HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院

HONG KONG COLLEGE OF PHYSICIANS

FEBRUARY 2026

SYNAPSE

HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院

HKCP40

Sapientia et Humanitas

RESTRICTED TO MEMBERS ONLY

Message from the Editor

This special issue of ***Synapse*** celebrates the 40th anniversary of the Hong Kong College of Physicians (HKCP) and marks an important milestone for our publication. First issued in December 1991 under the editorship of the late Dr. Shiu Chiu Tso, ***Synapse*** has carried its name since March 1992.

This edition highlights key developments in the College while honoring our history. The feature article, “Celebrating 40 Years: The Story of HKCP,” discusses the College’s growth, and “Specialty Boards: A Journey Through Time and Future Aspirations” explores the evolution of various specialties.

The AJS McFadzean Oration by Prof. Jennifer Martin addresses the impact of global uncertainty, marketing practices, and artificial intelligence (AI) on access to medicines, raising important ethical questions for physicians. The Gerald Choa Memorial Lecture by Prof. David Shu-cheong Hui shares insights from his experiences with infectious disease outbreaks over the past two decades.

We congratulate Prof. Richard Yu on receiving the Honorary Fellowship of the Hong Kong Academy of Medicine (HKAM) and Prof. Bryan Yan on his appointment as the Ip’s Family Trust Professor in Cardiology.

The Young Fellows and Trainees report on Wellbeing Month emphasizes that professional development should align with personal wellness. This anniversary issue of Synapse honors all who have contributed to the HKCP over the past forty years.

Dr Emmy Yuen Fun LAU
Editor-in-Chief

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President's Annual Report

Prof Daniel Tak Mao CHAN
President, Hong Kong College of Physicians

As I have come to the end of my present term as President of the College, in this report I would also highlight significant developments over the past three years.

Supporting physicians through education and training is a core priority of the College. Advances in biomedical research and technologies are mirrored by continuous evolvement of clinical practice. While the humanistic attributes, professionalism and ethics in the practice of medicine are unwavering, the knowledge and skills change, and accumulate, over time. Successive generations of young doctors, the learning environment, and societal expectations, also change over time. Our methods of physician training and assessment must therefore evolve and adapt to ensure that they are fit-for-purpose, that the standard of Internal Medicine and its diverse and broadening range of subspecialties is among the highest internationally. The latest 7th edition of HKCP Guidelines on Postgraduate Training in Internal Medicine was published by the College in July 2025. It includes a chapter on Genetics and Genomics (Medicine), the new specialty established by the College in December 2022. In addition to updated curricula in all the subspecialties, this compendium of updated guidelines marks an important step in our move towards competency-based medical education (CBME) and training, which started in 2023. The new chapter on Generic Professional Competency Domains outlines clearly the competencies and skills expected of

trainees. Following the restructuring of the Education and Accreditation Committee in July 2023 to ensure that all subspecialties are represented, a dedicated task force was established recently to oversee and advance the implementation of CBME. We continue to organize two diets of Joint MRCP(UK)/HKCP Intermediate Examination every year. That our trainees have consistently performed above the global average in all parts of the MRCP(UK) examination attests to the high standard of our Physician Training Programs, and the standard of our trainees serve as reassuring evidence for quality assurance and international benchmarking.

Partnership and collaboration with overseas Colleges and regional cognate institutes are cardinal for continued success of the College. In February 2024, we hosted another Roll-Signing Ceremony for Fellows of the Royal College of Physicians of Edinburgh. College Fellows are serving as International Advisors to the three Physician Royal Colleges in the U.K. We have co-organized scientific meetings, and online webinars, with the Royal College of Physicians and the Royal College of Physicians of Edinburgh in the past years. This year, we are pleased to have a joint scientific meeting with the Royal Australasian College of Physicians, and RACP President Prof Jennifer Martin will be delivering the AJS McFadzean Oration. There is also close liaison with the Colleges of Physicians in Malaysia and Singapore, the Academy of Medicine, Malaysia, and preeminent institutes spearheading structured physician training on the Mainland. These collaborations reflect our commitment to fostering excellent relationships with international professional organizations that share the common goal of promoting excellence in Internal Medicine.

Influencing healthcare development to prevent disease and improve the health of community is an important mission of the College. Members of Specialty Boards under the College are leaders in their respective fields, and they contribute to healthcare policy, planning, and delivery, through leadership positions in professional and healthcare bodies. Chronic non-communicable diseases present an escalating challenge to all healthcare systems globally. Garnering expertise across different specialties in the public, private, and academic sectors, the College has published a position statement [“Incorporating the Cardiovascular-Kidney-Metabolic (CKM) Health Framework into the Local Healthcare System – a Position Statement from Hong Kong College of Physicians”, Hong Kong Med J. 2025 Feb;31(1):58-64. doi: 10.12809/hkmj2412200] and an invited editorial [“Cardiovascular-Kidney-Metabolic healthcare framework: Perspective from Hong Kong”, Chin Med J (Engl). 2025 Sep 5;138(17):2054-2056. doi: 10.1097/CM9.0000000000003748] on cardiovascular-kidney-metabolic healthcare framework, highlighting the importance of early recognition and intervention, and policy- and protocol-driven cross-specialty collaboration integrating primary and specialist care, to prevent adverse clinical outcomes.

Internal Medicine and its subspecialties constitute the core of all healthcare systems. The College presently has over two thousand Fellows and a sizeable number of non-locally trained Physician Specialists in our Physician community, spanning across twenty subspecialties. Around a hundred and thirty young doctors join as Physician Trainees each year. The sheer size of the

membership, and the age gap between junior and senior colleagues, present challenges to cohesiveness at the College, owing to variations in the needs and priorities of different sectors. Effective communication and inclusivity are key to solidarity and camaraderie. The College has strengthened the link with, and support to, Trainees and younger generations of Physicians through its expanded and restructured Young Fellows and Trainees Committee and structured training programs organized by the Training Subcommittee. Our young Fellows and Trainees have established an Instagram platform to facilitate dissemination of information and communication. They are represented at Boards and Committees, actively engaging in College business. They also organize career talks and well-being enhancement activities. The College started the first Trainee Conference in 2024 as an induction program and to provide support to trainees. It has proven so successful that it is now an annual program. The transformation of *Synapse*, the official publication of the College, has won commendations. In addition to reporting on College business and information on examination and training activities, each issue also has thematic special articles, like the interviews of non-local graduates in the latest issue that highlight the support of the College to non-local graduates and non-locally trained physicians. Over the past year the College has also decided to invest in improving our IT system and to undertake a major revamp of its website.

The above highlights key developments at the College over the past three years. Further details can be found in the Committee reports that follow. I would like to express my gratitude to members of the College Council, the Education and Accreditation Committee, Specialty Boards, and various Subcommittees, Work Groups, and Task Forces, for their dedication and hard work. Special thanks go to members of the Training Subcommittee and the IT Committee, who have put in much time and effort for the new initiatives. We must thank our Honorary Treasurer. Compared with three years ago, the net assets of the College have increased by thirty-seven percent. Earlier this year Dr Diana Siu and Past President Prof KN Lai made a generous donation of HK$5 million to the College aiming to promote excellence in physician training and medical education in Internal Medicine and its subspecialties. The College is extremely grateful to Dr Siu and Prof Lai, and will make sure that the “Dr Diana LS Siu and Prof KN Lai Physician Training Fund” will be well spent on meaningful and impactful initiatives. I also take this opportunity to thank outgoing Council Members Prof Chan Ka Leung, Dr Chan Kwok Keung, and Dr Wong Mo Lin for their invaluable contributions to the College over many decades. Lastly, and importantly, College congratulates Senior Advisor Prof Richard Yu who will be conferred Honorary Fellow of Hong Kong Academy of Medicine in December 2025 in recognition of his contributions to healthcare and medical education in Hong Kong. Prof Yu has been the long-time custodian of the College, serving multiple pivotal roles including Founding Secretary (1986-1995), Vice-President and Chairman of Education and Accreditation Committee (1993-1995), and President (1998-2004).

The College’s strength lies in its membership. I look forward to your continued support to the College as we welcome our Fortieth Anniversary in 2026.

Presidential Address
Conferment Ceremony, Hong Kong College of Physicians, 11th October, 2025

Prof Daniel Tak Mao CHAN
President, Hong Kong College of Physicians

Embracing the Journey: Aspirations and Responsibilities of New Fellows of Hong Kong College of Physicians

The Annual Conferment Ceremony is a joyous occasion for the College, as we welcome newly accredited Fellows and Members to the Physician Family. This year, we have 83 new Fellows and 81 new Members, and the total number of College Fellows is over two thousand, making us the largest of all clinician Colleges.

To our new Fellows, this ceremony marks an important milestone and a significant achievement in your professional life. Achieving Fellowship status means you have completed at least seven years of structured training first in Basic Physician Training followed by Higher Physician or Specialist Training, you have passed the series of rigorous assessments including the prestigious MRCP(UK)/HKCP Intermediate Examination and the Exit Assessment of your Specialty, and most importantly that you have achieved a standard as a Specialist in Internal Medicine and its subspecialties that is amongst the highest internationally. But this is not just a time for celebration, but also an appropriate time to reflect on the journey and look ahead, as you start a new chapter in your career. Unlike the time when you were a Trainee that you followed the curriculum and satisfied the prescribed requirements, now there is newfound autonomy. You are about to decide your own path in life, to choose how to develop your career, and to develop your areas of interest. I would advise that in making these important decisions, you are not too bothered with banal notions such as the so-called ‘work-life balance’, but that your choices are guided by interest, and most importantly the right values.

I, on behalf of the College, take this opportunity to extend our heartfelt thanks to the many colleagues who have worked tirelessly to design and deliver training and educational activities for our Physician Trainees and to refine our structured training program, ensuring that both Trainees and Fellows are supported to reach their fullest potential. We have just published the latest edition of our Training Curriculum earlier this year, with greater emphasis on competency-based medical education in training and assessment, and a new chapter on the newly established Genetics & Genomics (Medicine) subspecialty. The evolution of our curriculum and assessment methodologies reflects the College's commitment to continuous improvement and excellence in clinical education.

Importantly, attaining College Fellowship is not the end of your relationship with the College. Opportunities abound to stay engaged, and to contribute to the upbringing of future generations of Physicians. The College is cognizant of the importance of connecting with its members, as our membership encompasses diverse fractions and a wide range of age groups. Young Physicians are represented not just at the Young Fellows and Trainees Committee, but in all Specialty Boards and the Training Subcommittee. Our younger generations of Physicians are taking part in new initiatives, such as the Trainees Conference that started two years ago and is now an annual event for induction and support of new Physician Trainees.

As a body that encompasses 20 subspecialties under Internal Medicine, and a membership that includes all Physician Specialists from all healthcare sectors of the community, be it public, private, or academic, the College is a formidable body of professional voice to advise on important healthcare issues. Over the past year, the College has published a position statement in the Hong Kong Medical Journal, and an editorial in the Chinese Medical Journal, on cardiovascular-kidney-metabolic health which has become a pressing global healthcare issue. These initiatives are a testament to the collaborative spirit of all involved, and the significance of seasoned advice from professionals.

As clinical medicine advances and the landscape of medicine evolves, so does the need for lifelong learning, innovation, reinvention and resilience. I urge our new Fellows to join hands with your colleagues and the College to embrace and overcome challenges, to contribute to training and healthcare development, with the ultimate objective of improving the health and reducing suffering in the community, especially the underprivileged.

To our new Fellows, congratulations on your achievement. I wish everyone of you a bright and fulfilling future.

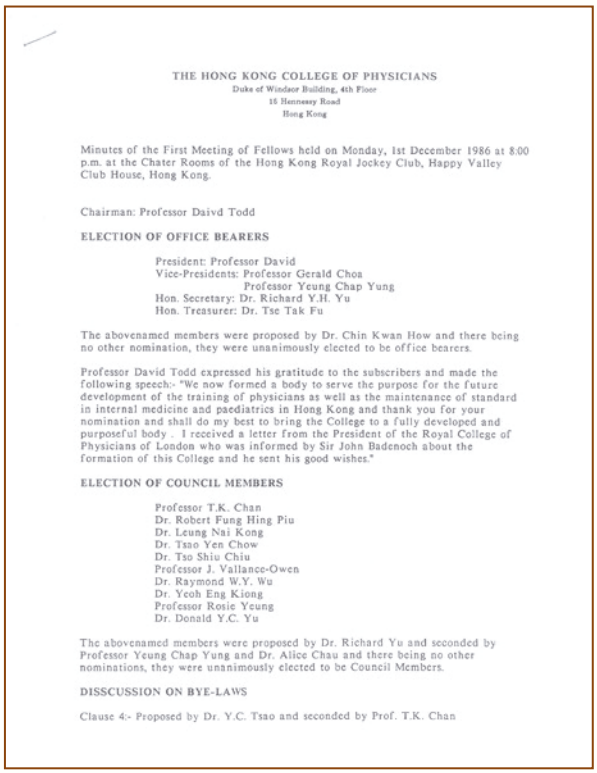
Celebrating 40 Years of Hong Kong College of Physicians

Dr Emmy Yuen Fun LAU
Editor-in-Chief

The Hong Kong College of Physicians (HKCP) exemplifies remarkable growth and evolution in the medical field over the past four decades. Founded in 1986, what began as a modest group of dedicated specialists in internal medicine has blossomed into a prominent, multi-specialty statutory college, renowned for its structured training, joint examinations, and international recognition.

Founding and Early Years
(Mid-1980s to Early 1990s)

Established in December 1986, HKCP was a “pioneering endeavor” led by a coalition of locally trained specialists committed to setting new standards in physician training and practice in Hong Kong. The First Council Meeting took place on 1 December 1986, presided over by Professor David Todd, with Professor Gerald Choa and Professor Yeung Chap Yung serving as Vice-Presidents. Dr. Richard Y.H. Yu was appointed Honorary Secretary and Dr. Tse Tak Fu took on the role of Honorary Treasurer. Ten Council Members - Professor T. K Chan, Dr. Robert Fung Hing Piu, Dr. Leung Nai Kong, Dr. Tsao Yen Chow, Dr. Tso Shiu Chiu, Professor J. Vallance-Owen, Dr. Raymond W. Y. Wu, Dr. Yeoh Eng Kiong, Professor Rosie Young and Dr. Donald Y.C. Yu were elected to support the Council’s initiatives. During its formative decade, the College crafted a governance structure that enabled effective leadership, launched its inaugural newsletter *Synapse* in April 1992, and laid the foundations for training and examination processes centered around the MRCP(UK) framework.



THE HONG KONG COLLEGE OF PHYSICIANS
Duke of Windsor Building, 4th Floor
15 Hennessy Road
Hong Kong

Minutes of the First Meeting of Fellows held on Monday, 1st December 1986 at 8.00 p.m. at the Chater Rooms of the Hong Kong Royal Jockey Club, Happy Valley Club House, Hong Kong.

Chairman: Professor Daivd Todd

ELECTION OF OFFICE BEARERS

President: Professor David
Vice-Presidents: Professor Gerald Choa
Professor Yeung Chap Yung
Hon. Secretary: Dr. Richard Y.H. Yu
Hon. Treasurer: Dr. Tse Tak Fu

The abovenamed members were proposed by Dr. Chin Kwan How and there being no other nomination, they were unanimously elected to be office bearers.

