



HONG KONG
COLLEGE
OF
PHYSICIANS

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SYNAPSE



Photograph by

Professor Richard YH YU

Message from the Editor

A position statement on cardiovascular-kidney-metabolic (CKM) syndrome was developed by a multispecialty working group of the Hong Kong College of Physicians. It was published in January 2025 in the Hong Kong Medical Journal and was reprinted in the February 2025 issue of Synapse. A related editorial titled “CKM Healthcare Framework: Perspective from Hong Kong” was first published on 5 September 2025 in the Chinese Medical Journal and is reprinted in this issue of Synapse. The College hopes it will raise awareness of this important topic to address the increasing prevalence and growing challenges of CKM syndrome.

Hong Kong has been facing a shortage of doctors in recent years, particularly in the public sector. Apart from the increase in the annual intake of medical students, there is also active planning for the third Medical school in Hong Kong. Besides, recruitment of non-locally trained doctors outside Hong Kong has been actively pursued by the Hospital Authority. This issue of Synapse features an overview article on non-locally trained doctors by Dr Johnny Wai Man CHAN, Chairman of the Education and Accreditation Committee and four articles on interview with non-locally trained doctors. They have very different training and cultural backgrounds. The College extends a warm welcome to the new doctors and wishes them great success and fulfilment in their roles. Readers will find sincere sharing in their experiences and expectations in Hong Kong.



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Editor



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SYNAPSE

Cardiovascular-Kidney-Metabolic healthcare framework: Perspective from Hong Kong

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The term “Cardiovascular-Kidney-Metabolic (CKM) syndrome” has emerged over the past few years to underscore the close and interactive relationship between diabetes mellitus, dyslipidemia, excess adiposity, hypertension, cardiovascular complications, and chronic kidney disease (CKD).^[1] It is defined and classified into five stages, ranging from the absence of CKM risk factors (Stage 0) to the establishment of clinical cardiovascular disease (CVD) (Stage 4), which highlights the progressive nature of its pathophysiology and the need for early identification for timely management to prevent the progression of CKM syndrome.^[1] These CKM conditions often coexist in the same patient, and each exerts a negative impact on the progression of the other conditions, resulting in worsening of a patient’s clinical outcome. The prevalence of patients with CKM abnormalities is rapidly increasing globally, especially in Southeast Asia region, and projected to continue to increase through 2046.^[2] In addition to the morbidity, mortality, and suffering imparted on patients and their families, CKM diseases present an escalating healthcare burden to society.

A CKM health framework has therefore been proposed by a presidential advisory of the American Heart Association, which consists of experts in all of the CKM domains, through extensive evidence-based discussions.^[1] This framework encompasses not only screening of CKM risk factors and staging, but also clinical management strategies including lifestyle modifications, patient education, as well as the use of cardio- and/or reno-protective medications, including, but not limited to, renin-angiotensin-aldosterone system (RAAS) blockers, sodium glucose co-transporter 2 inhibitors (SGLT2i),

glucagon-like peptide 1 receptor agonists (GLP1-RA), non-steroidal mineralocorticoid receptor antagonists (nsMRA), lipid-lowering agents, etc.^[1] Central to the framework is the recognition and early identification of CKM risk factors, with the goal of delivering timely interventions that reduce end-organ damage and prevent complications, morbidity, and mortality.^[1] The framework also advocates for a global, equitable approach to CKM health by enhancing education and awareness of the syndrome, supporting interdisciplinary CKM care models, improving obesity management, and ensuring equitable access to essential pharmacotherapies. Although a harmonized CKM healthcare model appears ideal, its establishment and implementation can be complex and fraught with challenges and barriers, in view of its cross-specialty nature and involvement of multiple healthcare delivery systems spanning specialist care, primary care, and community healthcare support and education systems. It is unlikely that one model would be able to suit all healthcare systems, given their distinct funding models and other characteristics.

Against this background, the Hong Kong College of Physicians (HKCP) has recently published a *Position Statement on CKM health framework*.^[3] HKCP is the professional body overseeing the training and accreditation, and the professional standard, of specialists across all subspecialties and disciplines under Internal Medicine. The HKCP membership includes all physicians at the specialist level, and also physician trainees, in Hong Kong (China). The vast volume of healthcare demand and the wide-ranging scope make Internal Medicine, and the many Medical Subspecialties under its umbrella, an essential anchor and fundamental component in all healthcare systems. Specialty Boards for all internal medicine subspecialties

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are under the purview of the Education & Accreditation Committee of HKCP. Leadership at the College and its committees includes professional leaders in both the public and private sectors. Drafting of the *Position Statement on CKM health framework* involved the Specialty Boards in Cardiology, Nephrology, Endocrinology, Diabetes & Metabolism, and the College leadership. It aims to provide an overarching perspective on the issue of CKM health, and present the College's views on approaches to optimize the CKM healthcare framework that is fit-for-purpose and applicable in Hong Kong. While under the "One country, two systems" constitutional principle, the healthcare system in Hong Kong is very different from that of the Chinese mainland, and the healthcare systems of both areas are constantly evolving in response to changing healthcare needs. Therefore, we feel that sharing the College's views on this important issue, and discussing the challenges faced by healthcare professionals in Hong Kong, would stimulate interest and dialogue from colleagues and stakeholders across the country, which would be conducive toward promoting awareness and advances in CKM healthcare framework at large.

In Hong Kong, where more than a fifth of the population is aged ≥ 65 years, a recent territory-wide Population Health Survey 2020–2022 reported that approximately 40% of local individuals were unaware of their overweight or obesity status. Moreover, undiagnosed cases of high blood pressure, type 2 diabetes (T2D), and suboptimal lipid profile were identified in 12.1%, 3.1%, and 25.3% of the population, respectively. Diabetes and hypertension are primary causes of end-stage kidney disease in more than 60% of patients undergoing kidney replacement therapy, while CVD and stroke remain the leading causes of their mortality.^[3] These findings highlight the inter-connections of CKM conditions that are closely linked to increased morbidity and mortality, and also the knowledge gap in affected individuals in the community, as well as the healthcare service gap in the detection and timely management of patients, which demands collaborative efforts by all stakeholders. Similarly, in Chinese mainland, a recent report from cohort studies showed a high prevalence of CKM syndrome at 80–90%.^[4] Excess adiposity, with adipose tissue dysfunction, is considered a root cause of adverse CKM outcomes.^[1] While aging is associated with the development of hypertension, dyslipidaemia, T2D, and CKD, a recent study from China found that early adulthood was a crucial period for determining the future risk of developing CVD, highlighting the importance of early weight management in young adults.^[5] Obesity in early adulthood, as measured by the body mass index (BMI) at the age of 25, was monotonically associated with increased risks of incident CVD. Importantly, this association was not influenced by subsequent midlife healthy lifestyle factors, highlighting the importance of early weight management in young adults.^[5] This appears challenging, as nationwide data from the China Chronic Disease and Risk Factors Surveillance Program demonstrated that the prevalence of obesity in young adults has tripled from 2007 to 2018.^[6] Gender gap, regional disparity between urban and rural areas, and insufficient awareness present additional barriers. Notably, half

of Chinese men in 2018 were chronic smokers.^[7] The awareness of CKD in China is similarly concerning. In a study based on the China Renal Data System, 70% of individuals with stage 3 CKD were unaware of their kidney disease, and many were undiagnosed and without treatment.^[8]

