THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS NEWSLETTER FOR MEMBERS



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Sub Editor:

Denis Fitzpatrick

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Dominic Woo (Private Hospitals)

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PRESENT COUNCIL

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(and Chairman of Board of Education)

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The Chinese University of Hong Kong

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Tuen Mun Hospital

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The Chinese University of Hong Kong

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and Intensive Care, Chinese University of Hong Kong

Dr. Andrea O'Regan - Senior Medical Officer in Anaesthesia, Queen Mary

Hospital (and Chairman, Publications and Guidelines Committee)

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Dr Edwin Tong - Senior Medical Officer in Anaesthesia, Queen Mary

Hospital

Dr. SL Tsui - Consultant in Anaesthesia, Queen Mary Hospital

(and Chairman, Board of Censors)

Dr. Clement Yuan - Chief of Anaesthesia, Department of Anaesthesia,

United Christian Hospital (and Chairman, Board of Accreditation)

EDITORIAL

From Chandra Rodrigo:

The report of the Committee on Manpower Study sheds light on the Anaesthesiology Manpower situation in Hong Kong. It highlights the severe shortage of anaesthesiologists in Hong Kong. Even with the existing capabilities of training anaesthesiologists at full strength it is envisaged that still there will be a severe shortage of Manpower in Anaesthesiology by the year 2000.

One solution to the problem would be to employ anaesthesiologists that are already trained in another country who wish to work for a period of time in a foreign country for further experience. If we could employ them for a specific period of time and following this period allow them to go back to their country, it will not only help the manpower situation in Hong Kong but will aid the other country which wishes to let their trainees undergo additional training in a foreign country. As the recruited anaesthesiologists have been sent for a short period and when they return they are sure of their jobs in the mother country they will not be a burden to Hong Kong. Such a country which seeks opportunities to send trainees abroad for further experience following the MD (Anaesthesiology), equvivalent of the Fellowship in Anaesthesiology, is Sri Lanka. Following the MD they expect their trainees to gain experience in anaesthesiology in a foreign country for a period of two years. As these anaesthesiologists are well trained, our College, with the help of the Hospital Authority, should seize this opportunity to get them to undergo post MD training here by requesting the Medical Council of Hong Kong to relax the stringent regulations governing registration and to provide them limited registration. Thus it will serve anaesthesiology in both countries without being a burden on each other.

NEWS FROM THE COUNCIL

PRESIDENT'S MESSAGE

From Ronald Lo:

The College has been tidying up the loose ends in its structure and administration. Although this is our sixth year of existence, there are still teething problems as we embark on new ventures and go in new directions. Many of hese have been dealt with, but there is a lot yet to be done to make it a smooth running organization.

We are sad to see Dr. Arthur So resigning from his position as Hon. Secretary of the College for personal reasons. The council accepted the resignation with utmost reluctance. Fortunately, Dr. Joseph Lui was able to stand in until the end of this term of office, and I must thank him for helping out at such a time of difficulty, change and stress.

As a constituent College of the Academy of Medicine, there are many things over which we do not have autonomy. We need to fit into the guidelines and policies of the Academy to achieve recognition of the Academy. Over the last few months, there has been a lot of activities behind the scene dealing with this aspect of the relationship of the Colleges with the Academy. As you will see in the Reports on the Academy of Medicine and that on the Education Committee, we are now ready to tackle the real issues that confront all the Colleges, namely the Training Programme and local Examinations, on the raod to full localization of specialist training and accreditation.

Your Council has shown much concern over the shortage of specialist anaesthesiologists in Hong Kong. A Working Group on Manpower has been set up for some time now, and its latest report just submitted to Council indicated, not unexpectedly that the shortfall is astronomical. If we aim for a consultant or staff specialist based service, we would need almost four times as many Fellows in Hong Kong as we have now in the whole of hong Kong. With the current capacity of our training programme, we can never hope to be able to achieve this level of specialist service within the foreseeable future. This makes the issue of accrediatation of doctors qualifying from overseas even more important.

We have embarked on a long and winding road. The road is not clearly marked and we cannot see far enough ahead because of the bends in the road. Nevertheless, we have to strive on. This will be my last message as President for my current term of office. I wish my successor and the in-coming Council all the best and I am sure that all Fellows will give the same strong support you have always given to the College and Council. I am sure the newly elected Council for the next term will be able to bring forth much fruits in their endeavours and carry our College to grater maturity. Together we shall conquer the unknown and step boldly into the future. Together we shall make Hong Kong a major centre of excellence in Anaesthesiology in the world.

TREASURER'S REPORT

From Chi-tim Hung:

All members and fellows should have received the invoice for 1995 subscription. I would like to seek your cooperation to settle the invoice promptly. Experience has shown that when these invoices are not settled immediately, they will be kept aside and forgotten. Every year the College has to utilize extra resources to send out reminders in order to collect the overdue subscriptions, which is quite costly. So why do you delay payment of your subscription?

For those Fellows who are also Academy Fellows, an added invoice is enclosed requesting Academy dues through our College. The present position is that you have to pay your College subscription as well as your Academy subscription. That means if you are a local College and Academy Fellow, you will have to pay HK\$2000 to the College. The Academy subscriptions have to be forwarded to the Academy before the end of March 1995. May I remind you again to act promptly and make all cheques payable to "The Hong Kong College of Anaesthesiologists" and send them to:

Dr. CT Hung Hon. Treasurer Hong Kong College of Anaesthesiologists c/o Dept of Anaesthesia, Queen Elizabeth Hospital Gascoigne Road, Kowloon

All the 1994 ASA Refresher Course Lectures Books have been despatched before the Chinese New Year. If you are a Member or Fellow admitted before December 1994 and have not received your copy, ring me at 27102176.

I have problems in trying to contact some of our Members or Fellows, who have failed to pay their 1994 subscriptions and some even 1993 subscriptions. May be their addresses have changed and they have not informed the College. As any Member or Fellow is liable to have their membership removed from the College if they failed to pay up their subscriptions within 15 months, if you happen to know the current address of any of the Members / Fellows listed below, please let me have their current addresses so that I can find out whether they are still interested in being a College Member / Fellow. The list is as follows:

Dr. Valerie Betham
Dr. Shashi Bhatt
Dr. Iain McLaren
Dr. Charles Chen
Dr. Robert Hutchison
Dr. B.B. Tiwari

Dr. Patrick Ireland

NEWS FROM THE BOARDS AND COMMITTEES

BOARD OF EDUCATION

Dr. R. Lo (Chairman)

Dr. Cindy S.T. Aun

Dr. C. Rodrigo

Dr. S. Joyce Wong

President Ex officio

Secretary Ex officio

Chairman: Board of Examinations

Chairman: Board of Censors

From Ronald Lo:

Training Programme The Training Programme of our College, and that of all the other Colleges of the Academy of Medicine of Hong Kong, has finally been approved by the Council of the Academy. This means that our local training programme is now formally recognized by the HKAM as acceptable towards tha granting of the FHKAM.

Trainee Registration The system of registration of our trainees has some deficiencies. Nevertheless, trainees are required to register themselves or face the prospect of having to be assessed retrospectively at a price, and not necessarily monetary only. Trainees who have already sent in their registration before 1st April 1995 will shortly receive an acknowledgment of their registration from the Chairman of the Education Committee. If they do not receive an acknowledgment of their registration by the end of May 1995, they should make enquiries from the Chairman of the Education Committee.

Trainee Log Book The trainee Log Book has been made available since the end of last year and all trainees should have started to document their anaesthetic experience since January 1995. The log books have six colours. A different colour is used for each year of training. Trainees presenting for Fellowship nomination will be required to produce the Log Books for inspection and assessment of their anaesthetic experience. The same log book may be used for documenting Intensive Care cases.

Continuing Medical Education (EME) A major area that our Education Committee is looking into is that of Continuing Medical Education (CME). There is a move towards maintenance of knowledge and standards of specialists all over the world. Different methods of demonstrating professional competence are used in different countries. Credit hours are given for attending scientific and academic meetings in the United States of America. Maintenance of Standards (MOS) points are given by the

Australian & New Zealand College of Anaesthetists (ANZCA) for a range of educational and teaching activities, including attendance at accredited meetings and participation in quality assurance programmes. It should be noted that scientific meetings of our College (and those of the Society of Anaesthetists of Hong Kong) have been accepted by ANZCA as accredited. The HKAM is also looking at this issue and it wants to have some uniformity between the Colleges as to what constitutes acceptable CME activities. Our College has taken the initial view that the ANZCA system is flexible enough and workable in Hong Kong, and would try to examine it in detail to see if it would be applicable. If so, we would recommend this system to HKAM for consideration.

BOARD OF EXAMINATIONS

Dr. T. Gin (Chairman)
Prof. T.E. Oh
Prof. Joseph Yang
Dr. Cindy S.T. Aun
Dr. R. Lo

Chairman: Education Committee

President Ex officio Secrettary Ex officio

From Tony Gin:

Part I Examination

Unfortunately the Part I exam scheduled for March/April 1994 has been deferred. Council resolved to not hold the examination if there were less than six candidates. There will definitely be a Part I examination in the latter part of the year. The dates are 23 July 1995 for the written and 19 August 1995 for the oral. The format for the examination will change slightly from the last examination. The written paper in each subject will contain 12 short answer questions to be completed in 120 min. The oral will retain the same format as the first, with three examiners in a 20 minute oral for each subject. The external examiners nominated by the ANZCA and RCA, Professor Malcolm Fisher (Pharmacology) and Professor Cedric Prys-Roberts (Physiology), have confirmed their availability to visit Hong Kong in August for the oral.

The initial establishment of a new training and examination system is always difficult, especially when there is still an alternative, concurrent ANZCA training system which is well supported. However, it is the intention of the Board of Examinations to hold two Part I examinations per year as soon as possible. This provides more opportunity and flexibility for trainees to plan their training and work towards the final examination and fellowship.

