



THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

September 1996

NEWSLETTER

Editor : Dr. T.W. Lee

Contents: --

Message from the President

Reports from Boards and Committees

Highlights of Council Meetings

Diploma in Pain Management ad eundem

Examination Successes

New Appointments

New Members and Fellows

New Guidelines

P13 Guideline on the pre-anaesthetic consultation

P14 Guideline on responsibilities of the anaesthesiologists in the postoperative period

Resignation from the Council

Message from President

It is my pleasure to report here that the long-awaited Annual Scientific Meeting (ASM) has been scheduled to take place on 7-8th December 1996 at Sheraton Hotel. This has taken more than a year to conceptualise and represents the conjoint efforts of both the College and Society of Anaesthetists. Local speakers of respective fields in anaesthesia, intensive care and pain will be invited to talk on topics of recent interest during this one and a half-day conference. Dr. Peter Kam from Sydney has agreed to be our keynote speaker. An Organising Committee chaired by Dr. P.W. Cheung is responsible for organising the conference and publishing an abstract. The costs of running such a conference are substantial and the registration fees for the conference has been set at HK\$1,200 for non-members/non-fellows of Society/College, HK\$1,000 for Society/College members/fellows, and HK\$800 for trainees. Sponsorship from the pharmaceutical industry will also be sought. As this conference carries much CME value and is the first of its kind in anaesthesiology in Hong Kong, I am looking forward to your enthusiastic support. A *separate* Airway Management Workshop will be organised by College on the morning of 7th December 1996 at the same venue as our ASM and will be charged separately. Only limited spaces will be available as this will be a hands-on workshop. Please watch out for details of application of both ASM and workshop.

“The College will support Trauma training in Hong Kong.” This statement was made by the Council in our last meeting on recommendation from Resuscitation Committee. In fact, College has long recognised the important role of anaesthesiologists in trauma management and the necessity of trainee anaesthesiologists to be well conversant with it. In the last few years, we have been establishing contacts with International Trauma Anaesthesia and Critical Care Society (ITACCS) who has been running various levels of trauma courses. ITACCS has been very helpful and we have been making progress. We are also aware of the forthcoming inaugural ATLS courses organised by Hong Kong Chapter of American College of Surgeons. College is ready to offer help in all these aspects if required.

A Reception for new Anaesthesiologists was organised on 13th July 1996 jointly with the Society of Anaesthetists. This served to introduce the various facets and career aspects of anaesthesia to our new medical officers in an attempt to improve retention rate and alleviate the manpower shortage issue. This programme was well received and attended and perhaps it might point to one of the directions we should explore in future in attempts to solve the manpower riddle.

The CME programme was in place since 1st July this year and I am pleased that so far it has been running smoothly. The hard work of our CME Subcommittee chaired by Dr. K.C. Li must be applauded. The worthiness of the CME programme justify all these efforts.

The College has made several other major steps. On recommendation from the Board of Censors who has finished vetting the initial batch of applications for FHKCA(IC) *ad eundem*, Council has admitted a number of our Fellows for FHKCA(IC) and they will be duly admitted in our coming Congregation on 15th October 1996, on the eve of 150th anniversary of birth of anaesthesia. The inspection process of all Intensive Care Units has been completed and the formal training of intensive care under our College is expected to begin very soon. In line with intensive care developments, the AGM in May approved the setting up of a Diploma in Pain Management. In this newsletter, you will read about the conditions for awarding the Diploma as approved by Council. These are important developments of our specialty in Hong Kong and they will strengthen the career attraction of anaesthesiology for new graduates.

I am looking forward to seeing you all in the coming Congregation and the Annual Scientific Meeting. With Best Wishes,

Dr. C.T. Hung
President
9th September 1996.

Reports from Boards and Committees

Board of Censors

Chief Censor: Dr. SL Tsui

Up to the deadline on 31 May 1996, twenty-three Fellows of the Hong Kong College of Anaesthesiologists applied for Fellowship endorsed in Intensive Care [FHKCA(IC)]. After initial processing by the representative of the Intensive Care Committee to the Board of Censors, a joint meeting was held on 18 June 1996 to assess these applications and make final recommendations to the Council.

