



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 12, Issue 1

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Message from the President

Inside this issue:

- Happy New Year for the year of the Goat and Kung Hei Fat Choi!*
- Welcome to new Council members and special thanks to retiring Councillors.
- Our new Council for 2002 – 2003 was elected at the 11th Annual General Meeting on 16th November, 2002. The new Officer Bearers are Dr. H.K. Mong as Vice-President and Dr. H.W. Yu as Honorary Treasurer while the new Councillor is Dr. Andrew C.H. Choi. Dr. Edmond S.K. Ma and Dr. K.S. Wong were also re-elected as Council Members for another two years.
- 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 is indebted to the retiring Vice-President Dr. S.L. Loke, Honorary Treasurer Dr. K.L. Hau and Councillor Dr. Annie N.Y. Cheung. Each has given selflessly of their time and experience to ensure the progress of the College. Special thanks are given to Dr. S.L. Loke who has contributed so much to the development and daily running of our College since its very early days.
- Signing of a “Memorandum of Understanding” with The Hong Kong Accreditation Service**
- In line with our continuing and extensive involvement and determined commitment to play an integral part in future medical laboratory accreditation in Hong Kong, the College entered into a formal “Memorandum of Understanding” with The Hong Kong Accreditation Service on 17th December, 2002. A press release, both in English and in Chinese, was issued shortly afterward. While in no way diminishing the contribution and role of others involved in the profession, I hope this
- can further reassure our members, as well as the public, of the active role of our College in this important area.
- Publication of a cytology monograph following the Professional Certificate Course in Diagnostic Cytopathology**
- Following the Professional Certificate Course in Diagnostic Cytopathology jointly run by our College and HKU School of Professional and Continuing Education, the Programme Committee has decided to edit the course material and publish a colour cytology monograph (in English, with some Chinese translation) this year. The monograph will take the format of multiple-choice questions and answers, with full explanatory notes and detailed referencing. Many of the teachers of the course will be involved as Editors / Associate Editors. The aim is to produce a handy reference book for cytotechnicians and junior pathologists, both in Hong Kong and in Mainland China, who wish to prepare for future cytology examinations.
- Cytology quality assurance programme for local medical laboratories**
- As cytology service plays an increasingly important role both in clinical laboratory diagnosis and population screening, there is an imminent need of our College to provide a locally run cytology quality assurance programme. In view of the market demand, our College, in collaboration with The Hong Kong Society of Cytology, has planned to launch its first cytology quality assurance programme in mid 2003. The programme will be a joint effort of experienced cytopathologists and cytotechnicians in Hong Kong. We would like to see this as a further step in contributing to the improvement of local cytology services.
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“SIGNING OF MEMORANDUM OF UNDERSTANDING BETWEEN OUR COLLEGE AND HONG KONG ACCREDITATION SERVICE”

In order to formalize the relationship and involvement of our College with the Medical Laboratory Accreditation Programme for Hong Kong, our President, on behalf of our College, had signed the following Memorandum of Understanding with Dr. L.H. Ng, Executive Administrator of The Hong Kong Accreditation Service on 17th December, 2002.

Memorandum of Understanding between The Hong Kong Accreditation Service & The Hong Kong College of Pathologists

1. The Hong Kong Accreditation Service (HKAS) and The Hong Kong College of Pathologists (HKCPath) agree to co-operate in the accreditation programme of the Hong Kong Laboratory Accreditation Scheme (HOKLAS) for laboratories which undertake and perform medical testing (“Medical Testing”).
2. The objectives of the accreditation programme are (i) to confer official recognition to competent laboratories operating to international standards; (ii) to upgrade the standard of testing and management of laboratories and; (iii) to promote the acceptance of test results issued by accredited laboratories and eliminate the need for re-testing.
3. The accreditation programme shall be administered and conducted by HKAS.
4. The role of HKCPath shall be to provide professional input to the accreditation process; to provide advice on the technical criteria for accreditation; to provide updates on relevant technical advances in medical laboratory practice.
5. In order that HKCPath may fulfill this role, HKAS shall appoint on an *ad personam* basis, a representative from HKCPath to the Accreditation Advisory Board (AAB). The HKCPath’s representative, as a member of AAB, shall (i) chair the AAB Working Party for Medical Testing; (ii) nominate suitable persons to HKAS for consideration and appointment to the Working Party and its Task Forces; (iii) recommend assess-

sors to HKAS for consideration and appointment; and (iv) review laboratory assessment reports of applicant laboratories, in conjunction with at least one other member before accreditation is granted. However, if participation by the HKCPath’s representative would give rise to a conflict of interests, another member of AAB, whose expertise is relevant to Medical Testing, shall review the report in his/her place.

