



FROM THE CHIEF EDITOR

Dear Fellows and Members,

In this issue of Pathologue, our new President Dr. W.F. Ng delivered his first Message from the President, with emphasis on his vision regarding training.

For those who could not join us at the Annual General Meeting (AGM) and the 3rd Trainee Presentation Session last year, we have captured the happy moments to share with you. The winner of the 3rd Trainee Presentation Session, Dr. Allen Chan, provided us with the abstract of his presentation entitled 'Development and evaluation of a new molecular diagnostic test for the detection, monitoring and prognostication of hepatocellular carcinoma'. He also expressed his personal view towards the Trainee Presentation Session.

The latest Topical Update from the Education Committee is from Forensic Pathology. Dr. Philip Beh discussed the change in the role of pathologists in the Autopsy Interview over the years.

Last year, the Council issued a consultation paper on "Inter-disciplinary Practice and Qualifications" to call for feedback from our Fellows. The questions, the summary of view of the Council and that of the return from members are summarized in an Overview of the Consultation Paper on Inter-disciplinary Practice and Qualifications. Meanwhile, we have also received two letters to the Editor discussing this matter.

In Out of the Whitecoat section, Dr. Christopher Lai, our trainee in Clinical Microbiology & Infection, disclosed his passion for cats. We can also take a glimpse at the happy retired life of Dr. John Lawton in Australia.

We have introduced a new section, Fellows' Laurels, reporting on the remarkable achievements of our Fellows and Members. Please keep us posted on such good news so that we can share the joy with all Fellows.

I would like to take this opportunity to welcome our new Editorial Board member, Dr. Janice Lo. Her enthusiasm and fresh ideas are invigorating to us. We shall miss the company of Prof. Irene Ng, who has helped us to establish the Editorial Board in the first place.

Enjoy reading!

Dr. Alexander C.L. Chan
Chief Editor

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Message from the President

I have the following message to the new Fellows and Members at the last Admission Ceremony. I wish to extend my warmest congratulation to all admitted Fellows and Members of the College. Welcome to the family of pathologists.

After 6 years of training, you are now qualified pathologists in one of the 6 specialties in the College. Having gone through some of the most vigorous training, you are now adequately equipped with the necessary knowledge for the challenge ahead.

Surveys show pathologists, though fully qualified and competent, may not be able to work effectively in a multidisciplinary clinical environment, as broader knowledge other than their own specialty is required. Also, the lack of clinical exposure also hampers us from being effective pathologists.

Therefore, I would like to address three pertinent issues facing pathology training today. They are namely:

- *Why is general training necessary?*
- *Is clinical training adequate?*
- *Is dual fellowship beneficial?*

Why is general training necessary?

Traditionally, mono-specialty training has been the foundational approach in our College since the day of its inception. This approach, while producing competent pathologists in sub-specialty fields, nevertheless limits the scope of practice in pathology.

The solution seems to indicate that general Pathology training needs to be implemented. There have been long debates in the past without conclusion. However, the time has come for us to redesign the training programme to strengthen the component of general training. This training is particularly important during early training days for our trainees. Our goal is to see future trainees fully equipped with both broad knowledge base as well as skills and knowledge in specialty pathology.

Second, is clinical training adequate?

Pathologists are not lone rangers. Pathologists work hand in hand with clinicians. The young pathologists should learn how to relate their services to the other health care professions. They should be able to evaluate the clinical impact of their services, and to assess the cost-effectiveness of various diagnostic and screening options. To be better pathologists, we should have regular and substantial clinical exposure. This will certainly enhance our service to our clinicians. Perhaps the College will need to explore this further in helping our colleagues and trainees to have better clinical exposure.

Third, is dual fellowship beneficial?

Why dual Fellowship? Should a clinician be trained with both clinical skill and Pathology? Are we willing to see young clinicians equipped with dual Fellowship, namely one in clinical field and one in Pathology?

I could immediately see at least several specialties that could benefit from this dual Fellowship approach. For example, a physician with both knowledge in clinical haematology and laboratory haematology, a paediatrician with interest in metabolic diseases is equipped with training in chemical pathology, an infectious disease physician with microbiology training, an immunologist physician with immunology training. The list goes on. This dual Fellowship approach strengthens multi-disciplinary service which in the end provides better clinical care for our patients.

My vision is to see the Hong Kong College of Pathologists as a body that continues to nurture a new generation of pathologists that are not only competent, but also all-rounded with clinical skills as well as confident in multi-disciplinary service. This, in the end, ensures patients receive good medical care.



*Dr. W.F. Ng,
the President*

**OUR
17TH
ANNUAL
GENERAL
MEETING**

**will take
place on 22nd
November 2008
(Saturday).**

**Mark it
on your diary
now!**

16th Annual General Meeting 2007

Prof. Sung shared his passion for *H. pylori* with the audience.



Our College held our 16th Annual General Meeting (AGM) on 24 November 2007. It was a day filled with meaningful events, with our 3rd Trainee Presentation Session immediately followed by the T.B. Teoh Foundation Lecture delivered by Prof. Joseph Sung. Throughout the lecture '*Helicobacter pylori* and its related diseases: 25 years after the discovery', Prof. Sung shared with us his vast experience in *H. pylori* infection. During the subsequent 16th AGM, a new Council was elected, with Dr. W.F. Ng being our new President. At the conferment ceremony hosted by the new Council, 10 new fellows and 11 new members were admitted to our College. Our honourable guests of the evening included Prof. Grace Tang (President of the Hong Kong Academy of Medicine) and Dr. Hon. K.K. Kwok, as well as representatives from other colleges. The well-attended dinner provided an opportunity for fellows and members to relax and socialize after a busy day.

We would like to take this opportunity to thank Dr. T.L. Que, Dr. K.M. Chan, Dr. K.F. Chan, Dr. Edmond Ma, and Dr. Ivy Luk for their help with the AGM. Through the lenses of Dr. Que and the two Dr. Chans, the precious moments of the day were captured. Dr. Edmond Ma, our experienced Master of Ceremonies, ensured that the conferment ceremony went smoothly. We would also like to express our gratitude towards our College Secretary, Ms. Adrienne Yung, as well as Ms. Mazie Chan, Ms. Heidi Chu and Ms. Anita Lai, for their support in organizing the AGM.

See you all at our next AGM on 22 November 2008!



President Dr. K.C. Lee presented a College souvenir to Prof. Sung, thanking him for the excellent lecture.



The guests of honour at the conferment ceremony, including Prof. Grace Tang (front row, fifth from right), and Dr. Hon. K.K. Kwok (front row, fourth from left).



Business as usual during the 16th AGM.



The new Fellows and Members waited anxiously to get on the stage for the precious moment.



Fellows listened attentively during the 16th AGM.



Dr. K.C. Lee on his way to receive the outgoing President souvenir.



