

HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



HONG KONG COLLEGE OF PHYSICIANS

SYNAPSE

RESTRICTED TO MEMBERS ONLY

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Photograph by
Professor Richard YH YU

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HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



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

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Upholding professionalism: A time to act - A time to care

It is already six years since I took up the Presidency of the College since 2016.

The last six years has been a most fruitful and wonderful experience that I have had during my professional clinical career. A lot of things have happened which have given challenges to myself, to the profession and to the College. The 2019 social event and the COVID-19 epidemic perpetrating till now have threatened the healthcare system and workforce.

I would like to quote from the speech from Professor Sir David Todd, our beloved and most respected Founding President, on professionalism to our Young Fellows in 2000: "Professionalism refers not only to expertise, but also importantly to behaviour, ethics and service, which should include the advancement of medical knowledge. Physicians must be both the healer and professional." "As a professional, the physician is expected to value performance above reward, and to have higher standards of behaviour than non-professionals."

In 2022, the wisdom of Sir David reflects very aptly the challenges we face today.

This year saw the very fierce 5th wave in spring and now we are under the threat of COVID-19 BA.4 and BA.5 omicron variants in August. Both reminded us of the relentless attack of this virus on the general health of our people and our society. The College has been active in contributing to promote vaccination especially in the elderly group in this year and last year with significant effects boosting the vaccination rate. The Joint Scientific Symposium

on COVID-19 held together with the Royal College of Physicians of Edinburgh (RCPE) in July witnessed our concern and focus in tackling this disease. We still do not know when this pandemic can be controlled. But with the professionalism from the medical community, including the work from our fellows and members, will increase such a chance when it really comes.

The advancement of medical knowledge requires good training programmes. Our College has focused on developing more structured training for our Trainees. Following the success of the Core Medical Skills Course for Basic Physician Trainees organized by the College jointly with COC, this year we have started the "Advanced Medical Simulation Course". The "General Medicine Quarterly Update (GMQU)" was very well received by trainees and fellows for CME purpose. The 1st "Basic Medical Education Course" was organized in August 2022 to increase the knowledge on theories and best practices in clinical training and assessment, for continuous improvement of the Physician training programme. The hard work of the Training Subcommittee and E&AC Committee are to be applauded.

In order to catch up with the backlog of candidates taking PACES created by COVID-19, we have been working with our examination centres to increase to 6 days examination, through the good work of the Examination Committee. We have successfully cleared such backlog so that the October PACES this year can be completed with 5 day-examination.

Hong Kong has always enjoyed the 'East meets West' eco-system. In addition to the collaboration with RCPE, we had the joint meeting with Royal College of Physicians (RCP) in

2019 and we are going to have our joint Annual Scientific meeting in the coming October with Royal Australasian College of Physicians (RACP). The theme of this joint Scientific Meeting will be on "Preventive Medicine" with topics including vaccinations for human health, cancer screening and cardio-metabolic risk. Prevention is always better than cure. In the 21st Century, we have 3 levels of prevention: 'Primary Prevention' implies intervening before health effects occur in an effort to prevent the onset of disease before the disease process begins; 'Secondary Prevention' suggests preventive measures that lead to early diagnosis and prompt treatment of the disease to prevent more severe problems developing; and 'Tertiary Prevention' indicates managing the disease after it is well established in order to control disease progression and the emergence of more severe complications. The programme of the joint Scientific Meeting does illustrate these areas of preventive goals and strategies and thanks to the Scientific Committee.

Professionalism of our physicians should be developed in areas of prevention, treatment, healing, caring, curing and relief of suffering. The advance of science and medicine cannot always cure, but with the humanistic care of our physicians can relieve the sufferings, especially towards the end of life of the patients. When a patient is close to their end of life, there may be questions that are more relevant to him or her. A doctor may ask the patient: What is your understanding of your situation? What are your fears and hopes if time is short? What are the trade-offs you are willing to make and not make? And what is the course of actions that best serves this understanding? It is definitely an anxiety for an inexperienced clinician to discuss this significant issue with the patient and their relatives. The Advance Care Planning (ACP) and Advance Directives (AD) help the patients to make decisions with these questions in mind. Our Symposium on ACP and AD in August this year helps our fellows and members to learn more how to deal with this difficult but significant stage of life of an individual which all of us will face eventually. It is with pleasure that we had overwhelming registrations and attendances both from our own College as well as from sister Colleges of the Academy.

The development of the Sub-Specialty in 'Genomics and Genetics (Medicine)' has always been the objective of myself and the College Council for the last few years. The successful Symposium on 'Genetics and Genomics Medicine' in July 2021 added further to the understanding of this fast advancing field in Medicine for our Fellows and Members. We physicians are interested in diseases with both monogenic and polygenic inheritance and also

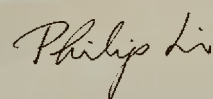
the importance and implications of genomics in our daily care of patients. At the same time, we will not forget the significance of the use of genetics and genomics in the management of rare diseases, as a matter fact, Common Rare Diseases, affecting this unfortunate group of patients. I am pleased to let you know that the Specialty of 'Genomics and Genetics (Medicine)' has already been approved by the Academy of Medicine Council. We look forward to further development of this with the likelihood to grant the First Fellows of this Sub-specialty very soon.

The advance of medical knowledge is very important to enhance professionalism. In order to promote further on research, the College has increased both the number and amount of the research grants for our Fellows and members to apply. I am pleased to let you know that this is very welcome by our physicians and the competition is really keen. Thanks for the good works of our Research Committee. The quality of the research projects proposed and also the Distinguished Research Papers for Young Investigators Award are excellent. In order to encourage more research, the College has also increased the number of the Young Investigators Awards.

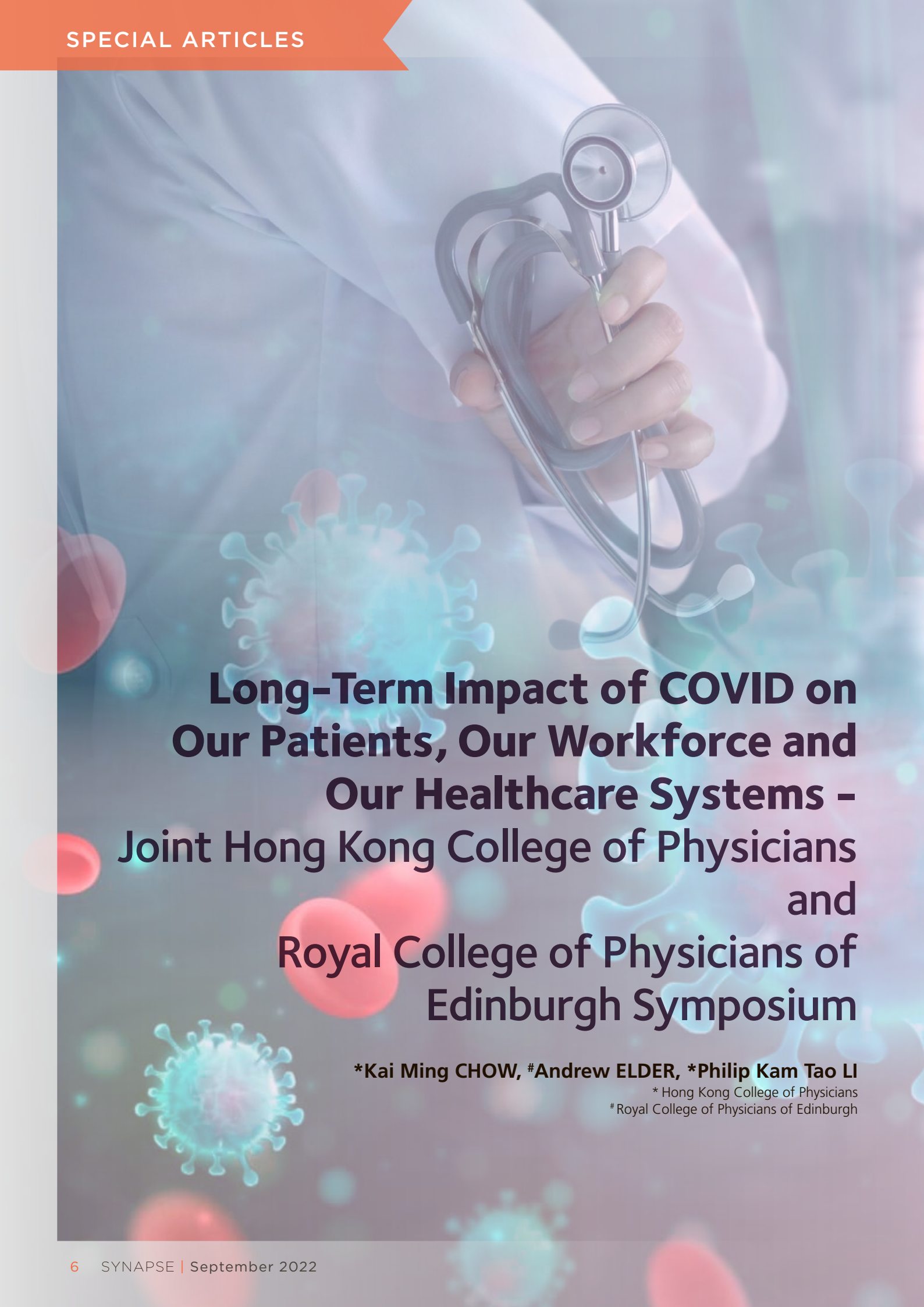
In addition to knowledge and expertise, professionalism should include behaviour, ethics and service, aptly described by Sir David. Higher standards of behavior and ethics are better learned through role models than through didactic lectures. Our supervisors for the trainees are really the key and the core. The efforts of the whole College physicians in upholding this is much appreciated. The care of our trainees and junior fellows is also important especially through the challenging times during their training and early career. The College also looks towards our senior fellows to do more on this to guide and help our junior colleagues.

Going into the end of the 3rd year that we are affected by COVID-19, it is really the hope of everyone that our College and Hong Kong can 'return to normal' soon. You can rest assured that the College will always stand by your side to act and to care for you so that our fellows and members can take better care of our patients.

Best wishes,



Prof Philip KT Li
President
Hong Kong College of Physicians



**Long-Term Impact of COVID on
Our Patients, Our Workforce and
Our Healthcare Systems –
Joint Hong Kong College of Physicians
and
Royal College of Physicians of
Edinburgh Symposium**

***Kai Ming CHOW, #Andrew ELDER, *Philip Kam Tao LI**

* Hong Kong College of Physicians

Royal College of Physicians of Edinburgh

As of August 2022, almost six million people have been infected by the severe acute respiratory syndrome coronavirus 2 SARS-CoV-2 virus worldwide. Answers to questions about coronavirus disease 2019 COVID-19 are often elusive, and have always been a subject of ongoing updates. In response to the omicron surge and global impact of the infection on healthcare system and workers, the Hong Kong College of Physicians HKCP and Royal College of Physicians of Edinburgh RCPE jointly organised a symposium on 30 July 2022. In addition to updating knowledge, the two Colleges, led by their respective Presidents, aimed to look back at what has been learned from the pandemic, and what we can do better in drafting strategies and research for the future. The depth and width of the Symposium were made possible by speakers who shared experiences ranging from the personal level (one of the United Kingdom doctors had the post COVID syndrome), the societal level (with focus on community vaccine acceptance and hesitancy), and the healthcare system and government level (from the

Chief Social Policy Advisor to the Scottish Government, Chief Executive of the Hong Kong Hospital Authority, and Chief Medical Officer for Scotland).

