

\*\*\*\*\* **The Council 2003/2004** \*\*\*\*\*

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## Message from the President

The year 2003-4 was highlighted by the Annual General Meeting held on 22<sup>nd</sup> November 2003 and the election of the new office bearers of the College. Our immediate past President, Professor Leung Nai Kong, retired from the Presidency after serving the College in this capacity for two consecutive terms. Thanks to Professor Leung, the College has moved forward in big strides under his leadership both in fulfilling our role of setting and maintaining the standard of Paediatric training locally, and in enhancing the College's international profile. For six long years, Professor Leung has worked almost full time for the College, sitting in the President's couch behind the big wooden desk in the College chamber for several hours every day. It is hard to think of the College not having him as our helmsman for even one day. Fortunately Professor Leung continues to guide us after relinquishing his presidency through his active participation in all College activities both in the Council as an ex-officio member and as the chairman of the House Committee. It gives me great pleasure and reassurance to inform you that it will be a long while away before we say "happy retirement" to him.

In the AGM, I was extremely honoured to be elected to succeed Professor Leung as the third President of the College. I fully understand that it is no easy task following the footsteps of my two predecessors, Professor CY Yeung and Professor NK Leung. Much to my relief, I have inherited a most supportive Council and at the same time blessed with a team of very capable office bearers elected on the same day – Professor Low Chung Kai, Louis (Vice President), Dr Wong Sik Nin (Hon. Secretary) and Dr Ko Wai Keung, Frederick (Hon. Treasurer). I have counted on them for their unfailing support in serving the College for the last twelve months, and will continue to do so for the next two years.

Because of the SARS outbreak, many of our activities came to a halt in the first half of the year 2003. However, like the rest of Hong Kong which is recovering rapidly from the aftermath of the epidemic, our College resumed all its activities soon after the outbreak was over. I would like to take this opportunity to express my gratitude to the Chairpersons and members of the various standing committees who have served the College in the previous term, and also those who took over from them starting November last year, for making this possible. In addition to the regular activities such as the annual "Paediatric Update series in Child Health" jointly organized for doctors and nurses with the Paediatric Society, the "Paediatric Update Meetings" organized for our fellows, members, and associates, and the Paediatric Advance Life Support (PALS) Course, we organized the First Asia-Pacific Regional Adolescent Health Conference "Towards Healthy Adolescence: Intersectoral Collaboration" in January 2004 in collaboration with the Hong Kong Polytechnic University School of Nursing and

Hong Kong Paediatric Nurses Association. Later in July, the 5<sup>th</sup> Guangdong-Hong Kong Paediatric Exchange Meeting was held in collaboration with the Chinese Medical Association Guangdong Paediatric Society at the Hong Kong Academy of Medicine Building. Instead of sending our delegation to Guangdong, this was the first time when colleagues from the Mainland came to Hong Kong to attend the meeting. As in previous years, our College and the Hong Kong College of Physicians co-organized the annual joint Scientific Meeting of the two Colleges in October 2004. Through the College's wide network of connection, our educational activities were also extended to the Chinese Mainland. The H.M. Lui Fellowship, established in the College by a generous donation from the Providence Fund, is intended to sponsor young Paediatric trainees to receive training overseas. The Fellowship for 2003-2004 was awarded to Dr Liu Xiaorong from the Beijing Children's Hospital. The College is now inviting nominations for the H. M. Lui Visiting Professorship, which is established also by the Providence Fund for the promotion of Paediatric Gastroenterology and Hepatology in Hong Kong. In support of the College's effort in accrediting subspecialty training, the Providence Fund has also agreed to provide funding for the College to invite overseas experts to come to Hong Kong to assist in the review and promotion of subspecialty development.

In addition to organizing educational activities, our College has revised the guidelines for basic and higher training in order to enable our trainees to cope better with the changing pattern in Paediatric practice. The guidelines for continuing medical education (CME) have also been extensively rewritten in preparation for the transition from CME to CPD (Continuous Professional Development) as recommended by the Hong Kong Academy of Medicine. Compared to the old ones, the new guidelines are designed to accommodate more professional activities for the purpose of offering CME (or CPD) points, and will soon be promulgated to all fellows for consultation. As an endeavour to promote subspecialty training, the Task Force on Higher Training of Paediatric Subspecialties, under the leadership of the Chairman of the Accreditation Committee Dr CW Chan, has finalized the Guidelines on the Criteria for Accreditation of Paediatric Subspecialty Training Programme. The College is now ready to consider application from subspecialty groups for subspecialty accreditation. As in previous years, our College organizes the MRCP and DCH Examination jointly with the Royal College of Paediatrics and Child Health twice a year. The MRCP Examination this year has been revamped to make it more structured and, hopefully, fairer. Changing to the new format inevitably causes a substantial amount of work to our colleagues in the Examination Committee, the College Secretariat, and the host examination centres. Thanks to all these colleagues we have put up a good show in our first Examination adopting the new format which was held in November this year.

Over the last year, our College continued to enjoy a steady growth in its membership, which has now reached a record number of 598, with 466 fellows, 56 members, and 76 associates.

This inevitably requires expansion of the Secretariat and leads to an increased demand on office space. Thanks to the effort of the House Committee in negotiating with the Academy, we will very shortly move into a larger College chamber presently occupied by the Hong Kong College of Physicians. The new chamber has a floor space 50% larger than what we have now. Growth in physical size must however be accompanied by growth in strength – strength in achieving our objectives which can be summarized as: maintaining high-quality training for our trainees, functioning as a child advocate, and promoting research in Paediatrics for public benefit. I would like to thank all our fellows, members and associates for their support over the last twelve months which is the source of strength for the College. I look forward to your continued support in the years to come.

**Prof. FOK Tai-fai**  
**President**

# Council's Report

At the 12<sup>th</sup> Annual General Meeting of the College held on 22<sup>nd</sup> November, 2003, Prof. Fok Tai Fai was elected as President, Prof. Low Chung-Kai Louis as Vice President, Dr. Wong Sik Nin as Honorary Secretary, and Dr. Ko Wai-Keung Frederick as Honorary Treasurer for the years 2003-2006. Mr. Peter Mark and Mr. Walter Ma were appointed as Honorary Legal Advisor and Honorary Auditor of the College respectively.

During the year 2003/2004, six Council Meetings were held during which the eight standing committees (Accreditation, Education, Examination, House, Information Technology, Membership, Professional & General Affairs and Review Committees) as well as the Hong Kong College of Paediatricians Foundation made their reports to Council. The chairmanship and membership of all standing committees were appointed or renewed for a period of two years from 2004. Two young Fellows, Dr. Chan Hoi Shan Sophelia and Dr. Tong Tsz Fun were co-opted as Council Members in March, 2004 for a period of one year. Dr Leung Tsz Ching Vincent, newly elected Chairman of Hong Kong College of Paediatricians Foundation, was also co-opted as Council Member in July 2004 for one year.

## **Training in Paediatrics and the Accreditation of Training**

The Accreditation Committee reviewed the problems identified after the accreditation revisits in September 2003, and made recommendations to revise the Guidelines on Accreditation of Paediatric Training. In summary, the Council endorsed the following revisions:

1. A training team is governed by the number of patients looked after per day (10 – 30 patients) and can have one or more trainers. A training team can have a maximum of 3 trainees – either 2 Basic and 1 Higher Trainees, or 1 Basic and 2 Higher Trainees (see Section 3.1.6). Family Medicine trainees or trainees in other training programmes working in the same training centre, will be counted in the trainer: trainee ratio. (see Section 5.2.1)
2. In training units with age-orientated wards, the rotation through all such wards within the 3-year Basic Training Programme should normally be evenly distributed. (see Section 7.4.a.iv)
3. In training units with established subspecialty teams, an accredited standardized rotation of trainees through different subspecialties for 18 months and for 6 months in neonatology will also be accepted as core programme of the Basic Training Programme. Subspecialty rotations during the 2-year core programme should preferably be not more than 3 months but definitely not more than 6 months for each subspecialty rotation. Trainees should not rotate through these subspecialties again in the 1-year flexible programme (the exception being neonatology and a trainee is allowed to have a further 6-month training during the flexible programme). (see Section 7.4.a.iii)

4. A Trainer for Basic Training Programme should be a College Fellow. A Trainer for Higher Training Programme should have a minimum of 3 years post-Fellowship experience in an accredited training centre.
5. An institution accredited for the full 3-year Basic Training Programmes should include at least one neonatology team providing an active neonatal service with a minimum delivery rate of 1,400 per annum within the obstetrical unit. An institution can be accredited for one or more training teams in neonatology depending on the annual delivery statistics. Apart from patient load disease spectrum, intensive care facilities and team structure are other factors that have to be assessed for accreditation. The neonatal team should be supervised by one or more trainers of the College (Section 3.3 Teams in Neonatology).

The Accreditation Committee also adopted the principle that, before the establishment of Paediatric Subspecialty Boards, the accreditation of subspecialty teams or age-orientated teams for the purpose of Basic or Higher Paediatric Training will be based on the existing guidelines for a training team, namely 10-30 inpatients per day under a qualified trainer.

To rectify the matching of training teams and trainees, the College has accredited additional training teams in various paediatric units (one more General team in UCH and TMH, 2 Haematology/Oncology teams in PWH, 2 Neonatology teams in UCH). A new format was adopted to be used for reporting trainees rotation from January 2005. Eight MCHC clusters were accredited to enable trainees to undertake a compulsory 6-month MCHC rotation during their Basic Training Programme from July 2003.

As on 10<sup>th</sup> October 2004, the College has in total accredited 217 trainers in paediatrics and enrolled 76 basic and 52 higher trainees (an overall trainer: trainee ratio of 1.7 to 1.0).

