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# CUTTING EDGE



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

October 2011  
二零一一年十月號

## Surgical Practice in Mainland China

### What is CEPA?

### College's role in China

[www.cshk.org](http://www.cshk.org)

# Editorial



## *How much we know about surgical practice in China?*

While I'm writing this article, the flashing firework is lightening up the glamorous night view of the Victoria Harbour on the National Day of China. It has been 14 years since Hong Kong returned to our mother country. Integrations and interactions are happening everyday in our economy. Nowadays, if you walk into the flagship store of those big brands, the pretty salesgirl would speak to you in Mandarin first. Yesterday, I visited the newly opened Apple Store in Central, and found that most customers were speaking in Mandarin. I left the store with empty hands, while their bags are fully loaded.

In the medical field, such evolution is also inevitable. Our government is considering medical service as one of the pillar of economy of Hong Kong. Although, all we can see is both our public and private sectors are flooded with pregnant mothers from the Mainland. Recently, the HKU has announced their plan to be involved in a private hospital in Shenzhen. Furthermore, CEPA has been further revised..... How much are these related to us?

In our College, we are accrediting hospitals in a number of cities in China as training centres. Some surgeons in China are becoming our College's Fellow by going through examinations as we all do. Are you aware of these?

That's why in this issue of Cutting Edge; we have tried to make surgical practice in China as our main theme. Our Editorial Board members have paid a lot of effort in finding information and interviewing the right people to come up with these articles. I must take this opportunity to thank their contributions. After all, we are not professional reporter, and are all busy. If you are reading this and is planning to flip the following pages, it's already the best support to us.

Last month, I attended a vascular symposium in Taiwan with Prof. Stephen Cheng W.K. We found that there is not much edge we have over other Asian countries. Then, I remember what Prof. Joseph Lau W.Y. has said in our interview:

**“Patients from China put their faith in us because they trust our brand, the brand of “Surgeons of Hong Kong”, signifying ethics, care and professionalism. That's why everyone of us have the responsibility to build and maintain this brand.”**

I speak some Mandarin, ..... but sounds like Cantonese!

**Thanks Dr. Peter Pang for contributing the photo on the frontpage.**



Dr Chad Cheuk-wa TSE  
Chief Editor, Cutting Edge  
Chairman, Corporate Communication  
chadtse@hkam.org.hk

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## Message from the President



**Our College together with The Royal College of Surgeons of Edinburgh have recently accredited 2 more centers in China for Basic and Higher Surgical Training in General Surgery.** They are The First Affiliated Hospital College of Medicine Zhejiang University and The First Affiliated Hospital of Nanjing Medical University Jiangsu Provincial Hospital. As at present, the 2 Colleges have accredited 8 centers for General Surgery Training and 2 centers for Urology Training. The list can be found below.

List of training centers accredited in China by RCSEd and CSHK
1. Peking Union Medical College Hospital (PUMCH) 北京协和医院
2. Peking University People's Hospital (PUPH) 北京大学人民医院
3. The First Affiliated Hospital, Sun Yat-sen University (FAHSYSU) 廣州中山大學附屬第一醫院
4. Rui Jin Hospital, Shanghai Jiaotong University School of Medicine (RHSJUSM) 上海交通大学医学院附属瑞金医院
5. West China Hospital of Sichuan University (WCHSU) 四川大學華西醫院
6. Tongji Hospital Affiliated to Tongji Medical College of Huazhong University of Science & Technology (HUST) 武汉华中科技大学同济医学院附属同济医院
7. The First Affiliated Hospital, College of Medicine Zhejiang University (FAHCMZU) 浙江大學醫學院附屬第一醫院
8. The First Affiliated Hospital of Nanjing Medical University (FAHNJMU) 南京醫科大學第一附屬醫院江蘇省人民醫院

Thanks to Prof. Joseph Lau, our Past President and current Director of China Affairs, he has made all the ground work for such accreditation exercises. The 8 centers that we have accredited are all within the 10 top centers in China in a recent ranking according to clinical as well as academic achievements.

**I have been asked the following question a couple of times. Why should our College join in such accreditation exercises?** The hidden agenda is of course the fear of surgeons from mainland after completion of training and passing examination will come to Hong Kong to practice surgery and hence eating into the local market. At present, a surgeon from China or overseas still requires a recognized basic medical degree for registration and practice. Hence, there should not be any immediate threat. I however agree the threat is possible in years to come.

**But, at a second thought, is it really a threat?** The followings are my personal views.

1. The number of accredited posts is limited and majority of the trainees would stay in the elite centers in China where they have a much better prospect.
2. The support for academic research is much better in the elite centers in China.
3. The last but obviously the most important is financial incentive. The rapid economic growth in China needs no further elaboration and surgeons with an internationally recognized degree is among the highest social class and perhaps there would be more financial incentive in mainland rather than in Hong Kong.

## Message from the President

But why should our College join the accreditation exercise? There is a quest for structured Surgical Training Program up to international standard from centers in China. As a profession, we should facilitate our colleagues if they are up to that standard for international recognition. Furthermore, is it a right direction that Hong Kong should develop into a coordinating center for monitoring of structured training and organizer for specialist examinations for China? I would take reference to aviation industry in Hong Kong. We are currently one of the important aviation hubs in South-east Asia. It would not have been possible if we had not rapidly developed our hard ware and also built up linkage internationally from second half of last century while there was a standstill in China. We might have to travel to Shanghai today by taking long haul flights if Hong Kong had not developed into an aviation hub. Therefore, it might be about time that basing on our international linkage built up in the past few decades we begin to develop our College as a coordinating center for monitoring of Surgical Training and Organizer for Surgical Specialty Examinations through conjoint activities with internationally recognized overseas Surgical Colleges like our current partner, The Royal College of Surgeons of Edinburgh. Through such commitment, The College of Surgeons of Hong Kong can be more independent in establishing our own Training Program and Examinations. Overseas Colleges will act as an external quality assurance rather than program and examination provider.

Another related question was whether we need to collaborate with overseas Surgical Colleges serving as external quality assurance. It is obvious that we have world renowned Surgeons who are locally trained in the past, at present and definitely in the future. However, such external quality assurance is not meant for those outstanding individuals but for our system and average Surgical standard in Hong Kong ensuring that our standard is up to international level.

**As a summary, I find it a right direction to promote a structured Surgical Training Program in China with external quality assurance. We shall equip ourselves to serve as a coordinating center for monitoring such programs and organize Surgical Specialty Examinations. The threat that Surgeons from China will come to Hong Kong to practice and hence sharing our private market is rather remote. On the contrary, if an internationally recognized qualification is being seen as a high quality brand in China, we might be able to expand our market when more patients from China coming to Hong Kong looking for Surgical services.**



Dr Hung-to LUK  
*Princess Margaret Hospital*

## Message from the Censor-in-Chief



### Accreditation of Training Centres in General Surgery in China

The Hong Kong Academy of Medicine began its liaison work with the Ministry of Health of China on training and accreditation of hospitals 5 years ago. The Hong Kong Intercollegiate Board of Surgical Colleges accepted the orthopaedic trainees from the Jishuitan Hospital of Beijing to sit for the membership examination since 2007. This was made possible with the accreditation of the Chinese orthopaedic centre by the Hong Kong Orthopaedic College together with the Intercollegiate Board.

Following on the College of Surgeons of Hong Kong joined with the Royal College of Surgeons of Edinburgh and commenced the dialogue with the relevant Chinese authority in exploring the possibility of accrediting training centres in distinguished surgical centres in China. The endeavour fitted well with the mission statement of the College that it would be a leader in surgical training in the local area. Medical institutes in China also received the notion with great enthusiasm as they aspired to have their standards recognized on an international basis.

The College has started to work jointly with the Royal College of Surgeons of Edinburgh (RCSEd) to accredit training centres in Mainland China since 2009. There are 6 training centers successfully accredited in the training programme in General Surgery which are :

1. Peking Union Medical College Hospital in Beijing (PUMCH)
2. Peking University People Hospital in Beijing (PUPH)
3. The First Affiliated Hospital, Sun Yat-Sen University of Guangzhou (FAHSYSU)
4. Rujin Hospital of Shanghai Jiaotong University School of Medicine in Shanghai (RHSJUSM)
5. The First University Hospital, West China University of Medical Sciences in Chengdu (FUHCUMS)
6. Tongji Hospital Affiliated to Tongji Medical College of Huazhong University of Science & Technology in Wuhan (THATMCHUST)

The College of Surgeons of Hong Kong handles the whole issue with great discretion. The Council guards heavily against an excessive proliferation of accreditation of training centres. The Edinburgh surgeons share the same view. It is envisaged that only around ten institutes could be recognized and that the training standards should be on par with the Hong Kong and Edinburgh Colleges and must be upheld all the times.

On our discussion with the surgical colleagues in China, their aspirations for securing the fellowship in Hong Kong is quite understandable. The scenario is akin to Hong Kong in the 70's and 80's when surgical trainees from Hong Kong strongly desired to be a fellow in the UK surgical colleges. At that time, few Hong Kong surgeons would wish for practicing in United Kingdom as the economy in Hong Kong was uprising then. The surgeons in China would only hope to be recognized on an international standard so as to facilitate their practices and to raise their promotion prospects in their own medical institutes. Furthermore, it is expected that only the top and the brightest trainees will be supported by the parent medical institutes to participate in our training programme and these trainees will be reckoned to be future surgical leaders in China.



Dr Andrew Wai-chun YIP  
Censor-in-Chief  
*Kwong Wah Hospital*

## Message from the Honorary Secretary



The President, Censor-in-Chief, Chairmans of Specialty Boards and I had been labouring to sign out stacks of Specialty Board Certificates for our Fellows. Fellows are reminded that Certificates are issued according to the Specialist List kept by the Medical Council rather than the trainer status the Fellow is assuming. A Fellow in the Urologist Specialist Registry serving as a trainer in General Surgery will be issued a Specialty Board Certificate in Urology rather than General Surgery.

