



Hong Kong College of Paediatricians NEWSLETTER

April 2001

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Message from the President

I am pleased to welcome three Fellows viz. Dr Tsao Yen Chow, Dr Li Po Siu, and Dr Leung Chik Wa to the Council. They have been co-opted into the Council for one year. There are various activities in the College, which require the different expertise of our Fellows and I shall rely very much on the co-opted members for their advice and contributions. I also welcome the two representatives of the Trainees' Committee to attend the Council meetings. I hope they will fulfill the role of enhancing the communication between the trainees and the Council.

The College has received a pledge of a donation of three million Hong Kong dollars from the Providence Foundation to establish the HM Lui Memorial Fund for the purpose of promoting postgraduate study and research in liver diseases and related disciplines in children. On behalf of the College, I wish to express our sincere gratitude to the family of the late Mr HM Lui and the Providence Foundation for the generous donation. Announcements will be made about the awards of Training Fellowships and Visiting Professorship in due course.

In connection with the Consultation Document on Health Care Reform "Lifelong Investment in Health", the Council has commissioned a working group chaired by me to respond to the document. In this issue of the Newsletter, you will find the response of the College. The College holds the view that children should be cared for by paediatricians who are trained and experienced in recognizing the needs of children (Appendix I).

The first forum on Clinical Guideline held on 25 February 2001 was well attended by about 100 Fellows and Members. I wish to thank the Working Group on Development of Clinical Practice Guideline for organizing the forum, Professor Virginia Wong in leading the development of the clinical guideline on 'Febrile Convulsion' and the participants for their interest, enthusiastic discussions and valuable comments. It is important that every member of the College should understand and be familiar with the concept and implications of clinical guidelines. While revisions will be made to the guideline on febrile

convulsion, I urge you to read the article on Clinical Guideline in this issue of the Newsletter, which has been kindly prepared by Dr. Barbara Lam (Appendix II).

This year the College will celebrate her **10th anniversary**. A scientific meeting is being organized together with our Annual General Meeting and Annual Dinner to be held on **8 and 9 December 2001**. Please mark the dates in your diary. I look forward to seeing you all on this memorable occasion. We also need some old photographs for the commemorative publication. If you have some, please contact the secretariat.

I wish to take this opportunity to thank you for the support and advice you have given to me and to the Council. I welcome and value every opportunity of talking to you or meeting you. I am available at the College Chamber a few days of the week. Please get in touch with me through the newly appointed College secretary, Ms Connie Lui.

Prof NK Leung

HM LUI Memorial Fund

The College will establish the HM Lui Memorial Fund on receipt of a generous donation of three million Hong Kong dollars from the Providence Foundation, a charitable foundation set up by the late philanthropist, Mr HM Lui. The object of the Fund is to promote postgraduate study and research in liver diseases and related disciplines in children. The Fund will be administered by a Board of Trustees, which will consist of the President and Honorary Treasurer of the College, the Head of the Department of Paediatrics of University of Hong Kong and of Chinese University of Hong Kong, and representatives of the family of Mr HM Lui. Announcements of the application for the awards of Training Fellowships and Visiting Professorship will be made later this year.

From the Accreditation Committee

To : Trainees / Associates / Members / Fellows

Please be informed that the **New Guidelines** from the Accreditation Committee and the section for Trainees from the **Operation Manual** of the Accreditation Committee have been posted onto the College website. In case you have difficulty in accessing the website and would like to receive a print out copy, please contact the College Secretary for assistance. Your comments are most welcomed.

To : COSs / Training Supervisors

- 1 Please remind newly joined staff of your department to apply to the College for Associateship. The trainees are to update their **Log Books / Log Sheets** regularly and the trainers to complete the **Assessment Records** for trainees regularly.
- 2 Information regarding trainers and trainees in each institution should be updated regularly. Excel files have been created to standardize the format of submission. A copy was sent to each COS / Training supervisor. Kindly update the files every six months (preferably in February and August in the next submission onwards) and send them by email to the College at the following email address: hkcpaed@netvigator.com

To : COSs / Training Supervisors

In order to smoothen the operation, the Council has endorsed the Accreditation Committee to revisit some of the accredited training centres in 2001. The following centres will be revisited first:

- 1 Alice Ho Miu Ling Nethersole Hospital (AHNH)
- 2 Caritas Medical Centre (CMC)
- 3 North District Hospital (NDH)
- 4 Our Lady of Maryknoll Hospital (OLMH)

Designated visiting teams will contact respective COSs in due course.

To: All Trainers and Trainees

The requirements for fulfilling Higher Training in General Paediatrics have been modified over the years. Appendix III is a table summarizing the requirements.

From the Education Committee

Forthcoming Paediatric Updates 2001

Paediatric Update No 2 will be on Adolescent Medicine and will be held on Sunday 22 April at Hospital Authority Head Office Lecture Theatre from 2 pm to 5 pm. Parking may be arranged through College Secretariat. For details please see attached poster.

Paediatric Update No. 3 is scheduled for Sunday 3 June and will focus on Substance Abuse.

Paediatric Update No. 4 to be held on 2 September will be centred on issues of Parenting.

From the Examination Committee

Congratulations

The following candidates successfully passed our College's Exit Assessment in December 2000:

Dr Cheng Pik Shun
Dr Fung Wai Ching
Dr Hui Chun Wing
Dr Ma Che Kwan, Louis
Dr Wai Shiu Fai
Dr Wong Sheh Wai
Dr Wong Lu Si

Joint MRCP(UK) Part 2 Examination (Paediatrics) / MRCPCH Part 2 Examination

With the progressive phasing out of the MRCP(UK) (Paediatrics option) examination, information on the logistics of the above Joint Examination can be found in College website or obtained from the College Secretariat.

Exit Assessment of the Hong Kong College of Paediatricians

The next Exit Assessment will be held on 15 June 2001. The assessment format and the weighting of the different sections have been modified. Details of the assessment can be found in the College website or obtained from the College Secretariat.

From the Membership Committee

Welcome New Associate and Members

Associate: Dr Lam, Hugh Simon Hung San

Members: Dr Chan Chun Wing
Dr Ho Shing Fai
Dr Lee Tat Nin
Dr Mak Wai Yau, Daniel
Dr Tay Ming Kut
Dr Yau Kin Cheong, Eric

From the Professional and General Affairs Committee

Anti-smoking Programme

The College will collaborate with The Hong Kong Council on Smoking (COSH) to start a programme on the prevention of passive smoking and initiation of smoking in children. A series of activities will be organized including public campaign, education forum to paediatricians on smoking cessation and promotion among paediatric trainees, of a culture of prevention of smoking in children.

