NEWSLETTER OF THE HONG KONG COLLEGE OF PATHOLOGISTS

PATHOLOGUE

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

THE HONG KONG COLLEGE OF PATHOLOGISTS
SCIENTIA ILLUMINAT MEDICINAM
香港病理學專科學院

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Message from the President

This has been a very busy year for the College – and I truly mean it for the Office Bearers and the Council.

While the College was preparing for the Conferment Ceremony, AGM, T.B. Teoh Lecture and related events in 2011, we were also updating our Articles with modifications, including adopting a similar mechanism as the Academy on nomination of Honorary Fellow. I suddenly realized there is a new Companies Registry Law, and there needs to be clarification and changes in our Articles in order to comply with the Law. Hence, the EGM, planned since last year, has to be deferred till some time next year. I hope this can be done once we get clearance from the Companies Registry. All members will be duly informed, and I would greatly appreciate your support when it is called.

An important milestone for the College this year, in addition to the 20th Anniversary, is the setting up of a structured training programme in Molecular Pathology in different disciplines. Knowing that there have been significant advances in this field covering all our specialties, the Council decided to take up the role in pioneering a pre-Fellowship training programme in all disciplines. Our Specialty Board chairpersons facilitated discussion and setting up the programme in respective disciplines, followed by inspection of training centres organized by the Training and Examinations Committee. The new training curriculum will be submitted to the Education Committee of the Academy for endorsement, and may become effective as early as next year. This initiative was presented to the Pathology Presidents during the annual meeting of the International Liaison of Pathology Presidents (ILPP) hosted by the Royal College of Pathologists this September in London. It is an innovative idea, and I am pleased to report that the Royal College is considering doing the same.

The partnership with scientists has always been an agenda for me. This was initiated

Photo with Presidents attending the ILPP 2012. From left to right: Dr. Michael SUEN, Dr. Peter KELLY (Dean, Faculty of Pathology, Royal College of Physicians in Ireland), Dr. Archie PRENTICE (President, Royal College of Pathologists), Professor Dhirendra GOVENDER (President, College of Pathologists of College of Medicine, South Africa), and Dr. Eric WATTS (President, Association of Clinical Pathologists, UK).

Dr. LO Yee Chi, Janice (Chief Editor),
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in one occasion when I was interviewed by the Consultants from the United Kingdom invited by the Hospital Authority on Genomics and Molecular Pathology as there has been a close working relationship between pathologists and scientists in this area. After much discussion in the Council, a written survey was done last year on the possibility of admitting scientists, with favourable outcome. An open forum was then held on 13 April this year in the Academy Building. The conclusion is that the College would defer the decision. Information on the forum including feedback has been sent to all Fellows by mail earlier.

During the ILPP Meeting in London, one of the agenda items I put forward was on the role of scientists in Pathology practice. Dr. Archie Prentice, President of the Royal College, kindly arranged a presentation by Prof. Sue Hill, Chief Scientific Officer at the Department of Health. The United Kingdom is well ahead of us in this as they always have a close partnership between both parties. In fact, they are developing a structured training programme catered for scientists who are interested to work in medical laboratories, including examination taken at the end of training. All other Presidents agreed that we need the partnership as there have been so many changes and advances, especially in Molecular Pathology, that pathologists may find it difficult to follow without scientific partners.

Coming to the end of another year, I would like to thank our Council, especially Alex, our Registrar, and Victor, our Deputy Registrar, for chasing all the loose ends – and putting them together. I also thank our TEC under the leadership of Michael (Chairman) and Annie (Vice Chairman). The new programme cannot be materialized without the work of all Specialty Board members and our laboratory convenors and inspectors. Finally, I would thank Adrienne, our College Secretary, for her hard work throughout the year.

I wish you all a healthy and prosperous year.

