



THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Family Physicians Links

Message from the President



Magic Number Six

The Education Committee of the Hong Kong Academy of Medicine has discussed the report of the Review Visit on Medical Education and Training of HKU/CUHK commissioned by the Hong Kong Medical Council. They have noted that:

- The Academy's training requirements (of at least 6 years) are stipulated in the HKAM ordinance and Bylaws;
- While Bylaws can be amended, the consistency for Fellowship requirements may need to be considered, if all other specialties under the Academy require a minimum of 6 years;
- Whether having a great disparity in requirements would give impression that some specialties are "superior/inferior" than others.

It was finally agreed that (a) the College of Family Physicians would be requested to submit their views on this with information on FM training in other countries; (b) the Secretariat would search archives to see if there was rationale on setting the duration of training at 6 years in Hong Kong.

The above request was discussed extensively during last month's Council meeting. It is expected to have more widespread discussions and consultations among College members before an official standpoint could be established and reported to the Education Committee. Therefore, an Ad Hoc Committee was set up to study all issues in relation to the future development of Family Medicine in Hong Kong. It is convened by our Censor Dr. Donald K.T. Li. A meeting was held on 6 October which included nearly all Council members and Censors. Reviews and discussions about Family Medicine undergraduate education, post-graduate vocational training programme for trainees, training opportunities for non-AM Fellows and members were thoroughly covered. The needs and expectations of the community to the quality and standard of training in Family Medicine were also considered. At the end of the meeting, several recommendations were made:

- Review the existing vocational training programme to cater for different levels of expectations. The concept of Generalist vs. Specialist needs to be well packaged and presented to the medical profession and the public for their easy understanding.
- Improve the recognition of achievements of those who have attained qualifications short of the HKAM Fellowship in Family Medicine. The validity of specialist training and assessments needs to be addressed.
- Strengthen researches in Family Medicine, especially outcome assessment of the effectiveness of primary care doctors and family physicians.
- Develop alternative vocational training pathways for those who have acquired intermediate qualifications but have no or insufficient training. Review mechanisms to assess and recognize clinical experiences in Family Medicine.

- The role of our College should be setting standards of training and assessments of primary care doctors which are endorsed by statutory power of HKAM.

I will take these recommendations to the coming Council meeting for endorsement. These will be used as subgroup headings to engage more members and Fellows to organize meetings or forums to collect comments and suggestions in the coming weeks and months. I shall invite Council members or Fellows to lead as Conveners of each subgroup. I hope in 3 months' time, a proper document can be prepared from the input of these subgroups to be presented to the Education Committee of HKAM in response to the enquiry.

This is one of the most serious tasks presented to our College which may have profound influence in the coming decades, not just for our College or the discipline of Family Medicine but the whole medical profession and the health care system in Hong Kong. It is a very good opportunity to overhaul our existing training programme and make critical refinement in line with changes in lifestyles, disease patterns and morbidity in Hong Kong for the past 20 years.

A proper review of the role of our College in the Hong Kong Academy of Medicine would be important and timely. Would our standing be tarnished by any deviation from the magic number six? Was there an inferiority complex among us which casted an undue influence and dominated our discussion? Would our discipline be looked down by other specialist colleagues if we did not have six years of training? These are interesting questions to be answered.

Our College has 1604 members, 228 HKAM Fellows and 324 trainees enrolled into the training programme. How can we strike a balance to serve the rest of other members who has no direct linkage with the Academy? Is it fair to this group of members as if they were left out? This situation is definitely divisive to the morale among this group of members. I have heard many complaints about this issue and our College has been branded as adopting a policy of "Elitism". 16 years ago when we joined the Academy as one of the thirteen Founding Colleges, we had about 59 AM Fellows to start with but now we are among the smallest College within the Academy, why? Recently, I attended the Conferment Ceremony of Hong Kong College of Physicians, they admitted over 60 AM Fellows this year!

I appeal to all members and Fellows to contribute their time and wisdom when being asked or invited by the subgroup Conveners to participate in various meetings and consultations for opinions. The document is going to affect all of us and every member should take this matter seriously.

Dr. Gene W W Tsoi
President

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Issue 68
October 2009

"Council Member-On-Duty" (CMOD) System

Dear College members,

We are still providing this alternative channel of communication for you to reach us. Do let us have your ideas and comments so that we can further improve our services to all the members.



For this month, from 15th October 2009 till 14 November 2009, Dr. Cheung Man Kuen and Dr. Samuel Wong will be the Council Members on duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments about anything relating to our College and Family Medicine. You can reach us by contacting our College Secretariat by phone: 2528 6618, by fax: 2866 0616, or by email: hkcfp@hkcfp.org.hk. Once we receive your call or message, we will get in touch with you directly as soon as we can.

Dr. Raymond C.H. Lo
Co-ordinator, CMOD System

Board of Conjoint Examination News

The Board of Conjoint Examination is pleased to announce that the following candidates passed the 23rd Conjoint HKCFP/RACGP Fellowship Examination (Written Segment) 2009.

Dr. Chan Chi Ho	Dr. Kwok Chi Ming
Dr. Chan Shan Ching	Dr. Kwok Hon Chu Kenneth
Dr. Chan Yam Wo	Dr. Kwong Hon Kei
Dr. Chan Yu	Dr. Lau Ying Hon
Dr. Che Ka Seng	Dr. Leung Mei Tak
Dr. Cheng Kit Wing	Dr. Li Chee Lan Lina
Dr. Cheuk Man Cheong Eric	Dr. Lo Wai Hon
Dr. Choi Chuen Ming Clarence	Dr. Ng Wai
Dr. Chow Kim Yue	Dr. Pong Pong
Dr. Chu Lai Shan	Dr. Siu Lok Man
Dr. Chung Wai Ho	Dr. So Fong Tat
Dr. Ho Ka Kei Edward	Dr. Yip Pui Chuen
Dr. Hui Suk Yin Mandy	Dr. Yip Wing Yi
Dr. Hung Lok Lam Susanna	

Annual General Meeting & Annual Dinner**The HKCFP 32nd Annual General Meeting**

Date:	12th December 2009 (Saturday)
Time:	18:00
Venue:	Super Star Seafood Restaurant (Wan Chai Shop) 1/F., Shui On Centre, 8 Harbour Road, Wanchai, Hong Kong
Admission:	Members only

The HKCFP 32nd Annual Dinner

Date:	12th December 2009 (Saturday)
Time:	19:00 Reception 19:30 Chinese-Style Dinner
Venue:	Super Star Seafood Restaurant (Wan Chai Shop) 1/F., Shui On Centre, 8 Harbour Road, Wanchai, Hong Kong
Admission:	Members and their families, free of charge
Registration:	Registration for Annual Dinner will be made on a first-come-first-serve basis. Please reserve your seat via College Secretariat as soon as possible. (Tel: 2861 0220)

Membership Committee

The Council approved, on recommendation of the Membership Committee Chairman, the following applications for membership in **September 2009** Council Meeting:

Associate Membership (New Application)

Dr. Cheung Lo Ki Charmaine	張露琪
Dr. Ho Shu Wan	何書韻
Dr. Ki Chi Wing Samuel	紀智榮
Dr. Kum Chung Hang	甘仲恆
Dr. Lau Cynthia Siu Wai	劉小璋
Dr. Lau Wing Man	劉永文
Dr. Lee Hung Fai	李熊輝
Dr. Leung Hau Yee	梁巧儀
Dr. Leung Yin Ching	梁燕菁
Dr. Leung Yuen Kin Kenneth	梁沅鍵
Dr. Mok Kwan Yeung	莫昆洋
Dr. Xu Shaowei	徐少偉
Dr. Yiu Yee Ki	姚綺旗
Dr. Yio Shing	尤誠
Dr. Yu Nga Yui Florrie	俞雅蕊

Application for Non-HKSAR Membership

Dr. Fernando Elizabeth	
Dr. Fernando Merlyn Edward	
Dr. Lim Kheng Chin May	林慶真

Reinstatement of Associate Membership

Dr. Chan Chung Keung Cary	陳宗強
Dr. Ma Shu Kai	馬書楷

Resignation from Associate Membership

Dr. Cheng Lok Yan Eunice	鄭樂恩
Dr. Chow Kin Wa	周建華
Dr. Fong Man Yee	方敏儀
Dr. Kwok Wing Hang Dorothy	郭穎恒

Resignation from Full Membership

Dr. Dong Hedy	唐海蒂
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Resignation from Fellowship

Dr. Ng Tze Kong	吳梓江
Dr. Wong Pui Hang Christina	黃珮珩

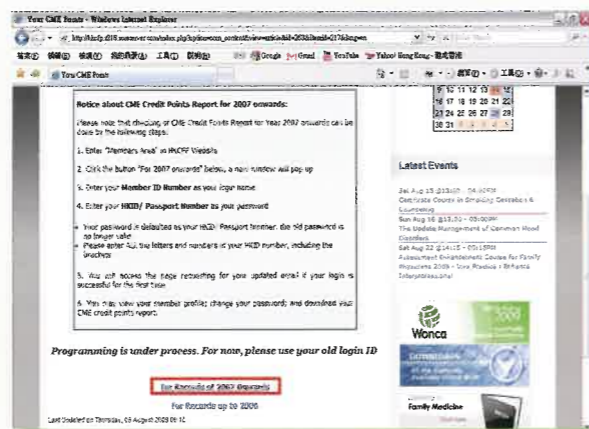
QA&A News – CME Report goes Paperless

To preserve our environment, hard copies of Annual CME reports **WILL NOT** be sent to your mailing address starting from the end of 2009. To check your updated report, please visit the QA&A section under the College website <http://www.hkcfp.org.hk>.