The Task Force on Higher Training of Paediatric Subspecialties finalized the Guidelines on the Criteria for Accreditation of Paediatric Subspecialty Training Programme in January 2004, and convened a forum with all subspecialty groups on 11 February 2004 to explain the Guidelines and the logistics of implementation. As a result of further consultation and discussion, it was further clarified that the Hong Kong Academy of Medicine recognizes only FHKAM(Paediatrics) even if the Fellow has completed a College accredited subspecialty training programme to the fellowship standard. A Fellow who has completed the Subspecialty Training Programme can opt to be registered with the Medical Council of Hong Kong as a Specialist in Paediatrics or Specialist in a Paediatric Subspecialty but not both. In accordance to the regulations of the Hong Kong Academy of Medicine, he/she can only have one quotable fellowship and that is FHKAM(Paediatrics) and not College or Academy Fellowship in a paediatric subspecialty. As at November 2004, the College has not yet received any applications for subspecialty accreditation.

## **Education and Professional Activities**

During the year 2004, Our College organized the following scientific meetings. On 10-12 January 2004, the First Asia-Pacific Regional Adolescent Health Conference "Towards Healthy Adolescence: Intersectoral Collaboration" was successfully held in collaboration with the Hong Kong Polytechnic University School of Nursing and Hong Kong Paediatric Nurses Association. On 24 July 2004, the 5<sup>th</sup> Guangdong-Hong Kong Paediatric Exchange Meeting was held in collaboration with Chinese Medical Association Guangdong Paediatric Society at the Hong Kong Academy of Medicine Building. There were 12 invited presentations and 103 posters with prizes for selected posters. The 13<sup>th</sup> Joint Scientific Meeting of the Hong Kong College of Physicians and Hong Kong College of Paediatricians was held on 23-24 October 2004 with three Fellows participating as symposium speakers. The College also continued to collaborate with Hong Kong Paediatric Society in organizing the annual Update Series on Child Health, which attracted over 600 doctors and nurses at each of the four afternoon sessions. The new series of Paediatric Update Meetings for College Fellows and Members will start again with the first meeting on "Rational Use of Antibiotics" on 12 December 2004 at the HAHO Building.

The 2004 Paediatric Advance Life Support (PALS) Course was held from 2-6<sup>th</sup> October 2004, attended by 18 Associates among other health care professionals. Successful completion of the course will become a mandatory requirement for application of College Membership with effect from 1 July 2005.

In view of the new format of MRCPCH Clinical Examination from November 2004, the Education Committee has revised the format of Postgraduate Training Course for basic paediatric trainees. The new Course, which started from July 2004, consisted of lectures for all registrants, and a series of small group training sessions (on communication skills, history taking and management planning, developmental assessment and clinical examination) restricted to those trainees due to attempt the next Part II Clinical Examination.

The H.M. Lui Fellowship for 2003-2004 was awarded to Dr Liu Xiaorong from the Beijing Children's Hospital to receive further training in gastroenterology and liver disease in the U. K. Nominations for the H. M. Lui Visiting Professorship in Gastroenterology and Hepatology for the year 2004 were in progress. Through a generous donation from the Providence Fund, the College has invited applications for funding to review and promote subspecialty development.

The CME Programme has been running smoothly. By the end of 2003, all of the 53 Fellows fulfilled the Academy's CME requirement for their 2001-2003 cycle. All other Fellows achieved the recommended CME points up to their respective stages of CME cycles. In accordance with guidelines of the Academy Education Committee, the College CME Guidelines will be

revised to include additional activities for Continuing Professional Development points, but the points requirements will remain as 90 for a three-year cycle. From 2004, Fellows can also access their updated CME points records on-line in the Membership Learning and Management System of the Academy.

## **Examinations**

The College continued to organize the Joint Intermediate/MRCPCCH examinations with the Royal College of Paediatrics and Child Health but in a new format. Since January 2004, the Part I examination consisted of two written papers : Part IA was previously the DCH written examination and Part IB was previously MRCPCCH Part I examination. The previous Part II written examination was now called Part II Examination and similarly consisted of two written papers. From November 2004, the previous Part II clinical examination was renamed the Clinical Examination and took a new format consisting of 10 stations that the candidates have to go through, including 2 communication skills stations, 1 consultation/management station, 1 video scenario station, 5 clinical stations (cardiovascular, respiratory, neurology, abdomen and others), and 1 developmental assessment station.

Extensive consultations and dissemination of the details of the new examinations have been made to both trainers and trainees. Also a pilot Clinical Examination was conducted in February 2004 in Princess Margaret Hospital. Dr Colin Campbell, a senior member of the UK Examination Board, was specially invited to conduct training on the new Clinical Examination to both examiners and candidates in October 2004.

In 2004, the College has organized 3 Part I Examinations, 3 Part II Written Examinations and 1 Part II Clinical Examinations in the old format and 1 Clinical Examination in the new format. It was worrying that the passing rates of the Part I Examinations had worsened. Candidates attempting DCH examination (Part IA paper) had passing rates of 67%, 61%, 44%. Candidates attempting MRCPCCH examination had passing rates of 67%, 44%, 25% for Part IA paper, and 67%, 20%, 17% for Part IB paper.

The College continued to hold Exit Assessment in December and June each year. In October 2004, the following revisions were made in the Dissertations Section of the Guidelines for Exit Assessment:

- (a) **Two** papers are required, with one from each of the following 2 categories:
- (i) research project/study
  - (ii) case report and review of literature of a clinical problem related to the case
- However, full research study can replace the case report/review of literature. Research protocols are not acceptable as submission for the purpose of the Exit Assessment.

- (b) The candidate must be the first author of **both** papers.
- (c) The two dissertations should not be on the same **disease condition**.
- (d) An original thesis written for a postgraduate degree is not allowed.
- (e) The papers are expected to be written up within the higher training period. For published papers, those which are accepted prior to the commencement of the higher training period cannot be submitted.
- (f) Candidates are advised not to submit more than 2 papers. If so, he/she would be requested to choose only 2 papers for assessment.
- (g) Dissertation submitted after the deadline for application will not be accepted. Candidates who fail to submit the required number of dissertations will not be able to present themselves for the Exit Assessment.
- (h) If any one of the dissertations submitted by the candidate is considered as **exceptionally unacceptable** by the panel of the assessors, the candidate will fail the Exit Assessment irrespective of his/her overall score.

With effect from 1 December 2007 and thereafter, ALL higher trainees sitting for the Exit Assessment should adhere to the Revised Guidelines. During the interim period between 1 December 2004 to 30 November 2007, higher trainees can adhere to EITHER the current guidelines OR the revised guidelines.

### **Membership**

By the end of November, 2004, there are 445 Fellows, 21 Overseas Fellows, 52 Members, 4 Overseas Members and 76 Associates.

### **New College Chamber**

With the increase in activities of the College, its various Committees and the Hong Kong Journal of Paediatrics, the College Secretariat is expanded to a staff of three full-time secretaries. In view of the shortage of office and storage space, the College will move to bigger premises of 75 square metres at the Academy building shortly.

**Dr WONG Sik Nin**  
**Honorary Secretary**

## **Hon. Treasurer's Report**

Total Income for Year 2003/2004 was doubled that of last year. (HK\$2.99 million compared to HK\$1.5 million of last year). This significant increase was mainly contributed by a one-time donation of HK\$900,000 from Providence Foundation Limited towards the "H. M. Lui Memorial Fund" plus surplus received from various examinations and the PALS Course organized by our College.

Apart from Providence Foundation Limited's significant donation, we also received donations from the following sponsors in support of College's various functions.

Ferring Pharmaceuticals Limited  
Wyeth (HK) Limited

Taking this opportunity, we would like to sincerely thank all of the above companies for their generosity and continued support to our College.

Expenditures for Year 2003/2004 were being maintained almost at the same level as Year 2002/2003 (HK\$1.36 million compared to HK\$1.33 million of last year)

Operating surplus for Year 2003/2004 was HK\$1.63 million, which was approximately 8 times more than last year (HK\$0.21 million) due to the significant donation of HK\$900,000 from Providence Foundation Limited. However, this was an exceptional income specified for restricted use and could not be considered as a normal recurrent source of income for the years to come.

Net Current Assets as at 31/3/2004 was HK\$9.1 million (as compared to HK\$7.47 million of last year) with HK\$1.87 million placed in the principle-guaranteed investment funds.

Last but not least, I would like to extend my sincere thanks to Walter Ma & Company who arranged for auditing our financial report again this year.

**Dr. KO Wai-keung, Frederick**  
**Honorary Treasurer**

# Standing Committees

## Accreditation Committee's Report

Chairman	Dr. CHAN Chok-wan
Hon. Secretary	Dr. LEUNG Ping, Maurice
Members	Dr. CHAN Kwok-hing, Alex
	Dr. CHIU Man-chun
	Prof. FOK Tai-fai
	Dr. HO Che-shun, Jackson
	Prof. LAU Yu-lung
	Dr. LEUNG Chik-wa, Paul
	Prof. Louis LOW
	Dr. TSAO Yen-chow
	Dr. WONG Sik Nin
	Prof. LEUNG Nai-kong (ex-officio)

Accreditation of postgraduate training for paediatricians in Hong Kong is under the care of the College Accreditation Committee whose terms of reference as stipulated in the Memorandum and Articles of the College stated that “*its functions shall be that of assessing the suitability of the various units for training purpose and to advise the Council on the training in paediatrics and the development of paediatric subspecialties*”. It thus follows that accreditation includes assessment of training institutions, trainers and trainees of paediatrics (general paediatrics) and paediatric subspecialties as designated by the College Council.

