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Dear Fellows and colleagues,

Quality patient care and the well-being of healthcare professionals go hand in hand. The phenomenon of stress and burnout among some of our Fellows and trainees requires imminent attention and actions to address the issues. Acknowledging the problem is only the first step. The Academy – through our newly promulgated Well-being Charter – is committed to assuming a leading role in cultivating and promoting the well-being of Fellows and trainees of its constituent Colleges as a shared responsibility among individual professionals, respective employing institutions, and policy makers. The Charter will be officially launched in early October, along with our webpage on Well-being (<https://well-being.hkam.org.hk>). In this issue, Honorary Secretary Dr. Wing-cheong Leung, chair of the new Task Force on Well-being, shares his perspectives and further details of the Academy's plan of action.

Proposed changes to the Medical Registration (Amendment) Bill 2021 announced on 31 August 2021 departed significantly from the original Amendment. The Academy has maintained ongoing dialogue with the Food and Health Bureau, hoping to identify the best possible solutions to effectively tackle the manpower shortage. The Council has written to Secretary for Food and Health Professor Sophia Chan, to reiterate the Academy's views in relation to three key changes. The full letter is available on the [Academy website](#).

Among the three proposed changes to the Amendment Bill, the Academy has deep concerns about the proposal that could permit Limited Registration doctors to migrate to Special Registration, which effectively forgoes the initial reassurance given to the public that only doctors who graduated from “recognised medical qualifications” would be eligible for Special Registration. Should this proposed change be enacted, the Academy shall find it necessary to review and modify where appropriate the relevant vetting mechanisms of Certification for Specialist Registration and/or Limited Registration.

The Academy is of the view that whilst non-locally trained doctors could be a valuable source of manpower, they must have received suitable primary medical training before being allowed to practise medicine independently in Hong Kong. The Academy also advocates efforts to motivate and retain staff in the public sector and promote public-private partnerships; adequate and fair training opportunities for local trainees; and co-ordination among various professions, sectors, and organisations. The ultimate goal is an appropriate balance between quantity and quality of doctors so as to ensure that Hong Kong citizens get the best medical care they need and deserve.

Remember our motto, “*Opus Medicinæ Salus*”.

Prof Gilberto Ka-kit Leung
President

Feature Article

Well-being: Q&A with Dr. Wing-cheong Leung

Burnout among medical and dental professionals is an important topic, especially among our young Fellows and trainees. In this issue of *academyfocus*, Honorary Secretary Dr. Wing-cheong Leung answers some questions on the problem of burnout, and the Academy's efforts to address this.

What is burnout?

Burnout is a syndrome related to chronic workplace stress that has not been managed successfully. Although not classified as a medical condition, burnout is an occupational phenomenon described in the WHO's International Classification of Diseases (ICD 11). Burnout is a particular concern for the Academy, because the worldwide prevalence of burnout among medical and dental professionals is increasing.

Burnout includes a spectrum of symptoms in three dimensions: emotional exhaustion, including feelings of stress and exhaustion related to work; personal accomplishment, including feelings of achievement and satisfaction at work; and depersonalisation, including emotional connection to colleagues, patients, and other people at work. Burnout is traditionally assessed with the Maslach Burnout Inventory (MBI) or, more recently, by self-assessment with the Copenhagen Burnout Inventory (CBI).

Early signs of burnout are mainly emotional, such as increased irritability, decreased motivation, or feeling negative, disconnected, or overwhelmed. There can also be physical effects, such as unhealthy eating or drinking habits, less enjoyment of activities, not sleeping well, and lack of regard for one's own health.

What do we know about burnout among doctors in HK?

Many of you reading this will have first-hand experience of some of the above signs and symptoms. Although my character has always been described by my friends and colleagues as optimistic with positive thinking, I remember I did encounter a difficult time once in my medical career in the early 1990s when I was a basic O&G trainee in Queen Mary Hospital, just married, on-call frequently, and having difficulty in preparing for my professional examination. Fortunately, I got the opportunity to talk to the Professor in our Department, who helped me to analyse my situation and gave me a lot of positive encouragement, which eventually brought me through this difficult time.