Dr. Michael SUEN
The President
October 2012

THE HONG KONG COLLEGE OF PATHOLOGISTS:

TOPICAL UPDATE

Volume 7, Issue 2 July 2012

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

Editorial note: *Many of us who have tried operating an electron microscope would share the frustration of spending the whole afternoon sitting in the darkroom searching for the pathology. While reading up from an atlas or awaiting another colleague to confirm the ultrastructural finding, the section in the field of interest was destroyed by the electron beam. It is not feasible to install an electron microscope in every laboratory because of the high cost as well as the required space and technical expertise. In this topical update, we would like to share the local experience of the use of virtual electron microscopy (EM) in routine renal biopsy service, an invention which has revolutionized and may re-popularize EM practice. We welcome any feedback or suggestion. Please direct them to Dr Patrick Lau Pak Lun (email: lau_pak_lun@yahoo.com) for 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.*

Virtual Electron Microscopy – update after one year of routine use

Dr. King Chung Lee
Consultant Pathologist, St. Paul's Hospital
Honorary Consultant, Queen Elizabeth Hospital

Background

Virtual microscopy using whole slide scanning has become increasingly popular in quality assurance program, teaching of pathologists and undergraduates and reproducibility studies[1-2]. This concept was first extended to electron microscope (EM) about a year ago[3]. This is made possible by two discoveries. Firstly, a free software component capable of stitching sequential pictures into a virtual slide that can be read by another free software. Secondly, an EM function capable of capturing up to 500 images covering a specified area automatically. Because of the simplicity, acceptable degree of user intervention during the process and unsurpassed advantages over the conventional method, it was quickly adopted in routine renal biopsy diagnostic EM service and became the only routine service virtual microscopy system in Hong Kong. For those who are interested, you can download a sample from http://kvisit.com/SsKKqAQ and view it by Aperio ImageScope software, which is available for free download from the Aperio website, http://www.aperio.com/download-imagescope-viewer.asp.

On the strength of two significant discoveries, the only routine service virtual microscopy system in Hong Kong was adopted in renal biopsy diagnostic electron microscopy.

Summary of implementation

In the last year, over 400 renal biopsy cases were handled in our EM laboratory and over 1000 virtual ultrathin sections were generated (average 2.7 sections per case). The average EM time used in capturing is about 50 minutes per section. The average computing time is 40 minutes per section. The virtual ultrathin sections were either directly interpreted by Pathologists or screened and annotated by our EM technologist before passing to Pathologists.

The virtual ultrathin sections have a much higher contrast than the image on fluorescent screen of electron microscope. The difference is especially dramatic in "low

power" (x1100 using a 5:4 aspect ratio 19" display), allowing a diagnostically useful overview. The experience in reading light microscopy can be directly applied to this "low power" and areas of interest can be located and zoomed in for ultrastructural assessment. Another advantage is much faster navigation both to adjacent fields and distant fields in the section. It also allows keeping track of the area under view with respect to the whole section, an important feature not possible at all when viewing directly under EM. Viewing of computer monitor under comfortable ambient light is definitely more appealing than the conventional work environment of an EM room.

The virtual ultrathin sections have much higher contrast than the image on fluorescent screen. Navigation to adjacent and distant fields is much faster. The sections are viewed under comfortable ambient light.

As a result both technical and medical staff welcomed this innovation and transition from the conventional method was very smooth.

After a year of routine use, we noticed improved learning curve in interpretation of ultrathin section both in technical and medical staff. Assessment of abundance and distribution of lesion is more reliable. Moreover, because of the much improved contrast, even unstained sections can be used to generate a virtual slide of acceptable quality, with slightly increased noise only. Hence, turn around time for EM processing is reduced.