Fellowship is to be cherished and not relinquished. It does not pay to forfeit one's Fellowship just to dodge subscription. CME management fee for a non Fellow stands at six thousand dollars a year. By paying a fraction of such amount as your Fellowship Subscription, the College will be managing your CME free of charge. Reinstatement of Fellowship will require Council endorsement, payment of all arrears and an additional two thousand dollars of administration fee.

Our Fellowship is a proof of standard and good standing. There is ongoing discussion on handling of specialist incompetency in the Academy. Currently, the Medical Council is responsible to conduct hearing and take according disciplinary action on professional misconduct of doctors, including specialists, and the ultimate disciplinary action that could be taken against a specialist would be removal of his/ her name from both the registry and specialist registry. The Academy, upon receiving such verdict, will terminate the Academy Fellowship of that practitioner. The Academy is also formulating a common recommendation for Constituent Colleges to remove College Fellowship as a further measure.

The issuance of Fellowship without Examination to surgeons not registered in Hong Kong, which had been proposed to increase collaboration with colleagues outside Hong Kong, was given cautious deliberations in the Council. The issue is complicated in concept and technicalities and is considered unready for any resolution for the time being.

In response to shortage of medical manpower in the public sector, the Hospital Authority is planning to employ overseas doctors with limited registration to work in public hospitals. The College respects the individual need of specialties for such extra hand. However, training opportunities of our College will be reserved for fully registered practitioners in Hong Kong. With increase in number of medical graduates over the coming years, our College has and will continue to increase the number of training posts pro rata. This will be a more fundamental solution to the manpower shortage we are facing.

Servicing all this Fellow affairs is our dedicated College Secretariat. In recognition of their hard work, the College Secretariat was given a second wage hike in five months to put their salary adjustment after that for civil servants so as to take due reference to the latter. The latest boost would put the average pay rise more competitive in the market at large and hopefully would help to retain high caliber staff in our College.



Dr Chi-wai MAN  
Honorary Secretary  
*Tuen Mun Hospital*

## Message from the Honorary Treasurer



Dear Fellows and Members,

Thank you very much for your continued support to the College.

The College Council in Year 2008 decided that the annual subscription of all categories will be reviewed and adjusted every 3 years as internal and external financial circumstances evolve over time.

To uphold and promote high standard professional education and training in surgery is always the major objective of the College. New committees and departments have been established and more professional activities were organized to discharge this mission and to cope with the fast changing environment of the healthcare sector. As the College expands, meetings and activities have been increased. Academic exchange and network with mainland and international counterparts have been enhanced to strengthen our international status. All these endeavours result in increase in overhead cost on hardware and manpower.

In determining adjustment in annual subscriptions, the College takes into account many factors including, and amongst others, the development and activities of the College, operational costs, inflation, impact on members and fellows, annual subscription rate of other local Sister Colleges.

**In this regard, the annual subscription of the College will be adjusted with effect from 1 January 2012 as follows:**

Categories	Annual Subscription Rate with effective from 1 January 2012
Fellows	Full subscription (HK\$2000)
Fellows Aged over 65	1/10 of full subscription (HK\$200)
Fellows Aged over 70	Waived
Retired Fellows	1/10 of full subscription (HK\$200)
Overseas Fellows	1/2 of full subscription (HK\$1000)
Higher Surgical Trainee s	\$1200
Exam Eligible Candidates	\$1200
Members	\$1500
Membership/Fellowship with hard-ship	Application will be considered on individual basis

We are most grateful for your unfailing support and will continue to serve you with heart. Your contribution to the College will surely be contributing to the local community.

Prof. Enders Kwok-wai NG  
Honorary Treasurer  
*Prince of Wales Hospital*

# News from the Specialty Boards

## CARDIOTHORACIC SURGERY BOARD

The Conjoint Examination in Cardiothoracic Surgery will be held with examiners from the Royal College of Surgeons of Edinburgh and Academy of Medicine Singapore on November 20<sup>th</sup> and 21<sup>st</sup>. At this time the Edinburgh College will also perform an external inspection of the designated Cardiothoracic Training Hospitals (Prince of Wales, Queen Mary and Queen Elizabeth Hospitals). There will be a Specialty Update Course on November 25<sup>th</sup> and 26<sup>th</sup> immediately following the examinations following the last two successful years when run in Singapore. This year there will also be 2 wet-lab 'hands-on' teaching course on 23<sup>rd</sup> and 24<sup>th</sup> November concentrating on aortic root techniques, mitral repair and advanced VAT's lung resection. There are also scientific and clinical presentations on 'Reconstructing the Mitral Valve' as part of the CSHK and Macau Surgical Association Meeting 17-18<sup>th</sup> September which should be of interest to both HST and Specialists.



Prof. MJ UNDERWOOD  
*Prince of Wales Hospital*

## PAEDIATRIC SURGERY BOARD

The 17<sup>th</sup> AGM of the Board of Paediatric Surgery will be held soon. Members will be informed in due course.

The last inter-hospital clinical meeting was held on 3<sup>rd</sup> June 2011 at Queen Mary Hospital and was well attended by board members and trainees. The next inter-hospital clinical meeting will be held in Queen Elizabeth Hospital. The date will be announced.

The next conjoint exit examination in paediatric surgery will be held in March 2012 at Queen Mary Hospital. There will be two local candidates sitting for the examination.

In the recent HST selection exercise, four BSTs were admitted into the training programme; one in QEH, one in PWH and two in QMH. For all newly admitted HSTs after July 2011, ATLS and PALS courses will be mandatory.



Dr Kelvin Kam-wing LIU  
*United Christian Hospital*

# News from the Specialty Boards

## PLASTIC SURGERY BOARD

Dr Wong Sau Yan / Consultant / Plastic Surgery / PWH has been elected as the Chief Examiner of the Plastic Surgery Board. There is new guidelines distributed to the examiners. There are a number of changes including formatted viva questions, marking descriptors for the awarding of scores, designated stations for different areas of the syllabus, and a list of Dos & Don'ts for the examiners' behavior.

The scope and structure of the examination have been revised and there will be three clinical stations and three viva stations.

The clinical sessions of 30 minutes each will have real patients with physical signs for the examination. The viva station of 30 minutes each is designated to test specific topic areas, as follows:

Topic area 1: Trauma, Burns, Wound care, Maxillofacial trauma, Hand & Lower Limb,

Topic area 2: Head & Neck, Cleft & Craniofacial, Genito-urinary & perineum, Basic sciences, Ethics & Medico-legal,

Topic area 3: Breast, Skin cancer, Grafts & Flaps, Microsurgery, Trunk & Back, Aesthetic Surgery, Vascular Anomalies, Pressure sore Management.

A MCQ workshop has been organized to build up the questions bank.

Two candidates are going to sit for the exit exam this year.



Dr Wing-yung CHEUNG  
*Kwong Wah Hospital*

## GENERAL SURGERY BOARD

The introduction of Doctor Work Reform has implications on training materials and time to complete training. The General Surgery Board has considered this and reviewed the guidelines on major operations for HSTs as well as the time required to fulfill major operations recently. The definitions of major operations have been updated and from 1 July 2011 onwards, HSTs have up to 5 years to fulfill the major operations requirement. For details, please refer to the updated regulations from the College website.

Six candidates from Hong Kong took the RCSEd / CSHK Joint Specialty Fellowship Exit Examination in General Surgery in Singapore in August. All 6 candidates passed. Unfortunately two candidates who took the Hong Kong examination in September failed. Because of the amount of resources needed to hold examinations, it was resolved jointly with the RCSEd that in future, there will be one examination held in Hong Kong, and one in Singapore every year. Additional examination may be organized depending on the number of potential candidates. For the Membership Part 3 OSCE held also in September, 11 out of 18 candidates passed (passing rate 61%).



Prof. Simon Ying-kit LAW  
*Queen Mary Hospital*

# News from the Specialty Boards

## UROLOGY BOARD

For already some years, our College and the Edinburgh College had conducted joint accreditation of prestigious centres in Mainland for general surgical training. With Mr David Tolley taking up Presidency of the Edinburgh College last year, it was just natural for the collaboration to be extended to urology centres in Mainland as well. This spring, we paid visits to the urological units in Tongji (Wuhan) and West China (Chengdu) Hospitals. Accreditation meetings were conducted in June during which members of the Urology Board Committee were impressed by the training facilities and materials in these centres and opined that the training programmes were potentially equivalent to that in Hong Kong. Two higher urology training posts were as a result recognized in each of these two centres.

This accreditation of urological centres in Mainland is a bold step because in promoting a high standard urological training that we trust, practice and develop, we are allowing those Mainland colleagues who share our belief in training and who put in the same efforts to eventually be able to join in our College as our urology Fellows. It is an important step because even though these Mainland colleagues will not be coming to Hong Kong to practice without basic registration, however, being carefully chosen from elite centres (approved by Minister of Health) and controlled in number, they will serve the College not in Hong Kong but in Mainland, where they will help to spread our idea of surgical training and enhance the image of our College. This would be a historical moment in the development of urological training in Hong Kong. The Urology Board Committee will continue to be vigilant in up keeping the standard we demand of every centre we recognize, and in controlling the scale of accreditation so that every trainee would receive adequate support and scrutiny.

The mandatory endo-laparoscopic urology skill course is co-organized by our College and the Specialty Group on Urology Services in Hospital Authority and the first basic course will be conducted on two weekends in September and October at Pamela Youde Nethersole Hospital.

Eight candidates will sit in the upcoming Urology Exit Examination in September. This would be the second year for the new viva format. The Examiners and senior fellows are to be complimented for their effort in writing up a whole new batch of questions. We wish that candidates this year will put up an impressive performance.



