



THE HONG KONG COLLEGE OF PATHOLOGISTS

香港病理學專科學院

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

Volume 14, Issue 1

April 2005

Message from the President

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Why Pathology Matters? A word to the new pathologists at the 13th Admission Ceremony

I wish to extend my warmest congratulations to all soon to be admitted new Fellows and Members of the College. Your success in becoming a specialist is especially welcome and somewhat relieving in times when the prospect of shortage of pathologists is worrisome, when we may edging towards the global trend of manpower insufficiency in pathologists as in many developed countries.

Sometimes I wonder, from the day you decide to take up pathology as your career, what have been your responses to the all-too-familiar question of your parents or friends, when they say: "Well, very good, you want to become a pathologist, but don't you want to be a REAL doctor? Don't you want to take care of patients? Do you really like dead bodies that much?"

Perhaps due to the widespread exposure to fictional pathologists in novels, on television and on the silver screen, the image of one devoted mostly to cutting up dead bodies is difficult to be dispelled. However, even to our peers in other disciplines, there seem to be a significant gap in the perception of what we seem to be and what we really are - pathologists often give others an image of being "locked-up" in the lab and out-of-touch with clinical reality. They seem to be only interested in exotic pathological entities, in sub-classifying diseases into minute details, and in what's written in the books rather than what's showing in the patient's chart.

But why should they have these misconceptions?

Firstly, since the early days of the establishment of our profession, autopsy and scientific research formed the bedrock of the practice of pathology, leading other clinical colleagues to view the specialty as an institution of "inquisitors" only interested in intellectual pursuits rather than solving the practical clinical problems.

Secondly, rapid advances in science and technology have placed at the disposal of pathologists a vast body of new knowledge and a formidable array of scientific equipment which non-laboratory personnel often find intimidating. Furthermore, data churned out from the laboratory can be confusing to most clinicians, who may thus fail to fully appreciate their immediate clinical relevance.

Thirdly, early pathologists have over-emphasized the laboratory aspect of their practice, sometimes to the neglect of their clinical roles and the patients who are directly affected by their reports. This tendency led the lack of more intimate contact with patients so much so that often pathologists are not having close continuing ward experience, or effective communication with their bedside colleagues that are required to turn their expert opinions into management options.

During the SARS crisis last year, the contributions of microbiologists and

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Editor:
Dr Alexander C.L. Chan

(Continued from page 1)

other pathologists leading to the understanding of the disease, identification of the causative agent, its effective control and appropriate patient treatment were widely acknowledged by the medical community and the public. In the process, we realize the importance of our active participation in multidisciplinary clinical teams join force to combat emerging infectious diseases. We therefore swiftly update our Clinical Microbiology and Infection training program, to put in more clinical emphasis, in particular the ability of our trainees in effective communication with patients and other clinicians, in providing consultative advices, and in conducting epidemiological investigations.

In fact, the scope and practice of pathology are now so diverse that it is difficult to say what are typical of the profession. We are practising along a spectrum, from machine-based quantitative testing through interpretative opinions and direct patient care, to the detective work in crime scene and in public health arena. The only common phenotypic hallmark of pathologists is our ability to diagnose, to provide a range of investigative services to help prevention, treatment, and monitoring of diseases and other medical conditions.

Yet it is exactly this ability in transferring and transforming the latest scientific advances into making more sensitive and specific clinical diagnosis that should put us in a key position in the provision of modern healthcare service. Only correct diagnosis will lead to the right treatment. Early and specific diagnosis will have a better chance to alter the disease course; prevent the development of complications and disabilities; and reduce requirements and hence cost for chronic care. In fact, by targeting at the upstream of the chain of events in disease progression, I strongly believe that investment into improving the diagnostic capability would yield a much bigger impact on the health of individual patients or that of the community than anywhere downstream.

