



THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

September 1995

NEWSLETTER Editor : Dr. T.W. Lee

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Message from the Editor

This issue of College Newsletter takes a different format. It is simpler but will be published every three months. Reports of Boards and Committees are retained. Highlights of Council Meetings are included to cover areas the Council has worked on that are not included in these reports. Hopefully, this will enhance communication between the Council and Members and Fellows. As communication is a two way process, please do voice your opinion and make this Newsletter your Newsletter.

Dr. T.W. Lee

Message from the President

This is the first issue of Newsletter for the new Council after the Annual General Meeting and the Council elections held in June. The results of the Council elections have been disseminated earlier and I am not going to reiterate here. As the new President of the College, I would like to share with you some of my thoughts as to where our College should be heading for in the next 2 years in its growth and development.

One of the most important functions of our College is postgraduate training and education in anaesthesia. In the last few years, our College has been working hard to set up a training programme to suit our local needs and to cater for the local situation. With the approval of this programme by the Hong Kong Academy of Medicine early this year and the appointment of supervisors of training, we have been recruiting new trainees into our training system and start our own training mechanism going. This is a major milestone in the development of our College. It is also of utmost importance since we are having a huge deficit of anaesthetists in the public sector as revealed by the Manpower Study Committee report published in the last Newsletter. To patch up the manpower deficit, high level talks with the administration would be needed but the recruitment of more trainees into the training system yet at the same time maintaining the standard and quality of training should not be delayed.

The accreditation of training institutions has started since 1993. With the opening up of new hospitals, more and more hospitals have now applied to the College for inspection or re-inspection of training facilities in order to take in more trainees. This is very much welcome by the College as it showed how concerned our colleagues have been in training, which is again very essential if we want to catch up with manpower deficit. Apart from inspecting new institutions, existing training institutions will be re-inspected at intervals to ensure that standards of training have been kept. All this will be enough to keep our Hospital Inspection Teams busy in the coming years.

Any training systems would not be complete without some form of assessment during and before the end of training. By far, examination remains one of the most useful and objective assessment tool. After years of preparatory work, our College managed to hold the first Primary Examination in 1994. In the next two months, we will be holding another Primary Examination as well as our first Final Examination. The number of candidates attending these coming two examinations has been very encouraging and there is a plan to hold these examinations twice yearly if financially feasible. Very soon we would be admitting fellows through our own examination system instead of admitting fellows addendum and that is another major milestone.

With our examination systems fully developed, it would be our next move to seek international recognition of our examination or qualifications. In the last Primary Examination and in the coming Primary and Final Examinations, two External Examiners, one from the Royal College of Anaesthetists, UK, and one from Australia and New Zealand College of Anaesthetists, were and will be present. Their continued

presence in our future examinations will ensure that our standard is comparable internationally and gives us better grounds when seeking international recognition.

With the anaesthesia training and examinations under way, the other area that our College needs to look at closely is "intensive care training". This is a complicated issue and an Intensive Care Committee has been formed officially in June 1994 to formulate a training programme for intensive care. We would expect a rapid move in this area in the next two years or so in the accreditation of intensive care trainers, the modification of our By-Laws and administrative instructions to allow admission of fellows endorsed in intensive care, and the commencement of intensive care training once the mechanism has been set up.

Another area that concerns all fellows is Continuous Medical Education (CME). The Academy has put heavy emphasis on CME activities of all fellows and each College has to come up with a CME programme. In fact, once the Medical Registration (Amendment) Bill 1995 is passed, all doctors would be required legally to participate in CME. We are still working on such a programme, and once endorsed by the Academy, we will see its implementation very soon and all Fellows will be affected.

These are only some of my preliminary thoughts and I would welcome suggestions from our members and fellows. The College and the anaesthetic profession need your participation and support in whatever form to grow and flourish. May I also take this opportunity to thank our Immediate Past President, Dr. Ronald Lo and the outgoing Council for their dedication and hard work during the last Council term.

Dr. C.T. Hung
15th August 1995.

Reports from Boards and Committees

Board of Education

Chairman : Dr. R. Lo

The Board has examined modification of the ANZCA system of Continuing Medical Education to meet HKAM requirements. These will be submitted to HKAM for approval.