As highlighted by one of the speakers, Professor Lau Chak Sing (Dean, Faculty of Medicine, The University of Hong Kong) knowledge in the area moves quickly, and he feels out of date if he has not checked for newly published literature every single day. This is why this Joint Symposium was well attended by fellows and members of both Colleges, from Hong Kong, Edinburgh and around the world (Figure 1).

As pointed out by Secretary for Health Professor Lo Chung Mau, the guest of honour for this Symposium, it will be a monumental task to reach the twin global goals of pandemic control and minimizing collateral damage to patients who have problems other than COVID-19 infection. Four major gaps were identified by the speakers, and these formed the main themes of the symposium.



Figure 1: The Joint Symposium, held in hybrid format, facilitating good attendance from local and overseas members. Dr. Tony Ko, Chief Executive of Hospital Authority, Council members and Specialty Board Chairpersons of the College, as shown in this photo, joined face to face together with many other local participants.

First Gap: Vaccine hesitancy and Immunisation Initiatives

A landscape of vaccine hesitancy was depicted by Dr. Chow, highlighting the mismatch between immunization rate in vulnerable groups and disease susceptibility in Hong Kong¹. Concerns about vaccine safety in elderly and the negative media content shortly after launching the territory-wide vaccination program since February 2021 have fuelled the spread of vaccine hesitancy. The “infodemic” is more challenging than the pandemic itself as seen by the spread of misinformation about adverse events after vaccination outnumbering the scientific content regarding vaccine effectiveness and safety.

To address the negative media reports and society's concerns about vaccine safety, a large-scale study of modified self-controlled case series², involving 622,317 adults older than 60 years who had received at least one dose of CoronaVac in Hong Kong, has shown reassuring results. By and large, the first and third doses of CoronaVac were not associated with a significant excess risk of an adverse event of special interest (including myocarditis, thromboembolism) within 21 days of vaccination². After the second dose, the only significantly increased risk was for anaphylaxis but the absolute risk increase for anaphylaxis was infinitesimally small (only six cases per 1 million people)².

Besides published evidence internationally, local data have confirmed vaccine effectiveness of the mRNA vaccine BNT162b2 and inactivated vaccine CoronaVac in Hong Kong based on an observational study³ using individual-level case data between late 2020 and 2022. In brief, the study showed that two-dose schedule of CoronaVac is inferior to BNT162b2, particularly for those at risk such as adults older than 60 years. A third dose of either an inactivated or mRNA vaccine, nevertheless, provides high protection from severe and fatal COVID-19; the protection (across all age) was 97.9% against severe disease and 98.6% against death³. Such findings should have been reassuring to clinicians and the public.

Heightened risk for unvaccinated persons, is best illustrated by the territory's study¹ during the fifth wave of COVID-19. The risk for COVID-19-associated death among unvaccinated persons older than 60 was 21.3

times that among recipients of 2–3 doses¹. In retrospect, a significant gap existed between the indication of vaccination measures and the target vaccination rate among the elderly population. The vaccination rate is significantly lagging behind countries such as Singapore. The greatest concern has been the exceptionally low vaccination rate among Hong Kong citizens older than 70 years. Around June 2021, less than 5% of population older than 70 years had received the first dose COVID-19 vaccine. Given the dramatic concern about outbreaks amongst the elderly, the HKCP has launched a press conference to provide much-needed interventions at the community level. In particular, accessibility to vaccination was facilitated to overcome the barrier of online booking for the elderly who might have limited technology knowledge. Shortly after the advice from HKCP, introduction of in-person same-day community vaccination centres was implemented in July 2021, providing walk-in quota without prior booking for elderly aged 70 or above. Such policy was shown to be associated with an acceleration of vaccination rate within four weeks⁴.

Despite the large amount of information regarding vaccine effectiveness and safety, significant gaps persist with reference to the best strategy to combat vaccine hesitancy. The available evidence appears to favor the effect of imposing restrictions or vaccine mandates (such as venue entry restriction to restaurants, sports facilities, supermarkets, indoor events without a vaccination record). An encouraging boost in vaccination rate following such vaccine mandates have been reported in Lithuania, France and Hong Kong⁴⁻⁶. That said, physicians and healthcare providers remain the key persons and the most trusted professional when it comes to health care advice. An international survey in 140 countries by the Wellcome Global Monitor showed that 73% of the respondents said they would trust a doctor or a nurse more than others⁷. In other words support from all of you in promoting vaccination to all remains invaluable.

Second Gap: Lagging research and knowledge on Long COVID

A key topic for the Symposium concerned the presence of persistent symptoms after infection, as denoted by terms including post-COVID-19 condition, post-acute COVID-19 syndrome, post-acute sequelae of COVID-19 (PASC) and

long-COVID. As defined by the World Health Organization, post COVID-19 condition is characterized by symptoms impacting everyday life, such as fatigue, shortness of breath and cognitive dysfunction, which occur after a history of probable or confirmed SARS-CoV-2 infection. Symptoms usually occur 3 months from the onset of acute COVID-19 symptoms, last for at least 2 months and cannot be explained by an alternative diagnosis.

As several speakers from the United Kingdom emphasised, there is an under-representation of high-quality randomised controlled trials in managing long-COVID symptoms, when compared to trials treating acute phase of COVID-19. Furthermore, many of the ongoing large-scale studies of long-covid are observational by design. One of the largest studies, the Researching COVID to Enhance Recovery, or RECOVER, project aims to follow 60,000 people for up to 4 years at more than 200 study sites in the United States. In the United Kingdom, there is a similar prospective cohort study called the Post-hospitalization COVID-19 study, or PHOSP-COVID⁸. That is a national consortium under the University of Leicester and University Hospitals of Leicester NHS Trust, aiming to investigate the long term impact of COVID-19 on the health outcomes of patients who were hospitalized due to the virus. Based on their first published data on 1077 patients discharged from hospital and median follow-up period of 5.9 months, only about one-quarter (29%) felt fully recovered, and one-fifth had a new disability as assessed by the Washington Group Short Set on Functioning. The researchers identified four key factors associated with not recovering: female sex, middle age (40–59 years), two or more comorbidities, and more severe acute illness⁸.

Another large United Kingdom-based primary care database, the Clinical Practice Research Datalink Aurum, studied 486,149 non-hospitalized adults and 1,944,580 propensity score-matched adults without evidence of SARS-CoV-2 infection⁹. The key symptoms were anosmia, hair loss, sneezing, ejaculation difficulty and reduced libido. Important risk factors for long COVID included female sex, ethnic minority, socioeconomic deprivation, smoking, obesity and a wide range of comorbidities, and decreasing age⁹.

Although most of the previous research initiatives have attempted to assess the prevalence and symptoms associated with post-COVID-19 condition, there remains a need to conduct studies with an adequate control group. Thus far, two important studies, one in children from

Denmark¹⁰ and another in adults from Netherlands¹¹, have been published. The first national cross-sectional study (LongCOVIDKidsDK)¹⁰ studied 38,152 SARS-CoV-2-positive children aged 0–14 years (and 1:4 matched controls) whereas the second one included 4231 COVID-19 adults older than 8 (and 1:2 matched controls). The latter had repeated-measures to allow reliable assessment of symptom severity in patients with COVID-19 before they had SARS-CoV-2 infection. The group has found that post-COVID-19 condition occurs in about one out of eight people with COVID-19 in the general population¹¹.

For acute treatment of COVID-19, evidence has been gleaned from a plethora of randomized studies such as the WHO-sponsored SOLIDARITY trial, RECOVERY and PINETREE studies. Conversely, treatment for post-COVID-19 conditions, as one of the United Kingdom speakers Dr. Marie-Claire Grounds voiced, have not been given due attention. One of few studies is the recent randomized, double-blind, controlled trial from Israel on hyperbaric oxygen therapy¹², which, for sufferers, is a promising start for post COVID-19 patients with persisting impaired cognition, fatigue, and pain for at least 3 months after acute COVID-19. By virtue of sham-controlled design, study participants in either arm were unable to guess if they had been given hyperbaric oxygen therapy or not. Symptom questionnaires, formal cognition testing, and magnetic resonance imaging (MRI) studies of the brain were performed pretreatment (showing no difference) and then at 1 to 3 weeks after treatment. The hyperbaric oxygen therapy group had significantly better cognitive function, less fatigue, less pain, and fewer complaints of mood disorders than the sham group¹². Interestingly, MRI studies among the hyperbaric oxygen treatment group did show superior brain perfusion and some microstructural differences indicative of improved neuroplasticity — differences that correlated with clinical improvement.

Third Gap: Healthcare Resource and Workforce Mismatch

The current pandemic, as mentioned by the Hong Kong and United Kingdom speakers, has highlighted the need to address the emotional well-being of clinicians, in addition to the mismatch of workforce supply with demand for care. In the United Kingdom, around 45% of physicians

report that they had rota gaps in their teams each week. The President of RCPE reminded us of the risk of burnout, not to mention the lengthening ambulance response times, cancer treatment times and long “trolley waits” in hospital.

Similar problems appear to be evident worldwide, as shown in another cross-sectional survey in three large United States health systems, where a significant decline in frontline healthcare worker teamwork was reported during the pandemic¹³. According to analysis at a facility level, one of the teamwork items demonstrating the largest statistical difference between facilities with a decline in teamwork and those with an increase in teamwork, is whether it is “easy to ask questions”¹³. This finding dovetails with the impression of Professor Lau, who opines that communication and availability of information to frontline are crucial strategy to support the team during the crisis. As such, he proposes a proactive response from the organization, in particular during the early phases of omicron surges or further COVID-19 spread, to help handle team anxiety. Without access to information, anxiety keeps rising. A healthcare leader is expected to manage his or her own anxiety and support the employees during challenging times, foster a “speak up” culture and take a systemic approach to improving mental health and well-being.

Fourth Gap: Forgotten Minority including Underprivileged and Students

The COVID-19 pandemic has serious impact on people, but the most compromised groups are often overlooked. Ultimately, this has unmasked the fundamental inequalities and disparities of our global health and economy. Vaccine inequity is simply the tip of iceberg, with access to COVID-19 vaccine nonexistent in many low-resource countries. The disproportionately debilitating impact, owing to social distancing measures and lockdowns at various degrees, have caused profound socioeconomic hardships for the underprivileged, including but not restricted to food insecurity, unemployment and loss of education opportunity. Using a proxy of food insecurity based on the United Nations definition (defined by a person who report either of the following: being hungry and not able to eat, or inability to access sufficient and nutritious food because of lack of money or other resources), a study in the United Kingdom found exceptionally high odds among single parents and young people aged 16–30 years¹⁴.

Interruption of medical care and education is another area of concern among socioeconomically deprived population, as highlighted by Professor Linda Bauld.

Undergraduate medical students face similar challenges after disruption of medical education during the COVID-19 pandemic, prompting many education materials to be online instructional modalities. A systematic review of online anatomy teaching versus traditional (“face-to-face”) teaching methods confirmed that students can learn from online teaching but are more satisfied with face-to-face teaching¹⁵. The magnitude of the disruption to medical students is well demonstrated by an international qualitative study, involving second year medical students from Imperial College London and third year students from Melbourne Medical School. An important finding of the focus groups was a loss of clinical exposure and professional relationships during the pandemic¹⁶. Restoring the students’ identity is seemingly a priority for medical educators, who should acknowledge this responsibility and be advocate for fostering relationships between students and patients.

