



THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

December 1996

## **NEWSLETTER**

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Contents: --

Message from the President

Reports from Boards and Committees

Highlights of Council Meetings

New Members and Fellows

New Appointments

Announcements

## **Message from the President**

The number of anaesthesiologists needed in a society is a fascinating problem. Even 150 years after the birth of modern anaesthesia, the diversified supply of anaesthesiologists is still evident. On the one extreme as exemplified by USA, the possibility of an oversupply of anaesthesiologists has been cautioned. Managed care programmes and nurse anaesthetists have complicated the manpower issue. In the recent ASA meeting the expansion of the role of anaesthesiologists was again highlighted as one of the many challenges US anaesthesiologists have to face now. These new roles include the expanded role of anaesthesiologists as "perioperative physicians" who would also be involved in pain management, critical care and trauma management as well as anaesthesia and sedation work outside the theatre. Cyberspace explorers are encouraged to visit the ASA website for such information. The other extreme is represented by some of the Asian countries like Burma, Cambodia and Laos where specialist anaesthesiologist is still a rarity in the country. Diethyl ether, 150 years after the discovery of its anaesthetic action, remains as one of the common anaesthetic agents in these countries.

Anaesthesia development in Hong Kong has followed that of western countries closely. The scope of services of anaesthesiologists in Hong Kong is no different from that depicted by ASA. In terms of manpower supply, Hong Kong is somewhere in the middle of the continuum. We are still short of specialists. We ranked as the third in Asia in terms of number of specialist anaesthesiologists per million population (25 per million for Hong Kong), after Singapore (42 per million) and Japan (29.4 per million).

One of the frequently asked questions is why are anaesthesiologists in Hong Kong so keen to develop outside theatre services in the face of shortage of specialist anaesthesiologists. The answer is simple and straightforward. There is an increasing demand for these outside theatre services. Anaesthesiologists possess the expertise needed for running these services that could not be easily provided by other specialties. Quality care and in fact continuity of care can be assured if anaesthesiologists take on these jobs. More importantly, by taking on these outside theatre commitments, anaesthesiology becomes a more promising career. It becomes a career with better prospects and creates lots of opportunities for further developments. These can cater the need for different kinds of persons and attract them to our specialty. In the end this is going to ease the manpower riddle. In reality, this new concept of anaesthesiologist is not only happening in USA but in all other places in the world where shortage of anaesthesiologists is a problem, from America to Europe, Australia to Asia. It is opportune to redefine the scope of an anaesthesiologist on the 150th anniversary of the birth of modern anaesthesia and shows the way forward for the entire specialty.

The College is in full support of this movement. The creations of a fellowship in intensive care and the Diploma in Pain Management lend support to this movement. In the last Congregation, fellowship diplomas in intensive care have been awarded and coupled with the completion of the inspection exercise of all intensive care units in Hong Kong, the College is now ready to accept trainees in intensive care. An inaugural intensive care examination has been planned for next October/November. The time frame for pain management training is similar. Probably by the end of 1997, College could have completed the inspection exercise and awarded the diploma to trainers and training could commence from 1998. The College is still exploring into other ways of promoting airway and trauma management. The Advanced Airway Management Workshop to be held in December has been oversubscribed and this would mean such courses are needed on a regular basis.

Recently there has been some media coverage about an incident of incompatible blood transfusion involving anaesthesiologists at one of the major hospitals locally. College Council has discussed the issue and regarded that as an isolated incident. In fact, local data revealed that the incidence of ABO incompatible blood transfusion is between 1:30,000 to 1:50,000, which is comparable to those reported from UK & USA. As anaesthesiologists, we have been trying very hard to reduce the impact of human errors on anaesthesia incidents and patient outcome, knowing that human errors do occur no matter how small an incidence. This particular incident serves to remind us that we have not got a perfect system as yet and may be we should learn from all these lessons to make our anaesthesiology practice error-free.

Dr. Annie Wong has resigned from the Council with effect from October 1996 for personal reasons. On behalf of the Council, I would like to thank her for her contributions in the past and wish her all the best in her future endeavours. There will be an election exercise for all the College Council next year and I am looking forward to your participation.

As this will be last Newsletter for year 1996, I would like to wish you all a Merry Christmas and a Happy New Year, and all the best for the year 1997.