Thirteen applicants who fulfilled all the requirements were nominated for FHKCA(IC) and were approved by the Council on 24 July 1996:

1. Dr. Au Yeung, Kin Wah
2. Dr. Anandaciva, Sathasivam
3. Dr. Buckley, Thomas Anthony
4. Dr. Ho, Tat Fai Edward
5. Dr. Joynt, Gavin Matthew
6. Dr. Koo, Chi Kwan
7. Dr. Kung, Man Chiu
8. Dr. Lo, Joy Wah Ronald
9. Prof. Oh, Teik Ewe
10. Dr. So, Hing Yu
11. Dr. So, Ping Cham Arthur
12. Dr. Sun, Kai On
13. Dr. Tan, Kee Shing Ian

Three applications required further information concerning their experiences in overseas institutions. Processing of the applications from two physicians was deferred pending official recognition of their intensive care training by the Hong Kong College of Physicians.

Other applicants who failed to fulfil the requirements for FHKCA(IC) *ad eundem* were rejected. Two more applications which arrived in late June were rejected as well.

Guidelines Committee

Chairperson: Dr. Anne Kwan

The Guidelines Committee has prepared the following guidelines:
P13 Guidelines on the pre-anaesthetic consultation

P14 Guidelines on responsibilities of anaesthesiologists in the post-operative period
They have been approved by the Council and copies are attached.

Highlights of Council Meetings

63rd Council Meeting held on 28th May, 1996

Manpower Committee

HKCA and SAHK will hold a joint informal meeting in July for new trainees to promote the understanding of training in anaesthesiology.

Education Committee

All appointees to the CME Subcommittee have accepted the College appointments. Drs. KC Li and Andrew Chan were elected Chairman and Secretary respectively.

HKAM will develop CME guidelines for overseas fellows and members. Council resolved that, until these guidelines are finalised, overseas fellows and members of our College will not be required to comply with College CME programmes.

Board of Accreditation

Revised draft of the following guidelines and administrative instructions were tabled and amendments were made:

- E1 Guidelines for hospitals seeking approval for Anaesthesiology training posts
- E2 Supervisors of training in Anaesthesiology
- E3 The supervision of Anaesthesiologists-in-training
- AI Regulations relating to approved training posts in anaesthesiology and/or intensive care

Resuscitation Committee

Council decided to continue to explore the possibility of setting up a local chapter of ITACCS and the logistics of setting up a course in advanced airway management at the end of the year.

Anaesthesia Simulator

It was decided that the College should study the possibility of purchasing an anaesthesia simulator for Hong Kong. The logistics of finance, maintenance and space will be looked into. The issue may also be raised at the COC meeting of the HA.

New members and fellows

Council resolved that approval for admission of new members and fellows will lapse after 3 months when applicants fail to pay the necessary fees.

64th Council Meeting held on 24th June, 1996

Internet homepage

There was no response to the survey published in the June Newsletter. Maintenance of a homepage would cost \$2,000 to \$3,000 per month. It was decided to review later.

College congregation 1996

This will be held at the Sheraton Hotel on 15th October, 1996. Zeneca will sponsor the event and invite Dr. Kathryn Sherry from the UK as speaker. Diploma will be presented to fellows who were awarded FHKCA(IC) ad eundem.

Education Committee

CME guidelines, explanatory notes and appendix were tabled. It was resolved that records should be returned quarterly to reduce administrative workload.

A joint Annual Scientific Meeting with SAHK will be held on 7th and 8th December, 1996. There will be local speakers. Overseas speakers will be Dr. Peter Kam and possibly Dr. Elizabeth Frost.

Board of Examination

Dr. C Aun tabled reports of the Intermediate and Final Fellowship examinations.

Dr. C Rodrigo was appointed to the Board of Examination.

Dr. A O'Regan and Dr. KK Lam were appointed examiners for the Intermediate Examination and Dr. MC Kung examiner for the Final Examination.

Council approved the Board's recommendation that two Intermediate and one Final Examinations be held in 1997. The examination fees for 1997 will be \$5,000 and \$8,500 for the Intermediate and Final Examinations respectively.

