

HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



HONG KONG COLLEGE OF PHYSICIANS

SYNAPSE

RESTRICTED TO MEMBERS ONLY

NOVEMBER 2018



Photographer
Professor Richard YH YU

CONTENTS

THIS ISSUE

- 4 **PRESIDENT'S MESSAGE**
- 6 **COUNCIL NEWS**
- 14 **YOUNG FELLOWS' COLUMN**
- 19 **EXAMINATIONS AND RESULTS**
- 21 **TRAINING**
- 30 **FELLOWS' CORNER**
- 33 **PROFILE DOCTOR**

HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



Sapientia et Dignitas

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 Editorial Board

Editor : Dr Carolyn PL KING

Deputy Editor : Dr KK CHAN

Assistant Editor : Dr John MACKAY

Co-Editors : Dr Heyson CH CHAN
Dr Alexander MH LEUNG
Dr Francis CK MOK
Dr Terrence PS YIP

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



Professor PHILIP KT LI

President
Hong Kong College of Physicians

Dear all New Fellows and Members,

I would like to congratulate all of you to become the New Fellows and Members of our College.

This must be a very precious moment of your life that you have reached a new milestone in your career. As President, I respect all your hardwork in achieving this. I also think you will treasure the support of your family, your peers and your mentors, many are in the audience, to make this happen.

May I ask all the New Fellows and Members to rise:

Wave your hands to your family, your peers and your seniors in the audience who have supported you to show your appreciation.

Thank you.

I was Visiting Scholar to Harvard Medical School in June this year. In the centre of the entrance of Brigham and Women's Hospital, they put up a stature named **Asclepius**, who was The Ancient Greek God of Healing and Medicine. Asclepius's hand rests on a single serpent entwined around a rod. The rod and serpent have evolved into Caduceus, the worldwide medical symbol.

Asclepius was the first one to institute the practice of surgery, the art of pharmacology and human healthcare. His healing temples have survived as modern specialist medical centre and therapeutic spa. Temple medicine focused on reassurance, selected drugs, the power of positive thinking, and the curative power of the temple spring.

I am particularly impressed by his methods of 'reassurance' and the 'power of positive thinking'. Not only our patients need them, I think we as physicians also need them, in performance of our clinician duty. And for temple spring, I am sure many of us are big fan of onsen and rotenburo.

We face a lot of challenges in our career as a physician. I hope our College can be a partner with you, as new fellows and members, to face these challenges, be it now or in future.

The College organised a **Young Fellows' Retreat** in August this year, comprising members of Young Fellows Committee and also all young fellow representatives of specialty Boards and Committees. We have discussed on Workload, Training, Morale and Expectations of Young Fellows of our College. That was a very fruitful forum and we have heard a lot of good suggestions. The College will follow up on these with programmes and initiatives and at the same time discuss with the appropriate authorities for taking them forward.

The College has established the **Sir David Todd Memorial Scholarship** to support young and promising fellows. It aims to encourage young Fellows from all Specialties to undertake overseas training of new clinical skills or basic, translational or clinical research, with an objective to create an environment conducive to the advancement of medicine. The donations in support of this is overwhelming. We have now donations approaching 3 million dollars. We have already selected the first Sir David Todd Memorial Scholarship recipient and he will be presented this later in the evening. I would like to thank all the donors again.

This year the College has organized 2 training days in September inviting UK Trainers together with our local experienced trainers to help our trainees taking MRCP PACES. This is very well received. The October PACES passing rate was 38/75 ie 51%, among the highest in the recent 5 years. Our College will continue to support our trainees in training and examinations, to improve the passing rates of Hong Kong further.

We have established the **HKCP Scholarship for Medical Students** to support and encourage them to undertake clinical or laboratory attachment and research pertaining to the practice and advancement of internal medicine at overseas institutions. 8 students from both CUHK and HKU have been supported and some of them will be here tonight for the certificate presentations.

The **Food and Health Bureau** has invited Colleges to submit views on **Specialist manpower** in Hong Kong. Our College is now preparing the document to illustrate our manpower strain and need. This year, the summer surge did not seem to hit Hong Kong as hard as last year. However, our medical wards are persistently overloaded and our medical specialist outpatient clinics are as extremely busy as always. I salute all of you as young doctors who have to deal with the heavy workload and at the same time go through the training and examination. Appreciation is also given to the senior physicians in their supervision and the guidance of the younger generations.

In March, the College senior officials had a discussion with **Prof Sophia Chan, Secretary for Food and Health**, on various aspects of our College needs: manpower, training, workload and subspecialty developments. She reassured her support to our College and physicians. I am glad that Prof Chan is here as our honorable guest tonight. Thank you Sophia.

We have published the book **"Professor Sir David Todd – A Doyen of our Times"** in memory of the late and beloved Sir David. And I encourage all the young Fellows and members to read the life of our Founding President. Many of his wisdoms and perspectives will be very inspirational for us pursuing a physician career.

In June this year, I took part in the **500th anniversary celebration of the Royal College of Physicians of London**, established in the Era of King Henry VIII of England. Our College now has only 32 years of history. We are young but vibrant. We now have 1843 Fellows, 297 members and 622 trainees, altogether numbered

2,762, as the biggest College in Hong Kong. We rely on you as the new budding physicians to develop the College into one that can support our physicians to face the challenges ahead as well as to help our patients who notably are getting more multi-morbid and aged.

The College continues to work hard on maintenance of professionalism through our **credentialing processes, setting of clinical practice guidelines and updated training and assessment methods**. I have been actively asking the Specialty Boards and Committees to engage more of you as young fellows in all these processes to help the College to improve, update and excel.

The College continues to support research through **Young Investigator Research Grants and Distinguished Research Paper Awards** to promote the development of more clinician scientists. Research and innovation are cornerstones to further improvement in our healthcare and I am sure our College Fellows and Members are crucial for such development in Hong Kong.

Academic excellence is also what the College has been striving for. This year we are particularly happy that the **new subspecialty of Clinical Toxicology** has been established and we had just conferred the First Fellow to 5 of our very senior clinicians as clinical toxicologists. The College now has 18 subspecialties, the largest number in Hong Kong.

Next year in October, our College will have the **Joint Annual Scientific Meeting with the Royal College of Physicians of London** here in this venue and we will discuss on exciting topics like digital medicine, genomics and genetics, and personalized medicine.

Paraphrase from Asclepius, do think positive and you will be reassured of a bright future, for yourself and for the medical profession taking care of the patients in Hong Kong.

Once again, congratulations to you all and welcome to our big family of the College of Physicians.

Best wishes,



Prof Philip KT Li
President
Hong Kong College of Physicians

HKCP College Website Revamp - Four Years' of Prospective Work

Pierre CHAN

Member, Working Group on College website

Nowadays, people have relatively easy access to the internet, people communicate with far greater speed than before. The website of the Hong Kong College of Physicians was last revamped in 2005. Its tailor-made design was for small cathode ray tube displays of resolution 800 x 600 pixels.

When I was a physician trainee 10 years ago, it was difficult to find documents through the website e.g. the trainee registry, assessment forms and examination application forms. It was not easy to know when to apply, who should I apply to, deadline of application and dates for interim and exit examinations. The College Secretariat also found it hard to update the website.

Indeed, it is important to use the website to effectively answer our fellow doctors' questions and provide pertinent information in an easy-to-find format. A responsive website is much needed nowadays. In Feb 2014, Dr. Wong Chun-por (previous HKCP Council member) invited me to revamp the College's website. Nine months later, we worked out the first proposal "version 2.0" with an IT company. For version 2.0, we rearranged and regrouped things in a more user-friendly manner but kept the original website layout unchanged.



[Picture 1] Layout of the first proposal



[Picture 2] Layout of the second proposal

We submitted the first proposal to the Council of HKCP in 2015. Even though additional requirements were all fulfilled, it was difficult to get it approved like submitting articles for publication in international journals.

In May 2016, Dr. Mok Chun-keung (COS, TMH M&G) took over this project after the retirement of Dr. Wong Chun-por. The website revamping issue was reactivated then. Dr. Kwok Tsz-kin (Consultant, TWH) and I introduced a second proposal "version 3.0" with a completely different design layout [picture 2].

In Nov 2017, Professor Philip Li met the working group and showed his support. The second proposal was reviewed by the Council with major revisions, including frontpage logo, background colour, icon colour and design. This proposal was eventually approved by the Council after several major revisions. Professor Richard Yu provided valuable advice and guidance throughout the process of the website revamp.

In July 2018, we proudly presented to you a fresh College website at <http://www.hkcp.org>. I hope this new website is your "CUP" of tea.

- **C**ontent - useful and updated.
- **U**ser-friendly - improves usability and attracts more visitors.
- **P**resentation and design - appealing visuals delivering messages effectively.

Working with our team has been a pleasant journey for me as I have found support every step of the way. I would like to thank Professor Philip Li, for his strong leadership skills, Dr. Wong Chun-por, for his vision, Dr. Mok Chun-keung, for his excellent communication skills and Dr. Kwok Tsz-kin, for his invaluable advice in helping me to work out this project. Without the concerted efforts of our team, the website revamping project would not have succeeded. Finally, I have to thank our College Secretariat and Ms. Gloria Ng for devoting her precious time to managing the new website.