Dr. C.T. Hung  
President  
November 1996

## Reports of Boards and Committees

### Intensive Care Committee **Chairman: Dr Tom Buckley**

The Intensive Care Committee has been developing two areas concurrently so as to implement a training scheme in Intensive Care. Firstly, inspections of Intensive Care Units within various hospitals have been carried out. The following hospitals have been accredited for training in Intensive Care for the qualification of FHKCA: Prince of Wales Hospital, Princess Margaret Hospital, Queen Mary Hospital, Yan Chai Hospital, Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital, Tuen Mun Hospital and the United Christian Hospital. No limit will be placed on the number of trainees in each unit for this purpose. The following hospitals have been accredited for training in Intensive Care for the qualification of FHKCA(IC): Prince of Wales Hospital, Queen Mary Hospital, Yan Chai Hospital, Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital, Tuen Mun Hospital. The Prince of Wales Hospital duration of training will be two years while all other hospitals accredited for training will be one year. The number of trainees approved will be three for the Prince of Wales Hospital, two for Queen Elizabeth Hospital and one for all other hospitals. Supervisors of training are currently being appointed. Secondly, Fellows of the Hong Kong College of Anaesthesiologists have been admitted ad eundem to the FHKCA(IC). With a core of trained intensivists, Supervisors of Training can now be appointed. Admission ad eundem of Fellows from other Colleges is progressing slowly.

The inaugural Final Examination for the Fellowship of the Hong Kong College of Anaesthesiologists (Intensive Care) will be held in the latter half of 1997 (See

Announcements). It has been recognised that there is a group of doctors who while not fulfilling the requirements for admission ad eundem to FHKCA(IC) never-the-less have substantial Intensive Care experience and following examination should be admitted to Fellowship. This group, who will bypass the normal training requirements, will be eligible to sit for examination on the first two final examinations to be held.

Application for registration as a vocational trainee in Intensive Care is required by the Hong Kong College of Anaesthesiologists. Application forms can be obtained from the Dr S Anandaciva c/- Department of Anaesthesia and Intensive Care, Tuen Mun Hospital and must be returned to the Chairman, Board of Censors, HKCA c/o Dept of Anaesthesiology, Queen Mary Hospital, Pokfulam Road, Hong Kong.

### **Board of Accreditation**

**Chairman: Dr Clement Yuan**

The College has completed a review of its training units over the past few months. Intensive care units were also assessed for training approval. Council, in October approved an additional number of anaesthesiology training posts in approved units while re-validating previously approved training posts. All posts are approved from 1.7.1996. A summary table is appended.

The following 6 hospitals have had their intensive care units approved for training in intensive care for the FHKCA(IC): QMH QEH PWH TMH YCH PYNEH. The status of KWH will be determined when its new intensive care unit is in use.

At the last Council meeting on 10.10.1996, Council resolved that:-

- (i) intensive care units that were approved for training for the FHKCA(IC) will be deemed appropriate for ICU component of anaesthesiology training.
- (ii) the number of ICU training posts for the compulsory 3-months of ICU training need not be specified, so long as there are ICU posts available for anaesthesiology trainees.
- (iii) as a minimum standard, 10% of staff in-service time should be set aside for CME and preparation of educational material.

Revised training and approval of training posts regulations and guidelines have been finalised and approved by Council. These will soon be distributed to training units and those units requesting training approval.

<b>Training Unit/Category</b>	<b>Anaes posts/duration</b>	<b>Approved FHKCA(IC)</b>
QMH (A)	20 posts - each 3 years	Yes - 1 post for 12 mths
QEH (A)	15 posts - each 3 years	Yes - 2 posts - 12 mths
PWH (A)	20 posts - each 3 years	Yes - 3 posts - 24 mths
TMH (B)	8 posts - each 2 years	Yes - 1 post - 12 mths
PYNEH (B)	8 posts - each 2 years	Yes - 1 post - 12 mths
PMH (B)	6 posts - each 2 years	Not approved presently
KWH (B)	8 posts - each 2 years	To be determined
UCH (B)	6 posts - each 2 years	No
CMC (B)	4 posts - each 2 years	No
YCH (B)	2 posts - each 1 year	Yes - 1 post - 12 mths
TGH (C)	2 posts - 3 m - 12 m	No
RH TWE TSK (B)	1 post - 6 mth - 12 mth	No

