



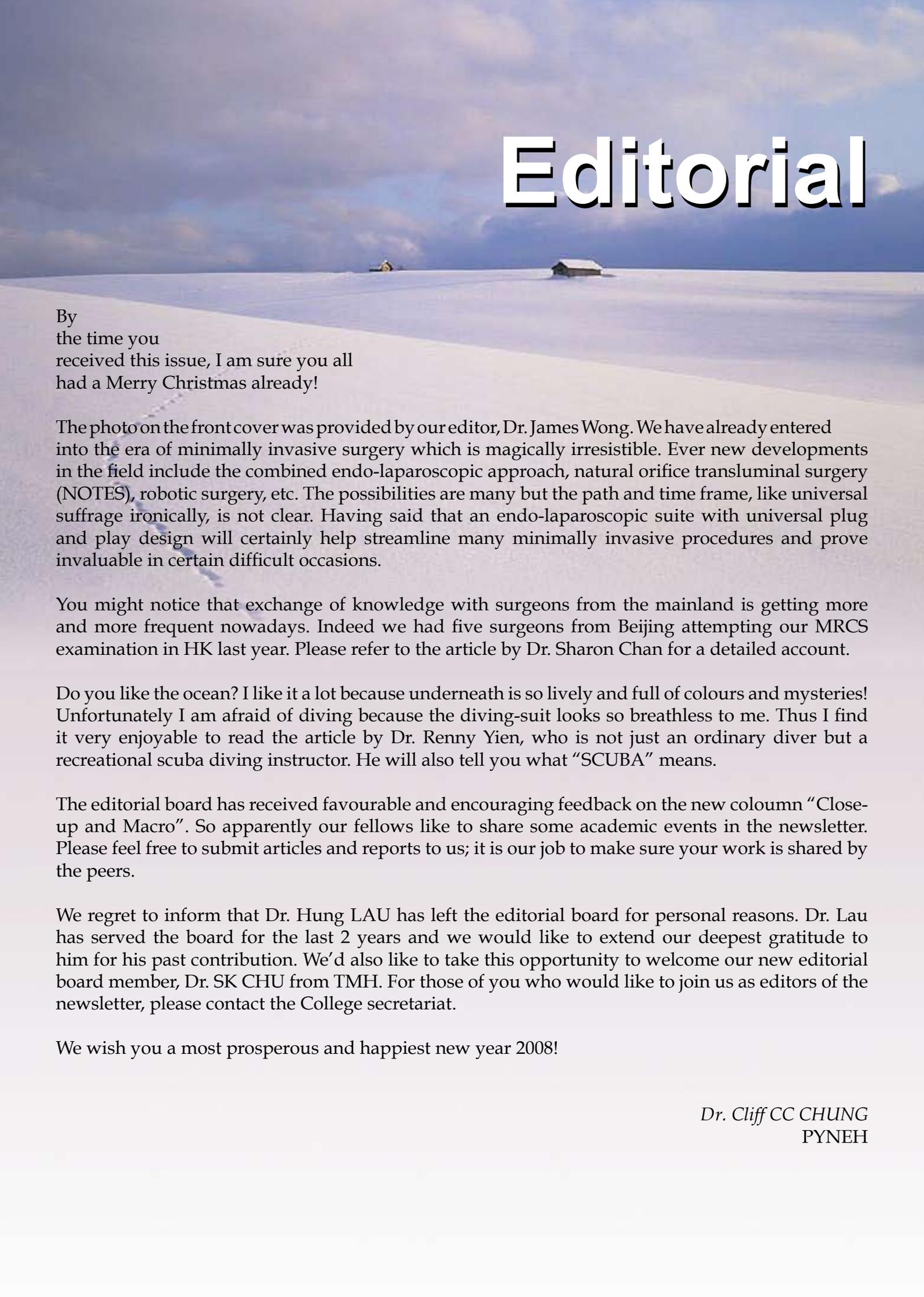
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The College of Surgeons of Hong Kong Newsletter
香港外科醫學院簡報

January 2008
二零零八年一月號



Editorial

By the time you received this issue, I am sure you all had a Merry Christmas already!

The photo on the front cover was provided by our editor, Dr. James Wong. We have already entered into the era of minimally invasive surgery which is magically irresistible. Ever new developments in the field include the combined endo-laparoscopic approach, natural orifice transluminal surgery (NOTES), robotic surgery, etc. The possibilities are many but the path and time frame, like universal suffrage ironically, is not clear. Having said that an endo-laparoscopic suite with universal plug and play design will certainly help streamline many minimally invasive procedures and prove invaluable in certain difficult occasions.

You might notice that exchange of knowledge with surgeons from the mainland is getting more and more frequent nowadays. Indeed we had five surgeons from Beijing attempting our MRCS examination in HK last year. Please refer to the article by Dr. Sharon Chan for a detailed account.

Do you like the ocean? I like it a lot because underneath is so lively and full of colours and mysteries! Unfortunately I am afraid of diving because the diving-suit looks so breathless to me. Thus I find it very enjoyable to read the article by Dr. Renny Yien, who is not just an ordinary diver but a recreational scuba diving instructor. He will also tell you what "SCUBA" means.

The editorial board has received favourable and encouraging feedback on the new column "Close-up and Macro". So apparently our fellows like to share some academic events in the newsletter. Please feel free to submit articles and reports to us; it is our job to make sure your work is shared by the peers.

We regret to inform that Dr. Hung LAU has left the editorial board for personal reasons. Dr. Lau has served the board for the last 2 years and we would like to extend our deepest gratitude to him for his past contribution. We'd also like to take this opportunity to welcome our new editorial board member, Dr. SK CHU from TMH. For those of you who would like to join us as editors of the newsletter, please contact the College secretariat.

We wish you a most prosperous and happiest new year 2008!

*Dr. Cliff CC CHUNG
PYNEH*

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Message from the President

Dear Fellows,

Some of you may have seen a report of my interview with the South China Morning Post on 1 November 2007. In the interview, I told the press that Hong Kong's standard of surgery is among the highest in the world. And since the standard of conducting an operation should be the same no matter where it is, we believe that Hong Kong has the capability to help set the standard. I did envision a long-term goal of our College, viz. *to become a leading College with our own training and examination system that would be internationally recognized, and that eventually may serve as a model for Mainland China and other countries to follow.*

I am indeed delighted to inform you that the first step towards such a goal has now been realized. For the very first time an examination that is wholly owned by our College has been successfully held on 6 November 2007. 115 and 18 candidates took part respectively in the Part 1 and Part 2 Membership Examination of the Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC) at the Princess Margaret Hospital. This examination is marking a very important milestone in the history of our College. Here, allow me to offer our heartfelt thanks to Dr H.T. Luk, our Censor-in-Chief, and Dr H. T. Leong, Chairman, as well as all the committee members of the Examination Subcommittee, for their tireless efforts over the past few months to make this examination a reality within such an incredibly short period of time.

What is more encouraging is that this new Membership Examination has gained international recognition at the outset. To continue our longstanding friendship and close collaboration on surgical training and education with the Royal College of Surgeons of Edinburgh, we are very pleased that our sister College has kindly granted a formal recognition of our new examination as equivalent to their own examination, signaling to the world their confidence in our training and examination systems. Successful candidates will therefore, like in the past, obtain a Membership Diploma of the RCSEd in addition to that from our own College. I think this is a noteworthy achievement of the College of which all of us should be justly proud of.