Part II Examination

The College intends to hold the first Part II examination this year. A panel of examiners has been appointed and tentative dates are 21 August 1995 for the written and 15-16 September 1995 for the orals and objective structured clinical examination (OSCE). The exact format is still to be finalized but questions in the written examination will all be of the short answer type. The OSCE will be an important part of the whole examination and there will still be more traditional oral examinations. In the preparations for the inaugural part II exam, the Board has enlisted the assistance and noted the experience of more established examination systems. A member of the Board has visited England to observe and hold discussions at the recent RCA Part III Fellowship examination and another will shortly participate at the forthcoming ANZCA Final Fellowship examination in Melbourne.

For reasons similar to that mentioned above, it is expected that there will soon be two Part II examinations each year. Additionally, it is likely that Academy of Medicine requirements may mean that the HKCA Part II examination cannot be taken before the last 18 months of training. If this is the case, then an exam held only every 12 months could lead to trainees spending months to years past their completed training time if they are initially unsuccessful with the Part II exam. Such a situation is obviously undesirable. However, the organization of two Part I and two Part II exams each year will involve considerable expense and the examination fees will reflect this cost.

COMMITTEE ON REVISION OF PUBLICATIONS AND GUIDELINES

Dr. A. O'Regan (Chairman)

Dr. C. Yuan

Dr. R. Lo

Dr. W.N. Tong

Dr. J. Lui

From Andrea O'Regan:

The following guidelines have been promulgated by our College.

Technical:

- T1 Protocol for the checking of an anaesthetic machine before use
- T2 Recommended minimum facilities for safe anaesthetic practice in operating suites
- T3 Recommended minimum facilities for safe anaesthetic practice in organ imaging
- T4 Recommended minimum facilities for safe anaesthetic practice in delivery suites
- T5 Recommended minimum facilities for practice of electro-convulsive therapy
- T6 Minimum rquirement for an anaesthetic record
- T7 Minimum assistance for safe conduct of anaesthesia

Professional:

- P1 Guidelines for monitoring in anaesthesia
- P2 Guidelines for safety in sedation for diagnostic and minor surgical procedures
- P3 Guidelines for postanaesthetic recovery care
- P4 Guidelines for the conduct of epidural analgesia for parturients
- P5 Guidelines for anaesthesia for day surgery
- P6 Priviledges in anaesthesia
- P7 Guidelines on quality assuarance
- P8 Duties of an anaesthesiologist
- P9 Guidelines for transport of the critically ill
- P10 Guidelines on patients' rights
- P11 Guidelines on acute pain management

COMMITTEE ON ICU

Prof. T.E. Oh (Chairman)

Dr. H.Y. So (Secretary)

Dr. R. Lo

Dr. P.C. So

Dr. S. Anandaciva

Dr. M.C. Kung

Dr. T. Buckley

Dr. J. Lui

Dr. D. Kerr

Dr. K. Hickling

Dr. L.Yam

From Teik Oh:

The Intensive Care Committee has been established officially in December 1994 and consist of the above members:

The committee has already held three meetings and has produced an outline of the training programme for the Fellowship in Intensive Care, which shall be called FHKCA(IC). Guidelines on the accreditation of Foundation Fellows and issues related to accreditation of training centres has been sorted out. In the near future, the committee will look into the modification of the Administrative Instructions for the Approval of Intensive Care Training Posts.

COMMITTEE ON RESUSCITATION

Dr. T.M. Moles (Chairman)

Dr. R. Lo

Dr. H.Y. So

Dr. C. Rodrigo

Dr. T. Gin

Dr. J.Low

From Mike Moles

The Committee is currently tasked by Council with the conduct of audit and feasibility evaluation of resources, ways and means for the establishment and provision of accreditable Advanced Life Support (ALS) certificate training programmes for College Fellows and Trainees.

ALS knowledge, aptitude and skills are core recommendations and requirements within the curricula for vocational or provisional Fellowship training currently proscribed by academic or professional organizations in Hong Kong and overseas.

ALS Training Courses, Cardiac (ACLS) Trauma (ATLS_{TM}), (and others) are provided in profusion by these organizations, with course syllabus, core content, materials and audit being rigorously specified and mandated for the purpose of accreditation of the course and certification of the candidates, whether at (clinical) Provider, Instructor or Supervisor level.

At present, however, access to such accredited certificate courses overseas has proved prohibitively expensive and somewhat exclusive for trainees from Hong Kong, who are thereby disadvantaged both clinically and promotionally. Furthermore, proposals are under discussion overseas to mandate such certification within vocational programmes (as is now the case in parts of the United Kingdom, USA, Germany and elsewhere, where certification is prerequisite for "consultant" appointment.

The establishment of such courses is (breathtakingly) expensive in terms of material/educational resources and the maintenance is expensive in terms of manpower and manhours. For such projects to be financially feasible or logistically sustainable, optimally, costs, manpower and resources must be sustainable by foreseeable demand.

However, these training requirements now apply to numerous specialties in addition to anesthesiology (e.g. Medicine, Emergency Medicine and Traumatology, etc.) and in United Kingdom, Australia, USA and elsewhere, such resources are already established and effectively and sustainably operated through collaboration between disciplines, to provide specialty 'customized' courses.

Accordingly, the Committee is collecting and collating data on such courses, in particular their accreditation, resource and operational requirements, curricula, certification and costing. Simultaneously, though the Chair, the Committee is exploring operable liaisons for both resource audit and collaborative provisions, both overseas (United Kingdom, Australia, USA, Germany) and here in Hong Kong.

Liaison instituted overseas includes:

UK: Royal College and Association of Anaesthetists; Royal College of Surgeons (Edinburgh); Resuscitation Council; British Association for Immediate Care (Basic). Australia: Australian, NZ College of Anaesthetists, College of Emergency Physicians, Resuscitation Council. USA: International Trauma Anaesthesia and Critical Care Society, ITACCS; Maryland Institute of Emergency Medical Services Systems, (Shock Trauma Centre), MIEMSS; American Society for Trauma Anaesthesia, ASTA; America College of Emergency Physicians, ACEP; American Heart Association, AHA. Germany: European Resuscitation Council, University Postgraduate Advance Life Support Training Centres, Mainz, Munich, Fribourg.

Liaison instituted in Hong Kong includes:

The Society for Emergency Medicine and Surgery, through whose exemplary initiatives international collaborative ACLS and ATLS Provider courses have already been established and conducted in their comprehensive new training facilities at Tang Shiu Kin Hospital, attended incidentally by government anesthesiology trainees.

The Committee has submitted a preliminary memorandum to the President and will prepare a Report to Council on conclusion of these current activities. Council collaboration and approval is being sought, to facilitate perhaps, the audit, identification, evaluation and registering of presently accredited Providers or Trainer/Supervisors in Hong Kong and such budget as might be necessary for the creation of any sustainable project.

Subject to Council approval, these ALS courses could then be initiated; characteristically, such courses are small (limited to 16) high density, high intensity and mandatorily include a substantial proportion of skill acquisition; currently they cost (equivalent) HK\$3000-5000, per candidate.

It is hoped therefore that anesthesiology oriented, accredited, structured, ACLS, ALTS or equivalent and Advanced Airway Management (AAM) certificate courses can be made available here in Hong Kong in Autumn 1995 or soon thereafter.

COMMITTEE ON MANPOWER STUDY

Prof. J.C.S. Yang (Chairman)

Dr. S. Anandciva

Dr. J.M. Low

Dr. J.R. Lo

Dr. J. Lui

Dr. S.L. Tsui

Dr. S.J. Wong

Dr. D. Woo

From Joseph Yang

- a. Recommend the Anaesthesiology service in the future to be consultant based.
- b. All training posts should be considered as supernumerary
- c. The overall formula for man-power calculation should be one specialist for every two non-specialists.
- d. The following formula should be used for man-power calculation:
 P = number of personal needed to cover the clinical sessions
 P (subtotal) = P [1+8% (leave entitlement) + 1% (sick leaven taken) + 4% (study leave) + 10% (continuous medical education)]
- e. Hours per session will be as follows:
 1 O.T. session = 4 hours (O.T.) + 1 hour (pre and post operative care) = 5 hours
 Other sessions such as resuscitation, pain management, I.C.U. etc. will be 4 hours.
- f. Total weekly working hours should be 44, irrespective of the types of sessions.
- g. There is no data available concerning the private sector. Based on the data of the survey issued by the Hospital Authority on 1st July 1994, at present there is a shortage of Anaesthesiologists in the public sector.
 - The reasons that the sessions were covered were probably due to a combination of factors such as diluted supervision, inadequate CME, insufficient administration time and overtime.
- h. In view of the existing number of specialists and the possible future ones as judged by the accredited training posts by HKCA, there would be a big deficiency of Anaesthesiologist in year 2000.

CONGREGATION

From Chandra Rodrigo

The 9th Congregation of the Hong Kong College of Anaesthesiologists was held on the 3rd of November 1994 at the Silver Ballroom of the Sheraton Hotel in Tsim Sha Tsui, Kowloon. The Chief Guest was Professor Michael Vickers from the University of Wales in Cardiff, UK. The congregation began with a procession headed by the mace bearer, the mace bearer was Dr. Florence Yap who came first in the Primary Fellowship Examination of the HKCA. At the congregation Professor Vickers was conferred an Honorary Fellowship. Following the award of Fellowships and Memberships Professor Vickers gave a lecture on 'Post-graduate Examinations: How to ensure quality'.

SCIENTIFIC MEETINGS

On the 19th of January, Professor Neil M Ellison who is the Chairman, Geisinger Medical Center Pain Therapy Committee and Clinical Professor of Medicine of the Jefferson University School of Medicine in USA delivered a lecture on `Durogesic - a new horizon in chronic pain treatment'. The meeting was held in the Coral Room of the Furama Hotel in Hong Kong and was sponsored by Janssen Pharmaceuticals Ltd.