Board of Examination

Chairman : Dr. T. Gin

Intermediate Examination

The examination appears to be well supported and there were 11 candidates for the July/August examination. To make the examination as fair as possible, some structure is being introduced into the oral examination so that common questions are being asked to several candidates. This does NOT mean that marking is competitive, and there is NO quota system for passing the exam. The external examiners nominated by their respective Colleges are Professor Malcom Fisher (Pharmacology), a Primary examiner for the ANZCA, and Professor Cedric Prys-Roberts (Physiology), the President of the RCA. Both external examiners are giving a lecture at a scientific meeting jointly organised by the College and the Society of Anaesthetists.

The number of candidates is encouraging and it is quite possible that the College will be able to support two Intermediate Examinations each year. The options that are being considered to ensure financial viability are an increase in examination fees, and inviting only one external examiner in future. These matters will be discussed further by the Board of Examinations after the current set of exams.

Final Examination

The inaugural final examination is being held in August/September and there are 7 candidates. The format for the examination has been circulated to Supervisors of Training. It is expected that the OSCE component will prove to be a valuable and objective complement to the traditional written and oral questions. The external examiners, nominated by their respective Colleges, are Associate Professor Peter Klineberg, the Deputy Chairman of the Final FANZCA examination, and Professor Leo Strunin, Chairman of the Final FRCA examination. Both external examiners will be giving a lecture at a scientific meeting in September.

Broad of Censors

Chairman : Dr. S.L. Tsui

Training accreditation

The Board of Censors was appointed by the Council to conduct retrospective accreditation for previous training experiences of all registered HKCA vocational trainees. This accreditation was based on the current HKCA vocational training programme which is detailed in the HKCA Vocational Training Guide. The Training Guide has been prepared by **HKCA Education Committee**, approved by the Council and endorsed by HK Academy of Medicine. Essentially, vocational training in anaesthesiology consists of 72 months with four training categories : non-anaesthetic clinical experience for 6 months, clinical anaesthesia for 48 months, intensive care for 3 months and elective options for 15 months in which 12 months can be spent in clinical anaesthesia. All training must be conducted in HKCA approved posts. Past local training experiences which were approved by either the Australasian and New Zealand College of Anaesthetists or Royal College of Anaesthetists, and **endorsed** by the supervisor of training of their institution will be automatically recognised. Since the majority of HKCA vocational trainees commenced their training before HKCA training programme was finalised and publicised, special concessionary terms have been applied for those trainees who registered on or before 30 June 1995. Please refer to the HKCA Administrative Instruction for Retrospective Accreditation of Vocational Training for details. Since the training guide will be strictly followed from 1 July 1995 onward, **chief of services and supervisors of training are therefore reminded to make arrangement for rotation of their vocational trainees.** As there is a maximum period approved by the Council to each institution on recommendation from the Board of Accreditation. Overseas experiences may be accredited according to a set of criteria as listed in the Administrative Instruction. Up to 1 August 1995, retrospective accreditation to 78 registered HKCA trainee has been completed and the report has been circulated to the supervisor of training of each training institution. Trainees should consult their supervisor of training or the Board of Censors for any queries. Also, appeal to the College can be made in writing to the Honorary Secretary for processing.

HKCA Members and Fellows admission

A new version of the application forms for Membership (FORM M) and Fellowship (FORM F) has been adopted in 1995. A reminder was added to Form M to remind prospective members to register separately for vocational training if so desired. Forms are available from the College Secretariat.

Board of Accreditation

Chairman : Dr. Clement Yuan

The Board of Accreditation functions to assess the creditworthiness of hospitals in their ability to provide a standard of training in anaesthesiology that is comparable to international standards. It reports to the Council on its findings on inspections of those hospitals which desire approval of anaesthesiology training positions and re-inspection of hospitals which have requested a review of its training status.

Hospitals have been categorised into three groups :-

- A. (PWH, QEH & QMH) which are teaching and tertiary referral hospitals.
- B. (PYNEH, TMH, PMH, KWH, CMC & UCH) which are acute care hospitals.
- C. (the Grantham Hospital) which is specialised.