Dr Chi-wai MAN  
*Tuen Mun Hospital*



*Professor Lau Wan Yee is the pioneer in the promotion of collaboration and development of surgery between Hong Kong and China which has been started since the 1980s. He is currently the Director of China Affairs under the College of Surgeons of Hong Kong (CSHK). He has observed the changes during these three decades. In the past three years, Prof. Lau has observed a lot of changes and modernization in the quality of health-care in Mainland China.*

*Medical practice in China especially in surgical field is a very controversial issue for Hong Kong doctors. Not every doctor is interested in this area because of difficulties in terms of culture, healthcare system and policy. It is our honor that Professor Lau would like to share his experience with us on this hot topic. We will look into this issue in five major areas that related to surgical trainees and specialists.*

### ***When & how was the interaction started?***

Although Professor Lau and many volunteer doctors have started their work in China as early as 1980's, the official collaboration between our College and China commenced only after 2006. It was the Edinburgh College initiated the training programme at Beijing Jishuitan Hospital (北京积水潭醫院) where its basic and orthopedic training was recognized after the inspection by the Edinburgh College and the Orthopaedic College. It became the first hospital recognized by both the Orthopaedic College of Hong Kong and Edinburgh as a training centre in China. The Hong Kong College of Surgeons was not communicated and participated in this accreditation initially.

This recognition only limited to basic training and the Orthopaedic College is a separate college from the CSHK. Higher training in surgery had not been considered adequately. Thus, CSHK looked into this issue seriously. At the same time, Professor Jie-fu HUANG (黃浩夫) also proposed the formation of higher training centres in different regions of China. The Chinese Medical Doctor Association was finally established and the Chinese College of Surgeons was one of its many branches. Four target areas were selected as frontier specialties including paediatrics, ophthalmology, oral surgery and orthopedics but surgery was not included because of complicated political issues. CSHK then started to consider putting our training system forward to China and recognized their training in parallel with the originally designed China local training programme for the four target specialties i.e. three years of basic training followed by two years of higher training and then sub-specialty training, years to be determined by the specialty (3+2+N years training system). Up till now, seven hospitals have been recognized as training centres, Beijing, Shanghai, Quanzhou, Wuhan and Chengdu which are all the top hospitals in China.

But the recognition is not under the official agreement with the Ministry of Health of China. Professor Lau proposed a parallel training system in China, one is following the structure of College of Surgeons with recognition by CSHK, the other is the potential 3+2+N training system.

### ***Training system in HK and Mainland China can complement each other***

Professor Lau suggested that a parallel training system can be practiced in China. One is for community surgery for producing adequate surgeons to serve the large population as a whole up to local higher training level and another for expert in serving the complicated cases and meeting the international standard. The latter should have recognition.

It is no doubt that quality of surgical training is very variable in China. There are a lot of problems in small training centres or hospitals in China due to various reasons. According to Professor Lau, there should be absolutely no problem in the large centres in China. Some are even better than many centres in Hong Kong. Sharing of training materials with among large centers in Hong Kong and China should be encouraged as both are aiming at international standards. Surgery training quality in Hong Kong is dropping in the terms of exposure and training material in recent years which is the reverse in the large centers in China. But we do not have a trainee rotation system between Hong Kong and China.

Large case load in China can help trainees to gain hands-on and direct experience. For example, Shanghai Shuijing Hospital performed over thousands of liver resection in one year that is out of imagination in Hong Kong. Besides direct operative experience, there are also many manikins for simulation training in large centres in China that is not so commonly available in HK. Moreover, China is a paradise for research as recruiting cases is much easier due to large volume.

## Department of China Affairs

Yet, Hong Kong is not without advantage for trainees. Hong Kong is strong in conducting research and ethic training. **Ideally, swapping trainee can increase their exposure and complement each other's pitfall.**

The main issue is that there should not be any conflict with the China Training system on the one hand and the merge of the two systems to have international recognition on the other hand.

Due to the discrepancy in salary between trainees in China and Hong Kong, the Hong Kong trainees' salary should go with them during their training. Extra resource is a must. Hospital Authority should treasure the training opportunity in supplementing enough manpower for those trainees rotating to China, not leaving the work for those who staying in the department. In Professor Lau's point of view, this is not wasting resources but benefiting HA future development and maintaining continuity of service.

### *Merging of two system?*

The training system in China consists of three years of basic, two years of higher and N years of subspecialty training. As for the basic training, there is no internship training in China; the initial 3 years can match with Hong Kong's two-year basic training. An intermediate examination is then taken as our membership examination in Hong Kong. Trainees are then promoted to higher training which is followed by another examination which is not an internationally recognized fellowship. If trainees opt for further recognition, they have to undergo N years of subspecialty training. They can then take the conjoint examination to be recognized that can theoretically merge with Hong Kong system.

After CEPA, although Hong Kong doctors are allowed to practice in China without prior examination, it should be seriously considered that it must be fair to both doctors in Hong Kong and China if we want to practice without border. Professor Lau foresaw that an internationally recognized professional examination is necessary for the practice in China. He also strongly recommended that we should have mutual recognition of training and experience after the conjoint examination which set a unified standard on practice of medicine. Therefore, the merge of two training system is the critical issue and task for our College and the benefit of Surgeons of Hong Kong and China.

### *Practice in Mainland China: Threats or Opportunities?*

Professor Lau pointed out that two factors would promote the opportunities for doctors in HK to practice in China, namely high population to doctor ratio and rapid economic growth in China.

Although exemption from taking China examination before practice in China has been effective after CEPA, there are still a lot of barriers in practicing surgery in China. The behavior and belief of patients in China might be very different. Some are reluctant to understand their actual diseases and problems. Informed consent sometimes is not properly taken and explained. Complication or unfavorable outcome might lead to a strong reaction from patients and their families as there is lack of a complaint system and patients and their family members might not be well-educated. This occasionally leads to violent behavior to the doctors and healthcare workers especially when the families have used up all their savings in treating the diseases.

Hong Kong doctors have our own intrinsic advantage especially on medical ethic and systematic training. Patients have more trust on us particularly for the expatriates. However, we must not perceive that we are superior to doctors in China as emphasized by Professor Lau. We should respect each other in order to develop a close relationship and cooperation. Otherwise, China can develop her own system without our involvement.

Solo practice is very difficult as patients in China are hospital based. Patients would seek for well established hospital instead of seeking for a particular doctor. So the competition is with the hospital but not with doctors as you cannot access the facilities even with the HMO.

Surgery related procedure is a major undertaking. Patient usually needs serious consideration and wants easily accessible hospital facilities. Hong Kong doctors have a role only if the hospital does not have your expert skill which is not quite realistic at present. So, in general, Hong Kong doctors have no position in China hospitals.

On the other hand, international incorporation staff needs to be seen by doctors with internationally recognized qualification which is lacking in China. This would provide opportunities for HMO and international insurance companies.



Medical industry can be developed because of rapid economic growth in China. Doctors from China and Hong Kong are not in competition but complementary to each other. Although the China healthcare system is not matured enough for Hong Kong surgeons to practice surgery in China, we can develop our reputation to attract patients to be treated in Hong Kong at the present moment. If the two systems can merge, this can benefit both parties.

### *The Future*

There are pitfalls and advantages in both systems. The healthcare market in China is relatively free. It can allow rapid development and growth. The reward is based on output and outcome, not only on healthcare service but also on academic aspect like research and publication. The academic output is important to achieve a global influence and not limited to regional reputation.

The Hong Kong public healthcare system is more socialist with too many restrictions that limit the development. Hong Kong still possesses a good training system but Professor Lau is dubious of how long it can sustain. Communication especially in language and network with western countries are better in Hong Kong but is catching up by China as many doctors in China have a lot of opportunities to be trained in western countries and organize a lot of international conferences.

The real problem that CSHK has to face is to find a matched party representing China for the merge of Hong Kong and China system. The official parties for postgraduate training should be from the education department or health department. However, the College of Surgeons Hong Kong is not at the same level as these parties. Yet, too many sub-organizations under these two official departments like to participate and make the issue complicated. Before a real official representative from the China government is established, one way is to set up a parallel system that allows the China and Hong Kong systems going together. Our College has to start first in order to develop a system with good reputation and let them join us later. Hopefully, the two systems can be merged in the near future. **Professor Lau believes we will lose if we repel each other. We must achieve a win-win situation as China and Hong Kong is not in a position of competition as what some people believe. A good solution that accommodates both systems is the best for us.**



Dr Kin-chun CHAN  
*United Christian Hospital*



### **An Interview with Vice President: Prof. LAI Bo-san Paul**

Chief-of-service, Department of Surgery, Prince of Wales Hospital

**Professor Lai, we would like to congratulate you on your successful election as the Vice President of External Affairs of the CSHK.**

**As the Vice President, what are your plans & interests that you want to focus in the next few years?**

Being the Vice President on external affairs, the main duty is to assist the President in some of out-reaching works for example the collaborations on training programs with Mainland China and other countries and also the long-standing connection with the Royal College of Surgeons of Edinburgh. Other interests would be on surgical training and examination because this is key to the succession and up-keeping of high standard of surgery in Hong Kong. Recent years have been particularly tough for young surgeons because of the work-hour issue and manpower crisis in the public sector. The College could perhaps help the fellows out in ways to achieve work-life balance at an individual level.

**In your opinion, how can the College help in allowing the fellow member to achieve work-life balance?**

For example, our fellow member can join the CSHK Marathon Team 2012. By joining the HK marathon, the College can promote healthy lifestyle and exercise for fitness. As a marathon runner (very slow runner though) myself, I think having a healthy body is very important for all the surgeons to cope with the high stress and workload.



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### **An Interview with Council Member: Prof. CHIU Wai-yan Philip**

Professor, Department of Surgery, Prince of Wales Hospital, The Chinese University of Hong Kong

**Professor Chiu, welcome to the College Council of CSHK. On behalf of the Editorial Board of Cutting Edge, we would like a few words from our new Council Member.**

**What is your main reason for joining the CSHK Council?**

I believe the College of Surgeons of Hong Kong is the most important organization in Hong Kong to uphold the standard of surgery through training, education and accreditation. Indeed I was greatly benefited from this remarkable training system set up by our respectable leaders of the College of Surgeons. I strongly believe that good surgical practice can only be achieved through excellent training system. I wish to contribute and uphold the excellence and standard of surgical practice in Hong Kong. Moreover, I share enthusiasm in serving the fellows of the College as well as educating our trainees. Serving as Council Member will be the best opportunity for me to serve the Fellows, the College as well as the community.