On the 13th of March, Dr. Alan Lisban who is the Assistant Professor of Anaesthesia of the Harvard Medical School and the Chief of the Division of Critical Care in the Department of Anaesthesia and Critical Care delivered a lecture on the `Clinical use of Esmolol in the perioperative period'. The meeting was held in the Ching room of the Sheraton hotel in Tsim Sha Tsui and was sponsored by Swire Loxley Ltd.

HONG KONG COLLEGE OF ANAESTHESIOLOGY COURSES REPORT OF PART 1 FANZCA COURSE 1994/5

From WN Tong:

The Part one and Part two of the Course was finished in early December 1994. Twenty six traineesattended. The Part three of the course - tutorial by the ANZCA tutor Dr. Peter Kam -was organised from 9 January to 21 January in 1995 in QEH. Twenty potential primary examination candidates from various hospital attended the tutorial. Three mock viva sessions, on the 18th of March at QMH, 25th of March at PWH and 1st of April at QEH were organised for the primary FANZCA examination candidates.

HONG KONG ACADEMY OF MEDICINE

One has to admit that the HKAM has had its share of teething problems. Although HKAM has existed as an official organization for over a year, the details of many of the basic guidelines and policies are still being worked out. The approval of the Training Programmes of the constituent Colleges has been on schedule while there have been delays in the building of its own Headquarters building.

The Fellowship Committee of the HKAM has not been able to start vetting nominations from the Colleges for Fellowship since its founding. Fellows of HKAM would have received ballot papers to vote on and approve details of the postal voting mechanism and the admission criteria for Fellowship. As you may be aware, this is done to rectify certain omissions in the early days of the Academy. Without this authority and legal basis new Fellows cannot be admitted. Our College has not nominated any eligible Fellows until this is sorted out. Many aspects of the issues involved have been discussed in the media recently.

The accreditation of doctors trained overseas has been receiving a lot of attention. The issue may be divided into first the overseas qualification itself and secondly the acceptability of the specialist training undertaken. Overseas qualifications which have been recommended by the Colleges as being acceptable have always been accepted by the Academy as fulfilling the "examination" requirement of the HKAM Fellowship. However, the main dispute arises over the duration and acceptability of the training undergone by those with such overseas qualifications. The HKAM mandates a period of approved training of not less than six years irrespective of the qualifications obtained. Some overseas qualifications can be obtained with less than six years of vocational training. Doctors with such qualifications will have to demonstrate that the nature of their training experience is equivalent to or not less than six years of what we sould expect locally. The HKAM has indicated that the Colleges will have to set their own criteria. You shuld be aware that our College has already taken the policy since 1st January 1995, of recognizing only such experience as is recognized by the institutions granting the overseas qualification as "Vocational Training". A specific example is approved Higher Professional Training after Fellowship of The Royal College of Anaesthetists being recognized as proper training while other appointments are not. Any shortfall in accredited training has to be made good by further training in an approved position before we could accept the experience as fulfilling our training requirement for Fellowship and for nomination to HKAM Fellowship. In a case of doubt, an Assessment process will have to be applied to the individual doctor. The ultimate outcome will very much depend on the eventual position of HKAM.

You may be interested to know that appeal mechanisms are being set up both at our College level and at HKAM level to deal with grievances in the assessment of Fellowship requirements.

The HKAM is considering the setting up of an Examination Department which will help the Colleges mount examinations by providing clerical and other support. It is recognized that the Colleges will have to deal with the professional and clinical aspects of the examinations.

HEALTH SERVICES RESEARCH FUND

INVITATION FOR APPLICATIONS

The Hospital Authority has established a Health Services Research Fund and Committee to provide financial support to health services research. The funding is classified into a Mini Grant and Full Grant with different levels of grant subsidy. There are two rounds of vetting of applications each year in the spring and autumn.

Interested applicants should write for the complete set of further particulars including application forms to:-

Dr. Fung Hong
Executive Secretary
Health Services Research Committee
Expert Subcommittee on Grant Application & Awards
Hospital Authority
19/F World Trade Centre
Causeway Bay
Hong Kong

Fax 2895 2167

All enquiries should be in writing by mail or facsimile as there are no facilities for answering telephone calls related to applications.

The Committee looks forward to an enthusiastic response to these new research opportunities and the benefits which will accrue for the improvement of health care in Hong Kong.

COLLEGE ANNOUNCEMENTS

THE RESULTS OF THE ELECTIONS FOR THE NEW COUNCIL

The following members have been elected for the next Council of the Hong Kong College of Anaesthesiologists

Cindy Aun

Tom Buckly

Amy Cho

PT Chui

Tony Gin

CT Hung

Anne Kwan

Lilian Lau

TW Lee

Ronald Lo

Chandra Rodrigo

SL Tsui

Joseph Yang

Clement Yuan

Annie Wong

THE WELLCOME CONTINUING EDUCATION SCHOLARSHIPS

The deadline for submission of applications for the above scholarships has been extended till the 31st of May 1995. For details of the scholarships refer to the Vol. 3 Part 2 of the College Newsletter published in October 1994.

FINAL FELLOWSHIP IN ANAESTHESIA CRASH COURSE FOR CLINICAL ANAESTHESIOLOGY 1995

From Chi-tim Hung:

Time Table:

Day 1

4th March 1995 (Saturday)

Venue: Rm 5, 1/F Block B Queen Elizabeth Hospital

Programme: Feedback on Short Answer Questions & Mock MCQ

-		
09:00-09:30:	Introduction	
09:30-10:15:	Answering Short Answer Questions 2	Dr. CT Hung
10:15-11:00:	Answering Short Answer Questions 1	Dr. John Liu
11:00-11:30:	Break	
11:30-12:00:	Answering Short Answer Questions 3	Dr. SL Tsui
12:00-12:30:	Answering Short Answer Questions 4	Dr. T. Short
12:30-13:30:	Lunch Break	
13:30-14:00:	Answering MCQ questions: tips & techniques	Dr. KM Ho
14:00-17:00	MCQ Paper (150 questions)	
17:00-18:00:	Analysis of MCQ paper	
Day 2		
Day 2	22nd April 1004 (Saturday)	
Date:	22nd April 1994 (Saturday)	
•	Queen Elizabeth Hospital	
Date:	Queen Elizabeth Hospital am: Room 5 1st fl Block B	
Date:	Queen Elizabeth Hospital	
Date:	Queen Elizabeth Hospital am: Room 5 1st fl Block B	
Date: Venue:	Queen Elizabeth Hospital am: Room 5 1st fl Block B pm: Rooms 2 3 4 & 5, 1st Fl., Block B (B1)	
Date: Venue:	Queen Elizabeth Hospital am: Room 5 1st fl Block B pm: Rooms 2 3 4 & 5, 1st Fl., Block B (B1) X-ray Tutorial	
Date: Venue:	Queen Elizabeth Hospital am: Room 5 1st fl Block B pm: Rooms 2 3 4 & 5, 1st Fl., Block B (B1) X-ray Tutorial How to interpret CXR	
Date: Venue: 09:00-10:15	Queen Elizabeth Hospital am: Room 5 1st fl Block B pm: Rooms 2 3 4 & 5, 1st Fl., Block B (B1) X-ray Tutorial How to interpret CXR Film Quiz	
Date: Venue: 09:00-10:15	Queen Elizabeth Hospital am: Room 5 1st fl Block B pm: Rooms 2 3 4 & 5, 1st Fl., Block B (B1) X-ray Tutorial How to interpret CXR Film Quiz Interpretation of ECGs	
Date: Venue: 09:00-10:15 10:15-11:00 11:00-11:30	Queen Elizabeth Hospital am: Room 5 1st fl Block B pm: Rooms 2 3 4 & 5, 1st Fl., Block B (B1) X-ray Tutorial How to interpret CXR Film Quiz Interpretation of ECGs Break	
Date: Venue: 09:00-10:15 10:15-11:00 11:00-11:30 11:30-12:00	Queen Elizabeth Hospital am: Room 5 1st fl Block B pm: Rooms 2 3 4 & 5, 1st Fl., Block B (B1) X-ray Tutorial How to interpret CXR Film Quiz Interpretation of ECGs Break Interpretation of Lab results	
Date: Venue: 09:00-10:15 10:15-11:00 11:00-11:30 11:30-12:00 12:00-12:30	Queen Elizabeth Hospital am: Room 5 1st fl Block B pm: Rooms 2 3 4 & 5, 1st Fl., Block B (B1) X-ray Tutorial How to interpret CXR Film Quiz Interpretation of ECGs Break Interpretation of Lab results Tutorial 1: How to pass Medical Examination	

(18 minutes per viva, 2 minutes for comments &

change over)

Anaesthetists

Day 3

Date: Venue: 6th May 1994 (Saturday) Queen Elizabeth Hospital

am:

Room 5, 1st fl., Block B (B1)

F7 for viva sessions

pm: Room 2 3 4 & 5, 1st fl., Block B (B1)

 09:00-10:00
 XR Film Quiz

 10:00-10:30
 ECG Quiz

 10:30-10:45
 Break

 10:45-13:15
 Mock Anaesthetic Viva
 Anaesthetists

 M2 Room 5 & F7

 13:15-14:00
 Lunch

 14:00-18:00
 Mock Anaesthetic Viva & medical examination
 Physicians & Anaesthetists

Course Fees:

HK\$700.00

Payable to: "The Hong Kong College of Anaesthesiologists"

Enquiries to :

Dr.C.T. Hung

Final FANZCA Course Organiser

c/o Dept of Anaesthesia Queen Elizabeth Hospital

Tel:

27102176 (Secretary), 27102985

Fax: 27824725

NEWS FROM MEMBERS

EXAM SUCCESSES

We wish to congratulate the following members on their exam successes:

College degrees

FANZCA PART II

Dr. David KP Chua

.NEW APPOINTMENTS

We congratulate the following on their new appointments:

Reader in Anaesthesia

Dr C.S.T. Aun - Chinese University of Hong Kong Dr T. Gin - Chinese University of Hong Kong

Chief of Anaesthesia

Dr. Kevin Mui - Yan Chai Hodpital

Consultant in Anaesthesia

Dr. T.W.Lee - Tuen Mun Hospital
Dr. K.O.Sun - Kwong Wah Hospital

Consultant in ICU

Dr. Keith G Hickling - Queen Elizabeth Hospital

Senior Medical Officer

Dr. Agnes W.M. Cheng, Princess Margaret Hospital

Dr. Hung-kai Cheng, Queen Elizabeth Hospital

Dr. Yu-fat Chow, Queen Elizabeth Hospital

Dr. S.R. Das, Grantham Hospital

Dr. Peter Y.T. Heong, Grantham Hospital

Dr. Y.Y.Lee - Kwong Wah Hospital

Dr. Siu-man Wong, Queen Elizabeth Hospital

OBITUARIES

Dr. Wong, Fung-yan Joan died on the 15th of August 1994,

NEWS FROM HOSPITALS

Grantham Hospital

The Department bid farewell to the following staff;

Dr B S Yogasakaran resigned to take up a Consultant's post at Luton & Dunstable Hospital, UK.

