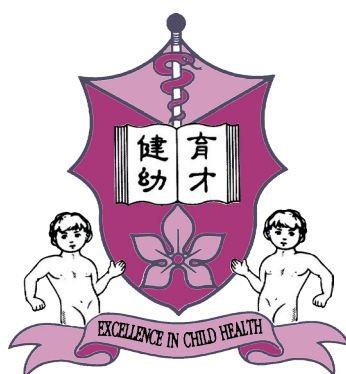


Hong Kong College of Paediatricians

香 港 兒 科 醫 學 院



ANNUAL REPORT 2016/2017



Honorable Guests, Presidents and Representatives of the Hong Kong Academy of Medicine
and Sister Colleges, and the College Council
At the 25th Admission Ceremony on 3 December 2016



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Message from the President

Dear Members,

1. I am most grateful to the Council Members, Chairpersons and members of various Committees and Working Groups, and all our Fellows in their contribution and commitment to the many excellent achievements of our College in the past year. I shall refer to my Presidential Address in the recent 13th Congress of the Asian Society for Paediatric Research, as reproduced below, to reiterate our College mission and vision to improve Child Health is through Education and Research, from Genes to Community.

The slides could be accessed through the following link or by scanning the QR code.

<http://bit.ly/aspr2017lylpa>



2. This was the Hong Kong I grew up in during the 1960's. I could play with my friends in the street happily and still remember the time when water supply was tight, and we need to get our buckets out to collect water from street pump.
3. This was a photograph taken by our College Fellow Dr Maurice Leung in Cambodia during his UNICEF trip visiting its rural areas and the medical clinics. Maurice was impressed by the happiness of these children simply greeting one another, living what he called a simple life. He also reflected while in Hong Kong today, parents would lavish on expensive toys for their children. In all these situations, true happiness can only be realized if the children are well nourished, educated in an engaging environment, nurtured to be resilient and be responsive to social needs. This is the definition of Health, with the 4 domains, physical, mental, social and spiritual domains, regardless of time and space.
4. In the past 2 decades, WHO has worked with nations through the Millennium Development Goals to improve child survival, with the MDG4 aiming to reduce under-5-year old mortality by two-thirds between 1990 and 2015 globally. There was substantial improvement in child survival with reduction of deaths from these causes but by the end of MDG in 2015, about 6 million children still did not live to age 5 years. It is realized child health cannot be viewed in isolation but must be monitored and tackled in a broader concept of social, economic and environmental framework.

5. Climate change with global warming is a prime example, impacting on health in myriad ways, including the increase in vector borne diseases, such as Dengue Fever which has increased tremendously in Asia.
6. Hence the United Nation has come up with the 17 Sustainable Development Goals (SDG) with 169 targets, covering a huge range of issues.
7. SDG3 focuses on health with SDG3.2 targeting on child health, calling to end preventable deaths of children under 5 years, aiming to reduce under-5 mortality to at least 25 per 1000 live births by 2030.
8. Another issue that needs to be tackled is Equity in health. Disparity between the poor and rich is widening globally with catastrophic consequences, destabilizing societies and the world at large. China with her mixed economy has rapidly reduced the gap in under-5 mortality between the rural and urban areas between 1996 and 2015. Having said that, there is still a substantial number of Chinese living in poverty, estimated to be 40 to 50 million, mainly in the rural areas in the Western region of China. Addressing such social inequity is a major task for all governments.
9. You have heard this morning there are still much to do to reduce the 6 million under-5-year old deaths every year in the world. Our ASPR Congress is discussing many of these issues and how to reduce deaths due to pneumonia, diarrhoea, injury, etc.
10. Now I want to switch from the global view of child health to the ground, at an individual child level. He or she is an individual who can suffer from any disease, including rare diseases which are not always seen or receiving the appropriate attention or care from the government or society. The reason for which are complex, including ignorance of the rare disease, difficulty in performing R&D to identify effective management, which may be high-cost and life-long. The health care system may need to make hard choices based on distributive justice, leading to denial of these expensive treatments albeit effective.
11. Rare disease is defined by low prevalence. In USA, less than 1 in 1500 amounting to 200,000 patients. While in Europe, defined as less than 1 in 2000, and requiring special combined efforts to care for.
12. Individual rare disease might be labelled as “rare”, but with 6000 to 7000 different types of rare diseases, it was estimated 30 million Europeans have rare diseases, amounting to 6 to 8% of total population. Moreover 80% of rare diseases are genetic, affecting 3 to 4% of birth, as estimated by European Union.

13. Primary immunodeficiencies are one such example, being rare inborn errors of immunity. I strongly believe the lessons we learnt from managing these rare genetic diseases will have positive impact on the understanding and management of the more common diseases which may share similar pathomechanisms and pathway dysfunction. I believe Buddha or God is trying to see whether we collectively treat fairly those being in the minority, suffering from these rare diseases and if we do, the whole society will benefit.
14. We have heard and shall hear more in this Congress how to care for patients with rare disease. Use of next generation sequencing has transformed the diagnosis of rare genetic diseases, expanding our understanding, pointing the direction of specific treatment and counseling for the family's reproductive choices. Gene therapy has been used for many years in Europe and USA to save children with SCID. If such therapy was available in the seventies, the famous bubble boy David Vetter might have survived. I strongly believe individualized cellular and gene therapy will offer hope of curative treatment for patients suffering from otherwise incurable diseases. Nevertheless, the high cost of such treatment demands us in Asia to seek less expensive way to treat our patients.
15. Since PID is a rare disease, we need multi-center collaboration to help patients and families as well as promote research and learning.
16. We established the Asian PID Network and have offered consultation and/or free genetic tests for over 1600 PID patients from Asia and N Africa, establishing molecular diagnosis in 788.
17. The most common PID group is the predominantly antibodies deficiency, with 293 XL agammaglobulinemia boys.
18. The second most common group is the combined cellular and humoral immunodeficiency, with 67 X-SCID boys.
19. We also inaugurated the Asia Pacific Society for Immunodeficiencies in 2016 to promote PID care, education and research in Asia.
20. In the pursuit of scientific and medical excellence, we however cannot lose sight of our original intent of why we want to be a doctor, a researcher and a teacher. It has been said in this commercial world, everything has a price tag, however I hope you can hold on to your soul and resist the temptation from the devil. Nevertheless the Harvard President, Derek Bok, was less optimistic and extremely worried about the

commercialization of higher education with universities turning indiscriminately to the commercial world for research support, and offering questionable educational courses for financial return. Universities in Asia are also emulating their counterparts in the West. We need to be on our guard how to draw a firm and clear line between the core value of our universities and that of the corporate world, yet at the same time maintaining productive interaction which is transparent and free of conflict of interests.

21. Therefore our College is committed to enhance the experiential learning of humanistic care which shall remind us we do have a soul to be treasured and nurtured. I hope you were moved by today's lunch talks on humanity and avoid the trap of "Excellence without a Soul" as coined by Harry Lewis.
22. Now I shall discuss how a young person may acquire the research and teaching skills to help improve child health, which are the core values and mission of ASPR and our College. Curiosity and passion for clarity and truth are the fundamental attributes that drive science & medicine forward. Nurturing curiosity must start early at home in the family, through the school and college years, which may be challenging in our Asian culture.
23. Students should be encouraged to ask questions. The Chinese word for knowledge literally means "Learning to ask questions". Ability and readiness to ask what, when, where who, why and how shall equip any student to understand and resolve any challenge in life.
24. I would argue the key elements of the clinical diagnostic reasoning process are akin to steps involved in scientific method. Hence the critical thinking skills of an astute clinician who base her diagnostic reasoning on linking disease phenotypes with pathophysiology and cellular pathways will enable her to learn research skills readily.
25. Of course there are other skills and attributes to be acquired, including writing the research paper in particular the abstract.
26. Meticulous attention to details, research integrity and realizing our limitations and failures are all too often not given the due importance. I shall now illustrate the above with examples and stories from my own personal journey of research and teaching, or simply what I have learnt in the last 40 years, being a clinician-educator cum scientist.
27. I shall start with two case reports I wrote more than 30 years ago. The first case was a boy with craniopharyngioma presenting with recurrent left-sided hemiparesis. I learnt from this case why CT brain can miss a brain tumor; how asking why

craniopharyngioma presents with symptoms suggestive of vascular nature can lead to diagnosis of occlusion of the right internal carotid artery with the basal perforators moyamoya, how the precarious cerebral perfusion through the perforators was further compromised on him crying, reducing venous return. The clinical presentation was linked back to the pathology. I also learnt how to present the case with using a felt pen writing on acetate plastic projected with an overhead projector in the Royal Society of Medicine.

28. The second case was an 8-month old girl presented with persistent right-sided pneumonia. Asking why it was persistent led to uncovering the pulmonary sequestration. Asking why this sequestration presenting with heart failure led to detailed studying of its arterial supply and venous drainage which then established its unusual vascular features. Together with its unusual location in the right middle lobe, this case taught me classification of disease is not always black & white, there is a spectrum of most things. I also learnt I need to collaborate, with a cardiologist, a cardiothoracic surgeon and a pathologist in this case. Writing case reports help young doctors to pause, to reflect and to organize oneself to acquire the skills of asking questions and writing.
29. Edmund Hey was a meticulous neonatologist, not using umbilical arterial or venous catheters in his NICU because he believed in the minimalist approach in neonatal care. Hence this practice allowed me to ask whether pathogens causing bacteremia in ventilated neonates were generally through the traumatized airway. Indeed that was the case and I delineated the appropriate use of daily tracheal aspirate was not to predict sepsis but to predict the potential pathogens when sepsis occurred, learning the concepts of sensitivity, specificity as well as prior test probability on my way.
30. This was another example of seizing the opportunity but you need what Pasteur described a “prepared mind” to seize it. Hong Kong introduced universal hepatitis B vaccination in November 1988 just after I returned from UK. I thought since there was no data on immunogenicity of HB vaccine in preterm babies, we should compare two regimens of when to start HB vaccination based on their body weight, at 1000 or 2000 grams. Indeed this early paper in 1992 triggered many groups to ask this same question. And weight-based decision on when to start HB vaccination has since been incorporated in the AAP Red Book and adopted in many countries.
31. Bill Marshall was a pioneer of paediatric infectious diseases, developing the rubella vaccine in the 1960's. He taught me and Dr CB Chow infectious disease when we were together in GOS London. CB told me there was a sizeable measles outbreak in the first half of 1988 as I returned home from London in July. We discussed why it should occur in 1988 and not in 1987 or 1989, wondering whether the data “locked” inside the

Department of Health could help answer this. With Dr TH Leung from Department of Health we wrote this paper in 1992, suggesting Hong Kong should have a real-time surveillance of measles activities, for predicting the next outbreak and whether a second dose of measles vaccination should be added. The rest was history. And now we have real-time surveillance of many infectious diseases, with data published in the CHP website. This experience taught me we must have population-based surveillance if we want quality information to make decision on introducing new or changing existing universal vaccination practice, and for this, we must work closely with our Department of Health and ask questions as CB and I did.

32. Hemophilus influenza type b vaccine became available in the early 1990's. To decide whether HK should introduce universal Hib vaccination, data on local disease burden was needed. A hospital-based retrospective study covering all public hospitals under Medical and Health Department before the era of Hospital Authority was made possible with the goodwill of many friends. The annual incidence of local Hong Kong children was found to be only 2.7 per 100,000 under 5 year-old compared to 50-100 in pre-vaccine era of Finland and America. Interestingly the incidence for the Vietnamese refugees under 5 year old living in Hong Kong at that time was high at 43 per 100,000. Obviously the Americans did not believe our low incidence, in particular the UCLA group, which with the IVI International Vaccine Institute in Seoul commissioned 3 prospective population-based studies to determine Hib meningitis incidence in mainland China, Korea and Vietnam.
33. The latter 2 studies were published, giving incidences similar to ours, rather than that in the West. Hong Kong up to date has not introduced universal Hib vaccination because of the low incidence and the low incidence has further decreased with use of Hib vaccine in the private sector. Nevertheless the Hib disease burden was shown to be high in South Asia, including Indonesia and India. Therefore, South Asia is not East Asia and East Asia is not South Asia. From this, I have learnt Asia is huge and not homogeneous, with different disease patterns and epidemiology, and of course very different from Europe and America. Each country and region should conduct their own disease epidemiology study.
34. We need grants to do research. Because of the Hong Kong avian flu in 1997 and the SARS outbreak in 2003, influenza and SARS gained prominence in the public eyes resulting in the government pumping resources into infectious disease research.
35. We as others obtained grants, and did research addressing influenza immunity, using immune cells, knock-out and humanized mice as well as human subjects.

36. I will just highlight 2 mouse studies we did. I want to use the first mouse study as an example how difficult it was to translate an experimental finding to test in the clinic whether the same could occur in human.
37. Tu was my first PhD student, a very talented individual and went to Stanford for 7 years before he came back to rejoin our department more than 10 years ago. He set up the humanized mouse model and successfully repurposed the osteoporotic drug palmidronate as a candidate drug to rescue the mouse from a lethal H5N1 infection. However our attempt to move to a clinical trial was thwarted by the hesitation of the IRB in terms of liabilities of using a licensed drug not for its original licensed condition osteoporosis but for serious influenza.
38. Zoe was my last PhD student and set up a mouse model to ask why co-infection with influenza virus followed by pneumococcus would result in more serious disease. We discussed since many researchers have investigated how influenza virus infection made adverse impact on the immune response to pneumococci, we should go in reverse direction. Indeed she demonstrated secondary pneumococcal infection after influenza resulted in reduction and delay in the humoral response to influenza virus and dissected some of the underlying mechanisms. This observation suggests giving hyper-immune influenza virus-specific IgG may help patients co-infected with these 2 pathogens. I learnt we need to put the arrow heads in both directions between any 2 subjects that we study even when they occur in sequence and simply do not assume causal relationship runs in unidirection on a time scale. It works both ways regardless of the time sequence.
39. Roland Levinsky was the supervisor of my MD thesis on the genetics and cellular immunology of XL immunodeficiencies when he was the Hugh Greenwood Professor of Immunology in GOS London.
40. I learnt my basic bench skills such as Southern blotting and genetics during the 30 months of my MD study from 1986 to 1988. Some techniques became obsolete but the scientific mind nurtured has been long lasting.
41. Returning home with my family in 1988, I started an immunology clinic in Queen Mary Hospital but the patients number was rather few as PID is a rare disease. My boss Professor Yeung then said I better looked after the hematology and oncology service as well since senior staff in this discipline either retired or left. Therefore with trepidation and a sense of humility, I re-organised the hematology-oncology service and started the bone marrow transplantation service together with our adults counterpart.

42. This front-line role in haematology and oncology service lasted for over 10 years and opened up the opportunity for me to study the genetics of thalassaemia and started to cure these children with bone marrow and cord blood transplant in the early 1990's. I learnt from writing this paper the importance of not just reporting the findings but discussing thoroughly the implications. This paper was accepted mainly because of its highly impactful implication on population screening.
43. Of course I was doing my immunology and transplantation service at the same time, transplanting our first SCID and WAS patient, side by side with the thalassaemic and cancer patients. She was my first SCID patient who received a paternal haploidentical transplant in 1992. She stayed as an inpatient for 18 months, while our latest SCID patient earlier this summer only stayed for a little bit more than one month as inpatient for her transplant. Such is the progress of care over 25 years! I have learnt not to say NO to your boss and the experience of co-ordinating the hematology-oncology service for over 10 years has broadened my outlook and opportunity.
44. As more and more PID genes were defined since the early 1990's, I started to recruit graduate students to help define such genetic mutations in our local patients. Wayland was my first Master student, extremely skilled in laboratory and highly intelligent. You will not see sequencing done in this classical gel anymore and back in 1996 one could still publish with just sequencing data from 7 CGD patients, but not now.
45. We now need to raise and discuss new observations, for example mycobacterial disease as indicator disease for CGD and penicilliosis as indicator disease for STAT-1 GoF in endemic regions, in order to publish.
46. More importantly I learnt studying our own endemic infection could lead to new findings and help patients. I am pleased that Pamela's PhD student Yen is now studying immunity to penicillium or now known as talaromyces.
47. Discovering new inheritance of known PID disease as in this consanguineous Tunisian family with TCF3 mutation was exciting and only made possible with collaboration with my friend Ridha in Tunisia.
48. Anderson, my latest Master student in this collaborative study with so many of my friends concluded in Asia paediatricians have yet to learn family history, low lymphocyte count, BCG disease or persistent candidiasis as clues to diagnosing SCID. There is still a long way to improve care for patients with SCID in Asia.
49. Finding a new disease due to mutations of novel gene is possibly the most exciting discovery journey a clinician can have. The journey was lengthy and challenging as we

need to convince reviewers and editors a new disease that has not been reported before. During the year-long revision of our manuscript, an Austrian group published one patient with RASGRP1 mutation but of different phenotype. Xiao Mao and I had a lot of ups and downs during this journey.