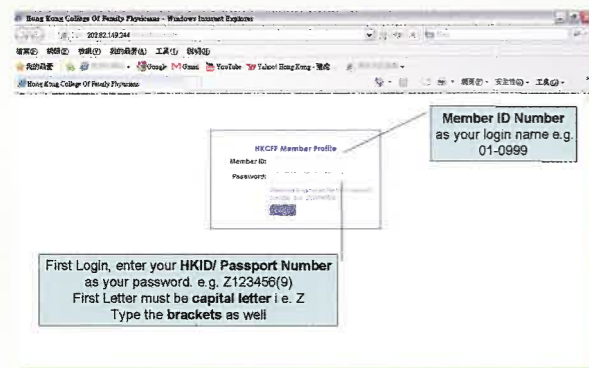
Step 1 - Click "Your CME Points" under QA&A Section



Step 2 – Read the instructions and click "For Records of 2007 Onwards"



Step 3 – A new window pop up and login



Please be reminded that, points entry for college activities may take 2 weeks and activities of other organizations may take 1 – 2 months. It is important to confirm all your marks **BEFORE 26 February 2010 (Friday)** as CME Certificate for 2009 will be issued based on the marks on your CME report.

Board of Vocational Training and Standards News

Reminder: Submission of Training Logbook for Certification of Completion of Basic Training

To all Basic Trainees,

For those who have completed four-year basic vocational training, please submit your training logbook for certification of completion of basic training as soon as possible. Logbooks must be submitted within 3 months of completion of basic training, otherwise trainees will have to continue paying the Annual Training Fee.

Should you have any enquires, please contact our College Executives, Ms Carmen Cheng and Mr Patrick Wu at 2528 6618.

Basic Training Subcommittee
BVTS

Public Education Committee : New Book Launch

The Hong Kong College of Family Physicians (HKCFP) is delighted to announce the publication of 《健康此中尋》- that aims to increase the community awareness of common diseases and enhance doctor-patient communication.

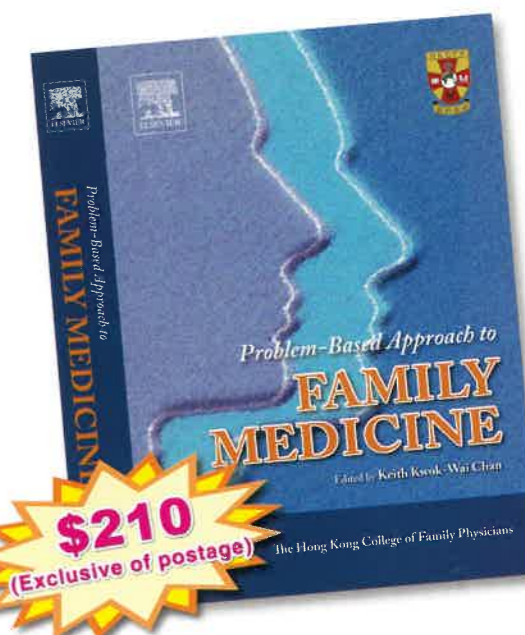
- Book name: 《健康此中尋》
 Author: The Hong Kong College of Family Physicians
 Take Me Home (Local community papers)
 Sponsor: GlaxoSmithKline Ltd
 Feature: - Easy-to-read presentation in Chinese
 - 100 pages
 - More than 20 common diseases or health related information
 - Self evaluation assessments
 - "Tips for talking to your doctors"
 - Health reminders



For those who are interested, self-collection is now available at our Wanchai office. For details, please contact Miss Dickie Lam at 2861 0220.

Publication Committee : Problem-based Approach to Family Medicine

The Committee is pleased to announce the publication of the first academic book from the College – Problem-based Approach to Family Medicine. This comprehensive 500-page book, full of coloured illustrations and photos, was written by a group of experienced family physicians using a scenario-based approach that simulates the work of a family physician. It contains 24 different clinical scenarios commonly encountered in family practice to illustrate the content and principles of Family Medicine. It is an excellent reference book in Family Medicine for undergraduates, practising family physicians and doctors of other specialties locally and world-wide. The original price of the book is \$300 and college members are entitled to a 30% discount*** (postage fee excluded). For those who are interested, please fill in the order form below. We know that you will find this book a valuable tool to further your learning as well as a way to appreciate the fine art of Family Medicine.



*** \$210 is for self-collection at Wan Chai or Wong Chuk Hang office. Amount of postage fee depends on the number of books ordered. For details, please contact Carmen Cheng or Patrick Wu at 2528 6618.

ORDER FORM

To: HKCFP
 Room 701,
 HKAM Jockey Club Building,
 99 Wong Chuk Hang Road,
 Aberdeen, Hong Kong
 (Fax No. 2866 0241)

I am a(an) *Affiliate / Student / Associate / Full / Fellow member of the Hong Kong College of Family Physicians.

I would like to purchase _____ copy / copies of Problem-based Approach to Family Medicine.

Enclosed please find cheque payment of HK\$ _____.
 *** All cheques are payable to "HKCFP Education Ltd".***

Name : _____ Email Address : _____

Postal Address : _____

Tel No. : _____ Date : _____

*Please circle your category of membership.

The HKCFP Award for the Best Research of 2009

The Research Committee of the Hong Kong College of Family Physicians has an Award for the Best Research of the Year 2009. All members and fellows of the College are invited to participate and submit their research papers to the Research Committee for selection. The Award would be presented at the Conferment Ceremony in 2010.

Entry and assessment criteria are listed below:

Entry Criteria:

1. *The principal investigator has to be a member or fellow of the Hong Kong College of Family Physicians.*
2. *The research must be original work of the investigator(s).*
3. *The research should be done in Hong Kong.*
4. *The research must have been completed.*
5. *The paper should be presented under the standard headings of Abstract, Introduction, Methodology, Results, Discussion and Conclusion. References should be listed in full at the end in Harvard or Vancouver format.*

Assessment Criteria:

1. *How relevant are the topic and finding to Family Practice?*
2. *How original is the research?*
3. *How well designed is the methodology?*
4. *How well are the results analysed and presented?*
5. *How appropriate are the discussion and conclusion(s) drawn?*
6. *How useful are the results for patient care in Family Practice?*
7. *How much effort is required?*

Each research project submitted will be assessed according to the seven criteria listed above by a selection panel. Each criterion may attract a different weighting to be decided by the selection panel. Please send your submission to: Research Committee, HKCFP, Rm. 802, 8/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong.

DEADLINE OF SUBMISSION: 31st January, 2010.

HKCFP Research Fellowship 2010

Introduction

The HKCFP Research Fellowship was established by the Hong Kong College of Family Physicians to promote research in family medicine. The grant is up to the value of HK\$100,000. It provides the successful candidate with protected time to develop research skills. Applicants are expected to have regular contact with a nominated supervisor with **research doctorate degree or equivalent.**

Eligibility

Applicants for the HKCFP Research Fellowship must be active fellows, active full members or associate members of the HKCFP. New and emerging researchers are particularly encouraged to apply.

Selection criteria

Applications will be judged on*:

- training potential of applicants
- relevance to family medicine and community health
- quality
- value for money
- completeness (incomplete or late applications will not be assessed further).

** Please note that new researchers and those at an early stage of their research careers are encouraged to apply.*

How to apply

1. Application form, terms and conditions of the Fellowship can be downloaded from www.hkcfp.org.hk or obtained from the College Secretariat, HKCFP at Rm. 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong. Tel: 2861 0220 Fax: 2866 0981
2. Applicants must submit:
 - the completed application form,
 - the signed terms and conditions of the HKCFP Research Fellowship,
 - a curriculum vitae from the principle investigator,
 - a curriculum vitae from the co-investigator(s), AND
 - a curriculum vitae from the supervisor.
3. Applications close: March 31, 2010. Late applications will not be accepted.
4. Applications must be sent to Chairman, Research Committee, The Hong Kong College of Family Physicians, Rm. 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong.