No doubt, we are at a critical point of the College's development! The College is growing fast and the environment around us is changing rapidly. We

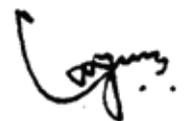
have now embarked on a number of challenging initiatives. It is against such a challenging background that I appeal to your support and active participation in College activities. We urgently need your help and input so that the College Council can move forward in drafting the future plans for the College. For instance, the next diet of Part 1 and Part 2 of the new HKICBSC Membership Examination scheduled for April 2008 will require input of new questions to the Question Bank. The same applies to the various committees, specialty boards and subcommittees under the Council as well as ad hoc taskforces formed from time to time. Your participation would be crucial to the development of the College.

The Conjoint Annual Scientific Congress held in collaboration with the Royal Australasian College of Surgeons in May 2008 will be a highlight of the year. When this message is written, the Core Group led by Vice President Dr Andrew YIP and specialty conveners are working tirelessly to prepare for the Congress targeting at some 2,000 surgeons from Australia, New Zealand, Mainland and Hong Kong. The Congress is less than 6 months away, and your active participation and support is urgently called for!

As for the College Secretariat, I am very glad that the new General Manager Ms Janice CHAN has joined the College in November 2007 vice Ms Anne LAU who had to leave the College due to family commitments. I am most thankful to Anne for her contributions to the College. Now, with the joining of other colleagues, a highly competent team is now in place, ready to provide an effective administrative and logistic support to the College in its future ventures.

We are entering into the year of 2008! For the College, the year will be one of challenges and opportunities. Let us join hands in painting a bright future of the College! I am sure you will derive great satisfaction serving the College with its different initiatives.

Wishing you All a Most Prosperous New Year in 2008!



Professor Chung-kwong YEUNG
President

The College of the Surgeons of Hong Kong

Message from the Censor-in-Chief

Dear Fellows,

The new CME cycle will begin from January 2008. All Fellows have to obtain 90 CME points over 3 years cycle as in the past. The new requirements being 15 out of 90 points have to be active points. The CME/CPD subcommittee will facilitate Fellows to acquire active CME points. Please refer to the column of CME/CPD.

Our Annual Scientific Meeting 2008 will be in Joint Venture with the Royal Australasian College of Surgeons and will be held in May 2008. There will be a wide variety of topics covering the whole range of Surgical Specialties. Please note this in your diary and support this annual academic function of our College. Besides ASM, the College will continue to organize quarterly lunch symposiums. Please suggest topics of interest to your Specialty Board.

Dear Trainees,

For higher trainees, we are working towards annual Exit Examination for all Specialties and this had been endorsed by the Council. (Note: In view of the large numbers of Higher Trainees, General Surgery will have more than one Exit Exam per year). Up to now, all Specialty Board Exit Examinations are Conjoint Examination with Royal College of Surgeons of Edinburgh and are holding local examinations with external examiners, except Plastic Surgery Board. In addition, General Surgery Board will conduct a conjoint examination with Royal Australian College of Surgeons early next year.

For Basic Training, our College took the lead in organizing the new Intermediate Examination. The first diet of Paper 1 and Paper 2 was conducted on 6 November 2007. The results were announced at the end of November. The first new Part 3 Examination will be conducted in March 2008. The Royal College of Surgeons has agreed in principle to award MRCS to candidates passing this new examination.

Christmas and New Year are round the corner, may I wish you all a *Merry Christmas and a Happy and Prosperous New Year.*



Dr Hung-to LUK
Princess of Margaret Hospital

Message from the Honorary Treasurer

Thank you for your persistent support to the college. To face the fast changing environment of the healthcare sector and the challenges ahead, a number of new initiatives have been implemented by the College in the past few years. New departments have been established, more professional activities were organized, and we were migrating to the full autonomy of our membership examinations. In addition, inflation of the economy has urged for extra resources to be injected into the College in order to achieve our mission and vision of upholding and providing high standard professional education and training to our trainees and fellows.

It has been resolved in the Council that the annual subscription of College will be adjusted with effect from 1 January 2008 as below:

Category	Annual Subscription Rate
Fellows	Full subscription (HK\$1,500)
Fellows aged over 65	1/10 of full subscription (HK\$150)
Retired Members	1/10 of full subscription (HK\$150)
Overseas Fellows	1/2 of full subscription (HK\$750)
Fellowship with hardship	Application will be considered on individual basis.
Ordinary Members	Full subscription (HK\$1,000)
Members aged over 65	1/10 of full subscription (HK\$100)
Retired Members	1/10 of full subscription (HK\$100)
Overseas Members	1/2 of full subscription (HK\$500)
Membership with hardship	Application will be considered on individual basis.

Your continuous support to the College is critical to our success. Please remember to have your instruction of payment method and corresponding cheque(s) on subscription submitted to the College on or before 26 January 2008.

In addition, please be noted that with effect from 1 January 2008, the College will no longer collect the subscription fee on behalf of the Hong Kong Academy of Medicine.



Dr Angus C W CHAN
Hong Kong Sanatorium & Hospital

News from the Specialty Boards

GENERAL SURGERY BOARD

The MRCS Part 3 and FRCS examinations were conducted in the Prince of Wales Hospital and Queen Mary Hospital respectively. The passing rate for the exit examination was only 43% this year, while the successful rate for the MRCS Part 3 examination is higher.

The College has successfully conducted Part I and Part II of the new HKIBSC examination in November. 115 candidates had sat for Part 1 and 18 candidates for Part 2 with its passing rate for more than 70%. Credit goes to all who has submitted examination questions, and especially to the members of the Examinations committee for their efforts in screening, vetting and preparing for the examination.

The General Surgery has conducted a conjoint hospital inspection for the New Territories East Hospital Cluster with the Royal College of Surgeons of Edinburgh at the Hong Kong Academy of Medicine Jockey Club Building. In general the inspectors were impressed by the enthusiasm of the trainees and the quality of the training. It is expected that the number of training posts will be increased for the forthcoming years. In order to expedite the inspection process, the Board will inspect the remaining hospitals in early 2008 for re-accreditation of their General Surgery Programs, whereas the Edinburgh College will exercise their inspection in several stage up to fall 2008.

Professor Stephen Wing-keung CHEUNG
Queen Mary Hospital

PAEDIATRIC SURGERY BOARD

The provisional date for the next exit examination in Paediatric Surgery is on 12th March 2008. There will be two candidates sitting for the examination.

We have recently made some progress regarding tripartite exit examination with Singapore. Hopefully we could be able to achieve this next year.

The next HST selection exercise will be held in December. There is one vacant post in QEH centre.

The next inter-hospital clinical meeting will be held in QMH sometime early next year. The exact date will be announced in due course.

The current Programme Director is Dr. Kim-hung LEE.

