

# HONG KONG ACADEMY OF MEDICINE



2012

ANNUAL REPORT

## **Objects of the Hong Kong Academy of Medicine**

In recognition of the need for essential postgraduate medical education and training in Hong Kong, the Hong Kong Academy of Medicine was formally established under the Hong Kong Academy of Medicine Ordinance (Cap 419).

Objectives of the Academy are:  
to promote the advancement of the art and science of medicine; to foster the development of continuing medical education;  
to promote integrity, ethical conduct and standards in the practice of medicine and its specialties;  
to promote the improvement of health care for Hong Kong citizens; to foster a spirit of co-operation among medical practitioners;  
to facilitate the exchange of information and ideas in medicine and matters concerning the medical profession.

The Academy is an independent institution with statutory power to organize, monitor, assess and accredit all medical specialist training and to oversee the provision of continuing medical education.

### **香港醫學專科學院成立宗旨及憲章**

香港醫學專科學院根據「香港醫學專科學院條例」(Cap.419)正式成立，以滿足社會對大學以上程度醫學教育與培訓的需求。

香港醫學專科學院成立的宗旨是促進醫學技術的發展；鼓勵延續醫學教育；提高專業及執業操守與專科執業水準；促進改善香港市民健康護理；提升執業醫生間的合作精神；以及促進醫學資訊及意見交流。

香港醫學專科學院乃一所獨立的法定機構，有權組織、監察及評核所有醫學專科訓練，並頒授有關資格，同時亦負責提供延續醫學教育。

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## *President's Report and Message*

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2012 is a year of change. There will be new leaderships in both China and United States. In Hong Kong, we have got a new Chief Executive, a new Executive Council, a new Legislative Council and a cabinet of new Secretaries. I have confidence that they are fully committed to do their very best for Hong Kong.

I am proud to have served you as the President for the past four years and deeply grateful to the Council for guidance and support. Also, I appreciate very much the many constructive advices that I have received from the loyal Fellows of the Academy and Colleges. With your assistance and encouragement, the Academy is able to stand firm on our mission and move forward in strength.

The Academy will be celebrating our 20th Anniversary next year. In the past two decades, we have made history by building a credible system of medical specialist training in Hong Kong and also a robust CME/CPD scheme for our Fellows. The former has succeeded in providing the best possible training opportunity to our trainees; and the latter ensures continuous updating of our knowledge and skills in medicine.

I now try to look into the future of Hong Kong. While we are expecting an increasingly ageing population, there will be great expectations and demand for quality healthcare. There is a strong need for us to be better prepared.

There are at least three aspects that we should consider. First, Hong Kong needs financial resources to fund the increasingly expensive and demanding healthcare services. So far, we have been heavily relying on the public system where the tax money is paying for it. This support from the Government must be continued and increased appropriately with time. At the same time, our Government is planning to supplement it with a voluntary health insurance scheme and the details remain to be worked out. I believe we should give our support so that it has a chance to thrive and to fly.

Second, it is important for us to have adequate medical manpower to meet the increasing demand in clinical services. Our Government has already increased the number of medical student places in the two Universities. We are also having more nursing students. At the same time, we need a strong team of other allied health professionals. I hope the Government has got the number right this time. We know very well that it is not only the number that matters. The quality must be maintained at all cost because it is a matter of life and death.

Lastly, it is the hardware. Most of the hospitals are now very crowded and many facilities have to be upgraded. We definitely need more beds and improved facilities in both the public and private sectors. Again, it is not just the number that matters. Medical technology is moving fast. I am sorry to say that we have been a little sluggish in the past decade. We need the space and the resources to catch up and lead.

In the last few decades, our healthcare system has successfully gone through many challenges, such as the SARS and the avian influenza. While we are anticipating an ageing population, our next challenge is going to be cancers and the different kinds of degenerative diseases. We must be well prepared for this new era.

Wishing you all a very merry Christmas and a successful 2013!

**Raymond Liang**  
President  
(September 2012)



# 主席報告



二零一二年是充滿改變的一年。中國和美國都會產生新的領導。香港方面，我們也有新的行政長官、新的行政會議、新的立法會以及新的局長任命。相信他們都將盡心盡力為香港市民服務，做到最好。

我感覺非常榮幸有機會在過去四年出任醫專主席一職，並衷心感謝院務委員會的支持。我亦要感謝很多關心醫專事務的院士，他們向我提出了很多具建設性的意見。有您們的支持和鼓勵，醫專才可以堅持理念，茁壯成長。

明年醫專將慶祝成立二十週年，過去二十年，醫專創造了歷史，為香港建立了一個完善可靠的專科醫生培訓制度，確保我們的醫生有最佳的培訓機會；醫專更為畢業院士確立了一個健全的延續醫學教育 / 持續專業發展系統，確保他們可以持續進修。

讓我展望香港的前景。未來人口老化的趨勢將增加社會對醫療服務的需求，醫專必須做好準備，滿足社會的需要。

我們必須考慮三個基本條件。首先，香港必須要有充足的財政資源，以應付日益上升的醫療成本和不斷增加的醫療服務需求。目前我們主要依賴用稅款支持的公營醫療系統，政府必須繼續撥款，並按時增加。同時，政府正計劃推出自願醫療保險計劃，詳情尚有待商榷。希望大家支持這個自願醫保方案，使這計劃能順利落實，並穩步發展。

另一方面，我們必須有足夠的人手，應付日益增加的臨床服務需求。政府已經增加了兩所大學醫學院的醫科學生數目，也增加護士學生的數量。與此同時，我們需要其他輔助醫療人員的支持與配合，組成強大的團隊；我希望這次政府的數字預測會更正確。我們都明白單單增加人手並不足夠，醫療是生死存亡的事，質量保證非常重要。

最後是硬件，現時大部份的醫院都擠擁不已，很多設備亦未能與時並進。無論是公立還是私家醫院，兩者皆需要更多的病床和更佳的設備。過去十年，香港在很多方面是慢了下來。我們需要更多的空間和資源，才可以保持我們的領導性地位。

過去數十年，香港的醫療體制經歷了各種挑戰，例如沙士和禽流感的衝擊。預計人口老化將是一個大難題，我們將會面對各種的癌症和退化性疾病。大家要好好的做好準備，面對一個新時代來臨。

在此謹祝大家聖誕快樂，新年進步。

**梁憲孫**

主席

(二零一二年 九月)

# Council and Committees' Reports

## Council

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A total of 10 meetings were held between September 2011 and August 2012. Besides dealing with regular matters like admitting new Fellows, reviewing guidelines and policies, endorsing Colleges' training documents, certifying Fellows and non-Fellows for specialist registration, and vetting applications for temporary medical registration, Council also deliberated on some special items such as the Role of the Academy in Credentialing and Defining Scope of Practice, Termination of Fellowship due to Professional Misconduct, etc.

Various Government departments and other organisations have also sought comments from the Academy on different matters, such as the following:

Hospital Authority	Assessing Qualifications of Non-local Doctors Applying for Limited Registration
AIDS Advisory Council	Consultation on Draft Recommended HIV/AIDS Strategies for Hong Kong 2012-2016
Hong Kong Government	HKSAR 2012-2013 Financial Budget
Steering Committee on eHealth	The Legal, Privacy and Security Framework for Electronic Health Record Sharing Public Consultation
Department of Health	Consultation on Clinical Trial Regulations - the Proposed Amendments to the Pharmacy and Poisons Ordinance (Cap. 138)
Transport Department	Review of List of Diseases & Physical Disabilities in 1st Schedule of Road Traffic Regulations
Food and Health Bureau	Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings

As agreed and directed by Council, the Academy's Office-bearers and Colleges' representatives formed HKAM delegation to participate in a number of overseas meetings.

### 15th World Conference on Tobacco or Health (WCTOH)

The Academy has always supported the Tobacco Control Office (TCO) in promoting smoking cessation. Council has formed an Expert Panel on Promoting Management of Tobacco Dependence, chaired by Dr. Donald Li. A Charter to pledge commitment was signed by the Academy and Colleges in November 2010 during the Tripartite Congress in the presence of the Secretary for Food and Health as well as many local and international guests. Two workshops have been organised jointly with the TCO for interested Fellows since then.



In March 2012, seven representatives from the Academy and Colleges attended the 15th World Conference on Tobacco or Health in Singapore in March 2012. Besides the Academy, Department of Health, University of Hong Kong, Chinese University of Hong Kong, Hong Kong Council on Smoking and Health, and Asian Consultancy on Tobacco Control also sent delegates to the Conference. The Hong Kong delegation met with Dr. Margaret Chan, Director-General of WHO, during the conference.

# 院務委員會及各委員會報告

## 院務委員會

院務委員會由二零一一年九月至二零一二年八月期間舉行了十次會議。院務委員會日常的工作包括收納新院士、檢討指引及政策、通過分科學院之培訓文件、審核院士或非院士申請專科註冊的資格及通過臨時醫學註冊的申請。除了處理日常工作外，院務委員會也商討了一些特別議題，例如在確保和界定執業範圍方面醫專所擔當的角色，以及因專業失當而取消院士資格等問題。

不同的政府部門或其他機構在多項議題上也曾諮詢醫專的意見，例如：

醫院管理局	審核非本地醫生之有限制註冊申請
香港愛滋病顧問局	有關香港HIV/愛滋病2012-2016的策略建議文件諮詢
香港政府	香港特別行政區 2012-2013年度財政預算案
電子健康記錄互通督導委員會	電子健康記錄互通公眾諮詢的法律、私隱及保安框架
衛生署	臨床實驗規章諮詢 — 藥劑業及毒藥條例的修訂建議 (香港法例第一百三十八章)
運輸署	檢討道路交通規例首次諮詢的疾病及肢體傷殘目錄
食物及衛生局	香港老人在基層醫療的預防性護理參考概覽

院務委員會同意並委派院務委員會幹事及分科學院代表組成香港醫學專科學院代表團，參與海外的會議。

### 第十五屆世界煙草或健康大會 (15th World Conference on Tobacco or Health) (WCTOH)

醫專一直非常支持控煙辦公室(控煙辦)的控煙工作，院務委員會並於二零一零年成立由李國棟醫生出任主席的控煙專家小組。二零一零年十一月，醫專與新加坡和馬來西亞的醫學院於香港舉行三邊會議；在食物及衛生局局長以及本地和海外嘉賓見證下，醫專和十五個分科學院藉舉行三邊會議的機會，簽署控煙約章，承諾將身體力行，推廣反吸煙理念。隨後，醫專與控煙辦聯合舉行了兩個工作小組，讓有興趣的院士參加。



七位來自醫專及分科學院的代表出席了今年三月舉行的第15屆世界煙草或健康大會。除了醫專代表，衛生署、香港大學、中文大學、香港吸煙與健康委員會及亞洲反吸煙諮詢所都派出代表出席會議。會議期間，香港代表與世界衛生組織總幹事陳馮富珍醫生會面。

### International Congress of College and Academy Presidents and Masters

Dr. Donald Li, Vice-President (General Affairs), attended the International Congress of College and Academy Presidents and Masters in Cape Town on behalf of the Academy. This was organised by the Colleges of Medicine of South Africa in April 2012. He met up with many Presidents of Colleges in multi-specialties including Surgery, Medicine, Obstetrics and Gynaecology, Psychiatry, Emergency Medicine, as well as Family Medicine. The representatives were from different parts of the world such as U.K., Canada, Australia, New Zealand, USA, Pakistan, Sri Lanka, and South Africa. He made a presentation of the structure and work of our Academy, and gave a plenary presentation on "Medical Migration and Collaborative Support for the Development of Health Care and Education in the Developing World - a Hong Kong Perspective". He also engaged in discussions on medical litigation, recertification, medical education and research as well as medical manpower planning.



### 3rd International Forum on CPD Accreditation

The Royal College of Physicians and Surgeons of Canada invited representatives from organisations in Australia, Canada, Hong Kong, Oman, UK and US to attend their 3rd International Forum on CPD Accreditation, which was held in Toronto in May 2012. Prof. C.S. Lau, Vice-President (Education and Examinations), attended on behalf of the Academy. Topics discussed during the forum included the challenges and opportunities for CPD accreditation systems to become integrated within broader frameworks of professional learning and regulatory requirements for professionals, the current state of CPD accreditation within revalidation and recertification systems throughout the world.

### 46th Malaysia-Singapore Congress of Medicine



A delegation from the Academy consisting of the Academy President, presidents and representatives of the Colleges of Anaesthesiologists, Obstetricians and Gynaecologists, Paediatricians, Pathologists, Radiologists, and Surgeons, along with the Academy Chief Executive Officer, attended the 46th MSCM in Kuala Lumpur in July 2012. Prof. Alice Kong, who was nominated by the Academy to be a speaker at the

congress, delivered a plenary lecture on "Diabetes - Prevent the Preventables". The presidents of the Academy and Colleges also attended a joint Council meeting among the three academies during the congress.

### Farewell Dinner for Mr. M.B. Lee

Council hosted a dinner on 16 August 2012 to thank Mr. M.B. Lee for his invaluable expert advice on financial matters for the Academy the past 12 years as Chairman of the Finance and Investment Committee. Mr. Lee has decided to step down from the chairmanship due to retirement. Many members from the Council and the Committee attended the dinner despite the approach of strong typhoon Kai Tak that evening. A plaque was presented by the President to Mr. Lee to show Council's appreciation.



### 國際學院及分科學院主席會議 (International Congress of College and Academy Presidents and Masters)



醫專副主席(一般事務)李國棟醫生於本年四月代表醫專出席了由南非醫學院校(Colleges of Medicine of South Africa)主辦於開普敦舉行的國際學院及分科學院主席會議；李醫生此行和很多不同分科的學院主席會面，包括了外科、內科、婦產科、精神科、急症科及家庭醫學科。這些代表來自世界各地，例如英國、加拿大、澳洲、紐西蘭、美國、巴基斯坦、斯里蘭卡及南非。會上，李醫生介紹了學院的架構與工作並就"Medical Migration and Collaborative Support for the Development of Health Care and Education in the Developing World - a Hong Kong Perspective" 發表了一個詳細的陳述。李醫生也參與了其他議題的討論，包括醫療訴訟、資歷重新認證、醫療教育與研究及人力資源籌劃。

### 第三屆國際持續專業發展認證研討會(3rd International Forum on CPD Accreditation)



今年五月，加拿大皇家內科及外科醫學院於多倫多舉行第三屆國際持續專業發展認證研討會，並邀請了來自澳洲、加拿大、香港、阿曼、英國及美國的組織代表參加研討會。副主席(教育及考試事務)劉澤星教授代表醫專出席。會上討論了很多議題，包括將持續專業發展系統納入專業學習和對專業人士有監管要求的廣泛框架的過程中所面對的挑戰和機遇；以及全球各地持續專業發展在重新認證和重發證書的現況。

### 第四十六屆Malaysia-Singapore Congress of Medicine

由醫專主席及麻醉科醫學院、婦產科醫學院、兒科醫學院、病理學專科學院、放射科醫學院、外科醫學院代表及醫專行政總監組成的代表團出席了本年七月在吉隆坡舉行的第四十六屆Malaysia-Singapore Congress of Medicine。醫專提名江碧珊教授在會上發表主題演講，該主題演講的題目為“Diabetes — Prevent the Preventables”。期間，醫專及分科學院的主席也出席了三間醫學院的聯合院務委員會議。



### 李文彬先生餞別晚宴

李文彬先生因退休而辭任醫專財務委員會主席一職。院務委員會於本年八月十六日為李先生舉行餞別晚宴，感謝李先生過去十二年來為醫專的財務投資提供了很多寶貴的意見。雖然餞別晚宴當天強烈熱帶氣旋「啟德」迫近本港，但依然無損大家的熱情，很多院務委員會和財務委員會的成員迎著風雨出席。為表示對李先生的謝意，醫專主席代表全體頒贈感謝牌予李先生。

## 18th Annual General Meeting (AGM)

The 18th AGM was held on 16 December 2011 at the Lim Por Yen Lecture Theatre. During the meeting, the report of the Council, the Honorary Treasurer's report, the audited accounts, the appointment of the auditors, and the admission of new Fellows were endorsed. Finally, the result of the election of Vice-President (Education and Examinations) and results of the election of 5 Council Members were announced. Prof. Lau Chak Sing was elected ipso facto as the successor of Dr. Hung Chi Tim, who had to step down from office after 16 years of service. The following nominees were elected as Council Members for a new term of 2 years.