6. This Memorandum of Understanding shall not have any legal binding effect.

7. This Memorandum of Understanding will come into effect on 17th December, 2002.

A press release was subsequently issued on that day, as follows:

Clinical laboratories in Hong Kong will soon be able to apply for official recognition of their technical competence in medical testing as this area will be included in the scope of accreditation of the Hong Kong Laboratory Accreditation Scheme (HOKLAS). This scheme is operated by The Hong Kong Accreditation Service (HKAS) under The Innovation and Technology Commission. It is a voluntary scheme open to any Hong Kong laboratory that performs objective testing and calibration falling within the scope of the scheme and meets the HOKLAS criteria of competence.

The accreditation programme on medical testing will be administered by the HKAS with technical support provided by The Hong Kong College of Pathologists (HKCPath).

The Executive Administrator of HKAS, Dr. L. H. Ng, signed a Memorandum of Understanding (MOU) with the President of HKCPath, Dr. Robert Collins, today (17th December) on co-operation in the programme.

Under the MOU, the programme will be administered and conducted by HKAS while the

HKCPATH will provide professional input to the accreditation process, advice on the technical criteria for accreditation, and updates on relevant technical advances in medical laboratory practices.

Speaking at the signing ceremony, Dr. Ng said the accreditation criteria, which are expected to be published by February 2003, will be based on the standards of the International Organisation for Standardisation for medical laboratories.

"Laboratories have to undergo rigorous on-site assessment by technical experts and are required to participate in proficiency testing programmes and achieve satisfactory results. There will also be continued monitoring of accredited laboratories," she said.

Dr. Collins is confident about the success of the

programme as there is an increasing need for clinical laboratories to demonstrate that they are up to international standard and accreditation is certainly one way of meeting this need.

HOKLAS was launched in 1985 and currently has 109 laboratories accredited for electrical and electronic products testing, textiles and garments testing, toys and children's products testing, food testing, calibration services, environmental testing, construction materials testing and chemical testing.

HOKLAS is internationally recognised. It is a signatory of the International Laboratory Accreditation Co-operation Multilateral Arrangement and the Asia Pacific Laboratory Accreditation Co-operation Multilateral Arrangement. HOKLAS endorsed test certificates are recognised in 34 overseas economies.

“ OUR COLLEGE’S POSITION ON SUPERVISION OF PATHOLOGY LABORATORIES ”

The College applauds the Government’s effort to expand the Hong Kong Laboratory Accreditation Scheme (HOKLAS) to enhance the quality of clinical pathology service, and to introduce the new service in 2003. On this issue, the College would like to state its position in relation to the supervision of laboratories.

The College firmly believes that only laboratories appropriately supervised by competent laboratory directors should be allowed to provide diagnostic service for clinical patient management. These directors should meet the competency requirements such as those set by the HOKLAS or the ISO, with the appropriate training and experience in clinical laboratory examinations, and are undertaking relevant continuing education or training programs to revalidate their skills on an ongoing basis. The ability to supervise the technical provision of tests is necessary but not sufficient for one to be qualified as a director, as he or she also needs to discharge a wide range of responsibilities, including professional, scientific, consultative or advisory ones.

Pathology, as a medical discipline specialised in the application of laboratory science and technology into the care and management of patients, is far more than just the technical provision of a test by a laboratory. Pathologists are specifically trained to be able to supervise the various scientific, quality and technical aspects of a laboratory and at the same time understand the significance of the results of tests on the care of patients in the clinical setting. They have skills in relation to diagnosis and the impact of tests on patient care, a knowledge of what diseases may produce different results and a knowledge of what further investigations or management measures may be required following a particular results. Equally important, pathologists are trained, through effective communication with their clinical colleagues, to advise on the most effective laboratory investigations as well as to relate the relevant laboratory findings to clinical end users in a meaningful way. Like all other medical specialists, they need to constantly upkeep their knowledge and skills through participating in Continuing Medical Education programs, which is mandatory for

pathologists listed in the Specialist Register of Hong Kong. The College, therefore, believes that laboratories that are providing pathology services for patient management should be supervised and directed by pathologists. Only professionals who are trained in the same manner and to the same degree, and with the ability to demonstrate competence through appropriate continuing professional education or training programs, as a consequence, are qualified to supervise pathology laboratories. The College firmly believes that proper supervision of pathology laboratories with appropriate standards is essential to safeguard the health of the public.

