



HONG KONG MEDICAL ASSOCIATION^{*1}

Alvin Yee Shing CHAN¹

With the continuous efforts of our colleagues, the Association's membership continued to grow steadily over the past year. The tie between colleagues and the Council continued to be strengthened through various activities—including but not limited to the countless Continuous Medical Education (CME) programmes, community projects, research projects and social and recreational activities. The citizens of Hong Kong was involved and benefited a lot through our public education events and press statements.

With the unflinching support from our members, we continued to speak for the profession and safeguard the health and welfare of the public. We worked closely with the Government, the Hospital Authority (HA) and the Department of Health (DH) on important issues relating to political reform, public-private partnership (PPP), legislation on medical devices, revamp of HA, medical manpower planning, the Health Protection Scheme (HPS) and communicable diseases. We also worked with The Medical Council of Hong Kong on relaxation of the Licentiate Examination for overseas medical graduates.

On political reform and 2017 universal suffrage, we had conversations with a number of key persons and opinion leaders. We learned from them their philosophies of democracy. We listened to the voice of the people—our members, whose views and visions of Hong Kong's 2017 universal suffrage were reflected in questionnaire survey. The report was released to our members and the press. In brief, members expressed a majority acceptance of nominating the next C.E. candidate through a nomination committee in accordance with the Basic Law, and it is a majority consensus that the threshold for nomination should be no higher than that in the 2012 C.E. election. From disparity of opinion we find agreement.

It has been a decade's effort for the Hong Kong Medical Association (HKMA) to build up public private partnership (PPP), which has very much been an offspring of our Association. The Cataract Surgeries Programme and vaccination programmes were milestones. Negotiations were made with the Hospital Authority of Hong Kong in their initiation to partner with private family doctors in the day-to-day care of stable, hypertensive patients. We shall continue to strive for sustainable and suitable PPP programs for the betterment of the people of Hong Kong.

Reverberation of the DR incident two years ago remains intense, and the Government has stepped forth to risk manage medical procedures and legislate medical devices. A number of steering committees and expert groups were formed. We were heavily involved in the committee discussions that followed. It has been common practice for doctors well-trained in endoscopy to perform colonoscopy in their own clinics as well as non-hospital endoscopy facilities. Patients enjoy a more affordable choice other than hospital endoscopy. The Government decided to regulate and set a standard for non-hospital colonoscopy facility. We set up a Task Force to explore what the standards could be. We came up with a consensus statement which was submitted to but then brushed aside by the Government. Adding fuel to the fire is the Government's intention to contract by tender for colonoscopy services. Tendering is intrinsically biased towards HMOs and insurance groups. The Government's stance will foreseeably slash public choices of their endoscopists.

On the educational front, the 15th Beijing/Hong Kong Medical Exchange on "Recent Advances in Cancer Medicine" was successfully held at Changsha, Hunan. Numerous CMEs, certificate courses and training courses were

^{*1} This article is based on a presentation made as the Report of Activities by each NMA at the 29th CMAAO General Assembly and 50th Council Meeting, Manila, the Philippines, on September 24-26, 2014.

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organized with practical topics like clinical issues and updates, chronic pain, increasingly common diseases associated with the ageing population, medico-legal issues and many others. To improve doctor's communication skills, we continued to organize series of risk management workshops. To help doctors become expert witness for inquiries, courts and tribunals, a two-day training course was held on a September weekend. After four years' hard work in drafting, exchanging comments and refinement among the Association, Medical Protection Society and lawyers from the two local panel law firms, the Clinical Risk Management Handbook was finally published. We also organized an exchange visit to Yunnan. It has a multi-cultural inhabitants with 26 ethnic groups living in harmony with one another, many retaining their own traditions and languages alongside Putonghua. We attended an enlightening lecture featuring ethnic minorities of China and Sino-ASEAN relations, and visited a major provincial hospital, a local community health centre and the Kunming Medical University.