50. On the issue of collaboration to increase patient number, I just want to show you our genome wide association study of SLE, which require thousands of patients and controls from many collaborators to have any meaningful results. Wanling is the leader of our bioinformatics group, a very talented colleague who can persuade collaborators from mainland China and UK to join in.
51. GWAS is hypothesis-free research based on analyzing massive amount of data in a free association model. However to make this type of research meaningful, one still needs to translate the genetic variant associations back to biological and clinical relevancy in order to be impactful on clinical care.
52. GWAS and NGS experience alerted me to the rapid emergence of big data science, machine learning and artificial intelligence, and I wonder how this technology is going to change medical practice. This NEJM commentary from last week highlighted we as doctors need to understand and learn how algorithms are generated from the big data, which can inform on clinical decision. If such algorithms constructed are without clinical input from doctors, the recommendation of action could be totally irrelevant or even dangerous. We need more training in data science, computing and mathematics for our next generation of doctors to be able to command the enormous potential of this future technology, and not being side-stepped. This futuristic book by Harari is even more disturbing in suggesting if we are not mindful of this new trend, humanity as we know could disappear. However I am still grabbling with all the implications suggested.
53. Finally I need to thank my students and fellows with whom I have learnt so much in the last 30 years.
54. Of course, I learnt from my teachers and this is the last sentence of my MD thesis. Re-reading it again today, I feel the humanistic dimension as encapsulated by the word “clinic” here is more important than ever before in this age of commercialization, consumerism, big data and machine learning.

Prof. LAU Yu-lung
President

Council's Report

Annual General Meeting 2016

The 25th Annual General Meeting of the Hong Kong College of Paediatricians was held on 3 December, 2016 at Lim Por Yen Theatre of the Hong Kong Academy of Medicine Jockey Club Building. The minutes of the 24th Annual General Meeting were adopted without amendment. The 2015-2016 Annual Report of the College was received and approved unanimously. The Income and Expenditure Account of the College for the financial year ending on 31 March, 2016 was received and approved.

As of the close of nominations on 3rd October, 2016, four nominations were received for three vacant posts for Council Members. An election was carried out by way of postal ballot. Prof Chan Chi Fung Godfrey, Dr. Fong Nai Chung and Prof Li Chi Kong were elected as Council Members of the College for the years 2016-2019.

In view of the economic inflation over the past ten years and the anticipated increase in College expenditure, Council has resolved to raise members' subscription fees effective 1st January 2017 as follows: HK\$2,100 for Fellows, HK\$1,050 for Overseas Fellows, HK\$1,400 for Members, HK\$700 for Overseas Members and HK\$700 for Associates. Fellows, Members and Associates over the age of 65 before 1 January of the year would be exempted from paying the annual subscription fee.

Mr Kenneth Sit was appointed as Honorary Legal Advisor and Walter Ma & Co. reappointed as Auditor.

The Annual General Meeting was followed by the Admission Ceremony of New Members and Conferment Ceremony of New Fellows. The highlight of the evening was the fraternity-linking Annual Dinner.

During the year 2016-2017, six Council Meetings were held in which all Standing Committees (Accreditation, Education, Examination, House, Membership, Professional & General Affairs and Review Committees), Committee for Subspecialty Boards as well as the Hong Kong College of Paediatricians Foundation made their reports to the Council.

Extraordinary General Assembly (EGM)

An EGM was convened on 14 May 2017 with one resolution. Four New Fellows who passed the Exit Assessment in December 2016 were admitted.

Co-opted Council Members

1. Dr Vincent Leung as immediate past-Chairman of Hong Kong College of Paediatricians Foundation
2. Dr Huen Kwai Fan stepped down as a Council Member, and Dr. Lee Tsz Leung was co-opted onto the Council.
3. Dr Chan Ching Ching, Kate and Dr Soo Tsung Liang, Euan stepped down as Young Fellows Council Members from July 2017. Dr. Chan Chi Ngong, Lawrence and Dr. Chan Yau Ki, Wilson were co-opted onto the Council as Young Fellows Council Members.

Supporting the Hong Kong Academy of Medicine

Being a constituent College, we continued our conscientious support to the Academy in full capacity.

HK Jockey Club Innovative Learning Centre for Medicine

Funded by a generous donation from the HK Jockey Club, the well-equipped simulation training centre within the HKAM premises was opened in December 2013. Various training courses and conferences had been held. Our College sent representatives to attend a 1-day Conference on Medical Education conducted by a panel of medical professionals from overseas and Hong Kong on 27 May 2017.

Academy Council Dinner

The Academy invited Colleges to nominate young Fellows who had made special achievements to join the Academy Council Dinner. Our Young Fellow Members, Dr. Chan Yau Ki, Wilson and Dr. Tao Qinchen, Victoria, attended the Dinner on 16 November 2017, accompanied and introduced to the Academy Council by our President.

Other HKAM Events

The President attended the 51st Singapore-Malaysia Congress of Medicine held on 21-23 July 2017.

Our Vice President Dr. Tse Wing Yee, Winnie, Council member Prof Li Chi Kong and College representative, Dr. Chung Hon Yin, Brian have attended the Chinese Medical Doctors Forum in Beijing, China on 9-10 September 2017.

Active Involvement in International and Local Child Health, Service Standard-setting, Research and Advocacy

The College hosted the 13th Congress of Asian Society for Pediatric Research (ASPR) on 6-8 October 2017 at the Hong Kong Academy of Medicine with more than 900 participants

and 1,600 abstract submissions. The program comprised more than 120 invited lectures delivered by over 100 speakers, which cover “From Genes to Communities,” connecting basic, clinical and community-based research, in order to ensure “Excellence in Child Health” was firmly at the centre stage. We are truly grateful for the staunch supports from regional partners including Asia Pacific Society for Immunodeficiencies (APSID), Chinese Pediatric Society (CPS), Japan Pediatric Society (JPS), ROTA Council and Viva-Asia Blood and Marrow Transplant (VABMT) Consortium - as well as local societies engaged in paediatrics - for their contributions and general support to the Congress. The ASPR conference has been organized successfully with very high appreciation from overseas and local participants.

Training in Paediatrics and the Accreditation of Training

As of Sept 2017, there were 267 Trainers for 100 Basic and 57 Higher Trainees, giving an overall Trainer to Trainee ratio of 1.8 to 1.

Subspecialty Accreditation

After the successful accreditation of four subspecialties (PIID, DBP, PN, and PRM) and the newly established Genetics & Genomics Paediatrics (GGP), the Committee for Subspecialty Boards (CSB) is in the progress of vetting the application for accreditation of Paediatric Endocrinology (PE).

The College is anticipating the Grand Opening of the Hong Kong Children’s Hospital (HKCH) in 2018. As an institute responsible for quality service, teaching and research in the specialties in Hong Kong, the College is well prepared to work hand in hand to achieve our targets and missions with this HKCH. The CSB calls for appropriate manpower planning, full support from HA and all COSs for the successful rotation of trainees to fulfil subspecialty training requirements and close coordination among subspecialty boards to allow trainee exchanges among different training units.

Education and Professional Activities

Educational activities serving paediatricians, trainees and child health professionals with different experience levels and of diverse interests were continuously organized by the Education Committee. All the programs were very well received and gained tremendous commendation.

The 10th Child Protection Training Course, also a mandatory requirement for all trainees within their 6-year Paediatric Training, was conducted successfully on 13 May 2017.

Other mandatory trainings in the 3-year Basic Paediatric Training include successful completion of Neonatal Resuscitation (NRP) and Paediatric Advanced Life Support training programs.

The Annual Research & Scientific Meeting was a joint event organized by the College, the Hong Kong Paediatric Society, Hong Kong Paediatric Nurse Association, and Hong Kong College of Paediatric Nursing. It was held on 19 August 2017 at Postgraduate Centre of Prince of Wales Hospital successfully with good attendance

CME

Our accredited CME programs have been profuse and ample that provided rich educational experience for all the targeted audience. The attendance records were good. Since the requirement of mandatory active CME was implemented by the Academy, the CME Subcommittee has planned to explore ways to facilitate College Fellows in acquiring active CME points in various categories especially in Quality Assurance and Medical Audits for better professional development.

Subspecialty accreditation has been an important milestone for the College. The College recommended Subspecialty CME & CPD to be managed within each subspecialty and not by the CME Subcommittee.

By end of 2017, the College is planning to go paperless for local CME applications from organisers and attendance return from Fellows. This is operated through a new iCME/CPD program launched by the Academy.

Examinations

A total of nine examinations/ assessments were held, including two Foundation of Practice, and Theory & Science (FOP/TAS) and two Applied Knowledge in Practice (AKP) theory Examinations, two MRCPCH Clinical Examinations, two Exit Assessments, and one DCH Clinical Examination.

The passing rates were listed in the Examination Committee Report. It was encouraging to see improved passing rates as our candidates were better prepared and geared at the examination requirements. The FOP/TAS and AKP examinations (CBT) were held in Hong Kong two times each year starting from 2016. The June TOP/TAS and January AKP CBTs would not be held in Hong Kong.

Members of the six examination host centres represented the College to attend the RCPCH Examination Board meetings in the UK to obtain first-hand information on the latest development of different aspects of the examinations as well as bringing up our concerns. They also contributed fruitfully to question setting and reviewing, and particularly in adapting questions for the scenario and video stations to our local settings.

Professor Win Tin has taken over from Dr. Peter Todd as the Principal Regional Examiner (PRE) in Far East starting from 2017.

Dr. Winnie TSE represented our College to be the Examiner of the Macau Paediatrics specialist examination held in January and October 2017.

House Committee

The College website has been updated and continued to be a valuable source to provide the College community succinct information on all College events and academic activities, and the newly uploaded College Constitutions. In the Members' section, the Photo Gallery contained memorable photos of the College events and functions as well as information on Members' Benefits.

Our dedicated secretarial team continued to provide excellent service to ensure the smooth running and further development of the College. The bi-monthly Newsletter was an important venue for regular correspondence in the College Family.

Community Participation in Issues of Child Health Interests

With Professor Leung Ting Fan's chairmanship of the Professional and General Affairs (PGA) Committee, College continued her leading role in sharing knowledge among child health professionals and in child health advocacy. Through the PGA Committee and with the contributions from relevant Fellows, College had made responses to consultation from the government on issues related to children's health and welfare.

The PGA initiated closer collaboration with all local paediatric subspecialty societies to give Members updated information in our local clinical practice. The update information was both emailed to Members and archived in the College webpage, "Update information on clinical practice" under "Publication". The recent updates were about *Helicobacter Pylori* Infection in Children and about Deficit Hyperactivity and Autistic Spectrum Disorder.

Please note particularly that the "Clinical Guidelines" section of the College Website has been updated to include both HA and College guidelines with disclaimers of HA guidelines at the bottom (restricted for College members and requiring individual login).

With the support from the College Council, PGA has worked with the Radio Hong Kong to hold a series of live interviews under the programme 香港兒科醫學院系列 at RTHK <<精靈一點>> on consecutive Tuesdays (14:00-15:00) from 12 September 2017 to 19 December 2017. This programme aimed to introduce to the general public the many subspecialty societies and services of our College. A total of 14 subspecialty societies had confirmed to co-host this programme with the College.

The Annual Social Function on 12 November 2017 was a full day tour to Dragon Fruit Farm, Po Sheng Yuen Bee Field and Tai Tong Lychee Garden, including a seafood lunch at Lau

Fau Shan. This fun-filled event spoiled all participants with fresh air, wonderful sceneries, a delicious meal and a happy and warm gathering.

The Council was thankful to a large number of Fellows who had represented the College in various public child health advocacy and concerning matters.

Membership

As of September 2017, our College had 629 Fellows (up 21 compared to September 2016), 23 Overseas Fellows (down 1), 57 Members (unchanged), 2 Overseas Members (unchanged) and 103 Associates (up 13), making a total membership of 814 (up 33). The pleasing increase in the number of Fellows accounted for the increase in the total membership, meaning we had more and more paediatric specialists fully trained.

Hong Kong Journal of Paediatrics

The membership of the Board of Directors comprised the Presidents and Vice Presidents of Hong Kong Paediatric Society and our College, Chief Editor and Business Manager. Hence, Prof YL Lau and Dr WY Tse were our ex-officio representatives. The Board had been ably leading the directions and development of our “house journal”.

Hong Kong Children’s Hospital

The Grand Opening of the Hong Kong Children’s Hospital (HKCH) is expected to be held in 2018. Our College is a significant stakeholder not only in its development but also in the changes in the territory-wide paediatric service, training and accreditation that it will bring forth. The President represented College in the HKCH Clinical Management Committee and Working Group on Training and Manpower.

Acknowledgement

The Council wishes to thank the chairpersons and members of all the Standing Committees and Subcommittees, the Committee for Subspecialty Boards, the Assessment and Vetting Committees of Subspecialty Accreditation, and the Hong Kong College of Paediatricians Foundation for their dedicated leadership and unfailing contribution, our secretarial team for their extremely efficient service, all the Chiefs of Service and Training Supervisors and the course teachers of training institutions for their dedication to the Specialist Training Course in Paediatrics, Child Protection Course, Paediatric Sedation Course, NRP and PALS Courses, all the examiners for their support in the Intermediate/MRCPCH, Exit Assessment and DCH Examinations, and all invited speakers and trainers of College-held educational programmes.

Dr. Patrick IP
Honorary Secretary

Hon. Treasurer's Report

The financial status of the College is healthy. Our net asset is of \$14,852,932, a slight increase compared with the previous year of \$14,823,838.

We have suffered from a deficit of \$76,113 this year, compared to \$73,418 last year. Our total income has increased from \$3,500,346 to \$3,911,469, mostly due to the revenue from the postgraduate courses and examinations fees. The expenditure had a significant rise from \$3,573,764 of previous year to \$4,672,605 this year. There is significant increase in expense in the Annual General Meeting/ Annual Scientific Meeting (25th anniversary) and NRP course (AAP NRP Faculties visit to HK) in addition to increase in staff salaries.

The financial subcommittee will continue to seek for further investment opportunities to generate income for the College.

I would like to take this opportunity to thank Mr. Keung and Ms. Daris Suen from Walter Ma & Co. for their help in the preparation of the auditor's report on our financial statement this year.

Dr. LAU Wai-hung
Honorary Treasurer

Standing Committees

Accreditation Committee's Report

Chairman :	Prof. CHAN Chi-fung, Godfrey
Hon. Secretary :	Prof. LAM Hung-san, Simon
Members :	Dr. CHENG Chun-fai
	Dr. LEUNG Chik-wa, Paul
	Dr. LEUNG-ping, Maurice
	Dr. LI Chi-kong
	Prof. LOW Chung-kai, Louis
	Dr. TSAO Yen-chow
	Dr. TSE Wing-yee
	Dr. WONG Sik-nin
	Dr. WU Shun-ping

1. Meetings

Four meetings were held during the period from September 2016 to June 2017 (130th to 133rd meetings dated 20/9/2016, 4/1/2017, 25/4/2017, and 27 /6/2017).

2. Accreditation of Re-accreditation of Training Units

Year 2017 is an accreditation year which is important for the Accreditation Committee.

2.1 Re-accreditation Exercise to Department of Health (DH) - CAS/CGS/MCHC

Re-accreditation visits to the following recognized training units were completed in 2016.

- Maternal & Child Health Centre (MCHC)
- Child Assessment Centre (CAS)
- Clinical Genetic Service (CGS)

The captioned accredited training programme has commenced since 1 January 2017 and will be re-accredited every 5 years. Thus the expiry date for the accreditation will be 31 December 2021.

2.2 Accreditation Revisits to Hospital Authority (HA) Training Units

The expiry date of accreditation of the training unit will be 31 December 2018. A briefing session to Chiefs of Service and Training Supervisors was held on 10 February 2017. The programme highlights were as follows:

- a. General introduction for the revisit in alignment with HKAM requirements
- b. Preparation of re-visit forms and focus areas
- c. Formation the accreditation teams
- d. Standard procedures:
 - i) to interview COS and related colleagues and staff members
 - ii) to conduct field visit and ward visit
 - iii) to interview trainees individually
 - iv) to propose recommendation / no recommendation
- e. Time line of Accreditation Revisits in 2017 – 2018
 - i) Feb & Apr 2017 : submission of data
 - ii) Mar to Aug 2017 : field visits to the training units
 - iii) Oct to Nov 2017 : visiting reports from the visiting teams
 - v) Mar 2018 : recommendation from Accreditation Committee and approval by Council
 - vi) Mid 2018 : submission to HKAM Education Committee
- f. Issues discussed and resolved
 - i) The Subspecialty trainer could not take General Paediatric trainees simultaneously with subspecialty trainees, unless the General Paediatric trainee is undergoing subspecialty training approved for the purposes of General Paediatric specialty training.
 - ii) Each Subspecialty team under the General Paediatrics training programme should be responsible for the care of not less than 10 in-patients-bed and not more than 30 patients per day.
 - iii) Concerning whether the Subspecialty training during Higher Training can be recognized as part of the higher training, the Accreditation Committee will assess the subspecialty elective independently and autonomously. The principle is in accordance with our College Guidelines to determine whether the training fulfils our General Paediatric training criteria.

3. Accreditation of Trainers

3.1 Qualifications of Accredited Trainers

The Accreditation Guidelines stipulated that

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

3.2 Applications of New Trainers

Application will be considered ONLY when the doctors have officially been admitted as Academy Fellows.

3.3 Trainers' status

The Training Supervisors of respective training units should periodically update the status of their trainers and they should apply to the Accreditation Committee (AC) for accreditation of the Trainers as Basic or Higher Trainers as appropriate.

