

The Royal College of Surgeons of Edinburgh and The College of Ophthalmologists of Hong Kong

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For the past 30 years, the Royal College of Surgeons of Edinburgh has been co-operating with their colleagues in Hong Kong in the education, training and examination of general surgeons. Following the establishment of the College of Surgeons of Hong Kong in recent years joint examinations in General Surgery have taken place in Hong Kong between this local body and the RCS(Ed).



Figure 1. Dr. Cullen met with the Hong Kong delegates in Singapore in 1993. (From left) Dr. P Tong, Dr. PC Chow, Dr. SP Hui, Dr. J Cullen, Dr. T Liu, and Dr. D Lam.

With the expansion of ophthalmology services in Hong Kong and the establishment of the Hospital Authority in 1991 and the building of the new Hong Kong Eye Hospital it became clear to the local ophthalmologists that a formal association with the College of Surgeons of Edinburgh in respect to Ophthalmology should also be established, and that joint Fellowship Examinations in Ophthalmology in Hong Kong should also be considered.

Because many of the established consultant ophthalmologists in Hong Kong had already close associations with our College and the Eye Department in Edinburgh, where many of them had been trained or attached

as Fellows in the past, negotiations were commenced in 1993 mainly with the Hospital Authority and the Hong Kong Ophthalmological Society under its then chairperson Dr Hui Siu-Ping. In 1993 she led a delegation of five ophthalmologists to Singapore (Dr Timothy Liu, Dr Patrick Tong, Dr Dennis Lam, Dr P.C. Chow and herself). They observed the Joint Examination being held at that time in Singapore and had extensive discussions with us and Professor Arthur Lim.

The Faculty of Ophthalmology of the College of Surgeons of Hong Kong were then consulted and the College of Surgeons of Hong Kong agreed to holding a Joint FRCS(Ed)/FCS(HK) in Hong Kong in March 1994. This Examination was held in the Hong Kong Eye Hospital with the co-operation of Professor Mark O M Tso, Professor of Ophthalmology who had arrived in Hong Kong a few weeks previously to initiate the new University Department of Ophthalmology. Professor Arthur Lim joined me and our Medical Examiner, the late Mr Ivan Jacobson, Senior Neurosurgeon in Dundee, to conduct the Examination along with Dr Hui Siu-Ping who had been appointed an Edinburgh Examiner. Further Joint Examinations took place in 1995 and 1996. In March 1997 with the establishment of the College of Ophthalmologists of Hong Kong the Examination was held jointly with them. It should be noted that the pass rate in the Joint Examination in Hong Kong to date has been extremely high, averaged about 60%, which is higher than the pass rate in Edinburgh (around 35%). A Memorandum of Agreement between the RCS(Ed) and the College of Ophthalmologists of Hong Kong was signed.

It is obviously disconcerting to the ophthalmologists in Hong Kong that having established this excellent joint venture, it should be about to change because of the introduction of the new training system in the U.K. and Europe. The present full Fellowship Examination leading to the FRCS(Ed) will end in the year 2000 following which the full Fellowship in all specialties will only be obtainable after a period of approved

higher surgical training which for Ophthalmology will last for 4 1/2 years in the U.K. and probably 3 years in Hong Kong and Singapore.

With the introduction of the new medical and surgical training programmes in the United Kingdom in order to conform with European standards, and with the implementation of the Calman Report, a new format of examinations/assessments is required by all of the Royal Colleges. Henceforth surgical training will be divided into basic surgical training (BST) lasting for approximately two years leading to a higher surgical training (HST) programme in the new Specialist Registrar grade in the U.K. On completion of higher surgical training, accreditation as a specialist will be recognised by the General Medical Council following the award of a Certificate of Completion of Surgical Training (CCST). Recommendation for the award of CCST will be made to the new Specialist Training Authority (STA) by the Royal College which has accessed or examined the candidate at the end of higher surgical training.

Entry to BST in the U.K. will follow immediately on completion of the pre-registration year and trainees must register with their chosen College at this stage. In Hong Kong, because trainees are very unlikely to enter Ophthalmology immediately following their pre-registration year, they will benefit from the Edinburgh system where six months of a non-Ophthalmological posting will be allowed in the two years, and only 18 months' general Ophthalmology training will be required before completing BST. After a minimum of 18 months in BST the trainees will have to take the new Joint Associate Fellowship Examination. Success in this test is essential for entry into the Higher Surgical Training Programme. The Associate Fellowship Examination will comprise:

- (a) an MCQ in Basic Sciences and Principles of Surgery related to Ophthalmology to be taken any time during the first eighteen months, more or less the same as our present specialty Ophthalmology Section A;

Exemptions from this MCQ component will be granted to candidates who have passed the MCQ component of any of the Examinations of the Royal Colleges of Surgeons of Great Britain and Ireland including the Royal College of Ophthalmologists and it is not unlikely that exemption will be granted to those who pass the Basic Sciences Test of the International Council of Ophthalmology (ICO) which is now held world wide including Hong Kong.

- (b) after a minimum of 18 months of basic training, three oral examinations are proposed:
 - (i) Applied Basic Sciences including Optics and Refraction;
 - (ii) Basic Clinical Ophthalmology and Medical Ophthalmology; and
 - (iii) Ophthalmic Surgery and Surgical Pathology.
- (c) a clinical examination.

- (d) a MCQ component is under discussion.

The oral and clinical components of this Examination would obviously be pitched at a lower level than our present Sections B and C. A log book assessment will also be required.

The regulations and syllabus for the AFRCS(Ed) are available on application to the Examinations Officer, Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh, EH8 9DW, United Kingdom.