Unfortunately, burnout is widespread among medical and dental professionals in Hong Kong, and the problem seems to be increasing. A study by Siu et al in 2012 found that the prevalence of burnout was 31% among public doctors in Hong Kong. More recently, Ng et al reported that the prevalence of CBI burnout was 63.1% (personal), 55.9% (work-related) and 35.4% (patient-related) among medical graduates of The University of Hong Kong. This is really worrying and we must do something to address the problem of burnout.

The Young Fellows Chapter of the Academy recently conducted a survey of young doctors in Hong Kong (residents in-training and specialists within 10 years of registration). The results show that the problem of burnout and depression among young doctors remains substantial. The full results will be published soon in the *Hong Kong Medical Journal*; please keep up to date by visiting the website (<https://www.hkmj.org/>).

How can the Academy address the problem of burnout?

Quality patient care and doctors' well-being go hand-in-hand. The Academy is committed to assuming a leading role in cultivating and promoting the well-being of Fellows and trainees of its constituent Colleges as a shared responsibility among individual doctors, respective employing institutions, and policy makers.

A Task Force on Well-being has been set up, involving Academy Officers and secretariat staff, as well as representatives from the Social Subcommittee, the Young Fellows Chapter, and our 15 Colleges. The Task Force is also very grateful for the contributions of the Honorary Advisor Dr. Rosalie Lo, former Director of Oasis, the Center for Personal Growth and Crisis Intervention of the Hospital Authority. The Task Force is currently preparing a Well-being Charter to outline the commitment of the Academy and our 15 Colleges.

In line with the Charter, the Academy commits to act, following an incremental ASAP (Awareness, Self-care, Ask for help, Promotion of well-being) approach. Through a dedicated page on the Academy website and other means, the Academy will raise awareness of burnout and promote information and activities for the well-being of Fellows and trainees, as well as sharing information and experiences and offering guidance to professional support if needed.

What should I do if I think that burnout might be a problem for myself or a colleague?

As noted above, the Academy is promoting an ASAP approach for managing stress and burnout:

Awareness

- Helping you understand and recognise the causes, signs, and symptoms of burnout, stress, and other mental well-being issues

Self-care

- Providing practical advice for enhancing well-being and managing stress

Ask for help

- Facilitating a peer support network for you
- Providing information on getting professional help

Promotion of well-being

- Cultivating a culture of care and support among Fellows
- Making recommendations for well-being improvement at the organisational level
- Organising or promoting well-being programmes and activities

Accordingly, Fellows or trainees who experience burnout should reach out to peers or professionals for help, or consider some self-help to manage stress, such as realigning one's goals and expectations, slowing down, or taking some time away from work. Engaging in activities to de-stress can also help, such as exercising regularly, eating healthily, getting enough sleep, socialising, spending time with family, or doing outdoor activities.

Practical guide on testamentary capacity assessment

by Dr. Cindy WC Tam and Dr. Wing-kit Choi

Background

To address important medico-legal matters and to provide our Fellows and trainees with education and training on those matters, the Academy's Professionalism and Ethics Committee established a Task Force on Laws for Healthcare Practitioners. The Task Force, together with the Committee on Land, Trust and Probate of the Hong Kong Bar Association, co-organised a seminar on 'Legal Issues Doctors Should Be Aware of When asked to Certify a Patient's Mental Capacity', which was successfully held on 28 August 2021.

On the basis of the above seminar, in particular 'Practical guides on assessing mental capacity', which was presented by Dr. Cindy WC Tam, and a forum discussion, this guide seeks to debunk some myths surrounding mental capacity and to provide clinicians with practical advice on how mental capacity is assessed. The scope of this article is restricted to the assessment of the mental capacity to make a Will, termed 'testamentary capacity'.

Common myths clinicians hold about mental capacity

Myth: Mental capacity is an "all or nothing" phenomenon

Loss of mental capacity may be partial or temporary and it is possible for a patient to have the mental capacity to make one specific decision but not another. Mental capacity assessment should be time-specific and task-specific.