Dr Joseph Lui resigned to take up a Consultant's post at Caritas Medical Centre, HK.

Kwong Wah Hospital

The following members had training in the different fields mentioned below:

Dr. Y.Y.Lee - Transoesophageal echocardiography in New York.

Dr. A.E.Philip - Pain management in Liverpool.

Dr. B.K.Saw - Day case service in Sydney and London.

Dr. K.O.Sun - Pain managment in California

- Hospital infection control in Hong Kong

Dr. N. Yogasekaran - Neuroanaesthesia in London.

Prince Philip Dental Hospital

Dr. Chandra Rodrigo was awarded the European Federation for the Advancement in Anaesthesiology in Dentistry Prize for the best scientific paper in Clinical Anaesthesiology presented at the 7th International Dental Congress on Modern Pain Control held in Trier, Germany in September 1994. The paper was entitled Ondansetron for prevention of post operative vomiting following general anaesthesia for minor oral surgery

Dr. Michael Moles will retire from the 30th of June 1995.

The Prince of Wales Hospital

The Department bid farewell to the following Staff

Dr P Au Yeung was transferred to Yan Chai

Dr F Conway returned to Ireland after one year with the department.

The following distuinguished guests visited the Department:

Professor Jeff Lipman from South Africa, joined the department as a working member for ten weeks Dec 94 - Feb 95

Assoc Prof SL Shafer of Veterans Administration Hospital and Stanford University, Palo Alto, California. March 1995

Awards:

Dr Timothy Short
Dr Claudia Cheng
Dr Florence Yap

Best Paper Award, Hospital Authority '95 Convention
Renton Prize for best candidate in FANZCA Part 1
Best Candidate Prize, HKAM Anaesthesia Part 1.

Princess Margaret Hospital

The Day Surgery Centre will be open in April this year. There will be one pre-anaesthetic assessment clinic, 2 operating theatres, a Stage I and a Stage II recovery rooms.

Elective Neurosurgery will be started in April. At present, Dr. K.W. CHU, our Senior Medical Officer is doing further training in neuroanaesthesia in Auckland

Queen Mary Hospital

The re-opening of the B-block theatres had been delayed from end of December 1994 to April 1995. By that time, our out-patient pain clinic will be moved from 1/F Professorial Block to 2/F in B Block.

After the re-opening of the B-block theatres, the Saturday morning sessions - 8:30am to 12:30pm will be allocated for the CME activities of our department. This certainly will make our internal training programme a more fruitful event.

A new MRI scan had been installed in QMH in March 1995.

Training: a) Dr. C.S.Lam, Dr. A.Wong, Dr. T. Hui, Dr. S.K.Yeo and Dr. Cynthia attended the ACLS Course in November 1994 b) Dr. G. Lei and Dr. A. Leung attended the ATLS course in November in 1994.

Queen Elizabeth Hospital

ICU Management

Dr. Keith G. Hickling was appointed the Consultant Anaesthetist in Intensive Care Unit of QEH on 30.1.95. Before taking up the post, he was the Clinical Director of the Intensive Care Department in Christchurch Hospital, New Zealand. He has been in the Intensive

Care Specialty since 1976. He will work together with Dr. K.Y. Lai, Consultant Physician in Intensive Care to enable the ICU Management in QEH to function more efficiently.

QEH Convention

The first QEH Convention was postponed to 29th October 1994 and was held in the Sheraton Hotel. Amongst the 50 papers presented, Dr. C.T. Hung won one of the three Best Paper Awards. The topic was "Acute Pain Management - Past, Present and Future".

Cardiac Surgery

Closed Heart Surgery, mainly ligation of patent ductus arteriosus, has been started in QEH since May 1994. From January 1995, we have also started the Initial Phase of Open Heart Surgery on adult patients on a tentative basis.

Courses for Recovery Room Nurses

3 series of formalised 4-week Lecture Courses on Postoperative Care of patients were delivered to OT Nurses in July, October 1994 and January 1995 respectively. They were being conducted by the Department of Anaesthesia during out-of-hours to avoid disruption of the O.T. service. Certificates were issued to all candidates afterwards. Both the attendance and the feedback on these Courses were extremely encouraging. More such Courses would be organised in the near future.

Tuen Mun Hospital

There are 5 types of services provided by our Department.

Anaesthetic Service - Of a total of 12 theatres, 8 operating theatres are in service from January 1995 onwards, Other fields in which anaesthetists provide services include obstetrics, radiodiagnostics and ECT.

Intensive Care Service - 9 beds out of the 10 are being utilised. It is anticipated that full functioning of the ICU will begin in the coming year.

Anaesthesia Service for Day Surgery - During the weekdays daily there are operating sessions and preoperative assessment clinics. The day service provides anaesthesia for 6 different specialties, namely surgery, O&T, gynaecology, dental, eye and ENT..

Trauma Service - A trauma team, organized last year, responds to any trauma call from the Accident & Emergency Department. Our staff play an active role and often lead the resuscitation team.

Pain Service - Last year limited acute pain service was implemented with 2 PCA pumps and epidural narcotics.

Yan Chai Hospital

The Yan Chai Hospital has started a 24-hour Accident & Emergency service since December '94 and the workload has been increasing rapidly. The attendance at the A&E Department has exceeded 7,000 in January and is still on the rise. Thus the other departments of the hospital has to provide more service to cope with the demand. There is a plan to open two more operating theatres in the next few months and the Intensive Care Unit will expand from 4-beds to 8-beds in March, and probably to 10-beds by mid-95. Therefore there is a need for more anaesthetists urgently.

The Day Surgery Centre of Yan Chai Hospital has started functioning on February 9th, 1995. This is the first Day Surgery Centre which is physically separated from the main operating suite in Hong Kong. It is well equipped from funds donated by a Director from the Yan Chai Hospital Board. However, due to the shortage of anaesthetists, general anaesthesia sessions are limited at present.

MEMBERS PUBLICATIONS IN

1994

Kwong Wah Hospital

Sun KO. Severe postoperative shivering and hypoglycaemia. *Anaesthesia and Intensive Care* 1993; 21: 873-875.

Sun KO, Chan YW, Cheung RTF, So PC, Yu YL, Li PCK. Management of tetanus: a review of 18 cases. *Journal of the Royal Society of Medicine* 1994; 87: 135-137.

Sun KO. The importance of Combitube in the management of the situation of failed intubation and impossible ventilation. *Newsletter of the Hong Kong College of Anaesthesiologists* 1994; 3: 24-8.

Sun KO. Spinal anaesthesia following previous spinal surgery. European Journal of Anaesthesiology 1994; 11: 321-323.

Sun KO, Wat JKI, So PC. Puffer fish poisoning - a case report. *Anaesthesia and Intensive Care* 1994; 22: 24-28.

Sun KO. Outbreak of tetanus among heroin addicts in Hong Kong. *Journal of the Royal Society of Medicine* 1994; 87: 494-495.

Sun KO. Bronchial trauma. Journal of the Royal Society of Medicine 1994; 87: 494.

Sun KO. Bronchospasm after esmolol and neostigmine. Search on Anesthesia 1994; 2: 20-21.

So PC, Sun KO. Severe muscle weakness and hypokalaemia secondary to renal tubular acidosis. *Anaesthesia and Intensive Care* 1994; 22: 613-615.

Sun KO, Chan YW. Management of tetanus - Reply. *Journal of the Royal Society of Medicine* 1994; 87: 720.

Sun KO. Myocardial infarction following distal splenorenal shunt. Newsletter of the Hong Kong College of Anaesthesiologists 1994; 3 (2): 31-34.

Sun KO. Correct tracheal tube placement. Anaesthesia 1994; 43: 1095-1096.

Prince Philip Dental Hospital

Campbell RCH, Rodrigo, MRC. Bradycardia and asystole during maxillofacial surgery. *Anesth. Progr.* 1994; 41:13-16.

Campbell RCH, Rodrigo MRC.Laryngeal Mask Airway - Review. Sri Lankan Journal of Anaesthesiology 1994; 4:44-47.

Rodrigo, MRC & Tong, CKA. A comparison of patient and anaesthetist controlled midazolam sedation for dental surgery. *Anaesthesia* 1994; 49:241-244.

Rodrigo, MRC, Campbell, RCH, Chow, J, Tong CKA, Hui E, Lueveswanij S. Ondansetron for prevention of postoperative nausea and vomiting following minor oral surgery: A double blind randomised study. *Anaesth. Intens. Care* 1994; 22:576-79.

Rodrigo, MRC. Flumazenil in dentistry - Review Proceedings of the 7th International Dental Congress on Modern Pain Control. Trier, Germany, Sept., 1994; 72-84.

Rodrigo, MRC. Induced hypotension during anaesthesia - Review. Sri Lankan Journal of Anaesthesiology 1994; 4:26-32.