An opportunity for the new blood in Chemical Pathology to thank their mentors.

President Dr. W.F. Ng (second from right), accompanied by his beloved wife Dr. Elina Leung (second from left), enjoyed the rest of the dinner and prepared himself for the challenge ahead.



Our new President, Dr. W.F. Ng (left), presented a medal to Dr. K.C. Lee (right) for Dr. Lee's contribution as the President in the past four years.



An annual occasion for everyone to get together and keep in touch.

The Third Trainee Presentation Session 2007

The 3rd Trainee Presentation Session had five participants from various specialties and was held on the day of the 16th College AGM, 24 November 2007. The presentations were educational and there were good discussions. The most important aspect is the opportunity for trainees to present their work, to receive feedback and to stand the challenge so that they can improve and progress. All five judges (Dr. Philip Beh, Prof. L.C. Chan, Prof. Margaret Ip, Dr. Tony Mak and Prof. K.F. To) considered this session meaningful and all trainees should come to share and learn. The winner of The Best Presentation Prize for this year is Dr. Allen Chan from Department of Chemical Pathology, CUHK. The prize included a plaque (pictured right), a certificate of Best Presentation and HK\$1,000. Participants are awarded Certificates of Appreciation. We have to thank the judges for their time, challenge to the presenters and their useful comments.



All trainees are welcome to participate and there is no restriction on the number of participation. More than one submission for each trainee at each session is allowed and the organizing committee will judge based on the availability of time and standard of submission. All Fellows are welcome to join to show your support and also to share your knowledge and experience. Please reserve the afternoon of the coming AGM on 22 November 2008.

Dr. W.K. Luk
Education Committee



Presenters with the panel of judges.

The panel of judges.



**THE WINNER'S ABSTRACT:
Development and evaluation of
a new molecular diagnostic test
for the detection, monitoring and
prognostication of hepatocellular
carcinoma (HCC)**

Hepatocellular carcinoma (HCC) is one of the most common malignancies worldwide and its incidence in the Western world is increasing. In China, the incidence of HCC is high at more than 30 cases per 100,000 in some counties because of the high prevalence of chronic hepatitis B infection. Despite many advances on the treatment of HCC over the last decade, the 5-year survival rate remains less than 40%. One major obstacle to the successful treatment of HCC is late presentation as most HCC patients are asymptomatic in the early stage. In fact, only 40% of HCC patients are qualified for curative-intent therapies at the time of presentation. Therefore, further improvement of the treatment outcomes may depend on the earlier detection of HCC. Unfortunately, existing tumour markers are not sensitive enough to pick up early HCCs and, hence, screening programmes for HCC are not very successful.

In this regard, biomarkers have been developed for the purpose of early detection of HCC. Amongst different biomarkers, alpha-fetoprotein (AFP) is the most widely used clinically. However, the sensitivity of AFP for detecting HCC is relatively low and more than 40% of HCC patients have normal AFP levels at presentation. Therefore, the development of new biomarkers that could be used for the detection and monitoring of HCC is an important area in HCC research and this could potentially improve the overall survival of HCC. Hypermethylation of the RASSF1A gene is frequently observed in hepatocellular carcinoma (HCC). Unfortunately, the present methods for detecting hypermethylated DNA sequences in blood are not sensitive enough for clinical application. In this study, we aim to develop and evaluate a new serum biomarker for the detection and prognostication of HCC based on the detection and quantification of circulating methylated RASSF1A sequences.

To evaluate the clinical utility of this new DNA marker for HCC, we have divided the study into two modules. In module 1, 63 pairs of HCC patients and age- and sex-matched chronic hepatitis B virus (HBV) carriers, and 30 healthy volunteers were studied. For the HCC patients, blood samples were taken at the time of HCC diagnosis, and at 1 month and 1 year after surgical resection of the tumours. In module 2, 22 HCC patients with cancer



Dr. Allen Chan making his presentation

detected through a surveillance programme for HBV carriers were studied. The concentrations of circulating hypermethylated RASSF1A sequences were determined by real-time PCR after methylation-sensitive restriction enzyme digestion. As this method did not require bisulfite conversion, its sensitivity was higher than that reported for bisulfite-based methylation-specific PCR assays for the detection of tumour-derived DNA in plasma.

Hypermethylated RASSF1A sequences were detected in the serum of 93% HCC patients, 58% HBV carriers and none of the healthy subjects. The median RASSF1A levels for the HCC patients and the HBV carriers were 770 copies/mL and 118 copies/mL, respectively ($P < 0.0001$). The detection of low levels in HBV carriers is consistent with previous findings that RASSF1A hypermethylation is an early event in HCC pathogenesis and can be found in premalignant liver tissues. Using a cut-off of 300 copies/mL, this marker identified 82% alpha-fetoprotein-negative HCC cases. Prognostically, patients with higher levels at diagnosis or at 1 year after tumour resection showed inferior disease-free survival. For the HBV carriers undergoing HCC surveillance who subsequently developed HCC, there was a significant increase in circulating RASSF1A level from the time of enrolment to the time of cancer diagnosis. On the other hand, there was no significant change in RASSF1A level over the same period for subjects enrolled in the same programme but without development of HCC.

In conclusion, we have developed a sensitive test for the detection and quantification of circulating methylated RASSF1A sequences. This test is useful for the screening, detection and prognostication of HCC. As this new method is technically simple, it has the potential of being applied as a routine clinical test for HCC.

Dr. Allen Kwan-Chee Chan
Department of Chemical Pathology, CUHK

Experience on the participation in the 3rd Annual Trainee Presentation organized by the College

Participating in the Annual Trainee Presentation is a nice and memorable experience. This presentation session provides a good opportunity for us to polish our presentation and communication skills. Within the ten-minute presentation, we need to introduce our project to the adjudicators, emphasize the importance of our work and point out its potential implications on future clinical practice. As the audience and the adjudicators are from different branches of pathology, we have to pay particular attention to make our presentations comprehensible to people with a general medical knowledge instead of going through the details. Overall, it is of pleasure to share with other colleagues the works that we

believe are interesting and meaningful. Therefore, I would encourage other trainees to come to the Annual Trainee Presentation sessions, no matter you participate actively by making a presentation, or passively by observing the ways other colleagues present. Your presence would also be a big support to the participants who have spent weeks or months to perform their studies and prepare the presentations. Lastly, I wish to thank Prof. Dennis Lo, my mentor, to give me the opportunity to work on this project and Dr. Michael Ho-Ming Chan for encouraging me to participate in this activity.

Dr. Allen Kwan-Chee Chan
Department of Chemical Pathology, CUHK



The Best Presentation Prize for this year was awarded to Dr. Allen Chan

**PLEASE COME AND SUPPORT
THE 4TH TRAINEE PRESENTATION SESSION
ON 22 NOVEMBER, 2008 (SAT.)**

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(Absent: Prof. P.L. Ho)

TOPICAL UPDATE

Volume 3, Issue 1 2008

(This article is reproduced from the publication of the Education Committee, Topical Update, Volume 3, Issue 1.)