Dr. Cindy WC Tam



Dr. Wing-kit Choi

Myth: Lack of decision-making capacity is a permanent condition

A patient can be temporarily incapacitated as a result of delirium in the context of severe medical and surgical illness. Whenever loss of decision-making capacity is expected to be only temporary, important decisions should be delayed, if possible, while efforts are made to treat the underlying illness so that mental capacity can be restored.

Myth: Lack of mental capacity can be presumed when patients make “unwise” decisions

Mental capacity assessment is to assess the process by which a patient makes a decision. It is not influenced by the decision that the patient makes.

Myth: Elderly patients usually lack mental capacity

According to the Mental Capacity Act, everyone is assumed to have capacity until proven otherwise.

Myth: Patients with dementia do not have the mental capacity to sign legal documents

A diagnosis of dementia is not necessarily an indicator that a patient lacks the requisite decisional capacity. Mental capacity assessment should be task-specific. The requisite mental capacity depends on the severity of dementia and the complexity of the task.

Myth: Patients without significant memory impairment can be presumed to have mental capacity

Decision making is a higher cognitive function. This generally involves comprehension or understanding of the information, memory to retain the information, ability to appreciate the significance of the information to self, working memory and judgement to balance benefits and risks, and ability to express one's choice. Patients with certain types of dementia or mental illness may have preserved memory but impaired executive functions, and they may lack mental capacity in certain tasks.

Myth: Cognitive testing is equivalent to mental capacity assessment

Cognitive testing should not be used as a substitute for a specific capacity assessment with corresponding legal criteria. Cognitive testing gives only a general impression of a patient's cognitive ability.

Myth: Patients who have a low education level lack the mental capacity to make decisions on legal matters

It depends on the complexity of the information and the way the information is given. The information should be explained in simple terms in order to promote the patient's autonomy and ability to make a decision.

Myth: Patients with certain psychiatric disorders lack mental capacity

Psychiatric diagnosis is not necessarily an indicator that a patient lacks the requisite decisional capacity. The presence of psychiatric symptoms that affect the decision-making process for that particular task is a more important determinant.

Myth: Only a psychiatrist can assess mental capacity

There is no legal requirement when executing a Will or Enduring Power of Attorney that any assessment of mental capacity is carried out by a psychiatrist. However, clinicians should seek expert opinions on mental capacity assessment if they are in doubt.

Assessment framework

The following assessment framework is proposed to provide practical guidance for clinicians who are asked to assess testamentary capacity.

Before the interview, the clinician should:

1. Clarify the purpose and understand the task, understand the relevant legal tests
2. Obtain relevant information from the solicitor including the family and social background of the patient, contents of the relevant documents (such as details of the estate, a draft of the Will, and whether any potential heir is being excluded in a Will)
3. Obtain information about the patient's illness, current functioning and disability, and recent medications

During the interview, the clinician should:

1. Optimise the patient's ability to communicate
Pay attention to the means of communication (verbal, written, visual cues) and the best time of interview
2. Discuss examination with the patient and make sure the testator is informed of the purpose of assessment
3. Take a medical history and counter-check the information with that from the solicitor
4. Mental state examination and cognitive test
Assess if the patient suffers from neurocognitive disorder or mental disorder that makes them unable to make a particular decision at this time
5. Mental capacity assessment with relevant legal criteria
Under the *Banks v Goodfellow* test, the testator must:
 - understand the nature of the Will and its effect;
 - have some idea of the extent of the property of which they are disposing under the Will;
 - be aware of any individuals for whom the testator would usually be expected to provide (even if they have chosen not to); and
 - be free from any delusion of the mind that would cause the testator not to benefit those individuals.
6. Determine the patient's ability in understanding and decision making
7. Record the patient's answers, verbatim, together with relevant findings
Include any neurological deficits, psychotic symptoms, or mood disturbances
8. Document the reasons in support of your opinion

After the interview, the clinician should document in case notes:

1. Background history
2. Medical history
3. Psychiatric illness
4. Family composition and relationship
5. Current functioning and care arrangement
6. Mental state examination
7. Mental capacity assessment (specific to the task)
8. Evidence supporting the conclusion
9. Observation when witnessing the signing of legal documents

The certifying clinician should be prepared to produce the evidence used to establish the patient's mental capacity some years later in case of future dispute or challenge in court.

