



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

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Message from the President

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Newsletter Production

Editor: Dr. Edmond Ma
Advisor: Dr. Robert J Collins

The entire landscape of medical practice is changing. Many pathologists are uneasy about the changes they see taking place in that our role and scope of practice are shrinking and encroached by bedside clinicians on the one hand and by laboratory scientists on the other. Rather than perceive the changing environment as hostile the Council sees it as an opportunity to reposition ourselves, with our unique training and experience that bridge the bench-side and the bedside, to assume a central role in the leadership and stewardship of optimal patient care, and will take steps to ensure that, through proactive and forward-looking action, the changes benefit our profession and our patients. To that end, training programs in pathology need to be reexamined in terms of clinical relevancy, quality, patient safety, and new technology, among other things.

The need to mount an effective and rapid response to a changing environment is becoming more relevant in the aftermath of SARS where we are facing immense pressure to ensure preparedness for the next episodes of emerging infectious diseases that are always round the corner. During that last crisis the contributions of microbiologists and other pathologists leading to the understanding of the disease, its effective control and appropriate patient treatment were widely acknowledged by the medical community and the public. The Clinical Microbiology and Infection training program, among others, is now under review so as to consolidate our leadership role and to meet future demands - we will put in more clinical emphasis, in particular the ability of our

trainees in effective communication with patients and other clinicians and in providing consultative advices. The laboratory will remain our stronghold but many of our responsibilities may extend well beyond our traditional scope of practice and call upon a new set of skills.

Our attention has also been focused on the rather inactive Combined AP/CP training program. Twelve years after the establishment of the program, there is not a single trainee currently registered with the program, and no examination ever been held. It appears that the reality of today's supply/demand world is that one must focus on a niche, or a specialty. Since there is no trainee interested in the program, for many members it may seem only logical for the College to wipe it out from our Training and Examination Regulations and close the case.

This obviously was not the vision of the Founders of our College when they carefully designed and set up the goals and standards for the Combined AP/CP Program. They might have considered the fact that not all laboratories, especially those in the private sector, have or can afford to have a specialist in each mono-specialty, and for other reasons that some forms of combined programs may be a good thing for the College. Although what may appear valid a decade ago may not be true today, we must examine the objectives of program in great details to be realistic and yet to have a clear vision of what we want to achieve in deciding the fate of the AP/CP Program. For this the Council has asked the Program Advisory

Panel on Combined AP/CP Program, headed by our past President Dr WP Mak, to prepare a recommendation on the future of the general pathology program for the Council.

If the lack of general pathology trainees does not sound too important or alarming, the general lack of pathology trainees surely does. With the retirement of a significant proportion of senior pathologists over the past couple of years, the prospect of shortage of pathologists is worrisome. This has been compounded by the contract arrangement of the Hospital Authority that might limit the opportunity of contract renewal of our trainees if they are not successful in their first attempts in membership examinations. Therefore the College has, for the first time, introduced supplementary examinations for membership so that trainees who are successful in the supplementary could still be in time for contract renewal and go on with their higher training.

The contract renewal hurdle is only one of the many issues of the emerging manpower concerns. The uncertainty of employment prospect after the completion of training, the gloomy promotion opportunity in public institutions, the depressed outlook of finding a job in our relatively small private sector, and the diminishing emphasis of pathology in the curricula of medical schools could all be contributory in deterring potential trainees from taking up the pathology specialty. In the long term I think we need to promote the profession at all levels to convince the public and the potential employers of the importance of putting in more resources into pathology and to attract and retain suitable trainees to develop a career in the profession.

The health care environment is changing. Change is likely to come from a number of different directions, much of it outside the pathology profession itself. The changes, which will be cumulative, could adversely affect our future unless we take steps to address them directly now. No matter the changes, however, with your continuing support and inputs, I remain optimistic in these challenging and uncertain times.

Erratum:

The HKCPath Newsletter issued in 2004 should be under volume 13 (and not volume 12 as previously indicated).

From the Training and Examinations Committee

New Training Guidelines effective from 1 January 2005 — TRAINING IN CLINICAL MICROBIOLOGY AND INFECTION

GOALS

The goal of training is to produce a specialist clinical microbiologist capable of directing and providing a laboratory service for bacteriology and a limited service for virology in a large general hospital. He/she must also be competent to advise on all aspects of treatment, management and prevention of infectious diseases including the rational use of antibiotics, and to organize and supervise infection control programmes. In addition, he/she must be competent to advise on bacteriological problems encountered in public health such as the investigation of food-borne infections. He/she must be able to supervise trainees in clinical microbiology and contribute actively to educational activities.