The College acknowledges that there could be situations where laboratories may be supervised by non-pathologist professionals. One example would be a laboratory performing a limited range of uncommon and specialised tests that are under the direction of a senior scientist in that special field. The College considers the best approach to this issue may be the inclusion of an *accredited laboratory (with specified restrictions)* category to encompass these laboratories and to reflect their limitations. To ensure a proper standard of laboratory service being maintained for these laboratories, the College believes that it would also be appropriate for these non-pathologist supervisors to undertake continuing professional education or training, to demonstrate their competency in supervising these laboratories.

To further enhance the standards of clinical laboratories, the College supports the need to define the sub-disciplines of pathology for which a pathologist is qualified to supervise. There are currently six pathology sub-disciplines recognised by the Hong Kong Government and listed in the Specialist Register. These different sub-disciplines share a common

set of basic laboratory skills including administrative, scientific, risk management, quality assurance, and clinical audit, and therefore qualified pathologists in any of the sub-discipline are suitable to act as the overall supervisors of a laboratory. However, the College considers a sub-discipline specialist is required to direct and manage a mono-discipline laboratory professionally in a competent way. The College is prepared to explore the appropriate requirements for supervising these laboratories.

Note:

ⁱ **HOKLAS Policy on Organisation and management**

4.1.H *The Laboratory Director, and divisional heads of each discipline in the case of large laboratories, shall have broad knowledge of clinical medicine, basic medical sciences, clinical laboratory science and operation. They shall provide adequate supervision and have the ability to make critical evaluations of examination results. Detailed requirements on personnel are given in clause 5.1 of this document.*

ⁱⁱ **ISO 15189: Medical laboratories — Particular requirements for quality and competence**

5.1.4 *The responsibilities of the laboratory director or designees shall include professional, scientific, consultative or advisory, organizational, administrative, and educational matters. These shall be relevant to the services offered by the laboratory.*

The laboratory director or designees for each task should have the appropriate training and background to be able to discharge the following responsibilities:

- a) provide advice to requesters about the choice of tests, the use of the laboratory service, and the interpretation of laboratory data;*
- b) serve as an active member of the medical staff for those facilities served, if applicable and appropriate;*
- g) correlate laboratory data for diagnosis and patient management;*
- i) plan and set goals and develop and allocate resources appropriate to the medical environment.*

“OUR COLLEGE’S VIEWS ON LABORATORY RESULT INTERPRETATION & USE OF COLLEGE LOGO”

In line with the College’s position in supporting subspecialty development as stated in the “College Position Statement – Supervision of Pathology Laboratory”, the College’s view on the interpretation of laboratory result is that the College would agree to some degree of cross-discipline interpretation providing that the pathologist has ensured

competency in relevant areas through participation in College approved programmes.

The College has endorsed the use of the College logo in laboratory accreditation-related matters in situations where the laboratory is supervised by pathologist.

“DISCUSSION ON MANPOWER SUPPLY IN PATHOLOGY IN HONG KONG”

In view of the changing environment of employment and practice of pathology, the Training and Examination Committee has recently discussed the manpower supply in pathology in Hong Kong.

The Committee reaffirms that the issue of manpower supply in pathology is within the scope of “aims and objectives” of the College. The College has the responsibility to ensure the supply of pathologists so as to maintain the standard of health of the society.

The previous work of the College related to manpower supply is endorsed. This includes manpower survey and projection of manpower needs, the setting of standards in training and examinations, the ample intake of trainees to ensure a constant supply and the setting of different disciplines to train up pathologists of various types. There is however room for improvement in each and every aspect. A more dynamic analysis of manpower flow, more realistic analysis of trainee attrition rate and retirement rate, and better quantification of workload are necessary.

Recognition of subspecialisation and provisions for post-Fellowship training should be explored to uplift the quality of practice in pathology. The relative number of different types of pathologists should not be skewed, and should reflect the need to maintain standards.