In the United Kingdom, for example, it is estimated that 60%-70% of NHS patients' diagnoses depend on laboratory tests. Realizing the importance of pathology services, the Department of Health of UK recently has injected an additional resource of a total of £9.1 million revenue and £54 million capital funding over a period of three years into a program called "Modernising Pathology Services", to support the development of pathology and integrating the specialty into wider service network. I just wish we would have the same insight here in Hong Kong to invest where it matters most.

And not only in diagnosis, pathology services are

essential to the delivery of high quality evidence-based treatments and care. By its very nature, the practice of pathology results in data generation, making the specialty eminently suitable for audit. More than 70% of the traffic of the computer systems of the Hospital Authority, for example, is related to enquiry of laboratory results. As guardian of this large chunk of data, a direct and important offshoot of the collection of data for us is for quality assurance and in avoidance of medical errors. The emphasis is on patient safety that called for all of us to leave our laboratories and to help our bedside colleagues understand and more appropriately use the tools we provide for them. We can lead by providing educational conferences for our clinical users, and by participating in outcomes measures and patient safety initiatives. We must also encourage the use of our knowledge through consultations and patient management reviews.

Good quality evidence that enshrined within the principles of evidence-based medicine is the foundation of high quality clinical care. As you may aware, the pathology profession has a long tradition in designing quality assurance systems required to improve the testing process and to root out error. A landmark development in the direction of quality care is the launching of the Hong Kong Laboratory Accreditation Scheme earlier this year, finally come to fruition after an enormous amount of work and preparation by College members. The Scheme is sponsored by the Hong Kong Accreditation Service of the government, with the College in close partnership after signing a Memorandum of Understanding. Through this and other efforts, we strive to address not only the quality issues within the laboratory, but also the health outcomes derived from the use of the laboratory tests: by defining test performance in a variety of clinical conditions, evaluating clinical impact, assessing cost-effectiveness and how clinical decision-making is affected by provision of laboratory data, and, importantly, in avoidance of medical errors.

So to those of you who have successfully passed the exams and will soon be admitted new Fellows and Members, once again my heartfelt congratulations for your achievements. Yet as you are ready to apply what you have learnt and integrate the best research evidence with clinical relevance into your service, you should also remember that the interconnectedness of your work to quality patient care and safety signifies that there should be a larger role waiting for you than practicing silently in the laboratory. Now that the door of opportunity of using your knowledge and skills to ensure patient's safe and speedy recovery is wide open, it is up to you to take up these and many new challenges.

Dr. KC Lee, the President

LETTER TO EDITOR

To the Editor: With great interest, I read the "Message from the President" in the last Newsletter (Vol. 12(3):1-2). I entirely agree with the President that with changes occurring now in the field of medicine, there is opportunity also. As you know, the Chinese term for crisis is a combination of two words, "danger" and "opportunity".

I believe the President is also right in that when the combined AP/CP program was planned by the founders of the HK College of Pathologists, the need of smaller hospitals was also taken into consideration. Ideally, each hospital should have a consultant in each of CP specialties, namely Clinical chemistry, Microbiology, Hematology, Immunology, Molecular Genetic etc., and at least a few consultants in Anatomic Pathology. Besides the few teaching hospitals and major government hospitals, I wonder how many other hospitals can afford such luxury. The alternative for a smaller hospital will be to have a few AP/CP trained pathologists. All will share the AP works and each will direct one or more CP lab. as medical director, collaborating with a scientific director if available. Most of the pathology residents in this country (USA) choose both AP/CP training; after the 4 year required training, many will opt for 1 or 2 years of further training, mostly in surgical pathology or cytopathology. This system

makes training easier for the hospitals (most residents will rotate through AP and core CP) and certifying examination easier for the Board of American Pathologists (most trainees will take the examination for AP/CP), and will allow more flexibility in specialization (as fellowship training after the initial AP/CP training) and greater opportunity in job hunting for the trained pathologists (who can work in AP or CP or both).