Professor David Todd expressed his gratitude to the subscribers and made the following speech:- "We now formed a body to serve the purpose for the future development of the training of physicians as well as the maintenance of standard in internal medicine and paediatrics in Hong Kong and thank you for your nomination and shall do my best to bring the College to a fully developed and purposeful body . I received a letter from the President of the Royal College of Physicians of London who was informed by Sir John Badenoch about the formation of this College and he sent his good wishes."

ELECTION OF COUNCIL MEMBERS

Professor T.K. Chan
Dr. Robert Fung Hing Piu
Dr. Leung Nai Kong
Dr. Tsao Yen Chow
Dr. Tso Shiu Chiu
Professor J. Vallance-Owen
Dr. Raymond W.Y. Wu
Dr. Yeoh Eng Kiong
Professor Rosie Yeung
Dr. Donald Y.C. Yu

The abovenamed members were proposed by Dr. Richard Yu and seconded by Professor Yeung Chap Yung and Dr. Alice Chau and there being no other nominations, they were unanimously elected to be Council Members.

DISSCUSSION ON BYE-LAWS

Clause 4:- Proposed by Dr. Y.C. Tsao and seconded by Prof. T.K. Chan

Minutes of the first Council Meeting

HKCP Council in 1988

THE HONG KONG COLLEGE OF PHYSICIANS

MINUTES OF GENERAL MEETING HELD ON MONDAY, 1ST DECEMBER 1986 AT 8:00 P.M. AT THE CHATER ROOM OF THE HONG KONG ROYAL JOCKEY CLUB, HAPPY VALLEY CLUB HOUSE, HONG KONG

Present:

Name

1. Mr Todd, David
2. Mr Chan, Gerald Hugh
3. Mr Chan, Shiu Lun
4. Mr Chan, Tai Kwong
5. Mrs Chan, Shan Huan Poon Alice
6. Mr Chin, Kwan How
7. Mr Chow, Wai Shuen Peter
8. Mr Davids, David Percheron
9. Mr Fung, Hing Pin Robert
10. Mr Ha, Shih Chung
11. Mr Huang, Chee Ya
12. Ms. Ip, Mun Hing Henrietta
13. Ms. Ko, Yung Yang Lillian
- by her proxy Mr Richard Yu
14. Mr Kong, Siu Ming
15. Mr Lai, Kai Sum
16. Mr Lam, Kai Chun
17. Mr Lam, Shiu Kum
18. Mr Leung, Nai Kong
19. Mr Mok, Hing Yiu
- by his proxy Mr Richard Yu
20. Mr Ng, Yau Yung
21. O'Mahoney, Sister Mary Gabriel
22. Mr Poa, Yin Chi Joseph
23. Mr Sae, Wai Kwong David
- by his proxy Mr Richard Yu
24. Mr. Tsao, Yen Chow
25. Mr Tse, Tak Fu
26. Mr Tse, Shiu Chiu
27. Mr Vallance-Owen, John
28. Ms Wang, Chung Lun Christina
29. Mr Wong, Chak Tong David
30. Mr Wong, Cho Yiu Peter
- by his proxy Mr Richard Yu
31. Mr Wong, Kwai Kuen Lee
32. Mr Woo, Kam Sang
33. Mr Wu, Wai Yung Raymond
- by his proxy Mr Richard Yu
34. Mr Yan, Wing Tai Victor
35. Mr Yeoh, Eng Kiong
36. Mr Yeung, Chap Yung
37. Ms Yeung, Rosie Margaret Tse Tse
- by her proxy Mr David Todd
38. Mr Yu, Hon Chiu
39. Mr Yu, Ting Chiu
40. Mr Yu, Yu Chiu Donald
41. Mr Yu, Yue Hong Richard
42. Mr Yuen, Man Pun Patrick

PROFESSOR DAVID TODD took the chair and declared that all the Subscribers to the Memorandum and Articles of Association were present in person or by proxy.

1. Professor David Todd was unanimously elected President of the College.
2. Professor Gerald Hugh Chan and Professor Yeung Chap Yung were elected Vice-Presidents of the College.
3. Dr. Richard Yu was elected Honorary Secretary.
4. Dr. Tse Tak Fu was elected Honorary Treasurer.

5. The following ten persons were elected Members of the Council en bloc:

(a) Prof. Chan, Tai Kwong;
(b) Dr. Fung, Hing Pin Robert;
(c) Dr. Leung, Nai Kong;
(d) Dr. Tsao, Yen Chow;
(e) Dr. Tse, Shiu Chiu;
(f) Prof. Vallance-Owen, John;
(g) Dr. Wu, Wai Yung Raymond;
(h) Dr. Yeoh, Eng Kiong;
(i) Prof. Yeung, Rosie Margaret Tse Tse;
(j) Dr. Yu, Yu Chiu Donald.

6. The following Resolutions were passed unanimously:

(1) that Bye-Laws as set out in the proposal discussed at the meeting be adopted;

(2) that Messrs Walter Ma & Co., CPA, be appointed as Auditors of the College;

(3) that Messrs Peter Mark & Co., Solicitors, be appointed as Legal Advisor of the College;

(4) that Hang Seng Bank Limited, Head Office, be appointed as Bankers of the College;

(5) that the Registered Office of the College be situated at 4th Floor, Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong;

(6) that the subscriptions for Membership of the College be as follows:

Fellows - HK$300.00
Members - HK$150.00
Honorary Members - Nil

COUNCIL MEETING was held immediately after the General Meeting.

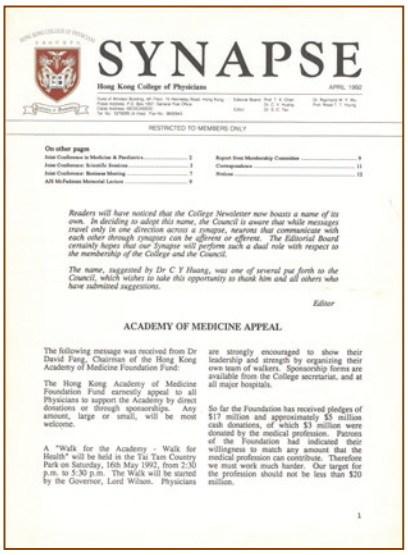
1. Dr. Tse Shiu Chiu was elected Chairman of the Professional & General Affairs Committee
2. Dr. Yeoh Eng Kiong was elected Chairman of the Scientific & Education Committee
3. Dr. Tse Tak Fu was elected Chairman of the Administrative & Finance Committee and Dr. Tsao Yen Chow was appointed member of the Committee.
4. Professor Chan Tai Kwong was elected Chairman of the Membership Committee. The following persons were appointed members of the Committee:-

(a) Dr. Leung, Nai Kong
(b) Dr. Wang, Chung Lun Christina
(c) Prof. Yeung, Chap Yung
(d) Dr. Yu, Yu Chiu Donald

There being no other business, the Meeting was concluded.

Chairman

Minutes of the first General Meeting



SYNAPSE

Hong Kong College of Physicians

APRIL 1992

RESTRICTED TO MEMBERS ONLY

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Readers will have noticed that the College Newsletter now boasts a name of its own. In deciding to adopt this name, the Council is aware that while messages travel only in one direction across a synapse, neurons that communicate with each other through synapses can be afferent or efferent. The Editorial Board certainly hopes that our Synapse will perform such a dual role with respect to the membership of the College and the Council.

The name, suggested by Dr C Y Huang, was one of several put forth to the Council, which wishes to take this opportunity to thank him and all others who have submitted suggestions.

Editor

ACADEMY OF MEDICINE APPEAL

The following message was received from Dr David Fang, Chairman of the Hong Kong Academy of Medicine Foundation Fund:

The Hong Kong Academy of Medicine Foundation Fund earnestly appeal to all Physicians to support the Academy by direct donations or through sponsorships. Any amount, large or small, will be most welcome.

A "Walk for the Academy - Walk for Health" will be held in the Tai Tam Country Park on Saturday, 16th May 1992, from 2:30 p.m. to 5:30 p.m. The Walk will be started by the Governor, Lord Wilson. Physicians are strongly encouraged to show their leadership and strength by organizing their own team of walkers. Sponsorship forms are available from the College secretariat, and at all major hospitals.

So far the Foundation has received pledges of $17 million and approximately $5 million cash donations, of which $3 million were donated by the medical profession. Patrons of the Foundation had indicated their willingness to match any amount that the medical profession can contribute. Therefore we must work much harder. Our target for the profession should not be less than $20 million.

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First issue of Synapse

First MRCP Clinical Examination in Hong Kong in 1989

Establishment of HKAM and Structured Physician Training (1993–1998)

The establishment of the Hong Kong Academy of Medicine (HKAM) in December 1993 marked a pivotal moment for HKCP, which became one of its founding constituent colleges. This partnership formalized the College's responsibility for structured training and examinations in Internal Medicine. The publication of the first edition of the “Guidelines on Postgraduate Medical Training” by the Joint Committee on Internal Medicine Training (JCIMT) in July 1993 further solidified this framework. Under the guidance of the Education & Accreditation Committee (E&AC), HKCP progressively implemented structured Basic Physician Training (BPT) and Higher Physician Training (HPT) programs, introducing trainee logbooks, annual reviews, and a joint Intermediate Examination with MRCP(UK). Beginning in February 1994, HKCP began administering a joint MRCP (UK)-HKCP Examination twice yearly, a significant step in standardizing medical training in Hong Kong.

Specialty Board and Examination Reforms (Late 1990s–2010)

The late 1990s saw a significant expansion in specialties, with the E&AC establishing 12 Specialty Boards in May 1996, later growing to 17 to encompass a wide array of internal medicine specialties, including geriatrics, infectious diseases, oncology, and rehabilitation. By 1998, HKCP introduced a formal Exit Assessment for HPT, which underwent a major restructuring in June 2005, adopting a three-section format - acute, chronic, and ethical scenarios - reflecting a shift towards competency-based assessments that prioritize transparent evaluations.

Dual Specialist Training Inclusive of Broad-Based Medicine, Curriculum Evolution (2010s)

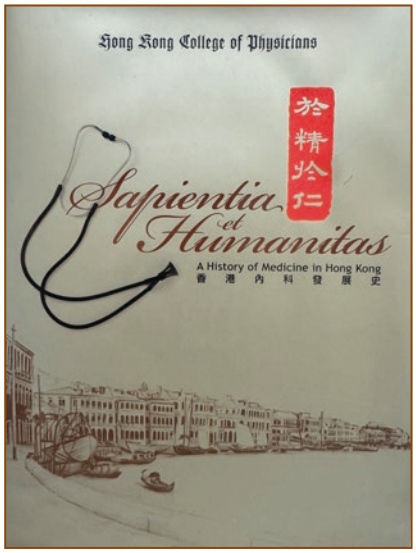
In response to the growing trend of over-specialization, HKCP took further strides in October 2010 by instituting mandatory dual higher training, which focuses on

broad-based specialties such as Advanced Internal Medicine or Geriatrics. This initiative ensures that physicians can provide holistic care for an aging population while strengthening the generalist foundation of specialist training. By July 2012, only physicians accredited in a broad-based specialty were eligible to serve as college trainers. Enhancements to the training structure included the implementation of a web-based Self-Learning Tool (SLT) and a restructured Interim Assessment from December 2016, honing in on diagnostics and management.

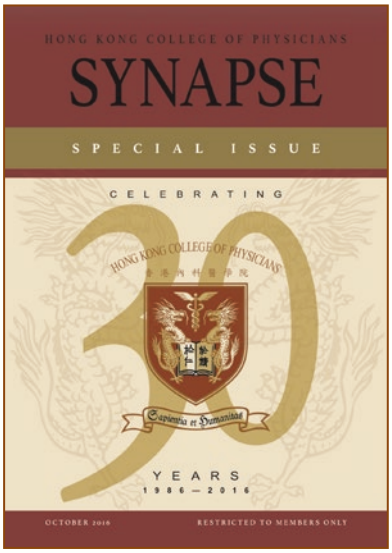
25th Anniversary and 30th Anniversary Publications, International Links

Milestones such as the 25th *Anniversary monograph, Sapientia et Humanitas – A History of Medicine in Hong Kong* (2011), and the special issue of *Synapse* for the 30th Anniversary (October 2016) highlight the College's rich history and ongoing evolution.

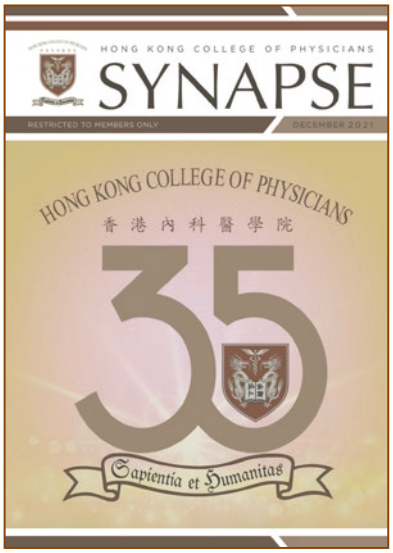
In 2026, the College has grown to include over 2,323 Fellows across 20 specialties, along with 368 Members and 475 trainees, maintaining robust collaborations with regional and international college partners, including the RCP London, RCPE, RACP, and the medical academies of Singapore and Malaysia. The College co-organized conjoint Scientific Meetings with the Royal College of Physicians in October 2023, the Royal College of Physicians of Edinburgh in October 2024, and the Royal Australasian College of Physicians in October 2025. In addition, Roll-signing ceremonies conducted by the Royal College of Physicians of Edinburgh, with the College's support, took place in Hong Kong in 2023 and 2024.



The HKCP 25th Anniversary book



Special issue of Synapse for 30th Anniversary



Special issue of Synapse for 35th Anniversary

Young Fellows & Trainees, Synapse Revamp, Genetics & Genomics (Medicine), Competency-Based Training and Assessment, Healthcare Policies & Advocacy, Modernization of Communication and Operation through IT (2020s)

As we journey through the 2020s, the Hong Kong College of Physicians (HKCP) has embraced a new era of communication and collaboration among its members. The Young Fellows' Committee, established in 2017 and renamed the "Young Fellows and Trainees Committee" in 2024, aims to strengthen connections with young fellows and now includes all trainees. Starting in 2024, the Trainees Conference was be organized annually by the Training Subcommittee to welcome new BPTs and familiarize them with the College. Each specialty board includes one Young Fellow to facilitate their engagement in board activities. The College supports trainees through structured training programmes, dedicated scientific meetings and conference platforms, and regular communication channels. This includes a Young Fellow and Trainees section in *Synapse* that highlights wellbeing initiatives and outstanding trainee work. With the launch of an Instagram platform, we've tapped into a modern way to foster connections and enhance engagement. Two Working Groups focused on Diversity, Equity, and Inclusion, and Wellness were also formed.

Additionally, Young Fellows of the College are represented at the HKMA's Young Fellows Chapter, where they serve as College nominees to Academy boards and committees.

Our Training Subcommittee is introducing workplace-based assessments (WBA) to enhance trainees' experiences by evaluating performance through direct observation and feedback. Since 2021, the Critical Care Medicine program has adopted a competency-based curriculum in partnership with The Hong Kong College of Anesthesiologists, setting the stage to extend WBA into Nephrology and Respiratory Medicine.

