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# CUTTING EDGE



The College of Surgeons of Hong Kong Newsletter  
香 港 外 科 醫 學 院 簡 報

May 2011  
二零一一年五月號

Our new Council & Editorial Board

Spotlight on COC in Surgery

The all new OSCE exam

# Editorial

**D o  
you know the  
faces of our current College Council  
members? Do you know that we have a new Editorial Board  
for the Cutting Edge? Do you know that there's a Corporate Communication  
Subcommittee in our College?**

The photo in the front page is the new College Council under the leadership of our new President Dr Luk Hung To, and the one in the next page is the new editorial board of the Cutting Edge plus the Corporate Communication Subcommittee. I must take this opportunity to thank those who have supported me and given me chances to serve our profession by taking up various posts. Especially Dr CC Chung, the ex-Chief Editor, he had laid an excellent framework in the Cutting Edge before passing it to me.

*“Life is an adventure, an adventure comes both by choices and by fate, and the biggest adventure of all is to live a life of our dreams.”*

Cutting Edge is the official newsletter of our College. Our aim is to let you know what's going on in our College and our profession. In order to make this newsletter more news related, we have added the Spotlight session about the current hot topic. In this issue, it will be interview with Dr Francis MOK, our COC in Surgery's vision in the current status of our profession in HK. I hope that we can make this publication something people are looking forward to receive, and are eager to flip the pages and read the content once they have it in hand, rather than throwing it into the rubbish bin right away.

Corporate Communication Subcommittee was established two years ago, aiming to enhance the internal and external communication of our College. We were busy in organizing the 20th Anniversary activities last year. This year, to simplify the structure, I have combined the Editorial Board and the Corporate Communication Subcommittee together. With more talents in the group and with your support and contribution, **we aim to make our profession a united and harmonious big family.**

Any suggestions or comments are welcome, please contact us at [corpcomm@cshk.org](mailto:corpcomm@cshk.org) or reach me directly.



Dr Chad Cheuk-wa TSE  
Chief Editor, Cutting Edge  
Chairman, Corporate Communication Subcommittee

# The Cutting Edge Editorial Board & Corporate Communication Subcommittee



Third Row: Dr Peggy Sau-kwan CHU, Dr Michael Chi-wai CHENG

Second Row: Dr Ronald pak-kin HO, Dr Kin-chun CHAN, Dr Hester Yui-shan CHEUNG,  
Dr Sharon Wing-wai CHAN, Dr Michael Wai-yip LEUNG, Dr Simon kin-hung WONG

Front Row: Dr Wing-tai SIU, Dr Ava KWONG, Dr Chad Cheuk-wa TSE, Dr Yee-man LEE,  
Dr James Cheuck-hoo WONG

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## Message from the President



The outcry from Physicians caught the media's attention recently. There were little reporting on the views of Surgeons especially our trainees. It has always been a dilemma in terms of safe work hours and adequacy of clinical exposure in particular operative experience. When the work hour directive of 65 hours week was endorsed 1 year ago by Hospital Authority, there had been debate on the quality of training at the Education Committee of Hong Kong Academy of Medicine. The focus was in particular on Colleges of "Surgical" stream. I was then the Censor-in-Chief of our College and I had defended the position of our College stating that 65 hours week would be adequate for training. Furthermore, the concept of matrix approach was introduced comprising both competency and time based element into our training program. The concept of simulation based training program covering both technical and non-technical skills was also introduced. We were able to satisfy the Education Committee of Hong Kong Academy of Medicine. Yet we are facing a new challenge when some frontline doctors asked for shorter working hours per week quite similar to the European directives. We need to collect the views from our trainees, both basic and higher in terms of safe work hours and effective training and we will closely monitor that. Although we are not employer of our trainees, we will definitely help to reflect the views of our trainees so that their benefit would not be less than their colleagues working under different medical disciplines. Our College is holding regular liaison meeting with Hospital Authority and the last one was held on 5th January 2011 and I am glad to report that Dr Leung Pak Yin, Chief Executive of Hospital Authority attended the meeting too. We will continue to work closely with Hospital Authority to ensure the standard of training can be maintained and the benefits of our trainees are observed.

Our College together with the Royal College of Surgeons of Edinburgh continues to accredit training centers in Mainland China. These centers are the elite Surgical Centers and their facilities are of the highest standard. Through our College, their trainees can take the conjoint examination conducted in Hong Kong after completion of training and would be awarded Fellowship of our College as well as Royal College of Surgeons of Edinburgh. This is an exciting program for our Chinese colleagues as this is a step towards internationalization. We don't expect a sudden increase in numbers of these fellows. Those who can be admitted as our Fellows through this program are the cream of the elite Chinese Centers and they would probably have a brighter future working in China and that would consolidate the position of our College.

As for our Fellows, we would continue to organize activities for Continuous Medical Education so that our Fellows would have sufficient opportunities to obtain both active and passive CME points.

On the leisure side, we are conducting a survey to understand fellows and members' preference on social activities, it aimed at providing more chances for fellows and members to renew friendship and to enjoy a break from hectic life. In February this year, we would like to form a team to join the Standard Charter 10 KM race but unfortunately the enrollment was closed very soon and we failed to make it. Please let us know whether you are interested to join us to form a team next year so that we can act promptly to avoid disappointment.

Finally, our Council needs your support and advice and please don't hesitate to contact us to express your views on any matters of your concern.

A handwritten signature in black ink, appearing to read "Dr. Hung-to LUK".

Dr Hung-to LUK  
President  
Princess Margaret Hospital

## Message from the Censor-in-Chief



Dear Fellows and Trainees,

The Part 3 examination of the membership of the Hong Kong Intercollegiate Board of Surgical Colleges (MHKICBSC) has taken a new format and the first examination was successfully held in March this year.

The new OSCE (Objective Structured Clinical Examination) format is a modern type of examination in medicine and health science. The examination takes the form of multi-station clinical subjects and measures candidates' clinical competence based on performance. OSCE was first used in Dundee of the United Kingdom and has, since, gained worldwide acceptance.

OSCE has the special feature that candidates go through numerous stations (16 – 20) which are highly focused with very specific instructions. The examination time of the stations is short, about 8 to 10 minutes. A pre-set structured mark scheme is used and this method reduces examiner input and discretion.

OSCE puts emphasis on what candidates can do rather than what they know. It tests the appreciation of knowledge rather than the recall of knowledge. In the end, clinical skills are tested rather than pure theoretical knowledge.

OSCE is fairer than the traditional approach of examination due to the standardization of tasks that have to be performed, an aspect much appreciated by candidates. The wider sampling of competencies and the use of structured marking sheets contribute to improvements in reliability and content validity.

For CME/CPD activities, our College has to follow the guideline of Hong Kong Academy of Medicine by incorporating the recommendation "Fellow should maintain a balanced CME/CPD profile with a mix of different activities, including 5 points in a cycle from activities in Quality Assurance, Audits and Activities for Improvement of Patient/Medical Care in order to capture the full benefit of different types of CME/CPD activities." It serves to point out that mortality and morbidity meeting and audit report are under quality assurance category.

A handwritten signature in black ink, appearing to read "Dr. Andrew Wai-chun YIP".

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

## Message from the Honorary Secretary



I started the job of Honorary Secretary in a relatively favourable position thanks to the efforts of my predecessor. Professor Poon had during his tenure accomplished the two formidable tasks of overhauling both the staff structure and the website of the College, fortifying the infrastructure required for our College to advance beyond her first twenty years. I could take the liberty under such circumstances to look into several issues relating to our Fellows. The first would be on the issuance of Board Certificate to Board Fellows of our Specialty Boards under our College. The first batch had been issued some years back but somehow further issuance was discontinued. As a result, many Board Fellows could not obtain such Certificate. The issuance of Board Certificate will be resumed this year at an administrative cost to Fellows who apply. The processing will be recurrent annually. Even if a Fellow could not beat the deadline on 31 March this year he could apply again in the coming year.

The second would be on the waiving of annual subscription for our senior Fellows. The Academy has actually set a policy of waiving subscription fee for Fellows over seventy. To fall in line and to pay respect to our senior colleagues, our Council had agreed to adopt the same policy for our Fellows and this would be implemented in the coming year. Eligible senior Fellows will receive notice from the College Secretariat inviting them to indicate their wish to remain on our Fellowship list with voting rights on an annual basis.

The third would be on the granting of Fellowship without Examination. With increase collaboration of our College with Training Centres in the Mainland, Mainland surgeons will be participating as examiners in our College Examinations. These nominated examiners usually had qualification and experience equivalent to that required for being a Fellow of our College, and as a token of recognition of their contribution, there will be need to grant Fellowship without Examination to them. However, under the current Memorandum of Articles of our College, Fellowship without Examination could only be granted to medical practitioner registered in Hong Kong. The Council had resolved to seek amendment in an Extraordinary General Meeting so that our Fellowship without Examination could be granted to our Mainland Colleagues as well.

While all these matters are in good progress, I was perplexed by a notification from the Academy regarding recent changes in discount policy of Academy facilities. The 50% discount on venue and 10% discount on catering currently offered to Colleges will be maintained only for functions solely organized by Colleges. In case of functions co-organized by a College with external bodies, the discount will be reduced pro rata according to the number of co-organizing external bodies. Such move is counter-conducive for Colleges to reach out and collaborate with other organizations, both local and abroad, and would work against the premises of the Academy as a rendezvous for academic exchanges. Take for a practical example; it would translate into a HK\$30,000 disincentive for our College to co-organize an Annual Scientific Meeting with our Edinburgh sister. That would be absolutely absurd! Our College will continue to protest against this.