The Committee understands that for the College to effect the goals set above, the support of the society

is of paramount importance. This is of more basic significance than the support of Hospital Authority, which at present is the main employer that provides resources for training in pathology. At present, partly because of ignorance, the lay public’s support for good pathology practice is dismal, and vested interest dictates suboptimal staffing. In the private sector, there is very often inappropriate staffing or total lack of pathologists in the laboratory. To solicit more public support and to convince the public to deploy more resources, the College should exert more effort on image building and publicity.

The College should also address the issue of manpower supply when it is involved in negotiations and planning of laboratory accreditation.

Regarding the changes in employment situation of the Hospital Authority, the College should ensure that trainees transferred from clinical units are suitable. Possible measures include setting up of an aptitude test for would-be trainees and clarification of the clinical training requirement in various disciplines of pathology. Adjustment of the frequency and timing of examinations may increase flexibility.

In the Committee’s view, the setting up of semi-employment positions and post-Fellowship certificate courses is deemed not necessary at this point, and may be detrimental to the monospecialty mode of our Fellowship.

“A LOCAL CYTOLOGY QUALITY ASSURANCE PROGRAMME WILL BE LAUNCHED LATER THIS YEAR”

A local Cytology Quality Assurance Programme (QAP) will be launched in mid 2003 by our College, in collaboration with The Hong Kong Society of Cytology. It is a CME-accredited activity based on diagnostic evaluation of actual patient specimens on glass slides (smears / cytospin preparations / liquid-based cytology preparations) through circulation via express mail. Each participating laboratory is going to read

the same slide for a particular case. Strict confidentiality will be observed in the marking.

A Cytology QAP Working Group (under Quality Assurance Committee), with Dr. R.J. Collins being the Convenor, has been formed to look into the logistics (especially scoring system and performance assessment) and case selection.

“REPORT ON 2002 MEETING OF INTERNATIONAL LIAISON COMMITTEE OF PRESIDENTS”

Cork, Ireland 23rd and 24th September, 2002

Basic education and training of pathologists (chaired by Dr. M. Madden)

The differences in training in various countries were noted. In Ireland, training has traditionally followed a single pathway from the outset. It is felt that linking training to clinical practice improves quality, and it has aided recruitment of trainees. It is felt that the monopathway has resulted in some loss of collegiality. The U.S. approach has always been a multifaceted one, but most practitioners tend to become more specialized over time. Training and practice in a single branch of pathology would facilitate recertification. There was consensus that distance of the laboratory from the office with perceived longer response times are arguments used by physicians to move testing into their own offices. National reimbursement schemes drive organization, and in the U.K., most clinical laboratories are being run by clinical scientists rather than by physicians. In Australia, most pathologists are monospecialty. The role of pathologists in clinical laboratories has been eroded because clinical care can be compensated better, and hospitals are moving to capture Medicare funding. Pathology training and departments are now under clinical areas, e.g. medicine or surgery. Accreditation activities are now a major focus of the RCPA. Multispecialty training may aid in triage of problems, i.e. referral to a monospecialty pathologist. The interpretation of results requires a medically trained individual.

Undergraduate training lacks exposure to hematology, chemistry, etc. The research focus in academia has depleted the corps of clinically trained pathologists. Problem-based training has also reduced exposure to pathology. A statement was made that graduates “know all about bereavement but nothing about what causes it”. The U.S. is moving toward a continuum of education from medical school into practice. In the U.K., many pathology recruits are foreign-trained where some basic pathology is still taught. There may be a recent realization that basic scientific

knowledge has been lost and there is a movement back to basic pathology training in medical schools. Maintenance of pathology identity is crucial to continuing basic pathology education in medical schools. The University of Arizona teaches such basics as pain as a sign of acute infection and jaundice as a clinical sign.

In the U.S., Medicare financing is driving the consolidation of laboratory testing back into pathologists laboratories. The specialty laboratories, such as endocrinology testing by endocrinologists, are disappearing because there is no method of reimbursement for testing in these locations.