Rodrigo MRC. Sedation for Ambulatory Surgery. Abstracts of the 22nd Pan Pacific Surgical Congress, Hong Kong 1994; 124.

Rodrigo MRC & Chow KC. Are increments necessary during minor surgery under patient controlled sedation. Abstracts of the Ninth Annual Scientific Meeting of the South East Asian Division of the International Association of Dental Research, Manila, Philippines, 1994; 42.

Rodrigo MRC, Chow KC. Time interval between increments in patient controlled sedation with midazolam. *J Dent Research* 1994; 73: 1005.

Rodrigo MRC, Chow KC. Are increments necessary during minor surgery under patient controlled sedation. *J Dent Research* 1994; 73: 1016.

Rodrigo MRC, Tong CKA A comparison of patient and anaesthetist controlled sedation with midazolam in minor oral surgery. Abstracts of the 7th International Dental Congress on Modern Pain Control, Trier, Germany, Sept. 1994; 87.

Rodrigo MRC, Chow KC. Optimal lockout period between increments in patient controlled sedation with midazolam. Abstracts of the 7th International Dental Congress on Modern Pain Control, Trier, Germany, Sept. 1994; 89.

Rodrigo MRC, Campbell RCH, Chow J, Tong CKA, Hui E, Lueveswanij S. Ondansetron for prevention of post operative vomiting following general anaesthesia for minor oral surgery. Abstracts of the 7th International Dental Congress on Modern Pain Control, Trier, Germany, Sept. 1994; 265.

Rodrigo MRC, Chow KC. Do patients need increments during minor surgery under patient controlled sedation with micazolam? Abstracts of the 7th International Dental Congress on Modern Pain Control, Trier, Germany, Sept. 1994; 305.

Prince of Wales Hospital

Aun CST. Preoperative fasting in children. Annals Academy of Medicine Singapore 1994; 23: 572-578.

Aun CST, Short TG. Intravenous anaesthesia for children. Current Anaesthesia and Critical Care 1994; 5: 190-196.

Aun CST, Short TG, O'Meara ME, Leung DHY, Rowbottom YM, Oh TE. Recovery after propofol infusion anaesthesia in children: comparison with propofol, thiopentone or halothane induction followed by halothane maintenance. *British Journal of Anaesthesia* 1994; 72: 554-558.

Aun C, Lim T, Short T. Pharmacokinetics of propofol in paediatric patients. In: Abstracts, The third America-Japan Anesthesia Congress, Oita, Japan, 1994: 103.

But PPH, Tai YT, Young K. Three fatal cases of herbal aconite poisoning. *Veterinary and Human Toxicology* 1994; 36: 212-215.

Chan MTV, Suen TKL. Ketorolac and thromboelastography. *Journal of Clinical Anesthesia* 1994; 6: 263-264.

Chui PT, Gin T. Nonsteroidal anti-inflammatory drugs in laparoscopic sterilisation. *Anaesthesia and Intensive Care* 1994; 22: 109-110.

Chui PT, Gin T. False alarms and the integrated alarm system: report of a potential hazard. *Anesthesia and Analgesia* 1994; 79: 192-193.

Chui PT, Mainland P, Chung SCS, Chung D. Anaesthesia for three-stage thoracoscopic oesophagectomy: an initial experience. *Anaesthesia and Intensive Care* 1994; 22: 593 596.

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Critchley LAH. Haemodynamics of preloading in spinal anaesthesia. *Anaesthesia and Intensive Care* 1994; 22: 98-99.

- Critchley LAH, Rowbottom S. Fatal tension pneumoperitoneum with pneumothorax *Anaesthesia and Intensive Care* 1994; 22: 298-299.
- Critchley LAH, Short TG, Gin T. Hypotension during spinal anaesthesia: haemodynamic analysis of three treatments. *British Journal of Anaesthesia* 1994; 72: 151-155.
- Critchley LAH, Stuart JC, Short TG, Gin T. Haemodynamic effects of subarachnoid block in elderly patients. *British Journal of Anaesthesia* 1994; 73: 464-470.
- Critchley LAH, Conway F, Stuart JC, Gin T. Prevention of hypotension during subarachnoid anaesthesia: haemodynamic effects of ephedrine in combination with Haemaccel. In: Abstracts I, 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, 1994: 103
- Critchley LAH, Short TG, Buckley T, O'Meara ME, Gin T, Oh TE. An adaptation of the objective structured clinical examination to an undergraduate course in anaesthesia and intensive care. In: Abstract I, 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, 1994: 279.
- Gin T. Ondansetron 4 mg for laparoscopic gynaecology in Hong Kong. In: Abstract II, 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, 1994: 452.
- Gin T. Book Review. (Problems in Obstetric Anaesthesia. Analysis and management. Rubin AP, Wood MLB). *Anaesthesia and Intensive Care* 1994; 22: 122.
- Gin T. Propofol during pregnancy. Ma Tsui Hsueh Tsa Chi Acta Anaesthesiologica Sinica 1994; 32: 127-132.
- Gin T. Recent advances in the understanding and management of postoperative nausea and vomiting. *Annals Academy of Medicine Singapore* 1994; 23 (Suppl): 114S-119S.
- Gin T, Chan MTV. Decreased minimum alveolar concentration of isoflurane in pregnant humans. *Anesthesiology* 1994; 81: 829-832.
- Gin T, Chan MTV. MAC is decreased during early human pregnancy. *Anesthesiology* 1994; 81: A1121.
- Gin T, Kan AF, Yau G. Acid aspiration prophylaxis at emergency Caesarean section. *Anaesthesia and Intensive Care* 1994; 22: 97.
- Gin T, Stuart JC, Kan AF, Rowbottom SJ, Yau G. IV ranitidine or omeprazole for emergency caesarean section. *Anaesthesia and Intensive Care* 1994; 22: 483.
- Houghton IT, Aun CST, Wong YC, Chan K, Lau JTF, Oh TE. The respiratory depressant effect of morphine. A comparative study in three ethnic groups. *Anaesthesia* 1994; 49: 197-201

Lee BB, Critchley LAH. Pleural effusions and anaesthesia. Anaesthesia 1994; 49: 178-179

Lim TA, Gin T. Influence of sampling site and time on pharmacokinetic analysis. *Anesthesiology* 1994; 81: A401.

Lim TA, Aun CST, Gin T. Pharmacokinetics of propofol in Chinese patients. In: Abstract I, 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, 1994: 77.

Lim TA, Tan P, Gin T. Pharmacokinetics of propofol derived using different sampling procedures. In: Abstract I, 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, 1994: 78.

McArthur CJ, Gin T, Oh TE. Sedation and gastric emptying in neurosurgical intensive care. *Anaesthesia and Intensive Care* 1994; 22: 228-229

Mainland P, Chui PT, Chung SCS, Chung DC. Thoracoscopic oesophagectomy: Anaesthetic management and initial results. *Anaesthesia and Intensive Care* 1994; 22: 106-107.

Mainland P, Kong A, Lai C, Chan HS, Chung DC. Absorption of lidocaine after anesthesia of the airway by aspiration. *Anesthesiology* 1994; 81: A1026.

O'Meara ME, Gin T. Displaying data. British Journal of Anaesthesia 1994; 72: 500

Oh TE. Difficulty in weaning from mechanical ventilation. *Annals Academy of Medicine Singapore* 1994; 23: 503-509.

Oh TE. Difficulty in weaning from mechanical ventilation. In: Abstracts: 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, 6-11 Nov 1994.

Rowbottom SJ, Gin T, Cheung LP. General anaesthesia for Caesarean section in a patient with uncorrected complex cyanotic heart disease. *Anaesthesia and Intensive Care* 1994; 22: 74-78.

Rowbottom SJ, Tabrizian I. Epidural analgesia and uterine rupture during labour. *Anaesthesia and Intensive Care* 1994; 22: 79-80.

Short TG, Aun CST, Tan P, Wong J, Tam YH, Oh TE. A prospective evaluation of pharmacokinetic model controlled infusion of propofol in paediatric patients. *British Journal of Anaesthesia* 1994; 72: 302-306.

Short TG, Hui TW, Hong W, Suen T, Gin T, Plummer J. Interactions between propofol and ketamine at anaesthesia induction. *Anaesthesia and Intensive Care* 1994; 22: 482.

Short TG, Young KK, Tan P, Tam YH, Gin T, Oh TE. Midazolam and flumazenil pharmacokinetics and pharmacodynamics following simultaneous administration to human volunteers. *Acta Anaesthesiologica Scandinavica* 1994; 38: 350-356.

So HY, Buckley TA, Oh TE. Factors affecting outcome following cardiopulmonary resuscitation. *Anaesthesia and Intensive Care* 1994; 22: 647-658.

Stuart JC, Au-Yeung P, Short TG. Tracheal tube compression by an over-inflated cuff. *Anaesthesia and Intensive Care* 1994; 22: 111.

Stuart JC, Critchley LAH, Gin T, Short TG. Haemodynamic effects of subarachnoid anaesthesia. *Anaesthesia and Intensive Care* 1994; 22: 485.

Suen TKL, Gin T, Chen PP, Rowbottom YM, Critchley LAH, Ray AK. Ondansetron 4 mg for the prevention of nausea and vomiting after minor laparoscopic gynaecological surgery. *Anaesthesia and Intensive Care* 1994; 22: 142-146.

Teh J, Short TG, Wong J, Tan P. Pharmacokinetic interactions between midazolam and propofol: an infusion study. *British Journal of Anaesthesia* 1994; 72: 62-65.

Yeung CK, Ho JK, Lau WY, Liu K, Cho A, Buckley T, Aun C, Li AKC. Commencement of a pediatric transplantation program with live-related orthotopic liver transplantation: Initial experience in Hong Kong. *Transplantation Proceedings* 1994; 26: 2215-2217.