Elected Council Members	College(s) to which the nominee belongs	
CHOW Chun Bong	Paediatricians	
HUNG Se Fong	Psychiatrists	
LAU Chor Chiu	Emergency Medicine	
LAW Chi Lim	Obstetricians & Gynaecologists	
WEI William	Otorhinolaryngologists	Surgeons

## 18th Annual Fellowship Conferment Ceremony



The Academy's AGM, Fellowship Conferment Ceremony and David Todd Oration were also held on 16 December 2011. Joining the Academy Council to officiate the ceremony were Prof. Dennis Lo (2011 Orator, Professor of Chemical Pathology and Li Ka Shing Professor of Medicine of the University of Hong Kong), Dr. P.Y. Lam (Director of Health, Department of Health), Mr. Anthony Wu (Chairman, Hospital Authority), Dr. P.Y. Leung (Chief Executive, Hospital Authority), Dr. Homer Tso (Chairman, Dental Council of Hong Kong), Prof. T.F. Fok (Dean, Faculty of Medicine, CUHK), Prof. Mary Ip (Associate Dean (Education), Li Ka Shing Faculty of Medicine, HKU), Dr. the Hon. K.L. Leung (Member, Legislative Council), Prof. Sir David Todd (Founding President, HKAM Honorary Fellow), Dr. David Fang (Past President, HKAM Honorary Fellow), and Prof. Grace Tang (Immediate Past President, HKAM Honorary Fellow). During the ceremony, a total of 289 new Fellows were conferred by the Academy President in person or in absentia.

## 第十八屆週年大會

第十八屆週年大會已順利於二零一一年十二月十六日假林伯欣演講廳舉行。會上通過了院務委員會報告、名譽司庫報告、核數賬目、核數師的任命及接納新院士。大會最後公佈了副主席(教育及考試事務)及五名院務委員會委員的選舉結果。熊志添醫生已為醫專服務了十六年，劉澤星教授將會代替熊醫生出任副主席(教育及考試事務)一職。以下五名醫生獲選為院務委員會委員，任期兩年：

院務委員會委員	所屬學院	
周振邦	兒科	
熊思方	精神科	
劉楚釗	急症科	
羅致廉	婦產科	
韋霖	耳鼻喉科	外科

## 第十八屆年度院士頒授儀式

院士頒授儀式及達安輝講座與週年大會同日假邵逸夫堂舉行。出席嘉賓包括盧煜明教授(香港中文大學李嘉誠健康科學研究所所長、達安輝講座主講嘉賓)、林秉恩醫生(衛生署署長)、胡定旭先生(醫院管理局主席)、梁柏賢醫生(醫院管理局行政總裁)、左國偉醫生(香港牙醫管理委員會主席)、霍泰輝教授(香港中文大學醫學院院長)、葉秀文教授(香港大學醫學院副院長(教育)、梁家騮醫生(立法會議員)、達安輝教授(創院主席、香港醫學專科學院榮譽院士)、方津生醫生(前任主席、香港醫學專科學院榮譽院士)及鄧惠瓊教授(上任主席、香港醫學專科學院榮譽院士)。醫專收納了二百八十九名新院士，大多親自出席，從主席手中接過院士文憑。



The Best Original Research by Trainees (BORT) recognizes excellence in research done by doctors while in specialist training. The Gold Medal of the 2011 BORT contest went to Dr. S.L. Yip from the College of Orthopaedic Surgeons.



The Best Original Paper Award (BOPA), presented by the Editorial Board of the Hong Kong Medical Journal, is to encourage original writings of good quality by doctors. The 2011 BOPA went to Dr. K.F. Lee et al, for their paper entitled 'Risk of development of diabetes mellitus in Chinese women with persistently impaired glucose tolerance after gestational diabetes'. Dr. Lee received the medal from the Editor, Prof. Ignatius Yu.



The MPS-HKAM Award for Patient Safety is jointly organized by the Medical Protection Society (MPS) and the Hong Kong Academy of Medicine (HKAM). The objective of the Award is to encourage medical professionals to promote on the subject of patient safety and risk reduction. The 2011 award went to Dr. Alexander Chiu, whose paper is 'Root Cause Analysis Improves Patient Safety: A Descriptive Study of Root Cause Analysis Framework Applied to Clinical Incident Investigation in a University Affiliated Hospital'.

Plaques of Appreciation were presented to several former Council Members for their services and contributions: Prof. Michael Irwin (Immediate Past President of the College of Anaesthesiologists), Dr. Clement Chan (Immediate Past President of the College of Ophthalmologists), Prof. Cindy Lam (Elected Member), Dr. C.P. Wong (Elected Member), as well as Dr. C.T. Hung, who has served the Academy for 16 years in various capacities and just stepped down from office as Vice-President (Education and Examinations). A plaque was also presented to staff member Ms. Yvonne Kwok for her 10 years of service as Managing Editor.



Prof. Michael Irwin



Dr. Clement Chan

### 2011 David Todd Oration

The David Todd Oration, established as the most prestigious lecture of the Academy to honour the Academy's Founding President, was held in conjunction with the Annual Fellowship Conferment Ceremony. The Academy was honoured to have Prof Dennis Lo, Professor of Chemical Pathology and Li Ka Shing Professor of Medicine of the University of Hong Kong, to speak on the topic "Non-invasive prenatal diagnosis: from dream to reality".



### Annual Dinner

The evening ended with the annual dinner, held at the Exhibition Hall of the Academy's building. The annual dinner was attended by over 200 Fellows and guests.

設立最佳學員原創研究獎的目的在於表揚學員接受專科培訓時於研究方面的傑出成績。二零一一年度的金獎得主為骨科醫學院的葉紹亮醫生。

最佳原創論文獎由《香港醫學雜誌》編輯委員會設立，鼓勵醫生撰寫優秀的論文。二零一一年最佳原創論文獎的得主為李家輝醫生，論文為 ‘Risk of development of diabetes mellitus in Chinese women with persistently impaired glucose tolerance after gestational diabetes’。由總編輯余德新教授頒授獎牌給予李醫生。



MPS-HKAM 病人安全獎由醫專及Medical Protection Society (MPS) 聯合舉辦，以鼓勵醫護人員加強病人安全的意識及降低風險。二零一一年度的得主為邱家駿醫生，論文題目為 ‘Root Cause Analysis Improves Patient Safety: A Descriptive Study of Root Cause Analysis Framework Applied to Clinical Incident Investigation in a University Affiliated Hospital’。

當日亦頒授感謝牌予多名前院務委員會委員，表揚他們對醫專的貢獻，包括艾明高教授(香港麻醉科醫學院上任院長)，陳偉能醫生(香港眼科醫學院上任主席)、林露娟教授(院務委員會委員)，王春波醫生(院務委員會委員)及熊志添醫生。熊醫生過去十六年來在不同領域服務醫專，他最後的崗位是出任醫專的副主席(教育及考試事務)。醫專員工郭佩賢小姐擔任行政編輯已經十年，當日主席也頒授感謝牌予郭小姐。



林露娟教授



熊志添醫生

### 二零一一年度達安輝講座

達安輝講座是醫專為了向創院主席達安輝教授致敬而舉行的最具代表意義的演講，緊接院士頒授儀式後舉行。醫專很榮幸邀請了香港中文大學李嘉誠健康科學研究所所長盧煜明教授擔任講座的主講嘉賓，演講題目為 “Non-invasive prenatal diagnosis: from dream to reality”。

### 週年晚宴

當晚於展覽廳舉行盛大的週年晚宴，共有超過兩百名院士及賓客出席。



A Congress is scheduled to be held on 8 - 10 December 2013 to celebrate the 20th anniversary of the Hong Kong Academy of Medicine. Supported by the Conference Committee, an Organising Committee headed by Dr. Donald Li has been formed. "Manpower needs in medicine: moving with the times" is the theme of the Congress. Progress of the Congress will be posted periodically on the HKAM website accordingly.

Besides the aforementioned, the Conference Department continues to actively provide full/partial secretariat support for medical organisations and government departments in organising conferences and events. They include:

**Hong Kong Society of Paediatric Dentistry's 20th Anniversary Gala Dinner cum Celebration Oration**

Organized by the Hong Kong Society of Paediatric Dentistry, the activity was held on 3 March 2012 at Royal Plaza Hotel. 140 participants attended the celebration and raised HK\$100,000 for Mother's Choice.

**First WHO Collaborating Centre for Smoking Cessation Launching Ceremony**

Officiated by the Director of Health, Dr P Y Lam, and the Regional Director of the Western Pacific of WHO, Dr Shin Young-soo, the ceremony was held on 9 April 2012 at the Harbour Grand Hong Kong. 96 dignitaries and prestigious guests attended the ceremony.

**Hong Kong International Integrative Medicine Conference 2012: Chinese Medicine in Geriatrics**

Co-organized by Hong Kong Association for Integration of Chinese-Western Medicine and Hospital Authority, Hong Kong, the Conference was held on 6-8 July 2012 at the Hong Kong Academy of Medicine Jockey Club Building. 514 participants attended the 3 days conference.

**50<sup>th</sup> Anniversary Multidisciplinary Conference for Hong Kong Paediatric Society: Evolution and Revolution of Child Health in Hong Kong - Past, Present and the Future**

Organized by Hong Kong Paediatric Society in collaboration with American Academy of Pediatrics and supported by Hong Kong Paediatric Nurses Association, the conference was held on 17-19 August 2012 at the Hong Kong Academy of Medicine Jockey Club Building. It is estimated that over 400 participants attended. A fun fair to promote child health for the public was also arranged on 7 October 2012 at Citywalk, Tsuen Wan.

**20<sup>th</sup> Annual Scientific Meeting of Hong Kong College of Radiologists**

Organized solely by Hong Kong College of Radiologists, the Scientific Meeting will be held on 27-28 October 2012 at the Hong Kong Academy of Medicine. It is expected over 800 participants will be attending.

**11<sup>th</sup> Scientific Congress of Asia Pacific Association of Medical Toxicology**

Organized by Asia Pacific Association of Medical Toxicology and hosted by Hong Kong College of Emergency Medicine, the Congress will be held on 29 November – 1 December 2012 at Hong Kong Academy of Medicine. It is expected over 300 participants will join the Congress.

The Conference Department continues to organize the Academy's Annual Golf Tournament. The HKAM Golf Tournament 2011 was successfully held on 30 November 2011 at Kau Sai Chau Jockey Club Public Golf Club, Hong Kong. A total 44 Academy fellows, alumni of HKU and CUHK participated. The Champion of the HKAM President's Cup goes to Dr. Chi Wah Danny Tsoi.

為慶祝香港醫學專科學院成立二十週年，醫專已訂於二零一三年十二月八日至十日舉行學術會議，會議主題為“Manpower needs in medicine: moving with the times”。由李國棟醫生帶領的籌劃委員會將會負責是次會議的工作，並會定期透過醫專網站向大家彙報籌備進程。

除了上述的活動，學術會議籌劃委員會繼續主力協助醫療機構及政府部門籌辦會議及其他活動，提供支援服務，這些活動包括：

### **香港兒童齒科學會二十週年演講暨晚宴**

由香港兒童齒科學會於二零一二年三月三日假香港帝京酒店舉行，有一百四十名參加者出席，並為「母親的抉擇」籌得十萬元款項。

### **世界衛生組織控煙及煙癮治療合作中心揭幕禮**

揭幕典禮於二零一二年四月九日假香港海逸君綽酒店舉行，並由衛生署署長林秉恩醫生及世界衛生組織西太平洋區域總監申英秀主持。有九十六名貴賓出席。

### **香港國際中西醫結合會議: 中醫老年醫學**

由香港中西醫結合醫學會及醫院管理局聯合主辦，已於二零一二年七月六至八日假香港醫學專科學院賽馬會大樓舉行，共有五百一十四名參加者出席了一連三天的會議。

### **50<sup>th</sup> Anniversary Multidisciplinary Conference for Hong Kong Paediatric Society: Evolution and Revolution of Child Health in Hong Kong - Past, Present and the Future**

由香港兒科醫學會與American Academy of Pediatrics主辦、香港兒科護士學會協辦，於二零一二年八月十七至十九日假香港醫學專科學院賽馬會大樓舉行。有超過四百名參加者；同時於十月七日假荃灣荃新天地舉行同樂日，向大眾推廣兒童健康護理訊息。

### **香港放射科醫學院第二十屆年會**

由香港放射科醫學院主辦，年會將於二零一二年十月二十七至二十八日假香港醫學專科學院舉行，預計將有超過八百名人士出席。

### **第十一屆亞太區醫療毒理協會學術會議**

由亞太區醫療毒理協會主辦及香港急症科醫學院籌備的會議將於二零一二年十一月二十九至十二月一日舉行，預計將有超過三百名參加者。

學術會議籌劃委員會繼續籌辦學院年度哥爾夫球賽。二零一一年度香港醫學專科學院盃已於十一月三十日假賽馬會溜西洲公眾高爾夫球場舉行。四十四名院士及兩所大學的校友出席比賽。冠軍得主為蔡智華醫生。

## Constitutions Committee

For Fellows who are found guilty of professional misconduct, the suitability to remain on or go back (after removal) to the Specialist Register is decided by Medical Council or Dental Council. But the Academy can terminate one's Fellowship if warranted according to the existing Bylaws. The issue was discussed at Education Committee and Council. It was agreed in general that the Academy should review the Fellowship status of these Fellows in the interest of the public. The recognition provided by the Academy Fellowship does affect the decision of patients when they consult specialists. Council has thus requested the Constitution Committee to review the constitutions of the Academy and its Colleges, and to propose amendments for this, if necessary.

The Committee met several times and identified certain areas in the Academy Bylaws that would need amendments. The main proposal is the addition of a clause in the Academy Bylaws such that when a Fellow of the Academy is removed from the General Register of the Medical Council or Dental Council in consequence of disciplinary inquiries, he would also lose his Academy Fellowship. Other proposed amendments are for tidy-up purpose, and for correction of cross references made to the rules of Medical Council and Dental Council.

Some overseas colleges confer their fellowship to the presidents of the Academy and Academy Colleges. It is also proposed that a new category of membership (Fellowship *ad eundem*) be created to allow the Academy to reciprocate the courtesy by admitting overseas college presidents as member of the Academy. It would help the Academy to develop better networking and relationship with overseas Colleges. This new group of members will however not be eligible for specialist registration in Hong Kong, unless they can fulfil the requirements for such. And they would not have voting rights. The Academy Council has not made a decision yet and would continue to discuss this proposal.

Amendments to Bylaws would have to be passed by Fellows through postal ballot.

## Education Committee

### **Continuing Medical Education/Continuous Professional Development**

The Academy implemented its mandatory CME for Fellows since 1996. Three Fellows were unable to fulfil the requirements for the 5<sup>th</sup> cycle ending 31 December 2010, and their Fellowships were terminated accordingly. The 6<sup>th</sup> cycle started on 1 January 2011. According to records in the iCMECPD system, about 88% of Fellows have obtained at least 30 points, and 25% have obtained 90 points or more, after the first year of the cycle.

Since 1 January 2008, all Colleges have capped the passive CME points allowed at 75 points or below per cycle. Fellows will have to include some other CME/CPD activities into their CME/CPD cycle.

#### *General CPD Subcommittee*

The Academy and Medical Protection Society (MPS) jointly organised a seminar entitled "Improving Patient Safety" on 2 December 2011. Patient safety is the first priority of doctors and health care institutions. Hong Kong has gone a long way for patient safety in both public and private sectors. The General CPD Subcommittee invited local and overseas experts to share views and experience with participants in this seminar. It was well attended by Fellows and trainees. The Subcommittee will continue to co-organise similar events with MPS.