Editorial note from the Education Committee:

In this issue of Topical Update, Dr. Philip BEH takes us through the background and development of autopsy interviews, which are regularly undertaken by hospital anatomical pathologists and forensic pathologists prior to conduction of Coroner's autopsy in Hong Kong. He highlights the challenges that pathologists are facing in handling autopsy interviews and brings up for discussion how autopsy interviews can evolve. We welcome any feedback or suggestions. Please direct them to Dr. Bobby Shum (e-mail: bsfshum@graduate.hku.hk) of Education Committee, the Hong Kong College of Pathologists. Opinions expressed are those of the authors or named individuals, and are not necessarily those of the Hong Kong College of Pathologists.

The Autopsy Interview



Dr. BEH SL Philip

Associate Professor (Forensic Pathology),
Department of Pathology,
Li Ka Shing Faculty of Medicine,
the University of Hong Kong.

Background

The autopsy interview is an anomaly which arose in Hong Kong at a time when the Coroner did not speak the local language and the police officer investigating the death had very little medical knowledge. The hospital anatomical pathologists and forensic pathologists were therefore delegated the task of obtaining medical information from the Cantonese speaking next-of-kin which may be related to the death and providing a written English summary for the Coroner. The legal authority on the decision to autopsy or to waive an autopsy had always rested with the Coroner. However, the practical decisions were effectively made by the pathologists based on the available medical information or the lack of information.

In the context of this background, the autopsy interview developed in Hong Kong. It was a relatively easy exercise for the pathologist. The next-of-kin of the deceased attended interviews with the pathologist in the presence of a police officer. The pathologist asked for medical history and details of the circumstances of the death. The next-of-kin in the 70's and 80's were told an autopsy was to be performed as it was a legal requirement. In the rare circumstances where a request was made to waive the autopsy, the pathologist had to be convinced of the existence of a probable cause of death. Where none

was evident, the application for waiver was denied and the opportunity to make the written waiver application denied too. The autopsy was again duly ordered by the Coroner on the basis that if the pathologist was unable to provide a cause of death, the cause of death was unknown and had to be established.

In the 90's along with the increased sense of basic human rights, family members were more aware of their rights. Many insisted on making an application for waiver of an autopsy. The applications therefore increased. The successful waivers however did not increase significantly as the Coroner had still relied heavily on the assessment of the interviewing pathologist.

The New Coroners Ordinance

In 1997, prior to the handover many new laws that had been enacted were rushed through LegCo. One of these was the Coroners Ordinance CAP 504. This Coroners Ordinance resulted from a Law Reform Review in the 80's. Many of the proposals for a change in the Coroners System were objected to and discarded. However, the "codification" of reportable deaths was kept. This is now found as the list of 20 reportable circumstances of death in Schedule 2 of Coroners Ordinance CAP 504. This effectively made it an offence to not report a reportable death. The effect was

therefore an increase in the numbers of deaths channelled through the Coroner's system.

The increase in reporting meant an increase in autopsy interviews. It also led to an increase in support for waivers of autopsies. This support derived from situations where the death was reported because it was in the Schedule. The cause of death was clear and there was a consensus between the family, the pathologist and the police that the autopsy was unnecessary.

The new Coroners Ordinance has resulted in an increase in reporting and increase in autopsy interviews, which has also led to an increase in support for waivers for autopsies.

The situation up to this point in the late 90's saw a decline in the number of autopsies ordered. Most pathologists were however comfortable with this dropping autopsy rate as they felt the "list" of reportable deaths included cases which were obvious and the autopsy, particularly, in the face of opposition from the next-of-kin was superfluous.

The autopsy interview had by then developed into a demanding diplomatic exercise where the pathologist had to establish the reason for the reporting of the death as well as the wishes of the next-of-kin. The written applications for waivers were a routine and the pathologist had to play a much more active role in justifying the need for the autopsy.

The Challenges

Encounter with the next-of-kin during autopsy interview became more and more difficult when it gradually dawned on the next-of-kin that the decision maker was not the pathologist but the Coroner. The next-of-kin now regularly insists on making representation to the Coroner in person. It is also not uncommon that the Coroner would now make decisions that are in contrast to the advice or views of the pathologist.

This situation has led to many pathologists asking the obvious question: why involve the pathologist in this process if the Coroner is prepared to make a decision against the pathologists' professional medical advice? This feeling is often also compounded by the increasing complexity and difficulty of the interview with the next-of-kin.

Young pathologists find it bewildering and disconcerting when they are challenged by the next-of-kin and the Coroner. They sometimes find themselves the subject of a complaint to the hospital and having to explain their actions. The easy outcome was that the pathologist would tend to avoid confrontation with the next-of-kin and often willingly supports waiver of autopsies perhaps even when they were not entirely convinced. Hence the dramatic decrease in autopsy rates.

Ironically, the practice of interviewing next-of-kin by pathologist was not a feature of the Coroners system in the UK or in Australia but is making its appearance now. The interview process is in fact structured to the extent that it is like a consultation. Often follow-up interviews are scheduled to discuss autopsy findings, etc. In Melbourne and Brisbane now, the pathologist can request post-mortem CT-Scans and make recommendations for waivers to the Coroner based on such results. They can ask for toxicological sampling and or propose limited autopsies, etc. Such options are not regularly practiced in Hong Kong.

The Way Forward

Despite the frustrations of many pathologists, the autopsy interview can serve to assist the pathologist in the subsequent autopsy. If conducted well, the pathologist should be able to gather important and valuable information to help his autopsy and interpretation of findings, and ultimately to make the best conclusion regarding the probable cause of death for a particular case.

The autopsy interview can also be a very useful and helpful process for the next-of-kin if handled with empathy. Next-of-kin are in various stages of bereavement. They need to be helped to understand and pathologists need to be able to explain to them clearly the options available to them and when asked the professional view of the pathologist. The pathologist needs to be independent and evaluate each case on its merits. The pathologist needs to consider the bigger picture of public health needs too, yet guard against the narrow interests of some parties.

The autopsy interview can be a very important exercise where the pathologist demonstrates that the "healing art" is not lost. It is a perfect avenue to demonstrate that we, pathologists, too are capable of healing. Perhaps, it is also time that Hong Kong introduces a Bereavement Service for the next-of-kin of someone who had just died. The autopsy interview may be a good starting point for the initiation of this service.

