



THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

June 1996

## NEWSLETTER

Editor : Dr. T.W. Lee

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## Message from the President

It is one year now since this Council has been in office. The quarterly Newsletter has become an effective channel for the dissipation of information from Council to Fellows and Members. I can feel that the College is now closer to her Fellows and Members. Ideally this newsletter can also become the forum whereby Fellows and Members could write in to express their views. Dr. T.W. Lee, our Newsletter Editor, would definitely welcome these letters.

It is not my intention here to reiterate the achievements of the College, because that has already been detailed in the President's report for 1995-6. Instead I will focus on the much debated issue of Continuous Medical Education issue which needs further elaboration.

Continuous Medical Education is important for all medical professionals. In the past, much attention was spent on training of a medical specialist, and not enough emphasis has been put on the maintenance of skills and competency after a medical practitioner has achieved the specialist status. This is no longer acceptable because in this age of research and technological boom, half of what we learned from textbooks may not be correct in ten years' time. All these changes have a direct impact on our daily clinical practices. Although competency is what we are up to, this is very difficult to measure objectively without a longer term assessment. Moreover, major efforts are needed. Alternatively, instead of the 're-certification by examination' approach, the 'maintenance of standards' approach is taken, whereby Fellows have to comply to certain standards of continuous education to keep themselves up-to-date.

The response to our College CME guidelines circulated in March 1996 was mixed. I understand the anxiety expressed by some of our Fellows in their inability to achieve enough CME points. CME should not be seen as a threat. CME should be viewed as the opportunity to improve on ourselves so that we can serve our patients/clients better. This is one of the aims of CME. Sanction is not our ultimate goal nor our aim. The College is here to offer help and see to it that everyone reaches the standard. In a forum discussion with some of our Fellows, I am very pleased to learn that some of the Fellows from the private sector are going to organize themselves into groups for organization of CME activities. This is an encouraging move towards fulfilling the aims of CME.

The College needs to do better in promoting CME and organizing more CME activities. The possibility of a joint Annual Scientific Meeting with the Society of Anaesthetists of Hong Kong has been discussed, so is the possibility of organizing workshops on topics of current interest or refresher courses. Although entirely optional, non-trainee Members are also invited to join the CME programme to promote the spirit of CME. In future, this would entail redefining a specialist anaesthesiologist to be one who possesses Fellowship status as well as fulfilling the CME requirement.

A CME Subcommittee has been formed and they will sit down by end of May to discuss the details of accrediting meetings and also the logistics of doing all these. Obviously we are still the beginners in promoting CME. I think we will learn as we go along to make it more appropriate for our Fellows.

Another round of College examinations was held in March/April. It is most encouraging to see the correlation of examination successes between the HKCA and FANZCA Examinations. Four out of eight passed the Final FHKCA Examination. Again all these four candidates sat and passed the Final FANZCA Examination. The correlation in the first and

## **Highlights of Council Meetings**

### ***60th Council Meeting held on 27th February, 1996***

#### **Resuscitation Committee**

The Council considered the possibility of holding courses in resuscitation or trauma management in Hong Kong. Dr. Moles reported that Department of Surgery of the University of Hong Kong, representing the Hong Kong Chapter of the American College of Surgeons will start an ATLS course. The Council did not think that holding EMST course of the RACS in Hong Kong will be financially viable. The Resuscitation Committee was asked to study the feasibility of organising an advanced airway management course. The possibility of collaboration with ITACCS will be explored.

#### **Education Committee**

Council approved the formation of a CME subcommittee. Terms of members will be at least 2 years and not more than 10 years.

Council approved Dr. R. Lo's recommendation to appoint separate Education Officers for Anaesthesia and Intensive Care. Dr. Tom Buckley was appointed Education Officer for Intensive Care.

#### **Intensive Care Committee**

Hospital data sheet for hospitals seeking accreditation for Intensive Care training has been circulated to all the hospitals with Intensive Care Units.

### ***61st Council Meeting held on 28th March, 1996***

#### **Pain Management Committee**

Council approved recommendation by the Pain Management Committee that six months of the DPM training could be conducted during the sixth year of vocational training, while the remaining six months must be post fellowship.

It was provisionally approved that application for DPM ad eundem for fellows without an overseas qualification will be considered only if application was made within 12 months of approval of the DPM. Nomination of Dr. PP Chen to the Pain Management Committee was approved.

#### **Manpower Committee**

5th report of the Manpower committee was tabled.

Council re-affirmed the position that anaesthesia service in Hong Kong should be specialist-based.

#### **Board of examinations**

Dr. T. Gin would leave Hong Kong in May, 1996. Council approved the Board's nomination of Dr. Cindy Aun as Chairperson and Dr. C.T. Hung as Deputy Chairman of the Board.