如果有院士被裁定專業失當，醫務委員會或牙醫管理委員會會就事件去決定他們是否適合繼續在專科醫生名冊上留名或者是否可以（被除名後）重返專科醫生名冊。但醫專可以根據現時附例賦予的權力，取消該院士的院士資格。教育委員會及院務委員會也討論了這個議題，大致上同意醫專在決定是否保持這些院士的資格時應從公眾利益出發。病人需要尋求專科治療的時候，醫生是否持有醫專的院士資格，絕對會影響病人是否挑選這名醫生的判斷。因此，院務委員會要求憲法委員會檢討醫專及分科學院的憲法，看看有沒有修改的需要。

委員會召開了幾次會議，並商定醫專憲法需要修改的範圍。其中最主要的修改是在附例中增加一項新條文，當院士因為紀律調查而被醫務委員會或牙醫管理委員會取消普通註冊資格，他將同時失去醫專的院士資格。其他要修改的地方都是為了把條文整理及修改醫務委員會及牙醫管理委員會條例的相互參考資料。

部份海外學院會頒授院士資格予醫專及分科學院的主席。為答謝這些海外學院，憲法委員會建議醫專設立「同等院士」（Fellowship *ad eundem*）的一個新會員類別，讓醫專能頒授會員資格給予海外學院的主席。此舉將有助醫專與海外學院建立良好關係，並擴大醫專的網絡關係。要注意的是，除非這些新類別的會員符合香港專科資格的要求，否則不能因其「同等院士」的身份而自動加入香港專科醫生名冊。此外，「同等院士」亦沒有投票權。院務委員會仍未就提議表決，並將繼續討論。

醫專將透過院士郵遞不記名的投票方式決定是否修改相關的憲法。

## 教育委員會

### 延續醫學教育 / 持續專業發展

醫專由一九九六年開始推行強制性延續醫學教育課程，第五個循環已經於二零一零年十二月三十一日完結，三位院士未能符合要求，因此被取消院士資格。第六個循環於二零一一年一月一日開始。根據iCMECPD系統記錄，經過一年，大約百分之八十八的醫生獲取了最少三十分；百分之二十五的醫生獲取了超過九十分。

由二零零八年一月一日開始，所有分科學院的被動延續醫學教育分數上限定為每個循環不多於七十五分。院士在每個延續醫學教育 / 持續專業發展的循環內，必須參與其他的延續醫學教育 / 持續專業發展活動。

### 普通持續專業發展小組委員會

醫專和Medical Protection Society (MPS)於二零一一年十二月二日聯合主辦了一個名為Improving Patient Safety的研討會。病人安全是醫生和醫療機構最關心的議題。在私人執業和公立醫院方面，香港一直非常重視病人安全的議題。小組委員會邀請了本地及海外的專家，分享他們的經驗與心得。研討會吸引了不少院士和學員出席。委員會將會繼續與MPS舉行類似的活動。

### *CME Subcommittee*

Under the Education Committee, a CME Subcommittee was established to take care of matters relating to the CME programme launched by the Medical Council of Hong Kong (MCHK), which is formally known as “CME Programme for Practising Doctors who are not taking CME Programme for Specialists” (MCHK CME Programme). This Subcommittee vets and awards CME points for activities organised by CME providers. It also plans and offers, with support from Academy Colleges, yearly dedicated CME activities for registrants, including registrants of other CME administrators under the MCHK CME Programme. The Subcommittee is currently chaired by Dr. Ruby Lee.

### *MCHK CME Programme*

This Programme was introduced by MCHK in 2001 for doctors who are not taking CME programme for specialists. The Academy was appointed Programme Administrator, Accreditor and Provider for this programme. The CME subcommittee formed under the Education Committee takes care of this programme.

As at 1 August 2012, there were 753 doctors registered with the Academy, either directly or via the Colleges, for the MCHK CME programme.

The Academy has provided nearly 2,200 hours of CME including those CME activities organised by Colleges and opened up for non-Fellows from August 2011 to July 2012.

<b>Category</b>	<b>Event Count</b>	<b>CME Hours</b>
Conference/Lecture/Seminar/Symposium	83	210
Course	115	361
Discussion	34	60
Meeting	560	1,257
Presentation	44	67
Self-study	6	12
Video-viewing	23	40
Workshop	46	167
<b>TOTAL:</b>	<b>911</b>	<b>2,174</b>

From August 2011 to July 2012, there are 820 attendees for the dedicated lectures. The Academy also conducted surveys among participants of the CME activities organised by the Academy dedicated for this group of doctors. 380 completed questionnaires were received. Around 364 doctors who participated in the surveys (96% of total respondents) rated these activities “good” or “excellent”.

### **CME/CPD for 2014-16**

The Education Committee continued the review on the CME/CPD principles and guidelines. The Academy sees the need and benefits of regular review and evaluation of its Fellows’ practice on improvements to the quality of their patient services and practice, and plans to make activities in quality assurance and audit a part of CPD profiles of all Fellows in the long term. Meanwhile, Colleges may recommend their Fellows to include 5 points in a cycle from quality assurance and audit in their CME/CPD activities.

After rounds of discussion, it was also agreed that for the CME/CPD cycle starting from 1 January 2014, undergraduate and postgraduate teaching may be accepted as a form of CME/CPD, subject to a quality assurance process and a maximum of 5 points in a cycle.

Following approval of the Guidelines by Council, Colleges will start working on their own guidelines for the Committee’s approval by the end of 2012, so that Fellows can be informed of the new guidelines well before the new cycle.



### 延續醫學教育小組委員會

教育委員會轄下成立了一個延續醫學教育小組委員會，專責管理由香港醫務委員會舉辦的延續醫學教育之事宜，正式名稱為「為非依從專科醫生延續醫學教育的執業醫生開辦的延續醫學教育課程」(香港醫務委員會延續醫學教育課程)。小組委員會更透過分科學院的支持，計劃及提供每年的延續醫學教育活動予學院登記者及香港醫務委員會延續醫學教育的其他延續醫學教育管理者。小組委員會由李兆妍醫生出任主席。

### 香港醫務委員會延續醫學教育課程

香港醫務委員會由二零零一年開始推行，為非依從專科醫生延續醫學教育的執業醫生開辦延續醫學教育課程。醫專在這方面擔任課程管理員、評鑑者和提供者。教育委員會轄下成立了一個延續醫學教育小組委員會，負責監管課程運作。

截至二零一二年八月一日，共有七百五十三名醫生分別透過分科學院或直接向醫專登記參與此課程。

二零一一年八月至二零一二年七月期間，醫專已經提供了超過二千二百個小時的延續醫學教育課程，包括了分科學院舉辦的課程，並開放予非院士參加。

類別	課程數目	延續醫學教育小時
會議/演講/研討會	83	210
課程	115	361
討論	34	60
會議	560	1257
發表報告	44	67
自修	6	12
視象學習	23	40
工作坊	46	167
<b>總數：</b>	<b>911</b>	<b>2174</b>

二零一一年八月至二零一二年七月期間，共有八百二十名人士出席特設的演講。醫專也向出席醫專專為這批醫生而舉辦的延續醫學教育活動進行問卷調查，共收回問卷三百八十份。對所舉辦活動的評價，約364名受訪醫生（佔受訪者百分之九十六）認為「好」或「非常好」。

### 二零一四年至二零一六年延續醫學教育 / 持續專業發展

教育委員會繼續檢討延續醫學教育 / 持續專業發展的原則與指引。醫專了解到定期評估和檢討院士對改善病人服務和執業方面的好處；同時計劃舉辦有關質素保證的活動，並對全體院士的持續專業發展紀錄進行審計的長遠計劃。與此同時，分科學院可以鼓勵其院士在每個延續醫學教育 / 持續專業發展循環內最少有五個學分來自質素保證和審計的活動。

經過多次討論，同意由二零一四年開始的延續醫學教育 / 持續專業發展循環，本科和畢業後的教課都可以成為延續醫學教育 / 持續專業發展活動之一，前提是必須符合質素保證的過程，同時在一個循環內最多只能佔有五個學分。

在院務委員會通過指引後，分科學院將開始各自準備自己的指引，讓委員會在二零一二年年底通過，讓醫專可以在新循環開始前及時通知院士新的安排。

### **Termination of Fellowship Due to Professional Misconduct / Incompetence**

The Education Committee has discussed legal advices sought on issues relating to termination of Fellowship due to professional misconduct / incompetence. The Constitution Committee will take this up further, and consider proposing amendments to the Bylaws.

Regarding Fellowship reinstatement for ex-Fellows, it was agreed that the following approach could be adopted:

- i) Each College should set up a panel to consider reinstatement applications from ex-Fellows who have been removed due to professional misconduct / incompetence;
- ii) Such applications would be considered case by case;
- iii) The mechanism and procedures for processing these applications should be spelt out clearly.

### **Procedures Requiring Skills Acquired by Post-Fellowship Training and Experience / Credentialing**

There was suggestion that the Academy should implement certification of certain high risk procedures for patient safety. It is hoped that such certification may prevent doctors from doing procedures which they are not familiar with, not specialised in, and not certified for; as they may be challenged for indemnity protection in case adverse incident happens. They are procedures that Fellows or new Fellows would not be able to do after 6 years of specialist training. Some of these skills may have been learnt during Fellowship training, but need further in-depth post-Fellowship training/experience in order to be qualified to practise the procedures independently without supervision. The idea is to start with special procedures requiring skills that must be acquired by training or experience. The development of guidelines for some procedures can be done at the College level. For the multi-specialty ones involving 2 or more Colleges, the Academy would take a more active role in the co-ordination and accreditation process.

It would become a kind of “credentialing” system that would take time to develop with resources implication. The Academy would collaborate with Hospital Authority (HA) on this, and would define the objectives, timeframe, templates for guidelines, etc. for the development. A working group, with representative from HA and private sector, will be formed to further discuss this.

### **Medical Simulation Training**

The Hospital Authority has sought views from the Academy on:

- development of framework of simulation training including accreditation, and training curriculum;
- collaboration between the Academy and HA in delivery of specialty training through HA and university-based simulation training centres;
- trainer and simulation training of non-technical components.

The Education Committee had some preliminary discussion on this and agreed to form a working group with representatives from HA and the two university medical faculties. Colleges are also requested to nominate representatives to the working group.

### **Training and Accreditation in Genetics and Genomics**

The Hospital Authority in collaboration with Department of Health commissioned a consultancy study on local genetic and genomic services in 2011. The scope of the study covers the review of genetic and genomic services in Hong Kong and recommendations for the future development of such services across a full range of specialties in the public, private and academic sectors. To follow up on the recommendations, HA has started a preparatory committee on strategies for genetic and genomic services in Hong Kong. The preparatory committee agreed there is in particular a need to build the capacity and critical mass of expertise in genetics that is up to the international standards for the development of genetic and genomic services in the territory. In this connection, HA has sought advice from the Academy on the necessary training and accreditation of clinical genetics and genomics by the relevant colleges. The Committee has considered comments received from Colleges of Community Medicine, O&G, Paediatricians, Pathologists and Physicians; and would forward them to HA.

## 因專業失德 / 失當而被取消院士資格

教育委員會討論了因為專業失德 / 失當而取消院士資格的法律意見，憲法委員會將繼續這方面的討論，並有可能提出修訂附例的要求。

在恢復前院士的院士資格，同意必須遵循以下的方向：

- i) 每個分科學院必須成立一個小組，專責評定因為專業失德 / 失當而被取消院士資格的恢復院士資格申請;
- ii) 每個申請將獲獨立處理;
- iii) 審批每個申請的程序及機制必須清楚列明。

## 成為院士後從培訓中獲得的技能及經驗的資格認證程序

有建議醫專應該為部份高危的程序訂立認證程序，以確保病人安全。設立認證程序後，期望可避免醫生要操作他們不熟悉、不專業和不被認可的程序，以防止有不幸事故發生時引來賠償保障的爭議。院士或新院士接受了六年的專科訓練，仍然可能不熟悉一些程序。縱然接受專科培訓時可能有機會學會部份的程序，但在成為院士後，需要再透過經驗累積以及深入學習，才可以有足夠資歷在沒有上司監管下獨立操作。現時的建議就是先從培訓中獲得的技能及經驗的資格開始認證程序。部份程序的訂立指引工作可以從分科學院層面開始，牽涉兩個或以上分科學院的跨專科方面，醫專將積極參與協調和認證程序。

這將成為「資格認證」的系統，並需要較長時間並投入更多的資源才可以完成。醫專將與醫院管理局合作，設定目標、時間表、指引框架等等，協助建立資格認證系統。醫院管理局及私人執業代表即將成立工作小組，繼續這方面的討論。

## 醫療模擬培訓

醫院管理局就以下各方面諮詢醫專的意見：

- 發展模擬培訓的框架，包括認證和培訓課程；
- 醫專和醫院管理局共同透過醫院管理局和大學作為模擬培訓中心，推出專科培訓；
- 培訓導師和含有非技術性成份的模擬培訓。

教育委員會已經進行了初步的討論，並同意組成由醫院管理局及兩所大學醫學院代表聯合出席的工作小組，分科學院也會派出代表參與。

## 遺傳學和基因學的培訓與認證

醫院管理局聯合衛生署於二零一一年就本地的遺傳和基因服務展開顧問研究，研究範圍包括了本地遺傳和基因服務的評估，並就將來在公立醫院、私家醫院和學術機構的跨專科服務的發展方向提供建議。為此，醫院管理局已經成立了一個籌備委員會，負責建議香港的遺傳及基因服務的發展策略。籌備委員會同意建立一個符合國際標準的遺傳學專家群，以在香港推行遺傳和基因服務。因此，醫院管理局透過醫專諮詢了分科學院的意見，研究臨床的遺傳及基因服務的培訓形式及認證。教育委員會參考了來自社會醫學院、婦產科、兒科、病理學專科學院和內科醫學院的意見，並會把意見轉達予醫院管理局。

## New Specialty

The Education Committee and Council have approved a new specialty “Pain Medicine” under the College of Anaesthesiologists. The proposed subspecialty covers mainly adult pain medicine. And the College of Paediatricians can develop a new subspecialty for “paediatric pain medicine” when necessary.

According to existing policy, College should cease to admit First Fellows (FF) when their formal training programme has started. The College raised questions regarding the admission deadline for FF: (a) whether College should set an application deadline before the admission deadline to make sure FF can be admitted before commencement of the formal training programme; (b) in case there are appeals from unsuccessful applicants, whether they can be admitted as FF after the official admission deadline given that it may take time to process the appeal. To clarify these, the guidelines for Admission of First Fellows were revised.

## Best Original Research by Trainees (BORT)

This prize aims to recognise excellence in research performed by trainees. Results of the 2011 BORT are: -

MEDAL	WINNER (College)	TITLE OF RESEARCH
Gold Medal	Dr YIP, Siu Leung (College of Orthopaedic Surgeons)	New biodegradable nerve conduit, Crosslinked Urethane-doped Polyester Elastomers (CUPEs), in rats
Silver Medal	Dr CHAN, Yap Hang (College of Community Medicine)	PR Interval Prolongation is Associated with Endothelial Dysfunction, Arterial Stiffness and Activation of Vascular Repair: Novel Pathophysiological Insights and Clinical Implications
Bronze Medal	Dr WOO, Yat Ming Peter (College of Surgeons)	Clinical and Angiographic Risk Factors for Recurrent Intracranial Aneurysms treated by Primary Endovascular Coil Embolisation: A Multi-center Retrospective Study in Hong Kong

## Finance and Investment Committee

The Committee met quarterly to discuss investment strategy and other matters relating to the Academy’s finance. Since the Academy Building has been in use for nearly 15 years, many facilities, e.g. air-conditioning, sewage system, kitchen, and AV system would need overhauls. The Committee has agreed to set aside a budget for the major renovations and maintenance.

Members agreed that there should be a mechanism where timely decisions could be made, especially when the financial market was volatile sometimes, during which actions must be swift. Financial market reports would be obtained from the bank, and circulated regularly in order that members could have more updated information for investment plans and decisions. The Committee would make investment decisions via conference calls when necessary.

The Committee has also recommended to Council to make use some of its reserve for training purposes, e.g. establishing a virtual training / simulation centre; providing more training for senior members to learn how to use IT; offering training scholarship; and enriching the content of iCMECPD.

The Committee Chairman, Mr. M.B. Lee has resigned from the Committee earlier this year following his retirement. Mr. Lee has chaired the Committee for 12 years; and members of the Committee would like to record a vote of thanks for his dedicated service and contribution.