Queen Mary Hospital

Brown AG, Visram AR, Jones RDM, Irwin MG, Bacon-Shone J. Preoperative and postoperative oxygen saturation in the elderly following spinal or general anaesthesia - an audit of current practice. *Anaesthesia and Intensive Care* 1994; 22: 150-154.

Huang S, Wong Ch, Yang JC, Wu WH: Comparison of emergency and recovery time between sevoflurane and propofol as maintence anaesthetics in adult outpatient surgery. *Anaesthesiology*, 81, 3A, 1994.

Irwin MG, Jones RDM, Visram AR, Kornberg J. A patient's experience of two postoperative patient-controlled analgesic regimens. *European Journal of Anaesthesiology* 1994; 11: 413-415.

Jones RDM, Visram AR, Kornberg J, Irwin MG, Roulson CJ. The effect of premedication on oxygen saturation during the post-premedication period in Chinese children undergoing elective surgery. *European Journal of Anaesthesiology* 1994; 11: 307-311.

Jones RDM, Visram AR, Kornberg J, Irwin MG, Gunawardene WMS. Premedication with oral midazolam in children - an assessment of psychomotor function, anxiolysis, sedation and pharmacokinetics. *Anaesthesia & Intensive Care* 1994; 22: 539 544.

Jones RDM, Chan MMY, Bacon-Shone J, Mya GH, Visram AR, Irwin MG. A comparison of three induction agents in paediatric anaesthesia -cardiovascular effects and recovery. *Anaesthesia & Intensive Care* 1994; 22: 545 - 555.

Tsui SL, Tong WN, Lam CS, Lo JR, O'Regan AM, Yang JCS. Cancer pain management: A review with reference to recent experience by anaesthesiologists in a teaching hospital in Hong Kong. *Acta Anaesthesiologica Sinica* 1994; 32: 193-201.

Tsui SL, Yang JC: Comparison of methodone and MST Continus in cancer pain management. *American Pain Soc.* p 125, 1994.

Visram AR, Jones RDM, Irwin MG. Use of two oximeters to investigate a method of movement artefact rejection using photoplethysmographic signals. *British Journal of Anaesthesia* 1994; 72: 388-392.

Yang JC: Perioperative stress. 35th Annual Scientific Meeting. Royal College of Surgeons in Ireland. p39, 1994

Yang JC: Cancer pain control. Hong Kong International Cancer Congress. p 17.2 1994.

Yang JC: Experience of cancer pain management in Queen Mary Hospital in Hong Kong. *National Congress of the Chinese Society of Anaesthesiology*. p377, 1994.

PRESENTATIONS BY MEMBERS AT MAJOR MEETINGS IN

1994

Grantham Hospital

D A Sudhaman. What is new in cardiac anaesthesia?. The Pan Pacific Surgical Association 22nd Congress in Hong Kong, February 1994.

D A Sudhaman. Behaviour of transplanted heart. The International Congress of Anaesthesiology on "Recent Advances in Anaesthesiology" in Trivandrum, India, October 1994.

Dr B S Yogasakaran. The use of high dose aprotinin in dissecting thoracic aneurysms. *The 3rd International Symposium on Cardiothoracic Critical Care in Jakarta, Indonesia*, February 1994.

Kwong Wah Hospital

Sun KO. Percutaneous dilatational tracheostomy in an intensive care unit.

Australian and New Zealand Intensive Care Society -- Annual Scientific Meeting,
Sydney, 8-12 October, 1994

So PC. Day case surgery in a hospital-integrated unit - a 12-months' review. 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, 6-11 November, 1994

Prince Philip Dental Hospital

Rodrigo MRC. Sedation for Ambulatory Surgery. 22nd Congress of the Pan Pacific Surgical Association, Hong Kong. Jan/Feb., 1994.

Rodrigo MRC. Sedation for Day Surgery. Seminar on Day Surgery. The Society of Anaesthetists of Hong Kong. Apr. 1994.

Rodrigo MRC. a. Sedation for Ambulatory Surgery, b. Rodrigo breathing system. *Meeting of the College of Anaesthesiologists of Sri Lanka, Colombo, Sri Lanka*, June 1994.

Rodrigo MRC. Are increments necessary during minor surgery in patient sedation with midazolam? 9th Annual Sessions of the South-East Asian Division of the International Association of Dental Research, Manila, Philippines. Feb., 1994.

Rodrigo MRC. a. Flumazenil in Dentistry b. A comparison of patient and anaesthetist controlled sedation with midazolam in minor oral surgery c. Optimal lockout period between increments in patient controlled sedation with midazolam. d. Ondansetron for prevention of post operative vomiting following general anaesthesia for minor oral surgery 7th International Dental Congress on Modern Pain Control in Dentistry, Trier, Germany. Sept., 1994..

Prince of Wales Hospital

Critchley LAH. Prevention of hypotension during subarachnoid anaesthesia: heamodynamic effects of ephedrine in combination with Haemaccel. 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, 6-11 Nov 1994.

Critchley LAH. An adaptation of the objective structured clinical examination to an undergraduate course in anaesthesia and intensive care. 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, 6-11 Nov 1994.

Gin T. Acid aspiration prophylaxis at emergency Caesarean section. Australian and New Zealand College of Anaesthetists ASM, Launceston, 30 Apr-5 May 1994.

Gin T. Protein binding of propofol .Combined Australian, NZ and Pacific Societies of Anaesthetists Meeting, Fiji, 8-12 Oct 1994.

Gin T. MAC is decreased during early human pregnancy. American Society of Anesthesiologists Meeting, San Francisco, 15-19 Oct 1994.

Gin T.. Ondansetron 4 mg for laparoscopic gynaecology in Hong Kong. 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, 6-11 Nov 1994.

Lim TA Influence of sampling site and time on pharmacokinetic analysis. *American Society of Anesthesiologists Meeting, San Francisco*, 15-19 Oct 1994.

Lim TA Pharmacokinetics of propofol in Chinese patients. 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, 6-11 Nov 1994.

Lim TA Pharmacokinetics of propofol derived using different sampling procedures 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, 6-11 Nov 1994.

Lim TA Pharmacokinetics of propofol in paediatric patients. The third America-Japan Anesthesia Congress, Oita, Japan, 14-15 Nov 1994.

Low JM New developments in neuromuscular blockade. Beijing Society of Anaesthesiologists, Beijing, 24 October 1994.

Mainland P Absorption of lidocaine after anesthesia of the airway by aspiration. American Society of Anesthesiologists Meeting, San Francisco, 15-19 Oct 1994.

Oh TE. International Task Force on Anaesthesia Safety. International Task Force of safety in the Intensive Care Unit. Meeting of members, Seattle, WA, USA, 17-22 March 1994.

Oh TE. Conduct of research in intensive care and anaesthesia. Australian and New Zealand College of Anaesthetists & Faculty of Intensive Care, 1st Annual Scientific Meeting, Launceston, Australia, 7-9 April 1994.

Oh TE. Brain Death. Malaysian Society of Anaesthetists, Scientific Meeting, Kuala Lumpur, Malaysia, May 1994.

Oh TE. a. Weaning from mechanical ventilation b. Intensive care -art and science. c. VO₂:DO₂ relationship -what does it mean.d. Work of breathing in intensive care. South African Society of Critical Care 1994 Congress, Johannesburg, South Africa, May 1994.

Oh TE. Cultural influences on medical ethics and practice of intensive care. World Congress on Critical Care Nursing, Toronto, Canada, 5-7 October 1994.

Oh TE. a. Staffing levels in operating rooms. b.In-hospital transport of critically ill patients c.Research planning. *International Task Force on Anaesthesia Safety. Meeting of members, San Francisco, USA*, 13-15 October 1994.

Oh TE. Instituting and weaning from mechanical ventilation. 9th Asian Australasian Congress of Anaesthesiologists, Bangkok, Thailand, 6-11 Nov 1994.

Oh TE. Cardiovascular support for the systemic inflammatory response syndrome. 13th Asian Pacific Congress on Disease of the Chest, Hong Kong 5-8 December 1994.

Short TG. Interactions between propofol and ketamine at anaesthesia induction. Australian and New Zealand College of Anaesthetists ASM, Launceston, 30 Apr-5 May 1994.

Short TG a. Additivity, synergism and antagonism. What does it all mean? b.Computer controlled infusions — dreamtime or reality? c.How I do TIVA. South Australian Combined ANZCA/ASA CME Meeting, McLaren Vale, 20-21 Aug 1994.

Stuart JC. Haemodynamic effects of subarachnoid anaesthesia. Australian and New Zealand College of Anaesthetists ASM, Launceston, 30 Apr-5 May 1994.

Queen Mary Hospital

Irwin MG: Patient Controlled Analgesia. Pan-Pacific Surgical Association, 22nd Congress, Hong Kong. February 1994.

Irwin MG: An audit of preoperative chest radiographs. 2nd Annual Scientific Meeting of the Hong Kong College of Radiologists. Hong Kong. June 1994.

Lam CS: Recovery Room Audit. 22nd Congress of Pan-pacific Surgical Association. Hong Kong. February 1994.

Lo RJ:. Autologous Blood Savage in Liver Transplantation. International Workshop on Autologous Blood, 5 November 1994, Macau.

O'Regan AM: Quality Assurance in Anaesthesia. 22nd Congress of Pan-pacific Surgical Association. Hong Kong. February 1994.

Tsui SL: Management of Cancer Pain, Hong Kong Experience. 22nd Congress of Pan-pacific Surgical Association. Hong Kong. February 1994.

Tsui SL: Anaesthesia for oesophageal cancer surgery: A review with reference to experience with 200 cases: 9th Asian Australasian Congress of Anaesthesiologists Bangkok, Thailand, November 1994.

FUTURE SCIENTIFIC MEETINGS / SEMINARS

LOCAL:

ANNUAL GENERAL MEETING OF THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

The above meeting will be held in the Furama Hotel in Hong Kong on Thursday the 18th of May 1995. The meeting will be followed by a lecture by Professor B. Runciman. It will be followed by Dinner. Further details about the meeting will be posted to you.