College website workgroup

Meeting of College Officials with Food and Health Bureau

The President, Senior Advisor and several Office Bearers had a dinner with Prof Sophia Chan, Secretary for Food and Health, Food and Health Bureau, on 14 March 2018. Our College had raised and discussed the following aspects with Prof Chan: Medical manpower in Physicians in the public healthcare system; Morale and training of Physicians in the public healthcare system; Development of Dermatology and Medical Oncology.



(L – R) Mr Kelvin Cheng, Dr Patrick Li, Prof Philip Li, Prof Richard Yu, Prof Sophia Chan, Prof Anthony Chan, Dr Johnny Chan

Newly Elected FRCP (London) 2018

1. **Dr Choi Cheung Hei**
Department of Medicine, Queen Elizabeth Hospital
2. **Dr Ng Chun Kong**
Department of Medicine, Queen Elizabeth Hospital
3. **Dr Yiu Kai Hang**
Department of Medicine, Queen Mary Hospital
4. **Dr Chow Kai Ming**
Department of Medicine & Therapeutics, Prince of Wales Hospital
5. **Dr Lee Kang Yin Michael**
Department of Medicine, Queen Elizabeth Hospital
6. **Dr Inge Shing Kon Kelvin**
Hong Kong Sanatorium and Hospital
7. **Dr Tsui Kin Lam**
Department of Medicine, Pamela Youde Nethersole Eastern Hospital
8. **Dr Choi Kin Wing**
Department of Medicine, Alice Ho Miu Ling Nethersole Hospital
9. **Dr Wong Lai Hung Grace**
Department of Medicine & Therapeutics, Prince of Wales Hospital
10. **Dr Leung Moon Ho Alexander**
Department of Medicine, Queen Elizabeth Hospital
11. **Dr Sheng Bun**
Department of Medicine & Geriatrics, Princess Margaret Hospital
12. **Dr Wong Sze Ho Sunny**
Department of Medicine & Geriatrics, United Christian Hospital
13. **Dr Fong Wing Chi**
Department of Medicine, Queen Elizabeth Hospital
14. **Dr Chan Wing Sze**
Department of Medicine, Queen Mary Hospital
15. **Dr Cheung Yuk Fai**
Department of Medicine, Queen Elizabeth Hospital

500th anniversary of the Royal College of Physicians

In June, Prof Philip Li, attended the 500th anniversary of the Royal College of Physicians. He also attended on behalf of our College in the International President's round table meeting. In that meeting, several areas were discussed including Issues on Litigation in Healthcare, Medical Workforce, Post Graduate Medical Education and opportunities for international collaboration. Prof Li also attended the London College 500th Anniversary Garden Party.

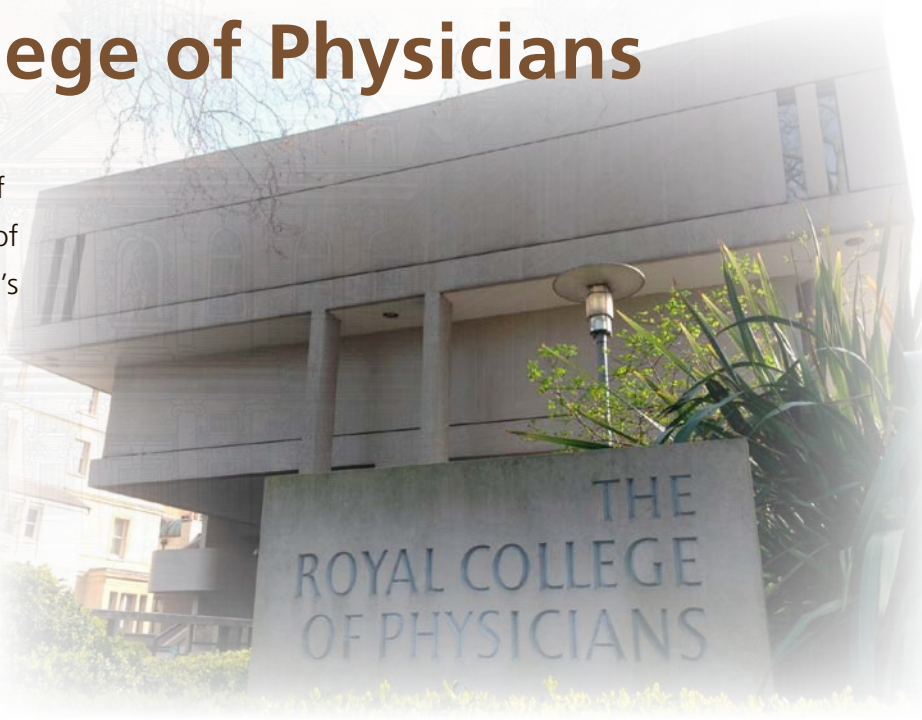


Photo taken after the International President's round table meeting

From L-R: Dr Panduka Karunanayake, President, Ceylon College of Physicians; Professor Kanak Kanti Barua, President, Bangladesh College of Physicians and Surgeons; Prof Philip Li; Professor Jane Dacre, President, Royal College of Physicians; Professor Mary Horgan, President, Royal College of Physicians Ireland; Professor Zafar Ullah Chaudhry, President, College of Physicians and Surgeons Pakistan; Dr Andrew Goddard, President elect, Royal College of Physicians; Professor Mark Lane, President, Royal Australasian College of Physicians



Prof Jane Dacre presented to Prof Philip Li the London College 500th Anniversary Book



Prof Jane Dacre and Prof Philip Li in the 500th Anniversary Exhibition of the London College

52nd Malaysia – Singapore Congress of Medicine in Kuala Lumpur

On 27-28 July 2018, Prof Philip Li, our College President represented our College to attend 52nd Malaysia – Singapore Congress of Medicine in Kuala Lumpur. Prof Li attended the Opening and Conferment Ceremony, the Joint Council Meeting, the President's Round Table Meeting and Presidential dinner. Prof Philip Li also received Fellowship of Academy of Medicine of Malaysia.



Prof Philip Li received Fellowship of Academy of Medicine of Malaysia from His Royal Highness DYMM Paduka Seri Sultan Perak Darul Ridzuan, Sultan Nazrin Muizzuddin Shah, Ibni Almarhum Sultan Azlan Muhibbuddin Shah of Malaysia.



Prof Philip Li in the 52nd Malaysia – Singapore Congress of Medicine after the Conferment Ceremony

From L-R Prof Philip Li; Prof Derek Bell, President of Royal College of Physicians of Edinburgh; Dr Letchuman Ramanathan, President of Malaysian College of Physicians; Prof David Galloway, President of Royal College of Physicians and Surgeons of Glasgow.

Chinese Medical Doctor Association Summit 2018

On 31 August – 2 September 2018 Prof Philip Li and Dr Heyson Chan represent our College to attend the Chinese Medical Doctor Association Summit held in Beijing. Prof Li gave the lecture on ‘Hong Kong College of Physicians: Training Programme and Accreditation of Physicians’ and Dr Chan gave the lecture on ‘Specialist Training in Gastroenterology: Simulation and Practice’.

Prof Li also had meeting with Dr Cui Li, Deputy Director of the National Health Committee discussing on health care system and specialist training in Hong Kong.



Prof Philip Li presented a College Plaque as souvenir to Dr Cui Li, Deputy Director of the National Health Committee.



Prof Philip Li presented on Training and accreditation of Hong Kong College of Physicians



Dr Heyson Chan talked on Training in Gastroenterology

Appreciation

As of 24 September 2018, the College would like to express appreciation for the following donors for their generous donation for the Sir David Todd Memorial Scholarship:

(1) Donation of HK\$500,000

Dr Lam Kin Ming

(2) Donation of HK\$100,000 – HK\$250,000

Prof Chan Tai Kwong

Dr Chan Wai Chee Walter

Prof Lai Kar Neng & Dr Diana Lai Shan Siu

Prof Lau Chu Pak

Prof Liang Hin Suen Raymond

(3) Donation of HK\$50,000 – HK\$100,000

Dr Chan Chor Man

Prof Chan Tak Mao Daniel

Dr Cheng Cheung Wah Boron

Dr Fong Chung Yan & Dr Mak Yuen Fun

Dr So Shun Yang

Dr Tsao Yen Chow & Dr Marion Goh Tsao

(4) Donation of HK\$10,000 – HK\$50,000

Dr Chan Hin Lee Henry

Prof Chan Tak Cheung Anthony

Dr Cheng Hung Fai David

Dr Cheng Paul Ning Man

Dr Chiu Kin Wah Edmond

Dr Ho Kai Leung Kelvin

Prof Leung Yu Hung

Dr Li Chung Ki Patrick

Dr Li Fu Keung & Dr Cheng Kum Po Ignatius

Prof Lie Kwok Wai Albert

Dr Mok Chun Keung Francis

Prof Tan Choon Beng Kathryn

Prof Tang Grace Wai-King

Prof Yuen Man Fung

(5) Donation of HK\$5,000 – HK\$10,000

Prof Cox Timothy M

Dr Kng Poey Lyn Carolyn

Dr Kwok On Hing

Dr Lai Moon Sing

Prof Lam Wah Kit

Prof Lau Chak Sing

Dr Law Chun Bon Alexander

Dr Tong Kwok Lung Matthew

(6) Donation of HK\$1,000 – HK\$5,000

Dr Chan Chi Hey Heyson

Dr Chan Kwok Keung

Dr Chan Wai Man Johnny

Dr Choi Cheung Hei

Dr Lau Yiu Nam Johnson

Prof Tang Chi Wai Sydney

Dr Tang Siu Fai

HKCP Scholarship for Medical Students

Felix CHENG

Medical Student (Year 4)
Faculty of Medicine, The Chinese University of Hong Kong

This summer I completed an attachment at the Sheila Sherlock Liver Centre, based at the Royal Free Hospital in London. It is a leading centre for treating liver diseases and one of the two liver transplantation centers in London. This was only possible with the generous support of the Hong Kong College of Physicians. The clinical experience has widened my perspective on the most up-to-date clinical practice. Participating in their researches has opened my eyes to the future development of Hepatology. I sincerely believe that we in Hong Kong can learn from them to make our patient care even better.

