



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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Special points of interest:

- **Report from the International Liaison Committee of Presidents meeting, October 2001.**


**To all our members and their families -
Season's Greetings, Happy New Year and
Kung Hei Fat Choi for the coming year of
the Horse!**


President's Message - RJ Collins

Welcome to the new Council members and special thanks to the retiring Councillors

Our new Council for 2001-2002 was elected at the 10th AGM on 24th November.

The new office bearers are Dr KC Lee as Vice-President and Dr Michael Suen as Deputy Registrar while the new Councillors are Dr WK NG, Dr HO Pak Leung, Dr Margaret IP, Dr QUE Tak Lun and Dr Tony SHEK Chi Chung.

With such a mix of talents and experience spread amongst the new and remaining members, we have the basis of a great team to deal with the challenges ahead. While the retiring Councillors will be sorely missed, I am sure we can continue to call upon their

expertise. The College owes so much to the retiring Vice-President Dr Chris TSE Chun Hing and Councillors Professor Augustine CHENG, Drs WONG Kit Fai, Raymond YUNG Wai Hung and Tony MAK Wing Lai. Each has given selflessly of their time and experience to ensure the progress of the College.

College to mount annual Cytopathology Certificate Course

As one of its final decisions, the last Council strongly endorsed a proposal that the College should formalise its long running involvement in cytology training for both technologists and others. Members would be aware of the courses and review sessions that have been run over the last 11 years. These have been provided primar-

ily as preparation for those sitting the CT(IAC) examination and for FIAC candidates as well as for those with a general interest in cytopathology.

The College has expressed its resolve to improve our relationship with all our technologist and scientist colleagues in pathology. Provision of a well designed course such as this is one such step towards this aim.

The Certificate course, which will consist of at least 60 hours, and will have an examination at its completion, is for the present a combined College and S.P.A.C.E. endeavour. While the two bodies will issue a joint award to successful participants, the course will be closely followed by the IAC examina-

tions (for which arrangements have already been made). Thus successful candidates in both should be well-equipped for a future career role in cytopathology with credible qualifications granted by both the respective bodies. Such a course will need input from many of our members to ensure its success and it is hoped that such assistance will be readily available.



Joint Congress with R.C.P.A., H.K. Division I.A.P. & HKCPath - Challenges and Opportunities in Pathology

The joint congress was a most successful accomplishment with many of our overseas visitors going out of their way to praise all aspects of the event. We achieved our aim to provide a conference with broad appeal, an excellent scientific program and set in an impressive venue coupled with a stimulating and satisfying social component.

Its success considered against the many counteracting events operating at the time, was due to the hard work of the various committees especially the Scientific Committee.

No conference succeeds without the enthusiastic participation of the audience and all our members as well as our technologist and scientist colleagues should share in the feeling of satisfaction of a job well done.

Update on the College's Moves Towards Laboratory Accreditation

The Council is convinced, and feed-back from many of our members reinforces the position, that medical laboratory accreditation is of crucial importance to the profession in Hong Kong.

Your Council believes that the College can best serve the profession by forming a strong partnership with HOKLAS, and thus the government, to best utilize the strengths of each and so provide an internationally recognized system applicable to Hong Kong medical laboratories in all their forms.

We are taking steps in this direction and we will inform the members when more finite results are available. In the meantime, be assured that the Council is of the conviction that the College has much to offer and has a major role to play in medical laboratory accreditation activities in Hong Kong.

Our Tenth Anniversary Souvenir Book

You should all have now received our 10th Anniversary Book documenting the history of the College and including a range of content from photographs, historical matters and miscellany. The College thanks those involved in production of the book and especially Wyeth (HK) Ltd who generously funded about half of the cost. We hope that you find the contents interesting and illustrative and that it will find a place on your shelf to serve as a historical reference of the College's development. (If you have not received a copy, please contact the Registrar.)

Honorary Fellowship

It gives us great pleasure to welcome our two new Honorary Fellows, to Professor Douglas Henderson and Professor James Underwood. Each has made major contributions to the College, especially to Anatomical Pathology but also in more general aspects of the College. We look forward to their continuing support and assistance in the future.

Annual Subscriptions for Overseas Fellowship

Although the 10th AGM narrowly passed the proposal to make the subscriptions for overseas the same as for other fellows, the Council decided at its 2nd meeting to withhold applying this change for one year. It will be reviewed later.