The need for clinical expertise is more and more obvious. There is a need for graduated responsibility that is frustrated by provisions in governmental rules and regulations. Length of training period is the only requirement defined. The real key to effective training is bringing a pathologist to recognize when something is different, e.g. in appendices which are 99% routing. Litigation has driven the practice that a senior pathologist, not just a resident, sees all cases. The question was posed as to whether an ophthalmologist should be allowed to gain training in ophthalmic pathology only. Would they recognize metastatic disease in the eye? The fear is that clinicians reading pathology slides tend to see what they want to see. Professional ‘creep’ is a concern, e.g. cytotechnologists wanting more latitude. Again, the fear is that some may not recognize what they don’t know. Ancillary personnel must be monitored so that they do not exceed their expertise. The number of physicians available influences what is delegated to ancillary personnel. Pathologists should not cede their unique position to others.

Competency certification

(chaired by Dr. D. Weedon)

The setting of standards and accreditation of training in the U.S. is controlled by the American Board of Pathology (ABP), under the auspices of the American Board of Medical Specialties. The ABP recently rescinded the 5th year of training (which was intended to be a clinical year but became a year of research or fellowship training) because the year was not recognized by the government for reimbursement under Medicare. The Council on Postgraduate Medical Education controls training programmes. The former rotating internship is passé, and the lack of clinical experience is a negative for pathologists as consultants. The U.K. requires a clinical year of training. The RCP reviews and accredits programmes but the government is moving to assume the accreditation role. It will issue certificates, decreasing the role of the royal colleges. In Australia, the government is now accrediting the RCPA.

Training of a pathologist is probably not transportable across national boundaries. The ABP does not recognize foreign training for admission to the board examination. While many Irish pathologists have been trained abroad, this is probably becoming less acceptable. The RCP will recognize a year of training in the U.S., but on an individual basis. Movement within the European Union is now free and presents problems because there is no comparability of training. Legislative bodies may force recognition of less qualified national standards. In the area of re-certification, the ABP is moving toward the 'six competencies', which are basically four. They include (i) basic training, licensure, medical staff standing; (ii) lifelong learning, CME, assessment; (iii) cognitive capacity with a probable examination; and (iv) practice performance. ABP certificates will be time-limited, beginning in 2006. The ABP is debating re-examination for what one was originally certified, or examination only in the area of current practice that could result in a narrowing of the certificate (decertification). The U.K. is attempting to validate competency in the area of practice, e.g. OB/GYN pathology. The U.K. will recognize equivalent foreign training, but getting such recognition is difficult. A foreign-trained individual is allowed to be placed on the specialty registry to practice, but this does not automatically mean College

fellowship. Many European countries do not have "board" examinations, and there is discussion of establishing a EU examination to address the problem of transportability.

There does not appear to be a consensus as to how to examine or re-examine. While a final exit examination for basic knowledge is general, is the same type of re-examination after years of practice realistic?

Pathology workloads

(chaired by Dr. J. Lilleyman)

In the U.K., it will probably be illegal for any employee to work more than 48 hours per week. Increasing numbers of women in pathology has an impact on workload and staffing as women want more time off, more flexible work schedules, etc. The CAP has begun staffing studies, with three pilot programmes involving about 1000 pathologists. Surgical pathology has the most impact on staffing. The CAP developed a form that collects numbers of surgicals, conferences, teaching, phone calls, consultations, etc. Hospitals frequently determine what pathologists do without pathologists' input, and the form attempted to capture these extra activities. The results are grouped by similar demographics and 30 to 40 peer groups are evaluated, giving ranges of closest practices and norms. The U.K. has tried to anticipate the impact of adding a service. In general, a consultant's yearly load is 4000 surgical specimens in a non-academic setting, 2000 surgicals in an academic setting, 300 autopsies. There is also an attempt to draft guidelines on specimen complexity, teaching loads, and how advanced the residents are.

In a discussion of remote reporting, i.e. where the pathologist is some distance from the clinician, the experience at the University of Arizona was highlighted. For a number of small solo practices, telepathology is used for second opinions, quality assurance, and review of cases. Both static and

and dynamic images are used. Experience has shown that with skin, bone and lymphoproliferative diseases, static images are not adequate. In most other cases, there is 90% to 95% correlation. Pathologists under the age of 45 can use the telepathology image better than the microscope. It has been found useful as a 'hand-hold', allowing an answer sooner and saving hospital days. The presence of these solo pathologists is important to the local hospital, the surgeon, and the profession. Surgeons prefer a certain pathologist.

Discussion of what pathology means to various audiences was brief. In the U.K., forensic pathology is the public image. Media attention can be both positive and negative.