Given the essential component of shadowing and clinical attachment senior clerkship medical students, suspension of face-to-face and ward teaching could have been even more detrimental for professional development and teaching opportunity by mentorship. As proposed by many speakers and other medical educators, there is strong grounds to allow in-person, undergraduate student shadowing while ensuring safety. If not, there is also an argument for exploring teaching opportunities when medical doctors are seeing patients via telemedicine, such as enabling three-way video calling or observation of patient-provider interaction in the virtual setting. This education need is well reflected by the John Hopkins University School of Medicine’s comment “We owe it to students, current and future physicians, the entire medical community, and society at large to reinvigorate opportunities for shadowing.”¹⁷

Challenges to Healthcare Services

In terms of the challenges to the healthcare system, Dr Tony Ko highlighted the paradigm shift in Hospital Authority to tackle. These include: Stratify by the level of care required in 5 tiers and also by setting up of community facilities to relieve burden on public healthcare system; Service adjustment through re-prioritising essential & non emergency service and bed mobilised for most needy group

of patients; Collaboration with private healthcare, social sectors & Mainland medical support team; Expand the use of telehealth care & Chinese Medicine; Digitalization of healthcare/towards technology driven care.

Professor Gregor Smith highlighted the challenges facing Scotland and would develop a cross cutting program of winter readiness which will strengthen the winter response by enhancing the collective oversight of planning and overall preparedness. That would allow them to respond effectively to a potential system or service failure, challenges in workforce deployment and overall challenge to NHS resilience. They would promote clinical prioritisation, maximising NHS capacity, improving diagnostic services, and enhancing alternate pathways including secure video consulting service to be used widely across Scotland to provide better health and care services.

In conclusion, this important joint Symposium between the two Colleges allowed us to learn from each other and

to have a better preparedness to meet up with future challenges related to the pandemic.

References

1. Smith DJ, et al. *MMWR Morb Mortal Wkly Rep.* 2022;71(15):545–548.
2. Wan EYF, et al. *Lancet Healthy Longev.* 2022;3(7):e491–e500.
3. McMenamin ME, et al. *Lancet Infect Dis.* 2022.
4. Chu YK, et al. *Vaccines (Basel).* 2022;10(5).
5. Drew L. *Nature.* 2022;607(7917):22–25.
6. Walkowiak MP, et al. *Vaccines (Basel).* 2021;9(12).
7. Larson HJ, et al. *N Engl J Med.* 2022;387(1):58–65.
8. Group P-CC. *Lancet Respir Med.* 2022;10(8):761–775.
9. Subramanian A, et al. *Nat Med.* 2022.
10. Kikkenborg Berg S, et al. *Lancet Child Adolesc Health.* 2022;6(4):240–248.
11. Ballering AV, et al. *Lancet.* 2022;400(10350):452–461.
12. Zilberman-Itskovich S, et al. *Sci Rep.* 2022;12(1):11252.
13. Rehder KJ, et al. *J Patient Saf.* 2022.
14. Brown H, et al. *BMC Public Health.* 2022;22(1):590.
15. Abualadas HM, et al. *Clin Anat.* 2022.
16. Brown MEL, et al. *Med Sci Educ.* 2022;1–10.
17. Haut AG, et al. *J Surg Educ.* 2022.



Figure 2: Thanks to technology, the panel discussion can be arranged in live manner between speakers from the two Colleges.

Sitting in Front: (L-R) Prof Philip Li, Dr Tony Ko, Prof CS Lau, Dr KM Chow

In virtual panel:

(Top L-R) Prof Sir Gregor Smith, Dr Marie-Claire Grounds, Prof James Chalmers

(Middle L- R) Prof Linda Bauld, Prof Andrew Elder

Panel Discussion of all speakers and moderatos



Symposium on **Advance Care Planning & Advance Directives**

Dr Doris Man Wah TSE

Member of Working Group on Advance Directives, HKCP

With aging population in Hong Kong, more people are now living with multiple chronic non-communicable diseases, which are among the leading causes of death in Hong Kong. Along these disease trajectories, especially when approaching the last year of life, treatment goal may be

increasingly more of palliative intent. Treatment decisions would depend on the prognosis, available treatment options and balance of their risks and benefits in individual patient. Apart from the medical factors, physicians should also take into consideration of patient's values and preferences

in determining what are in patient's best interests. Advance Care Planning (ACP), a process of proactive communication among patients, their family and health care providers regarding future medical care, is now recognized as an integral part of care for elderly and patients with



advanced diseases. While respecting patient's autonomy and choices, family members are involved for consensus building to minimize future conflicts. Patient might choose to make an Advance Directive (AD) for refusal of life sustaining treatment(s) after the ACP process. Legislation of Advance Directive is also now in progress. It is timely for physicians to enhance their knowledge and skills in ACP and AD. A Working Group on Advance Directives under the Hong Kong College of Physicians (HKCP) was assembled. As a starting point, a Symposium on Advance Care Planning and Advance Directives was jointly organized with the Training Subcommittee, Hospital Authority Coordinating Committee in Internal Medicine. It was held on August 27, Saturday, 2022 in a hybrid format with physical venue at the Hong Kong Academy of Medicine Jockey Club Building and simultaneous teleconferencing.

The Symposium attracted 747 registrations, including 685 doctors and 48 nurses. 487 doctors are our fellows and trainees. Other participating doctors include Psychiatrists, Paediatricians, Family Physicians, Surgeons, Orthopaedic Surgeons, Obstetricians, Emergency Physicians and private practitioners.

We also have Clinical Psychologists, Allied Health and colleagues from Quality & Safety Departments joining our Symposium. The symposium was officiated by Prof Philip Kam Tao Li, President of HKCP and Dr Tony Pat Sing Ko, Chief Executive of the Hospital Authority Hong Kong. Dr Chun Yan Tse, Ex-chairman of Hospital Authority Clinical Ethics Committee started the first lecture entitled "Advance Directives in Hong Kong: Setting the Scene", followed by Prof Áine Burns, Consultant Nephrologist and Director of Postgraduate Medical Education at the Royal Free Hospital in London, who delivered a talk on "Advance Directives in UK" via video conferencing. After that, Dr Derrick Kit Sing Au, Ex-Director of the CUHK Centre for Bioethics and current Centre Advisor, spoke on the topic "Medical Ethics Related to Advance Directives". Dr Daniel Ka Lok Yuk, Consultant Geriatrician from Shatin Hospital, shared with us his experience in "Advance Care Planning in the Community Dwelling Elderly".

The second session of the Symposium focused on the legal and practical aspects of advance care planning. Dr Mimi Mei Cheung Wong, Consultant Psychiatrist of the United Christian Hospital gave the talk entitled

"Assessment of Mental Competency-What You Need to Know?". Ms Olivia Sui Ming Leung, solicitor in Hong Kong, then spoke on the topic "Legal Perspective of Advance Directives and Advance Care Planning". Dr Annie Oi Ling Kwok, Consultant Palliative Medicine Physician, Caritas Medical Centre delivered her message on "How Can We Talk to Patient and Family for Advance Directives and Advance Care Planning - Practical Tips in Communication". Lastly, I delivered the talk on "Advance Care Planning and Advance Directives: The Good, The Bad and The Professional Guidance". The symposium was wrapped up with a panel discussion contributed by all speakers and members of Working Group on Advance Directives.

We would like to express our sincere thanks to Prof Philip Kam Tao Li and Dr Tony Pat Sing Ko for giving us the welcome speech and opening address. The success of the symposium would not have been possible without the tremendous support from the Hong Kong College of Physicians and the Training Subcommittee of COC Medicine, Hospital Authority. Last but not least, we would like to acknowledge all speakers and moderators for their excellent work.

Group photo of speakers and moderators and Council members of HKCP



Report from Winner of the Sir David Todd Memorial Scholarship

Challenges in the Era of COVID-19: Interventional Cardiology Fellowship in Canada

Dr Wai Kin CHI

Department of Medicine & Therapeutics
Prince of Wales Hospital

Cardiovascular disease is a leading cause of death in the world. There are projections of additional substantial increases in its incidence and prevalence as the population ages and the economy grows. Severe coronary artery disease carries a significant risk to patients and poses significant burden to the health care service. Since I was a trainee, I was deeply interested in coronary intervention and was always looking forward to Overseas training. With the great honor to receive the Sir David Todd Memorial Scholarship, I started my one year interventional cardiology training at CK Hui Heart Center, Royal Alexandra Hospital, Edmonton, Canada in year 2021-2022.

The CK Hui Heart Centre specializes in the non-surgical treatment of coronary artery disease. In the past decades, the cardiology team at the Royal Alexandra Hospital has prided themselves on advancing the science of cardiology through innovative and ground-breaking procedures, as well as acquired an international reputation



CK Hui Heart Center, Royal Alexandra Hospital

in the field of interventional cardiology. She is a high-volume tertiary care center with percutaneous coronary intervention (PCI) volumes of over 2,300 per year, with a dedicated team and experts in various types of complex procedures.

Despite the challenges and uncertainties of COVID-19, I was grateful to arrive Edmonton earlier for home quarantine and fortunately managed to start training on time. Edmonton is a safe and beautiful city with four distinct seasons. Yet, in the winter, the temperature could be down to -40 degree Celsius under the wind chill effect, which is very tough for oversea fellows especially during call-back for primary PCI at the midnights. The hospital staff here are very friendly and helpful. The attending interventional cardiologists are very willing to teach and give us tons of hands-on opportunities to complex cases.

The interventional program at Royal Alexandra hospital not only covers a wide spectrum of disease complexity,

**Photo with Dr Benjamin Tyrrell (left) in the Catheterization laboratory
Photo with Dr Raymond Leung (right), one of the best interventionists in West Canada**



the training here has also been very practical starting from day one. We have full procedural days running in two catheterization laboratories simultaneously starting from 7am to 6pm for five days every week. As a tertiary center, Royal Alexandra hospital provides the primary PCI service for the whole Alberta province with a population of seven million. Occasionally, we could receive more than a dozen of ST-elevation myocardial infarction (STEMI) referrals requiring urgent intervention over a weekend. Despite the impact of COVID-19 requiring strict infectious control precautions, the hospital PCI volume however, is not dropping. In order to meet the huge service demand of invasive procedures, Royal Alexandra Hospital has established a specific protocol to streamline the services for patients with confirmed or suspected COVID-19 requiring urgent PCI services. Moreover, Royal Alexandra Hospital adopted the same-day discharge policy for all elective PCI cases to minimize the hospital stay and potential contraction of COVID-19. These have provided me with valuable experiences and have widened my horizons. With no doubt, this is of utmost importance for Hong Kong fellows, as it gives us chance to learn not only the very advanced skills, but how the overall service is coordinated.

It is always tough for an oversea fellow to start from scratch at a new place. Everything is new to us, ranging from weather, language, culture to the entire health care system. It is even more difficult during the COVID-19 pandemic. Travelling is not recommended and there are certain social distancing measures in the society. Facetime and Zoom then become the most important tool for me to keep in touch with my family and friends. During weekends, I have to prepare my food for the coming week as off-work hour at weekdays are usually quite late. I am thankful that the China Town is just ten minutes' drive

from the hospital so that I can manage to enjoy some Chinese Food and buy Asian groceries easily. With the implement of Vaccine passport in Alberta, we gradually managed to visit Rogers Place for Edmonton Oilers Ice Hockey games and enjoyed some local activities.

Thankfully, all the staff and attendings in Royal Alexandra Hospital are very supportive to us. I would like to express my utmost gratitude to Dr Benjamin Tyrrell who is the Fellowship program director and Catheterization Laboratory director, and to Dr Raymond Leung who is one of the best interventionists in West Canada, for their tremendous support and guidance for my training. Over the past one year of intensive training and supervision, I could manage to complete high volume and a great variety of PCI cases, including acute myocardial infarction, complex high-risk and indicated patients (CHIPs), chronic total occlusions and surgical turned down cases. Other than intervention training, they often bring us out for dinner and a glass of beer after tough working days. Without their unlimited support and encouragement, it is impossible for me to accomplish this journey.