College Committees

The Chairman / Convenor of the following College Committees and Groups were appointed for 2 year terms at the 2nd Council Meeting held on December 10th, 2001.

TRAINING & EXAMINATIONS COMMITTEE -
Chairman: Dr LOKE Shee Loong

EDUCATION COMMITTEE - Chairman: Dr LEE Kam Cheong

QUALITY ASSURANCE COMMITTEE - Chairman:
Dr CHEUNG Nga Yin, Annie

CREDENTIALS COMMITTEE - Chairman: Dr MAK Wai Ping

PROFESSIONAL & GENERAL AFFAIRS COMMITTEE - Chairman: Dr Wong Koon Sang

WORKING GROUP ON LABORATORY ACCREDITATION - Co-Convenor: Dr TSE Chun Hing, Christopher and Dr Robert John COLLINS

Training and Examinations Committee - Dr SL Loke

Congratulations to Successful Candidates

The College congratulates the following successful candidates in the College Examinations held in 2001:

Anatomical Pathology (Membership Examination): TANG Wai Lun, YIP Wai Lun

Anatomical Pathology (Fellowship Assessment): IP Pun Ching, Philip, JONG Kwok Kwan, LAM Wing Sun, LEE Ka Lai, Clary, LEUNG Kai Man, LI Kwok Hung, TSE Luen Ying.

Haematology (Fellowship Assessment): YU Pui Hung

Forensic Pathology (Fellowship Assessment): LAM Wai Man, Joey

Clinical Microbiology and Infection (Fellowship Assessment): WOO Chiu Yat, Patrick

Trainees Encouraged to Become College Associates

Supervisors, Trainers and members generally, are encouraged to convince all trainees to become registered as Associates of the College. Such registration ensures that they are placed on the circulation lists and receive all information, including the Newsletters, in a more reliable fashion.

Trainee Logbook

The trainee logbooks folders will be distributed soon and the contents for all disciplines will be available for downloading from the College homepage by mid-January.

Education Committee - Dr K C Lee

Cytopathology Course

The HK College of Pathology Council has approved a combined Cytopathology Certificate course (60 hrs plus) co-organised and run by the College and HKU extramural department (S.P.A.C.E.) and beginning early next year. This course, to fulfil the requirements for a certificate course, will involve an examination. It is planned to mesh with the CT(IAC) (and FIAC) examination to be held soon after it is completed.

An Important Date for

2002

Deadline For

ALL

Examination Applications:

31st March, 2002

Herbal Toxicology Course

The other activity that the EC has planned is a 2-day Herbal Toxicology Course in March jointly organised with the Hong Kong Society of Clinical Chemistry. This is a two-day seminar on Herbal Toxicology to be held in March 9 & 10, 2002. The seminar will certainly be an unique and exciting occasion in which many local and overseas experts in the field, including some from Mainland China and Taiwan, will come together to discuss issues, experience, and advances on a subject of looming importance and yet be targeted towards "beginners". It will be of interest and informative to many of our members.

Herbal Toxicology - Beginner's Course for Laboratory and Clinical Professionals

Jointly organised by the Hong Kong College of Pathologists and the Hong Kong Society of Clinical Chemistry

Date: 9 March 2002 (Sat) to 10 March 2002 (Sun)

Venue: Lecture Theatre, Hospital Authority Head Office, Argyle Street, Hong Kong

Languages: Chinese (Putonghua and Cantonese) and English

Professional and General Affairs Committee - Dr KS Wong

Presentation of Membership Examination Certificates

The Council has decided that, from 2002 onwards, successful candidates in the Membership examinations will be awarded a certificate. During the ceremony, they will wear the College gowns but without hoods or hats to distinguish them from those receiving Fellowship awards.

Souvenirs Available

The following souvenirs are available for sale:

Pewter pen & pencil holders etched with the College logo at \$350 each.



Porcelain mugs marked with the College logo and 10th anniversary 1991-2001 at \$20 each.



Those interested should contact Dr. K.S. Wong at Tel. 2666 4225 or wongks@graduate.hku.hk

Additional Gowns for members use.

The Council has also decided to purchase 10 additional gowns as the existing number sometimes are less than needed for various functions.