## College Focus

### **What are your plans & main interests that you will focus on during the next few years?**

In my years serving as Councilor, I wish to focus on fulfilling tasks of the Department of Standard and Department of Development. Currently, the Department of Standard had established guidelines for basic laparoscopic procedures. The next step will be to explore the setting of guidelines for advanced laparoscopic procedures. I am also involved in the department of development for establishment of simulated surgical training. As the youngest councilor in the College, I wish to serve as a bridge between the College and young surgeons as well as trainees. Colleagues are welcome to contact me or send me emails concerning their opinion on any issue concerning the College.

### **What is “Department of Standard”? Why do you think this department is important to the College?**

The role of the College is to facilitate the development of, approve and monitor the standards of surgical practice of her fellows and those under. The Department of Standards was established under the leadership of Dr Leong Che Hung, Director of the Department and Dr Samuel Kwok, the former President of the College in 2006. The primary goal of this Department is to advise the College on the issues arising from setting and monitoring of standard of surgical practice. In the last few years, we took the very first initiative and established guidelines for training and practice of basic laparoscopic procedures. The next step will be exploring the possibility of establishing guidelines for advanced laparoscopic procedures. Moreover, innovation in surgery leads to development of new procedures. The Department should take the role to explore the implication and training for these new innovative procedures.



The role of Hong Kong has changed after its return to mainland China and our horizon broadened in every aspects. We may not only be looking at establishing the standard of Hong Kong surgical practice internationally, but we may appreciate the potential of the College influencing the development of surgery in China. In the future, I believe we will have more and more communication, academic exchange with colleagues in China.

### **What is the future challenges you think our college would face?**

The College is now facing a lot of challenges. Collaboration with Mainland China Surgical Field, sub-specialization of general surgery and surgeons working hours are all important issue that our College needs to face in the futures.

Indeed, the working hour issue had significant effect on our young surgeons who work in the Hospital Authority. On one hand, an unlimited working time for surgeons would jeopardize their clinical judgments to patients' care. They were also compromised in their social as well as family life. On the other hand, young surgeons will lose the opportunity to gain clinical as well as surgical experiences from their patients. This will pose significant consequence on the standard of surgical training, and lengthen their years of maturity to become independent. I believe there is no golden rule or magic answer to this issue, but through negotiation we shall come up with a balanced resolution where surgeons would have a balanced life without compromising their training.



Dr Kin-hung WONG  
*Prince of Wales Hospital*

# 3<sup>rd</sup> IESS

International Faculty

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19-21 December 2011

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### 1. Live and Work in Mainland

*Dr Angela Sit is a urologist and my colleague when she was working in Queen Elizabeth Hospital. She moved to Shanghai in 2005 and worked in a joint venture medical institution there. The main scope of practice is family medicine and primary health care.*

**Is it easy to set up the practice in Mainland China? Did you need to get any permission certificate or registration? Are there any obstacles or limitations on your practice?**

I personally had no experience in setting up clinic in China. As far as I know there are lots of licenses required in the process of setting up the clinic. It is quite easy to gain permission to work in Shanghai as long as a licensed medical institution employs you. All you need is a valid notarized Hong Kong medical practicing license and body check. However, medical license only allows you to work in one location only and the license need to be renewed every year. And the policy may change from time to time.

**What is the usual scope of disease you see in Mainland China?**

Since my patients are mainly expatriates, they are usually young and healthy. So the scope of disease is mainly urinary tract infection. Kidney stones and oncological disease is not common in my practice.

**What preparation is required before you set up clinical service in Mainland China?**

I think language skill especially Mandarin and a sound grasp of Chinese medical terminology is very important for better communication with other staffs and local medical specialists to avoid misunderstanding.

**Can you share your experience on the collaboration and co-operation with mainland health-care providers?**

Mutual respect and efficient communication is utmost important in collaboration with other medical professionals. Ability in speaking Shanghai dialect is definitively a plus for earning credit and respect.

**Are there any differences between patients in Hong Kong and Mainland China, in terms of attitudes and expectations?**

I don't think there is any difference in terms of attitudes and expectations among Hong Kong patients from those from other countries. They are always demanding and it is understandable because this is a matter of life and death. We will always try our best to treat our patients.



Dr Michael Wai-yip LEUNG  
Queen Elizabeth Hospital

### 2. Dual Practice in Mainland and Hong Kong



*We are glad to have Dr Anthony Li, specializing in gastro-intestinal & bariatric Surgery as well as endoscopy, to express his view points on surgical practice in China.*

**First of all, what do you need to have before applying for surgical practice in China? Is there any obstacle or limitation on your practice?**

Different provinces have different requirements. Let's take Beijing and Shanghai as examples. In Beijing, only simple registration with university certificate is required for consultation alone, but passing the specialist examination for foreigners is a prerequisite for performing operation there. On the contrary, only license and health check are required for both consultation and performing operation in Shanghai.

The main obstacle for surgical practice in China is that one can only practice in the institution in China through which one apply for the registration and it is compulsory to have the China Recognized Notary Public to certify the true copies for registration.

Other limitations one might encounter include:

1. The continuity of post-operative patient care
2. One may not be familiar with the instruments or operative setting in China, e.g. tissue glue is not available in China as human fibrin product has no registration in China.

**What is the usual scope of disease you see in mainland China?**

The patients I encountered in China are expatriates; they are mainly young patients with elective benign diseases like hernia, symptomatic gallstones, piles etc.

**Can you share your experience on the collaboration and co-operation with mainland health-care providers?**

There are plenty of opportunities to work with other health care providers in the mainland. My referral sources are mostly from general practitioners. While local practicing surgeons often assist my operations and help with post op care.

**To provide services both in Hong Kong and China, how do you allocate your time?**

I go to China once every two weeks. I fly to Shanghai every other Monday morning to see patients there. I then fly to Beijing in the evening and then see patients there on Tuesday. I am usually back in Hong Kong by Tuesday night. I try to avoid leaving patients behind in hospitals in Hong Kong while I consult in Mainland. This causes difficulties with arranging operations particularly major ones. When I do leave patients behind, I need to arrange for someone to look after them while I am away.

**Hong Kong Fellows having surgical practice in China is still not very popular today, what do you think is the hurdle and what is the future?**

The main hurdle is that you need to devote a lot of your time in setting up a surgical practice in China and running it. It would be very difficult for one to maintain successful practices in both Hong Kong and China at the same time.



Dr Hester CHEUNG  
*Pamela Youde Nethersole Eastern Hospital*

### 3. Voluntary Surgical Practice in China

*We are glad to have Dr Peter Pang, Specialist in Plastic Surgery, sharing his experience of voluntary surgical practice in China.*

I am Dr Peter Pang, a volunteer plastic surgeon operating in China since 1999. The organization I am with is Operation Smile China Medical Mission. It has been in China for 20 years, providing free surgery for cleft lip and palate deformity patients. My “practice” in China is non-profitable. Our activities in China are divided into two categories. The first one is mission base and the other one is working through the charity hospital the organization built. Before each mission, one needs to apply for a temporary license, issued by the health bureau based on one’s qualification in Hong Kong and the United Kingdom. This temporary registration lasts around few weeks to 3 months. The charity hospital is set up by a China citizen (one of the Director of the board) and the hospital bed number and manpower requirement need to meet a certain standard in order to be accredited as a hospital with general anesthesia services.



Surgeons accredited under Operation Smile need to meet the organization criteria and can work closely with us or other surgeons from elsewhere in the world. I spend 2-3 weeks for clinical trip for missions annually and sometimes need to travel for short trip (1-2 days) for administrative purpose. The working environment is friendly and enjoyable as all volunteers are having the same goal, “serving others”.

Patients I meet are very poor and cannot even afford travel and accommodation expense, of course not able to have surgery in local hospital as paid patients.



# 10<sup>th</sup> Faculty Research Symposium Frontiers in Biomedical Research

Friday, December 9, 2011 **HKU 2011**



FRONTIERS IN BIOMEDICAL RESEARCH, HKU 2011  
(10th Faculty Research Symposium)

Date: Friday, December 9, 2011

Time: 8:45 am - 5:50 pm

Registration deadline: November 22, 2011

Venue: Cheung Kung Hai Conference Centre, William MW Mong Block, 21 Sassoon Road,  
Pokfulam, Hong Kong

Early registration is encouraged. If the number of registrations received before the deadline exceeds the capacity of the venue, the deadline for registration may be advanced and the online registration system would be closed without prior notice. On-site registration may NOT be accepted.

Keynote Speakers:

- Professor Shizuo Akira, Osaka University, Japan
- Professor Sir Rory Collins, University of Oxford, UK
- Professor Karsten Kristiansen, University of Copenhagen, Denmark
- Professor Jerome Rotter, University of California, Los Angeles, USA?
- Professor Shimon Sakaguchi, Kyoto University, Japan
- Professor Hongjun Song, Johns Hopkins University School of Medicine, USA
- Professor Joris R Vermeesch, Katholieke University of Leuven, Belgium
- Professor Xiaodong Wang, National Institute of Biological Sciences, Beijing, China
- Professor Jun Wang, Beijing Genomics Institute, China
- Dr Michael Way, Cancer Research UK, UK

Plus 16 speakers to share their latest finding and insights in the research areas of Cancer, Healthy Aging, Infection and Immunology, Public Health, Reproduction and Development as well as Stem Cell and Regenerative Medicine.

The programme is at [www.med.hku.hk/lbr2011](http://www.med.hku.hk/lbr2011)

CME/CDE/CPD Accreditations: CME/CDE/CPD credits have been applied from the respective Colleges. Please check updated information from the website.

Online Registration: [www.med.hku.hk/lbr2011](http://www.med.hku.hk/lbr2011)

Registration Fee: Waived for all staff and students of the UGC-funded tertiary institutions, all staff of HA Hospitals and registrants of Frontiers in Medical and Health Sciences Education "Holistic Approach in Medical and Health Sciences Education".

Enquiries: Please contact the Symposium Secretariat (Tel: (852) 2819 9333; Fax: (852) 2818 4913; E-mail: [lbrmn@hku.hk](mailto:lbrmn@hku.hk)).

All are welcome!



THE UNIVERSITY OF HONG KONG  
LI KA SHING FACULTY OF MEDICINE  
香港大學李嘉誠醫學院



THE UNIVERSITY OF HONG KONG  
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## Express News: What is CEPA?