HONG KONG CHECK 2010 CONTINUOUS HOME EVALUATION OF CLINICAL KNOWLEDGE

Published by the Royal Australian College of General Practitioners for the last 25 years, *Check* is one of the most successful continuous medical education journals in the world.

The Hong Kong College of Family Physicians, in collaboration with the Royal Australian College of General Practitioners, runs a Hong Kong version of the Check program.

It comes in case presentation format and examines a different medical topic every other month.

Now the *Hong Kong Check* for 2010 (6 issues) is open for subscription. Those who wish to subscribe please fill in the form below and mail it back to the Editor with payments. The subscription rates will be \$550 for members and \$850 for non-members.

Members who subscribe to the *Hong Kong Check* 2010 will be awarded CME credit points for satisfactory completion (at least 75% of the questions) of the HKCFP "Check on Check" program issued at the end of the year.



Editor,
The Hong Kong Practitioner,
HKCFP,
Room 802, 8th Floor,
Duke of Windsor Social Service Building,
15 Hennessy Road, Hong Kong.

I am a(an) Non-HKSAR Member / Affiliate / Student / Associate / Full / Fellow / Non-member of the Hong Kong College of Family Physicians.

I wish to subscribe to the *Hong Kong Check* for the year 2010. Enclosed please find cheque payment of \$550 / \$850 (payable to HKCFP Education Ltd.)

Signature : _____
Name : _____
Address : _____
Tel : _____
Date : _____

Classified Advertisements

Positions Vacant

Full time Dedicated and Energetic Doctor wanted in Kwun Tong Clinic 32-34 hours week, preferably versatile in various GP skills, DCH/DFM welcomed. Guarantee+ Profit sharing call Ms. Leung 9758 4262 for interview.

Energetic doctors wanted in general practice on full-time & part-time basis. Clinical support. Attractive basic salary plus bonus. Potential partnership. Please contact Dr. Li at 9662 3540 or ycmc_ho@yahoo.com.

Eye cosmetic surgeon - A laser clinic wants to invite a cosmetic eye surgeon to work half a day per week in the clinic, mainly eye lid surgery for cosmetic purposes. Lots of clients. Very good remuneration. Terms negotiable. Interested please call 6680 9135.

Orthopaedic Specialist - Part time evening session, refreshed by a private medical group, \$2,000 per session. Interested please call Miss Chu 9236 0591.

Haven of Hope Christian Service invites applications for full-time Family Physician. Basic salary plus variable pay. Interested parties please send e-mail to se@hohcs.org.hk or contact Ms. Liu by phone at 2703 3230.

Clinic Available

Modern Office Tower GP Clinic in Kwun Tong next to MTR fully furnished computerized equipped for walk-in-and-practice with private/contract medicine for take over minimal outlay call Ms. Leung 9758 4262.



It is not only a job, it is a direct service to people !

Quality HealthCare integrates a broad spectrum of healthcare services, including outpatient medical, physiotherapy, private nursing and dental services. We are committed to delivering an international standard of healthcare that is ethical, affordable, caring and responsive to the needs of the public.

We provide care for private and corporate contract patients through a network of more than 580 Western and Chinese medical centres, and 45 dental and physiotherapy centres throughout Hong Kong, Kowloon and New Territories.

We are actively expanding and are recruiting the following positions:

GENERAL PRACTITIONER (Full-time / Part-time / Locum) (Ref. No: HKPFP0910 - GP)

- Registered as a medical practitioner in the Medical Council of Hong Kong with about 2 years of medical practice. Candidate with 5 years or above of medical practice experience is preferred

GENERAL PRACTITIONER - COSMETIC SKIN SERVICE (Full-time / Part-time) (Ref. No: HKPFP0910 - GPCSS)

- Registered as a medical practitioner in The Medical Council of Hong Kong with a minimum of 5 years of medical practice experience plus solid experience in skin centre or hospital
- Qualification in Aesthetic Medicine with exposure in performing various cosmetic procedures such as IPL, Laser and Botox. Candidate with Diploma in Practical Dermatology and/or Diploma in Dermatology is preferred
- Candidate who would like to apply for FT / PT cosmetic skin service professional, or start as GP and build up cosmetic skin service will also be considered

We offer attractive remuneration and fringe benefits. Interested parties please send your full resume with current salary, expected salary and reference code to Human Resources Department, Quality HealthCare Medical Services Limited, 4/F, 303 Des Voeux Road Central, Sheung Wan, Hong Kong or via e-mail to hrd@qhms.com

(All applications will be treated in strict confidence and data collected will be used for recruitment purposes only)



Oasis
心靈綠洲

做一個心靈富翁

當富爸爸成了普世價值觀的成功典範，當我們的生活越來越便利享受，當我們的食衣住行娛樂各方面越來越花樣繁多，你幸福嗎？你快樂嗎？

偶然回首，也許你會懷念物質匱乏的60年代，因為那裡有溫馨的情意；也許你會想躲開城市的霓虹燈，因為你擔負著過多的壓力；也許你會想忘記自己的名字，因為你常常覺的人生乏味。

你是否想過：怎樣的人生才是真的有價值？怎樣的生活才算自在而沒有遺憾？得到與失去、付出與收受、快樂與傷心、成功與失敗……我們又該如何看待其中的必然與不必然？人生真的很複雜，複雜到我們窮其一生也難以解開奧秘；既然解不開，我們何妨單純看待呢！只要尋找一種屬於自己的簡單的幸福。簡單的幸福裡，也能有真實的快樂。

幾年前有次回中部小鎮過農曆年，初二我們全家開了兩部車到霧社廬山洗溫泉；初三早上起床後，有人提議到合歡山看山頭的雪，於是在二月冷冷的天氣裡，我們往山上而去。在武嶺，我遇到了一個久未碰面的國中同學，他們一家三口也是利用年節假期上山看遠處山頭積存的白雪。但我訝異的是，他是大老遠騎摩托車上來的，山上很冷，大約只有攝氏7度左右。

我不免瞪大眼睛問他：「怎麼騎摩托車上山？很冷耶！」他微笑的說：「我只有摩托車，當然騎摩托車了，而且不會冷啊！我們一家人可以抱在一起互相取暖。」

我忽然疑惑誰才是「幸福」了。我們將車子的暖氣打開，喝著罐裝熱咖啡聽著音樂上山，累了還可以舒服的靠在座椅上打盹。但我們沒有用彼此的體溫取暖，沒有一家人抱在一起的心靈感動，沒有享受到山上清冷中吹過耳邊的風，也因車窗擋著，沒有看到三百六十度的全景大視野。

「開車上山是貧窮的，騎摩托車上山是富有的。」

我們如果可以當一個富爸爸當然很好，但如果我們只是窮爸爸，我們還是可以讓自己擁有豐富的心靈與生活。與其讓我選擇，我願意是一個擁有富心靈的窮爸爸，而不是一個窮心靈的富爸爸，你呢？

最後，讓我以愛彌兒說的話做為本文結尾。

愛彌兒說：「知足的人永不會窮，不知足的人永不會富。」

<http://www.minghui-school.org/school/article/2009/9/18/46014.html>

(本欄資料由 心靈綠洲—個人成長及危機處理中心提供，特此鳴謝。)

Release of the HKMA CMS 3.0

Clinical Management System(CMS) is not new to Hospital Authority users. Indeed, it is the pre-requisite for the development of electronic patient record(ePR), which in turn is the communication platform between the public and private sector. In August 2009, the Hong Kong Medical Association has released the Clinic Management System (CMS 3.0). On the other hand, the Hong Kong Doctors Union has also released another electronic medical record system for its members in September 2009. All these are good news to all medical practitioners in Hong Kong.

The TaoYuan Project

The TaoYuan Project is a HKMA IT initiative funded by the OGCIO (Office of the Government Chief Information Officer) with its aims to develop a clinic management software for all registered medical practitioners in Hong Kong. It took two years for its development and the software is called HKMA CMS 3.0.

Characteristics of the HKMA CMS 3.0

The HKMA CMS 3.0 is an open-source system. The source code will be available to different IT vendors and hence individual users are not confined to a particular vendor. It has the ability to expand its function to meet individual needs. The data is stored in a password-protected program called MySQL. The legitimate user can have full data access. The system can be used on different computers systems including Windows, Linux, Mac, etc.

The other version of the system, HKMA CMS Wuhan version, also has the ability to communicate with Hospital Authority ePR system and CENO On-line (Central Notification Office of the Department of Health).