Administrative instruction on examination concerning candidates suffering from illness, accidents or disability was adopted.

Revisions to AI on appeal procedures and eligibility for final examination were approved. Essentially, appeals with regard to the conduct of an examination or against any results must be submitted to the Appeals Committee within one week of the end of that particular examination. Candidates must be in their fifth or last year of vocational training before presenting for the Final Examination. They must also complete at least three years of approved anaesthetic training.

**Representation in HA Consultant Selection Board**

Council appointed Dr. C.T. Hung, Dr. Cindy Aun and Prof. J. Yang to represent the College in the Selection Board for appointing consultant anaesthesiologists in HA hospitals.

***62nd Council Meeting held on 30th April, 1996***

**Education Committee**

A forum on CME with anaesthesiologists in private practice was held on 23rd April, 1996. Council voted and approved appointment of members of the CME Subcommittee.

**Board of Accreditation**

Inspection of hospitals seeking review of anaesthesiology training posts will begin in May-June.

**Resuscitation Committee**

Council had an informal meeting with Dr. Grande of ITACCS during the World Congress in Sydney. The understanding was that ITACCS will release the material of its trauma course if a local chapter of ITACCS will be formed. However ITACCS requires that participants of its trauma course to have completed the ATLS Provider Course. Council discussed the logistics of setting up an ITACCS local chapter and running a local trauma course. President will write to Dr. Grande for further details.

**List of College Policy Documents and Guidelines**

**Statutory Documents:**

- |    |  |           |
|----|--|-----------|
| S1 | Memorandum & Articles of Association           | (09-1989) |
| S2 | Bye-Laws including Academic Dress & Ceremonial | (01-1996) |

Administrative Instructions:

- |  |           |
|--|-----------|
| Fellowship Ad Eundem                               | (06-1995) |
| Retrospective Accreditation of Vocational Training | (06-1995) |
| Accreditation of Hospitals or Institutions         | (11-1992) |

- |                      |           |
|----------------------|-----------|
| Examinations         | (03-1996) |
| The Appeal Committee | (03-1996) |

**Education and Training:**

- |    |  |  |
|----|--|--|
| E1 | Guidelines for Hospitals Seeking Approval for Anaesthesiology Training Posts | (11-1992)<br><i>(Pending modification)</i> |
| E2 | Supervisors of Training in Anaesthesiology                                   | (11-1992)<br><i>(Pending modification)</i> |

|    |   |  |
|----|---|--|
| E3 | Supervision of Trainee Anaesthesiologists | (11-1992)<br><i>(Pending modification)</i> |
| E4 | Curricula                                 | (02-1992)                                  |
| E5 | Vocational Training Guide                 | (01-1995)                                  |
| E6 | Guidelines for Project Requirement        | (11-1995)                                  |
| E7 | Continuous Medical Education              | (03-1995)                                  |

### **Examinations Guidelines**

|     |  |           |
|-----|--|-----------|
| Ex1 | Candidates suffering Illness, Accident or Disability | (03-1996) |
| Ex2 | Guidelines for OSCE Examination                      | (07-1995) |

### **Technical Guidelines:**

|    |  |           |
|----|--|-----------|
| T1 | Protocol for the checking of an anaesthetic machine before use                           | (10-1992) |
| T2 | Recommended minimum facilities for safe anaesthetic practice in operating suites         | (10-1992) |
| T3 | Recommended minimum facilities for the safe anaesthetic practice in organ imaging units. | (10-1992) |
| T4 | Recommended minimum facilities for safe anaesthetic practice in delivery suites          | (10-1992) |
| T5 | Recommended minimum facilities for safe practice for electro-convulsive therapy          | (10-1992) |
| T6 | Minimum requirements for an anaesthetic record   | (02-1993) |
| T7 | Minimum assistance for the safe conduct of anaesthesia                                   | (02-1993) |

### **Professional Guidelines**

|     |  |           |
|-----|--|-----------|
| P1  | Guidelines for monitoring in anaesthesia                                       | (10-1992) |
| P2  | Guidelines for safety in sedation for diagnostic and minor surgical procedures | (10-1992) |
| P3  | Guidelines for postanesthetic recovery care                                    | (10-1992) |
| P4  | Guidelines for the conduct of epidural analgesia for parturients               | (02-1993) |
| P5  | Guidelines on anaesthesia for day surgery                                      | (02-1993) |
| P6  | Privileges in anaesthesia  | (02-1993) |
| P7  | Guidelines on Quality Assurance  | (05-1994) |
| P8  | Duties of An Anaesthesiologist in Hospitals with Approved Training Posts       | (05-1994) |
| P9  | Guidelines for Transport of the Critically III                                 | (05-1994) |
| P10 | Patients' Rights and Responsibilities in Anaesthesia                           | (05-1994) |
| P11 | Guidelines on the Safe Practice of Acute Pain Management                       | (05-1994) |
| P12 | The handover of responsibility during an anaesthetic                           | (12-1995) |