On social and recreational events, just like previous years, we arranged countless activities for our members. Sports events included the many ball games and matches—football, basket-

ball, volleyball, badminton, tennis, table-tennis, squash, bowling, snooker and golf etc. We also had bench pressing and power-lifting, not to mention the usual dragon boat, trailwalker, hiking activities, annual swimming gala and family sports day. Our professional choir and orchestra continued their expertise in performing for various fund-raising activities, including our annual Charity Concert. The Hong Kong Medical Association Photographic Society spell bind the city with the beauty they captured. Our photographers are our pride of the year.

Internationally, we participated in the 49th CMAAO Council Meeting held in New Delhi, India in September 2013 and attended the 64th WMA General Assembly in Fortaleza, Brazil in October 2013.

Hong Kong is a multivariate society in all aspects. We might even be multi-polar, whether in medicine or in politics and spanning from the practicality of our daily life to metaphysical philosophy. Our culture is one of acceptance and inclusion, one of respecting difference and one with wisdom to nurture growth from common grounds: harmony. Under the concerted efforts of all, the HKMA will continue to serve our profession and the public in all areas related to our health care system.




REPORT~

**THE HONG KONG
MEDICAL ASSOCIATION**


For Year 2013-2014

Dr. Alvin Y.S. CHAN
Vice-President
The Hong Kong Medical Association

HKMA COUNCIL

- No. of Council members **↑** in July from 24 to 28 (including 6 office-bearers)
- Elected by a democratic process – one-doctor-one-vote



HKMA COMMITTEES

- No. of Standing Committees: 26

 1. Annual Ball Committee
 2. Beat Drugs Action Committee
 3. Choir Committee
 4. Advisory Committee on Communicable Diseases
 5. The HKMA Community Network - Central Coordination Committee
 6. Complaints and Mediation Committee
 7. Continuing Medical Education (CME) Committee
 8. Ethics Committee
 9. Finance Committee
 10. Health Education Committee
 11. Healthcare Policy Committee
 12. House Committee
 13. Information Technology Committee

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HKMA COMMITTEES (cont'd)

14. International Affairs Committee
15. Liaison Committee
16. Management Committee on Medical Protection Scheme
17. Manpower Committee
18. Membership Services Committee
19. National Affairs Committee
20. Newsletter Committee
21. Orchestra Committee
22. Committee on Organ Donation Register
23. Public Relations & Public Affairs Committee
24. Recreational and Cultural Committee
25. Sports Committee
26. Youth Committee

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HKMA COMMITTEES (cont'd)

- No. of Ad hoc Committee/Task Forces: 10

 1. Ad Hoc Committee on HKMA CME Programme on Advanced Cardiology
 2. Task Force on Advising Government on the Standard of Ambulatory GI Endoscopic Centre
 3. Organizing Committee for the 15th Beijing/Hong Kong Medical Exchange
 4. Task Force on "Exercise for Health" Project
 5. Task Force to Deal with LINK
 6. Task Force on Functional Constituency Transition to Universal Suffrage
 7. Ad Hoc Committee on GOPD PPP
 8. Task Force to Review the Operation of the Hospital Authority
 9. Task Force for the Production of HKMA Corporate Video
 10. Task Force on Vaccination PPI

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PUBLIC HEALTH ISSUES

- Public-Private Partnership (PPP)
- Vaccination Public-Private Interface
- Communicable Diseases
- Exercise Prescription
- Etc.

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MUSIC FOR PUBLIC EDUCATION

HKMA Theme Song
Give Your Heart
Lyrics/Music: Dr. Alvin Y.S. Chan

- HKMA theme song: "Give Your Heart" written by Dr. Alvin CHAN
- Campaign songs:
 - Exercise prescription
 - Take shots with no fear
 - Flu vaccine power
 - DASH diet
 - Serving chopsticks & spoons
 - Healthy 8,000 steps campaign
 - Dengue Fever

飲食新文化
Hygienic New Culture
曲、詞、唱：陳以諾醫生
Lyric & Music: Dr. Chan Yee Shing

運動處方
Lyric & Music: Dr. Chan Yee Shing

每日步行之 9900
每日步行之 9900

MEMBERSHIP

- >12,000 registered doctors in Hong Kong
- >9,000 HKMA members
- ½ in private, ½ in public
- Plus another >700 student members