General clinical usage includes:

1. Waiting queue and appointment management.
2. Medical background information and vital signs record.
3. Consultation notes and template setting – templates for different diseases/symptoms could be implemented to ease entry of medical information and reduce the time to complete a consultation. Document templates such as letter templates, sick leave and attendance certificates could also be prepared.
4. Uploading of attachments – medical reports, radiographs and clinic photographs of individual patient could be uploaded for record keeping.
5. Diagnosis codes – There are default diagnosis coding systems with ICD9-CM and ICD9-CM short list. With technical support, the system is capable to integrate the coding system for primary care physicians, i.e., the International Classification of Primary Care (ICPC).
6. Drug allergy checking – the system provides word to word checking against drug product names, generic names and ingredients. It would alert users when the allergen is prescribed.
7. Drug prescription and prescribe amount calculation – the system contains a master list from the Department of Health containing all registered drugs in Hong Kong. Individual users could select their respective clinic drug list. There are formulae to calculate the quantity prescribed.
8. Dispensary and payment process – drug labels and invoice can be printed. The payment information can be recorded as well.

The HKMA CMS 3.0 also supports built-in backup and restoration. Vendors can provide additional services, e.g. full disk backup. Vendors can also provide data migration services to the HKMA CMS 3.0 for current users of other clinical data system, such as Clinic Solution, ClinicOne, etc.

Future directions

The HKMA CMS 3.0 is planned to develop as a multi-function platform. Its future use may include E-vouchers, immunization injections, eHR connection and electronic disease surveillance.

Members of HKMA could contact the HKMA Secretariat for a copy of the software and e-learning kit.

Compiled by Dr. Alfred Kwong

Remarks: We will introduce the electronic medical record system by the Hong Kong Doctors Union in the News Corner later.

Sharing from Hospital Authority Central Commissioned Training Programs: Future Development of Family Medicine in Hong Kong

Summarized by Dr. Chan Yin Hang¹, Dr. Chow Chong Kwan¹, Dr. Ng Mei Po¹, Dr. Lee Kar Fai¹, Dr. Chu Tsun Kit¹, Dr. Peter Wan²
Compiled by Dr. Chan Man Li¹

1. Department of Family Medicine, New Territories West Cluster
2. Department of Family Medicine & Primary Healthcare, Hong Kong West Cluster

Overall Program Summary

Experts from different fields of primary care attended the Hospital Authority (HA) central commissioned training programs from 9-10 March 2009. It provided us a valuable chance to learn the most updated policy and trends for Family Medicine.

We learned that at present, the general out patient clinics (GOPD) of HA faced the increasing demands of patient with chronic illness, who represent around 35% of GOPD caseload in 2008. For HA, the new direction of primary care were improving population health as well as disease prevention. This was achieved by risk stratification, multiple discipline platforms, patient empowerment and disease-specific protocol-based coordinated care. Another direction was to improve the primary care system, in particular to serve the low income and underprivileged patients. This was achieved by scheduling appointment for patients with chronic illness, setting up quota for the elderly and networking clinics in the vicinity.

Guests from the Hong Kong Medical Association expressed their views on public private interface. The President of the Hong Kong College of Family Physicians illustrated an example of holistic care in primary clinic.



• Dr. Liang Jun (right) presenting souvenir to Dr. Gene Tsoi (left)

Different experts from allied health also introduced their role in primary care. They had set up different clinics in the society to assist primary care doctors.

Sharing from Hospital Authority Head Office Administrator

In the commissioned training, policy makers and administrators of the Hospital Authority have plans to put more resources and emphasis on the development of primary care in the public sector.

It has a trial program for setting up an integrated community health and primary care centre in Sheung Shui: a coordinated, multi-disciplinary, cross-sectorial and community-based rehabilitation system for health promotion and disease prevention in primary and secondary levels.

As stated by the presenter, the functions of this centre are as follows:

- To modernize facilities and services in order to keep patients out of hospitals,
- To keep the public healthier at the community,
- To enhance primary care services and to meet the growing demand of the community,
- To perform a gate-keeping role to in-hospital and specialist services,
- To enable earlier discharge of patients from hospitals and to reduce re-admissions,
- To enable the public sector, the private sector and NGOs to co-operate and collaborate in the provision of quality and complementary primary care services to the community,
- To promote disease prevention and healthy living.

So what services will be provided in this centre? There will be services from the public sector, the private sector and NGOs.

Primary Care Out-Patient Clinic of Family Medicine (FM) mode of practice, covering the following aspects, might be adopted by the Hospital Authority.

- Out-patient consultation service, with 10 consultation rooms, treatment rooms, assessment rooms and support facilities;
- Step-down clinic for follow-up management of patients referred from specialist out-patient clinics, accident and emergency department, community assessment teams, and infectious disease wards;
- Triage clinic;
- Day treatment centre;
- Community outreaching services team (including community nursing services, community physiotherapy and community occupational therapy);
- Community assessment service;
- Allied health clinic service, such as clinical psychology, dietetics etc;
- Nurse-led clinic service, covering areas such as smoking cessation, management of obesity, drug compliance, stable chronic diseases etc;
- Training facilities for personnel e.g. FM specialists, community specialists, nurses etc.

This centre will be operated by HA, while the services provided by the private sector or NGOs are under planning but will be coordinated by HA as well.

Sharing from Non-Government Organization: Community Rehabilitation Network (CRN) & UCH Nethersole Community Health Service Centre

The importance of self-management was beautifully illustrated by Mr. Peter Poon who shared his experience in organizing the community rehabilitation network for patients with chronic illnesses. *Self-management relates to the tasks that an individual must undertake to live well with one or more chronic conditions. These tasks include gaining confidence to deal with medical management, role management, and emotional management (Adopted from New Perspectives: International Conference on Patient Self-Management, 2005).* The incorporation of self management has promoted the continual care to a higher level and aims at improving the quality of life, which in turn benefits our patients, their families as well as the doctors.

Hospital Authority has provided a substantial proportion of primary care in Hong Kong, but we should not forget the contribution from the NGOs. Dr. Ruby Lai presented the comprehensive scope of services provided by UCH Nethersole Community Health Service Centre. A not-for-profit making organization, this service consists of a team of professionals including doctors, dentists, Chinese Medicine practitioners, dietitians and physiotherapists, and many other professionals. Their mission of providing health promotion and prevention was also illustrated in various screening services and publications currently offered to the community. The wide scope of services have marked their unique and important role in the society.

Sharing from Professor Gabriel M Leung, Under Secretary for Food and Health Bureau, Government of the Hong Kong Special Administrative Region

Professor Gabriel Leung shared the government's view on the development of primary health care in Hong Kong.



• Speech by Professor Gabriel Leung

The World Health Organization defined primary health care as essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford.

Ideally, it included prevention, acute ambulatory care, planning and coordinating care at different levels. Primary health should be delivered by a multidisciplinary team involving doctors, nurses, dentists, physiotherapists, speech therapists, occupational therapists, etc.

The reality, however, was far from satisfactory. Current primary health care in Hong Kong was rather fragmented, insufficiently holistic-orientated and limited in continuity. It focused on curative and episodic care. There was also public-private imbalance. The public had inadequate access to preventive care. Health system reform was therefore necessary.

There were 2 consultation papers on health care system previously, namely "Health for All, the Way Ahead in 1990" and "Building a Healthy Tomorrow in 2005". However, only until 2008, the new consultation paper "Your health, Your Life" addressed the issues of developing basic models for primary care services with emphasis on preventive care. The paper also discussed on how to establish a primary care directory, to provide subsidies for preventive care, to improve public primary care services and to strengthen public health functions.

From the first stage of public consultation, the reform paper seemed to receive great support from both individuals and organizations on the enhancement of primary care. Respondents supported putting more resources to develop comprehensive, holistic and life-long primary care services and agreed on putting more emphasis on preventive care.

Many healthcare professional bodies emphasized that healthcare professionals apart from medical practitioners could play a much more significant role in the primary care system.

In order to implement the suggestions from the consultation paper, a working group on primary care had been set up to recommend future service models and strategic directions of primary care in Hong Kong. 3 task forces were formed, focusing on conceptual models and preventive protocols, primary care registry and primary care delivery models.

The objective of the task force on primary care registry was to facilitate the choice of healthcare professionals providing comprehensive primary care in the community and to promote the concept of a primary care led system. It aimed to establish a dynamic, interactive, multi-modal series of sub-directories for different disciplines in phases. The initial inclusion criteria were going to be loose but a revalidation process in the future is likely.

The prime target of the task force on primary care delivery models was to develop a health care system to keep the population healthy in the community, and admit patients to hospitals only when necessary. There were different options of service delivery available such as by polyclinics. Ultimately, coordination was the most important.

Other health reform initiatives were also discussed in the commissioned training program including electronic health record (eHR), public private partnership (PPP)

and healthcare voucher (HCV). These help to support and synergize the different task forces. There were already pilot projects going on. For example on disease management, Tin Shui Wai North Primary Care Partnership Pilot Project is in progress to enhance the public private partnership.