As pointed out earlier, while the healthcare system in Chinese mainland is different from that of Hong Kong, both are constantly evolving in response to the changes in healthcare needs. Chinese mainland has established a medical insurance system that provides near-universal coverage of the population, whereas Hong Kong uses a dual-track model with complementary public and private sectors. The Hospital Authority of Hong Kong serves as the principal statutory body that provides heavily subsidized public healthcare services, through its 43 public hospitals and institutions, 49 specialist outpatient clinics (SOPC), and 74 general outpatient clinics (GOPC). It is responsible for approximately 60% of primary care and over 90% of secondary and tertiary care in Hong Kong, with an established referral system between primary and secondary/tertiary care. In other words, while most patients with advanced CKM syndrome stages 3–4 are managed by specialists at healthcare institutes in the public sector, those with early CKM syndrome stages 1–2, including individuals with obesity, prediabetes, hypertension, dyslipidaemia, T2D, and mild-to-moderate CKD may go undiagnosed in the community, or managed in the absence of a structured or protocolised care system in the private or public sector. In Hong Kong and Chinese mainland, it was not until recently that both healthcare systems started to shift more focus from a treatment-oriented institution-centric secondary/tertiary healthcare to prevention-oriented primary healthcare. The Healthy China 2030 Initiative, released by the Chinese State Council in 2019, is a significant step toward better CKM health in the country.^[9] The Initiative highlights the importance of prevention, and includes 15 major goals with some specifically targeting components in the CKM syndrome, such as diet and obesity, preventing diabetes mellitus, anti-smoking, and the prevention of cardiovascular and cerebrovascular diseases.^[9] In this regard, continuous and additive efforts, which might need to be channelled through legislative or public health frameworks, may be required to achieve targets in healthcare improvement programs.

In the *HKCP Position Statement on CKM health framework*, we highlighted the importance of primary care doctors, who can play the roles of screening, monitoring with timely investigations, and longitudinal care of stable patients with CKM syndrome. In Hong Kong, for example, primary care doctors of GOPC have been providing T2D patients with regular diabetic complications screening under the Risk Assessment and Management Programme for Diabetes (RAMP-DM) since 2009, which has been shown to effectively reduce the risks of developing macrovascular and microvascular complications, as well as all-cause mortality.^[10] In a healthcare system, collaboration is key to avoiding duplication of efforts and to maximizing the efficient utilization of limited healthcare resources. In this regard, Hong Kong is beginning

to build a structured territory-wide primary healthcare system, with the establishment of the Primary Healthcare Commission in July 2024. Standardization of practice and clinical care protocols are fundamental to ensure smooth integration of specialist and primary care in a collaborative care model.^[3] In Hong Kong, primary care doctors include both family medicine specialists in the public or private sector, and also general practitioners in the private sector. The former undergoes structured specialist training under the Hong Kong College of Family Physicians, while the latter, the Health Bureau of Hong Kong, issues and regularly updates Reference Frameworks for common CKM conditions such as T2D and hypertension to standardize management protocols. In Chinese mainland, we have noted significant steps in improving the detection and management of CKD and obesity. In 2022, the National Health Commission of the People's Republic of China provided a technical guidance on CKD screening, diagnosis, and management, outlining the roles of healthcare providers at different levels, from village to county and city, to establish a hierarchical framework for CKD management. In 2024, the Commission issued the first guidelines for the standardization of diagnosis and management of obesity in China.

With the increasingly frequent interactions between Hong Kong and the mainland cities of the Guangdong-Hong Kong-Macau Greater Bay Area (GBA), there has been a rising demand for cross-border healthcare services among Hong Kong residents. According to the Shenzhen Municipal Public Hygiene and Health Commission, more than 600,000 residents from Hong Kong and Macau sought medical care in Shenzhen in 2023. This presents a challenge to the healthcare system and also an opportunity for collaborative actions for better CKM care. With the increasing coverage of medical insurance system on the Chinese mainland, and also the concerns about the sustainability of the heavily subsidized public medical services in Hong Kong, there are distinct challenges faced by different regions, not only in China but also in other parts of the world.

In summary, CKM syndrome is an interactive conglomeration of non-communicable diseases with rapidly escalating prevalence. CKM syndrome presents a public health threat with astounding societal impact. Through the *Position Statement on CKM health framework*, the HKCP wishes to raise awareness and stimulate collaborative efforts to tackle the challenges that CKM syndrome presents, with the ultimate aim of enhancing CKM health for all.

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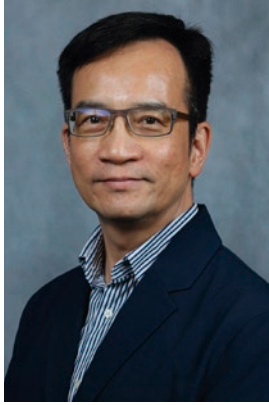
Conflicts of interest

C.H.L. received advisory board and lecture honorarium from AstraZeneca, Bayer, Boehringer Ingelheim, Eli Lilly, Gilead, GSK, Novo Nordisk, and Sanofi Aventis; S.C.W.T. reported consulting fees from Boehringer-Ingelheim, Novartis, and Trave Therapeutics, and speaker fees from AstraZeneca, Baxter, Bayer, Boehringer Ingelheim/Eli Lilly, GSK, and Novartis; The other co-authors have no competing interests relevant to this manuscript.

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Non-locally Trained Doctors

Dr Johnny Wai Man CHAN

Vice-President, Hong Kong College of Physicians
Chairman, Education and Accreditation Committee

Hong Kong has been facing an increasing shortage of doctors in recent years, particularly in the public sector. Coupled with escalating demand from an ageing population, the inadequacy has at least partially contributed to the observed lengthy waiting times for specialist outpatient new case appointments, diagnostic investigations and therapeutic procedures. In order to meet the demand and public expectations, doctors have been working under constant physical and mental pressures to provide quality and efficient services to our patients.

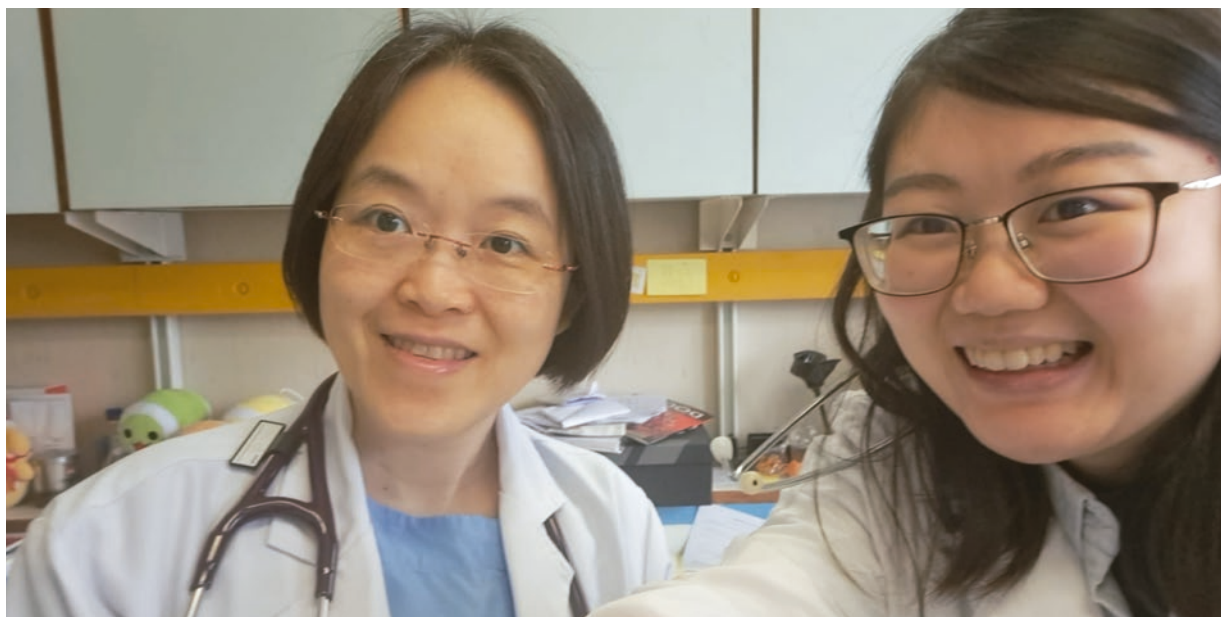
Apart from increase in the annual intake of medical students into our two existing Medical schools, active planning is also currently under way to explore the opening of another Medical school in Hong Kong. However, since training of doctors takes time and establishment of a new Medical school would only be a solution in the longer term, recruitment of non-locally trained doctors outside Hong Kong has been actively pursued by the Hospital Authority. On the other hand, “Special Registration” in the Medical Registration (Amendments) Ordinance 2021 has provided non-locally trained doctors who can meet certain criteria an avenue to register in Hong Kong without the need of passing Licensing Examination, while the “Certification for Specialist Qualification” (CSQ) pathway established by the Academy has facilitated doctors who are not Hong Kong permanent residents and registered medical practitioners to apply for