Link to HKCP website :

<http://www.hkcp.org> for more information on scholarship

With technological advancement and a better understanding of pathophysiology, we are riding on the trend of non-invasive investigations. The emergence of serum biomarkers and elastography as a surrogate for liver biopsy allows easier risk stratification, follow-

up and prognostication. For example, in the UK, general practitioners identify patients with asymptomatic non-alcoholic fatty liver disease (NAFLD) and determine the risk of advanced fibrosis by simply calculating Fibrosis-4 (FIB-4) index with age, platelet count, AST and ALT levels. Only patients with a high risk of advanced fibrosis are referred to specialists' care. Since there is no specific drug treatment for solely NAFLD, those with low risk are managed in primary settings. This "appropriate referrals" approach helps better allocation of resources. As with the growing trend of diabetes and obesity, especially in the younger generation, NAFLD will remain a major public health issue in Hong Kong. The questions about preventive measures, methods of raising public awareness, patient screening and selection in Hong Kong should be figured out rigorously.

In Royal Free Hospital, they have a one-stop clinic in which, selected patients can undergo an ultrasound examination and transient elastography next door

on the same day of consultation. In Hong Kong, patients can usually receive FibroScan® within 1-2 weeks. Although the level of fibrosis should not change significantly within this short interval, a one-stop clinic reduces the number of visits and consultations. It also allows doctors to stratify patients, monitor disease progression and manage accordingly. In addition, they employ other scanning modalities, e.g. 2D shear wave elastography to enhance diagnostic accuracy and reduce inter-operator variability. The applications of these scans are not fully explored. Recently, they detect clinically significant portal hypertension by measuring liver and spleen stiffness and platelet count instead of measuring, invasively, the hepatic venous pressure gradient. This avoids screening endoscopy and thus again reduces cost and prevents patients' unnecessary suffering.

With greater knowledge of disease mechanisms and hence potential drug targets, more and more new drugs are being tested and applied. One of the most successful examples are the direct-

acting antiviral agents (DAAs) for hepatitis C. DAAs offer greater than 90% cure rate for chronic hepatitis C patients with a safer and shorter treatment course. Because of the emergence of promising treatments, the WHO advocates the goal of elimination of hepatitis C by 2030. But doctors at Royal Free admitted that it cannot be achieved with current treatment strategies as measures must first be sought out to reach the unreached in the population. Chronic viral hepatitis is mostly asymptomatic and presents only in the very late stage. The question whether chronic hepatitis C screening on population-based or targeted group approach should be applied in Hong Kong remains a keystone for making the long-awaited dream come true.

In the era of big data and artificial intelligence, numerous new scoring systems emerge as powerful tools to estimate prognosis. For instance, MELD or UKELD

for liver transplantation listing; CLIF-C ACLF score for prognosis of acute on chronic liver failure. But medicine is far more than numbers. Should a patient with 1-month mortality of 85% receive full organ support in the ICU? Should we continue the support in view of potential life-saving and life-changing liver transplantation or discontinue owing to futility and reduce patient's suffering by end-of-life care. We are all trained to see opportunity over futility. And we are bad at recognizing dying, especially in a fluctuating course, while in the meantime, I do see miracles that critically ill patients requiring repeated ICU admissions become well and healthy after having a transplantation there. The position of the ceiling of care requires a discussion with the patient and relatives unless an exceptionally confident mortality predicting algorithm appears.

It was a great learning experience at the Royal Free Hospital for me to

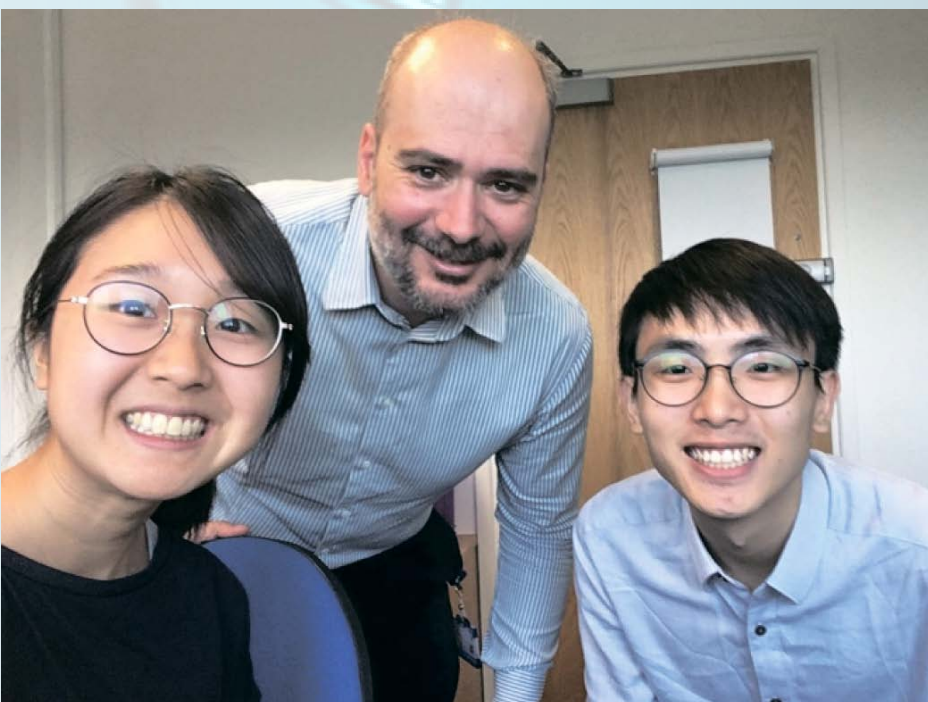
grow personally and professionally. Exploring the whole journey of a liver patient from decompensation to liver transplantation, up-to-date management and rare liver diseases has broadened my horizons in Hepatology and Medicine. My attachment in a different healthcare system allows me to think about our strengths and limitations, and to look for improvements. At last, I would like to express my gratitude and thanks again to Hong Kong College of Physicians for their effort and support to nurture further physicians.

Abbreviations

MELD Score (Model For End-Stage Liver Disease)

UKELD Score (United Kingdom Model for End-Stage Liver Disease)

CLIF-C ACLF Score (Acute-on-Chronic Liver Failure)





Report on RESEARCH WORKSHOP

Hong Kong College of Physicians
&
Hospital Authority
7 April 2018

Heyson Chi Hey CHAN

Chairman, Young Fellows' Committee, HKCP

Dissertation is one of the capstones in every specialty exit exam in medicine. However, it may not be easy to come up with a good dissertation topic and study method. To provide better support for our trainees in conducting research, especially for dissertation, the Young Fellows' Committee has co-organized the 1st Research Workshop with COC (Medicine), HA on 7th April 2018 (Saturday) in Hospital Authority Head Office.

The half-day workshop consisted of five seminars delivered by physicians from various hospitals who have keen interests and vast

experience in conducting research. The seminars were tailored to the need of dissertation writing and research conducted in local hospitals with relatively less academic support. The topics included were:

- 1) "How to select a suitable topic for my dissertation?" by Dr Michael Cheung (QMH)
- 2) "Statistics 101" by Dr CC Mok (TMH)
- 3) "How to conduct observational study?" by Dr Candy Kwan (KH)
- 4) "What examiners want in dissertation?" by Dr Aloysius Choi (QEH)

- 5) "Design, data analysis and writing up of dissertation – survival tips for the dummies" by Dr TW Au Yeung (POH)

In addition to the talks, an experience sharing session by past gold medalist, Dr Kelly Chan (TMH), was also given during the workshop.

The response was very encouraging with 60 basic and high physician trainees attending, filling up all the available quota of the workshop. The feedback from the attendees were very positive. Attendees found the workshop useful in better equipping



themselves for conducting research in the future and very beneficial to their preparation of the dissertation writing. With the success of the current workshop, it is hoped that another round of research workshops will be conducted in the near future to cater those who could not

attend this time. A highlighted talk on "What examiners want in dissertation?" by Dr Aloysius Choi will be published in this issue's Synapse, please refer to page __ if you are interested.

Last but not least, I would like to express my sincere thanks to

the President, the College council and the secretariat for their generous support; our committee members for their contributions to the program and logistics; all speakers for their fascinating talks and selfless sharing; and COC (Medicine) for co-organizing the event.



HKCP Young Fellows' Retreat



Young Fellows' Retreat Group Photo

The College organised a Young Fellows' Retreat on 11 August 2018 to engage all Young Fellows in various Committees, Specialty Boards and Young Fellows' Committee. A total of 29 Fellows, Members and trainees took part in the Retreat.