The future is full of challenges. It is important to choose a suitable model of primary healthcare services and a feasible mode of delivery for Hong Kong. On the other hand, the role of primary care in promoting health of the population needs to be better defined. The success of the reform will rely on the adoption of the new concepts and delivery modes of primary care both in the public and in healthcare providers.

Sharing from Nursing Discipline for Primary Care Nurse

The first speaker, Prof. Diana Lee [Chair Professor of Nursing and Director, The Nethersole School of Nursing, The Chinese University of Hong Kong] pointed out a major change in primary care scene over the past decade at the start of her lecture – there is an increasing demand for primary care service, with increased complexity and breadth of health care service under limited resources. Under such circumstances, she suggested that an advanced primary care nurse (APN) should have an enhanced role in the health care system. She defined the role of APNs as working independently with professional autonomy and accountability in health promotion, health maintenance, diagnosis of disease, prescription, referral, and as first contact care of patients. In the United Kingdom, APNs, or sometimes called Nurse Practitioners or Nurse Clinicians, regard themselves as highly experienced and educated members of the care team who are able to diagnose and treat health care needs or make specialist referrals. While in the United States, they are expected to be educationally prepared to assume responsibility and accountability for health promotion and/or maintenance, the assessment, diagnosis, and management of patient problems, the use and prescription of pharmacologic and non-pharmacologic interventions. The focus of practice in APN spans from individual to community, while the nature of expertise of APNs could be practical or strategic according to an overseas framework (Figure 1). Prof. Diana Lee further elaborated the APN's nature of expertise in health care strategic plan, that includes leadership, consultancy skills, managerial skills in developing or changing practice and policies, educational competency, skills in research and evidence based practice. She revealed that there were persuasive evidences on APN's positive clinical impacts on minor illness, chronic illness such as diabetes and coronary artery diseases and preventive care. The impact for minor illness and some long term conditions are comparable to those of doctors, however, their levels of evidence were not shown in her presentation in the lecture. She remarked, though, the persuasive evidences mentioned were based mainly on studies on clinical effectiveness and patients' experiences, and that she had no evidence on the impact of APNs on accessibility of service and cost effectiveness of health care. At the end of her presentation, Prof. Lee highlighted that studies showed APNs were more communicative, provided more information to patients, and achieving higher patient satisfaction than care provided by doctors.

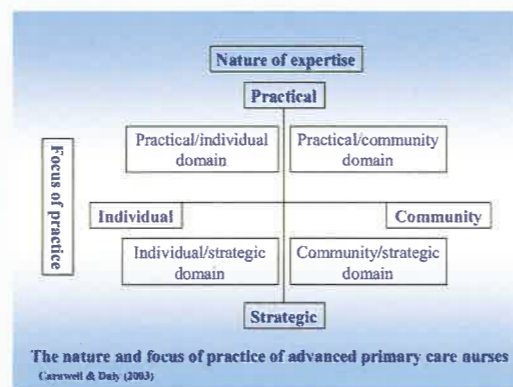


Figure 1

The second speaker, Prof. Joanne Chung [Professor, School of Nursing, The Hong Kong Polytechnic University] introduced the "Mobile Integrated Health Centre" (MIHC), which was initiated by Polytechnic University School of Nursing and funded by charity, as an example of APN led primary care project aiming at deprived groups in community. MIHC consisted of APNs, academics and nursing students. The team had regular meetings with traditional Chinese Medicine practitioners, medical practitioners, and nutritionists through video conference. It gained support from the community NGOs, estates, police and district board. It provided out-reach general health assessment, screening (depression, dementia, nutrition, and mobility) and health related activities for the elderly. Its service was limited by resources with one MIHC serving mainly ambulatory elderly at 3 fixed locations. The proportion of unengaged participants enrolled in this program ranged from 0 to 29.1% in the 3 serving districts namely Kowloon Bay, Lai King and Shum Shui Po. The Screening performed for elderly using questionnaires by MIHC included: Mini-Nutritional Assessment Screening Score, Malnutrition Indicator Score, Abbreviated Mental Test Score, Mini-mental State Examination Score, Geriatric Depression Scale and Activities of Daily Living Assessment. Prof. Chung presented that the average time of consultation in each MIHC visit was 45 minutes per person. MIHC provided free service, while the operational cost was estimated to be \$186 per visit. There was no data on cost-effectiveness or the health outcome of served individuals.

The third speaker, Ms. Helena Li [Cluster Nurse Coordinator, Community Outreaching Service Team, NTEC] first introduced the variety of community nurses working in the community: including community nurses, community geriatric nurses, community psychiatric nurses, community psychogeriatric nurses, and hospice home care nurses. For community nurses working in the Hospital Authority, they mainly served patients who were discharged from hospitals (i.e. referred from Specialists during hospital stay). They were involved in patients' discharge planning, rehabilitation and coordinated continuity of care. Numerous projects had been carried out by community nurses in the Hospital Authority, for example, telephone nursing, drug safety programme, cardiac and stroke rehabilitation programme. There were 45 programmes with benefits quantified and 40 programmes with qualitative benefits. The positive outcomes of them were demonstrated in accessibility of care, coordination of services (minimize duplication),

shorten length of hospital stay and reducing unplanned AED attendance and readmission.

Sharing From Allied Health Discipline

Roles of Allied Health (AH) in Primary Care

- 1) AH professionals are part of the health care workforce who provides assessment and treatment management.
- 2) In line with the world-wide trend, AH in HA have been advancing their knowledge and skills through various modes of postgraduate continuing professional development activities.
- 3) They can contribute to new service delivery models through enhancing their roles and scope of practices with advanced/specialized training and agreed protocols with clinical teams.

The recent development of AH professionals

- 1) Clinical innovations to meet the challenges such as developing new roles, extending existing roles and scope of practice of individual disciplines, and enhancing workforce capability.
- 2) Various pilot allied health clinics, for instance: Occupational Therapy Program for Early Symptom Management of Patients referred to Specialist Out-patient Department (Psychiatry); KWC Community Occupational Therapy; Community Rehabilitation Program (Dietetic) in NTW.

Roles of Physiotherapists in Primary Care

- 1) According to the American Physical Therapy Association - "Physiotherapist participates in and makes unique contribution as individuals of Primary Care teams through the process of screening, examination, evaluation, diagnosis, prognosis, intervention, education, prevention, coordination of care, and referral to other providers, physiotherapist prevent the disease impairments, functional limitations, and disabilities, and achieves cost effective clinical outcomes."
- 2) Physiotherapy has specialized fields in musculoskeletal, emergency medicine, respiratory care, sports, neurology, occupational safety & health, and paediatrics.
- 3) Physiotherapist is a person trained to assess and treat physical disabilities by means of remedial exercises, manual therapy and mechanical, thermal or electrical energy.
- 4) Specialized physiotherapist including Neurology PT Specialist, Exercise Specialist/ Sports Physiotherapist/ Fitness Personal Trainer, Paediatric PT Specialist, Respiratory PT Specialist, PT Specialist in OSH/ Work Evaluation/ Geriatrics PT Specialist, and Manipulative Therapy Specialist.

Roles of Dietitian in Primary Care

- 1) Conduct studies on eating habit to identify and prevent health risk/ problems
- 2) Set standards and guidelines for local population to achieve healthy diet
- 3) Educate, and promote healthy eating
- 4) Identify and correct malnutrition

Future trend of health care

- 1) Enhancing primary care
 - ✓ To provide more and updated nutrition, food and dietary information to public.
 - ✓ Health campaigns needed to actively promote nutrition

- ✓ Dietitians work, not confined in hospital or clinic settings
 - ✓ Web
 - ✓ Schools- classroom education
 - ✓ Extra- curricular activities
 - ✓ Community- program
 - ✓ Social centers
 - ✓ Fitness clubs
 - ✓ Private sector
- 2) Strengthen public health safety net
 - ✓ Nutrition for Anti-cancer and recovery
 - ✓ Nutrition for the poor and the deprived
 - ✓ Take care of the aging population (old age homes malnutrition issue)

Roles of Occupational Therapy in Primary Care

Occupational Therapy involves the design and use of purposeful activities (occupations) for individuals who are limited by injuries or illness, psychosocial dysfunction, developmental or learning disabilities, maximizing independent functions in daily activities of self care, work and leisure, preventing disability and enhancing quality of life.