My spoilt mood recovered considerably when I congratulate Stephanie on the birth of her lovely baby girl. After brief rest, Stephanie will be back in mid April, probably with ginger-in-vinegar and more beautiful pictures of her little angel. Meanwhile, I have to thank Claudia for looking after the Secretariat so well during this period.



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

## Message from the Honorary Treasurer



It is my greatest pleasure for being elected to the post of Honorary Treasurer of the College for the coming three years. The task is absolutely a challenging one. It is a must to maintain our financial well-being, but a sustainable growth and development of the College is equally important. I owe a deep gratitude to all the past Honorary Treasurers for their insights and contributions in keeping good financial health of the College through implementation of sound and comprehensive financial policies. I will carry on their fine tradition of being prudent and hold myself accountable to all fellows and members.

Last year was the College's 20<sup>th</sup> Anniversary which marks an important milestone of the College. To rejoice over this memorable occasion and to make it an unforgettable page of the College, an array of celebratory events and academic activities were organized, and a lot has been achieved. Bonds within our surgical family as well as with other sister colleges have been tightened. New initiatives, such as simulation training, new format of membership examination, and accreditation of mainland surgical training units have been enforced. All these endeavours serve as a springboard to the way forward but they inevitably incur cost. Though a deficit of \$212,857 was recorded last year, we believe that the long-term benefit shall eventually outweigh the non-recurrent expenses during the occasion of the College's 20<sup>th</sup> Anniversary. Our College has stood firm over the past two decades in upholding the highest surgical standards and promoting advances in both the science and the art of surgery. I believe we all will continue on this course despite the conceivable financial challenges.

Let every man speak well of the bridge carries him over. Our senior surgeons have paid lifetime effort in contributing to the surgical community and the society as a whole. They have turned the College from a relatively small surgical society to an internationally recognized professional institute for which we can certainly celebrate its many accomplishments with pride today. As a token of gratitude to the senior colleagues, the annual subscription of fellows aged over 70 will be waived starting from 2012. Such a small act of gratitude may not bring a significant benefit to them, but it is an expression of our respect and also an acknowledgement of their contribution.

A handwritten signature in black ink, appearing to read "Enders".

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



The College of Surgeons  
of Hong Kong

The College of Surgeons of Hong Kong  
&  
Macau Surgical Association



# *Annual Scientific Meeting 2011*

HKAM JC Building Aberdeen  
17 - 18 September 2011

Early Bird Registration  
30 July 2011

*Reconstructive Surgery in Focus*

Registration and Abstract  
Submission Forms are enclosed

Call for Abstract  
15 July 2011

## Enquiry

Email: [asm2011@cshk.org](mailto:asm2011@cshk.org)  
Tel: 2871 8793

Website: [www.cshk.org/asm2011](http://www.cshk.org/asm2011)  
Fax: 2518 3200

## Abstract Submission

Email: [abstract2011@cshk.org](mailto:abstract2011@cshk.org)

# 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 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.



Prof. MJ UNDERWOOD  
*Prince of Wales Hospital*

## PAEDIATRIC SURGERY BOARD

The 16<sup>th</sup> AGM of the Board of Paediatric Surgery was held on 11<sup>th</sup> October 2010. Seventeen members attended. The selected Board Committee was as follows:

Chairman:	Dr Kelvin Liu
Vice-Chairman:	Dr KH Lee
Hon. Secretary:	Dr Michael Leung
Committee Members:	Dr Nicholas Chao, Dr David Man, Dr Jennifer Sihoe, Prof. Paul Tam, Dr Peter Tam

The last inter-hospital clinical meeting was held on 11<sup>th</sup> October 2010 at Prince of Wales Hospital and was well attended by board members and trainees. The next inter-hospital clinical meeting will be held in Queen Mary Hospital. The exact date will be announced in due course.

The conjoint exit examination in paediatric surgery was held on 25<sup>th</sup> March 2011 at United Christian Hospital. Two candidates attended and both passed. Congratulations to Dr Patrick Chung and Dr Jennifer Mou. The Board extended our thanks to United Christian Hospital for the help in the successful hosting of the examination.

A joint accreditation visit to the three paediatric surgical centres was held on 26<sup>th</sup> March 2011. The inspectors were satisfied with the training in the three centres. It is likely that the training capacity in the three centres would be increased. The official report is pending.

For the coming HST selection exercise, there will be training posts in paediatric surgery. Those interested to apply can obtain more information from Dr K H Lee, the current Programme Director. For all newly admitted HSTs after July 2011, ATLS and PALS courses will be mandatory.

The Centre of Excellence (CEP) in Paediatrics is likely to open in 2016. Several meetings regarding paediatric surgical services had been held. It is recommended that after its establishment, high-risk/complicated surgical cases should be managed at the CEP by pooling expertise from existing paediatric surgical centres while the elementary cases will continue to be handled by the three regional centres.



Dr Kelvin Kam-wing LIU  
*United Christian Hospital*

# News from the Specialty Boards

## PLASTIC SURGERY BOARD

The Board has organized the second preparatory course for the candidates of the coming exit examination in QMH. The new format of structured clinical and oral viva stations have been adopted and implemented.

The coming exit examination will be held in October this year in TMH. MCQ workshop has been organized to build up the question bank.

Didactic Aesthetic Lecture and 12-sessions of clinical attachment to Private Plastic Surgeons are the integral part of the core curriculum and would be continued to strengthen the education of the trainees on this aspect.

We have 9 HSTs in total and they are in different years of training. The Board would try to maintain the training capacity to order to recruit new blood to the specialty.



Dr Wing-yung CHEUNG  
*Kwong Wah Hospital*

## GENERAL SURGERY BOARD

The RCSEd / CSHK Joint Specialty Fellowship Exit Examination in General Surgery was successfully held on 16-17 March 2011. Nineteen candidates (13 from Hong Kong and 6 from Singapore) attempted the examination and 11 passed with an overall passing rate of 58%. Out of the 13 from Hong Kong, 8 (62%) passed.

The Part 3 of the Hong Kong Intercollegiate Board of Surgical Colleges Membership (MHKICBSC) Examination also took place in March. In addition to the old format of Clinical Examination for some old candidates, this was also the first diet of the new Objective Structured Clinical Examination (OSCE) format for the examination. The new format consists of 16 stations presenting different scenarios and tasks designed to test four domains encompassing (1) clinical knowledge and its application, (2) clinical and technical skills, (3) communication, and (4) professionalism. A total of 68 candidates attempted the OSCE, of whom 64 passed, the passing rate being 94%. It is anticipated that OSCE would be a much more structured and objective assessment of candidates' performance.



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

# News from the Specialty Boards

## UROLOGY BOARD

I was handed over this life time honour and immense responsibility of Chair of the Urology Board from Dr Tam Po-chor at the Board Committee meeting immediately following Annual General Meeting on 13 December 2010. At the same meeting, Dr Bill Wong was elected Vice Chairman, Dr Fan Chi-wai was elected Honorary Secretary and Dr Yiu Ming-kwong was elected Programme Director. Dr Tam received a vote of thanks for his profound contribution to the Board throughout his years of distinguished service as Chair, and he will continue to give his advice as Ex Officio to the Board Committee. A new board of 9 examiners for the Exit Examination and another board of 6 examiners for the Membership Examination were appointed for a term coinciding with the Censor-in-Chief of our College.

The new format of Oral Examination in the Urology Exit Examination ran smoothly in September 2010. All five candidates passed but none was considered up to the standard for award of the Dr C H Leong's Medal. During the Examiners' meeting that followed it was decided that the old format of written examination would be kept for one more year in 2011, pending licensing for the new Intercollegiate written examination to be conducted in Hong Kong, probably in 2012. An examination question writing workshop was conducted on 12 March 2011 to replenish Oral Examination questions in the bank. The next diet of Examination will be conducted on 14-15 September 2011.

Two centres had trainer manpower issues rectified and were duly accredited in September 2010. There will be no accreditation for Hong Kong centres this year. Instead, opportunities to accredit urology training centres in Mainland were sought during a joint visit by our College and the Edinburgh College to accredit General Surgical training in Chengdu and Wuhan in March 2011. The scope and standard of urology training in the centres visited were found to be comparable to that in Hong Kong and these centres will be invited to apply for accreditation in urology training. Once accredited, candidates from these centres could, upon completion of prescribed trainings, come to take Membership as well as Urology Exit Examinations in Hong Kong.

Mandatory courses had been introduced into higher urology training. The first basic endo-laparoscopic urology skills course will be conducted in September 2011. Preparation of the course is underway. Feedbacks from trainees were received during a meeting between them and the Programme Director on 5 March 2011. One higher trainee had changed his specialty of training from Urology to Acute & Emergency Medicine in his first year of higher training for personal reasons.

The Board learned with great sadness the passing away on 2 March 2011 of Professor Wu Jie-Ping, a pioneer in Chinese Urology and Honorary Fellow of our College. A message of tribute and condolence was sent by the Board to pay respect to this great man, who will be forever remembered by urologists in Hong Kong.