Basement membrane thickness assessment using virtual ultrathin section

All the currently described methods on basement membrane thickness assessment involved measurements performed on photos or digital images taken from selected areas in a glomerulus using different criteria[4-5]. With whole glomerulus scanning, we can perform systematic measurement covering the entire glomerulus. One of the possible methods is to draw vertical lines 20 microns apart (using the browser software, of course) through the virtual slide. In general, around 10 lines can be drawn, depending on the size of the glomerulus. Wherever the lines touch the luminal side of glomerular capillary, a measurement is performed. The measurement is done between the endothelial cell basement membrane and the visceral epithelial cell basement membrane. In order to avoid areas of tangential section, only regions with the basement membrane forming a solid sharp line or with the endothelial cell fenestration showing up as gaps (as opposed to sieve) in flattened endothelial cell cytoplasm should be used for measurement. Moreover, areas of subendothelial widening and sudden scalloping should be avoided. Obviously, we should not make measurements across adjacent picture tiles as the stitching is not perfect. Hence, not all the regions where these lines intersect with endothelial cell basement membrane can be measured. To increase the number of measurements, a suitable region within a certain distance (say 1 micron) from the line can also be used for measurement. In general, 20 to 50 measurements can be taken from each glomerulus. Since during the measuring process, the tangentially cut areas are avoided, we can use arithmetic mean instead of harmonic mean for the calculation. In the limited cases (n=9) that I have done measurements using the above described method and measurements including the tangential region followed by harmonic mean, there is no demonstrable difference (no statistical difference, $p = 0.18$, unpublished data).

Challenges ahead

The current version can only be considered partial slide scanning as we capture an area of 200 x 200 microns at a time. While we can capture a larger area using a lower magnification, the resulting virtual slide will not be diagnostically useful. Therefore, this version cannot be applied to EM study of tumour, muscle or nerve where a well defined area of interest (the glomerulus in renal biopsy cases) is lacking. In order to allow whole ultrathin section scanning, the speed of capturing needs to be increased by 10 to 15 times. The capturing process has two components: exposure and movement of stage. Theoretically, we can reduce the exposure time by 10-fold using lanthanum hexaboride (LaB_6) instead of tungsten filament. However, this contributed little to the overall speed as stage movement takes up 85% of total time. Therefore soliciting participation from EM manufacturer is essential to meet this challenge.

Due to aberration in the electro-magnetic lenses and uneven expansion of the ultrathin section when exposed to the electron beam, the virtual slide produced by simple stitching is not perfect[6]. Moreover, picture capture function in the EM machine applies a simple auto-level function producing pictures of different brightness depending on the electron density of the structures covered by the image. In general, the image is underexposed when it covers empty regions of the section or holes and overexposed when it covers grid bar or stain deposits. There are potential solutions published in the literature already[6] but implementation still needs input from experts in this field. Nevertheless, while these imperfections generate a visually less appealing slide, they do not affect the diagnostic value.

For some unknown reasons, the ImageScope software occasionally stops responding to navigation commands. It is important to wait and it will respond normally after a while (usually less than a minute). I find resetting the cache memory (tools → advanced. menu item) helps a bit.

The current technique is imperfect but improvement is possible. The present system has found a special niche in renal biopsy interpretation.

In summary, there are a lot of improvements possible if input from experts in applied mathematics, programming and mechanics is available. Nevertheless, this primitive system already finds a very special niche in ultrastructural renal biopsy interpretation.