The Committee held 6 meetings (72<sup>nd</sup> to 77<sup>th</sup> meetings dated 27/10/03, 2/12/03, 17/2/04, 27/4/04, 29/6/04 and 30/8/04) this year.

### **1 Accreditation of Institutions**

#### **1.1 Review of Accreditation Revisit to Training Institutions in 2003**

1.1.1 The Committee had made a review after the accreditation revisit in September 2003. The Committee made the following recommendations which would be the general principles for future accreditation work :

- 1) The rotation through all age-orientated wards within the 3-year Basic Training Programme should be even and qualitative-measured;
- 2) Trainee rotation to subspecialty-orientated teams within the 2-year core programme should preferably be not more than 3 months for each subspecialty team.

- 3) All training units would be requested to provide a rotation schedule of all their trainees;
- 4) It was noted that some training units might not be able to uphold the requirement of 10-30 patients in each functioning team, and a lower patient number might reduce clinical exposure of a trainee. The Committee would further explore whether ambulatory paediatric service could make up for this;
- 5) Both paediatric and non-paediatric trainees should be counted in the trainer to trainee ratio, irrespective of which specialties they were undertaking their training in;
- 6) The issue of ambulatory paediatric service would be further discussed.

These recommendations were agreed by Council (at the 88<sup>th</sup> Council meeting on 6 Jan 2004)

1.1.2 The feedbacks from trainees during the accreditation revisit in 2003 will be referred to individual training units for further improvement.

#### 1.2 **Basic Training in Child Assessment Service (CAS)**

The Committee maintained that basic training in CAS should be incorporated as part of the MCH 6-month basic training programme. Council agreed to review the present 6-month obligatory MCHC rotation training after a certain period of implementation of the programme.

#### 1.3 **New Template of Training Rotation for each Training Unit**

To enable more accurate reflection of the matching between training teams, trainers and trainees, the Accreditation Committee has devised a new form for reporting the trainee rotation every 6 months. This will replace the existing form "Basic and Higher Training Rotation Schedule 2003-2005". The main difference is that, in addition to the summary worksheet as before, data for each training team should be entered in a separate worksheet following the summary sheet. The new form will be used from 2005 onwards (i.e. covering the period July - December 2004). All COSs and Training Supervisors have been informed of the changed format.

#### 1.4 **Application for Accreditation of Training Teams from Training Units**

1.4.1 UCH – The Council (at the 90<sup>th</sup> Council meeting on 13 May 2004) approved UCH's application for accreditation of the 4<sup>th</sup> training team in General Paediatrics in addition to 3 General Paediatrics teams and 1 Neonatal team. The approval will be backdated to 1<sup>st</sup> January 2003.

1.4.2 TMH – The Council (at the 92<sup>nd</sup> Council meeting on 9 September 2004) approved TMH’s application for accreditation of a 4<sup>th</sup> General Paediatric Team (backdated to July 2003).

1.4.3 PWH – The Council (at the 92<sup>nd</sup> Council meeting on 9 September 2004) approved PWH’s application for accreditation of two Haematology/Oncology teams (backdated to July 2003).

## 1.5 **Accreditation of 4 New Additional MCHC Training Centres**

In addition to the 6 MCHC training clusters already approved, 2 more new additional MCHC clusters were approved to be accredited training centres for a 6-month rotation training in Basic Training, namely:

- 1) Ngau Tau Kok (principal centre) and Lam Tin (satellite centre);
- 2) Sai Ying Pun (principal centre) and Ap Lei Chau (satellite centre).

## **2 Accreditation of Trainers**

### 2.1 **Trainer and Trainee Issue**

The Committee recommended and Council approved (at the 88<sup>th</sup> Council Meeting dated 6<sup>th</sup> January 2004) that :

2.1.1 At any one time a Trainer could not supervise more than 3 trainees in total under the following 3 categories:

- i) for Basic Trainee – his/her recognized training could not be more than 6 months in the core programme
- ii) for Higher Trainee – his/her recognized training could not be more than one year
- iii) for Subspecialty Trainee – his/her recognized training could be more than one year

2.1.2 A Trainer in a subspecialty could supervise trainees under the 3 kinds of training programme at any one time, but he would only be recognized as a Trainer in that subspecialty.

### 2.2 **Qualifications of an Accredited Trainer**

2.2.1 Council resolved at the 89<sup>th</sup> Council meeting on 16 March 2004 that an accredited Trainer should be as follows:

- 1) A Trainer for Basic Training Programme should be a College Fellow;
- 2) A Trainer for Higher Training Programme should have a minimum of 3 years post-Fellowship experience in an accredited training centre.

2.2.2 The new rule was implemented immediately after that Council meeting. All existing accredited Trainers would qualify to be trainers in both Basic and Higher Training

Programmes. All new applicants on and after that Council meeting (16<sup>th</sup> March 2004) will be accredited first as Trainers in Basic Paediatric Training Programme if they have less than 3 years of post-Fellowship experience. Their trainer status would be updated upon application when they fulfill 3 years of post-Fellowship experience. This has been announced in the Newsletter and posted on the College website. COSs and Training Supervisors have all been informed.

### **3. Accreditation of Training Curriculum**

#### **3.1 Composition of Basic Training Programme**

3.1.1 The Council resolved (at the 89<sup>th</sup> Council Meeting dated 16 March 2004) that in training units with established subspecialty teams, rotation of trainees through different subspecialties for 18 months and for 6 months in neonatology would also be recognized as core programme in the Basic Training Programme. Subspecialty rotations should preferably be not more than 3 months but definitely not more than 6 months for each subspecialty rotation. Trainees should not rotate through these subspecialties again in the one-year flexible programme (except for neonatology and a trainee could be allowed for a 6-month training in the flexible programme).

3.1.2 A training team could have more than one trainer. The principle that the number of trainees in an accredited training unit to be governed by the number of accredited training teams and the average number of patients looked after per day by a training team, should be maintained.

#### **3.2 Application for Accreditation of Subspecialty Teams within General Paediatric Basic Training Programme**

3.2.1 Accreditation Committee agreed (at 75<sup>th</sup> meeting on 27<sup>th</sup> April 2004) that before the establishment of Paediatric Subspecialty Boards, the accreditation of subspecialty teams or age-orientated teams for the purpose of Basic or Higher Paediatric Training will be based on the existing guidelines for a training team, i.e. 10-30 inpatients per day under a qualified trainer.

3.2.2 A letter (dated 7 October 2004) has been sent to each training centre to invite application for accreditation of subspecialty training teams within General Paediatrics. An application should include the following for consideration :

- 1) the trainees list matched to accredited training teams (including trainees in other training programs in the same unit)
- 2) a template of rotation that the trainees usually go through in their Basic Training including subspecialty teams or age-orientated wards.
- 3) In addition, they are invited to provide detailed information about each subspecialty

team (trainers, number of inpatient beds, bed-occupancy, bed-days occupied, facilities, duly endorsed by the Chief-of-Service) for accreditation as a training team.

### 3.3 **Prospective Application for Local and Overseas Rotation of Training**

*For local rotation of training between accredited training units, no prospective application is required. The information should be reflected in the 6-monthly returns of trainees rotation. However, prospective applications are still required for rotation to overseas training and local training in institutions which are not accredited training centres.*

## 4. **Accreditation of Trainee**

Following the re-accreditation visits to all the paediatric units, a number of issues have been identified, and accordingly the Guidelines for Basic and Higher Paediatric Training has been updated. In view of the complexity of training requirements, the Accreditation Committee has recommended and the Council has endorsed at its 91<sup>st</sup> Council Meeting to enlist the greater support of the Training Supervisors of all accredited training units.

The College would trust the Training Supervisors in arranging i) the basic team structure (for day-time functioning) and duty roster, with strict adherence to the Collegial training requirements; and that (ii) all trainees would rotate evenly through various teams available in the unit, to ensure even exposure to all clinical activities while ensuring a quality service delivery.

*In addition, the College also requests that, in normal circumstances, any correspondence from the trainees regarding training matters should be sent through the Training Supervisors in the unit. This is to ensure that the Training Supervisors are aware of the progress and problems of each trainee in their units.*

## 5. **Updated Guidelines on Accreditation of Training**

The updated Guidelines have been endorsed by the Hong Kong Academy of Medicine. The announcement and new version of the Guidelines has been sent to all COSs and Training Supervisors on 3<sup>rd</sup> May 2004.

In particular, the following clarifications are highlighted :

1. A training team is governed by the number of patients looked after per day (10

- 30 patients) and can have one or more trainers. However, a training team can have a maximum of 3 trainees – either 2 Basic and 1 Higher Trainees, or 1 Basic and 2 Higher Trainees (see Section 3.1.6). Family Medicine trainees or trainees in other training programmes working in the same training centre, will be counted in the trainer: trainee ratio. (see Section 5.2.1)
2. In training units with age-orientated wards, the rotation through all such wards within the 3-year Basic Training Programme should normally be evenly distributed. (see Section 7.4.a.iv)
  3. In training units with established subspecialty teams, an accredited standardized rotation of trainees through different subspecialties for 18 months and for 6 months in neonatology will also be accepted as core programme of the Basic Training Programme. Subspecialty rotations during the 2-year core programme should preferably be not more than 3 months but definitely not more than 6 months for each subspecialty rotation. Trainees should not rotate through these subspecialties again in the 1-year flexible programme (the exception being neonatology and a trainee is allowed to have a further 6-month training during the flexible programme). (see Section 7.4.a.iii)

## **6. Revised Guidelines for Accreditation of Neonatal Units in Basic Paediatric Training Programme**

- 6.1 College has revised the accreditation guidelines for training in Neonatology. With the decline in the birth rate and increasing complexity of neonatal care, a revised curriculum that an annual delivery of 1,400 babies will provide an adequate training exposure to 3 trainees in a neonatology team supervised by a College accredited neonatologist has been made. Council has approved that the revised guidelines (at the 92<sup>nd</sup> Council meeting on 9 September 2004) could be backdated for one year to July 2003. This has been announced to all COSs and Training Supervisors on 7 October 2004.
- 6.2 The guidelines for accreditation of paediatric training has been revised accordingly to the following :  
 “Section 3.3 Teams in Neonatology  
 An institution accredited for the full 3-year Basic Training Programmes should include at least one neonatology team providing an active neonatal service with a minimum delivery rate of 1,400 per annum within the obstetrical unit. An institution can be accredited for one or more training teams in neonatology depending on the annual delivery statistics. Apart from patient load disease spectrum, intensive care facilities and team structure are other factors that have to be assessed for accreditation. The neonatal team should be supervised by one or more trainers of the College.”