Apparently, the needs for pathologists are different in Hong Kong. The lack of trainees for AP/CP program suggests there is no market for such specialty. "It appears that the reality of today's supply/demand world is that one must focus on a niche, or a specialty" as quoted by the President. Is this reality a reflection of the free market force, not distorted by government policy or regulation? Will a pathologist be allowed to direct a specialty laboratory for which he/she is not board-certified? Will this trend of niche specialization continue in spite of the present economic situation in Hong Kong? It is important to accurately analyse and predict the future demand for the different specialties in pathology and to plan the training and certification accordingly before the AP/CP program is terminated. Can we do a better job than stock market analysts?
Dr. KT Tham, VA Medical Center, Nashville, USA
Kyi.Tham@med.va.gov

MESSAGE FROM THE EDUCATION COMMITTEE

Assessors for laboratory accreditation can claim CME/CPD points

Assessors of College pre-approved laboratory accreditation activities (such as HOKLAS of the Hong Kong Accreditation Service) can claim CME/CPD points under 5.6.3 as reviewer of College pre-approved peer review programme under the category of Quality Assurance Activities. Please refer to section 5.6 of the Continuing Medical Education/Continuous Profes-

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sional Development (CME/CPD) Scheme which is effective from 1st January 2005. Four CME/CPD points are awarded for each assessment activity, irrespective of duration. Fellows may apply to the respective Specialty Coordinator of the Education Committee for consideration of pre-approval if the particular laboratory accreditation scheme is not in the pre-approval list.

**Dr. Bobby Shum, Chairman,
Education Committee**

RENAMING OF THE 'CREDENTIALS COMMITTEE' TO THE 'CREDENTIALS & APPEALS COMMITTEE'

At the first Council meeting on 10th January, 2005, the College Council endorsed the proposal to rename the Credentials Committee to the Credentials & Appeals Committee. The new scope of responsibilities now includes handling all appeals received by the Council. All appeals concerning College examinations and CME/CPD Scheme, both from programme organisers as well as individual

participants, should first be lodged with the Registrar and decided by the Council. If deemed indicated, the Council will assign the cases to the Credentials & Appeals Committee for deliberations. The recommendation of the Credentials & Appeals Committee will be reviewed by the Council for final decision.

**Dr. HK Mong, Chairman,
Credentials and Appeals Committee**

INTERPRETATIVE QUALITY ASSURANCE PROGRAMME IN HAEMATOLOGY

of
The Hong Kong College of Pathologists
and
The Hong Kong Institute of Medical Laboratory Sciences

A new interpretative haematology EQAP co-organised by the College and the HKIMLS will be launched this year. Complementing the current HKIMLS EQAP programme, this new programme is very comprehensive, incorporating basic quantitative analysis, special haematological assays, and clinico-pathological correlation and interpretation. This will replace our old programme and will start at first as a half-year programme for 2005. A new programme year will start in Jan 2006, in synchronization with the current programme of the HKIMLS.

There are two modules on interpretative haematology in addition to a programme of basic quantitative analysis. Subscribers are free to choose a module that best suits their practice.

Programme Scope	Analysis and Interpretation	Annual Frequency	Module One	Module Two
General Haematology	Examination of peripheral blood smears	4	+	+
	Examination of marrow smear / trephine biopsies	1-2		+
Coagulopathy	Fibrinogen and D-dimer assays	2	+	+
	Factor assays/lupus anticoagulant detection	2		+
	Investigation of coagulopathy with respect to the available clinical history and laboratory data: from test ordering, analysis to interpretation	1-2		+
Haemoglobinopathy	Quantification of Hb-A ₂ and Hb-F, and identification of haemoglobin variants	2	+	+
	Investigation of haemoglobinopathy with respect to the available clinical history and laboratory data: from test ordering, analysis to interpretation	1-2		+
Immunophenotyping	Flow cytometry of blood diseases	1-2		+

Invitation letters to subscription and registration forms have been sent to individual haematology laboratories. Fellows are cordially invited to enroll.