Dr Chi-wai MAN  
*Tuen Mun Hospital*



## Visions for the College of Surgeons of Hong Kong



### An Interview with council member: Dr Wai-key YUEN

Chief-of-service, Department of Surgery, Tung Wah Hospital

Consultant, Hepatobiliary & Pancreatic Division, Queen Mary Hospital

#### Why did you decide to join the council of College of Surgeons?

There are two main reasons:

- i) The impression of the College I got from some senior College Fellows seems to be negative as they felt that the College has not contributed to them. However, I think the opposite; instead of asking what the College has done for us, we have to ask what we have done for the College. Being on the council will allow my active participation in the College's activities.
- ii) Having been involved with running major exams at Tung Wah Hospital over recent years, I am curious in how the College conducts examination and also hope that I can contribute to the College with the experience I gained.

#### What are your visions of how the College can serve their members? What should be the College's priorities?

Having joined the Council I find that to most fellows, the College is quite distant from them and they are not very interested in participating in the College activities, including the CME activities and the Annual Scientific Meeting. The membership and fellowship examinations also do not concern them. Despite joining forces with the Royal College of Surgeons of Edinburgh to create an accreditation programme for major training centres in Mainland China, only a small circle of Surgeons are involved as these work may not arouse the interest of most of the busy surgeons despite their importance to the future of surgery in our locality. One of the priorities of the College should include the development of more interest groups to increase involvement of fellows. Aside from work and contributions, we should also aim at advocating better work-life balance for our fellows. This needs good understanding of what our fellows want. The Younger Fellows Chapter and the Women's Chapter are good start. The College can join hands with other Colleges to organize more activities of common interests.

Another priority of the College should be formulating a new strategy in training our new generation of surgeons. With the reduction in "cutting" experience and the work hour, we should think of ways to upkeep the knowledge and standard of our trainees. Our examination also needs to be modified. The recent OSCE type of membership examination is a good attempt and I am heavily involved in it.

#### What are your thoughts of cutting of working hours for our trainees in terms of learning, training experience? Could you suggest any possible solutions or advice to our trainees?

This is a good question. Overall speaking, we have very good trainees. They are hardworking and dedicated to patient care. Firstly, it is of vital importance to have good senior surgeons to serve as their role models. Secondly, in Hong Kong, we have adequate training material for our trainees, so cutting of working hours should not affect their training. Thirdly, we should encourage them to attend overseas conferences and present their work in front of international peers. This kind of experience is very important in their training and provides drive and stimulation for them to attain new heights in their career.

#### Do you have a personal message that you will like to pass to your fellow colleagues and trainees?

I am a HBP surgeon. Despite my heavy workload, I enjoy my work pretty much. I have not stopped learning new knowledge and new techniques. Not everyone is perfect and complications do occur and can be stressful but learning how to face them and to try and solve them and prevent them in future is important.

"Always know your limits and seek for help when necessary. A good surgeon is not just one with skilful hands but one who is also vigilant, empathetic and provide holistic care to your patients."



## An Interview with council member:Professor Simon Ying-kit LAW

Professor of Surgery

Chief, Division of Esophageal and Upper Gastrointestinal Surgery

The University of Hong Kong

Queen Mary Hospital

### Why did you decide to join the Council of College of Surgeons?

I was actually encouraged by Professor CM Lo to join the Council. Having been in the field of Surgery in Hong Kong and watching it grow, I would like to make some personal contributions to the development of Surgery, especially in the training of the next generation for the future of Hong Kong.

### What are your visions of how the College can serve their members and what should be the priorities of the College?

I believe that the College should represent fellows in safeguarding their rights and fighting for resources, especially in the public sector from the Hospital Authority. One area which can be improved is the rationalization of the present training system in terms of manpower distribution. Currently the College and Hospital Authority have insufficient collaboration in deciding the number of posts as well as their distribution. Matching of training and service needs is an important priority. The College should also play a role in attracting the brightest to pursue a career in surgery. Fighting for an incentive-driven system within Hospital Authority is essential, so that reward should be proportional to the hard work that is put in by surgeons.

### What are your thoughts of cutting of working hours for our trainees in terms of learning, training experience? Could you suggest any possible solutions or advice to our trainees?

Times have changed from when I was in my training. Being on-call once every two days and non-stop working for 34 hours is no longer acceptable. Evidence suggests that lack of rest does affect the performance of doctors. Quality-of-life of residents is regarded as important and cutting of working hours is inevitable and it is being implemented all over the world. Yet in a skill-based specialty like surgery, concerns arise with regards to quality of training. It is imperative to realize that competency-based training is perhaps more important than a purely time-based system. One has to ensure that the time spent in hospital should be “quality-time” with ample training experiences. While the hospitals and trainers should provide opportunities, residents should also be proactive in seeking learning chances. They should be very focused and try to learn something from each patient they look after. A common problem I find among young trainees is that they lack sufficient attention to details. But it is precisely the details that would enhance their learning experience. The right balance of shortened working hours and training experiences is difficult, but can be sought after.

### Last but not least, how about a personal message to our trainees?

“Treat your job not just as a job but a career. Work hard and you will be rewarded.”



Dr Ava KWONG  
Queen Mary Hospital

## Spotlight on 'COC in Surgery'



**Hospital Authority is the largest organization for employment of surgeons in Hong Kong. It is really my pleasure to interview Dr Francis MOK, Chairman of Coordinating Committee in Surgery, Hospital Authority, to know his vision on service and training of surgery in Hong Kong.**

Dr Mok remembered the poor economy and aftermath of SARS in early 2000s was “the Dark Age of Surgery in Hong Kong”. Resources were shifted away from surgery. Most HA surgical departments suffered from cutting of number of beds and operating theatre sessions. As the Chief of Service of Department of Surgery in Caritas Medical Centre, he suffered a 25% cut of beds in his department. When he became the Chairman of COC (Surgery) in 2005, the most important thing he wanted to do was “to get the glamour back” in surgery. He tried to convince HA that it was not right to put resources only in chronic diseases such as hypertension and diabetes. In an ageing society like Hong Kong, surgeons are equally important to treat patients with malignant diseases and to treat surgical conditions secondary to chronic illnesses. From then, more resources were allocated to surgery in HA hospitals. Surgery once again became a popular medical specialty and more young doctors joined surgery as their future career.

**“The role of surgeons is changing. A good surgeon should no longer be just an “operating technician”. The surgeon in his/her sub-specialized area should be a “disease orientated clinician”.”**

Surgeons in the eyes of Dr MOK are tough doctors who are dedicated to their profession. They often stay voluntarily to operate on their patients even when they are not on call. They gain great satisfaction from their work. Also, HA has made some improvement for the working conditions for surgeons in recent years. As she realized that a better quality of life for surgeons is also related to patient safety and service quality. Now, most surgeons can comply with 65 working hours and have one rest day every week, and enjoy the post-call half-day leave after on-site call.

The role of surgeons is changing. A good surgeon should no longer be just an “operating technician”. The surgeon in his/her sub-specialized area should be a “disease orientated clinician”. He/she should be the leader of the multi-disciplinary team. Collaborating with team members, he/she should be familiar with all the pathophysiology, diagnosis, perioperative & adjunct management, assessment of outcome of the procedures, and provide the best treatment to his/her patients.

Although providing quality patient care is the primary mission of HA, Dr MOK believes that training and development are equally important. In order to attract young surgeons and to retain experienced surgeons, HA should continue to invest on training and new technology in surgery. Using most of the resources just to clear the waiting time for surgery may not be a good idea. Also, a well-balanced relationship between the public and private market in surgery is very important. It is never the HA intention to harm the private market in surgery. A healthy flow of manpower between public and private market is beneficial for surgeons, patients and our society.

From Dr MOK’s point of view, the colleagues in HA headquarter are not enemies, but partners of surgeons. They are communicators between the surgeons and the Government. As the Government and Legislative Councilors know very little about surgery, it is important for the HA administrators to “re-package” the requests and ideas from frontline surgeons, and present to the Government for resources allocation.



Dr Michael Wai-yip LEUNG  
Queen Elizabeth Hospital



*As you all know, the curriculum of the Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC) for basic trainees has been revised and updated. It became effective for all new basic surgical trainees (BST) admitted from 1 July 2010 onwards. With the globally accepted framework, trainees are expected to achieve five competencies, namely Medical Expert; Communicator; Collaborator; Scholar; and Professional. The details were documented in the guideline for revised curriculum for basic surgical training. Here, we are glad to have Dr Cheung Moon Tong, our council member as well as the Director of the Training and Curriculum Subcommittee of HKICBSC, to express his view points on the changes.*

### **What is the major difference of the training curriculum as compared to the old MRCS one?**

The crucial feature of the new curriculum was that it is more structured and less diffused. But yet it still emphasizes those core competencies such as infection, nutrition, wound, and hemostasis, etc. The new curriculum is more compact and it maximizes the training opportunities, while at the same time it provides flexibility. It contains training modules that each specialty or subspecialty needed to provide the trainees rather than just service works. It also introduces the concept of continuous competency assessments (by case), instead of just end-of-block assessment (by impression).