STRUCTURE

Total training period is 6 years. Trainees must have at least 4 years' experience in a microbiology laboratory including a minimum of 6 months in clinical virology. The remaining 24 months include (1) a minimum of 12 months' clinical experience in Internal medicine and/or Paediatrics, and (2) another 12 months' experience which may include: a) clinical virology, b) a subspecialty within microbiology, c) other disciplines in pathology, d) clinical experience (in Internal medicine, General Surgery, Paediatrics, Community medicine and/or other relevant clinical disciplines), e) research and/or f) course-work in conjunction with an approved degree. Thus, up to two years' experience outside of microbiology may be credited towards training.

Basic Training (3 years)

A minimum of 2 years' experience in a clinical microbiology laboratory, plus up to 12 months experience in any one or a combination of the following:

- clinical virology
- clinical experience (in Internal medicine, General Surgery, Paediatrics, Community Medicine and/or other relevant clinical disciplines)
- other disciplines in pathology
- research

Higher Training (3 years)

Additional experience in a clinical microbiology laboratory (including six months' experience in a clinical

virology laboratory if this has not been completed as part of basic training) to complete a total of 4 years of experience.

Up to 12 months' clinical experience (in Internal medicine, General Surgery, Paediatrics, Community Medicine and/or other relevant clinical disciplines). The minimum duration of clinical experience in Internal Medicine and/or Paediatrics is 12 months.

Up to 12 months' experience, which may be selected from the following options:

- (i) other disciplines in pathology (this can include clinical virology)
- (ii) research
- (iii) a subspecialty within microbiology (e.g. parasitology)
- (iv) course-work in conjunction with an approved degree (e.g. M.Sc in Microbiology)

CONTENT

1. Laboratory Safety

- (1) The practices and techniques required for the safe handling of bio-hazardous material and the preparation of a detailed safety code including collection, transport, reception, handling, spillage and disposal of specimens and cultures.
- (2) The principles and uses of sterilizing procedures, disinfectants and formulation of policy on their use in the laboratory, hospital and community.
- (3) Methods of ventilation, their application and monitoring in the laboratory and clinical areas.
- (4) International postal and packaging regulations governing microbiological specimens.

2. Specimens and Reporting

- (1) Advise clinicians on the specimens required, their collection and transport.
- (2) Able to process all specimens from receipt of the specimen to issuing the final report.
- (3) Interpret results of microbiological tests and produce reports which are helpful both to the clinician and personnel involved in hospital and community epidemiology.
- (4) Identify those circumstances where urgent reports are required and be aware of the procedure which will expedite such results.
- (5) Initiate investigations in light of clinical and microbiological indications.
- (6) Consultation with clinicians regarding management of patients and proper use of microbiological investigations.

3. Bacteriology

- (1) Set up and use a microscope for bright field, phase contrast, dark ground and fluorescence microscopy.
- (2) Perform all the staining techniques normally in use in a routine bacteriology laboratory.

- (3) Process specimens prior to culture where appropriate.
- (4) Select appropriate media, plate out clinical specimens and obtain pure culture by subculture.
- (5) Set up anaerobic culture.
- (6) Recognize the colonial and microscopic appearance of commonly encountered or medically important bacteria.
- (7) Perform and interpret the results of commonly used biochemical and serological tests for identifying bacteria.
- (8) Determine the viable count of bacterial suspensions.
- (9) Have knowledge of the commonly used automated apparatus in the bacteriology laboratory.
- (10) Prepare media and be familiar with microbial growth requirements and the purpose, composition, storage and shelf life of commonly used media.

4. Antibiotics

- (1) Set up and interpret tests for the susceptibility of bacteria to antimicrobial drugs.
- (2) Perform antimicrobial assays on body fluids.
- (3) Determine the cidal activity of antibiotic-containing body fluids against a known organism.
- (4) Determine whether combinations of antibiotics are synergistic, antagonistic or indifferent.
- (5) Set up and interpret certain basic tests relating to the determination of the mechanisms of bacterial drug resistance (e.g. detection of beta-lactamases, transfer of drug resistance).
- (6) Consultation with clinicians regarding the proper use of antibiotics in the wards.
- (7) To perform analysis and draw vivid conclusions on trend of antibiotic resistance and implement control programmes to prevent its spread.
- (8) Knowledge, experience and competency in antibiotic stewardship programs.