### 內地與香港關於建立更緊密經貿關係的安排

#### CEPA 7, does we have any advantages ?

To answer the above question, the first thing we need to do is to have an understanding about CEPA. CEPA, the full named should be **Mainland and Hong Kong Closer Economic Partnership Arrangement**. Under this policy, Hong Kong can have more advantages than other World Trade Organizations in setting up business in Mainland China. To most of the business man in Hong Kong, it did provide a lot of advantages in terms of more mutual agreements, lower tax rates and facilitate setting up of business in Mainland China. With the setting up of CEPA, there are more concern about whether professional organizations like surgeons and dental surgeons can also share the advantages brought by the CEPA .



#### Why medical professions are interested in CEPA 7 but not 6 or 5 or earlier version ?

In January 2009, CEPA 6 already allows Hong Kong service suppliers (not only doctor) to set up wholly-owned outpatient clinics in Guangdong Province. Apart from wholly owned clinic, CEPA 6 also allow service suppliers to cooperate with other health care providers in form of joint venture or contractual joint venture. With such content, there is not much difference between the CEPA 6 and 7. What is so attractive about CEPA 7 to medical field is that, in CEPA 6, qualified Hong Kong permanent residents with Chinese Citizenship are allowed to apply for and obtain the Mainland's "medical practitioner's qualification" through accreditation. **In CEPA 7, the procedure is further simplified to healthcare professionals registered in Hong Kong who are allowed to provide short-term services, without mention of accreditation, in Mainland China for up to 3 years.** The license for this is renewable. Apart from this, fellow doctors with 5-year post fellowship experience may also apply for a permanent certificate. For younger fellows, they may apply for the permanent certificate via examination. The other advantage from CEPA 7 is, **apart from service center in Guangdong, service suppliers can also setup centers in Shanghai, Chongqing, Fujian and Hainan Province.** It is because of the above change, it arouses a great concern on the possibility of setting up medical centers in Mainland China.

## Express News: What is CEPA?

### 內地與香港關於建立更緊密經貿關係的安排

#### Are we really benefit from CEPA 7 ? What are the concerns ?

Just looking at the terms provided, it's a very attractive offer to most of the medical professionals in Hong Kong. There is a lot of discussion in details on how doctors in Hong Kong can start their business in Mainland China. Thus, the Hong Kong CPPCC (Provincial) Member Association Limited, held a talk on 30 August 2011 about CEPA and development of medical service in Mainland China. During the meeting, a lot of concerns were raised from the floor. Insurance is the most concern issue from the floor. As we know



that most of the doctors in Hong Kong is using MPS, which the rate is quite variable around the world. According to one of the speakers Dr. Ko Wing Man, who had consulted the MPS before he practiced in Mainland, he does not need to pay extra charge for his practice in Mainland China. However, according to the MPS, any doctors who wish to practice in Mainland should consult them for advice before they practice. The extra charges to be applied will be different in individual cases.

Apart from insurance, the other concern is the mode of practice. As we know that there is a salary difference between Mainland and Hong Kong, so as the hospital charges. It may not be common for doctors to practice as full time in Mainland and it's believed that surgeons may mostly work as part time doctors in Mainland. This post an important issue on the post operative management. As Surgeons need to take care of post operative cases, so who is going to take care of the post operative patients and manage post operative complications is another issue that need to be sort out before practicing in Mainland China.

**In summary, the terms provided by CEPA 7 is very attractive to doctor in Hong Kong. However, there is still quite a lot of problems to be solved before real practice is conducted in Mainland China. According to the representative from the Ministry of Health of The People's Republic of China, there is now only one Hong Kong owned Clinic in Guangdong and another clinic is going to start service in the coming months. Hopefully, we can see the successful development of these two clinics in the future and make them the model for doctors who are going to practice in Mainland China.**



Dr Pak-kin HO  
*Private Practice*



# Close-up and Macro

## 10th Asia Pacific Congress of Endoscopic Surgery

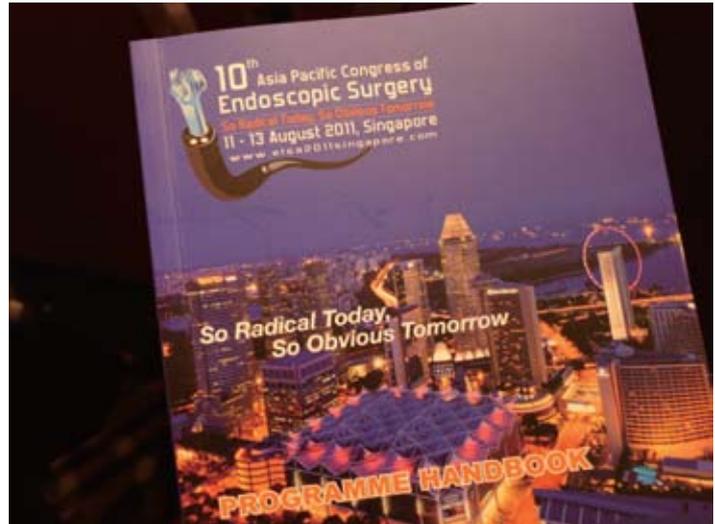


Opening Ceremony

The 10<sup>th</sup> Asia Pacific Congress of Endoscopic and Laparoscopic Surgery organized by ELSA (Endoscopic and Laparoscopic Surgeons of Asia), was held in Singapore on 11<sup>th</sup> -13<sup>th</sup> August, 2011 at Suntec Singapore International Conventional and Exhibition Centre. The theme this year was “So Radical Today, So Obvious Tomorrow”.



Registration



Program Book Photo

The Congress was unique in two ways. First, there were four national societies participating in this congress, making it the biggest congress in the history. They include the Society of Colorectal Surgeons (Singapore), Obstetrical and Gynecological Society of Singapore, Singapore Urology Association and the Gastroenterological Society of Singapore. Secondly, there was one day symposium in Mandarin to cater for non-English speaking delegates.



There are about 50 participants from Hong Kong



Opening speech by past president



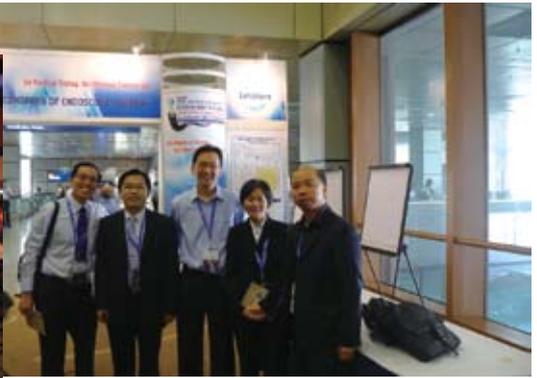
ELSA secretariat counter with 40 new members registered in the congress this year



# Close-up and Macro



Meeting friends from all over the world in ELSA



Meeting friend in ELSA



Debate Session

There were a total of 7 plenary lectures, 43 symposia and 4 Chinese symposia. Moreover, participants have ample opportunities to improve their skills in various hands-on pre and post congress workshops conducted by world experts such as Endoscopic Submucosal Dissection (ESD) Basic Skills Workshop, Single-Incision Laparoscopic Surgery (SILS), etc. There were many participants from more than 20 countries with total 50 participants from Hong Kong. Moreover, our Hong Kong secretaries have set up the ELSA secretariat counter in the congress for new member registration. Together with the 40 new members registered in the congress this year, there are total 1177 ELSA members from 26 countries all over the world.



Plenary lecture by Prof. Paul Lai on minimally invasive HBP surgery - safety vs advancement



The symposia is interactive and includes differing views on various topics



Dr Hester CHEUNG  
*Pamela Youde Nethersole Eastern Hospital*



## Hybrid endovascular operating theatre and multi-disciplinary simulation and skills centre in Queen Elizabeth Hospital

Queen Elizabeth Hospital (QEH) launched the Jockey Club Endovascular & Minimal Access Operation Centre and the Multi-Disciplinary Simulation and Skills Centre on 2 April 2011, which were set up with the generous donation of HK\$39.95 million from The Hong Kong Jockey Club Charities Trust. The Endovascular & Minimal Access Operation Centre is the first of its kind in Hong Kong with new facilities including Biplane Digital Subtraction Angiography Machine.

It provides multi-disciplinary endovascular operation: from head to toe; from elective to emergency surgeries.



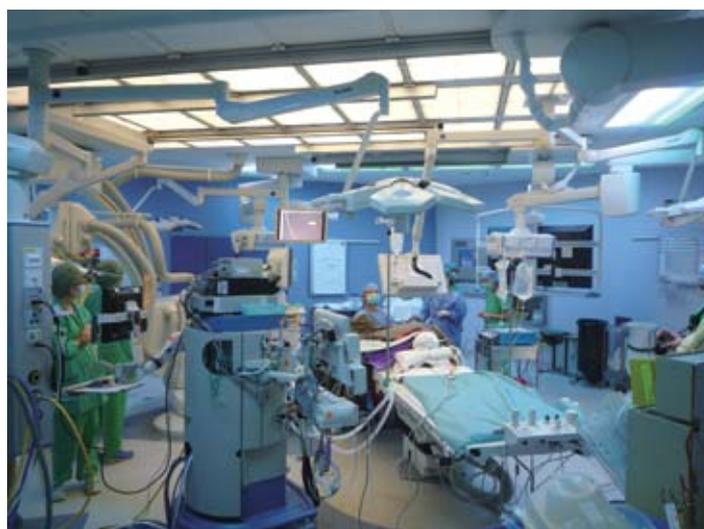
Opening ceremony on Apr 2, 2011



Hybrid endovascular operating theatre with biplane angiography: much consideration was given to the spatial and technical feasibility including laminar flow, flexibility of the theatre. Conversion from endovascular to open procedure takes only minutes and vice versa



Endovascular procedure in action



Flexible set-up: The comfortable set up of lithotomy position



Life-saving: This lady suffered from profuse post-partum hemorrhage after delivery, she underwent sequential internal iliac artery embolization and hysterectomy within 90 minutes and she was saved



# Close-up and Macro

The multidisciplinary simulation centre also started operating since 2 Apr 2011. It is now not only a skills training center for surgeons, it is also a multi-disciplinary simulation center: extending our training to scenario based training, teamwork training and crisis management...etc, serving multiple disciplines, multiple subspecialties; within and outside Queen Elizabeth Hospital.