recognition of their specialist training outside Hong Kong.

Such moves were met with encouraging response. Our College has witnessed a growing number of non-locally trained doctors joining our physician training program and also an increasing number of CSQ applications for our assessments.

Apart from reinforcing our local supply of doctors, doctors with different training and cultural backgrounds would likely contribute to new ideas and better understanding to certain groups of patients in our diversified population. Although many of these doctors can speak Cantonese, it is understandable that they will likely face a variety of challenges in their daily lives and work. Cultural diversity and language use could affect their communications with patients and colleagues, while different training backgrounds, clinical practices and institutional organizations would also be significant hurdles in the initial phase.

To facilitate an efficient integration into our training programs, our College has alerted the various Boards, Program Directors and Heads of training institutions to strengthen the support and information dispatch to these doctors with respect to the relevant timelines in their training pathway. We would also continue to explore more avenues to link up and engage these doctors in order to envisage what our College can help with their new career and training in Hong Kong.



Dr Ao Po (left) and Dr Yeung Muk Lam (right)

Overcoming Challenges: from Ophthalmologist in Zhongshan to Nephrologist in Hong Kong

Name of Interviewee: **Dr Po AO**

Department of Medicine, Yan Chai Hospital

Name of Interviewer: **Dr Muk Lam YEUNG**

Dr. Ao Po, Amber, was born and raised in Yangchun, Guangdong. After graduating from Zhongshan School of Medicine in 2004 and completing her internship, she began her medical journey there as an attending physician specializing in Ophthalmology and Otorhinolaryngology. In 2018, she moved to Hong Kong and joined the Department of Medicine at Yan Chai Hospital (YCH) in 2019 as basic physician trainee. She started her higher physician training in nephrology in 2024.

Her work-life before moving to Hong Kong

At the beginning of her training in Zhongshan, she worked like a surgeon and faced demanding overnight calls

approximately once every five days. With her hospital situated in an industrial area, most of her patients suffered from welder's eye, often seeking her help in the middle of the night with painful eyes. Another commonly encountered problem was fish bone ingestion. She was frequently asked to assist someone who was choking while she was having lunch in the staff canteen. She would skip her meal and immediately rush to the patient to help.

In 2012, she learned that one of her college friends had relocated to Hong Kong after passing the Licentiate examination. This motivated her to practise medicine here, especially since she has relatives in Hong Kong.

Overcoming language barrier

To prepare for the licentiate examination, she bought a complete set of textbooks as recommended by her peer. The first major hurdle was language barrier. She used to study Medicine in Chinese, but then she had to learn everything again in English. Without the convenience of smartphones at that time, she bought a bulky dictionary. She started her preparation of examination with Gynecology, simply because the textbook was the thinnest. After long hours of work, she would sit at her desk with two books: one for translating medical terms, and the other for translating English to Chinese.

The curriculum of clinical examinations is broad and challenging. While common conditions were relatively straightforward, skills in recognizing less common diseases, like cystic fibrosis, were more difficult to master. A study group was formed with other candidates to hone her skills in physical examination to better prepare for the examination.

The rigors of internship

With strong determination, she passed her written and clinical examinations in 2018. However, the subsequent internship brought her another cultural shock: life as an intern in Hong Kong was much more intense than she has thought. Her workload increased dramatically from managing around 50 patients during overnight calls as an Ophthalmologist to overseeing 300 patients all by herself in one night. In the past, she was accustomed to manage elective surgical cases; now, she had to take care of patients with various urgent complaints and poor premorbid condition. She struggled with the clinical management system (CMS)

and certain bedside procedures, like blood taking, which were all performed by nurses in Zhongshan. The generic and brand names of many commonly used drugs in Hong Kong were often different from those in Zhongshan, which made her mentally exhausted.

Despite all these challenges, Amber navigated through the tough times with the unwavering support of her colleagues and seniors at YCH, together with the encouragement from her patients and their families. Although her internship was arduous, it prepared her to excel as a competent physician in Hong Kong, igniting her passion in managing complex and often unpredictable medical diseases. She is now a higher trainee in nephrology.



Dr Ao Po performing cataract surgery.

A bright future ahead

Amber is now a member of the Hong Kong College of Physicians. At the end of our interview, she expressed her desire to attend more lectures and her commitment to lifelong learning.

When discussing the differences in financial models between medical systems in Hong Kong and mainland, she explained that Hong Kong residents enjoyed medical benefit from government funding, while mainland residents mainly rely on social insurance. Patients might need to pay their medical fee in China, although most investigations could be covered by insurance. Yet, both healthcare systems offer safety net for the underprivileged.

Reflection from interviewer

I feel blessed to have the opportunity to work with Amber. Her diligence and sense of responsibility positively influences both our team and our patients. After a long day, she changes out of her scrubs into a beautiful qipao, embodying her dedication and grace.



Dr Ao Po (second from the right in the upper row) with her classmates at Zhongshan School of Medicine



Dr Lee Yen Sen (right) and Dr Au Yang Wai David (left)

Stepping out of Comfort Zones : A Malaysian Doctor's Quest for Medical Excellence in Hong Kong

Name of Interviewee: Dr Yen Sen LEE

Department of Medicine, Queen Elizabeth Hospital

Name of Interviewer: Dr David Wai AU YANG

Dr. Lee was born in Alor Setar, Kedah, Malaysia, where he grew up amidst the country's rich cultural diversity. He attended Taylor's University in Selangor for his medical degree and completed his housemanship at Hospital Tuanku Jaafar Seremban, Negeri Sembilan, from 2019 to 2021. He then finished his Basic Training at Hospital Selayang, Selangor (2021–2023), and at Hospital Tengku Ampuan Rahimah, Klang, Selangor (2024–2025) respectively. Dr. Lee attained MRCP (UK) in 2024 and aspires to specialize in Endocrinology. In 2025, he relocated to Hong Kong and is currently working in the Department of Medicine at Queen Elizabeth Hospital (QEH).

Road to Hong Kong - How It All Began

1. What motivated you to move to Hong Kong?

I was attracted to Hong Kong by the opportunity to experience a different medical system. I wanted to challenge myself, step outside my comfort zone, and broaden my perspective as a physician. Frankly I have also considered other options like working in Singapore, Australia, and New Zealand, but they all posed significant hurdles to non-locally trained doctors: Singapore did not

recognize my previous training, forcing me to restart my physician training all over again; similarly, Australia and New Zealand required us to take licensing examinations, even for those having attained MRCP. A close friend of mine who has been working at Queen Mary Hospital encouraged me to explore working in Hong Kong, where I found superior resources, shorter queues for radiological investigations like MRI, and easier access to tests not widely available in Malaysia, such as checking NTproBNP for heart failure.



