







4月天暖意漸起，一行人由水郵局出發，緩步走到石湖墟公園；途經掛著兩個大燈籠的廖明德堂，向前走到莆上村的東慶堂，橘黃色陽光照射在磚紅色的外牆上，眾人稍息再慢行至北區地區康健站。

「那天氣氛特別好呢，一行人說笑笑多高興！」北區醫院健康資源中心助理社會工作主任**李嘉欣 (Yuki)**回憶當天活動的情景，「過去三年病友因擔心染疫甚少出門，他們都說憋在家裡不走動，身體痛症也多了，現在終於可以與同路人聚會。」隨著疫情緩和，北區健康資源中心與新界東乳科中心合作，為病人互助組織舉辦三年來首場戶外活動，安排乳癌康復者遊覽上水。Yuki表示，雖然疫情期間不時舉辦網上講座和工作坊，但形式比較單向，始終不及面對面的互動有溫度。

一個半小時的路程以平路為主，沿路多樹蔭和休息點，中間穿插故事分享和互動環節。北區醫院內科註冊護士**黃棕澤 (Anson)**負責設計導賞路線，他說除了參觀古蹟，帶團友認識社區，更重要是傳遞正能量。「我希望透過導賞滲入正向訊息，疏導病友和照顧者的情緒。例如走至石湖墟，我會提及1950年代一場大火把市集燒到滿目瘡痍，上水居民如何團結重建，當中的故事鼓舞人心；行程尾聲也會到地區康健站推廣基層醫療，讓團友更了解社區的支援服務。」

Anson表示，參加者的互動也豐富了導賞團的養分。「參加者不時分享個人經驗，親身經歷的口述歷史非常精彩，所以我正構思培訓他們自設導賞團，把年長一輩的經驗和人生智慧傳承下去，病友亦能從中獲得滿足感。」

陽光、微風、鳥語和花香，踏出家門才能感受不一樣的環境。「導賞團是一個好開始，鼓勵大家散散步，重拾疫情前的運動習慣，有益身心。」Yuki預告院方下一步將與糖尿病科、呼吸科的病人組織合作，邀請身體狀況穩定的病人「動起來」。導賞團亦會根據不同參加者的需要彈性調整路線，例如有些呼吸科病人需要攜帶手提式氧氣機，不可走太遠，行程會加入更多可稍作休息的景點，路線也會相應縮短。



隔著口罩都看得出參加者的喜悅！  
Even though everyone was wearing masks, one could tell how delighted the participants were!

On a warm April day, a group set off from the Sheung Shui Post Office and walked slowly to Shek Wu Hui Playground. The path led from the Liu Ming Tak Tong with two large lanterns to the Tung Hing Tong in Po Sheung Tsuen, where the orange sun shined on its brick-red walls. The group took a break and then walked slowly to the North District Health Centre (DHC) Express.

“The atmosphere was amazing, and the group was so happy, laughing and joking,” recalls **Yuki Lee**, Assistant Social Work Officer of North District Hospital (NDH) Health Resource Centre. “For three years, the patients had rarely gone out because they were worried about the epidemic. They all stayed at home and suffered from more physical pains. Now they can finally meet up with fellow patients.”

With the epidemic subsiding, the NDH Health Resource Centre, in cooperation with the New Territories East Cluster Breast Care Centre, organised the first outdoor activity for patient support group in three years, arranging a tour of Sheung Shui for breast cancer survivors. Yuki explains that although webinars and workshops were held from time to time during the epidemic, the one-sided format was not as warm as face-to-face interaction.

The 90-minute tour was mainly on flat ground with plenty of shade and resting points along the route, consisting of story sharing sessions and activities as well. **Anson Wong**, Registered Nurse (Medicine) of NDH designed the route and says it aimed to share positive energy with the participants as well as showing them local landmarks and teaching them more about the community.

“I hope that through the guided tours, I can bring a positive message to ease the emotions of patients and their carers,” Anson explains. “When we walked Shek Wu Hui, for instance, I described how the residents of Sheung Shui rebuilt the market after a fire in the 1950s left it in ruins. The stories were inspiring, and the tour ended with a visit to the North DHC Express to promote primary care and give the participants a better understanding of community support services.”



It was the personal exchanges between the participants during the journey that made the tour particularly special. “The oral histories of the participants who shared their



(左起) Yuki 和 Anson 希望舉辦更多導賞團為病友和照顧者打打氣。  
(From left) Yuki and Anson hope to organise more guided tours to cheer up the patients and carers.

personal experiences were so fascinating. I am thinking of training them to set up their own guided tours to pass on their experiences and life wisdom and give them a sense of satisfaction from doing that,” Anson says.

The tour also gave the participants a much-missed taste of sunshine, breeze, birdsong, and the scent of flowers as they stepped out of their homes. “It was a good start to encouraging people to get out of their homes for a walk and get back to the exercise habits they had before the epidemic for the good of their bodies and minds,” Yuki reflects. The centre will next work with diabetic and respiratory patient groups to encourage those who are well enough to become more active. The tours will be arranged flexibly to cater for the different needs and capabilities of participants, with shorter routes and more resting places, for instance, for patients who need portable oxygen and cannot walk too far.





「從沒想過扭氣球會讓人這麼快樂，我把氣球送給鄰居、教友、老人院的公公婆婆，他們都很開心，甚至試過在街上有對母女說要跟我的氣球拍照！」復元人士 **Shirley** 入住葵涌醫院期間，每天到病人資源及交誼中心（交誼中心）學習扭氣球。出院後對扭氣球的熱情不減，看 YouTube 自學更高技巧，別人一聲聲讚美讓她重拾自信。

「早前的櫻花樹氣球佈置需要 200 粒花蕾，全都是由住院病人扭出來。病人可因應自己的能力參與，見到他們看著製成品的那種喜悅，我們也覺得很有成就感。」**Aaron** 跟 **Jam** 都是義工隊成員，有七至九年扭氣球經驗，二人謙稱不是教人，而是互相交流，無論義工或病人，多了機會練習，進步自然快。

Shirley 甚至教姐姐扭氣球，與家人關係得以改善。「氣球可以將快樂傳開去，也可減壓，家人會把製成品送給鄰居，我也會扭氣球予相熟的醫護人員，他們還給我取了『扭氣球的女孩』這個外號。」

精神科登記護士**陳月恒**（寶珠姑娘）是 Shirley 的「師傅」，她和同事在年初成立由義工及復元人士組成的「葵涌復元球隊」。她希望復元人士能用雙手創造快樂，並藉此學習平衡情緒和處理壓力。

交誼中心之前因疫情暫停開放，現時每月都會舉辦扭氣球活動，邀請住院病人製作組件，與義工裝嵌完成後，作品放在交誼中心供院友、家屬和職員「打卡」，更為病人提供即影即有影相服務。

寶珠姑娘表示，扭氣球除了幫助手眼協調，訓練小肌肉外，亦可學到做人道理。「扭氣球如做人，不能打滿氣，要留少許空間，才可收放自如。壓力過大，氣球就會爆。」

她的最終目標是傷健共融，「我們希望透過活動增加義工對精神病人的認識，消除對精神病的誤解。院友出院後，也可以參加我們的義工隊，與其他義工互相交流，真正融入社區。」

復元人士 Shirley 感激寶珠姑娘教會她扭氣球，訪問當日親手送上一束氣球花。

Patient-in-recovery Shirley presents a balloon bouquet to Ivona during the interview to thank her for teaching her the art of balloon twisting.



寶珠姑娘（中）與 Jam（左）和 Aaron（右）學扭氣球時認識，邀請他們加入義工隊。

Ivona (centre), Jam (left), and Aaron (right) met in a balloon twisting class where Ivona invited them to join the PRSC volunteer team.

“I could never have imagined that balloon twisting would give me so much joy,” exclaims person-in-recovery (PIR) **Shirley**, who learned the art in the Patient Resources and Social Centre (PRSC) during her stay at Kwai Chung Hospital (KCH). “I now make balloon shapes for my neighbours and friends, and for people in homes for the elderly. On one occasion, a mother and daughter even came up to me and asked to take a photograph with my balloons.”

Shirley continued her passion for balloon twisting after her discharge, learning advanced techniques by watching YouTube videos, and found that her new skill gave her confidence when people commended her on her creations.

She even taught her elder sister how to twist balloons, bringing the family members closer together. “Balloons spread happiness and help release pressure,” Shirley says. “My family gives balloons to our neighbours. I give balloons to healthcare workers when I go back to visit the hospital, and they call me ‘the balloon twisting girl’.”

Shirley’s teacher at KCH was **Ivona Chan**, Enrolled Nurse of Psychiatric Nursing, who has set up a team of balloon twisting made up of volunteers and PIRs with colleagues at the beginning of this year. She hopes balloon twisting could bring joy to PIRs, and says learning the techniques help patients with their emotional balance and stress management.

PRSC was temporarily closed during the epidemic. Now, it holds balloon twisting activities every month, inviting patients to make balloon shapes, and installing with volunteers together. The finished works are displayed

at PRSC for patients, relatives, and staff members to take photos of. Patients can even take instant photos for retention.