At the Retreat, Prof Philip Li, President, gave an introduction on the directions of the College. That was followed by a presentation by Dr Heyson Chan, Chairman of the Young Fellows' Committee on the initiatives and programmes organised by the Young Fellows' Committee over the past year. The participants were then divided into four groups to discuss the directions of the College in the coming 5 years.

The four topics for discussion were "Morale", "Training", "Workload" and "Expectation of College". After thorough discussion, each group presented their discussion results. The summaries of each group's discussion are as follows:

(1) Workload

- (a) Overall tremendous workload in Internal Medicine which may impose problems on patient safety.
- (b) For Out-patient service, it is suggested to explore the possibility of nurse-led clinic; joint care with General Out-patient Department/Family Medicine for cases with intermediate complexity; and setting a minimal contact time for each new/old medical out-patient case.
- (c) For In-patient service, it is suggested to set a maximal number of cases in both weekdays and weekends as well as an optimal senior : junior ratio.
- (d) It is recommended to include the protected training time, teaching and administrative work as workload for physicians.
- (e) Update the public on the manpower situation

(2) Training

- (a) For BPT, it is recommended to increase number of candidates in each PACES diet. It is proposed protected time be introduced so that training can be done during weekends. Apart from this, mentorship programme is suggested
- (b) For HPT, the College can consider mandatory training programme for HPT. The College should define the objectives and syllabus for AIM. In addition, provision of support on dissertation writing is appreciated.

- (c) For Post Fellows, it is suggested to have cross-specialty training.
- (d) The College can organise workshop on medico-legal and medical ethics for Fellows and trainees.

(3) Morale

- (a) There is no protected time for training.
- (b) Heavy workload affects the morale of physicians.
- (c) Consider part-time jobs for the female doctors who need to take care of family.

(4) Expectation of College

- (a) It is suggested to have debriefing on the following day after PACES examination so that trainees know their deficiencies.
- (b) The College can consider to continue to organise research workshop

In summary, the Retreat provided an opportunity for substantial discussions among College's Young Fellows as well as trainees. It also provided a guide for College leaders to lead the College to a new era.



Presentation and discussion by young Fellows

CAREER TALK FOR MEDICAL GRADUATES

Helen Shuk Ying CHAN

Committee Member
Young Fellows' Committee
Hong Kong College of Physicians

The Young Fellows' Committee is honoured to present the report of 3rd Career Talk for Medical Graduates (after our first launch of this event in 2017). The talk which was held on 16 July, 2018 in Prince of Wales hospital received overwhelming support from medical students and interns from both medical schools with over 120 attendees.

The Career Talk included several seminars on numerous topics and our well-known sharing sessions. Dr Heyson Chan, Chairman of Young Fellows' Committee, took the lead to start the career talk with his special ice-breaking jokes, followed by opening remarks. He then invited Dr Candy Kwok to give our first seminar "Introduction of Internal Medicine", which focused on the framework of internal medicine training and examination structure. Subsequently, Dr Candy Kowk and Dr Iki Chan shared with the audience "Life as a Physician", helping our possible comrades

envision what life would be like when they join our family and describing how we can maintain work-life balance in reality. Same as previous career talks, curriculum vitae (CV) writing and interview skills were explicated during "Tips of CV Writing and Interview Skills". Before we came to an end of our talk, Dr Wellcome Chan presented to us a "Houseman Survival Guide", using real-life case scenarios to demonstrate common pitfalls and loopholes in our daily practice.

Our signature coffee klatch interactive session facilitated our attendees to have face-to-face discussions with trainees and specialists from various subspecialties in a relaxed casual atmosphere and in-depth sharing on career planning and development. Feedback from participants was encouraging, motivating us to strive for improvement at future talks.

We express our sincere appreciation to the Council of the Hong Kong College of Physicians and the secretariat for the tremendous support and assistance for our career talk. Our heartfelt thanks to all the representatives from different subspecialties, without their active participations, this career talk would not be a successful one. Throughout the course of this year, Young Fellows' Committee plans to organize more activities for our younger generations, do let us know if you have ideas in mind!

Passing Rates: Part I Examination – 2002 - 2018

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

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

Au Chi Chun
 Au Rose Grace Elizabeth
 Chang Yau Cheung Johnny
 Chen Chun Hoi
 Cheung Ka Wing
 Cheung Sing Ngai
 Cheung Tai Yiu
 Chow Yung Sin
 Ho Hang Yee
 Kwan Matthew Tai Fai
 Lai Wing Yan
 Lam Pui Mei Carla
 Lam Tsz On
 Lee Carolyn
 Leung Ian Yu Hin
 Leung Lok Ling
 Li Yu Ching
 Ma Kar Wing
 Ng Sheung Wah
 So Yu Fai Benjamin
 Tang Cheuk Ho Gordon
 Tang Yiu Hung
 Tsai Kuo Yue Amy
 Tseng Cee Kin
 Wong Justin Ka-Ho
 Wong Ka Wai
 Wong Ling Yin
 Wong Shun Hei
 Wong Siu Fung
 Woo Shao Lin Chariene Jane
 Yeung Yin Kei
 Yu Suk Woon

Passing Rates: PACES – 2001 - 2018

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

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

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



Higher Physician Training : Interim and Exit Assessment

Daniel Tak Mao CHAN
Chairman
Education and Accreditation Committee

The 6th edition of *Guidelines on Postgraduate Training in Internal Medicine* (the “Guidelines”), just published in July 2018, is a compilation of updated documents on clinical training programmes under the purview of the Hong Kong College of Physicians. In addition to the training curricula of individual medical Specialties, there are also chapters on the formats and procedures of assessments in Physician Training Programmes. The section on *Interim and Exit Assessment* has been revised and expanded, aiming to provide a comprehensive and detailed overview of the Assessment exercises and to include guidelines on specific items for assessment.

The following points in the new version of *Interim and Exit Assessment* are highlighted for the attention of Specialty Boards and Subcommittees, Trainees and their Supervisors, and all College Fellows:

1. The requirement of training in a broad-based Specialty during Higher Physician Training is emphasized. Details on the Assessment procedures for Trainees undergoing dual or single Specialty Training are available in Appendix 1.
2. The roles and responsibilities of Specialty Boards, Programme Directors, Supervisors and Trainees are described in Sections I and II.
3. Specific procedures for Interim Assessment in Advanced Internal Medicine are described in Section IV.
4. A new requirement on originality checking by Trainees of written submissions for Assessment is described in Appendix 2.
5. Guidelines on Case Report and Dissertation are provided in Appendix 3 and Appendix 4 respectively.

The guidelines can also be viewed on the College website: <http://www.hkcp.org>.



Dissertation – What Examiners Want?

Cheung Hei CHOI
Council Member, HKCP

A. *Sisyphean task*

Six piles of dissertations were placed neatly on my desk in the morning when I came back from a beautiful town Lofoten at Norway. They contained kaleidoscopic topics from different specialties ranging from genetic polymorphism and transcriptional factors to biochemical markers and advanced imaging technologies. It is really a difficult task to find out which one would be the HKCP prestigious ‘Best Thesis Award 2017-18’ winner. No

matter how different they are, you can obviously feel the underlying meticulous planning, perseverant and hard work written by the talented few through uninterminated hours, by looking among the lines of the articles.

Unfortunately, to most HPT colleagues, writing dissertation is often considered as a long glogotha. To make it less Sisyphean, I try to adumbrate some important points (certainly not guidelines or catechism) based

on my humble opinions and experience as an examiner.

B. *Don’t become an albatross (source of annoyance) for examiners*

Examiners have their own preference and characters, and it is not easy to satisfy all. The baseline is not to torture or irritate them by avoiding the followings:

1. **Unethical study** design (details can be found in the

website by International Committee of Medical Journal Editors ICMJE <http://www.icmje.org>

2. **Plagiarism:** Plagiarism is an enormity. It is clearly written in the most updated guidelines on postgraduate training in Internal Medicine (sixth edition 2018) that *'plagiarism means taking another person's work or ideas and presenting them as if they are your work or ideas'*. Please note that *'starting with the exit assessment in Nov/Dec 2018, each dissertation submitted for exit assessment MUST be accompanied by an originality/ similarity report which has been countersigned by the supervisor. It is the trainee's responsibility to generate this originality/ similarity report with a commonly used originality checking software like VeriGuide or Turnitin'*.
3. **Using others' (published/ unpublished) data** with minimal contribution (the authorship requirement can be found in the above ICMJE website)
4. **Fraud and fabrication** (e.g. inventing missing data or increasing the sample size by fraud entries)

Moreover, there are several good ways to torture your examiners and invite failure of your dissertations, just to name a few, like writing very lengthy (and boring) articles (e.g. more than 100

pages with 50 figures and 50,000+ words. You may be allowed to do this if your storytelling skills are as good as Lawrence Block and Julian Barnes); dissonance between the numbers or words in the articles and in the figures or tables; dissociation between study results and discussion or conclusion; wrong format with small font size without paragraphs (most examiners unfortunately have aging presbyopia); and of course leaving tons of misspellings and messy grammars like an illiterate.

C. Roadmap: HKCP Guidelines on Postgraduate Training in Internal Medicine (Sixth Edition 2018)

Please allow me to mention the guidelines again as I think they contain lots of important information to guide you through. For example, you have to follow the format written down in the guidelines, from title page to the reference and bibliography. The abstract must be included which contained no more than 250 words. The items that would be assessed include: Clinical significance and local relevance of the topic; clarity; literature review and critical appraisal; originality; appropriateness of methodology, analysis and conclusion; scholarly and professional conduct; and volume of work involved and contributions to knowledge. All HPT colleagues are encouraged to read the guidelines thoroughly before start writing dissertation.