In 2021, the College began developing Genetics and Genomics in Medicine as a new specialty, which was established following approval by the Medical Council of HK in December 2022.

The College's influence extends beyond training, we are also shaping healthcare policies, having published key guidelines, including a 2020 position statement on managing arterial hypertension and a 2025 statement on integrating the cardiovascular-kidney-metabolic health framework into

local healthcare. Our insights are vital to the recent primary healthcare initiatives led by the Hong Kong Government, marking us as key advocates in this evolving landscape.

To better serve our members, we are revitalizing our website, creating a more user-friendly space for accessing training records, forms, calendars, continuing medical education (CME) activities, and online payments. The online self-learning tool (SLT) platform has received a fresh update, ensuring that learning remains engaging and accessible.

The August 2023 issue of Synapse marked a revamp of its editorial structure and positioning, featuring a stronger thematic focus. The Editorial Board was renamed the Synapse and Communications Committee in 2023, signaling an expanded communications remit that aligns with the President's commitment to enhance communication, support training and education, engage with the younger generation, and transition toward more electronic communications.

As We Approach Our 40th Anniversary

As HKCP approaches its 40th anniversary, it remains committed to evolving training guidelines and enhancing the existing BPT and HPT structures. Recent initiatives feature competency-based sub-programs focused on high-risk procedures such as interventional cardiology and therapeutic endoscopy under the Specialty Boards.

Notably, one-fifth of all HKAM Fellows now belong to HKCP, underscoring its pivotal role in shaping the physician workforce in HK.

The story of the HKCP is one of dedication, innovation, and leadership - a testament to the College's commitment to excellence in medical training and patient care as it celebrates four decades of service.

Specialty Boards: A Journey Through Time and Future Aspirations

Advanced Internal Medicine

Dr Jason Chiu Ming NG
Chairman
Specialty Board in Advanced Internal Medicine

We all recognize that the practice of medicine is a high-risk enterprise with broad perspectives. The ability to retain, recall and apply the updated knowledge of Advanced Internal Medicine (AIM) is indispensable for ensuring safe and effective patient care. Our College has consistently emphasized the importance of dual training, with AIM training serving as the backbone of physician education. This foundation ensures that trainees uphold the highest standard of care while navigating the complexities of modern clinical care.

Over the years, our board has continued to refine the training curriculum, making it more practical, risk-orientated and relevant to the evolving needs of healthcare. The “Self Learning Tool”, co-developed by our College and Hospital Authority, aims to assess and improve the medical competency and clinical sense of junior doctors. It has long been a mandatory program for Basic and Higher Physician trainees of Internal Medicine. More recently, the “Advanced Medical Simulation Course” has been adopted as another mandatory training component for all AIM trainees, starting in July 2022. This course equips the trainees with essential practical skills that cannot be acquired solely from textbooks.

Assessment of AIM training is another important task. The interim assessments and exit examinations provide structured opportunities to evaluate trainees’ performance and the knowledge they acquired in AIM. We are grateful to the subspecialty boards and our committee colleagues for their continued support in maintaining the high standard of examination questions. Additionally, we recognize the importance of workplace-based assessment (WBA), which provides direct insight into how trainees perform in real clinical settings. Traditional examination format focuses on “what the trainees know”, whereas the WBA measures “what the trainees do”. By integrating both approaches, we believe we can achieve a more comprehensive and balanced assessment system, ensuring that all trainees develop the competence, professionalism and clinical acumen expected of AIM specialists.

Another forward-looking initiative is the digitalization and enhancement of our College’s website. This effort aims to streamline workflow and facilitate instant

access to essential information. Our board is committed in supporting the online development, which offers an important platform to facilitate training, tracking progress, and recording achievements.

The publication of this issue of Synapse commemorates the celebration of the 40th Anniversary of the Hong Kong College of Physicians. Over the past four decades, countless members have contributed significantly to the AIM board. There are more people to acknowledge than can be fully list on a single page. Advisors and past chairpersons of the board have been steering the development of AIM with their outstanding leadership. Secretaries and cluster programme directors have ensured seamless coordination, while examination coordinators have diligently organized the examinations. Supervisors and trainers have provided invaluable coaching to our trainees through their exceptional clinical insights.

We extend our deep appreciation and gratitude to all. It is a great blessing to be part of a College, and a greater blessing to be part of a College that cares, values its work, and continuously strives for improvement.

100th AIM Board Meeting on 24 June 2024

Geriatric Medicine

Shaping Geriatric Medicine for a Super-Aged Hong Kong: A Historical Commitment Since 1975

Dr Stanley Kui Fu TAM
Chairman
Specialty Board in Geriatric Medicine

As the Hong Kong College of Physicians marks its 40th anniversary in 2026, the Specialty Board in Geriatric Medicine reflects with deep respect on the evolution of geriatric practice in Hong Kong and the collective efforts of our colleagues in caring for an aging population. Hong Kong is witnessing one of the most rapid

demographic transitions in the world, with projections indicating that by 2030, more than 30% of our citizens will be aged 65 years or above. Older adults often live with multiple chronic diseases, frailty, and functional decline, leading to complex healthcare needs. They now account for over half of all acute hospital bed days and attend public clinics several times more frequently than younger groups. These realities underscore the essential role of well-trained geriatricians in providing holistic, person-centred, and coordinated care.

Since the establishment of the first Geriatric Unit at Princess Margaret Hospital in 1975 and the introduction of Geriatric Medicine into the HKU curriculum in 1979, the discipline has matured steadily. Today, all major hospitals are supported by geriatric specialists, with 235 fellows practising across the public and private sectors as of June 2025. Our work embraces continuity of care — spanning hospital, community, and home settings — guided by principles of Comprehensive Geriatric Assessment (CGA), multidisciplinary teamwork, and integration across services. These approaches have been shown to enhance clinical outcomes, reduce unnecessary admissions, and sustain patients' independence and quality of life.

A 1976 photo showing the first Geriatric Team at Princess Margaret Hospital, led by Dr. Chan Sik (center, first row), the first Consultant Geriatrician in Hong Kong.

A 1987 photo showing site visit by Sir David Wilson (Governor of Hong Kong 1987 - 1992) to the first Geriatric Day Hospital at Princess Margaret Hospital, accompanied by Dr Ng Yau Yung (first from the right).

Higher Physician Training in Geriatric Medicine has evolved into a modular structure covering acute, rehabilitation, infirmary, and community services, together with collaborative experiences across related specialties. With 32 trainees currently engaged — the third largest among all subspecialties — the specialty remains vibrant and forward-looking. Our close partnership with The Hong Kong Geriatrics Society has been instrumental in advancing training, academic exchange, and service development.

Locally, geriatricians have pioneered evidence-based initiatives such as community geriatric assessment service (CGAS), integrated discharge support, and dementia-specific programs. The development of a locally validated electronic frailty index (HK eFI) marks a milestone in quantifying biological aging and guiding individualized management. Collaboration with other specialties has strengthened shared care for conditions common in older adults, including diabetes, urinary disorders, osteoporosis, and Alzheimer's disease, with pilot work incorporating the use of emerging biomarkers and novel anti-amyloid treatment. At the other end of the care spectrum, efforts to improve end-of-life and advance care planning align with the new Advance Decision on Life-sustaining Treatment Ordinance, ensuring dignity and respect for older persons throughout the care continuum.

Looking ahead, the specialty strives to shift from reactive disease treatment to proactive, preventive, and precision-based models of care. Harnessing digital innovations, strengthening community networks such as District Health Centres, and expanding training capacity will be vital as we face the growing challenge of our "super-aged society". The College's legacy inspires us to continue improving equity, quality, and sustainability in caring for older Hong Kongers — honoring the past four decades through continued dedication to the health and well-being of future generations.

Respiratory Medicine

Dr Chun Kong NG

Chairman
Specialty Board in Respiratory Medicine

The past two decades have witnessed a revolutionary transformation in the field of Respiratory Medicine. A deeper understanding of disease pathophysiology and molecular mechanisms empowers respiratory physicians to adopt personalized disease management strategies. In asthma and chronic obstructive pulmonary disease, phenotyping and endotyping allow disease clustering and the differentiation of T2-high from T2-low inflammatory pathways. This advancement allows for precise matching of biologics to patients. The introduction of next-generation sequencing (NGS) allows rapid, comprehensive and accurate genetic profiling in both somatic testing and liquid biopsy. Targeted therapies and immunotherapies have revolutionized lung

cancer treatment, significantly improving patient survival rates and enhancing quality of life.

Moreover, advancements in technology and skill in interventional pulmonology have improved diagnostic accuracy and promoted local disease treatment. Navigational bronchoscopy and radial endobronchial ultrasound (EBUS) enable accurate localization of small and peripheral lung lesions, enhancing improve biopsy yield and safety. Compared to traditional mediastinoscopy, EBUS with real-time transbronchial needle aspiration (EBUS-TBNA) is minimally invasive and highly accurate in sampling mediastinal lymph nodes. Additionally, cryobiopsy allows for the collection of large and high-quality biopsy samples with minimal invasiveness.

In critical care medicine, non-invasive ventilatory (NIV) equipment and high flow nasal canula oxygen therapy enhance patient comfort, improve compliance, and lead to better clinical outcomes. In sleep medicine, the shift from in-hospital polysomnography and CPAP titration to home-based testing has become increasing prevalent. Telemedicine facilitates remote compliance monitoring and promotes early intervention. Hypoglossal nerve stimulation, titratable oral appliance and GLP-1 receptor agonist are now available in our armamentarium for patients with poor CPAP tolerance and compliance.

NGS is also widely utilized in infectious diseases management, enabling timely pathogen identification, detection of anti-microbial resistance and the tracking of epidemiological outbreaks. New anti-viral medications and antibiotics targeting multidrug resistant pathogens, along with standardized, all-oral treatments for multidrug resistant tuberculosis, are enhacing treatment outcomes. Effective vaccines against COVID-19, RSV and pneumococcus further bolster disease prevention both personal and society levels.

Looking to the future, the evolution of Respiratory Medicine evolution will be driven by advancements in technology, artificial intelligence (AI), big data science and genetics and genomics. Smart inhalers designed to monitor compliance and detect inhalation techniques aim to improve the success of inhalation therapy. Intelligent wearables equipped with biosensors that track respiratory rate, oxygen saturation and heart rate provides simple yet accurate diagnosis of sleep problems. Robotic bronchoscopy, coupled with cone beam CT offers enhanced stability, maneuverability and 3D mapping capabilities. AI application using big data will revolutionize screening and diagnosis in lung cancer, airway diseases and interstitial lung disease management. In essence, the paradigm of respiratory disease management will shift towards proactive and highly personalized approaches, and emphasizing early detection and prevention.

To prepare for this new era in the development of Respiratory Medicine, the Specialty Board in Respiratory Medicine collaborates closely with the College of Physicians to timely update the training curriculum. We promote procedure safety and competency through organizing Procedural Sedation Safety Training for our higher physician trainees. Additionally, we sustain high-quality training centers and ensure competent trainers through Hospital Accreditation. Our efforts also include modernizing training methodology using competency based medical

education (CBME) and workplace-based assessment (WBA).

With these meticulous efforts, we are confident that future generations of respiratory physicians will be well-equipped to provide effective, high-quality and personalized care for the citizens of Hong Kong.

Dr Fanny KO
Immediate past chairman

Dr Chun Kong NG
Chairman

Dr Macy LUI
Secretary

A Future of Innovation: Reflections on Rheumatology / Immunology & Allergy

Dr Carmen Tze Kwan HO
Chairman
Specialty Board in Rheumatology/Immunology & Allergy

On the momentous occasion of The Hong Kong College of Physicians' 40th Anniversary, it is a profound honour to reflect on our journey and envision our path forward.

Five decades ago, rheumatology in Hong Kong was an emerging field. The founding fellows of our specialty were pioneers, who established the comprehensive training framework and examinations that became our bedrock. In the early days, our arsenal of treatments was limited, and the focus was often on clinical skills ensuring diagnosis. The Board's initial mission was to define excellence, to certify specialists capable of navigating this complex and interesting specialty, and to elevate the standard of care for patients suffering from chronic, often debilitating rheumatic diseases. Through perseverance and unwavering commitment, our predecessors built a training system respected for its academic rigour and clinical competence, consistently producing rheumatologists of exceptional calibre who have served our community with distinction.

Today, we stand at the forefront of a therapeutic revolution. The advent of biologics, targeted cellular therapies, and a deep understanding of immunopathogenesis have significantly transformed patient outcomes. We no longer merely manage symptoms; we strive for, and often achieve, remission. Central to this modern approach is our emphasis on multi-disciplinary team management. Recognizing that optimal patient care extends beyond the physician, we have actively nurtured the foundation and development of the rheumatology specialty

nurse, a pivotal role in patient education, monitoring, and holistic support. Our Board has evolved in tandem with these advances, updating our curriculum to ensure that trainees are equipped not only with clinical knowledge but also with procedural skills in musculoskeletal ultrasound and capillaroscopy.

Our commitment to growth is further demonstrated by the formal establishment and development of Immunology and Allergy as a core specialty within our Board. Spearheaded by the late Professor Tak Lee and supported by the multidisciplinary expertise of the Hong Kong Allergy Alliance, this discipline has solidified its training framework. The first local trainee began the program in 2015; since then, two fellows have successfully completed their training, and three more are currently in the program. The curriculum is carefully tailored to Hong Kong's unique clinical and public health needs and is regularly updated to meet the evolving demands of care across the territory.

As we look to the next decade, our aspirations are ambitious. Our future lies in precision medicine, moving beyond diagnosis to predicting disease course and tailoring therapies based on genetic and molecular profiles. We must also embrace technology and telemedicine to enhance patient access and monitoring, especially for our elderly and mobility-challenged patients. Our training will increasingly integrate research literacy and leadership skills, empowering our fellows to contribute to global knowledge. Most importantly, we will champion a biopsychosocial model of care, ensuring we address the whole person, not just the disease.

The 40th Anniversary of HKCP is not just a celebration of past achievements, but a launchpad for the future. The Specialty Board in Rheumatology / Immunology & Allergy is committed to honouring the legacy of our founders by fostering innovation, nurturing outstanding talent, and ultimately transforming the lives of patients we serve.

Infectious Disease

Building Resilience: The Rise of Infectious Disease Specialty in Hong Kong

Dr Grace Chung Yan LUI
Chairman
Specialty Board in Infectious Disease

The Infectious Disease specialty in Hong Kong, formally established in 1999, stands as one of the youngest yet flourishing specialties within the Hong Kong College of Physicians. Its institution was timely and visionary, shaped by the city's unique position as a crossroad between the East and the West and its susceptibility to emerging and re-emerging infections. Over the past two decades, the specialty has evolved rapidly, with Infectious Disease training and services taking off at the Princess Margaret Hospital and subsequently established in all seven public hospital clusters in Hong Kong. This expansion of the specialty meets the pressing need to respond to successive epidemics and to strengthen the territory's preparedness and capacity for future threats.