## 新專科

教育委員會及院務委員會通過香港麻醉科醫學院成立一個名為「疼痛醫學」的新專科。這個新專科主要涵蓋成人的疼痛醫學。香港兒科醫學院在有需要的時候，可以發展一個「兒童疼痛醫學」的新專科。

根據現有的規定，分科學院必須在展開正式培訓課程的時候停止接納首批院士( First Fellows)。分科學院查詢以下有關停止接納首批院士的期限: a) 分科學院是否必須在接納期限前先訂立一個申請期限，以確保首批院士可以在開展正式培訓課程前獲得接納? b) 如果有落選的申請者提出上訴，由於重新審核需時，他們是否可以在接納期限過後再獲接納成為首批院士? 為了釐清這些疑問，醫專修改了接納首批院士的指引。

## 最佳學員原創研究獎(BORT)

設立此獎的目的在於表揚學員在研究方面的傑出成績，二零一一年「最佳學員原創研究獎」得主為：

獎章	得主 (分科學院)	研究題目
金獎	葉紹亮醫生 (骨科醫學院)	New biodegradable nerve conduit, Crosslinked Urethane-doped Polyester Elastomers (CUPEs), in rats
銀獎	陳熠恆醫生 (社會醫學學院)	PR Interval Prolongation is Associated with Endothelial Dysfunction, Arterial Stiffness and Activation of Vascular Repair: Novel Pathophysiological Insights and Clinical Implications
銅獎	胡日明醫生 (外科醫學院)	Clinical and Angiographic Risk Factors for Recurrent Intracranial Aneurysms treated by Primary Endovascular Coil Embolisation: A Multi-center Retrospective Study in Hong Kong

## 財務委員會報告

委員會每季都會開會討論投資策略及醫專相關的其他財務問題。由於醫專大樓已經落成了接近十五年，很多設施，例如冷氣系統、污水渠、廚房及影音系統都需要進行檢修。委員會同意撥備部份款項作大型翻新及維修之用。

委員會同意必須制定一套機制，以便及時作出合時的投資決定，尤其當財經市場變化不定時，更加要迅速作出適當的投資調動。醫專將透過銀行獲取財經市場表現報告，並予各委員傳閱，讓大家可以掌握最新的市場資訊，有助作出投資計劃和決定。必要時，委員會將召開電話會議，商量投資決定。

委員會也建議院務委員會利用部份儲備作為學員培訓之用，例如建立一個虛擬培訓中心 / 模擬中心，培訓資深學員善用資訊科技，設立培訓獎學金及豐富iCMECPD的內容。

委員會主席李文彬先生已經服務了委員會十二年，他於本年初退休，因此向委員會辭任。委員會全體委員想藉此機會，感謝李先生為委員會作出的無私貢獻。

## House Committee

The HKAM Building has been in use for almost 15 years. Some of the areas and the facilities in the Building have worn out and are not in good condition. The Committee considered that it would be an appropriate time to review the condition of the whole Building, to study plans on better space utilization in this Building, and to set a time frame for the implementation of the improvement works. The Committee was now conducting a tendering exercise to select a consultant for this project.

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The Committee was also aware that the equipment in the two kitchens on 1/F and 2/F is deteriorating and some have reached the end of the life span. The Committee agreed to renovate the two kitchens and modify the layouts so that the workflow for food preparation can be streamlined. The Committee has appointed a consultant firm to manage this project. The renovation works will be commenced around the coming Chinese New Year and are expected to be finished before summer 2013.

The existing systems for maintaining membership services and CME/CPD have been in use for quite some time. The data in the two systems cannot be synchronized with each other, some of the modules in the systems are now outdated, and the systems are not capable to meet the Colleges' accreditation rules which will be changed from time to time. After conducting a tendering exercise, the Committee appointed a consultant firm to carry out a review on the I.T. system. The consultant suggested and the Committee agreed to develop a new system to consolidate the two systems. A working group, comprising representatives from House Committee, Education Committee, and Colleges, has been formed to lead the development of the new system.

In the hope of opening up the Academy facilities, which are currently under-utilized, to more potential users, the Committee has arranged a meeting with the chairperson of the Membership Committee to explore the possibilities. It was agreed that Colleges trainees can apply for 'Trainee Card'. Holders of the 'Trainee Card' will be entitled to book and use the Academy facilities. It was hoped that this could encourage trainees to have sense of belonging to the Academy, thus to accustom themselves to the use of the Academy facilities.

## Medical Manpower Planning Committee

Earlier this year, the Committee noted the submissions from Colleges giving (a) summary of factors that would affect the manpower planning of their specialties; and (b) suggestion on data collection format, if data needs to be collected from Fellows and hospitals, and what data/information they would need to collect from private hospitals. It was noted that different Colleges would need different data for manpower projection. Some Colleges project manpower on population base, and need overseas references for benchmarking. Other Colleges project manpower on need / services / workload basis and would need data from both public and private sectors, e.g. number of procedures / operation (by categories) conducted annually. Members agreed to focus on data collection first before making manpower projections. While data from public sector would be easier to obtain, Colleges would need assistance in collecting data from private hospitals. The Committee has requested Council to approve engaging a professional company / institute to do some survey on the manpower situation in the private market. This is very important for future manpower planning because of public / private balance, exodus of public doctors into the private market, changing government policies, influence of the insurance market and the mainland patients coming to Hong Kong. The results would be useful and informative; and could be used for PR purposes, as references for the Government, HA and universities. The Academy has written to private hospitals seeking their support for the survey, and received positive responses. During the process of looking for a service provider for the private hospital survey, the Academy noted that the Food and Health Bureau had decided to conduct a strategic review on healthcare manpower planning and professional development. The Academy President was invited to serve as a member of its Steering Committee for the review. The Steering Committee will formulate recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development having regard to the findings of the strategic review, with a view to ensuring the healthy and sustainable development of the healthcare system in Hong Kong. The Government project would be a large scale one and there may be duplication of effort if the Academy also conducts similar study. After discussion, the Committee proposed and the Academy Council agreed that the project would better be taken up by the Government. The Academy will have representatives in the Government committee and will work closely with the Bureau in the future.

## 內務委員會

香港醫學專科學院大樓啟用已經接近十五年，大樓的部份地方和設施開始殘破，委員會認為應開始全面檢查大樓，儘量善用大樓的空間及制定大樓維修翻新的時間表。委員會現正進行招標，選擇合適的顧問負責翻新工程。

委員會注意到一樓和二樓的廚房開始老化，部份設備已經不能使用，因此同意翻新兩個廚房；同時修正內部的擺位安排，讓食物的準備流程可以更加順暢。委員會已經委任了一家顧問公司負責廚房的工程，預計將於農曆新年前後開始翻新工程，並於二零一三年暑假前完成。

現有的會員管理及CME/CPD系統已使用了一段時間，兩個系統之間的數據不能同步化，部份系統的單元也落伍了，未能配合分科學院不時改變的審核要求。經過招標程序，委員會委任了一家顧問公司檢討醫專的資訊科技系統。顧問公司建議並獲委員會通過合併之前的兩個系統，設立一個全新系統。醫專已經組成了一個由內務委員會、教育委員會及分科學院代表組成的工作小組，參與建立新系統。

現時大樓有很多設施未被充份利用，為了增加使用率，委員會與會籍委員會的主席會面，商討如何善用大樓設施。會後，大家同意分科學院的學員可以申請「學員卡」，持卡人可以享用大樓的設施，希望可以藉此機會增加學員對醫專的歸屬感，從而讓學員習慣使用醫專大樓的設施。

## 醫療人力資源策劃委員會

今年較早時候，委員會注意到分科學院呈交的報告有以下兩點：1) 影響其專科的人力資源規劃的因素摘要；及2) 從院士和醫院方面（如需要的話）收集數據的形式的建議，以及從私家醫院可收集數據或資料的類別。我們注意到不同的分科學院需要不同的數據來進行人力資源規劃。部份分科學院根據人口基數來規劃，並需要參考海外的數據，以作規範標準。其他分科學院則根據另外一些因素，例如需求 / 服務 / 工作量以進行人力資源規劃，並需要從公立和私家醫院收集數據，如全年內施行手術之次數（以種類區分）。委員會同意在進行人力資源籌劃前，應該先集中收集數據。分科學院可以較容易向公立醫院收集數據，至於收集私家醫院的數據方面，可能需要醫專的協助。另一方面，委員會明白有多項社會因素會影響未來的人力資源計劃，如公私營醫療平衡發展問題、大量公立醫院的醫生投入私營市場、政府政策的改變、醫療保險市場的影響及國內病人來港，所以委員會認為收集私家醫院的人力資源分佈情況相當重要。有見及此，委員會已經要求院務委員會同意聘請專業顧問公司/ 機構以研究私家醫院人力資源的分佈情況。研究結果將非常有用，可以用來安排公關活動，亦可以作為政府、醫院管理局及大學的參考。醫專已經發信予私家醫院，希望他們積極配合。醫專在物色適合的公司進行私家醫院的研究時，獲知食物及衛生局決定進行一項有關醫護人員的人力資源及專業發展的策略檢討，並邀請醫專主席出任督導委員會委員。督導委員會將在收集策略檢討的數據後草擬建議，就如何配合預計的醫護人力資源需求、加強專業培訓和推動專業發展提出合適的建議，確保香港可以維持一個健康、可持續發展的醫療系統。政府的檢討計劃規模宏大，如果醫專進行類似的研究，便會因工作重覆而浪費資源。經過討論後，委員會建議並獲院務委員會同意，由政府來進行這方面的研究更為合適。醫專有代表出席政府的督導委員會，並將與食物及衛生局保持緊密聯繫。

## Membership Committee

The Academy received 198 nominations for Fellowship from the Colleges between July and December 2011. They were all vetted by the Membership Committee and recommended to the Council for approval. These new Fellows were formally admitted at the AGM on 16 December 2011 and received their Fellowship on the same evening during the conferment ceremony.

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From January to June 2012, 106 nominations for Academy Fellowship were vetted by the Committee and approved by Council. They were formally passed at the Extraordinary General Meeting held on 21 June 2012 and will be conferred at the ceremony in the coming December.

## Past Presidents Advisory Committee

The Committee continues to hold regular meetings, during which past presidents of the Academy and Colleges were briefed on the Academy's current affairs. Issues that the Council has been deliberating on, such as the Role of the Academy in Credentialing and Defining Scope of Practice, Termination of Fellowship due to Professional Misconduct, were reported to members. Useful comments and advice had been passed back to the Council for consideration.

## Public Relations Committee

The Committee renewed the appointment of the PR firm for one more year starting from November 2011 to continue the work of various image-building exercises to enhance the public profile of the Academy. As in previous years, the Committee has arranged television and newspaper interviews for representatives from various Colleges to provide the public with medical information. Some Colleges continue to contribute to regular newspaper columns to introduce general medical knowledge to the public. The Academy held a press briefing on 22 April 2012 at the Academy Building to raise public awareness on the harmful effects of alcohol and to urge for joint efforts by concerned parties to propose and implement relevant measures for better public health protection. Speakers from various Colleges appealed for increase in public education to raise awareness of the harmful effects of alcohol consumption on health and the cost to the community. They also encouraged individuals, families, organisations and communities to join forces and participate in building a healthy environment, reducing the burden created by alcohol on society and on the healthcare system in Hong Kong.



## 會籍委員會

委員會於二零一一年七月至十二月期間，審核了由十五個分科學院提名的一百九十八個院士申請，並提交院務委員會，於二零一一年十二月十六日的週年大會上獲得通過。當日，更舉辦了院士頒授儀式，正式收納這批新院士。

二零一二年一月至六月期間，委員會審核了一百零六個院士申請，並獲院務委員會通過，並於二零一二年六月二十一日舉行的特別會員大會上通過。這批院士將於十二月舉行的週年大會上正式獲頒授院士文憑。

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## 前任主席顧問委員會

前任主席顧問委員會繼續定期開會，向醫專及分科學院的前任院長簡介醫專的有關資訊及院務委員會討論的議題。院務委員會就確保和界定執業範圍方面醫專所擔當的角色，因專業失當而取消的院士資格等等各方面的討論向委員會匯報，委員會也向院務委員會回應了很多有用的建議和意見。

## 公共關係委員會

公共關係委員會由去年十一月開始，繼續委任一家公關公司為醫專推廣公關活動，為期一年，以提高醫專對外的聯繫，增加大眾對醫專的認識。

如同往年，委員會安排不同的分科學院代表接受電子及報章媒體的訪問，為公眾解釋一些疾病的治療方法。部份分科學院也繼續在報紙專欄定期撰寫一些大眾關心的健康議題，以教育市民大眾及提升分科學院的知名度。四月二十二日，醫專舉辦了一個有關於酒精禍害的記者會，增加公眾對酒精禍害的關注及呼籲其他相關的團體共同制定措施，保障公眾健康。記者會上，各發言人呼籲提高公眾教育，讓大眾對酒精禍害有更深入的認識，了解酒精對個人健康和社區帶來的負面影響；鼓勵個人、家庭、不同團體及社區團結力量，共創一個健康的環境，減低酒精為社會和醫護人員帶來的壓力。



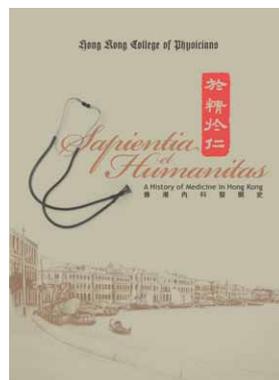
## Publications Committee

The Publications Committee oversees the running of the Hong Kong Academy of Medicine Press.

During the year, the Press published a total of 11 periodicals, including nine journals and two newsletters, and three other publications:

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- The Press was able to acquire the publication of a newsletter for the Hong Kong Ophthalmological Society, Eye Opener, with its inaugurated issue published in January 2012.
- A monograph entitled “Sapientia et Humanitas: a History of Medicine in Hong Kong” was published in October 2011. This commemorates the 25th Anniversary of the Hong Kong College of Physicians.
- The Press was also appointed publisher for the conference proceedings of the Hong Kong Ophthalmological Symposium and the Annual Congress of the Hong Kong Orthopaedic Association in 2011.



Some major developments of our online publishing have taken place. The Press sets up new websites and maintains their regular updates for its clientele, including the Hong Kong Journal of Radiology <[www.hkjr.org](http://www.hkjr.org)> and the Hong Kong Journal of Gynaecology, Obstetrics and Midwifery <[www.hkjgom.org](http://www.hkjgom.org)>. The new sites offer full-text content and are fully searchable; this ensures that authors and readers are offered various options of access that are relevant to their needs.

The Academy’s flagship journal, Hong Kong Medical Journal (HKMJ), continues to flourish under its strong editorship. It was indexed in Science Citation Index Expanded in January 2012, in addition to MEDLINE / Index Medicus, Current Contents – Clinical Medicine, BIOSIS Previews, Embase / Excerpta Medica, and Index Copernicus.

A new corner entitled Doctor for Society was launched in the August 2012 issue of the HKMJ. The objective of this new corner is to let readers appreciate the activities and achievements of medical doctors who contribute substantially to society on a voluntary basis. Through conducting interviews, the message that medical doctors can have a significant impact in the community, even outside the setting of clinics and hospitals, can be disseminated. In composing the interview articles, medical students (student reporters) from the faculties of both universities with medical schools are heavily involved. This series of articles will achieve the primary aim to encourage the younger generations to engage in community services with the exemplary models of these dedicated doctors.

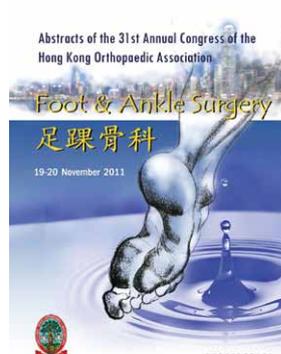
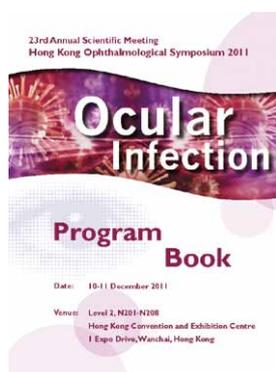
Set against a background of continued economic uncertainty, the financial results of the Press were encouraging. The Press was able to record a modest surplus this year.



出版委員會負責香港醫學專科學院出版社的運作。

今年，出版社共出版了十一本定期刊物，包括了九本期刊和兩個會員通訊，以及三本其他刊物：

- 出版社成功爭取為香港眼科學會出版一份名為 Eye Opener的會員通訊，並於二零一二年一月首次出版。
- 於二零一一年十一月出版名為“Sapientia et Humanitas: a History of Medicine in Hong Kong”的專題集，慶祝香港內科醫學院成立二十五週年。
- 出版社也獲香港眼科學會及香港骨科醫學會的邀請出版其週年會議的相關刊物。



網上出版方面，也有新發展。出版社為《香港放射科醫學雜誌》[www.hkjr.org](http://www.hkjr.org)及《香港婦產助產科雜誌》[www.hkjgom.org](http://www.hkjgom.org)建立新網站，並定時更新。這些新網站上載了雜誌的所有內容，而且全部內容都具有搜尋功能；確保作者及讀者可以因應自己的需要搜尋相關的資料。

在龐大編輯隊伍的領導下，學院的旗艦刊物《香港醫學雜誌》除了收錄在MEDLINE / Index Medicus, Current Contents — Clinical Medicine, BIOSIS Previews, Embase / Excerpta Medica, 及Index Copernicus的索引外，二零一二年一月開始，更獲收錄在Science Citation Index Expanded的索引內。

二零一二年八月開始，《香港醫學雜誌》增加了一個Doctor for Society的新版位，透過新版位的設立，讓讀者了解一些醫生自願者默默為社會作出的貢獻。藉著訪問和分享，讓同道知道醫生除了在診所和醫院可以作出貢獻外，也可以有其他途徑回饋社會。來自兩所大學的醫學生(學生記者)負責訪談並撰寫訪談文章。這些資深醫生回饋社會的事例，正好可以鼓勵年輕醫生更加積極投入社區事務。

出版社的財政狀況令人鼓舞，在現今經濟環境不明朗的情況下，出版社今年錄得溫和盈利。

## Election

Pursuant to the HKAM Ordinance, an election has been conducted for the posts of the 6 Officers. The notice and nomination form were sent to Council Members on 22 June 2012. The following nominations were received by the deadline of 24 August 2012. As there is only one nomination for each of the 6 posts, the candidates will be elected to their respective post ipso facto. The results of the election will be announced at the coming AGM in December.

