



THE HONG KONG COLLEGE OF PATHOLOGISTS

香港病理學專科學院

The Hong Kong College of Pathologists, Incorporated in Hong Kong with Limited Liability

Volume 11, Issue 3

November 2002

Message from the President

Inside this issue:

Message from the President 1

Important international meetings in H.K., 2003 2

CME requirement for fellows, trainees and other non-fellows 4

Drafted CPD programme & guidelines on prolonged storage of human tissues

Congratulations to successful candidates in this year's College Examinations

Letter to the Editor — from Dr. K.W. Chan 5-6

The latter half of the year continues to be as busy for College as the beginning with well-established events, such as the College examination cycle, combined with other matters. The Council thanks all involved in the examination process for their hard work and dedication to assure the usual high standards, congratulates those candidates who were successful and pledges the College's commitment, support and assistance to those who were not so fortunate.

Hong Kong Accreditation Service

A major occurrence this year is the commencement and fairly rapid progress towards the College's long held ambition to have a Hong Kong based medical laboratory accreditation system in place. For less senior members of the College, this was initiated more than 10 years ago and had become derailed. However, the Government is now committed to the same aim as the College – to have in place a system to assist laboratories to improve and to attest to their quality of performance.

I was appointed, in a personal capacity, to the Accreditation Advisory Board of the Hong Kong Accreditation Service in January 2002 specifically to advise and assist in setting up an Accreditation Programme for Medical Laboratories. After an initial meeting of representative interested parties, a

Working Group consisting of 13 members and chaired by myself first met on 3rd April. Amongst other early activities a seminar for all interested parties was organized and held on 27th April. Much preliminary work has since been achieved by the Working Group, in particular the setting up of Task Forces representing the following disciplines: Anatomical Pathology, Chemical Pathology, Clinical Microbiology and Infection, Haematology and Immunology.

The Working Group and the Task Forces include broad representation of the profession while maintaining a manageable size. The members have been encouraged to seek wide consultation and to obtain input from all interests. As the work of the groups progresses and substantive material is accumulated, further consultation will be encouraged. The aim, at all steps, is for transparency and consultation combined with a dedication to ensure that a programme is in place and functional by the end of 2003.

Goodwill and commitment is needed to ensure the successful culmination of this process which commenced more than a decade ago. It is most important that the process is not disrupted or delayed and while the programme will inevitably continue to evolve, the foundations should be sound and durable.

International Liaison Committee of Presidents Meeting

The President attended the International Liaison Committee of Presidents meeting in Cork, Republic of Ireland from 23 – 24th September, 2002. The host was Dr. Michael Madden, Dean Faculty of Pathology, Royal College of Physicians of Ireland and the participants were from the ACP, ASCP, CAP, HKCPATH, RCPATH, RCPA, WASP and Dr Loyd Wagner, ILCP Coordinator, College of American Pathologists. A full summary will be published in the next newsletter but the subjects discussed were as wide-ranging as usual and included basic education & training of pathologists, competency certification -- initial & continuing, pathology workloads, professional liability insurance, issues in pathology practice, pathology involvement in organ donation amongst other topics. Once again it was reinforced that many issues are global in nature. Most notable was the universal disquiet concerning the direction of undergraduate medical education as it relates to pathology and its profound effects on pathology as a career.

As you will note elsewhere in this Newsletter, the ILCP will hold its next meeting in Hong Kong in 1st -2nd November, 2003 to follow the HKAM 10th

Anniversary celebration. It is most pleasing to be able to announce that so many office bearers from our sister organizations will honour us with their presence in Hong Kong for the Academy celebrations.

23rd International Tutorial on Clinical Cytology and Biomarkers

The plans for the 23rd Tutorials on Cytology are now gathering speed. Please remember to register for this event. Your assistance in advertising and encouraging others to participate in this will further ensure its success.