Summary

It is important for clinicians to have an understanding of the legal criteria for testamentary capacity. By understanding the key concepts in assessing a patient's mental capacity, clinicians will be better equipped to counsel their patients on such matters, create high-quality medical records, and appreciate how patient's illness may affect their ability to sign legal documents.

The information provided in this article does not, and is not intended to, constitute legal advice. For further information, readers are recommended to refer to Assessment of Mental Capacity: A Practical Guide for Doctors and Lawyers, 4th Edition (The British Medical Association and the Law Society General Editor: Alex Ruck Keene. 2015. Law Society Publishing.). The key concepts and principles of mental capacity assessment mentioned in this practical guide are based on this book.

Young Fellows Chapter

Young Fellows Chapter handover meeting, 17 June 2021

The 5th term (2021-2022) of the Young Fellows Chapter (YFC) officially started on 1 July 2021. A handover meeting was arranged for YFC members to communicate and discuss the roles of the YFC. This year, there are a total of 26 YFC members from the 15 Colleges. The Academy Officers joined the YFC handover meeting and there was an open discussion about possible YFC activities in the future.



Academy Officers and Young Fellows Chapter (YFC) members at the YFC handover meeting

Young Fellows Chapter activities in 2021–2022

Chicken Soup for the
Doctor's Soul
心靈雞湯

YFC activities
in 2021–2022

Social activities

- Music / art therapy
- Meditation class
- Networking events

Cross-over videos for
public education

Cross-specialty CME talks

- 連枝帶葉，一脈相通
- New era under COVID-19
- Advances in DM management

Personal and career
development

- Overseas training
- Leadership skills
- Financial planning

Several activities for the Young Fellows Chapter have been planned for 2021-2022, including some new initiatives and continuing the wellness series “Chicken Soup for the Doctor’s Soul” (<https://www.hkam.org.hk/en/young-fellows-chapter-chicken-soup-doctors-soul>).

Young Fellows Chapter Governing Council (2021–2022)

Chair	Dr. Jeremy YC Teoh <i>The College of Surgeons of Hong Kong</i>	
Vice-Chair	Dr. Johnny KS Lau <i>Hong Kong College of Radiologists</i>	
Honorary Secretary	Dr. Amy YL Cheung <i>The Hong Kong College of Orthopaedic Surgeons</i>	
Honorary Treasurer	Dr. Karen KY Leung <i>Hong Kong College of Paediatricians</i>	
IT officer	Dr. Fiona YY Chan <i>Hong Kong College of Emergency Medicine</i>	
Members	Dr. Sara SW Chan <i>The Hong Kong College of Family Physicians</i>	Dr. Ka-ho Shea <i>The Hong Kong College of Pathologists</i>
	Dr. Guy LJ Chen <i>The College of Ophthalmologists of Hong Kong</i>	Dr. Eva YY Siu <i>The College of Surgeons of Hong Kong</i>
	Dr. Ivy SY Cheng <i>The Hong Kong College of Pathologists</i>	Dr. Gary CH So <i>The College of Dental Surgeons of Hong Kong</i>
	Dr. Jason Cheung <i>Hong Kong College of Emergency Medicine</i>	Dr. Kelvin LK Tsoi <i>Hong Kong College of Physicians</i>
	Dr. Thomas MC Dao <i>The Hong Kong College of Family Physicians</i>	Dr. Fergus KC Wong <i>The Hong Kong College of Otorhinolaryngologists</i>
	Dr. Keith W Hariman <i>The Hong Kong College of Psychiatrists</i>	Dr. Grace CY Wong <i>Hong Kong College of Community Medicine</i>
	Dr. Billy MH Lai <i>Hong Kong College of Radiologists</i>	Dr. Mandy OM Wong <i>The College of Ophthalmologists of Hong Kong</i>
	Dr. Vivian NM Lau <i>The Hong Kong College of Anaesthesiologists</i>	Dr. Patrick CP Wong <i>The Hong Kong College of Anaesthesiologists</i>
	Dr. Jessica YP Law <i>The Hong Kong College of Obstetricians and Gynaecologists</i>	Dr. Stephanie NS Wong <i>The Hong Kong College of Otorhinolaryngologists</i>
	Dr. Yolanda YH Law <i>The College of Dental Surgeons of Hong Kong</i>	Dr. Gerry MF Yeung <i>Hong Kong College of Paediatricians</i>
	Dr. Jacqueline HS Lee <i>The Hong Kong College of Obstetricians and Gynaecologists</i>	