**At a glance, the goals set by the new curriculum actually contained more compared to the old training system. For example, in the old days, only HST were allowed to undergo endoscopic training (at least in some hospital). But now “Procedural Skills in Endoscopy” is one of the assessment parameters for BST. Do you think the curriculum is “more concentrated” than before?**

Indeed, there is shortening of the work-hour while the training period remained the same. In fact this was exactly the main reasoning behind the reformation of curriculum. The training must be more compact and targeted for a competent surgeon at the end of the training. Trainees should be exposed to those required rather than those “nice to have” (e.g. intensive care, accident and emergency). In addition, those trainees who would like to declare are allowed to declare their interest at the very start, e.g. neurosurgery, urology. It is not mandatory, but if they do so, they will be exposed to the specialties that are more related to the specialty they declared during rotations. Thus, the learning opportunities related to that field would be markedly increased.

**In this era, we need to address issue of working hours, 5-day work, post-call day off, protected time, etc. Do you think the training will be diluted? Is there any contingency for this?**

If we do nothing, definitely the training will be diluted. This is the rationale for a revised curriculum that would be more compact and structured to facilitate the training. In the end of training (same as before; i.e. 6 or 7 years), we hope our College is able “to produce fully fledged surgeons of an appropriate standard, ready for unsupervised practice, able to function independently or as part of a multidisciplinary team and to be the most effective deliverers of patient care that is possible”.

**One of the intrinsic problems of any kind of assessment is the inter-observer variations. This is especially true for surgical assessment. Are there any thoughts or tactics to make the assessment fair?**

This is always the problem of assessment. The newly introduced competency assessment is basically a continuous assessment of a trainee on some basic skills. Despite that the curriculum requires only 1-2 assessments during the 2 year period, trainers are encouraged to have more assessments. The assessor has the duty to indicate the weakness of the trainees on that skill and to promote improvement and confirm it on next assessments. The process of improvement is what we aim to achieve, not a comparison between trainees.

### **Is there a similar change for HST training?**

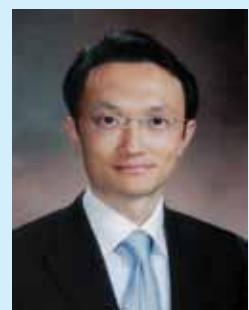
College is looking for similar change in the training package; not just fragmented to basic or higher. Basically, the trend in training is more structured, more compact, continuous competencies assessment, and modular type of training. We have to change in order to align with the international standard, and our change is fully supported by the Royal College of Surgeons of Edinburgh. Towards the end of higher training, not just should we observe Medical Expert; Communicator; Collaborator; Scholar; and Professional, but also Manager and Health Advocate!

### **Anything you would like to announce or clarify to our members?**

The revised curriculum is hoped to improve the training opportunities, instead of imposing restriction. Trainees are encouraged to grip the chance and voice out their opinion. Trainers are encouraged to involve more with the aim to maintain our professional standard in surgery. Young fellows particularly are encouraged to take more part in the training and speak out for the betterment of our trainees.

*Thank you Dr Cheung.*

*Indeed, communication between the college and our members is a must for improvement.  
Looking forward to meeting our budding new generation of surgeons!*



Dr James WONG  
*St. Teresa's Hospital*



# Close-up and Macro

## The fifth International Colorectal Disease Symposium (ICDS)



The fifth International Colorectal Disease Symposium (ICDS), hosted by Department of Surgery PYNEH and HK Society of Coloproctology was successfully held on 24-26 February, 2011 in the HKEC Training Centre - the Minimal Access Surgery Training Center (MASTC) in PYNEH.

We have invited a number of worldclass faculties across the continents, including renowned surgeons, physicians as well as pathologists from the United States, Europe, Asia-Pacific regions and our local experts.



There were a total of 167 participants with 97 from local and 70 from overseas including China, Thailand, Macau, Indonesia, Philippines, Singapore, Korea, Italy, USA, Finland, New Zealand as well as South Africa.



Dr Hung-to Luk, our President, was invited to officiate the opening remark in our opening ceremony



Mr. Michael Li, COS of Department of Surgery, PYNEH with Dr Hung-to Luk



Apart from the comprehensive lectures, there were also exciting live demonstrations on robotic as well as laparoscopic rectal cancer operations.



Our invited speakers - Prof. Bill Heald and Dr Park were put on the beautiful souvenir during the faculty dinner.



Dr Hester Yui-shan CHEUNG  
Pamela Youde Nethersole Eastern Hospital



## Workshop on Multidisciplinary Management of Vascular Anomalies

The Workshop on Multidisciplinary Management of Vascular Anomalies was held in Queen Elizabeth Hospital on 23-24 February 2011. The Workshop was funded by the Commissioned Training Program of the Coordinating Committee (COC) in Surgery, Hospital Authority and co-organized by the Department of Surgery and Department of Radiology & Imaging of Queen Elizabeth Hospital.



Diagnosis and treatment of vascular anomalies can be difficult and often require a multidisciplinary team approach. This was the first symposium on management of these complex diseases in Hong Kong. The Workshop aimed to introduce advances in different modalities of management in vascular anomalies. We were honored to invite Professor Steven J. Fishman and Professor Ahmad I. Alomari from the Vascular Anomalies Center (VAC) in Children Hospital Boston of Harvard Medical School to be our guest speakers for the workshop.

As a pediatric surgeon and Co-director of VAC, Prof. Fishman introduced the classification, pathophysiology and management strategy of different entities of vascular anomalies. Prof. Alomari gave an account on the role of diagnostic and interventional radiology on vascular anomalies management. Local experts from the fields of surgery, radiology, ophthalmology and pediatrics had shared their experiences in the multidisciplinary management. We had performed two live demonstrations on sclerotherapy and embolization for the slow and fast flow vascular malformations. There was also an open forum for discussion on a variety of difficult cases.



The VAC of Children Hospital Boston and Queen Elizabeth Hospital had signed the Memorandum of Understanding for establishment of collaboration on vascular anomalies.



There were a total of 211 participants for the workshop and all had enjoyed a fruitful and educational program.



Dr Michael Wai-yip LEUNG  
Queen Elizabeth Hospital

# Topic on film

## RCSEd/CSHK Conjoint Scientific Congress 2010

25-26 September 2010, Hong Kong Academy of Medicine Jockey Club Building

The RCSEd/CSHK Conjoint Scientific Congress 2010 centered on the “Advances in Surgery through Multi-disciplinary Collaboration”. We were proud to have 319 delegates attended the Congress. The feedback to the Congress was excellent. Distinguished speakers, chairmen and guests from different surgical fields including but not limited to Functional G.I., Breast Surgery, Polytrauma and Colorectal Cancer certainly enlightened the Congress and broadened audiences’ perspective.



Thanks to Mr. David Anthony TOLLEY, President of the Royal College of Surgeons of Edinburgh, for bringing us the splendid GB ONG Lecture on the topic of “Surgical Education in the Digital Age”. We were honored to invite Professor Annie ANDERSON, Renowned Professor of Food Choice; Dr Jay HARNESS, President of Breast Surgery International and Professor Ian CIVIL, President of the Royal Australasian College of Surgeons to bring us the Keynote lecture. The Congress also attracted 8 free papers, 6 motion pictures and 40 poster presentations.



It was the first time for the College organizing the Breast Surgery International Ultrasound Course Hands-on Workshop at the Conjoint Scientific Congress. The workshop was well-attended by 36 delegates. Dr Sharon CHAN, Dr Polly Suk-yee CHEUNG, Prof. Burno FORNAGE, Dr WK HUNG and Dr Marcus YING were the instructors.



Professor George YOUNGSON and Dr Heng-tat LEONG were the adjudicators at the Free Paper and Motion Picture Presentations. The Best Scientific Paper Award was granted to Prof. Simon Siu-man NG. The Best Scientific Paper (Trainee) Award went to Dr Vivien Wai-ying WONG and the Best Scientific Paper (Motion Picture) was awarded to Dr Chad Cheuk-wa TSE.

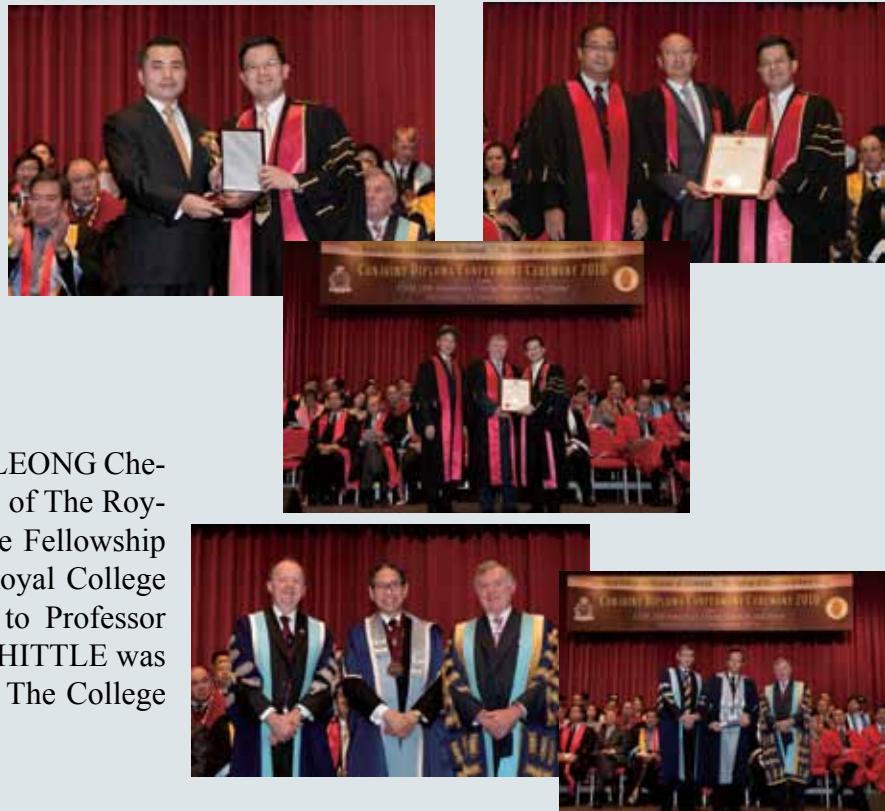


## Conjoint Diploma Conferment Ceremony 2010 cum 20th Anniversary Closing Ceremony and Dinner

25 September 2011, 7pm, Run Run Shaw Hall of Hong Kong Academy of Medicine

Jointly organized with the Royal College of Surgeons of Edinburgh and The College of Surgeons of Hong Kong, the Conjoint Diploma Conferment Ceremony 2010 cum 20th Anniversary Closing Ceremony and Dinner brought us an indelible ending to a series of ceremonial occasions for the 20th Anniversary.