The early 2000s marked a turning point for Hong Kong's public health landscape as well as the development of the Infectious Disease specialty. The outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003 exposed critical gaps in infectious disease expertise, infection control infrastructure, and outbreak response capacity. The subsequent development and growth of the Infectious Disease specialty has aimed to provide a structured framework for nurturing clinical leadership, research capability, and preparedness for emergency response to infectious disease threats. This foundation has proved invaluable during subsequent global and regional infectious disease outbreaks, including 2009 H1N1 influenza pandemic, H7N9 avian influenza, Ebola, dengue, Zika, Chikungunya, and COVID-19 pandemic. Infectious Disease specialists have played central roles in clinical management, training of healthcare professionals in treatment and infection control, policy formulation, and public communication, demonstrating the specialty's indispensable contribution to safeguarding health at the population level.

Beyond epidemic response, the specialty has matured into a cornerstone of high quality inpatient and ambulatory care. Infectious Disease specialists manage a wide spectrum of bacterial, viral, fungal, and parasitic infections, with a strong emphasis on evidence based practice. Key initiatives in the specialty with the major goal to improve patient care have developed and taken hold in all clusters of hospitals in Hong Kong over the last two decades. These programmes include Antimicrobial Stewardship Programme (ASP), Outpatient Parenteral Antimicrobial Therapy (OPAT), and Drug Allergy Delabelling Initiative (DADI) services. These initiatives have transformed the management of common bacterial infections by providing safe alternatives to traditional care based on best evidence, reducing unnecessary hospital stay, improving

patients' clinical outcomes, curbing antimicrobial resistance, and enhancing patient satisfaction. The success of these programmes relies on the collaborative and co-ordinated efforts of Infectious Disease specialists working together with microbiologists, pharmacists, immunologists and Infectious Disease specialist nurses, and reflects the specialty's commitment to optimizing care within the increasingly complex healthcare system in Hong Kong.

Beginning from ground zero, the Infectious Disease specialty has made significant strides in infectious disease research in the past two decades, building a reputation as a regional and global leader. Following the 2003 SARS outbreak, the government established the Research Fund for the Control of Infectious Disease, and subsequently the Health and Medical Research Fund (HMRF), to advance research on surveillance, treatment, and prevention of infectious diseases. This investment has strengthened local research infrastructure, expertise and capacity in the specialty, and has laid the foundation for rapid responses to later threats, including COVID-19 and antimicrobial resistance, and has led to breakthroughs in clinical management. Together, these efforts have positioned Hong Kong as a hub for high-impact infectious disease research, fostering international collaboration and improving public health preparedness.

As Hong Kong continues to navigate an increasingly complex infectious disease landscape, the Infectious Disease specialty stands poised to advance clinical excellence, strengthen preparedness, and contribute to a safer, healthier future for the community.

Critical Care Medicine

Dr Wing Yiu NG
Chairman
Specialty Board in Critical Care Medicine

The Board of Critical Care Medicine (CCM) has made remarkable advancements over the past decade, resulting in significant improvements in the training and practice

of critical care specialists. A cornerstone of these achievements is the comprehensive revision of the training curriculum, designed to harmonize professional standards. The integration of Competency-Based Medical Education (CBME) within this new framework is especially transformative, focusing the skills and outcomes expected of graduates. By aligning the training process with societal and patient needs, the CCM has created a more effective and sustainable educational system that equips trainees to navigate the complexities of modern intensive care.

In 2023, the CCM Board took an important step by implementing workplace-based assessments (WBAs) as a key component of sub-specialty training. This initiative complements the CBME framework by defining essential competencies and entrustable professional activities (EPAs) that require assessment. The introduction of WBAs ensures that evaluations are grounded in real-world clinical practice, offering meaningful feedback to trainees. This practical approach not only enriches the educational experience but also guarantees that trainees can effectively demonstrate their competencies in actual clinical settings. Such measures reaffirm the board's commitment to preparing highly skilled professionals who are ready to meet the challenges of critical care.

The field of critical care medicine has experienced significant growth and diversification of services in recent decades. This expansion includes advanced respiratory support techniques, such as veno-venous extracorporeal membrane oxygenation (ECMO), particularly in scenarios where conventional support is insufficient. For circulatory support, notable advancements have been made with mechanical devices like veno-atrial ECMO and Impella, along with enhanced hemodynamic monitoring techniques that are less invasive. Apart from organ support, critical care encompasses specialized treatment for trauma, burns, hyperbaric oxygen therapy, perioperative care, neurocritical care, and toxicological emergencies. By emphasizing practical skills and essential competencies in these specialized areas, CBME ensures that trainees are well-prepared to deliver high-quality care across various critical situations, thereby enhancing patient outcomes.

The contributions of our critical care physicians during the crises of the 2003 SARS outbreak and the 2019 COVID-19 pandemic in Hong Kong have been extraordinary. In both instances, our critical care physicians faced unprecedented challenges, demonstrating remarkable resilience and expertise in managing critically ill patients. During the SARS outbreak, ICU doctors played a crucial role in providing organ support amid rigorous infectious risks, often working long hours under high-stress conditions. Similarly, in the COVID-19 pandemic, ICU physicians adapted rapidly to the evolving situation, employing advanced treatment modalities and collaborating closely with multidisciplinary teams for effective patient management. In the aftermath of the Tai Po fire disaster in Hong Kong in 2025, our critical care physicians were instrumental in providing emergency care to critically injured patients. Overall, their dedication to patient care exemplifies the vital role of critical care medicine in saving lives and safeguarding public health during challenging times.

Medical Oncology

Dr Thomas Kwan Hang LAU
Chairman
Specialty Board In Medical Oncology

Advances in Systemic Anti-Cancer Therapy

Cancer is a major public health challenge. Globally, over 52,900 individuals are diagnosed with cancer, and more than 27,000 people die from cancer daily.[1] Cancer has long been the number one killer in Hong Kong. In 2023, there were 14,867 cancer deaths, accounting for 26.2% of all deaths. Cancer incidence is rising in Hong Kong, as in many parts of the world. Over the past decade, new cancer cases have surged by over 31%, with an annual growth rate of 2.7%.[2] Although the global cancer burden keeps growing, cancer diagnosis and treatments are improving rapidly, such that cancer mortality is reducing. There have been many significant advances in oncology which transform patient outcomes in the recent decades. **Figure 1** summarizes the key advancements over the past 30 years.

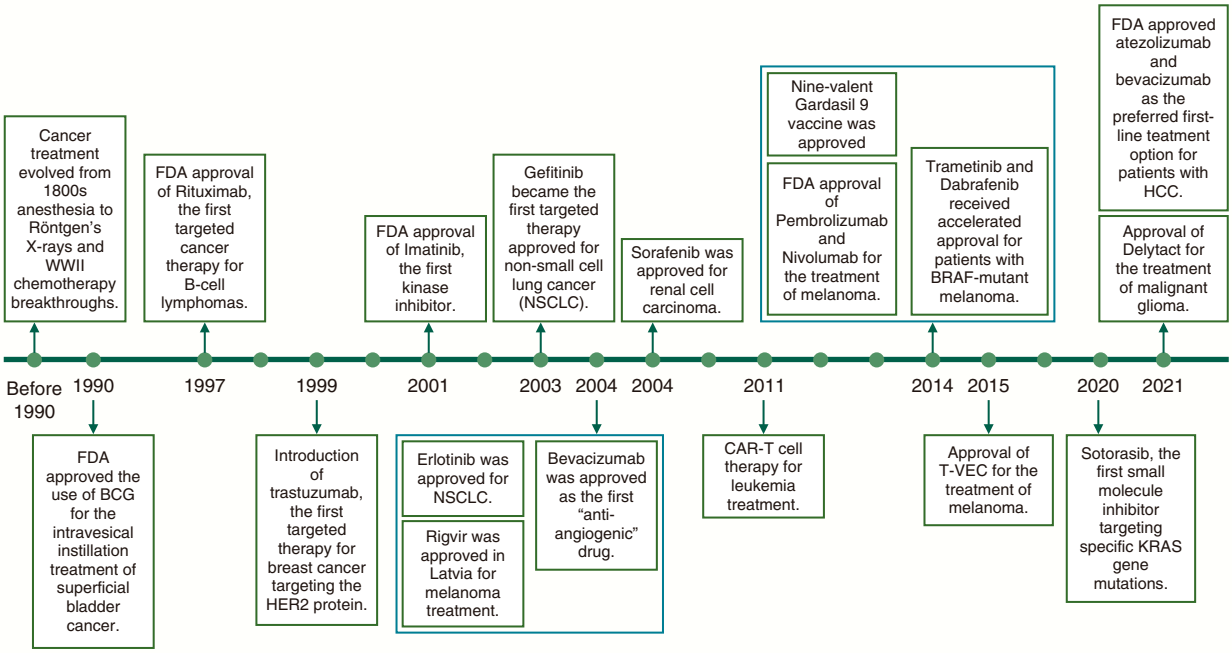


Fig 1. The milestone of cancer therapy development[3]

Targeted therapy is a type of cancer treatment that targets proteins that control how cancer cells grow, divide, and spread. It is the foundation of **precision medicine**. As researchers learn more about the DNA changes and proteins that drive cancer, they are better able to design treatments that target these proteins. Please note the following list is not exhaustive.

1. Small molecule inhibitors

Small molecule inhibitors are proteins which play key roles in cell signaling, gene expression and metabolism. By binding to target molecules, small molecule inhibitors can halt disease progression. Important examples are imatinib, the first kinase inhibitor for chronic myeloid leukaemia and

gastrointestinal stromal tumors, and gefitinib, the first targeted therapy approved for non-small cell lung cancer.

2. Hormonal therapy

Hormone therapy is used to treat prostate and breast cancers that rely on hormones to grow. It is most often used in conjunction with other cancer treatments.

3. Monoclonal antibody therapy

Monoclonal antibodies (mAbs) are produced by B cells and specifically target antigens. Since the introduction of the first monoclonal antibody drug, rituximab, in 1997, immunoglobulins have been potent drugs for cancer treatment in recent decades. They can be further classified below according to their mechanism of actions:

I. Ligands or receptors blockades

Examples are trastuzumab and cetuximab which interact with the tumor surface receptors HER-2 and EGFR respectively, for HER2 positive breast cancer (trastuzumab) and metastatic colorectal cancer (cetuximab).

II. Cytotoxic mAbs

Examples are the anti-CD20 mAb rituximab for B-cell lymphomas, and the anti-CD52 mAb alemtuzumab for B- and T-cell lymphomas.

III. Immune checkpoints inhibitors (ICIs)

Just a decade or so ago, **immunotherapy** was considered an exciting new way to treat some people with very advanced forms of a few types of cancer. Today, it's a cornerstone of cancer treatment.

PD-1 (Programmed Death 1) and PD-L1 (Programmed Death-Ligand 1) ICIs are a type of immunotherapy that enhances the immune system's ability to fight cancer by blocking the proteins cancer cells use to evade immune cells. PD-L1 is a protein that can be upregulated on cancer cells, interacting with PD-1 to suppress T cells not to attack the cancer cells. The PD-1 and PD-L1 inhibitors, often combined with chemotherapy, are now widely used to treat various cancers e.g. lung, head and neck, gastrointestinal, urothelial and gynaecological cancers.

Cytotoxic T-lymphocyte-associated protein 4 (CTLA-4) inhibitors are immunotherapy drugs, like ipilimumab and tremelimumab, that block the CTLA-4 protein on T-cells, releasing the "brakes" to help them attack cancer cells, often used with PD-1 inhibitors for melanoma, lung cancer, and other solid tumours, offering the prospect of long-lasting responses but with potentially high immune related adverse effects.

4. Anti-Angiogenesis Therapy

Anti-angiogenesis therapy uses drugs (anti-angiogenic agents) to block a tumour's ability to grow new blood vessels, effectively starving it of oxygen and nutrients, slowing its growth, and preventing spread. These therapies target signals like Vascular endothelial Growth Factor (VEGF) or its receptors, using monoclonal antibodies (e.g. bevacizumab) or Tyrosine Kinase Inhibitors (TKIs like sunitinib). Often used with chemotherapy or immunotherapy, anti-angiogenic drugs have been used to treat various cancers like kidney, lung, colon and ovarian cancers.

5. **Antibody Drug Conjugates (ADCs)**

   ADC is a targeted cancer therapy combining a monoclonal antibody (the "homing device") linked to a potent chemotherapy drug (the "payload") to deliver the toxin directly to cancer cells, minimizing damage to healthy tissue. The antibody recognizes specific proteins on tumour cells, gets internalized, and releases the drug inside, killing the cell. It offers precision, reduced toxicity and enhanced anti-tumour potency. Examples are the HER2 ADCs e.g. Ado-trastuzumab emtansine and Trastuzumab deruxtecan for breast cancers, and CD30 ADC Brentuximab vedotin for Hodgkin Lymphoma and the CD30 positive T cell lymphomas.

6. **Cell therapy**

   CAR-T

   CAR-T therapy is a form of immunotherapy. Making these treatments begins with collecting blood from the patient and separating out the T cells. These cells are then sent to the treatment manufacturer's laboratories, where they are genetically engineered to produce special proteins on their surfaces called chimeric antigen receptors, or CARs. The CARs help the cells to latch on to specific antigens that are present on cancer cells (and some normal cells). They also enhance the T cells' ability to kill cancer cells. Next, these revamped T cells are expanded then sent back to the hospital to be returned to the patient as a single infusion. After the infusion, if all goes as planned, the T cells will continue to expand in the patient's body and, with guidance from their special receptors, kill any cancer cells that have the target antigen on their surfaces. CAR-T therapies are now standard therapy in relapsed refractory high grade B cell lymphoma and other lymphoma subtypes, B-ALL (acute lymphoblastic leukaemia) and multiple myeloma, whereas car-T therapies for solid tumours are under intensive development.

Medical Oncology as an Independent Specialty Worldwide

The concept of cancer as a systemic, highly heterogeneous and complex disease has increased the awareness that quality cancer care should be provided by a multidisciplinary team (MDT) of highly qualified healthcare professionals. Built on the highest standards of professional training and continuing medical education, medical oncology is recognized as an independent medical specialty in many countries in the world. Training for medical oncologists includes completing a medical degree, followed by a residency in internal medicine and additional fellowship training in oncology. They are well-versed in the complexities of cancer treatment. Medical oncology is a core member of the MDT and offers cancer patients a comprehensive and systemic approach to treatment and care, while ensuring evidence-based, safe and cost-effective use of cancer drugs and preserving the quality of life of cancer patients through the entire 'cancer journey'. Medical oncologists are also engaged in clinical and translational research to promote innovative and new therapies and they contribute to cancer diagnosis, prevention and research. Medical oncologists play an important role in shaping the future of healthcare through innovation and are also actively involved at the political level to ensure a maximum contribution of the profession to society and to tackle future challenges. [4]

Medical Oncology Subspecialty in Hong Kong

Founded by the academics of the two universities in 1990s by medical oncologists trained in the UK, Canada and Australia, and a number of pioneer haemato-oncologists, Medical Oncology in Hong Kong is gradually growing over the years. As of January 2026, there are 24 trainers across six public hospitals in Hong Kong. In recent years we have also seen a growing number of HPTs in Medical Oncology. In the coming years, we will need to increase our training capacity to produce more medical oncologists to meet the ever-rising demand in cancer services, foster collaboration in cancer research and innovation, and uphold high quality of care for cancer patients amid ongoing challenges.