“We had a balloon cherry tree with around 200 balloon buds, all of which were twisted by patients. They can join according to their abilities. We feel accomplished when patients are happy with the finished works,” says **Aaron** who – together with **Jam** – is a member of the volunteer team. Both have seven to nine years’ experience in balloon twisting. They describe their work as exchanging ideas rather than teaching, and say practice makes perfect for both volunteers and patients.

Ivona says balloon twisting can teach people important life lessons as well as hand-eye coordination and train up fine motor skills. “When you twist a balloon, it reminds you that people need to be flexible, but they must make sure they do not take on too much. If there is too much pressure, the balloon will burst,” she observes.

Her ultimate goal is integrating people with disabilities. “We hope that by doing balloon twisting with patients, volunteers will find out more about mental illnesses and dispel their misunderstandings. When patients are discharged, they can come back and join us as volunteers, and communicate with other volunteers to integrate better into the community.”



扭氣球活動主題會隨節日和季節而定。  
The main theme of balloon twisting is set according to the festival seasons.



# 與小病人 同型 魔幻時刻 Bringing magic moments to young patients



Haley (中) 及其媽媽(左)。  
Haley (centre) and her mother (left).

「媽媽，我們回家將精油塗在薰衣草上，就可以變成香薰座了！」九歲的 Haley 用小手指靈巧捲動毛根扭扭棒，轉眼就做好一個栩栩如生的薰衣草小盆栽。Haley 媽媽說，她們每個月至少到兒童醫院覆診兩次，Haley 喜歡在覆診前後到訪病人資源中心。「今天所有設施全面開放，她可以和其他小朋友一起做手作，特別開心。」

中心於疫情嚴峻期間有限度開放，職員靈活變通，與社區夥伴共同製作兒童電視節目在病房播放；又安排視像探訪讓病童感受到關懷。「當然面對面溝通才是最好的，小孩子開心興奮時會捉住你的手臂，那種互動非常珍貴，是深烙在孩子腦海的『魔幻時刻』(magic moment)。因此，當中心在5月疫情緩和後全面開放，小朋友和同事們都很期待。」病人資源中心社會工作主任林鳳翹(Yvonne)說。

中心全面開放後的首個活動是因應母親節和父親節舉行的「爸B媽咪我愛你」，一名患重病的小女孩寫的心意卡，成為 Yvonne 和同事的「魔幻時刻」。「小女孩在卡上寫道：感謝媽媽帶她來到這個世界。」回想那一刻，仍然讓她動容。「小妹妹身體長期不適，即使生命受到威脅，她對母親仍是心懷感恩。媽媽當下淚流滿面，我們眼眶也濕了。慶幸現在重啟實體活動，讓一家人更多互動，家長們也可以在此聚首，互相鼓勵和支持。」

“Mummy, let's drop some lavender oil and make this a fragrance diffuser at home!” Nine-year-old Haley happily chats to her mother as she rolls chenille sticks to make a delicate lavender flower container at the Hong Kong Children's Hospital. Haley visits the hospital at least twice a month and she likes visiting the Patient Resource Centre before and after her appointments. “She is very happy that all the facilities in the centre are open now and she can do craftwork with other children,” her mother explains.

During the COVID-19 outbreak, some zones of the centre were closed. Staff at the centre did their best to keep the children connected, producing children's programmes with community partners for young patients to enjoy in the wards and arranging video visits, so that the children could feel caring as always. “Face-to-face interaction is always the best,” says the centre's Social Work Officer Yvonne Lam. “When children are excited and grab your arm, the interaction is particularly precious and is a magic moment that will be engraved in their minds. That's why the children and staff were so excited when the centre opened fully in May, after the epidemic had subsided.”

The first event after the full opening of the centre was held to celebrate Mother's Day and Father's Day and was called 'Father & Mother I love you'. Yvonne and her colleagues were particularly touched by a card written by a young girl with complex and serious disease to her mother. “The little girl said she was thankful to her mother for bringing her into this world,” recalls Yvonne, still clearly moved at the memory. “Even though she suffered so much discomfort when her life was endangered, she was still full of gratitude for her mother. The mother burst into tears when she saw the card, and that brought tears to our eyes too. We are glad that we can now resume our activities and provide more opportunities for families to enjoy quality time. Parents can also get together here to encourage and support each other.”

## 中心三大區域逐個看 Three zones in the Patient Resource Centre

### 兒童玩樂區 Play Area

設有色彩繽紛的大型玩具，讓幼童安全遊玩，同時訓練肌肉。It has a collection of colourful toys for young children to play safely with, helping them build up their strength.

### 青少年互動區 Teenage Lounge

提供多媒體及虛擬實境電玩設備，更有特別為病童設計的遊戲，一家人可以盡情享受打機樂趣！

It offers a variety of multimedia and virtual reality games for children and family members to play together including some specially designed for the young patients.

### 圖書館資訊區 Library and Info. Zone

有不同種類的圖書，包括為視障小朋友準備的感官書籍；亦會舉辦講故事、做手作、小丑醫生演出及照顧者工作坊等活動。

It features a wide range of books, including sensory books for visually impaired children, and is the location for activities including storytelling, crafts, clown doctor shows, and carer workshops.



Haley 將看過的書籍投入「機械人」還書箱口中，中心會消毒收集到的書籍。

Haley posts a book in a robot collection box where children return books they have read, helping staff keep the books disinfected.

兒童醫院將於8月初舉辦「匯藝童樂園」活動，屆時會有病童媽媽組隊演奏音樂、繪畫藝術活動、音樂互動工作坊、魔術表演等。  
The hospital will host a Music and Arts Summer Bazaar in early August, featuring music performance organised by patients' mothers, art and painting activities, interactive music workshops and magic shows.



理髮師 Linda 一雙巧手，手執髮剪靈活自如，剪髮時雙眼炯炯有神。身為癌症康復者，她深深體會到在伊利沙伯醫院（伊院）的義務工作，可為癌症病人帶來不一樣的意義。

由於癌症病人接受化療期間會脫髮，伊院的癌症病人資源中心一直為他們提供理髮服務，減少身體負擔及煩惱。助理社會工作主任廖嘉希解釋：「大部分癌症病人接受化療時已非常虛弱，一般會避免到人多擠迫的地方，如果他們走入社區髮廊剪髮，更可能會被問及脫髮等尷尬問題，故此中心希望提供私人空間，讓癌症病人安心理髮。」



助理社會工作主任廖嘉希（左）表示，中心趁去年疫情緩和重啟癌症病人剪髮服務。

Kathy Liu (left), Assistant Social Work Officer states that the center resumed hair cutting service for cancer patients last year when the epidemic situation eased.

義工 Linda 替癌症病人剪髮，以過來人身分鼓勵病人。

Linda is a volunteer for haircuts and encourages cancer patients as a survivor.

疫情時，癌症病人剪髮服務無奈暫停，其間不時有病人查詢，醫院趁去年底疫情放緩，已徵召義工重啟服務。已經退休的 Linda 是其中一位義工，雖算不上專業理髮師，卻是丈夫的御用髮型師，一剪就 30、40 年。「先生很包容我，起初即使剪得不好看，也會讓我繼續剪，不過近年再沒有投訴，可能是我日子有功，或者是他習慣了。我替先生剪髮時，有時會不小心弄到他，不過對病人就要非常細心，特別是耳朵附近的位置。」

Linda 剪髮不在於技巧有多純熟，而是她明白癌症病人所需。「我經歷過癌症，治療過程很疲累，也很辛苦，但總算捱過去。我會跟病人分享作為過來人的經歷：『聽醫生指示食藥，癌症像感冒一樣，一定會康復。』我知道只有樂觀面對病情，才可加快復原。」Linda 說話時，臉上總帶著微笑。

曾經有位女士找 Linda 剪髮，她原本打算剪光頭髮，但望著鏡子裡一把長長的秀髮，眼中流露出不捨。Linda 溫婉的分享和鼓勵，令病人重拾信心：「大約九個月至一年，又黑又柔軟的頭髮就會長出來，『慢工出細貨』，不用擔心。」

資源中心同時備有各款假髮和帽子等，讓有需要的病人佩戴。完成化療後，頭髮會重新生長。中心亦舉辦天然染髮班、天然護膚品工作坊等，讓病人好好整理儀容，重新出發。中心的貼心服務和義工的無私奉獻，印證了癌症病人得以痊癒，除了先進的藥物和治療，還有一份以人為本的愛，相伴病人走過這段非常時期。



中心備有各種剪髮工具。

The centre has various hair cutting tools.

Hair stylist Linda's eyes sparkle as her scissors nimbly and skillfully do their work. As a cancer survivor herself, Linda understands what a difference her volunteer work for hair cutting at the Queen Elizabeth Hospital makes to patients.