Simulation is not just about simulators, models or AV systems: it is a new philosophy in medical education. A group of overseas experts were commissioned to train our trainers



We co-organized a multi-disciplinary trauma team training with overseas simulation experts, offered team-based simulation training for our trauma team



Communication skill is essential. Standardized patients are excellent tool in offering a standardized platform for training, experienced actors help engage our colleagues in learning to break bad news when we are facing life-and-death issues everyday



Errors tend to occur when we are faced with a huge amount of work within a short time, a “virtual ward” is created and surgical nurses simulated the chaotic environment they are facing everyday. New graduating nurses are encouraged to experience; subsequent debriefing facilitated self-reflection and improvement in individual behaviors



Mass-casualty disaster is not too frequent in Hong Kong (we are thankful for that); but definitely is a common scene in some other parts of the world. We co-organized a mass-casualty simulation training for MSF (doctors without boundary) where triage system, environmental control and role delineation were put to the limit



Moulage is another way to help engaging our participants



Dr Lap-in HO  
Queen Elizabeth Hospital



Dr Moon-tong CHEUNG  
Queen Elizabeth Hospital

# Women's Chapter

## The FANCL workshop

The first joint activity for both mentors and mentees of the women's chapter was successfully organized on 3rd July 2011. This day marked not only the beginning of the challenging internship for our mentees, but also a real understanding of woman's good companion – facial mask! The activity was co-organized with FANCL -- one of the most reputable brands for facial mask. Representatives from FANCL delivered an impressive workshop on different skin types, products and the strict manufacturing process behind. Each mask has its own cutting, texture and ingredient to produce a unique function.

Staying young and pretty is a lifelong career for every woman. Everyone paid extra attention to the talk and became interactive in the Q&A section. Obviously all of us enjoyed a very fruitful afternoon, gaining secrets to staying young & healthy. Moreover, none of us left empty-handed. Everyone was presented with a generous bag of souvenirs from FANCL.

And..... FANCL is not just for women! FANCL also produces products for men! So for our fellow male colleagues if you are interested in having a workshop for yourselves do contact us and let us know! We would like to take this opportunity to thank FANCL again for the organization of the event. Look at the photos and you will know that the workshop was very enjoyable!



Dr Yee-man LEE  
*Private Practice*



Dr Ava KWONG  
*Queen Mary Hospital*

## Younger Fellows Chapter

During 24-26 June 2011, Younger Fellows Chapter held 廣州中山醫院外科交流團 to visit several hospitals in Guangdong to enhance the cooperation between Mainland China and Hong Kong surgeons. Around 16 younger fellows joined our trip and we were also honored to have the Censor-in-Chief, Dr. Andrew WC Yip to guide our trip.

We first arrived at Guangzhou 廣州. The first place we visited was 中山大學第一附屬醫院 which is one of the largest and most famous hospitals in Mainland

China. They presented to us their recent development, which is trying to catch up with international standard. Not only they are adopting the latest technology in the Medical field, they also want to be recognized internationally. They are now one of the hospitals in Mainland China recognized as a training centre by the College of Surgeons of Hong Kong and the Royal College of Surgeons of Edinburgh. They will send their doctors for Membership Examination in Hong Kong later this year. We also introduced to them about the nature of Younger Fellows Chapter and they are very interested in setting up similar organization in China, too.



The next day, we went to Qingyuan 清遠 and visited 清遠市人民醫院. This is one of the major regional hospitals in Qingyuan. They have moved to their new hospital buildings just recently and it occupied around 165,000 square meters, which is larger than any hospital in Hong Kong! It is so big that they need a van for transport within the hospital! With the latest equipment, they wish to provide the best services to the citizens.

Afterwards, we went to one of the local clinics (鄉鎮衛生院). From here, we learnt that China is making a series of changes in medical funding, especially the policy that largely exempt the farmers from most of the medical fee. However, similar to all new policies, it encountered a lot of problems like the local hospital that cannot receive reimbursement from government after the patient was treated. Dr. Yip expressed his empathy that similar problems also occurred everywhere including Hong Kong, which new policy needs time to smooth out.

## Younger Fellows Chapter



The next day, we went to Danxia mountain 丹霞山. It is now listed by UNESCO as World Heritage in Natural Properties and Global Geopark. It is characterized by spectacular red cliffs and a range of erosional landforms, including dramatic natural pillars, towers, ravines, valleys and waterfalls. Of course, we won't forget to take a picture with one of the most spectacular stone 陽元石 with Dr. Yip.

This trip is a fruitful journey and we understand more about medical development and services in Mainland China. We hope that there will be more chances for us to exchange views and knowledge with doctors in Mainland China in future.



Dr Thomas CHENG  
Kwong Wah Hospital

## Public Surgeons United, PSU

在零八年的立法會選舉中，我加入了其中一位醫學界候選人的助選團，協助選舉的工作，期後被邀請加入香港公共醫療醫生協會(HKPDA)作為幹事，輾轉當選了副會長，開展了參與工會活動的里程。透過過去三年的工會事務，包括零九年明愛醫院事故中對醫生“未審先判”，聯合醫院電腦手指記憶體遺失後引發出對醫生懲處基制的關注，醫管局醫生醫療福利與公務員掛勾問題等等，我深刻感受到工會對於醫管局處理這類複雜問題上的影響力。我了解到其實除了病人需要幫助之外，醫生自己亦很需要支援。我建立了“Healthy doctors, healthy patients”的信念。

今年年初，屯門醫院爆發了內科人手嚴重流失及當值時間過長的問題，引起公眾傳媒及醫院管理局高層的關注。其中對於工時及當值補償問題，基於培訓上及工作本質的不同，不同分科醫生的意見不一，頗有分歧。對外科醫生來說，工作及當值時間長是一個不爭的事實。但工作時間長是基於實際需要，因為外科醫生訓練要求需要達到指定數量的手術，而且很多緊急手術亦需要較資深醫生來處理。這並不同於其他臨床分科，相信身處其中的人才能體會。可是環顧在當時所有的醫生公會中，並沒有一個公會百分之一百從公立外科醫生的角度出發。在四月一個醫管局會議中，有管理層認為“the surgeons are not well represented .....as it should be”。聽後我內心一沉，不免有點自責，感受到外科醫生聲音很薄弱。在工會內其他內科醫生“鼓勵”下，我萌生了一個念頭，何不我們公立外科醫生站起來，為自己爭取福利呢？一位資深外科醫生對我說：我差不多退休，認為對的事，便去做，沒有什麼不可。這樣發人心醒的說話，我最佩服。經過一班志同道合的幹事的努力，四處走訪，在短短三星期內公共外科醫生聯盟(Public Surgeons United, PSU)的初型已經形成，並繼續與醫管局積極溝通，向局方反映外科醫生的特殊情況。經三十三位幹事的不辭勞苦及三百位同事的支持下，在八月十一日，第一個外科工會正式註冊成立。

### **Public Surgeons United ( PSU ) 2011**

**President:** Dr. Fu Kam Fung Kenneth (QMH, Uro)

**Vice-president:** Dr. Wat Yiu Kin Jason (QEH, GS)

**Secretary:** Dr. Day Weida (KWH,GS)

**Treasurer:** Dr. Chiu Ka Lun (NDH,Uro)

#### **Council members:**

**NDH** (Tel: 2683 8888)

Dr. Kwong Wing Hang (GS)

**PWH & AHHH** (Tel: 2632 2211)

Dr. Randolph Wong (CTS), Dr. Innes Wan (CTS), Dr. David Sun (NS), Dr. Sally Luk (GS)

**TMH** (Tel: 2468 5111)

Dr. Jackie Cheung (ENT), Dr. Law Sze Hong (GS), Dr. Cheung Man Hung Pheobe (Uro)

**PMH & YCH** (Tel: 2417 8383)

Dr. Lai Tak Wing (GS), Dr. Lui Ka Wing, Dr. Ma Wai Kit (Uro)

**KWH** (Tel: 2332 6311)

Dr. Peter Pang (NS), Dr. Mandy Wong (GS)

**CMC** (Tel: 3408 7911)

Dr. Chiu Yi (Uro), Dr. Yee Chi Hang (Uro), Dr. Jamy Yong (GS)

**QEH & KH** (Tel: 2958 8887)

Dr. Billy Lam (GS), Dr. Leung Wai Yip (PS), Dr. Francis Lau (O&T)

**UCH & TKOH** (Tel 3513 4000)

Dr. So Hing Shing (Uro), Dr. Kenny Yuen (GS), Dr. Tsang Shiu Hei (GS), Dr. Chan Kin Chun (GS)

**QMH & TWH** (Tel: 2255 3111)

Dr. Raymond Kan (GS), Dr. Brian She (GS), Dr. Ada Ng (Uro)

**PYNEH** (Tel: 2595 6111)

Dr. James Li (Uro), Dr. Oliver Chan (GS), Dr. Alain Wong (NS)

**All public hospitals, all ranks, all subspecialties.**

**Encourage all our Public Surgeons to COME AND VOICE OUT!**

**Please Join our Facebook PSU**



PSU 創會幹事

PSU 創會幹事名單

## Off the Scalpel

在公立醫院中，共有約九百個外科和骨科醫生，佔全港公共醫生的約百分之二十，為數不少。公共外科醫生聯盟成立的目的是，是為所有在公立醫院中服務的外科醫生（包括骨科）爭取應有的福利，作為一個和各方溝通的平台。上至部門主管(COS)，下至在接受基本外科培訓的醫生(BST)，只要是在公立醫院的外科部工作，屬於香港外科專科學院屬下的分科和骨科，就是我們的一份子。我們的宗旨並非和醫管局對立，反而是希望作為一個開放的渠道，可以讓醫生和醫管局互相了解和互動，從而提昇大家的關係。當遇到有大家意見分歧的問題時（例如有關當值時間津貼補償），工會便是一個有效的平台讓大家發表意見、討論並達到共識。這當然亦有賴一眾會員和幹事的支持和參與。