Credentials Committee - Dr WP Mak

Dr WP Mak proposed, and the Council has appointed, the following Dr. LOKE Shee Loong (Vice-Chairman), Dr. NG Wai Kuen (Secretary) Dr. Eric Y.T. CHAN, Dr. Albert Y.W. CHAN, Dr. Raymond W. CHU, Dr. HUI Pak Kwan, Dr. LEE Kam Cheong, Dr. Dominic N.C. TSANG and Dr. WONG Koon Sang as members of the Credentials Committee.

The Committee is planning to organise a forum to discuss issues related to Continuous Professional Development with all members of the College.

The tentative date is 11 March (Mon.), 18 March (Mon.) or 19 March (Tue.) at 6 p.m. in the Public Health Laboratory Centre at Nam Cheong Street (with plenty of parking spaces). An on-site visit to the new facilities at the Centre may be possible before the meeting. More details later!

International Association of Forensic Sciences, 2-7 September 2002

The 16th International Association of Forensic Sciences will be held in Montpellier, France. This is a triennial conference and is the most comprehensive forensic conference in terms of coverage. This conference will feature at least 22 sections covering toxicology, pathology, forensic DNA to the newer Forensic computing, Cyber-crime, etc.

Of particular significance is that Hong Kong is likely to be presenting a bid to host the next conference in 2005 in Hong Kong and the result will be announced at the meeting.

**International Liaison Committee of Presidents
Philadelphia, Pennsylvania
October 17-18 2001**

The 2001 meeting of the International Liaison Committee of Presidents (ILCP) was held in Philadelphia, Pennsylvania, USA, just prior to the combined meeting of the College of American Pathologists (CAP) and the American Society of Clinical Pathologists (ASCP). The discussion is summarized below:

Scope of Practice:

In the US, the issue of whom can do what is largely driven by public awareness of medical issues. The scope of a physician's practice and that of physician's assistants is determined by the individual states. Aside from regulation of clinical laboratories, there is no Federal oversight of practice scope. The training of physician's assistants is not uniform, and varies from academic masters degree programs to on-site training for minor activities.

Attention has focused on sub-specialties in pathology as the public media report on discrepant diagnoses upon secondary review of cases, when such reviews are published in the professional literature. The American Association of Dermatology recently released a video offensive to pathologists, highlighting diagnostic errors by general pathologists and implying that skin lesions should be diagnosed only by dermatopathologists. Under pressure from the CAP and others, the video was withdrawn. Such reporting fuels a debate in Congress over patient's rights legislation.

The "waived" testing category (non-regulated under CLIA) was explained. These tests are supposedly simple and many are approved home-testing kits. In some areas, pharmacists are moving into testing, using such kits. Some state legislatures have proposals to allow pharmacists to operate such labs. The pharmacy lab pattern appears to be common in some other countries, e.g. France.

Other medical personnel are also extending their scope of practice, and are being supported by the public largely because of a perception of decreased medical costs. Examples are optometrists, podiatrists, and nurse practitioners, the latter despite a US nurse shortage.

The Royal College of Physicians of Canada has produced a position paper on scope of practice, the practice of midwives being a particular problem. It has been shown that such practice does not save money. The paper also addresses the role of physician assistants. With a shortage of pathologists in Canada, PhD scientists are attempting to take over clinical practice in the areas of chemistry and microbiology, and are requesting payment at the 80% level of pathologists. Dr. Sen Gupta expressed particular concern over the loss of control of molecular pathology by pathologists.

In Australia, pathology assistants are now allowed to do "cut-up" of tissue, a policy approved by the National Pathology Accreditation Council (NPAC). Such practice is organ specific. Pharmacists are performing pregnancy testing. Near-patient testing is done by general practitioners.

The pressure of work in Ireland, due to a shortage of pathologists, is responsible for moving some activities to ancillary personnel. There is little conflict, however, as this is not fee-for-service practice as it is in the US.

In the UK, the National Health Service (NHS) is promoting the concept of "flexible working". There is a 10% shortage of pathologists, with some hospitals losing all their on-site pathologists. Anatomic pathologists have largely resisted the use of pathology assistants. Technical personnel, however, are now allowed to report abnormal PAP smears without pathologist review, but such personnel must be properly credentialed. Since the practice is just now getting underway, its impact is unknown. In the near future, all medical personnel in the UK will probably need to be re-credentialed every five years.