4. Accreditation of Trainees

The Subcommittee led by Dr Wu Shun-ping, is responsible for screening, checking and advising individual trainees when their training or interruption of training falls outside the scope of the routine accreditation framework. The subcommittee would present the vetted programmes to the Accreditation Committee for consideration and recommendation for approval by the Council. Six individual training applications were handled by the subcommittee in the past year.

4.1 Overseas Graduates

The Accreditation Committee will explore the possibility of decreasing the administrative difficulty for accreditation of overseas paediatric specialists of high standing within the field while keeping a high standard, with the view to allow specialists that could potentially contribute to the paediatric specialty and subspecialty development to work in Hong Kong.

Overseas experts can apply for Certification of Specialist Registration via the Medical Council which will allow them to have appropriate recognition of their credentials.

There is no general internship in the USA training system and the post-graduation year 1 would be regarded as the internship year. However, the individual rotations within the 3 years of the paediatric training can be evaluated separately and with more flexibility, as long as one year of training will be counted as internship.

There is 2-year foundation programme for medical graduates in the UK training system. The 1st year is pre-registration and the 2nd year is post-registration. Accreditation Committee will further discuss whether the Paediatric training undergone during the 2nd year of foundation can be retrospectively accredited as part of paediatric training for the purposes of Paediatric Specialty training in Hong Kong.

4.2 Part-time Training Post

- A trainee should fulfil full-time 3 years of College Basic Training Programme.
- The initial proposal was that a part-time trainee should achieve at least 50% of the training hours of a full-time equivalent trainee to qualify as part-time training, but will be counted as 50% training irrespective of the actual amount of training greater than 50%.
- Part-time trainee should have average at least 2 on-call assignments per month and 1 OPD session per week during the part-time period if the training period is to be counted as acute hospital-based Higher Training, and the duration of Higher Training should be doubled.

However, the aforementioned arrangement will not be applicable to the day-time or OPD part-time post.

This proposal will be further discussed in the Paediatric COC and evaluate the actual feasibility before implementation.

5. College Trainer and Trainee Statistics

In September 2017, the College had a total of 267 Trainers in Paediatrics and they were all working in public institutions. The Number of enrolled trainees was 100 (Basic) and 57 (Higher) respectively. The overall trainer to trainee ratio was 1.8 to 1.

6. Miscellaneous accreditation of activities

6.1 Maternity Leave and Interruption of Training

Maternity leave along with all other types of leave should not exceed 84 days, leave in excess of this will be counted as interruption of training. If the training takes place in MCHC or CAS during that 84 days, trainee will still have to fulfil the usual requirement of 6 months mandatory training in accredited MCHC and CAS.

6.2 Outside training rotation

Higher Trainees are required to complete at least 6 months rotation outside their base hospital. However if he / she fails in the assessment, he / she has to repeat the said rotation.

7. Hong Kong Children Hospital (HKCH)

- The service of HKCH will commence in 2018 and it will play a role in the training of general paediatricians and paediatric subspecialists.
- Some subspecialties accredited under General Paediatrics will be relocated to HKCH at the commencement of service of the HKCH. However the training programme will be kept as it is currently and College will re-evaluate the post-HKCH programme if there are major changes.
- The HKCH will apply for provisional training centre status so that trainees may be rotated to the hospital at commencement.
- The manpower projection is important.

8. Conclusion

In summary, the AC encountered quite a number of *de novo* issues requiring clarification and deliberation. In view of the upcoming Hong Kong Children's Hospital and formation of different paediatric subspecialties, I anticipate that many more unforeseen circumstances will emerge. We need consensus in resolving all these challenges in the future.

Prof. CHAN Chi-fung, Godfrey
Chairman, Accreditation Committee

Report of the Committee for Subspecialty Boards (2016 - 2017)

The Committee for Subspecialty Boards was formed in July 2013 to assist the Director of Subspecialty Boards to handle the accreditation and running of all paediatric subspecialties. Its operation was governed by Section 10 of College Byelaws (Subspecialty Affairs).

Membership of Committee for Subspecialty Boards and its Subcommittees

The new **Membership of the Committee for Subspecialty Boards (Years 2016 – 2019)** was nominated at the 7th Committee for Subspecialty Boards Meeting on 28 January 2016 and endorsed at the 161st Council Meeting on 16 March 2016 as follows:

	Post	Name
1.	Director of Subspecialty Boards	Dr Chan Chok Wan
2.	Honorary Secretary	Dr Wong Sik Nin [1]*
3	President of College	Prof Lau Yu Lung [1]*
4	Vice President of College	Dr Tse Wing Yee, Winnie [1]*
5.	Accreditation Committee Chairman/designate	Dr Lam Hung San, Hugh Simon (wef Oct 2016) [Designated by Prof Chan Chi Fung, Godfrey(1)]*
6.	Education Committee Chairman/designate	Dr Tse Wing Yee, Winnie [2]*
7.	Examination Committee Chairman/designate	Dr Chan Hin Biu, Bill [1]*
8.	HKU Chair of Paediatrics/designate	Dr Chiang Kwok Shing, Alan (wef Oct 2016) [Designated by Prof Chan Chi Fung, Godfrey (2)]
9.	CUHK Chair of Paediatrics/designate	Prof Leung Ting Fan
10.	HA COC Chairman	Dr Kwong Ngai Shan, Albert (wef Oct 2016) [Designated by Dr Chan Hin Biu, Bill (2)]
11.	Representative of DH in Paediatrics	Dr Lee Mun Yau, Florence
12.	Private sector, President of Hong Kong Paediatric Society (in personal basis) [or the President appoint representative to join] If the appointed member no longer in private sector, new member will be invited.	The Hong Kong Paediatric Society Prof Chan Chi Fung, Godfrey (President) [3]*
13.	PIID Subspecialty Board/designate	Prof Lau YL (Chairman of PIID) [2]*
14.	DBP Subspecialty Board/designate	Dr Lam CC, Catherine (Chairman)
15.	PN Subspecialty Board/designate	Dr Liu Kam Tim (Chairman)
16.	PRM Subspecialty Board/designate	Dr Tam Yat Cheung, Alfred (Chairman)
17.	Council Representative for PRM	Dr Wong, William
18.	Vetting Committee	Dr Wong Sik Nin (Chairman) [2]*

19.	Assessment Committee	Dr Tse Wing Yee, Winnie (Chairman) [3]* wef 1/7/2016
20.	Co-opted Member	Dr Chiu Man Chun
21.	Co-opted Member	Dr Tsao Yen Chow
22.	Co-opted Member	Dr Li Chi Kong
Total: 18 Members (as @ November 2016) Remarks: 1) <i>If a member has overlapping roles, he/she can take one role, and designate another representative for the other roles. *[ref: members with overlapping posts at above list]</i> 2) <i>CSB can co-opt members to form the Vetting and Assessment Committees to look after new subspecialty applications. CSB can also co-opt other members.</i>		

Progress of Work in Year 2016 - 2017

The CSB held 4 meetings during the period from 1st September 2016 to 31 August 2017 as follows:

- 9th Meeting of Committee for Subspecialty Boards dated 13 October 2016
- 10th Meeting of Committee for Subspecialty Boards dated 16 February 2017
- Core Group of Assessment Committee Meeting in Genetics & Genomics (Paediatrics) [GGP] Subspecialty accreditation dated 30 March 2017
- Concluding Meeting of CSB on Accreditation of GGP dated 14 June 2017

Under the CSB are the Vetting Committee and Assessment Committee. Each subspecialty application would be evaluated by the **Vetting Committee** to check that all required documents were in order and the proposed programme would be ready for accreditation. The Vetting Committee was chaired by Dr SN Wong. All applicants for First Fellows of a new subspecialty would be evaluated by the External Assessor with the assistance of the **Assessment Committee**. The Assessment Committee was chaired by Dr Winnie WY Tse with effect from 1 July 2016 following Dr MC Chiu's retirement.

1. Subspecialty Accreditation

Since 2011, the Committee has completed accreditation of five subspecialties, namely Paediatric Immunology & Infectious Diseases (PIID), Developmental-Behavioural Paediatrics (DBP), Paediatric Neurology (PN), Paediatric Respiratory Medicine (PRM) and the newly established Genetics & Genomics (Paediatrics) [GGP]. The Committee has been in the progress of accrediting and vetting the application of Paediatric Endocrinology (PE) since August 2015.

2. Activities of the Subspecialty of Paediatric Immunology & Infectious Diseases (PIID)

2.1 The Membership of PIID Subspecialty Board from January 2016 – December 2018 were:

	Name	Post
1.	Prof Lau Yu Lung	Chairman
2.	Dr Lee Pui Wah, Pamela	Honorary Secretary (<i>Co-opted Member</i>)
3.	Dr Kwan Yat Wah, Mike	Board Member
4.	Dr Leung Chi Wai	Board Member
5.	Prof Leung Ting Fan	Board Member
6.	Dr Yau Yat Sun, Felix	Board Member

2.2 Enrollment of trainees

Following the start of training program on 1 June 2013, there are five trainees by mid-2017. Two trainees will complete the training program and will sit for the 1st Exit Assessment in October 2017. Two External Examiners would be invited forming an interview panel with local examiners.

The CSB member agreed that subspecialties should be empowered to decide on invitation of overseas examiners and/or local senior specialists, but the consistency and persistence from examination to examination should be considered to ensure fairness to the trainees.

Following a PIID trainee's participation in MSF mission in South Sudan from February - June 2016, the PIID Board reviewed and recommended, with the CSB agreed to recognize trainees' participation of medical humanitarian work to promote concepts of global paediatrics and commitment to the services through taking annual leaves and to be granted no interruption of training.

2.3 PIID had regular meetings and training activities organized to enhance interactive learning, promoting education and recognition of PIID. The PIID trainees participated the following activities:

- ♦ College 4th Annual Scientific Meeting cum 5th HK-Guangdong-Shanghai-Chongqing Pediatric Exchange meeting held on 3 December 2016.
- ♦ Meeting on the service model of Paediatric Immunology, Allergy and infectious Diseases (PIAID) in Hong Kong Children's Hospital (HKCH) held on 9 Feb 2017 with members of the Clinical Work Group (CWG) to discuss referral guideline and step up/step down arrangements.
- ♦ The Hong Kong Society for Paediatric Immunology Allergy and Infectious Diseases (HKSPIAID) organized activities on 24 June 2017 as follows:

- Paediatric Immunology, Allergy & Infectious Diseases Study Day (morning session)
- 10th Annual Scientific Meeting & 11th Annual General Meeting of the HKSPIAID (afternoon session)
- ♦ HKSPIAID and PIID Board members have been invited and will co-host symposiums in the 13th Congress of Asian Society for Pediatric Research 6-8 October 2017 organized by the College:
 - Pre-Congress Workshop (5 October 2017) - Viva-Asia Blood and Marrow Transplant (VABMT) Consortium School Workshop
 - Asia Pacific Society for Immunodeficiencies (APSID) Symposium 1-8
 - HKSPIAID Symposium A2: Infectious Diseases in Asia
 - HKSPIAID Symposium E1: Update on Infectious Diseases
 - HKSPIAID Symposium E3: Emerging Concepts about Food Allergies
 - HKSPIAID Symposium F3: Management and Prevention of Allergic Diseases
 - Post-Congress Workshop (8 October 2017, afternoon) – APSID Bioinformatics Workshop
 - Post-Congress (9-10 October 2017) – APSID Autumn School

2.4 Re-accreditation of PIID training program

Representatives from each training centre would meet and plan for the re-accreditation of the training program and future development:

Prince of Wales Hospital : Prof TF Leung
 Princess Margaret Hospital : Dr Mike Kwan
 Queen Elizabeth Hospital : Dr Felix Yau
 Queen Mary Hospital : Dr Marco Ho

3. Activities of the Subspecialty of Developmental-Behavioural Paediatrics (DBP)

3.1 The Membership of DBP Subspecialty Board in June 2016 – May 2019 were:

	Name	Post
1.	Dr Lam Chi Chin, Catherine	Chairperson
2.	Dr Ip, Patrick	Honorary Secretary
3.	Dr Chan Hoi Shan, Sophelia (DKCH training coordinator)	Board Member
4.	Dr Lee Mun Yau, Florence (Program Director & CAS training coordinator)	Board Member
5.	Dr Mak Hai Ling, Rose	Board Member
6.	Dr Liu Ka Yee, Stephanie	Co-opted Member since Oct 2017

3.2 Enrollment of Trainees

Following the start of training program on 1 December 2013, there are three trainees by mid-2017. The three trainees will complete the training program and will sit for the Exit Assessment at the end of first quarter of 2018.

There were regular trainers and trainees update meetings with different departments to enhance the interaction and arrangement of electives.

3.3 Role of DBP in Hong Kong Children's Hospital

The DBP Board expects DBP service to be part of the services in the Hong Kong Children Hospital (HKCH), covering developmental-behavioural aspects of various conditions, including brain trauma, brain tumours and neurorehabilitation, as well as augmentative communication needs of HKCH patients. DBP support to HKCH applies to all paediatric subspecialties as need arises, and is not confined to paediatric neurology cases. DBP service by CAS staff in the new hospital is to be worked out between the Department of Health and the Hospital Authority.

- 3.4 Board members have been invited and will co-host symposiums of College's 13th Congress of Asian Society for Pediatric Research (ASPR) with respective subspecialty society from 6-8 October 2017.

4. Activities of the Subspecialty of Paediatric Neurology (PN)

Membership of the Paediatric Neurology (PN) Subspecialty Board [Nov 2016 – Oct 2019]:

	Name	Post
1.	Dr Liu Kam Tim	Chairman
2.	Dr Kwong Ling, Karen	Honorary Secretary
3.	Dr Fung Lai Wah, Eva	Board Member
4.	Dr Lau Wai Hung	Board Member
5.	Dr Wu Shun Ping	Board Member

Cluster Program Directors (Dr Tsui Kwing Wan, Dr Grace Ng and Ada Yung) have been invited to the PN board meetings to report trainees' training process and status in respective training centres.

4.1 Enrollment of Trainees

Following the commencement of training program on 1 July 2014, there are twelve trainees by mid-2017. Seven trainees from three mega clusters will complete the

training program and sit for the Exit Assessment in December 2017. Candidates are required to submit dissertations, relevant reports, training records, interim assessment signed by respective trainers and program directors for examiners' revision. Failing on curriculum requirement would not be able to attend the exit assessment.

Other trainees' rotations and overseas training arrangements have been running smoothly. The interim assessment of trainees will be updated by the Cluster Program directors and reported to the PN Subspecialty Board.

4.2 Other Activities

- A discussion meeting was held on 29 March 2017 with first fellows and subspecialty trainees regarding the Impact of Hong Kong Children Hospital (HKCH) on the PN training and future clinical services. Colleagues' intention of joining the HKCH was also explored during the meeting.

- 4.3
- Board members have been invited to co-host symposiums of College's 13th Congress of Asian Society for Pediatric Research (ASPR) with respective subspecialty societies from 6-8 October 2017.

5. Activities of application for Subspecialty of Paediatric Respiratory Medicine (PRM)

Membership of the Paediatric Respiratory Medicine (PRM) Subspecialty Board [Nov 2016 – Oct 2019]:

	Name	Post
1.	Dr Tam Yat Cheung, Alfred	Chairman
2.	Dr Lam Shu Yan, David	Honorary Secretary
3.	Dr Chiu Wa Keung	Board Member
4.	Prof Li, Albert Martin	Board Member (Deputy Program Director)
5.	Dr Ng Kwok Keung, Daniel	Board Member (Program Director)
6.	Dr Ng Yiu Ki	Co-opted Member
7.	Dr Wong William	Ex-officio Member appointed by College Council

- 5.1 Additional 10 First Fellow applicants were recommended by CSB and College Council and endorsed by Education Committee of Academy in February 2017 for admission of First Fellows following their fulfillment on completion of respective "Re-activation program", refresher bronchoscopy course and undergoing sufficient training of Good Independent Practice (GIP). Subspecialty certificates will be presented to the First Fellows at College's Annual Ceremony held on 2 December 2017.

- 5.2 Two applicants were approved for undergoing the remedial training prior to starting the formal training program on 1 April 2017, had already fulfilled the remedial training requirement. The two applicants will sit for an exit assessment in November 2017 before recommendation for admission of First Fellow.
- 5.3 Appointment of College accredited training centres and trainers was endorsed by College Council and Education Committee of Academy in February 2017. Both the training centres and trainers have been accredited for 5 years from 1 April 2017 to 31 March 2022.

	Accredited Training Centres with maximum duration as listed	No. of Trainers
1.	Kwong Wah Hospital (30 months)	4
2.	Prince of Wales Hospital (30 months)	3
3.	Queen Mary Hospital (30 months)	3
4.	Tuen Mun Hospital (24 months)	2
5.	United Christian Hospital (24 months)	2
	Grand Total:	14

- 5.4 Meeting with QEH/PMH/CMC for training centre application

An informal meeting was held on 6 June 2017 with the representatives of training centres of QEH, PMH and CMC. It was resolved that centres had to convince the PRM subspecialty Board a proposed cluster centre could function with all aspects of patient care, training, teaching, research and administration. The Board also advised them to consider to be an accredited in a modular fashion in PRM.

