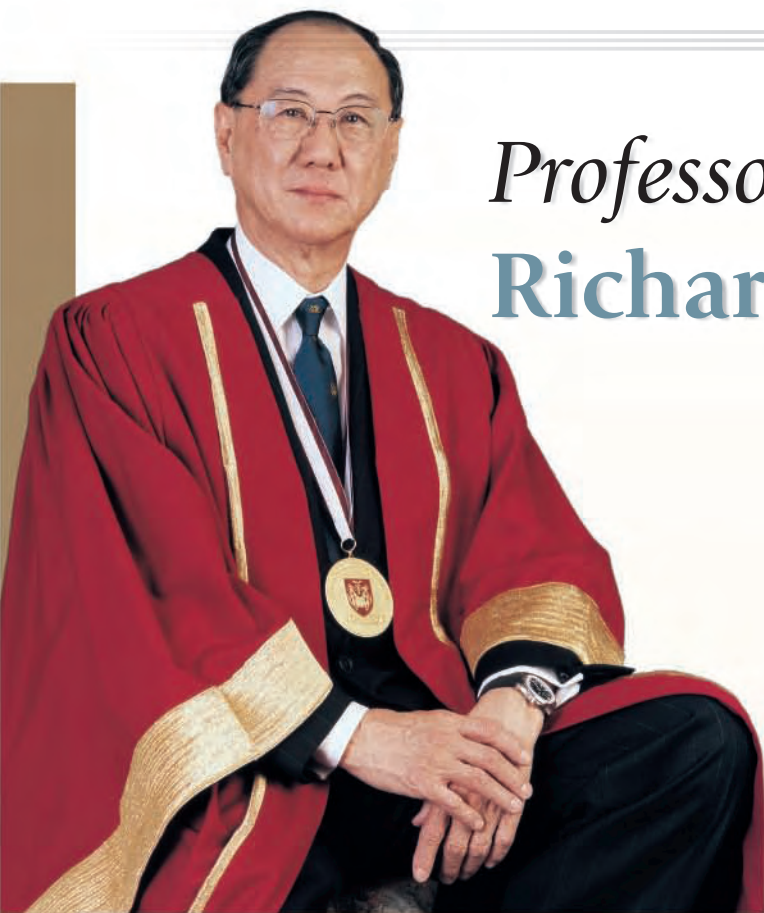
Congratulations to the winner, Dr Jasmine Chan Tsz Mim from United Christian Hospital. Her design creatively incorporates our 20th Anniversary celebrations, a heart, a stethoscope and our College name. She will receive an invitation to attend the Annual College Dinner where she will be awarded a prize of \$3000.

2006 Synapse Photography Competition

Synapse would like to thank the following nine doctors who submitted a total of twenty-four photographs of outstanding quality for our contest held earlier this year. Three photographers were selected for the award of a book coupon prize. The first prize was awarded to Dr Jeffrey Tsang Shu Chung for his photograph entitled "Dance in Snow" which featured on the front cover of the April 2006 edition of Synapse. The 2nd and 3rd prizes were awarded to Dr Kwok Yuk Lung and Dr Li Wa respectively. Readers will be able to enjoy their photographs in subsequent editions of Synapse.

Participants of Synapse Photo Competition 2006

KWOK Yuk Lung
LAI Ching Lung
LAM Kui Chun
LI Wa
LIU Dorothy
SIU Yui Pang Gordon
SO Shun Yang
TSANG Shu Chung Jeffrey
WONG Lai Ping



Professor Richard Yu Yue-hong

Dr John Mackay

Medical Unit at the Queen Mary Hospital. It was the influence of these teachers, and the very negative impression he had of the clinicians and mid-wives in the treatment of Obstetric and Gynaecological patients at the Tsang Yuk Hospital, that decided him on pursuing a career in Medicine: later, as a consultant physician to the hospital from 1966-1969 he introduced great improvement in patient care.

After one year as a pre-registration House Officer he was appointed a Medical Officer at the Queen Mary Hospital where Gerald Choa continued to be his mentor and encouraged him to specialise and do research.