5. Mycology

- (1) Prepare and select media for mycological culture.
- (2) Prepare mycological slide cultures.
- (3) Identify medically important fungi.

6. Serology

- (1) Set up, read and interpret commonly used tests for the detection of antibodies to microbes.
- (2) Use serological techniques to detect microbial antigens from clinical specimens.

7. Hospital Infection Control and Epidemiology

Obtain experience and acquire competency in:

- (1) The organization and running of an infection control unit.
- (2) The surveillance of hospital-acquired infections.
- (3) Epidemiology of hospital-acquired infections and the investigation of outbreaks.

- (4) The typing of microorganisms.
- (5) Sterilization in the hospital and the proper use of disinfectants.
- (6) The role of environmental surveillance.
- (7) Prevention and control of hospital-acquired infections.
- (8) Cooperate with community health authorities and provide basic microbiological support to assist in the prevention of communicable diseases.

8. Laboratory Management

- (1) Executive management and advance planning.
- (2) Personnel and resource management.
- (3) Measurement of efficiency and establish quality management programmes in the laboratory.
- (4) Cost analysis and budget control.
- (5) Information systems management.
- (6) Organization of an in-service training program.

9. Parasitology

Process and report on specimens involving common parasites in the region.

10. Virology

Basic knowledge regarding clinical virology will be required (as a guide, see content for Clinical Virology).

11. Advances in Microbiology

- (1) Basic knowledge and current advances in molecular biology and its application in clinical microbiology.
- (2) Familiar with the latest development in automation and evaluation of automated systems for service in the laboratory.
- (3) Familiar with the applications of the electron microscope in the microbiology laboratory.
- (4) Skills in the use of reference literature including online literature search through Medline and Internet servers.

12. Clinical Consultations on Infections

Obtain experience and acquire competency in clinical consultations for infectious diseases under supervision. Advice must be given at the bedside on the proper use of laboratory investigations, interpretation of results, treatment and prevention of infections. Trainees should keep a logbook of relevant bedside consultation cases throughout the six years' training.

EXAMINATIONS IN CLINICAL MICROBIOLOGY & INFECTION

Membership Examination

- (1) Two written papers, which may include questions

on clinical virology. One paper includes questions on basic pathological sciences.

- (2) Practical
- (3) Oral

Fellowship Assessment

Comprehensive oral examination with a practical component, which may include questions on clinical virology.

From the Registrar

Meeting announcement

2005 Asia-Pacific IAP Meeting

August 22-26, Beijing, China

The main theme of the meeting is "Modern Pathology in the Age of Rapidly Advancing Technology"

The meeting will bring together pathologists, scientists and other professionals involved in this field from different countries to exchange ideas and share latest developments in technologies, innovations and applications.

Keynote Lectures:

1. Surgical Pathology: The redoubtable specialty
Dr. Juan Rosai, Istituto Nazionale Tumori, Milan, Italy
2. Soft tissue tumors
Dr. Philip Allen, Flinders Medical Center, Australia
3. An update on salivary gland tumors
Dr. John K. C. Chan, Queen Elizabeth Hospital, Hong Kong, SAR China
4. Molecular pathology
Dr. Jeffrey L. Sklar, Yale University, USA
5. Immunohistochemistry
Dr. Clive R. Taylor, University of Southern California, USA
6. Anatomic indicators of breast cancer risk, the role of the surgical pathologists
Dr. David L. Page, Vanderbilt University Medical Center, USA

The Scientific Program will cover the following areas:

1. Breast Pathology
2. Gynecologic Pathology
3. Genitourinary Pathology
4. Pathology of Iatrogenic Lesions
5. Neuroendocrine Tumors: Diagnosis, Prognosis & Therapy
6. Molecular Pathology
7. Pathology of Infectious Diseases
8. Cytology and Ultrastructural Pathology
9. Pathology of Lymph Node and Bone Marrow
10. Bone Marrow
11. Bone and Soft Tissue
12. Telepathology
13. Liver and Pancreas:
14. GI Pathology
15. Head & Neck, Lung Pathology
16. Diagnostic Immunohistochemistry
17. Symposium on the Role of the IAP Division in Education
18. Symposium on Renal Pathology

From the Education Committee

Seminar on Legal Aspect in the Practice of the Pathologist

20th November 2004 (preceding AGM)

Pao Yue Kong Auditorium, The HKAM
Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen..