- 5.5 Calling for the PRM training program was announced in March 2017. There were five trainees recruited (2 TMH, 2 UCH and 1 KWH) with 2 (UCH) on waiting list in order to ensure trainees' adequacy of clinical exposure and feasibility of rotation in the accredited training centre. The training period for the five successfully admitted trainees between 1 April 2017 to 30 June 2017 will be recognized. To facilitate trainee rotation through different training centres, it was proposed to have common protocols on investigations, treatment and referral guidelines for different PRM topics.

The rotation of all trainees need to be mapped up. Assistance will be sought from Training Supervisors (General Paed) of KWH/TMH/UCH.

- 5.6 Credentialing of bronchoscopy and principles and guidance

The Subspecialty Board would assist in setting up criteria for credentialing. The board had also set up guidelines on defined requirements for the flexible bronchoscopy.

Regular meeting will be held with the Credentialing Committee. It was suggested that the discussions will be focused on credentialing of individuals and for fellows of the College at preliminary stage, not the centers.

Hospital data between 2014 – 2016 from the 5 the training centres were reviewed, about 200 cases per year in 5 training centres.

A draft of minimal criteria on facility for performing the procedure was set. It was agreed that the pre-requisite for paediatric flexible bronchoscopy training would only include trainees of Paediatric Respiratory Medicine (PRM) of HKCPaed; “grandfather status” can be granted only to First Fellows of PRM who have performed more than or equal to 50 paediatric flexible bronchoscopies. The 2nd draft will be sent to all PRM fellows for comments.

6. Activities and accreditation of Subspecialty of Genetics & Genomics Paediatrics (GGP)
 - 6.1 The formation of GGP Provisional Subspecialty Board was endorsed by Committee for Subspecialty Boards (CSB) and Council on 13 April 2017 and 20 April 2017 respectively. List of Membership is as follows:

	Name	Position
1	Dr Lo Fai Man, Ivan	Chairman
2	Dr Chung Hon Yin, Brian	Honorary Secretary
3	Dr Chong Shuk Ching, Josephine	Member
4	Dr Lam Tak Sum, Stephen	Member
5	Dr Luk Ho Ming	Member
6	Prof Leung Ting Fan	Council Representative
7	Dr Mak Miu, Chloe	Representative from Hong Kong College of Pathologists

The **functions of the Provisional Subspecialty Board** are to coordinate with the External Assessor to finalise the training programme and to conduct accreditation visits to training centers

- 6.2 Seven applications for first Fellows were received but one was not accepted since the applicant was not a College Fellow. A Core Group meeting of Assessment Committee (formed by Dr Winnie Tse, Dr CW Chan, Dr SN Wong, Prof TF Leung and Dr Simon Lam) was held on 30 March 2017 to conduct preliminary vetting of the six eligible First Fellow applicants.
- 6.3 College has appointed Prof Judith Hall, from University of British Columbia, Canada as the External Assessor. She visited Hong Kong to conduct the GGP accreditation from 11-15 June 2017.

- 6.3.1 Review of the proposed programme: Prof Hall expressed her full support of the proposed 3-year GGP training program with 24 months of mandatory clinical training and 12 months elective training locally and overseas. The laboratory rotations will ensure skills and understanding of diagnostic tests, particularly molecular/genomic tests to allow for interpretation of results for families and consultants. Prof Hall encouraged the GGP group to develop shorter GGP modules for other subspecialists or general paediatricians so that they could be attracted to get involved in GGP such as setting up joint clinics and serving as gate-keepers in ordering genetic tests.

She had stressed the GGP group to work hard in the Chinese population in the big world as genetics had different components in different populations. In future, Genetics should be internationalized and had to keep moving onwards.

- 6.3.2 Inspection of potential training centers: Prof Hall and accreditation team paid site visits to the centres on 13 June 2017.

Two potential training centres were endorsed by the External Assessor as accredited training centres of GGP under one training program. This would benefit trainees' exposure in seeing different patients, consultants and doing research.

	Accredited Training Centres
1	Department of Paediatrics and Adolescent Medicine, Queen Mary Hospital/Duchess of Kent Children's Hospital (QMH/DKCH)
2	Clinical Genetic Service, Department of Health

- 6.3.3 Interview of potential First Fellows was conducted on 14 June 2017: Professor Hall commented that five potential first fellows are well-trained and experienced paediatricians who are clearly engaged and keeping up with what is happening in the medical genetics services and changes in Hong Kong. They are a very nice complementary group with respective skills and it should be timely to form and develop the subspecialty in genetics and genomics. The sixth candidate was considered not fulfilling the criteria of First Fellow.
- 6.4 The Subspecialty was accredited by Committee for Subspecialty Boards and College Council on 30 June 2017 and endorsed by Education Committee of Hong Kong Academy of Medicine on 8 August 2017. After endorsement by Academy Council and the Medical Council of Hong Kong, a new Specialty of Genetics and Genomics (Paediatrics) will be added to the specialist register.
- 6.5 College Council resolved on 13 September 2017 that the five candidates would be certified First Fellows in GGP. Subspecialty Certificates will be presented to the First Fellows at College's Annual Conferment Ceremony to be held on 2 December 2017.

6.6 Additional comments extracted from External Assessor's final report

- 6.6.1 There is a severe shortage of properly trained individuals in GGP in Hong Kong. With a population of 7.4 million (which is growing daily), Hong Kong will need 15-21 GGP subspecialists according to the international standards in Europe, UK, Canada and Australia. The Hospital Authority must address that issue since there is no designated hospital subspecialty allocations to GGP.
- 6.6.2 As Clinical Genetics and Genomics programme is usually based at a tertiary care hospital and will be moving into the new children hospital, the External Assessor concerned, however, whether the programme will be designated enough space to actually accommodate the additional personnel as well as the educational and research spaces needed for the training programme.
- 6.6.3 Medical/Clinical Genetics is very broad ranging, covering all age groups and based upon the specific family. When the GGP physician may be seeing an individual, he is actually identifying information that will affect the whole family. It is also important when taking a family history to include all family members as sources of information. There is some value in starting the process prior to the clinic appointment, so that other relatives can be consulted. This is where genetic counsellors/nurses often play an important time-consuming role.
- 6.6.4 It will be ideal to have electronic/digital records for the GGP services. The era of “big data” suggests in the near future the analysis of multiple families and disorders will require digital input and interface with laboratories.
- 6.6.5 Hong Kong can contribute a great deal internationally by studying the natural history of diseases and disorders in the Chinese population, identifying unique natural histories and complications, developing normal measurements for those with Chinese heritage and potentially unique molecular markers and determining predisposition to specific disorders.
- 6.6.6 The move into the new hospital is a fantastic opportunity for Genetics and Genomics. Increased numbers of clinicians are desperately needed before and at the time of the move to the new hospital. Prof Hall would recommend that a Territorial Genetics and Genomics Steering Committee be formed at the government level for planning and coordinating proper service delivery in Medical/Clinical Genetics and Genomics Paediatrics (and in other specialties). The solution to part of that problem is the utilization of other health professionals such as genetic counsellors or genetic nurses.
- 6.6.7 Departments of Medical Genetics to be established within the universities are important. These academicians need to be brought together more formally with the

GGP subspecialists and other medical genetic subspecialists as they are formally recognized. This would greatly enhance the education, teaching and research in the more service oriented areas such as GGP and in the new GGP training programme.

- 6.6.8 Newborn Screening Programmes are extremely important in saving lives and allowing affected individuals to live “normal” useful lives. In the near future, Newborn Screening will increase the number of conditions being screened. Such an increase will exacerbate the shortage of GGP personnel. A Territorial Steering Committee on Genetics and Genomics will need to address that issue and find the appropriate home for treatment and long term follow up of the affected individuals.
- 6.6.9 It is very common for Genetics and Genomics experts to work with parent and family support groups. Most of these groups are very anxious that research on the natural history or treatment on their particular disorder is developed together with the subspecialist.
- 6.6.10 It is essential that library, bioinformatics, and IT services are available to geneticists. The era of “large data” is definitely coming, the GGP subspecialists have already begun to work with international groups in coming to specific diagnoses by utilizing the international resources.
- 6.6.11 Some mechanisms to assure the geneticists update is essential, such as required attendance at weekly GGP conferences in Hong Kong, travel to international conferences, and sabbatical leaves for study.
- 6.6.12 Prof Hall suggested that there be a review of the status of the Genetics and Genomics Paediatric Subspecialty in 5 years to see how much progress has been made, whether the training programme has put out a series of graduates that are beginning to fulfill the huge need that exists, and whether appropriate personnel and resources have been made available.

7. Progress of application for accreditation of Subspecialty in Paediatric Endocrinology (PE)

PE application documents were received on 21 March 2013. The PE group was also invited on 13 October 2016 and 16 February 2017 respectively to present its revised proposal at the CSB meetings.

After rounds of discussion, the PE group accepted the suggestions and agreed to modify the application with major issues as follows:

- To incorporate Inborn Errors of Metabolism (IEM) as a training module in the PE.
- To propose to accredit individual hospitals as training centres ie PMH, PWH, QEH, QMH & TMH.

- To include support from other subspecialties/specialties as requirement for each training centre, eg PICU and NICU, on-site Neurosurgery, Surgery support, ENT, Eye and Orthopaedic support, Endocrine lab, support to the future Hong Kong Children Hospital (HKCH) etc.
- Trainees will undergo training for 30 months in one major centre and 6 months in another centre.
- Training centres would accept referrals of complex cases from non-training centers.
- Members who were also COSs expressed support for the establishment of PE centre if feasible.

Letters of support were received from two international referees. The Group has also nominated three proposed External Assessors. The CSB will soon decide whether to start the accreditation process and appoint an External Assessor for Council endorsement at the upcoming meeting.

8. Miscellaneous Issues decided by CSB

- 8.1 There is no need to appoint Council Representative to the second term of established subspecialty Board according to the revised guideline of the “Criteria for the Accreditation of a Paediatric Subspecialty Training Programme”.

13.2.3 The composition of the Subspecialty Board should include 5 Fellows of the College (*6 Fellows for the first 3 years*):

- (i) five Fellows in that subspecialty should be appointed preferably from the University, Hospital Authority, Department of Health and the private sector.
- (ii) (*in the first 3 years of a new Subspecialty*) one Fellow (not in that subspecialty) appointed by Council
- (iii) the Chairman of the Subspecialty Board will be elected by the Subspecialty Board members and appointed by Council.
- (iv) No more than 2 co-opted members may be appointed for specific purposes, with endorsement from the Committee for Subspecialty Boards and the Council. The term of service would be one year and eligible for re-appointment.

- 8.2 Co-opted members should also be full members, they should have voting rights in the Subspecialty Board Meetings.

- 8.3 Council discussed and agreed there would be four types of training to be held in Hong Kong Children Hospital, including 1) undergraduate training, 2) general basic and higher paediatric training, 3) subspecialty training and 4) child-health related training.

- 8.4 The admission date shown on the subspecialty certificates for subspecialty first fellow should be on date the Council actually met and endorsed the admission.
- 8.5 Members discussed and confirmed respective Subspecialty Boards had autonomy to decide the format and content of Exit Assessment. Remedial fellows would be allowed to use their previous publications/dissertation in the General Paediatrics Fellowship Exit Assessment relating to the subspecialty.
- 8.6 Record keeping of Subspecialty Trainees' interim assessments at College Secretariat Chairman stressed that it was the responsibility of the Honorary Secretaries of respective Subspecialty Boards to collect all relevant forms in scanned copies and forward them to Secretariat Office for permanent records and documentary proof for accreditation before their Exit Assessment. Failure of submission of these documents would render the trainees' training not recognised.

Members suggested to enforce this by not recognising late submission of these training documents and charging an 'administrative/handling fee' for application of retrospective accreditation of training. It would be helpful to devise a web-based programme for submission of e-copies to save the environment and human resources.

CONCLUSION

The year 2016 to 2017 has been a busy year for the Committee for Subspecialty Boards (CSB). We have consolidated our membership to fulfill the constituency requirement of the Committee so that we can realize our mission in the most optimum representation and function. We have altogether hosted 4 meetings over the year.

Thanks to the effort of the Committee Members, we have capably transacted the following major items with great success:

1. Alignment of activities, governance and operation logistics of various Subspecialty Boards.
2. Delineation of function of the Committee for Subspecialty Boards with the College Education, Accreditation and Examination Committees in areas of subspecialty and General Paediatric training domains.
3. Monitoring the normal operation procedures of the already accredited Subspecialty Boards (PIID, DBP, PN, and PRM).
4. We have successfully accredited one more Provisional Subspecialty Board, Genetics & Genomics (Paediatrics) [GGP] with Dr Lo Fai Man, Ivan as the chairman and Dr Chloe Mak from the Hong Kong College of Pathologists as guest member of

the Provisional Board and Professor Judith Hall from the University of Columbia, Canada as our External Assessor for the subspecialty of GGP. Through the international accreditation standards, we have accredited the training programme, the training centres, the qualified first fellows as well as the supporting facilities required for the subspecialty. The results have been approved by the College Council, endorsed by the Academy Education Committee, and are ready for submission to the Medical Council of Hong Kong for inclusion onto the Specialists Register of Hong Kong.

5. With the official accreditation of subspecialties over the years, we do receive good advice to the College regarding requirement for the accredited first fellows to have more exposure to academic activities, participating at international conferences, involving in research projects as well as periodic recertification of skills and knowledge. The College Council has taken note of these advices and the CSB will review these recommendations in future years.
6. Next subspecialty in the pipeline is Paediatric Endocrinology (PE). The submission for the application procedure is complete and we are waiting for the appointment of the External Assessor by the CSB to be endorsed by the College Council.
7. One of the current major event for Hong Kong paediatrics and child health is the Grand Opening of the Hong Kong Children's Hospital (HKCH) in 2018. As an institute responsible for quality service, teaching and research in the specialties in Hong Kong, the College is well prepared to work hand in hand to achieve our targets and missions with this HKCH. We are planning to host another forum with Dr Lee Tsz Leung, Hospital Chief Executive of the HKCH to update our College Fellows on the progress of the Hospital, on the proposed referral system and the future follow-up system between the Children's Hospital and the referring Paediatricians including those from HA and the Private Sectors (the scheme to effect Private-Public Interfacing). We shall announce details of this Meeting to all Members and Fellows when ready.
8. We are fully aware of constraints of secretariat and resource support incurred onto our College and our request to the College Council is favorably received. We anticipate that the situation will ease up significantly in due course.

Challenges in front of us are formidable and we have to be doubly cautious in view of our limited resources, finance, manpower and others. The Grand Opening of the Hong Kong Children's Hospital in 2018 is definitely another great hurdle in front of us. These pose threats to the sustainability and efficacy of our subspecialty development. Higher proficiency and more effort from the College in the accreditation of future paediatric subspecialties, more manpower mobilization, better financial input and additional funding

to enhance research, service development and training are essential for our ultimate success in the area of subspecialty development for Paediatrics in Hong Kong. To achieve this, we need the collaboration and solidarity of all fellows of the College and cooperation of the other sister Colleges under the Hong Kong Academy of Medicine.

I would like to take this opportunity to thank the College management for their support and guidance, to Dr Wong Sik-Nin, both as Honorary Secretary for the CSB and Chairman for the Vetting Committee, to Dr Winnie Tse, Chairlady of the Assessment Committee and to all members of the CSB for their effort, instructions, time and energy; most important of all, support from all the Fellows, trainers, training supervisors and subspecialty board chairmen for their dedications and support. Without all these contributions, the College would not have been so successful in effecting our subspecialty training!

Dr. CHAN Chok-wan
Director of Subspecialty Boards
Committee for Subspecialty Boards

Standing Committees

Education Committee's Report

Chairman	Dr TSE Wing-yee, Winnie
Honorary Secretary	Dr LEE Wai-hong
Members	Dr CHAN Hin-biu, Bill
	Dr CHAN Kwai-yu
	Dr CHENG Chun-fai
	Dr CHEUNG Kam-lau
	Dr FONG Nai-chung
	Dr HO Chi-chung (<i>co-opted Young Fellow</i>)
	Dr KWOK Ka-li
	Dr LAM Hung-san, Simon
	Prof LAU Yu-lung (<i>ex-officio</i>)
	Dr LEE Kwok-piu
	Dr LEUNG Sze-lee, Shirley
	Dr LOUNG Po-yee (<i>co-opted Young Fellow</i>)
	Dr SO King-woon
	Dr TSOI Nai-shun
	Dr WONG Sik-nin
	Dr YAU Fai-to, Adrian
	Dr YOUNG Wan-yin, Betty

1. Meetings

Four meetings were held during the period from October 2016 to 6 July 2017 (126th to 129th meetings dated 7 October 2016, 23 January 2017, 9 May 2017 and 6 July 2017).

The terms of reference of the Education Committee are to organize and conduct scientific meetings and postgraduate training courses; to promote and support research; and to disseminate and publish educational materials to the medical profession.

2. Postgraduate Training

2.1 2017 – 18 the Specialist Training Course in Paediatrics

The Course aims to provide education guidance to help trainees consolidate the knowledge, attitudes and skills which they may need to acquire during their Basic Training and which the Intermediate Examination is designed to assess.

The Course ran from 5 May 2017 to 2 February 2018. It consisted of 21 clinical bedside teaching sessions as a basic scheme plus 5 sessions of Communication Skills and Ethics & Consultation and Management Planning teachings. There are totally 37 participants for the Specialist Training Course in Paediatrics 2017-2018.