Council approved the principle of financially penalising HKCA vocational trainees who bypass College examinations and apply for HKCA ad eundem.

Council approved the purchase of equipments for College examinations. Costly items include human skeleton set and ACLS mannikin.

Board of Accreditation

The Board has inspected KWH, TMH, PMH, QMH, TYH and QEH. Final reports and recommendations will be submitted.

Resuscitation Committee

A workshop on advanced airway management will be held on 7th December, 1996.

Guidelines Committee

Council approved the following guidelines:

- P13 Guideline on the pre-anaesthetic consultation
- P14 Guideline on responsibilities of anaesthesiologists in the post operative period

65th Council Meeting held on 24th July, 1996

Education Committee

CME subcommittee will consider full or partial exemption of CME for fellows who are chronically ill.

Thesis and textbooks will be accepted as publications to attract CME points.

Organising committee for the ASM in December will be chaired by Dr. PW Cheung. Dr TS Sze will be secretary and Dr. CL Watt will be treasurer.

Board of Examinations

Council approved the purchase of an ACLS mannikin for examination. The cost of a demonstration model will be \$70,000.

Pain Management Committee

Proposed time table for the grant of Diploma in Pain Management and accreditation of training programme was approved by Council. Accreditation of Training Centres will take place in early 1997. Deadline for application of DPM ad eundem will be 24th May, 1997. Training programming will start in July, 1997.

Courses

Dr. CF Fung was appointed organiser for the Intermediate Course. Dr. CL Watt will be organiser for the Clinical Anaesthesiology Course.

Diploma in Pain Management ad eundem

At the College General Meeting held on 24th May, 1996, it was resolved that

- a) a training programme in pain management shall be organised by the College, and
- b) a Diploma in Pain Management shall be awarded to fellows possessing the relevant training, experience and qualifications as determined by the Council.

Fellows who possess the following qualifications may apply for the award of Diploma in Pain Management ad eundem:

- 1) In possession of FHKCA prior to application
- 2) In possession of an overseas qualification in pain management approved by the Council on recommendation by the Pain Management Committee and Board of Censors. Notarized copy of this qualification must be provided for assessment at application.
- 3) Supervised training in pain management with substantiation (certifying letters either from institution, department head or trainer).
- 4) The applicant must be currently practising acute, chronic and cancer pain management in structured facilities for at least two years prior to application. This fact is to be certified or substantiated by the institution or department head.
- 5) Experience in managing at least one hundred new cases of chronic or cancer pain and two hundred acute pain (excluding obstetric pain) prior to application. Evidence must be provided to substantiate this experience in the form of a log book or certifying letter from institution or department head concerned.
- 6) Clause 2) is waived for the first batch of applicants on or before 24th May, 1997.

Application forms are available from the Hon Secretary or the Board of Censors.

Examination Successes

Congratulations to the following candidates who passed the recent intermediate examination of our College:

Dr. Lui, Hang Wai	Dr. Ng, Man Wai Vivian
Dr. Tang, Chung Hong	Dr. Lam, Tung Ching Doris
Dr. Lee, Pik Lin Monica	Dr. Poon, Michael
Dr. Chiu, Tak On Albert	Dr. Yuen, Timmy
Dr. Wong, Andrew	

The following candidates passed the Final Examination of our College in September. Congratulations!!

Dr. Koo, Chi Hung	Dr. Au, Henry
Dr. Chu, Kitty	Dr. Cheng, Yin Chi
Dr. Chan, Shu Fat	

New appointments

Consultant

Dr. Chan, Shui Ning, Rebecca	TYH
Dr. Morais, RJ	North Middlesex Hospital, London, UK

Senior Medical Officers

Dr. Chan, Wing Sang	TYH
Dr. Fung, Ka Yi Serena	QMH
Dr. Cheng, Woon Ming Agnes	OLMH
Dr. Ho, Pik Yee Betty	PYNEH
Dr. Au Yeung, Kin Wah	QEH
Dr. Lee, Bee Beng	PWH
Dr. Suen, Ka Lok Tommy	UCH