HKJCDPRI Updates

Online Voting Awareness Campaign – Fight the Virus under the New Normal

For over a year and a half, we have been taking non-pharmaceutical precautionary measures to protect ourselves and others from COVID-19. These measures have unconsciously developed into our daily personal hygiene routines. Some people have found that, after adopting these new daily routines (such as mask wearing), they have stayed healthier than ever, and are free from seasonal illnesses, such as influenza.

With a view to encouraging the public to maintain these new daily habits and to find out how they feel about living in the “New Normal”, the HKJCDPRI has organised an Online Voting Awareness Campaign named “Fight the Virus under the New Normal”. As part of the Campaign, people are invited to vote for the daily habit they are inclined to continue even after mandatory measures for curbing the spread of COVID-19 come to an end. The Campaign lasted for four weeks from 28 July to 25 August 2021. Six hundred participants giving the most inspiring answers will be rewarded with a gift of a box of 30 limited edition HKJCDPRI-themed masks.

The Campaign recorded a total of 3281 participants, and the three daily habits receiving the most votes were:

- 1) Wearing a mask (42%)
- 2) Using hand sanitiser before eating (30%)
- 3) Closing the toilet lid before flushing (12%)



Limited edition HKJCDPRI-themed mask and Campaign poster in a bus shelter



Campaign advertisements on the seat-backs in a bus



Blog articles on vaccines by Dr. Jimmy TS Chan

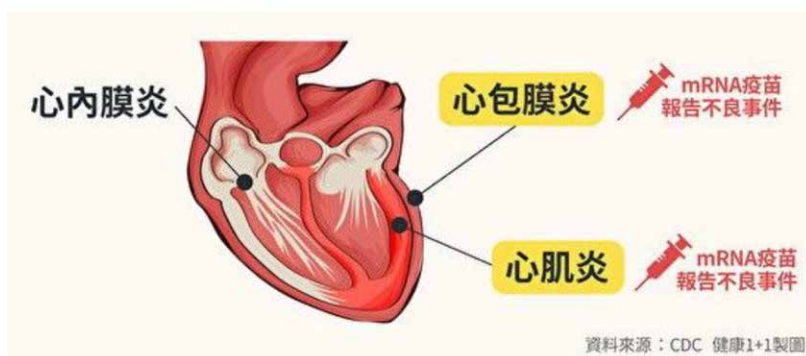
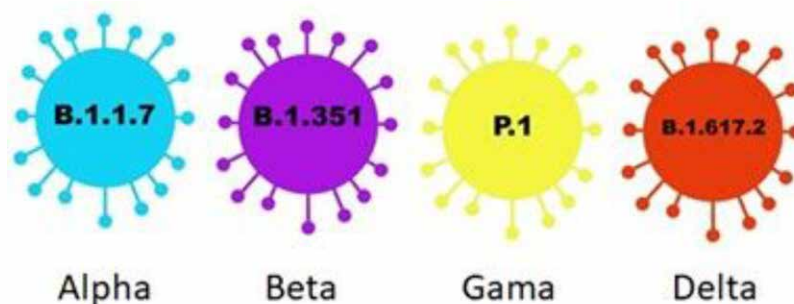
The HKJCDPRI invited Dr. Jimmy TS Chan, President of the Hong Kong Association for Conflict and Catastrophe Medicine and Regional Director (Hong Kong and China) of the Advanced HazMat Life Support, United States, to write a series of blog articles to share his professional knowledge about vaccines, as well as his observations as a doctor at a Community Vaccination Centre.