## **7. Manpower Survey for College Trainers and Trainees**

As on 10<sup>th</sup> October 2004, the College has in total accredited 217 trainers in paediatrics and enrolled 76 basic and 52 higher trainees (an overall trainer: trainee ratio of 1.7 to 1.0). The results were submitted to the Education Committee of the Hong Kong Academy of Medicine for planning and projection of future manpower requirement for medical specialties to be used as reference for all key stakeholders within Hong Kong.

## **CONCLUSION**

The past twelve months have been a memorable period of significant activities and progress for the Accreditation Committee, as evidenced by the work achieved throughout the period. We are especially encouraged to witness the accomplishment of accreditation activities at institution, trainer, trainee and training programme levels, as well as adoption of the Committee's policy recommendations by the College Council. We have re-visited 13 accredited institutions in paediatrics (under the Hospital Authority) and 2 clinical services (under the Department of Health) and renewed their accreditation status in training. We have successfully supported the Task Force for Higher Training in Paediatric Subspecialties. We are pleased to observe commencement of clustering between different paediatric departments and child health services within the HKSAR. This collaboration between various institutions well serves to maximize manpower and resources and also supports the missions of paediatric training and accreditation. The future offers even more challenges for the Committee, especially in the areas of subspecialty higher training and quality assurance of training programmes. Strengthening of our training in general paediatrics, primary care and preventive paediatrics will continue to be viewed with importance. Work ahead is formidable, but we are fortunate to have a competent and cooperative team of committee members, many of whom are also key figures at other standing committees of the College. This specially intended overlap enables the Accreditation Committee to work in good harmony and to interact efficiently with diversified functions of the College. The other assets of this Committee are the honour to have our College President and College Honorary Secretary sitting in our Committee. Their invaluable contribution is vital and essential for all the work we have achieved during the period of this report. We strongly believe that the successful fulfillment of our duties is dependent on the transparency, reliability and accountability of the Accreditation Committee, on effective communications with and support from all College Fellows and trainees, and good relationships with other sister colleges within the Academy. We are privileged to be able to serve at this important groundbreaking stage, and will strive to achieve our objectives with your valuable support!

**Dr. CHAN Chok-wan**  
**Chairman, Accreditation Committee**

## **Task Force for Higher Training of Paediatric Subspecialties Report**

Chairman	Prof. CHAN Chok-wan
Hon. Secretary	Dr. YAM Ka-Ling, Winnie (up to 28 <sup>th</sup> January 2002) Prof. LAU Yu-Lung (up to 23 <sup>rd</sup> June 2004) Dr. WONG Sik Nin (from 23 <sup>rd</sup> June 2004)
Members	Dr. CHAN Kwok-Hing, Alex Dr. CHIU Man-Chun Dr. CHOW Chun-Bong Prof. FOK Tai-Fai Dr. Maurice LEUNG Ping Dr. Shirley LEUNG Prof. Louis LOW Prof. Rita SUNG Dr. TSAO Yen-Chow Prof. LEUNG Nai-Kong ( <i>ex-officio</i> )

### **THE TASK FORCE FOR 2003-04**

The Task Force for Higher Training of Paediatric Subspecialties held a total of 5 meetings (5<sup>th</sup> – 9<sup>th</sup> meetings dated 24/10/03, 23/12/03, 24/3/04, 4/5/04 and 23/6/04) between October 2003 and September 2004. The Core Group for the Task Force which forms the Executive Arm of the Task Force was dissolved on 27<sup>th</sup> August 2003 after fulfillment of its noble duty during the preparation stage.

### **PREAMBLE**

The Task Force was appointed by the College Council on 4<sup>th</sup> May 2000, with membership from the College Accreditation, Education, Membership, Examination and Review Committees, as well as representatives from the Department of Health, the Hospital Authority, University Departments of Paediatrics, and College Fellows. This diversified composition ensures that needs and concerns of this project are comprehensively and adequately represented. The Task Force was designated the duty to study the current status of paediatric subspecialties and to make recommendations to the College Council on development of higher training in paediatric subspecialties in Hong Kong.

The Task Force convened a Meeting with the Subspecialty Groups, Chiefs of Service, Training Supervisors and Paediatric Consultants of Training Units on 22<sup>nd</sup> February 2002 at the Academy Building to update participants on progress of the work of the Task Force, provide information and collect opinions as well as feedback on the proposed Questionnaires from all subspecialty groups. This was followed by excellent exchange of views and opinions regarding the subject matter and all subspecialty groups were requested to submit their completed Questionnaires before end of June 2002 to facilitate consideration of accreditation of higher training in the paediatric subspecialties within the College.

Owing to the brief interruption of SARS endemic, 13 sets of completed Questionnaires were collected from the subspecialty groups by the end of June 2003. Results were carefully studied and analyzed and summarized into two important sets of documents: Criteria and Guidelines for Subspecialty Accreditation and Governance of Subspecialty Boards, which together with the papers from the Hong Kong Academy of Medicine on Accreditation of New Specialty/Subspecialty will form foundation for consideration of accreditation of paediatric subspecialty under the College.

- 1) HKAM Education Committee Papers on Accreditation of New Specialty/Subspecialty
  - a) Guidelines on Recognition of a Specialty/Subspecialty issued in 1997
  - b) Guidelines for Admission of "First Fellows" in New Subspecialty issued in August 2003:
    - i) the name "First Fellow" would be used for the first batch of Fellows admitted in a new subspecialty
    - ii) the admission criteria for "New Fellows"
    - iii) the cut-off date and date of the first examination after recognition and adoption of the new subspecialty

These two documents would be used as reference for our College subspecialty board governance and criteria for accreditation.

- 2) Reference to Subspecialty Documents from other Academy Colleges

These documents and practical experience in the management of subspecialty boards within the sister Colleges would be valuable source of information and reference for the Task Force in accreditation considerations.

## **HIGHLIGHTS OF MAJOR ACTIVITIES FOR 2003-2004**

During the current year, the Task Force continues its duty to study the current status of paediatric subspecialties and to make recommendations to the College Council on development of Higher Training in Paediatric Subspecialties in Hong Kong.

### **1) The Guideline on the Criteria for the Accreditation of a Paediatric Subspecialty Training Programme and the Application Form for Accreditation of a Paediatric Subspecialty**

The Task Force finalized the Guideline and Application Form in January 2004. These were endorsed by the College Council in the same month (at the 88<sup>th</sup> Council meeting on 6 January 2004). A full set of Guideline, together with the Application Form, has been sent to all subspecialty groups, all Chiefs of Service, Training Supervisors, Consultants and Fellows of the College. It can also be obtained from the College website.

### **2) Meeting with Subspecialty Groups, 11 February 2004**

A 2<sup>nd</sup> meeting with all Subspecialty Groups, all Chiefs of Service, Training Supervisors, Paediatric Consultants of Training Units was held on 11 February 2004 at the Academy Building to update participants on the progress of work of the Task Force since the last meeting with subspecialty groups in February 2002. The updated *Guidelines and Criteria for Accreditation of Higher Training in Paediatric Subspecialties* and the *Application Form for Application of Subspecialty Accreditation* were presented and explained followed by interactive discussions between members of the Task Force and the audience. Logistics of application procedures and provisional framework of implementation were also clearly explained to the participants. The meeting was a success and there was excellent exchange of view and opinions in the meeting.

As at the deadline for subspecialty application (15 May 2004), the Task Force did not receive any applications from subspecialty groups. The Task Force reiterated that subspecialty development was not mandatory and only subspecialties which were mature and ready would be accredited. Accreditation of subspecialty should be stringent and responsible. 15 May 2004 was not meant to be a definite deadline for subspecialty application.

### **3) Title for Future Paediatric Subspecialists**

Postgraduate paediatric subspecialty training for an additional three years after completion of the 6-year training programme in General Paediatrics (or two years post-fellowship training allowing for one year of subspecialty training during the Higher Paediatric Training Programme) and successful attempt at the subspecialty assessment ensure a high standard of subspecialty training to the fellowship level. However, the Hong Kong Academy of Medicine recognizes only FHKAM(Paediatrics) in our case even if the Fellow has completed a College accredited subspecialty training programme to the fellowship standard. A Fellow who has completed the Subspecialty Training Programme can opt to be registered with the Medical Council of Hong Kong as a Specialist in Paediatrics or Specialist in a Paediatric Subspecialty but not both. In accordance to the regulations of the Hong Kong Academy of Medicine, he/she can

only have one quotable fellowship and that is FHKAM (Paediatrics) and not College or Academy Fellowship in a paediatric subspecialty.