In the past one year of challenging time, I am brought to new horizons in percutaneous coronary interventions and patient care. I would like to take the opportunity to offer my heartfelt thanks to the Hong Kong College of Physician and the Sir David Todd Memorial Scholarship for giving me this opportunity, and hope the skills and visions I learnt can benefit the patients in Hong Kong. I would also like to thank my department allowing this to happen even in manpower constraint, my seniors for the advice, especially Dr KM Chow, Dr YS Chan and Dr EB Wu helping me throughout the whole application process. I hope that the new generation physicians in Hong Kong can continue to seize this opportunity and keep up the high standard in Hong Kong.

An Unusual physician – Taking Care of Medical COVID Patients from a Basic Surgical Trainee’s Perspective

Dr Jojo Hoi Ching LAI

Resident
Department of Surgery
Prince of Wales Hospital

It has been three years since the world has been revolving around COVID, a condition which can mercilessly separate loved ones apart in the blink of an eye. Yet it can also bring people together, one way or another. As a first-year basic surgical trainee from Orthopaedics rotating in Surgery, I had the privilege to experience one of these “never-had-I-thought” moments, to transform into a medical physician and help take care of COVID patients in Prince of Wales Hospital, as a part of the “dirty team” working alongside fellow professors across different specialties that I have always looked up to as a medical student.

While I was rounding these COVID patients the first day from one bed to another, the first impression that I quickly realized was, “Wow, these poor elderlies almost look identical. Old, frail, bedbound, non-communicable old age home residents who were all brought here, tagged with the “COVID” label. How am I able to differentiate them?!” Unlike orthopaedic or surgical patients who usually have specific conditions that we can quickly refer to (e.g. this is a young gentleman who is Post-op Day 1 right humeral shaft fracture with intramedullary nail done, or this is a middle-aged lady who is Post-op Day 3 laparoscopic cholecystectomy), these mostly identical medical COVID patients, with a few exceptions, were quite challenging for me to differentiate. And because they were so similar, sometimes they could easily become “another COVID elderly DNACPR patient.” As doctors, we are not new to loss. Life-and-death is an everyday thing, and sometimes it is easy to lose sensitivity.

One morning when I was post-call after another sleepless night fighting against a continuous infusion of surgical admissions and some intermittent “thrilling” R room resuscitations, I was finally able to sit down at the nursing station. I took a deep breath and was about to start my “new” day with my medical morning rounds again. Before I even had the chance to flip open the first chart, a nurse rushed to me and cried, “thank God you are here!” Unless proven otherwise, this is always the phrase to embark the start of a “Oh no, here comes a big

trouble” moment. It was an elderly COVID gentleman, with relatively unremarkable past health. He was newly admitted a couple of hours ago, stable in room air, then suddenly deteriorated and was noticed to be gasping at bedside. On one hand we had to immediately contact our fellow ICU colleagues, on the other hand we had to quickly call the patient’s family regarding this acute life-threatening deterioration and discuss the option of DNACPR. The patient’s daughter broke into tears within minutes and told us they were rushing to the hospital. These conversations do repeat from time to time, but this was just not the same. Because of COVID, family members were not allowed to enter COVID wards, even if their loved ones were in their final moments. It was devastating. It was heart-breaking, to tell them these regulations were set to protect them and no exceptions could be granted, as much as we wanted to. At that moment, I felt like a cold-blooded monster having to spill these words out of my mouth. The only thing I could do for the family was to bring one of their phones with me to start a video call and show them the last moments of their loved one. I could only hold the patient’s hand on their behalf as they said goodbye, in tears, from outside the ward, one door away. He might have been “just another elderly covid patient” in the ward, a number to be included on the news next day, but he was the most loved one in his family and would be dearly missed forever. As the family stepped out of the hospital that day, their world would never be the same.

COVID can be as daunting as it seems. That being said, it has also brought us together, doctors from different specialties, doctors from different generations. It was heart-warming to see how everyone became united and shared nothing but one common goal. Being a small part of this team was without a doubt a truly humbling experience which constantly reminded me of compassion and humanity. Days can be exhausting and desensitizing at times, but together we can tackle the adversity, the impossible. May I wish everyone great health and only the best.

An Unusual physician – A Pathologist's Perspective

Dr Wing Tat POON

Consultant
Department of Pathology
Pamela Youde Nethersole Eastern Hospital

It is a great honor and rare privilege to be invited to share my reflections on the recent COVID-19 pandemic in Hong Kong. I was one of the volunteers working on a part-time basis to care for patients in the hospital, and my experience there is one I will always treasure.

During the fifth wave of the COVID-19 pandemic, hundreds of patients were sent to the hospital each day. Our healthcare system was stretched to its limits. As a chemical pathologist, I'd never been directly involved in taking care of patients. But I had always been interested in doing so, and felt a strong urge to aid in the battle against the virus. I am lucky to have had internal medicine training in the Prince of Wales Hospital early in my career, and I believed I had enough knowledge to be a part of the team. With this in mind, confident this was something I wanted to do, I signed up to be a volunteer.

Because of my lack of experience with COVID-19 patients, I was asked to look after non-COVID acute medical patients. I would also be treating mild and recovering COVID patients, but the more serious ones would be left to experts. This meant I would be looking after patients of all ages with all kinds of diseases. I was extremely nervous as I stepped into the ward for the first time, but I was ready.

The first patient I admitted was a middle-aged woman. She had recently been diagnosed with ovarian cancer,

and was still going through the shock. She was determined to live her life to the fullest and I really admired her strength and resilience. We worked in partnership with an oncologist and a gynecologist, collaborating to create the best treatment plan for her. Both were immensely knowledgeable and kind. It was a true pleasure working with them. Back in my laboratory, I also performed a germline BRCA study for this patient to determine her eligibility for PARP inhibitor therapy. The woman was recently discharged. The happiness I feel knowing I played a part in her recovery is a feeling words cannot express.

The whole experience has been truly special; I learned so much from the people around me. The variety and complexity of medical conditions I encountered offered the intellectual stimulation that I desired. It was a joy to have worked with physicians of various specialties who are immensely professional, knowledgeable and helpful. During that period, I was glad to have the opportunity to work in the medical wards with a consultant deployed from the ENT Department. I would like to thank all the frontline colleagues, including nurses, for teaching me and being so accommodating. This experience could not have happened without you. And to everyone else, we can't let the virus defeat us. Let's all play our part, and fight right back!

An Unusual physician – How We Tackled the 5th Wave in Psychiatric Settings

Dr Eric Wai Ching YAN

Chief of Service
Department of Psychiatry
Kowloon Hospital

I remember when I first started my psychiatry training, I was told that I need to learn everything from the very beginning. In Psychiatry, the format of history taking is very different from other medical specialties. We start our training by learning psychopathology and recognizing different mental disorders one by one from scratch. Very often, we do not perform physical examinations for our patients. Instead, we learn how to describe people's mental condition by means of mental state examinations. Most of the time, we do not confirm our diagnosis by laboratory or pathology tests. Instead of sending specimen, we formulate and conceptualize patients' developmental issues to make sense with their current mental illness. We devise our psychiatric treatment plan by means of formulation of patient's problems. We spend a lot of time talking with, engaging and motivating our patients, and eventually choose and support the best treatment options with them.

As time goes by, we as psychiatrists are very accustomed to this working style. We listen to our patients and analyze their stories. We believe taking care of mental problems and helping those deprived should be our top priority, and we have been very proud of our duty. Sometimes there are physical problems coming into our sight. Despite we try to deal with it as long as we are capable, many times the problems may be serious that we solicit help from medical colleagues. It is not uncommon for A&E to attend our psychiatric in-patients with various issues ranging from uncontrolled hypertension, to pneumonia, liver cirrhosis, and sometimes acute myocardial infarction.

However, everything changed so abruptly since the 5th wave of COVID. With the amount of positive cases in community, there was no doubt that the vulnerable groups of psychiatric inpatients are of ultra-high risk of getting infected. As you may not aware, it is extremely difficult for our staff to implement stringent infection control measures to our in-patients. They are very mobile and walk around in ward. It is also very difficult for them to wear masks appropriately as most of them

are under influence of severe mental problems. During the 5th wave, various psychiatric in-patient centers had different degrees of COVID outbreaks. In our department, during the peak of 5th wave, there were around 70 positive cases at the same time. As medical wards were under tremendous pressure, we were not able to send all positive cases to general medical setting unless they were in critical situation. We were not even sending them out to A&E's timely due to significant ambulance delay, let alone the access block our A&E's were facing.

It was really the time when different specialties joined hands and overcame the crisis together. We quickly formed a small 'dirty' team comprising of a few psychiatrists designated to care for all the positive cases. At the same time, the department formed an online collaboration and consultation platform with infectious disease team in Queen Elizabeth Hospital. We learned as quickly as possible how to delineate stable, early unstable and unstable patients, and how to deliver appropriate medical treatment for COVID patients across different phases of disease. Apart from infectious disease team, we worked with our neighboring Respiratory Medicine Department as well. We transferred unstable COVID cases for their more intensive physical care, and in return we sent psychiatrists for better support to empower their staff for mental health related issues. We maintained regular communication and monitored everything we could in order to safeguard our patients in places where the settings were not ideal.

The crisis is over and we have learnt a lot. I am so proud of our colleagues, not only because of their ability to handle complicated psychiatric conditions and physical conditions simultaneously in mental units, but the professionalism that different specialists have contributed concerted efforts to provide the best for patients. After all, even in the most difficult situations where resources are scarce, constructive collaboration must be the most powerful tool we have to solve problems.

Newly Elected FRCP (London) since May 2022

- 1 Dr Au Hon Da Kenneth**
Private practice
- 2 Dr Chan Gary Chi Wang**
Department of Medicine, Queen Mary Hospital
- 3 Dr Cheung Ting Kin**
Canossa Hospital, Hong Kong
- 4 Dr Ho Wan Sze Wency**
Chinese University of Hong Kong Medical Centre
- 5 Dr Lam Sin Man**
Department of Medicine, Pamela Youde Nethersole Eastern Hospital
- 6 Dr Lam Wai Sun**
Hong Kong Dermatology Centre
- 7 Dr Lee Kwok Lun**
Department of Medicine & Geriatrics, Ruttonjee Hospital
- 8 Dr Li Richard**
Department of Medicine, Pamela Youde Nethersole Eastern Hospital
- 9 Dr Lo Oi Shan Angeline**
St Teresa's Hospital
- 10 Dr Sim Pui Yin Joycelyn**
Department of Medicine, Queen Mary Hospital
- 11 Dr Tso Wai Kwan Annette**
813 Medical Centre
- 12 Dr Wong Ching Han Priscilla**
Virtus Medical Group
- 13 Dr Yeung Wai Tak Alwin**
Department of Medicine & Geriatrics, Ruttonjee Hospital

Hong Kong College of Physicians and Royal Australasian College of Physicians Joint Scientific Meeting 2022

Our College and the Royal Australasian College of Physicians will be co-organising a Joint Scientific Meeting on 15-16 October 2022 at the Hong Kong Academy of Medicine Jockey Club Building. Below is the updated programme for the meeting which will be conducted in hybrid mode with face-to-face and virtual platforms.