Dr Kelvin K WLIU
United Christian Hospital

NEUROSURGERY BOARD



The conjoint examination for neurosurgery that confers FHKAM (Surgery) and FRCSE (Surgical Neurology) took place in the College and Queen Mary Hospital during a 3 day period on 11-13th October 2007. All four candidates passed, achieving a 100% pass rate for the first time. This photograph depicts the two external examiners from the United Kingdom (Mr. Richard Cowie and Professor Ian Whittle), internal examiners, examination organizers from the Queen Mary Hospital and the four successful candidates.

Professor Wai-sang POON
Prince of Wales Hospital

News from the Specialty Boards

CARDIOTHORACIC SURGERY BOARD

The Hospital Inspection of the designated Cardiothoracic Training Units (Prince of Wales Hospital, Grantham Hospital and Queen Elizabeth Hospital) had been held successfully on 19 November 2007 at HKAM Building. It was followed by the Conjoint Examination in Cardiothoracic Surgery on 21 & 22 November 2007 and the Specialty Update Course on 23 & 24 November 2007.

For more information about Cardiothoracic Surgery Board, please visit <http://www.surgery.cuhk.edu.hk/acssu2007/>.

Professor MJ UNDERWOOD
Prince of Wales Hospital

UROLOGY BOARD

At the recent Specialty Boards Meeting, both the Royal College of Surgeons of Edinburgh and College of Surgeons of Hong Kong agreed in principle to have "a minimum of one exit examination per annum in all six surgical specialties". The Urology Board has decided to hold the next conjoint urology fellowship examination in September 2008 and subsequent autumn every year.

We have recruited four trainees per year from 2004 to 2006 and eight trainees in 2007. The high recruitment in 2007 is due to the exodus of experienced urologists from public sector in recent years and the need to replace medical staff for service. By 2011, we are expected to have another twenty urology specialists joining the urology working force in Hong Kong. To improve understanding and align expectation of trainees and trainers, future applicants for Higher Surgical Training in Urology would be invited to meet the Urology Board Committee members before the Central Selection Exercise.

Dr Po-Chor TAM
Queen Mary Hospital

PLASTIC SURGERY BOARD

The appointment of nine new board members was endorsed at the Plastic Surgery Board Meeting on 6 September 2007. The Board for the year 2007-2010 is listed below:

Chairman	: Dr Wing-yung Cheung
Vice Chairman	: Dr Daniel Tin-chak Lee
Honorary Secretary	: Prof. Andrew Burd
Program Director	: Dr Wai-man Ng
Board Member	: Dr Chiu-ming Ho Dr Kin-hung Kwan Dr Lai-kun Lam Dr Gordon Fong-ying Ma Dr Wai-cheung Yuen

The Exit Examination was held on 25 November 2007 at Queen Mary Hospital. Dr Gary Burget (who is an international expert on nasal reconstruction) was invited to be our External Examiners. There were four candidates and they all passed the examination. (Dr Mei-yee Leung, Dr Tor-wo Chiu, Dr Stephanie Chuk-kwan Lam & Dr Wing-kee Choi)

The Board has paid extreme concern on the training capacity of the Training Centers under Hospital Authority. It is our top priority to maintain the current number of training centers and training posts. This message had been conveyed to HAHO through the 621 Forum.

Dr Wing-yung CHEUNG
Kwong Wah Hospital



Introduction of new council member: Dr Chiu-ming HO

Dr. Ho, why did you stand for election this year?

In view of the shortage of Plastic Surgeon in the Council, I decided to stand for the election this year. Although Plastic Surgery is an established

specialty with its well-defined role, it is often misunderstood by the public as well as the medical community. Being a member of the Council of the College, I can serve as a bridge between Plastic Surgeons and the surgical community.

What is your expectation towards the College and what contribution do you think you can make?

I think we have made a lot of grounds in the past decade with respect to the training of surgeons in Hong Kong. It no longer depends entirely on apprenticeship but also the well-structured programs for training of surgeons in different specialties. The supervision of each trainee has been improved and so as their progress has closely been monitored.

From your prospective, what important issues is our College facing today? Which one you think is the most challenging?

The main issue in the Hospital Authority is the exodus of experienced surgeons into the private sector and the cut in the surgical service and training posts over the last several years. This would greatly undermine the surgical service and training but the collapse of the system would not be devastating to everyone. The College should act proactively to support and maintain the training centers. The important issue for a specialty like Plastic Surgery should be the increase of the number of surgical trainees, as well as the sustained quality and standard of surgical training.

What is your viewpoint on sub-specialization? What potential problems are there in implementing sub-specialization in Hong Kong? And how do you think we can overcome these hurdles?

Subspecialisation is the trend of development as it encourages better development and higher quality of care. However, subspecialisation can only be thrived if there happens to have significant tasks and sufficient patient referral to allow its development.

I know you are in private practice now. From your experience, what are the major differences between private practice and public hospital practice?

In the public sector the surgeon is responsible for a specific part of the treatment process in different stages of your surgical career. Private practice offers an overview of the surgical care which you are required to be responsible for the entire process. Hence, there are more aspects that one has to look into and this is a new learning experience.

A lot of private surgeons are quite busy with their own business. As a Council member, how do you allocate your time in the College activities?

Private practice gives you a lot more free time to pursue other aspects of life outside your career. The only problem is that works are erratic and come in cluster and this gives an impression that you are busy. Of course there are surgeons who are very successful with patients wait in a long queue for their high quality and professional service. Allocation of time is a matter of priority; you can always find time for something you are committed to.

Dr. Chad Cheuk-wa TSE
Queen Elizabeth Hospital



Introduction of new council member: Dr Cliff C C CHUNG

Something standard:

Dr Cliff CC Chung, graduated from the Chinese University of Hong Kong in 1989, with first prize in surgery. He underwent his surgical training in Prince of Wales Hospital and obtained his exit fellowship in 1996. He then joined the colorectal service in Pamela Youde Nethersole Eastern Hospital. He has been a visiting surgeon to the colorectal unit in Cleveland Clinic Florida and Memorial Slone Kettering Cancer Centre in New York. Currently he is the team head and consultant surgeon of the colorectal division in the department of surgery, PYNEH. He is also an honorary consultant in Hong Kong Sanatorium & Hospital, the President of the Hong Kong Society for Coloproctology, the Chief Editor of the "Cutting Edge" of the College of Surgeons of Hong Kong as well as an editorial member of Surgical Practice. He has been a renowned laparoscopic colorectal surgeon, authors of numerous articles of international journals with high impact factors. This is the usual introduction of Dr CC Chung, our new, and one of the youngest council members of our college. One can easily get it from the web searching engine...

Something interesting:

Charming as he is, Cliff has been an idol to students and juniors. He never says, but as I observed, he loves his university and his fellow alumni. He has a strong sense of humor. There were occasions he helped to be the master of ceremony in the alumni function and he always demonstrates his extra-ordinary ability to amuse! One may not know, Cliff loves snooker. Very often he plays on his own. He always tries to win nobody but himself. He improved by breaking his own record. Perhaps in

such a way, he can pause from his very tight schedule in the hope of refreshing his mind. I am not surprised if Cliff can challenge Marco Fu one day!

Something more:

Personally, I have been working with Cliff for two and a half year. As a clinician, he is knowledgeable. He always works in an orderly manner with clear objectives. He is readily to and possesses an outstanding ability to teach. To better understand him, go ahead and see his response in my interview:

Mature surgeons are quitting HA and heading for the private market. Newly qualified "specialist" is not willing to stay because of sub-optimal working environment and uncertain prospect. The number of trainees is shrinking, etc... All these seem translating into a declining standard of the surgical profession in the territory. What is your opinion?