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Palliative Medicine

Dr Oi Ling KWOK
Chairman
Subcommittee in Palliative Medicine

Background

The World Health Organization defines palliative care as an approach that improves the quality of life of patients and their families facing issues associated with life-threating illness. This is achieved through the prevention and relief of suffering via early identification, thorough assessment, and treatment of pain and other physical, psychosocial and spiritual problems. Palliative care services in Hong Kong was first pioneered in Our Lady of Maryknoll Hospital in 1982. The service has since expanded to include 17 multidisciplinary teams led by Palliative Medicine specialists in seven clusters under Hospital Authority with a comprehensive range of services including inpatient care, outpatient care, home care, consultative service, day care and bereavement care. Palliative Medicine was established as a subspecialty under Hong Kong College of Physicians in 1998 and under the Hong Kong College of Radiologists in 2002.

Recent development

Hospital Authority has published the Strategic Service Framework (SSF) for Palliative Care in 2017. Four main strategies for adult palliative care are:

(1) Enhance governance by developing Cluster-based services with the collaboration of medical and oncology palliative care specialists;

(2) Promote collaboration between palliative care and non-palliative care specialists through Shared Care Model according to patient's needs;

(3) Enhance palliative care in the ambulatory and community settings to support patients and reduce unnecessary hospitalization and

(4) Strengthen performance monitoring for continuous quality improvement.

The Shared Care Model highlighted in the SSF stratifies patients based on their palliative care needs and disease complexity. Patients with high needs and complexity are managed by palliative care specialists, while others receive care from their parent teams, supplemented by support from palliative care specialists as needed. Palliative Care Consultative Teams have been established in all seven clusters since 2018 to provide consultative services that enhance shared care with parent teams.

Additionally, the palliative care service has been expanded to patients with organ failure through collaboration with organ specialists. To support the Shared Care Model, different training programs to non-palliative care specialists, nurses and other allied health professionals have been developed, including the Certificate Course jointly organized with Hong Kong College of Family Physicians. As a result of the Shared Care Model, access to palliative care services has significantly improved across all clusters. Furthermore, several evidence-based multidisciplinary palliative care day service programs, enhancements to home care nurse services, and Medical Social collaborative projects such as the Jockey Club End-of-Life Community Care project have been initiated in recent years to support patients in the community.

Future development

To align with the implementation of Advance Decision on Life-sustaining Treatment Ordinance (ADLST) in Hong Kong in 2026, further promotion of advance care planning and support to palliative care patients in making Advance Medical Directive are key initiatives in palliative care field. Supporting patients in receiving care and dying in their preferred location is a critical indicator of a good quality of death. Therefore, enhancing community support—including home visits by palliative care specialists and nurses during end-of-life phases, as well as collaboration with Family Physicians and Medical Social Services—will be our future direction.

To address the growing needs and maintain the quality and standards of palliative care services in Hong Kong, it is essential to enhance professional training, including Palliative Medicine specialist training, promote palliative care knowledge to non-palliative medicine specialists, and integrate palliative care education into undergraduate curricula.

The History and Development of Dermatology and Venereology in Hong Kong

Dr Fong Cheng IP
Chairman
Specialty Board in Dermatology & Venereology

The specialty of Dermatology and Venereology in Hong Kong has a long history, beginning with the first sexually transmitted infection (STI) clinic established in Sai Ying Pun in 1928, under Social Hygiene Service of the government. Since 1957, the specialty also took on the management of patients suffering from leprosy (also known as Hansen's disease, a disease which has been an significant social stigma since ancient time). In the 1960s and early 1970s, leprosy patients were managed at Hei Ling Chau Leprosarium. Following its closure in 1975, care of these patients were transferred to Lai Chi Kok Hospital, which itself closed in 2004. Today, the management of leprosy patients mainly occurs on an out-patient basis at the Cheung Sha Wan Dermatological Clinic, the only public outpatient clinic in Hong Kong that provides care for leprosy.

Public dermatology services in Hong Kong were solely provided by Social Hygiene Service of the government in the 20th century. This department not only offered clinical services, but also provide specialist training for the majority of local dermatologists. In the early days, the department was led by doctors from Great Britain. It was not until early 1970s, the Service was led by the first Chinese Dermatology Consultant Dr. Wong Kok-on (黃國安), and later succeeded by Dr. Chan Sau-chi (陳修治), Dr. Lai Cham-fai (黎湛暉), Dr. Lo Kuen-kong (盧乾剛), and Chong Lai-yin (莊禮賢) from 1980s through the millennium.

Currently, there are 11 dermatological clinics and STI clinics under the Social Hygiene Service of the Department of Health, providing public outpatient dermatology service and the sole public STI out-patient services. Inpatient and outpatient dermatology services are also offered at Queen Mary Hospital and Prince of Wales Hospital under the Hospital Authority.

Key professional societies include The Hong Kong Dermatological Society,founded in 1967) and The Hong Kong Association of Dermatology, established in 1983), They merged in 1991 to form The Hong Kong Society of Dermatology & Venereology, the major professional society of the specialty in Hong Kong, boasting over 250 members.

Historically, the Social Hygiene Service provided all training, to both doctors and medical students. Since the founding of Hong Kong Academy of Medicine in 1993, specialist training has been standardized to include three years of basic physician training followed by three years of higher training in dermatology-venereology, totaling a minimum of of six yearsto obtain the specialist registration. Currently, in addition to the Social Hygiene Service, specialist training is also provided by Queen Mary

Hospital and Prince of Wales Hospital under the Hospital Authority.

As the southern gateway to the Mainland and a bridge between East and West, Hong Kong has historically played an important intermediary role. After 1997, Hong Kong aims to continue contributing to the nation and to achieve even greater success in advancing the fields of dermatology and venereology. Looking ahead, it is hoped that the connections and collaborations between dermatologists in the Chinese Mainland and Hong Kong will strengthen, allowing them to complement each other's strengths and address each other's weakness. This partnership will promote the comprehensive development of dermatology and open a new chapter in the history of dermatology development in our country.

75th Anniversary celebration dinner of Social Hygiene Service of Department of Health in 2003, bringing together generations of dermatologists and trainees.

HKCP Council 2025 – 2026

		Institution	Specialties
President	Prof Chan Tak Mao Daniel	**The University of Hong Kong**	AIM, Nephrology
Vice-Presidents	Prof Chan Tak Cheung Anthony	**The Chinese University of Hong Kong**	Medical Oncology
	Dr Chan Wai Man Johnny	**Queen Elizabeth Hospital**	AIM, Respiratory Medicine
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Honorary Treasurer	Dr Tse Tak Fu	**813 Medical Centre**	AIM, Cardiology
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	Dr Choi Cheung Hei	**Queen Elizabeth Hospital**	AIM, Endocrinology, Diabetes and Metabolism
	Dr Fong Wing Chi	**Queen Elizabeth Hospital**	AIM, Neurology
	Prof Hui Shu Cheong David	**Prince of Wales Hospital**	AIM, Respiratory Medicine
	Dr Kwan Hoi Yee	**Kowloon Hospital**	AIM, Respiratory Medicine

		Institution	Specialties
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	Dr Law Chun Bon Alexander	**Princess Margaret Hospital**	AIM, Geriatric Medicine
	Dr Leung Yin Yan Jenny	**Ruttonjee Hospital**	Endocrinology, Diabetes and Metabolism, Geriatric Medicine
	Prof Ma Ching Wan Ronald	**Prince of Wales Hospital**	AIM, Endocrinology, Diabetes and Metabolism, Genetics and Genomics (Medicine)
	Dr Sha Kwok Yiu Edmund	**United Christian Hospital**	AIM, Geriatric Medicine
	Prof Tang Chi Wai Sydney	**Queen Mary Hospital**	AIM, Nephrology
	Prof Tse Wai Choi Eric	**Queen Mary Hospital**	AIM, Haematology & Haematological Oncology, Genetics and Genomics (Medicine)
	Prof Yan Ping Yen Bryan	**Prince of Wales Hospital**	AIM, Cardiology
Co-opted Council Members	Dr Chan Ngai Yin	**Princess Margaret Hospital**	AIM, Cardiology
	Dr Ho Yiu Yan Andrew	**Tuen Mun Hospital**	AIM, Endocrinology, Diabetes and Metabolism
	Dr Jacqueline So*	**Prince of Wales Hospital**	AIM, Rheumatology
	Prof Wong Wai Sun *	**Prince of Wales Hospital**	AIM, Gastroenterology & Hepatology
Immediate Past President	Prof Li Kam Tao Philip	**Prince of Wales Hospital**	AIM, Nephrology
Senior Advisor	Prof Yu Yue Hong Richard	**813 Medical Centre**	AIM, Nephrology

* New Council Members

Joint Scientific Meeting 2025 11-12 October 2025

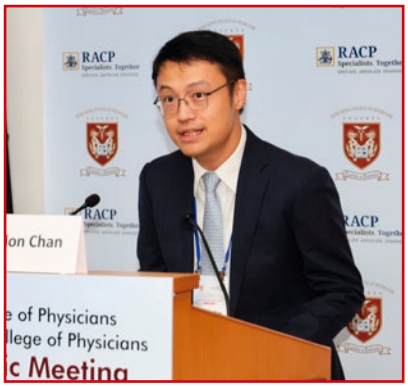
The Joint Scientific Meeting with the Royal Australasian College of Physicians was successfully held on 11-12 October 2025, in a hybrid format, with local participants attending in person.

The event featured several notable lectures that stood out as highlights. Prof David Hui, our Council Member, delivered a masterful keynote address on “Disseminating Education Through Outside Duties”. Prof Jennifer Martin, President of the Royal Australasian College of Physicians, presented the AJS McFadzean Oration on “Drug Discovery and Development in a Time of Global Uncertainty, Distortionary Marketing Practices and Artificial Intelligence”. The Sir David Todd Lecture was given by Dr Cheung Ka Shing, who spoke on “Oncoprevention of Digestive Organ Cancer”. Addionally, Dr Ko Ho, recipient of the Richard Yu Lecture award, presented a talk titled “Towards ‘Anti-Brain Aging’ Pharmacology for the Treatment of Neurological Diseases”.

On 12 October 2025, our College Council hosted a dinner in honour of Prof Martin to extend a warm welcome to the visiting delegates.

Council Dinner on 12 Oct 2025

Symposium 1



Dr Gordon Chun-kau CHAN

Prof Andrea On-yan LUK

Prof Charles INDERJEETH

Symposium 2

Assoc Prof Valerie SUNG

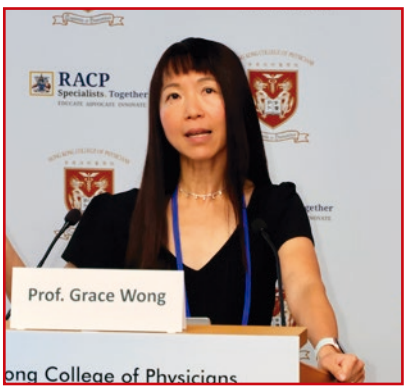
Dr Chak-yu SO

Dr Michael Ka-shing CHEUNG

Symposium 3

Dr Gary Kui-kai LAU

Dr Ho SO



Prof Grace Lai-hung WONG

38th Annual General Meeting
26th Congregation Ceremony

On 11 October 2025, a prestigious Conferment Ceremony was held. The Congregation was attended by esteemed guests including Prof Jennifer Martin, President of the Royal Australasian College of Physicians, and Prof Lo Chung Mao, Secretary for Health. During the Ceremony, the College conferred an Honorary Fellowship upon Prof Lau Chak Sing.

Announcement

Celebrating 40 Years of Excellence in Clinical Medicine: Join Us for a Memorable Anniversary!

In 2026, the Hong Kong College of Physicians will proudly celebrate its 40th Anniversary, marking four decades of unwavering commitment to professional and clinical excellence, Specialist Physician Training with a strong Broad-based Foundation in Internal Medicine, and the advancement of knowledge and practice of Internal Medicine. This milestone presents a moment of reflection and an opportune occasion to celebrate all that our Physician community has achieved!

In addition to the Annual Scientific Meeting on 10-11 October, and the AGM and Conferment Ceremony on 10 October 2026, there will be a 40th Anniversary Dinner on 11 October. Distinguished guests from across the medical landscape, including Presidents and Leaderships of Physician Colleges or Physician Training institutions from the Chinese Mainland and overseas, will be invited to the flagship events.

A range of bespoke souvenirs and gifts will be made for the occasion. So please stay tuned for announcements from the College Secretariat. We encourage all Fellows and Physician Specialists, Members, Trainees and friends of the College to participate in the forthcoming events, and to continue your support to the College!

AJS McFadzean Oration

Drug discovery and development in a time of global uncertainty, distortionary marketing practices, and artificial intelligence

Prof Jennifer MARTIN
President, Royal Australasian College of Physicians

It was an absolute pleasure to present the AJS McFadzean Lecture entitled *"Drug Discovery and Development in a Time of Global Uncertainty, Distortionary Marketing Practices, and Artificial Intelligence"* at the 2025 Combined Scientific Meeting of Hong Kong and Australasian physicians.

The presentation acknowledged the negative effects that global uncertainty, distortionary marketing practices and artificial intelligence (AI) are having on access to medicines, while also noting that aspects of AI have improved some elements of drug discovery and development—specifically the overall lifecycle of a drug product, drug repurposing options, pharmaceutical productivity, and the scope of clinical trials. However, these advances have also exposed new issues around human wants, needs, and access, requiring physicians to constantly consider ethics, prioritisation, trade-offs, cost, and opportunity costs to the health system.

How, then, do we navigate best care in a system that is fragmented, underfunded, and requires constant ethical trade-offs?

Focusing on the first of these issues—global uncertainty—we can see that there are major global health system challenges that remain unaddressed, particularly those relating to workforce. There has been a flight of labour from less well-resourced countries to areas with less conflict or relatively higher pay, such as Australia. However, this has raised concerns regarding the "poaching" of health practitioners from countries with greater need (for example, Africa, South-East Asia, and the Pacific). Australia is not training sufficient numbers of doctors and is instead relying on other countries to do so—an issue often described as "geographical imperialism". In addition, there is a migration from smaller, resource-poor locations to metropolitan centres even within wealthy countries such as Australia, sometimes referred to as "geographical narcissism". How, then, should physicians play a leadership role in shaping workforce movements?

In addition, global uncertainty has worsened health equity even in wealthy countries. For example, the withdrawal of aid, medicines, and other public health support by the United States has affected poorer countries, and many healthcare networks that previously supported vulnerable populations have had their funding ceased. Political manoeuvring and shifting global alliances are influencing medical training and workforce stability, with countries rapidly revising policies around medicine manufacturing, vaccine availability, and supply chains to support healthcare delivery during political and economic disruption, such as trade wars that affect medicines and broader public health access. The health effects of climate change are already evident in healthcare, with increasingly frequent and extreme weather events displacing communities, driving disease, and contributing to challenges such as antimicrobial resistance.

Increasingly, we are also seeing distortionary marketing practices—not only in medicines, but in health services and cosmetic surgery. How do these practices affect access to healthcare globally, and access to medicines specifically? While most clinicians recognise that these practices exist, awareness and critical analysis of specific examples remain limited. There are currently four medicines raising concerns for physicians in both Hong Kong and Australasia in this context, which will be discussed separately.