PROGRAMME

15 October 2022 (Saturday)	
11:00 a.m.	Registration
11:30 – 12:10	Best Thesis Award Risk Factors and Outcomes of Metformin Associated Lactic Acidosis <i>Dr. Kit-ming Lee (Queen Mary Hospital)</i> Changes in the epidemiological landscape and outcomes of acute promyelocytic leukaemia over the last three decades in Hong Kong <i>Dr. Carmen Yu-yan Lee (Queen Mary Hospital)</i> Secular trend of treatment uptake in patients with chronic hepatitis B – a territory-wide study of 135,395 patients from 2000 to 2017 <i>Dr. Che-to Lai (Prince of Wales Hospital)</i>
12:30 – 13:30	Lunch Symposium (Sponsored by Bayer HealthCare Ltd) Can we do more for our Diabetic Patients – Assessing and Treating Albuminuria? <i>Speaker: Prof. Per-Henrik Groop [University of Helsinki]</i>
13:30 – 13:35	Opening & Welcome <i>Prof. Philip Kam-tao Li (Hong Kong College of Physicians)</i> <i>Dr. Jacqueline Small (Royal Australasian College of Physicians)</i>
13:35 – 14:50	Symposium 1: Vaccination for Human Health COVID-19 Vaccines <i>Prof. Ivan Fan-ngai Hung (The University of Hong Kong)</i> Pneumococcal Vaccination in Older Adults <i>Dr. Tak-yeung Chan (Kwong Wah Hospital, Hong Kong)</i> Herpes Zoster Vaccines <i>Prof. John Wingate Simon (The University of Hong Kong)</i>
14:50 – 15:25	Sir David Todd Lecture Paving the Way for Disease-modifying Therapeutics with Translational Neuroscience <i>Dr. Ho Ko (The Chinese University of Hong Kong)</i>
15:25 – 15:45	Coffee Break
15:45 – 17:00	Symposium 2: Screening for Cancer: Where Are We? Screening for GI Cancers <i>Prof. Wai-keung Leung (The University of Hong Kong)</i> Screening for Lung Cancer <i>Prof. Fraser Brims (Curtin University)</i> Recent advances in liquid biopsy for cancer management <i>Prof. Allen Kwan-chee Chan (The Chinese University of Hong Kong)</i>
17:00 – 17:35	Gerald Choa Memorial Lecture Primary Care in Hong Kong – Another 30 Years? <i>Prof. Donald Kwok-tung Li (Elderly Commission, Hong Kong)</i>
18:00 – 18:30	Annual General Meeting
18:30 – 20:00	Fellowship Conferment Ceremony AJS McFadzean Oration <i>Introduction: Prof. Philip Kam-tao Li (Hong Kong College of Physicians)</i> The Medical Implications of Climate Change in the Asia-Pacific Region <i>Prof. John Wilson (Royal Australasian College of Physicians)</i>
16 October 2022 (Sunday)	
8:45 a.m.	Registration
09:15 – 09:55	Distinguished Research Paper Award for Young Investigators 2022 Magnetic Resonance Elastography and Proton Density Fat Fraction Predict Adverse Outcomes in Hepatocellular Carcinoma <i>Dr. Rex Wan-hin Hui (Queen Mary Hospital)</i> Circulating Thrombospondin-2 as a Novel Fibrosis Biomarker of Nonalcoholic Fatty Liver Disease in Type 2 Diabetes <i>Dr. Chi-ho Lee (Queen Mary Hospital)</i> Kidney Outcomes Associated with Sodium-glucose Cotransporter 2 Inhibitors Versus Glucagon-like Peptide 1 Receptor Agonists: A Real-world Population-based Analysis <i>Dr. David Tak-wai Lui (Queen Mary Hospital)</i>
09:55 – 10:00	Prize Presentation for Young Investigator Research Grant
10:00 – 10:30	Richard Yu Lecture Advancing Personalised Medicine in Diabetes - Old Drugs to New Technologies <i>Dr. Elaine Yee-kwan Chow (The Chinese University of Hong Kong)</i>
10:30 – 10:45	Coffee Break
10:45 – 12:00	Symposium 3: Vascular and Bone Health How to Prevent MACE? <i>Dr. James Shaw (Alfred Hospital)</i> How to Prevent Osteoporotic Fractures and Sarcopenia? <i>Prof. Gustavo Duque (McGill University)</i> How to Prevent Vasculopathy? <i>Prof. Andrea On-yan Luk (The Chinese University of Hong Kong)</i>
12:00	Closing Remarks

The programme is subject to change without prior notice.

Genetics and Genomics

Dr Maureen Mo Lin WONG

Co-Chairman

Working Group in Genetics and Genomics

Medical advances in the field of genetics and genomics are progressing at such a furious pace that no fellows, trainees nor trainers in our College can escape its impact. While its application is not an entirely new foray but practiced with varied maturity among our different specialties, the commitment of our government to carry out the Hong Kong Genome Project provided impetus for our College to structuralize our training in genetics in a more formal and visible manner. Thus, a workgroup comprising 14 representatives from the more relevant specialty boards, with Professor Anskar Leung and I as co-chairs, was set up in 2019 to spearhead various initiatives related to genetics and training.

The first piece of work by the workgroup was contribution to primarily the "Adult section" on the "Best Practice Guideline in Genetics and Genomic Medicine" under the auspices of the Academy of Medicine. The work started in late 2019 and the final version has been released and promulgated in a half-day symposium in late October 2021.

Unfortunately, hampered by the social unrest and COVID 19 pandemic, efforts to create a training curriculum could only come in tinkering steps albeit our intense preparatory work to comprehend training models and curriculum in various parts of the world. Nonetheless, under the strong leadership of our President, in no time at all, the workgroup has gathered momentum, when the pandemic became more controlled locally in early 2021 to allow face-to-face deliberations.

What followed was, in July 2021, a big stride could be taken with the successful organization of a Hybrid half-day Symposium in Genetics and Genomics. Apart from showcasing our College fellows' work in genetics in

celebration of our 35th anniversary, the invitation of high-ranking officials with Professor Sophia Chan Siu-chee from the government and Dr CHUNG Kin-lai from the Hospital Authority to grace the occasion strategically inform the whole medical profession our college's strong commitment to effect changes in the local landscape of genetics to see its success.

The formation of the workgroup has also thrust the reorganization of services in potential training sites; there is a paradigm shift from scattered-patient visits at individual site to better-coordinated sessions within the same specialty across the whole territory, so as to maximize trainee experience with their future rotations to see those rare diseases.

That said, the most important task of the workgroup is on development of a training curriculum leading to specialist accreditation. In the initial phase, the planned new specialty of Genetics & Genomics (Medicine) would only be open to those who have already obtained specialist accreditation in at least one non-broad based Higher Physician Trainee specialty. Fellows who have sufficient experience mainstreaming genetics in their current practice are potential grandfathers. At the advice of our external advisor, Professor Sir Munir Pirmohamed, who is a seasoned geneticist from Liverpool specializing in Pharmacogenetics and who knows the situation in Hong Kong well enough, we managed to flesh out our curriculum finally.

In July 2022, the Hong Kong Academy of Medicine has already approved the formation of this new specialty. We hope with the subsequent endorsement by the Hong Kong Medical Council, we could then turn a new leaf to grandfather our first fellows by the end of this year and jumpstart our formal training in Genetics and Genomics.

Passing rate for the Joint HKCPIE/MRCP(UK) Part I in the past years

	Sitting	Pass
September 2002	100	33 (33%)
January 2003	124	55 (44%)
May 2003 (SARS Special)	21	7 (33%)
September 2003	54	29 (54%)
January 2004	93	39 (42%)
September 2004	29	16 (55%)
January 2005	96	68 (70.8%)
September 2005	24	15 (62.5%)
January 2006	95	74 (80%)
September 2006	21	13 (62%)
January 2007	87	67 (77%)
September 2007	23	12 (52%)
January 2008	56	38 (68%)
September 2008	47	32 (68%)
January 2009	59	47 (80%)
September 2009	47	28 (60%)
January 2010	45	28 (62%)
September 2010	62	39 (63%)
January 2011	44	23 (52%)
September 2011	64	49 (77%)
January 2012	45	28 (62%)
September 2012	80	59 (74%)
January 2013	41	22 (54%)
September 2013	76	60 (79%)
January 2014	30	20 (67%)
September 2014	84	64 (76%)
January 2015	29	20 (69%)
September 2015	100	71 (71%)
January 2016	33	18 (55%)
September 2016	84	63 (75%)
January 2017	36	19 (53%)
September 2017	69	56 (81%)
January 2018	25	12 (48%)
September 2018	108	74 (69%)
January 2019	43	19 (44%)
September 2019	96	64 (67%)
January 2020	41	20 (49%)
September 2020	109	101 (93%)
January 2021	33	20 (61%)
August 2021	106	63 (59%)
May 2022	65	48 (74%)

Passing rate for the Joint HKCPIE/MRCP(UK) Part II (written) in the past years

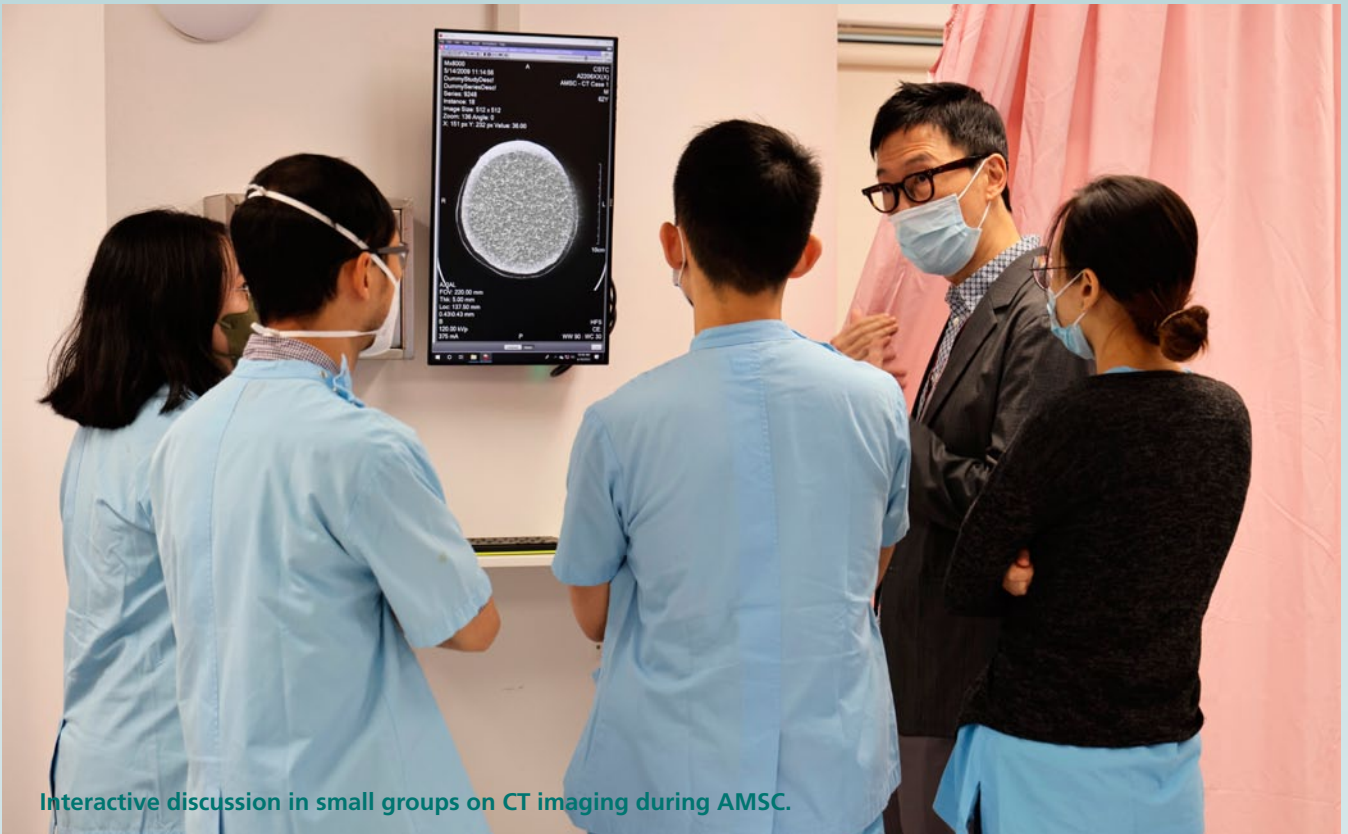
	Sitting	Pass
2 July 2002	53	27 (51%)
13 November 2002	50	24 (48%)
13 August 2003	110	62 (56%)
10 December 2003	54	31 (57%)
28 July 2004	65	42 (65%)
8 December 2004	46	32 (70%)
13 April 2005	32	15 (47%)
27 July 2005	76	56 (74%)
7 & 8 December 2005	26	16 (62%)
12 & 13 April 2006	29	13 (45%)
26 & 27 July 2006	91	68 (75%)
6 & 7 December 2006	33	18 (55%)
11 & 12 April 2007	34	22 (65%)
25 & 26 July 2007	80	70 (88%)
5 & 6 December 2007	19	13 (68%)
9 & 10 April 2008	21	13 (62%)
30 & 31 July 2008	47	36 (77%)
3 & 4 December 2008	17	10 (59%)
8 & 9 April 2009	32	25 (78%)
29 & 30 July 2009	50	43 (86%)
25 & 26 November 2009	12	7 (58%)
7 & 8 April 2010	41	34 (83%)
28 & 29 July 2010	25	19 (76%)
24 & 25 November 2010	8	2 (25%)
6 & 7 April 2011	45	35 (78%)
23 & 24 November 2011	32	25 (78%)
28 & 29 March 2012	55	43 (78%)
12 & 13 December 2012	57	44 (77%)
10 & 11 April 2013	60	52 (87%)
11 & 12 December 2013	48	34 (71%)
9 & 10 April 2014	54	46 (85%)
10 & 11 December 2014	26	25 (96%)
25 & 26 March 2015	53	45 (85%)
9 & 10 December 2015	68	65 (96%)
6 & 7 April 2016	29	28 (97%)
7 & 8 December 2016	62	50 (81%)
29 & 30 March 2017	25	21 (84%)
28 & 29 November 2017	58	54 (93%)
27 March 2018	21	14 (67%)
24 October 2018	20	15 (75%)
26 March 2019	79	71 (90%)
22 October 2019	17	12 (71%)
27 October 2020	87	77 (89%)
23 March 2021	107	84 (79%)
5 October 2021	44	32 (73%)
1 Jun 2022	61	49 (80%)