In 1962 he moved to the University College Hospital in London as a clinical Assistant. Passing his Edinburgh membership six months later and continued at University College Hospital on a Smith and Nephew Fellowship to do research with Professor John Dickinson and Professor Max (later Lord) Rosenheim. His original research into the effect of angiotensin II on the blood pressure of rabbits, led to the award of a Ph.D. in 1966.

Back in Hong Kong he rejoined Dr Gerald Choa at the Queen Mary Hospital, moving from Government after six months to become a Lecturer at the University Department of Medicine. Three years later, on a Leverhulme Scholarship he went to Melbourne's Monash University for six months as a Visiting Lecturer and Honorary Physician at the renal unit Royal Melbourne Hospital under Professor Priscilla Kincaid-Smith. His research on blood pressure in patients with end-stage renal failure on dialysis or after renal transplants, was honoured by the award of an M.D. by the University of Hong Kong.

He returned to Hong Kong University as a Senior Lecturer in 1971, staying there for two years before going into Private Practice. As someone who enjoyed teaching so much he continued as an Honorary Clinical Lecturer at Hong Kong University. In 1997 he was made an Honorary Clinical Associate Professor, and finally an Honorary Professor at Hong Kong and Chinese Universities, positions that he still holds.

Looking back on his career as a nephrologist Professor Yu is grateful for the huge advances in laboratory and imaging techniques that have helped in the diagnosis and management of patients. He stressed, however, the continuing importance of clinical bedside expertise. Dialysis was used only for acute cases in the past but has now become possible on a long-term basis until a

Professor Richard Yu has much to look forward to – now only in his early seventies he has thirty years to go before he equals his father, now aged 102.

He is well on his way to emulating his father, a 1929 graduate, who was a respected figure in the medical fraternity of Hong Kong – and on whose 102nd birthday his children endowed the 'YU Chiu Kwong Professorship in Medicine' at the University of Hong Kong. Like his father, Richard went to the prestigious Diocesan Boys' School and on to Hong Kong University Medical School and Morrison Hall student residence.

At university he worked hard, having competition from his three brothers, Frank, the eldest, who went on to become a surgeon in Hong Kong; and his two younger brothers; Donald, who has become a well known respiratory specialist in Hong Kong, and Victor who is Professor of Neonatology at Monash University in Australia.

It was at Diocesan Boys' School that he began a life-long interest in photography, being fortunate to have a thorough grounding in black and white photography and film development from a friend, Peter Dragon. His other interest at that time was tennis, which he still enjoys.

Richard Yu remembers with gratitude his excellent university teachers, particularly Professor McFadzean, of whom everyone was in awe; Stephen Chang who was also an excellent clinician but more amiable; and Gerald Choa also a stern teacher.

To everyone's surprise he tripped up on the Long Case of his Final exams and had to sit a supplementary exam in December of that year, 1958. Dr Gerald Choa was so impressed with his final results that he invited him to be his House Officer at the Government

transplant is possible. He said that about 3,000 people are waiting for transplants in Hong Kong and the numbers are rising. About 50-60 patients receive transplants each year in Hong Kong, 200-300 more go across to China for the operations. The survival rates for operations carried out in Hong Kong and in the best units in China, are comparable. The limiting factor in Hong Kong is the number of donors. Unlike Singapore there is in Hong Kong no legislation to allow an 'Opt-out' policy whereby organs for donation are assumed to be available from potential donors unless they specify otherwise. In Hong Kong some people do carry 'Opt-in' cards allowing organs to be harvested.

In 1985 with the change in the Sovereignty of Hong Kong coming in 1997, Professor Yu joined with distinguished colleagues such as Professors David Todd, T.K.Chan, S.C.Tso, Gerald Choa, and Dr. E.K.Yeoh, with legal advice from Peter Mark to found a College of Physicians. Professor Yu was honorary Secretary from 1986 for the first nine years, was elected Vice-President in 1995 for one term of three years and then President for two terms ending in 2004.