The hospital provides hair cutting service in its Cancer Patient Resource Centre to reduce the physical and emotional burden on patients as they often experience hair loss during chemotherapy. Kathy Liu, Assistant Social Work Officer explains, "patients are often very weak when they undergo chemotherapy, and want to avoid crowded places. If they go to a regular salon in the community, they might be asked embarrassing questions about their hair loss. The centre thus provides a private space for cancer patients to have their haircut."

The hair cutting service was suspended during the epidemic and was badly missed by cancer patients. When the epidemic eased at the end of last year, the hospital recruited volunteers to restart the service, and Linda was one of them. Linda, who has retired, is not a professional hairdresser but has been her husband's personal stylist for more than 30 years. "He was very patient with me," she recalls. "Even if the haircut didn't look good at first, he would let me continue cutting."

"But in recent years, he hasn't complained at all, perhaps I have improved or he is just used to it. When I cut my husband's hair I sometimes accidentally cut him, but with patients I have to be extremely careful – especially around the ears."

Linda's value to patients is not only her ability to cut hair but also her understanding of cancer patients' needs.

"I've experienced cancer and the treatment process was exhausting and painful, but I made it through," she reflects with a smile. "I share my experience with patients and tell them: Listen to the doctor's advice on medication. Cancer is like a cold, and you will recover. I know that recovery can be accelerated when you face the illness with optimism."

On one occasion, a woman came to Linda with the intention of shaving off her hair. When she saw her long hair in the mirror, however, she could not bear to part with it. Linda assured and encouraged her by gently telling her, "in nine months to a year, your hair will grow back black and soft. Quality comes with steady and fine work, so don't worry."

The centre also provides a range of wigs and hats to patients in need. When their hair grows back following chemotherapy, the centre provides natural hair dyes and skin care workshops to help patients look and feel their best to start anew.

The dedication of the volunteers and the caring service provided by the centre proves that recovering from cancer depends not only on the best available medicine and treatment but also on the support of caring people who help them through the difficult times.



中心提供各式各樣的假髮及帽子予癌症病人和康復者。  
The centre provides a range of wigs and hats to cancer patients and survivors.



## 醫管局放眼環球 唯才是用

### HA's global hunt for talent

在國際間出入境限制放寬之際，醫管局把握機會多次外訪，向當地的醫學生及執業醫生推廣來港工作的最新註冊安排。醫管局總行政經理（醫療職系）**關慧敏**醫生隨醫管局代表團，在兩個月內分別出訪英國倫敦及澳洲悉尼，希望以誠意打動非本地培訓醫生加入本港公營醫療體系。

關醫生對招聘活動成果喜出望外，她提到一名精神科醫生專程從墨爾本到悉尼參與活動：「她在香港土生土長，一直想回港行醫，做了很多資料搜集，不過訊息越多，令她越難清晰掌握回港途徑，經我們解釋後，她更有決心採取行動。」

在英國和澳洲兩次招聘會，線上線下合共吸引超過800人參與，發出超過150份有條件聘書。醫管局不排除逐一拜訪有較多港人子弟讀醫及獲醫務委員會特別註冊委員會認可醫學資格的地區。另一方面，醫管局會與香港醫學專科學院商討臨床培訓安排，確保本地及非本地的醫生均有足夠的專科培訓機會。

醫管局高級行政經理（醫療職系）**莊紹賢**醫生表示，醫管局已成立專責團隊，處理非本地培訓醫生回港工作的安排；並積極開拓包括LinkedIn在內的網上平台，更有效發放招聘資訊。「在醫院的支持下，我們會陸續安排非本地醫學生及醫生，趁放假回港期間到公立醫院進行『臨床觀摩』，為期一星期至一個月不等，讓他們親身體驗香港公立醫院的運作。」

The Hospital Authority (HA) has taken advantage of the easing of international travel restrictions to go globetrotting in a campaign to promote the latest registration arrangement for working in Hong Kong to medical students and medical practitioners. Dr **Gladys Kwan**, Chief Manager (Medical Grade), has joined delegations on trips to London of the United Kingdom (UK) and Sydney of Australia in the space of two months where fairs were hosted to engage doctors trained non-locally with sincerity and encourage them to join the public healthcare sector in Hong Kong.

Dr Kwan says the response to the recruitment campaign has exceeded expectations and cites a case of a psychiatrist who travelled from Melbourne to participate the event in Sydney. "She was born and raised in Hong Kong and has always wanted to contribute to the Hong Kong healthcare system," she explains. "She had done a lot of research, but the more information she gathered, the harder it became for her to find a clear path back to Hong Kong. After speaking to us, however, she is more determined than ever to take action."

The two recruitment fairs in the UK and Australia attracted a total of more than 800 participants online and offline, and over 150 conditional offers were issued. The HA is now considering holding similar fairs in places with locally-born medical students and graduates or with medical schools on the list of Recognised Medical Qualifications determined by

此外，醫管局已重新啟動臨床交流活動，並構思「環球醫療人才匯聚計劃」，由不同的專科籌備交流安排，邀請有一定資歷的非本地醫生來港，推動國際醫學研究及交流。



關醫生（右）表示，海外招聘活動成果喜出望外。莊醫生（左）正積極安排「臨床觀摩」予有興趣的非本地醫科生及醫生。

Dr Kwan (right) states that the results of overseas recruitment fairs were beyond expectation. Dr Chong (left) is actively arranging 'clinical observation' for interested medical students and medical practitioners.



HA LinkedIn

the Medical Council of Hong Kong. On the other hand, the HA maintains regular communication with the Hong Kong Academy of Medicine to ensure that both local and non-locally trained doctors have sufficient opportunities for specialist training.

A dedicated team has been set up to handle arrangements for doctors trained non-locally to work in Hong Kong and to put out recruitment information through online platforms like LinkedIn, which is more effective. Dr **Catherine Chong**, Senior Manager (Medical Grade) explains, "with the support of hospitals, we will arrange non-locally trained medical students and doctors to take part in clinical attachments to public hospitals during their holidays in Hong Kong, lasting from one week to a month and allowing them to experience the operation of public hospitals first hand."

The HA has also resumed clinical exchange activities and is planning a Global Healthcare Talent Scheme which will be coordinated by different specialties to invite non-local doctors with specific qualifications to come to Hong Kong, promoting international medical research and exchanges.

## 非本地培訓醫生回港工作常見誤解

### Myths about non-locally trained doctors working in Hong Kong

**問：**是否只有「獲承認醫學資格名單」上的畢業醫科生，及香港永久性居民才可在港執業？

**答：**香港醫療體系歡迎不同背景的非本地培訓醫生來港工作，若有關醫生並非畢業於「獲承認醫學資格名單」的院校，或屬非香港永久性居民，亦可透過有限度註冊來港工作，繼而取得專科資格及在工作一定年期後取得正式註冊。

**Q:** Is it true that only medical graduates on the list of Recognised Medical Qualifications and Hong Kong permanent residents can practise in Hong Kong?

**A:** The Hong Kong healthcare system welcomes doctors trained non-locally with different backgrounds who want to return to work in Hong Kong. If the doctor did not graduate from a school on the list of Recognised Medical Qualifications, or is not a Hong Kong permanent resident, the doctor may practise in Hong Kong under a limited registration arrangement to obtain specialist qualifications and full registration after serving a designated period of time.

**問：**是否一定要完成專科醫生訓練才可循特別註冊途徑來港工作？

**答：**特別註冊計劃並沒有要求醫生需持有專科資格，非本地培訓的非專科醫生可在醫管局進行專科培訓，從而在工作一定年期後取得正式註冊。

**Q:** Is it necessary to complete specialist training to work in Hong Kong under the Special Registration arrangement?

**A:** The Special Registration arrangement does not require doctors to hold specialist qualifications. Non-locally trained doctors without specialist status can receive specialist training through the HA and then obtain full registration after serving a designated period of time.

## 非本地培訓醫生 Non-locally trained doctor

「你好，我是 Frankie，以後請多多指教。」

屯門醫院麻醉科副顧問醫生**吳鋒奇**（Frankie）在香港土生土長，他在英國讀醫並取得專科資格，兩年前從英國回流。為了融入工作環境，他的秘訣是「禮多人不怪」，逢人必這樣自我介紹。

「我比較習慣介紹自己的 first name（名字），在英國很平常，但有一些同事卻有點不知所措，尷尬回應說『我是甚麼醫生』，原來有些香港同事習慣以姓氏稱呼，文化上是有點分別。」

屯門醫院婦產科副顧問醫生**鄭莉婷**聽到吳醫生這個故事不禁會心微笑：「通常比較熟才以名字相稱，有些同事可能認為第一次見面稱呼姓氏比較自然。Frankie 很友善，很快融入我們的工作環境。」

吳醫生認為，融入香港的公立醫院並非難事：「香港與英國的醫療體系很相似，專科訓練、藥物、儀器也大致相同，工作上不難適應。另一方面是適應公立醫院的文化、人與人的關係等。屯門醫院的同事平易近人，雖然我在醫院只工作了兩年，但感覺大家相處了很久。」



吳醫生（右）積極融入屯門醫院的醫療團隊，鄭醫生（左）表示經常需要與吳醫生規劃手術，合作無間。

Dr Ng (right) actively integrates into the medical team of TMH. Dr Kwong (left) says they often need to plan surgeries together and the cooperation is seamless.