The training programme of six years ensures that a trainee must have worked in a Category A and Category B hospitals before training is complete. It is desirable that in future training can be completed in a cluster of hospitals with a major teaching hospital as the centre.

Two hospitals seeking approval of training posts, namely Ruttonjee-Tang Shiu Kin-Tung Wah Hospital Group and Yan Chai Hospital. Four hospitals were/will be re-inspected, namely, PYNEH, CMC, PMH and TMH.

A brief outline of the inspection details and results will be presented in the next issue of College Newsletter.

Highlights of Council Meetings

52nd Council Meeting held on 6 June, 1995.

Academy of Medicine

1. Dr. R. Lo was nominated to represent our College to sit on the Preparation Committee of the College of Emergency Medicine.
2. The Academy will edit our College's vocational training programme to conform with the format of the Academy. They will also classify the contents of our CME programme according to the 5 categories outlined by the Academy.

Training and Accreditation

1. Dr. A. O' Reagan was appointed to the Board of Censors.
2. Revised draft of Administrative Instruction for (1) Retrospective Accreditation of Vocational training and (2) Fellowship Ad Eundem were approved.
3. There was a proposal to give six months grace period to trainees that had their trainings recognised retrospectively under revised A.I. for Retrospective Accreditation of Vocational Training Clause 2.1 and had reached the end of their training period allowed in their hospitals. This was voted down as enough notice has been sent.
4. It was decided that at present FFICANZCA was not equivalent to FHKCA.

53rd Council Meeting held on 11 July, 1995

Finance and Internal affairs

1. The treasurer's proposal of transferring HK\$ 500,000 of College funds to a fixed term deposit was approved.
2. Council approved the purchase of computer software and hardware worth about HK\$ 52,000 to link up the College secretariat with HKAM to facilitate utilisation of their secretarial support.

Appointment of Chairpersons of Boards and Committees

1. Council approved the resignation of Prof. T.E. Oh and Dr. A.O' Reagan as Chairperson of the ICU Committee and the Guidelines Committee respectively. Council also approved the resignation of Dr. W.N. Tong and Dr. C.T. Hung as organisers of the Intermediate and the Clinical Anaesthesiology Courses respectively.
2. Council approved the following to chair Boards and Committees :

| | |
|------------------------|------------------|
| Board of Censors | Dr. S. L. Tsui |
| Board of Examination | Dr. Tong Gin |
| Board of Accreditation | Dr. Clement Yuan |
| Education Committee | Dr. R. Lo |

Manpower Study Committee
Guidelines Committee
ICU Committee
Editorial Board of Newsletter
Federation of Medical Societies of HK
Intermediate Course
Clinical Anaesthesiology Course

Prof. J. Yang
Dr. Anne Kwan
Dr. T. Buckley
Dr. T. W. Lee (Editor)
Prof. J. Yang (representative)
Dr. A. Wong (organiser)
Dr. C.L. Watt (organiser)

ICU Committee

1. Dr. R. Lo was appointed by Council as a member of the ICU Committee. He was previously an ex-officio member.
2. There was extensive discussion on the setting up of an intensive care training programme and the legality of admitting Fellows in Anaesthesiology endorsed in Intensive Care. Although this is a matter of importance and urgency, further study will be necessary.

Recognition of overseas qualifications

The Board of Censors studied and made recommendations on the additional training required for certain overseas post-graduate qualifications to be recognised as equivalent to FHKCA. Council approved these recommendations pending clarification of details of FANZCA and M Med (Malaysia).

Hong Kong Academy of Medicine

The Academy has finally sorted out some of the issues regarding criteria for admission of fellows. The postal ballot conducted recently on the amendment of Bylaw 15, adoption of Bylaw 16 and the consequential amendment of Bylaw 2 have been passed. Of these bylaws, Bylaw 15 deals with "postal ballots" and Bylaw 16 deals with "Admission criteria for Fellows". The adoption of these Bylaws has rectified the issues of admission of fellows. Our College has been able to nominate another batch of fellows for admission as Academy Fellows since last AGM. These Academy Fellows will be formally admitted in the coming Annual General Meeting of the Academy in October 1995.