During his time as President Professor Yu achieved much in gaining international recognition for the College, oversaw the development of comprehensive training courses, and transparent, fair and accountable accreditation procedures.

Under his guidance the Overseas Fellowship Committee can boast that Hong Kong has more Edinburgh Fellows, 500, than any territory outside Edinburgh, and also 200 London Fellows.

Among the many other medically-related bodies on which he has served Professor Yu mentions with pride his work with the Pneumoconiosis Compensation Fund Board, to which he was invited by Professor C.H.Leong in 1990. In the ten years he served, the last five as Chairman, the Board initiated CT assessment at Hong Kong University department of Radiology; changed compensation from just two awards for each person, to life-time awards paid quarterly depending on degree of disability; and developed rehabilitation facilities for 2,000 people at the Ruttonjee, Haven of Hope and Shatin Hospitals. Caisson working, which was the occupation at which the workers developed the pneumoconiosis, has now been abolished.

Today when many at his age have hung up their stethoscopes, Professor Yu is still busy. He is in his office in Central five and a half days each week, seeing patients and taking care of his medical committee interests. He continues to give lectures to students at both universities. He enjoys the Grand Rounds at the Ruttonjee Hospital and Princess Margaret

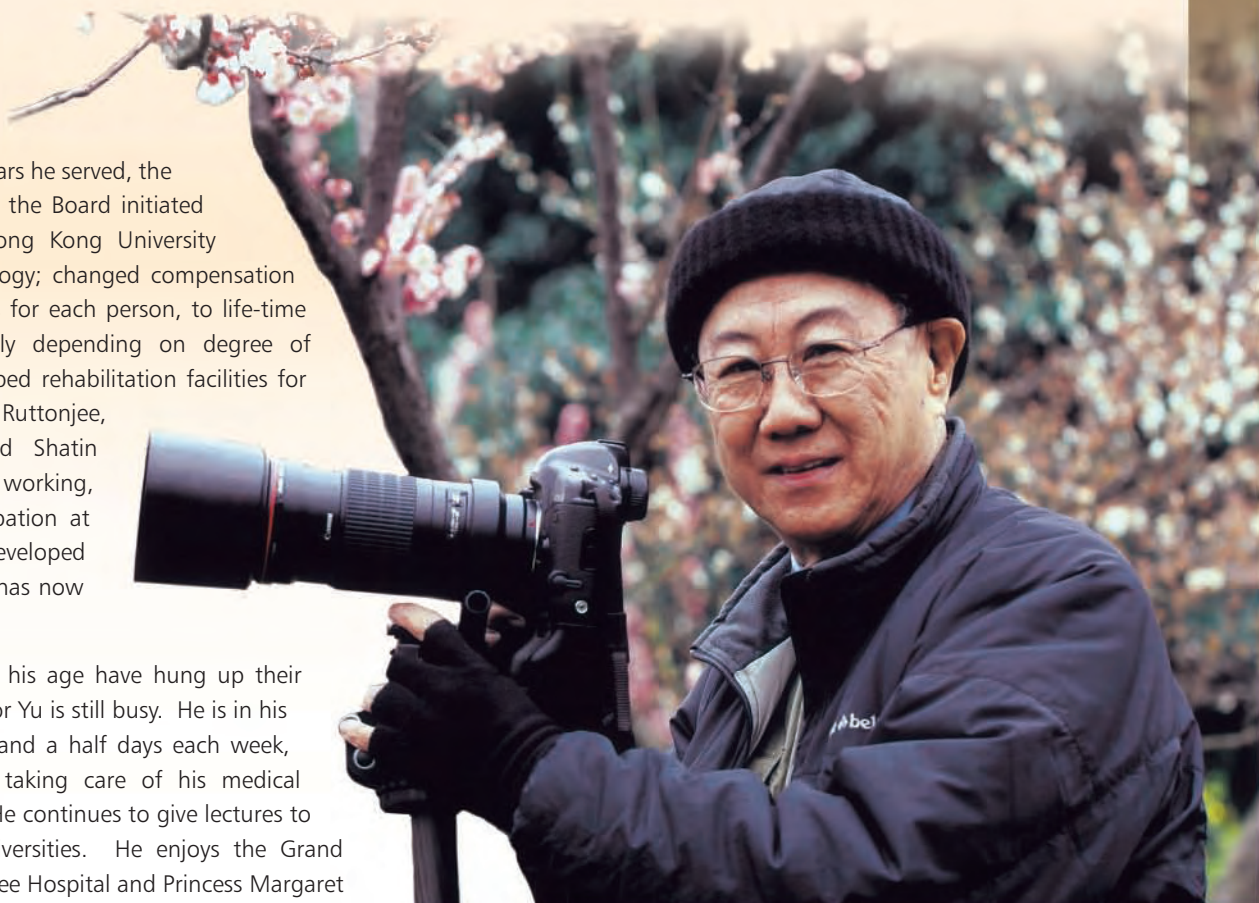
Hospital at both of which he is an Honorary Consultant Physician; and is a member of the Hospital Governing Committee for the Queen Mary and Tsang Yuk Hospitals.