In the US, handling of gross surgical specimens may be delegated to pathology assistants, but delegation must be specific, with detailed protocols, and supervision. This practice causes some problems in residency training, giving rise to poor gross pathology skills in trainees due to lack of experience. Many US residents are not well trained to do frozen sections. This was felt to be a failure of program accreditation. This also becomes problematic in "gross only" cases, such as orthopedic hardware, etc. - insurance companies may want to pay less for a service not performed by the pathologist. The end result is erosion of pathology practice.

There is discussion of changing residency requirements in the US, moving away from a strict time period and toward an attestation of competency. In the UK, there is a time requirement, but the time in training may be extended if there is a perception of skill inadequacy in the trainee.

The UK has a major concern regarding pediatric pathology, and there is an attempt to redefine the specialty. The problems are exacerbated due to recent organ retention scandals. Investigation of neonatal and perinatal deaths is felt to be inadequate.

The American Board of Pathology has considered the establishment of a surgical pathology sub-certification, which is opposed by both the CAP and ASCP. In Australia, 80% of the pathologists are surgical pathologists.

Dr. Lilleyman questioned whether there should be an autopsy requirement in each training program. The issue was unresolved, although there seemed to be support for the concept that autopsy training was essential to adequately train a pathologist.

Continued Competency:

It was reiterated that the public expectation of 100% accuracy in diagnosis was the driving force behind most efforts to assess and assure continued competency of medical personnel.

In the US, certification by the American Board of Pathology has been life-long. Beginning in 2006, the APB will issue time-limited certificates, with re-certification every 10 years. Four areas will be addressed in such re-certification: 1. Professional standing (valid license, hospital staff credentials, etc); 2. Lifelong learning & assessment (ability to access information, etc.); 3. Cognitive examination (probably practice specific); 4. Practice performance.

The above implies a certain level of competence in the areas of medical knowledge, patient care, interpersonal skills and communication, professionalism, and practice based learning and improvement. At present, the residency program director is the only one who verifies that a resident is competent to be admitted for examination.

In Canada, a year of clinical training, i.e. an rotating intern year, is required prior to 4 years in a pathology training program. Maintenance of status will require 400 hours of training every 5 years, beginning in 2001.

Individuals will be required to enter the training hours using the Web—if the 400 hours is not attained, the individual will be barred from specialty practice. 5% of the individuals will be monitored or audited annually to assess compliance.

The differences in right to practice in various countries was highlighted. In the UK, if one is not re-validated in a specialty, the right to practice any branch of medicine is lost. In the US, state licensure of physicians by and large entitles the individual to practice medicine and surgery. Boards under the American Board of Medical Specialties attest to the ability to practice a specialty. Hospital staffs, HMOs and insurance groups play a role in what one is actually allowed to do in those settings.

There was consensus that no system of competency assessment and maintenance will ever be perfect. It will never address the issue of collegiality and those who are unable to interact with peers or patients. The question was raised as to whether CME made better physicians, and whether all the activities regarding assessment of competency was worthwhile. Are we being stampeded into a lot of useless activity?

Research Issues:

Much of the discussion centered around the use and abuse of tissues coming into the domain of pathologists. While historically, tissue procurement for research was easy, patient's rights concerns and the public's wish to know all, has changed this. In the US, one cannot sell tissue for profit, but one can recover the costs of tissue procurement. Informed consent must be specific. Cited was the case in which an immortal cell line was established from a splenectomy specimen. The patient later demanded royalties, and the question arose of 'who owned the tissue'.

Problems arise also with the desire of oncologists to have tissue for the design and evaluation of cancer protocols. Some pharmaceutical firms are offering to pay for tissue of specific types. Privacy concerns surface in these situations, with issues of age, gender, geographic location, etc. Any transfer of money raises red flags. Legislation establishes fines and jail terms for violation of privacy.

Canadian pathologists are also solicited for specific tissues. There is no reimbursement for selection of these tissues. The quality of stored tissues is suspect. The suggestion was made that when the costs of procurement are determined and such requests sent to an Institutional Review Committee, the number of re-

quests will drop.

The UK defines a specimen as anything containing DNA. Most pathologists are now separating tissues obtained from the living from that obtained at autopsy. Consent forms must address the use of tissue for QC, teaching and research, with the right of a patient to refuse such usage for QC. Usage for research and teaching must have specific authorization. If tissue usage is anonymous, the level of consent is lower than if the tissue is patient specific. In the US, how much clinical information can accompany such tissue impacts consent for use for education and QC/QA purposes. The use of tissue blocks for control material for special stains was also discussed, and moved into the definition of 'anonymity'. The use of archival materials presents the greatest problem in regard to informed consent.