Clinical Guidelines

- 1 Open Forum on Clinical Guidelines
The open forum held on 25 February 2001 was well attended demonstrating our Fellows' and Members' keen interest in the subject. Dr Barbara Lam's report on the forum in Appendix II addresses many of the questions frequently asked about guidelines.
- 2 Other Clinical Guidelines
Guideline on Gastroenteritis will be formulated within this year. The other clinical entity will be bronchiolitis and Dr Alfred Tam will head a working group to look into the topic.

Paediatric Advanced Life Support Course (PALS)

With the successful courses organized in the past 2 years, the 3rd PALS course will be organized again in the end of August 2001. The course fee will be maintained at \$3000. Further information will be announced later.

From the Information Technology Committee

New Domain Name of the College

Our College web site can now be accessed by using either <http://www.paediatrician.org.hk> or <http://www.medicine.org.hk/hkcpaed/home.htm>.

College Response to Consultation Document on Health Care Reform

The Health and Welfare Bureau's consultation document on health care reform: Lifelong Investment in Health had little reference to children. A working group chaired by our president formulated our College's response which is reproduced in full in Appendix I.

College Foundation News

AGM of the Foundation

Fellows of the College Foundation please note: the coming AGM will be held on 23 April 2001 (Monday) in the Academy, starting at 7.30 pm. It is a time to examine the Foundation's development and reflect on its future. Dinner will follow the meeting. Do come and contribute your ideas. Official announcements will be sent to you by mail.

Honorary Medical Advisors: anyone?

The Foundation has been in touch with the Council of Social Services, and has received requests from some child care agencies for paediatricians to act as medical advisors. They will give advice on matters related to the health of children and adolescents cared for by the welfare agencies. We are therefore calling all Fellows to consider contributing to this programme. You will be able to help some children in need in your spare time. Please fill in the reply form (Appendix IV) and fax it back to the College Secretariat. We will then propose an agency for you to serve, hopefully near and convenient.

Fellowship drive

The Foundation's Fellowship drive is on again and all Members and Fellows of the College are urged to seriously consider donating to the Foundation. You will be individually approached by the Executive Committee members.

**Response of the Hong Kong College of Paediatricians to the Consultation Document
on Health Care Reform:
'Lifelong Investment in Health' by the Health and Welfare Bureau,
Government of the Hong Kong Special Administrative Region,
The People's Republic of China**

The Hong Kong College of Paediatricians welcomes the commitment and determination made by the Government of Hong Kong SAR in reviewing the three major elements of our health care system - the service delivery system, system of quality assurance and health financing system - and to formulate strategic directions for reforms.

The College has earlier submitted our comments to the Government on the Report "Improving Hong Kong's Health Care System: Why and For Whom?", as we felt that the Report has put much emphasis on options to improve financial sustainability of the health care system, without addressing the more important issues of improving equity, quality and efficiency of health care delivery for children in Hong Kong. The College thus proposed that the Government should concentrate on the following important issues in the delivery of services related to child health:

1. Preventive Paediatrics:
 - Primary prevention: to reduce incidence of disease
 - Secondary prevention: to reduce the prevalence of disease by early diagnosis and treatment
 - Tertiary prevention: to reduce the complications of established disease
2. Proper interface and collaboration among providers in child health:
 - Dual system of public and private practice
 - Better coordination between health care services and other service providers, such as education and social services
3. Professional accountability and quality improvement programmes
 - Accreditation
 - Peer review practice
 - Development of safety and quality of care indicators
4. Professional development:
 - Maintenance of a high professional standard

The College thus welcomes the release of the Consultation Document "Lifelong Investment in Health" which emphasized the importance of a comprehensive and seamless health care service to the population. However, the document primarily emphasized on enhancing primary medical care through the promotion of family medicine, without recognizing the importance of developing an integrated system on child health. Evidence has shown that better health in childhood will lead to reduced mortality and morbidity in adult life which in turn, has a great effect on productivity and output of a society. Therefore, we are of the opinion that children should be cared for by professionals who are trained and experienced in recognizing the needs of children. We would thus like to propose a network of health services for children in which various child health disciplines will be integrated and contribution by professionals in the private and public sectors will be better coordinated – the "*Community-based Integrated Child Health Care Model*" (Appendix 1).

We strongly believe that proper interface and collaboration should be established among various healthcare providers, namely the Department of Health, Hospital Authority and the private sectors. This could be achieved by the establishment of effective communication channels, streamlined referral and follow-up services, development of shared care programmes, formulation of clinical

practice guidelines and establishment of a common database for continuity of care.

We thus propose that the Government should establish “**Child and Adolescent Health Centres**” in the region. The major responsibilities of these health centres are threefold, namely delivery of preventive and curative services for children, coordination of medical, health and social services for children in need and training of health care professionals working with children. These include provision of immunization services, health promotion programmes, neonatal and developmental screening programmes, child surveillance programmes and provision of medical treatment. These centres will establish partnership with private paediatricians in the community. There will be sharing of health care information and the services provided at these centres will be open to paediatricians in the private sector (**public-private interface**). These centres will also have the full backup service from the local hospitals of which information can be shared and referrals made for children requiring hospitalization or secondary and tertiary care (**primary-secondary-tertiary service interface**).

We propose that these centres should be run by **community paediatricians** who are trained and experienced in the care of children. They are able to provide a continuing spectrum of care from preventive paediatrics to providing medical treatment to children. As specialists in the field of paediatrics, they will effectively provide one-stop service for children and reduce referrals to specialized care; hence significantly reduce pressure on secondary and tertiary services in the hospitals and thus the overall health care expenditure of the community.

We propose that the Government should adopt the **health-promoting school concept** which aims at achieving healthy lifestyles for the total school population and the provision of a safe and health-enhancing social and physical environment. The “Child and Adolescent Health Centres” should play a major role, in collaboration with the **Education Department**, in the organization of health promotion programmes. Positive attitude and life styles should be promoted in primary and secondary schools. Physical activities, health education and psychological wellbeing should be actively promoted. Detrimental effects of smoking, alcohol and substance abuse should be promulgated among school children. Each school should have at least one nurse and one social worker, together they can take up the responsibility of promoting physical and psychological health among school children. This will allow early identification of children with learning, behaviour and conduct disorders who can be referred and appropriate treatment instituted. The “Child and Adolescent Health Centres” will provide schools with the necessary health information, advice and support systems whenever necessary.