Delays in the building of Academy Headquarters at Wong Chuk Hang might be expected as the Academy Council has lately decided to commission another architect to design the building. Apart from providing offices for individual Colleges, this headquarters building will also house numerous meeting, lecturing and examination facilities. Ample parking spaces will also be provided.

The proposed Medical Registration (Amendment) Bill 1995 was recently raised for discussion in the Academy Council, especially in relation to the postgraduate specialist training where there seems to be some confusion and overlapping of roles between the Academy and the proposed Education Committee of Medical Council. A working group has been formed under the Academy under the chairmanship of Prof. HK Ma and Dr. Pamela Leung to study and propose amendments to the relevant sections of the Bill if appropriate.

The Academy Fellowship Diplomas are now ready for collection at the Academy Office in 9/F , Block A, Pamela Youde Nethersole Hospital. Each Academy Fellow should have received a letter from the Academy informing about the procedure for collection of the diploma together with a personal particulars update form to update their details with the Academy. Fellows could either collect it in person or authorise a third person to do so. If you have not received the letter by now, you should contact the Academy Office at 25155755 (Fax 25053149). The Academy has also published a "Fellow's Handbook" and is in the process of sending it to all Fellows. This handbook contains information about the Academy Ordinance, Schedule of Academy Colleges, Regulations and Bylaws.

New Appointments

We congratulate the following on their new appointments.

Consultants in Anaesthesia :

| | |
|---------------------|--------------------------|
| Dr. Bernadette Chow | Duchess of Kent Hospital |
| Dr. L.C. Goh | Tung Wah Hospital |

Senior Medical Officers :

| | |
|-----------------------|------------------------|
| Dr. Ng Kwok Fu | Queen Mary Hospital |
| Dr. John Quoye | Queen Mary Hospital |
| Dr. Dick Li | Tuen Mun Hospital |
| Dr. Rebecca Chan | PYNEH |
| Dr. Yong Boon Hong | PYNEH |
| Dr. Teoh Grek Swee | PYNEH |
| Dr. Tay Beng Aik | Yan Chai Hospital |
| Dr. Cheng Hung Kai | Ruttonjee Hospital |
| Dr. Philomeena Qommen | Caritas Medical Centre |

Head of Anaesthetic Unit :

| | |
|---------------------|-------------------------------|
| Dr. Chandra Rodrigo | Prince Philip Dental Hospital |
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New Members and Fellows

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

| | |
|----------------------|-------------------------|
| Chan, Po Gay | Tan, Song Tuen |
| Szeto, Ling Diona | Lim, Chui Chui |
| So, Hang Kwong Eric | Wong, Ho Shan Steven |
| Lee, Bee Bing | Ho, Yiu Wah Alex |
| Fok, King Yi Kenneth | Lam, Tang Ching Doris |
| Bukumola, Baratunde | Law, Cheuk Wah Bassanio |
| Brake, Timothy James | Soon, Tak Chee Nora |
| Yuen, Shiu Tim Timmy | |

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

| | |
|-----------------|-------------------|
| Hiong, Yee Tin | Tan, Kee Seng Ian |
| Watt, Chi Leung | |

Drs. Ho, Tat Fai and Chan, Shui Ning Rebacca were admitted to membership and will be recommended to fellowship after having resided in Hong Kong for 6 months.

Examination Successes

Congratulations to the following members on their examination successes :

FANZCA Part II -

| | |
|--------------------|------------------------|
| Dr. Chan Wing Sang | Dr. Fung Ka Yi, Serena |
|--------------------|------------------------|

FRCA Part III -
Dr. Angela Wai

HKCA Intermediate Examination -
Dr. Lam Peng Kit, Paul
Dr. Kwok Wing Hong
Dr. Chan Miu Han, Anne
Dr. Cheng Yim Chi

Dr. Lui Kim Ching
Dr. Law Cheuk Wah, Bassanio
Dr. Chu Siu Man, Kitty

Letters to the Editor

Dear Sir/Madam,

I read with interest the Editorial of the College's Newsletter April, 1995. Over the past decades, any practising anaesthetist in the territory knows that there is a shortage of anaesthetists. The Committee on Manpower Study really is putting what everyone has known in words and officially highlighted the situation, appropriately and properly.