POST	NOMINEE
President	Donald LI
Vice-President (General Affairs)	FOK Tai Fai
Vice-President (Education & Examinations)	LAU Chak Sing
Honorary Secretary	LAU Chor Chiu
Honorary Treasurer	William WEI
Editor	Ignatius YU

**Louis Chow**  
Honorary Secretary  
(September 2012)

## 選舉

根據香港醫學專科學院條例，六名幹事必須經過選舉產生，醫專於二零一二年六月二十二日寄出選舉通知書及提名表格予院務委員。至二零一二年八月二十四日截止提名，由於每個職銜只收到一份候選名單，候選人自動當選。

職銜	候選人
主席	李國棟
副主席(一般事務)	霍泰輝
副主席(教育及考試事務)	劉澤星
名譽秘書	劉楚釗
名譽司庫	韋霖
編輯	余德新

**周永昌**  
名譽秘書  
(二零一二年九月)

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## Honorary Treasurer's Report

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A consolidated surplus of \$10.7M (2.45M from the Foundation Fund and 8.25M from Academy) was recorded for the year. Owing to the European market crisis, there was a drop in fair values reserve for the financial investments (about \$18.4M). At the time of writing the report, the Academy and Foundation Fund held about 43% of its fund in cash, 43% in stocks and 14% in bonds.

I am sad to see Mr. M.B. Lee go, after his serving the Finance & Investment Committee (FIC) as chairman for 12 years. However, he really deserves a relaxing and happy retirement life after working for so many years in public services, besides his own business. We are glad to have Dr. Philip Wu, who has been serving the FIC for many years, to be the new Chairman of the Committee. I would also like to welcome Mr. Fong Hup, who works in a famous accounting firm, to join the Committee after Mr. Lee's departure, as we need a professional accountant to help us oversee the finance.

On behalf of the Academy, I would like to thank the members of the Finance & Investment Committee for their time and effort in helping the Academy keep a healthy position in its finance.

Lastly, I wish to say goodbye to Fellows, as I shall be stepping down from the Academy Council after the AGM this year. I have been serving the Academy Council since its inauguration in different capacities, and it should be time for me to take a break. I would continue to give my support to the Academy, and would like to send my best wishes to all Fellows.

**Stephen Foo**  
Honorary Treasurer  
(September 2012)

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## 名譽司庫報告

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醫專今年錄得盈餘一千零七十萬(二百四十五萬來自醫專基金會，八百二十五萬來自學院)。由於歐洲市場危機，財政投資的儲備價值下降了(約一千八百零四十萬)。撰寫此報告時，醫專及醫專基金會持有大約百分之四十三的現金，百分之四十三股票及百分之十四債券。

李文彬先生出任財務委員會主席十二年，對於他的呈辭，本人感到非常不捨；但同時亦明白李先生除了要兼顧自己的生意，還要同時服務公眾那麼多年，勞苦功高，也是時候享受寧靜開心的退休生活。我們很榮幸邀請了任委員多年的伍步謙博士成為新的委員會主席。我同時要感謝來自本地著名會計師樓的方俠先生加入成為委員，身為專業會計師的方俠先生會就財務方面的事情提供專業意見。

本人謹代表醫專，感謝財務委員會所有委員付出寶貴的時間和精力，令醫專財政得以保持穩健。

最後，我要借此機會向各院士道別，在週年大會結束以後，我將會離任。自從醫專成立典禮過後，多年來我在院務委員會擔任了不同的崗位，現在是時候小休一下。我將繼續支持醫專，希望醫專和院士們有一個美好的將來。

**傅鑑蘇**  
名譽司庫  
(二零一二年九月)

**HONG KONG ACADEMY OF MEDICINE**  
香港醫學專科學院

**REPORTS AND FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED 31 DECEMBER 2011**

**HONG KONG ACADEMY OF MEDICINE**  
**香港醫學專科學院**  
**REPORTS AND FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2011**

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**INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF  
 HONG KONG ACADEMY OF MEDICINE**

香港醫學專科學院

(Established in Hong Kong)

We have audited the financial statements of Hong Kong Academy of Medicine ("the Academy") and its special purpose entity, The Hong Kong Academy of Medicine Foundation Fund (collectively "the Group") set out on pages 3 to 24, which comprise the consolidated and the Academy statement of financial position as at 31 December 2011, the consolidated income and expenditure account, the consolidated statement of comprehensive income, the consolidated statement of changes in reserve and funds and the consolidated statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

**Council's responsibility for the financial statements**

The council is responsible for the preparation of financial statements that give a true and fair view in accordance with Hong Kong Financial Reporting Standards issued by the Hong Kong Institute of Certified Public Accountants and the Hong Kong Academy of Medicine Ordinance and for such internal control as the council determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. This report is made solely to you, as a body, in accordance with section 14 of the Hong Kong Academy of Medicine Ordinance, and for no other purpose. We do not assume responsibility towards or accept liability to any other person for the contents of this report.

We conducted our audit in accordance with Hong Kong Standards on Auditing issued by the Hong Kong Institute of Certified Public Accountants. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance as to whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and true and fair presentation of the financial statements in order to design audit, procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the council members, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



**INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF  
HONG KONG ACADEMY OF MEDICINE**  
香港醫學專科學院  
(Established in Hong Kong)

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(Continued)

**Opinion**

In our opinion, the financial statements give a true and fair view of the state of the affairs of the Academy and the Group as at 31 December 2011 and of the Group's surplus and cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards and have been properly prepared in accordance with the Hong Kong Academy of Medicine Ordinance.

*Crowe Horwath (HK) CPA Limited*

Crowe Horwath (HK) CPA Limited  
Certified Public Accountants  
Hong Kong, 21 June 2012

Betty P.C. Tse  
Practising Certificate Number P03024

HCH1010-2011

**HONG KONG ACADEMY OF MEDICINE**  
**香港醫學專科學院**  
**CONSOLIDATED INCOME AND EXPENDITURE ACCOUNT**  
**FOR THE YEAR ENDED 31 DECEMBER 2011**

	<u>Note</u>	<u>2011</u> HK\$	<u>2010</u> HK\$
Principal source of revenue	4	19,346,767	18,015,517
Other revenue	5	22,405,308	20,797,537
Depreciation	8	(1,448,629)	(1,378,301)
Salaries, wages and other benefits		(9,104,112)	(8,298,339)
Contributions to defined contribution retirement plans		(613,762)	(579,356)
Other operating expenses		(19,804,634)	(19,969,672)
Loss on disposal of available-for-sale financial assets		<u>(81,357)</u>	<u>-</u>
Surplus for the year	6	<u>10,699,581</u>	<u>8,587,386</u>

The notes on pages 9 to 24 form part of these financial statements.

HONG KONG ACADEMY OF MEDICINE  
 香港醫學專科學院  
**CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME**  
**FOR THE YEAR ENDED 31 DECEMBER 2011**

	<u>2011</u> HK\$	<u>2010</u> HK\$
<b>Surplus for the year</b>	10,699,581	8,587,386
<b>Other comprehensive (loss)/income for the year</b>		
Available-for-sale financial assets:		
- changes in fair value reserve	(18,435,701)	497,105
- reclassification adjustment on disposal	31,700	-
- income tax effect	-	-
	<u>(18,404,001)</u>	<u>497,105</u>
<b>Total comprehensive (loss)/income for the year</b>	<u>(7,704,420)</u>	<u>9,084,491</u>

The notes on pages 9 to 24 form part of these financial statements.

**HONG KONG ACADEMY OF MEDICINE**  
 香港醫學專科學院  
**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
**AT 31 DECEMBER 2011**

	<u>Note</u>	<u>2011</u> HK\$	<u>2010</u> HK\$
<b>Non-current assets</b>			
Property, plant and equipment	8(a)	5,615,430	6,699,154
Available-for-sale securities	10	87,202,691	108,235,532
		92,818,121	114,934,686
<b>Current assets</b>			
Inventories		88,320	71,726
Debtors, deposits and prepayments	11	4,992,473	3,604,986
Cash and cash equivalents	12	60,997,874	49,200,665
		66,078,667	52,877,377
<b>Current liabilities</b>			
Receipts in advance		125,138	236,915
Creditors and accrued charges	13	5,061,960	6,161,038
		(5,187,098)	(6,397,953)
<b>Net current assets</b>		<u>60,891,569</u>	<u>46,479,424</u>
<b>Net assets</b>		<u>153,709,690</u>	<u>161,414,110</u>
<b>Reserve and funds</b>			
Fair value reserve	15(b)	5,194,950	23,598,951
Foundation fund		30,861,166	30,861,166
General fund		117,653,574	106,953,993
		<u>153,709,690</u>	<u>161,414,110</u>

Approved and authorised for issue by the Council on 21 June 2012.

On behalf of the board

  
 \_\_\_\_\_  
 President

  
 \_\_\_\_\_  
 Council member

The notes on pages 9 to 24 form part of these financial statements.

**HONG KONG ACADEMY OF MEDICINE**  
 香港醫學專科學院  
**STATEMENT OF FINANCIAL POSITION**  
**AT 31 DECEMBER 2011**

	<u>Note</u>	<u>2011</u> HK\$	<u>2010</u> HK\$
<b>Non-current assets</b>			
Property, plant and equipment	8(b)	5,615,430	6,699,154
Available-for-sale securities	10	44,347,658	54,032,152
		49,963,088	60,731,306
<b>Current assets</b>			
Inventories		88,320	71,726
Debtors, deposits and prepayments	11	4,497,935	3,020,124
Government grants receivable		-	-
Amount due from special purpose entity	14	12,971	26,861
Cash and cash equivalents	12	41,211,690	15,982,708
		45,810,916	19,101,419
<b>Current liabilities</b>			
Receipts in advance		125,138	236,915
Creditors and accrued charges	13	5,048,760	6,149,038
		(5,173,898)	(6,385,953)
<b>Net current assets</b>		<u>40,637,018</u>	<u>12,715,466</u>
<b>Net assets</b>		<u>90,600,106</u>	<u>73,446,772</u>
<b>Reserve and funds</b>			
Fair value reserve	15	(769,616)	10,328,217
General fund	15	91,369,722	63,118,555
		<u>90,600,106</u>	<u>73,446,772</u>

Approved and authorised for issue by the Council on 21 June 2012.

On behalf of the Council



\_\_\_\_\_  
President



\_\_\_\_\_  
Council member

The notes on pages 9 to 24 form part of these financial statements.

**HONG KONG ACADEMY OF MEDICINE**  
**香港醫學專科學院**  
**CONSOLIDATED STATEMENT OF CHANGES IN RESERVE AND FUNDS**  
**FOR THE YEAR ENDED 31 DECEMBER 2011**

	Fair value reserve HK\$	Foundation fund HK\$	General fund HK\$	Total HK\$
<b>At 1 January 2010</b>	23,101,846	30,861,166	98,366,607	152,329,619
Surplus for the year	-	-	8,587,386	8,587,386
Available-for-sale securities: Changes in fair value	497,105	-	-	497,105
Total comprehensive income for the year	<u>497,105</u>	<u>-</u>	<u>8,587,386</u>	<u>9,084,491</u>
<b>At 31 December 2010 and 1 January 2011</b>	23,598,951	30,861,166	106,953,993	161,414,110
Surplus for the year	-	-	10,699,581	10,699,581
Available-for-sale securities: Changes in fair value	(18,435,701)	-	-	(18,435,701)
Reclassification adjustments for disposal	31,700	-	-	31,700
Total comprehensive (loss)/income for the year	<u>(18,404,001)</u>	<u>-</u>	<u>10,699,581</u>	<u>(7,704,420)</u>
<b>At 31 December 2011</b>	<u>5,194,950</u>	<u>30,861,166</u>	<u>117,653,574</u>	<u>153,709,690</u>

The notes on pages 9 to 24 form part of these financial statements.

**HONG KONG ACADEMY OF MEDICINE**  
**香港醫學專科學院**  
**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 31 DECEMBER 2011**

	<u>Note</u>	<u>2011</u> HK\$	<u>2010</u> HK\$
<b>Operating activities</b>			
Surplus for the year		10,699,581	8,587,386
Adjustments for:			
Depreciation		1,448,629	1,378,301
Loss on disposal of property, plant and equipment		-	1,510
Loss on disposal of available-for-sale securities		81,357	-
Interest income		(1,854,615)	(2,014,579)
Dividend income from listed securities		(3,257,243)	(2,170,231)
Reversal of impairment losses on available-for-sale securities		-	(1,666,512)
<b>Operating profit before changes in working capital</b>		<u>7,117,709</u>	<u>4,115,875</u>
(Increase)/decrease in inventories		(16,594)	17,978
Increase in debtors, deposits and prepayments		(1,478,062)	(1,529,815)
(Decrease)/increase in receipts in advance		(111,777)	67,354
(Decrease)/increase in creditors and accrued charges		<u>(1,099,078)</u>	<u>2,132,332</u>
<b>Net cash generated from operating activities</b>		<u>4,412,198</u>	<u>4,803,724</u>
<b>Investing activities</b>			
Purchase of property, plant and equipment		(364,905)	(1,865,906)
Purchase of available-for-sale securities		(92,127)	(19,647,444)
Proceeds from sale of available-for-sale securities		4,662,601	-
Interest received		1,945,190	2,599,441
Dividend received from listed securities		<u>1,234,252</u>	<u>371,044</u>
<b>Net cash generated from/(used in) investing activities</b>		<u>7,385,011</u>	<u>(18,542,865)</u>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<u>11,797,209</u>	<u>(13,739,141)</u>
<b>Cash and cash equivalents at 1 January</b>		<u>49,200,665</u>	<u>62,939,806</u>
<b>Cash and cash equivalents at 31 December</b>	12	<u>60,997,874</u>	<u>49,200,665</u>

The notes on pages 9 to 24 form part of these financial statements.

**HONG KONG ACADEMY OF MEDICINE**  
 香港醫學專科學院  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2011**

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**1. STATUS OF THE ACADEMY**

The Academy was established as a body corporate under the Hong Kong Academy of Medicine Ordinance on 1 August 1992. The principal activities of the Academy are to promote and advance the science of medicine by education and exchange of information as well as to improve the standard of local health care.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**a) Statement of compliance**

These financial statements have been prepared in accordance with all applicable Hong Kong Financial Reporting Standards ("HKFRSs"), which collective term includes all applicable individual Hong Kong Financial Reporting Standards, Hong Kong Accounting Standards ("HKASs") and Interpretations issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA") and accounting principles generally accepted in Hong Kong. A summary of the significant accounting policies adopted by the Academy is set out below.

The HKICPA has issued certain new and revised HKFRSs that are first effective or available for equity adoption for the current accounting period of the Group and the Company. Note 3 provides information on changes in accounting policies resulting from initial application of these developments to the extent that they are relevant to the Group and the Company for the current and prior accounting periods reflected in these financial statements.

**b) Basis of preparation of the financial statements**

The preparation of financial statements in conformity with HKFRS requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Group's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates significant to the financial statements are disclosed in note 19.

The measurement basis used in the preparation of the financial statements is the historical cost basis except that financial instruments classified as available-for-sale securities are stated at fair value.

**c) Special purpose entities**

A special purpose entity is an entity which the Academy has the power, directly or indirectly, to govern the financial and operating policies of an entity so as to obtain benefits from its activities.

A special purpose entity is consolidated on a line-by-line basis by adding together items such as assets, liabilities, reserves and funds, income and expenses.

**HONG KONG ACADEMY OF MEDICINE**  
 香港醫學專科學院  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2011**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**c) Special purpose entities (Continued)**

Intra-group balances and transactions, and any unrealised profit arising from intra-group transactions are eliminated in full in preparing the consolidated financial statements. Unrealised losses resulting from intra-group transactions are eliminated in the same way as unrealised gains, but only to the extent that there is no evidence of impairment.

**d) Property, plant and equipment**

Property, plant and equipment are stated in the statement of financial position at cost less accumulated depreciation and any impairment losses.

Depreciation is calculated to write off the cost of items of property, plant and equipment using the straight line method over their estimated useful lives as follows:

Property	25 years
Other fixed assets	5 years

Both the useful life of an asset and its residual value, if any, are reviewed annually.