I don't think the standard of surgical profession is declining. Doctors are used to be regarded as highly intellectual people in the community and, in my opinion, surgeons are 'crème de la crème' of the medical profession. From history, the new generations are always better than the old ones, and this explains the progress in medicine. True that what you mention is a real threat to the public sector in Hong Kong. But I would think certain movement of personnel is healthy and indeed inevitable when the economy is favourable. What I am trying to say is that the market - and I refer here the market in macro sense - is always self-adjust. Thus, if you look at the figures carefully, HA has indeed opened a number of senior posts for replacement in the last 2 years. Moreover, in response to the threat, HAHO is doing something on the



contract package and working hours to make it more favourable for our younger fellows. All these measures help retain some of the young surgeons who are committed to serve the community in public institutions. As the private market starts to be saturated and the terms in HA becomes better, the trainee number will rise, and so on so forth.

What do you think the college can do for private surgeons, HA surgeons and trainee so as to balance the concern of all these parties and facilitate a healthy development of the profession?

As I said before, the movement of personnel and the terms for HA surgeons are really determined by the market, and these are beyond the control of the College. The primary role of the College is to ensure a good training curriculum and opportunity for our trainees and to help maintain a good standard of surgical practice in HK. The provision of good training programme can help attract trainees with good potential to join our specialty. On the other hand, it is equally important that the College should organize regular continued

medical education programmes for qualified surgeons in public and private sectors in order to maintain the standard of surgical practice locally. Of course, the College can also serve as a consultation body to HA regarding issues like number of various surgical trainees that should be recruited every year.

What you can do, as a council member of the college, to achieve your proposed plan and direction?

This is a question for the President, if not Censor in-chief.. I feel honoured to be able to serve the College as a newly elected council member. I'll keep on reminding myself the primary roles of the College and will work under the directions of the President to achieve our goals. But as a relatively young surgeon, I think I do understand the concerns and worries of our younger fellows, and I'll help reflect these to the Council.

Dr James WONG
Pamela Youde Nethersole Eastern Hospital



Close-up and Macro

International Endolaparoscopic Surgery Symposium



The new Minimal Access Surgery Training Centre (MASTC) in PYNEH was grand opened on 6th December, 2007. Important government officials and leading figures in the medical community such as Professor York Yat-Ngok Chow and Mr. Shane Solomon were special guests. The inaugural International Endolaparoscopic Surgery Symposium was held on 6-7th December 2007, to officiate the opening.



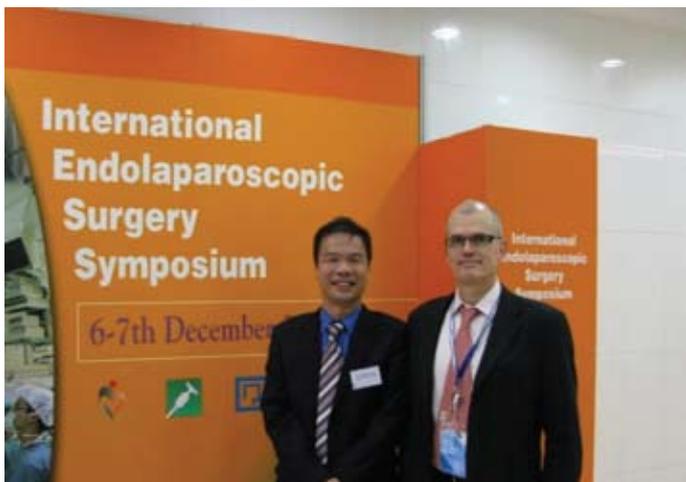
Mr. Michael Li (Director of MASTC) was commissioned by the Hospital Authority in early 1990s to set up the MASTC as the pioneer of health care professionals training in Hong Kong.



Live demonstration with the use of the high definition monitor in the Lecture Room which can accommodate up to 140 participants.



Nethersole Endolap Training Centre was established with the generous donation from the executive committee of Ho Miu Ling Nethersole Hospital. Dr. C N Tang (Co-director of MASTC) was demonstrating the use of the Endolap training facilities in this Endolap Suite to the guests.



This Inaugural Symposium of the new MASTC brings us stimulating lectures by international speakers and fruitful sharing experience among members of the Societies.

Dr. C. C. CHUNG (left) and Professor Jeffery Milsom (right)

Professor Jeffery MILSOM : "That's our future !"



International Faculty:

Left to right: Professor Serafin HILVANO (Philippines), Dr. Samuel KWOK (Hong Kong), Dr. Peter GOH (Singapore) and Professor Seigo KITANO (Japan)

Professor HILVANO : "This Cinderella's dream comes true!"



Professor Carrison Tang (right) showing us the skull that was made by the 3-D printer behind us in this first innovative Surgical Virtual Reality Laboratory in the MASTC. The effective use of 3D and spatial information generated by advanced digital medical imaging can enhance the development of minimal access surgery. The expertise in 3D medical visualization has enabled the hospital to win the world's top award in scientific visualization in 2007.

Professor Seigo KITANO : " Such great training building is excellent and really impressive!"



Dr. Angus CHAN (right) with Professor David LOMANTO from Singapore (left) taking picture in the Lecture Room after Professor LOMANTO shared with us his own data and experience on NOTES (natural orifice transanal endoscopic surgery).

Dr Hester Y S CHEUNG
PYNEH

Hospital Inspection in General Surgery

The College of Surgeons of Edinburgh together with representatives of the General Surgery Board of the College of Surgeons of Hong Kong has conducted a re-inspection of New Territories East Hospital Cluster on 23 October 2007. It includes Prince of Wales Hospital, Alice Ho Miu Ling Nethersole & North District Hospital, and Tuen Mun Hospital.

It has been five years since the Edinburgh College conducted their last inspection for General Surgery and the preliminary response from the two inspectors; Mr. Robert Mason and Mr. Kenneth Hosie was very favorable. They are impressed with the overall quality and enthusiasm of the higher surgical trainees and so as the new cluster arrangements.



Although there may be a conflict with a high service workload in some hospitals, still the surgical procedures and training materials are not in shortage. In comparison with the system in UK, there is no obligatory work hour restriction and within reasonable limits our trainees may be in a better position to receive more training opportunities.

The next inspection will be conducted in March 2008 and I remain optimistic that all of our hospital departments will make every endeavour to be well performed.

Professor Stephen Wing-keung CHENG
Queen Mary Hospital

Hospital Inspection in Cardiothoracic Surgery

In comparison with Cardiothoracic Units in the United Kingdom, the 3 hospitals in Hong Kong (Prince of Wales Hospital, Grantham Hospital and Queen Elizabeth Hospital) would be regarded as relatively low volume with a maximum number of adult cardiac cases in the busiest unit standing at around 400 per year compared to over 1500 per year in some of the UK units. Per capita of population, provision of cardiac surgery falls well below recommended international numbers in Hong Kong, particularly in coronary artery surgery. Thoracic workloads are more comparable.