## **CME Subcommittee**

**Chairman: Dr. K.C. Li**

- (1) The annual scientific meeting is a good opportunity for CME and attracts 11½ credit points for the seminar and 5 credit points for the airway workshop.
- (2) College Fellows overseas are advised to watch out for later announcement for them to comply with CME activities on par with local Fellows. The preliminary starting date will be 1<sup>st</sup> July 1997.
- (3) Fellows are reminded that they need to keep their own CME activities record on the standard form and to return to the CME Subcommittee c/o Department of Anaesthesia, Queen Mary Hospital at the end of their respective yearly cycle. (A re-issue of the form is attached with this Newsletter)
- (4) There is at present no maximum scoring on any particular category of activities except a maximum of 15 credit points per 3 year cycle for non-anaesthesiology meetings which are respectively endorsed by their parent College.
- (5) At present, all CME meetings accredited by respective parent colleges can be awarded the same credit points subject to provision (4) above.
- (6) If any Fellow should find difficulties with attending adequate CME activities, they are welcome to contact Dr. Ronald J. Lo, Chairman of Education Committee (QMH) or Dr. K.C. Li (Fax 2895 4688) for assistance.

## **Highlights of Council Meetings**

### ***66<sup>th</sup> Council Meeting held on 2nd september,1996***

#### **Examination equipment**

Council decided to purchase an ALS trainer for use during the Final examinations. A company offered a 50% discount for a demonstration model.

#### **Education Committee**

Programme of the joint ASM with SAHK is being finalised. Dr. M Moles will be responsible for the Airway Management Workshop.

HKAM Education Committee will discuss CME guidelines for overseas fellows.

### ***67<sup>th</sup> Council Meeting held on 10<sup>th</sup> October,1996***

#### **Internet Homepage**

The Council resolved that the College will set up a homepage if a service provider that charges less than \$10,000 per year can be found.

### **Anaesthesia Simulator**

Department of Anaesthesia & Intensive Care of the Chinese University has applied for funding from the Hong Kong Jockey Club to purchase a simulator. Further action will depend on the result.

### **Academy of Medicine**

The Council of HKAM has adopted the guidelines for recognition of Academy Colleges. It was decided that the recognition of specialties and colleges will be separated. Specialties and subspecialties were also defined. Intensive care should qualify as a subspecialty. The ICU committee will proceed with registration.

### **ICU Committee**

Inspection of ICUs for recognition has been carried out. An examination will be held in October, 1997 for candidates who had ICU experience but could not be admitted ad eundem. Training programme will start in January, 1997. There is an announcement in this newsletter.

### **Appeal Committee**

The appeal committee has met in September to consider appeals in relation to admission of FHKCA(IC) ad eundem. The appeal committee decided to uphold the original ruling. Council approved this decision.

### **Board of Accreditation**

Inspection of anaesthesiology training units has been completed. The recommended number of training posts for each unit was approved by Council. A summary is published in this newsletter.

Dr. Joyce Wong and Dr. Tim Short has resigned from the Accreditation Committee.

### **Resignation from Council**

Dr. Annie Wong has resigned from Council. Dr. CF Fung has taken up the organisation of the intermediate course. Dr. Anne Kwan will be representative of the College at the Federation of Medical Societies of Hong Kong.

## ***68<sup>th</sup> Council Meeting held on 14<sup>th</sup> November, 1996***

### **Internet Homepage**

Council approved the President to negotiate with ISP to set up a College homepage if the annual expense is less than \$10,000. It will be reviewed after three years.

### **HKAM**

Academy college status was granted to the HK College of Emergency Physicians.

The next Academy AGM will be held in January, 1997. New fellows will be admitted.

### **ICU Committee**

Training posts for FHKCA(IC) have been finalised. They are publicised in this newsletter. Retrospective recognition of vocational training in intensive care will be backdated to 1<sup>st</sup> August, 1996.

The President and Dr. Buckley have drafted a submission to the HKAM for the recognition of Intensive Care as a subspecialty under HKCA.

### **Report from the Hon Treasurer**

The Hon Treasurer tabled a list of members and fellows who failed to pay their dues for over 15 months despite repeated notices. Council resolved to remove their names from the HKCA registry according to Article 5.1.2(2), 5.1.2(2)a and 5.1.2(2)b. Their names are:

Searle, Kenneth C	Fan, Hon Cheung
Chan, Ka Yee	Ko, Yuen Yee
Barraclough, Clement James	Young, Robert John
Bukonola, Babatunde	

The expenditure and deficit of the College examinations in 1996 were \$240,000 and \$120,000, respectively. The College is likely to have a deficit in 1996. Council approved to discuss the increase in subscription for 1998 in the next AGM.