2.2. Child Protection Course

The 10th Child Protection Training Course was smoothly conducted on 13 May 2017 (Saturday) with 28 participants at Hong Kong Academy of Medicine (HKAM). It was a very rich 1-day training with 8 lectures and 6 role-players. The course was very well received with a participants' satisfaction score of 5.2 (out of 6 being most satisfied).

This is a compulsory Training Course for College trainees and all the trainees who started their basic paediatric training on or after 1 July 2009 should undertake the Course within their 6-year Paediatric Training Programme.

3. **2017 Paediatric Update Series**

Our College has organized / will organize the following 2 half-day Paediatric Update seminars with details as follows:

2017 Paediatric Update No. 1			
Date:	14 May 2017 (Sunday)		
Venue:	Queen Elizabeth Hospital, M Block, Ground Floor, Lecture Theatre		
Chairperson:	Dr King Woon SO and Dr Catherine CC LAM		
Attendance			
Fellow (including 2 chairpersons)	Member/Associate	Visitor	Non-specialist
112	2	0	2
Total	116		
	Topics	Speakers	Institution
1.	Unlocking the Diagnostic Power of Circulating DNA	Prof Dennis LO	The Chinese University of Hong Kong
2.	Autism Spectrum Disorder: What we know and don't know	Dr Florence LEE	Department of Health
3.	Micronutrients and Child Health: What's New?	Prof Simon LAM	The Chinese University of Hong Kong

2017 Paediatric Update No. 2

This will be held together with College Annual General Meeting on 2 December 2017 and the theme is on Training and Assessment (T&A).

4. Update Series on Child Health 2017

The Update Series on Child Health is jointly organized by Hong Kong College of Paediatricians, the Hong Kong Paediatric Society and Hong Kong Paediatric Nurses Association annually. This year marked the 20th Anniversary of the Series and there were six seminars delivered by reputed specialists speaking on a variety of topics of interest to paediatricians, general practitioners and paediatric nurses.

Session I – 29 April 2017

Topics and speakers:

- a) Prevalence of Childhood Diabetes in Hong Kong and The Updated Management
Dr Pik Shun CHENG,
Specialist in Paediatrics
- b) Update on Hepatitis B Prevention in Children
Dr Grace WONG
Professor, Department of Medicine & Therapeutics
Consultant Hepatologist
Center for Liver Health, CUHK

Session II – 20 May 2017

Topics and speakers

- a) Botox Poisoning
Dr Man Li TSE
Consultant, Hong Kong Poison Information Center
- b) New Career Pathway for Young People in Hong Kong – Update on Vocation Training
Dr Christopher LEUNG
Vice Principal of the Hotel & Tourism Institution (HTI)
Chinese Cuisine Institute (CCI) and International Culinary Institute (ICI)
Vocational Training Council

Session III – 24 June 2017

Topics and speakers

- a) Update on Newly Developed Vaccination for Children – Meningococcal Vaccine
Dr Daniel CHIU
Specialist in Paediatrics
Past President of HKPS
- b) Fracture Injuries in Children
Dr Ho Man CHEUNG
Specialist in Orthopedics

Session IV – 22 July 2017

Topics and speakers

- a) Physical Activities and Fitness Assessment for Children in Hong Kong
Dr Pui Yee CHEUNG
Assistant Professor
Department of Health and Physical Education
The Education University of Hong Kong
- b) Education on Parenting
Dr Sandra TSANG
Associate Professor
Department of Social Work and Social Administration, HKU

Session V – 26 August 2017

Topics and speakers

- a) Support for Students with Dyslexia or Special Learning Disability
Mr Danny Wong
Education Psychologist
Hong Kong EP Service Centre
- b) Management of Children with Violent and Conduct Behavior
Dr Yi Man Flora MO
Child psychiatrist, AHNH

Session VI – 16 September 2017

Topics and speakers

- a) Air Quality and Respiratory Diseases in Children
Dr Tak Wai WONG
Specialist in Paediatrics
Senior Medical Officer
Department of Paediatrics & Adolescent Medicine, AHNH & NDH
- b) Life Skill Training for Children with Autism
Ms Magdalene POON
Occupational Therapist, KCH

5. Paediatric Advanced Life Support Course (PALS)

Our College continued to organize the annual PALS Course, in collaboration with the A&E Training Centre (AETC) of Tang Shiu Kin Hospital and Hong Kong Paediatric Nurses Association under the license of American Heart Association since 2013. The PALS big course last year was held on 1-4 October 2016 at the A & E Training Centre in Tang Shiu Kin Hospital, and it was well attended by 42 doctors and nurses.

This year, the most updated version of provider classes will be conducted on 7-10 October 2017 with Dr Alfred HuYoung as the regional faculty from China. More instructors were recruited and updated with the 2016 new recommendations from PALS. After June, there will be monthly new provider courses throughout the year of 2017. The new curriculum with a new edition of the textbook and DVD has started. The current membership of the Steering Committee for PALS Course was: Drs Kam Lau CHEUNG (Chairman), Maurice LEUNG, Ting Yat MIU, Lok Yee SO, Nai Shun TSOI, Sik Nin WONG, Ms Susanna LEE, Ella MA and Sze Kit TANG (representing HK Paediatric Nurses Association).

Successful completion of the assessment of the PALS course or its equivalent is mandatory for all applications for membership of the College.

6. Neonatal Resuscitation Programme (NRP)

The College saw a need to provide quality and standardized training in neonatal resuscitation, and in collaboration with the American Academy of Paediatrics, the Hong Kong Neonatal Society and Hong Kong Paediatric Nurses Association, we had set up a Coordinating Council to oversee the organization of the NRP courses in Hong Kong. So far more than 2,000 providers have been trained and the new 7th edition of the NRP textbook adopted. The Committee was chaired by Dr Hin Biu CHAN and membership included Prof PC NG, Dr Kiu Lok SIU, Ms Maria CHAN and Ms Wan Ming LEE.

The HK-NRP Provider Course becomes a mandatory training requirement for all new paediatric trainees who join the College on or after 1st July 2013, and they are required to successfully complete the NRP Provider Course within their 3-year Basic Training Period before they are eligible to apply for Membership of the HK College of Paediatricians.

7. Scientific and Research Subcommittee Report 2016-2017

Membership for 2016-2017:

Chairman:	Prof Godfrey CF CHAN
Hon Secretary:	Dr Simon HS LAM
Members:	Prof Yu Lung LAU (<i>Ex-officio</i>)
	Dr Chun Fai CHENG
	Dr Catherine LAM
	Dr Sik Nin WONG
	Dr Shun Ping WU

Dr Ching Ching Kate CHAN
 Dr Kwok Yin CHAN
 Dr Hong CHEN
 Dr Pui King Grace CHIANG
 Dr Hon Yin Brian CHUNG
 Dr Hok Kung Marco HO
 Dr Yat Wah KWAN
 Dr Ling Karen KWONG
 Dr Pamela Pui Wah LEE
 Prof Ting Fan LEUNG
 Dr Po Yee LOUNG
 Dr Alison Lap Tak MA
 Prof Tony NELSON
 Dr. Tsung Liang SOO

Joint Annual Research & Scientific Meeting 2017

The Hong Kong Paediatric Society, Hong Kong Paediatric Nurses Association, Hong Kong College of Paediatric Nursing and The Subcommittee hosted a Joint Annual Research & Scientific Meeting on 19 August 2017 Saturday at Postgraduate Education Centre, Prince of Wales Hospital. The full-day program would consist of a keynote lecture and free paper presentation sessions, which serves as a unique platform and chance for various disciplines to share the insights in child health related issues and scientific updates.

Best Dissertation Prize (BDP)

There were a total of 23 dissertations for selection of the 2017 BDP. These papers were submitted by candidates who have passed the Exit exam on 15th Dec 2016 and 15th June 2017 respectively.

The following paper, which had received the highest average score from the selection panel, was recommended to be awarded the BDP of 2017:

Title: Left Ventricular Stiffness in Adolescents and Young Adults with Repaired Tetralogy of Fallot
Author: YU Kwong Man

Best Young Investigator Prize (BYIP)

There were a total of 5 submissions for selection of the 2017 BYIP. The BYIP will be awarded annually to the most outstanding paper written by colleagues aged 46 years or under and published between 1st July of previous year and 30th June of the awarding year.

The following paper, which had received the highest average score from the selection panel, was recommended to be awarded the BYIP of 2017:

- Title:** Use of clinical chromosomal microarray in Hong Kong Chinese patients with autism spectrum disorder – implications of a copy number variation involving DPP10
- Author:** CHUNG Hon Yin Brian

8. 2016 Annual Report of CME subcommittee

This is the twentieth year since College CME programme started in 1997 and the last year of the 2014 – 2016 CME cycle.

A total of 612 activities providing 2,000 Cat A CME points were organized by the various professional organisations including the College, Hong Kong Paediatric Society and paediatric related subspecialties. In addition, we have accredited a total of 23 meetings from individual Fellows providing 249 Cat A CME points. The paediatric units of 14 public hospitals/institutes have continued to run regular CME meetings giving a total of 781 Cat B CME points this year. In addition, three private study groups and 12 private hospitals continued to have regular programmes, providing a total of 120 meetings with 130.5 Cat B CME points. This year, the College received 18 applications for Cat C (publications) with 54 points approved. There were 2,356 applications for Cat D (self-study) with 4,157.5 points approved. An important source of active CME is through Cat D, of which most are from the MCQs returns from the Hong Kong Journal of Paediatrics. We have also accredited a total of 931 meetings (2,527 Cat E points) submitted by non-paediatric medical associations and individual Fellows for local and overseas conferences.

Based on the iCME/CPD profile up to September 2017, more than 596 Fellows have already completed the 3 years cycle requirement. Around 14 have not completed their remedial program. All these Fellows were reminded and they were aware that their paediatric Fellow status will be removed by the Medical Council if they do not complete their remedial before end of this year. Fortunately, their outstanding CME points are not excessive and nearly all should be able to complete their remedial.

Even though not mandatory, subspecialties accreditation is an important milestone for the College. Along with it is the need for CME & CPD of each subspecialty. Current recommendation from College Council is to be managed within each subspecialty, not by the CME subcommittee. There is no major update for the coming 2017 to 2019 CME cycle except examiner for the College co-organised DCH examination will have 3 points per session. To keep up with changes in format of meetings and conferences, a workgroup will be setup to revise the operating guidelines in accrediting various CME/CPD applications.

By end of 2017, the College is planning to go paperless for local CME applications from organisers and attendance return from Fellows. This is operated through a new iCME/CPD program launched by the Academy. Hope this will help to decrease the secretarial workload and improve the accuracy of documenting attendance. The success really depends on Fellows compliance to use the iCME/CPD apps installed in smartphones, thus minimizing manual return of attendance records. Please help.

In 2016-2017, the CME subcommittee membership is as follows:

Chairman:	Dr. Tsoi Nai-shun (HK Paediatric Society)	
Vice-chairman	Dr. Wong Hiu Lei, Lilian	
Hon. Secretary	Dr. Lam Shu Yan, David (Membership Committee)	
Members:	Dr. Tse Wing Yee, Winnie (Education Committee)	
	Dr. But Wai Man	Dr. Chiu Cheung Shing, Daniel
	Dr. Kong Yim Fai	Dr. Ho Che Shun
	Dr. Lee Wai Hong	Dr. Lee Ngar Yee, Natalie
	Dr. Yam Man Ching	Dr. Tse Wan Ting, Philomena

Summary of CME Activities Accredited (2016)

	Meeting organized	CME points approved
Local Cat A activities		
Organisers application	612	2000
Individual applications	23	249
Total	635	2249
Cat B activities		
Private Practice Paediatricians	31	37
HA hospitals regular activities	699	781
Private Hospitals	89	93.5
Total	819	911.5
Cat C	18	54
Cat D		
Individual applications	2356	4157.5
Cat E		
Organisers application	396	1895
Individual applications	535	632
Total	931	2527

Cat A from Overseas Study Group	1	1
Cat B from Overseas Study Group	-	-
Cat E from Overseas Study Group	-	-
Individual Cat A/E applications	93	349

		Date of Commencement of CME cycle	No. of Fellows
Local	Fellows	01-01-2014	522#
	Fellows	01-07-2014	8
	Fellows	01-01-2015	9
	Fellows	01-07-2015	8
	Fellows	01-01-2016	10
	Fellows	01-07-2016	12
	Fellows	01-01-2017	4
	Fellows	01-07-2017	19
Over seas	Parallel Recognitions	01-01-2017	12
	Non-parallel recognitions	01-01-2017	8
Total Fellows = 610			
Fellows completed CME cycle = 596			

include 2 CSR

9. Young Fellows Subcommittee

Chairperson :	Dr. Euan Tsung Liang SOO
Vice-chairperson :	Dr. Kate Ching Ching CHAN – Leave of absence for overseas training (5/2016 – 10/2016)
Hon Treasurer :	Dr. Grace Pui King CHIANG – Leave of absence for overseas training (7/2016 – 6/2018)
Hon Secretary :	Dr. Alvin Chi Chung HO – Leave of absence for overseas training (11/2016 – 4/2017)
Members :	Dr. Po Yee LOUNG Dr. Polly Po Ki HO Dr. Janice Chin Ying CHOW – Leave of absence for overseas training (1/2016 – 12/2016)

Distinguished Young Fellows

Young Fellows from all specialty Colleges are selected to participate and celebrate the achievements of Young Fellows in Hong Kong. In 2015-2017, candidates for the Distinguished Young Fellow Dinner were nominated by the YFS to College Council. After

thorough discussion, all members of the Young Fellows Subcommittee concluded that one candidate would be the highest Exit Assessment scorer and the other candidate would be either the chairperson or the vice-chairperson as a recognition of their support to the College.

Annual Scientific Meeting (ASM) 2016

Since the inauguration of the current term of the Young Fellows Subcommittee in July 2015, the YFS has actively organized a symposium session together with the scientific committee of each ASM. In the ASM for 2016, an education session involving basic and higher trainees was organized. Cases were presented and analyzed with senior paediatricians leading to a fruitful discussion for all the forum participants!

25th Anniversary Program Book

Celebrating the 25th Anniversary of the College of Paediatricians, the YFS is deeply involved in interviewing the forefathers of paediatrics in Hong Kong. With the help of many Young Fellows and also the involvement from senior paediatricians, secretarial staff and also our book designer, Ms. Natasha Teng, a beautiful collection of interviews was published with much acclaim from all the College Members and Fellows.

Social Media

Understanding the need for better ways to connect with Young Fellows, our College Council has supported YFS to start a Facebook page since February 2016. It acts as a College platform for communication with our Associate Members, Members and Fellows.

Organization of College Forums

The YFS has organized a forum for the College on the election of the HKAM representative to the MCHK on 26 July, 2017. Opinions and views on the suitable election and nomination process were discussed and covered.

Re-election of YFS

With the coming conclusion of this term of YFS, an election and nomination process was vetted together with Dr. NS Tsoi as the referee. Furthermore, a system for co-opt members of the YFS was achieved, currently welcoming members and other young fellows to help and aid the YFS in their work.

For the term of 2017 – 2019:

Chairperson :	Dr. CHAN Chi Ngong Lawrence (PWH)
Vice-chairperson :	Dr. CHAN Yau Ki Wilson (QMH)
Hon Secretary :	Dr. HUI Wun Fung Alvin (QEH)
Members :	Dr. LAM Kee See Grace (PWH)

Dr. LAM King Fai Alva (QEH)
 Dr. YAU Lo Yee Maggie (PWH)
 Dr. CHAN Ching Ching Kate (PWH, Ex-officio)
 Dr. LOUNG Po Yee Robert (QEH, College representative to
 Young Fellows Chapter, HKAM)
 Dr SOO Tsung Liang, Euan (PMH, Ex-officio)

10. Credentialing Committee

Chairman : Dr Winnie WY TSE
 Hon Secretary : Dr Shun Ping WU
 Members : Dr King Woon SO
 Dr Maurice P LEUNG
 Dr Tak Cheung YUNG
 Dr Alfred YC TAM
 Dr Shu Yan LAM

The Credentialing Committee was formed in July 2016 by the instruction of the College Council. It aims at establishing and maintaining the credentialing process of selected high-risk procedures in paediatrics. Flexible bronchoscopy and cardiac catheterization are now under the purview of the relevant subspecialist groups to formulate their respective credentialing standards.

11. Training and Assessment

A Working Group (WG) on Review of Training and Assessment (T&A) was formed under the leadership of our President, Prof YL LAU in June 2016. The WG aims to review and make recommendations regarding changes needed for training and assessment. Since the latest edition of the College Guidelines on Training and Accreditation in 2007, a review of our training curriculum and assessment methodology is deemed necessary so as to provide an updated and appropriate training program to prepare our young doctors to meet the future challenges in providing the best care in paediatrics and child health. Likewise, the College needs to stay abreast with the more comprehensive assessment structures being used in countries with well-established medical training systems to support the ongoing development needs of the trainees on a regular and formative basis.

On 22 February 2017 Prof Win TIN, Principal Regional Examiner of the RCPCH, delivered a very informative seminar on the RCPCH training and assessment system as well as on clinical and educational supervision. The seminar attracted more than 60 trainers and trainees to attend and was indeed a treasurable kick-start for engaging all concerned regarding T&A in paediatrics training.