OVERSEAS:

SECOND SOUTH ASIAN CONGRESS OF ANAESTHESIOLOGISTS will be hosted by the College of Anaesthesiologists of Sri Lanka and will be held in Colombo, Sri Lanka from the 21st to the 24th of September 1995. The theme of the congress will be 'Wider horizons for better outcomes'. Those interested please write to; Dr. Deepthi Attygalle, Chairman, Organising Committee, 2nd South Asian Congress of Anaesthesiologists, Conference Secretariat, Horton Place, Colombo 7, Sri Lanka.

9TH ASEAN CONGRESS OF ANAESTHESIOLOGISTS will be held in Singapore from the 23rd to the 26th of Novemebr 1995. Inaugral meeting of the Asian Society of Cardiothoracic Anaesthesia will be held at the same venue on the 22nd of Novemebr. Those interested please contact Dr. Rachael Pereira, Honorary Secretary, Congress Secretariat, World Express Pte Ltd., 114 Middle Road #05-01, Singapore 0718.

FIRST INTERNATIONAL MEETING OF ANAESTHESIA AND INTENSIVE CARE OF MACAU will be held from the 4th to the 6th of December 1995. Those interested please contact Dr. Carvalho, Jose Alberto, Director of Anaesthesia Department, Centro Hospitalar Conde S Januario, Servico de Anestesia, Macau.

SPONSORSHIP OF THE NEWSLETTER

All the NEWSLETTERS of the Hong Kong Collge of Anaesthesiologists that have been published so far, have been sponsored by Roche Pharmaceuticals & Chemicals Ltd. of Hong Kong. We wish to thank them for their continuing support.

Register of Members

- A -

- * 1. Aitken, Alistair William
- # 2. Allison, Jean Marie
- * 3. Anandaciva, Sathasivam
 - 4. Au Kwok Heng Henry
- * 5. Au, Tak-kwan, Eillen
- * 6. Au, Tat-Yan
- * 7. Au Yeung, Kar-kit Peter
- # 8. Au Yeung, Kin-wah
- * 9. Au Yeung, Yick-chor
- * 10. Aun, Cindy Sui-tee
 - 11. Aung, Saw-nanda

- B -

- 12. Baig, Mohammed Ataullah
- # 13. Barraclough, Clement James
- * 14. Bascombe, Michael John
 - 15. Beh, Hung-kiat, Terence
- * 16. Betham, Valerie Joan
- * 17. Bhatt, Shashi Bhushan
- * 18. Buckley, Thomas Anthony

- C -

- * 19. Campbell, Robert Charles Howard
- * 20. Chakrabarti, Syamal Kumar
- * 21. Chan, Edmund Bernard
- * 22. Chan, Boon-kin, Peter
- * 23 Chan, Chi-keung
- * 24. Chan, Chi-keung
- * 25. Chan, Chiu-suck
 - 26 Chan Ka-yee
- * 27 Chan, Ka-yuen
 - 28. Chan King Chung Kenny
- * 29. Chan, Mi-lan, May
 - 30. Chan, Miu Han Anne
 - 31. Chan, Hei-lun Helen
- # 32. Chan, Chun-hung, Andrew
 - 33. Chan, Pui-lan Rowena
 - 34. Chan, Shu Fat
 - 35. Chan, Suen-ho, Mark

- 36. Chan, Tak Vai Matthew
- 37. Chan, Tsz-yeung
- 38. Chan, Wing-sang
- 39. Chan, Yau-wai
- 40. Chang, Mu-king, Alice
- 41. Chee, Yee Eot
- # 42. Chen, Chong-wah Charles
 - 43. Chen, Kyaw-soe, Thomas
 - 44. Chen, Phoon-ping
 - 45. Cheng, Ai Yu
- * 46. Cheng, Hung Kai
 - 47. Cheng, Yin-chi Anna
 - 48. Cheng, Woon-ming Agnes
- * 49. Cheung, Kai-shuen
- * 50. Cheung, Luen-yin
 - 51. Cheung, Po-wah
- * 52. Cheung, Wing-lun, Blase
- * 53. Chien, Yu
- * 54. Chinniah, Sakuntala
- * 55. Chiu, Kai-yue, Wallace
 - 56. Chiu, Tak-on Albert
- * 57. Cho, Mun-wai, Amy
- * 58. Chow, Fung Mei
- * 59. Chow, Sui-ping, Alice
 - 60. Chow, Yiu Tong
 - 61 Chow, Yu-fat.
- # 62. Choy, Lai-keung, Alice
- * 63. Choy, Tak-chiu
- * 64. Choy, Tak-wai David
- * 65. Chu, Kwok Wah
 - 66. Chu, Ming Chi
 - 67. Chu. Siu-man Kitty
 - 68. Chua, Ka-peng, David
 - 69. Chuah Jin Chong
- * 70. Chui, Po-tong
- * 71. Chung, Kin-kwok, Albert
 - 72. Chung, Kin-nam Edmond
- * 73. Connell, Ross Morrison
- * 74. Critchley, Lester Augustus Hall
- * 75. Curtis, John Warwick Hawkswell

- D -

- * 76. Das, Subid Ranjan
 - 77. Dasgupta, Amit Kumar

- F -

- 78. Fan Hon Cheung
- 79. Fernando, Merlyn Edward
- * 80. Fitzpatrick, Denis Coleman, Colonel (Retired)
 - 81. Fok, King Tak Douglas
- * 82. Fok, Wei-guen
- * 83. Fong, Lai-lan, Lillian
- * 84. Foster, William David Avory
 - 85. Fung, Chiu-fai
 - 86. Fung, Ka-yi, Serena

- G -

- * 87. Gin, Tony
 - 88. Gopal, Kishor
- * 89. Gunawardene, Welagedara Mudiyanselage Swarnamali

- H -

- 90. Henderson, David Victor Craig
- * 91. Henderson, Michael Anthony
 - 92. Henry, John Bobby
 - 93. Hion Yee-tian
 - 94. Hla, Tha-htoon
- * 95. Ho, Chi-hang Vincent
- * 96. Ho, Kin Ming
 - 97. Ho Kwok Ming
 - 98. Ho, Pik-yee Betty
 - 99. Ho, To-on
- # 100.. Holland, Ross Beresford
- ##101. Hong, Wing-lee, Winnie
- # 102. Horton, Jean Mary
- # 103. Houghton, Ivan Timothy, Colonel L/RAMC
 - 104. Htu, Khin-maung
 - 105. Hui, Wan-chun, Theresa
 - 106. Hung, Chee-keong, Roger
- * 107. Hung, Chi-tim
- # 108. Hutchinson Robert, C
- . 109. Hwee, Mun-foon

- I -

- * 110. Ip, Wai-cheung, Wilson
- * 111. Ireland, Patrick Aubrey

* 112. Irwin, Michael Garnet

- J -

- 113. Jan, Siu-kei, Gordon
- * 114. Jayaprakash, Ramaswami
- * 115 Jayasuriya, Jayantha Premalal
- # 116. Jones, Robert Douglas Morrison
- # 117. Jong, Khi-min, Winston

-K-

- # 118. Kan, Alex Ford
- # 119. Kendall, Andrew Paul
 - 120. Kerr, Dennis Robert
 - 121. Ko, Yuen-yee
 - 122. Koo, Chi-hung
- * 123. Koo, Chi-kwan
- * 124. Kornberg, Jonathan Paul
- * 125. Kotur, Chintanaran Fakiayya
- * 126. Kung, Man-chiu
- * 127. Kwan, Siu-king, Anne
- * 128. Kwok, Che-ling
 - 129. Kwok, Chi Yan Lily
 - 130. Kwok, Wing Hong
- * 131. Kwong, Sze-why

- L -

- * 132. Lai, Fung-ming
- * 133. Lai, Kin-ming
- * 134. Lam. Chuen-shun
 - 135. Lam, Ka Chi
- * 136. Lam, Kwok Key
 - 137. Lam, May-sien, Amy
 - 138. Lam, Ping-kit
- * 139. Lau, Lai-lin, Lillian
- * 140. Law, Min Jean Claude
 - 141. Law, Ngai-leung
 - 142. Lay, Maung-maung, Clive
 - 143. Lecamwasam, Indra Manel
 - 144. Lee, Doreen
 - 145. Lee, Kai-wai, Dick
 - 146. Lee, Pick Lin Monica
- # 147. Lee, Tsun-woon

- 148. Lee, Ying-vin
- 149. Leong, Daisie (Chow, Leong, Daisie)
- * 150. Lei, Grace Mun-yee
- * 151. Lett, Zoltan
- # 152. Leung, Chung-cheung
 - 153. Leung, Kit-hung, Anne
- # 154. Lew, Ho-cheun, Kian Leong
 - 155. Li, Teresa
- * 156. Li, Kai-chung
 - 157. Lim, Henry, Hoe-teong
- * 158. Liu, Tak-chiu
- * 159. Lo, Ronald Joy-wah
- * 160. Loong, Lai-wan, George Young
- * 161.. Low, John Matthew Say-woon
 - 162. Lu, Wan-hong Edwin
- * 163. Lui, Cho-ze, Joseph
 - 164. Lui, Kim Ching
- * 165. Lui, Shi-sheung
- * 166. Lwin, Kyaw-nyunt

- M -

- # 167. McLaren, Ian M
- * 168. Menon, Manavelil Ramakrishna Bhaskar
- * 169. Mok, Ying-hung
- * 170. Moles, Thomas Michael
- * 171. Morais, Rex Joseph
- * 172. Muchhal, Kamal Kishore
 - 173. Mui, sing-yun, Kevin

- N -

- 174. Neoh, Eng Leong
- * 175. Ng, Kin-pong
 - 176. Ng, Kwok Fu
- * 177. Ng, Lai-ping, Pinky
 - 178. Ng, Man Wai Vivian
 - 179. Ng, Wing Kwong Vincent
- # 180. Ni, Khin-maung
- * 181. Nihalsinghe, Kalyani