This reconsideration of distortionary medical practices prompts further questions. How often do we ask whether a patient truly needs a medicine? Do they even have a disease, or might their symptoms be due to another diagnosis—or adverse effects from existing treatments?

Who defines who needs to be treated in such situations: the marketing study, the physician, or population need? What if the physician is receiving accolades, funding, or promotion for involvement with a pharmaceutical company? It takes a very strong physician to resist such enticements, and many careers have been built on this type of largesse.

More questions arise. Who decides who wants to or “should” be treated? Is it based on ability to pay, private access, or demand? What about our own physician biases—our “isms”—and our limited ability to predict who will benefit, and by how much? How aware are we of patient preferences or likelihood of response to treatment? Are we conscious of our own biases? Even personal experiences of adverse events, whether due to chance or system error, can influence future decision-making.

Physician reputation and medicolegal considerations also affect care provision. Clinicians may be reluctant to operate on someone who is very likely to die under anaesthesia—even if the patient will die without surgery—if performance indicators and professional reputation include mortality statistics. Conversely, an unwillingness to cause harm at any cost may contribute to overdiagnosis or overtreatment, which can itself cause harm. What, then, of patient autonomy—is it even real in settings with limited access to consultations and asymmetric information?

Within fragmented health systems, and with limited access to physicians for many patients outside metropolitan centres in wealthy countries, distortionary marketing practices are particularly problematic. They also tend to divert resources away from policies that address the social determinants of health.

If we examine global uncertainty in healthcare through an ethical lens, does this provide a framework for physician practice? Common ethical principles used in Western medicine include:

- beneficence (doing good)
- non-maleficence (avoiding harm)
- justice (fairness)
- veracity (truth-telling)
- autonomy
- merit
- opportunity (e.g. location, socioeconomic status, connections)
- utilitarianism (consequentialism)

Other considerations include balancing benefits and risks. Ethical dilemmas arise when weighing potential drug benefits against harms and considering obligations to the broader public good versus individual patients. These decisions are rarely binary and often involve choosing options that minimise harm and maximise benefit, recognising that optimal choices differ between patients.

The profit-driven nature of the pharmaceutical industry creates a complex ethical environment, particularly in relation to access, pricing, and ongoing research. Technological advances such as gene therapies, cell therapies, and AI introduce further ethical questions around safety, accountability, bias, and cost—costs that are increasingly prohibitive.

Patient autonomy and trust remain ongoing challenges, particularly in diverse populations and resource-constrained settings. Whether AI tools can meaningfully assist in addressing these challenges remains uncertain.

From a medicines perspective, the pharmaceutical industry is a business that conducts research and development, markets products, and seeks public subsidy through mechanisms such as New Zealand's PHARMAC, Australia's Pharmaceutical Benefits Advisory Committee (PBAC), or Hong Kong equivalents. For physicians, this creates a natural tension between profit-driven decisions, access and supply issues, opportunity costs, and government reprioritisation of funding. Political influences are rarely far removed from these decisions, as demonstrated by recent cuts to United States programs supporting global medicines access.

These tensions are illustrated in several examples. Access to andexanet alfa in Australia was managed through coordinated agreement across states, following assessment that available data did not demonstrate overall population benefit. In Alzheimer's disease, lecanemab and donanemab are not "miracle drugs". While they represent the first disease-modifying therapies shown to reduce amyloid plaque, the clinical relevance of short-term outcomes remains unclear. Donanemab was associated with significantly higher rates of imaging abnormalities, infusion reactions, and treatment-related mortality compared with placebo. This stands in stark contrast to marketing narratives, particularly when strong evidence exists for low-cost interventions such as cardiovascular risk management, exercise, weight loss, and smoking cessation in reducing dementia risk.

GLP-1 receptor agonists and medicinal cannabis present further shared challenges in registration and reimbursement in both regions. Access pressures for these therapies have been driven largely by

consumer demand rather than comparative scientific evidence.

It is acknowledged that the pharmaceutical ecosystem involves diverse stakeholders—including clinicians, researchers, regulators, healthcare providers, and patient advocacy groups—creating complex interdependencies and potential conflicts of interest. Health Technology Assessment (HTA) tools used in Australia, New Zealand, and Hong Kong can help reduce bias and balance cost per quality-adjusted life year (QALY) across medicines, while still accounting for local population and equity considerations.

This then raises the question of whether AI can help us navigate this complexity—or whether it risks making it worse.

Data digitalisation is increasing rapidly. In drug development, datasets involve millions of compounds, complex intellectual property arrangements, and high costs. Deep learning models have demonstrated significantly improved predictive performance over traditional machine learning approaches across multiple absorption, distribution, metabolism, excretion, and toxicity datasets.

AI is now widely used to explore chemical spaces, accelerate virtual screening, and support drug design, repurposing, and selection. It is also used to predict drug–target interactions, metabolism, toxicity, and manufacturing quality, and to improve pharmaceutical production, dosage design, and clinical trial recruitment.

Despite these advances, AI introduces new ethical and practical challenges, including cost, accountability, bias, sustainability, and inequitable access. Its substantial environmental footprint, including water and energy use, raises additional concerns.

In conclusion, the emergence of AI in nanomedicine and drug discovery has the potential to improve the development of new and repurposed therapies. However, rising costs, sustainability concerns, and inequitable access remain unresolved. It is unclear how AI will meaningfully address global uncertainty or ensure broader access to healthcare and medicines.

There is evidence that AI-enabled manufacturing and personalised dosing can reduce uncertainty and better tailor patient care. In practice, AI can support goal-of-care discussions, rationalise and simplify treatment regimens, reduce polypharmacy, align investigations with patient priorities, and streamline fragmented care pathways. Importantly, choosing not to prescribe remains a valid and ethical option.

As AI becomes increasingly integrated into healthcare, physicians must remain aware of its limitations and benefits, and apply it within a robust ethical framework to navigate best care in systems that are fragmented, underfunded, and defined by constant ethical trade-offs.

Gerald Choa Memorial Lecture

Disseminating education through outside duties

Prof. David Shu-cheong HUI
Department of Medicine &Therapeutics, The Chinese University of Hong Kong

In this lecture, delivered in honor of Professor Gerald Choa, I reflected on my experiences responding to infectious disease outbreaks as part of various missions over the past two decades, and how these external duties have enriched my work as an academic clinician. The talk also paid tribute to Professor Choa's immense contributions to medicine in Hong Kong. His career—as a lecturer at HKU, a senior specialist at Queen Mary Hospital, Hong Kong's Director of Medical and Health Services, and later the founding Dean of the CUHK Faculty of Medicine—continues to inspire clinicians like myself who balance education, clinical work, and public service.

As an academic clinician, my routine responsibilities include clinical service, teaching undergraduates and postgraduates, conducting research, and contributing to departmental and university service. But a vital component that has shaped my professional life has been my participation in **external duties**, especially those involving the World Health Organization (WHO) and health authorities in Hong Kong. These external duties give me opportunities to work directly with global experts, respond to urgent public health crises, and help develop guidelines that shape care around the world.

Over the years, I have worked with WHO on missions involving avian influenza H5N1, pandemic H1N1(2009), and Middle East Respiratory Syndrome (MERS) and contributed to writing of the WHO treatment guidelines. Locally, I have served on CHP scientific committees, and advised the Hong Kong government during the COVID-19 pandemic. These opportunities exist because of the solid collaborative relationships Hong Kong developed with organizations like WHO, the US CDC, China CDC, Singapore, and Canada during the 2003 SARS outbreak.[1] That crisis laid the foundation for the extensive international cooperation that would follow.

One of the earliest and most memorable missions I joined was the **WHO H5N1 mission to Vietnam in February 2004**. In January of that year, Vietnam's Ministry of Health asked WHO for help managing severe human cases of avian influenza. Because Hong Kong had handled H5N1 cases in 1997–98, WHO contacted experts from HKU and CUHK, for assistance regarding

clinical management. Our team, consisting of Dr CM Chu, Dr YK Ng, Prof KY Yuen and I, visited several major hospitals in Hanoi and Ho Chi Minh City, observing the clinical management of critically ill patients and assessing infection control practices and antiviral use. During this mission, we encountered a number of heart-breaking cases, including a 30-year-old female who developed high fever, shortness of breath, vomiting, and diarrhoea. Despite receiving oseltamivir and high-dose steroids, she progressed to acute respiratory distress syndrome (ARDS) and renal failure and eventually died. Her family members (brother and sister) also became ill due to a common exposure to sick poultry, highlighting the zoonotic nature of H5N1. These encounters sharpened our understanding of how devastating avian influenza could be when it crossed into humans.

Based on what we had observed, our team produced recommendations for WHO. We emphasized avoiding aspirin in children due to the risk of Reye's syndrome; using lung-protective ventilation strategies in ARDS; limiting high-flow oxygen masks to reduce nosocomial transmission risks; and exercising caution with corticosteroids, given their uncertain benefits. We also noted that the circulating H5N1 strain in Vietnam was resistant to amantadine and rimantadine, making oseltamivir the only recommended antiviral therapy. These early recommendations helped shape international guidance during the initial global response to H5N1.[2]

My work with WHO continued through other outbreaks. I joined the urgent mission to Bangkok in 2009 in response to reports of unusually high mortality from pandemic H1N1 2009 influenza. That mission required only 2.5 days' notice, illustrating the unpredictable nature of outbreak work. I was a member of the WHO writing committee responsible for the pandemic 2009 influenza 2009 treatment guideline.[3]

Much of my later international work focused on **understanding coronaviruses**, particularly SARS, MERS, and eventually SARS-CoV-2. One key lesson from earlier coronavirus outbreaks was the pattern of viral shedding. SARS-CoV and MERS-CoV typically reach peak viral loads around day 10 and day 7 respectively in the illness, which increases the likelihood of hospital-based transmission. In contrast, SARS-CoV-2, much like influenza, exhibits high viral loads at or near symptom onset, allowing it to spread rapidly in the community before people realize they are ill. This difference in viral kinetics helps explain why COVID-19 spread globally at such an unprecedented pace.[4]

My experiences with MERS, especially the large outbreaks in Saudi Arabia and South Korea, underscored how hospital practices, cultural behaviors, and system vulnerabilities amplify transmission. In the **Al-Hasa outbreak in Saudi Arabia**, we saw how a cluster of hemodialysis patients became infected due to shared healthcare environments and aerosol-generating procedures such as CPAP and nebulization. The outbreak demonstrated how easily MERS could spread in hospitals with insufficient infection control.[5,6]

The **2015 South Korea MERS outbreak** was even more striking. The index patient, known as case #1, had visited Bahrain, Qatar, Saudi Arabia, and the UAE before returning to Korea. He infected 36 people at several hospitals through "doctor shopping" including patient #14. During a 58-hour stay in an overcrowded emergency department at the Samsung Medical Center, patient #14

infected more than 80 people—including patients, healthcare workers, and visitors—because of poor infection control and overcrowding in the hospital environment. Cultural practices such as "doctor shopping," where patients visit multiple hospitals, allowed the virus to move across cities and health facilities.[5-8] Ultimately, the outbreak involved 186 cases, 38 deaths, 18 affected hospitals, nearly 17,000 quarantined contacts, and an economic loss of nearly 8 billion USD. This event remains one of the clearest examples of how health-system vulnerabilities can magnify the impact of a respiratory pathogen. I was later invited to join a WHO mission to Jordan during a MERS outbreak in 2015 but was unable to accept because I had only just returned from Riyadh and faced logistical challenges in rearranging other obligations on short notice.

My work during the **COVID-19 pandemic** further reinforced how vital early action, clear public health strategies, and effective hospital preparedness are. Hong Kong's fifth wave, dominated first by Omicron BA.2 and later BA.5, resulted in large numbers of infections and deaths, particularly among the elderly due to vaccine hesitancy. The two-phase progression—from exponential rise to slower burn—reflected how viral evolution, population immunity, and public health measures interacted over time. Hybrid immunity was achieved during the 5th wave following the widespread infection and increased vaccine uptake.[9] During the early outbreak of COVID-19 in Feb 2020, I was invited by Prof Nan Shan Zhong to go to Guangzhou to help analyse and prepare a manuscript aiming for NEJM on the clinical characteristics of COVID-19, with a citation frequency well exceeding 15300.[10]

External duties, whether with WHO or local agencies, have broadened my horizons and given me the opportunity to contribute to scientific literature, international guidelines, and frontline outbreak responses. Each mission has been both challenging and deeply rewarding, offering valuable lessons in teamwork, inter-agency collaboration, and adaptability. Above all, these experiences taught me that managing emerging infectious diseases requires not only scientific knowledge but also good working relationships with colleagues, institutions, and global health partners.

In closing, I emphasized that every external duty trip has not only strengthened my expertise but also reinforced the importance of working together—across disciplines, borders, and institutions—to prepare for and respond to global health threats. The spirit of collaboration and education embodied by Professor Gerald Choa continues to guide my work today.

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Sir David Todd Lecture

Oncoprevention of digestive organ cancers

Dr. Michael Ka-shing CHEUNG
Department of Medicine, The University of Hong Kong

Digestive organ cancers, encompassing gastrointestinal and hepato-pancreato-biliary cancers, significantly contribute to global cancer incidence and mortality, imposing a considerable healthcare and socioeconomic burden. Preventing these diseases by targeting modifiable risk factors is critical.

This lecture covers key risk factors for digestive organ cancers, including diabetes mellitus (DM), *Helicobacter pylori (H. pylori)*, hepatic steatosis and hepatic fibrosis/cirrhosis, as well as risk stratification models and preventive strategies, such as glycemic control and chemopreventive agents.

In gastric cancer, research based on a territory-wide cohort of *H. pylori-eradicated* patients indicates that long-term use of proton pump inhibitors (PPIs) and DM are linked to an increased risk of gastric cancer. Potential chemopreventive medications include aspirin, non-steroidal anti-inflammatory drugs (NSAIDs), statins, and metformin. Machine learning models were developed to predict gastric cancer risk post-*H. pylori* eradication. The prevalence of refractory *H. pylori* infections in southern China was investigated, and novel genetic mutations associated with antibiotic resistance were identified using whole genome sequencing. Notably, our randomized clinical trial (RCT) showed that a 14-day vonoprazan regimen is noninferior to the first-line bismuth quadruple therapy for *H. pylori* eradication in southern China, suggesting a shift in clinical practice due to fewer side effects and reduced antibiotic use. Our another multicenter RCT in China is ongoing to determine whether a shorter course (7-day or 10-day) of vonoprazan-amoxicillin dual therapy is sufficient in accordance with antibiotic stewardship.

In colorectal cancer (CRC), our center is among the few in Asia reporting the epidemiology, risk factors, and prognosis of interval-type postcolonoscopy colorectal cancer (PCCRC). Optimal glycemic control and specific chemopreventive agents, such as statins, NSAIDS, and SGLT2 inhibitors, can reduce CRC risk. Additionally, the benefit-risk profile of aspirin for preventing digestive organ cancer-related mortality versus bleeding-related mortality was clarified. Intriguingly, different classes of antibiotics had divergent effects of colorectal cancer risk.