#### **4) College Criteria for Admission of First Fellow**

The Task Force takes reference to the Guidelines for Admission of “First Fellows” in New Subspecialty issued by the Academy in August 2003. In addition, the Task Force has also suggested the admission criteria for First Fellows as follows:

“A First Fellow in a subspecialty must be a Fellow of the Hong Kong Academy of Medicine (Paediatrics) and has undergone recognized supervised training in that subspecialty for 3 years. For Fellows who have not undergone a formal supervised training in that subspecialty for 3 years, he/she should have *a period of full-time supervised training (which should normally be not less than 6 months) in a recognized centre*. In addition, the 3 years of the stipulated accredited subspecialty training programme should be made up with a period of good independent practice in that subspecialty of twice of the duration required for the 3 years accredited training programme. The assurance of the standard and quality of the good independent practice should be supported by documentation of the workload in that subspecialty as well as relevant educational activities, such as publications, grand rounds and audit activities, conducted during the claimed period. The Subspecialty Board has the full discretion and final decision on the accreditation of individual Fellows. The Board decision should be submitted to the Task Force who would seek final endorsement from the College Council.” This was approved by College Council at the 91<sup>st</sup> Council Meeting on 6 July 2004.

#### **5) Seminar on “How to Maintain Standard in Paediatric Subspecialization?”**

This special seminar was organized on 24th September 2004 as part of the Scientific Meeting hosted to celebrate the Ruby Jubilee of the Department of Paediatrics and Adolescent Medicine, The University of Hong Kong with panel speakers from Hong Kong, Singapore, Malaysia, China, Australia and the Netherlands. These speakers together with an audience of more than 150 paediatricians exchanged extensively on their experiences and opinions on the development of subspecialty training, manpower planning, accreditation criteria for subspecialty programmes, the training curriculum, CME/CPA and measures to ensure quality service and standard for paediatric subspecialization. The participants also agreed that, while there might be conflicts between service needs and standard of practice, quality service should always take the lead in all communities. The valuable comments and views gathered therefrom throw light onto future development of paediatric subspecialization in Hong Kong.

## **CONCLUSION**

The Task Force for Higher Training in Paediatric Subspecialties was formed in May 2000. Through the dedicated work of its members, we are pleased to witness substantial achievements to date. Based on the *Academy Guidelines for Subspecialty Training, our own Criteria and Guidelines for Subspecialty Accreditation* and *Governance for Subspecialty Boards*, we are now at the final stage of designing an Application Form to be used by the subspecialty groups. The only set-back here is the current contract system for Hospital Authority employees which might hamper input of future trainees and hinder perpetuation of subspecialty development. However, as an Academy College, we do have obligation to promote such development which is vital for the betterment of child service in our community. Also, subspecialty groups (and future approved boards) have inherent duty to organize CME and CPD activities for their own subspecialists. Resources and manpower resources are other important constituents for ultimate success of subspecialty implementation. Given support from the College Council, contributions from the subspecialty groups, and dedication of the Task Force, it will not be long before Higher Training for Paediatrics Subspecialty can be realized in Hong Kong so that local paediatric subspecialists can have quality clinical and research activities ready to share and cross-pollinate with their counterparts elsewhere in the world.

**Dr. CHAN Chok-wan**  
**Chairman, Task Force for**  
**Higher Training**  
**in Paediatric Subspecialties**

# Standing Committees

## Education Committee's Report

Chairman	Prof. LOW Chung-kai, Louis
Hon. Secretary	Dr. LEE Wai-hong
Members	Dr CHENG Chun-fai
	Dr CHEUNG Pik-to
	Dr CHU Wai-po, Reann
	Dr LEUNG Sze-lee, Shirley
	Prof. Tony NELSON
	Dr TSOI Nai-shun
	Dr YAU Fai-to
	Dr YOUNG Wan-yin, Betty

### 1. Meetings

Six meetings were held during the past one year. A new panel of members was appointed to the Committee. The Chairman would like to thank Professor T F Fok and outgoing committee members Dr Lam Cheung-cheung, Dr Wong Sik-nin, Professor Sung Yn Tz Rita and Dr Lettie Leung for their invaluable service over the past 2 years.

### 2. Postgraduate Training Course

The Postgraduate Paediatric Training Course in 2003 had been delayed as a result of the outbreak of severe acute respiratory syndrome that year. As a result, eleven sessions of lectures and bedside teaching were held between 21<sup>st</sup> November 2003 through to 13<sup>th</sup> February 2004. This training course was attended by 34 trainees from the various training units attempting the first diet of the Conjoint Examination in 2004. The Royal College of Paediatrics and Child Health has introduced a new format Clinical Examination in the Part II Examination. The candidates are expected to demonstrate proficiency in communication, history taking and management planning, physical examination and developmental assessment and recognition of an acutely ill child. The candidates are expected to demonstrate the appropriate professional behaviour and the ability to establish rapport with both the parents and children. Trainees must possess the appropriate level of knowledge, and be able to identify problems and signs and to integrate the findings. As a result, a new Postgraduate Training Programme was initiated and organized by Dr Cheung Pik-to and Dr Lee Wai-hong to better equip our trainees with the necessary skills to attempt the new format Clinical Examination. There is a need of additional clinical training in developmental paediatrics and members of the committee are

grateful to Dr Catherine Lam of the Child Assessment Service and Dr Shirley Leung of the Maternal Child Health Clinic for their efforts and contribution to the new Postgraduate Training Programme.

The new Postgraduate Training Programme commenced on 9<sup>th</sup> July 2004. As a result of the large number of applications to the course, twenty-seven Associates sitting the clinical examination in November 2004 were allowed to participate in the small group training sessions on communication skills, observed history taking and management planning and developmental assessment between July and October. Fifteen Associates attempting the clinical examination in February 2005 started their small group training on 12 November 2004. All the trainees including 4 Associates who had not passed the Part II written examination participated in the ten lectures and clinical bedside teaching sessions organized by our College.

### **3. The 5<sup>th</sup> Guangdong-Hong Kong Paediatric Exchange Meeting.**

The 5<sup>th</sup> Guangdong-Hong Kong Paediatric Exchange Meeting took place on 24<sup>th</sup> July, 2004 in the Hong Kong Academy of Medicine Jockey Club Building. There were twelve invited lectures given by colleagues from Guangdong and Hong Kong.

- (1) 廣東省小兒慢性腎衰竭調查報告  
莫櫻 - 廣東省兒科腎病專業組
- (2) **High prevalence of insulin resistance and metabolic syndrome in obese pre-adolescent Hong Kong Chinese children aged 9-11 years.**  
Prof Rita Sung, Prince of Wales Hospital, Hong Kong.
- (3) 兒童造血細胞移植併發出血性膀胱炎的危險因素分析與防治研究  
徐宏貴 - 中山大學附屬第二醫院兒科
- (4) **Crohn Disease in Chinese Children in Hong Kong**  
Dr David Lau, Tseung Kwan O Hospital, Hong Kong
- (5) 小劑量左旋門冬酸胺J在兒童性淋巴細胞白血病治療中的應用研究  
吳梓梁 - 廣州醫學學院第一附屬醫院兒科
- (6) **An Overview of Medical Genetics in Hong Kong**  
Dr Stephen Lam, Clinical Genetic Service, Hong Kong
- (7) 注意缺陷多動障礙兒童執行功能特徵的研究  
李建英 - 中山大學第三附屬醫院兒童發育行為中心
- (8) **Dyslexia and other Specific Learning Disabilities**  
Dr Catherine Lam, Child Assessment Service, Department of Health, Hong Kong.
- (9) 小兒全身炎症反應綜合徵早期TNF $\alpha$ 與皮質醇含量的變化及相關關係  
楊鎰宇 - 廣州市兒童醫院

- (10) **Exposure to lead and mercury in children and chelation therapy.**  
Dr Patricia Ip, United Christian Hospital, Hong Kong.
- (11) **Transcatheter coil embolization of congenital heart disease in pediatric patients: Experience with 121 cases.**  
Dr Zhang Zhiwei, Guangdong Cardiovascular Institute, Guangzhou.
- (12) **Towards Universal Neonatal Hearing Screening in Hong Kong**  
Dr Betty Young, Pamela Youde Nethersole Eastern Hospital, Hong Kong.