Surely, a solution is to employ anaesthesiologists from overseas. It is indeed the present situation and as a matter of fact, the situation in practice for the past 20-30 years. It is reflected by the absolute number or relative proportion of anaesthetists in Hong Kong who were/are on expatriate terms and not including the majority of the academic anaesthesiologists. Perhaps it is fortunate, majority of the expatriate anaesthetists have been of high standard and the Hong Kong community indeed owes much to these imported doctors to maintain the local anaesthetic service.

While the editorial suggests a possible solution, I cannot see it as a reasonable alternative. Rather, merely, it is a continuum of the practice of the past 30 years, with no radical means of solving the problem. One can also seek exchange training program in UK, Australia, New Zealand, USA etc., etc. to hopefully fill up the many vacancies in Anaesthesia in Hong Kong.

With similar reasoning, if not more appropriate, one might equally argue to import anaesthetists, trained or in training, from mainland China, in Provinces such as Guang Dong, where the problem of language barrier does not exist.

I would truly hope that in considering solutions, utmost emphasis should be put on increasing the local supply, instead of relying on foreign resources. Your/our energy is limited and to strive for something is time and energy consuming, indeed I do not think it is a good opportunity to be seized, i.e. for relaxing registration condition for Sri Lankan, USA or Swedish Doctors. **Rather the College should seize the opportunities to improve the working and training condition for the local Anaesthetists in training, such that local graduates would see the speciality as a promising one for their career choice.**

1/ For many years, the qualifying examinations of the Hong Kong anaesthesiologists are under the controlling hands of the Royal Colleges, where the present condition to sit is to have at least one year of accredited training in UK. I have yet to see such arrangement as feasible.

2/ For the counterpart in Australia (The College has since changed its name to Australia and New Zealand College of Anaesthetists), it has indicated in writing its unwillingness to examine candidates from Hong Kong and also imposed a 12 months resident training requirement. It would be unlikely that any sizeable number of Hong Kong candidates could manage to get an accredited position.

3/ Indeed, local anaesthetists in training have suffered from extreme difficulty in gaining a postgraduate qualification. The minimum time investment is a total of 6 years (prevocational 2 years plus 4 years of vocational training). One more provisional year is required before the full Australian fellowship is granted. A total of 7 years is the minimal for promotion and advancement in salary.

4/ While our MRCP counterpart may be able to storm the examination in 2 years time, advanced to senior calls with 2 points increments in salary, and even more, earn the respect from colleagues. In five years time, one has at least fulfilled the promotion requirement. For the anaesthetist in training, one may not even have the opportunity to sit for part one examination. (I am disappointed to hear that the College has decided to postpone part one examination 1995 due to a lack of candidates. Honestly, I think even one is a good number.) After all, how many locally trained fellows did the whole Hong Kong managed to produce each year?

Heartily indeed, I would like to see energy be directed towards attracting more local graduates to join the speciality. Such that anaesthetists in training should be given appropriate time off for study, opportunities for study leave should be granted without tears or prolonged begging, that self study groups should not be discouraged and dismantled, junior anaesthetic colleagues should be respected and not be condemned, weekend before examination should not be rostered on call, seniors should not be antagonistic..... Indeed, I have witnessed all the above happened and not in isolated incidents. In the profession proud of love, care and personal attention, and a profession that is short of local offsprings, perhaps it is not something too naive to request.

I personally have been waiting the improvements to happen in the last 8 years, I am still waiting.

Dr. Mark Chan
Medical Officer, Yan Chai Hospital

Dr. Mark Chan has since left Yan Chai Hospital. He is now in general practice.

- The Editor

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Dear Editor,

There has been some concern over the EDITORIAL, under my name, that appeared in the last Hong Kong College of Anaesthesiologists Newsletter (Vol:4:1, 1995). I wish to confirm that the views expressed in the editorial were my personal views and NOT necessarily the views of the Hong Kong College of Anaesthesiologists.

I regret any embarrassment caused to the Hong Kong College of Anaesthesiologists by any misunderstanding of the above matter.

Cordially,

Dr. Chandra Rodrigo
Past Editor of the Newsletter
of the Hong Kong College of Anaesthesiologists