Future development of Occupational Therapy in AH Clinic

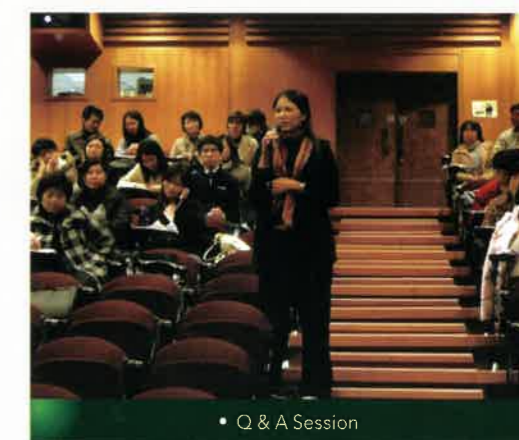
- 1) respiratory care program
- 2) mental wellness program

Looking ahead:

It is evident that allied health services will play an increasingly important role in primary health care. With more collaborative opportunities, the concept of multidisciplinary care must be highlighted.



• Audience of the seminar



• Q & A Session

Interest Group in Dermatology – the 16th Meeting on 5th September 2009

Dr. Wong Nai Ming
Co-ordinator, Board of Education

The 16th Dermatology Interest Group meeting was held on 5th September 2009. Our speaker was Dr. Chong Lai Yin who had just retired as Consultant Dermatologist of Social Hygiene Service, Department of Health. Our sponsor was Galderma (HK) Ltd. The topic was New Advances in Immunotherapy in Dermatology.

Immunomodulators are non-steroidal agents that act via immunologic pathways to either inhibit or enhance immune or inflammatory reactions. More and more of these agents are developed to help in the management of immunologically mediated dermatological diseases. They were broadly divided into topical and systemic agents.

Dr. Chong discussed on three topical agents:

- (1) Imiquimod, the only topical immune response modifier that enhances immunity. There are three FDA approved indications for its use, namely: anogenital warts, superficial basal cell carcinoma (BCC) and actinic keratosis. Use of Imiquimod in genital warts requires a treatment time of up to 16 weeks with the advantage of lower recurrence rate than podophyllotoxin. Only superficial BCCs in low risk areas of trunk and extremities are approved as indications for use of the drug. Common side effects in using Imiquimod include erythema, skin erosion, excoriation, pain and permanent hypo- or hyperpigmentation. There are also a few off label use of the drug by some dermatologists: non-genital viral warts, molluscum contagiosum, Bowen's disease, vascular lesions like haemangiomas and pyogenic granulomas. Dr. Chong reminds the audience that these off label use are based on case reports and very small studies, hence should not be used lightly by non-experts.
- (2) Topical Calcineurin Inhibitors (Tacrolimus, Pimecrolimus): they are topical nonsteroidal anti-inflammatory agents that act as immune suppressants. Its official indication is short-term and intermittent long-term therapy of atopic eczema in patients older than two years. A common side effect is burning sensation at application sites. There is also theoretical risk of systemic immunosuppression and malignancy. Some off label use include vitiligo, seborrhoeic dermatitis and rosacea.
- (3) Diphenylcyclopropenone (DPCP), a chemical that probably acts by induction of allergic contact dermatitis. It is indicated in severe alopecia areata that responds poorly to other treatment modalities. Common side effects include pruritus, erythema, blistering and hyperpigmentation.

For systemic immunomodulators, Dr. Chong discussed the following agents:

- (1) Biologics: The main indications for use are psoriasis and psoriatic arthropathy. They act through immunomodulation and suppression of inflammation by targeting T-lymphocytes and tumour necrosis factors. Currently, there are only two biologics in Hong Kong: Infliximab has faster response rate but has to be administered by intravenous route while etanercept can be given subcutaneously. The main side effects are flu syndrome and injection site reactions. It may also lead to flare up of severe infections (e.g. tuberculosis), development of lymphomas and demyelinating disease. Recently, Efalizumab was withdrawn from the market because of possible association with development of progressive

multifocal leukoencephalopathy. When compared with the other systemic treatments in psoriasis such as methotrexate and cyclosporin, biologics act on specific targets and have less immuno-suppression. However, their efficacies are at most comparable and definitely not superior to those other drugs, not to mention their potential side effects of infection flare-up, malignancy concern as well as their very high treatment cost. Some other off-label uses of Biologics are in Pyoderma gangrenosum, Hidradenitis suppurativa and Behcet disease.

- (2) Immunoglobulin (IVIg): it has anti-inflammatory and immunomodulatory action. Though it has no formal FDA approved indications in dermatology, it is now a standard treatment in patients with Stevens- Johnson syndrome and toxic epidermal necrolysis. It acts by blocking certain tumour necrosis factors on keratinocytes, thus preventing cell death. Its side effects are mainly related to injection reactions, namely fever, chills, headache, nausea, myalgia and occasionally anaphylaxis. Incidentally, using IVIg during the first ten days of Kawasaki's syndrome can significantly prevent development of coronary aneurysm.
- (3) Interferon alpha is a recombinant cytokine useful in treatment of anogenital warts by stimulating natural killer cell activity. It is given intralesionally and side effects include flu-like symptoms, rash, anorexia and vomiting.

Finally, Dr. Chong discussed briefly on Mycophenolate mofetil (MMF), a traditional immunosuppressive that inhibits proliferation of both T- and B-lymphocytes but not other non-lymphoid cells. It is a relatively safe immunosuppressive with no significant renal and hepatic toxicity when compared with the other agents like azathioprine or cyclosporine, and can be used even in patients with hepatic parenchymal damage. There is also no formal FDA approved indications in dermatology but they are used in treatment of autoimmune blistering dermatoses and vasculitic syndromes. Main side effects are lymphopenia and GI upset.

Our next meeting will be held on 7th November, 2009 with Dr. Fung Kin Kong speaking to us on "Use of Topical Agents in Dermatology".



• Dr. Stephen Foo (Left) and Dr. Chong Lai Yin

(Disclaimer: all advice and sharing in the meeting are personal opinions and bear no legal responsibility. All patients' identities are kept confidential.)

- Please wear a surgical mask if you have respiratory tract infection and confirm that you are afebrile before coming to the meeting.
- Private Video Recording is not allowed. Members, who wish to review the lecture, please contact our secretariat.

Orthopaedics & Traumatology Clinical Attachment for Family Physicians 2009-2010

Dates	4, 11, 18, 25 November 2009 2, 9, 16, 23, 30 December 2009 6, 13, 20 January 2010
Organizers & Course Directors	Department of Orthopaedics & Traumatology, Prince of Wales Hospital, CUHK Dr. Patrick Yung Consultant, Department of Orthopaedics & Traumatology The Hong Kong College of Family Physicians Dr. Kwong Bi Lok, Mary Chairlady, Board of Education, The Hong Kong College of Family Physicians
Objectives	<ul style="list-style-type: none"> • To update participants on important aspects of Orthopaedics & Traumatology • To demonstrate the clinical approach in dealing with Orthopaedics & Traumatology diseases • To form a network of family physicians with an interest in Orthopaedics & Traumatology
Course Structure	The attachment will consist of 12 two hourly sessions. One session per week from 2:00 p.m. to 4:00 p.m. on Wednesday
Time	2:00 p.m. – 4:00 p.m.
Venue	Orthopaedic Learning Centre (OLC) Seminar Room, 1/F, Li Ka Shing Specialist Clinics, North Wing, Prince of Wales Hospital
Topics	Shoulder Pain, Neck Pain, Low Back Pain, Elbow & Wrist Problem, Hand Problems, Knee Injuries, Hip & Knee Arthritis, Foot & Ankle Problems, Tumor & Infections, Limbs Fractures, Orthopaedics Rehabilitation, Paediatric Orthopaedics
Course Fee	HK\$2,600 All cheques payable to "HKCFP Education Ltd"
Enrolment	Please call Ms Winnie Lee at 2861 0220 for details <u>on/ before October 30, 2009</u> . Registration will be first come first served.
Certification	A certificate of attendance will be awarded under the names of organizers for participant who has over 80% attendance.
Accreditation	Up to 15 CME points (Category 4.8) & 5 CPD points (Category 3.16) for the whole attachment