## 融入團隊 works as one team

“Hello, I’m Frankie. It’s nice to meet you.”

This is how the Hong Kong-born Associate Consultant (Anaesthesia and Operating Theatre Services) of Tuen Mun Hospital (TMH) Dr **Frankie Ng**, who obtained his specialist qualification in the UK and returned to the city two years ago, usually introduces himself. His secret to integrate is ‘courtesy costs nothing’.

“Whenever I introduced myself with first name as how I used to do in the UK, some of my colleagues here seemed confused and replied ‘Hi, I am Dr X,’” he says. “It was a bit of a culture shock!”

Dr **Lydia Kwong**, Associate Consultant (Obstetrics and Gynaecology) of TMH, laughs as Dr Ng recounts his story and explains, “usually, we address each other with our first names after we get to know each other better. When we meet for the first time, some colleagues may feel more comfortable calling each other with our surnames. I think Frankie is very friendly and has quickly integrated into our working environment.”

Dr Ng found the transition rather smooth. “The medical systems of the two places are very similar, and the specialist training, medication and equipment are largely the same,” he reflects. “As for adaptation into the working culture and establishment of interpersonal relationships, my colleagues are very friendly. Although I have only worked here for two years, it feels like we have worked together for a long time.”

Dr Ng is responsible for coordinating the obstetric anaesthesiology service in TMH. He works closely with the obstetricians in operative planning. While obstetricians perform surgical procedures, Dr Ng administers anaesthesia and monitors patient’s vital signs. They work together in harmony.

吳醫生專責產科麻醉，經常需要與產科同事一起規劃手術。而手術過程中，麻醉科醫生負責麻醉及監察病人身體情況，產科醫生則負責整個手術的過程，各司其職、合作無間。

鄭醫生說：「Frankie 對病人、對同事的態度都很友善，表達非常清晰，我們對他的工作能力充滿信心。香港是國際城市，我們一向也有與不同文化背景的專家、教授彼此交流合作，有助擴闊我們的眼界。我歡迎非本地培訓的醫生加入我們的團隊。」

## 香港醫學水平 Hong Kong: An interchange

心臟科醫生**林建臣**（見圖）來自馬來西亞，去年中開始在港進行專業交流，其間他有機會接觸一些先進的醫療器材以及大量病例，豐富了他的行醫經驗。

林醫生對於有機會來港交流一年感到非常榮幸：「香港醫療水平卓越，交流機會難得，我非常珍惜這個機會。」

「我認為最難得是可以親身使用一些『通波仔』的先進醫療設備，同時也可與經驗豐富的顧問醫生一起工作，又有機會指導一些年輕醫生，讓整個團隊一起進步。」他說。

林醫生表示，會鼓勵其他馬來西亞同業來港交流，但笑言同事需要心理準備：香港的門診病症較多，工作節奏很快，與病人溝通需要以廣東話為主。



“Frankie is kind and genuine to patients and colleagues. I don’t see any difficulties communicating with him,” says Dr Kwong. “We have confidence in his ability. Hong Kong is an international city, and all along, we have had experiences in working with experts and professors from different cultural backgrounds. It broadens our horizons in a way. I welcome non-locally trained doctors joining us.”

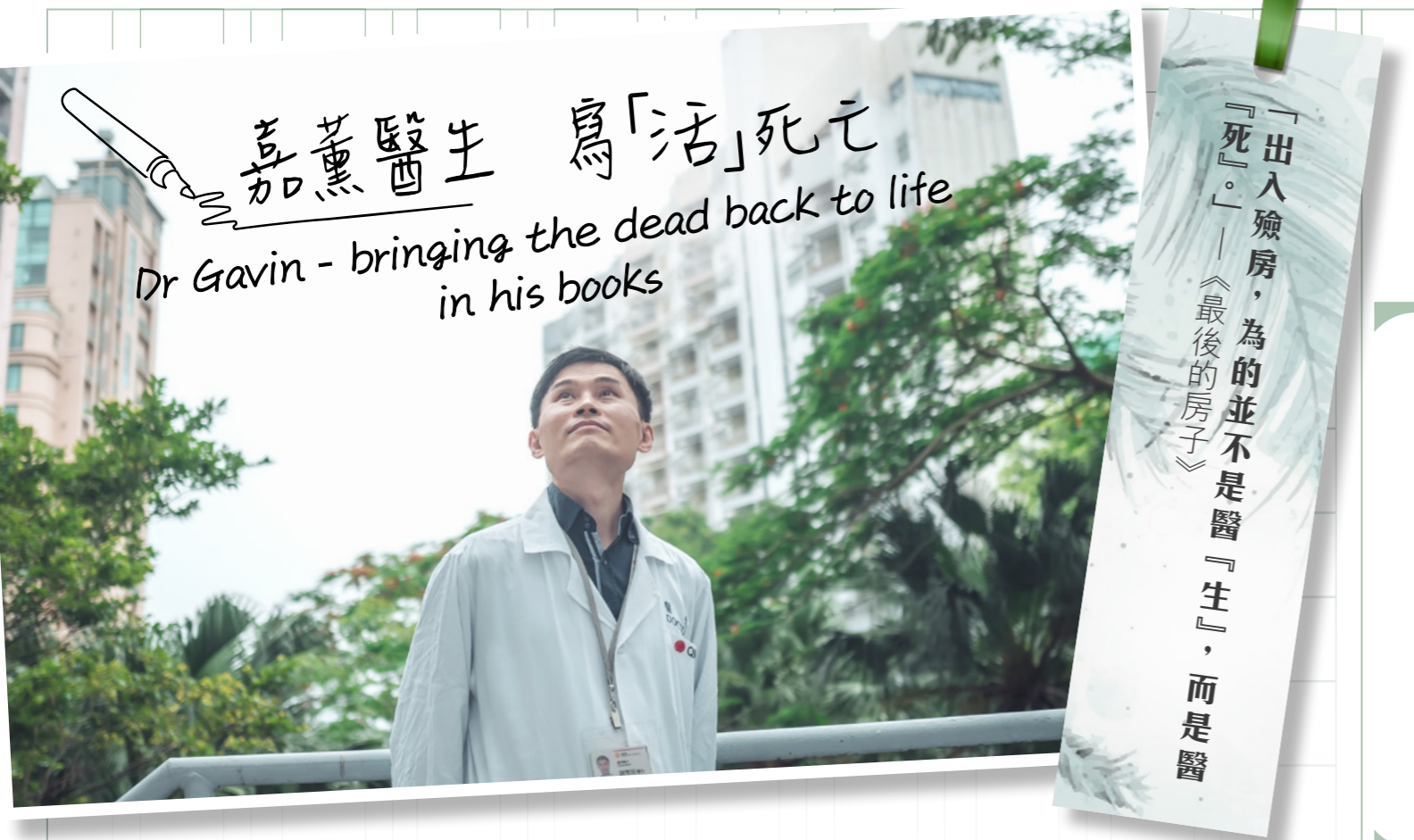
## 吸引國際人才 for global medical talent

Cardiologist Dr **Lim Jian-chen** (see photo) from Malaysia has been in Hong Kong on a medical exchange since the middle of last year and says it has enriched his clinical experience by giving him the opportunity to use more advanced equipment and handle a heavy volume of cases.

Dr Lim is delighted to have had the chance to come to Hong Kong and says of his year-long exchange, “Hong Kong’s medical standards are excellent, and exchange opportunities are rare. I cherish this opportunity very much.”

“I think it is the most valuable to use some advanced medical equipment and work with some experienced consultants here. I have also had the opportunity to guide some junior doctors, so the whole team can improve together.”

Dr Lim says he will encourage colleagues in Malaysia to come to Hong Kong but will tell them to prepare themselves for a high volume of outpatient cases, a fast pace of work, and the need for Cantonese to communicate effectively with patients.