Speaker:

Mr Lawrence Ng
Barrister-at-Law

Chairman:

Dr W K Luk

3:30 pm	Introduction
3:35 pm	The Use and Misuse of a Pathological Specimen
4:30 pm	Discussion
4:45 pm	Closing Remark

The seminar aims to address the following questions:

- Are patient specimens only for diagnostic purposes?
- Can they be used for other scientific studies that are related or unrelated to the patient concerned?
- Can we release the patient specimens to a third party? Who owns the specimen?

New CME/CPD Scheme (for details see pages 6-9)

To comply with the new 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 from 1 January 2005. (new CME/CPD scheme attached)

CME Cycle

As reported previously, the Academy has decided that all Fellows would start their CME cycle afresh on 1 January 2005. As the legislative procedures to make CME a requirement for renewal of Annual Practising Certificate have not been completed, the CME/CPD scheme will not be linked to the renewal of the Annual Practising Certificate at this stage.

MLMS

The Hong Kong Academy of Medicine launched the Membership and Learning Management System (MLMS) in September 2002. Fellows can view their up-to-date CME/CPD profiles online using this system. The College is planning to migrate to the MLMS in providing CME/CPD administration in phases. The first phase would capture CME points from passive participation and possibly also from active participation. This migration will take place on 1 January 2005. Further details will be released in due course. In the meantime, Fellows are encouraged to familiarize with the MLMS. You should have received from the Academy a few months ago a set of Activation Code and Activation Password for setting up and activating your account. In case you need help, please contact the Academy (Ms Kristy Cheung, Tel: 2871 8897; email: kristy@hkam.org.hk) for details.

**HONG KONG COLLEGE OF PATHOLOGISTS
CONTINUING MEDICAL EDUCATION / CONTINUOUS PROFESSIONAL DEVELOPMENT
SCHEME**

1. Objective of Continuing Medical Education / Continuous Professional Development (CME /CPD)

The purpose is to keep Fellows informed and up-to-date, and to maintain a high standard of professional practice.

2. Supervision of CME/CPD

- 2.1 CME/CPD programmes established by the Hong Kong College of Pathologists will be submitted to the Education Committee of The Hong Kong Academy of Medicine (HKAM) for formal approval.
- 2.2 Any changes to established CME/CPD programmes will have to be approved by the HKAM Education Committee before implementation.
- 2.3 All Fellows of the College who are also Fellows of the HKAM must satisfy the full requirements
- 2.4 Fellows must respond to call for CME/CPD returns from the HKAM/College, and submit all re-
- 2.5 Fellows failing to submit return on time will be regarded as CME/CPD non-compliant. Subse-
- 2.6 All notices sent to the address last provided by a Fellow to the HKAM/College will be deemed to
- 2.7 The College will ensure compliance with CME/CPD requirements. Non-compliance will be re-

3. The Cycle

- 3.1 A cycle of CME/CPD assessment shall consist of 3 years.
- 3.2 Fellows will commence their first cycle immediately upon their admission to HKAM Fellowship;

4. Measurement of Activities

A point of CME/CPD activity is equivalent to one hour of passive participation in a Formal College Approved

5. Accredited CME/CPD Activities

- 5.1 Self Study
 - 5.1.1 Self study is accepted as a form of CME/CPD.
 - 5.1.2 One hour of self study is awarded 1 CME/CPD point.
 - 5.1.3 Self study is only accredited with prior approval from the College with evidence that
 - 5.1.4 Self study may be accredited a maximum of 45 CME/CPD points in each three-year cycle
 - 5.2 Passive Participation
 - 5.2.1 One CME/CPD point is awarded for each hour of audience participation at a FCAA, without any further categorization.
 - 5.2.2 A maximum of 75 CME/CPD points in each three-year cycle may be accredited for Passive Participation.
-