Contribution of cases to this EQAP is most welcome. Please contact Dr. Jason So (Tel: 2683 8145; Email:jasonccso@hotmail.com) for case contribution or any query on this joint programme.

Dr. Jason So, Quality Assurance Committee (Haematology)

MEETING ANNOUNCEMENT

*The AGM of our College will be on
Nov 26, 2005 (Sat).
Mark it on your diary now!*

The following meetings will take place later this year:

- **Histopathology Course 2005:** Neuropathology: by Prof. Roger E McLendon: organized by HKIAP; Kai Cheong Hall, Prince of Wales Hospital, **Jun 18, 2005** (www.hkiap.org)
- **Histopathology Course 2005:** Lung and Breast Pathology: by Prof. Richard Hegele and Prof. David Page: organized by HKIAP; Kai Cheong Hall, Prince of Wales Hospital, **Aug 20, 2005** (www.hkiap.org)
- **17th Triennial meeting of the International Association of Forensic Sciences:** Hong Kong Convention Centre, **Aug 21-26, 2005** (www.iafs2005.com) (early bird registration closes on May 31, 2005)
- **1st Annual Scientific Meeting of Asia-Pacific Society for Molecular Immunohistology (APSMDI):** Peking University, Beijing, China **Aug 21, 2005** (Secretariat: fmedpwn@md.chula.ac.th)
- **4th Asia-Pacific IAP Congress:** Modern Pathology in the Age of Rapidly Advancing Technology; Beijing, China, **Aug 23-26, 2005** (www.ciccst.org.cn/iap2005)
- **International Imaging Course 2005:** Musculoskeletal Imaging, Chest Imaging, Vascular Imaging; organized by Dept of Diagnostic Radiology & Organ Imaging, the Chinese University of Hong Kong; Postgraduate Education Centre, Prince of Wales Hospital, **Sep 24-25, 2005** (www.droid.cuhk.edu.hk/web/events/iic_2005/iic_2005.pdf)
- **Surgical Pathology Update 2005;** organized by HKIAP and Dept of Pathology, M.D. Anderson Cancer Centre; Postgraduate Medical Centre, **Oct 21-23, 2005** (www.hkiap.org)
- **14th Annual General Meeting of Hong Kong College of Pathologists;** Hong Kong Academy of Medicine Building, **Nov 26, 2005** (www.hkcpath.org)

OBITUARY

Dr. Chou Sheung-To, a Founder Fellow of the College residing overseas, passed away in Melbourne, Australia, on 26th February, 2005 aged 67. Dr. Chou graduated M.B. with honours from the National Defense School of Medicine, Taiwan, and joined the Department of Pathology, University of Hong Kong as a Demonstrator. Under the then Head, Professor J.B. Gibson, he obtained his Ph.D., and served as a Lecturer. In sequence, he had the following qualifications: L.M.C.Canada, F.R.C.Path., F.R.C.P.A., and F.H.K.C.Path. In the past twenty years, he had moved to Melbourne, Australia, and served as Senior Consultant and Head in Pathology to two of the major Hospitals there with teaching appointments. A few years prior to his death, he went into private practice. He is survived by his wife, Grace, with 3 children, a son-in-law and 2 grandchildren, all now in Melbourne.

During his services in both Hong Kong and in Australia, he was fondly known as ST. He was an expert histopathologist, an inspiring teacher, a researcher of high calibre, and a good administrator. He will be sadly missed by his former colleagues, students and friends. (contributed by Dr. C.W. Chan)

OFFICE BEARERS:**President:**

Dr LEE Kam Cheong
Department of Pathology,
Princess Margaret Hospital,
Lai Chi Kok, Kowloon
Phone: 2990 1804; Fax: 2370 0969
Email: kcllee@ha.org.hk

Vice-Presidents:

Dr NG Wing Fung
Department of Pathology,
Tseung Kwan O Hospital,
Tseung Kwan O, New Territories
Phone: 2208 0888; Fax: 2623 6075
Email: ngwf@ha.org.hk