Dr Lee at an MRCP PACES preparatory course

Settling Down - Adapting to the Medical System in Hong Kong

2. Can you describe your experience in adapting to the healthcare practices and culture in Hong Kong?

Adapting to Hong Kong's healthcare system has been both exciting and educational, yet it is full of challenges. One significant difference between Malaysia and Hong Kong is the

availability of advanced technology, for instance, we could provide primary percutaneous coronary intervention (PCI) to most acute ST-elevation myocardial infarction (STEMI) patients here in Hong Kong. Early PCI could even be provided to those having Wellens syndrome. In Malaysia, accessibility to novel clinical practices vary, depending on resources availability. Traditional treatments like thrombolytic therapy for STEMI using streptokinase are still commonly practised, while some patients experienced long waiting time for medical intervention.

The integrated electronic medical system in Hong Kong has been a standout feature for me. Here, patients' vital signs and medication records are all digitalized, enhancing efficiency and coordination of patient care. In contrast, much of our documentation in Malaysia remains handwritten, which could be time-consuming.

The pace in Hong Kong is noticeably fast—not just in lifestyle but also in medical management. Patients are thoroughly assessed and managed efficiently, with a focus on early discharge to help them returning to their daily routines sooner. In Malaysia, physicians adopt a relatively gentle and slow-paced approach that emphasizes observation and discussion in a gradual manner, thus allowing better engagement of family members. My experience of working in this dynamic environment gave me an opportunity for professional growth, which also deepened my appreciation for the unique characteristics of a different healthcare setting.

3. Can you share an experience where you encountered cultural difference, and explain how you navigated it?

One significant difference I encountered is that the patients in Hong Kong are generally more educated and have better health literacy. This awareness facilitates better understanding of their own health and treatment compliance, but it also means that patients and families are getting more involved in clinical decision making, sometimes even challenge the management plans. Consequently, doctors in Hong Kong are more attuned to patient complaints. In Malaysia, families are similarly caring but big family structures often inevitably affect proper communication among family members. After working in Hong Kong, I have had to learn to communicate clearly and involve families in decision-making, building up trust between doctors and patients while addressing all their concerns.

4. Do you believe it is important to include doctors from diverse backgrounds?

Absolutely. Diversity brings different perspectives and experiences that enrich the medical team. It helps us better serve a multicultural population and fosters innovation in patient care.

5. How did you overcome communication barriers with patients?

Language could be a significant problem. However, years of watching TVB dramas and Stephen Chow movies helped me learn and speak Cantonese well. I could speak Putonghua, which

is a widely spoken regional language in Malaysia. These skills have been invaluable in bridging communication gaps with my patients.

6. Do you enjoy your work in Hong Kong? Are your colleagues welcoming?

Yes, I genuinely enjoy my work here. I am particularly grateful for the strong support from my colleagues in the medical team. I was given adequate time and opportunities to adapt to the new working environment. Initially I only needed to shadow other doctors' clinical work, which allowed me to familiarize myself with local practices and workflows. When I began doing ward rounds on my own, my caseload was capped at a manageable number in the beginning, allowing a gradual adaptation to this fast-paced environment. The nursing staff are highly competent and supportive, sometimes suggesting preliminary diagnoses to me, proactively explaining clinical condition to patients, and proficient in handling nursing procedures independently. Everyone—seniors, nurses, and fellow doctors—is welcoming, patient, and eager to teach. Their guidance facilitated a smooth transition into my work-life here, and made me feel valued.

7. Have you engaged in activities outside of work to help you adapt to the local culture?

Yes, I regularly play basketball with my colleagues from QEH, which has been a great way to relax, stay active, and make new friends. I also explore the city on weekends—trying local foods, visiting markets, hiking trails,

and immersing myself in Hong Kong's vibrant neighborhoods. Engaging in these cultural activities has helped me appreciate the unique blend of tradition and modernity here. I also try to learn contemporary Cantonese phrases from my colleagues and patients, which has largely improved my communication skill and made me feel at home. Overall, keeping an open mind to new experiences and actively integrating into the society has made my move from Malaysia to Hong Kong both enjoyable and rewarding.

8. What do you like most about Hong Kong? Would you recommend your friends join the healthcare system here?

I appreciate that it is a safe city, with advanced medical resources and supportive environment for doctors. Despite current manpower challenges, I believe the situation will improve as more local graduates and non-locally trained doctors join the workforce. I would certainly recommend Hong Kong to colleagues from abroad who are looking for new career opportunities.



Dr Lee and his family

Looking Forward

9. Do you plan to continue your career development in Hong Kong?

Yes, I am committed to developing my career here. Hong Kong offers excellent training and professional development opportunities. I look forward to gaining more experience, deepening my expertise, and making contribution in the medical field in the years to come.

10. What are your expectations for the Hong Kong College of Physicians?

I hope the College will continue supporting overseas doctors through dedicated training pathways and activities that foster harmonious inclusion. The way of allowing gradual adaptation for non-locally trained doctor, as that being provided by QEH, is very helpful. I look forward to more opportunities for professional development and networking here in Hong Kong.

Reflections from Interviewer

It has been a pleasure getting to know Dr. Lee through this interview. He is approachable and sincere, with a genuine curiosity about life and work in Hong Kong. It is delightful to see him adapting well to our medical system despite all the challenges. He is eager to learn and grow — in familiarizing new medical protocols, improving his Cantonese, and engaging in activities with colleagues after work. Dr. Lee remains optimistic and cherish the opportunities, committed to becoming an invaluable part of our team. I look forward to witnessing how he continues to contribute to our medical community.



Dr Liang (first on the upper left) with Dr Joyce Ng (second of the upper left) and the PWH Respiratory Team

The Greater Bay Area Exchange : A Visiting Doctor's Perspective on Hong Kong Healthcare

Name of Interviewee: **Dr. Yueming LIANG**

Department of Medicine and Therapeutics, Prince of Wales Hospital

Name of Interviewer: **Dr. Joyce NG**

Yueming was born and raised in Foshan, Guangdong. After graduating from Guangzhou Medical University in June 2007, she completed her internship at the First People's Hospital of Foshan. Since then, she had worked as a medical physician at the same hospital. In November 2024, she joined the Prince of Wales Hospital in Hong Kong as a visiting doctor for one year, thanks to the Greater Bay Area Healthcare Talents Visiting Program.

Motivation for Moving to Hong Kong

Dr. Liang shared that her primary motivation for relocating to Hong Kong was the city's renowned public healthcare system. "Hong

Kong's healthcare is globally recognized for its advanced medical technology, high standards of care, and efficient management," she explained. As a clinician, she is eager to learn from this world-class system and contribute her skills in a dynamic environment.

Additionally, Dr. Liang thrives in challenging, fast-paced settings, which Hong Kong's multicultural and high-density urban context provides. "Working alongside top-tier professionals here allows me to grow both professionally and culturally," she noted. She also sees this move as a valuable opportunity to exchange knowledge, bringing her expertise while absorbing Hong Kong's best practices to bridge healthcare innovations across regions.

Adapting to Healthcare Practices and Culture

When discussing Dr. Liang's experience adapting to the healthcare practices and culture in Hong Kong, she highlighted the initial challenge of the language barrier. Having studied medicine entirely in Mandarin, she needed time to adjust to using English for medical terminology and daily communication. "It was a steep but rewarding learning curve—I dedicated myself to refreshing my medical English, and over time, I became far more confident," she reflected.