Passing Rates: PACES – 2001 - 2022

October 2001	36/72 = 50%
February 2002	34/74 = 46%
October 2002	29/72 = 40%
February 2003	30/69 = 43%
October 2003	27/59 = 46%
March 2004	39/64 = 61%
October 2004	26/69 = 38%
March 2005	35/75 = 47%
October 2005	28/75 = 37%
March 2006	36/75 = 48%
October 2006	16/73 = 22%
March 2007	44/74 = 59%
June 2007	44/74 = 59%
October 2007	36/55 = 65%
March 2008	36/74 = 49%
October 2008	29/65 = 45%
February 2009	39/75 = 52%
October 2009	24/72 = 33%
March 2010	33/75 = 44%
October 2010	40/74 = 54%
February 2011	23/66 = 35%
October 2011	34/70 = 49%
February 2012	32/74 = 43%
October 2012	32/74 = 43%
March 2013	28/75 = 37% (for HK local candidates)
October 2013	28/74 = 38%
February 2014	29/74 = 39% (for HK local candidates)
October 2014	21/74 = 28%
March 2015	36/75 = 48%
October 2015	35/75 = 47%
March 2016	40/75 = 53%
October 2016	36/75 = 49%
March 2017	26/74 = 35%
October 2017	26/75 = 35%
March 2018	32/75 = 43%
October 2018	38/75 = 51%
March 2019	46/85 = 54%
October 2019	47/86 = 55%
No examination had been conducted in 2020	
March 2021	81/119 = 68%
October 2021	84/120 = 70%
June 2022	50/87 = 57%

Pass list (2022): Joint HKCPIE/MRCP(UK) Part II PACES Examination June

Au Pak Hang	Lam Tiffany Oi-Yun
Chan Chun Yin	Lau Chun Ho
Chan Hoi Wai	Lau Edward Chi-Hang
Chan Kai Tung Christopher	Lau Kwan Yee
Chan Kwok Hei	Lau Yiu Leung
Chan Lok Wun	Lee Tin Yan
Chan Ofelia Wing Ying	Leung Ching See
Chan Sau Yat	Li Karen Ka Ying
Cheng Hoi Shan Sandy	Li Lok Heng Calvin
Cheng Yau	Lin Flora
Cheung Hoi Ting Heidi	Lui Yat Man Edmond
Cheung Hon Wing	Luk Chun Hin
Cheung Suet Ching	Ng Ka Chun James
Cheung Tsz Fung	Ng Po Kwan Brian
Chu Hin Lun	Ng Yiu Ming
Chu Kwok Ho Gordon	Ng Yuey Zhun
Chuk Man Ting Karen	Or Chin Yung Yvonne
Fok Kar Hong Nicholas	Sham Lai See
Fung Wing Yu	Sin Yuen Ting
Fung Yuk Hing	Tang Michael
Ho Wing Tone Stephanie	Tong Hin Ching
Hooi James Kwong Yew	Tsang Suet Yee Zoe
Kuk Ling Yuk	Wong Ho Cheung
Lai Wing Suen Jennifer	Wong Stephanie Sze Wing
Lam Ka Fai Kevin	Yeung Hoi Ting



Interactive discussion in small groups on CT imaging during AMSC.

Report on the Advanced Medical Simulation Course (AMSC)

Dr Colin HT LUI
Chairman
AMSC Workgroup

On 11 & 18 June, 2022, we successfully conducted two pilot classes of the Advanced Medical Simulation Course (AMSC). Sixteen participants joined in each class and they have gone through the different learning stations, under the instructors' guidance. The format of learning included problem-solving stations, mini-stations of diagnostic and communication testing and scenario-based simulations. Small group interactive learning was adopted in the latter two stations. The courses were concluded with the encouraging feedback of participants. Professor Philip Li, Dr CB Law and Dr YL Cheng were our guests and their presence also made the events memorable.



Control centre in Nethersole Clinical Simulation Training Centre, PYNEH (from left to right: Dr Colin Lui (Chairman of AMSC work group), Dr Natalie Leung, Dr CB Law (Chairman of HKCP training subcommittee), Mr Tacko Tsoi, and Dr Candy Kwan (Co-chair of AMSC work group).



Group photo taken on AMSC class 1 held on 11.6.2022 (first row, from left to right: Dr Frankie Choy, Mr Tacko Tsoi, Dr Colin Lui (Chairman of AMSC work group), Prof Philip Li (President, HKCP), Dr Candy Kwan (Co-chair of AMSC work group), Dr Natalie Leung, Dr LT Chan, and Dr Erica Leung.

The idea of setting mandatory simulation training in Advanced Interval Medicine(AIM) curriculum is to introduce non-technical domains like teamwork, leadership and communication into the active learning model. With this concept, the workgroup has devised diversified scheme and scenarios. The course design is to have the participants engaged in their role in Higher Physician Training (HPT) of which they should be able to provide some basic coaching to others and to be efficient “team players” in their real life. The Nethersole Clinical Simulation Center of Pamela Youde Nethersole Eastern Hospital provides quality training environment with high-fidelity simulators, so that the participants can be engaged and immersed in the teamwork dynamics during the role play. As a result, they can acquire the knowledge and respective cognitive, emotional factors in clinical decision making.

Our challenges in this brand new program included setting up appropriate course content, filling up the knowledge gap that was not covered in the past curriculum as well as adequate and concise running of cross-specialty teaching program within a day. The course could not be

accomplished without the conjoint effort of our workgroup members. We met both physically and virtually nearly every quarterly during the COVID period to have the ideas brainstorming, cross checking of the individual session and stations, and detailed discussion of the course objective.

We are also thankful to the endorsement and support of the Training Subcommittee of Hong Kong College of Physicians and



A souvenir was given to Prof Philip Li, President of HKCP, for delivering Opening Remarks on the first class of AMSC on 11.6.2022, and his contribution and support to the course.

Hospital Authority Simulation Training Committee. We will strive to improve the course quality with more structured and streamlined rundown. We aspire to organize the mandatory program starting from the first quarter of 2023 regularly. Hopefully it can take the HPT curriculum up a notch.

Workgroup of AMSC: Colin HT Lui, Candy HY Kwan, Andrew LT Chan, Frankie CF Choy, Erica YL Leung, Natalie Leung, Tacko Tsoi



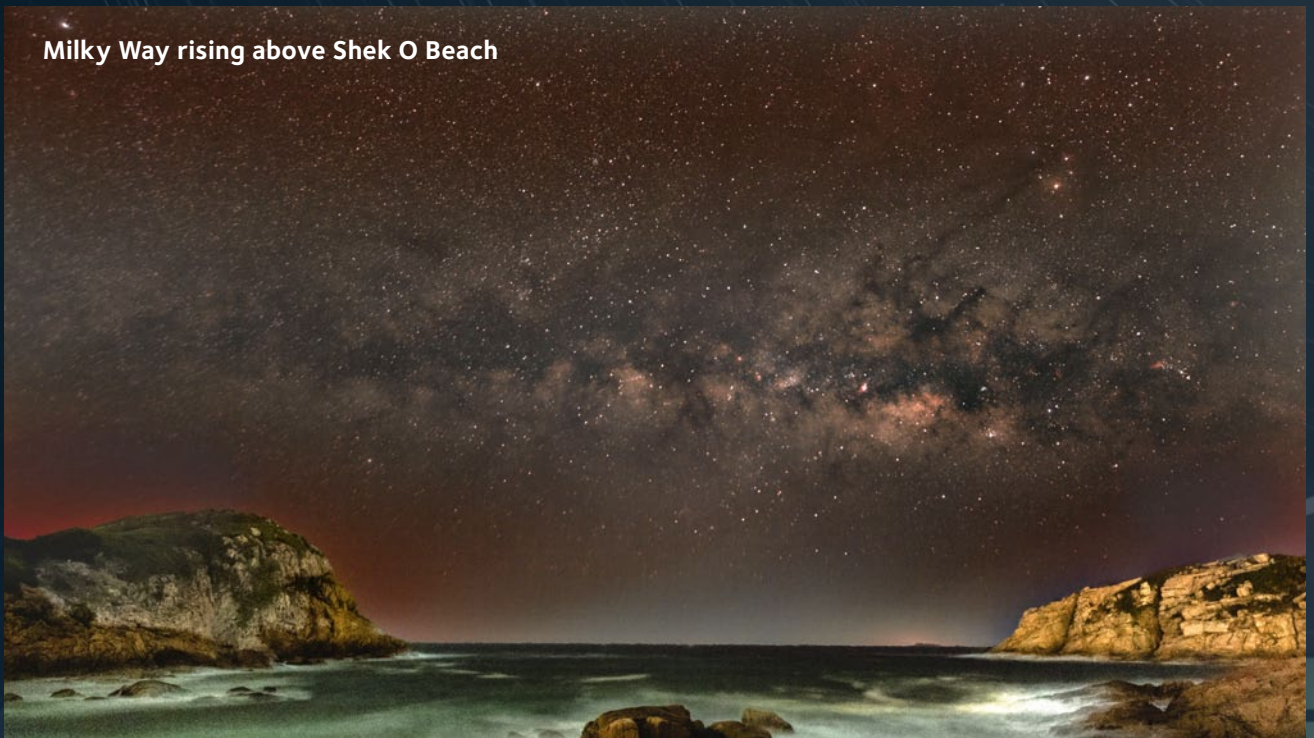
Group photo taken during AMSC class 2 held on 18.6.2022 (first row, from left to right: Dr KL Chui, Dr LM Hau, Mr Tacko Tsoi, Dr Candy Kwan (Co-chair of AMSC work group), Dr YL Cheng (Chairman of HKCP AIM Board), Dr Colin Lui (Chairman of AMSC work group), Dr Natalie Leung, Dr LT Chan, and Dr Erica Leung).