Dr MONG Hoi Keung

6/F Police Headquarters,
Arsenal House West Wing,
Wan Chai, Hong Kong
Phone: 2860 2468; Fax: 2804 1714
Email: drmong@drmong.com

Registrar:

Dr SUEN Wang Ming, Michael
Department of Pathology,
Alice Ho Miu Ling Nethersole Hospital,
Tai Po, New Territories
Phone: 2689 2605; Fax: 2664 1515
Email: suenwm@ha.org.hk

Deputy Registrar:

Dr. SO Chi Chiu, Jason
Department of Pathology,
North District Hospital,
Sheung Shui, New Territories
Phone: 2683 8145; Fax: 2683 8176
Email: jasonccso@hotmail.com

Honorary Treasurer:

Dr POON Wai Ming
Rm 1150 NT North Regional Police Headquarters,
6 On Po Lane
Tai Po, New Territories
Phone: 2666 4226; Fax: 2667 3565
Email: sfp-nt-1-fps@police.gov.hk

Immediate Past-President:

Dr Robert John COLLINS
Department of Pathology,
The University of Hong Kong,
Queen Mary Hospital,
Pokfulam Road, Hong Kong
Phone: 2855 4009; Fax: 2872 8098
Email: rjcollin@ha.org.hk
rcollins@hkucc.hku.hk

COUNCIL MEMBERS:**Dr HO Pak Leung**

Department of Microbiology,
The University of Hong Kong,
Queen Mary Hospital,
Pokfulam Rd, Hong Kong
Phone: 2855 4193; Fax: 2855 1241
Email: plho@hkucc.hku.hk

Dr Margaret IP

Department of Microbiology,
Chinese University of Hong Kong,
Prince of Wales Hospital,
Shatin, New Territories
Phone: 2632 2306; Fax: 2647 3227
Email: margaretip@cuhk.edu.hk

Dr LOKE Shee Loong

The Laboratory, St Theresa's Hospital
327 Prince Edward Road, Kowloon.
Phone: 2711 2120; Fax: 2761 1798
Email: sthl@l-cable.com

Dr QUE Tak Lun

Department of Clinical Pathology,
Tuen Mun Hospital,
Tuen Mun, New Territories
Phone: 2468 5465; Fax: 2468 5467
Email: quetl@ha.org.hk

Dr CHAN Ho Ming

Department of Chemical Pathology,
Prince of Wales Hospital,
Shatin, New Territories
Phone: 2632 2326; Fax: 2636 5090
Email: hmchan@med.cuhk.edu.hk

Dr. CHAN Chak Lam, Alexander

Department of Pathology,
Queen Elizabeth Hospital,
30 Gascoigne Road, Kowloon.
Phone: 2958 6823; Fax: 2385 2455
Email: chancel@ha.org.hk

Dr. NG Lui Oi Lin, Irene

Department of Pathology,
The University of Hong Kong,
Queen Mary Hospital,
Pokfulam Road, Hong Kong
Phone: 2855 4197; Fax: 2872 5197
Email: iolng@hkucc.hku.hk

Dr SHUM Shui Fung, Bobby

Rm 1149 NT North Regional Police Headquarters,
6 On Po Lane,
Tai Po, New Territories
Phone: 2666 4225; Fax: 2667 3565
Email: bobby_shum@dh.gov.hk
bsfshum@graduate.hku.hk

NEWSLETTER MATERIAL?

Please send your contributions and comments to:

Dr Alexander C.L. Chan,
Editor of Newsletter,
The Hong Kong College of Pathologists,
Department of Pathology,
Queen Elizabeth Hospital.
Phone: 2958 6823
Fax: 2385 2455
Email: chancel@ha.org.hk

Resignation of College Secretary

Ms Caley Chan, our College Secretary, has resigned from her post on 31 January, 2005. The College is seeking secretarial support. In the meantime, please contact Dr Michael Suen, Registrar(HKCPATH), direct for enquiries relating to College matters.

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: _____