While some small pilot moves on work-based assessments have been initiated in a few hospitals where the members of the WG on T&A are working in, we shall await some more feedback on their experiences with the trainees in due course. A smaller working group on the review of the curriculum would also soon start the arduous task. The Council has already endorsed on setting up two more mandatory courses for general paediatrics training, namely, on palliative cum end-of-life care and research skills in the not distant future. These will be additional to the four existing mandatory modules (NRP, PALS, Child Protection and Safe Sedation).

12. Acknowledgement

There are absolutely a lot of excitements (and challenges) going on in the work of the Education Committee, doubtlessly, for our core mission of training future generations of the finest paediatricians to best serve the child and adolescent communities, and their families in and beyond Hong Kong. Before close, I would like to most sincerely thank every and each EC member for their staunch contribution of work and ideas to the Committee, our invited speakers and collaborators in all the educational events, all College trainers, and certainly, not the least, our College secretaries for their tireless dedication to making all the College training and educational events so smoothly hosted.

Dr TSE Wing-ye, Winnie
Vice President and Chairman of Education Committee

Standing Committees

Examination Committee's Report

Chairman:	Dr. CHAN Hin Biu
Honorary Secretary:	Dr. William WONG
Members:	Prof. CHEUNG Yiu Fai
	Dr. LEE Wai Hong
	Dr. LEUNG Chi Wai
	Dr SO King Woon
	Dr. SO Lok Yee
	Dr. TSE Wing Yee, Winnie

1. Examination Committee Meetings

Four Examination Committee Meetings were held in 2016-17. Host Examiners were appointed as follows: QMH – Dr Shau Yin HA, PWH – Dr William WONG, PMH – Dr Wai Ming LAI and QEH – Dr Wing Yee TSE for MRCPCH Clinical Examinations. Dr Lok Yee SO and Dr HB Bill CHAN were host examiners for DCH Clinical Examinations. Dr HB Bill CHAN was also the coordinator of the Exit Assessment. Within the year, there were a total of 9 examinations / assessments held, including two Foundation of Practice, Theory & Science Examinations (FOP/TAS), two Applied Knowledge in Practice (AKP) theory Examinations, two MRCPCH Clinical Examinations, two Exit Assessments, and one DCH Clinical Examination. Since 2013, the Part I Examinations have been renamed as Foundation of Practice and Theory & Science Examination, and the Part II Examinations renamed as Applied Knowledge of Practice Examinations. The format and content of these theory examinations were essentially unchanged.

2. Joint Intermediate / MRCPCH Examinations

Dr. Hin Biu Bill CHAN, Prof Yiu Fai CHEUNG, Dr Chi Wai LEUNG, Dr. Lok Yee SO, Dr Wing Yee TSE and Dr William WONG represented the College to attend the respective RCPCH Examination Board meetings in UK. They participated in reviewing and editing examination questions, to ensure they were fair to the candidates and suitable for use especially in overseas centres. They also participated in question writing for the written papers and clinical stations of the Clinical Examination. Besides obtaining first-hand information on the latest development of different aspects of the examinations, our representatives played an important role in ensuring that our concerns were being raised and addressed. They helped in reviewing and selecting suitable communication scenarios for Hong Kong.

From 2017, the number of the regular Examination Board meetings were reduced from three to two per year. To maintain the same number of HK delegates in each Board, the RCPCH agreed to have three HK delegates to attend each Meeting from 2017. So the total number of HK delegates will remain six per year.

Since 2013, the RCPCH has launched a new Syllabus for MRCPCH written examinations. The Part I A, Part IB and Part II examinations have been restructured and renamed as Foundation of Practice Exam, Theory and Science of Practice Exam, and Applied Knowledge in Practice Exam respectively. The major change was the emphasis on basic science. There were more pre-clinical questions, statistics, and questions on pathophysiology and the basis of diseases. But the format remained a combination of 'extended-matching', 'best-of-five' and 'true-false' questions.

The MRCPCH clinical examination, which has taken the format of OSCE, has run smoothly and successfully in the past 13 years. A musculo-skeletal (MSK) station has been introduced in February 2009 to assess candidates' ability to test locomotor function, including various joints and gait.

All written examinations have been moved to Computer-based Testing (CBT) from January 2015. Candidates can sit the three theory examinations in their order of preference and may choose to apply for Foundation of Practice, Theory and Science or Applied Knowledge in Practice as their first MRCPCH exam. Since candidates will be able to take the theory examinations in any order, the entry requirements for ALL theory papers will only be a primary medical degree. Candidates, however, must pass the three theory examinations before they can sit the MRCPCH Clinical Examination.

The RCPCH discontinued the three-attempt ruling for both MRCPCH Clinical and DCH Clinical examinations effective July 2012. Candidates have 7 years to complete the Clinical examination from the date they passed all the theory examinations, namely Foundation of Practice, Theory & Science and Applied Knowledge in Practice. There are no restrictions on the number of clinical attempts. If the candidate is not able to pass the Clinical within the 7 years, he/she has to re-sit Applied Knowledge in Practice examination in order to take the Clinical examination again.

Results of MRCPCH Examinations:

Foundation of Practice, Theory & Science Examination (11 October 2016)

	<i>Pass /attendance</i>	<i>Pass rate</i>
Foundation of Practice	4/20	20%
Theory and Science	19/21	91%

Foundation of Practice, Theory & Science Examination (7 February 2017)

Foundation of Practice	15/16	94%
Theory & Science	6/7	86%

Foundation of Practice, Theory & Science Examination (3 October 2017)

Foundation of Practice	pending	pending
Theory and Science	pending	pending

Applied Knowledge in Practice Examination (6 Sept 2016)	5/9	56%
Applied Knowledge in Practice Examination (9 May 2017)	8/14	57%
Applied Knowledge in Practice Examination (14 Sept 2017)	12/14	86%

Clinical Examination (25-26 October 2016)	9/23	39%
Clinical Examination (23-24 February 2017)	11/16	69%
Clinical Examination (24-25 October 2017)	pending	pending

Examiners for the February 2017 MRCPCH Clinical Examination at Princess Margaret Hospital and Prince of Wales Hospital included: Dr Peter Todd (Senior Examiner), Prof Win Tin, Dr Bruce McLain, Dr Wai Ming LAI (Host Examiner), Prof Yiu Fai CHEUNG, Dr Chi Wai LEUNG, Dr Chi Chiu SHEK, Dr Lok Yee SO, Dr Kei Chiu Niko TSE, Dr William WONG (Host Examiner), Dr Hin Biu Bill CHAN, Prof Ting Fan LEUNG, Dr Kwok Keung Daniel NG, Dr King Woon Alan SO and Dr Man Ching YAM.

Examiners for the October 2017 MRCPCH Clinical Examination at Queen Mary Hospital and Queen Elizabeth Hospital included: Prof Win Tin (Senior Examiner), Dr Andrew Long, Dr Lucy Grain, Dr Shau Yin HA (Host Examiner), Prof Chi Fung Godfrey CHAN, Dr Kwok Shing Alan CHIANG, Dr Shu Yan LAM, Dr Nai Shun TSOI, Dr Sik Nin WONG, Dr Wing Yee Winnie TSE (Host Examiner), Dr Kam Lau CHEUNG, Dr Shuk Han Maria LEE, Dr Wai Hong LEE, Prof Chi Kong LI and Dr King Woon Alan SO.

3. Exit Assessment

Two Assessments were conducted, one in December 2016 and one in June 2017. Both were held at the Hong Kong Academy of Medicine Jockey Club Building.

The results of the two Assessments were as follows:

	<i>Pass/attendance</i>	<i>Pass rate</i>
Exit Assessment (15 December 2016)	4/6	67 %
Exit Assessment (15 June 2017)	19/19	100 %

Assessors for Exit Assessment in December 2016 included: Prof Chi Kong LI, Dr Wai Man Betty BUT, Dr Kei Chiu Niko TSE, Dr Hui Leung YUEN, Dr Wai Ming LAI and Dr William WONG.

Assessors for Exit Assessment in June 2017 included: Dr Hin Biu Bill CHAN, Dr Shau Yin HA, Dr Kei Chiu Niko TSE, Prof Chi Fung Godfrey CHAN, Dr Nai Shun TSOI, Dr Kwan Yee Wilson YEUNG, Dr Wai Ming LAI, Dr Shu Yan LAM, Dr Chi Wai LEUNG, Prof Ting Fan LEUNG, Dr Wai Man Betty BUT, Dr King Woon Alan SO, Prof Tony

Effective December 2013, a cutoff date for calculating the three year higher training requirement for consideration of Exit Assessment was imposed: 30th June for the June Exit and 31st December for the December Exit. Candidates need to have completed at least three years of higher training by the respective dates in order to be eligible to sit the Exit Assessment.

The rules for re-sitting the Exit Assessment were further confirmed:

- The candidate needs to re-sit all sections
- If the candidate failed in dissertation, the paper needs to be rewritten
- If the candidate did not fail in the dissertation section, he/she may choose to submit the same dissertations with or without modification.

From 2015, dissertations submitted for the College Exit Assessments will be considered for the Best Dissertation Prize to be awarded by College every year.

4. Diploma of Child Health

The DCH clinical examination has taken the OSCE format similar to that of the MRCPCH clinical examination. The Pamela Youde Nethersole Eastern Hospital has successfully served as the host centre for the DCH clinical examination in October 2017.

The RCPCH has launched a new format of DCH Clinical Examination in April 2011. The major changes were the introduction of two new stations, Data Interpretation Station and Safe Prescribing Station. The new DCH Syllabus, which has been implemented since November 2009, will serve as the basis for assessments. The Hong Kong Centre has run the DCH Clinical Exam in the new format for the seventh year in October 2017 and with great success.

With effect from the October 2017 diet, passing the Foundation of Practice (FOP) paper will no longer be a prerequisite for entry into the DCH Clinical Examination. However, candidates still need to pass the FOP paper after passing the DCH Clinical Examination in order to be awarded the DCH Diploma. The DCH Diploma will ONLY be issued when BOTH components (Theory & Clinical) are passed.

Whichever component is passed first, candidates will need to pass the other component within a 7-year period counting from the date the first component is passed.

If candidates are not able to pass the other component within the 7 years, the previously passed component is no longer valid and candidates have to re-sit and pass that component before being able to apply for the other component again.

There is no limit to the number of attempts that candidates can make with regard to the DCH Clinical and DCH Theory examinations.

Results of DCH Examinations

	<i>Pass/attendance</i>	<i>Pass rate</i>
Clinical Examination (27 October 2016)	8/12	67%
Foundation of Practice (11 October 2016)	0/0	/
Foundation of Practice (7 February 2017)	0/0	/
Foundation of Practice (3 October 2017)	Pending	Pending
Clinical Examination (26 October 2017)	Pending	Pending

Examiners for the October 2017 DCH Clinical Examination at PYNEH included: Prof Win Tin (Senior Examiner), Dr Andrew Long, Dr Lucy Grain, Dr Lok Yee SO (Host), Dr Hin Biu Bill CHAN, Dr Yin Wah Elaine KWAN, Dr Theresa Ngan Ho LEUNG, Dr Man Ching YAM and Dr Hui Leung YUEN.

Three Active Category E CME points will be awarded to DCH examiners effective 2017.

5. Chairman's message

Thanks to all the host centres, the MRCPCH and DCH examinations were conducted very smoothly in Hong Kong.

Online application has been implemented for all theory examinations in Hong Kong since 2014. Admission documents and result letters for theory examinations were distributed to candidates via email to replace paper copies.

All theory examinations have been moved to Computer-based Testing (CBT) since January 2015. Medical invigilator was not required in CBT. There is a maximum capacity for theory examinations held in the CBT centre in Hong Kong.

The FOP/TAS examination and the AKP examination were held in Hong Kong two times each year from 2016. The June FOP/TAS examination and the January AKP examination will not be held in Hong Kong.

From 2016, the February MRCPCH Clinical Examination in Hong Kong will be scheduled immediately before or after the Malaysian examination so as to cut down on travelling time and expenses of the UK examining team.

There might be potential changes in the MRCPCH Clinical Examination format including an extended Neurodevelopmental Station involving history taking, developmental assessment and management skills, and Video Stations involving discussions of management & decision. The new format of MRCPCH Clinical Examination is expected to be launched in 2019.

Marking scheme might be changed to domain-based, and grading will be in the form of satisfactory, borderline and unsatisfactory.

In order to familiarize our COSs and Trainers with the format and requirements of the MRCPCH examination and enable them to better coach the trainees to prepare for the examination, an afternoon Trainers' Training Session was organized by the Examination Committee on 23rd October 2017 before exam briefing, with Professor Win Tin, the Principal Regional Examiner (PRE) Far East, as the speaker. The topic was "Understanding the MRCPCH Clinical Examination." Response was encouraging. There were about 50 colleagues attending.

As our College is currently reviewing the Training & Assessment system and contents, Dr Winnie TSE, Chairman of the Education Committee, invited Dr Andrew Long, Vice President (Education) of the RCPCH to give a talk on "Competency-based Training for Paediatric Trainees – the RCPCH Strategies & the Practicalities" for all Colleagues in the same afternoon on 23rd October 2017. The session was very well received. Our colleagues were able to learn much from the RCPCH's educational experience.

Dr Chi Chiu SHEK and Dr Shu Yan LAM were approved and confirmed to be MRCPCH examiners at the Examiner Review Panel in November 2016. They had examined independently at the February 2017 and October 2017 clinical examinations respectively.

Dr King Woon SO would take over from Dr William WONG as the Host Examiner at our MRCPCH examination centre, Prince of Wales Hospital, from 2018 onwards.

As part of our succession planning for new Hosts for our DCH examination centres in PYNEH and UCH, Drs Kwan Yee Wilson YEUNG and Chi Kong David LUK had been approved to be new DCH examiners at the Examiners Executive Committee meeting in July 2017.

Four colleagues joined the exit assessors' pool in 2017. They were Dr Kwai Yu Winnie CHAN (QEH), Dr Chung Wing LUK (QEH), Dr Yuen Yu LAM (KWH) and Dr Po Wan KO (CMC). More colleagues will be recruited in future Exit Assessments.

Council endorsed the Examination Committee's recommendations to allow colleagues to continue to act as a MRCPCH Clinical Examiner or Exit Assessor for three more years after retirement from active clinical practice.

As requested by the Academy, Colleges' Exit Assessments are currently under review, and recommendations for restructuring will be made in the coming years.

Professor Win Tin has taken over from Dr Peter Todd as the Principal Regional Examiner (PRE) Far East from 2017.

Dr Winnie TSE represented College and served as the examiner for the Macau Paediatrics Specialist Examinations (兒科專科培訓同等學歷認可考試) which were held on 12-13 January 2017 and 19-20 October 2017 respectively.

Dr. CHAN Hin-biu, Bill
Chairman, Examination Committee

Standing Committees

House Committee's Report

Chairman	Dr. CHENG Chun-fai
Honorary Secretary	Dr. KO Po-wan
Members	Prof. LEUNG Nai-kong Dr. IP Patrick (<i>ex-officio</i>) Dr. LAU Wai-hung (<i>ex-officio</i>) Dr. HO Hok-kung, Marco Dr. LEUNG Cheuk-wa, Wilfred Dr. WOO Lap-fai, Chris
Secretariat office	Ms Kendra Tang

Terms of Reference

1. To oversee the management of the College Chamber including the Secretariat and its facilities
2. To take charge of the issuance of the College Newsletters and other materials as directed by the Council
3. To promote the use of information technology in the College and to maintain the College website
4. To procure benefits for the members of Hong Kong College of Paediatricians not covered by other committees

College Chamber and Secretariat

The College Secretariat is now served by a team of seven dedicated secretaries who are providing effective and efficient services to the Council and her committees, the Hong Kong College of Paediatricians Foundation, H.M. Lui Memorial Fund and the Hong Kong Journal of Paediatrics. Ms Kimmy Wong has resigned on 31 January 2017 after working for 5 years. We wish all the best for her future endeavours. 2 new secretaries Ms Kendra Tang and Ms Cherry Kwok have been recruited successfully and reported to work at full time on 6 March and 1 September 2017 respectively.

The House committee has also undertaken to set up working references for our secretarial staff in regard to overtime compensations; subsidies for local transport incurred from late evening meetings as well as meal reimbursements for off office hour and off-site works. We also helped to define level of reasonable working manpower during staff and OT compensation leaves.

This year, despite all the turnovers and redistribution of duties, our secretaries have managed to work efficiently on College operations and in support of the heavy workloads in

relation to the 13th Congress of the ASPR 2017. We would like to express our most sincere gratitude and appreciation for all their hard work.

Newsletter

The College Newsletters are being published bi-monthly and provide updated information on the Council and its Committees. The newsletters are sent to the majority of members by electronic means. We thank Prof Albert Li who has resigned for his invaluable service as one of the Chief Editors of the Newsletter and we welcome Dr Leung Cheuk Wah, Wilfred who has kindly taken over the task with Dr Woo Lap Fai Chris. The Editorial Board of the College Newsletter also includes Dr. Cheng Chun Fai and Dr. Patrick Ip.

Information Technology

The College website has been updated, thanks to the advice and contribution of Dr. Ko Po Wan. The College website contains good source of information on the College including the most up-to-date CME activities. The College Constitutions have been uploaded to the College website and are now accessible by all registered members of the College. The College Photo Gallery under Member's section contains memorable photos of the College events and functions.