After the inspections, there seems to be no specific areas in which there are training problems resulting from lack of resources. However, it is recognized that additional resources, sponsoring overseas training, developing wet-labs and so forth may be required in future to maintain a high level of training in Cardiothoracic Surgery and enhance the training process.

Training and service provision always provides a degree of conflict whatever the international arena is like. There needs a sensible approach and balance. Training opportunities must be maximized and this requires commitment from trainers and adoption of new training techniques such as the establishment of Educational Contracts with trainees to ensure that their needs are met. However, there also has a degree of service provision, this goes hand in hand with personal development in the surgical specialties and is commensurate with the salary paid.

The overall impression of the surgical trainees in Cardiothoracic Surgery in Hong Kong is excellent and a few trainees who are really outstanding. The current system does provide opportunity for them, but as with all training programmes, revision is needed to anticipate future requirements. The development of international rotations, implementation of educational contracts, establishment of exam-based teaching schedules additional opportunity are formed as well.

There are still challenges however in this ever changing process.

Professor M J UNDERWOOD
Prince of Wales Hospital

Hospital Inspection in Neurosurgery

Embraced by the autumn breeze, all neurosurgeons in Hong Kong gathered in the early morning of 10th October 2007 in attending the Neurosurgical Society Monthly meeting held in Queen Elizabeth Hospital.

Our honorable guests, Mr. Richard A Cowie, Consultant Neurosurgeon of The Alexandra Hospital in Cheshire, and Professor Ian WHITTLE, Chairman of the Department of Neurosurgery of Western General Hospital (the University of Edinburgh) kindly joined us without a sign of jet lag.



Dr Cowie was very interested in the presentation that was made by Dr Rehman, regarding the topic of reducing elevated intracranial pressure by decompressive laparotomy. After a fruitful sharing and discussion, Dr Cowie and Professor Whittle then proceeded to the 'QEH tour', with Dr Samuel Leung (COS of Department of Neurosurgery, QEH) being their guide.

They visited the neurosurgical wards in QEH, and were appreciated by the clean and tidy dependence unit. Not only does the fantastic view of the Victoria Harbour in the ward impress them, but also by the well equipped and highly efficient HDU team.

"Our ward staff members are of various nationality and with very high mobility...", said Prof Whittle, "and post op patients were usually managed by ICU colleagues in the early post op period." In contrary to their practice in the Edinburgh, staff members in their wards are very experienced and

dedicated in neurosurgical care, who are capable of providing high quality post op support.

Apart from the HDU, the neuronavigation centre was also appreciated by our guests. The world standard facilities were utilized in the day-to-day practice.

Representatives from the seven neurosurgical units in HK gave Prof Whittle and Dr Cowie the picture of the current neurosurgical service in HK. The efforts and achievements were well recognized by our dear fellows from the UK.



As a 'dessert' for Dr Cowie and Prof. Whittle, all the higher neurosurgical trainees were arranged to have a chat with them individually. This definitely helped them to understand the current training in Hong Kong and gave the higher trainees a precious chance to learn from the prestigious guests.

With the enthusiasm and determination to strive for the best, neurosurgeons in HK are moving on to a new chapter – the promising 'cut edge' neuroscience centre will provide state of the art services to the population in the region. Hopefully we can show them the "dream" centre during their next trip to Hong Kong.

Dr H Y LAW
Queen Elizabeth Hospital

Younger Fellows Chapter

A Note of Thanks

This is going to be my last time to write to you as the Convenor of the Younger Fellows Chapter (YFC). It has been my honour to be able to serve the YFC in the past 3 years. During this period, the YFC has developed from scratch to become a well-recognized group in our College. All this would not have been possible without the support of the Younger Fellows (YF) and the College Council, especially Dr. Samuel Kwok and Dr. Andrew Yip. I must take this opportunity to thank them, and also the core members and hospital coordinators of the YFC, as well as all those who have showed their support and given us advice during this period.



My mission would be accomplished if you have got a clear picture of what the YFC is about. However, from the group's point of view, we are just at the beginning of our mission. As in any healthy organization, a system of succession is absolutely necessary. I am glad to introduce to you the next Chairman of the Younger Fellows Chapter starting from January 08 - Dr. Kwan Tim Lok. The YFC will definitely develop further in the right direction under his leadership. I urge you all to continue to support and contribute to the YFC and our College in the future.



The concept of YFC was introduced from Australia when I and four other Fellows visited their YF Forum in April 2004. Through a number of activities in the past few years, including social gatherings, special talks and sports, I'm sure the term YFC is no longer strange to you. The YFC is nothing about power or politics, but trust, respect and friendship. I hope that this culture can be kept forever.



Dr. Chad Cheuk-Wa TSE
Queen of Elizabeth Hospital
Convenor, Younger Fellows Chapter 05-07

Younger Fellows Chapter



Invitation to join the organizing committee

It is my honor to take up the new challenge of coordinating activity for our Younger Fellows Chapter. In the coming year, we expect difficulties and enjoyments ahead and we hope that we can share them with our Younger Fellows from various subspecialties. Please come to be part of the organizing committee. Please let me know if you are interested to join us.
My email: kwantl@ha.org.hk

Dr Tim-lok KWAN
Chairman, Younger Fellows Chapter



Surgeons from Beijing taking MRCS examination in Hong Kong



Dr. Gao (Left 1), Dr Han (Left 2) and Dr Liu (Left 4) took the chance to the President of Orthopaedic College of Hong Kong - Dr. P Y LAU (Left 5) and visited his department in United Christian Hospital

Dr. GAO Chan, Dr. HAN Wei and Dr. LIU Bo are three orthopaedic surgeons from Beijing JiShuiTan Hospital, who are having fellowship training in paediatric orthopaedics, orthopaedic traumatology and hand surgery respectively.

Sharon Chan: *It seems that all of you are undergoing subspecialty training in China. Why were you still interested in sitting for the MRCS examination?*

Dr. Han: *The MRCS exam was first introduced to our hospital in April 2006, by the visitor from Royal College of Surgeons of Edinburgh. Our president was very impressed by the training and examination system, so he decided to set up a program to support residents taking part in the MRCS examination. We believe by participating in the examination and obtaining the qualification, our hospital will earn recognition internationally.*

Dr. Gao: *This is also the first step if our hospital would like to be the first FRCS training center in China! What's more, I expect a real competency to be gained, which will exert its function in my future practice.*

Sharon Chan: *Can you introduce the training*

Have you noticed surgeons from Beijing taking MRCS examination in Hong Kong? The first batch of Beijing surgeons took the MRCS examination in Hong Kong in September 2006. There were five orthopaedic surgeons from Beijing JiShuiTan Hospital attempted the examination. Four of them passed part 1& 2 (MCQ) on the first attempt, with a passing rate of 80%! Three passed all parts and got the MRCS qualification. I am very happy in interviewing the three successful candidates, who made the history in first obtaining the MRCS (Edin) qualification in China!

and examination system in China? In what ways the MRCS examination is different from your examination?