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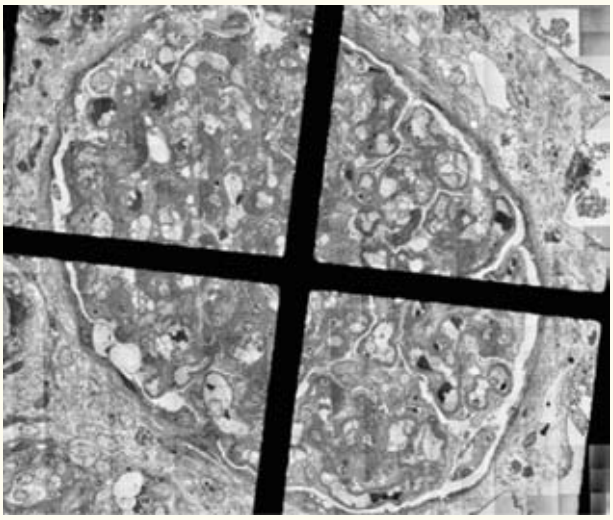
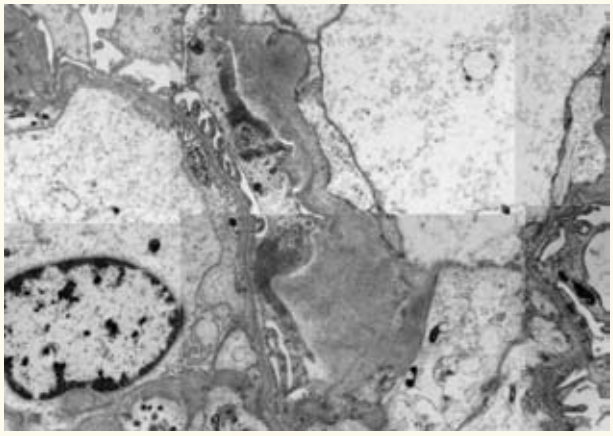
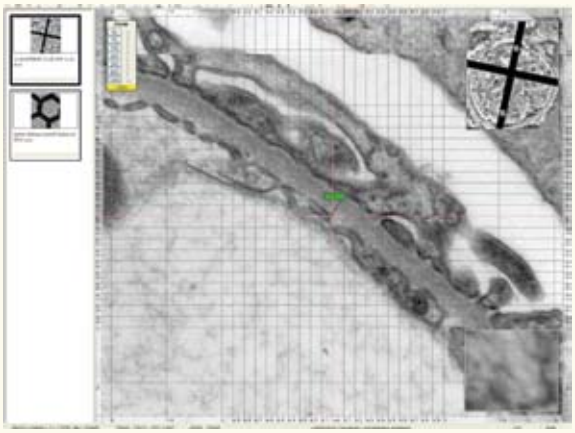


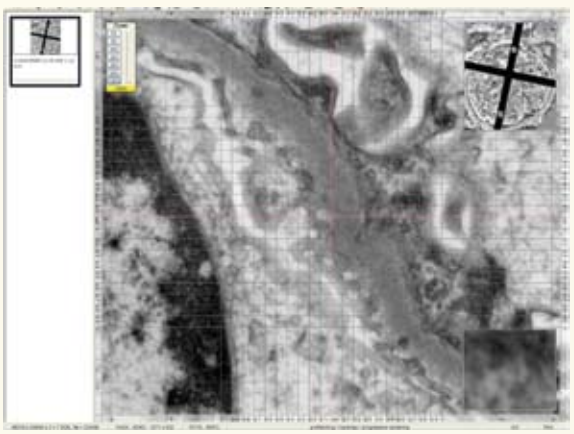
▲ *Figure 1 – Low power view showing thickening of glomerular basement membrane with subepithelial deposits.*



▲ *Figure 2 – High power view showing widening of basement membrane by fibrillary material, consistent with amyloid.*



▲ *Figure 3 – Perpendicularly cut area with fenestrations showing up as gaps. Basement membrane measurements can be performed here.*



▲ *Figure 4 – Tangentially cut area with fenestrations showing up as sieves. Basement membrane measurements should be avoided here.*

Fellows' Laurels

We present our warmest congratulations to the following Fellows of the College who received Prizes in 2012:

Professor Rossa CHIU

Professor Rossa Chiu was presented the APEC Science Prize for Innovation, Research and Education (ASPIRE) Prize on 6 September 2012 by Dr. Sergey Ivanets, President of Far Eastern Federal University, alongside the APEC Economic Leaders' Week in Vladivostok, Russia. "Health innovation," the theme for this year's ASPIRE Prize, was chosen to foster cooperation among economies to support healthy lifestyles, productivity and economic growth. The ASPIRE Prize carries a USD 25,000 award. Professor Chiu was selected as the winner of the ASPIRE Prize for her research and development of non-invasive prenatal diagnostic approaches which demonstrated excellence in scientific research, evidenced by scholarly publication, and cooperation with scientists from other APEC member economies. Honouring Professor Chiu at the ceremony, Dr. Ivanets said that the ASPIRE Prize recognizes the vital importance of cross-border scientific and technological cooperation in the world's fastest growing region. On winning the ASPIRE Prize, Professor Chiu said, "I sincerely hope that the work of my research group on non-invasive prenatal diagnosis would save the fetuses whom would potentially be lost due to the conventional prenatal diagnostic procedures."