Some Tips

Some tips are set out below which can help the young pathologist handle an autopsy interview:-

1. Understand the case.
2. For hospital deaths, discuss with the clinicians BEFORE not after the interview.
3. Allow the next-of-kin to tell you what they know – often you can identify the source of the angst or reasons for the complaint.
4. Explain the legal situation and reasons for the reporting.
5. Explain that a death investigation involves the police as well as an autopsy.
6. Ask their views on autopsy.
7. Ensure that their wishes to apply for waiver of autopsy are respected.
8. Explain your position to them clearly.
9. If they ask to see the Coroner, make appropriate arrangements.
10. It is always good to speak to the Coroner yourself and brief him/her the facts of the case and your view.
11. It is a job, do not take things personal, do what is professional.
12. Remember, the Coroner has the legal authority not the pathologist.

The autopsy interview can be a very important exercise where the pathologist demonstrates that the “healing art” is not lost.



Visit our homepage at:
www.hkcpath.org

An Overview of the Consultation Paper on Inter-disciplinary Practice and Qualifications

The Council of the Hong Kong College of Pathologists issued a consultation paper on "Inter-disciplinary Practice and Qualifications" June last year to call for feedback from our Fellows. The purpose is to develop a policy framework to guide its future approach to inter-disciplinary matters. The questions, the summary of view of the Council, and that of the return from members are as follows:

Q.1 Should there be a clear delineation of the scope of practice between different pathology sub-disciplines?

Council's view:

In view of different nature and methodology, there are no clear-cut boundaries among different specialties. The scope of different sub-disciplines varies with time and scientific development, e.g. applied molecular biology technologies are adopted by every sub-discipline to the extent that it may become a stand alone sub-discipline or an overlapping area among disciplines. Hence, the demarcation of various pathology sub-disciplines may be blurred by the reality of overlapping and converging practice. The Council's view is that the nature of specialization should be indicative rather restrictive, and it discourages truly cross-disciplinary practice. In order to practise in a sub-discipline, a pathologist needs to demonstrate competence by relevant work experience and by fulfillment of the College requirements on continuing medical education and professional development programmes. As a professional, the pathologists must be responsible for their own practices; and be aware of limitations both within and outside their usual areas of involvement. Such areas of involvement, if necessary, could be determined by the relevant Specialty Boards on a case-by-case basis. The Council felt that dictating rigid interdisciplinary restrictions could create more problems than it will solve.

Members' views:

The difficulty in delineating boundaries as outlined by the Council is agreed in most of the replies; amid some confusion arising in choosing "agree/disagree with the Council's view" as it was a "double negative" question. However, there are also opinions that the scope of practice should be well defined or pre-defined. The example of reading bone marrow was quoted in some returns. Historical practice of reporting marrow

by histopathologists was noted, and the histological diagnosis of unusual and metastatic neoplasm requiring expertise of histopathologists was raised. On the other hand, interpretative study of marrow with the aid of current diagnostic sophistication was the main concern from haematologists. The diagnosis of one disease involves not only one methodology and technology, but also the perspective and understanding of various aspects of the disease entity, since the aetiology and differential diagnoses can be much diversified. In another example, the identification of *Mycobacterium tuberculosis* infection may involve a multi-disciplinary approach before a diagnosis can be made. These could be viewed as "multiple standards of care" by different perspectives and personnel; instead of conflict among different specialists or intrusion of territories. Bearing in mind that the reporting pathologist has to bear subsequent legal liabilities, there is no controversy on practising within one's professional knowledge. The issue of recognized overseas qualification (ROQ) ignited discussion on what constituted acceptable standard to practise in local community; in particular on the training and exposure with the AP/CP Programme. "Competence to practise" remains subjective to individual's view and definition. One member raised the point that experience complemented with updated medical knowledge is considered important to clinical practice, such as clinical haematologist reading bone marrows, chemical pathologists running diabetic clinics. To quote: "It is totally irrational to forbid these experienced people to perform their competent work; especially there are no other alternatives because of restricted manpower... Why we pathologists should set stringent rules and limit ourselves to a particular type of specimens and methods?" On the other hand, some disagreed without a qualification since experience is difficult to quantify.

Q.2 Should there be a distinction between being a report signatory for laboratory accreditation purpose and being recognized by the Hong Kong Medical Council as a specialist in pathology?

Council's view:

A register of local practising medical specialists (Specialist Registry) is kept by the Hong Kong Medical Council. Such registration is voluntary. Many practising pathologists, including some College Fellows, have not registered. They can still practise pathology in Hong Kong legally.

Laboratory accreditation is to ensure competency of carrying out laboratory testing and to improve on conformity to a widely accepted standard of quality. The participation on accreditation scheme is also voluntary. Since the focus is on quality and standards rather than permission/authorization to practise, the College sees a different role in supporting the objectives of laboratory accreditation when compared with that in credentialing of qualifications for specialist registration.

Hence the Council holds the view that it is not a prerequisite for a College Fellow to register as a specialist with the Hong Kong Medical Council to become a report signatory for accreditation purpose. Similarly, in order to facilitate the assessment of standards by the local accreditation body, the Council has maintained a list of recognized overseas qualifications (ROQs) so that pathologists holding ROQs who

are therefore qualified to practise pathology in those overseas countries, could also be a report signatory under the local laboratory accreditation scheme. This recognition is restricted for the purpose of laboratory accreditation, and would have no effect on our assessment of a ROQ holder's application for specialist registration, should such application be referred to the College for advice.

Members' views:

Though some of the respondents agreed with the Council's view, some disagreed and felt that there should not be dissociation of the two categories. The signatory needed to be a Fellow of the Hong Kong College though, in a reply, one may not be a registered specialist in the Hong Kong Medical Council. One suggested that there can be some flexibility (no further elaboration) but not to the extent of the Council's view. The issue of ROQ was again mentioned, and there were doubts on the amount and extent of training and experience which would be "acceptable". A few challenged on the apparent separation of professional practice and accreditation, and considered the importance of credentialing pathologists in practice. Accreditation, in their view, should not be "inferior" to professional practice.

Q.3 Should the recognition of overseas qualifications be specific for each of the accepted pathology sub-disciplines?

Council's view:

Since different countries grant specialist qualifications under different training and examination systems, it may not be readily distinguishable in sub-disciplinary practice. Hence, the assessment of comparability of their qualifications with ours can be very difficult and the documentation of different aspects of training experience may not be readily available.

Under present policy, ROQ holders can apply for exemption from our College membership examinations, but they still need to undergo further training and examinations in specific sub-disciplines in order to become our Fellows. For accreditation purpose, ROQ holders can apply to be a signatory of a test report for a test which, under the local accreditation scheme, they need not have personally performed. The Council considers that it may not be

necessary for ROQ requirements to be specific for each sub-discipline. However, the Council maintains that post-ROQ training experience needs to be specialty-specific. For example, in the one-off exercise conducted several years ago to enlist Founder Fellows to apply for specialist registration of the Hong Kong Medical Council, the ROQ requirements were required to be specific in some sub-disciplines.