D. The process of writing

Different people have different style of working or writing and there is no right or wrong. You can start by formulating some pertinent hypotheses followed by the usual sequence, or the 'hypothetical' conclusions first and deduce what studies or literature review required, or you can even start by looking at what patient sample you have and see what can be done.

1. **Hypotheses:** The soul of the dissertation. Spend enough time on them and try to write down the quantitative declarative terms in different priorities.
2. **Introduction:** The rationale upon which the hypotheses are developed. Try to look for controversies in the topics.
3. **Methods:** Follow the order of the hypotheses. Try to follow the international standard formats (e.g. Literature review/ systemic analysis – PRISMA, RCT – CONSORT, risk factors/scores – TRIPOD etc). Provide adequate explanation for the sample size if prospective trials are planned. List out the simple and clear statistical analysis.
4. **Results:** Follow the order of the hypotheses. Selective and remove all irrelevant.
5. **Discussions:** Repeat the findings in the order of the hypotheses again, then analyze and interpret them. Try to stress on whether the results are expected or

inconsistent with others. State the limitations. Avoid over-generalization, grandiosity or ignoring deviants and outliers.

6. **Conclusions:** To anatomize everything into several common themes. Write down the most important messages DERIVED from your study and their clinical significance.
7. **Proofreading:** Read out loud, rework, ask 'real friend' to comment critically (love is blind).
8. **Final touch:** Think of something that can make your dissertation more 'humane', if possible.

The most important thing is to **START TODAY**, not tomorrow.

E. Statistics:

'There are three kinds of lies: lies, damned lies, and statistics' –quoted by Mark Twain in his autobiography

Ninety five percent of junior doctors I know hate statistics. I suspect the genomes favor studying medicine and statistics are mutually exclusive (Prof. Ronald Ma may help me to prove this). Those who love both are only sporadic mutants, who are commonly found under the same roof called 'University'. Anyway you don't need to be a statistician before you can finish your dissertation. Instead of talking about weird terms like 'non-inferiority margin', 'Bonferroni correction' or 'McNemar's test', or explaining why

R-statistics are more powerful than SPSS, I would like to adopt an evidence-based approach, by scanning through the abstracts of dissertations (2016 June) found in the website of HKCP, and see what are the commonest statistics methods used (and hence what would be more relevant to you).

Thirty-two exit dissertations can be found in the 2016 June exit examination from eleven sub-specialties. Nineteen of them were retrospective, 12 prospective and 1 cross-sectional. Four of them were on treatment, 7 on diagnosis, 19 on risk factors and 2 of them were mainly descriptive. All diagnostic trials used ROC statistics. For treatment trials, the possible statistics used (based on the abstracts written) were Cox regression analysis for HR, multiple and logistic regression for OR, unpaired t-test or Mann Whitney U test and repeated measure ANOVA for comparing means. For evaluating risk factors, besides all the above, correlation was also used. I am not supposed to spread the philistine culture here, but it may be more important to learn some statistics like:

1. Methods for comparing means (t-test for parametric and Mann Whitney U for non-parametric non-paired, and repeated measure ANOVA for matched groups of more than two)
2. Methods for looking relationships (Pearson correlation for strength of relationship, multiple

and logistic regression for nature of relationship, and Cox regression if time-event factor included)

3. Methods for evaluating diagnostic tests (ROC statistics)
4. Sample size calculation (most likely to be criticized in the viva, try the free website <http://powerandsamplesize.com> for simple calculation)

Furthermore, understanding some advanced statistics, although unlikely to be used in your own trial, would help a lot on literature appraisal. Examples include non-inferiority statistics, model simulation, individual participant data and network meta-analysis, and special statistics for adaptive population enrichment designs.

F. Enjoy and develop your passion

Finally, as Winston Churchill said: *Success is not final, failure is not fatal, it is the courage to continue that counts.* Besides passing the examination, I hope you do enjoy the learning process and at least some of you really develop the fervent passion on writing and research.

Statistics on No. of Trainees in all Specialties

Updated in July 2018

		TRAINEES													
		HONG KONG EAST CLUSTER						HONG KONG WEST CLUSTER							
SPECIALTY	TRAINEES TOTAL (DH/HA/OTHERS)	PYNEH		RH		TWEH		FYKH		GH		QMH		TWH	
		YEAR		YEAR		YEAR		YEAR		YEAR		YEAR		YEAR	
CARDIOLOGY	32	1—I 2 3—III 4	4 6	1 2—II 3 4	2 3 4	1 2 3 4	0 0 0	1 2 3 4	0 0 0	1 2 3 4	0 0 0	1 2—I 3—II 4—I	4 10	1 2 3 4	0 0
CLINICAL PHARMACOLOGY & THERAPEUTICS	0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 1	1 2 3 4	0 0
CLINICAL TOXICOLOGY	0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0
CRITICAL CARE MEDICINE	11	1 2 3—I 4	1 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	1 2 3—I 4—I	2 7	1 2 3 4	0 0
DERMATOLOGY & VENEREOLOGY	8	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0
ENDOCRINOLOGY, DIABETES & METABOLISM	13	1 2—I 3 4	1 5	1 2 3—I 4	1 2	1 2 3—I 4	1 1	1 2 3 4	0 0	1 2 3 4	0 0	1 2—I 3—I 4	2 7	1 2 3 4	0 0
GASTROENTEROLOGY & HEPATOLOGY	21	1 2 3—I 4	1 5	1 2—I 3 4	1 2	1 2 3 4—I	1 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3—I 4	1 7	1 2 3 4	0 0
GERIATRIC MEDICINE	14	1 2 3 4	0 4	1 2 3 4	0 8	1 2—I 3 4—II	3 1	1 2 3 4	0 6	1 2 3 4	0 3	1 2 3 4	0 1	1 2 3 4	0 1
HAEM/HAEM ONCOLOGY	13	1 2—I 3—I 4	2 3	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3—I 4	1 10	1 2 3 4	0 0
IMMUNOLOGY & ALLERGY	1	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3—I 4	1 0	1 2 3 4	0 0
INFECTIOUS DISEASE	7	1—I 2 3 4	1 2	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2—I 3 4	1 1	1 2 3 4	0 0
INTERNAL MEDICINE	204	1—II 2—IV 3—VI 4—II	14 43	1 2—III 3—III 4	6 16	1 2 3—I 4—II	3 8	1 2 3 4	0 6	1 2 3 4	0 6	1—II 2—V 3—VIII 4—X	25 70	1 2 3 4	0 7
MEDICAL ONCOLOGY	3	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2—I 3 4	1 2	1 2 3 4	0 0
NEPHROLOGY	17	1 2 3—I 4	1 4	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1—II 2 3 4	2 7	1 2 3 4	0 4
NEUROLOGY	12	1 2 3 4	0 5	1 2 3—I 4	1 4	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3—I 4	1 8	1 2 3 4	0 0
PALLIATIVE MEDICINE	4	1 2 3 4	0 0	1 2 3 4	0 1	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 1	1 2 3 4	0 0	1 2 3 4	0 0
REHABILITATION	5	1 2 3 4	0 0	1 2 3 4	0 1	1 2—I 3 4—I	2 2	1 2 3 4	0 1	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 4
RESPIRATORY MEDICINE	13	1 2—I 3 4—I	2 5	1 2 3 4	0 4	1 2 3 4	0 0	1 2 3 4	0 0	1 2 3 4	0 7	1 2 3 4	0 6	1 2 3 4	0 0
RHEUMATOLOGY	13	1 2 3 4	0 4	1 2 3 4	0 1	1 2 3 4	0 1	1 2 3 4	0 0	1 2 3 4	0 0	1 2—I 3 4—I	2 4	1 2 3 4	0 1

SPECIALTY		TRAINEES																										
		KOWLOON CENTRAL CLUSTER						KOWLOON EAST CLUSTER			KOWLOON WEST CLUSTER																	
		BH	KH	KWH	OLMH	QEH	WTSH	HOHH	TKOH	UCH	CMC	NLTH	PMH	YCH														
TRAINEES TOTAL (DH/HA/ OTHERS)		YEAR						YEAR			YEAR																	
CARDIOLOGY	32	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2-I 3-II 4	3 3 4 4	1 2 3 4	0 0 0 0	1 2-II 3-II 4	4 3 4 4	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	2 3-II 5 4	1 2 3 4	0 0 0 0								
CLINICAL PHARMACOLOGY & THERAPEUTICS	0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0							
CLINICAL TOXICOLOGY	0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0							
CRITICAL CARE MEDICINE	11	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	3 2-I 3-I 4-I	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4						
DERMATOLOGY & VENEREOLOGY	8	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0							
ENDOCRINOLOGY, DIABETES & METABOLISM	13	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	1 2 3 4	2 1 3 4	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0							
GASTROENTEROLOGY & HEPATOLOGY	21	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	2 3 4 8	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	3 2-II 3-I 4	1 2 3 4	0 0 0 0							
GERIATRIC MEDICINE	14	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	2 3-II 3 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4							
HAEM/HAEM ONCOLOGY	13	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	3 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0							
IMMUNOLOGY & ALLERGY	1	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0							
INFECTIOUS DISEASE	7	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 7	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 3-I	1 2 3 4	0 0 0 0							
INTERNAL MEDICINE	204	1 2 3 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	11 3 4	1 2 3 4	2 1 3 9	1 2 3 4	22 2 3 63	1 2 3 4	0 0 0 0	1 2 3 4	4 2-II 3-I 4-I	1 2 3 4	7 2-III 3-II 4-II	15 2-IV 3-VI 4-V	14 2-V 3-IV 4-V	1 2 3 4	0 0 0 0	1 2 3 4	17 2-III 3-VII 4-V	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
MEDICAL ONCOLOGY	3	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 2 4 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0							
NEPHROLOGY	17	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 9	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	2 2 3-II 4	1 2 3-II 4	2 2 3-II 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	5 2-I 3-II 4	1 2 3 4	0 0 0 0				
NEUROLOGY	12	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	2 2 3 6	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2-I 3 4	1 2-I 3 4	1 2-I 3 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	0 0 0 0					
PALLIATIVE MEDICINE	4	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 1 4 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0							
REHABILITATION	5	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0							
RESPIRATORY MEDICINE	13	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	2 2 3 8	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0							
RHEUMATOLOGY	13	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	2 2 3 6	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4	0 0 0 0	1 2 3 4	1 2 3 4						