For liver cancer, glycemic control remains a crucial modifiable risk factor that can lower the risk of cirrhosis and hepatic decompensation. Our RCT indicated that an SGLT2 inhibitor, effectively treated hepatic steatosis even in patients without DM, the effect of which might be predicted by gut microbial markers. In advanced liver cancer cases, antibiotic use correlated with poorer outcomes, and machine learning models were developed to predict one-year mortality.

In pancreatic cancer, scoring models were created to assess early cancer development risk in Asian patients with new-onset DM. Optimal glycemic control and certain medications like aspirin and SGLT2 inhibitors potentially lowered cancer risk. The latter observation may be partly explained by SGLT2 inhibitors' effect on treating fatty pancreas, a key driver of various pancreatic diseases.

Richard Yu Lecture

Towards ‘anti-brain aging’ pharmacology for the treatment of neurological diseases

Dr. Owen Ho KO
Department of Medicine & Therapeutics, Prince of Wales Hospital, Hong Kong

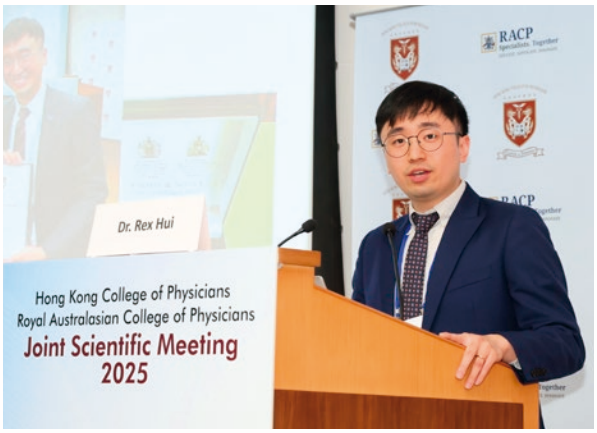
There is a pressing clinical need to identify therapeutic strategies that can mitigate the progression of agerelated degenerative disorders. To address this, our integrated research program, which unites laboratory and clinical teams, was initiated to investigate the potential of glucagon-like peptide-1 receptor agonists (GLP-1RAs) as a viable age-counteracting intervention. Our preclinical division conducted a comprehensive study using an aging male mouse model, combining functional assessments with deep molecular phenotyping. This foundational work demonstrated that systemic administration of a GLP-1RA attenuates a wide spectrum of age-related changes. In a key experiment, male mice receiving a low-dose GLP-1RA for 30 weeks starting at 11 months of age exhibited significant improvements in physical performance.

These functional gains were substantiated by multi-omic analyses, which revealed a robust reversal of ageassociated molecular signatures across the transcriptomes and DNA methylomes of diverse tissues and circulating leukocytes, as well as in the plasma metabolome. Crucially, these therapeutic effects were specific to aged animals, with no corresponding effects observed in young adult mice. Furthermore, the benefits were achieved at a dosage that did not significantly impact food intake or body weight, suggesting a mechanism independent of body weight impact. Further investigation in older mice (18 months of age) revealed even more pronounced molecular impacts, with the effects being largely dependent on hypothalamic GLP-1 receptor activation. This points to a central brain-body axis for modulating the aging process, a key mechanistic insight guiding our therapeutic development. To validate these findings, we benchmarked the molecular effects of GLP-1RA against mTOR inhibition, a well-established anti-aging strategy, and found a remarkable convergence between the two interventions. These compelling preclinical data provided a strong rationale to bridge the bench-to-bedside gap. Based on this evidence, our clinical team has initiated trials to evaluate GLP-1RA therapy for age-related cerebrovascular disorders. This collaborative, translational approach exemplifies a paradigm we adopt for moving from fundamental mechanistic discovery to human clinical investigation, potentially unlocking new therapeutic avenues to promote healthy brain aging and combat age-related diseases.

Best Thesis Award – Gold Award Winner

Large-scale profile study on Hepatitis B surface antigen levels in chronic Hepatitis B: Implications for drug development targeting functional cure

Dr. Rex Wan-hin Hui
Department of Medicine
Queen Mary Hospital, Hong Kong



Background: Quantitative hepatitis B surface antigen (qHBsAg) is an important biomarker in chronic hepatitis B (CHB). We established qHBsAg profiles in a large CHB cohort to guide novel drug development in CHB.

Methodology: Serum qHBsAg testing was performed by the Elecsys HBsAg-II assay (limit of detection 0.05 IU/ml). Baseline qHBsAg profiles, longitudinal qHBsAg trajectories, and predictors of HBsAg seroclearance were determined.

Results: This study included 4287 patients (62.5% male; mean age 48.0; 45.2% on nucleos[t]ide analogue [NUC]) with median baseline qHBsAg level of 630.8 (117.1-1875.5) IU/ml. 3437 (80.2%), 2516 (58.7%), and 997 (23.3%) patients had baseline qHBsAg <3000 IU/ml, <1000 IU/ml, and <100 IU/ml respectively. The corresponding patient percentages were 69.2%, 46.9%, and 22.9% in treatment naïve patients and 93.4%, 73.0%, and 23.6% in NUC treated patients respectively. Age (OR 1.019- 1.049), male sex (OR 1.299- 1.331), HBeAg positivity (OR 0.282-0.287) and HBV DNA (OR 0.792-0.827) were independent determinants of qHBsAg <100 or 1000 IU/ml respectively (all p<0.05). Among patients with serial qHBsAg measurements, the median qHBsAg reduction was 0.14 (0.06-0.36) log IU/ml/year. After median follow-up for 6.3 (5.7- 14.3) years, 526 patients (12.3%) achieved HBsAg seroclearance. Baseline ALT/qHBsAg ratio independently predicted HBsAg seroclearance (HR 4.904, p<0.001) with superior AUROC over the qHBsAg <100 IU/mL cutoff (0.733 vs 0.693 respectively, p=0.03).

Conclusion: In an endemic population, >40% of CHB patients have qHBsAg >1000 IU/ml. These patients have a low chance of spontaneous HBsAg seroclearance, but also have suboptimal responses to novel HBV antivirals. Our data has important implications for novel antiviral development.

Best Thesis Award – Silver Award Winner

Comparative effectiveness of combination therapy with Nirmatrelvir-Ritonavir and Molnupiravir versus Monotherapy with Molnupiravir or Nirmatrelvir- Ritonavir in hospitalised Covid-19 patients

Dr. Ming-hong Choi
Department of Medicine
Queen Mary Hospital, Hong Kong

Introduction: The therapeutic efficacy of molnupiravir and nirmatrelvir-ritonavir in reducing hospitalization and mortality rates among unvaccinated, high-risk COVID-19 patients is proven primarily in outpatient settings. Evidence from preclinical studies and case reports supports the successful use of a combined molnupiravir and nirmatrelvir regimen to decrease viral shedding, thereby enhancing survival prospects. However, the definitive impact of these therapeutic strategies on hospitalised COVID-19 adults is yet to be conclusively determined.

Objective: To evaluate the safety and efficacy of combined molnupiravir and nirmatrelvir-ritonavir therapy versus monotherapy in hospitalised COVID-19 adults in Hong Kong.

Methods: This target trial emulation study evaluated the safety and efficacy of combined molnupiravir and nirmatrelvir-ritonavir versus monotherapy in hospitalised COVID-19 adults in Hong Kong. Data were extracted from the electronic health records of patients aged 18 and older who were treated within 5 days of hospital admission between March 16, 2022, and March 31, 2024. Inverse probability of treatment weighting (IPTW) was used to balance baseline characteristics. Outcomes, including all-cause mortality, Intensive Care Unit (ICU) admission, and ventilatory support, were assessed using Cox proportional hazards models.

Results: Among 28,355 patients (combination: 1,081; molnupiravir: 8,416; nirmatrelvir-ritonavir: 18,858), IPTW-adjusted analyses showed that nirmatrelvir-ritonavir monotherapy was associated with a significantly lower risk of mortality (HR: 0.62; 95% CI 0.50-0.77; ARR: - 3.16%) compared to combination therapy. Risks of ICU admission and ventilatory support were similar across all groups. Patients receiving nirmatrelvirritonavir monotherapy also showed lower risks of acute liver injury (HR: 0.53 [95% CI 0.32-0.88]), acute kidney injury (HR: 0.61 [95% CI 0.51-0.74]), and hyperglycaemia (HR: 0.73 [95% CI 0.57- 0.93]).

Conclusion: Nirmatrelvir-ritonavir monotherapy demonstrates superior efficacy and safety over combination therapy with molnupiravir or molnupiravir monotherapy in hospitalised COVID-19 adults, showing reduced mortality and fewer adverse events. Combination therapy does not significantly improve outcomes, including mortality, ICU admissions, or ventilatory support. Thus, nirmatrelvir-ritonavir monotherapy is recommended as the preferred treatment for inpatients with COVID-19.

Best Thesis Award – Bronze Award Winner

Epidemiology, risk factors, and clinical outcomes of urinary tract infections in kidney transplant recipients: A 15-year single-centre experience

Dr. Victor Li
Department of Medicine
Queen Mary Hospital, Hong Kong

Background: Urinary tract infections (UTIs) are the most common infectious complication after kidney transplantation, and post-kidney transplantation UTIs have been associated with adverse outcomes. At the same time, a rising incidence and proportion of UTIs caused by multi-drug resistant organisms (MDROs) are observed. However, the exact burden, risk factors and impact of UTIs caused by MDROs is unclear, with a paucity of local data.

Objectives: The study takes on several objectives: (i) to describe the epidemiology of post-kidney transplant UTI and UTI caused by MDROs, (ii) to explore risk factors associated with the development of post-transplant UTIs caused non-MDROs and MDROs, (iii) to examine the association between commonly implicated uropathogens and UTI-related outcomes, (iv) examine the association between early UTI events post-transplant and transplant-related outcomes, (v) exploratory analysis on issues of relevance to UTI in kidney transplant recipients including the use of sodium glucose transporter protein 2 inhibitors (SGLT2i) and effects of treatment of asymptomatic bacteriuria (ASB) episodes.

Methods: A retrospective cohort study that recruited all adult patients (age 18 or above) who received a cadaveric or living kidney transplant operation at Queen Mary Hospital (QMH) between 1st January 2009 and 31st December 2021 was conducted. Data including clinical characteristics, demographics, transplant-related and infection-related data were collected.

Results: Out of the 252 patients included, 140 patients (55.6%) developed at least 1 episode of UTI over the study period, in which 93 patients (36.9%) had developed at least 1 episode of UTI caused by an MDRO. Recurrent UTI was observed in 91 out of 252 patients (36.1%). The rates (per 100-patient-years) of UTI and UTI caused by MDROs (MDRO-UTI) were 31.2 and 12.9 respectively. Risk factors of developing UTI posttransplant included female gender, diabetes mellitus (DM), presence of functional or structural urological abnormalities, and pre-transplantation isolation of MDROs. DM was also a risk factor for recurrent UTI events. The risk factors of MDRO-UTI included DM, delayed graft function, and use of cotrimoxazole. MDROUTIs were associated with increased risks of hospitalization and graft pyelonephritis. In outcome analysis, patients with recurrent UTIs and recurrent MDRO-UTIs within 3 months of transplantation had higher risks of developing adverse outcomes defined by a composite of acute rejection, all-cause death, and deathcensored graft loss. In exploratory analyses, the use of SGLT2i was not associated with increased incidence of UTIs, whereas treatment of asymptomatic bacteriuria episodes was not associated with less subsequent UTI events or hospitalization for UTIs.

Conclusion: Post-kidney transplant UTI is common, and a significant proportion of kidney transplant recipients developed UTI caused by MDROs. Risk factors of UTIs and MDRO-UTIs were identified and discussed. Individual UTI events caused by MDROs were also associated with increased hospitalization and graft pyelonephritis. Early recurrent UTIs and MDRO-UTIs were associated with inferior outcomes.

Distinguished Research Paper Award for Young Investigators 2025

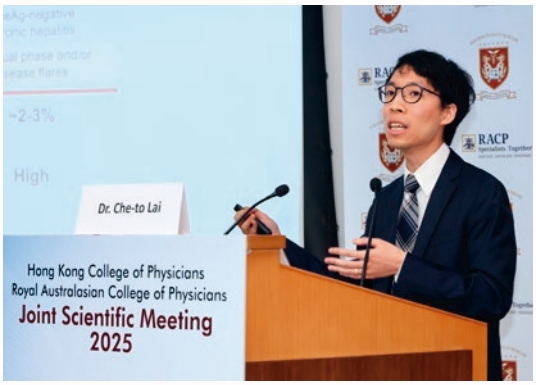
Dr Florence King Pui CHAN
Department of Medicine,
Queen Mary Hospital

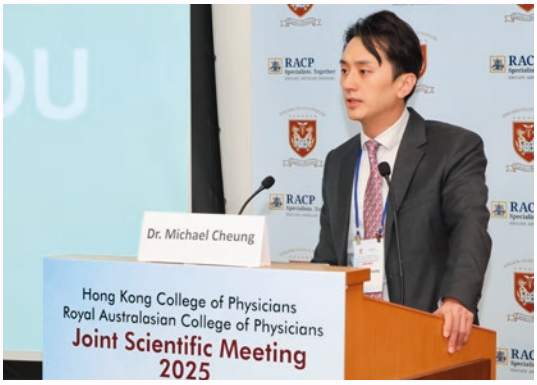
Changes in the incidence, viral coinfection pattern, and outcomes of pneumococcal hospitalizations during and after the COVID-19 pandemic

Dr Che To LAI

Department of Medicine & Therapeutics,
Prince of Wales Hospital

Histological severity, clinical outcomes and impact of antiviral treatment in indeterminate phase of chronic hepatitis B: A systematic review and meta-analysis





Dr Ka Shing CHEUNG

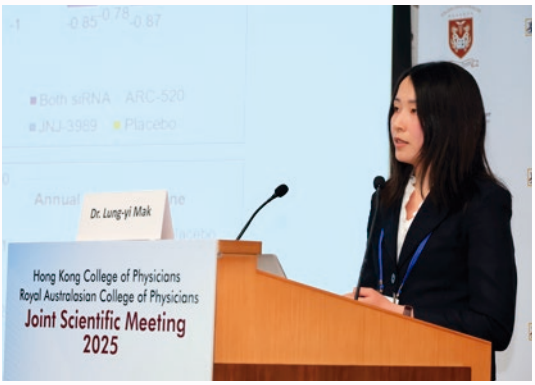
Department of Medicine,
Queen Mary Hospital

Effects of empagliflozin on liver fat in patients with metabolic dysfunction–associated steatotic liver disease without diabetes mellitus: A randomized, double-blind, placebo-controlled trial

Dr Lung Yi MAK

Department of Medicine,
Queen Mary Hospital

Long-term hepatitis B surface antigen response after finite treatment of ARC-520 or JNJ-3989



Dr Rex Wan Hin HUI

Department of Medicine,
Queen Mary Hospital

Multimodal multiphasic preoperative image-based deep learning predicts HCC outcomes after curative surgery

Young Investigator Research Grant 2025

The following doctors received a research grant from the HKCP to complete their respective projects as named. Selection was decided by a scientific panel headed by Prof David Hui.