The carrying amounts of property, plant and equipment are reviewed for indications of impairment at the end of each reporting period. An impairment loss is recognised to the extent that the carrying amount of an asset, or the cash-generating unit to which it belongs, is more than its recoverable amount. The recoverable amount of an asset, or of the cash-generating unit to which it belongs, is the greater of its net selling price and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of time value of money and the risks specific to the assets. An impairment loss is reversed if there has been a favourable change in estimates used to determine the recoverable amount.

Gains or losses arising from the retirement or disposal of an item of property, plant and equipment are determined as the difference between the estimated net disposal proceeds and the carrying amount of the item and are recognised in the income and expenditure account on the date of retirement or disposal.

**e) Inventories**

Inventories are carried at the lower of cost and net realisable value. Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs necessary to make the sale.

HONG KONG ACADEMY OF MEDICINE  
香港醫學專科學院  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2011

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2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

f) Investments in debt and equity securities

Investments are recognised/derecognised on the date the Academy or the Group commits to purchase/sell the investments or they expire. Investments in debt and equity securities are initially stated at cost, which is their transaction price unless fair value can be more reliably estimated using valuation techniques whose variables include only data from observable markets. Cost includes attributable transaction costs. These investments are subsequently accounted for as follows:

Available-for-sale securities

Investments in debt and equity securities, being those held for non-trading purposes, are classified as available-for-sale securities. At the end of each reporting period the fair value is remeasured, with any resultant gain or loss being recognised in other comprehensive income and accumulated separately in reserve and funds in the fair value reserve, except foreign exchange gains and losses in respect of monetary items such as debt securities which are recognised directly in the income and expenditure account. When these investments are derecognised, the cumulative gain or loss previously recognised directly in equity is recognised in the income and expenditure account.

When there is objective evidence that available-for-sale securities are impaired, the cumulative loss that had been recognised directly in reserve and funds is removed from reserve and funds and is recognised in the income and expenditure account. The amount of the cumulative loss that is recognised in the income and expenditure account is the difference between the acquisition cost (net of any principal repayment and amortisation) and current fair value, less any impairment loss on that asset previously recognised in the income.

Impairment losses recognised in the income and expenditure account in respect of available-for-sale equity securities are not reversed through the income and expenditure account. Any subsequent increase in the fair value of such assets is recognised in other comprehensive income.

Impairment losses in respect of available-for-sale debt securities are reversed if the subsequent increase in fair value can be objectively related to an event occurring after the impairment loss was recognised. Reversals of impairment losses in such circumstances are recognised in the income and expenditure account.

g) Debtors, deposits and prepayments

Debtors, deposits and prepayments are initially recognised at fair value and thereafter stated at amortised cost less impairment losses for bad and doubtful debts, except where the effect of discounting would be immaterial. In such cases, the receivables are stated at cost less impairment losses for bad and doubtful debts.

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**香港醫學專科學院**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2011**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**g) Debtors, deposits and prepayments (Continued)**

Impairment losses for bad and doubtful debts are recognised when there is objective evidence of impairment and are measured as the difference between the carrying amount of the financial asset and the estimated future cash flows, discounted where the effect of discounting is material. Objective evidence of impairment includes observable data that comes to the attention of the Group about events that have an impact on the asset's estimated future cash flows such as significant financial difficulty of the debtor.

**h) Creditors and accrued charges**

Creditors and accrued charges are initially recognised at fair value and thereafter stated at amortised cost unless the effect of discounting would be immaterial, in which case they are stated at cost.

**i) Cash and cash equivalents**

Cash and cash equivalents comprise cash at bank and on hand, demand deposits with banks and other financial institutions, and short-term, highly liquid investments that are readily convertible into known amounts of cash and which are subject to an insignificant risk of changes in value, having been within three months of maturity at a acquisition.

**j) Funds managed by the Group**

**i) Foundation fund**

Funds received are accounted for in the Foundation fund which is used exclusively for the establishment and use of the Academy at such time as the Academy shall direct.

**ii) General fund**

The fund is used to finance the general operations of the Group.

**k) Provisions and contingent liabilities**

Provisions are recognised for liabilities of uncertain timing or amount when the Academy or the Group has a legal or constructive obligation arising as a result of a past event, it is probable that an outflow of economic benefits will be required to settle the obligation and a reliable estimate can be made. Where the time value of money is material, provisions are stated at the present value of the expenditure expected to settle the obligation.

Where it is not probable that an outflow of economic benefits will be required, or the amount cannot be estimated reliably, the obligation is disclosed as a contingent liability, unless the probability of outflow of economic benefits is remote. Possible obligations, whose existence will only be confirmed by the occurrence or non-occurrence of one or more future events are also disclosed as contingent liabilities unless the probability of outflow of economic benefits is remote.

HONG KONG ACADEMY OF MEDICINE  
香港醫學專科學院  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2011

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**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**l) Revenue recognition**

Provided it is probable that the economic benefits will flow to the Group and the revenue and costs, if applicable, can be measured reliably, revenue is recognised in the income and expenditure account as follows:

i) Entrance fees and subscription fees

Entrance fees are recognised when the cash is received. Subscription fees are recognised on an accrual basis.

ii) Donations, grants and contributions

Donations, grants and contributions are recognised when the Group is reasonably assured that such amount will be received.

Grants that compensate the Group for expenses incurred are recognised as revenue in the income and expenditure account on a systematic basis in the same periods in which the expenses are incurred.

iii) Income from international congress and various functions

Income from international congress and various functions is recognised on an accrual basis.

iv) Interest income

Interest income is recognised as it accrues using the effective interest method.

v) Dividends

Dividend income from listed investments is recognised when the share price of the investment goes ex-dividend.

**m) Related parties**

(a) A person, or a close member of that person's family, is related to the Academy if that person:

(i) has control or joint control over the Academy;

(ii) has significant influence over the Academy; or

(iii) is a member of the key management personnel of the Academy or the Academy's parent.

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**香港醫學專科學院**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2011**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**m) Related parties (Continued)**

- (b) An entity is related to the Academy if any of the following conditions applies:
- (i) The entity and the Academy are members of the same Academy (which means that each parent, subsidiary and fellow subsidiary is related to the others).
  - (ii) One entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member).
  - (iii) Both entities are joint ventures of the same third party.
  - (iv) One entity is a joint venture of a third entity and the other entity is an associate of the third entity.
  - (v) The entity is a post-employment benefit plan for the benefit of employees of either the company or an entity related to the Academy.
  - (vi) The entity is controlled or jointly controlled by a person identified in (a).
  - (vii) A person identified in (a)(i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).

Close members of the family of a person are those family members who may be expected to influence, or be influenced by, that person in their dealings with the entity.

**n) Employee benefits**

- i) Short term employee benefits and contributions to defined contribution retirement plans

Salaries, annual bonuses, paid annual leave, contributions to defined contribution plans and the cost of non-monetary benefits are accrued in the year in which the associated services are rendered by employees. Where payment or settlement is deferred and the effect would be material, these amounts are stated at their present values.

Contributions to the Mandatory Provident Funds as required under the Hong Kong Mandatory Provident Fund Schemes Ordinance are charged to the income and expenditure account.

- ii) Termination benefits

Termination benefits are recognised when, and only when, the Group demonstrably commits itself to terminate employment or to provide benefits as a result of voluntary redundancy by having a detailed formal plan which is without realistic possibility of withdrawal.

**HONG KONG ACADEMY OF MEDICINE**  
 香港醫學專科學院  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2011**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**o) Foreign currency translation**

i) Functional and presentation currency

Items included in the financial statements of the Company and its special purpose entity are measured using the currency of the primary economic environment in which the entity operates (the "functional currency"). The financial statements are presented in Hong Kong dollars, which is the Company functional and presentation currency.

ii) Transactions and balances

Foreign currency transactions are translated into the functional currency using the exchange rates prevailing at the dates of the transactions. Foreign exchange gains and losses resulting from the settlement of such transactions and from the translation at year-end exchange rates of monetary assets and liabilities denominated in foreign currencies are recognised in the statement of comprehensive income and expenditure.

**3. APPLICATION OF NEW AND REVISED HONG KONG FINANCIAL REPORTING STANDARD ("HKFRSs")**

The Group has adopted the following new and revised Standards, Amendments and Interpretation ("new and revised HKFRSs") that are first effective for the current accounting period:

HKFRSs (Amendments) HKAS (as revised in 2009)	Improvement to HKFRSs issued in 2010 Related Party Disclosures
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The application of the new and revised HKFRSs has had no material effect on the company's performance and positions for the current or prior accounting periods and/or on the disclosures set out in these financial statements.

**4. PRINCIPAL SOURCE OF REVENUE**

This represents the entrance fees and subscription fees received from fellows and members, and is analysed as follows:

	<u>2011</u> HK\$	<u>2010</u> HK\$
Entrance fees	5,680,000	4,820,000
Subscription fees	<u>13,666,767</u>	<u>13,195,517</u>
	<u>19,346,767</u>	<u>18,015,517</u>

**HONG KONG ACADEMY OF MEDICINE**  
**香港醫學專科學院**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2011**

**5. OTHER REVENUE**

	<u>2011</u> HK\$	<u>2010</u> HK\$
Advertising fee	369,730	477,455
Dividend income from listed securities	3,257,243	2,170,231
Income from specialist certification	398,400	323,621
Income from various functions	10,877,710	8,798,909
Interest income	1,854,615	2,014,579
Rental income	2,089,476	2,089,476
Subscriptions - journal	2,690,306	2,477,081
Reversal of impairment losses on available-for-sale securities (note 10)	-	1,666,512
Others	867,828	779,673
	<u>22,405,308</u>	<u>20,797,537</u>

**6. SURPLUS FOR THE YEAR**

Surplus for the year is arrived at after charging:

	<u>2011</u> HK\$	<u>2010</u> HK\$
Auditor's remuneration	130,200	121,000
Loss on disposal of fixed assets	-	1,510

**7. TAXATION**

No provision has been made for Hong Kong Profits Tax as the Group is exempted from taxation under the provision of section 88 of the Hong Kong Inland Revenue Ordinance.

HONG KONG ACADEMY OF MEDICINE  
香港醫學專科學院  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2011

8. PROPERTY, PLANT AND EQUIPMENT

a) The Group

	Computer equipment HK\$	Furniture and fixtures HK\$	Office equipment HK\$	Leasehold improvements HK\$	Property HK\$	Total HK\$
<b>Cost</b>						
At 1 January 2010	3,315,985	5,291,390	10,140,951	8,623,533	3,335,832	30,707,691
Additions	158,363	81,700	167,153	1,458,690	-	1,865,906
Disposals	(1,168,686)	-	-	-	-	(1,168,686)
At 31 December 2010 and 1 January 2011	2,305,662	5,373,090	10,308,104	10,082,223	3,335,832	31,404,911
Additions	111,287	-	195,699	57,919	-	364,905
Disposals	-	-	-	-	-	-
At 31 December 2011	2,416,949	5,373,090	10,503,803	10,140,142	3,335,832	31,769,816
<b>Accumulated depreciation</b>						
At 1 January 2010	2,779,938	4,620,455	9,796,454	6,764,052	533,733	24,494,632
Charge for the year	242,291	312,738	145,134	544,705	133,433	1,378,301
Written back on disposals	(1,167,176)	-	-	-	-	(1,167,176)
At 31 December 2010 and 1 January 2011	1,855,053	4,933,193	9,941,588	7,308,757	667,166	24,705,757
Charge for the year	183,694	174,663	151,741	805,098	133,433	1,448,629
Written back on disposals	-	-	-	-	-	-
At 31 December 2011	2,038,747	5,107,856	10,093,329	8,113,855	800,599	26,154,386
<b>Carrying amount</b>						
At 31 December 2011	378,202	265,234	410,474	2,026,287	2,535,233	5,615,430
At 31 December 2010	450,609	439,897	366,516	2,773,466	2,668,666	6,699,154

b) The Academy

	Computer equipment HK\$	Furniture and fixtures HK\$	Office equipment HK\$	Leasehold improvements HK\$	Property HK\$	Total HK\$
<b>Cost</b>						
At 1 January 2010	3,315,985	5,291,390	10,094,334	8,623,533	3,335,832	30,661,074
Additions	158,363	81,700	167,153	1,458,690	-	1,865,906
Disposals	(1,168,686)	-	-	-	-	(1,168,686)
At 31 December 2010 and 1 January 2011	2,305,662	5,373,090	10,261,487	10,082,223	3,335,832	31,358,294
Additions	111,287	-	195,699	57,919	-	364,905
Disposals	-	-	-	-	-	-
At 31 December 2011	2,416,949	5,373,090	10,457,186	10,140,142	3,335,832	31,723,199
<b>Accumulated depreciation</b>						
At 1 January 2010	2,779,938	4,620,455	9,749,837	6,764,052	533,733	24,448,015
Charge for the year	242,291	312,738	145,134	544,705	133,433	1,378,301
Written back on disposals	(1,167,176)	-	-	-	-	(1,167,176)
At 31 December 2010 and 1 January 2011	1,855,053	4,933,193	9,894,971	7,308,757	667,166	24,659,140
Charge for the year	183,694	174,663	151,741	805,098	133,433	1,448,629
Written back on disposal	-	-	-	-	-	-
At 31 December 2011	2,038,747	5,107,856	10,046,712	8,113,855	800,599	26,107,769
<b>Carrying amount</b>						
At 31 December 2011	378,202	265,234	410,474	2,026,287	2,535,233	5,615,430
At 31 December 2010	450,609	439,897	366,516	2,773,466	2,668,666	6,699,154

**HONG KONG ACADEMY OF MEDICINE**  
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**8. PROPERTY, PLANT AND EQUIPMENT (Continued)**

**b) The Academy (Continued)**

The Academy entered into an agreement with the Hong Kong Special Administrative Region Government for grant by Private Treaty of Aberdeen Inland Lot No. 414 for a term of 50 years less 3 days with effect from 1 July 1997 and on which the headquarters of the Academy were built. The Academy is required to pay an amount equal to 3% of the rateable value per annum, which has been charged to the income and expenditure account.

**9. INTEREST IN A SPECIAL PURPOSE ENTITY**

Details of the special purpose entity are as follows:

Name of the special purpose entity	Form of business structure	Place of incorporation and operation	Principal activity	Proportion of ownership interest held by Academy
The Hong Kong Academy of Medicine Foundation Fund	Incorporated	Hong Kong	Fund raising and investment management	100%

**10. AVAILABLE-FOR-SALE SECURITIES**

	The Group		The Academy	
	2011 HK\$	2010 HK\$	2011 HK\$	2010 HK\$
Equity securities:				
- Listed in Hong Kong	64,233,281	79,347,694	44,347,658	54,032,152
- Listed outside Hong Kong	57,070	-	-	-
	64,290,351	79,347,694	44,347,658	54,032,152
Debt securities:				
- Listed in Hong Kong	17,192,601	22,126,291	-	-
- Listed outside Hong Kong	5,719,739	6,761,547	-	-
	22,912,340	28,887,838	-	-
	87,202,691	108,235,532	44,347,658	54,032,152

Movement in impairment loss for debt securities:

	The Group	
	2011 HK\$	2010 HK\$
At 1 January	(5,611,525)	(7,278,037)
Reversal of impairment loss	-	1,666,512
At 31 December	(5,611,525)	(5,611,525)

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10. AVAILABLE-FOR-SALE SECURITIES (Continued)

During the year ended 31 December 2010, the fair value of the debt securities increased and the impairment loss of HK\$1,666,512 was reversed in the income and expenditure account.

Included in debt securities is the following amount denominated in a currency other than the Group's functional currency:

	<u>2011</u>	<u>2010</u>
Singapore Dollars	7,371	-
United States Dollars	<u>2,951,100</u>	<u>3,717,390</u>

11. DEBTORS, DEPOSITS AND PREPAYMENTS

	The Group		The Academy	
	<u>2011</u> HK\$	<u>2010</u> HK\$	<u>2011</u> HK\$	<u>2010</u> HK\$
Deposits and prepayments	2,963,276	1,483,339	2,963,276	1,483,339
Other debtors	<u>2,029,197</u>	<u>2,121,647</u>	<u>1,534,659</u>	<u>1,536,785</u>
	<u>4,992,473</u>	<u>3,604,986</u>	<u>4,497,935</u>	<u>3,020,124</u>

All of the debtors, deposits and prepayments are expected to be recovered within one year.

The Group's credit policy is set out in note 18(a).