		TRAINEES														
		NEW TERRITORIES EAST CLUSTER						NEW TERRITORIES WEST CLUSTER								
SPECIALTY	TRAINEES TOTAL (DH/HA/ OTHERS)	AHNSH	NDH	PWH	SH	TPH	POH	TMH	YEAR				YEAR			
CARDIOLOGY	32	1 2 3 4	0 2 4	1 2 3 4	1 3-I 5	1 2-I 3-II 9	3 2 3 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	1 3-I 3 0	1 2-I 3-II 4-I	4 5	
CLINICAL PHARMACOLOGY & THERAPEUTICS	0	1 2 3 4	0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 3 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 3 0	1 2 3 4	0 0	
CLINICAL TOXICOLOGY	0	1 2 3 4	0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 2 0	1 2 3 4	0 0	
CRITICAL CARE MEDICINE	11	1 2 3 4	0 2 0	1 2 3 4	0 0 4 4	1 2 3 4	0 0 2 4	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 2 0	1 2 3 4	0 3	
DERMATOLOGY & VENEREOLOGY	8	1 2 3 4	0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 3 0	1 2 3 4	0 0	
ENDOCRINOLOGY, DIABETES & METABOLISM	13	1 2 3 4	0 1 0	1 2 3 4	0 0 3 3	1 2 3 4	0 0 8 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 2 4	1 2-I 3-I 4	2 4	
GASTROENTEROLOGY & HEPATOLOGY	21	1 2-I 3-I 4	2 2 0	1 2-I 3 4	1 1 3 3	1 2 3-II 7	2 0 4 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 2 4	1 2 3-II 4	2 6	
GERIATRIC MEDICINE	14	1 2 3 4	0 2 0	1 2 3 4	0 0 2 2	1 2 3 4	0 0 4 4	1 2-I 3-I 4	2 0 6 3	1 2 3 4	0 0 3 3	1 2 3 4	0 0 2 4	1 2 3-III 4	3 7	
HAEM/HAEM ONCOLOGY	13	1 2 3 4	0 0 0	1 2 3 4	0 0 0 0	1-I 2 3 4	1 1 3 3	1 2 3 4	0 0 0 0	1-I 2 3 4	1 1 0 0	1-I 2 3 4	1 0 0 0	1-II 2-I 3-I 4	4 3	
IMMUNOLOGY & ALLERGY	1	1 2 3 4	0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0	
INFECTIOUS DISEASE	7	1 2 3-I 4	1 3 0	1 2 3 4	0 0 0 0	1 2 3 4	0 1 4 0	1 2 3 4	0 0 0 0	1 2-I 3 4	1 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 1	
INTERNAL MEDICINE	204	1-I 2-I 3-II 4	4 17 0	1 2-I 3-I 4-I	3 20	1-III 2-II 3-VI 4-X	21 50	1 2-I 3-I 4	2 6	1 2-II 3 4	2 7	1-II 2-I 3 4	3 19	1-III 2-VIII 3-XII 4-IV	27 50	
MEDICAL ONCOLOGY	3	1 2 3 4	0 0 0	1 2 3 4	0 0 0 0	1 2 3-I 4	1 16	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0	
NEPHROLOGY	17	1-I 2 3 4	1 3 0	1 2 3 4	0 1 1 1	1 2 3 4	0 8 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 2 4-I 5	1 2 3-I 4-I	2 5	
NEUROLOGY	12	1 2 3 4	0 2 0	1 2 3 4	0 1 1 1	1 2 3-I 4	1 6	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1-I 2-II 3 4	3 4	
PALLIATIVE MEDICINE	4	1 2 3 4	0 0 0	1 2 3 4	0 0 0 0	1 2-I 3 4-I	2 0	1 2 3 4	0 0 2 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 1	
REHABILITATION	5	1 2 3 4	0 0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0	1 2 3 4	0 0 0 0	1 2 3 4	0 0 1 0	1 2 3 4	0 0 0 0	1 2-I 3 4-I	2 3	
RESPIRATORY MEDICINE	13	1 2 3 4	0 2 0	1 2 3 4	0 4 4 4	1-I 2 3-I 4	2 5	1 2 3 4	0 0 0 0	1 2 3 4	0 3 3 0	1 2 3 4	0 2 4 0	1 2-I 3-I 4	2 4	
RHEUMATOLOGY	13	1 2 3 4	0 1 0	1 2 3 4-I	1 0	1-I 2 3 4	1 3	1 2 3 4	0 0 0 0	1 2-I 3 4	1 1	1-I 2 3 4	1 1	1 2-I 3-I 4	2 2	

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

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

SPECIALTY	TRAINEES TOTAL (DH/HA/OTHERS)	TRAINEES	
		DH	
DERMATOLOGY & VENEREOLOGY	8	1 2—II 3—II 4—IV	8 12
INFECTIOUS DISEASE	7	1 2 3 4	0 3
RESPIRATORY MEDICINE	13	1 2 3 4	0 6

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

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

Statistics on No. of Fellows in all Specialties Updated in July 2018

SPECIALTY	FELLOWS TOTAL (PP/DH/HA/OTHERS)	FELLOWS									HONG KONG EAST + WEST CLUSTER
		HONG KONG EAST CLUSTER				HONG KONG WEST CLUSTER					
		PYNEH	RH	TWEH	Subtotal	FYKH	GH	QMH	TWH	Subtotal	
CARDIOLOGY	271	5	6	0	11	0	6	18	0	24	35
CLINICAL PHARMACOLOGY & THERAPEUTICS	8	0	0	0	0	0	0	2	0	2	2
CLINICAL TOXICOLOGY	5	0	0	0	0	0	0	1	0	1	1
CRITICAL CARE MEDICINE	100	8	2	0	10	0	0	14	0	14	24
DERMATOLOGY & VENEREOLOGY	111	0	0	0	0	0	0	1	0	1	1
ENDOCRINOLOGY, DIABETES & METABOLISM	121	6	3	2	11	0	0	9	1	10	21
GASTROENTEROLOGY & HEPATOLOGY	205	7	3	1	11	0	0	12	0	12	23
GERIATRIC MEDICINE	198	5	11	3	19	7	3	4	0	14	33
HAEM/HAEM ONCOLOGY	67	3	0	0	3	0	0	10	0	10	13
IMMUNOLOGY & ALLERGY	6	0	0	0	0	0	0	0	0	0	0
INFECTIOUS DISEASE	43	3	0	0	3	0	0	2	0	2	5
INTERNAL MEDICINE	1466	55	27	10	92	6	16	99	10	131	223
MEDICAL ONCOLOGY	50	0	0	0	0	0	0	9	0	9	9
NEPHROLOGY	141	7	0	0	7	0	0	7	4	11	18
NEUROLOGY	130	6	4	0	10	0	0	11	1	12	22
PALLIATIVE MEDICINE	29	0	2	0	2	0	2	0	0	2	4
REHABILITATION	60	0	1	5	6	1	0	1	4	6	12
RESPIRATORY MEDICINE	196	10	5	1	16	0	9	9	0	18	34
RHEUMATOLOGY	84	6	2	1	9	0	0	7	1	8	17