Rehabilitation services for children with disabilities are currently compartmentalized. We thus propose that the “Child and Adolescent Health Centres” should play an important role in the coordination of these services. The services currently provided by the Social Welfare Department, non-Government organizations and Education Department for children with physical disabilities and with learning and behaviour disorders and hearing and visual deficit should be better integrated. The role of the centre is to ensure, through effective consultation and referral systems, that children with disabilities would receive appropriate care, attention and educational and social benefits.

Home is the natural environment in which a child grows up. **Positive parenting** should be actively promoted to prevent child abuse and child behavioural problems. The Government should commit to **child protection** to allow early identification of need and promote equality of opportunity for all children, allowing them to fulfil their potential at school and as citizens. This will involve creating environments in which children can flourish and their physical and mental health and wellbeing, and personal development, can be safeguarded. The Government should establish appropriate set of health indicators and specific and measurable objectives to secure maximum life chance benefits from educational opportunities, healthcare and social care for children. These should be

the major responsibilities for the “Child and Adolescent Health Centres”. These centres should also play a supporting role in the organization of home care services, patient support and self-help groups for children with chronic illnesses. Community paediatricians in these health centres should also organize outreach programmes to families and special schools to ensure adequate opportunity for medical treatment for children with chronic diseases or disabilities.

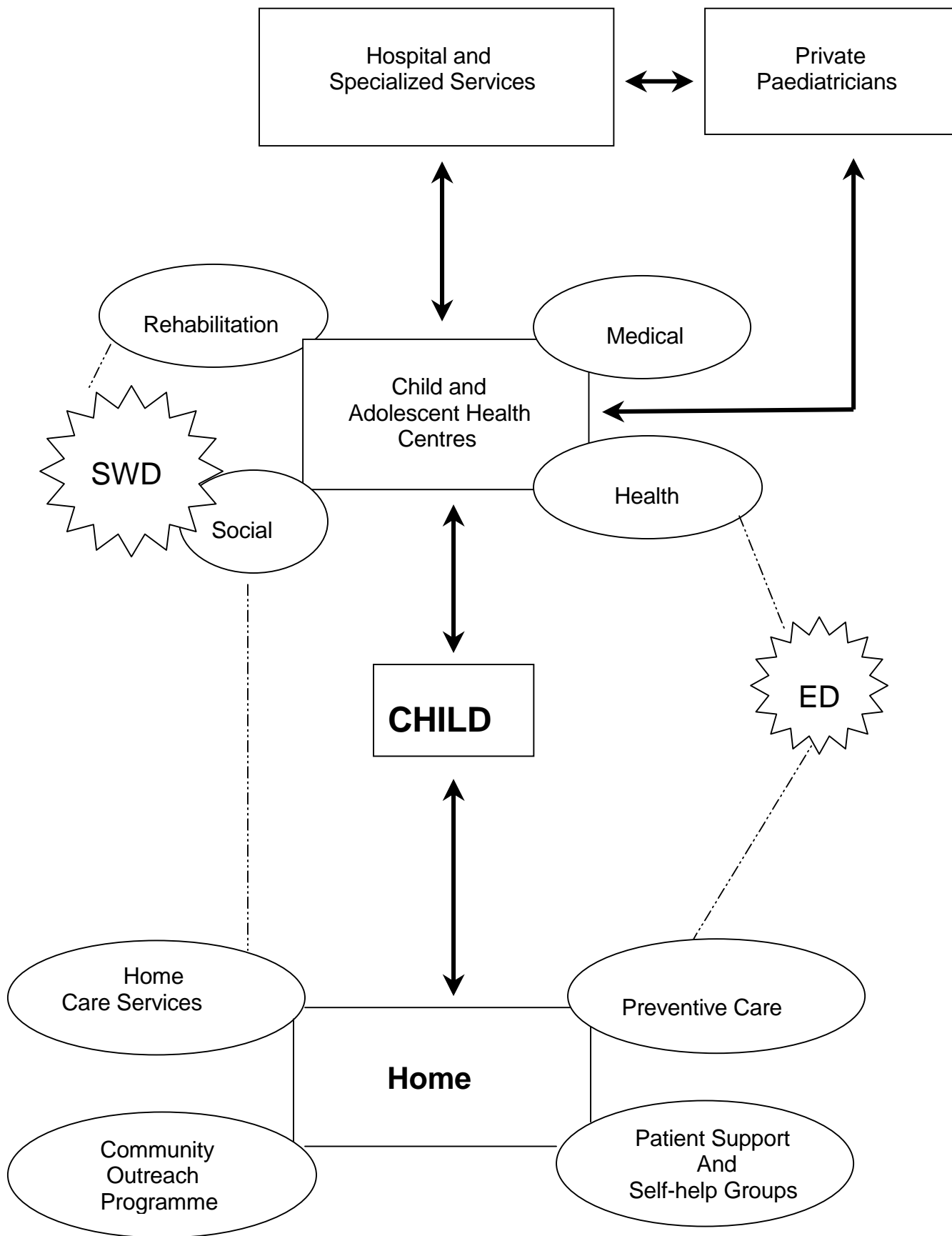
In the proposed model of child health delivery, “*community paediatricians*” in both the public and private sectors, will provide primary and secondary care to children in a community setting. These community paediatricians are instrumental in improving the health of children by creating, organizing and implementing changes in communities. They will provide a far more realistic and complete clinical picture by taking responsibility for children in the community, providing preventive and curative services, and understanding the determinants and consequences of child health and illness, as well as the effectiveness of services provided. The establishment of “Child and Adolescent Health Centres” will provide the necessary facilities to enable community paediatricians to adopt an integrated approach in the care of children in the community.

One of the main objectives of the College is to develop and maintain the *good practice* of paediatrics in Hong Kong. Thus, the College is committed to training and professional development of its fellows and members. Since its inauguration in 1991, the College has published its own journal, organized postgraduate training courses and update seminars and conduct examinations in Paediatrics to ensure the highest *professional standards* of competence and ethical integrity among paediatricians in Hong Kong. It is also the role of the College to ensure that standard of care is uniform across all sectors of child health delivery in Hong Kong. We urge the Government to ensure adequate resources for training and research, so that quality of care can be guaranteed. “*Protected time for training*” should be considered in Government’s manpower planning.

The Consultation Document did not address *financing options* for healthcare services for children. However, children cannot speak for themselves and they have no income and cannot insure for themselves. The College would thus like to stress that primary and secondary preventive services for children should remain free of charge. The Government should also subsidize tertiary preventive services, such as multidisciplinary rehabilitation programmes for children with disabilities. The Government should ensure a safety net mechanism to allow children full access to health care services. To ensure the long term financial sustainability of our public health care system, we propose that the Government should consider the option of *private insurance* which is tax deductible. The integration of the services provided by the private sector into the public sector could be materialized through a sound health care financing system. This will help to ease the burden on the public hospital services.