- O -

- * 182. Oh, Teik-ewe
- * 183. Onsiong, Meng-keong

- # 184. O'Meara, Moira E
- * 185. O'Regan, Andrea Margaret

- P -

- * 186. Pamula, Rajendram Prasad
- * 187. Patel, Pankaj Indulal
- ##188. Perera, Mary Sylvia (nee-Subramanian)
- * 189. Philip, Aroquiasamy Emmanuel
 - 190. Poon, Chung Mo Michael

- R -

- * 191. Rajendram, Selvadurai
- * 192. Ray, Ajit Kumar
- * 193. Rodrigo, Muhandiramge Raveendranath Chandrakumar
- * 194. Rowbottom, Simon James
 - 195. Roy, Mita
- * 196. Roy, Niranjan
- * 197. Runciman, William Ben

- S -

- 198. Saw, Beng-kong
- 199. Searie, Kenneth Charles
- 200. Shakespeare, Thomas Francis
- * 201. Short, Timothy Gordon
- * 202. Shu, Karl-kai
- * 203. So, Hing-yu
- * 204. So, Ping-cham, Arthur
- * 205. Stuart, Joyce
 - 206. Subramanian, Krishnapuram Ramakrishnan
- * 207. Sudhaman, Devasirvadam Arul
 - 208. Suen, Kai-lok, Tommy
- * 209. Sun, Kai-on
 - 210. Sung, Man-ling
- * 211. Sze Tak Suen

- T -

- * 212. Tai, Wai-ting Jarvis
- * 213. Tam, Wai-ling
 - 214. Tan, Boo-kong
 - 215. Tang, Chung Hong
 - 216. Than, Khynn-mya

- 217. Tiwari, Brij Bushan
- * 218. Tong, Wai-nung, Edwin
- * 219. Tse, Shing-lam
- * 220. Tsui, Siu-lun

- W -

- 221. Wai, Sin-vi Angela
- * 222. Wai, Yuk-chun Veronica
- * 223. Wallace, Le Majorie Jean
 - 224. Watt, Chi-leung
- * 225. Wijayarathnam, Mary Lida
 - 226. Wong, Cecilia
 - 227. Wong, Chui-wah Wendy
 - 228. Wong, Diana
- * 229. Wong, Kai-kong
- * 230. Wong, Kam-ying, Annie
 - 231. Wong, Kin-man Billy
 - 232. Wong, Kin-shing
 - 233. Wong, Kwong Sun
 - 234. Wong, Mun-ling, Cynthia
 - 235. Wong, Po-yee
- * 236. Wong, Siu-man
- * 237. Wong, Susan Joyce
- * 238. Wong, Wai-lik, Alex
- * 239. Wong, Wai-lin, William
 - 240. Wong, Yu-chung Andrew
- * 241. Woo, Chiu-shui, Dominic
- * 242. Wu, Ching-ying, Amy
- * 243 Wu, Ho-yuen

- Y -

- * 244. Yang, Chuan-shik, Joseph
 - 245. Yap, Hiu-yi, Florence
- # 246. Yau, Hok-man, Gordon
- * 247. Yau, Hok Shing, Ernest
 - 248. Yeo, Swee Kiaw
- * 249. Yeung, Man-lee
- * 250. Yogasakaran, Bhuwaneswari Sivakumarie
- * 251. Yogasakaran, Namasiyayam
- * 252. Young, Kang, Karl
 - 253. Young, Robert John
- * 254. Yow, Chee-kong
- * 255. Yuan, Clement
- * 256. Yuen, Mi-yee May

- * admitted ad eundem as Fellows
- # admitted ad eundem as Fellows
- but residing overseas
- ## members residing overseas

photo



THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

registered address: Dept Anaes & Int Care, Prince of Wales Hospital, Shatin, New Territories



FELLOWSHIP APPLICATION FORM

(Please use BLOCK LETTERS)

(Please send completed Application Form and supporting documents to Chief Censor, HKCA, c/o Department of Anaesthesiology, Queen Mary Hospital, Pokfulam Road, Hong Kong)

I wish to apply for Fellowship of the Hong Kong College of Anaesthesiologists. My personal details are as follows:

Surname: _____, Forename: _____

Chinese (if available):

HKID number:

Sex: * M / F , Date of Birth: _____ (dd/mm/yy)

Nationality:		proto
I have been resident in Hong K since		
Telephone: home Fax	, Office,	
Correspondence address:		
	on:	
Basic Medical Qualification(s)	College, University, Board, City, Country	Dates (dd/mm/yy)
Specialist Qualification(s)	College, Board, University, City, Country	Dates (dd/mm/yy)

^{*} circle as appropriate

FOR APPLICANTS WHO ARE NOT HKCA TRAINEE AND APPLYING FOR FELLOWSHIP AD EUNDEM: Please enter the following Training Record in chronological order, including internship, and state whether the appointments listed below, were recognized for specialist training by the relevant overseas institution during the period concerned.

Appointment	Hospital (Dept/Unit)	City/Countr Y	from: (dd/mm/yy)	to: (dd/mm/yy)	recognized: Yes or No
	neet if space is r				

(use additional sheet if space is not adequate)

Certified photocopies of the following documents are enclosed with the application (for Fellowship ad eundem only):

1	Specialist	Qualification	(s)

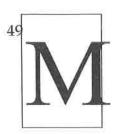
2	Fridana at		former Alexander		linead abarra
Z x:	Evidence of	appointment	rrom the	Institution(s)	listed above

Date : _____ Applicant's Signature: _____

	Evidence of appointment from the institution(s) listed above.					
My ap		EE: Final FHKCA Examination passed on: supported by the following TWO Fellows of the Hong Kong College of :				
1.	Name :	Signature :				
2.	Name :	Signature :				
		, hereby certify that all the information recorded in this and the enclosed notarized copies of supporting documents are, to my RUE and ACCURATE.				
Date	<u> </u>	Applicant's Signature:				
Medic	ine if my FHk	ny nomination by HKCA to Fellowship of the Hong Kong Academy of KCA application is approved. I also pledge to pay any admission fee or ation to this nomination.				



THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS



registered address: Dept Anaes & Int Care, Prince of Wales Hospital, Shatin, New Territories

MEMBERSHIP APPLICATION FORM

(Please use BLOCK LETTERS)

(Please send completed Application Form and supporting documents to Chief Censor, HKCA, c/o Department of Anaesthesiology, Queen Mary Hospital, Pokfulam Road, Hong Kong)

I wish to apply for Membership of the Hong Kong College of Anaesthesiologists. My personal

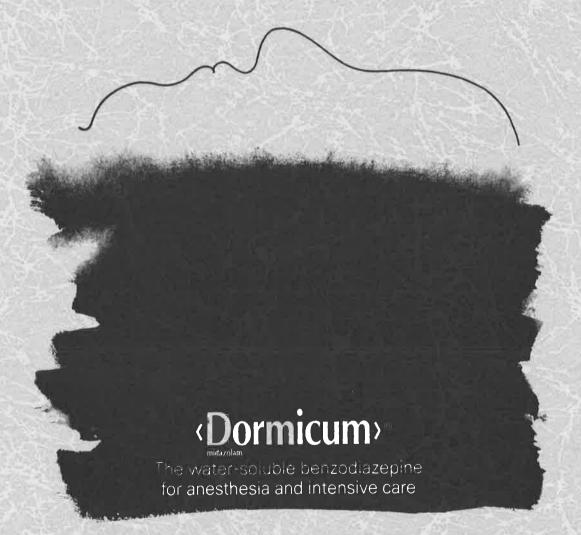
details are as follow	vs:			
Surname:		, Forename(s):		=
Chinese (if available	e):			
Sex: * M / F , Da	ate of Birth:	(dd/mm/yy)		
HKID number:				
Nationality:				photo
Telephone:	(home)_ (office)_			photo
	(fax)			
Correspondence address:				
Current Appointme	nt:	, Institution:		
Basic Medical Qualification(s)		College, University, Board, C Country		Dates (dd/mm/yy)
Other qualification	n(e)	College, University, Board, C	itv	Dates (dd/mm/yy)
Other qualification	1(5)	Country		

^{*} please circle as appropriate

Clinical Appointments (in chronological order, including internship):

Appointmen t	Department/Unit, Hospital/institution	City, Country	from: (dd/mm/yy)	to: (dd/mm/yy
(use additional	sheet if space is not ad	equate)		
My application Anaesthesiolog	is supported by the foll ists:	owing TWO Fellows of	the Hong Kong Col	lege of
1. Name :	-	Signature :		
2. Name :	:	Signature :		
Certified photo	copies of the following o	documents are enclosed	l:	
2. Current	nedical qualification(s). : Practising Certificate/Li ce of clinical appointmen			
	hereby ce rm and the enclosed su CURATE.			
Date:	Applica	nt's Signature:		

Reliable sedation Prompt relief of anxiety Pronounced anterograde amnesia



Components: Midazolam. Indications and standard dosage: Short-acting sleep-inducing agent for premedication, and induction and maintenance of anesthesia. Intramuscular administration – Premedication before an operation: 20–30 minutes before induction of anesthesia. Adults: 0.07–0.1 mg/kg i.m., according to age and general condition. Usual dose about 5 mg. Children 0.15–0.20 mg per kg bodyweight. Intravenous administration – Premedication immediately before diagnostic or surgical intervention: 2.5 mg 5–10 minutes before the start of the operation. Further doses of 1 mg may be given as necessary. Special dosage recommendations for the induction and the maintenance of anesthesia are available on request. Contraindications: Hypersensitivity to benzodiazepines. Precautions: Elderly patients and patients with impaired cardiac and respiratory function. Early pregnancy, unless absolutely necessary. Myasthenia gravis. Full details are available on request.



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