		FELLOWS															KOWLOON CENTRAL + EAST + WEST CLUSTER	
		KOWLOON CENTRAL CLUSTER							KOWLOON EAST CLUSTER				KOWLOON WEST CLUSTER					
SPECIALTY	FELLOWS TOTAL (PP/DH/HA/OTHERS)	BH	KH	KWH	OLMH	QEH	WTSH	Subtotal	HOHH	TKOH	UCH	Subtotal	CMC	NLTH	PMH	YCH	Subtotal	
CARDIOLOGY	271	0	0	6	2	13	0	21	0	4	8	12	3	0	10	4	17	50
CLINICAL PHARMACOLOGY & THERAPEUTICS	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CLINICAL TOXICOLOGY	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CRITICAL CARE MEDICINE	100	0	0	6	0	7	0	13	0	3	7	10	5	0	7	0	12	35
DERMATOLOGY & VENEREOLOGY	111	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ENDOCRINOLOGY, DIABETES & METABOLISM	121	0	0	6	2	11	0	19	0	3	4	7	4	0	5	3	12	38
GASTROENTEROLOGY & HEPATOLOGY	205	0	0	9	2	11	0	22	0	6	6	12	4	0	10	6	20	54
GERIATRIC MEDICINE	198	1	6	8	3	3	6	27	5	3	13	21	8	1	10	8	27	75
HAEM/HAEM ONCOLOGY	67	0	0	0	0	9	0	9	0	2	3	5	0	0	7	0	7	21
IMMUNOLOGY & ALLERGY	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INFECTIOUS DISEASE	43	0	0	0	0	8	0	8	0	0	1	1	0	0	3	0	3	12
INTERNAL MEDICINE	1466	3	12	49	11	96	8	179	9	30	56	95	37	2	75	28	142	416
MEDICAL ONCOLOGY	50	0	0	0	0	3	0	3	0	0	2	2	0	0	0	0	0	5
NEPHROLOGY	141	0	0	10	0	10	0	20	1	2	4	7	3	0	11	2	16	43
NEUROLOGY	130	0	3	4	1	10	0	18	0	2	5	7	1	0	6	3	10	35
PALLIATIVE MEDICINE	29	1	0	0	1	0	1	3	5	0	2	7	4	0	1	0	5	15
REHABILITATION	60	0	8	0	1	0	5	14	2	0	3	5	1	0	1	0	2	21
RESPIRATORY MEDICINE	196	1	7	4	0	8	3	23	7	4	6	17	5	1	6	2	14	54
RHEUMATOLOGY	84	0	1	3	0	7	1	12	0	3	4	7	2	0	4	2	8	27

		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	271	3	7	13	0	0	23	4	11	15	38	
CLINICAL PHARMACOLOGY & THERAPEUTICS	8	0	0	4	0	0	4	0	0	0	4	
CLINICAL TOXICOLOGY	5	0	0	3	0	0	3	0	0	0	3	
CRITICAL CARE MEDICINE	100	4	5	2	0	0	11	1	6	7	18	
DERMATOLOGY & VENEREOLOGY	111	0	0	3	0	0	3	0	0	0	3	
ENDOCRINOLOGY, DIABETES & METABOLISM	121	2	3	15	0	0	20	2	5	7	27	
GASTROENTEROLOGY & HEPATOLOGY	205	3	6	11	0	0	20	3	9	12	32	
GERIATRIC MEDICINE	198	1	2	7	7	5	22	1	14	15	37	
HAEM/HAEM ONCOLOGY	67	0	0	6	0	0	6	0	6	6	12	
IMMUNOLOGY & ALLERGY	6	0	0	0	0	0	0	0	0	0	0	
INFECTIOUS DISEASE	43	3	0	2	0	0	5	0	3	3	8	
INTERNAL MEDICINE	1466	24	29	91	9	8	161	20	77	97	258	
MEDICAL ONCOLOGY	50	0	0	20	0	0	20	0	0	0	20	
NEPHROLOGY	141	4	1	11	0	0	16	3	8	11	27	
NEUROLOGY	130	2	3	12	1	0	18	2	7	9	27	
PALLIATIVE MEDICINE	29	0	0	0	2	0	2	0	1	1	3	
REHABILITATION	60	0	1	1	0	1	3	2	3	5	8	
RESPIRATORY MEDICINE	196	4	5	9	0	2	20	3	7	10	30	
RHEUMATOLOGY	84	1	0	3	0	1	5	1	4	5	10	

Physician on The Road Less Travelled

Carmen HO

Consultant, Department of Medicine
Tung Wah Hospital



My last memory in Sudan was of tears in my eyes, seated in a MSF, Médecins Sans Frontière, chartered plane, with my two best friends waving goodbye on the airstrip. Airport and proper runway were a luxury in South Sudan. All they had was an airstrip operated by a German Company.

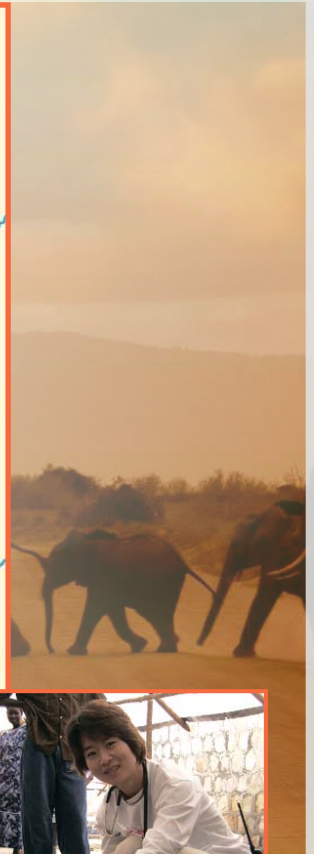
It was back in 2007 when my plane landed safely in Nairobi International Airport, the gateway to Sudan. The next morning, I took another flight to Juba, the capital city in South Sudan. The plane flew over a huge expanse of green land of South Sudan. South Sudan is hot

and humid. I was amazed by the uncultured scene in front of me.

The following day was daunting. A Filipino anaesthesiologist and I took a four hour ride to the field in Bor, the principal town of Jonglei state of South Sudan. "Field" is a jargon used by (MSF) meaning operation (mission) site. The road was muddy and bumpy. When I got off from the 4-wheel drive, my hair, my face and my white MSF T-shirt were completely covered with mud and dust. I felt so excited when I arrived even though I was exceptionally dirty.

The Médecins Sans Frontière compound in Bor was a shock to me. It was a camping site with around 22 tents, however there were 25 expatriates and regional staff living in it. Everything there was new to me, the African hot climate, living in a tent, mosquito net, VIP (ventilation improved pit) latrines, tables covered with flies and all kinds of insects.

I could hardly sleep on my first night in Bor. I was suffocating from the heat and couldn't breathe. The first question for me the next morning was "could you sleep?" from an ICU nurse coming from



Stockholm. She had come to Bor one week prior to my arrival. I realized later that it was quite "normal" for a newcomer to be "insomniac" on the first few nights.

The Bor Civic Hospital, where I would be working was just opposite to the compound. It was a secondary referral hospital in Jonglei state of South Sudan. After the signing of the Peace Agreement between North and South Sudan in 2005, South Sudanese started coming back to their homeland from refugee camps in nearby countries to help rebuild the country.

Access to health care was extremely poor. The hospital buildings were partially collapsed during the civil war. They were further damaged by earthquake. Despite Bor being the principal town of South Sudan, I could see hardly any infrastructure. There was no drainage system, no clean water supply, no electricity, no airport, and no pavement. The objectives of this MSF project were to rehabilitate hospital buildings as well as to reorganize basic hospital services. These hospital services included obstetrics, emergency surgery, emergency room,

paediatrics and internal medicine. It did sound like a comprehensive hospital service; however, the labour ward, isolation ward and even the operation theatre operated in big tents. Infection control, negative pressure isolation room, sterile operating theatre were alien language in Sudan.

I started my first working day on a beautiful sunny Saturday morning, after a medical briefing. The medical team consisted of 3 to 5 doctors depending on how many doctors were sick. It was very common to get sick in such an unforgiving environment. Many

of the staff had come down with either malaria or dysentery.

There were around 20 camp beds in my "medical and paediatrics" ward. I worked in the dark most of the time because of an unstable supply of electricity, which came from two power generators brought in by MSF. I usually took a child out of the ward to look for jaundice or other skin lesions under the sun.

A stethoscope, a torch and a tendon hammer were sufficient armamentarium for my everyday work, until one evening. I remembered seeing this old lady escorted to our emergency room by six or seven relatives. They had walked for three hours to get to us. I was stunned by all the physical signs this old lady was having. She was in a lethargic state with tachypnea, very overt exophthalmos, and huge goitre with bruit, and, she was in atrial fibrillation. After I examined her cardiovascular system, I was certain she had congestive heart failure probably due to thyrotoxic heart disease. I wished I had all the appropriate resources to treat her. To my disappointment, I only had one oxygen concentrator which was being used by a three years old boy with severe pneumonia. She was buried three days later.

Most children were severely malnourished and had developmental delays. After the treatment of their illnesses which were mostly malaria, diarrhea and pneumonia, they stayed in the hospital for supplementary feeding treatment until they reached the targeted body weight. All the babies were tiny. A two years old child could weigh as low as 4-5 kilograms. While one child was in the hospital, the mother would bring all her children, cooking utensils, and washing basin to

the hospital. They literally lived in the hospital until we discharged the child. 'Anasarca' was not a word in a medical textbook but a word I said almost every day in the morning medical briefing session.

At those times when we did not have many patients, we ran a small class to teach local health personnel medical skills and knowledge, for example reading a JVP caption for a photo reading JVP, Jugular Venous Pulse.

On one very hot afternoon, a young girl was rushed to the hospital with faecal matter coming out from an abdominal open wound. The interpreter told me that she was collaterally injured by a grenade hurled during a tribal conflict. The medical team decided to operate on her immediately in our operation "theatre", which was a large and nice inflatable tent. We had one surgeon from Italy, but he was unavailable because he was sick. We had a surgeon assistant trained locally, and I was called to help despite not having done any surgery for fifteen years except providing medical consultation to surgical patients.