誰說surgeon冇意見



與局方高層談判



強烈表達對'limited registration'的意見



PSU 內的不同代表



多溝通,明白Surgeon多一點



工會之間大目標一致,互相協調



與中聯辦春茗交流

# Off the Scalpel

短短數月，我們PSU已在廣華醫院、伊院及瑪加烈醫院舉行三次研討會。內容包括如何挽留外科醫生措施和改善工作、環境免試有限度註冊(limited registration)對本地外科培訓的影響、公平分配當值時間津貼補償、新入職醫生人手分配、落實引進新手術儀器和訓練及普及化、長遠醫生工時的制定等等。討論深入而內容廣泛，局方亦積極回應，初見成效。我深信自強不息、永不言敗這種獨特性是大多數外科醫生所擁有，不是與生俱來，便是工作中訓練出來。希望大家繼續支持PSU，多給我們意見，多讓這個外科工會磨練，茁壯成長。三十多位幹事會積極分享大家意見，為外科同事努力，為所有病人謀福祉。

## 10%病人緊急手術後死亡

HTC送你林海峰是但唔我好重門牌

為評核各公立醫院的服務水平，醫管局各專科定期進行審核報告。去年一份針對外科手術服務的報告顯示，約一成接受緊急外科手術的病人於卅日內死亡；近四成病人術後出現併發症。其中四間醫院的病人緊急手術後死亡風險特別高；另有三間醫院進行非緊急手術後，病人卅日內死亡比率亦偏高，但報告沒有交代醫院名稱。病人組織要求醫管局公布詳細資料，促使醫院提升手術水平。

本身是外科醫生的公共醫療醫生協會副會長傅錦峰指出，部分資源較少的醫院，可能由一名剛考獲專科資格的醫生操刀。教學醫院資源充足，專科醫生可由資深教授監督下做手術，手術水平自然不一。此外，八至九年是公立醫院外科醫生流失較多的一年，資深外科醫生轉投私人執業，亦影響手術水平，呼籲醫管局設法挽留人才。

中大外科學系上消化道外科主任吳國偉指，每間醫院所在的地區不同，要應付的病人人口結構及處理病症複雜程度都不同，審核報告已調整各不同因素。兩大教學醫院集中處理奇難雜症，病人死亡率及併發症風險較高，但質素仍跑贏其他醫院。

## 挽留外科醫生

### 指標：十宗手術

消息人士指，伊院外科部主管張滿棠早已多次於醫管局外科中央統籌委員會上，爭取讓其他醫院的醫生到瑪嘉烈受訓。張滿棠接受查詢時承認，曾提出計劃進度太慢，每宗個案相隔太久，達不到培訓效果，亦提出伊院自行派出手術團隊，毋須借用瑪嘉烈人手，希望總部可協調增加培訓名額，惟暫未獲回應。

公共外科醫生聯盟會長傅錦峰指，外科醫生如欲使用機械臂，必須先參加威爾斯親王醫院、美國或新加坡的課程並考獲牌照，之後仍須在督導下完成一定數目的機械臂手術，才可獨立執行手術。若參考養和醫院以十宗手術為培訓指標，根據瑪嘉烈醫院提供的手術名額，要近兩年才可培訓一名醫生。

他指幾乎所有公院泌尿外科醫生已考獲機械臂牌照，估計逾廿人，通過以動物做手術的課程。但即使在擁有機械臂的醫院，多集中由資深醫生操控機械臂手術，估計全港公院中可獨立使用機械臂的醫生不逾十人，其他醫生根本沒實戰機會：「好似考咗車牌嘅新仔，但唔畀你攞車攞咁。」

## 尊重外科訓練

### 嚴重患者逼留普通病房

據資深醫生指，以整體 1,400張病床計算，瑪麗醫院的 ICU 病床所佔比率只有約 1%，低於國際間同等規模醫院 ICU 病床應佔 2%至 3%的水平。據了解，有年紀大的病人因躺穿於瑪麗醫院完成手術後，理應轉送 ICU 觀察，但因該部門病床不足，被迫留醫普通病房，變相影響服務質素。

於港島西聯網任職的公共外科醫生聯盟會長傅錦峰指出，東華醫院外科病房負責接收在瑪麗醫院手術後等待出院的病人，該東華外科病房也因今年內流失了 5 至 6 名護士，要由兩間減至一間，導致上游的瑪麗醫院外科病房逼爆，「例如明明係腎外科嘅病人，就要住喺另一個外科病房」。

據悉，瑪麗醫院資深護士不滿被新上任的護理部門運作總經理，調離服務已久的深切治療部，包括兩名曾接受「人工肺」治療訓練的護士。兩人被調職後一人決定「劈炮」，另一人則自本月 10 日起休職，豈料上周二有病人接受使用人工肺治療，結果院方臨時拉夫，由一名只接受過數小時人工肺基本訓練的護士上馬。該院回應指需要使用人工肺的病人，在當日接受治療時由 6 名已接受訓練的醫生負責，並由一位已受訓的護士從旁協助。

## 正視人力資源問題

## 通宵候召連續工時訂醫生津貼

法定實?即聯殺囉MasterMind

【記者陳紹恒報導】醫管局為遏止醫生逃亡潮，同意發放半年特別津貼，但有醫生批評醫局按人手流失率發放特別津貼，僅少數專科符合門檻。要缺人手的內科及未受惠，對外科及骨科等工作量沉重的部門不公。醫管局同意年底調整方案，改按醫生通宵候召及連續工時發放津貼，每月由三千五百元至八千元不等。

公共外科醫生聯盟會長傅錦峰指，醫局早前提出十項改善措施，以醫生額外津貼的爭議最大，區區四港以三年前人手發強為基準，若部門人手流失一成至兩成半，每名醫生每月可額外獲五千多元至一萬四千元津貼。多名代表質疑此做法對外科及骨科等流失率較低，但工作量極沉重的部門不公平。

醫管局人力資源主管馮結成承認，僅X光部及急症室等少數部門可達標準，內科未必受惠，同意審訂海按部門醫生通宵候召頻率及連續工時，分三級發放津貼，每月由二千五百元至八千元不等，但最快今年十二月才可進行。

## 不患寡而患不均

### NEWS

#### DOCTORS DIVIDED

They still needs more medical practitioners, but the profession's various groups are at loggerheads over a Hospital Authority plan for hiring people from overseas.

Neither are public doctors united in their views on the plan. Practitioners in internal medicine generally welcome the extra manpower, but surgeons do not, because overseas doctors would eat into their training opportunities. Trainees need to perform at least 100 operations every six months in order to be qualified as a specialist. "If we have more overseas doctors, they would share the cases and there will be fewer operations for each surgeon," said Dr Kenneth Fu Kam-fung, president of the 300-strong Public Surgeons United. "Our training is different from physicians as they do not have to achieve a quota of consultations in their training."

Small surgical departments in highly specialised areas are the most concerned as they want to keep their small number of training posts for local doctors. "We understand that patients have to wait for a long time for a consultation and operation," Fu said. "We have asked the authority to bring in some family doctors to help at outpatients clinics."

The controversy has also alerted the government, as it is keen to boost manpower as it introduces its coming health care reform - a voluntary medical-insurance plan by 2015 in hopes more patients will use private medical services. The government will soon launch a review to look at local and overseas supply of doctors. ■

## PSU in SCMP



傅錦峰醫生  
瑪麗醫院

# Achievements

\*\*\*\*\*  
**Congratulations to Dr the Honourable Edward Che-hung LEONG**, the Founding Father of the Hong Kong Academy of Medicine, Founding President of the College of Surgeons of Hong Kong and Member of the Executive Council who has been bestowed the **Grand Bauhinia Medal (GBM)** in 2010.

It is the highest award within the Hong Kong honours and awards system, recognizing a lifelong and highly important personal contribution to the wellbeing of Hong Kong.

Dr LEONG is always the champion of the citizens, medical profession and patient during his tenure as Chairman of the Hospital Authority. He reflects a pioneering ethos and a lifetime of service to public healthcare and medical advancement, generating significant asset to medical development in Hong Kong.



His influences and intellectual powers extend to his service for elderly population. He championed the cause of the aging population through his chairmanship of the Elderly Commission in 2010, advising the Government in the formulation of policies to lead a betterment of life for elders.

Until now, Dr LEONG keeps initiative to perform new roles and takes on challenges. He is an exemplary model and his attitude guides our belief to work for the mankind.

The College wishes to extend our congratulations again to Dr LEONG on his accomplishment.

The College wishes to extend the congratulations to **Dr Jimmy Chi-ho WONG, SBS, JP** for being awarded the **Silver Bauhinia Star (SBS)** in 2011. Dr WONG devoted to elderly, educational and charitable service. His support and contribution to community is much appreciated.

May the College once again extend our congratulations to Dr WONG on his achievement.



# Achievements

\*\*\*\*\*

The College is proud to announce that Dr Peter Chi-wang PANG's is awarded the **Hong Kong Humanity Award 2011**, in recognition of his dedication on providing free cleft repair surgeries and give a healing hand for palate birth defects to patients in underdeveloped areas. The award is co-organized by the Hong Kong Red Cross and Radio Television Hong Kong with the purpose to acknowledge people who attain the humanity spirit and act as a role model giving voluntarily help and care for others; as well as spreading humanity spirit in society. Dr PANG is pleased to share his happiness to us:

*"It is my honor in receiving the Hong Kong Humanity Award 2011 in helping the cleft lip and palate patients in China and various part of the world. Being a plastic surgeon, it is my privilege in extending my professional knowledge and skill in helping the less fortunate. The competition in China is great and a child with unrepaired cleft deformity will certainly have not chance. An hour surgery will change a hopeless child to a child with possibility, changing a broken smile to a genuine one."*

The College appreciates the unfailing effort paid by Dr PANG on his voluntary work.