New Members and Fellows

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

Dr. Binns, Gillian	Dr. Joynt, Gavin Matthew
Dr. Ngan-Kee, Warwick Dean	Dr. Yong, Boon Hun
Dr. Chan, Tin Wing Tom	Dr. Fong, Bik Ki
Dr. Wong, Hin Wah	Dr. Teoh, Guek Swee
Dr. Kwok, Ching Yee	Dr. Law, Cheuk San
Dr. Wong, On Kei	

Council approved admission of the following as Fellows ad eundem

Dr. Joynt, Gavin Matthew	Dr. Ngan-Kee, Warwick Dean
Dr. Yong, Boon Hun	Dr. Teoh, Guek Swee
Dr. Lee, Bee Beng	

The following Fellows were admitted by examination:

Dr. Suen, Ka Lok Tommy	Dr. Ho, Pik Yee Betty
------------------------	-----------------------

New Guidelines

Guidelines on the Pre-Anaesthetic Consultation

1. Introduction

Consultation by an Anaesthesiologist is essential for the medical assessment of a patient prior to anaesthesia for surgery or other procedure. The main purpose of the consultation is to ensure that the patient is in the optimal state for anaesthesia and surgery but will also include other aspects of anaesthetic management listed under the recommendations. The skills and judgement required for the pre-anaesthetic consultation are different from and additional to those involved in the administration of the anaesthetic.

Fellows of the Hong Kong College of Anaesthesiologists are trained to perform such assessments.

2. General Principles

- 2.1 The pre-anaesthetic consultation should wherever possible be performed by the anaesthetist who is to administer the anaesthetic. When this is not possible, there must be an adequate mechanism for the findings of the consultation to be conveyed to the anaesthetist performing the anaesthetic.
- 2.2 The consultation should take place at an appropriate time before anaesthesia and surgery, to allow for adequate consideration of the many factors involved.
- 2.3 The particular features of management of anaesthesia for Day Surgery make it imperative that the principle contained in 2.2 be observed, just as it should be for inpatient management.
- 2.4 Notwithstanding the Principles above, it is acknowledged that early consultation is not always possible, e.g. emergency surgery.

In such circumstances however the medical assessment of the patient by the anaesthesiologist prior to the commencement of anaesthesia and surgery is still a necessary part of the overall management of the patient.

3. Recommendations

The pre-anaesthetic consultation should include:

- 3.1 Identification of patient.
- 3.2 Confirmation with the patient (or guardian, if present, in the case of children or the intellectually impaired) of the nature of the procedure and their consent for anaesthesia.
- 3.3 A concise medical history and clinical examination of the patient. This assessment should include a review of any current medication, the results of any relevant investigations and arrangement of any further therapeutic or investigatory measures which are considered necessary.
- 3.4 Consultation with colleagues in other disciplines where appropriate.

- 3.5 A general discussion with the patient (or guardian, if present, in the case of children or the intellectually impaired) of those details of the anaesthetic management which are of significance to the patient. This discussion may also be helpful in reassuring the patient.
- 3.6 The ordering of pre-medication if considered necessary.

Guidelines on Responsibilities of Anaesthesiologists in the Post-Operative Period

1. Introduction

The anaesthesiologist has a prime responsibility in the management of the patient recovering from anaesthesia during the immediate post-operative period. This period will usually be up until the time when the patient is able to be discharged from the Recovery area.

2. The anaesthesiologist shares responsibility with the surgeon and other consultants to provide formal consultative advice necessary for the post-operative management of the patient in respect to:-
 - 2.1 monitoring (including clinical observations)
 - 2.2 pain relief
 - 2.3 fluid therapy
 - 2.4 respiratory therapy
 - 2.5 adverse effects which may be related to anaesthesia
 - 2.6 perioperative medical problems.

It is recognised that the surgeon has the prime responsibility for the overall management of the patient but this may be delegated to a nominated specialist.

3. The anaesthesiologist has a responsibility to ensure that:
 - 3.1 adverse effects which may be related to anaesthesia are recognised, managed appropriately and subjected to quality assurance and peer review processes;
 - 3.2 when relevant, the patient and/or relatives are aware of the outcome and consequences of anaesthesia.

Resignation from the Council

Dr. Tong Gin has resigned from the Council. The President wishes to thank him for his contribution as Council member and chairman of the Board of Examinations.