The operation tent was dark, the patient's skin was dark, setting up an intravenous catheter was as difficult as during my surgical intern on-call days. We found six perforations in her colon and haemoperitoneum. We had no blood bank in hospital. When blood transfusion is needed, family members or village people are called for whole blood donation. They do not accept blood from strangers and they do not donate blood to people they don't know. The family found three village people who agreed to donate blood to her. Cross-matching was rudimentarily performed by white tile method mixing. It was done

by mixing the patient's plasma and donor's blood on a white tile. I then observed for red cells clumping, under the sun. Against all odds, we managed to save her. During the operation, I was dumbfounded by a green bottle fly wandering in the tent, I just prayed it would not land on her open wound. This was certainly not the FDA-cleared maggot therapy as a medical device.

Post operation, I checked her haemoglobin level by using a method that I was not taught in medical school. This was absolutely eye-opening to me. I pricked her finger and obtained a fresh drop of blood on a special paper strip. I waited for several seconds, matched the colour to the WHO recommended haemoglobin colour scale. This method has been validated and is still being used in some rural Fields.

When I walked out of the dim operating tent, I saw the brightness of the African sunset. I was deeply satisfied with the road I had chosen to travel.

(Two years after I left, MSF-Belgium pulled out from Bor Hospital because of security concerns.)

Professor Gabriel Matthew LEUNG

GBS, MD (W Ont), MPH (Harvard), MD (HK)
FCFP, FFPH (UK), FRCP (Edin), FHKCCM
FHKAM (Community Medicine), JP

John MACKAY

In October last year at the HKCP annual meeting Dean Gabriel Leung gave the McFadzean Lecture. It was a lecture of immense erudition on the theme, Medicine and Music, which must have taken many hours to prepare, and at a time when he was fully committed to events in connection with the University of Hong Kong Medical School 130 year celebrations.

On 16th December the climax to the scientific programme was the Hong Kong Summit of Global Health Leaders. The following day the Dean gave in his State of the Faculty Address to the 198th Congregation, a detailed account of the ambitious plans for redevelopment along Sassoon Road, at the Queen Mary and HKU Shenzhen hospital; and of the innovative new medical curriculum which provides for an 'Enrichment' third year. All this being made possible by financial support and donations amounting to HK\$ 5.4 Billion.

That evening at the Homecoming Dinner at the Convention and Exhibition Centre, there were 3,500 diners.

Earlier in the year the university had hosted the 9th Asian Medical Education Association (AMEA) meeting, on the 20th anniversary of its founding in HK.

Another cause for celebration was the university's admission to the Chinese Consortium of Elite Teaching hospitals for Residency Education. As the Dean noted, "This marks an historical milestone of Hong Kong's deep re-engagement with the Mainland through our professional contribution".

When asked about the pressure of all his commitments the Dean said that he was enjoying himself. He has what appears to be an Epicurean philosophy that what he does in life has to give him pleasure.



To go back to the beginning, he was born in Hong Kong, his father being a corporate man and his mother a secondary school teacher of music. Despite a problem with childhood asthma and frequent visits to the doctor, he enjoyed his schooling in Hong Kong at the prestigious Wah Yan school; and remembers being welcomed to the school by the Jesuit Father Joseph Mallin, who has just died aged 104.

He enjoyed the very different experience of being a boarder at Stonyhurst College in Lancashire, England. At these schools he developed a deepening love for and activity in music. He enjoyed sports but without the same performance skills. He was awarded many prizes. After completing Ordinary Level examinations, he moved with the family to Canada where his father was now working. He completed Advanced Level exams at Crescent school enabling him to proceed to university.

At the University of Western Ontario, his undergraduate major subjects were Chemistry and Music; he remembers with affection his distinguished tutors of music. His decision to continue with medicine was guided by his father. He completed graduate medical education with the idea of becoming a neurosurgeon but by the time he had completed his preregistration hospital training in Toronto he had decided he was more a people-person so switched to family medicine. Subsequently he furthered his studies at Harvard to get a Masters degree in Public Health, MPH.

At this point, in 1999, feeling home-sick, he returned to Hong Kong. He was interviewed at the University Community Medicine Department by Professors Tony Hedley and T H Lam. The meeting went very well once Prof Hedley found out that the young Gabriel Leung had been to school at Stonyhurst, half a mile from Tony's childhood home in Lancashire.

The final scene in their long working association came in December 2014 at the *Hong Kong Public Health Forum, A Tribute to Anthony Hedley*, when Dean Leung said, at the end of his speech lauding Tony Hedley as a polymath, "Finally on a personal note, Prof, from the moment you gave me

my first opportunity in the Department to your most recent testimonial for my deanship appointment, no less while undergoing treatment in a Liverpool hospital bed, you have been nothing short of a guardian angel, a guiding light and a grumpy (!) but gracious role model." Professor Tony Hedley died at his home in the Isle of Man just nine days later.

Doctor Leung joined the department in 1999 as Clinical Lecturer. His first research area involved large-scale cohort studies, of children, families, geriatrics in Hong Kong, and a Guangzhou Biobank study. One of the first papers reported the harmful effects of passive smoking on infant health.



In 2003 at the height of the Severe Acute Respiratory Syndrome, (SARS), epidemic in Hong Kong, Margaret Chan, Director of Health, asked the department to investigate the epidemiology of the outbreak. In response he set up the University's Infectious Disease Epidemiology Group, which went on to study the 2009 H1N1 pandemic and the 2013 H7N9 novel epidemic; he continues to co-head the WHO Collaborative Centre for Infectious Disease Epidemiology and Control. The department published important research papers, published in *Lancet* and other major journals regarding these epidemics and the H7N9 bird flu virus pandemic. The department is called on for advice from the World Bank, Asian Development Bank and Chinese Center for Disease Control and Prevention.

His third area of investigation is in health systems and policy research. His team has advised the Hong Kong government and has acted as a consultant to governments around this region. Breast cancer screening policy papers made important contributions to the understanding of the difference in the disease between Asian and Caucasian females.

He joined government in 2008 as Undersecretary for Food and Health under Chief Executive Donald Tsang. Having been an 'armchair critic' of government he felt an obligation to contribute when invited. In 2011 he was promoted to Director of the Office of the Chief Executive. He had some misgivings about stepping out of a medical role but felt he should continue as a team player for one more year, knowing he would be returning to Hong Kong University.

A lesson learned while with government that *Health* must be studied in a much wider context than simply the presence or absence of ill-health.

In 2012, he received the Gold Bauhinia Star, GBS, for his contributions to medicine from Chief Executive C Y Leung.

On return to the university in 2012 Leung was appointed Chair Professor and last Head of Community Medicine when he transformed it into the present School of Public Health. One year later he was appointed the 40th, and second youngest, Dean of the Faculty of Medicine, and the Endowed Helen and Francis Zimmern Professorship in Population Health.

Apart from his duties as Dean, Professor Leung still teaches medical undergraduates, and graduate students in Public Health. His teaching has been awarded the University Teaching Fellowship, and the Faculty Teaching Medal.

He is the inaugural Master of Chi Sun College (a residential hall) where he encourages the 470 graduates and undergraduates to look outside their own subjects and develop wider interests. "Chi Sun's enduring mission is to nurture a community of freely enquiring minds. We seek to provide a stimulating environment where students and scholars would aspire to innovate thus befitting our Chinese name 志新, after our munificent donor. This, our defining ethos, is the very lifeblood of academic excellence that enables us to produce pioneering individuals at the forefront of human advancement". This aspirational message is in tune with the Master's own life-pattern.

Since becoming Dean of the Li Ka Shing Medical School, he has changed admissions policy to make more room for students from disadvantaged backgrounds with solid academic results. In his 2014 State of Faculty address, Dean Leung described the 'Springboard Scholarship' initiative, "to fulfill our societal obligation where an education at HKU's premier faculty can continue to be the great equalizer of the lottery of birth and breeding". A year later he announced the 'Second Chance' scheme to further enrich the inclusivity and diversity of the student body. These are among a number of initiatives in reorganizing the medical curriculum

His predecessor, Sir David Todd, prepared the Hong Kong medical scene for the return of sovereignty in 1997 and loss of jurisdiction under the General Medical Council of UK, by founding the Hong Kong Academy of Medicine, and with it the structure for training of specialists in Hong Kong.

Dean Leung is intent on preparing similarly for 2047, when the 50 year SAR, Special Administrative Region, arrangement expires. He points out that a new undergraduate admitted today will be in her prime come 2047 and should have the free choice of being part of the entire country's medical network, with full rights and privileges. Hence the celebration with the university's admission to the Chinese Consortium of Elite Teaching hospitals for Residency Education, and the recognition of the HKU Shenzhen Hospital as an accredited "3A" teaching hospital and 'National Residency Training Centre'.

Asked about the currently restrictive entry requirements for doctors with non-Hong Kong medical qualifications to practise in Hong Kong, he diplomatically replied that this was something for Government to decide.

Dean Leung is active on many international and local organisations. He is an honorary consultant in family medicine and primary care. He is a member of the Hospital Authority Board, the University Grants Committee. He is currently an editorial board member of six journals including the BMJ, and had previously co-edited Health Policy and Epidemics.



Dean Leung retains his passion for music. He has performed as principal conductor of the HKU Union Philharmonic Orchestra and is an accomplished pianist. He serves on the boards of the Hong Kong Arts Festival, the Hong Kong Philharmonic, the Asian Youth Orchestra and previously the Hong Kong Sinfonietta

When asked of his future ambitions the Dean said he is happy to be guided by wherever fate may take him. He is enjoying life, taking pleasure in whatever comes along – a true Epicurean.