### **Incompatible Blood Transfusion**

President reported that most of the Council members of the HKCA and SAHK were against the release of press statements on the matter.

## **New Members and Fellows**

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

Dr. Mark, Ching Sze Veronica	Dr. Lai, Sin Ying Cindy
Dr. Li, Ching Fan Carina	Dr. Lai, Kin Wah
Dr. Mak, Ho Kwong Peter	Dr. Wong, King Yan Matthew
Dr. Wong, Choi Sum	Dr. Cheng, Man Tung
Dr. Hui, Kit Man Grace	Dr. Shen, Judith

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

Dr. Fung, Ka Yi	Dr. Chan, Wing Sang
Dr. Chan, Shu Fat	Dr. Chu, Siu Man
Dr. Koo, Chi Hung	Dr. Au, Kwok Heng

Council approved admission of the following as FHKCA(IC) ad eundem:

Dr. Young, Karl Kang

## **New Appointments**

### **Consultants**

Dr. P Patel	North Middlesex Hospital, London
Dr. Jayaprakash	Hospital of St. Cross, Rugby, UK

## **Senior Medical Officers**

Dr. Eric Yip  
Dr. Chu Siu Man

PMH  
RH

Dr. IT Houghton was promoted to Brigadier. He is currently in Germany.

## **Announcements**

### **Seminar on trauma management & emergency medicine for anaesthetists & emergency physicians**

The above named seminar will be held in Bristol, U. K. from 17 to 22 April, 1997. There will be an option to attend an ATLS course. The fees for the seminar and the ATLS course are £1,590 and £350 respectively. Fellows and members who wish to have more information can contact Dr. TW Lee at Tuen Mun Hospital (Tel: 2468 5400, Fax: 2403 1491) or Mr. David Chui of British Council (Tel: 2875 5138, Ext 517).

### **Medical experts**

The civil litigation unit of the attorney general's chambers has written to our College for a list of Fellows who are prepared to serve as expert witnesses in possible future litigation. Fellows who are willing to be considered for nomination by the Council can contact the Hon secretary.

### **Fellowship Examination in Intensive Care (FHKCA(IC))**

Fellows of the Hong Kong College of Anaesthesiologists are invited to apply to sit the Final Fellowship Examination in Intensive Care. Applicants must have spent at least one third of his/her working time in Intensive Care, and has been doing so for the past three years, prior to the first of January, 1997. Details are as follows:

<b>Examination Dates:</b>	6 October 1997	Written papers
	14-15 November 1997	Clinicals and oral examination

**Examination Venue:** Intensive Care Unit, Prince of Wales Hospital

**Examination Fee:** HKD 10,000.00

#### **Examination Format:**

- (a) Short Answer Questions: One paper of fifteen questions, lasting 150 minutes.
- (b) Long Question Paper: One paper of two questions, lasting 120 minutes.
- (c) Investigation Section of 30 minutes duration.
- (d) Clinical Medicine Section of 60 minutes duration.
- (e) Oral Examinations: Two tables each of 30 minutes duration.



**Closing Date:**

6 September 1997

Application forms will be available from the Honorary Secretary

**Vocational Training in Intensive Care (FHKCA(IC))**

Registered medical practitioners who wish to be awarded Fellowship of the Hong Kong College of Anaesthesiologists (Intensive Care) are invited to register as a trainee with the College.

The training programme consists of two parts:

Basic vocational training of three years in Anaesthesiology or other specialities of acute medicine such as Internal Medicine, Paediatrics, Surgery, Orthopaedics & Traumatology, Emergency Medicine, and Obstetrics and Gynaecology. During this period trainees have to pass a Hong Kong College Intermediate examination or equivalent in the respective speciality before they are eligible for advanced training.

Advanced vocational training of three years which shall consist of two years of training in an accredited Intensive Care Unit and one optional year. During this period trainees have to pass a Hong Kong College Final examination before they are awarded FHKCA(IC).

The duration of vocational training shall be a total of six years to comply with the requirements of the Hong Kong Academy of Medicine.

Full details of the administrative instructions will be available from Supervisors of Training in accredited Intensive Care Units.

Trainees in the first instance can register with Dr S Anandaciva c/- Department of Anaesthesia and Intensive Care, Tuen Mun Hospital and forms must be returned to the Chairman, Board of Censors, HKCA c/o Dept of Anaesthesiology, Queen Mary Hospital, Pokfulam Road, Hong Kong.