The Human Genome:

The charging of royalties for testing using patented portions of the genome raises concerns. Some Canadian provinces are going to court in attempts to stop companies from charging such royalties—citing cost and availability of testing.

The US patent office has hardened its stance on patents, refusing to patent a gene, but it will allow patenting of a specific application of the gene or of a fragment. In effect, one cannot patent a natural substance. The posture of the American Medical Association is that no surgical procedure can be patented.

Genetic testing in the US is not subject to CLIA regulations. There are worries about the misuse of genetic information. While scientists suggest separation of testing for predictive purposes from that for tumor categorization, the FDA, which regulates some of these tests, considers them all the same. In general, if you test you must also be able to counsel the patient on the meaning of the results. What is adequate genetic counseling? Does the parent have the right to request testing on a minor child or a fetus? Pathologists are not well positioned for predictive diagnosis. Technology is clearly ahead of legislation and regulation.

Privacy of Medical Information:

New US laws and regulations approach privacy on a national basis, limiting release of information and giving patients access to their own medical information. As originally constructed, there was fear that patient

data could not be released to physicians, and pertinent history might have been inaccessible to the pathologist. It could also have prevented the CAP accreditation program from evaluating correlative data. Modifications were made to address these issues.

The privacy issue is playing out in Australia. There may be a need to obtain consent to send a slide for a second opinion.

The need for documentation of all materials sent for second opinions etc. was stressed.

Numerous questions were raised without good answers. Does having a translator when the physician and patient speak different languages constitute invasion of privacy? What about releasing data directly to a patient? If results are sent by FAX, who can see the results? How does one verify that only those who are entitled to the information are really the only ones who see it? On the issue of releasing results directly to a patient being monitored, e.g. for anti-coagulant therapy, the consensus was that there was less restriction than for release of purely diagnostic data.

Laboratory Management and Structure:

In the US, there is pressure to consolidate and integrate - ranging from networks to outright ownership of medical facilities. Dr. Kass presented the structure of a central holding company for consolidation of laboratories in her practice in Washington, D.C., and Baltimore. The lab is usually the first area in hospitals to integrate. There are many turf battles. The challenge is to make all testing in the system equal in quality and transportable from offices to hospitals without the necessity for any retesting. Computer system integration and standardization of testing platforms is essential. Partnerships with suppliers attain mass purchasing savings, and in Dr. Kass' system, the companies provided a sophisticated conferencing system.

Turn around time is a good criterion for deciding which testing remains local versus that which is centralized—4 hours seems to be a magic number. Microbiology is the most difficult area to centralize because the infectious disease people want to see plates. Dr. Kass has a pilot project using telepathology to read plates with those individuals in real time and is overcoming the mystique of needing to be physically in the laboratory. For neonatal testing, a medical technologist accompanies physicians on rounds and does testing bedside, primarily using the ISTAT. The technologists acquire the micro specimens. Transfusion rates have dropped

as the MT draws in capillary tubes, thus preventing iatrogenic anemia.

The large commercial laboratories are having problems. The usual scenario when a local lab is acquired is that most testing is moved to remote sites, possibly across the country. Turn around time suffers, although quality is good, but pathology consultation is unavailable. The commercials have found that the anticipated lab volumes do not materialize. On a related issue, the purchase of physician practices by hospital systems has proven to be impractical because they all lose money.

In the UK, there was talk of having 1 to 4 large regional laboratories, but this has not occurred. There is now talk of public/private partnerships in the hope of getting capital funds from private sources and avoiding spending public funds. The UK lacks an integrated information system, with multiple computers which do not communicate.

In most instances, anatomic pathology remains local with the medical staff demanding quick reporting and local access to pathology consultation. Consolidation of cytology processing has been helped with the advent of liquid-based cytology systems. The most critical factor in whether consolidation works is the presence of a user-friendly information system.

Pathology Society Issues:

Dr. Raslavicus led a discussion of WASP&LM in the absence of Dr. Merten, the president. He presented the criteria of the CAP for continued support of the organization. They include the following: establishment of a sound fiscal policy with officers funded by WASPaLM; endorsement of SNOMED as the universal system of nomenclature; a proactive Informatics Secretariat; COWS Secretariat—WHO coordination; and endorsement and adoption of a revised organizational structure.