顯微鏡下，瑪麗醫院病理部顧問醫生**陳雙燁**冷靜手執解剖刀、沉著分析細胞和組織樣本；脫下白袍、拿起筆桿，他是創作了20本作品、曾獲青年文學獎、金書獎和出版雙年獎等大小獎項的嘉薰醫生。其偵探歷奇小說曲折懸疑，揉合醫學知識，深受青少年歡迎。近年他的創作轉型，為冰冷的殮房寫出溫度，用文字為無言逝者留下關愛。

陳醫生自小熱愛寫作，校園時代開始參加徵文比賽、投稿到報章雜誌，後來獲出版社邀請創作短篇故事，這位畢業不久的醫生以「陳嘉薰」為筆名，從醫院的所見所聞創造一個個經典角色：病理科嘉薰醫生堅持公義、以專業醫學破解棘手懸案；血細胞麥高飛想擺脫「人體清道夫」的命運，與其他細胞展開尋找自我的旅程。陳醫生忘情筆耕時甚至寫到指頭流血，「早年還未學懂電腦打字，如太多錯漏便要在新的原稿紙上『罰抄』一次。由於日間忙於應付工作和專科試，我經常半夜起床寫作，天光便上班，一直堅持了下來。」

### 風格轉型 記錄殮房故事

「嘉薰醫生」系列由短篇故事蛻變到長篇小說，從科普醫療知識、懸疑故事到刻劃人性矛盾、醫療系統內的權力掙扎，讓嘉薰醫生屢次獲「中學生好書龍虎榜」、「十本好讀」等獎項。直至近年，他的作品收起天馬行空的風格，發表《最

後的房子》、《相送》等社會議題作品，記錄殮房的人和事，探討醫療服務，當中轉捩點源自他接手管理醫院殮房。

實習期間陳醫生曾認為當宣判病人死亡後，病人便離開醫療體系，與醫生的關係也告一段落。當成為病理科醫生後，在殮房約見家屬和處理遺體，他體會到逝者和家屬仍需要照顧，社會也有期望，不可以得過且過：「想處理好遺體，要用喪親者的角度，視遺體為『病人』，這樣才會更貼心照料，尊重逝者，體恤喪親者的傷痛和需要。」

因此，他和殮房團隊，積極改善殮房環境，加強遺體和喪親者的照顧，又把殮房易名為「惜別間」，以帶出殮房重要的角色——讓喪親者好好道別。

「嘉薰醫生」偵探故事曾陪伴一代青少年成長，儘管現在嘉薰醫生甚少寫偵探歷奇小說，但會繼續執筆，寫自己關心的社會議題，「寫我在乎的人和事，因為感動到自己的，才能感動讀者。」



原稿紙



「嘉薰醫生」系列多次獲獎。

The *Dr Gavin* series has won various awards for fiction.

**D**r Gavin Chan has fascinating two faces – firstly as the Consultant of Department of Pathology at Queen Mary Hospital (QMH), and secondly as the author of around 20 books on detective stories, blood cells adventure and mysteries of the mortuary. His stories are popular amongst youngsters, and have been acclaimed by the Youth Literary Awards, Golden Book Awards and Hong Kong Publishing Biennial Awards. In recent years, he has focused his work to demystify the mortuary, bringing warmth and love to this stigmatised place.

As a keen writer since teenage, Dr Chan took part in essay competitions at school and contributed articles to newspapers and magazines before establishing himself as a teenagers' author under the pen name Dr Gavin. His stories were drawn from his work as pathologist, with many classic characters hence created. These included the pathologist *Dr Gavin* who brought justice for the speechless dead, and blood cell *Macrophage* who defied his destiny of being a body scavenger and embarked on a self-exploring journey with other blood cell characters.

Dr Chan wrote his stories by pen in the early days before he learned to type Chinese in computers, “when there were too many mistakes on one page, I need to take the tedious trouble to hand copy it all out onto a new sheet of squared paper.” During the busy schedule of resident years and specialist examinations, his passion for writing stayed him up overnight to jot his stories on squared paper before going to work at daybreak.



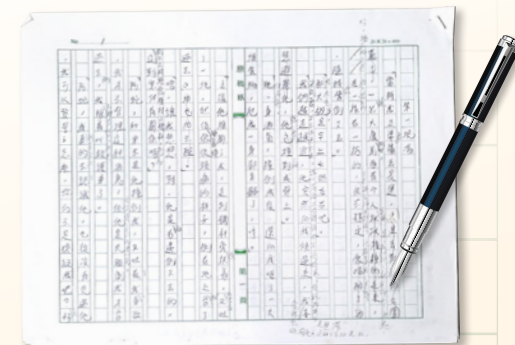
嘉薰醫生（左）與偵探小說作家梁科慶（右）合作無間。

Dr Chan (left) and detective fiction author Leung For-hing (right) have collaborated on several novels.

### Tales from the crypt

From short stories to long novels, *Dr Gavin* series of books help popularise medical knowledge to young readers through cases loaded with suspense, conflicts, and power struggles in the healthcare system, which have been recognised by various awards of favourite books for students. His more recent books – *The Last Room* and *Mortuary Attendant* – have undergone a significant change in writing style to tell stories on mortuary inspired from his experiences of managing the hospital mortuary.

During the internship, Dr Chan has once thought that the patient exited healthcare system after pronounced dead in the ward. When he becomes a pathologist, the time he manages the bodies and bereaved families has made him realised that care for the patients and relatives extends beyond death. “For a better management of the bodies, you need to treat them through the perspectives of bereaved families,” Dr Chan reflects. “By putting yourself in the shoes of the bereaved families, you will respect and care about the body as a patient and not a corpse. You will also be more understanding and supportive to the grievances of the relatives.”



陳醫生早期的創作原稿，需在紙上多番修改。

Dr Chan's early drafts on squared paper, with many written revisions.

Through the collaborative efforts of Dr Chan and his mortuary team, the environment of QMH mortuary was greatly improved to support the bereaved families. The bodies are better care of. They also renamed the hospital mortuary as ‘Bereavement Suite’ to emphasise it as a place for a dignified farewell to the loved ones.

The *Dr Gavin* series brought a blend of education and entertainment to a generation of teenagers. In future, Dr Gavin will continue to write on social issues that touch him most. “Only by writing on things that move me can I move the readers,” he explains.



訪問短片  
Interview video

# 元朗 一世紀

## 傳揚博愛精神

Care and compassion through a century of extraordinary change in Yuen Long

20世紀初，元朗是個鄉村市集，醫療發展落後，居民求醫無門。當地鄉紳遂籌措資金興建院舍，於1919年創立博愛醫院，為居民贈醫施藥，發揚「博施濟眾、慈善仁愛」的精神。百年過去，元朗人口大增，高樓林立，交通四通八達，然而這所醫院仍在守護社區，留下的除了慈善傳統，更是與時並進的多元化服務。

「以前元朗高樓大廈不多，醫院附近是農地，上班時甚至見到有牛經過。」博愛醫院物理治療部前部門經理羅遠東（羅 sir）於元朗長大，1981年大學畢業後加入博愛醫院，指不少同事、病人都是附近街坊，「大家關係很密切，我更會練好客家話、潮州話方便與病人溝通。」

當年物理治療尚未盛行，羅 sir 入行時是「一人團隊」，於不足300呎的物理治療室為患者提供復健服務，數年後才逐步擴大人手編制，甚至接收跨區個案。隨著醫院多次擴建，始有空間引入更先進設備，例如在2012年引進全港首部內置水中跑步機的水療池。羅 sir 於2019年退休，坦言未曾想過離開博愛，「我很慶幸與博愛一同成長，從零到有、發展到現時完善的專職醫療服務，令我很有歸屬感。」



60年代博愛門診室病人候診情況。  
Patients waited at the hospital's outpatient clinic in the 1960s.

### 醫道有段故

The Inside Stories of Hong Kong's Hospitals



60年代的急症部及門診部。

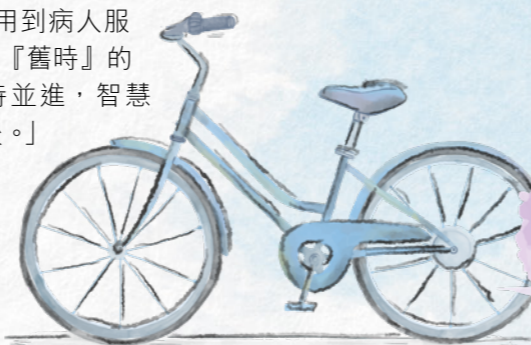
The accident and emergency department and outpatient clinic in the 1960s.

### 單車送孕婦進院

前任護理總經理杜健瑩與博愛素有淵源：「我在博愛出世，60年代交通不便，全靠村民騎單車送即將臨盆的母親到醫院。」她回憶童年印象，區內只有這間醫院，每次求診、探病時便會見到醫院內盡是排隊人龍，院內無電梯，醫護用帆布擔架抬著產婦、病人上落樓梯，「縱使以往資源有限，但博愛多年來仍盡力救傷扶危，我一直記住這種精神。」她原本在屯門醫院工作，2006年加入博愛，參與發展日間服務，成為當時新界西最大的日間診療中心。杜姑娘形容醫院人情味濃，與同事情誼深厚。

博愛醫院正面對區內人口急速增長的挑戰，現任護理總經理梁雅儀（Louisa）表示，近年區內眾多屋苑及安老院舍落成，因此有必要「走出醫院」，加強外展和社康護理，讓長者病人在社區得到適切照顧。該院亦將試行以人工智能（AI）應用到病人服務，「老一輩常以為博愛是『舊時』的醫院，其實我們一直與時並進，智慧元素也不比其他醫院落後。」

Louisa 說。



In the early 20th century, Yuen Long was a backward rural settlement and lack of medical facilities. Benefactors then raised funds to open Pok Oi Hospital (POH) in 1919, providing free medical treatment and other charitable services to people in need with the motto: 'We love, we care, we serve.' One hundred years on, Yuen Long is now a well-connected and cosmopolitan high-rise town with a fast-growing urban population. The hospital still serves the community and still lives by its motto but also embraces the development of diversified services to meet the needs of the times.