We were honored to have the Honorable Mr. WONG Yan-lung, SC, JP, Secretary for Justice of the HKSAR to deliver the Arthur Li Oration on topic of Mediation and Medical Practice. Prof. FAN Sheung-tat, Professor Ian Ronald GOUGH and Mr. David Anthony TOLLEY were bestowed to the highest honor of the College - the Honorary Fellowship.



Our founding President, Dr the Honorable LEONG Cheung was admitted to the Court of Regents of The Royal College of Surgeons of Edinburgh. The Fellowship Ad Hominem in Dental Surgery of The Royal College of Surgeons of Edinburgh was admitted to Professor ZHANG Zhi-yuan. Professor Ian Roger WHITTLE was conferred the Ad Hominem Fellowship of The College of Surgeons of Hong Kong.

Congratualtions to Dr WONG Cheuk-hoo James, Dr CHEUNG Yui-shan Hester, Dr YAU Kwok-kay, Dr CHUNG Chi-chiu and Mr. LI Ka-wah Michael for being granted the Best Original Paper Award of the Year 2009. The Best Research Award of the Year 2009 was granted to Dr CHUI Lap-bun, and the second prize of the "Best Research Award of the Year 2009" was awarded to Dr WONG Kai-pun.

We wished to extend our warmest congratulations to diplomates and gladed to see many familiar faces in the Ceremony.



# Topic on film

## 2nd World (20th Chinese) Endoscopy Doctors Conference 2nd Macau-Hong Kong Surgical Scientific Meeting (2nd WEDC) World Endoscopy Expo

29 October to 1 November 2010, Venetian Macao-Resort-Hotel, Macau SAR, P. R. China

The 2nd WEDC was co-organized by the World Endoscopy Doctors Association, Chinese Endoscopy Doctors Association, The College of Surgeons of Hong Kong and Macau Surgical Association with the support from Ministry of Health and Ministry of Science and Technology of China. The Conference consisted of Pre-conference workshops, symposia in different specialties, keynote lectures by distinguished world experts and trade exhibition, providing an academic program for Endoscopy and Endosurgery.



Preconference workshops



Press Conference



Focusing on Endoscopy and Endosurgery,

there were Keynote Lectures by many renowned world experts and symposia in different specialties



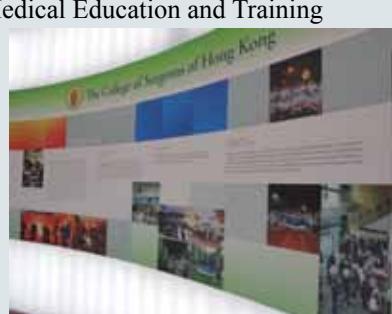
The Inauguration Ceremony during the Opening Ceremony and Gala dinner



The International Protocol Signing Ceremony on Medical Education and Training



Congratulations to Dr Andrew YIP, Dr MT CHEUNG, Prof. Philip CHIU, Dr Samuel KWOK, Prof. Paul LAI on the Endos Award



The display booth of CSHK at the trade exhibition

# Women's Chapter

## Women's Chapter Update

Diamonds are beautiful. Diamonds are eternal. Diamonds are romantic. Diamonds are the perfect gift. Diamonds are girls best friend. Before spending large sums of money on these precious stones, it is essential to learn background knowledge on diamonds.

On a Saturday afternoon, a group of women surgeons, mentees, friends & family gathered at a restaurant in Central for a jewellery talk. This was a golden opportunity for attendees to get tips from professionals from the Continental Jewellery over afternoon tea.

Current trends of jewellery, and the technique of distinguishing quality of jewellery with special focus on diamonds was discussed. At the end of the event, each participant was given a small take home gift.

In addition before going home, a group of women's surgeon immediate practiced what they had learnt to support a jewellery sales by Belford Jewellery that afternoon. The company designed a set of jewellery based on the "pink ribbon" design which signifies breast cancer support. Proceeds of the sales was donated to The Hong Kong Hereditary Breast Cancer Registry ([www.asiabreastregistry.com](http://www.asiabreastregistry.com)) to support families at risk for genetic testing and also breast cancer research. So the knowledge learnt was not only beneficial to us women surgeons but also contributed to a good cause!

The diamond talk is one in the series of events organized by the Women's Chapter. Further workshops / lectures on investment and make-up / skin care are to be scheduled in the near future. So please come join us! It is a lot of fun!



During the charity jewellery sales event "make a wish" heart was put up on a tree with every donation given.



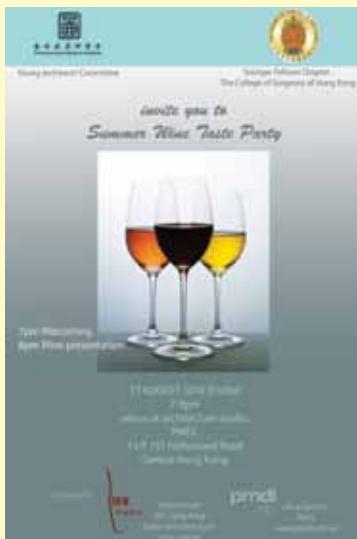
Dr Ada Tsui-lin NG  
*Queen Elizabeth Hospital*



Dr Ava KWONG  
*Queen Mary Hospital*

# Younger Fellows Chapter

## Summer Wine Tasting Party 13-8-2010



Poster for the event

The first Joint Young Professional Activity between Younger Fellows Chapter (CSHK) and Young Architects Committee was held on 13-8-2010. It was all about a joyful Friday night whereby Surgeons met Architects in our summer wine tasting party.

The party took place at an Architecture Studio, the pmdl, 151, Hollywood Road, Central; in a newly decorated building where we can find many stylish international architectural companies. It forms a big contrast with the classical Man Mo Temple which is just located next store.

We would like to thank Dr Fu Kam Fung, Vice-President of the Younger Fellows Chapter and Ms. Anna Kwong, President of the Hong Kong Institute of Architects to be our guests-of-honour.



Younger Fellows enjoyed various sorts of wine and acquired wine knowledge from Mr. Rubenstein



Cheers!



Participants had a happy sharing with new friends



wine from our sponsor

We would like to thank our wine sponsor: Italian Wine Merchants (IWM), <http://www.italianwinemerchants.com> for their generous support in providing different kinds of Italian red and white wine for the event. We would also like to thank PMDL Architecture & Design Pty Ltd (pmdl), <http://www.pmdl.com.au> for providing the venue. Last but not least, our participants – for making our event a successful one.



Dr Billy Yeung-kit LAM  
Treasurer of Younger Fellows Chapter  
*Queen Elizabeth Hospital*

# Examination Corner

## The All New OSCE Part 3 Examination

What do we mean with OSCE? This acronym stands for **Objective Structured Clinical Examination**. It comprises of a robust and well-structured assemblage of standardized questions and marking scheme, which aims at diluting the amount of potential bias that can be elicited during examinations. The standard was firstly introduced in the MHKICBSC (Membership of Hong Kong Intercollegiate Board of Surgical College) Part 3 Examination that took place in March 2011, and I feel lucky and honoured to have been among the first group of examiners getting the chance to employ the OSCE method in the examination that came to pass last week.

We can discern from its very name that the structure of this exam endeavours at giving an objective assessment to test the knowledge and clinical competency of our Basic Surgical Trainees (BST). Rumor has it that in order to pass clinical examinations both knowledge and luck play an important role; the luck factor being due to a somewhat unavoidable element of bias which could come from examiners and the examination process itself. It is this bias that the OSCE wants to eradicate and it does so in multitude of ways.

OSCE-patterned exams make use of standardized patients who are very well trained to act as fully-fledged patients by following some pre-designed and clear-cut scripts that are accessed and brought to bear during encounters with the examinees. In addition, examiners are also provided with dedicated standard questions checklist used at each station while they appraise candidates. The concurrent use of the aforementioned is the salient features of OSCE.