Copies of materials sent by Dr. Merten by FAX were supplied to the attendees.

ILCP Structure & Future Meetings:

There was consensus that the membership of ILCP should remain small and composed of societies of English speaking countries. The president of WASPaLM will be invited to meetings as a courtesy.

The invitation to hold the 2002 ILCP meeting in Germany was declined. The next meeting of the ILCP will be in Ireland on September 23-24, 2002.

Submitted by Dr Loyd R. Wagner, M.D, Co-ordinator

OBITUARY

It is with great sadness that the College announces the death of Honorary Fellow Professor Gerald Hugh Choa, CBE, JP on December 3rd, 2001.

Professor Choa was a distinguished graduate of the University of Hong Kong, former Director of the Medical and Health Department of The Hong Kong Government, founding Dean of the Faculty of Medicine at The Chinese University of Hong Kong and former Pro-Vice Chancellor of The Chinese University of Hong Kong.

Professor Choa was a man of many talents and a wide range of interests. Of particular relevance to the College was his crucial role in the development and progress of the Hong Kong Museum of Medical Sciences.

COLLEGE AND ACADEMY SUBSCRIPTIONS

A. College Subscription:

Your College membership subscription for the period 1.11.2001 to 31.10.2002 is now due .

	<u>Entrance Subscription</u>	<u>Annual Subscription</u>
Honorary Fellows	Nil	Nil
Founder Fellows *	(Not applicable)	HK\$ 2,000
Fellows *	HK\$ 2,000	HK\$ 2,000
Overseas Fellows	HK\$ 2,000	HK\$ 1,000
Members	HK\$ 1,000	HK\$ 1,000
Associates	Nil	HK\$ 500

Notes:

1. The due date for paying the annual subscription is the 1st of November of each year.
2. If the date of admission to membership is within 6 months from the coming 1st of November, only half of the annual subscription would be required for this period.
3. * For retired Founder Fellows and Fellows, only half of the annual subscription would be required.
4. * For Founder Fellows resident overseas, only half of the annual subscription would be required.
5. There will not be any reduction of subscription for Fellows residing overseas. Fellows who reside overseas can apply to change their category of membership to Overseas Fellows and they will then be eligible for the Overseas Fellow subscription rate.
6. On changing the category of membership, payment of the balance of the entrance subscription and annual subscription would be required.

Please send in your subscription by cheque / bank draft (payable to "The Hong Kong College of Pathologists") to the Honorary Treasurer at:

Dr. HAU Kong Lung
Rm 1148
6 On Po Lane
Tai Po, NT

Remember to write your name on the back of your cheque / bank draft and indicate its purpose.

B. Academy Subscription:

For those College members who are also Fellows of the Hong Kong Academy of Medicine, your 2002 subscription to the Academy is due on January 1, 2002. The Academy subscription must be paid directly to the Academy.

The cheque / bank draft should be made payable to "The Hong Kong Academy of Medicine"

The Academy Fellowship subscription schedule is shown below:

<u>Fees</u>	HK\$
Entrance Fee (new admission)	20,000
Re-entrance Fee (reinstatement of Fellowship)	2,000
<u>Subscriptions</u>	
Fellows (normal rate)	2,500
Fellows aged over 65	840
Honorary Fellow	0
Retired Fellows (Aged over 60 and retired from remunerative medical/dental practice.)	840
Overseas Fellows (Resident outside and have not practised in Hong Kong for a consecutive period of over 2 years.)	1,250
Fellows with financial hardship.	(To be considered on a case by case basis upon application)

Notes:

- Except for Fellows aged over 65, all applicant for reduced rates will be considered only upon formal written request.*
- Age will be counted to 31st of December for the current year.*
- Application for overseas subscription rate must be accompanied by independent supportive documents (e.g. landing proof, utilities bills, employment certifications, certification by the applicant's parent College) showing that the applicant has been residing outside Hong Kong for a consecutive period of over 2 years.*
- All reduced rates will be effective from the next subscription year after approval of application.*
- All subscriptions will be subject to a surcharge of 5% if settled after 30th June of the subscription year.*

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Please send your contributions to:

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[HTTP//WWW.HKCPATH.ORG](http://www.hkcpath.org)



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

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Fax: 2623 6075

Name: _____

Address: _____

Phone: () _____ Fax: () _____

Email Address: _____

Date Effective from: _____