Her native Cantonese fluency, however, proved beneficial, allowing her to connect deeply with local patients and colleagues. She also faced the challenge of adjusting to Hong Kong's unique hospital operations, which include a free healthcare model, closed-loop referral systems, multidisciplinary teamwork, and advanced CMS platforms. "While very different from mainland practices, I embraced these differences as a chance to expand my expertise," Dr. Liang said. Observing how these systems improve efficiency and patient outcomes has been invaluable for her professional growth.

Navigating Cultural Differences in Hong Kong's Healthcare System

Dr. Liang expressed admiration for the authority and respect afforded to doctors in Hong Kong's healthcare system. Rather than facing discomfort due to cultural differences, she found efficiency in the system. For instance, she noted:

- **Decision-making Autonomy:** When discussing treatment plans with families, a consensus is often sufficient without requiring formal signed consent in non-critical cases. This streamlines care while fostering trust.
- **Practical Protocols:** In situations where a patient cannot consent and has no family, two medical officers can authorize procedures. "This pragmatic approach is something I appreciate," she shared.



Family photo at the Forbidden City, Beijing-2024 autumn

One cultural nuance that initially surprised her was the use of morphine for end-stage palliative care. In mainland China, morphine is primarily reserved for cancer patients, while in Hong Kong, it is more widely used to alleviate suffering in terminal illnesses. Dr. Liang admitted to feeling less confident discussing this with families at first. However, after witnessing how morphine alleviated patients' pain in their final days—supported by evidence from UpToDate guidelines—she fully embraced this practice. "It taught me to balance cultural context with compassionate care," she reflected.

The Importance of Diversity in Healthcare

When asked about the importance of including doctors from diverse backgrounds, Dr. Liang emphasized that Hong Kong's public hospitals already operate at a high standard. "Diversity alone isn't what makes them effective," she stated. "What truly matters is whether doctors—regardless of background—fully understand and adapt to this system's unique protocols and culture." She believes that Hong Kong's medical excellence stems from its rigorous standards rather than from arbitrary diversity. "When foreign-trained doctors like myself properly assimilate into this system, we can contribute meaningfully—not just by being 'different,'" she explained.



Family photo at Mount Hua, 2024 summer

Overcoming Communication Barriers

Regarding communication with patients, Dr. Liang reported no significant barriers. Initial challenges were more related to adapting to

hospital workflows. "Early on, I sometimes hesitated when answering patient questions because I wasn't fully familiar with cross-departmental protocols," she admitted. However, as she gained experience, those uncertainties dissipated.

Culturally, she found communication with patients in Hong Kong quite like her experiences in mainland China. Her native Cantonese fluency allowed her to connect easily with local patients, while the hospital's bilingual environment provided support for non-Cantonese speakers. "Building trust felt straightforward because, at the end of the day, patients everywhere want clear explanations and compassionate care, which transcends cultural differences," she concluded.

Embracing Life and Work in Hong Kong's Healthcare System

Dr. Liang expressed great satisfaction with her work in Hong Kong's public hospital system. "The clinical environment here is dynamic and efficient," she noted, highlighting the emphasis on evidence-based medicine and patient-centered care, which aligns with her professional values.

Regarding her colleagues, she found the majority to be Hong Kong-trained and consistently professional and collaborative. "What matters most in my workplace isn't where one comes from, but clinical competence and a willingness to adapt to the system," she explained. Her fluency in Cantonese and quick adaptation to local protocols have allowed her to work seamlessly within the team. She observed that the system naturally attracts doctors who meet its high standards, focusing on maintaining excellent patient care above all else.

Engaging with Local Culture Outside of Work

To further adapt to the local culture, Dr. Liang actively engaged in various activities outside of work. She shared her experiences in exploring Hong Kong's unique blend of cultures:

- **Nature & Urban Life:** Enjoying hikes on the MacLehose Trail, contrasted with festive crowds at Christmas mall displays and the New Year countdown at Victoria Harbour.
- **Local Traditions:** Participating in the 'villain hitting' (打小人) folk ritual in Causeway Bay and observing the vibrant Sunday gatherings of Filipino domestic helpers in Central, which highlight Hong Kong's layered identity.
- **Arts & Heritage:** Attending Teresa Teng tribute concerts at the Cultural Centre and performances in West Kowloon, as well as discovering the island culture of Cheung Chau.

Looking ahead, Dr. Liang expressed a desire to explore church communities to understand another dimension of local life. "These experiences have enriched both my personal and professional interactions here," she remarked.

What Makes Hong Kong Special

When asked about what she values most about Hong Kong, Dr. Liang pointed to the world-class healthcare efficiency and the respect and compensation doctors receive. "The system's clear merit-based promotion criteria and structured overseas training opportunities create a transparent career pathway that's rare to find," she noted. Professionally, she appreciates working with cutting-edge technology under evidence-based protocols, which has significantly

sharpened her skills. Personally, the societal respect and competitive remuneration make the challenges worthwhile.

As for recommending Hong Kong to colleagues, Dr. Liang emphasized its appeal for those who:

- Seek a system that rewards expertise with both prestige and fair compensation.
- Want growth through defined career milestones and global learning opportunities.
- Can thrive in high-pressure, high-reward environments.

Dr. Liang concluded that the combination of professional dignity, financial stability, and international exposure makes Hong Kong's medical system uniquely attractive for ambitious doctors.

Future Career Development and Expectations in Hong Kong

Reflecting on Dr. Liang's rewarding experience over the past months, she expressed a strong intention to continue her career in Hong Kong. "The combination of clinical autonomy, respect for physicians, and structured career advancement—like the transparent promotion pathway from medical officer to associate consultant—aligns perfectly with my professional goals," she stated. She also appreciates the system's commitment to continuous learning, including overseas training opportunities, which she finds particularly attractive for her long-term development as a clinician.

However, Dr. Liang acknowledged her obligation to return to her home institution as part of an exchange program. "I will honor my commitment to contribute there for the agreed duration," she emphasized.

The expertise gained in Hong Kong, particularly in evidence-based protocols and multidisciplinary teamwork, will directly benefit her home institution.

Looking to the future, Dr. Liang remains open to collaborations with Hong Kong's medical community, whether through short-term exchanges, joint research, or other forms of professional engagement. "For now, my focus is on transferring Hong Kong's best practices to my home workplace while fulfilling my contractual commitments with integrity," she concluded.



RICU bedside bronchoscopy, 2024 spring



Routine endoscopy center operations, 2023 summer

Expectations towards the College

Dr. Liang shared specific expectations for the Hong Kong College of Physicians, focusing on three key areas:

1. **Enhancing Cross-Border Medical Collaboration:** The College could pioneer exchange mechanisms between mainland and Hong Kong doctors, such as short-term clinical observerships and joint training workshops.
2. **Optimizing Practice Support for Non-Local Doctors:** Initiatives to provide tailored support to help non-local doctors integrate more smoothly into the local healthcare system.
3. **Expanding Professional Development Resources:** Hosting seminars on Hong Kong-specific clinical scenarios and facilitating cross-border case conferences between public hospitals and mainland tertiary centers to foster mutual learning.

In closing, I want to express how truly special it has been to work with Dr. Liang. As a senior doctor from Mainland China, her humility and eagerness to learn have left a profound impression on our team. She approaches our working environment with an open mind and a proactive attitude, consistently offering her support in various aspects of our work. I deeply appreciate her hardworking nature and the wealth of experience and knowledge she brings. This visiting program not only enhances our team with additional manpower but also enriches our perspectives by fostering collaboration with doctors from diverse cultures and backgrounds. It's a wonderful opportunity for mutual learning and growth, and I eagerly anticipate how our collaboration will continue to evolve.