The grant was established in 2012 to encourage young Fellows aged 40 or below to conduct research in Hong Kong. Up to eight grants of up to HK$80000 each are awarded annually.

Dr Chin Wang AU

Department of Medicine & Geriatrics, Princess Margaret Hospital

Clinical application of rotational thromboelastometry (rotem) as coagulation assessment in cirrhotic patients before invasive procedures - randomised controlled trial

Dr Ting Ting CHAN

Department of Medicine & Therapeutics, Prince of Wales Hospital

Fatty pancreas and subclinical pancreatic exocrine insufficiency – A 15-year prospective follow-up study using fecal elastasw-1 test

Dr Florence King Pui CHAN

Department of Medicine, Queen Mary Hospital

Plasma surfactant protein D levels in non-invasive ventilation clinical outcomes – a prospective study

Dr Ka Shing CHEUNG

Department of Medicine, Queen Mary Hospital

Potential effect of gut microbiota on the treatment outcomes of fecal microbiota transplantation on carbapenem-resistant Enterobacteriaceae in a double-blind, randomized, placebo-controlled trial

Dr Yuk Man CHEUNG

Department of Medicine, Queen Mary Hospital

Clonal haematopoiesis as biomarker to predict treatment-free remission in chronic myeloid leukaemis

Dr Agnes Hiu Yan HO

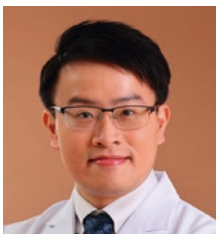
Department of Medicine & Therapeutics, Prince of Wales Hospital

Use of Artificial Intelligence in Building an Innovative Intestinal Ultrasound Learning Model/ AI-BUILD

Dr Sze Yuen LAM

Department of Medicine, Queen Mary Hospital

Impact of genomic mutations on treatment outcome of eltrobmopag-containing regimens in aplastic anaemia patients



** Louis Ho Shing LAU

Department of Medicine & Therapeutics, Prince of Wales Hospital

A prospective study to evaluate the diagnostic performance of a wireless optical sensor capsule in detection of upper gastrointestinal bleeding

** Dr Louis Ho Shing LAU was unable to attend the prize presentation, so he is not represented in the group photo.

Named Lectures and Awards in 2025

AJS McFadzean Oration

Drug discovery and development in a time of global uncertainty, distortionary marketing practices, and artificial intelligence

Prof Jennifer MARTIN
President,
Royal Australasian College of Physicians

Gerald Choa Memorial Lecture

Disseminating education through outside duties

Prof. David Shu-cheong HUI
Department of Medicine & Therapeutics
The Chinese University of Hong Kong

Sir David Todd Lecture

Oncoprevention of digestive organ cancers

Dr. Michael Ka-shing CHEUNG
Department of Medicine
The University of Hong Kong

Richard Yu Lecture

Towards 'anti-brain aging' pharmacology for the treatment of neurological diseases

Dr. Owen Ho KO
Department of Medicine & Therapeutics,
Prince of Wales Hospital, Hong Kong

Highest score for PACES

Dr Wai Ying KWONG

Highest score for AIM Exit Assessment

Dr Yan Wing CHOI

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

Congratulations to College Senior Advisor Professor Richard Yu on being conferred the title of Honorary Fellow of the Hong Kong Academy of Medicine in December 2025!

As the internationally recognized “Father of Nephrology” in Hong Kong, Professor Yu’s steadfast support for the growth and development of the Hong Kong College of Physicians (HKCP) over the past four decades has been invaluable. His vision and leadership in championing broad-based training within our Physician Training Programs, integrating Internal Medicine and Geriatric Medicine, and establishing new subspecialties have set a high standard for excellence.

Professor Yu’s substantial contributions to healthcare services and medical education, along with his efforts to foster long-term collaborations between the Hong Kong College of Physicians and the Royal College of Physicians in the UK, as well as other professional bodies worldwide, have significantly enriched our medical community and enhanced the quality of care.

Council Member Professor Bryan Ping Yen YAN appointed CUHK Ip’s Family Trust Professorship in Cardiology

The College extends its warmest congratulations to **Professor YAN Ping Yen Bryan**, Faculty of Medicine, The Chinese University of Hong Kong, on his appointment as the Ip’s Family Trust Professorship in Cardiology in September 2025. Professor Yan, who attained his Fellowship of the Hong Kong College of Physicians in 2010, has made distinguished contributions to the advancement of Cardiology and medical education. His achievement stands as a testament to the clinical and academic excellence upheld by the Fellows of the College.

Statistics on Fellows and Trainees in all Specialties (as of 5 January 2026)

Specialty	No. of Fellows	No. of Trainees
Cardiology	359	43
Clinical Pharmacology & Therapeutics	10	0
Clinical Toxicology	5	0
Critical Care Medicine	131	15
Dermatology & Venereology	130	13
Endocrinology, Diabetes & Metabolism	157	21
Gastroenterology & Hepatology	263	28
Geriatric Medicine	243	26
Genetics and Genomic (Medicine)	25	1
Haem/Haem Oncology	101	9
Immunology & Allergy	8	3
Infectious Disease	62	4
Internal Medicine	1884	376
Medical Oncology	67	13
Nephrology	177	24
Neurology	177	22
Palliative Medicine	45	11
Rehabilitation	69	10
Respiratory Medicine	241	31
Rheumatology	113	21

Education & Training Activities in 2026

(1) **Advanced Medical Simulation Course (AMSC)**
Co-Organized by COC (Med) & Hong Kong College of Physicians
Date: 10, 11, 12, 14, 17, 18, 19, 21 March 2026

(2) **Core Medical Skill Course (CMSC)**
Co-Organized by COC (Med) & Hong Kong College of Physicians
Date: 8, 12, 15, 19, 22 August 2026

(3) **General Medicine Quarterly Update (GMQU)**
Organized by Training Subcommittee, Hong Kong College of Physicians

Date	Topic	Speaker
2 March 2026	Adrenal Insufficiency: the Art of Balance	Dr Ingrid Yin Fung MAK
6 May 2026	To be announced	To be announced
12 August 2026	To be announced	To be announced
2 December 2026	To be announced	To be announced

(4) **Basic Medical Education Course**
Organized by Training Subcommittee, Hong Kong College of Physicians
Date: 7 & 21 March 2026

(5) **HKCP Trainees Conference**
Organized by Training Subcommittee, Hong Kong College of Physicians
Date: 25 July 2026

Case Report that Received High Score at AIM Interim Assessment

Candidates participating in the AIM Interim Assessment are required to submit case reports. Examplary case reports from each examination diet have been uploaded to our College website: http://www.hkcp.org.

Case Report Title	Name of the Candidate	Department and Hospital
Dilution or Delusion? When Hydration Become Harmful	Dr Hooi James Kwong Yew	Department of Medicine, Queen Mary Hospital

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 June 2026	13 June 2026
Cardiology	27 June 2026	27 June 2026
Clinical Pharmacology & Therapeutics	Nil	Nil
Critical Care Medicine	30 May 2026	30 May 2026
Dermatology & Venereology	20 June 2026	20 June 2026
Endocrinology, Diabetes & Metabolism	22 May 2026	22 May 2026
Gastroenterology & Hepatology	23 May 2026	23 May 2026
Geriatric Medicine	23 May 2026	23 May 2026
Haematology & Haematological Oncology	16 May 2026	16 May 2026
Infectious Disease	6 June 2026	6 June 2026
Immunology & Allergy	26 May 2026	26 May 2026
Medical Oncology	20 June 2026	20 June 2026
Nephrology	28 May 2026	28 May 2026
Neurology	Pending	9 May 2026
Palliative Medicine	20 June 2026	20 June 2026
Rehabilitation	8 June 2026	8 June 2026
Respiratory Medicine	13 June 2026	13 June 2026
Rheumatology	23 June 2026	23 June 2026

Pass rate of PACES over the Past Years:

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%
October 2025	38/88 = 43%

Joint HKCPIE/MRCP(UK) Oct PACES 2025 Pass List

Chan Bianca Ying Ying
Chan Edward Kai Kit
Chan Pak Wing
Chan Tsoi Hei
Chen Juan
Cheng Shengjie Angela
Cheung Marcus Ting Hin
Choi Yan Nok
Choy Kai Yan Amber Beatrice
Chu Shing Him
Chung Hae Jon
Chung Kit Lam
Ho Wing Yan Ivy
Hon Wing Lam Nicole
Hung Ming Ngai Adrian
Lam Li Man Maggie
Lau Chun Chi
Lau Tsz Lok
Law Yee Nam Kristy
Lee Hoi Tung
Leung Sin Yan Shelomith
Lo Man Shan
Lui Ka Hung
Mak Long Hin
Ng Kai Yin Kenneth
Ngai Nicole Tze Yan
Or Wing Yan
Qian Yi Xuan Yvonne
Tam Wing Sze
Tsui Chin Ting
Wei Xinran
Wong Ho Tung
Wong Sheung Chi
Wong Wa Kin
Wu Tsun Kit
Yau Hong Kit Kenneth
Yeung Wing Tung
Yim Constance Scarlett

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%)
September 2025	142	104 (73%)

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%)
22 October 2025	56	39 (70%)

Report from Young Fellows and Trainees Committee

Drs Kelvin Lap Kiu TSOI and Jacqueline SO
Co-Chairmen, Young Fellows and Trainees Committee

The Young Fellows and Trainees Committee of the Hong Kong College of Physicians is pleased to announce the success of Wellness Month, which took place throughout November 2025. Recognizing the immense pressures in medical training and practice, this initiative aimed to emphasize that well-being is essential for achieving professional excellence and personal sustainability. Over four consecutive weeks, around 40 members participated in a curated series of events designed to cater diverse interests, promoting both mental relaxation and physical vitality. The program commenced with a restorative yoga session focused on mindfulness and flexibility, followed by a sophisticated coffee tasting workshop that blended sensory enjoyment with social connection. Next, an energetic high-intensity interval training (HIIT) session provided cardiovascular strength and stress relief. Finally, a family-friendly art jamming session allowed participants and their children to express themselves creatively while having fun. This initiative underscores our Committee's commitment to building a resilient medical community. Our activities aim to mitigate burnout and foster a more supportive culture within the College, ensuring that our physicians can excel in both their professional responsibilities and personal lives. We hope to continue organizing more events in the future. Here are some reflections shared by the participants.

Art jamming

Dr Grace KWOK (HPT) and Dr Esther CHOI (Young Fellow)
Prince of Wales Hospital

We recently participated in an art jamming session organized by HKCP, and it turned out to be an incredibly enriching experience. One of the most appealing aspects was the emphasis on thinking outside the box. We were encouraged to explore our creativity in a judgment-free environment, liberating us from the pressures of perfectionism. Our instructor was friendly and welcoming, guiding us through imaginative techniques to bring our ideas to life on canvas.

Navigating the demanding landscape of medicine can often feel like working on an assembly line, with its rigid routines and relentless pressures. The daily grind can strip away the joy of our calling, leaving little room for creativity and self-expression. However, this art jamming session served as a poignant reminder that there is often more than one solution to a problem. Life, on canvas and in medicine, isn't just about the black-and-white dichotomy of right

and wrong; it's the vibrant spectrum of colors—the nuances and subtleties—that fosters personalization and genuine care. Equally enriching was the opportunity to connect with doctors from other clusters. In that creative space, we shared not just laughs but also the stories behind our paintings. This exchange of ideas and experiences was a welcome departure from the usual discussions about handovers or consultations. Conversations flowed freely, revealing shared challenges and triumphs in our professional journeys. It was refreshing to bond over a common interest, allowing us to nurture relationships built on empathy and camaraderie rather than just clinical duties. Overall, the experience blended relaxation and creativity, helping us to relieve stress and recharge. Engaging in such lighthearted activities is essential for our well-being and can ultimately propel us further in our careers. It strengthened our sense of community within the HKCP family, reminding us that taking time for ourselves not only enhances our own well-being but also enriches our collaboration as healthcare professionals. A heartfelt thank you to the Young Fellows and Trainees Committee for organizing such a fun and engaging well-being activity!

Dr. Grace Kwok (left) and Dr. Esther Choi (right) alongside their art pieces

The art jamming event offers physicians an excellent opportunity to connect and bond with their children

Coffee tasting workshop

Dr Jessica WONG (Young Fellow)
Prince of Wales Hospital

The coffee tasting event organized by the HKCP was truly incredible, shout-out to the HKCP Young Fellows and Trainees Committee! Thanks for arranging this event for colleagues to get together and enjoy coffee on a relaxing Sunday afternoon. It was great to sit down, chit chat and taste every sip of coffee in a leisure mode, when coffee was not simply a tool to help us survive through every busy morning. The event was well organized, we tasted a wide range of coffee. Barista explained each coffee bean in detail, from house blend to single origin, from nutty to fruity, from light to full bodied

coffee bean. We were guided step by step to feel the tint of citrus, chocolate and spice from each cup. What goes well with coffee is definitely dessert pairing, which is also my favorite part. Different desserts were provided to go with different blends. I like the glistening lemon yuzu meringue tart in particular. It was so refreshing, with a creamy citrus filling in a crispy tart and a delightful balance between sweet and sour. It was a nice match with the coffee which was so rich and aromatic. It was an enjoyable, cozy and unforgettable afternoon with friends and colleagues. This event left me recharged and brimming with energy. I am looking forward to the upcoming events organized by the HKCP.

HIIT

Dr Gordon CHU (HPT)
Queen Mary Hospital

The HIIT session on 16th November, 2025 was a resounding success, featuring participants from six hospitals. The workout comprised of cardiovascular exercises, such as running and rowing, along with weighted compound movements. Despite many participants being new to HIIT, everyone navigated the exercises well under instructor's guidance. The instructor ensure that no one left without breaking a sweat, pushing everyone to give their best effort. The lactic acid build up led to a few grimaces in between sets, but everyone ended the workout with a big smile on their faces. Several participants were Licentiate exam buddies who seized this chance to reconnect in a fun, healthy way despite their busy schedules.

A delightful Sunday afternoon of coffee tasting paired with desserts and the joy of making new friends

The excitement of HIIT lies in pushing your limits and relieving stress through sweat

Yoga

Dr James HOOI (HPT)
Queen Mary Hospital

Our Wellness Month commenced with a serene and restorative beginner-friendly yoga session. The practice focused on foundational postures, conscious breathing, and guided meditation, offering participants a vital pause from their high-pressure clinical environments. Through gentle stretches, balanced holds, and mindful breathwork, the session provided a release of physical tension and mental clutter. For our young doctors, this was more than exercise; it was a practical toolkit for managing stress, enhancing mental clarity, and rebuilding the mettle that is essential in our practice. In the demanding setting of medicine, where prolonged stress is common, yoga offers a vital counterbalance—strengthening resilience, improving focus, and teaching young physicians to anchor themselves amidst turbulence. The session was a practical reminder that sustaining the ability to care for others is deeply connected to the conscious practice of self-care. We are grateful to the Hong Kong College of Physicians for its sponsorship and unwavering support of this well-being initiative. By championing such programmes, the College powerfully underscores that the health of our medical community is paramount to its enduring excellence. This commitment enables us to build a more supportive and sustainable culture for all physicians.

HONG KONG COLLEGE OF PHYSICIANS

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