Professor Dennis LO Yuk-ming

Professor Dennis Lo as the winner of the eighth edition of the Ernesto Illy Trieste Science Prize was announced on Tuesday, 18 September 2012. The Prize rewards scientists living and working in developing countries whose research has had a significant impact on sustainable development. In previous years, the Ernesto Illy Trieste Science Prize has been awarded for research on climate change, renewable energy, and materials science. This year's Prize is awarded in the area of human health, for Professor Lo's longstanding work and significant contribution in the development of pre-natal diagnoses. Professor Lo received his award from Chairman Mr. Hu Jintao in Tianjin, China, during a meeting hosted by the Chinese Academy of Sciences, in front of an audience of more than 500 scientists, ministers of science and presidents of science academies from around the globe.

Out of the Whitecoat:

From Histopath to Cyclepath – Dr. S.K. WAN

From histopath to cyclepath – put down the hair net in the lab and put on the helmet in the fab. Meet Dr. Wan, who picked up cycling over a year ago and has turned it into her greatest hobby.

"My elder brother urged me to start exercising more than one year ago. To stop him from nagging, I took a shot and joined one of his local biking tours and fell in love with cycling pretty much right away."

It was the "get-together" and the bond with the bikers' group that lured Dr. Wan first. "I reckon it's fun to hang out with a bunch of humourous people around my age and do something for a good cause together. I suppose that my sense of enjoyment for cycling mainly comes from the people that I can hang around with."

Dr. Wan added, "at first, we took our pace, enjoying the breeze on the countryside. We relaxed at family-run snack joints in remote villages and found something in common – through biking we are pursuing the tranquility of Mother Nature and the rush of excitement. It was simply a rejuvenating experience. Sometimes, you feel a sense of achievement when you hit 50km one day and make it to 80km on another. With biking, your self-confidence grows every time. Gradually we were always looking forward to the next biking event. "

On the flip side, there are, of course, difficulties and challenges such as poor weather conditions and injuries, just to name a few. "You know it's like Murphy's law – I am perfectly fine on the day which I wear protective gear, yet become injured when I do not. But it is this sense of unpredictability and risk taking that makes the whole cycling experience fulfilling. Rejoice; we conquer."

It would be difficult for Dr. Wan to forget the day she made it into the Guinness World Record for joining the largest parade of bicycles alongside over 72,000 other cyclists in Taiwan. "I feel very lucky to have taken part in the making of history, especially when I'm just an amateur. From this, I realised that such an achievement was not difficult – all that you need is the willingness to participate and a bit of luck."

Cycling has become almost like a process of soul-searching for Dr. Wan – the sense of freedom, the indulgence in the magnificent nature… It truly was something out of the ordinary from her daily routine.

Contributed by Dr. Cherry WU

Featured Article -

The UK's Experiences Shedding Light on Pathologist Training Going Forward

Undergraduate pathology education and post graduate training are instrumental to medical training of Pathologists. As the medical system in Hong Kong inherits elements substantially from the Commonwealth, it would be useful to look at the issues at pathology education and training that our counterparts in the United Kingdom (UK) have been faced with, and what we could learn from their solutions to those issues.

Dr. Kevin West, Consultant and Senior Lecturer in Histopathology in Leicester, is also the Director of Examination of the Royal College of Pathologists (RCPath) of the UK. Dr. West recently delivered a lecture in Hong Kong, as the External Examiner of the specialty of Anatomical Pathology of our College. The lecture was entitled "Pathology Education in the UK – Past, Present and Future". During the lecture, he elaborated on the issues confronting reformation of pathology education in medical schools and post-graduate institutes in the UK. Until the early 1990's, undergraduate education in pathology consisted of mainly structured courses in basic and systemic pathology, coupled with practical sessions, autopsy demonstration and formal examinations. Dr. West observed that the importance of undergraduate pathology education has been undermined in the UK after the maxim "Tomorrow's Doctors" by the General Medical Council (GMC), along the following lines:

- Reduce factual burden
- Improve understanding
- Increase horizontal and vertical integration (interdisciplinary and team work)
- Encourage early clinical experience
- Emphasise importance of communication skills

At one point, some even argued that "medical students do not need to know the pathological basis of disease". Changes in the scenario included reduced contact hours in Pathology, and utilization of Problem Based Learning (PBL) where the Pathology component is difficult to ensure, with non-specialists being responsible for leading PBL. In addition, new technology was introduced in undergraduate teaching of Pathology like E-learning, virtual autopsy and virtual microscopy. With such mentality in place, pathology concepts would be easily overlooked. A clearly defined Pathology course was even omitted in some medical schools in the UK.

In recent years, the tide is turning though there are many challenges. RCPath has suggested a National Curriculum for Pathology, however, it was not officially launched. As a matter of fact, as there are not enough pathologists to deliver it, it is unlikely to be widely adopted in current climate. Dr. West advocates that GMC has to explicitly recognise the importance of pathology in order to ensure curricular change. New methods of delivery will be needed. Furthermore, Dr. West proposed the effectiveness of charismatic role models in stimulating interest in Pathology, that cannot be replaced by impersonal teaching methods.

As regards postgraduate pathology training, the UK has seen a significant change from competitive hurdles in obtaining training posts to run-through training. Examinations have been supplemented by workplace assessments on a continuous basis. In the past, the model in the UK was characterized by:

- Senior House Officer – 12 months
- Registrar – 24-36 months
- Senior Registrar – 24-36 months
- FRCPath at 5-6 years marking completion of training (examinations as competitive hurdles)
- No curriculum
- No formal assessments other than examinations
- Coupled with research, teaching and other professional activities

In the 1990's, there was amalgamation of the Registrar and Senior Registrar grades with removal of competitive hurdles between grades. Together with severe shortage of pathology consultants due to various reasons, an overhaul in recruitment and training was undertaken. At present, the training in Anatomical Pathology in the UK is characterized by:

- Run-through training system
- Annual national recruitment in August with Year 1 (ST1) as the only entry point
- No competitive hurdle after entry to training
- Histopathology/diagnostic cytology in 4.5-5 years
- Extra time required for autopsy and cervical cytology

FRCPath is no longer an exit examination although it is close to the door. There are workplace based assessments which must be completed and recorded centrally by RCPath, including direct observation of procedural skills, case based discussion, evaluation of clinical events, and multi-source feedback – 360 degree evaluation. Completion of training requires time served, workplace-based assessments satisfactorily completed, Annual Record of Competency Progression (ARCP) documentation and FRCPath before trainees are awarded Certificate of Completion of Training (CCT).

In fact, postgraduate pathology training is experiencing major challenges. There are much fewer clinical autopsies for anatomical pathology training. There are pressures from politicians and public, and some authorities are advocating the use of autopsy MRI and CT scans. In addition, emphasis on key performance factors in today's medical practice has demanded swift turnaround time, which discourages management from promoting training not only in the specialty of Anatomical Pathology, but also in all the other specialties in Pathology. Changes in other pathology disciplines and their current status were discussed briefly:

Microbiology:

- Infection training
- Combined Infectious Disease and Medical Microbiology
- Core Medical Training and MRCP required for entry
- Different routes later in training
- Some will take FRCPath

Clinical Biochemistry:

- Nearly all entrants now have MRCP
- Many undertake dual training in Chemical Pathology and Metabolic Medicine
- Increasing clinical commitments
- Reduced laboratory commitments

Dr. West points out that, while high quality training will be increasingly difficult to deliver, service reconfiguration may be additionally detrimental for training to go forward. It would thus be paramount for authorities such as RCPath to put measures in place to ensure adequate training is conducted properly and in a timely manner.