Finally, as child advocate, we are obliged to urge the Government to ensure that *quality health service* must be provided *to all children* in need without any barrier, be it financial, administrative or otherwise. A summary of our proposals is attached in Appendix 2.

COMMUNITY-BASED INTEGRATED CHILD HEALTH CARE MODEL



Our Proposals:

1. Children should be cared for by professionals who are trained and experienced in recognizing the needs of children

2. A network of health services in which various child health disciplines will be integrated:
 - One-stop service
 - Public and private interface
 - Primary, secondary and tertiary service interface
 - Collaboration with social and educational providers for children

3. Establishment of “Child and Adolescent Health Centres” in the community
 - Provision of preventive service:
 - Immunization
 - Neonatal screening
 - Developmental screening
 - Health promotion
 - Child surveillance and health indicator
 - Positive parenting
 - Child protection
 - Provision of medical treatment
 - Outreach programme for children with chronic diseases and disabilities
 - Supportive role in:
 - Health promoting school
 - Home care services
 - Patient support and self-help group
 - Coordination of medical, health, social and education services for children in need
 - Provision of training to health care professionals working with children

4. Quality of practice:
 - Highest professional standard of competence and ethical integrity
 - Protected time for training

5. Health care financing:
 - Primary and secondary preventive services for children should be free
 - Tertiary preventive services for children should be subsidized
 - Safety net mechanism to allow children full access for health care services
 - Private insurance system

Report on Open Forum on Clinical Guideline

The Forum was held on 25 February 2001 at the HAHO Building with about 100 participants, of which 90 were Fellows of the College. At the Forum, Prof NK Leung introduced the general concept of clinical guideline and expressed gratitude towards members of the Working Group for their contribution. Dr Barbara Lam gave an introduction to evidence-based clinical guideline and its potential benefits and harm. She also emphasized that in order for a guideline to achieve its proclaimed benefits of improving patient care, it has to fulfill ten important attributes of which validity and regular updating are of utmost importance. She also addressed several commonly asked questions like the mechanism of guideline development, dissemination and implementation, the need for local guidelines and the conflict of clinical freedom. Mr Chris Howse and Dr David Kan, the two invited speakers from Richards Butler gave a detailed discussion on the medical-legal aspect of clinical guidelines. Prof V Wong presented the guideline on management of febrile convulsion and a survey among medical students, house officers, paediatricians and general practitioners on the management febrile convulsion. This survey demonstrated significant practice variations. The promulgation of this clinical guideline may be able to address these performance gaps. The Forum finally concluded with enthusiastic discussion and comments from participants.

The opinions and feedback collected at the Forum will be considered seriously by the Working Group and the Guideline Panel Members. The guideline will be revised and endorsed by the College for dissemination and is to undergo a period of pre-testing. The guideline will be reviewed at regular intervals to take into consideration new evidence and local preferences.

The Working Group would also like to take this opportunity to answer questions raised at the Forum and to address some of the frequently raised concerns about clinical guidelines.

What is evidence-based clinical practice and guidelines?

Over the recent years, there is an increasing emphasis on evidence-based clinical practice and development of evidence-based clinical guidelines. Evidence-based clinical practice is an approach to decision-making in which the clinicians conscientiously use the current best evidence available in consultation with the patient to decide upon the options of treatment which suit the patient best. The processes include precisely define a patient's problem; decide what information is required to resolve the problem; conduct an efficient search of literature; select the best relevant studies and apply rules of evidence to determine their validity; extract the clinical message and apply it to the patient's problem. Evidence-based medicine de-emphasizes intuition, unsystematic clinical experience and pathophysiological rationale as sufficient grounds for clinical decision making and stresses the examination of evidence from clinical research. Traditional medical training on understanding the underlying pathophysiology is also necessary to allow the clinician to judge whether the results are applicable to their specific patient at hand. Evidence-based clinical practice also emphasizes the need for physicians to be sensitive to and be able to determine what patients are really looking for. Evidence-based medicine requires new skills of the physician, including efficient literature search and critical appraisal skills in evaluating the clinical literature.

In the current era of explosion of knowledge, it is almost impossible for every clinician to read, search, update and appraise every piece of medical literature which is increasing tremendously everyday. Most clinicians also feel that it is too time-consuming to always rely on literature search to guide their everyday clinical practice. Clinical practice guidelines help to combine the vigorous analytical approach of evidence-based medicine to summarize and grade the quality of the evidence, and the skills of practicing clinicians to provide perspective and relevance to their recommendations. Clinical guideline is systematically developed statements which assists clinicians and patients to make decisions about appropriate treatment for specific conditions. Evidence-based clinical guidelines are based on the systematic identification and synthesis of high quality evidence based on properly designed randomized controlled trials. They are more vigorously grounded in science - not just based on expert opinion or anecdotal experience. The Working Group on Clinical Practice Guideline of the Hong Kong College of Paediatricians aims at producing evidence-based clinical guidelines, the purpose of which is to change clinical practice to improve patient care and to maintain a good standard of care.

What are the roles of the Working Group on Clinical Practice Guideline?

The roles of the Working Group include: -

- To identify and prioritize topics for guideline development
- To identify current guideline development projects/systematic review
- To identify those with expertise to assist in the development of guidelines and the appraisal process
- To advise and give assistance to those, including trainees, who wish to participate in guideline development
- To formulate a dissemination strategy
- To maintain a record of guidelines and schedule for review

What are the processes involved in the development of guidelines?

The Working Group will select topics that are most likely to produce the greatest improvement in patient care. To achieve the development of evidence-based guidelines, areas that have the availability of good evidence-based clinical information or the existence of high quality guideline will be chosen. So will conditions that are of high volume (prevalence) or high cost (seriousness) and areas that are known to have a big gap between what clinicians do and what scientific evidence supports. Then follows the selection of panel members and chairperson; evaluation of scientific evidence and study on existing evidence-based guideline; assessment of local expert opinion and drafting of documents. The first draft will undergo peer review and consultation among members of the Working Group, Professional and General Affairs Committee and Council of the College. There will also be consultation through seminars and open forum.

How to ensure that all key disciplines and interests are represented in guideline development?

The guideline development panel consists of representations from specialists, which are experts or respected authorities in that field and general paediatricians. There are representatives from the public and private sectors. The general paediatricians play a very important role in providing input from a non-specialist point of view. The Review Panel also consists of representatives from specialists and general paediatricians from the public and private sectors. Furthermore, other recognized experts and specialists in the involved field if not otherwise included e.g. the specialty societies, may also be consulted.