Included in debtors, deposits and prepayments is the following amount denominated in a currency other than the Group's functional currency:

	<u>2011</u>	<u>2010</u>
United States Dollars	<u>64,446</u>	<u>108,176</u>

12. CASH AND CASH EQUIVALENTS

	The Group		The Academy	
	<u>2011</u> HK\$	<u>2010</u> HK\$	<u>2011</u> HK\$	<u>2010</u> HK\$
Bank deposits with original maturity of three months or less	39,964,773	28,809,984	28,151,854	4,002,729
Cash at bank and on hand	<u>21,033,101</u>	<u>20,390,681</u>	<u>13,059,836</u>	<u>11,979,979</u>
	<u>60,997,874</u>	<u>49,200,665</u>	<u>41,211,690</u>	<u>15,982,708</u>

Included in cash and cash equivalents is the following amount denominated in a currency other than the Group's functional currency:

	<u>2011</u>	<u>2010</u>
Renminbi	16,968,276	-
United States Dollars	<u>1,431,521</u>	<u>404,395</u>

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**13. CREDITORS AND ACCRUED CHARGES**

All of the creditors and accrued charges are expected to be settled within one year or are repayable on demand.

**14. AMOUNT DUE FROM SPECIAL PURPOSE ENTITY**

The amount due from The Hong Kong Academy of Medicine Foundation Fund, a special purpose entity, is unsecured, interest-free and repayable on demand.

**15. RESERVE AND FUNDS**

**a) Movements in components of reserve and funds**

The reconciliation between the opening and closing balances of each component of the Group's consolidated reserve and funds is set out in the consolidated statement of changes in reserve and funds. Details of the changes in the Academy's individual components of reserve and funds between the beginning and the end of the year are set out below:

**The Academy**

	Fair value reserve HK\$	General fund HK\$	Total HK\$
At 1 January 2010	11,278,360	58,895,285	70,173,645
Surplus for the year	-	4,223,270	4,223,270
Available-for-sale securities:			
Changes in fair value	(950,143)	-	(950,143)
Total comprehensive (loss)/income for the year	<u>(950,143)</u>	<u>4,223,270</u>	<u>3,273,127</u>
At 31 December 2010 and 1 January 2011	10,328,217	63,118,555	73,446,772
Surplus for the year	-	28,181,167	28,181,167
Available-for-sale securities:			
Changes in fair value	(11,097,833)	-	(11,097,833)
Total comprehensive (loss)/income for the year	<u>(11,097,833)</u>	<u>28,181,167</u>	<u>17,153,334</u>
At 31 December 2011	<u>(769,616)</u>	<u>91,369,722</u>	<u>90,600,106</u>

**b) Nature and purpose of reserve and funds**

Fair value reserve comprises the cumulative net change in the fair value of available-for-sale securities held at the end of the reporting period and is dealt with in accordance with the accounting policy in note 2(f). Foundation fund comprises the fund transferred from The Hong Kong Academy of Medicine Foundation Fund. General fund represents the cumulative surplus of the Academy.

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**16. CAPITAL MANAGEMENT**

The Group defined "capital", as including all components of equity. On this basis the amount of capital employed at 31 December was HK\$153,709,690 (2010: HK\$161,414,110).

The Group's primary objectives when managing capital are to safeguard the Group's ability to continue as a going concern.

The Group's capital structure is regularly reviewed and managed. Adjustments are made to the capital structure in light of changes in economic conditions affecting the Group, to the extent that these do not conflict with the Council's fiduciary duties towards the Group or the requirements of the Hong Kong Academy of Medicine Ordinance.

The Group was not subject to externally imposed capital requirements in either the current or prior year.

**17. COMMITMENTS**

Capital commitments outstanding at 31 December 2011 not provided for in the financial statements were as follows:

	The Group		The Academy	
	2011 HK\$	2010 HK\$	2011 HK\$	2010 HK\$
Contracted for	<u>50,300</u>	<u>60,000</u>	<u>50,300</u>	<u>60,000</u>

**18. FINANCIAL INSTRUMENTS**

Exposure to credit, liquidity, interest rate and currency risks arises in the normal course of the Group's business. These risks are limited by the Group's financial management policies and practices described below.

**a) Credit risk**

The Group's credit risk is primarily attributable to available-for-sale securities and cash deposits. Management has a credit policy in place and the exposures to these credit risks are monitored on an ongoing basis.

Investments in available-for-sale securities are normally only in liquid securities and with counterparties that have a credit rating equal to or better than the Group. Given their high credit ratings, management does not expect any investment counterparty to fail to meet its obligations.

The credit risk on liquid funds is limited because the counterparties are banks with high credit ratings assigned by international credit - rating agencies.

The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the statement of financial position. The Group does not provide any other guarantees which would expose the Group to credit risk.

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18. FINANCIAL INSTRUMENTS (Continued)

b) **Liquidity risk**

The Group's policy is to regularly monitor current and expected liquidity requirements to ensure that it maintains sufficient reserves of cash and readily realisable marketable securities to meet its liquidity requirements in the short and longer term.

c) **Interest rate risk**

The Group is exposed to interest rate risk only to the extent that it earns bank interest on cash and deposits.

The effective interest rates per annum relating to cash at bank and time deposits at the end of the reporting period ranges from 0.01% to 1.40% (2010: 0.01% to 0.35%) for the Group and 0.01% to 1.40% (2010: 0.01% to 0.35%) for the Academy respectively.

At 31 December 2011, it is estimated that a general increase of 100 basis points in interest rates, with all other variables held constant, would decrease the Group's surplus for the year and general fund by approximately HK\$610,000 (2010: HK\$594,000). Other components of equity would not be affected (2010: HK\$Nil) by the changes in interest rates.

The sensitivity analysis above has been determined assuming that the change in interest rates had occurred at the end of the reporting period and had been applied to the exposure to interest rate risk for financial instruments in existence at that date. The 100 basis point increase represents management's assessment of a reasonably possible change in interest rates over the period until the end of next reporting period. The analysis is performed on the same basis for 2010.

d) **Currency risk**

The Group is exposed to currency risk through fixed deposit denominated in Renminbi ("RMB") and purchases of debt securities and other debtors that are denominated in United States dollars ("USD"). As the Hong Kong dollar ("HKD") is pegged to the USD, the Group does not expect any significant movements in the USD/HKD exchange rate. At 31 December 2011, it is estimated that a general increase or decrease in 5% of exchange rates, with all variables held constant, would increase/decrease the Group's surplus for the year and general fund by approximately HK\$1,026,000 (2010: Nil)

e) **Fair values**

The carrying amounts of all financial instruments as at 31 December 2011 and 2010 approximated their fair values.

The following table presents the carrying value of financial instruments measured at fair value at the end of the reporting period across the three levels of the fair value hierarchy defined in HKFRS 7, *Financial Instruments: Disclosures*, with the fair value of each financial instrument categorised in its entirety based on the lowest level of input that is significant to that fair value measurement. The levels are defined as follows:

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**18. FINANCIAL INSTRUMENTS** (Continued)

**e) Fair values** (Continued)

- Level 1 (highest level): fair values measured using quoted prices (unadjusted) in active markets for identical financial instruments.
- Level 2: fair values measured using quoted prices in active markets for similar financial instruments, or using valuation techniques in which all significant inputs are directly or indirectly based on observable market data.
- Level 3 (lowest level): fair values measured using valuation techniques in which any significant input is not based on observable market data.

At 31 December 2011, all financial instruments measured at fair value fall into level 1 of the fair value hierarchy described above.

**f) Other price risk**

The Group's investments are subject to market price risk arising from uncertainties about future prices of the investments. The Group's market price risk is managed through diversification of the investments.

The Council monitors the market price risk of the investments individually and estimated that a 5% increase/decrease in market prices of invested bond and equity securities at 31 December 2011, with all other variables held constant, would increase/decrease the Group's net assets by HK\$2.5 million (2010: HK\$2.7 million).

**19. ACCOUNTING ESTIMATES AND JUDGEMENTS**

The Group makes estimates and assumptions concerning the future. Estimate and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The Group makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results. Except as stated below, there are no estimates or assumptions used on these financial statements that the executive board members expect will have a significant risk of causing material adjustments to the carrying amounts of assets and liabilities within the next financial year.

**a) Depreciation**

Property, plant and equipment are depreciated on a straight-line basis over the estimated useful lives, after taking into account the estimated residual value. The Group reviews annually the useful life of an asset and its residual value, if any. The depreciation expense for future periods are adjusted if there are significant changes from previous estimates.

**19. ACCOUNTING ESTIMATES AND JUDGEMENTS (Continued)**

**b) Allowance for impairment of doubtful debts**

Allowance for impairment of doubtful debts are assessed and provided based on the executive board members' regular review of aging analysis and evaluation of collectibility. A considerable level of judgement is exercised by the management when assessing the credit worthiness and past collection history of each individual member. Any increase or decrease in the allowance for impairment of doubtful debts would affect profit or loss in future years.

**20. POSSIBLE IMPACT OF AMENDMENTS, NEW STANDARDS AND INTERPRETATIONS ISSUED BUT NOT YET EFFECTIVE FOR THE YEAR ENDED 31 DECEMBER 2011**

Up to the date of issue of these financial statements, the HKICPA has issued a number of amendments, new standards and interpretations which are not yet effective have not been adopted in these financial statements.

The Academy's Council member anticipate that the application of the new and revised standards, amendments or interpretations will have no material impact on the results and the financial position of the Group.

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**DETAILED CONSOLIDATED INCOME AND EXPENDITURE ACCOUNT**  
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	2011 HK\$	2010 HK\$
<b>Principal source of revenue</b>		
Entrance fees	5,680,000	4,820,000
Subscription fees	13,666,767	13,195,517
	19,346,767	18,015,517
<b>Other revenue</b>		
Advertising fee	369,730	477,455
Dividend income from listed securities	3,257,243	2,170,231
Income from specialist certification	398,400	323,621
Income from various functions	10,877,710	8,798,909
Interest income	1,854,615	2,014,579
Rental income	2,089,476	2,089,476
Reversal of impairment loss of available-for-sale securities	-	1,666,512
Subscriptions - journal	2,690,306	2,477,081
Others	867,828	779,673
	22,405,308	20,797,537
	41,752,075	38,813,054
<b>Staff costs</b>	(9,717,874)	(8,877,695)
<b>Depreciation</b>	(1,448,630)	(1,378,301)
<b>Other operating expenses</b>		
Advertising expenses	6,508	3,788
Auditor's remuneration	130,200	121,000
Bad debt expense	8,340	6,680
Building management fee	7,636,761	8,396,926
Computer expenses	203,000	232,223
Dining room expenses	1,213,888	1,035,266
Food and beverage expenses	3,529,485	3,068,943
Loss on disposal of fixed assets	-	1,510
Other function expenses	1,937,194	1,972,534
Government rent and rates	925,237	870,296
Insurance	221,722	188,462
Meeting expenses	84,355	72,753
Miscellaneous	922,397	897,308
Newsletter and journal production	1,598,254	1,300,438
Postage and delivery	144,850	367,944
Printing and stationery	254,024	361,930
Professional fees	276,295	290,750
Repairs and maintenance	323,879	429,505
Scholarship expenses	-	56,643
Telephone and fax	74,141	76,678
Travelling	115,342	218,095
Utilities	198,761	-
	(19,804,633)	(19,969,672)
<b>Realised loss on disposal of available-for-sale securities</b>	(81,357)	-
<b>Surplus for the year</b>	10,699,581	8,587,386

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# HKAM Structure

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(as of August 2012)

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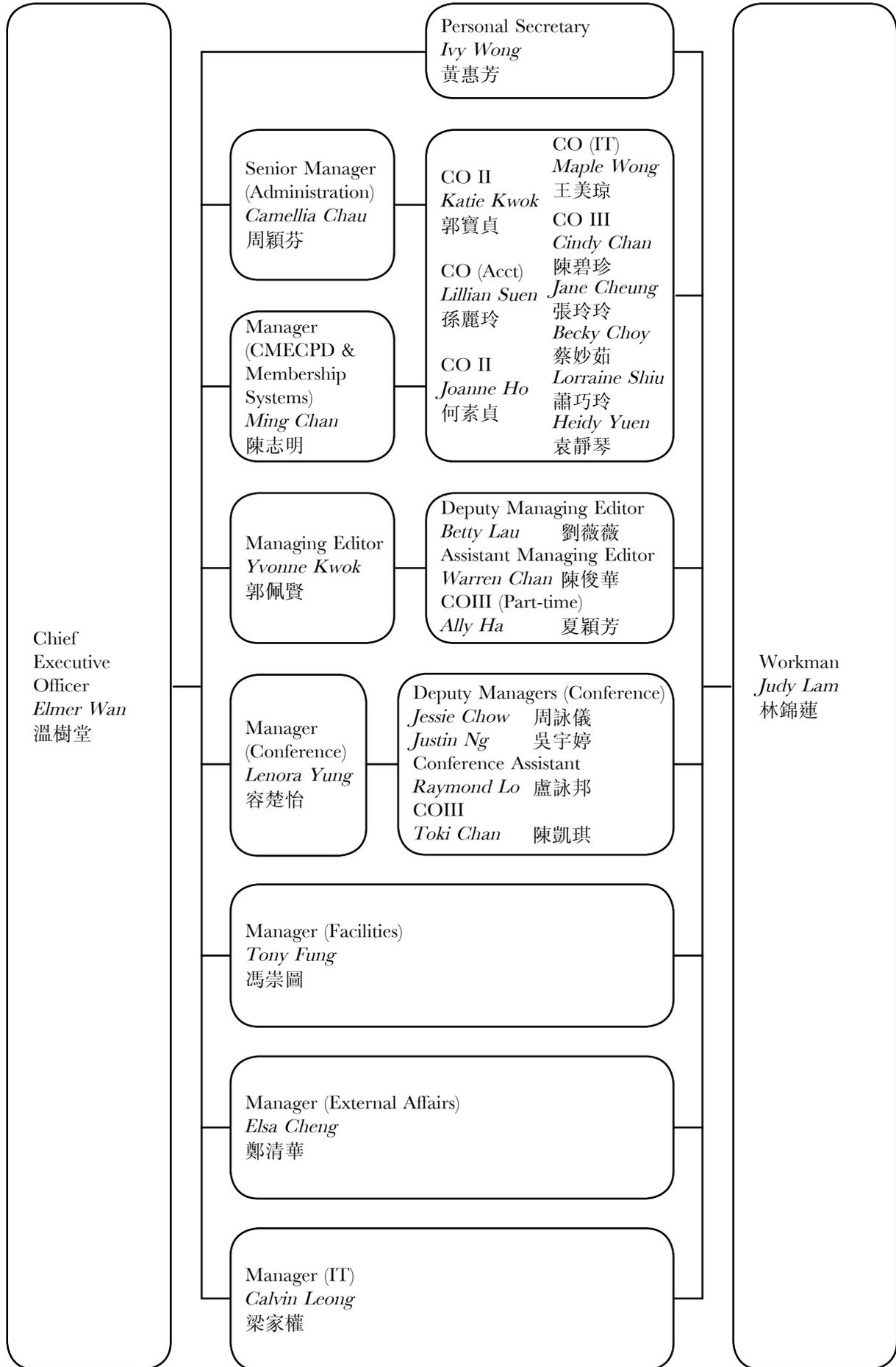
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 Prof. Raymond Liang 梁憲孫教授 Prof. Jean Woo 胡令芳教授



# HKAM Representation

(as of August 2012)

Committee	Organisation	Representative
Medical Council	Medical Council of Hong Kong	Prof. Cindy Lam Dr. Donald Li
Education and Accreditation Committee	Medical Council of Hong Kong	Prof. C.S. Lau Dr. Ares Leung
Education and Accreditation Committee	Dental Council of Hong Kong	Dr. William Yung
Panel of Assessors	Medical Council of Hong Kong	Dr. C.B. Chow Dr. S.P. Mak
Working Group on Documentation of Cause of Death	Department of Health	Dr. W.M. Poon
Occupational Deafness Medical Committee	Labour Department (Headquarters)	Dr. Joan Fok Dr. Albert Luk
Steering Committee on e-Health Record Sharing	Food and Health Bureau	Dr. Louis Chow Dr. Gene Tsoi
Subgroup on Professional Development for Primary Care Directory Enrolled Doctors and Dentists	Food and Health Bureau	Dr. Gene Tsoi
Preparatory Group on Strategies of Genetic and Genomic Services in Hong Kong	Hospital Authority	Prof. Raymond Liang
Working Group on Health Protection Scheme	Food and Health Bureau	Prof. Raymond Liang
Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development	Food and Health Bureau	Prof. Raymond Liang
Medical Sub-group of the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development	Food and Health Bureau	Prof. Raymond Liang