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Notes from Chairman of Training & Examinations Committee (TEC):

From Dr. West's presentation, it becomes apparent that Hong Kong is facing the same challenge with respect to the current undergraduate teaching of Pathology. For post-graduate training, the experience from the UK can provide direction on how we can improve our training programme. Structured workplace based assessment is an attractive model to supplement examination. Feedbacks from fellows are most welcome.

Dr. CHAN Ho Ming
TEC Chairman
The Hong Kong College of Pathologists

Report on College activities

▲ *Our President attended the 46th Malaysia-Singapore Congress of Medicine on 12 July 2012.*

▶ *Our President attended the International Liaison of Pathology Presidents (ILPP) meeting in the United Kingdom, and presented a gift to Dr.Archie PRENTICE (President, Royal College of Pathologists).*

▲ *Group photo taken at the Parliament House.*

A workshop on "Diagnostic Challenges in Myeloid Malignancies" was held on 15 September 2012

◀ *Group photo taken after the workshop. Back row from left: Dr. Gill Harinder SINGH, Dr. Rosalina IP, Dr. Alvin IP, Dr. Raymond CHU, Dr. WONG Kit Fai, Dr. William CHOI, Dr. YIP Sze Fai, Dr. Joyce CHEUNG and Dr. Albert SIN. Front row from left: Dr. Rock LEUNG, Dr. Jason SO, Professor Wendy ERBER, Dr. Edmond MA and Dr. Clarence LAM.*

CONGRATULATIONS!!

We are pleased to announce that the following candidates have passed the membership examination or fellowship assessment this year. Congratulations!

Dr. CHEUNG Sai Yin
(Fellowship Assessment - Anatomical Pathology)

Dr. WONG Wing Cheuk
(Fellowship Assessment - Anatomical Pathology)

Dr. YAU Tsz Wai
(Fellowship Assessment - Anatomical Pathology)

Dr. KWOK Sung Shing Jeffrey
(Fellowship Assessment - Chemical Pathology)

Dr. CHAN Fuk Woo Jasper
(Fellowship Assessment - Clinical Microbiology and Infection)

Dr. LAI Koon Chi Christopher
(Fellowship Assessment - Clinical Microbiology and Infection)

Dr. NG Wai Yin
(Fellowship Assessment - Clinical Microbiology and Infection)

Dr. WONG Yat Ni Stephenie
(Fellowship Assessment - Clinical Microbiology and Infection)

Dr. TING Shun Hin
(Membership Examination - Anatomical Pathology)

◀ *Examiners for Anatomical Pathology. Front row from left: Dr. LEE Kam Cheong, Dr. Kevin WEST (External Examiner), Prof. KHOO Ui Soon (Chief Examiner) and Dr. NG Wing Fung. Back row from the left: Dr. LAM Wing Yin, Dr. LEUNG Chung Ying, Dr. NG Wai Fu and Dr. Alexander Chak Lam CHAN.*

▼ *Dinner of the Haematology examiners on 13 September 2012. Front row from left: Dr. Edmond MA (Chief Examiner), Prof. Wendy ERBER (External Examiner) and Dr. Eudora CHOW. Back row from left: Dr. Jason SO, Dr. Gary HOFFMAN (Prof. ERBER's husband and himself a histopathologist), Dr. Clarence LAM, Prof. CHAN Li Chong, Dr. WONG Kit Fai and Dr. Raymond CHU.*

▲ *Examiners for Chemical Pathology. Front row from left: Dr. Tony MAK, Dr. Tony SHEK, Dr. Sidney TAM, Dr. Albert CHAN (Chief Examiner), Dr. Alan McNEIL (External Examiner), and Prof. LAM Ching Wan. Back row from left: Dr. POON Wing Tat, Dr. Morris TAI, Dr. Chloe MAK, Prof. Rossa CHIU, Dr. Liz YUEN, Dr. Angel CHAN, and Dr. Michael CHAN.*

▶ *Examiners for Clinical Microbiology and Infection: Front row from left: Dr. NG Tak Keung, Dr. QUE Tak Lun (Chief Examiner), Prof. Joan FAOAGALI (External Examiner), Prof. HO Pak Leung, and Dr. Susanna LAU. Back row from left: Dr. Raymond LAI, Dr. Rodney LEE, Dr. TO Wing Kin, Dr. Kitty FUNG and Dr. Bone TANG.*