"In the past, there were few high-rise buildings in Yuen Long and the hospital was surrounded by farmland," says Eric Law, former Physiotherapy Department Manager, who grew up in Yuen Long. "I would even see feral cows walk by the hospital." Eric joined the hospital after graduating from university in 1981 and many of his colleagues as well as patients were also from Yuen Long, creating a close bond. "I practised the Hakka and Chiu Chow dialects well, so as to communicate with patients," he recalls.

Physiotherapy was relatively new to Hong Kong at that time and Eric worked alone providing services to patients in a modest room of less than 300 square feet. It was only a few years later that a physiotherapy team was created, and more patients were admitted from other districts. After several expansions, the hospital finally had enough space to introduce more advanced equipment, including Hong Kong's first hydrotherapy pool with a built-in water treadmill in 2012.

Eric retired in 2019 and never considered working anywhere else in the past years. "I'm so glad to have grown up with POH which has developed from scratch to its current allied health services standard," he reflects. "It gives me a sense of belonging."



兩代護理總經理杜健瑩（左）及梁雅儀（右）細說博愛工作點滴。

Former and current General Manager of Nursing Frances To (left) and Louisa Leung (right) shared their experiences of working at POH.



羅 sir 於2006年博愛醫院重建後留影。

Eric Law at the POH redevelopment in 2006.

### Taking pregnant mother to the hospital by bicycle

Former General Manager (Nursing) Frances To's relationship with POH goes back to her very first day of life. "I was born in the hospital in the 1960s when transport in the area was difficult and villagers had to take my mother to the hospital by bicycle when she was about to give birth," she says.

As a child, she remembers the hospital as a place with queues of patients, no elevators, and staff using canvas stretchers to carry pregnant women and patients up and down stairs. "Although resources were limited then, the hospital did its best to save lives and help the sick," she says. "I was moved by this spirit."

She was working at Tuen Mun Hospital before joining POH in 2006 to help develop ambulatory care services as it became the largest day centre in New Territories West at that time. Frances describes a strong sense of camaraderie with her colleagues.

Today, the hospital is facing up to the challenges of rapid population growth in the district. Louisa Leung, current General Manager (Nursing) says the addition of many new housing estates and residential care homes for the elderly in Yuen Long in recent years makes it necessary to strengthen outreach and community care services, so elderly patients can receive proper care in the community. POH will also conduct artificial intelligence (AI) pilots in patients' services.

"The older generation often sees POH as a traditional, old-fashioned hospital, but in fact we have always kept up with the times and introduced smart new elements," Louisa points out. "We are not lagging behind."

# 博愛 成長史

## Milestones in a long history

### 從鄉村院舍到綜合醫院 From rural clinic to modern 24-hour hospital

博愛醫院在百年間經歷多次重大變遷。1913年，廣東增城商人黃瑞路經元朗，見百姓求醫無門的苦況，遂籌集資金並夥同元朗鄉紳鄧壁如購入元朗坳頭地段建設方便所，惜最終因資金短缺擱置。直至1919年，鄧氏後人鄧煒堂為追念前人義舉，與港商趙秋田、趙心田等合捐3500港元在墟內建設院舍和數間石屋，命名為「博愛醫院」。初期只提供中醫服務，對外贈醫施藥、留醫施棺等。

1940年代日軍佔領香港，博愛醫院頓成頹垣敗瓦。戰後，商人趙聿修重修醫院，獲當地鄉紳響應，改建成鋼筋三合土建築，更增辦婦女免費西醫留醫、留產服務，成為當時新界最大的中西醫結合醫療機構。1960年起，博愛成為政府補助醫院，之後擴建新院、北翼大樓，陸續增建手術室、分科診療等。

1991年，博愛醫院加入醫管局，配合新界其他醫院重整服務規劃，並於2003年展開重建及擴建工程。2006年搬遷舊院病人往新院，翌年重啟24小時急症室服務，並大力發展日間醫療和各大專科，成為今天多元化的地區醫院。



博愛醫院曾設留醫室和留產室。  
The hospital's former patient room and obstetrics room.

Pok Oi Hospital has seen extraordinary evolution over the past century. The seeds of the hospital were sown when benefactor Wong Shui from Zengcheng in Guangdong province visited Yuen Long in 1913 and empathised with residents who had no medical facilities at the time. Together with Yuen Long native Tang Pil-yu, he donated money to build a clinic in Au Tau, Yuen Long. The plan was eventually shelved, however, because of a shortage of funds. In 1919, another benefactor Tang Wai-tong donated HK\$3,500 with other donors, including businessmen Chiu Chow-tin and Chiu Sam-tim, to build a number of outbuildings and stone houses in Yuen Long Market, which was named Pok Oi Hospital (POH). In its early days, the hospital provided only Chinese medicine services together with free hospitalisation and free coffins.



1980年代博愛舊貌。  
POH in the 1980s.

By the time the Japanese occupied Hong Kong in the 1940s, the hospital had fallen into disrepair. Businessman Chiu Lut-sau raised money to rebuild the hospital with the support of local dignitaries after the war. A single and modern hospital was built, and western medicine services were introduced, including free maternity services. The hospital became the largest integrated provider of Chinese and western medicine in the New Territories at the time. From 1960, it became a government-subsidised hospital, and was later expanded to include a new north wing, additional operating theatres, and sub-specialties.

POH officially joined the Hospital Authority in 1991 as part of a restructuring of hospitals serving the New Territories and was then further redeveloped and expanded in 2003. In 2006, patients were moved to a new hospital building and a 24-hour accident and emergency service resumed the following year. The hospital developed ambulatory care services and major specialties, growing into the diversified regional hospital it is today.

### 風雨碑亭 The Memorial Arbour

博愛醫院初建院時有一座風雨碑亭，石碑記錄建院經過，如今院內亦有復刻碑亭。

A memorial arbour was built at the time of the original construction of the hospital to mark its completion. The current arbour is a replica of the original.



### 慈善籌款 員工總理樂也融融 Directors and staff with a shared mission

博愛醫院於1950年正式組織董事局和設立總理制，每年一屆公推熱心人士出任。羅遠東說，醫院加入醫管局之前，員工由董事局聘任，彼此關係密切，「每年籌款節目《博愛歡樂傳萬家》，我們也有幫手」，更不時響應賣花籌款、社區活動等。

A Board of Directors was first established in 1950 to oversee all aspects of the hospital's operations with election every year. According to Eric Law, before POH was put under HA, hospital staff was appointed by the Board and had a close relationship with each other, participating each year in the Pok Oi Charity Show as well as a host of fundraising and community events.

### 暑期大熱手術 Delicate summertime surgery

每逢暑假，總見到有大批男童出入醫院，原來是來割包皮。該院自2008年推出「暑期兒童手術方案」，協助有需要的中小學生進行全身麻醉包皮環切手術。有份推動此項目的杜健瑩表示，該計劃是當時博愛獨有，甚受家長歡迎，每逢暑假醫護人員便會訂兒童餐、雪糕、糖果，甚至提供遊戲機和魔術表演。



羅sir (右) 以前經常參與董事局的籌款活動和義工服務。  
Eric Law (right) often took part in fundraising activities and volunteer services of the Board.

POH has held a Summer Child Surgery Programme to provide circumcision under general anaesthetic for primary and secondary school pupils since 2008. Frances says the surgery was only conducted in POH and always popular in summer holidays with parents. Healthcare workers would arrange children's meals, ice cream, sweets, and even games and magic shows for the boys.

### 博愛文物知多啲 Symbols of a rich history

#### 牌坊 Paifang

於1950年代重修醫院時興建，是昔日醫院正門入口，牌坊正面及背面的對聯是著名書法家岑光樾及區建公的墨寶。

The traditional arch was built in the 1950s following the renovation of the hospital. The couplets on the front and back of the paifang were created by famous Chinese calligraphers Cen Guang-yue and Au Kin-kung.



#### 神農氏畫像 Painting of Shennong

院內安奉神農像，代表「贈醫施藥」精神，歷屆總理就職前，都會向神農像行禮。員工升職也會去畫像前「拜一拜」。

A painting of Shennong – the divine farmer and patron deity of Chinese traditional medicine practitioners – represents the hospital's mission to heal the sick. All board directors would pay homage to Shennong before they were inaugurated and employees would seek his blessing before promoting to new roles.