Members' views:

Most replies concurred with the Council's view. The AP/CP Programme was mentioned repeatedly as a query on training and experience for professional practice as the exposure in sub-specialties are evidently suboptimal. It was suggested that the College should conduct a survey on the extent and nature of current cross-disciplinary practices; then to analyze the data and seek further opinion under each specific context.

Conclusion

Replies were received from 45 members of different sub-specialties (Anatomical Pathology 27, Clinical Microbiology and Infection 6, Chemical Pathology 5, Haematology 6, and Immunology 1), including feedbacks through email (and some sent me more than one reply). Many members expressed their own view instead of choosing the "agree/disagree" column in the questionnaire. Though there are diversified thoughts, most members agreed that advances have been made in the past and that specialty practice is optimal for our professional work. With blurring of the boundary of disciplines as a result of new discovery and technology, there are still different views on whether the practice is indicative or restrictive. We aim for a high standard by establishing training and credentialing specialists. Training course was suggested, but adequacy of training is a difficult issue to address – how much is enough, and to what extent. To quote one of the remarks: "The traditional subspecialty boundaries are sufficiently distinct even with our current molecular methodologies. I do not think that the College should put extra resources trying to define such boundaries... A pathologist engaging in practices outside his confidence area of training and experiences is risking his/her own career. This is even more so with cross-disciplinary practices, not to mention that medico-legal coverage would be doubtful."

Accreditation is a means to improve operation standard for our laboratories. The issue of practising pathologists as signatories aroused much debate – at present there is no consensus in assessing training and relevant experience of ROQ, other than through the recognition of practice in respective issuing country and authority.

As professionals, we are responsible pathologists who should be aware of our own limitations; and would not hesitate to consult fellow colleagues on problematic cases, whether within or outside our own sub-specialty. Perhaps we should all adopt a balanced view and a pragmatic approach; and take into consideration the reasons for these qualifications being recognized, as well as the need to have more accurate quantification of the various areas of specialization.

In summary, on behalf of the Council, I thank members who took the time to provide feedback. The information, though diversified, will certainly help to path the College in structuring future framework for the development of our profession.

Dr. Michael Suen
Registrar (2003-07), HKCPATH

Appointments of Chairmen and Members of Standing Committees and Specialty Boards and Chief Examiners (2008-09)

Training and Examinations Committee

Chairman:
Prof. CHEUNG Nga Yin, Annie
Vice-Chairman:
Prof. HO Pak Leung
Secretary:
Dr. MAK Miu, Chloe
Members:
Prof. NG Lui Oi Lin, Irene
(Chief Examiner in Anatomical Pathology)
Dr. LOKE Shee Loong
(Chief Examiner in Anatomical/Clinical Pathology)
Prof. LAM Ching Wan
(Chief Examiner in Chemical Pathology)
Dr. QUE Tak Lun
(Chief Examiner in Clinical Microbiology & Infection)
Dr. BEH Swan Lip
(Chief Examiner in Forensic Pathology)
Dr. CHU Wan, Raymond
(Chief Examiner in Haematology)
Dr. CHAN Yuk Tat, Eric
(Chief Examiner in Immunology)
Dr. NG Wing Fung (College President)
Dr. CHAN Ho Ming (College Registrar)
Dr. LUK Wei Kwang
(Chairman of Education Committee)

Education Committee

Chairman:
Dr. LUK Wei Kwang
Vice-Chairman (& Specialty Coordinator in Clinical Microbiology & Infection):
Dr. LO Yee Chi, Janice
Secretary:
Dr. CHAN Kui Fat
Members:
Dr. LAM Woon Yee, Polly
(Specialty Coordinator in Anatomical Pathology)
Dr. TAI Hok Leung, Morris
(Specialty Coordinator in Chemical Pathology)
Dr. SHUM Shui Fung, Bobby
(Specialty Coordinator in Forensic Pathology)
Dr. MA Shiu Kwan, Edmond
(Specialty Coordinator in Haematology)
Dr. KWOK Siu Yin, Janette
(Specialty Coordinator in Immunology)
Dr. CHAN Keeng Wai
Prof. CHEUNG Nga Yin, Annie
Dr. LEE Kam Cheong
Dr. WONG Wai Shan

Quality Assurance Committee

Chairman (& Convenor (Cytopathology)):
Dr. COLLINS Robert John
Secretary:
Dr. LUK Wei Kwang
Convenors:
Dr. TSUI Man Shan (Anatomical Pathology)
Prof. CHIU Wai Kwun, Rossa
(Chemical Pathology)
Dr. TSANG Ngai Chong, Dominic
(Clinical Microbiology and Infection)
Dr. MA Shiu Kwan, Edmond (Haematology)
Dr. SO Chi Chiu, Jason (Haematology)
Dr. KWOK Siu Yin, Janette (Immunology)
Dr. TSOI Wai Chiu (Transfusion Medicine)

Professional & General Affairs Committee

Chairman:
Dr. CHAN Chak Lam, Alexander
Secretary:
Dr. TSE Luen Ying, Loretta
Members:
Dr. COLLINS Robert John
Dr. LUK Sheung Ching
Dr. NG Chung Ki
Dr. TANG Wai Lun
Dr. WONG Koon Sang

Laboratory Accreditation Committee

Chairman:
Dr. CHAN Ho Ming
Members:
Dr. CHAN Keeng Wai
Dr. CHAN Yuk Tat, Eric
Dr. CHOW Yu De, Eudora
Dr. COLLINS Robert John
Dr. HO Pak Leung
Dr. LIM Wei Ling, Wilina
Dr. NG Wai Fu
Dr. SHEK Chi Chung, Anthony
Dr. TANG Man Ching

Credentials and Appeals Committee

Chairman:
Dr. YUNG Wai Hung, Raymond
Members:
Dr. CHAN Yan Wo, Albert

Dr. CHAN Yuk Tat, Eric
Dr. CHU Wan, Raymond
Dr. COLLINS Robert John
Dr. HUI Pak Kwan
Dr. LAU Ming Fai
Dr. LEE Kam Cheong
Dr. LOKE Shee Loong
Dr. MAK Wai Ping
Dr. MONG Hoi Keung
Dr. TSANG Ngai Chong, Dominic
Dr. WONG Koon Sang

Specialty Board in Anatomical Pathology

Chairman:
Dr. LEUNG Chung Ying
Members:
Dr. CHAN Chak Lam, Alexander
Dr. CHAN Wai Kong
Dr. CHEUNG Man Fung, Florence
Prof. CHEUNG Nga Yin, Annie
Dr. LAM Sui Yue
Dr. LAM Wing Yin
Dr. LAM Woon Yee, Polly
Dr. LEE Kam Cheong
Prof. NG Lui Oi Lin, Irene
Prof. TO Ka Fai
Dr. TSUI Man Shan
Dr. WAN Suk King