Professional liability insurance

(chaired by Dr. P. Raslavicus)

In the U.S., companies are moving out of the medical liability market. For example, The St. Paul, a major insurer, recently moved out of the market, leaving many physicians without coverage. Some companies will not insure new doctors, creating problems with adding pathologists in a practice. Premiums have increased because of high awards in OB/GYN and emergency room cases, and the number of cases has increased. More than half of the jury awards are above US\$1,000,000. For pathologists, most cases involve cytology. Insurance companies are mandated to maintain a certain level of assets to insurance in force, and premiums have increased due to the fall in the stock market during the past 18 months. California has a Medical Insurance Compensation Review Act, which has decreased the average premiums in that state by 40% during the past 25 years.

In Australia, the largest insurance company has gone into liquidation, with the government guaranteeing payment through December, 2002. This has spurred several states to move rapidly toward tort reform. Government is hoping that another company will buy the defunct company and assume the liability.

In Ireland, the situation is changing as well. The statute of limitations begins at discovery, not occurrence. Increased numbers of lawyers have resulted in increased number of malpractice suits. In the U.K., expert witnesses now serve the court, neither the plaintiff nor the defendant. Standards are being developed for review of slides, mixing review cases blindly with other routine cases. Up front disclosure of problems seems to decrease the number of cases coming into court.

The challenge in laboratory reorganization and consolidation is to decrease costs while keeping the physicians happy. When consolidating, available space, expertise, and time drive the where, when and if of a move. Experience has shown when the staff has less to do, things tend to move back to the previous site in a clandestine fashion. One cannot move a function to a rival site in a hospital system; it must be moved to a neutral location.

Pathology practice issues

(chaired by Drs. S. O'Briain and E. Kay)

Much of the discussion focused on the autopsy and tissue retention policies. Most autopsies in many jurisdictions are medicolegal in nature, with few private consent procedures. The focus should be not only to determine the cause of death, but to use the autopsy in conferences, teaching and research. Autopsy numbers are decreasing in all hospitals with a medical perception that autopsies are not needed and public controversy over organ retention because of failure to obtain permission to retain tissues.

The feeling was expressed that had families understood that organs and tissues were to be retained, permission to do so would have been granted. The question was raised as to whether autopsy training was any longer necessary for pathologists. The U.K. may be moving toward abolishing this requirement in training programmes. How many autopsies are necessary

for someone to become proficient? Individuals vary in the ability to develop skills. Many autopsies are of poor quality. In Australia, less than 10% of pathologists do autopsies. In the U.S., the CAP has tried to develop a more explicit model autopsy permit. Disclosure has become a problem, with many autopsy pathologists resisting disclosure. While autopsy is being promoted as a quality monitor, there is fear that an unfounded autopsy mandate may emerge.

Many U.S. physicians do not fully understand informed consent, and they fear that the autopsy may discover facts that could spur an increase in lawsuits. U.S. residency training requires 40 autopsies during the training period. In some areas, finding an individual who can legally authorize an autopsy is difficult. Dr. Kass described the use of retired homicide detectives to get permits, deal with survivors and find next of kin, which has increased the rate of autopsy. In the U.S., some families want the autopsy performed by someone other than the hospital pathologist, fearing a cover up of errors.

Assuring the quality of the autopsy is problematic. Does volume influence quality? Adequate funding of medical examiner offices is critical. Standards or guidelines must first be developed, then the process must be monitored.

There was consensus that disclosure prior to the autopsy was essential in avoiding problems with the public. Tissue disposal must be handled with dignity. Most problems seem to be with the handling of the brain and the heart. Incineration of tissues varies from handling as medical waste to cremation with names of patients being associated with what tissues are co-mingled. There is a perception that less than 1% of patients cause problems. The retention controversy plays out in the court of public opinion, not a court of law. What is perceived as right or ethical changes over time.

We are now faced with trying to determine what will be ethical in the future. Consent for use of archival materials varies with whether the use is anonymous or can be traceable to a specific patient. Anonymous use probably does not need further consent.

Research protocols should be approved in the institutional review body. In the U.S., recent privacy legislation has led to the removal of all identifying data in laboratories, hindering the ability to review health data. Pathologists' roll in organ donation varies, but is usually minimal. Confusion of organ donation versus organ retention has resulted in decreased donations in Ireland and has created tensions between pathologists and surgeons. No decrease in donations was noted in other countries despite organ retention controversies.