Why take the trouble of developing local clinical practice guidelines when there are already many guidelines available?

Guidelines are more likely to be effective if they take into account local circumstances. Therefore, if there are already existing good evidence-based guidelines, these can be adopted with local modification. Guidelines that are developed and disseminated by local educational bodies can specifically address the local needs and are therefore more likely to have better acceptance. Involvement of the end-users in guideline development can improve ownership, which can improve the implementation of guidelines.

Will Clinical Guidelines threaten clinical freedom and challenge doctors' autonomy?

Clinicians frequently anticipate that guidelines would threaten doctors' autonomy and reduce satisfaction with the practice of medicine. This issue of clinical freedom and doctors' autonomy is an emotive one if one can view a guideline as a tool for health care decision-making – not a dictate. Even when endorsed by the relevant professional bodies (e.g. the College) or commended by an organization, clinical guidelines can only assist the practitioner. They cannot be used to mandate, authorize or outlaw treatment options. Regardless of the strength of evidence, it will remain the responsibility of the practicing clinicians to interpret their application, taking into account the needs and wishes of individual patients. Therefore, it is not reasonable to expect 100 percent compliance with any guideline, since there may be perfectly valid reasons for not complying with a guideline in a given clinical situation. Quality, as reflected in patient outcomes – not rigid compliance – should be the basis for professional accountability. Besides, there must always be room for clinical judgement and patient preference in medical decision-making. Thus, clinicians should view a guideline as a resource - not as a pronouncement from high above.

What is the legal implication of clinical guidelines?

One of the major concerns of the clinicians on clinical guidelines is their legal status and potential litigation resulting from non-compliance. Many clinical guidelines are already in existence for many years. The use

of clinical guidelines has not resulted in an increase in the number of court cases. Most guidelines, unless issued by a statutory body with legislature power which embody a minimum standard of clinical performance, do not have the force of law. When medical-legal issues arise, written guidelines may be introduced as evidence of accepted or customary standard of care. However, they cannot be introduced as substitute for expert opinion who can challenge the guidelines under a specific clinical situation. In the United States where most medical liability litigation occurs, a recent project was initiated to admit legally validated clinical guidelines in court, which aims at cutting the cost of malpractice premium and helps to retain doctors in high risk disciplines. Under this legislation, once guidelines and protocols have been developed and adopted by the licensing and registration board, a doctor may cite the fact of having followed the guideline in a particular case as an affirmative defense to a malpractice claim. However, deviation from such a guideline, cannot yet be used by a plaintiff as presumptive evidence of negligence. Therefore, compliance with, or deviation from a clinical guideline is unlikely to prove conclusive in a medical negligence action. Hence, medical-legal issues do not, in principle, represent a barrier to guideline implementation.

Will failure to follow guideline constitute liability to medical negligence?

According to Bolam's test, a doctor is not negligent if he acts in accordance with a practice accepted as proper by a responsible body of medical opinion even though other doctors adopt a different practice. There is thus ample scope for genuine differences of opinion and a degree of flexibility in argument in medical negligence cases. Therefore deviation from a clinical guideline is unlikely to prove conclusive in a medical negligence action, unless it can be shown that the guideline is so well established that no responsible doctor acting with reasonable skill would fail to comply with it.

Are guidelines for educational purpose or for punishment?

Guidelines are for education. They are for general guidance and serve as a checklist reminding physicians of the elements of appropriate care. They offer explicit recommendations for clinicians who are uncertain about how to proceed and can provide authoritative recommendations that reassure practitioners about the appropriateness of their treatment. However, the issuing authority does not have the mandate, nor the intention to punish those who failed to comply with the guidelines.

Conclusion

Clinical guidelines are increasingly part of current practice and will become more common over the next decade. Great care needs to be taken both to maximize the validity of guidelines and to ensure their use within clinical practice. The latter requires adaptation for a local setting and tailoring evidence-based implementation strategies to local factors. Clinicians should understand that guidelines will not address all the uncertainties of current clinical practice and should be seen as a tool to help them to deliver appropriate quality care to their patients. Most important of all, clinicians should develop an appropriate culture towards evidence-based clinical practice and commitment towards better patient care.

Dr Barbara Lam
Honorary Secretary
Working Group on Development of Clinical Practice Guideline
Hong Kong College of Paediatricians

Fulfillment for Higher Training in General Paediatrics

<i>Training Requirements</i>	<i>Date of Commencement of Training</i>
<ul style="list-style-type: none"> • 3 years' continuous training • not more than 12 months should be spent in any one subspecialty • at least 1 year hospital-based acute general paediatrics with acute emergency hospital admission of children not restricted to any age group or subspecialty 	1.7.1997
<ul style="list-style-type: none"> • 3 years' continuous training • not more than 12 months should be spent in any one subspecialty • at least 2 years hospital-based paediatrics in which at least 1 year should be in acute general paediatrics with acute emergency hospital admission of children not restricted to any age group or subspecialty 	1.7.2000
<ul style="list-style-type: none"> • 3 years' continuous training • at least 6 months should be spent in other local and/or overseas institutions (prospectively approved) • at least 2 years hospital-based paediatrics in which at least 1 year should be in acute general paediatrics with acute emergency hospital admission of children not restricted to any age group or subspecialty • not more than 12 months should be spent in any one subspecialty or any other paediatric related specialties • not more than 6 months (out of the 12 months stated above) should be spent in any one paediatric related specialties (required prospective approval by the Accreditation Committee) 	1.7.2001

Reply for Medical Advisors

I am interested in becoming an honorary medical advisor to a social welfare agency. Please let me know which agency I can serve.