Dr. Han: *In mainland, different medical schools have different training and exam systems. Usually, medical students spend 5 years in medical schools. Most of them will go for Master Degree for 2~3 years, and some of them will spend another 2~3 years for MD. After this, they will go for specialty training directly. For example, I have completed my medical degree and master degree in 2003. Then, I was trained as a resident in orthopaedics with rotation in six subdivisions in 3 years.*

Dr. Gao: *This 3-year rotation constitutes the first stage of the training. After this, there will be an examination, which is similar to MRCS examination. However, our existing examination system only have written format with no viva and clinical. The second stage of training consists of a 2-year subspecialty training, for which all three of us are now undertaking. We need to take a final examination after this.*

Dr. Gao: *Obvious differences exist between MRCS and our examinations. MRCS covers extremely greater amount of material including basic science. Moreover, the clinical part and*

communication skills section is something new to us, which is indeed very useful in testing candidates' clinical competency.

Sharon Chan: How did you prepare for the examination?

Dr. Liu: It is really hard work. Our hospital president assigned us more than three months off duty in preparing for the examination. We had formed study group working together. We started from looking up the medical terms in the dictionary; practising the pronunciation... just like your 1st year medical student.

Dr. Han: For the preparation of viva and clinical particularly, we had 3 months' clinical attachment in different hospitals in Hong Kong; for which the College of Surgeons of Hong Kong helped us in the arrangement. That was very useful indeed. Tutors from different hospitals gave us a lot of opportunities to practise clinical examination on real patients. This enabled us to familiarize with the format of the examination, and to improve our clinical skills. We would like to thank all the tutors who had taught us during our attachment.

Dr. Gao: Tutorial is another crucial element for the preparation. We learned how to answer VIVA question from Prof. Joseph Lau: "show your forest before a single tree; show your breadth before your depth" (For a very long time, I misunderstood the sentence as "show your breath before your death"). This is an important clinical thinking process. Prof. Lau also taught us how to connect beads into a necklace, which made our presentation more structural. This is the way I learn how to organize all my knowledge fragments into a more systematic order and got it presented.

Sharon Chan: What is the obstacle for you to sit for this examination?

Dr. Han: There were 3 obstacles. The first one was language. We were taught in Chinese in medical college. So we had to remember hundreds of English words during the preparation. The second one was that we were not familiar with the examination format, which was brand new for us. The third was the difficulty in picking up all the basic medical and general surgical knowledge in a short time, it was no easy task for a resident who had worked as an orthopaedic surgeon for several years already!

Dr. Gao: Compared to oral English, knowledge mastery was a bigger obstacle for me. This includes two aspects, one is the amount of knowledge, and the other is the organization of the knowledge. As for the former one, we had a lot of break holes in the knowledge system, sometimes which is an innate insufficiency in our medical education. For example, we must keep in mind never prefer the out-dated gastrectomy as a choice of treating peptic ulcer; while our Chinese textbook told us it is. As far as the organization of knowledge is concerned, as I have mentioned before, it is more than expression and presentation skills, it is a reflection of thinking habits. I must strive to organize all my knowledge fragments into a more systematic order.

Sharon Chan: Will the MRCS qualification help in your career development?

Dr. Liu: Although the qualification will not provide any direct benefit to my career now in our system, it is of great importance for doctors like me to attain an international recognized.

Dr. Han: The more important point is: my clinical skills really get improved during the whole course of MRCS examination preparation. The totally different medical system I experienced provides me with wider scope, and it definitely will affect my career development in some aspects

Dr. Gao: Absolutely! But the MRCS qualification is just a beginning, my goal is to achieve the higher orthopaedic training and pass the FRCS examination.

Sharon Chan: Will you recommend your other colleagues to come and sit for the examination? Especially the MRCS (Edin) is going to change to MHKICBSC.

Dr. Han: I don't know the details of this transformation. But if our Beijing JST hospital is becoming the Royal College of Edinburgh orthopaedics training center, we need such an entry exam for higher training. Then I'm sure more and more residents in our hospital will be willing to attend the MRCS or MHKICBSC.

Dr Sharon Wing-wai CHAN
United Christian Hospital

Into the Blue



Large school of Barracuda at Sipadan, Malaysia

I am a general surgeon in Hong Kong Eastern Cluster. Dr C C Chung invited me some time ago to write an article for *Cutting Edge*. I feel highly honored in writing something on my favorite hobby – Scuba Diving.

“SCUBA” (Self Contained Underwater Breathing Apparatus) is used to describe any diving set which allows the diver to carry his/her air supply with them. It has evolved from the early nineteenth century to today’s automatic demand valve system (developed by Cousteau and Gagnan 1943). This has allowed increased mobility and freedom from lines and hoses from the surface, and is being used by most divers nowadays. Scuba diving is broadly classified into recreational diving and technical diving. The former means that all dives are conducted in a way that no decompression is required and are less than 40m deep. I am a recreational scuba diving instructor.



Scalloped Hammerhead sharks plundering through the cold water of Galápagos, Ecuador



Sea lions are very playful and they come very close to divers. Galápagos, Ecuador.

I began scuba diving when I was still in the medical school. The University’s scuba Diving Club bankrupted before I became a certified diver. I can still recall that the underwater environment in Hong Kong used to be quite good in those days. We managed to see a large Manta Ray during one of our training dives. I did enjoy the serenity and the mystery of the sea.

My wife, Amy, is a fanatic of nature and wildlife. She took me to Sipadan (a tiny Island to the northeast of Borneo, Malaysia), where we fell in love with the sea. We came into close contact with large numbers of different species of marine lives, from large pelagic to tinny critters. Apart from scuba diving, there are no other activities that can bring you so close to the wildlife and nature. Scuba diving enables us to admire the miraculous creation and enigma of life. From then onward, we have spent most of our holidays on diving trips, going to remote areas of the world



Large Manta Ray circling its cleaning station at Bali, Indonesia.



Macro shot of tiny crab



Macro shot of tiny shrimp

that are away from hustle and bustle. These secluded areas are usually far enough to have access to mobile phone networks and Internet. Transportation to these areas usually takes a long way to go and is often very tiring. However, once you get under the water, diving into the big blue, everything will become insignificant. I can assure you that during diving you are utterly out of reach from the outside world. I guess this is the desire of every surgeon from every now and then – A Complete Relaxation.

Sensation of weightlessness, floating effortlessly across the sea will make you become addicted to diving. My friends ask me where I used to go scuba diving. I would simply tell them anywhere in the water. I even enjoy the sensation of scuba diving in the swimming pool, where I teach new scuba divers. Another area of “specialty” interest is wreck diving. Wreck penetration has inherent risks and hazards, it requires additional training and planning before the dives. For recreational

purpose, penetration must be less than 30m in total and we have to obey the rule of the thirds. Very similar to surgery, diving is very much about planning. Plan your dives and dive your plans. We use up one-third of the air going in, one-third coming out and leave one-third as a safety measure. As the sedimentation on the wreck can easily be disturbed, one wrong kick by yourself or your buddy team can be resulted in marked loss in visibility. Buoyancy control namely Trimming has to be mastered. Many marine living things are found inside large wrecks and they are often full of surprises.

However, not all diving sites are that interesting. It is crucial to find something appealing to do in all dives. As digital camera is becoming more popular, I took with underwater photography in 2003, starting with the low budget point and shoot camera in a protective housing. In these couple of years I am using my DSLR camera with bilateral large underwater strobes (flashes).