The Information Technology System and computer equipments are operating effectively. Outdated hardware and software were replaced by current versions and the integration process has been implemented smoothly. We have managed to adopt a totally electronic office workflow with paper documents now only serving as backup and the working set up has since significantly enhanced our operating efficiency. We also embarked to clear the huge stash of non- current archival documents that encroached markedly on the precious office space at the College Chamber. Legal advices were sought and the admissibility of accurately maintained; stored and reproducible electronic backup copies were confirmed. With this as the working basis, we have taken to engage the services of professional document archiving vendors to convert our non-current archival documents into electronic copies that can be securely stored and maintained and the hard copies discarded in a secure manner.

The College is in the process of setting up an integrated electronic database filing system for keeping the personal particulars of our fellows; members and associates. This would place all such data currently filed under different committees and operational set ups into an integrated and instantly accessible format that would undoubtedly serve to streamline and enable near realtime update for our functions.

Benefits for Members

All members can access the facilities at the Academy Building premises.

Dr. CHENG Chun-fai
Chairman, House Committee

Standing Committees

Membership Committee's Report

Chairman	Prof. LI Chi-kong
Hon Secretary	Dr. LEE Kwok-piu
Members	Dr. CHEUK Ka-leung
	Dr. CHIU Wa-keung
	Dr. KWAN Kwok-fan
	Dr. LAM Shu-yan, David
	Dr. LAU Wai-hung (<i>Ex-officio</i>)
	Dr. YEUNG Kwan-yee
	Dr. LING Siu-cheung

In the year 2016/2017, thirty-nine Associates were admitted to the College, two Associates resigned and one was removed due to subscription reason. Twenty-three Members were elevated from existing Associates. Twenty-three Members passed the Exit Assessment and were admitted as Fellows. Two Local and one Overseas Fellows resigned for retirement.

Presently, our Memberships are as follows (as at 14 Sept 2017):

Fellows:	629
Overseas Fellows:	23
Members:	57
Overseas Members:	2
Associates:	103
Total Membership:	814

Prof. LI Chi-kong
Chairman, Membership Committee

Standing Committees

Professional and General Affairs Committee's Report

Chairman:	Prof. LEUNG Ting-fan
Hon. Secretary:	Dr. CHAN Fung-ying, Dorothy
Members:	Dr. CHENG Chun-fai
	Prof. HON Kam-lun, Ellis
	Dr. IP Patrick (<i>ex-officio</i>)
	Dr. KO Po-wan
	Dr. LAU Kwong Hung, Keith
	Dr. LEE Pui-wah, Pamela
	Dr. LEUNG Cheuk-wa, Wilfred
	Dr. LEUNG Tze-Ching, Vincent
	Dr. LI Chi Him
	Dr. SO Lok-yee
	Dr. TSE Hung-hing
	Dr. YOUNG Wan-yin, Betty
Secretary:	Ms Clara YU

Terms of Reference:

1. To address professional issues relating to Paediatrics
2. To foster fraternity among paediatricians
3. To promote the public image of the College

Update on Clinical Practice in Collaboration with Local Paediatric Subspecialties:

PGAC collaborated with different paediatric subspecialty societies to disseminate updated information on clinical practice and management to College Members. Such information would be published as “**Update on clinical practice**” and archived under the “Publication” in our College website.

In 2017, we planned to publish the following two topics:

- Update on *Helicobacter pylori* infection in children, by Dr. Sham Chak On, Philip (together with Hong Kong Society of Paediatric Gastroenterology, Hepatology and Nutrition)
- Update on attention deficit hyperactivity and autistic spectrum disorders, by Dr. Chan Fung-ying, Dorothy (together with Developmental and Behavioural Paediatrics subspecialty)

The potential topics for Updates in 2018 include:

- Genetics and genomics investigations
- Practical use of antibiotics
- Common GI conditions
- Precocious puberty
- Indications and practical consideration for growth hormone
- Emerging neurology diseases
- Long-term protection and follow-up for hepatitis B vaccination

Enhancement of Professional Image:

In order to promote the visibility and public image of the Hong Kong College of Paediatricians, PGAC obtained support from the College Council to work with the Radio Hong Kong to hold a series of live interviews under the programme 香港兒科醫學院系列 at RTHK 《精靈一點》 on consecutive Tuesdays (14:00-15:00) from 12 September 2017 to 19 December 2017. This programme aimed to introduce to the general public the many subspecialty societies and services of our College. A total of 14 subspecialty societies had confirmed to co-host this programme with the College.

	Date	Theme	Subspecialty
1	12 Sep 2017	Child Health	Hong Kong College of Paediatricians (Council)
2	19 Sep 2017	Kawasaki Disease	Hong Kong Society of Paediatric Cardiology
3	26 Sep 2017	Paediatric Respiratory Infections	Hong Kong Society of Paediatric Respiriology and Allergy
4	3 Oct 2017	Child Advovacy	Hong Kong Paediatric Society
5	10 Oct 2017	Paediatric Thyroid Problems	Hong Kong Society of Paediatric Endocrinology and Metabolism
6	17 Oct 2017	Neonatal Intensive Care	Hong Kong Neonatal Society
7	24 Oct 2017	Paediatric Renal Disease	Hong Kong Paediatric Nephrology Society
8	31 Oct 2017	Inflammatory Bowel Disease / Functional Constipation	Hong Kong Society of Paediatric Gastroenterology, Hepatology and Nutrition
9	7 Nov 2017	Neonatal Metabolic Diseases	Hong Kong Society of Inborn Errors of Metabolism
10	14 Nov 2017	Genomic Medicine	Hong Kong Society of Medical Genetics

11	21 Nov 2017	TBC	Hong Kong Society for Paediatric Immunology Allergy and Infectious Diseases
12	28 Nov 2017	Common Skin Problems	Hong Kong Paediatric and Adolescent Dermatology Society
13	5 Dec 2017	Childhood Cancer and/or Blood Diseases	Hong Kong Paediatric Haematology and Oncology Study Group
14	12 Dec 2017	Rheumatoid Arthritis	Hong Kong Society for Paediatric Rheumatology
15	19 Dec 2017	TBC	Paediatric Neurology Association of Hong Kong

Annual Social Function:

The College and PGAC have worked with the Young Fellows to come up with a social function that would attract both the young and more senior College members and their families to participate. The Social Function this year was a full-day tour to Dragon Fruit Farm, Po Sheng Yuen Bee Field and Tai Tong Lychee Garden, including a seafood lunch at Lau Fau Shan, on 12 November 2017. After subsidy by the College, the price was HK\$ 150 for adults and children aged 12 years and older, HK\$ 80 for children aged 3-11 years, and free for those younger than 2 years old. We had about 40 colleagues and friends joined the function. This fun-filled event spoiled all participants with fresh air, wonderful sceneries, a gourmet meal and a happy and warm gathering.

Prof. LEUNG Ting-fan
Chairman, Professional &
General Affairs Committee

Standing Committees

Review Committee's Report

Chairman	Dr. KO Yiu-shum, Paul
Hon. Secretary	Dr. CHANG Kan, Jane
Members	Dr. CHENG Man-yung
	Dr. CHIU Lee-lee, Lily
	Prof. FOK Tai-fai
	Prof. YEUNG Chap-yung
	Prof. YUEN Man-pan, Patrick

As there were no issues to be discussed, no meetings were held for year 2016-2017.

Dr. KO Yiu-shum, Paul
Chairman, Review Committee



WALTER MA & COMPANY

Certified Public Accountants (Practising)

Raymond Keung F.C.C.A., FCPA (Practising)

General Office

Room C & D, 22/F, Centre Mark II, 313 Queen's Road Central, Hong Kong.

Telephone: (852) 2525 0198 (3 Lines)

Facsimile: (852) 2525 0190

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF HONG KONG COLLEGE OF PAEDIATRICIANS (incorporated in Hong Kong with limited by guarantee)

Opinion

We have audited the financial statements of Hong Kong College of Paediatricians set out on pages 5 to 14, which comprise the statement of financial position as at 31st March, 2017, and the statement of comprehensive income, statement of changes in equity and statement of cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements give a true and fair view of the financial position of the College as at 31st March, 2017, and of its financial performance and its cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standard for Private Entities ("HKFRS for Private Entities") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA") and have been properly prepared in compliance with the Hong Kong Companies Ordinance.

Basis for Opinion

We conducted our audit in accordance with Hong Kong Standards on Auditing ("HKSAs") issued by the HKICPA. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the HKICPA's Code of Ethics for Professional Accountants ("the Code"), and we have fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Committee members and Those Charged with Governance for the Financial Statements

The committee members are responsible for the preparation of the financial statements that give a true and fair view in accordance with the HKFRS for Private Entities issued by the HKICPA and the Hong Kong Companies Ordinance, and for such internal control as the committee members determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the committee members are responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the committee members either intend to liquidate the College or to cease operations, or have no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.



WALTER MA & COMPANY

Certified Public Accountants (Practising)

Raymond Keung F.C.C.A., FCPA (Practising)

General Office

Room C & D, 22/F, Centre Mark II, 313 Queen's Road Central, Hong Kong.

Telephone: (852) 2525 0198 (3 Lines)

Facsimile: (852) 2525 0190

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INDEPENDENT AUDITOR'S REPORT (CONTINUED)
TO THE MEMBERS OF
HONG KONG COLLEGE OF PAEDIATRICIANS
(incorporated in Hong Kong with limited by guarantee)

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. This report is made solely to you, as a body in accordance with section 405 of the Hong Kong Companies Ordinance (Cap. 622), and for no other purpose. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with HKSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Certified Public Accountants (Practising)

HONG KONG, 22ND SEPTEMBER, 2017

HONG KONG COLLEGE OF PAEDIATRICIANS**STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31ST MARCH, 2017**

	Note	2017 HK\$	2016 HK\$
INCOME			
Subscriptions and Admission Fees Received		1,089,760	1,018,620
Bank Interest Received		27,611	26,294
Administrative Charges Received		24,700	16,800
Rental of College's Gown		4,800	-
Sale Proceeds for College's Tie		2,400	400
Secretarial Support Fee Received		24,000	-
		1,173,271	1,062,114
OTHER REVENUE			
Exchange Gain		-	82
Income of Update Series in Child Health		47,868	-
Annual General Meeting		205,600	16,000
Certificate and Logbook Charges		200	4,200
DCH Examination		102,300	105,900
Exit Assessment Examination		120,000	133,000
PALS Course		138,000	180,100
Postgraduate Paediatric Courses		256,000	171,000
MRCPCH Part I Written Examination		478,850	388,750
MRCPCH Part II Written Examination		310,900	201,600
MRCPCH Part II Oral and Clinical Examination		629,000	742,600
NRP Course		232,000	372,000
Subspecialty of DBP and PIID		217,000	123,000
Young Fellows		480	-
		2,738,198	2,438,232
Total Income		3,911,469	3,500,346
EXPENDITURE			
Auditor's remuneration		14,500	13,000
Bank Service Charges		2,342	600
Building Management Fee		174,600	132,240
College's Office Equipment		39,558	4,900
Deficit on The H. M. Lui Memorial Fund Account	10	290,423	222,315
Exchange Loss		7,969	-
Insurance		75,003	80,749
Interest on Bank Overdraft		-	1
Loss arising on change in fair value of held-to-maturity investments		17,986	-
Mandatory Provident Fund Scheme		75,371	68,670
Postages, Printing and Stationery		58,680	41,476
Rates and Government Rent		16,256	14,296
Repairs and Maintenance		13,806	11,394
Salaries and Allowances		1,511,003	1,373,400
Scientific and Education Conference Expenses		86,255	7,213
Share of Loss of an Associate		47,733	17,604
Subsidies to an Associate		154,534	-
Subscription Fee		3,862	3,862
Staff Recruitment		5,190	-
Sundry Expenses		9,803	8,759
Telephone, Internet and Faxline Charges		7,315	8,922
Sub-total Expenditure carried forward		2,612,189	2,009,401

HONG KONG COLLEGE OF PAEDIATRICIANS**STATEMENT OF COMPREHENSIVE INCOME**
FOR THE YEAR ENDED 31ST MARCH, 2017

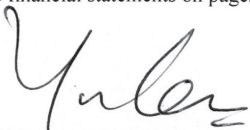
	Note	2017 HK\$	2016 HK\$
EXPENDITURE			
Sub-total Expenditure brought forward		2,612,189	2,009,401
Other Expenses :-			
Annual General Meeting		171,305	90,839
Certificate and Logbook Charges		370	920
DCH Examination		88,380	67,870
Exit Assessment Examination		9,998	13,683
PALS Course		62,956	106,860
Postgraduate Paediatric Courses and Update Series Expenditure		230,697	146,336
MRCPCH Part I Written Examination		256,500	379,910
MRCPCH Part II Written Examination		141,205	118,375
MRCPCH Part II Oral and Clinical Examination		523,751	359,655
NRP Course		563,200	172,000
Subspecialty of DBP and PIID		12,054	107,915
		<u>2,060,416</u>	<u>1,564,363</u>
Total Expenditure		<u>4,672,605</u>	<u>3,573,764</u>
DEFICIT FOR THE YEAR		<u>(761,136)</u>	<u>(73,418)</u>

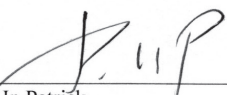
The notes on pages 71 to 75 form an integral part of these financial statements.

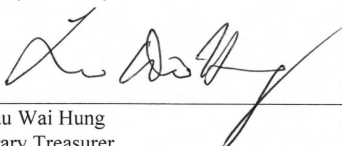
HONG KONG COLLEGE OF PAEDIATRICIANS**STATEMENT OF FINANCIAL POSITION AS AT 31ST MARCH, 2017**

	Note	<u>2017</u> HK\$	<u>2016</u> HK\$
ASSETS AND LIABILITIES			
Non-current Assets			
Available-for-sale Financial Assets	6	2,719,938	1,929,708
Held-to-maturity investments	7	960,500	-
Interest in an Associate	8	(78,369)	123,898
		<u>3,602,069</u>	<u>2,053,606</u>
Current Assets			
Bank Fixed Deposits		482,614	1,931,608
Cash at Bank		10,903,972	10,999,027
Cash in Hand		1,977	3,797
		<u>11,388,563</u>	<u>12,934,432</u>
Current Liabilities			
Fees Received in Advances		123,200	151,200
Accrued Charges		14,500	13,000
		<u>137,700</u>	<u>164,200</u>
Net Current Assets		<u>11,250,863</u>	<u>12,770,232</u>
Net Assets		<u>14,852,932</u>	<u>14,823,838</u>
FUNDS EMPLOYED			
Accumulated Surplus	9	<u>14,852,932</u>	<u>14,823,838</u>
		<u>14,852,932</u>	<u>14,823,838</u>

The financial statements on pages 5 to 14 were approved by the Board of Directors on 22nd September, 2017.


 Prof. Lau Yu Lung
 President


 Dr. Ip Patrick
 Honorary Secretary


 Dr. Lau Wai Hung
 Honorary Treasurer

The notes on pages 71 to 75 form an integral part of these financial statements.

HONG KONG COLLEGE OF PAEDIATRICIANS

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31ST MARCH, 2017

	Income and Expenditure Account HK\$	Revaluation Surplus / (Deficit) HK\$	Accumulated Surplus HK\$
Balance at 31st March, 2015	14,953,006	568,342	15,521,348
Revaluation on Available-for-sale Financial Assets	-	(624,092)	(624,092)
Deficit for the year	<u>(73,418)</u>	<u>-</u>	<u>(73,418)</u>
Balance at 31st March, 2016	14,879,588	(55,750)	14,823,838
Revaluation on Available-for-sale Financial Assets	-	790,230	790,230
Deficit for the year	<u>(761,136)</u>	<u>-</u>	<u>(761,136)</u>
Balance at 31st March, 2017	<u><u>14,118,452</u></u>	<u><u>734,480</u></u>	<u><u>14,852,932</u></u>

HONG KONG COLLEGE OF PAEDIATRICIANS**STATEMENT OF CASH FLOW FOR THE YEAR ENDED 31ST MARCH, 2017**

	<u>2017</u> HK\$	<u>2016</u> HK\$
Operating activities		
Deficit for the year	(761,136)	(73,418)
Adjustments for :		
Bank interest received	(27,611)	(26,294)
Exchange loss/(gain)	7,969	(82)
Profit on disposal of available-for-sale financial assets	-	(247,053)
Operating deficit before working capital changes	<u>(780,778)</u>	<u>(346,847)</u>
Decrease in fees received in advances	(28,000)	(16,800)
Increase/(Decrease) in accrued charges	1,500	(10,040)
	<u>(26,500)</u>	<u>(26,840)</u>
Cash used in operating activities	(807,278)	(373,687)
Returns on investments and servicing of finance		
Bank interest received	27,611	26,294
Exchange (loss)/gain	(7,969)	82
	<u>19,642</u>	<u>26,376</u>
	(787,636)	(347,311)
Investing activities		
Disposal of available-for-sale financial assets	-	783,786
Held-to-maturity investments	(960,500)	-
Interstet in an Associate	202,267	(82,396)
Cash (used in)/generated from operating activities	<u>(758,233)</u>	<u>701,390</u>
Net (Decrease)/Increase in cash and cash equivalents	(1,545,869)	354,079
Cash and cash equivalents at the beginning of the year	<u>12,934,432</u>	<u>12,580,353</u>
Cash and cash equivalents at the end of the year	<u><u>11,388,563</u></u>	<u><u>12,934,432</u></u>
Analysis of the balances of cash and cash equivalents		
Bank Fixed Deposits	482,614	1,931,608
Cash at Bank	10,903,972	10,999,027
Cash in Hand	1,977	3,797
	<u><u>11,388,563</u></u>	<u><u>12,934,432</u></u>

HONG KONG COLLEGE OF PAEDIATRICIANS

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31ST MARCH, 2017

1. GENERAL INFORMATION

Hong Kong College of Paediatricians is a limited liability company domiciled and incorporated in Hong Kong. The address of its registered office and principal place of business is Room 801, Hong Kong Academy of Medicine Jockey Club Building, 99, Wong Chuk Hang Road, Aberdeen, Hong Kong. The principal activity of the college is paediatric education.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies applied in the preparation of the financial statements are set out below.

a) Basis of preparation

These financial statements have been prepared in accordance with Hong Kong Financial Reporting Standards for Private Entities ("HKFRS for Private Entities") issued by the Hong Kong Institute of Certified Public Accountants and the requirements of the Hong Kong Companies Ordinance. They have been prepared under the historical cost convention, except of investment properties and available-for-sale financial assets, which have been measured at fair value as further explained in notes 2(b) and 2(c) to the financial statements.