Jeremy (Middle) Lunch with Colleagues at TWH

Coming Home: A Global Citizen's Return to his Roots

Name of Interviewee: Dr Jeremy Marcus YEUNG

Department of Medicine, Queen Mary Hospital

Name of Interviewer: Dr Thomas Sau Yan CHAN

Background of the Interviewee

Jeremy comes from a mixed background involving many continents. Born in the USA, he is part Swedish-Chinese but grew up in Hong Kong and studied in the UK for high school. He then went on to study at Barts and The London, and completed his Foundation Year One in Oxford. Currently, he works in Queen Mary Hospital, having moved back to Hong Kong in January 2025.

The Interview

What motivated you to move to Hong Kong?

First of all, to me Hong Kong is always home. Although I was in the UK for a while, most of my family and friends are situated in HK. I love the culture, the people, so coming back was only a matter of time.

Secondly, in terms of work, I personally always like to challenge myself by being in a different environment. Both Hong Kong and the UK provide excellent healthcare services to their patients. UK proved to

be challenging but rewarding, teaching me to provide very holistic care, whilst coping with high demand but limited resources of the NHS. In HK, I admire their efficient and practical approach, in providing biopsychosocial care to a dense population in a timely manner. I am super grateful I get to experience both worlds.

Thirdly, as an individual with research interest, Hong Kong provides many opportunities to help leverage this pathway. Hence for me, this pathway suited better and provides me with more flexibility to pursue my passion.

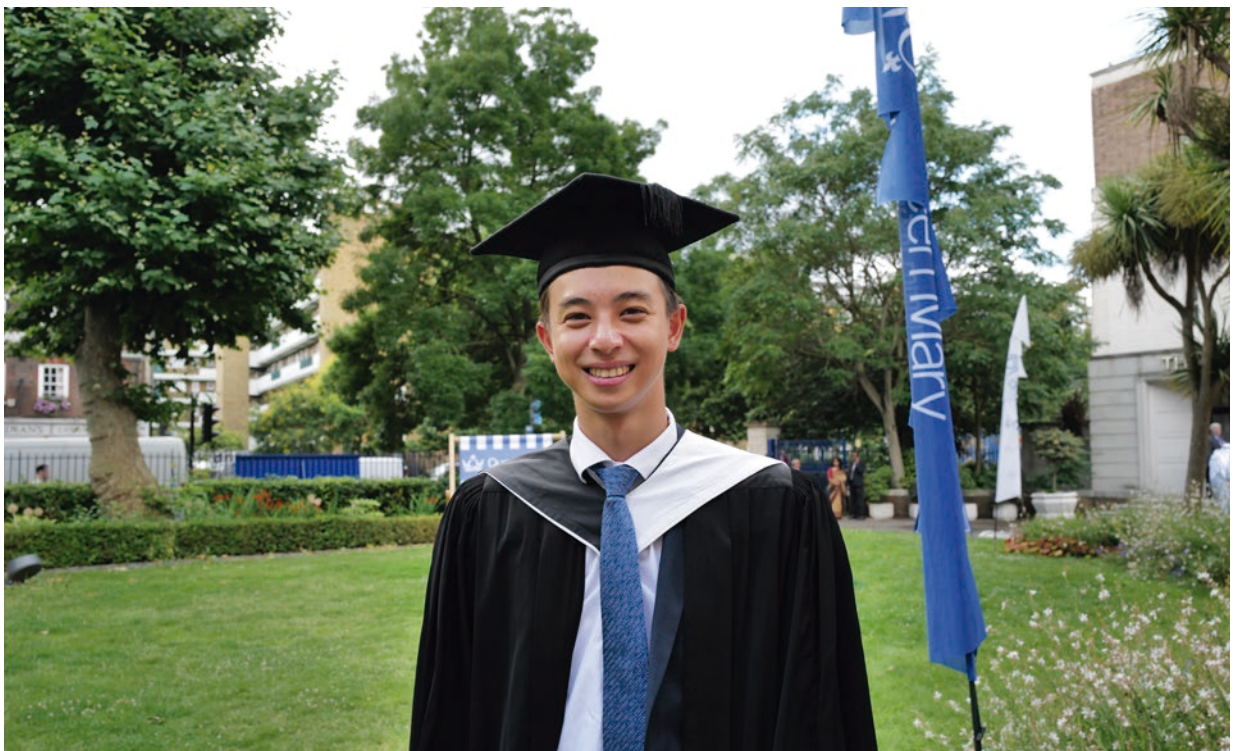
Can you describe your experience adapting to the healthcare practices and culture in Hong Kong?

For me, I grew up in Hong Kong until I was 13. So, adapting to the culture wasn't difficult at all for me. Instead, I actually found it nostalgic and it was great to reconnect with the culture after my hiatus in the UK.

Of course, practices here are very different here relative to the UK; The guidelines, software, scheduling are all unique to here. After a few months, I'm still getting used to it. But I enjoy this and see it as a challenge; I'm learning something new about the system every day. In hospital, people are very welcoming and offer help to me in adapting to the practices when I ask for it. My favourite is to perform more practical procedures like bone marrow examinations!

Can you share an experience where you encountered a cultural difference and how you navigated it?

I think for me, this biggest (but pleasant) difference is how much people love to celebrate by eating out/ordering takeaway! I see nurses having takeaway during my night calls, people going out for lunches and also end-of-rotation dinners! Luckily for me, I love food as well, so adapting to this wasn't too difficult; It's also nice getting to know colleagues at a personal level.



Graduation from Barts and The London School of Medicine and Dentistry



Secondary School Abroad in UK

Do you believe it is important to include doctors from diverse backgrounds?

For me, I always find that there is something to learn from every person you meet, especially in this profession; there's always something we could do better at. So, by having people from different backgrounds, from race through experience to practice, we can always acquire new knowledge from one another.

How did you overcome communication barriers with patients? Did you find it challenging to build trust with patients with different cultural background?

For me the language barrier was an issue, especially during my first rotation. I am usually okay with Cantonese, but with medical terms it was a struggle. During my first week, I was having a family meeting, and I couldn't get my words around saying

the phrase "speech therapist". I could only described it with vague terms. Luckily the patient's family saw the funny side of it and understood what I meant! Nonetheless, it's all about practice and after a few months I'd say now I can converse with patients with more ease.

Do you enjoy your work in Hong Kong? Are your colleagues welcoming to doctors from diverse backgrounds?

For sure! It is busy, challenging and stressful at times there's no hiding it; It is part of the job. But as long as you are willing to learn and carry a good attitude, the help is always there for you. Colleagues have been very welcoming and willing to help me adapt to the system, and I hope to continue to keep my head down, and learn from the many experienced colleagues here, to hopefully one day become like them.

Have you engaged in activities outside of work to help you adapt to the local culture?

Yes a lot, I wouldn't say it needs adapting though! I enjoy grabbing dinners with colleagues/friends, doing healthy activities such as going spinning together.

What do you like most about Hong Kong? Would you recommend your friends to join the healthcare system here?

For me I like how international Hong Kong is as a city. It's really diverse, and as a result this translates to the working environment and the type of patients you get. I often see patients with mixed demographics, which lead to presentation of different diseases. Outside of work, I love socialising and listening to people's life stories. If you are more the type that is curious and likes to explore, then Hong Kong is definitely for you!

Do you plan to continue your career development in Hong Kong?