My name: _____(Fellow/Member)

Office address:

Office telephone: _____

Office fax: _____

Email: _____

Agency preference:

Type of agency _____

Location _____

Any other request: _____

Please fax back to College Secretariat at 2785 1850

2001 Paediatric Update No. 2: Adolescent Medicine

Date: Sunday, 22 April 2001
Time: 2:00 pm - 5:00 pm
Venue: Hospital Authority Head Office Lecture Theatre

Chairperson: Dr YAU Fai To
Chief of Service, Department of Paediatrics
Alice Ho Miu Ling Nethersole Hospital

Program: 2:00 - 2:10 pm **Introduction to Adolescent Medicine**
Dr F T Yau, Chief of Service, Department of Paediatrics,
Alice Ho Miu Ling Nethersole Hospital

2:10 - 2:45 pm **Clinical Encounter with Adolescents**
Dr Patrick C H Cheung, Senior Medical Officer,
Department of Paediatrics, United Christian Hospital

2:45 - 3:20 pm **Psychological Aspects of Adolescent Sexuality**
Dr Susan Fung, Clinical Psychologist, Adolescent Medical Centre,
Department of Paediatrics, Queen Elizabeth Hospital

3:20 - 3:50 pm **Tea Break**

3:50 - 4:25 pm **Anorexia Nervosa and Family Therapy**
Prof Joyce Ma, Head, Department of Social Work,
Chinese University of Hong Kong

4:25 - 5:00 pm **Common Adolescent Skin Problems**
Dr V K Sugunan, Consultant, Department of Paediatrics,
United Christian Hospital

CME Credit: Hong Kong College of Paediatricians: 3 points (Category A)

Parking: Available at HAHO Building by arrangement*

Light Refreshments will be served.

All are welcome

* Please reserve parking with [College Secretariat](#) at [Fax 27851850](tel:27851850) through Unit or Study Group Coordinators before 17 April 2001. Fellows in private practice not belonging to study groups may fax request to [College Secretariat](#) at [27851850](tel:27851850) for group booking.)

Cancellation Policy: Seminars will be cancelled when

- a) HK Observatory has announced that Typhoon signal No. 8 is going to be hoisted.
- b) HK Observatory has issued Black Rainstorm Warning.

CME Category A Activities

April 2001

12 June 2001 14 August 2001 9 October 2001 11 December 2001	Topic:	Pamela Youde Nethersole Eastern Hospital & Stanford University School of Medicine Medical Teleconference Programme - Topics in Neonatology
	Venue:	Lecture Theatre, Multicentre Block B, Pamela Youde Nethersole Eastern Hospital
	Time:	7:30 - 8:00 am Breakfast 8:00 - 9:30 am Case presentation (Topics to be decided)
	Speakers:	To be confirmed
CME Cat. A 2 point	Organizer:	Pamela Youde Nethersole Eastern Hospital
	Enquiry:	Erica Chung (to confirm date & topic) Tel : 2595 6410, Fax : 2904 5371

11 April 2001	Topic:	Childhood Tuberculosis in Hong Kong
	Venue:	M Ground Multifunction Room, Queen Elizabeth Hospital
	Time:	7:30 - 9:30 pm
	Speakers:	Dr Leung Chi Wai
CME Cat. A 2 point	Organizer:	HK Paediatric Society
	Enquiry:	Ms Debby Kwok, Tel : 2420 7388

17 April 2001	Topic:	Preventing MTCT of HIV and Universal Antenatal HIV Testing
	Venue:	Auditorium, Family Planning Association, 8/F, Southorn Centre, Wanchai
	Time:	7:00 - 9:00 pm
	Speakers:	Dr Holmer Tso, Dr KM Ho, Prof YL Lau, Dr HY Tse, Dr P Li
CME Cat. A 2 point	Organizer:	HK Paediatric Society
	Enquiry:	Ms Victoria Kwong, Tel : 2304 6268

18 April 2001	Topic:	Approach to Polyarthralgia in Older Persons
	Venue:	Lecture Hall (Room:PB01.014), 1/F, Pathology Block Pamela Youde Nethersole Eastern Hospital
	Time:	1:15 - 1:45 pm (Light Lunch) 1:45 - 2:30 pm (Talk) 2:30 - 2:45 pm (Discussion)
	Speakers:	Dr Lee Ka Wing, Senior Medical Officer, Pamela Youde Nethersole Eastern Hospital
	Organizer:	Pamela Youde Nethersole Eastern Hospital
	Enquiry:	Ms Michelle Lam (Carpark Reservation), Tel : 2595 7143

20-22 April 2001 25-27 May 2001 21-23 September 2001 25-27 September 2001 2-4 November 2001	Topic:	Advanced Trauma Life Support Program in Hong Kong
	Venue:	Skills Development Centre, C3, Main Block, QMH
	Time:	7:30 am - 6:15 pm (day 1) 7:45 am - 6:15 pm (day 2)
	Speakers:	
12 points for whole course (Category A)	Organizer:	American College of Surgeons, HK Chapter and University of Hong Kong Medical Centre (Surgery, QMH)
	Enquiry :	Ms June Chan, Program Manager, Tel : 2855 4904

20-22 April 2001	Topic:	The 9th Annual Scientific Congress of the Hong Kong College of Cardiology
	Venue:	Sheraton Hotel
	Time:	8:00 am - 10:00 pm (20.4.2001) 8:00 am - 10:30 pm (21.4.2001) 8:00 am - 10:00 pm (22.4.2001)
	Speakers:	Various (please refer to the programme)
CME Cat. A 20.4.2001 (4 points) 21.4.2001 (6 points) 22.4.2001 (4 points)	Organizer:	Hong Kong College of Cardiology
	Enquiry :	Dr CO Pun and Dr YT Tai, Tel : 2527 8285

21 April 2001 Saturday	Topic:	The Third Current Topic in Infectious Diseases: Consensus meeting on Universal Antenatal HIV Testing
	Venue:	Li Shu Fan Upper Lecture Theatre, Faculty of Medicine, The University of Hong Kong, Sassoon Road, Hong Kong
	Time:	1:00 pm to 4:00 pm.
	Speakers:	Dr SS Lee, Prof YL Lau, Dr CP Lee, Dr Kenny Chan, Dr W Lim, Dr Usa Thisyakorn, Prof TH Lam, Dr PCK Li, Prof MH Ng, Dr WK Tso, Dr the Honourable WL Lo
CME Cat. A 3 points	Organizer:	The Centre of Infection, Faculty of Medicine, The University of Hong Kong
	Enquiry:	Dr PL Ho Tel: 2855 4193 / 2855 4892; Fax: 2855 1241
22 April 2001	Topic:	2001 Paediatric Update No. 2: Adolescent Medicine <ol style="list-style-type: none"> 1. Tips on Clinical Encounter with Adolescents (Dr Patrick Cheung) 2. Sexual Development and Related Problems (Dr Susan Fung) 3. Family Therapy in Adolescent Health (Prof Joyce Ma) 4. Adolescent Skin Problems (Dr V K Sugunan)
	Venue:	Hospital Authority Head Office Building M Floor Lecture Theatre
	Time:	2 pm -5 pm
	Speakers:	(see above)
CME Cat. A 3 points	Organizer:	Hong Kong College of Paediatricians
	Enquiry:	Dr W H Lee / Mrs Elena Tsai, Tel: 29586741