Programme of the 21st Annual General Meeting

17 November 2012 (Saturday)

HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

2:45 p.m. – 5:00 p.m.	The 8th Trainee Presentation Session
5:00 p.m. – 5:30 p.m.	Annual General Meeting
5:30 p.m. – 6:00 p.m.	Reception
6:00 p.m. – 6:50 p.m.	Conferment Ceremony Admission of New Fellows and Members Presentation of Fellowship and Membership Certificates Group Photo of Stage Party Conclusion of Conferment Ceremony
7:00 p.m. – 8:00 p.m.	The 21st T. B. TEOH Foundation Lecture: "Extending Boundaries" by Prof. BEH Swan Lip, Philip Clinical Associate Professor (Forensic Pathology) Department of Pathology Li Ka Shing Faculty of Medicine The University of Hong Kong Hong Kong
8:00 p.m. – 10:00 p.m.	Chinese Banquet Dinner

Announcements from the Training and Examinations Committee

POLICY ON INTERRUPTION OF TRAINING DUE TO LONG LEAVE

The Training and Examinations Committee (TEC) has recently reviewed and expanded the policy on interruption of training due to long leave.

The following is already in effect since 1 June 2009, and has previously been published in the College Newsletter (2009:18(2);19):

1. Trainee shall report any long leave more than 90 continuous calendar days to the TEC as soon as possible and not later than the deadline of the Annual Report submission. The whole period of such leave shall not be counted as recognised training.

In addition, the following has newly been endorsed by the Council, the effective date being 18 September 2012:

2. Continuous leave of more than 30 calendar days during any period of designated subspecialty training / specified clinical rotation / additional training required by the College shall not be counted as recognised training.

3. When the Educational Supervisor of a training centre is on leave or in any condition rendering him/her unable to exercise the role of Educational Supervisor for more than 90 continuous calendar days, one of the trainers may resume the capacity of the Educational Supervisor and TEC shall be informed immediately. TEC has the right to make additional arrangement to ensure the training quality for the trainee(s) affected. In the rare circumstance that the Educational Supervisor is the only trainer of the centre, the training shall not be counted as recognised training.

CLARIFICATION OF DEFINITION OF PERINATAL AUTOPSY

During the last laboratory inspection exercise in 2011, the TEC has collected definitions of "perinatal autopsy" from various Anatomical Pathology (AP) Training Centres. In order to avoid potential confusion in assessing the autopsy experience as part of the mandatory training requirement, the TEC and the Council have clarified the definition on "perinatal autopsy" (that has been used all along) as follows:

1. Stillbirth is defined as after 24 weeks of gestation, i.e. all cases ≧ 24 weeks of gestation will be considered as autopsy; and

2. All cases < 24 weeks of gestation will be considered as clinical autopsy if the clinician makes a specific request for autopsy.

This is to clarify any potential ambiguity when trainees submit their Trainee Annual Returns and Logbooks. Clarification letter has already been sent to all individual AP trainees and Educational Supervisors.

TRAINING IN MOLECULAR PATHOLOGY

In order to enhance the documentation of training in molecular techniques, including but not limited to the principles, methodology and clinical interpretation, the Council has passed motions on the followings:

1. To organise laboratory inspection to assess training centres for accreditation of training in molecular pathology. With the help of Specialty Boards, Conveners and Inspectors, the inspection guidelines and report form are revised. The inspection process has commenced in September 2012.
2. The <Regulations on Post-graduate Training and Examinations> is updated to include designated period (at least 3 months) of molecular pathology training in accredited centres. Specific training items are listed. The revised <Regulations on Post-graduate Training and Examinations> has been effective on 18 October 2012.
3. Training logbooks will also be updated to allow trainees to better document activities related to training in molecular pathology.

It is hoped that with the documented structural training in molecular pathology techniques, trainees will be better equipped to handle the ever increasing challenges in the pathology career.