Professional Certificate Course in Diagnostic Cytopathology

The joint programme between the College and HKU SPACE, *Professional Certificate Course in Diagnostic Cytopathology* has now reached its completion with the series of examinations and assignments marking the end of an extremely comprehensive and most impressive course. The College can be justifiably proud of the project and we are indebted to all who contributed to its success. Special thanks are due to Dr. Ng Wai Kuen who has contributed an extraordinary amount of time and effort.

“TWO IMPORTANT INTERNATIONAL MEETINGS WILL INVOLVE OUR COLLEGE NEXT YEAR IN HONG KONG”

Two important international meetings related to pathology will be held in Hong Kong next year.

As mentioned in the last issue of Newsletter, *The 23rd International Tutorial on Clinical Cytology and Biomarkers*, jointly organized by The Hong Kong College of Pathologists and Tutorial of Cytology (International Academy of Cytology), is scheduled for 2nd - 9th October, 2003 at The Hong Kong Academy of Medicine Jockey Club Building. This eight-day program will be very intensive and consists of lectures and slide workshops on basic and advanced topics. About 20 famous expert cytopathologists from all over the world will form the teaching faculty. It will be a perfect opportunity, both for relative beginners in the discipline to learn from the masters, as well as for experienced colleagues who wish to be exposed to the latest trends (including liquid-based

cytology, immunocytochemistry and molecular diagnostics), to achieve their needs. For those who wish to sit, the Tutorial will be followed by the IAC International Board of Cytopathology Examination for Cytopathologists and IAC Registry Examination for Cytotechnologists on 10th October, 2003. Any further enquires, please contact Dr. R.J. Collins (Tutorial Honorary President) at 2855 4009 or Dr. W.K. Ng (Tutorial Honorary Treasurer) at 2595 5220.

Following the cytology tutorial in October, The Hong Kong College of Pathologists will host the 2003 meeting of The International Liaison Committee of Presidents (ILCP) where our sister College presidents and office bearers will discuss issues concerning laboratory practices and management, as well as future development in the pathology fields.



23rd International Tutorial on Clinical Cytology and Biomarkers

Organizers: The Hong Kong College of Pathologists & The Tutorials of Cytology

October 2-9, 2003

Hong Kong

Tutorial Site: Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong SAR, China (Secretariat: Louisa Chiu, Tel: 852-2871-8787, Fax: 852-2871-8898, Email: louisa@hkam.org.hk)

*Please mark your calendar
and
don't miss the golden opportunity
to join this event in Hong Kong*

Under the Auspices of:

*The International Academy of Cytology
The American Society of Cytopathology
The European Federation of Cytology Societies
The Royal College of Pathologists
The International Union Against Cancer (UICC)
Various National Societies of Cytology*



“CME REQUIREMENT FOR FELLOWS, TRAINEES AND OTHER NON-FELLOWS”

As fulfilment of CME requirement will be essential for granting of annual practising certificate in two years' time, the Education Committee of The Hong Kong Academy of Medicine has discussed about helping trainees to obtain CME points. In future, trainees of our College are encouraged to join the CME scheme administered by the Academy. At the same time, organizers of various CME-accredited programmes, which are originally organized for Specialists (and which trainees are encouraged to attend as part of their training), are advised to formally open their

activities to non-Specialists (including trainees who are non-Specialists in status) for claiming of CME points. The academy will also propose to synchronize the three-year CME cycle with a three-year practising certification cycle. They will start to run from 1st January, 2005 onwards and be repeated every three years thereafter, i.e. on 1st January, 2008, 1st January, 2011, etc. Anyone joining after the beginning of the cycle will have to acquire CME points for that cycle on a pro-rata basis.

“DRAFTED CPD PROGRAMME” & “GUIDELINES ON PROLONGED STORAGE OF HUMAN TISSUES”

The draft Continuous Professional Development (CPD) Program has been finalized. This will be submitted to our College Council for endorsement before submitting to The Hong Kong Academy of Medicine.

The Credentials Committee is also drafting the “Guidelines on Prolonged Storage of Human

Tissues”. Specialty Boards and members of our College will be consulted later.