**In this way all candidates are tested on multiple subjects using the same set of questions designed by the examination board. The copious number of stations allows for a wide range of subjects and clinical scenarios to be tested in an efficient and effective manner. OSCE has shown to be a dependable, comprehensive and equitable method of assessing candidates' knowledge and clinical sense.**



All trainees have undergone extensive theoretical studies achieved through formal classes, textbooks reading and much personal effort to eventually acquire the basic knowledge necessary to join the profession. Nevertheless, what distinguishes successful candidates during examinations is perhaps the extent of self-confidence and passion towards their careers. Theoretical study from books is indispensable but with it alone, is not enough to build up clinical confidence. In fact, your clinical confidence grows upon the time and effort you put on your patients and your involvement in operative procedures during your surgical training rotations. Acquisition of such hands-on practical clinical experience should therefore be one of the main goals of trainees as there is absolutely no short cut for it.

Establishing eyes contact with examiners and using a tone of voice that demonstrates self-confidence and initiative without ostentation during clinical examinations are skills of paramount importance for any candidate who wants to be successful. Examiners are not likely to provide good feedback and give high marks to those candidates who lack these abilities. Candidates' body language is a telltale of their strengths and weaknesses, and experienced examiners can easily be cued by it.

A word of encouragement for all candidates: gear up your best knowledge and expertise, take a deep breath, stay confident, enjoy the process and you will be already half way through a successful examination.



Dr Irene LO  
Queen Elizabeth Hospital



「咔嚓！」這是相機快門的聲音，節奏爽朗明快。我已不記得那時起愛上了，我想，大約是在八十年代中吧。

「咔啪！」這是手術時血管夾子鎖定的聲音，節奏同樣爽朗明快。我記得是在九十年代中在當外科實習時愛上了的。

結果，這些年來，外科手術和攝影便成了我努力要做到最好的事。

記得有一次教授打趣地對我說：「我請了一個專業攝影師和一個業餘外科醫生呢！」我即報以會心微笑。其實，我只是以專業、一絲不苟的態度來看待我的攝影。



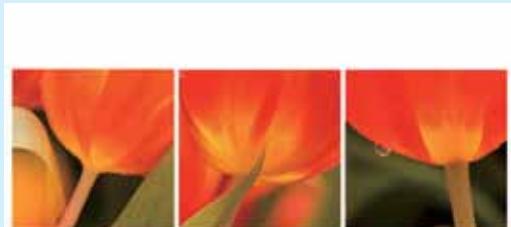
外科醫生的九型人格：在沉實嚴肅的手術室，自拍出幽默輕鬆外科醫生的一面 - 這相片正好說明了我將做手術的態度放進了攝影。前期做足了準備功夫，到拍攝時用了卅分鐘，後製Photoshop只用了十五分鐘

現在攝影已經進入數碼年代，用上一般的數碼便攜相機甚至智能電話，也可以拍出一些不俗的相片。加上電腦後期工作可以無中生有、虛擬現實、改頭換面，幾乎無所不能。常常有同事問我用甚麼相機、最近應買甚麼機，那部的功能好等等，雖然我能按他們的影齡提供一些意見，但有了技術和好的器材，就真能拍攝出成功的攝影作品嗎？

怎樣才是成功的攝影作品？引用本港人像攝影大師葉青霖所說：「一張成功的攝影作品必須充滿感覺，包括攝影師，被攝者和觀賞者的感覺。攝影師在拍攝時注入的感情越多，作品的感染力就越大。」可是，細心想一想，要怎樣才能將自己的感情投放在作品中？答案其實很簡單，要感動人，先要感動自己，一切從心出發。試問如果連自己都不感動，相片根本就很難散發出攝人的魅力。

那麼怎樣從心出發？其實藝術創作能反映一個人的內心，你是一個怎樣的人，就會拍出怎樣的照片，與用甚麼器材技巧其實沒有直接關係。引用台灣著名攝影師張宏聲的說話：「相片的深度和闊度，是不會多於攝影師生命的深度和闊度；要拍好的照片，必須從自我的修為、生活的態度開始改變，才能有突破。」亦即是說你有怎樣的人生與視野，就會摘下怎樣的一刻；你生命裡沒有過的，你就拍不出來。換句話說，我們必須從生活入手，活出豐盛的人生、擴闊眼界，這樣才會拍出感動人和獨一無二的作品。

眾所周知，外科手術對器材的依賴是十分重的。我們每天工作繁重，需要很高的規律，工時又長，常用理性去分析思考，作出重要決定；只因性命攸關，因此絕對不容有錯。相反，攝影的過程中卻可以給我擁有空間讓感覺先行。攝影是對美的追求，對自己的要求，用一雙正面而美麗的眼睛去看世界。器材並不太重要，而且從來都應該是樂在其中，在全無壓力和從容不迫下拍攝。雖然基本技術如光圈快門、掌握器材的運用是必要的，但是有時錯了亂了又無妨，拍出來的相片可能會有意想不到的效果呢！



花花世界 - 當拍攝花卉時，嘗試把自己看成一隻昆蟲，看到的角度也會不一樣

# Off the Scalpel



最近看了電影「黑天鵝」，有一句很深刻的對白，出現於電影初段：“Perfection is not only about control, it's also about letting go.” 攝影創作並不只是技術的表演，沒有真切地投入感情，就算曝光構圖再精準也算不上是好作品。當不被技術器材所限，將全部感情投入，拍攝當下就算有千萬人圍觀，被攝者的眼中就只有你，在你所建構的世界裡就只有你們兩人；在共同的節奏裡，重新定義時間和空間。這是一種很奇妙的體驗，絕非器材及數字上的測量可計算得到。要記著，所說的let go、放下、忘記，是指技術在曾經擁有後的放下，絕非由此至終來都沒擁有過，否則以上所說的全是空談。

在攝影的世界裡，「技術」佔的比重其實少得可憐。攝影有的，是內心的感性、是情懷的釋放、是現實的抽離、是自然的共融、是雙互的關係、也是自我的修為和生活的態度。

你眼望我眼 - 拍攝動物時我  
也會當牠是人一樣，投入感  
覺，和牠說話溝通，才去按  
快門

我常常把相機(其實是智能電話)帶在身邊，並且把握每一個機會，把身邊的美好事物拍攝下來。其實創意是隨時隨地的，無論任何藝術創作，靈感都源於生活。因此能夠活在當下，好好地享受生活上的每一刻，包括遇到的困難和逆境，對創意都必定有幫助。我會在醫院內留意一些常被忽略的「角度」，好讓自己忙裡偷閒時把一直被刻板的工作模式所掩蓋的場境和美感利用短短的時間捕捉，否則很多美妙的生活細節，只會視而不見，無聲無息地擦身而過。我因此發現醫院因為這些色彩和美感變得溫暖。

現在很慶幸能有一份可發揮自己能力和興趣的工作，工餘時能在有限的時間下繼續熱愛攝影。謝謝各專科同事邀請我到他們的婚禮上充當攝影師，只因十分喜歡在按下快門時那種找緊愛的感覺和與新人一起分享相愛相親的喜悅。記得有好幾次的感動場面令我熱淚盈眶，弄濕了相機的觀景器呢！

為了令自己的攝影有所突破，下班後除了閱讀外科文獻外，我會把投資轉移到自己身上，多閱讀、多欣賞電影、多到藝術中心看不同的展覽、多與人溝通交流，眼界擴闊了才可以把自己整體昇值呢 - 要提昇的根本不是器材，而是自己。

記得有次教授問我有關攝影的問題，他竟然用「大師」來稱呼我。我當然不可回應，受之有愧。想了一想，我反問了他：「怎樣能成為手術大師？」他沉默。我說：「其實在我眼中，你就是大師。」

真正的手術大師不是單看自己在外科學上有多少成就，而是能夠幫助或影響多少人在外科學上有所成就。

成為攝影大師也是同一道理。

在此要多謝攝影恩師葉青霖先生。你所教我的種種，遠遠超過攝影的本身。要想收獲得多，就要學懂捨得放下更多。要「捨」才能有「得」。你放棄了名利和高床軟枕，於台北玉佛寺以釋常霖法師的身份出家學佛開智慧，希望日後能幫助更多的人。「一燈能除千年暗，一智能解萬載愚。」謝謝你，老師，期待你學成之日！

藉此機會和各位分享霖師給我們的攝影禪法：

「放下，忘了你的相機、忘了你的技術。」

再提起，像呼吸一樣地按下快門。

法尚應捨，何況非法？無關相機，不論技術。

沒有拍照的人，也沒有所拍的境。

你的禪攝影，從這裡開始。」

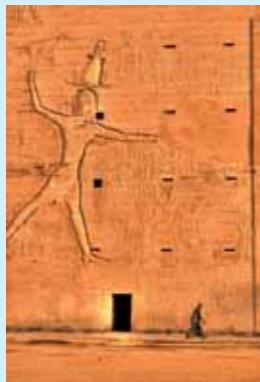


世界本來就是只有黑白色，只有真正活著才可以呼吸彩色的空氣！ - 瑪麗醫院K11手術室外望



與恩師葉青霖合照(今 釋常霖法師)

# Off the Scalpel



我獨行 - 風景照有了人的元素，往往能令照片的趣味大增



Drs Rose Ting & Christopher Ma  
Wedding Day

## Gallery...



Drs Allie Lee & Michael Ni  
Wedding Day

能拍出令一對新人感動的相片，往往能勝過從中所獲得的一切獎項。



老夫老妻？難兄難弟？相對無言？還是...？在不同的心情下會看到不同的感覺



Drs Serena Shek & Jensen Poon  
Wedding Day



生命何價 - 這是正當同事們在拯救一名交通意外病人時所拍下的一組相片。團隊用了很多資源和心力，可惜到最後病人還是活不了



新建成的血管外科中心，擁有無敵海景和自家的 Vascular Surgical HDU



Now and Forever - 多謝太太Paul in十五年來的默默支持和關懷。我很少找您拍照，只因您是一位完美的女性。在我的攝影眼下，很難再把您拍得更完美。因此在拍結婚週年紀念照時，我要找他人代勞呢！ - Terence Pang Photography



舞出真我 - 幫現代舞老師拍攝 Dancing Portfolio

黃昭灼醫生  
瑪麗醫院

電郵: drwongcca@gmail.com

## In Memoriam

### In Remembrance of Professor Wu Jie-Ping



We learned with great sadness that Professor Wu Jie-Ping, Honorary Fellow of our College and world-renowned Chinese urologist, died at the age of 94 from illness on 2 March 2011 in Beijing.