Clown Fishes and their home in Anilao, Phillipines

The whole rig weighs about 15kg on the topside, but it is virtually weightless underwater. The technique of underwater photography is very different from the topside mainly because of two reasons. Firstly, red light will be absorbed quicker than the blue light in the water. Therefore when you are below 15m, there is virtually no red light at all, and so all objects appear in blue and green. That is why we need powerful stroboscope to lighten the vibrant colors in the deep. Secondly light passes through water very poorly we need to get to the subject as close as possible in the hope of getting a sharp picture. For medium size subject we need a very wide-angle lens. For larger subject, the best lens to use is the fish-eye lens. I still need to learn more about telephoto lenses in the underwater environment and so as the macro-photography just like the topside.

Scuba diving has enhanced a lot of business and job opportunities in developing countries. I became a scuba diver instructor couple of years ago, and this enables me to bring the underwater world to my friends and allow more people to embrace the wonder of the underwater world. We get to know other divers who share the same value and vision.

Lastly, I would like to share my thoughts on shark fining with you. It is a pretty gruesome practice. You net a shark, slice off its fins, and then throw the bleeding, limbless fish back into the water. As we all know this is the source of the primary ingredient in shark-fin soup, a pricey staple in Chinese restaurants throughout Asia and part of the Western countries. Shark-fin soup was just a regional delicacy in Canton, South China.



A family of Mola Mola, the heaviest bony fish of the world wandering the deep waters of Bali, Indonesia. (Taken at a depth of 45m)

The rapid economic growth in the South East Asia has brought affluence to the people there and this enhances the consumption of shark-fin soup. The demand of which has escalated astronomically in the last 15 years, and now it has become a standard dish in banquets. Hong Kong has shamefully obtained 50-80 percent of the global trade in shark fins. Blue, hammerhead and silky sharks are the most highly traded species in Hong Kong. Mako, Thresher and Great White are also popular. With its long life span and low reproductive rate, sharks are threatened with extinction by over-fishing. Numbers of some shark species have dropped as much as 80% over the last 50 years. Do you think it would be safer for oceans without sharks? No. The chance of being attacked by a shark is less than the chance of being struck by lightning. Drowning incidents outnumber the attacks of sharks by the ratio of 1,000 to 1. Predators control the populations of their prey in a balancing way. They eliminate diseased and genetically defective individuals as a result to stabilize eco-system. Sharks are an important source of protein in certain parts of the world, like India and West Africa. It is primarily the huge demand for fins that endangers sharks—it is like a global gold rush. But what can we do? We should support wildlife organizations that are working to save sharks. DON'T ORDER SHARKFIN SOUP! We ought to advise all of our acquaintances not to consume any shark related dishes. If there is no demand for it, the fad will not last!

*Dr Renny L C YIEN
Ruttonjee Hospital*

Achievements



*Photo with Prof. Sam So at Stanford University.
Prof. So is a graduate of the University of Hong Kong and
now a Professor of Surgery at Stanford University*

It was a great honour for me to be awarded the James IV Traveling Fellow of the year 2007 by the James IV Association of Surgeons, following the footsteps of three previous James IV Travelers in Hong Kong - Dr. John Boey (1988), Dr. Edward CS Lai (1994) and Prof. CM Lo (2002).

The Traveling Fellowship named in honour of King James IV of Scotland was established in 1961 to promote professional cross-visits of surgeons of different parts of the world. Every year, it provides support for 3-4 surgeons around the world to visit other centers for a period of about 6 weeks. This is regarded as one of the most prestigious international Fellowships for surgeons, and it provides a unique opportunity not only for exchanging surgical knowledge but also for developing friendship with surgeons in overseas institutions.

I divided the traveling into two blocks to minimize interruption to my clinical and research work. In the first leg of my traveling, I attended two meetings and visited 3 institutions in North America. I started my trip of James IV Traveling Fellowship on 25th April 2007 in Colorado Springs to attend the 127th Annual Scientific Meeting of the American Surgical Association, which is the oldest surgical association in the USA. I presented a paper entitled "External Drainage of Pancreatic Duct with a Stent to Reduce Leakage Rate of Pancreaticojunostomy

after Pancreaticoduodenectomy: A Prospective Randomized Trial" in the meeting. The paper was discussed by several giants in hepatobiliary and pancreatic surgery, including Prof. Keith Lillemoe, Prof. John Cameron, Prof. Ronald Bussutil, Prof. William Traverso and Prof. Steven Strasberg. Following the meeting, I visit Stanford University, University of Toronto and then Mayo Clinic at Rochester. In each institution, in addition to attending operation sessions and clinical/academic activities, I also presented a lecture on my research work. My final destination of the first part of the trip was in Washington DC, where I attended the World Conference on Interventional Oncology as scientific committee co-chair and Faculty member. The three weeks in North America was certainly an eye-opening experience for me. I am looking forward to the second part of my trip to Europe in December 2007.

*Professor Ronnie Tung-ping Poon
Queen Mary Hospital*

Announcements

CME/CPD Committee

The Hong Kong Academy of Medicine has resolved to limit passive CME/CPD to “no more than 75 points can be awarded for passive participation as an attendee in Formal College Approved Activity (FCAA) in a 3-year cycle” starting from 1 January 2008. Following the adoption of the new CME/CPD Guidelines of the Hong Kong Academy of Medicine, the College has recently revised our CME/CPD programme so that it falls in line with the principles and guidelines of the Academy.

The major changes are

1. all categories (active participation, publications, self study, quality assurance, research, conducting examination, development of CME/CPD material, development of new technologies or services and activities for patient cares) except passive participation as an attendee in FCAA would be regarded as active participation.
2. a maximum of 75 CME/CPD points can be accrued from passive participation as an attendee in FCAA in a 3-year cycle.
3. a minimum of 15 CME/CPD points in each 3-year cycle should be accrued from active participation.

The College would enhance the provision of active CME/CPD by

1. providing active CME answer sheets for lectures and symposium during Annual Scientific Meeting
2. selecting two articles per issue of Surgical Practice as CME/CPD articles.

The new CME/CPD guidelines of the College of Surgeons of Hong Kong was endorsed by the HKAM Council on 15 November 2007. The final version is available on College website for fellows' reference.

Dr P C Tam
Chairman, CME/CPD Committee

What about giving “Cutting Edge” a **NEW LOOK?**

SAY YES and **MAKE IT HAPPEN!!**

“Cutting Edge” needs conscientious members to be Editors in achieving the goal.

If you have wild ideas and are dedicated in making “Cutting Edge” as an interesting and the most-wanted periodical,

Please contact the Secretariat by email at info@cshk.org or by phone at [2871 8799](tel:28718799)



ACHIEVEMENT THROUGH COLLABORATION

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS
THE COLLEGE OF SURGEONS OF HONG KONG

CONJOINT ANNUAL SCIENTIFIC CONGRESS

HONG KONG CONVENTION AND EXHIBITION CENTRE

12 – 16 MAY 2008

It has been more than 20 years since the local surgeons held a combined scientific meeting with the Royal Australasian College of Surgeons.

Over the past one year, our Hong Kong co-conveners have worked closely with the Australian counterparts in working out the scientific program for the Congress. There will be more than 20 scientific programs to be convened over the four-day meeting.