Quest for Celestial Wonders – My Intriguing Journey of Stargazing and Astrophotography

Dr Ngai Shing MOK

Department of Medicine and Geriatrics
Princess Margaret Hospital

Milky Way rising above Shek O Beach



“Twinkle twinkle little star; How I wonder what you are; Up above the world so high; Like a diamond in the sky”

This well known nursery rhyme might have inspired countless children from generation to generation to appreciate the beauty of starry sky. It might have sown the seeds of curiosity about the cosmos in some children to explore the starry sky when they grew up and I was certainly one of them .

I started my stargazing journey at a very early age. When I was six I was dumbfounded by the marvel of the starry sky in my hometown in Dongguan (东莞) where there was little air pollution and no street light. Later I realized that the stunning night sky I saw was the summer Milky Way. Since then my little brain was imprinted with the splendor of the starry sky and preoccupied with questions about stars and the universe. I started asking my teachers questions about astronomy which sometimes made them speechless! I embarked on my journey of stargazing and quest for celestial wonders in secondary school when I was an active member and later the Vice Chairman of the Astronomy Club. When sky was clear we would walk up the Kotewall Road on Fridays from school for the star party in the Peak where I saw many constellations with my naked eyes and celestial wonders through telescopes. There I saw for the first time in my life Jupiter with her beautiful Great Red Spot and her four Galilean satellites, the spectacular Saturn's rings and the total lunar eclipse, just to name a few. You cannot imagine how I spent the whole summer in Form 4 grinding a 6-inch lens at home for making a Newtonian reflector telescope. Looking back, I am amazed by my own passion and stamina in learning astronomy during those years. Time flies and those were the days. Every time when I look up and see the constellations now, I would reminisce about those precious and memorable moments I spent on stargazing when I was young.

I chose medical doctor as my career because practicing medicine is a meaningful job that can save lives. But as an interventional cardiologist, I have to work round the clock to perform emergency angioplasty to save lives of patients from heart attacks. Although it brings me a lot of job satisfaction, it imposes much work stress on my life at the same time. The excessive clinical work load coupled with the heavy hospital administrative duties and my family commitment stretched me to the limit. Though I was reluctant, I could not but set aside stargazing and astronomy to buy time for my clinical work and professional development. As time went by I realized that it was high time I found ways to boost my own well-being to achieve a "Work Life Balance" before I became burnt out. Few years ago my interest on stargazing and astronomy was rekindled and I then embarked on my star gazing journey again which has totally enriched and rejuvenated my life and brought me comfort, contentment, awe and happiness.

I consider myself the most blessed and fortunate stargazer as I witnessed all the four most spectacular astronomical wonders very soon after I resumed



Diamond ring and pink solar prominence during Great American Eclipse



Rosette (little rose) Nebula in Monoceros constellation

stargazing as my hobby. In December 2014, I saw the fascinating and entrancing aurora borealis (Northern Lights) in the Arctic Circle in Finland with my wife for the first time on our 20th wedding anniversary. In January 2015, I had my debut encounter with the Comet Lovejoy in Tai Au Mun. The excitement was nothing short of meeting my first love! In December 2015, I led a group of church friends to see the breathtaking Geminid meteor shower in CingJing, Taichung, 3000m above sea level. When the meteor shower peaked at midnight, we saw over 100 meteors



Northern Lights behind the clouds in Iceland look like 2 angels from heaven

radiating from the constellation of Gemini and flashing across the clear sky within an hour. In August 2017, I witnessed with my family the Great American Eclipse, a total solar eclipse which is the grandest astronomical wonder, in a camping ground in Wyoming, USA. When the moment of totality came, it looked like a brilliant star suddenly diminished and turned into a black hole. The sky plunged into a deep twilight. Venus and few other bright stars became visible in broad daylight! Everyone who witnessed the scene exclaimed, cheered and marveled at what appeared in front of their naked eyes. My family and I were overjoyed and excited and we embraced each other to celebrate this special and amazing moment when the totality was over.

In 2016 I learnt from some experienced astronomers in the Hong Kong Astronomical Society the ABC of taking star photos. After installing some basic equipment including a 6-cm refractor telescope, an equatorial mount for tracking stars, a tripod for the telescope and a second-hand Canon EOSM mirrorless camera with its low pass filter replaced by a Baader BCF filter to capture the hydrogen alpha light from nebulae, I began my wonderful journey of astrophotography. I still remember the joy and excitement I had when I captured

for the first time the images of total solar eclipse with my gear in Wyoming. Some celestial objects are just too dim to be seen and thus invisible to naked eyes or even small telescopes. But with star tracking and long exposure, I was able to capture with camera through my small telescope many amazing celestial objects like Milky Way, comets, star clusters, nebulae and even galaxies which are millions of light years away from earth. During the Covid pandemics, social lockdown has imposed restrictions on many outdoor activities worldwide and Hong Kong is no exception. Yet more people started to enjoy their contact with the Mother Nature and worldwide the number of stargazers is surging. Night sky became clearer as less traffic resulted in less air pollution. In the past two years, we were lucky to have witnessed and captured the images of 2 bright comets, a total lunar and a partial solar eclipse and several meteor showers in Hong Kong. Through taking star photos I felt like I had a close encounter with those celestial objects. I learnt more about the beauty and the mystery of the universe. It gives me the impetus and incentive to further connect with them through stargazing and taking their images. Joining courses to learn more about astronomy and astrophysics allowed me to have a better understanding

of their nature and origin. Recently I have upgraded my gadget for astrophotography as a retirement gift I bought for myself to take clearer images of these celestial wonders!

People may have the misconception that stargazing is the privilege of astronomers or sky lovers who are equipped with sophisticated equipment like telescopes. In fact we do not need any knowledge or equipment to enjoy stargazing. The Mother Nature belongs to everyone. All we need is the effort to travel to a dark place remote from city lights and look up when sky is clear. A basic knowledge about the starry sky will certainly make our stargazing easier and more enjoyable. With naked eyes we can see a wide variety of celestial objects including the constellations and asterisms formed by stars (eg. the Big Dipper) , Milky Way, lunar and total solar eclipses, moon and planets, meteors, Northern Lights, bright nebulae and even comets if we are lucky. There are a total of 88 constellations in the sky but some are visible only in the Southern Hemisphere. In different seasons we can see different constellations. I have some favorite constellations in each season. Observing and experiencing them again is like meeting old friends which always make me happy. Through binoculars and telescopes we can see more celestial objects with much more details but we should not be discouraged from enjoying the night sky if such equipment is not on hand. Stargazing is not hard and is enjoyable, fun, refreshing and rewarding. Nowadays the use of stargazing apps installed in mobile phones to learn about the constellations and their real-time positions in the sky has made stargazing more interesting and enjoyable to the novice and the experienced stargazers alike. Taking in the sights of universe is an uplifting, invigorating and soothing experience and we can find solace in the stars. I enjoy gazing stars in a dark and tranquil night and the feeling of being embraced by the universe during stargazing. In front of the immense universe I feel like I am no bigger than a grain of sand. She teaches me to be humble, not to care too much about success or failure and brings me peace of mind.

Stargazing is actually a hobby ideal for relieving stress and getting rejuvenated which is particularly relevant to me as an interventional cardiologist.

As I said, stargazing is full of fun and joy that can boost our well-being and should be enjoyed by everyone. There is a Swedish proverb "**Shared joy is a double joy**". I aspired to share the joy of stargazing with other people through star talks, stargazing camps, roadside star parties and sharing through articles and social media. I particularly enjoy roadside star party to share with people the experience of stargazing through my telescope. I can never forget the joy and radiant smile shown by an 80-year-old lady when she saw the beautiful Saturn's rings for the first time in her life in a park several years ago. It was a very touching moment and encouraging experience!

I am glad I have resumed my journey of stargazing and that my childhood dream of witnessing a total solar eclipse has been fulfilled. Indeed, life will not be complete without dreams and dreams are not the privilege of the young generations. Though I am going to retire soon, I am still dreaming of witnessing the return of Comet Halley, the most famous comet in human history, to Earth in 2062 in the year of my 100th birthday ! It will certainly be a perfect gift for me to conclude my life-long terrestrial journey in star gazing. So what about you? What is your dream? It is never too late to pursue your dreams and make them come true.



My new gadget for taking star photos

Professor Wallace Chak Sing LAU

John MACKAY

Professor Lau was born in Hong Kong, left school in 1978 before sitting A Level exams, yet fourteen years later he was a lecturer in Medicine at Hong Kong University. He is now chairman of the Board of the Li Ka Shing Faculty of Medicine. Chair & Daniel CK Yu Professor in Rheumatology and Clinical Immunology of the University of Hong Kong, Chairperson and Chief of Service of the University Department of Medicine.*

It is a remarkable story.

His parents, came to Hong Kong from Guangzhou in the late 1940s, after the end of the war with Japan in 1945. Without any formal education his father started work in Hong Kong doing piecework. Chak-sing remembers helping his father assembling watch straps. Before he retired his father had his own manufacturing business in component construction for electronic goods.



Dundee 1992 – photo taken just before I left the University of Dundee for HKU. Those in the photos were my bosses and research teammates.

*Prof CS Lau has become Dean of Medicine, University of Hong Kong since August 2022.

There were ten children in the family of whom Chak-Sing was the only boy, six elder sisters and three younger.

His primary schooling was at St. Francis of Assisi's in Shek Kip Mei. From there he went to St. Stephen's Church College on Pokfulam Road. He recalls that he was not good at passing exams despite having a photographic memory. At school his favourite sports were Basketball and Badminton.

When Chak-Sing asked if he could go to England for further studies he had a lot of persuading to do before his parents granted permission, and only because an older sister had already gone to England.

"I went to Newcastle after my 'lower 6' study. As said, I had no advice from anyone on what to do then. So I enrolled myself into a one year A-level course at the College of Arts and Technology. Students were only allowed to study 2 A level subjects but I did 3 – physics, chemistry and mathematics, instead as it was considered the 'norm' by the people I knew at the time. I cannot remember which non-enrolled subject classes I had to sneak in during the first few weeks of my time at the College but after a while the lecturers were so used to seeing me there, no one questioned my enrolment status."

It was here, in his first year when he was studying that he realised that he was brighter than any of the other students on his courses. He started applying for admission to Medical Schools. Receiving no acceptances, in his second year he studied and passed A level courses in Psychology, and Biology.

The Geordie accent was not easy to understand but life in Newcastle was made easier because there was an



Translantau run – 75K trail race on Lantau Island

active population of around 5,000 Chinese in the city. It was here that he met the lady who would become his wife, Kim, who had come with her family to Newcastle from Hong Kong.