# Announcements

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## Update of personal email address to the College

Our Fellows and Members can keep abreast of the current development of the College through receiving the emails from “*News from CSHK*”. The College finds that it is one of the most convenient ways to reach our Fellows and Members. However, recently, the College has received many return emails due to delivery to outdated email addresses.

To facilitate future correspondence and ensure proper delivery, we would like to solicit your help in updating the College your personal particulars, if there is any update or change, by filling in the enclosed personal particulars forms and return to the College at 601, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong or by fax at 25153198 /25183200.

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## Update on CSHK annual subscription

Effective from 1 January 2012, the annual subscription of the College will be adjusted as follows:

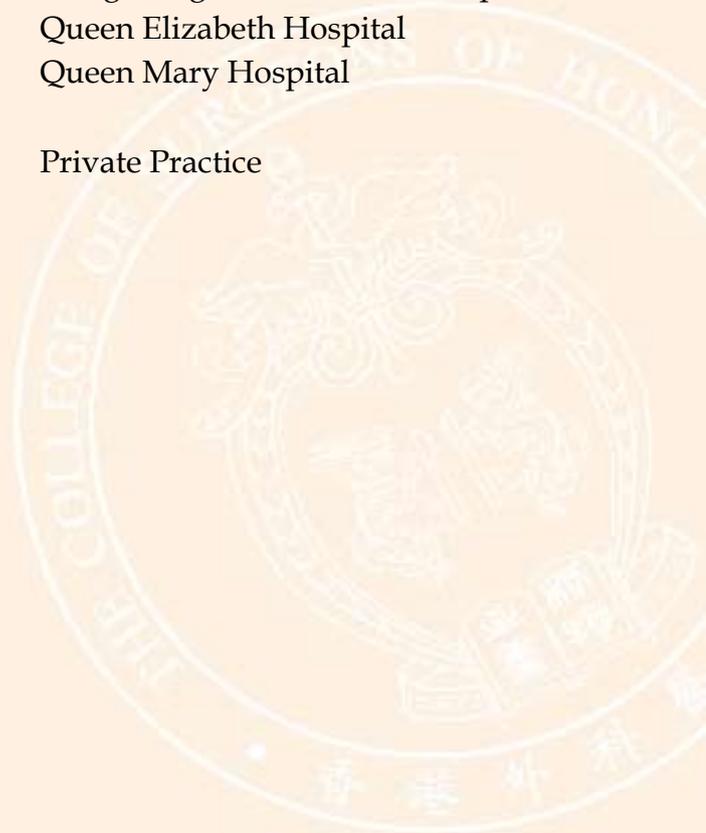
Categories	Annual Subscription Rate with effective from 1 January 2012
Fellows	Full subscription (HK\$2000)
Fellows Aged over 65	1/10 of full subscription (HK\$200)
Fellows Aged over 70	Waived
Retired Fellows	1/10 of full subscription (HK\$200)
Overseas Fellows	1/2 of full subscription (HK\$1000)
Higher Surgical Trainees	\$1200
Exam Eligible Candidates	\$1200
Members	\$1500
Membership/Fellowship with hardship	Application will be considered on individual basis



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# Council of the College

<b>President</b>	Hung-to LUK	Princess Margaret Hospital
<b>Vice President</b>	Paul B S LAI Po-chor TAM	Prince of Wales Hospital Queen Mary Hospital
<b>Hon. Secretary</b>	Chi-wai MAN	Tuen Mun Hospital
<b>Hon. Treasurer</b>	Enders K W NG	Prince of Wales Hospital
<b>Censor-in-Chief</b>	Andrew W C YIP	Kwong Wah Hospital
<b>Council Members</b>	Stephen W K CHENG Philip W Y CHIU Kent man CHU Chiu-ming HO Ava KWONG Wai-lun LAW Simon Y K LAW Heng-tat LEONG Wai-sang POON Wing-tai SIU Chad C W TSE Wai-key YUEN	Queen Mary Hospital Prince of Wales Hospital Queen Mary Hospital Private Practice Queen Mary Hospital Queen Mary Hospital Queen Mary Hospital North District Hospital Prince of Wales Hospital Hong Kong Sanatorium & Hospital Queen Elizabeth Hospital Queen Mary Hospital
<b>Ex officio Councillor</b>	Chung-kwong YEUNG	Private Practice



# Structure of the College

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## COMMITTEE

### External Affairs Committee

### Internal Affairs Committee

- Corporate Communication Subcommittee & Editorial Board of Cutting Edge
- Women's Chapter
- Younger Fellows Chapter

### Administration Committee

- Website Development

### Finance Committee

- Business Development Subcommittee

### CME & CPD Committee

### Editorial Board of Surgical Practice

- Editor-in-chief

### Research Committee

### Education & Examination Committee

- Specialty Boards
  - Cardiothoracic Surgery Board
  - General Surgery Board
    - \* Training Subcommittee
    - \* Hong Kong Regional Subcommittee
  - Neurosurgery Board
  - Paediatric Surgery Board
  - Plastic Surgery Board
  - Urology Board
- Board of Examiners
- Appeal Board

## CHAIRMAN

Paul B S LAI

Po-chor TAM

Chad C W TSE

Ava KWONG

Ronald P K HO

Chi-wai MAN

Wing-tai SIU

Enders K W NG

Enders K W NG

Simon Y K LAW

Samuel P Y KWOK

Paul B S LAI

Chung-mau LO

Andrew WC YIP

Malcolm John UNDERWOOD

Simon Y K LAW

Simon Y K LAW

Simon Y K LAW

Wai-sang POON

Kelvin K W LIU

Wing-yung CHEUNG

Chi-wai MAN

Andrew W C YIP

Andrew W C YIP

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## DEPARTMENT

Department of Development

Department of Standard

Department of China Affairs

Department of Education

## DIRECTOR

Chung-kwong YEUNG

Che-hung LEONG

Joseph W Y LAU

Nivritti Gajanan PATIL

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## SECRETARIAT

General Manager

Stephanie HUNG



## Souvenir Collection Catalogue

### Souvenirs for Sale

#### 1. College Tie available in various colors \$180@



Full set of ties (8 pieces A-H)

\*Order of full collection (8 types of ties) can enjoy a 20% discount, i.e., **\$1,152**

#### 3. T-shirt \$80@

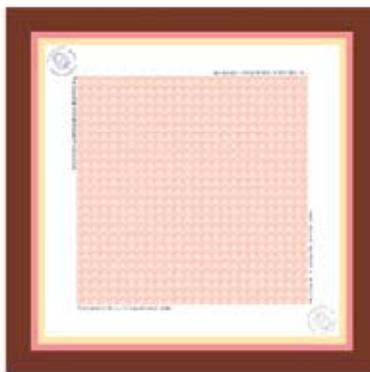


Size of the displayed: M

#### 4. Polo shirt \$100@



Size of the displayed: M



#### 2. College Scarf \$150@



#### 5. Mini Wireless Mouse \$100@

# Souvenir Order Form

ITEMS	PAYMENT (HKD\$)
<b>1. College Tie</b> (A) _____ piece(s)    (B) _____ piece(s)    (C) _____ piece(s) (D) _____ piece(s)    (E) _____ piece(s)    (F) _____ piece(s) (G) _____ piece(s)    (H) _____ piece(s)    (Full set) _____ set (s)	
<b>2. College Scarf</b> Unit : _____	
<b>3. T-shirt</b> Size (S): _____ piece(s)    Size (M): _____ piece(s)    Size (L): _____ piece(s)	
<b>4. Polo Shirt</b> Size (S): _____ piece(s)    Size (M): _____ piece(s)    Size (L): _____ piece(s)	
<b>5. Mini Wireless Mouse</b> Unit: _____	
<b>TOTAL PAYMENT</b>	

### Collection Method (Tick as appropriate)

- In person (College Secretariat Office)  
 Courier (to mailing address)

*\*(A courier charge of HKD\$ 30 would be applied to the order of the above souvenirs. Free courier for any purchase over HKD\$ 500)*

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### Contact Information

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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### Opening hours & Enquiry

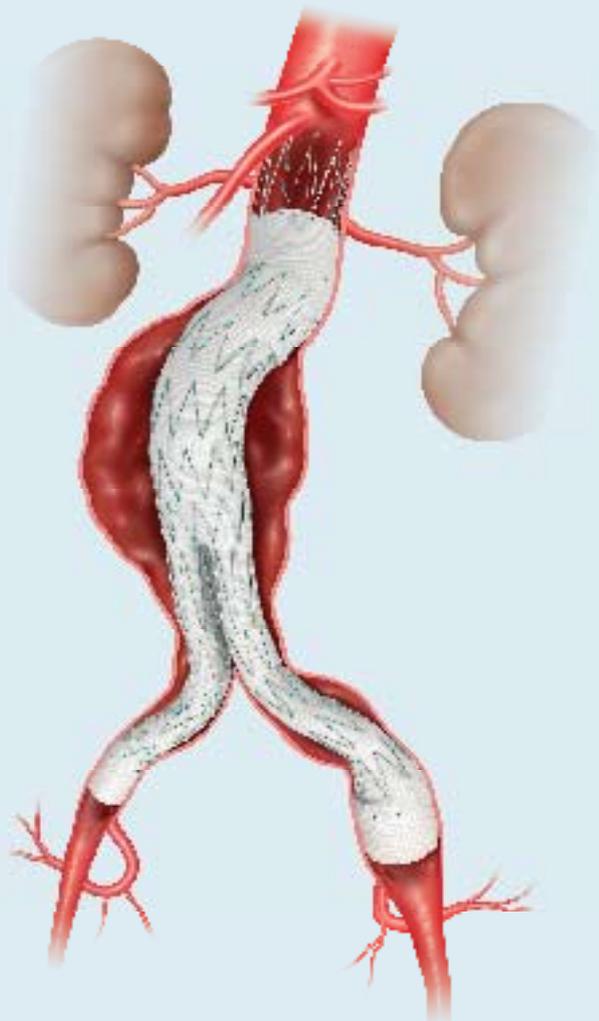
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The College of Surgeons of Hong Kong  
Room 601, 6/F  
Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road  
Hong Kong  
Tel: (852) 2871 8799  
Fax: (852) 2515 3198

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