Diabetes Clinical Attachment for Family Physicians

Dates	3, 10, 17 December 2009 7, 14, 21, 28 January 2010 6 (Sat), 11, 18, 25 February 2010 4 March 2010
Organizers & Course Directors	Diabetes Ambulatory Care Centre, Department of Medicine & Geriatrics, United Christian Hospital Dr. Tsang Man Wo Consultant Diabetes Team, United Christian Hospital The Hong Kong College of Family Physicians Dr. Kwong Bi Lok, Mary Chairlady, Board of Education, The Hong Kong College of Family Physicians
Objectives	<ul style="list-style-type: none"> To update Family Physicians with current management of DM problems To provide opportunities to gain knowledge and practical experience in outpatient management of DM patient, emphasizing on comprehensive DM complication screening and goal of management To facilitate public private interface relationship between Hospital and the graduates of this course (For details, please call Dr. YEUNG To Ling, course co-ordinator at 2387 2088.)
Course Structure	The attachment will consist of 12 two hourly sessions, including lectures, outpatient clinics, ward-rounds and workshops. One session per week from 2:00 p.m. – 4:00 p.m. on Thursdays or Saturday.
Time	2:00 p.m. – 4:00 p.m.
Venue	Library Conference Room, 1/F, Block H, United Christian Hospital, Kwun Tong, Kowloon * Venue for 6 February 2010 Session: Lecture Theatre, G/F, Block F, United Christian Hospital
Topics	Diagnosis and Classification of DM; Electronic Medical Record; Microvascular Complications; Complication Screening; Eye Complications; Renal Complications; Foot Complications; Foot Assessment Workshop; Cardiovascular Complications; Neurological Complications; Treatment (Oral); Case Round; Treatment (Insulin); Initiation of Ambulatory Insulin; Fundamentals & Strategies of Diabetic Nutritional Support; BP & Lipids Management Case Illustration; Obesity & Metabolic Syndrome; Case Illustration; Self Monitoring of Blood Glucose; Patient Empowerment; Pre-diabetes; DM Nurse Case Round
Course Fee	HK\$2,600 All cheques payable to "HKCFP Education Ltd"
Enrolment	Please call Ms Winnie Lee at 2861 0220 for details <u>on/ before October 30, 2009</u> . Registration will be first come first served.
Certification	A certificate of attendance will be awarded under the names of organizers for participant who has over 80% attendance.
Accreditation	Up to 15 CME points (Category 4.8) & 5 CPD points (Category 3.16) for the whole attachment.

29th Annual Refresher Course 2009

*** 2nd Announcement ***

The 29th Annual Refresher Course (ARC) will be held from November 22, 2009 to December 13, 2009. There will be five Luncheon Lectures and four Workshops.

2 CME points will be awarded for each Luncheon Lecture and 3 CME points for each Workshop according to Category 4.5. MCQs will be distributed for each session of the Refresher Course, i.e. there are a total of 9 MCQ papers. The MCQ answers have to be returned to the College Secretariat on the original question forms within 2 weeks of the completion of the Refresher Course (latest by December 31, 2009). A member will be awarded 1 extra CME point for a score of over 60% for each MCQ paper. Up to 2 CPD points (Continuous Professional Development) will also be awarded for each session (subject to submission of satisfactory report of Professional Development Log); a maximum of two points can be scored for each session.

As it is a history for such an educational program to be held continuously for quarter a century in Hong Kong, those who have attended 70% or more of all the sessions of the Refresher Course will be awarded a "Certificate of Attendance".

Members who have attended the ARC ten years or more will be awarded one free admission. Subsequently, members can enjoy another free admission after every five years of paid ARC attendance.

Registration is now open and must be made before 15th November 2009. As the number of space is limited, it will be offered on first come first served basis. Please also note that admission fees are not refundable. Ten free registrations for each Lecture and Workshop will be offered to student members who wish to apply for free registration, please call Ms Dickie Lam at 2861 0220 before 15th November 2009.

Registration form could be found on Page 23.

Luncheon Lectures

Date	November 24 (Tue)
Topic	<u>Anti-infective</u> New Approaches to Acute Exacerbations of Chronic Bronchitis and Community-acquired Pneumonia
Speaker	Dr. Lam Bing
Moderator	Dr. Tong Siu Man
Sponsor	Pfizer Corporation Hong Kong Limited
Date	November 27 (Fri)
Topic	<u>Oncology</u> Diagnosis and Treatment of Neuroendocrine Tumour
Speaker	Dr. Lo Chung Yau
Moderator	Dr. Au-yeung Shiu Hing
Sponsor	Novartis Pharmaceuticals (HK) Limited
Date	December 01 (Tue)
Topic	<u>Respiratory</u> Asthma Management in Practice
Speaker	Dr. Lam Bing
Moderator	Dr. Wong Tsz Kau
Sponsor	GlaxoSmithKline Limited

Date	December 08 (Tue)
Topic	<u>Diabetes Mellitus</u> How to Maximize the Benefits of Blood Glucose Control for Type 2 Diabetes?
Speaker	Professor Ronald C.W. Ma
Moderator	Dr. Au Chi Lap
Sponsor	GlaxoSmithKline Limited

Date	December 11 (Fri)
Topic	<u>Mental Health</u> How Does the Brain Change on Common Psychiatric Drugs?
Speaker	Professor Tang Siu Wa
Moderator	Dr. Mark Chan
Sponsor	Lundbeck Hong Kong

Venue : Crystal Ballroom, Basement 3, Holiday Inn Golden Mile Hotel, 50 Nathan Road, Tsimshatsui, Kowloon

Time : 1:00 p.m. – 2:15 p.m. Buffet Lunch
2:15 p.m. – 3:15 p.m. Lecture
3:15 p.m. – 3:30 p.m. Discussion

Sunday Workshops

Date	November 22 (Sun)
Topics	<u>Cardiology Workshop</u> 1. Treating Hypertension: ACEIs? ARBs? 2. Management of Hypertension in Diabetic Patient: Impact of the Latest Mega-studies 3. The Unmet needs in Coronary Artery Disease Management and the Role of Primary Care
Speakers	Dr. Wong Shou Pang Professor Brian Tomlinson Dr. Chris Wong
Moderator	Dr. Francis W. T. Lee
Sponsor	Servier Hong Kong Limited

Date	November 29 (Sun)
Topics	<u>Cardiovascular Workshop</u> 1. A Logical Treatment for Hypertensive Patients with Multiple Risks 2. Reducing CV Complications in Diabetic Patients
Speakers	Dr. Bryan Williams Dr. Ronald Ma
Moderator	Dr. Chan Chi Wai
Sponsor	Pfizer Corporation Hong Kong Limited

Date	December 06 (Sun)
Topics	<u>General Anxiety Disorder & Smoking Cessation Workshop</u> 1. Novel Approach to Generalized Anxiety Disorder 2. Nicotine Dependence in the Mental Health Population
Speakers	Dr. Ng Fung Shing Dr. Lo Chun Wai
Moderator	Dr. Chan Yin Hang
Sponsor	Pfizer Corporation Hong Kong Limited

Date	December 13 (Sun)
Topics	HPV and Hepatitis Workshop 1. Cervical Cancer and Latest Advancement on Cervical Cancer 2. New Perspective in Chronic Hepatitis B Therapy
Speakers	Dr. Chu Wai Sing, Daniel Dr. James Y.Y. Fung
Moderator	Dr. Yeung To Ling
Sponsor	GlaxoSmithKline Limited

Venue : Crystal Ballroom, Basement 3, Holiday Inn Golden Mile Hotel, 50 Nathan Road, Tsimshatsui, Kowloon

Time : 1:00 p.m. – 2:00 p.m. Buffet Lunch
2:00 p.m. – 4:00 p.m. Lectures (with coffee break)
4:00 p.m. – 4:30 p.m. Discussion

Registration Fees
Registration fees for the whole Refresher Course (including five Luncheon Lectures and four Workshops) are:

Members	: HK\$600.00
Non-members	: HK\$1200.00
HKAM Registrant	: HK\$700.00

Spot admission fee for each Luncheon Lecture or Workshop is:
Members : HK\$150.00
Non-members : HK\$300.00
HKAM Registrant : HK\$200.00

FM Trainees Package:
Full Course : HK\$400.00
Sunday Workshops : HK\$150.00 for 4 Workshops
Luncheon lecture : HK\$80.00 each

Remarks: Topics may be subject to change.
Lecture(s)/ Workshop(s) will be conducted in English.

7 November 2009 Saturday

Board of Education Interest Group in Dermatology

Aim	To form a regular platform for interactive sharing and discussion of interesting dermatological cases commonly seen in our daily practice
Theme	Use of Topical Agents in Dermatology
Speaker	Dr. Fung Kin Kung Dermatologist
Co-ordinator & Chairman	Dr. Wong Nai Ming The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:15 p.m. Lunch 2:15 p.m. – 4:00 p.m. Theme Presentation & Discussion
Venue	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Admission Fee	Members Free Non – members HK\$ 300.00 HKAM Registrants HK\$ 150.00 All fees received are non-refundable and non-transferable.
Accreditation	2 CME Points HKCFP (Cat. 4.3) 2 CPD Points HKCFP (Cat. 3.15) 2 CME Points MCHK
Language	Lecture will be conducted in English and Cantonese.
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.