Professor Wu was a well respected medical scientist, medical educationist and statesman. He was elected Academician of the Chinese Academy of Science and Chinese Academy of Engineering for his academic achievements. Politically, he ascended to be Deputy Chairman of the Standing Committee of the Eighth and the Ninth National People's Congress. Among the various titles that he held, the one he felt most proud of was, still, "doctor". He himself had received six operations since early childhood, including a nephrectomy for tuberculosis in his undergraduate days, which gave him first-hand experience of the sufferings of a patient and the anxiety of relatives. The three attributes that he thought a good clinician should possess were summarized on a plaque at the entrance to the Urological Centre recently opened in his name in Beijing: "Noble ethics, sophisticated skill and service like an art".

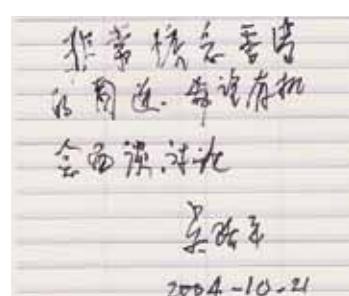


Born in 1917 in Jiangsu in a well-off family of a textile entrepreneur, Professor Wu received good education since childhood. His parents insisted that he and his brothers should learn how to help people rather than to pursue power and fortune. As a result, both Professor Wu and his three brothers embarked on studies to become doctors. Professor Wu graduated from Beiping Yanjing University as Bachelor of Science in 1937, and from Peking Union Medical School as Doctor of Medicine in 1942. He went overseas for further studies in Chicago University from 1947 to 1948. He declined invitation for him to stay and work in the United States, saying that "It is important for a person to love and serve his own country." Upon his return, he established the first urology department in China in 1949, and performed the first renal transplant there. His major contributions to urology include studies on hydronephrosis of contralateral kidney in renal tuberculosis, adrenal medullary hyperplasia, compensatory hyperplasia of remaining kidney after nephrectomy, and innovative methods of male sterilization. He described augmentation cystoplasty with ileocecal segment for neuropathic bladder in 1959, decades before similar operations were introduced as an innovation in the west. He was also a world pioneer in percutaneous nephrostomy procedures and adrenal operations. He had published numerous papers and edited over twenty major textbooks. He founded the Beijing University Institute of Urology in 1978 and established the Chinese Urological Association and Chinese Journal of Urology. Future generations of urologists will continue to be educated and inspired through his authoritative two-volume compendium of "Wu Jie-Ping's Urology".

## In Memoriam

He remained active well in his nineties and participated actively in meetings with undergraduates and research fellows from all over the country. He called himself as “ninety years young”. His life was simple and well disciplined. Realizing that the way of nature is to be complied with, he cherished his remaining time more and more, not only by working harder, but also by making preparation for handing over his heavy responsibilities in an orderly way, and by ensuring that his ideas on patient care derived from his vast experience were passed-on to new generations of doctors. He masterminded the “Urologist Leaders Project” whereby thousands of doctors from all parts of the country received structured training in urology. His dream was to bring the level of urology in China on a par with international levels by 2020.

He had visited Hong Kong on many occasions for academic exchanges. He was conferred Honorary Doctor of Science by the University of Hong Kong in 1997 and the Chinese University of Hong Kong in 2001. In 2004 he was engaged with official duties and could not come to the Asian Congress on Urology hosted then in Hong Kong. When I met him in Chongqing, he was so kind as to ask me to relay his wish to meet and discuss with colleagues in Hong Kong. I was impressed and touched by the level of respect that he conveyed to others from a man of his position.



On 9th March 2011, Professor Wu's body was cremated at the Beijing Babaoshan Revolutionary Public Cemetery, in a solemn ceremony attended by President Hu Jin Tao and Prime Minister Wen Jia Bao. He lay in peace surrounded by flowers and cypresses and covered by the flag of Chinese Communist Party, of which he was a member since 1956. He is survived by his second wife.

Professor Guo Ying-Lu, disciple of Professor Wu and also Honorary Fellow of our College, recalled that Professor Wu was a teacher who was strict yet gentle and tender like a father. He never lost temper nor openly criticized his students. He often led by example. Professor Guo, recovering from a recent cataract operation, remarked, “Rather than just shedding tears, we should be propelled by our sorrow to perpetuate Professor Wu’s spirit and to realize his dream of elevating Chinese urology to international standards.” This would also be the best way for colleagues in Hong Kong to pay tribute to this great man.

***“When the great master heals, he settles down his mind and gives up his desires. Pity and care radiates from his heart as he vows to relieve the suffering of all souls.” —Sun Xi-Miao 581-702AD***



Dr Chi-wai MAN  
Tuen Mun Hospital

# Achievements

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**Congratulations to Prof. Simon Siu-man NG** from the Division of Colorectal Surgery of Department of Surgery of CUHK, who has been awarded the **Ten Outstanding Young Person 2010** by the Junior Chamber International Hong Kong in recognition of his professional accomplishments and contribution to society. The award is honored to young persons who excel their professionalism in respective domains and bring positive influence to public services, acting as a role model in society. Prof. NG is pleased to share his motto to us “Should you encounter failure, do not be disappointed. Likewise, do not be insufferably conceit when success. (勝不驕、敗不餒)”

The College wishes to extend our congratulations again to Prof. Simon NG on his achievement.



# *Announcements*

## **Issuing of Specialty Board Fellow Certificate**

The College of Surgeons of Hong Kong opens the application for the Specialty Board Fellow Certificate to fellows of various Specialty Boards under the College for certifying their qualification to practice the specialty of the respective Board. Please note that "Board Fellow" is not a quotable qualification. The Certificate is issued upon request and could only be collected in person or via an authorized representative. Request submission of first batch of Certificate was due on 31 March 2011. The exercise will be conducted yearly. *Next round of application will commence in October 2011.*

## **New Policy on CSHK annual subscription**

We wish to inform our fellows and members with respect to the new policies on the annual subscription of the College.

- Paying respect to the senior fellows and members of the College, **fellows or members aged over 70 are eligible for having their annual subscription waived effective from 2012.**
- **For applicants who apply for the Ordinary Membership/Fellowship of CSHK beyond the year he/she was eligible to be conferred,** he/she is required to pay for the Entrance Fee HKD 2,000 and the previous Annual Subscription Fees for retrospective application.
- **For Basic Surgical Trainees failed to pay the outstanding annual subscription fee** and overdue surcharge of preceding year by end of January of calendar year, their name shall be removed from the HKICBSC Register.

## **The College of Surgeons of Hong Kong**



*Dear Fellows and Members,*

*You are cordially invited to join*

## *Diploma Conferment Ceremony & Annual Dinner 2011*

17 September 2011, Saturday at 7pm  
at the Run Run Shaw Hall  
Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

## *CSHK/MSA Annual Scientific Meeting 2011*

17-18 September 2011  
at the Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

# Announcements

## THANK-YOU NOTE

As one of the means of connection between the College and our fellows and members, the Cutting Edge effectively updates us the latest development of the College. The success of the publication undoubtedly comes from the effort paid by the Editorial Board who crafting various exciting content for the readers.



The College wishes to express our sincere gratitude to our immediate past Chief Editor, Dr Cliff CC CHUNG, for his companion since 2005. With his leadership, the Cutting Edge becomes a comprehensive account bringing news to our fellows and members. Also, we would like to express appreciation to the immediate past Editorial Board members, **Prof. Ronnie TP POON** and **Dr William CS MENG**, for their contribution to the publication.

**Recruitment for CSHK Team  
Standard Chartered Hong Kong Marathon 2012**

*Buddy Up & Run With US  
Become one of us - The CSHK Marathon Team*



A group photograph of approximately 30 people, mostly young adults, posing together outdoors at night. They are all wearing matching light blue t-shirts with the "CSHK MARATHON 2012" logo. Some individuals are holding small flags or balloons. In the background, there are city lights and what appears to be a marathon-related event structure.