醫管局大會新成員 New HA Board Member

## 湯修齊：公職路上學無止境

Henry Tong: Keep learning in the course of public service



湯修齊商界出身，擁有多年社會服務及教育管理經驗，從小立志服務社群。過去他出任醫院管治委員會成員時，體驗到醫院承受的壓力，去年底他加入醫管局大會，對醫管局運作涉獵更廣，並關注人才短缺、門診輪候時間長等難題。湯修齊認為從事公共服務首先要有熱誠，更要時刻裝備自己，才能為機構帶來更有效的實踐經驗。

### 推醫教社合作減公院壓力

「醫院是最難管理的機構，尤其是醫管局提供全港九成住院服務，可以想像服務壓力之大，因此我特別欣賞前線醫護同事的無私奉獻和專業精神。」湯修齊認為，除了在可持續發展框架下完善醫院服務，例如擴展公私營合作等解困措施以外，他亦期望借助社會力量推動「醫教社」合作，以減低公營醫療壓力，「以往多數講『醫社合作』，但其實『教』的元素也很重要。從中小學、甚至幼稚園便推廣健康教育活動，並為有需要的學生在社區和校園提供相應身心支援，做到及早介入，可舒緩醫院接收病人的壓力。」湯修齊解釋。

湯修齊表示，大多數企業會訂定 KPI（關鍵績效指標），為機構發展訂立整體規劃及方向，以提升企業績效，以往他

擔任家庭與學校合作事宜委員會主席時，亦曾訂立推動家長教育等 KPI；至於他自己在醫管局的 KPI，湯修齊說目前尚在學習階段，「首兩年我會先裝備自己，以往我較多接觸個別聯網、醫院，現在面對整個公營醫療系統，需對不同範疇有更深入認識，才能提出有用建議。」

他認為從事公職學無止境，才能發揮跨專業優勢，「許多醫管局大會、醫院管治委員會成員對自身專業如建築、測量、商界等有寶貴經驗，但若全面掌握醫療政策，例如十年醫院發展計劃、基層醫療健康藍圖等，有關醫院運作的培訓課程將有助讓成員更融會貫通，發揮所長。」

湯修齊是逸傑國際慈善基金會副主席，曾到訪廣東省肇慶市探望唇顎裂嬰兒。

Henry is the Vice Chairman of Beam International Foundation and has visited babies with cleft lip and palate in Zhaoqing of Guangdong Province.



湯修齊（後排左）定期探訪學校、社區中心和老人院。

Henry Tong (back row, left) regularly visits schools, community centres, and homes for the elderly.

Businessman **Henry Tong** has a lifelong commitment to helping the community since his childhood and – after serving hospital governing committees (HGCs) – is in no doubt that hospitals are under a great pressure. With decades of experience in public service and education management, Henry joined the Hospital Authority (HA) board at the end of last year and sees a shortage of talent and the long waiting times for outpatient services as his key concerns. He believes performing public service requires passion and a willingness to learn, so as to bring a more effective and practical impact.

### Promoting medical-educational-social collaboration

Explaining why managing hospitals is such a challenge, Henry points out, “90% of inpatient services are provided by HA, so you can imagine the enormous pressure on the services. That is why I particularly appreciate the dedication and professionalism of our frontline medical staff.” Apart from improving hospital services under the sustainability framework like the expansion of public-private partnerships, he also suggests promoting medical-educational-social collaboration with the help of social resources to relieve the pressure on the public healthcare system.

“In the past, most people talked about medical-social collaboration, but in fact the educational element is just as crucial,” he explains. “Health education activities can be conducted in primary and secondary schools and even kindergartens. Meanwhile, corresponding physical and psychological support can be provided to students in need in the community and on campus so that illnesses can be identified earlier, thereby easing the pressure on hospitals.”

Many businesses set Key Performance Indicators (KPIs) to establish an overall development plan and direction and to improve performance. Henry also set KPIs when he was the Chairman of the Committee on Home-School Co-operation, dealing with issues such as parent education. He says he will work towards setting similar KPIs in his new role but will begin by learning the system. “I will start by equipping myself in the first two years,” he says. “In the past, I dealt with individual clusters and hospitals but now I am dealing with the whole public healthcare system, which requires a more comprehensive understanding of different aspects before I can make useful suggestions.”

Henry strongly believes there is no end to the learning journey in public service in order to contribute multi-disciplinary strengths. “Many members of the HA Board and HGCs have valuable experience in their own professions such as architecture, surveying, and business,” he reflects. “Training courses about how hospitals operate would definitely aid members having a full grasp of healthcare policies including the 10-year Hospital Development Plan and the Primary Healthcare Blueprint, such that they can master a wider range of healthcare issues.”



湯修齊與兩名子女感情要好，經常一同出遊。

Family man Henry enjoys travelling with his two children.



# 屯院手術室擴建大樓導賞團

## Tour to TMH Operating Theatre Block Extension

屯門醫院最近豎立一座新大樓，純白色的外牆為整個醫院建築群增添活力。這裡原是露天停車場，早年被規劃作擴建手術室大樓之用，新大樓樓高10層，樓面面積達2.2萬平方米，與主座的手術室大樓相連，相關部門及服務已陸續遷入。

Tuen Mun Hospital has recently erected a new building, with its pure white exterior adding youthful vitality to the entire hospital complex. This was originally an open carpark, which was planned for the expansion of the operating theatre block in the early years. The new building is 10-storey high, covering an area of 22,000 square meters, and is connected to the main operating theatre block. The relevant departments and services have gradually moved into the new building.

### 產科設施

#### Obstetric facilities



產床由原本10張增加至13張，每張產床升級至獨立產室設計，每間產室平均約300平方呎，附設獨立廁所、淋浴設施，醫療設備齊全，產婦的私隱度及舒適感大大提升。其中一間產室更配備負壓設計，進一步保障同事的工作及產婦的安全。

The number of delivery beds has been increased from 10 to 13, with each bed upgraded to a single delivery room design. Each delivery room is approximately 300 square feet on average and comes with a private toilet, shower facilities and comprehensive medical equipment. The privacy and comfort of the maternity are greatly enhanced. One of the delivery rooms is equipped with negative pressure, which further ensures the safety of staff operation and maternity during delivery.

### 員工設施及後勤設施

#### Staff facilities and back-end facilities

員工設施例如員工休息室、會議室等，為同事提供休息空間，並方便同事進行非臨床工作。

Staff facilities such as the rest areas and meeting rooms provide staff with a space to rest and facilitate them in carrying out non-clinical duties.



### 深切治療部

#### Intensive Care Unit



深切治療部病床由30張增加至38張，每張病床設有專屬電視。病房透過窗戶引入自然光，讓病人得悉晝夜及外界生活，推動他們盡快投入復康階段。

The number of beds in the Intensive Care Unit has been increased from 30 to 38. Each bed is equipped with a dedicated television, and the ward applies natural lighting, allowing patients to be aware of day and night as well as the outside world, encouraging them to the recovery stage.

### 手術室（預計今年底陸續遷入）

#### Operating theatres (expected to commence service at the end of the year)



手術室會由11間增加至20間，並陸續引入術中磁力共振掃描造影系統、高強度聚焦超音波、複合手術室、手術機械臂等，以便利各種大型複雜手術。手術室採用模塊式設計，選用的物料方便清潔及消毒；維修或保養檢查時只需處理有關板塊，大大縮短維修所需時間，減低對手術室運作的影響。

The number of operating theatres will be increased from 11 to 20, and various advanced technologies will be introduced, including intraoperative magnetic resonance imaging, high-intensity focused ultrasound, hybrid operating theatres, robotic surgery, etc., to facilitate various large and complex surgeries. The design of modular operating theatres and the choice of materials make it easy to clean and disinfect the equipment and surfaces above. Maintenance or repair inspections can be carried out by handling the relevant modules, thereby reducing the time required for maintenance and minimising the impact on operating theatre services.

### 急症室

#### Accident and Emergency Department (AED)



擴建及翻新原有急症室後，整體面積將增加約一倍，擴建部分的急症室設登記處、分流站、等候大堂及診症室等，大幅提升急症室處理次緊急及非緊急個案的能力。急症室全面推行無紙化及電子系統，候診病人可更清晰掌握輪候資訊。

After the expansion and renovation of the AED, the overall area will increase by about double. The expanded AED includes registration counters, triage stations, waiting lobbies, and consultation rooms, greatly increasing the capacity to handle semi-urgent and non-urgent cases in the AED. The AED has fully implemented paperless and smart systems, allowing patients to have a clearer grasp of the waiting information.



10F  
9F  
7F  
5F  
3F  
1F

8F

6F

4F

2F

GF

護訊鈴  
用

AI

找高危糖尿病人

PSCC identifies higher risk DM patients by AI



護訊鈴以電話聯絡病人提供健康建議，若認為病人有特別醫療需要，會向聯網醫療團隊尋求意見及支援。

Apart from providing health advice through phone calls, PSCC nurses will seek advice from clusters' clinicians and nurses if patients have special medical needs.