Anything can change. But, at this moment in time, I truly feel I belong here and I feel comfortable at work. I'm learning lots every day and I thank my colleagues for being so patient with me and willing to teach. Given the many research opportunities here, I hope to eventually participate in studies that could help shape the healthcare system in Hong Kong.

What are your expectations for the Hong Kong College of Physicians? (Are there any specific supports or activities you are looking forward to?)

I appreciate the Hong Kong College of Physicians as an official body responsible for overseeing the training, education, and overall well-being of physicians in Hong Kong. As a non-locally trained doctor, I am

eager to deepen my engagement with the College by participating in its future activities. I look forward to collaborating professionally and connecting socially with other members of the college.

My feelings about Jeremy

Jeremy is a cheerful and energetic young doctor whose dedication to delivering high-quality patient care is truly commendable. He exemplifies how non-locally trained physicians can blend in our healthcare system. His proficiency in both Cantonese and English is a significant asset, as effective communication with patients and colleagues remains fundamental to ensuring optimal healthcare.



Graduation from UK Boarding School

Dr Diana LS SIU and Prof KN LAI Physician Training Fund

In December 2024, Dr. Diana Lai Shan SIU and Prof. Kar Neng LAI, President of Hong Kong College of Physicians 2004-2010, pledged a donation of 5 million Hong Kong Dollars to the College in support of initiatives that advance the standard and format of physician training to strive for excellence. The College is grateful to Dr Siu and Prof Lai for the generous donation, and will acknowledge the support from “Dr Diana LS Siu and Prof KN Lai Physician Training Fund” in all physician training programmes and initiatives that have received funding from the donation.

Honorary College Fellow Prof Dennis LO inaugurated President of the Chinese University of Hong Kong



Dinner with RCPE Vice-President Prof Sunil BHANDARI



Our College hosted a dinner in honour of Prof Sunil BHANDARI, Vice-President of the Royal College of Physicians of Edinburgh, on 2 May 2025 during his visit in Hong Kong.

Examiners' Dinner for March PACES 2025



Our President presented a souvenir to Dr Jeremy STERN, Chair Examiner of March PACES 2025.



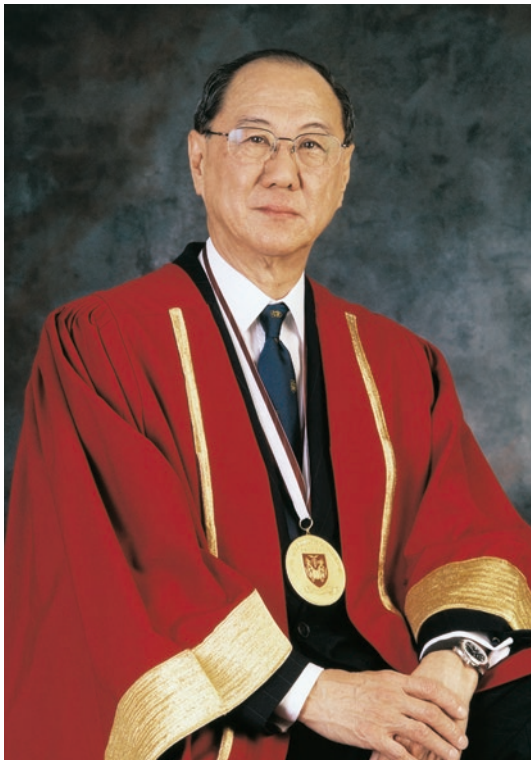
Our College hosted the examiners' dinner on 26 March 2025 for the UK examiners who took part in the March PACES 2025.

Reception of the Hong Kong Public Doctors' Association



College President attended the AGM reception of the Hong Kong Public Doctors' Association (HKPDA) on 20 June 2025. Dr Christopher LUNG (Left), Immediate Past President and Dr Wang Chun KWOK (Right), President of HKPDA.

Congratulations



Professor Richard YU Conferred Honorary Fellowship of Hong Kong Academy of Medicine

Congratulations to College Senior Advisor

Prof Richard YU, who will be conferred Honorary Fellowship of the Hong Kong Academy of Medicine in December 2025.

College Fellow Dr Lung Yi MAK Received Global Women in Healthcare Awards – Rising Star Award

The College congratulates **Dr Lung Yi MAK** of Department of Medicine, Queen Mary Hospital, on her Emerging Leader Award by The European Association for the Study of Liver, and runner-up Finalist for The Rising Star Award, EMMS International's inaugural Global Women in Healthcare Awards in association with the Royal College of Physicians of Edinburgh.



Statistics on Fellows and Trainees in all Specialties (as of 30 June 2025)

Specialty	No. of Fellows	No. of Trainees
Cardiology	349	45
Clinical Pharmacology & Therapeutics	10	0
Clinical Toxicology	5	0
Critical Care Medicine	127	19
Dermatology & Venereology	128	14
Endocrinology, Diabetes & Metabolism	151	24
Gastroenterology & Hepatology	253	33
Geriatric Medicine	235	32
Genetics and Genomic (Medicine)	25	0
Haematology/Haematological Oncology	99	9
Immunology & Allergy	8	3
Infectious Disease	60	6
Internal Medicine	1829	371
Medical Oncology	62	14
Nephrology	170	24
Neurology	172	16
Palliative Medicine	44	11
Rehabilitation	67	10
Respiratory Medicine	236	30
Rheumatology	111	16

Case Report that Received High Score at AIM Interim Assessment

Candidates who take part in the AIM Interim Assessment need to submit case reports. The good examples of case reports of each examination diet have been uploaded to our College website: <http://www.hkcp.org>. Below is the information on the case reports for the June 2025 diet:

Case report title	Name of the candidate	Department and Hospital
Diagnosis and therapeutic options in elderly patients with acute myeloid leukaemia	Dr Scott Desmond DOUGHERTY	Department of Medicine, Tseung Kwan O Hospital

Information on Examination Dates for Joint HKCPIE/MRCP(UK) in 2026

Type of examination	Examination date	HKCP local application period*	Official application period on the MRCP(UK) website
Joint HKCPIE/MRCP Part I examination	28 January 2026	21 October 2025 – 3 November 2025	4 – 11 November 2025
Joint HKCPIE/MRCP Part I examination	23 September 2026	30 June 2026 – 13 July 2026	14 – 21 July 2026
Joint HKCPIE/MRCP Part II (Written) examination	25 March 2026	23 December 2025 – 5 January 2026	6 – 13 January 2026
Joint HKCPIE/MRCP Part II (Written) examination	25 November 2026	1 September 2026 – 14 September 2026	15 – 22 September 2026

* HKCP local application period will be 2 weeks before the official application period set by the MRCP (UK) Central Office on their website.