The conjoint Congress will commence in the evening of 12 May 2008, Tuesday with the Conjoint Award and Diploma Ceremony Conjoint Award and Diploma Ceremony, bringing together the important ceremonial elements of both Colleges. The Hon, Donald Tsang GBM, Chief Executive of Hong Kong SAR, has accepted our invitation to deliver a combined Arthur Li and George Adlington Syme Oration. The ceremony will be followed by the combined College Welcome Reception.

The scientific programs will be held over the following four days (13 May, Tuesday to 16 May, Friday), setting the new model for future Congresses, in response to the feedback from delegates. Breakfast sessions and Masterclasses will be held from 7:00am to 8:20am followed by the plenary program. This will cover contemporary and controversial topics including “Credentialling the Surgeons the Surgeons for New Technology – who is responsible?”; “Doing More with Less – improving bed utilization without compromising standards”, “Identifying and Helping the Under-performing Surgeon”. The presentations will occupy one hour and will be followed by named lectures. Scientific sessions will occupy the remainder of each day and specialty dinners will be held in the evenings with the spectacular Congress Banquet on Thursday evening.

The provisional program has been drafted and fellows can visit the Congress website at www.surgeons.org/casc2008 for a preview of the program. The program will be finalized over the coming two months. Fellows are encouraged to register early for enjoying a reduction in the registration fee.

I look forward to seeing you in the Congress.

Dr Andrew Wai-chun YIP
Kwong Wah Hospital
CASC 2008 Scientific Convener HK

Calendar of International Surgical Meeting

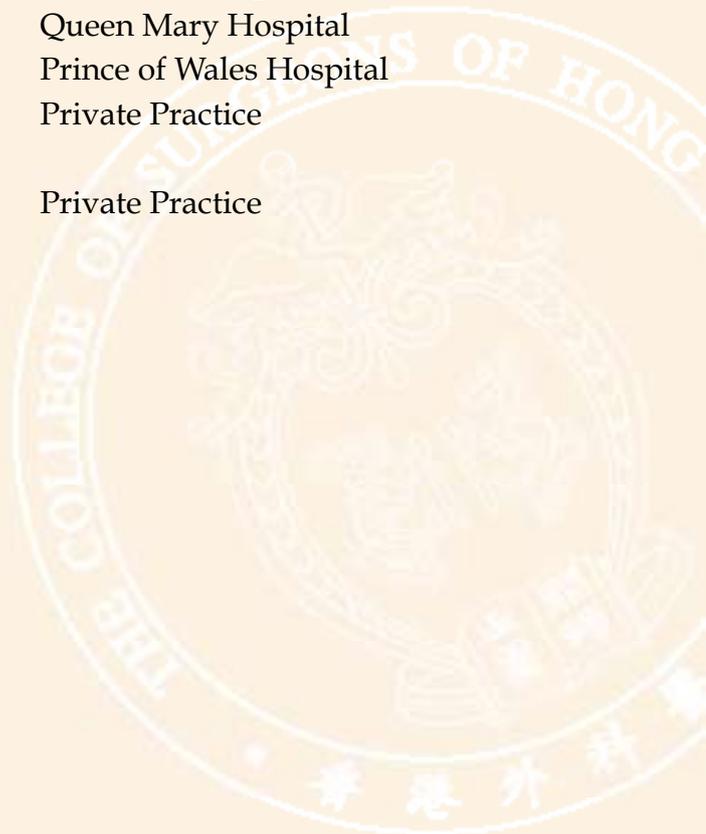
Date	Event	Website
6-8 Dec 2007	International EndoLaparoscopic Surgical Symposium Minimal Access Surgery Training Centre, PYNEH, Hong Kong	www.mastc.com/iess2007/ message.html
11-12 Jan 2008	Hong Kong Surgical Forum, Winter 2008 University of Hong Kong, Hong Kong	www.hku.hk./surgery
12 Jan 2008	GB Ong Lecture – A Quarter Century of Liver Trans- plantation at UCLA University of Hong Kong, Hong Kong	www.hku.hk./surgery
10 – 13 Feb 2008	19th Congress International Society of Aesthetic Plas- tic Surgery Melbourne, Australia	www.isapscongress2008. org
27 Feb –2 Mar 2008	8th World Congress of the International Hepato-Pan- creato-Biliary Association Mumbia, India	www.ihpba.org/world- congress-2008-mumbai- india
13 -16 Mar 2008	The Society of Surgical Oncology Cancer Symposium 2008 Chicago, US	MtgReg@surgonc.org
26 -29 Mar 2008	23rd European Association of Urology (EAU) Annual Congress Milan, Italy	www.uroweb.org/meet- ings-events/annual-eau- congress/
27 – 30 Mar 2008	American Hepato-Pancreato-Biliary Association 2008 Annual Meeting Florida, US	www.ahpba.org www. ahpba.org/subpage_meet- ings.php
6-9 April 2008	OESO 9th World Congress Gastro-esophageal Reflux Disease Monaco, Europe	www.oeso.org
9-12 April 2008	The Society of American Gastrointestinal and Endo- scopic Surgeons Annual Scientific Meeting Philadelphia, USA	www.sages.org/meeting- info.html
24-26 April 2008	3rd Congress of the European Society of Endocrine Surgeons Barcelona, Spain	asitges@imas.imim.es
26 April – 1 May 2008	American Association of Neurological Surgeons 2008 Annual Meeting Chicago, US	www.aans.org/annu- al/2008/default.asp

Calendar of International Surgical Meeting

Date	Event	Website
10- 14 May 2008	American Association Thoracic Surgery 88th Annual Meeting San Diego, US	www.aats.org/annualmeeting/
12 - 16 May 2008	Royal Australasian College of Surgeons and The College of Surgeons of Hong Kong Conjoint Annual Scientific Congress Hong Kong	www.surgeons.org/AM/PrinterTemplate.cfm?Section=ASC
16 - 19 May 2008	8th European Congress of Paediatric Surgery Turin, Italy	www.eupsa.org/index-ie.php
16-21 May 2008	American Thoracic Society 2008 International Conference Toronto, Canada	www.thoracic.org/sections/meetings-and-courses/international-conference/index.html
17-22 May 2008	American Urological Association Annual Meeting Orlando, Florida USA	www.aula2008.org
17-22 May 2008	Digestive Disease Week 2008 San Diego, US	www.ddw.org
2 - 5 Jul 2008	British Association of Paediatric Congress Salamanca, Spain	www.baps.org.uk/salamanca/salamancaindex-may07.htm
2-6 Sept 2008	11th World Congress of Endoscopic Surgery, incorporate with 9th Asia Pacific Congress of ELSA Yokohama, Japan	www.wces2008.com www.elsa2008.com
10-13 Sept 2008	ESSO 2008 - 14th Congress of the European Society of Surgical Oncology Netherlands	ESSO2008@fecs.be
2-5 Oct 2008	9th Asian Congress of Urology New Delhi, India	www.acu2008.com
12 - 16 Oct 2008	American College of Surgeons 94th Annual Meeting San Francisco, US	postmaster@facs.org
31 Oct - 3 Nov 2008	4th International Congress of the Asia-Pacific Hernia Society Beijing, China	www.aphs2008.com

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