- 5.3 Active Participation
- 5.3.1 Active Participation is when a Fellow is either chairing or presenting in a FCAA.
- 5.3.2 Activities at FCAA:
- | | |
|--|--------------------|
| Chairing, each session | 1 additional point |
| Invited speaker,
each 1-hour lecture | 6 points |
| each 10-minute presentation, including proffered paper | 1 point |
- 5.3.3 A maximum of 75 CME/CPD points in each three-year cycle may be accredited for Active Participation.
- 5.4 Publications and Research
- 5.4.1 Only those related to Pathology are accredited.
- 5.4.2 A publication will accrue CME/CPD points when the material is published.
- 5.4.3 For publications, the first author gets the full number of points while others will get half the points.
- 5.4.4 Type of Publications and Research
- | | |
|--|-----------|
| Book/Thesis | 10 points |
| Chapter | 10 points |
| Original paper, in indexed journals (e.g. Medline) | 10 points |
| Original paper, in non-indexed College approved journals | 5 points |
| Approved CME/CPD materials for self study | 5 points |
| Abstract in conference proceedings | 2 points |
- 5.4.5 Other than the categories listed above, no other publication can be awarded any CME/CPD point unless agreement from the College has been obtained prior to publication.
- 5.4.6 A maximum of 75 CME/CPD points in each three-year cycle may be accredited for Publications and Research.
- 5.5 Development of New Technologies or Services
- 5.5.1 Participation in a project leading to the development of new technologies or services, with evidence that it has been carried out diligently, will accrue 5 CME/CPD points.
- 5.5.2 A maximum of 20 CME/CPD points in each three-year cycle may be accredited for development of new technologies or services.
- 5.6 Quality Assurance Activities
- 5.6.1 Participation in external quality assurance programs is accredited with prior approval from the College.
- 5.6.1.1 0.5 CME/CPD points are awarded for completion of each case or unit of interpretative quality assessment, up to a maximum of 5 points per dispatch.
- 5.6.1.2 2 CME/CPD points are awarded to each author who writes a report of a College pre-approved quality assurance program.
- 5.6.1.3 Organizing and administering a College pre-approved quality assurance program will attract 3 points per year.
- 5.6.2 Acting as auditor in a College pre-approved clinical audit program will attract 5 points per audit.
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- 5.6.3 Acting as reviewer in a College pre-approved peer review program for operative practice will attract 4 points per review.
- 5.6.4 Participation in quality assurance activities may be accredited a maximum of 30 CME/CPD points in each three-year cycle.

5.7 Undergraduate Teaching

Undergraduate teaching may not be accepted as a form of CME/CPD.

5.8 Postgraduate Teaching

Postgraduate teaching activities may not be accepted as a form of CME/CPD.

5.9 Editor of Medical Journal

Being an editor of each medical journal recognized by the College will earn 5 CME/CPD points per year, up to 15 points in each three-year cycle.

5.10 Conducting Examinations

The participation as an examiner in College approved specialist examinations can be counted for CME/CPD points. An examiner will attract 2 CME/CPD points per specialist examination participation, up to 10 points in each three-year cycle.

6. Maximum Number of Hours to be Accredited

The Education Committee of the College would determine the maximum number of hours to be accredited for a FCAA.

7. Minimum CME/CPD Requirements

The minimum CME/CPD requirement is 90 points in each three-year cycle. CME/CPD points accumulated in excess of the requirement for one cycle cannot be carried forward to the next cycle. A minimum of 15 CME/CPD points is recommended to be achieved each year.

8. Exemptions

8.1 Retired from Active Practice

- 8.1.1 The HKAM will consider application for CME/CPD exemption from a Fellow only if he has formally submitted a written declaration to the Academy/College that he has retired from active practice in and outside Hong Kong.
 - 8.1.2 A Fellow holding multiple Fellowships cannot claim retirement from active practice for one specialty while still practicing the other specialties. A Fellow can apply for suspension of a Fellowship for which he chooses not to continue with CME/CPD.
 - 8.1.3 A retired Fellow who subsequently wishes to resume active practice will be required to have obtained the minimum number of CME/CPD points to be accredited for one CME/CPD cycle counting back from the date of application in order to resume medical practice. Should a retired Fellow resume medical practice before he can fulfill the CME/CPD requirements as aforementioned, he will lose his status as retired Fellow and his Fellowship will be suspended accordingly.
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- 8.2 Acute/Prolonged Illness and Permanent Disability
- 8.2.1 A Fellow who falls behind CME/CPD because of acute/prolonged illness or permanent disability can be exempted from the CME/CPD requirements, on condition that he is not in active practice.
- 8.2.2 When a Fellow recovers from prolonged illness and resumes his medical practice, he will be required to re-start his CME/CPD cycle and to obtain at least 40 CME/CPD points in the first year of the cycle.