If you have any comments or wish to obtain more information on the above issues, please contact Members of the Credentials Committee or Dr. W.P. Mak (Chairman of Credentials Committee).

“CONGRATULATIONS TO SUCCESSFUL CANDIDATES IN THE COLLEGE EXAMINATIONS OF THIS YEAR”

Anatomical Pathology
(Fellowship Assessment):
CHAU Yuk Ping
CHEUK Wah
YAO Hung

Anatomical Pathology
(Membership Examination):
CHAN Pak To, Gordon
LAI Kin Chung, Chris
LUI Chi Wai

Chemical Pathology
(Fellowship Assessment):
CHAN Ho Ming

Forensic Pathology
(Fellowship Assessment):
LAU Ming Fai

“LETTER TO THE EDITOR”

Dear Dr Wong,

RE: A reflection of the role of pathologists in Hong Kong

When I began my training in pathology almost 30 years ago, there were only a handful of experienced pathologists with MRCPATH or FRCPATH. This group of pathologists was scattered within the University and Government Institutions. They were entrusted to provide the whole spectrum of pathology services, including various specialties such as histopathology, cytology, haematology, clinical biochemistry, bacteriology, parasitology, virology, immunology and forensic pathology. Laboratories within the University and Queen Mary Hospital were under the direct control and supervision by the Professor of Pathology. Laboratories in other Government Hospitals and Institutions were under the direction of Government Pathologist, later renamed Consultant Pathologist-in-charge. The Forensic Pathology Service was under the control of Consultant Forensic Pathologist-in-charge. There were probably 2 or 3 pathologists practising in the private sector.

The hierarchy in pathology at that time was quite clear cut and traditional. The supervision of laboratories was the responsibility of the pathologists. Although there were Chief Technologists, their function was to assist the pathologist in charge in the running of the department.

Over the next 10 to 15 years, there was a gradual increase in the demand of pathologists and there was a corresponding increase in the intake of trainee pathologists. It was interesting to note that pathology was transforming from an unpopular specialty among doctors finishing their intern training to a fairly popular specialty. The pace was accelerated with the formation of The Hong Kong College of Pathologists and now there are over 100 Fellows.

In his recent policy speech, our chief Executive Mr. Tung Chee-hwa announced that there will be some form of clinical pathology laboratory accreditation scheme by 2003. One of the issues to be debated and settled undoubtedly would be the supervision of laboratories.

In a recent Position Statement issued by The Royal College of Pathologists of Australasia in October 2001, two of the paragraphs provide us some food for thought and I quote:

‘Pathology is far more than just the technical provision of a test by a laboratory. Pathologists are specially trained to be able to supervise the various scientific, quality and technical aspects of a laboratory and at the same time ***understand the significance of the results of tests on the care of patients in the clinical setting.*** They have skills in relation to diagnosis and the impact of tests on patient care, a knowledge of what diseases may produce different results and a knowledge of what further investigations or management measures may be required following a particular result.

As a consequence, the College believes that for Category GX and GY laboratories, a Pathologist should supervise and direct the laboratory. Other staff are not trained in the same manner or to the same degree and as a consequence, are not qualified to conduct the post analytical phase of pathology practice, including the provision of clinical advice. Therefore, the College’s position on this is not one based on self interest but rather directed at enhancing the standard and practice of medicine’.

I cannot agree more with this statement and it holds true in Australasia as it is in Hong Kong. I am looking towards The Hong Kong College of Pathologists to come up with a similar stand.