Specialty Board in Chemical Pathology

Chairman:
Dr. SHEK Chi Chung, Anthony
Members:
Dr. CHAN Ho Ming
Dr. CHAN On Kei, Angel
Dr. CHAN Yan Wo, Albert
Prof. CHIU Wai Kwun, Rossa
Prof. LAM Ching Wan
Dr. MAK Miu, Chloe
Dr. MAK Wing Lai, Tony
Dr. POON Wing Tat
Dr. TAI Hok Leung, Morris
Dr. TAM, Sidney
Dr. YUEN Yuet Ping

Specialty Board in Clinical Microbiology & Infection

Chairman:
Prof. HO Pak Leung
Secretary:
Dr. TSE Wing Sze, Cindy
Members:
Dr. CHENG Chi Chung, Vincent
Dr. FUNG Sau Chun, Kitty
Prof. IP Margaret
Dr. LAI Wai Man

Dr. LEE Rodney Allan
Dr. LIM Wei Ling, Wilina
Dr. LO Yee Chi, Janice
Dr. LUK Wei Kwang
Dr. NG Tak Keung
Dr. QUE Tak Lun
Dr. TSANG Ngai Chong, Dominic
Dr. YUNG Wai Hung, Raymond

Specialty Board in Forensic Pathology

Chairman:
Dr. HAU Kong Lung
Members:
Dr. BEH Swan Lip
Dr. LAI Sai Chak
Dr. LAM Wai Man, Joey
Dr. NG Chung Ki
Dr. SHUM Shui Fung, Bobby

Specialty Board in Haematology

Chairman:
Dr. CHOW Yu De, Eudora
Members:
Prof. CHAN Li Chong
Dr. CHU Wan, Raymond
Dr. LAM Chun Kit, Clarence
Dr. MA Shiu Kwan, Edmond
Prof. NG Heung Ling, Margaret
Dr. SO Chi Chiu, Jason
Dr. TSOI Wai Chiu
Dr. WONG Kit Fai

Specialty Board in Immunology

Chairman:
Dr. KWOK Siu Yin, Janette
Member:
Dr. CHAN Yuk Tat, Eric

Chief Examiners

Anatomical Pathology:
Prof. NG Lui Oi Lin, Irene
Anatomical/Clinical Pathology:
Dr. LOKE Shee Loong
Chemical Pathology:
Prof. LAM Ching Wan
Clinical Microbiology & Infection:
Dr. QUE Tak Lun
Forensic Pathology:
Dr. BEH Swan Lip
Haematology:
Dr. CHU Wan, Raymond
Immunology:
Dr. CHAN Yuk Tat, Eric

CALL FOR APPLICATION FOR CHAN WOON CHEUNG EDUCATION AND RESEARCH FUND IN PATHOLOGY

In 1991, friends, colleagues and former students of the late Dr. Chan Woon Cheung endowed a fund in his memory to promote education, training and research in Pathology. This fund shall only be applied towards the promotion of education, training and research in Pathology, such as research grants for studies in Pathology, or grants to support training in Pathology, including passage fees and subsistence, where the training is conducted in Hong Kong or the applicant is currently working in Hong Kong. Local and overseas workers in Pathology, both members and non-members of the Hong Kong College of Pathologists, may apply for the grants for the purposes set out above.

For those who are interested, please download the application form from our College website (www.hkcpath.org) and return the completed application form to the Registrar. **The deadline for application submission is 31st May, 2008.**

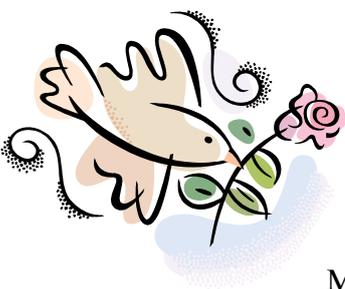
THE NEW EDITION OF REGULATIONS ON POSTGRADUATE TRAINING AND EXAMINATIONS (2007)

We would like to remind trainees that the new edition of the training regulations (2007) is now in force. Please note that existing trainees of all sub-specialties registered before 1 July 2007 can opt, by written application to Training & Examinations Committee (TEC), for the training programmes of their respective sub-specialties stipulated in the new training regulations on the principles that the entire training programmes stipulated therein would be adopted upon the endorsement of such application. Applicants adopting the new training regulations must fulfil all training requirements stipulated therein and at the same time demonstrate the required skills with competence during an assessment. Related enquiries should be addressed to TEC Secretary.

NEW CONTINUING MEDICAL EDUCATION / CONTINUOUS PROFESSIONAL DEVELOPMENT (CME/CPD) SCHEME

To tie in with the revision of the Principles and Guidelines on Continuing Medical Education (CME) and Continuous Professional Development (CPD) issued by the Hong Kong Academy of Medicine, the College CME/CPD scheme has been revised and will be effective in the next CME/CPD cycle starting on 1 January 2008. Please visit the College website (<http://www.hkcpd.org>) for the complete document. Some of the major changes are highlighted below:-

- Two new categories of CME/CPD activities are introduced in the new scheme.
 - 5.7 Mortality/Morbidity Meetings and Clinicopathological Conferences:
Participation in mortality/morbidity meetings and clinicopathological conferences is separated out from the categories of Passive Participation and Active Participation to form a new category of CME/CPD activities to more accurately reflect the mode of participation of pathologists in these activities.
 - 5.8 Activities for Improvement of Patient Care:
This new category embraces learning/activities that enhances the ability of Fellows to practise medicine both as an individual doctor and as part of the health care team eventually leading to improvement of patient management and care, e.g. information technology, interpersonal and communication skill training, clinical and other skills laboratory learning, simulator and virtual reality learning.
- A maximum of 30 CME/CPD points will be accredited for a Formal College Approved Activity.



OBITUARY

We report with deepest grief and sorrow that **Dr. Rosie Fan** left us on 4th November 2007 in an accident. Dr. Fan joined the Department of Pathology of Princess Margaret Hospital as a resident trainee in Clinical Microbiology & Infection on 1 July 2006. We have all been impressed by her bright and cheerful personality, sense of humour, intelligence, passion and commitment to work with outstanding performance. She had no hesitation to lend a helping hand to others. Dr. Fan's passing away is definitely a tremendous loss to all of us, to those who know her, and to those who have been so lucky as to work with her, enjoying wonderful times together. We won't forget her laughter and she will long be remembered. We thank her for the happiness she brought us. May her soul rest in peace.



Out of the Whitecoat:

My Cats - My Joy



▲ Curlyburly Run the Show (Call name – Mia) shown with her newly acquired full time servant.

Cats have become an inseparable part of my life since five years ago. Cats were cunning, cold, proud...like Garfield – the cartoon character. A visit to my friend's home changed my life. The black little kitten slowly and carefully approached me; she then greeted me with a gentle purr, rubbed her chin against my hand and looked at me with her big passionate eyes, wanting me to play with her...my heart melted instantly. I brought home my first kitten one week later.