Away from medicine Professor Yu has enjoyed classical music ever since he was introduced to it by Professor David Todd in the 1980s. His particular favourite is Wagner. Careful study of Wagner and his philosophy has led to an appreciation of his music, particularly the 'Ring' series performances of which he has enjoyed in Berlin and at Covent Garden in London. His photography interest redeveloped ten years ago and now with Dr. Leo Wong he goes on photographic trips, developing his own interest in a photo-impressionistic style. An exhibition of his work is now on show at the Shaw Auditorium and School of Public Health in the Chinese University of Hong Kong.

Professor Yu's children have broken the family tradition. His son is an accountant. One daughter is teaching languages in Paris, but the other kept up the medical link, qualifying in Hospital Administration in Sydney, and is now working as an Executive Officer with the University of Hong Kong, Department of Medicine, Queen Mary Hospital.

Asked to sum up his philosophy regarding Medicine Professor Yu was emphatic. "A doctor should have unconditional commitment and dedication to his or her patients and colleagues."

It could have been his father speaking.



Sister Mary Gabriel O'Mahoney

A Celebration of a Remarkable Life

Dr Michael Humphries

The passing of Sister Gabriel FRCPE MBE marks the loss of one of the most remarkable physicians ever to have practiced in Hong Kong. Having graduated in medicine from University College Dublin in 1947, she served as an intern at the Carney Hospital and Boston City Hospital in the USA and following further training at the Brompton Hospital in London, joined the medical staff at the Ruttonjee Sanatorium in Wanchai in 1950, working tirelessly until retirement in 1988. Together with Sister Mary Aquinas and Sisters from the Order of Saint Columban, the Sisters established a formidable team and earned an international reputation in the treatment and clinical research of tuberculosis.

In addition to being a dedicated and caring physician, Sister Gabriel was prolific in research, publishing widely in many aspects of adult pulmonary and childhood tuberculosis, orthopaedic and meningeal tuberculosis and asthma and allergy. There was extensive collaboration on pulmonary and spinal tuberculosis involving the British Medical Research Council. Altogether she authored and contributed to more than 100 scientific papers.

Together with other physicians in the Hong Kong Chest Service Sisters Gabriel and Aquinas championed Directly Observed Treatment Short Course [DOTS] treatment for tuberculosis, decades before its importance was recognised globally. The contributions did not go unrecognised, Sister was the first ever Honorary Fellow of the Hong Kong Academy of Medicine and in addition was admitted as A Member of the British Empire in 1990.

In her latter years she focused energy on hospice care and the Columban Sisters together with many colleagues and friends and the Society for the Promotion of Hospice Care, established a dedicated facility to care for the terminally ill at the Bradbury Hospice, again establishing a trend that others would follow. Sister Gabriel leaves a unique legacy and will be greatly missed.