In addition, 103 posters were submitted from Guangdong and Hong Kong in the following categories: Cardiology 12; Infection and Immunology 4; Respiratory medicine 17; Intensive care/Neonatology 14; Haematology and Oncology 26; Neurology 5; Nephrology 9 and Miscellaneous 16. The meeting was well attended with 80 Fellows and 70 doctors from Guangdong participated in the meeting. The prize winners for the poster presentation were:

### ***Poster awarded First Prize***

**Effects of serum-free media, cytokine combinations and chemotherapy on *ex vivo* expansion of G-CSF mobilized peripheral blood stem cells** (*Karen Li, Department of Paediatrics, the Chinese University of Hong Kong*)

### ***Posters awarded Second Prize***

- (1) 兒童白血病治療中左旋門冬酸胺J活性及其底物的變化 (陳福雄, 廣州醫學院第一附屬醫院兒科血液病研究室 510120)
- (2) 異基因外周血干細胞移植治療小兒惡性血液病和非惡性血液病 (方建培, 中山大學附屬第二醫院兒科 510120)
- (3) **Elevated HS-CRP Levels and increased arterial stiffness in children with a history of Kawasaki Disease** (*YF Cheung, Division of Paediatric Cardiology, Department of Paediatrics and Adolescent Medicine, Grantham Hospital, the University of Hong Kong*)

### ***Posters awarded Third Prize***

- (1) **Usefulness of cardiac and neurological investigations in the management of syncope in children and adolescents** (*SH Lee, Department of Paediatrics, Queen Elizabeth Hospital*)
- (2) 血清未結合膽紅素水平對足月新生兒腦幹聽覺誘發電位的影響 (李耘, 廣州市兒童醫院新生兒科 510120)
- (3) **Signaling Mechanism of Protein Kinase PKR in the Regulation of Cytokine Expression by Bacillus Calmétte Guérin** (*BKW Cheung, Department of Paediatrics and Adolescent Medicine, Faculty of Medicine, the University of Hong Kong*)

- (4) 尿素J預處理- 氣相色譜-質譜法診斷遺傳代謝病：來自中國大陸的高危篩查報道（宋元宗，暨南大學第一附屬醫院圍產醫學中心及組織移植與免疫研究中心，廣東廣州 510632）
- (5) **Is two-night polysomnographic study necessary in childhood sleep-related disordered breathing?** (*Albert Li, Department of Paediatrics and Psychiatry, Prince of Wales Hospital, the Chinese University of Hong Kong*)
- (6) 腎病綜合症患兒轉化生長因子  $\beta$  基因表達與激素反應的關係（于力，廣州市第一人民醫院兒科 510180）
- (7) **Risk factors for sleep disordered breathing in patients with neuro-muscular disorders** (*SW Cherk, Department of Paediatrics, Kwong Wah Hospital*)
- (8) **Steatohepatitis in obese Chinese children** (*Dorothy Chan, Department of Paediatrics, Prince of Wales Hospital, the Chinese University of Hong Kong*)

#### **4. The 13<sup>th</sup> Joint Scientific Meeting of the Hong Kong College of Physicians and Hong Kong College of Paediatricians.**

The 13<sup>th</sup> Joint scientific Meeting was held in the afternoon of 23<sup>rd</sup> October and the morning of 24<sup>th</sup> October 2004 in the Hong Kong Academy of Medicine Jockey Club Building. The theme of this year's scientific programme was "Novel Treatment of Common Medical Disorders". Three Fellows of our College were invited as symposium speakers: Diagnosis and Treatment of Neurometabolic Diseases: Overview and Vitamin Replacement Therapy by Dr Chan Kwok-yin; Advances in Transcatheter Interventions for Congenital Heart Disease by Dr Cheung Yiu-fai and Management of Childhood Obesity by Professor Tony Nelson.

#### **5. Paediatric Update Series**

A Paediatric Update Meeting on the "Rational Use of Antibiotics" will be held on 12<sup>th</sup> December 2004. A lecture of rational use of antibiotics in the ambulatory setting will be given by Dr P L Ho of the Department of Microbiology, the University of Hong Kong. This will be followed by clinical vignettes sessions in the ambulatory and hospital settings. During these sessions, cases will be presented by Dr C F Cheng and Dr Simon Wong followed by discussion led by a panel of paediatricians in private practice, microbiologists and infectious disease specialists.

#### **6. Curriculum of the Paediatric Training Programme**

- 6.1 The first batch of Paediatric trainees began their 6 months mandatory rotation to the different Maternity Child Health Clinic (MCHC) Clusters. The trainees will also be attached for one week to the Child Assessment Service to provide them with experience in childhood developmental assessment, multidisciplinary team assessment and case conference. Eight MCHC clusters have been accredited by our College and so far 8 trainees have received their training in the MCHC. A questionnaire survey will be

sent out to the trainees to obtain a feedback on the MCHC training when the first two batches of trainees have completed their MCHC training.

- 6.2 We are facing falling annual deliveries and increasing complexity of neonatal problem in Hong Kong and a revision of the training curriculum and accreditation guidelines for training in Neonatology in the Basic and Higher Paediatric Training Programme is required. Based on the average prematurity rate of 5-7%, very low birth weight frequency of 1%, 2-3 % of neonates requiring intensive care and 20-40% of the newborn infants requiring special care in the nursery, the Education Committee proposed that a minimum of 1400 deliveries would be necessary to provide an adequate training exposure to three trainees in a Neonatology team. This proposal was endorsed by the Council and approved by the Education Committee of the Hong Kong Academy of Medicine.
- 6.3 The annual Paediatric Advanced Life Support (PALS) Course jointly organized by our College and the Heart Institute for Children, Hope Children's Hospital, Illinois, USA was held between 2<sup>nd</sup>-6<sup>th</sup> October 2004. Eighteen Associates of our College attended this course in addition to a number of participants from other medical and allied health disciplines. Associates are reminded that with effect from the 1<sup>st</sup> July 2005, application for Membership must be accompanied by a Certificate of Attendance and successful completion of the assessment of the PALS Course or its equivalence. Retraining and re-certification in PALS Course should be encouraged among our Fellows.
- 6.4 Members of the Education Committee have deliberated on the issue of part-time additional training for Higher trainees who are unable to complete their training before expiry of the seven-year Hospital Authority (HA) employment contract. It has been resolved that a trainee must have completed at least 18 months of full-time Higher Paediatric Training in an accredited centre and the duration of part-time Higher Paediatric Training should not be more than 3 years. Prior approval of the part-time training must be obtained from the College Education Committee and the training should be conducted in HA hospitals for the time being. HA has agreed to provide the necessary insurance cover for these trainees. This resolution was approved by Council and reported to the Education Committee of the Academy.

## **7. Report of the Continuing Medical Education Subcommittee**

The membership of the Continuing Medical Education (CME) Subcommittee for the coming two years is:

Chairman	Dr TSOI Nai-shun
Vice-Chairperson:	Prof SUNG Yn Tz, Rita (Institutions)

Secretary  
Members

Dr LEE Chi-wai, Anselm (Membership Committee)  
Dr YUEN Hui Leung (Societies)  
Dr WONG Sik Nin  
Prof NG Pak Cheung (HK Paed Society)  
Prof LOW Chung-kai, Louis (Education Committee)  
Dr LEUNG Ping, Maurice (Accreditation Committee)  
(Individuals)  
Dr LEE Wai Hong (Overseas Fellows)  
Dr LEE Ngar Yee, Natalie  
Dr LAU Wai Hung

### 7.1 CME Performances of Fellows in 2003

The overall performance of our Fellows is very good, as tabulated below according to respective CME cycles.

CME Cycle	CME Cycle Adjusted to Dec 2004	CME points required by Dec 2004	Cat A points by Dec 2004	No. of Fellows	Fulfilled CME requirement
Jan 2002 – Dec 2004	3 years	90	30	53 <i>Note 1</i>	100 %
July 2002 – Dec 2004	2.5 years	75	25	10	100 %
Jan 2003 – Dec 2004	2 years	60	20	294	100 %
July 2003 – Dec 2004	1.5 years	45	15	26	100 %
Jan 2004 – Dec 2004	1 year	30	10	35 <i>Note 2</i>	100 %
July 2004 – Dec 2004	0.5 year	15	10	11 <i>Note 3</i>	100 %
July 2001 – Dec 2004	3.5 years	105	35	18 <i>Note 4</i>	100 %

Note 1 – include FM1099 (Previous statue-Academy Fellow but College Member, just accepted as College Fellow in 2004)

Note 2 – include 11 new Fellows

Note 3 – include 11 new Fellows

Note 4 – include FM592 (Academy member but College Member – plan to apply for College Fellow)

7.2 Total of 20 Fellows' Annual Return Form submitted were audited and all complied with the CME requirement.

7.3 The accreditation of CME activities submitted by various conference organizers and individual Fellows worked smoothly in keeping with the performance pledges of the Subcommittee.

- 7.4 The Medical Council has proposed to link the renewal of the Practicing Certificate to compliance with mandatory 3-year cycle of CME requirement for all practicing doctors in Hong Kong. Although it has been proposed for this rule to be implemented in 2005 but up till the time of writing, this legislation has still not been passed by the Legislative Council. The Hong Kong Academy of Medicine, as one of the three administrators of the mandatory CME Programme, has initiated synchronization of the start of 3-year CME cycle for Fellows of the Academy and non-specialists to the 1<sup>st</sup> January 2005. For all Academy Fellows commencing their CME cycle after 1<sup>st</sup> January 2001, they must fulfill their CME requirements pro rata by 31<sup>st</sup> December 2004.
- 7.5 In accordance with the guideline issued by the Academy Education Committee, our College has amended our CME Guidelines to include Continuous Professional Development to be implemented from 1<sup>st</sup> January 2005. The new revised Guideline on Continuous Medical Education/Continuous Professional Development of the Hong Kong College of Paediatricians will be available on our College website. In brief, there is no change in the CME/CPD point requirements which are a minimum of 30 CME/CPD points for 1 year and a total of 90 CME/CPD points for a 3 year cycle. The scope of CME/CPD activities has been increased with the introduction of an additional category E covering miscellaneous CME/CPD activities. A Fellow must accumulate a minimum of 10 CME/CPD points from Category A activities each year and 30 CME/CPD points for each 3-year CME/CPD cycle. Our College will only allow a maximum of 10 CME/CPD points from Category C (publications) Category D (self study with assessment) and Category E (other CME/CPD activities).
- 7.6 Through the immense efforts of the late Dr F L Chan, HKAM Co-ordinator of Membership Learning and Management System (MLMS), the MLMS System is now functioning smoothly. Staff of the Academy Secretariat are providing support for the input of the CME activities of our College Fellows into the MLMS database. In order to keep the CME/CPD points up-to-date in the MLMS, timely submission of attendance records of CME/CPD activities by institutions, organizers and Fellows is essential. Fellows are encouraged to submit their claim of overseas Category A CME/CPD activity as soon as they have attended these meetings. Prospective application of accreditation of CME/CPD activities is require at least 4 weeks before the commencement of the event.