As we are now aware, some laboratories in the Universities and Hospital Authorities have already obtained accreditation from NATA and CAP voluntarily. Others are in the process of doing so. This is in line with the policy of the Government which is now taking initiatives to expand the Hong Kong Laboratory Accreditation Scheme to cover clinical pathology laboratories in Hong Kong in 2003. In fact, the Accreditation Advisory Board (AAB) Working Party on Medical Testing has been formed. Several taskforces have been established to draft a set of

guidelines and accreditation criteria for this purpose. It is important that members of these groups must represent the major if not all the stakeholders and the progress must be transparent and closely monitored by the interested parties. The stakeholders must be adequately consulted before the recommendations/accreditation programmes are submitted to the authority for launching. Hopefully, the final recommendations are as good as they can be without compromising the status of pathologists and standard of pathology practice as a medical specialty. In this context, I would like to mention that an opportunity was lost in connection with the drafting of the Supplement Medical Profession Ordinance for Medical Laboratory Technologists in the late 70s and early 80s. Due to the lack of active participation (or lack of interest) by pathologists and therefore the weak input from our profession, certain anomalies were not detected early and these are now written into law. One of them is that a pathologist cannot be the sole director of a laboratory. It must be co-owned or in partnership with a class I MLT. Interestingly, the radiologists are facing the similar problem. I believe our College is now trying to rectify this anomaly but I am not sure to what extent it is going to help. I would have thought that laboratory is where a pathologist work and it is only logical that he/she be accorded the rights to head his/her department /laboratory. But legally speaking, it is not so in Hong Kong. Furthermore, only one doctor is now sitting in the Medical Laboratory Technologists Board of Hong Kong and is nominated by Hong Kong Medical Association. Originally, there were 2 representatives from the medical profession, one nominated by the British Medical Association, Hong Kong Branch and the other by HKMA. However, the former was abolished after July 1997. Over the years, the HKMA nominated doctors who are not pathologists or Fellows of our College and I suspect that the input by non-pathologist in such an important Board is inadequate. I believe that the MLT Board is now considering to have an additional doctor to sit in the board. If this is the case, I would urge the College to be more proactive and seize the initiative as I strongly believe that the College should be one of the bodies to nominate an appropriate person to sit in this board, not only to contribute more in terms of professional opinion, but also acting as a conduit between MLTs and pathologists.

Then there is another issue that may require some debate. This is the issue whether pathologist should be present on site if he/she is to sign the cytopathology reports. One opinion is that pathologist can work for a laboratory and need not be on site. This means that the laboratory which is without a pathologist will send out doubtful, difficult or positive cases to the pathologist for consultation and the pathologist will sign out the report for the laboratory. What is happening in the laboratory, whether the laboratory has the necessary staffing, satisfactory working environment and QAP etc normally required for good laboratory practice may not be his/her concern. And then there is the question as to who is responsible medico-legally for all the cytology reports issued from that laboratory, including all the negative ones. In a screening setting, false negative cases have the potential to cause more harm to the patient than false positive cases as the latter may be rectified by referring these cases to the pathologist before signing out the reports. One potential danger of this view point is that pathologist may seem to be willingly relinquishing his/her traditional role in the laboratory and that this role can be replaced by a non-pathologist.

The other view is that pathologists should be working in the laboratory and be on site at least part of the time. While on site, the pathologist can then interact with the personnel of the laboratory such as reviewing these cases with a double-header microscope, checking the QAP programs and to ensure the general standard is up to that expected by our College. The pathologist is in a position to contact referring doctors to discuss matters on sample adequacy and other aspect of patient care and to introduce new technologies as appropriate. In other words, the pathologist is prepared to spend some time in the laboratory and is committed to play a vital role in providing a medical service, which he/she is trained to do and which he/she is in a position to discharge the responsibility entrusted to him/her. The financial implication should only be part of the consideration. It is perhaps worthwhile to point out that in most developed countries, cytology including cervical screening is conducted in laboratories under the direct supervision of pathologists.

I hope these issues can be debated openly in the Newsletter among the Fellows and Members of our College or perhaps at an open forum such as during the coming AGM. The College may even take the initiative to conduct a survey to obtain the members' view. There may or may not be a quick solution, but remember that if we do not control our own destiny, others might do it for us. If the debate can provoke some of us to ponder the way in which pathology should develop and how pathologists can fit into our society in years to come, it would have served the purpose of this letter.

Chan Keeng Wai

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