The blog articles can be found at:

<https://www.hkjcdpri.org.hk/疫苗接種中心隨筆>

<https://www.hkjcdpri.org.hk/青少年和兒童接種新冠病毒疫苗注意事項>

<https://www.hkjcdpri.org.hk/delta-變種新冠病毒>



Hong Kong Jockey Club
Innovative Learning Centre
for Medicine

HKJC ILCM Updates

Upcoming courses

Course title	Course period
Debriefing Skills for Simulation Instructor Course (DSSI) – 2 days	12th run: 6–7 November 2021 (Saturday and Sunday)
Comprehensive Simulation Educator Course (CSEC) – 4 days	15th run: 20–21, 27–28 November 2021 (Saturdays and Sundays)

Please check the latest updates on HKJC ILCM website.

Enquiries:

Tel: (852) 2871 8718

Email: hkjilcm@hkam.org.hk

COMPREHENSIVE SIMULATION EDUCATOR COURSE

CSEC - Learner-orientated, helps participants:

- Understand the principles and methods of simulation education
- Acquire scenario design and debriefing skill
- Integrate individual experience with simulation & education enhancement



Endorsed by CENTER FOR MEDICAL SIMULATION

COURSE DATE
(4-DAY COURSE)

20-21, 27-28 November 2021
(Sats and Suns)

Limited places

Application Deadline
10 October 2021



Course Fee:

HKD \$31,250 for Sim Alliance Members

HKD \$25,000 for Hospital Authority Staff &

***Group of Sim Alliance Members**

(*Group of 3 or more subscribing together)

This Course is recognised by HKJC ILCM as a basic simulation-based education instructor course



Registration:

Please complete the application form (downloadable from our website)

and submit on or before **application deadline**

Medium of instruction will be in Cantonese

CME/CNE Accreditation Pending

Tel: (852) 2871 8718

Email: hkjcilm@hkam.org.hk

Website: <http://hkjcilm.com>

Facebook.com/HKJCILCM/

Hong Kong Jockey Club Innovative Learning Centre for Medicine,

Hong Kong Academy of Medicine



Hong Kong Jockey Club
Innovative Learning Centre
for Medicine

Update: Guidelines on Procedural Sedation

In light of growing concern among healthcare professionals and the public about the use of sedation during medical and dental procedures, Fellows are reminded that the Academy published an updated version of our Guidelines on Procedural Sedation in January 2020 (Version 2.1).¹ This version includes several updates compared with the first version published in 2009, as summarised below.

Definitions and applicability of the Guidelines

- The focus of the Guidelines is explicitly stated to be on the use of “conscious (moderate) sedation”, for adult patients only, with the definitions of minimal sedation, conscious (moderate) sedation, deep sedation, and general anaesthesia updated and clearly delineated.
- It is also stated that the set of Guidelines is for guidance only and not intended to be prescriptive. Ultimately it is the clinical judgment of relevant practitioners on how to make use of the Guidelines, having regard to all relevant clinical circumstances.

Staffing and training

- Staffing requirements for procedural sedation have been reviewed and updated, with a clear emphasis that an appropriately trained staff is required for the monitoring of vital signs and procedural complications (in addition to the person performing the diagnostic and/or therapeutic procedure).
- The necessity of proper training is explicitly stated in the Guidelines. Practitioners administering conscious (moderate) sedation should have received relevant training recognised by the Academy or its Colleges, in order to be equipped with the necessary competency requirements as specified.
- It has been further clarified that existing Academy Fellows are not required to undergo additional training according to the Guidelines but they are encouraged to take refresher courses or relevant CME activities as required to ensure continued and updated competency.²

Administration of conscious sedation

- The provision of capnography for patient monitoring is considered necessary for high-risk patients receiving conscious (moderate) sedation or any deeper level of sedation where sudden unexpected loss of consciousness may occur.
- The importance of the careful determination of drug dosages when administering intravenous conscious (moderate) sedation is emphasised and stipulated.
- It is specified that a mechanism should be in place for regular review and monitoring to ensure that sedation procedures are conducted to an appropriate standard.