My first kittens were brought home from pet shops. But now, I know I should not have done so as many of these profit-earning pet shops often treat their 'commodities' inhumanely. I am lucky; the kittens are now still living healthily with me. When I gained more knowledge about cat fancying, I learned more about the different characteristics of different breeds. I decided to delve into a breed called Selkirk Rex – they are also known as cats in sheep's skins!

My breeder encouraged me to show my cats in cat shows – because as pedigreed cats breeders, it is their responsibility to protect the

pure-bred cats and promote them by letting others know about their breed at their finest in cat shows. Cat shows are not about winning. Cat shows are about showing the public what a pedigreed cat should look like, such that newcomers can be led into the cat fancy community the right way.

Having said all that, I am not against raising non-pedigreed cats. The cat fancying community also welcomes non-pedigreed cats to enter their cat shows. There is a 'Household pet' category which allows cats with unknown or incomplete pedigree history to join and to shine in these cat shows.

I am now a proud father of eight cats: five Selkirk Rex, two Persian Chinchilla, and one British Shorthair. Taking care of them can be frustrating. With a gang of eight, you cannot expect total harmony amongst them. Someone would inevitably be jealous at or dislike another. Fighting, although infrequent, can be very disheartening. But I have not for a moment regretted bringing any one of them home. They come to play with you when you are bored; they come to cuddle you when you are lonely. They just seem to know your feelings! They are truly man's best friends – no offence to dog lovers!

Dr. Christopher Lai



▲ Mealtime! Every cat has its moments; er, three times per day.



▲ Ribbons! Curlyburly Bevina (Call name – Wala-Wala) and Curlyburly Je Ne Sais Quoi (Call name – Charlie) at their best in a cat show.



▲ Mocha the golden Persian Chinchilla won her first ever ribbon with Curlyburly Andromeda (Call name – Meda) lying beside her... did I mention I have a solid black cat?

News from a Retired Fellow: Dr. John Lawton

After retirement from an Immunology career for some 30 years, Dr. John Lawton has relocated back to Adelaide, Australia since 2004. Let us see what Dr. Lawton has to say to us about his retirement life with so many interesting activities.

“In retirement I am doing no medical practice at all, and just occasionally I attend a medical lecture. The photo shows me on my new bike near Clarendon in the Adelaide hills. I took up cycling again as therapy for my osteoarthritic left hip! Once a week I ride 60 to 70 km with a good friend who is a semi-retired physician and a “fitness fanatic”. Last April we walked the overland track in Tasmania and we hope to do similar hikes in future. I also play tennis and golf. I play in a community orchestra, which is of a high standard (but not as good as the Hong Kong Chamber Orchestra, I have to say). In April we shall perform at the Adelaide University with a visiting UK cellist in the Elgar Cello concerto; I also play in a string quartet, so there is plenty of music to keep me out of mischief! – John Lawton”



▲ *Dr. John Lawton with his new bicycle in Adelaide, Australia. What an enjoyable retirement life!*

Fellows' Laurels

Prof. K. Y. Yuen was elected a member of the Division of Medical and Health of the Chinese Academy of Engineering in 2007. Membership of this body signifies the highest academic title of engineering science and technology of China. Election is based on scientific and moral standards, contribution to society and recognition from multiple sources.

In the same year, Prof. K. Y. Yuen also won the Gold Medal Award marking the 120th anniversary of the University of Hong Kong Medical Faculty. This prestigious award is yet another recognition of Prof. Yuen's contributions to emerging infectious diseases and microbiology in addition to the Silver Bauhinia Star, Henry Fok Professor in Infectious Diseases and Croucher Senior Medical Research Fellowship Award.

In 2007, **Prof. J. S. M. Peiris** was decorated as a Knight of the Légion d'Honneur of France. Created in 1802 by Napoleon Bonaparte, this honour is the highest decoration given by the French Republic to distinguished individuals for their outstanding services and contribution to their communities, within or beyond French territory.

Dr. Allen Chan Kwan-Chee, a higher trainee in Chemical Pathology at the Prince of Wales Hospital, won the Gold Medal of the Hong Kong Academy of Medicine Best Original Research by Trainees (BORT) in 2007. His presentation is titled "Detection and prognostication of hepatocellular carcinoma by quantitative analysis of aberrantly methylated DNA in serum".

Actually, it is not the first time that trainees of our College have won this competition. Prof. Rossa Chiu Wai-Kwun and Dr. Chloe Mak Miu had won the Silver Medal for "Non-invasive prenatal diagnosis of beta-thalassaemia through maternal plasma analysis: a multi-centre collaborative study" in 2003 and the Bronze Medal for "Mutational study of ATP7B in Wilson disease: establishing an effective DNA-based diagnostic protocol for Hong Kong Chinese" in 2006 at the same contest, respectively.

These are indeed remarkable achievements that every College Member should be proud of.

Letters to the Editor

Dear Editor,

I am writing this letter on behalf of members of the Specialty board of Haematology to express our views on the recent discussion on interdisciplinary practices and qualifications.

Medicine has advanced so rapidly in terms of information, knowledge and technology that the medical profession (and the general public) is no longer satisfied with the fundamentals of medicine taught in medical school (i.e. the basic MBBS degree). Instead, doctors need to go on further with postgraduate training in order to acquire more in depth knowledge and/or skills in a particular field and become a "specialist" which results in the development of

specialties. Furthermore, in order to promote and continue with such advancement of knowledge, specialty and sub-specialty development becomes necessary and this we believe, is also the basis of specialty development during the initial formation of the College.

Worldwide, medical colleges or boards are expanding their number of specialties and subspecialties. In the United States, there are currently 24 certified specialties and numerous sub-specialties. In Canada, the RCPSC is involved in the training and evaluation of a total of 60 medical and surgical specialists. The United Kingdom and Australia also have an expanded list of specialties.

In Hong Kong, The Hong Kong Academy of Medicine is made of 15 colleges and each college has a number of specialties or sub-specialties. Recently the Hong Kong College of Obstetricians and Gynaecologists added a new sub-specialty: Maternal-Fetal Medicine. Ophthalmology and Otorhinolaryngology, which used to be under the Surgical stream, are now a specialty of their own. Furthermore, in the training programme of the College of Surgeons of Hong Kong, it is quoted that there are six specialties (General Surgery, Cardiothoracic Surgery, Neurosurgery, Paediatric Surgery, Plastic Surgery and Urology) which the College recognizes to be so distinct and independent of each other in terms of training that independent training programmes are recommended.