23 April 2001	Topic:	The 2nd Joint Dutch-Hong Kong Gastroenterology Meeting
	Venue:	Crystal Ballroom, Holiday Inn Golden Mile
	Time:	6:30 - 7:00 pm (cocktail reception) 7:00 - 8:20 pm (meeting) 8:20 pm (dinner)
	Speakers:	Dr EC Klinkenberg-Knol (Gastroesophageal reflux disease: current approach in diagnosis and therapy) Prof SK Lam (Update on Helicobacter pylori treatment) Prof Henk Festen (Latest development in acid inhibitory drug therapy)
CME Cat. A 1 point	Organizer:	Hong Kong Society of Gastroenterology
	Enquiry:	Mrs Rebella Ho (executive Director, Secretariat)

May 2001

3 May 2001	Topic:	HK Kawasaki Disease Study Group Tenth Meeting - 1. Journal Presentation by Dr. WC Mak 2. Case presentation 3. Review of Statistics of July 1999 - June 2000 & Jan – April 2001 4. AOB
	Venue:	A Ground Seminar Room, QEH
	Time:	6:30 – 8:00 pm
	Speakers:	
CME Cat. A 2 points	Organizer:	HK Kawasaki Disease Study Group
	Enquiry:	Prof Rita Sung, Tel : 2632 2855
4 May 2001	Topic:	Recent Advances in Treatment of Hepatitis B and C
	Venue:	3/F, Ballroom, Sheraton HK Hotel & Towers
	Time:	7:30 – 8:30 pm
	Speakers:	Prof Solko W Schalm (Department of Hepatology and Gastroenterology, Erasmus University Hospital Rotterdam, Netherlands)
CME Cat. A 1 point	Organizer:	Hong Kong Association for the Study of Liver Diseases
	Enquiry:	Dr HY Lo (chairman), c/o Dept. of Medicine, QEH
6 May 2001 20 May 2001 3 June 2001 24 June 2001 15 July 2001 22 July 2001	Topic:	Basic Course in Diabetes Management and Education
	Venue:	YMCA, Tsim Sha Tsui
	Time:	2:00 pm to 5:00 pm
	Organizer:	Department of Medical and Therapeutics, Faculty of Medicine, CUHK
CME Cat. A 3 points for each symposium (total 18 points)	Enquiry:	Ms Charmaine Lee, Tel : 2632 3130, Fax : 2637 3929
15 - 17 May 2001	Topic:	International Hospital Federation Congress 2001 - "Health care in the New Century - Rebirth of Hospital"
	Venue:	Hong Kong Convention and Exhibition Centre
	Time:	15 - 17 May 2001
	Organizer:	Hospital Authority & International Hospital Federation
CME Cat. A 3 points for each morning session, 3 points for each afternoon session	Enquiry:	Mr Paul Lui, Tel : 2300 6724, Fax : 2895 0937
17 May 2001	Topic:	1. Laparoscopic surgery for Paediatric gastrointestinal diseases 2. Poster - Low lipid dietary management
	Venue:	A-ground lecture room, QEH
	Time:	7:00 - 9:30 pm
	Speakers:	1. Prof Paul Tam 2. Ms Peggy Wong (poster)
CME Cat. A 2 points	Organizer:	HK Society of Paediatric Gastroenterology, Hepatology & Nutrition
	Enquiry:	Dr Leung Ying Kit, Tel : 2771 0698
19 May 2001	Topic:	Annual Scientific Meeting - Challenges of Childhood Cancers
	Venue:	Sung Room, Sheraton Hotel, Kowloon
	Time:	2:30 - 3:00pm, 3:50 – 5:00pm
	Speakers:	Dr Li Chi Keung, Dr Yuen Hui Leung, Dr Shing Ming Kong, Dr Godfrey Chan Chi Fung
CME Cat. A 2 points	Organizer:	

	Enquiry:	Ms Evona Li, Tel : 2733 4694
26 May 2001	Topic:	1. Adolescent Idiopathic Scoliosis - The Hong Kong Scene 2. Sport Medicine
	Venue:	Seminar Room, 2/F, Clinical Science Building, PWH
	Time:	2:30 - 5:00 pm
	Speakers:	1. Prof Jack Cheng 2. Dr Chan Kai Ming
CME Cat. A 3 points	Organizer:	Adolescent Medicine Interest Group
	Enquiry:	Dr LP Lee, Tel : 2990 1111

June 2001

3 June 2001	Topic:	Annual Scientific Meeting of HK Society of Paediatric Respiriology
	Venue:	JW Marriott Hotel
	Time:	9:30 - 13:15 14:15 - 16:45
	Speakers:	Dr Vas Novelli, Dr Frank Shann, Dr Alfred Tam, Prof Peter Le Souef
CME Cat. A 3 points AM Session 2 points PM Session	Organizer:	H.K. Society of Paediatric Respiriology
	Enquiry:	Ms Grace Chu / Ms Sandy Chung, Tel : 2821 3520

15 June 2001 6 December 2001	Topic:	Advanced Burn Life Support (ABLS) Provider Course
	Venue:	Skills Development Centre, C3, Main Block, QMH
	Time:	7:30 am - 5:15 pm
	Speakers:	
CME Cat. A 6 points	Organizer:	American College of Surgeons, Hong Kong Chapter and University of Hong Kong Medical Centre (Surgery, QMH) and National Burn Insitute, USA
	Enquiry:	Ms June Chan, Program Manager Tel : 2855 4904

July 2001

6 - 8 July 2001	Topic:	Hong Kong Surgical Forum - Summer 2001
	Venue:	5th Floor Lecture Theatre, Queen Mary Hospital
	Time:	6th July 2001 (14:00 – 16:00) 7th July 2001 (09:00 – 16:10) 8 th July 2001 (09:00 – 14:00)
6 July 2001 Cat A 2 points 7 July 2001 Cat A 3 points for the morning session (Afternoon session is not relevant to paediatrics). 8 July 2001 Cat A 3 points	Organizer:	Dept. of Surgery, Univeristy of Hong Kong Medical Centre, Queen Mary Hospital
	Enquiry:	Dr Kwan-ngai Hung, Tel : 2818 0232, Fax : 2818 1186

7 July 2001 8 July 2001	Topic:	The 6th Hong Kong Medical Forum - Frontiers in Clinical Medicine
	Venue:	Egret Suite, Room 601, 6/F (Old Wing), Hong Kong Convention & Exhibition Centre
	Time:	7-7-2001 (13:00 - 19:30) 8-7-2001 (9:00 - 17:20)