*We need to have more than 100 runners before 7 August 2011 for group registration*

**Join us now- [corpcomm@cshk.org](mailto:corpcomm@cshk.org) or 28718795**

# 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 Moon-tong CHEUNG Philip W Y CHIU Chiu-ming HO James Y W LAU Simon Y K LAW Heng-tat LEONG Chung-mau LO Wai-sang POON Wing-tai SIU Chad C W TSE Wai-key YUEN	Queen Mary Hospital Queen Elizabeth Hospital Prince of Wales Hospital Private Practice Prince of Wales Hospital Queen Mary Hospital North District Hospital Queen Mary 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

COMMITTEE	CHAIRMAN
<b>External Affairs Committee</b>	Paul B S LAI
<b>Internal Affairs Committee</b>	Po-chor TAM
• Corporate Communication Subcommittee & Editorial Board of Cutting Edge	Chad C W TSE
• Women's Chapter	Ava KWONG
• Younger Fellows Chapter	Ronald P K HO
<b>Administration Committee</b>	Chi-wai MAN
• Website Development	Wing-tai SIU
<b>Finance Committee</b>	Enders K W NG
• Business Development Subcommittee	Enders K W NG
<b>CME &amp; CPD Committee</b>	Simon Y K LAW
<b>Editorial Board of Surgical Practice</b>	Samuel P Y KWOK
• Editor-in-chief	Paul B S LAI
<b>Research Committee</b>	Chung-mau LO
<b>Education &amp; Examination Committee</b>	Andrew WC YIP
• Specialty Boards	Malcolm John UNDERWOOD
- Cardiothoracic Surgery Board	Simon Y K LAW
- General Surgery Board	Simon Y K LAW
* Training Subcommittee	Simon Y K LAW
* Hong Kong Regional Subcommittee	Wai-sang POON
- Neurosurgery Board	Kelvin K W LIU
- Paediatric Surgery Board	Wing-yung CHEUNG
- Plastic Surgery Board	Chi-wai MAN
- Urology Board	Andrew W C YIP
• Board of Examiners	Andrew W C YIP
• Appeal Board	Andrew W C YIP
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Department of Standard	Che-hung LEONG
Department of China Affairs	Joseph W Y LAU
Department of Education	Nivritti Gajanan PATIL
SECRETARIAT	
General Manager	Stephanie HUNG



## Souvenir Collection Catalogue

### Souvenirs for Sale

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

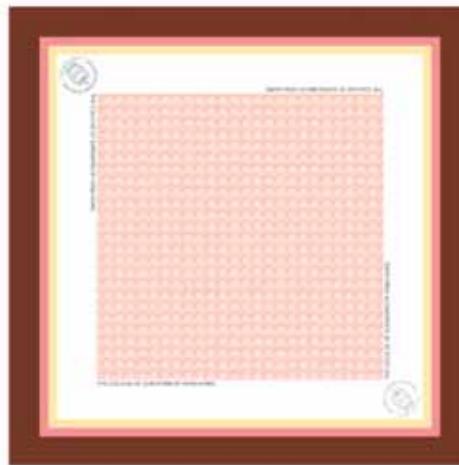


3. T-shirt \$80@



Size of the displayed: M

2. College Scarf \$150@



# 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>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

## Contact Information

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

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

Contact no. \_\_\_\_\_ Email Address \_\_\_\_\_

Payee signature \_\_\_\_\_ Date \_\_\_\_\_

\*Purchase is on a first-come-first-serve basis.

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

## Payment

Delivery of your purchase would be valid upon recipient of order form and payment. Payment can be made in person or by cheque made payable to "The College of Surgeons of Hong Kong Limited" to the following address:  
 Room 601, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

## Opening hours & Enquiry

Monday - Friday (9:00am - 5:40pm), Saturday & Sunday (Closed)  
 Enquiry Hotline: 2871 8799 Fax: 2518 3200 Email: corpcomm@cshk.org

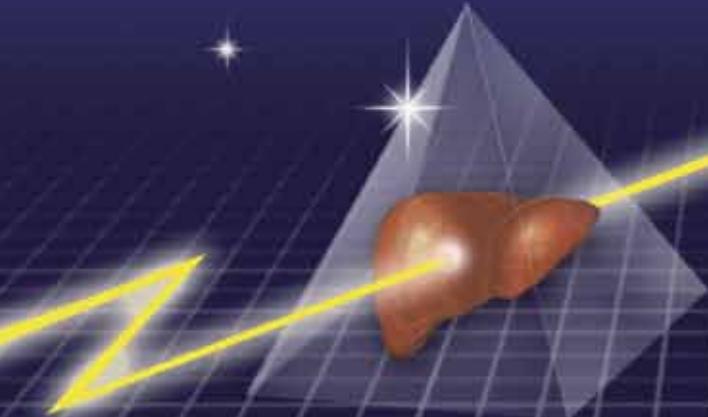
## For Office Use

Date of order \_\_\_\_\_ Payment by \_\_\_\_\_

Cash     Cheque (no.: \_\_\_\_\_)

# Aminoleban

# HIGH BRANCHED CHAIN AMINO ACID



#### Clinical Benefits of Aminoleban EN

- Corrects plasma amino acids imbalance<sup>(1,2)</sup>
  - Improves liver function<sup>(1,2,3,4)</sup>  
(e.g. increase in serum albumin level and decrease in bilirubin)
  - Reduces the incidence rate of ascites and peripheral oedema<sup>(4)</sup>
  - Reduces hospital re-admission rates/shortens hospital stay<sup>(3,4)</sup>
  - Improves quality of life/performance status in patients<sup>(2,4)</sup>

*For Patients with Hepatic Impairment*

Otsuka Pharmaceutical (H.K.) Ltd  
10/F., Phase I, Mong Kok Plaza,  
8 Starving Road, Causeway Bay, Hong Kong.  
(Tel: 5218-4200 Fax: 5237-2800)



Further information available on request.



Otsuka Pharmaceutical (H.K.) Ltd.

#### **Abbreviated Prescription Information**

#### **INDICATIONS:** Treatment of infections.

**INDICATIONS:** 1. Patients with hemorrhage from the nostrils, nosebleeds, hemorrhage from the extremities, in chronic arterio-venous fistulas, prevention of recurrence of cerebral intracranial fistulae during carotid angiography. **CONTRAINDICATIONS:** 1.) Patients with hemorrhage, hemophilia, increased capillary fragility, intracranial hemorrhage, hemorrhage in the digestive tract, hemorrhage in the urinary tract, hemoptysis, and hemorrhage in the various body sites (bleeding tendency may be increased). 2.) Patients with congestive heart failure (Cardiac output may be unassisted). 3.) Patients with a history of hypersensitivity to any ingredient of the drug. 4.) Women who are pregnant or may possibly become pregnant. **DOSAGE AND ADMINISTRATION:** The usual adult dose of Pletaly® solution, 100 mg of fibrinolase, is given by the oral route. The dosage may be adjusted according to the age of the patient and the severity of symptoms. **PACKAGING:** Pletaly® tablets, 50mg. Boxes of 10-blister of 10-tablets.

# daflon® 500 mg

**Micronized** purified flavonoid fraction



**Effective care**  
from the first venous symptoms<sup>1,2</sup>

## In haemorrhoidal disease<sup>3</sup>

- Significantly reduces signs and symptoms
- Reduces recurrences more than three-fold
- Reduces severity by one third

**Acute haemorrhoidal attack/postsurgery:**  
**7 days**

6	/day x 4 days		
D1	D2	D3	D4
4	/day x 3 days		
D5	D6	D7	

**Prevention of recurrences:** 3 months

2	/day x 3 months	
M1	M2	M3

1. Nicotides AN and the consensus group. Management of chronic venous disorders of the lower limb. Guidelines according to scientific evidence. *Int Angiol*. 2008;27:1-60.

2. Hamellet AA, Bousseau MH, Alagia C, et al. Veno-active drugs in the management of chronic venous disease: An international consensus statement: current medical position, prospective views and final resolution. *Clin Hemorroid and Microcir*. 2005;33:309-318.

3. Goederge P. *Angiology*. 1994;45:574-578.

**Presentation and composition:** Box of 30 coated tablets. Micronized flavonoid 500mg; diclofenac 450 mg; hesperidin 50 mg. **Therapeutic properties:** Vascular protector and vasoconstrictor. Daflon 500mg acts on the return vascular system: it reduces venous distensibility and venous stasis, in the microcirculation, it normalizes capillary permeability and reinforces capillary resistance. **Therapeutic indications:** Treatment of organic and idiopathic chronic venous insufficiency of the lower limbs with the following symptoms: heavy legs, pain, nocturnal cramps. Treatment of haemorrhoids and acute haemorrhoidal attacks. **Side effects:** some cases of minor gastrointestinal and autonomic disorders have been reported, but these never required cessation of treatment. **Drug interactions:** None. **Precautions:** Pregnancy: experimental studies in animals have not demonstrated any teratogenic effects, and no harmful effects have reported in man to date. Lactation: in the absence of data concerning the diffusion into breast milk, breast-feeding is not recommended during treatment. **Contraindications:** None. **Dosage and administration:** In venous disease: 2 tablets daily. In acute haemorrhoidal attacks, the dosage can be increased up to 6 tablets daily. As prescribing information may vary from country to country, please refer to the complete data sheet supplied in your country. **Les Laboratoires Servier - France, Correspondent: Servier International - 35 rue de Verdun, 92284 Suresnes Cedex, France**

For further information, please contact:

Servier Hong Kong Ltd., Room 4201-03, 42/F, 248 Queen's Road East, Wan Chai, Hong Kong. Tel: 25771922





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**Chief Editor:** **Chad C W TSE**

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S K CHU	Michael W Y LEUNG
K C CHAN	Simon K H WONG
W T SIU	Ronald P K HO
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Website: [www.cshk.org](http://www.cshk.org)

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