Public health surveillance discussions focused on the recent anthrax problem in the U.S.. The anthrax attack showed that a public health system did not exist. Private and hospital laboratories were inundated with culture samples, creating major staffing, workload, and data handling problems. The government had no database to identify laboratories and relied on the CAP to notify laboratories of recommended procedures for handling specimens. The inconsistent handling of surveillance and antibiotic treatment caused panic and much dissatisfaction. Hospitals have formed their own networks to better respond to any future problems. In the U.K., England and Wales are establishing a public health laboratory and response facility to deal with microbiologic and nuclear terrorism.

Future meetings

1st & 2nd December, 2003: Hong Kong SAR, China

8th & 9th October, 2004: Sydney, Australia

“CHAIRMANSHIP OF COLLEGE COMMITTEES”

Training and Examination Committee:

Dr. S.L. Loke

Education Committee:

Dr. K.C. Lee

Quality Assurance Committee:

Dr. W.K. Ng

Credentials Committee:

Dr. W.P. Mak

Professional and General Affairs Committee:

Dr. K.S. Wong

Working Group on Laboratory Accreditation:

Dr. R.J. Collins

“ANNOUNCEMENT FROM OTHER SOCIETIES”

Surgical Pathology Update 2003 Co-organized by the Hong Kong Division of IAP and M.D. Anderson Cancer Center

This 3-day event will take place at Prince of Wales Hospital, Shatin, Hong Kong between 10th and 12th October inclusive. Eight speakers from M.D. Anderson Cancer Center will cover various topics on surgical pathology and a slide seminar on haematopathology will be given by Dr. John K.C.Chan.

For details and application form, please see our newsletter:

[http://www.hkiap.org/temp2/pdf/
IAPNewsletterJan2003.pdf](http://www.hkiap.org/temp2/pdf/IAPNewsletterJan2003.pdf)

“LETTER TO THE EDITOR”

Dear Dr. Wong,

As an Australian pathologist who spent a brief time practicing in Hong Kong, I read the very thought-provoking letter from one of the first Vice Presidents of the College with great interest. In his letter, Dr. Chan raises several issues that are particularly important to a young College such as yours.

The accreditation of pathology laboratories is a fundamental issue that must be the major focus of attention and energies of the College at this stage of its development. Like Dr. Chan, I cannot overemphasise the importance of leadership by the College in this area. Not to do so may result in subversion of the process to the detriment of the pathology profession in general, whether hospital, private or academic, as clearly evident from what transpired previously. The result of previous disinterest is that it is now the law that pathology laboratories in Hong Kong must have as co-director or co-owner a medical laboratory technician (Class 1). The repercussions and potential ramifications of such a legal enforcement are not difficult to conceive, particularly as it exposes the quality and direction of the pathology service to professional, financial and ideological differences that exist as a result of the contrasting training and background of pathologists and laboratory technicians. Importantly, it also greatly belittles the role and function of the pathologist in the optimal delivery of his or her specialty after six years of undergraduate medical education and a further minimum of six years of postgraduate training.

I cannot help but strongly support all the sentiments raised in Dr. Chan's learned comments and would hate to have say five years hence that “we had warned you so!”

Professor Anthony S.Y. Leong,
MD, Honorary FHKCPATH, FRCPA, FRCPATH, Honorary FRCPATH(Thailand)
Medical Director, Hunter Area Pathology Service,
Head, Discipline of Anatomical Pathology, University of Newcastle,
Medical Director, Australia ImmunoPathology Laboratories

“IMPORTANT DEADLINES TO NOTE”

Deadline for all HKCPath’s examination application: 31st March, 2003

College annual subscription of this year:

Your College membership subscription for the period 1st November, 2002 to 31st October, 2003 is now due. The rates remain unchanged.

	Entrance subscription	Annual subscription
Honorary Fellows	Nil	Nil
Founder Fellows	Not applicable	HK\$2,000
Fellows	HK\$2,000	HK\$2,000
Overseas Fellows	HK\$1,000	HK\$1,000
Members	HK\$1,000	HK\$1,000
Associates	Nil	HK\$500

Please note the following:

- The due date for paying the annual subscription is the 1st of November of each year.
- 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.
- For retired Founder Fellows and Fellows, only half of the annual subscription would be required.
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