When other countries as well as local Colleges recognize the need for specialty and sub-specialty development, why is our College discouraging such? Pathologists have been described as “doctor’s doctors” and we play an important role in clinical medicine. With the expanding clinical specialties, pathologists also need to devote more time and effort in a particular area of Pathology so to become an expert in that area (definition of a specialist). This will not only allow us to keep pace with our clinical counterparts, but also enable us to lead the advancement of clinical medicine.

“Demonstrating relevant working experience and fulfillments of CME to practice in a particular pathology subdiscipline?” It is puzzling and extremely disturbing to see that our College holds such a view. If that is the case, why do we still need to have the various specialties we now have? Why do we need to have the trainees go through the rigorous training programme (involving a total of 6 years) we now have? Can’t they just accumulate sufficient working experience to become a specialist in anatomical pathology or haematology or chemical pathology or microbiology etc.? This maybe possible in the past, but is unlikely to be true in the current and future era.

Using the surgeons as an example:- They all need to study anatomy in depth, know how to use the surgical scalpels, cutting laser guides, fibre-optic scopes etc, but then even the College of Surgeons recognizes the distinctiveness and independency of the training in their 6 specialties, irrespective of the “tools” or “instruments” they use. They do NOT accept a simple demonstration of competence by relevant work experience or by fulfillment of the College requirements on continuing medical education and professional development programmes, but instead require a “distinct and independent training” to ensure a high standard of their specialties. **Our College should recognize the distinctiveness of the specialties we now have in Hong Kong and the need for distinct and independent training to maintain a high standard of each specialty.**

What about specialty development in Pathology in other countries? The Royal College of Pathologists states in their website that “Pathology comprises five main disciplines: chemical pathology (also, and increasingly, known as clinical

biochemistry); haematology, histopathology, immunology and medical microbiology. Each encompasses sub-specialties - for example histocompatibility and immunogenetics within immunology, virology and mycology within microbiology and cytopathology, neuropathology, forensic pathology and others. Pathology also encompasses several other smaller disciplines, all of which are growing in importance. These include genetics, toxicology and histocompatibility and immunogenetics”.

In the 2007 trainee handbook of the Royal College of Pathologists of Australasia, it states that “Pathology has eight different areas of activity, these relate either to the methods used or the types of disease which they investigate. These are: Anatomical Pathology, Chemical Pathology, Forensic Pathology (new), Genetics (new), Haematology, Immunopathology, Microbiology, General and Clinical Pathology”. It is noted that Forensic Pathology is no longer a slanted training in Anatomical Pathology.

Has the Council wondered why all these Colleges are expanding their specialty and subspecialty list? Though no one likes to be “restricted” in their area of practice, this has in fact become true. All clinicians (including pathologists) know how to read Chest X-rays, but they would still send the X-rays to the radiologist for reporting. When someone has a pituitary tumour, one would want to seek help from a Neurosurgeon and not a general surgeon who has experience in Head and Neck surgery.

In fact, the website of the Royal College of Pathology of Australasia illustrates with simple practical examples as to how each discipline helps in patient management. There is a case to illustrate the role of Anatomical Pathologist in PAP smears, the role of Anatomical Pathologist and Haematology in a case of appendicitis, the need for a haematologist in checking the peripheral blood smear of a patient with iron deficiency anaemia and the involvement of Chemical Pathology in confirming the iron deficiency. It becomes inevitable from the above examples that each specialty/sub-discipline has its specific roles and responsibilities as well as complementing each other in patient management. In fact, the scope of each pathology specialty is clearly delineated in other Pathology Colleges in their training programme, so why does our College think otherwise?

Medicine is about patients. Our College should seek a view which is to the best interest for our patients and not for individual specialist/specialty.

With best wishes,

Dr. Eudora Chow
Chairman, Specialty Board (Haematology)
Hong Kong College of Pathologists

Dear Editor,

I have been meaning for some time to write down my comments regarding interdisciplinary practice of pathology and, on a related note, to address the issue regarding the reporting of bone marrow specimens. In my opinion, the questionnaire sent by the College to members has put the cart before the horse by seeking agree/disagree options within the confines of a restricted view on interdisciplinary practice.

In the first instance, I would like to ask whether we have an understanding of interdisciplinary practice of pathology and the significance of interdisciplinarity. We understand disciplines clearly - hence the disciplines of anatomical pathology, haematology, clinical biochemistry, immunology and so forth. What does the term "interdisciplinary" mean and what does "interdisciplinarity" signify?

I have sought and found two definitions (I am sure there are other sources).

1. Interdisciplinary means "contributing to or derived from two or more disciplines" - The New Shorter Oxford Dictionary.
2. Edited from Wikipedia: Interdisciplinarity is the act of drawing from and integrating two or more academic disciplines, professions, technologies, departments, their methods and insights, in the pursuit of a common goal.

Interdisciplinarity occurs when researchers from two or more disciplines pool their approaches and modify them so that they are better suited to the problem at hand. Interdisciplinary approaches typically focus on problems felt by the investigators to be too complex or wide-ranging to be dealt with using the knowledge and methodology of a single discipline, e.g. the AIDS pandemic or global warming.

Interdisciplinarity involves attacking a subject from various angles and methods, eventually cutting across disciplines and forming a new method for understanding of the subject.

What then is the situation of HK regarding the interdisciplinary practice of pathology? It is evident that one aspect of interdisciplinary practice is already in place i.e. pathologists trained in one discipline doing the work of other discipline(s). This type of interdisciplinary practice has its roots at time when there were inadequate number of pathologists to cover all disciplines and when the disciplines themselves were relatively undeveloped.

However in the present time when the disciplines are fully developed and with the high standards of training mandated by the HK College of Pathologists, a higher level of interdisciplinary practice is expected from our profession - one in which pathologists integrate and work across disciplines to create new knowledge and skills to tackle complex problems such as cancer or AIDS. Examples of interdisciplinary practice in place are biomedical engineering which has been developed from two disciplines (not one taking on the role of the other) and the field of regenerative medicine.

Finally I would like to address the issue as whether it is a haematologist or a histopathologist who should read bone marrow specimens. To this I am reminded in my early days as a trainee in haematology that there are 'perspectives beyond the microscope' (however gifted one's microscopic skills are) which must be considered in the diagnosis and management of disorders which perturb the bone marrow. It is therefore not an issue of interdisciplinary practice but more of a practice of better understanding through learning to look from a wider perspective.

If I may follow an analogy with from the perspective of arts - why many people including myself go to museums to look again and again at the same paintings. The painting is the same but the message and meaning we get out of the painting changes as we understand more about the background issues leading to the painting. This is true of difficult or problematic marrows and one should be mindful that what is not in view can be of equal or sometimes of greater importance that what appears down the microscope. In brief, reading of marrow specimens requires microscopic vision to be complemented with vision beyond the microscope.

With very best wishes,

Prof. Chan Li Chong
Head and Chair Professor,
Department of Pathology,
The University of Hong Kong.