The preparation of financial statements in conformity with HKFRS for Private Entities requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements.

b) Investments

Investments are recognised and derecognised on the trade date when the company commits itself to purchase or sell an asset and are initially measured at fair value plus, in the case of investments other than trading securities, transaction costs. At the end of each reporting period, the company assesses whether there is any objective evidence that an investment or group of investments is impaired. Investments are further categorised into the following classifications for the measurement after initial recognition.

c) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturities that the Company's management has the positive intention and ability to hold to maturity. At the end of each reporting period subsequent to initial recognition, held-to-maturity investments are measured at amortised cost using the effective interest method, less any identified impairment losses. An impairment loss is recognised in profit or loss when there is objective evidence that the asset is impaired, and is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the effective interest rate computed on initial recognition. Impairment losses are reversed in subsequent periods when an increase in the investment's recoverable amount can be related objectively to an event occurring after the impairment was recognised, subject to the restriction that the carrying amount of the asset at the date the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

d) Available-for-sale financial assets

Investments other than those held for trading and held to maturity are classified as available-for-sale financial assets and are stated in the statement of financial position at fair value. Gain or loss on the fair value changes of available-for-sale financial assets is recognised directly in equity in the fair value reserves, except for impairment losses and, in the case of monetary items such as debt securities, foreign exchange gains and losses which are recognised directly in the income and expenditure account.

When the available-for-sale financial assets are derecognised, the cumulative gain or loss previously recognised directly in equity is recognised in the income and expenditure account. Where the available-for-sale financial assets are interest-bearing, interest calculated using the effective interest method is recognised in the income and expenditure account.

HONG KONG COLLEGE OF PAEDIATRICIANS

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31ST MARCH, 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

d) Available-for-sale financial assets (Continued)

When a decline in the fair value of an available-for-sale financial asset has been recognised directly in equity and there is objective evidence that the assets is impaired, the cumulative loss that had been recognised directly in equity is removed from equity and recognised in the income and expenditure account even though the financial asset has not been derecognised.

The amount of the cumulative loss that is removed from equity and recognised in the income and expenditure account is the difference between the acquisition cost (net of any principal repayment and amortisation) and current fair value, less any impairment loss on that financial asset previously recognised in the income and expenditure account.

e) Associates

An associate is an entity in which the company has significant influence, but not control or joint control, over its management, including participation in the financial and operating policy decisions.

An investment in an associate is accounted for in the financial statements under the equity method. Under the equity method, the investment is initially recorded at cost and adjusted thereafter for the post acquisition change in the company's share of the investee's net assets and any impairment loss relating to the investment.

When the company's share of losses exceeds its interest in the associate, the company's interest is reduced to nil and recognition of further losses is discontinued except to the extent that the company has incurred legal or constructive obligations or made payments on behalf of the investee.

f) Foreign exchange

Foreign currency transactions are converted at the exchange rate applicable at the transaction date. Foreign currency monetary items are translated into Hong Kong Dollars using exchange rates applicable at the end of the reporting period. Gains and losses on foreign exchange are recognised in the income and expenditure account.

g) Revenue recognition

Income is recognised in the income and expenditure account as follows :

i) Subscriptions income

Subscriptions income is recognised on the actual basis.

ii) Donation income

Donation income is recognised on the actual basis.

iii) Interest income

Interest income from bank deposits is accrued on a time-apportioned basis by reference to the principal outstanding and the rate applicable.

h) Retirement Benefits Scheme

The Company operates a defined contribution Mandatory Provident Fund Scheme (the "MPF Scheme") under the Mandatory Provident Fund Scheme Ordinance, for all of its employees. The MPF Scheme has operated since 1st December, 2000. Contributions are made based on a percentage of the employees' basic salaries and are charged to the profit and loss account as they become payable in accordance with the rules of the MPF Scheme. The assets of the MPF Scheme are held separately from those of the Company in an independently administered fund. The Company's employer contributions vest fully with the employees when contributed into the MPF Scheme.

HONG KONG COLLEGE OF PAEDIATRICIANS

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31ST MARCH, 2017

3. COMPANY LIMITED BY GUARANTEE AND NOT HAVING A SHARE CAPITAL

The Company, Hong Kong College of Paediatricians was incorporated under the Hong Kong Companies Ordinance (Chapter 622) as a company limited by guarantee and not having a share capital on 8th May, 1991.

4. TAXATION

The College is exempt from taxation under the provisions of Section 88 of the Inland Revenue Ordinance.

5. FINANCIAL INSTRUMENTS

Exposure to credit, liquidity and interest rate risks arises in the normal course of the College's business. These risks are limited by the College's financial management policies and practices described below :

a) Credit Risk

The College's credit risk is primarily attributable to fees receivable from individual members. Normally the College does not obtain collateral from customers but monitors the exposures to these credit risks on an ongoing basis.

The College does not provide any guarantees which would expose the College to credit risk.

b) Liquidity Risk

The College's policy is to regularly monitor current and expected liquidity requirements to ensure that it maintains sufficient reserve of cash and adequate funding to meet its liquidity requirements in the short and longer term.

c) Interest Rate Risk

At the end of the reporting period, the College did not have any other interest-bearing financial assets and interest-bearing financial liabilities.

d) Fair Values

All financial instruments are carried at amounts not materially different from their fair values as at the end of the reporting period because of their short term maturity.

6. AVAILABLE-FOR-SALE FINANCIAL ASSETS

	<u>2017</u> HK\$	<u>2016</u> HK\$
Investment in Listed Shares - HSBC Holdings	<u>2,719,938</u>	<u>1,929,708</u>

7. HELD-TO-MATURITY INVESTMENTS

	<u>2017</u> HK\$	<u>2016</u> HK\$
At cost	978,486	-
Impairment losses	<u>(17,986)</u>	<u>-</u>
Balance at 31st March, 2017	<u>960,500</u>	<u>-</u>

HONG KONG COLLEGE OF PAEDIATRICIANS

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31ST MARCH, 2017

8. INTEREST IN AN ASSOCIATE

	<u>2017</u> HK\$	<u>2016</u> HK\$
Details of the College's interest in an associate are as follows :		
Unlisted shares, at cost	1	1
Share of loss of an associate	<u>(78,370)</u>	<u>(126,103)</u>
	(78,369)	(126,102)
Amount due from an associate	<u>-</u>	<u>249,999</u>
	<u>(78,369)</u>	<u>123,898</u>
Summarised financial information in respect of the College's associate is set out below :		
Total assets	79,712	72,397
Total liabilities	<u>(236,450)</u>	<u>(324,600)</u>
Net liabilities	<u>(156,738)</u>	<u>(252,203)</u>
College's share of net assets of an associate	<u>(78,369)</u>	<u>(126,102)</u>

Particulars of the associate are as follows :

Name of associate	: Hong Kong Journal of Paediatrics Limited
Place of incorporation	: Hong Kong
Issued share capital	: 2
% of equity shares held	: 50%
Principal activities	: Publishing of medical journal

The College has indicated to its associate Hong Kong Journal of Paediatrics Limited that they will provide the company with such financial assistance as is necessary to maintain the company as a going concern and in particular that they will provide such financial assistance as is required to enable the company to pay its other debts as and when they fall due.

9. ACCUMULATED SURPLUS

	<u>2017</u> HK\$	<u>2016</u> HK\$
Accumulated Surplus :		
Hong Kong College of Paediatricians	10,475,596	10,946,309
HKCPaeds - The H. M. Lui Memorial Fund	<u>4,377,336</u>	<u>3,877,529</u>
	<u>14,852,932</u>	<u>14,823,838</u>

HONG KONG COLLEGE OF PAEDIATRICIANS

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31ST MARCH, 2017

10. DEFICIT ON THE H. M. LUI MEMORIAL FUND ACCOUNT

	<u>2017</u> HK\$	<u>2016</u> HK\$
Income		
Bank Interest Received	571	556
Dividends Income	145	117
Exchange Gain	1,350	-
Profit on disposal of Available-for-sale Financial Assets	-	247,053
Total Income	<u>2,066</u>	<u>247,726</u>
Expenditure		
Bank Service Charges	1,260	1,624
Courier Charges	-	497
Exchange Loss	-	69
H. M. Lui Fellowship Awards	291,229	227,851
Training Programme at Shanghai	-	240,000
Total Expenditure	<u>292,489</u>	<u>470,041</u>
Deficit for the year	(290,423)	(222,315)
Accumulated Surplus Brought Forward	<u>3,877,529</u>	<u>4,723,936</u>
	3,587,106	4,501,621
Revaluation surplus on Available-for-sale Financial Assets	<u>790,230</u>	<u>(624,092)</u>
Accumulated Surplus Carried Forward	<u><u>4,377,336</u></u>	<u><u>3,877,529</u></u>

11. LIMITATION BY GUARANTEE

Under the provisions of the College's memorandum of Association, every member shall, in the event of the College being wound up, contribute such amount as may be required to meet the liabilities of the College but not exceeding HK\$100 each.

12. COMPARATIVE FIGURES

Certain comparative figures have been reclassified, where applicable, to conform with the current year's presentation.

NEW FELLOWS

The following doctors were elected as
Fellows of the Hong Kong College of Paediatricians
in 2016/2017

<i>DR CHAN MO KIT</i>	陳慕潔醫生
<i>DR CHAN WAI MAN</i>	陳慧雯醫生
<i>DR CHAN WING KI</i>	陳永祺醫生
<i>DR CHAN WING SHAN</i>	陳穎珊醫生
<i>DR CHAN YAU KI, WILSON</i>	陳祐祈醫生
<i>DR CHEONG KAI NING</i>	鍾凱甯醫生
<i>DR CHEUNG WING LUM</i>	張穎琳醫生
<i>DR CHOW CHIT KWONG</i>	周哲光醫生
<i>DR HO TSZ WAI</i>	何梓瑋醫生
<i>DR HO YUNG YUNG</i>	何蓉蓉醫生
<i>DR IP KA IAN</i>	葉嘉欣醫生
<i>DR LAM JENKS ALBINUS</i>	林真善醫生
<i>DR LAM KWAN FUNG</i>	林群峰醫生
<i>DR LAM MAN CHUN</i>	林文俊醫生
<i>DR LEE HAU MAN</i>	李孝文醫生
<i>DR LIU KING SHUN</i>	廖敬恂醫生
<i>DR PANG LAP IAN</i>	彭立欣醫生
<i>DR SEE WING SHAN</i>	施穎珊醫生
<i>DR SIT KEI KEI, JACQUELINE</i>	薛琪琪醫生
<i>DR TO PUI ON, SIMON</i>	杜沛安醫生
<i>DR TSANG WING YAN</i>	曾穎茵醫生
<i>DR WONG PIK FUNG</i>	王碧鳳醫生
<i>DR YU KWONG MAN</i>	余廣文醫生

NEW MEMBERS

The following doctors were elected as
Members of the Hong Kong College of Paediatricians
in 2016/2017

<i>DR AU CHI YU, DENNIS</i>	區子榆醫生
<i>DR CHAN LING YEE FRANCIS</i>	陳令貽醫生
<i>DR CHENG SUEN BUN</i>	鄭璿斌醫生
<i>DR CHENG WING TAK</i>	鄭穎德醫生
<i>DR CHEUNG KWOK LAM</i>	張國林醫生
<i>DR CHOI FLORENCE</i>	蔡琬然醫生
<i>DR CHOI WING MAN ANN</i>	蔡穎敏醫生
<i>DR CHUNG YING KI</i>	鍾應奇醫生
<i>DR KUOK CHON IN</i>	郭駿賢醫生
<i>DR KWOK KA HANG, ANDY</i>	郭嘉恆醫生
<i>DR LAM CHEUK SAN, IVAN</i>	林卓燊醫生
<i>DR LAU CHEUK LAM</i>	劉卓林醫生
<i>DR LEE HOI YING</i>	李海滢醫生
<i>DR LIN ANNA</i>	林安娜醫生
<i>DR LUI TAK YAU, STEPHEN</i>	呂德祐醫生
<i>DR TO SHARON WING YAN</i>	杜詠恩醫生
<i>DR TONG PUI YUNG, GRACE</i>	唐沛容醫生
<i>DR WONG SZE WA</i>	黃詩樺醫生
<i>DR WONG TSZ WAI, CATHERINE</i>	黃梓慧醫生
<i>DR WU HUIJUN</i>	巫慧鈞醫生
<i>DR YAM WING IN</i>	任穎妍醫生
<i>DR YEUNG YUN SANG</i>	楊潤生醫生
<i>DR YUEN HOI WING</i>	阮凱穎醫生

NEW ASSOCIATES

The following doctors were elected as
Associates of the Hong Kong College of Paediatricians
in 2016/2017

<i>DR AU WAI MAN</i>	區蕙雯醫生
<i>DR CHAN CHUN KI</i>	陳俊麒醫生
<i>DR CHAN CHUNG YUN</i>	陳頌恩醫生
<i>DR CHAN KA FAI</i>	陳家輝醫生
<i>DR CHU ASHLEIGH KA YING</i>	朱嘉盈醫生
<i>DR HO PAK LAM</i>	何柏林醫生
<i>DR KO LOK SUM</i>	高諾琛醫生
<i>DR LAM CHUNG YAN, MICHELLE</i>	林頌恩醫生
<i>DR LAU HOI YING, SHARON</i>	劉凱盈醫生
<i>DR LAU SUI HO</i>	劉瑞濠醫生
<i>DR LI WAI TUNG</i>	李偉東醫生
<i>DR LI YEE MING, JENNIFER</i>	李綺明醫生
<i>DR LI YUEN MEI</i>	李婉媚醫生
<i>DR LIN YING KIT</i>	連英傑醫生
<i>DR MA JUSTIN MING YIN</i>	馬銘賢醫生
<i>DR CHAU SHI SAN</i>	周時燊醫生
<i>DR CHEUNG HO YAN, MICHELLE</i>	張皓欣醫生
<i>DR CHEUNG SIU LUN</i>	張兆麟醫生
<i>DR HUNG HAY JUNE, JACQUELINE</i>	孔希雋醫生
<i>DR KWONG YI LEE</i>	鄭伊莉醫生
<i>DR LAI HON YU, SOPHIE</i>	黎涯渝醫生
<i>DR LAM HI YUET</i>	林喜悅醫生
<i>DR LAM KI</i>	林琪醫生
<i>DR LAM SUET YING</i>	林雪瑩醫生
<i>DR LEE WING CHI</i>	李詠芝醫生
<i>DR LEUNG CHEUK YIN</i>	梁卓妍醫生
<i>DR LEUNG WING YAN</i>	梁穎欣醫生
<i>DR MOK KWAI YI, CLAUDIA</i>	莫桂怡醫生
<i>DR NG CHUN HONG</i>	伍俊康醫生
<i>DR NG SUI LUN</i>	吳瑞麟醫生
<i>DR NG YU HIN, DANIEL</i>	吳宇軒醫生
<i>DR TONG HO MAN</i>	湯皓文醫生
<i>DR TSANG CHI YAU, ALICE</i>	曾子柔醫生
<i>DR TSANG MING CUI, MICHELLE</i>	曾名翠醫生
<i>DR TSOI YI MAN</i>	蔡爾敏醫生
<i>DR WAI CHI SAN</i>	衛芷珊醫生
<i>DR WONG KA LIM, CARLIN</i>	黃家廉醫生
<i>DR WONG TSZ SUM</i>	黃梓琛醫生
<i>DR YEUNG TERENCE TING HEI</i>	楊廷禧醫生



Our Local Examiners and the RCPCH Examiners, Dr Mary Cummins,
Dr Mandy Goldstein and Dr Peter Todd
at the Examiners' Training Session on 24 October 2016



Honorable guests and College representatives at the Opening Ceremony of
the 13th Congress of Asian Society for Pediatric Research (ASPR) on 6 October 2017