7-7-2001 p.m. Cat A 3 pts, evening Cat A 1 pt 8-7-2001 a.m. Cat A 3 pts, p.m. Cat A 3 pts respectively	Organizer:	Prof Kar-Neng Lai, Chairman of Organizing Committee, Queen Mary Hospital, The University of Hong Kong
	Enquiry:	Ms Denise Yu, Tel : 2855 4250, Fax : 2855 1143

17 - 18 July 2001 or 20 - 21 November 2001	Topic:	Pre-Hospital Trauma Life Support (PHTLS) Provider Courses
	Venue:	Skills Development Centre, C3, Main Block, QMH
	Time:	7:45 am - 5:00 pm
	Speakers:	
CME Cat. A 6 points	Organizer:	American College of Surgeons, Hong Kong Chapter and University of Hong Kong Medical Centre (Surgery, QMH)
	Enquiry:	Ms June Chan, Program Manager, Tel : 2855 4904

Overseas Paediatric Conferences / Meetings Announcement

Seventh Congress of the Asian Pan-Pacific Society of Paediatric Gastroenterology and Nutrition
21 - 24 April 2001
Cairns Convention Centre
Cairns, Queensland
Australia
For further information, please check the homepage: www.consultfleetwood.com.au

Hong College of Paediatricians Category B Activities

Approved Regular Continuing Medical Education (CME) Meetings (updated on 5.1.2001)

Name of Hospital/ Organiser	Event	Venue	Date	Time	CME Points/ session	Contact Person	Remark
Alice Ho Miu Ling Nethersole Hospital	Lecture/ Case presentation	Room 7, 7/F, Block E AHNH, 11 Chuen On Rd, Tai Po	Every Wednesday	2:30 - 3:30 pm	1	Dr Yam Ka Ling (2689 2286 Janet)	Note 1
Caritas Medical Centre	Seminar / Journal Club	Library Conf. Room Wai Oi Block, 1/F	Every Friday	11:30 am - 12:30 pm	1	Dr Alex Chan (2310 7452 Angela)	
Child Assessment Service, DH	Journal / Clinical presentation	Ha Kwai Chung CAC 77 Lai Cho Road Ha Kwai Chung, NT	Second Saturday & Fourth Monday each month	9:00 – 10:00 am	1	Dr Florence Lee (2246 6634 Carol)	Note 1
Genetic Counseling Service, DH	Journal Club	Clinical Genetic Service Centre (Conference room)	Every Monday	9:00 – 10:00 am	1	Dr Stephen Lam (2304 2063 Margaret Wong)	
	Postgraduate seminar		Every Wednesday	9:00 – 10:00 am	1		
Grantham Hospital	Lecture / Cardiac Conference	Lecture theatre, G/F Kwok Tak Seng Centre	Every Friday	9:30 – 10:30 am	1	Dr Yung Tak Cheung (2518 2629 Anna)	
Kwong Wah Hospital	Clinical presentation/ Journal Club	Lecture Room, 1/F Nurses' Quarters	Every Thursday	2:00 - 3:00 pm	1	Dr Robert Yuen (2781 5055 Annie)	
North District Hospital	Journal Club	Lecture Rm 1, 1/F	2 nd & 4 th Friday	12:00 – 1:00 pm	1	Dr Wong Tak Wai (2683 7578 Secretary)	
	CME meeting		Every Thursday	2:30 – 3:30 pm	1		
NTS Cluster Hospitals	Suspended for time being						
Pamela Youde Nethersole Eastern Hospital	Journal Club/ topic discussion	Conference room, D6 ward	Every Wednesday	1:30 - 2:30 pm	1	Dr So Lok Yee (2595 6409 Lisa Chim; 2595 6410 Erica Chung)	
	X-ray meeting	Conference room, Dept of Diagnostic Radiology, Main Blk	Last Friday of each month	1:00 - 2:00 pm	1		
Prince of Wales Hospital	Journal Club	Seminar Room, 6/F,	Every Monday (except 3 rd Monday of even month)	1:00 - 2:00 pm	1	Dr Rita Sung (2632 2849 Florence)	
	Clinical Meeting	Clinical Science Bldg	Every Tuesday (except last Tuesday of each month)	2:15 – 4:00 pm	1		
Princess Margaret Hospital	Update / clinical Presentation	Room 615, Block G	Every Monday	2:00 - 3:00 pm	1	Dr Chan Kwok Yin (2990 3757 Julie)	Note 1
	Journal Club	Room 604-5, Block G	Every Wednesday	12:00 - 1:00 pm	1		

Private Practising Paediatricians Study Group	Paediatric Updates/ Lectures	Banquet Suite Eaton Hotel, 2/F 380 Nathan Road	Second Friday of each month (or if it is PH, the following Friday)	2:00 - 3:00 pm	1	Dr Cheng Chun Fai (2385 5655)	Note 1
Queen Elizabeth Hospital	Seminar/ Journal Club	D Ground Multifunction Room	Every Monday	12:00 - 1:00 pm	1	Dr Shirley Ho (2958 6741 Elena)	
	Grand Round	A Ground Seminar Room	Every Wednesday	1:00 – 2:00 pm	1		
Queen Mary Hospital	Journal Club	Seminar Room Paediatric Department	Every Monday	12:30 - 2:00 pm	1	Dr Louis Low (2855 4091 Jessica)	
	Grand Round	1/F New Clinical Building	Every Thursday	8:30 - 9:30 am	1		
Tseung Kwan O Hospital	Case presentation – Journal Club / Review Topic	Department Conference Room 4/F	Every Friday	1:30 – 2:30 pm	1	Dr Huen Kwai Fun (2208 1057 Winnie)	
Tuen Mun Hospital	Topic review/ Case presentation	Seminar Room AB1038, 1/F Main Block	Every Tuesday	2:00 - 3:00 pm	1	Dr Wong Sik Nin (2468 5392 Johanna)	Note 1
United Christian Hospital	X-ray meeting	Radiology Dept. Block S, B1	Every 1 st & 3rd Wednesday of the month	8:30 - 9:30 am	2	Dr V K Sugunan (2379 4861)	Note 2
	Journal presentation / Topics	Seminar Room 3/F Block P	Every Thursday	2:15 - 3:15 pm	2	Carmen Chui)	
Yan Chai Hospital	Grand Round	B12N & B12S ward 12/F Block B	Every Monday	11:30 am – 12:30 pm	1	Dr C.B. Chow (2417 8358 Rachel Yeung)	
	Case presentation – Journal Club / Review Topic	Conference room 1 3/F Block B	Every Thursday	1:00 – 2:00 pm	1		

Notes: 1. Prior registration is essential; 2. To be advised by contact person