Members of the Education Committee would like to acknowledge the valuable contributions of Fellows who had contributed to the various scientific and educational activities organized by the College in the past year. We would also like to record a sincere vote of thanks to our guest speakers in the various College scientific and educational events including Professor Edwin Hui, Dr P L Ho, Dr Simon Wong.

**Prof. LOW Chung-kai, Louis  
Chairman, Education Committee**

# Standing Committees

## Examination Committee's Report

Chairman	Dr. CHIU Man-chun
Hon. Secretary	Prof. NG Pak-cheung
Members	Prof. FOK Tai-fai
	Dr. IP Lai-sheung, Patricia
	Prof. LAU Yu-lung
	Dr. LEE Wai-hong
	Dr. LI Chi-keung
	Dr. YOUNG Wan-yin, Betty

### 1. Examination Committee Meetings

Four Examination Committee Meetings were held in 2003 (till October). The Coordinators for different examinations were: Prof. T F Fok & Dr. LI Chi Keung for Exit Assessment, Dr. M.C.Chiu, Prof. Y L Lau, Dr. W H Lee & Prof. P C Ng for Joint MRCPCH / Intermediate Examination and Dr. Patricia Ip & Dr. Betty Young for DCH. For this year, there were a total of 10 examinations / assessments held, including three Part I A & B Examinations, three Part II Written Examinations, two Part II Clinical Examinations, and two Exit Assessments, and 1 DCH Clinical Examination.

### 2. Joint Intermediate / MRCPCH Examinations

Since January this year, the Part I examination consisted of two parts, A & B. Part IA corresponded to the previous DCH Written Examination, and Part IB the previous Part I Examination. Passing Part IA entitled candidates to take the DCH Clinical Examination, and passing Part IB entitled candidates to take the Part II Examination (previously called Part II Written Examination). The Part II Clinical Examination was called Clinical Examination from November 2004.

### Results

#### *Part IA & IB Examination (Jan 2004)*

	<i>Pass /attendance</i>	<i>Pass rate</i>
IA & IB	22 / 33	67 %
IA only	20 / 30	67 %

*Part I Examination (May 2004)*

IA & IB	0 / 4	0 %
IA only (DCH)	25 / 41	61%
IA only (membership)	4 / 5	80%
IB only (membership)	2 / 6	34 %

*Part I Examination (September 2004)*

IA & IB	0 / 2	0 %
IA only (DCH)	14 / 32	44 %
IA only (membership)	1 / 2	50%
IB only (membership)	1 / 4	25%

*Part II (Written) (Dec 2003)* 10 / 13 77%

*Part II (Written) (Apr 2004)* 13 / 17 77%

*Part II (Written) (Aug 2004)* 10 / 13 77%

*Part II Clinical Examination (Feb 2004)\** 8 / 18 45%

*Clinical Examination (Nov 2004)\** pending pending

*\* Examiners for February Clinical Examination at Prince of Wales and Queen Elizabeth Hospital included Dr. Colin Campbell, Dr. Thomas Marshall, Dr. Frances Ackland, Dr. Noel Murphy, Prof. Rita Sung, Dr. Patricia Ip, Dr. Betty Young, Dr. W H Lee, Dr. SN Wong, Dr. NS Tsoi. Examiners for November 2004 Clinical Examination at Queen Mary Hospital and Queen Elizabeth Hospital included: Dr. Peter Todd, Dr. Martin Brueton, Dr. Duncan Cameron, Dr. Anupam Shrivastava, Prof. YL Lau (Host examiner), Prof. Louis Low, Dr. KT So, Dr. NS Tsoi, Dr. CK Li (Host Examiner), Dr. WH Lee, Prof. TF Fok, Dr. Alex Chan, Prof. PC Ng, Dr. YM Ng,*

From November 2004, the Clinical Examination took a new format consisting of 10 stations in a circuit that candidates needed to go through, including 2 Communication stations, 1 Consultation & Management station, Video Scenario station, 5 clinical stations (CVS, Abdomen, Neurology, Respiratory & Others) and a development station. The circuit was timed and structured with each station testing different aspects of a candidate's ability and clinical skill.

Before introducing the new clinical examination, a pilot examination was conducted in February 2004 in Princess Margaret Hospital; and in October, Dr. Colin Campbell, a senior member in the UK Examination Board was invited to conduct training for the new examination, briefing various people including examiners, organizers and candidates about the examination.

As the new examination had a greater demand for the number of examiners, new examiners were recruited and trained. When all examiners had finished with observing the examination, the total pool of examiners would come up to 27.

The Memorandum of Understanding between UK College and our College was due to be renewed.

### 3. Exit Assessment

Two Assessments were conducted. One in December, one in June. Both were held in the Hong Kong Academy of Medicine. Results were as follows:-

<i>Exit Assessment (Dec 2003)**</i>	11 / 12	92%
<i>Exit Assessment (June 2004)</i>	10 / 10	100%

\*\* Assessors for Exit Assessment in Dec 2003 included: Prof. TF Fok, Prof. Tony Nelson, Dr. KY Chan, Prof. Rita Sung, Prof. PC Ng, Dr. KF Huen, Prof. L Low, Dr. WH Lee, Dr. SN Wong, Dr. Patricia Ip, Dr. Betty Young, Dr. FT Yau.

Assessors for Exit Assessment in June 2004 included: Dr. MC Chiu, Dr. Alex Chan, Dr. Li Chi Kong, Dr. CB Chow, Dr. FT Yau, Dr Li Chi Keung, Prof. YL Lau, Dr. KT So, Dr. KF Huen, Prof. Louis Low, Dr. NS Tsoi, Dr. SN Wong.

The Assessment took the form of a viva which consisted of 4 parts, namely Professional competence, Critical Appraisal of Papers, Service Related Issues & Discussion of submitted Dissertations.

The number of dissertations to be submitted by each candidate had been adjusted to three, and it was decided that starting from June 2005, it would be reduced to two with amendments of the requirements regarding authorship and contents, and until December 2007, existing guidelines can still apply.

### 4. Diploma of Child Health

The written part of the Examination had been re-structured and incorporated into the Part I Examination as Part IA. Application for the November Clinical examination was over subscribed and quota was limited to 30. United Christian Hospital and Pamela Youde Nethersol Eastern Hospital served as centers.

In addition to the increased number of examinations being held by our College, it was also a year of change for the examinations, especially those jointly held with Royal College of Paediatrics & Child Health. DCH Written and Part I were amalgamated and the Part II Clinical adopted a new format which needed learning and training for examiners, organizers and candidates. Much effort was put to ensure satisfactory organization, adapting to the new format. The change was made to go for a more structured and fair examination.

**Dr. CHIU Man-chun**  
**Chairman, Examination Committee**

# Standing Committees

## House Committee's Report

Chairman	Prof. LEUNG Nai Kong
Honorary Secretary	Dr. HUEN Kwai Fun
Members	Dr. KO Wai Keung, Frederick Dr. LI, Albert Martin Dr. WONG Sik Nin Dr. WOO Lap Fai, Chris

### Terms of Reference

1. To oversee the management of the College Chamber including Secretariat and its facilities
2. To take charge of the issuing of the College Newsletters and other materials as directed by the Council
3. To procure benefits for the members of Hong Kong College of Paediatricians not covered by other committees

### Meetings

Three meetings were held this year.

### College Chamber and Secretariat

The College Secretariat is now served by three full-time secretaries, who are providing effective and efficient services to the Council and her committees, the Hong Kong College of Paediatricians Foundation and Hong Kong Journal of Paediatrics. New office and IT equipments have been installed. The filing system has been reviewed. In view of the shortage of office and storage space the College will move to bigger premises of 75 square metres at the Academy building shortly.

### Newsletter

The new Editorial Board of the College Newsletter includes Professor Leung Nai Kong, Dr. Li Albert Martin, Dr. Wong Sik Nin and Dr. Woo Lap Fai. College newsletters are being published bi-monthly. A new format of the newsletter was introduced in the October issue to facilitate easy reading on screen. A new section on 'Books recommended by the Editors' was also introduced in the same issue.

### Benefits for Members

The Committee has been trying to procure benefits for our members. McBarron Book Company has agreed on providing discount to our members on book purchase. The College has made arrangements with two travel agents, viz. Swire Travel Limited and Farrington American Express Travel Services Limited to provide personalized services to our members at competitive prices.

**Prof. LEUNG Nai Kong**  
**Chairman, House Committee**

# Standing Committees

## Information Technology Committee's Report

Chairman	Dr. KO Po-wan
Hon. Secretary	Dr. KWAN Yat-wah
Members	Dr. CHAN Hin-biu, Bill Dr. CHIU Cheung-shing, Daniel Dr. TSOI Nai-shun Dr. WONG Sik Nin Dr. WONG Yat-cheung, Charles

### Terms of reference

1. To study, explore, and recommend to the College Council how modern knowledge of information technologies could aid the College and our Fellows
2. To promote the use of information technologies and Internet among fellow members of the College.
3. To facilitate communications among fellow members of the College via electronic telecommunications
4. To coordinate various Committees and Subcommittees of the College as regards to the use of Information technologies
5. To establish, maintain and periodically update the College Web site

### Hardware upgrades in College Secretariat

In collaboration with House Committee, IT Committee helped to identify the hardware and software needs for College Secretariat. The upgrades in hardware and software would allow the Secretariat to meet the increasing volume and complexity of its workload.