Higher Surgical Training (HST)

The Edinburgh College is to proceed with a formal Examination in Ophthalmology during HST as is the case with our other ten fellow Surgical Specialties and we will have the right to recommend Ophthalmology candidates for the award of CCST after completion of higher training at around four and a half years.

It is proposed that the Higher Fellowship Examination in Ophthalmology will be taken after about three years of HST which is also the case in most of the other surgical specialties, and that success in this test will be a pre-requisite for the eventual recommendation by our College for accreditation and the award of the CCST.

It is proposed that this Higher Examination will also be conducted jointly in Hong Kong with the College of Ophthalmologists of Hong Kong. The Higher Surgical Training Schemes overseas will have to be approved by this College and it has been agreed that the standard of training assessment in overseas countries will be at least as rigorous as in the U.K. After three years of Higher Surgical Training in Hong Kong and success in the joint Higher Fellowship Examination, candidates will be awarded the FRCS(Ed) (Ophthalmology) and the Fellowship of the College of Ophthalmologists of Hong Kong. In Hong Kong they will then be accredited as specialists by the Academy of Medicine of Hong Kong.

The proposed Higher Examination in Ophthalmology will comprise:

- (a) three oral examinations in -
 - (i) Advanced Ophthalmic Surgery and Surgical Pathology;
 - (ii) Ophthalmology in relation to General Medicine and Neurology; and
 - (iii) one or two chosen sub-specialties such as Retina, Anterior Segment, Ocular-plastics, Neuro-ophthalmology, Paediatric Ophthalmology, etc.
- (b) a clinical examination covering all aspects of surgical and medical Ophthalmology;
- (c) log book assessment

In the U.K. normally only those who already hold the AFRCS(Ed) or an equivalent qualification from one of the other Royal Colleges, i.e., MRCOphth, AFRCSIre, can proceed to the Higher Examination leading to the full FRCS(Ed) (Ophthalmology). This examination will be substantially upgraded version of our present Sections B and C. It is expected that a very high pass rate will be achieved as is the case in the present Intercollegiate Board Examination which is between 60 and 100%.

It is obviously important that all trainers and especially new trainees understand this new training and examination system. Those already in training but not having completed the present FRCS(Ed)/FCOph(Hong Kong) will as already

mentioned be able to do so up to the year 2000. Those who already hold the full FRCS(Ed)/FCOph(Hong Kong) will be eligible to enter the new Higher Surgical Training programme in Hong Kong, but it is envisaged that those who do not enter the HST before March 1997 may have to pass the new Joint Higher Fellowship Examination before they can be accredited. All those concerned with training both at home and overseas are of the opinion that this new training programme is more logical, and it would better prepare ophthalmologists for ever increasing demands in our profession in the new century and the Edinburgh College looks forward to continuing co-operation with our colleagues in Hong Kong in this important venture.

HKJO Quiz



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Wynn Lam

Question

A 7-month-old baby boy was noticed to have proptosis of both eyes and an abnormal gaze. In addition, he also has some subtle pigmented skin lesions. Selected axial and coronal SE T1 post-gadolinium images of the MRI are shown here below.

The differential diagnoses would include the followings. Which is the correct diagnosis?

1. optic nerve glioma
2. meningioma

3. extension of primary ocular tumors
4. infiltrative disease such as lymphoma

(Answer and discussion on page 95)

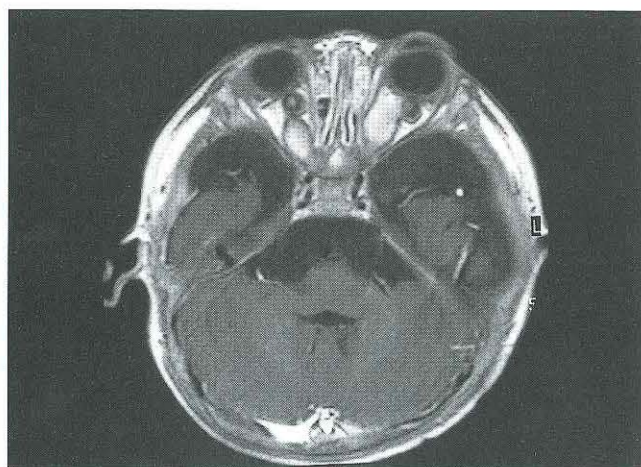


Figure 1 shows bilateral enlarged optic nerves with contrast enhancement in the retrobulbar region.

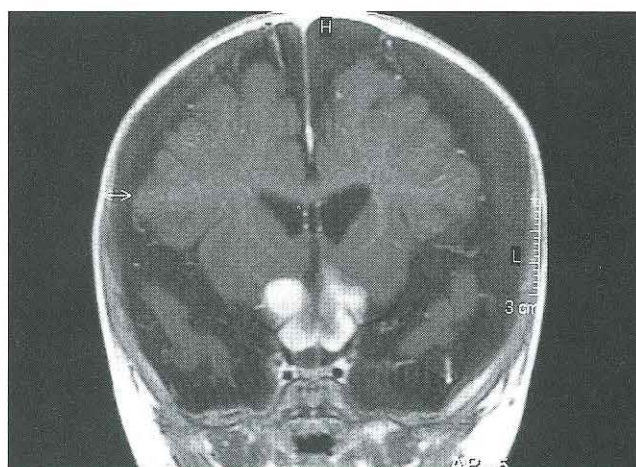


Figure 2 shows the lesion extending to and involving both the hypothalamus and the optic chiasma.