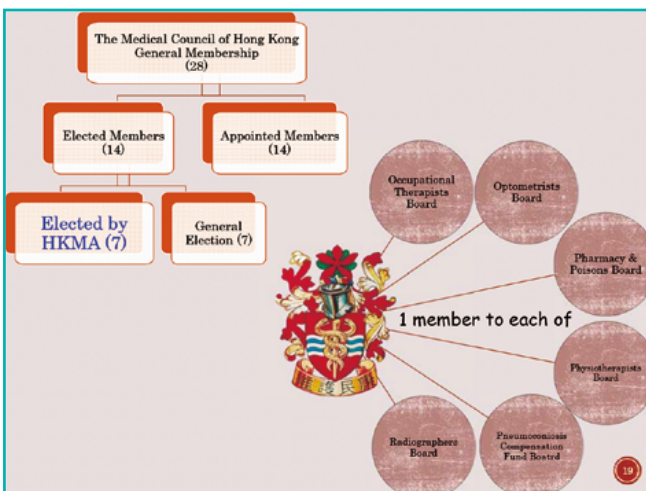
CHARITY

- Annual Charity Concert to raise funds for RainLily
- Donations for rehabilitation from Ya'an, Sichuan Earthquake

MEMBER WELFARE & ACTIVITIES

- HKMA Choir
- HKMA Orchestra
- HKMA No. 1 Band
- Annual Ball Committee
- Sports Committee
 - Joint Professional Tournaments
 - Ball games
 - Family Sports Day
 - Swimming Gala
 - Dragon boat, trailwalker, family hiking
 - 4th GHM Sports Meet
- Recreational & Cultural Committees
 - Photo competitions, singing competitions
 - Wine & Gourmet dinner
 - Music Fiesta Show
 - Trips to Mainland
 - Career talks

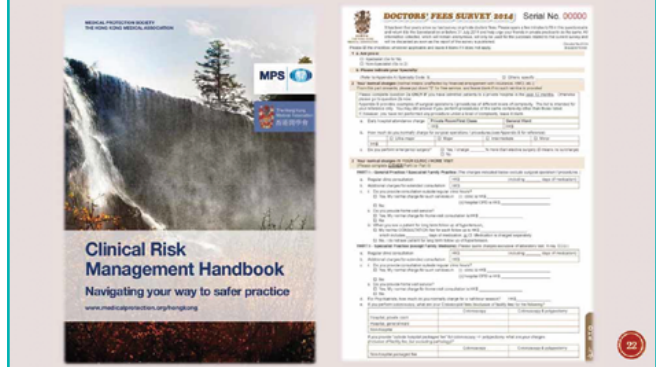
MID-AUTUMN FESTIVAL



Medico-legal Seminars



Clinical Risk Management Handbook & Doctors' Fees Survey



CONTINUING MEDICAL EDUCATION (CME)



GENERAL

- Council Meetings
- 49th Council Meeting in New Delhi, India in September 2013
- 64th WMA General Assembly in Fortaleza, Brazil in October 2013
- 12 monthly HKMA News
- 12 monthly CME Bulletins
- Bimonthly Hong Kong Medical Journal

BEIJING/HONG KONG MEDICAL EXCHANGE

- 12 – 13 October 2013 in Changsha, Hunan
- Theme: Recent Advances in Cancer Medicine





SOCIAL & POLITICAL ISSUES

- Political reform:
 - 2017 universal suffrage in election of Chief Executive
 - 2016 Legislative Council election
- Relaxation of Licentiate Examination for overseas graduates
- RESCUE “Reasonable and Early Screening for Caring and Universal Engagement” Drug Testing (“RDT”) Scheme Consultation Paper
 - Purpose: identify drug abusers early and refer them to counselling and treatment programmes in a timely manner.
 - Means: introduce legislation to authorize drug testing on a person when there are reasonable grounds, based on strong circumstantial conditions, to suspect that the person has taken dangerous drugs.