### College Web Site

The College web site is being hosted under the auspice of Federation of Medical Societies of Hong Kong. Although the Federation changed its service provider in July 2004, Members and Fellows can always access the College homepage at <http://www.paediatrician.org.hk> to obtain up-to-date information and announcements from the College.

**Dr. KO Po Wan**  
Chairman,  
Information Technology Committee

# Standing Committees

## Membership Committee's Report

Chairman	Dr. CHAN Kwok-hing, Alex
Hon. Secretary	Dr. SO Lok-yee
Members	Dr. CHAN Kwok-chiu
	Dr. HO Che Shun
	Dr. KO Wai-keung, Frederick
	Dr. LEE Chi-wai, Anselm
	Dr. LEE Kwok-piu
	Dr. LI Chi-kong
	Prof. NG Pak-cheung

In the year 2003/04, 8 Associates were admitted to the College. 13 Members were enrolled, all from existing Associates. 22 Members passed the Exit Examination and were elected as Fellows.

Presently, our Membership are as follows:

Fellows:	445
Members:	52
Associates:	76
Overseas Fellows:	21
Overseas Members:	4

**Total Membership: 598**

**Dr. CHAN Kwok-hing, Alex**  
**Chairman, Membership Committee**

# Standing Committees

## Professional and General Affairs Committee's Report

Chairman:	Dr IP Lai-sheung, Patricia
Hon. Secretary:	Dr LEUNG Cheuk-wa ,Wilfred
Members:	Dr CHENG Chun-fai
	Prof FOK Tai-fai
	Dr FUNG Hing-piu, Robert
	Dr KO Po-wan
	Dr LAM Cheung-cheung, Barbara
	Prof. LEUNG Nai-kong
	Dr LEUNG Tze-ching, Vincent
	Dr LI Chi-him
	Dr YOUNG Wan-yin, Betty

A new committee was formed this year and four meetings were held.

### Clinical Practice Guidelines

Guideline on Acute bronchiolitis is near completion and is currently being commented on by the review panel.

There is a restructuring and reappointment of the members on the working group of guideline development led by Dr Barbara Lam to cater for the potential topics to be included in future guidelines. Collaboration with other colleges may be sought during the development of future guidelines.

### Paediatrics Advanced Life Support (PALS) Course

The course was held on 2 – 6 October 2004. It was again jointly organized by our College and the Heart Institute for Children, Hope Children's Hospital, Illinois, USA. Seventy-one doctors, nurses and allied health professionals attended the two Provider Courses and 10 attended the Instructor Course. Dr Alfred HuYoung and Dr David Jaimovich were the faculty members from overseas. Local faculty members were:

Dr Cheung Kam-lau (co-ordinator)

Dr Hui Yim-wo

Dr Maurice Leung

Dr Miu Ting-yat

Dr Nelson Tsoi

Dr Robert Yuen

**Response to Government Consultation Documents and child health issues**

The PGA Committee discussed and reviewed various professional issues and issues on child health and offered recommendations to our College Council.

Responses were made to the Government Consultations on 'Prevention of Avian Influenza: Consultation on Long Term Direction to Minimize the Risk of Human Infection' and on 'Substitute Decision-making and Advance Directives in relation to Medical Treatment'. Recommendation was also made to our Council to write to the Secretary for Health, Welfare and Food in support of Child Death and Serious Injuries Review.

**Mini-charity film show to foster fraternity among paediatricians**

A mini-charity film show was organized for College members and their families to foster fraternity among paediatricians and to raise funds to buy medical supplies for our colleagues' Cambodia Medical Mission Trip in mid-October 2004. The Korean film "The way Home" was shown on 12<sup>th</sup> September 2004 in IFC Cinema, Central with HK\$27,250 raised.

**Dr. IP Lai-sheung, Patricia  
Chairman, Professional &  
General Affairs Committee**

# Standing Committees

## Review Committee's Report

The new Council under our new President, Professor Fok Tai Fai who was elected at the last Annual General Meeting invited the following members to serve in the new Review Committee for a term of two years:

Dr. TSAO Yen Chow (Chairman)  
Dr. CHANG Kan, Jane (Hon. Secretary)  
Dr. CHENG Man Yung  
Dr. CHIU Lee Lee, Lily  
Dr. KO Yiu Shum, Paul  
Professor YEUNG Chap Yung  
Professor YUEN Man Pan, Patrick

No Council Member had been included. The Council had earlier resolved that 'membership of the Review Committee should be independent and should not be taking part in any decision making issues of the College Council and the Standing Committees'

The Council also resolved that 'the terms of reference of the Review Committee should be widened to include appeals on matters relevant to the functioning of the College' and therefore entrusted the new Review Committee to study the matter and come out with a recommendation to be endorsed by the Council.

The new Review Committee met on 7<sup>th</sup> June, 2004, with Professor T. F. Fok, President, and Dr. S. N. Wong, Hon. Secretary of the College as invited participants.

The following are the salient points agreed upon in the meeting:

1. The Review Committee should be a statutory body to handle appeals and complaints.
2. The decision of the Review Committee should be limited to granting or denying the request of the appellant or the complainant, and such decision should be based entirely on technical grounds. The Review Committee would not be in the position to consider the merits or otherwise of the rules and regulations of the College, nor to consider or comment on the intention behind the rules and regulations.

3. The Review Committee has the right and authority to access all relevant information or to summon the responsible parties for such information.
4. While acknowledging that the Council has the final say in all matters, it was hoped that the Council would normally accept the recommendation of the Review Committee unless there was documented evidence to support a different conclusion which was not available to the Review Committee at the time of making the decision. If the Council should refute the recommendation because of the additional information, the case should be passed back to the Review Committee for re-consideration and the additional information provided. To avoid conflict of interest, the Council members concerned with the appeal or complaint, or personally related to the appellant or complainant should abstain from voting. To increase transparency of the College, the recommendations should best be made known to all College Fellows.
5. The following 5 areas were identified to be more likely to give rise to appeals and complaints:
  - i) Intermediate Examination
  - ii) Exit Assessment
  - iii) Accreditation of training in General Paediatrics
  - iv) Accreditation of Subspecialty Training
  - v) Accreditation of Overseas Training

Appeals and complaints would still arise when rules and regulations are already set for the following reasons:

- i) the wording may not be clear and therefore open to different interpretation
  - ii) information may not be made available at the crucial time.
6. Some modification to the Bye-Laws of the College was deemed necessary and a draft had been put to the Council for consideration.
  7. Suggestions on the mechanisms for making an appeal or complaint and the process for dealing with such had also been forwarded to the Council for consideration.

**Dr. TSAO Yen-chow**  
**Chairman, Review Committee**

## **NEW FELLOWS, MEMBERS AND ASSOCIATES**

**The following doctors were elected as  
Fellows of the Hong Kong College of Paediatricians  
in 2003/2004**

<i>DR CHAN CHEONG WAI</i>	陳昌煒醫生
<i>DR CHAN KWOK LAP</i>	陳國立醫生
<i>DR CHAN SIU YU</i>	陳少儒醫生
<i>DR CHOI MUI SUM</i>	蔡梅心醫生
<i>DR CHONG WAN YIP</i>	莊雲葉醫生
<i>DR CHOW WING CHEONG</i>	周榮昌醫生
<i>DR FONG KWOK WAH</i>	方國華醫生
<i>DR FUNG CHEUK WING</i>	馮卓穎醫生
<i>DR FUNG PO GEE, GENEVIEVE</i>	馮寶姿醫生
<i>DR HO MO CHING, LINDA</i>	何慕清醫生
<i>DR HO SHING FAI</i>	何成輝醫生
<i>DR LEE TAT NIN</i>	李達年醫生
<i>DR LI KA WAH</i>	李嘉華醫生
<i>DR LIU KA YEE, STEPHENIE</i>	廖嘉怡醫生
<i>DR NG CHEUK</i>	吳卓醫生
<i>DR POON WING KIT, GRACE</i>	潘永潔醫生
<i>DR SIT SOU CHI</i>	薛守智醫生
<i>DR TAY MING KUT</i>	戴明吉醫生
<i>DR WONG CHI ON, SIMON</i>	黃智安醫生
<i>DR WU SHUI PING</i>	胡瑞萍醫生
<i>DR YAU KIN CHEONG, ERIC</i>	丘健昌醫生

**The following doctors were admitted as  
Members of the Hong Kong College of Paediatricians  
in 2003/2004**

<i>DR CHAN KEUNG KIT</i>	陳強杰 醫生	<i>DR HUNG CHI WAN</i>	洪之韻 醫生
<i>DR CHAN WAI MING</i>	陳偉明 醫生	<i>DR KWOK MAN LAI</i>	郭文勵 醫生
<i>DR CHAN YAT TUNG, ERIC</i>	陳日東 醫生	<i>DR LAM HUNG SAN, HUGH SIMON</i>	林鴻生 醫生
<i>DR CHONG CHUN YIN</i>	莊俊賢 醫生	<i>DR LAU WEI SZE, VERCIA</i>	劉慧思 醫生
<i>DR FU YU MING</i>	符儒明 醫生	<i>DR YIP YUEN FONG</i>	葉遠芳 醫生
<i>DR HUI WAI HAN</i>	許慧嫻 醫生	<i>DR YU WING SZE, MARGARET</i>	余詠詩 醫生

**The following doctors were admitted as  
Associates of the Hong Kong College of Paediatricians  
in 2003/2004**

<i>DR BELARAMANI, K. M.</i>		<i>DR MA LAP TAK, ALISON</i>	馬立德 醫生
<i>DR CHAN YIN PUI, TRACY</i>	陳延珮 醫生	<i>DR TUET ON SANG</i>	脫安生 醫生