Examination Calendar

Please take note of the following Interim and Exit Assessment dates for various Specialties:

	Interim Assessment date	Exit Assessment date
Advanced Internal Medicine	6 Dec 2025	13 Dec 2025
Cardiology	20 Dec 2025	20 Dec 2025
Clinical Pharmacology & Therapeutics	Nil	Nil
Critical Care Medicine	22 Nov 2025	22 Nov 2025
Dermatology & Venereology	6 Dec 2025	6 Dec 2025
Endocrinology, Diabetes & Metabolism	21 Nov 2025	21 Nov 2025
Gastroenterology & Hepatology	15 Nov 2025	15 Nov 2025
Geriatric Medicine	22 Nov 2025	22 Nov 2025
Haematology & Haematological Oncology	1 Nov 2025	1 Nov 2025
Infectious Disease	13 Dec 2025	13 Dec 2025
Immunology & Allergy	Nil	Nil
Medical Oncology	20 Dec 2025	20 Dec 2025
Nephrology	27 Nov 2025	27 Nov 2025
Neurology	Pending	8 Nov 2025
Palliative Medicine	29 Nov 2025	29 Nov 2025
Rehabilitation	8 Dec 2025	8 Dec 2025
Respiratory Medicine	13 Dec 2025	13 Dec 2025
Rheumatology	2 Dec 2025	2 Dec 2025

Pass rate for Joint HKCPIE/MRCP(UK) PACES

October 2001	36/72 = 50%
February 2002	34/74 = 46%
October 2002	29/72 = 40%
February 2003	30/69 = 43%
October 2003	27/59 = 46%
March 2004	39/64 = 61%
October 2004	26/69 = 38%
March 2005	35/75 = 47%
October 2005	28/75 = 37%
March 2006	36/75 = 48%
October 2006	16/73 = 22%
March 2007	44/74 = 59%
June 2007	44/74 = 59%
October 2007	36/55 = 65%
March 2008	36/74 = 49%
October 2008	29/65 = 45%
February 2009	39/75 = 52%
October 2009	24/72 = 33%
March 2010	33/75 = 44%
October 2010	40/74 = 54%
February 2011	23/66 = 35%
October 2011	34/70 = 49%
February 2012	32/74 = 43%
October 2012	32/74 = 43%
March 2013	28/75 = 37% (for HK local candidates)
October 2013	28/74 = 38%
February 2014	29/74 = 39% (for HK local candidates)
October 2014	21/74 = 28%
March 2015	36/75 = 48%
October 2015	35/75 = 47%
March 2016	40/75 = 53%
October 2016	36/75 = 49%
March 2017	26/74 = 35%
October 2017	26/75 = 35%
March 2018	32/75 = 43%
October 2018	38/75 = 51%
March 2019	46/85 = 54%
October 2019	47/86 = 55%
No examination had been conducted in 2020	
March 2021	81/119 = 68%
October 2021	84/120 = 70%
June 2022	50/87 = 57%
October 2022	32/72 = 44%
March 2023	54/89 = 61%
October 2023	46/89 = 52%
April 2024	43/76 = 57%
October 2024	54/88 = 61%
March 2025	38/71 = 54%

Pass list for March PACES 2025:

AO Po
 AU Tsz Hui
 CHAN Chak Ching
 CHENG Sin Hang Benjamin
 CHEUNG Sin Hang
 CHIK Wing Man
 CHOI Tsz Yan
 CHOI Yui Chak
 CHUNG Wai Yin
 HO Cheuk Yeung
 HO Margaret Kay
 HUNG Hon Kit
 JIANG Xinyun
 KUNG Kai Shing
 LAU Cheuk Lam Charlene
 LEE Vanessa Wing Kai
 LEUNG Ka Lam Calvin
 LEUNG Yiu Joe
 LI Hang Long
 LI Hoi Fan
 LI Yan
 LI Yee Ting
 LIM Ying Hao
 MAK Long Ching Gladys
 NG Chu Yip
 NG Kam To
 NG Kenton Cheuk Yan
 SIU Yuen Tung
 TAM Pak Hin
 WONG Chun Man Kris
 WONG Hoi Lun Helen
 WONG Kelly Hiu Ching
 WU Michelle Ching-Lam
 YAN Tim
 YAU Wing Ki Sophie
 ZHU Wei

* Dr Didik Tiffany and Wong Wai Ching have passed PACES but they are not our College registered trainees

** Dr CHIK Wing Man has passed PACES but he has left our training programme.

Pass Rate for the Joint HKCPIE/MRCP(UK) Part I Examination:

	Sitting	Pass
September 2002	100	33 (33%)
January 2003	124	55 (44%)
May 2003 (SARS Special)	21	7 (33%)
September 2003	54	29 (54%)
January 2004	93	39 (42%)
September 2004	29	16 (55%)
January 2005	96	68 (70.8%)
September 2005	24	15 (62.5%)
January 2006	95	74 (80%)
September 2006	21	13 (62%)
January 2007	87	67 (77%)
September 2007	23	12 (52%)
January 2008	56	38 (68%)
September 2008	47	32 (68%)
January 2009	59	47 (80%)
September 2009	47	28 (60%)
January 2010	45	28 (62%)
September 2010	62	39 (63%)
January 2011	44	23 (52%)
September 2011	64	49 (77%)
January 2012	45	28 (62%)
September 2012	80	59 (74%)
January 2013	41	22 (54%)
September 2013	76	60 (79%)
January 2014	30	20 (67%)
September 2014	84	64 (76%)
January 2015	29	20 (69%)
September 2015	100	71 (71%)
January 2016	33	18 (55%)
September 2016	84	63 (75%)
January 2017	36	19 (53%)
September 2017	69	56 (81%)
January 2018	25	12 (48%)
September 2018	108	74 (69%)
January 2019	43	19 (44%)
September 2019	96	64 (67%)
January 2020	41	20 (49%)
September 2020	109	101 (93%)
January 2021	33	20 (61%)
August 2021	106	63 (59%)
May 2022	65	48 (74%)
August 2022	104	75 (72%)
May 2023	36	20 (56%)
August 2023	109	63 (58%)
January 2024	71	35 (49%)
August 2024	140	105 (75%)
January 2025	79	39 (49%)

Pass Rate for Joint HKCPIE/MRCP(UK) Part II (Written) Examination

	Sitting	Pass
2 July 2002	53	27 (51%)
13 November 2002	50	24 (48%)
13 August 2003	110	62 (56%)
10 December 2003	54	31 (57%)
28 July 2004	65	42 (65%)
8 December 2004	46	32 (70%)
13 April 2005	32	15 (47%)
27 July 2005	76	56 (74%)
7 & 8 December 2005	26	16 (62%)
12 & 13 April 2006	29	13 (45%)
26 & 27 July 2006	91	68 (75%)
6 & 7 December 2006	33	18 (55%)
11 & 12 April 2007	34	22 (65%)
25 & 26 July 2007	80	70 (88%)
5 & 6 December 2007	19	13 (68%)
9 & 10 April 2008	21	13 (62%)
30 & 31 July 2008	47	36 (77%)
3 & 4 December 2008	17	10 (59%)
8 & 9 April 2009	32	25 (78%)
29 & 30 July 2009	50	43 (86%)
25 & 26 November 2009	12	7 (58%)
7 & 8 April 2010	41	34 (83%)
28 & 29 July 2010	25	19 (76%)
24 & 25 November 2010	8	2 (25%)
6 & 7 April 2011	45	35 (78%)
23 & 24 November 2011	32	25 (78%)
28 & 29 March 2012	55	43 (78%)
12 & 13 December 2012	57	44 (77%)
10 & 11 April 2013	60	52 (87%)
11 & 12 December 2013	48	34 (71%)
9 & 10 April 2014	54	46 (85%)
10 & 11 December 2014	26	25 (96%)
25 & 26 March 2015	53	45 (85%)
9 & 10 December 2015	68	65 (96%)
6 & 7 April 2016	29	28 (97%)
7 & 8 December 2016	62	50 (81%)
29 & 30 March 2017	25	21 (84%)
28 & 29 November 2017	58	54 (93%)
27 March 2018	21	14 (67%)
24 October 2018	20	15 (75%)
26 March 2019	79	71 (90%)
22 October 2019	17	12 (71%)
27 October 2020	87	77 (89%)
23 March 2021	107	84 (79%)
5 October 2021	44	32 (73%)
1 Jun 2022	61	49 (80%)
7 September 2022	56	40 (71%)
22 February 2023	78	60 (77%)
6 September 2023	40	28 (70%)
21 February 2024	71	59 (83%)
11 September 2024	49	31 (63%)
26 March 2025	106	95 (90%)



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