Sedation is not without risk. Fellows are recommended to refer to the full version of these Guidelines on the Academy website for further details.¹



¹ https://www.hkam.org.hk/sites/default/files/PDFs/Guidelines_on_Procedural_Sedation.pdf

² https://www.hkam.org.hk/sites/default/files/Supplementary_Note_for_the_Guidelines_on_Procedural_Sedation.pdf

New College Council Members

The following Academy Colleges have held annual general meetings and have submitted new Council lists to the newsletter Editorial Board. Congratulations to all new College Office Bearers and Council members. (For lists of other College Councils, please refer to the Colleges section on the Academy website.)



College of Ophthalmologists of Hong Kong

President	Prof. Clement CY Tham
Vice President (Professional Affairs)	Dr. Hon-wah Yung
Vice President (General Affairs)	Dr. Emily FY Yeung
Honorary Secretary	Dr. Andy CO Cheng
Honorary Treasurer	Dr. Hunter KL Yuen
Editor	Dr. Alvin KH Kwok
Immediate Past President	Dr. Nancy SY Yuen
Council Members	Dr. Noel CY Chan Dr. Carmen KM Chan Dr. Ruby HY Ching Dr. Kelvin KL Chong Dr. Connie HY Lai Dr. Robert F Lam Dr. Gary KY Lee Dr. Felix CH Li Dr. Jason CS Yam Dr. Jane CC Yeung



The Hong Kong College of Anaesthesiologists

President	Dr. Hing-yu So
1st Vice-President	Dr. Yee-eot Chee
2nd Vice-President	Dr. Phoon-ping Chen
Honorary Secretary	Dr. Simon KC Chan
Honorary Treasurer	Dr. Timmy CW Chan
Assistant Secretary	Dr. Henry MK Wong
Assistant Treasurer	Dr. Kin-fai Khu
Council Members	Dr. Albert KM Chan Dr. Kenny KC Chan Dr. Benny CP Cheng Dr. Yu-fat Chow Dr. John TC Liu Dr. John Low Dr. Eric HK So
Immediate Past President	Prof. Chi-wai Cheung

Deadline for Winter 2021 issue

The deadline for contributions for the Winter 2021 issue of *academyfocus* is 1 November 2021. Please send any submissions by e-mail to focus@hkam.org.hk. All submissions are subject to editorial review and approval. Information supplied, whether or not included in the newsletter, may be posted on the Academy website.

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Elected Council Members

Dr Julian Fong

Dr HT Luk

Dr WL Tang



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

Enhancing Professional Research Skills Workshop

Register Now



<http://page.hkam.org.hk/PASS>

This four-module workshop aims to provide medical and dental specialists with more in-depth knowledge and skill required for medical research.

Platform: Online (via Zoom)

Enrolment Limit: 25 per Workshop

Fee: HK\$400 per four-module Workshop



Module 1 - Introduction to Research

Prof Martin Wong

Professor (Clinical), JC School of Public Health and Primary Care, Faculty of Medicine, CUHK
Editor-in-Chief, *Hong Kong Medical Journal*



Module 2 - Performance of Research in Clinical Practice

Prof Ivan Hung

Ru Chien & Helen Lieh Endowed Professor in Health Sciences Pedagogy, Professor of Medicine, Chief, Division of Infectious Diseases, Assistant Dean (Admissions), LKS Faculty of Medicine, HKU



Module 3 - Analysing Data and Provision of Research Recommendations

Prof Benny Zee

Professor and Director, The Office of Research and Knowledge Transfer Services, CUHK



Module 4 - Dissemination of Research Findings

Prof Sydney Tang

Chair of Renal Medicine and Yu Professor in Nephrology, LKS Faculty of Medicine, HKU

The Workshop will be repeated four times on Saturdays at 14:00–18:00 on the following dates:

	Module 1	Module 2	Module 3	Module 4
Workshop 1	11 Sep 2021	Registration Closed	25 Sep 2021	9 Oct 2021
Workshop 2	6 Nov 2021	13 Nov 2021	20 Nov 2021	11 Dec 2021
Workshop 3	26 Feb 2022	12 Mar 2022	19 Mar 2022	26 Mar 2022
Workshop 4	21 May 2022	28 May 2022	4 Jun 2022	18 Jun 2022

Details of CME/CPD accreditation to be announced

Enquiries: webinar@hkam.org.hk

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