He continued to apply to Medical Schools, and received an invitation to come for interview at Dundee University. To save on expenses he took a night sleeper from Newcastle to Dundee, 180 miles way. After all the other candidates had been called, and not him, he discovered that his name was not on the list. However he was allowed to join the group of accepted candidates and was conducted round the campus with them, but was told that he could not immediately be offered a place. He returned to Newcastle very sad. Two to three weeks later he received a phone call from Dundee to say he had been accepted.

Chak, as he was known to his Scottish friends, enjoyed his time at Dundee, remembered excellent teaching professors. He had to learn a new, Scottish, dialect to communicate with patients. He was very determined

to qualify because he felt a great personal and family pressure to succeed.

He returned, "for family visits during summer holidays after MBI, MBII and MBIII. During MBIII, I was accepted by HKU as an elective student and joined the local MBBS Specialty Clerk teaching. I very distinctly remember being taught by Professor Sir David Todd, Professor TK Chan, Professor Karen Lam and Dr Chan Man Kam."

Dr Chak-Sing Lau qualified in 1985: and married Kim.

He did preregistration jobs, in the Walsgrave University Hospital in Coventry and the University North Tees Hospital in Stockton.

Dr Lau was accepted to do a two year Medical Rotation at Ninewells University Hospital in Dundee, starting in 1986. His aim was to pass the Membership examination in Edinburgh then specialise in cardiology or paediatrics. However, during the second year of the Rotation he was offered the job of



Wales 2009 – The whole family, including Charlie my beloved Labrador. Charlie passed away in November last year.

research Fellow in rheumatology by Dr JJF Belch, a Senior Lecturer who had recently arrived from Glasgow.

In 1988 he passed the MRCP and joined Dr Belch’s team. For the next four years Dr Lau was Research Registrar and locum Senior Registrar.

“The result of this research was one of my very first papers, a randomized controlled trial of fish oil in rheumatoid arthritis, the study that paid my salary and set up my academic career.”

Over the next years he and Professor Jill Belch were to publish 27 papers on rheumatic or vascular subjects.

In 1992 Hong Kong University needed a rheumatologist to replace Dr. K L

Wong. Prof Jill Belch had visited Hong Kong in the past, had been taken ill, and had been looked after by Prof. Rosie Young. With Professor Belch’s recommendation, Dr Lau’s name was put forward by Professor Rosie Young to the then head of Department Prof. T K Chan, and he was appointed a Lecturer in Medicine. By 1997 he was a Senior Lecturer and by 2000 he was a Professor. By now he had three children, and regrets that he does not have more time to spend with them.

During this fruitful time Prof Lau became a Member of the Hong Kong College of Physicians, a Founding Fellow of the Hong Kong Academy of Medicine, and was awarded a

Doctorate from the University of Dundee.

He became a Fellow of the Royal Colleges of Physicians of Edinburgh in 1998, and of Glasgow and three years later FRCP London. More publications followed, many co-authored with Dr. C C Mok, now Head of Rheumatology at Tuen Mun Hospital and an Honorary Clinical Professor at the Chinese University of Hong Kong.

Prof Lau was now becoming internationally known, as a member of the Asia-Pacific League of Associations for Rheumatology, of which he became President in 2006. He was not so surprised therefore

when he received an invitation in 2007 to become the first Chair of Rheumatology in Dundee. Although by now he was well settled in Hong Kong, he felt he owed his Alma Mater an obligation as the launch-pad of his career.

Professor Lau was delighted to find, fifteen years after he had left Dundee, that some patients still remembered him from a time when rheumatic disease treatment was very limited and patient counselling was particularly important.

In 2010, he began his second tenure at HKU, invited back as Chair Professor and, in 2014, Daniel CK Yu Professor in Rheumatology and Clinical Immunology.

He claims that pivotal career advancements were all happy results of serendipity – *the occurrence and development of events by chance in a happy or beneficial way*. A modest interpretation of his undoubted talents.

Professor Lau was Vice-President (Education and Examinations) of the Hong Kong Academy of Medicine, before becoming the President in 2016 and holding that position till 2020

Professor Lau has published over 400 papers, reviews and book chapters and given 350 invited lectures. He is on twelve editorial boards, and an equal number of Academic and Professional Organisations. He has been awarded numerous Honorary Fellowships and Honorary and Visiting Professorships. He comments that he has difficulty in saying “No” when invited to join a project or organisation, sometimes to his regret.

When asked “Despite your present busy schedule, do you have time for any hobbies, pastimes, sports?” He



Teaching specialty clerk students – this was taken in the MacFadzean Library in 2014

answered, “Long distance running until the last few months. I like watching all kinds of sports too! I am a diehard fan of Liverpool F.C. since I was a teenager”.

The pressure of work means that Professor Lau cannot run his regular 10-20 kms in training so has given up international marathon running, and trail-running in Hong Kong such as the Oxfam Trailwalker, the Victoria to Peak and Lantau ultra-marathon. He has run marathons in many countries, Hong Kong, Macau, China, UK, Holland and Australia, and uses running a marathon to illustrate his attitude to life in general. If he starts something he is fully committed to it till the end, and does not cut corners.

Regarding his relationship with medical students he said he felt closest to them, and mingled socially during his first professorship from 2000 when he was Assistant Dean for Teaching and Student Affairs. He has an easy, friendly manner, a good communicator,

so I can understand why he was popular with students. These attributes have also helped over the years with his many research projects requiring successful team-work.

Professor Lau says he has no particular future ambitions. He will, as he has done in the past, accept the benign forces of serendipity.

“By August, I will take over from Professor Gabriel Leung as Interim Dean of the LKS Faculty of Medicine. I will therefore step down from my two Department positions, as well as my Chairmanship of the Faculty.”

Professor Lau’s take-away message for younger doctors: –

“Medical education is training of professionalism in medicine. A doctor needs to keep abreast of the latest developments of medicine, is effective in communication, works as a member of a team, and always gives her/his patients and colleagues the highest priority.”

Report on Career Talk for Medical Graduates 2022

Dr Kelvin Lap Kiu TSOI

IT Coordinator
Young Fellows' Committee

The Young Fellows' Committee of the Hong Kong College of Physicians successfully organized the sixth career talk cum intern survival guide on 20th June 2022.

Since its foundation in 2017, the committee has delivered various activities for College fellows, members and potential physician trainees. Being one of the most prominent events conducted by the committee, the career talk attracts more than 150 graduates from the two medical schools and licentiate doctors annually.

The COVID era and career talk

In the pre-COVID era, the talk covered a wide range of aspects from 'life as a physician', 'physician training pathway', 'job hunting skills' to 'troubleshooting during on-call period'. Interactive face-to-face sharing sessions by fellows of different specialties with matched groups of pre-interns have further enhanced their understanding and interest in corresponding specialties of Internal Medicine.

The COVID pandemic has changed the style and format of this career talk from direct person contact to a web-based mode since 2020. The half day programme was streamlined to a 2-hour seminar that kept its original essence, but this did not limit our talk's appeal. More than 200 interns-to-be enrolled this year. The prior enquiry and attention from pre-interns before the talk was announced demonstrates its increasing popularity.

Once the audience, today's speaker

Medical fellows who were once our beneficiaries can become benefactors today. Dr. Rex Hui, third year medical trainee in Queen Mary Hospital, recalled how the career talk 2018 had inspired him and made him more determined to become a physician. "The knowledge shared

from 2018 has fueled my working life," said Rex. "Now I would like to share my experience with the newcomers." Talking to his younger fellows in the career talk 2022, Rex told of his ups and downs as a physician trainee as well as the academic work he is pursuing. Rex's story is encouraging, and it is believed there are more budding physicians like Rex, enlightened by our talk to choose Internal Medicine as their career.

Things not taught in medical school

Career talks can further broaden one's horizon outside medical school. As a distinguished speaker and a palliative specialist from the Haven of Hope Hospital, Dr. Thomas Chan Lut-Ming talked about a palliative physician's work with day-to-day patient care experience. It evoked great interest from the audience, prompting some to raise questions on the training pathway and clinical duty of palliative medicine. Dr. Chan also shared insightful thoughts on proper work attitude and professionalism in the talk. His wise counsel is always appreciated.

Support from College

This career talk is the result of teamwork by different members from The Young Fellows' Committee. Active and tremendous support from Professor Philip Li and all council members is another key element for the great success. Professor Li initiated the concept of career talk and encouraged us to run this program as the starting point of our committee. We are honoured to have him delivering the opening address every year and sharing his experience as an esteemed physician to our participants in spite of his tight schedule.

Hopefully, when the pandemic and social distance fades, we will see each other's face again and spread the seed of physician's heart to our next generation.

Hong Kong College of Physicians OBITUARY

Professor Lam Wah-kit, Honorary Fellow



With a heavy heart, the College mourns the passing of Professor Lam Wah-kit, Honorary Fellow, on 24th January 2022.

Professor Lam of the Department of Medicine, University of Hong Kong, was a pillar of the College since its early days, when his selfless commitment contributed to the establishment and consolidation of many of its functions.

From as early as 1992, Professor Lam was a member of the College Council, a position he held for the next 14 years, after which he served as Vice-President (External Affairs) from 2004 to 2010, in which capacity he represented the College as International Advisor to the Colleges of Physicians of London, Edinburgh and Glasgow, acting as an advocate for College Fellows in their nominations for Fellowship of these Colleges.

Professor Lam chaired the Examination Committee for 11 years, during which he successfully implemented the Joint HKCP Intermediate Examination-MRCP (UK) examination locally, and nurtured the successive development and evolution of the examination format and contents of the written examinations of Part 1 and Part 2 as well as the Part 2 clinical examination (PACES). Professor Lam also contributed to the Membership Committee for 24 years, and the Education and Accreditation Committee for 15 years, using his extensive experience in education for the betterment of the standards of training, education and examination for our Members and Fellows. In addition, Professor Lam served as member of the Scientific Committee for six years; led the establishment of the training guidelines in Respiratory Medicine; and was chairman of the Specialty Board in Respiratory Medicine for 14 years. In recognition of Professor Lam's immense contributions, the College conferred Honorary Fellowship on him in 2011.

As one of the most senior Respiratory Medicine specialist and academic in Hong Kong, Professor Lam forged the first academic and professional alliance between Respiratory Medicine professionals of Hong Kong and Mainland China in 1983. He was also instrumental in the establishment and development of countless initiatives in his specialty, not the least being the founding of the Hong Kong Thoracic Society and the Hong Kong Lung Foundation; as well as the first lung transplant programme at the Grantham Hospital. The Respiratory Medicine specialists in the College can bear witness to the wisdom of his foresight and his guidance, which had always been directed towards nurturing young specialists, promoting research, and benefiting the respiratory health of the local community. For his life-long contributions to the specialty internationally, Professor Lam was awarded the Asian-Pacific Society of Respiriology (APSR) Medal in 2018.

In addition to all of the above, Professor Lam was one of the most respected and beloved teachers in the University of Hong Kong. He was the University's first Chair Professor and the first Endowed Professor in Respiratory Medicine, and subsequently Chairman of the Department of Medicine. He remained active in the University as Emeritus Professor and in the College as Honorary Fellow after his retirement in 2008.

Professor Lam was no stranger to adversity, including serious challenges to his own health. Over more than 20 years he had fought and won one battle after another, while always remaining his gentle and courteous self and consistently achieving great things. One can only admire his strength and his resolution to remain steadfast against all odds, and thank Professor Lam for this unparalleled legacy. Professor Lam will be fondly remembered by the College and by all who knew him.

Dr Loretta Yin Chun YAM

HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



Sapientia et Humanitas

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