9. Non-compliance

- 9.1 Non-compliance That Is Remediable
- 9.1.1 A Fellow must:
- i) has achieved not less than 60 points within the cycle; OR
 - ii) be certified to have suffered from a medical condition which HKAM Council considers as a reasonable cause for the CME/CPD non-compliance.
- The HKAM may, at its discretion, accept other conditions if supported by the College on reasonable grounds.
- 9.1.2 The Fellow must engage in a remedial programme to make up for the deficiency.
- 9.1.3 The reason for non-compliance and the remedial programme must be endorsed by the HKAM Education Committee and Council.
- 9.1.4 The remedial programme must be finished within the time specified by the College. In any case, the remedial programme must be finished within 12 months from the end of the cycle concerned.
- 9.1.5 The next cycle should follow immediately after the previous cycle without any break, i.e. the Fellow will have to undergo normal and remedial CME/CPD at the same time.

9.2 Non-compliance That Is Not Remediable

For Fellows who have obtained less than 60 points within a cycle without acceptable reasons, a recommendation for Fellowship suspension will be made. Reinstatement of HKAM Fellowship shall be subject to the conditions stipulated in the HKAM policy paper entitled "Reinstatement of Fellowship".

10. Certification for Specialist Registration

- 10.1 The HKAM will inform the Medical Council of Hong Kong, for the purpose of Specialist Registration, if a Fellow has failed to comply with, or been exempted from, the CME/CPD requirements.
- 10.2 For remediable non-compliance, the HKAM will inform the Medical Council of Hong Kong if the Fellow cannot complete his remedial by the deadline set by the HKAM.
- 10.3 If a Fellow who has been exempted from CME/CPD for reasons other than prolonged illness, or whose Fellowship has been suspended due to CME/CPD non-compliance, subsequently wants the HKAM to certify him for Specialist Registration, he will be required to have obtained the minimum number of CME/CPD points to be accredited for one CME/CPD cycle counting back from the date of application for certification.
- 10.4 If a Fellow who has been suffering from prolonged illness and been exempted from CME/CPD subsequently wants the HKAM to certify him for Specialist Registration, he will be required to have obtained at least 40 CME/CPD points in the first year of his resumed cycle.
- 10.5 A Fellow should be certified to have fulfilled the CME/CPD requirements for the purpose of Specialist Registration, as long as he has obtained the required number of points for a cycle.

Congratulations to successful candidates of HKCPath examinations 2004

<u>Specialty</u>	<u>Title</u>	<u>Surname</u>	<u>Name</u>	<u>Exam type</u>
AP	Dr	Chan	Kui Fat	Fellow
AP	Dr	Chan	Pak To Gordon	Fellow
AP	Dr	Chiu	Sin Chuen	Fellow
AP	Dr	Lai	Kin Chung Chris	Fellow
AP	Dr	Lui	Chi Wai	Fellow
AP	Dr	Chan	Ngot Htain Alice	Member
AP	Dr	Chau	Kwok Fung Tony	Member
AP	Dr	Fan	Yuen Shan Patricia	Member
AP	Dr	Kan	Chi Hang	Member
CP	Dr	Chiu	Wai Kwun Rossa	Fellow
CP	Dr	Poon	Wing Tat	Member
MM	Dr	Cheng	Chi Chung Vincent	Fellow
MM	Dr	Lam	Kit Yi	Fellow

Positions Vacant

Dorevitch Pathology is a private laboratory with a central laboratory base in Melbourne and several peripheral laboratories in country Victoria and in Albury which is in New South Wales at the border of Victoria and New South Wales.

We are urgently in need of anatomical pathologists to fill positions in our country laboratories, in particular Albury. Pathologists should have specialist qualifications registrable as specialists in Australia.

The salary package will include 6 weeks annual leave, one week conference leave, conference allowance, relocation allowance and annual return air-ticket to Hong Kong.

For further details please contact Dr. Ignatius T.M. Kung at email address:

kung@maynegroup.com, Tel: 61 +3 9244 0452, or Dorevitch Pathology, 18 Banksia St., Heidelberg, Vic 3084, Australia.

CHANGING ADDRESS??

If you are changing your address please write your new address below and send to :

Dr Michael SUEN

Registrar

The Hong Kong College of Pathologists

c/o Department of Pathology,
Alice Ho Miu Ling Nethersole Hospital
11 Chuen On Road, Tai Po

New Territories

Fax: 2664 1515

Name: _____

Address: _____

Phone: () _____ Fax: () _____ Email Address: _____

Effective Date: _____