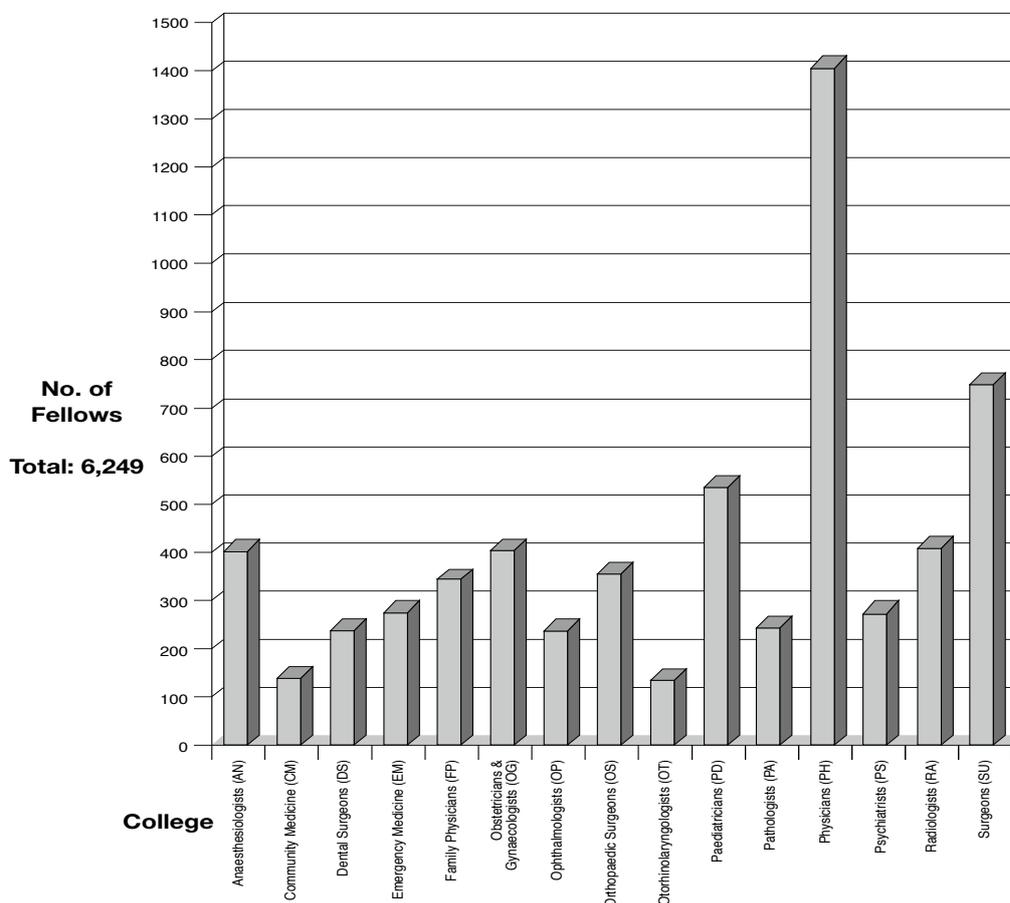
Overseas Scientific Meeting	Organiser	Representative
15th World Conference on Tobacco or Health (20-24 March 2012)	Health Promotion Board, Singapore	Dr. Donald Li Dr. S.P. Mak Dr. Roch Lee Dr. Ruby Lee Prof. T.Y. Leung Dr. C.B. Chow Dr. H.T. Luk
Annual Scientific Congress (6-9 May 2012)	Royal Australasian College of Surgeons	Prof. Raymond Liang
International Congress of College and Academy Presidents and Masters (1-3 April 2012)	Colleges of Medicine of South Africa	Dr. Donald Li
3 <sup>rd</sup> International Forum on CPD Accreditation (28-29 May 2012)	Royal College of Physicians and Surgeons of Canada	Prof. C.S. Lau
46th Singapore-Malaysia Congress of Medicine (12-14 July 2012)	Academy of Medicine of Malaysia	Prof. Raymond Liang

# Fellowship Statistics

(as of August 2012)

College	No. of Fellows
Anaesthesiologists (AN)	406
Community Medicine (CM)	148
Dental Surgeons (DS)	245
Emergency Medicine (EM)	287
Family Physicians (FP)	344
Obstetricians & Gynaecologists (OG)	421
Ophthalmologists (OP)	242
Orthopaedic Surgeons (OS)	361
Otorhinolaryngologists (OT)	140
Paediatricians (PD)	546
Pathologists (PA)	249
Physicians (PH)	1,414
Psychiatrists (PS)	281
Radiologists (RA)	412
Surgeons (SU)	753
<b>Total :</b>	<b>6,249</b>

(Note: There are 56 Academy Fellows who possess Fellowship in two or more different specialties.)



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# ***New Fellows Admitted***

## ***at the Extraordinary General Meeting***

### ***On 16 June 2011***

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*The following nominations were approved by Council on 16 June, 2011.*

#### **College of Anaesthesiologists (2 Fellows)**

*Cheng Pik Lam, Agnes*

*Ng Kwun Tung*

#### **College of Community Medicine (1 Fellow)**

*Kwok Kai Him, Henry*

#### **College of Dental Surgeons (6 Fellows)**

*Ho Fu Tak*

*Tan Siow Wah*

*Wong Man Sai, Ruby*

*Mak Yun Lok, Raymond*

*Wan Chi Pui*

*Woo Mei Sum, Becky*

#### **College of Family Physicians (28 Fellows)**

*Chan Chi Wing*

*Lee Kar Fai*

*Tam Kit Ping*

*Cheung Hard King*

*Lee Man Kei*

*Wong Kwok Hoi*

*Cheung Ngai Fung*

*Leung To Fung*

*Wong Kwok, Kitty*

*Chow Chong Kwan*

*Li Yuen Yuen*

*Wong Man Kin*

*Fok, Peter Anthony*

*Lim Mo Kin*

*Wong Sze Nga*

*Hung Chi Bun, Tino*

*Lo Ling*

*Wong Tak Lung*

*Ip Yan Yan*

*Sin Ka Ling*

*Wong Yu Fai*

*Kwan Wing Yan, Wendy*

*Sit Wing Shan*

*Wong Yuk Shan*

*Kwan Yu*

*Sze Lung Yam*

*Yip Tze Hung*

*Lai Sheung Siu*

#### **College of Obstetricians and Gynaecologists (2 Fellows)**

*Lai Wai Man, Sonia*

*Ma Wai Sze, Paulin*

#### **College of Ophthalmologists (1 Fellow)**

*Lau Wai Ying, Winnie*



**College of Otorhinolaryngologists (1 Fellow)***Tang Chi Ho***College of Paediatricians (3 Fellows)***Jalal, Khair**Ku Tak Loi**Pau Chee Kit, Benjamin***College of Pathologists (4 Fellows)***Leung Ngar Sze**To Kai Wang, Kelvin**Wu Ka Lun, Alan**Lo Wing Ip, Anthony***College of Physicians (16 Fellows)***Chan Chun Kong**Hung Chi Sang**Pang Yin Yu, Shirley**Chan Kwok Ying**Lam Ho**Tang Miu Yee, Michele**Chan Weng Kwun, Arthur**Lau Wing Yun**Tao Wai Lun**Chan Yu Ho**Lo Ka Yip**Wong Kwok Kui**Cheng Ka Shing**Ng Lai Yun**Wu Pui Yee**Cheung Tsang, Tommy***College of Psychiatrists (6 Fellows)***Cheng, Frances**Lin Hoi Yun, Candy**Mak Kai Lok**Lim Wai Man, Vivian**Mak Chin Ho**Wong Chun Bun, Gordon***College of Radiologists (16 Fellows)***Chan Sau Wai, Verena**Lam Tai Chung**Lo Sheung Ming, Sherman**Chow Hung Lit**Lee Chi Yan, Conrad**Man Man Wai**Fong Chun Yan**Lee, Jeriel**Shum Sing Fai, John**Ka Yig Joon, Solomon**Leung Hoi Leung**Tse Yiu Cheong**Kwok Kai Yan**Lo, Bill Archie**Wong Chun Wai**Lam Hiu Yin, Sonia***College of Surgeons (5 Fellows)***Kwan Cheuk Lun**Mou Wai Cheung**Wong Yan Hon, Daniel**Ma Wai Kit**Ng Wing Shun**Total number of Fellows admitted : 91*

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# *New Fellows Admitted*

## *at the Seventeenth Annual General Meeting*

*On 16 December 2011*

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*The following nominations were approved by Council on 17 November, 2011.*

### **College of Anaesthesiologists (14 Fellows)**

<i>Au Siu Wah, Sylvia</i>	<i>Lai Man Ling</i>	<i>Wong Chi Pan</i>
<i>Chan Ka Man, Carmen</i>	<i>Leung King Hei</i>	<i>Wong Tsz Kin</i>
<i>Cheung Suk Kwan</i>	<i>Man Chi Ning</i>	<i>Yim Kin Ming</i>
<i>Chiu Ching Pik, Candy</i>	<i>Man Hiu Kwan, Jannifer</i>	<i>Yu Pak Chung</i>
<i>Lai Ka Wang, Alan</i>	<i>Pong Man Kei, Anita</i>	

### **College of Emergency Medicine (21 Fellows)**

<i>Chan Chi Ho</i>	<i>Hung Kei Ching, Kevin</i>	<i>Lui Chun Tat</i>
<i>Chang Wai Yin, James</i>	<i>Lam Shing Kit, Tommy</i>	<i>Ng Wai Hung</i>
<i>Chau Cheuk Wai, Jeffrey</i>	<i>Lau Bun</i>	<i>Pang Chi Tak</i>
<i>Cheung Shek Kei</i>	<i>Lau Chui Ling</i>	<i>Suen Kin Wing</i>
<i>Cheung Shui Yee, Phoebe</i>	<i>Lau Kai Kee</i>	<i>Tai Chun Kuen</i>
<i>Chu Kwok Keung</i>	<i>Lee Ka Lok</i>	<i>Tsui Chi Leung</i>
<i>Chung Wing Sze</i>	<i>Li King Yue</i>	<i>Wong Cheung Lun, William</i>

### **College of Obstetricians and Gynaecologists (12 Fellows)**

<i>Chan Mei Yun</i>	<i>Chu Man Yee</i>	<i>Liu Ah Lai</i>
<i>Cheng Kwun Yue, Yvonne</i>	<i>Kou Kam On</i>	<i>Tse Hio Meng</i>
<i>Cho Lai Yin</i>	<i>Kwan Wing Yan</i>	<i>Yau Ching Wai, Belinda</i>
<i>Choi Ping Shu</i>	<i>Lau Pui Kei, Amy</i>	<i>Yung Wai Kuen</i>

### **College of Ophthalmologists (4 Fellows)**

<i>Lam Pui Yan, Joyce</i>	<i>Li Yuen Mei, Emmy</i>	<i>Lim, Etrian</i>
<i>Leow Po Lin</i>		

### **College of Orthopaedic Surgeons (6 Fellows)**

<i>Cheung, Philip</i>	<i>Kuong Yue Ling, Evelyn Eugenie</i>	<i>Pang Chun Hong</i>
<i>Ho Wing Hang, Angela</i>	<i>Lau Sun Wing</i>	<i>Yau Leung Kai, Edmund</i>

### **College of Pathologists (7 Fellows)**

<i>Hui Yin</i>	<i>Lo Cheuk Lam, Regina</i>	<i>Tsang Koon Ho</i>
<i>Lau Wing Hung</i>	<i>Luk Shik</i>	<i>Tsui Man Hing</i>
<i>Li Hiu Lui</i>		

**College of Physicians (32 Fellows)**

*Au Yeung Yick Cheung*  
*Au Yuen Ling, Elaine*  
*Chan Yuen Sze*  
*Cheung Wai Yin*  
*Chu Wai Ming*  
*Chui Ka Lung*  
*Fu Ming Hung*  
*Ho Ka Yee*  
*Ho Kwok Tung*  
*Kwan Ming Chit*  
*Kwok Chi Hang*

*Kwok Hau Chung*  
*Kwong Tsz Shan*  
*Lai Kin Bon*  
*Lam Chi Kwai*  
*Lam Chung Yan*  
*Lee Wei Sze, Eleanor*  
*Li Wai Ling*  
*Lo Chi Hung*  
*Lui Yan Ni*  
*Ma Kam Man*  
*Ng Man Yuk*

*Pang Wing Fai*  
*Tai Ling Fung*  
*Tang Hing Cheung*  
*Tunggal, Prabowo*  
*Wong Ching Ching, Alice*  
*Wong Ching Han, Priscilla*  
*Wong Wai Kwan*  
*Wong Wai Sheung*  
*Wu, Saliangi*  
*Yung Ka Man, Amy*

**College of Surgeons (14 Fellows)**

*Chan Chi King*  
*Chan Kin Wah, Akin*  
*Chan King On, Canon*  
*Cheng Yuh Meei*  
*Chui Lap Bun*

*Chung Ho Yu*  
*Foo Chi Chung*  
*Lai Kit Wai*  
*Law Hang Sze*  
*Leung Kai Wing*

*Pang Yin Chun*  
*Taw Beng Teck, Benedict*  
*Wei, Rockson*  
*Wong Cheuk Yi*

*The following nominations were approved by Council on 15 December, 2011.*

**College of Community Medicine (9 Fellows)**

*Chan Siu Mui, Tina*  
*Chan Ying Yang, Emily*  
*Chen Hong*

*Cheung Yung Yan, Terence*  
*Chow Yuet Wah*  
*Sharma, Geeta*

*Tsui Lok Kin, Edwin*  
*Wong Yeung Shan, Samuel*  
*Yip Sum, Lisa*

**College of Family Physicians (27 Fellows)**

*Chan Chin Ping*  
*Chan Pui Wai*  
*Chan Ying Ho*  
*Chau Kai Man*  
*Chen Xiao Rui, Catherine*  
*Cheung Man Ha*  
*Ching Tak Kwan, Joyce*  
*Chung Chak Cheong*  
*Chung Kin Wing*

*Fung Pak Kei*  
*Ho Ka Ming*  
*Kwok, Vincci*  
*Lai Siu Wai*  
*Lam Wai Chi, Rocky*  
*Lam Wai Hang, Eddie*  
*Lau Chi Hung*  
*Lee Ka Pik*  
*Leung Wai Man*

*Ng Mei Po*  
*Ng Pak Him*  
*Poon Ming Wai*  
*Shuen Chuen Kwok, Mariana*  
*Sze Pui Ka*  
*Tang Kin Sze*  
*Wong Ho Cheong*  
*Yip Wah Yung*  
*Young Suk Ching*



**College of Orthopaedic Surgeons (2 Fellows)**

*Chang Hsi Tse, Joseph Jeremy*      *Kwan Yat Hong, Kenny*

**College of Otorhinolaryngologists (7 Fellows)**

*Cheung Kwan Ling*      *Lam Wai Hung*      *Ng Yiu Wing*  
*Chung Chun Kit, Joseph*      *Lau Wai Yip, Stephen*      *Wong Chui Yan*  
*Kan, Winnie*

**College of Paediatricians (11 Fellows)**

*Chan Wai Yin*      *Lam Lai Na*      *Tam Yuen Shan*  
*Chan Yick Chun*      *Loung Po Yee*      *Tung Yuet Ling*  
*Ho Po Ki*      *So Mei Yue*      *Yau Man Mut*  
*Hui Wun Fung*      *Sun Wai Fun*

**College of Physicians (22 Fellows)**

*Chan Fei*      *Chow Ho Ying*      *Ng Ho*  
*Chan Hiu Lam*      *Chui Shing Fung*      *Ngai Chun Wai*  
*Chan Man Chun*      *Lamb, Sophia Sharon*      *Tam Chun Hay*  
*Chan Tuen Ching*      *Leung Hoi Sze*      *Tsai Ngai Wing, Polly*  
*Chau Chi Hong*      *Li Siu Ting, Reggie*      *Wong Hiu Yan, Hilda*  
*Cheung Kit Yan*      *Li Ying Wah, Andrew*      *Wu Kwok Leung*  
*Cheung Lai Ying, Grace*      *Lock Ka Yuen*      *Zee Sze Tsing, Jonpaul*  
*Cheung Lap*

**College of Psychiatrists (4 Fellows)**

*Chan Hoi Yee*      *Leung Chi Wah, Jimmy*      *Wong Ka Yee, Lydia*  
*Ho Chung*

**College of Surgeons (6 Fellows)**

*Chan Ning Hong*      *Chung Yeung, Vera*      *Lo Ka Lun*  
*Chan Tsz Yeung*      *Kan Chi Fai*      *Wong Ming Ho, Edmond*

*Total number of Fellows admitted : 198*

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