「我怕有副作用，所以未有決心服用糖尿病藥，幸好護訊鈴護士致電解釋，才令我正視病情，定時服藥。」劉女士去年底確診糖尿病，有相對高風險引發慢性腎病，因此獲納入「護訊鈴慢性疾病管理計劃」。「護士不時致電教導我如何食得健康，監察理想血糖、血壓指標等，我現在更有信心可以控制好血糖。」

先導計劃於2021年推出，採用「糖尿病風險預測模型」內的臨床數據並結合人工智能，及早識別有高風險或已有輕微腎病的病人。「我們一般在半年內致電每名病人11次，當中亦會運用心理學的『動機式會談技巧』，以推動實踐正向行為改變。我們了解病人的困難，聆聽他們的想法及感受，一起尋找解決方法。例如病人曾戒煙，我們會引導他回想當日的誘因作為推動力。由病人親自參與設計方案，比起說教式溝通更有說服力。此外，我們亦會考慮其他因素如飲食、生活習慣及工作性質，再為病人制訂可行的個人化方案。」護訊鈴註冊護士陳翠珊說。

醫管局現有逾54萬糖尿病患者接受治療。護訊鈴科組經理廖淑君表示有信心計劃可改善病人健康，防止或延遲出現慢性腎病。「計劃已於4月重啟，我們現正積極跟進有需要病人，半年後會收集數據及分析成效，亦會檢討擴大有關計劃至其他慢性疾病的可行性。」

“I didn't take the medications at first because I was concerned about the side effects. Fortunately, the nurse from Patient Support Call Centre (PSCC) explained that the medications are essential for controlling my diabetes,” says Ms Lau. She was diagnosed with diabetes mellitus (DM) in late 2022, and was then recruited to the Chronic Disease Management (CDM) Programme due to her potential risk of developing chronic kidney disease. “The nurse calls me from time to time and advises me on proper diet, blood glucose and blood pressure monitoring etc. I am now confident in controlling my blood sugar.”

The pilot programme was launched in 2021, utilising clinical data and artificial intelligence (AI) of the DM Risk Model to identify patients at relatively higher risk of developing or having developed chronic kidney disease at an early stage. “Each patient will receive around 11 calls over six months. Nurses also adopt ‘Motivational Interviewing Skill’ to make a positive behavioural change. We encourage patients to express their own barriers and work on a solution together. Take smoking cessation as example, we let our patients to identify their own enablers and acknowledge their ambivalence and feelings. The patient's personal involvement is more persuasive than didactic communication. Other factors like patients' dietary habit and lifestyle as well as their job nature are also considered in the customised care plan.” says Janus Chan, Registered Nurse of PSCC.

Currently, there are over 540,000 active diabetic patients receiving treatment in Hospital Authority. Jess Liu, Unit Manager of PSCC, says she is confident that the programme would improve patients' health and prevent or delay the onset of chronic kidney disease. “The programme resumed in April this year. We are actively following up patients in need and will collect data to evaluate the effectiveness in six months' time. We plan to review the feasibility of extending the programme to other chronic diseases after evaluation.”

## 高壓氧治療艙 一人成行 醫患同受惠

Monoplace HBOT chambers  
improve patient care  
and colleagues' safety

東區尤德夫人那打素醫院高壓氧治療中心自2018年9月起投入服務，並於今年引入兩個單人高壓氧治療艙，收治病情相對穩定、屬長期慢性適應症，或有傳染風險的患者。高壓氧治療能增加病人身體組織氧氣含量，消除血管氣泡阻塞及促進血管增生等。配合現有的多人治療艙服務，預計非緊急病人輪候時間可縮短一半，新服務亦可減低醫護同事工作風險。

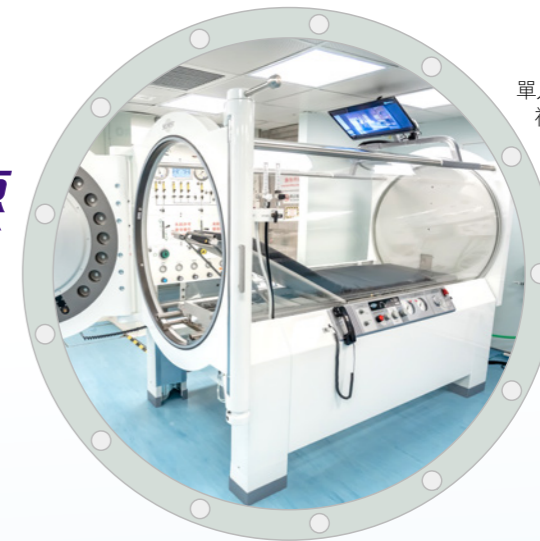
深切治療部副顧問醫生鄧建邦解釋，以往在多人治療艙至少要有一名醫生或護士在艙內照顧病人。由於治療期間醫護於艙內呼吸空氣，其體內氮氣含量會比正常高兩三倍，醫護出艙後體內氮氣積存會增加患上減壓病的風險，病徵包括頭暈、氣喘、關節肌肉疼痛等，因此醫護每24小時只可在艙內工作一次。

為安全起見，同事進入多人治療艙工作前須填寫健康申報表，以證明身體狀況適合在高壓環境工作。若出現上呼吸道感染或會影響反壓能力，誘發耳膜疼痛甚至鼻竇出血。「部門要求同事每月進行身體檢查，每年亦要做年檢證明身體狀況適合繼續工作。現在增設單人治療艙，我們可於艙外監察病人情況，減低同事工作風險，人手調配也更靈活。」



鄧建邦醫生（右四）表示，疫情期間醫護未能到外國接受高壓氧艙醫療培訓，院方自設本地培訓課程。

Dr Tang Kin-bong (fourth from right) mentions that during the epidemic, staff were unable to travel overseas for HBOT training. Therefore, local HBOT training courses were developed.



單人治療艙外設有電視機為病人解悶，設計人性化。

The monoplace chamber is designed to be humanised. A television is equipped to provide patients with entertainment.

The Hyperbaric Oxygen Therapy (HBOT) Centre commenced service at Pamela Youde Nethersole Eastern Hospital (PYNEH) since September 2018. Two monoplace hyperbaric chambers have been introduced to the centre this year for indicated chronically ill patients with relatively stable condition, or whom with infection control precaution. HBOT elevates oxygen content in body tissues, eliminates intra-vascular gas bubbles obstruction, and promotes angiogenesis, etc. Together with the existing multiplace chambers service, waiting time for elective patients are expected to be reduced by half. The new service can also reduce the occupational hazard among clinical staff working in the centre.

Dr Tang Kin-bong, Associate Consultant of Intensive Care Unit explains that before the era of monoplace chamber service, at least one doctor or nurse was required to take care of patients inside the multiplace chamber during treatment. After breathing in air under pressure, the nitrogen content inside the body will be two to three times higher than normal. This will increase the risk of suffering from decompression sickness afterwards. Symptoms of decompression illness include dizziness, shortness of breath, joint and muscle pain, etc. Therefore, staff can only work in the chamber once every 24 hours.

For safety reasons, colleagues are required to fill in a health declaration form before working inside the multiplace chamber to ensure they are fit to work in hyperbaric condition. If they suffer from upper respiratory tract infection, the illness may impair their ability for equalisation and may lead to ear pain or even bleeding from the sinuses. “Staff are requested to undergo monthly health check and annual medical surveillance to ensure they are fit to work. With the introduction of the monoplace chambers, we can monitor our patients' condition outside the chambers. This can effectively reduce staff occupational risk, allow more flexible staff deployment,” Dr Tang says.

# 屯門醫院的人情事

## The human touch of TMH



為記載屯門醫院（屯院）創院以來的人、情、事，屯院出版一本名為《屯門醫院 30 年一處變精誠 • 守護民康》的紀念書冊，細訴作為首間以地區命名的社區醫院，如何發展成為新界西醫院聯網龍頭醫院。書中訪問了屯院歷任院長 / 行政總監及資深同事，分享他們如何排除萬難，上下一心為屯院建立完善機制，發展為現時近八千人團隊，一起見證屯院與社區同步成長。屯院還舉行了分享會，新舊同事濟濟一堂。想知道屯院多年來的變遷，可以掃描本頁 QR code。

Tuen Mun Hospital (TMH) has unveiled a commemorative volume to record the remarkable memories since its establishment, showcasing TMH's development as the first community hospital named after the district to the leading hospital of New Territories West Cluster. Generations of Medical Superintendent/ Hospital Chief Executive and senior colleagues shared the challenges they encountered and conquered in the book, demonstrating how they wholeheartedly established a complete mechanism for the hospital and built up the team of nearly 8,000 members to date. Colleagues have witnessed the growth of TMH together with the community over the past decades. A book launch event gathered former and current colleagues was held to share their precious moments at TMH. For details, please scan the QR codes on this page.



時任港督衛奕信爵士親臨主持屯門醫院開幕禮。  
The then Governor Sir David Wilson officiated at the opening ceremony of TMH.



屯門醫院自 1994 年起舉辦團隊建設訓練活動，涵蓋多個部門，建立深厚團隊文化。

TMH has organised team building activities which included various departments since 1994, fostering a strong team culture.

屯門醫院書冊分享會於 4 月圓滿舉辦。  
(左起) 莫俊強醫生、王耀忠醫生、高拔陞醫生、鄧耀鏗醫生及尹耀宗醫生。

A sharing session at the book launch event was held in April. (From left) Dr Mok Chun-keung, Dr Wong Yiu-chung, Dr Tony Ko, Dr Simon Tang and Dr Wun Yiu-chung.



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