### **Intensive Care:**

|       |   |           |
|-------|---|-----------|
| IC-1  | Minimum standards for Intensive Care Units  | (01-1996) |
| IC-3  | Guidelines for Hospitals seeking College Approval on Training Posts in Intensive Care | (01-1996) |
| IC-6  | Supervisors of Training in Intensive Care   | 01-1996   |
| IC-12 | Administrative Instructions: Admission of Intensive Care Fellows Ad eundem            | 02-1996   |

## New Appointments

### **Consultants**

Dr. K.K. Lam TMH  
Dr. C.F. Kotur Darlington Memorial Hospital, Darlington, UK

### **Senior Medical Officers**

Dr. P. Tan PWH  
Dr. Eric Yip CMC  
Dr. Tay Beng Leong YCH

### **Lecturers**

Dr. Phoebe Mainland CUHK  
Dr. K. Kau CUHK

## Examination Successes

Names of candidates who passed the recent Intermediate and Final FHKCA exam were listed in the report of the Examinations Committee. Congratulations!! The four candidates who passed the Final FHKCA Examination also passed the Final ANZCA Examination.

Dr. K.M. Ho from PWH passed the Final FFICANZCA Examination and he won the Matt Spence Medal. Congratulations!!

Congratulations also to Dr. Bassanio Law, Dr. Fred Chan and Dr. M.C. Chu from PWH, Dr. K.S. Wong from QMH and Dr. T. Li, Dr. J.C. Chuah, Dr. Nora Soon and Dr. Kevin Lo from QEH who passed the Part I FANZCA Examination. Dr. Tim Brake of CMC passed the FRCA Part II Examination.

## New Members and Fellows

Council approved admission of the following as Members of the College:

Dr. Chan, Tsun Fai Ferninand Dr. Caves, Natalie Dawn  
Dr. Lau, Wing Man Dr. Lam, Wylie Vuu Luong

Council approved admission of the following as Fellows of the College:

Dr. Tan, Yuen Heng Peggy Dr. Goh Lung Cheung  
Dr. Tay, Beng Aik

## Announcements

### Counselling of Candidates

Council resolved that counselling should be made available for candidates who fail in College Examinations. This can be initiated by either the candidate or the Chairman of the Board of Examinations. The candidate should initially be counselled by the hospital Supervisor of Training, and if necessary by a designee of the Chairman of the Board of Examinations.

### Internet Homepage

The Council would like to seek the opinion of members and fellows on the creation of a homepage for the College on the internet. Please either E mail your opinion to Dr. C.T. Hung at [cthung@medi.net.hk](mailto:cthung@medi.net.hk) or contact Dr. T.W. Lee at Tuen Mun Hospital.

### CME points for ANZCA MOS Programme

Participation as examiners in examinations of the HKCA will attract CME points in ANZCA MOS Programme commencing from January, 1995.

### Change of address: FHKCA and FHKAM Anaesthesiology

The Hon Secretary likes to remind fellows who are also fellows of the HKAM that they have to write to the HK Academy of Medicine for change of address. Hon Secretary can forward the letter to HKAM, but fellows have to write a specific letter to HKAM. Fellows are also reminded that HKAM requires that the correspondence address is the same as the address of registration with the HK Medical Council.

### CME Programme for overseas fellows and members

HKAM is drafting guidelines on CME programme for fellows who work in overseas countries. Our College will set our guidelines in accordance with those of the HKAM. Until such CME guidelines are finalised, overseas fellows and members of our College will not be required to comply with the CME programme and the credit point system that will be implemented for local fellows from 1st July, 1996.

### Hong Kong Ophthalmological Symposium '96

Members and Fellows are invited to attend the Hong Kong Ophthalmological Symposium '96. Details are as follows:

|                      |   |  |
|----------------------|---|--|
| Date                 | : | 14th - 15th (Sat - Sun) December 1996  |
| Venue                | : | Hong Kong Convention and Exhibition Centre   |
| Theme                | : | Retinal diseases   |
| Scientific Programme | : | Thematic sessions, free paper sessions and poster presentations                        |
| Registration Cost    | : | Before 31 Oct 96            HKD 1,500<br>After 31 Oct 96            HKD 2,000          |
| Organizers           | : | The College of Ophthalmologists of Hong Kong and<br>Hong Kong Ophthalmological Society |
| Enquiry              | : | Dr. Barry Yeung<br>The Symposium Secretary<br>Hong Kong Ophthalmological Symposium '96 |