Note **Participants are encouraged to present own cases for discussion. Please forward your cases to the Co-ordinator via the College secretariat 2 weeks prior to meeting.**

Sponsored by **Galderma Hong Kong Limited**

20 November 2009 Friday

Topic and Speaker:
Optimizing the Medical Management of Type 2 Diabetes
Professor Piyamitr Sritara
Professor of Cardiovascular Medicine,
Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

Chairman	Dr. Au Chi Lap The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:15 p.m. Lunch 2:15 p.m. – 3:30 p.m. Lecture & Discussion
Venue	The Ballroom, 27/F, The Park Lane, 310 Gloucester Road, Causeway Bay, Hong Kong
Admission Fee	Members Free Non – members HK\$ 300.00 HKAM Registrants HK\$ 150.00 All fees received are non-refundable and non-transferable.
Accreditation	2 CME Points HKCFP (Cat. 4.3) 2 CME Points MCHK Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.

Sponsored by **Takeda Chemical Industries (Taiwan) Ltd. Hong Kong Branch**

23 November 2009 Monday

Topic and Speaker:
Approaches to Improve Outcomes for Asthma Patients with Allergic Rhinitis
Professor Jonathan Christian Virchow
Professor of Medicine and Pulmonology,
Head of the Department of Pneumology of the Universitat Rostock

Chairman	Dr. Au-yeung Shiu Hing The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:15 p.m. Buffet Lunch 2:15 p.m. – 3:30 p.m. Lecture & Discussion
Venue	The Ballroom 3 & 4, 18/F, Mira Hotel, 118 Nathan Road, Tsimshatsui, Kowloon
Admission Fee	Members Free Non – members HK\$ 300.00 HKAM Registrants HK\$ 150.00 All fees received are non-refundable and non-transferable.
Accreditation	2 CME Points HKCFP (Cat. 4.3) 2 CME Points MCHK Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.

Sponsored by **Merck Sharp & Dohme (Asia) Ltd.**

Monthly Video Viewing Sessions –

Monthly video viewing sessions will be scheduled on the last Friday of each month at 2:30 – 3:30 p.m. at 8/F, Old College Premises, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

October's session:

Date	October 30, 2009 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	Sports Medicine, Sports Science-Current Practice - Dr. Eric Chien
Admission	Members Only
Accreditation	1 CME Point HKCFP (Cat. 4.2) 1 CME Point MCHK Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.

November's session:

Date	November 27, 2009 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	Vitreo-retinal Diseases - Dr. Charmaine Hon
Admission	Members Only
Accreditation	1 CME Point HKCFP (Cat. 4.2) 1 CME Point MCHK Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.

Community Education Programmes

Open and free to all members
HKCFP CME points accreditation (Cat 5.2)

Date/Time/CME	Venue	Topic/Speaker/Co-organizer	Registration
14 November 2009 (Sat) 2:30 – 4:30p.m. 2 CME points	Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon	Refresher Course for Health care Providers 2008/2009 – Palliative Care – Multidisciplinary Management Dr. Tsang Mei Ling Our Lady of Maryknoll & Hong Kong Medical Association	Ms. Clara Tsang Tel: 2354 2440 Fax: 2327 6852

Structured Education Programmes

Free to members
HKCFP CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
20 Oct 09 (Tue)			
5:30 – 8:00 p.m. 3 CME points	F2029A, 2/F, Specialty Block, Tuen Mun Hospital	Medical Ethics-complaint Cases Dr. Wong Man Kin	Ms Chan Tel: 2468 6813
21 Oct 09 (Wed)			
2:30 – 5:00 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Over Counter Medication Dr. Cheuk Tat Sang	Ms Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Role of Family Doctor in Subfertile Couples Dr. Li Hang Wun, Raymond	Ms Man Chan Tel: 2922 6159
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	Medical Emergency Encountered in GP Dr. Hau Sin Ying	Ms Peony Yue Tel: 2632 3480
22 Oct 09 (Thu)			
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Emergency Cases in General Practice Dr. Sze Lung Yam & Dr. Sze Chung Fai	Ms Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Hospital	Recent Researches in FM Dr. Wu Kwok Keung	Ms Kwong Tel: 2595 6941
27 Oct 09 (Tue)			
5:30 – 8:00 p.m. 3 CME points	F2029A, 2/F, Specialty Block, Tuen Mun Hospital	Alternative Medicine Dr. Kwok Vincci	Ms Chan Tel: 2468 6813
28 Oct 09 (Wed)			
2:30 – 5:00 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Video Session Dr. Mok Kwan Yeung & Dr. Li Shun Hoi	Ms Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Allied Health Talk Dr. Sze Hon Ho	Ms Man Chan Tel: 2922 6159
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	ICPC Coding Dr. Wong Chi Lung	Ms Peony Yue Tel: 2632 3480

29 Oct 09 (Thu)			
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Hepatitis B, C, E and Autoimmune Hepatitis Dr. Ng Mei Po & Dr. Lo Cheuk Wai	Ms Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Hospital	Sleep Disorders Dr. Kwan Wing Yan	Ms. Kwong Tel: 2595 6941
03 Nov 09 (Tue)			
5:30 – 8:00 p.m. 3 CME points	F2029A, 2/F, Specialty Block, Tuen Mun Hospital	Teaching : Small Group Learning Dr. Chu Tsun Kit	Ms Chan Tel: 2468 6813
04 Nov 09 (Wed)			
2:30 – 5:00 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Somatization Dr. Ho Tsz Bun	Ms Chan Tel: 2468 6813
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	Role of Insulin in the Management of DM Dr. Chan Wing Bun	Ms. Peony Yue Tel: 2632 3480
05 Nov 09 (Thu)			
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Development of GPs with Special Interest Dr. Cheung Sze Man	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Hospital	Management of Obesity Dr. Lee Wing Po	Ms. Kwong Tel: 2595 6941
10 Nov 09 (Sat)			
5:30 – 8:00 p.m. 3 CME points	F2029A, 2/F, Specialty Block, Tuen Mun Hospital	Supports to Family of Patients with Chronic Illness Dr. Ng Mei Po	Ms. Chan Tel: 2468 6813
11 Nov 09 (Wed)			
2:30 – 5:00 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	How to Prepare for Medical Litigation Part 1 Dr. Sze Siu Lam	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Management of Fractures in OPD Setting Dr. Leung Tsi Mei, Violet	Ms. Man Chan Tel: 2922 6159
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	Post-partum Depression Dr. Mak Hoi Ting, Flora	Ms. Peony Yue Tel: 2632 3480
12 Nov 09 (Thu)			
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Drug Poisoning Dr. Ho Chung Yu and Dr. Cheng Sai Yip	Ms Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Hospital	Medical Resources on the Internet Dr. Lee Ling Hin	Ms. Kwong Tel: 2595 6941

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FP LINKS EDITORIAL BOARD	
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THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

29th Annual Refresher Course
November 22 – December 13, 2009

REGISTRATION FORM

H.K.C.F.P.

Room 802, Duke of Windsor Social Service Building,
 15 Hennessy Road, Wanchai, Hong Kong

Dear Sir / Madam,

I am a Member/ Non-Member of the Hong Kong College of Family Physicians.

The whole course:-

Five Luncheon Lectures and four Workshops (Including fee for Certificate of Attendance)	Members	: HK\$600.00	()
	Non-members	: HK\$1200.00	()
	HKAM Registrants	: HK\$700.00	()
	FM Trainees	: HK\$400.00	()

Spot admission:-

Nov 22 (Sun)	Cardiology Workshop 1. Treating Hypertension: ACEIs? ARBs? 2. Management of Hypertension in Diabetic Patient: Impact of the Latest Mega-studies 3. The Unmet Needs in Coronary Artery Disease Management and the Role of Primary Care	()
Nov 24 (Tue)	Anti-infective New Approaches to Acute Exacerbations of Chronic Bronchitis and Community-acquired Pneumonia	()
Nov 27 (Fri)	Oncology Diagnosis and Treatment of Neuroendocrine Tumour	()
Nov 29 (Sun)	Cardiovascular Workshop 1. A Logical Treatment for Hypertensive Patients with Multiple Risks 2. Reducing CV Complications in Diabetic Patients	()
Dec 1 (Tue)	Respiratory Asthma Management in Practice	()
Dec 6 (Sun)	General Anxiety Disorders & Smoking Cessation Workshop 1. Novel Approach to Generalized Anxiety Disorder 2. Nicotine Dependence in the Mental Health Population	()
Dec 8 (Tue)	Diabetes Mellitus How to Maximize the Benefits of Blood Glucose Control for Type 2 Diabetes?	()
Dec 11 (Fri)	Mental Health How Does the Brain Change on Common Psychiatric Drugs?	()
Dec 13 (Sun)	HPV and Hepatitis Workshop 1. Cervical Cancer and Latest Advancement on Cervical Cancer Vaccine 2. New Perspectives in Chronic Hepatitis B Therapy	()

Member	:	HK\$150.00 X _____lecture/workshop(s)
Non-member	:	HK\$300.00 X _____lecture/workshop(s)
HKAM Registrant	:	HK\$200.00 X _____lecture/workshop(s)
FM Trainee	:	HK\$150.00 for 4 Sunday workshops HK\$80.00 X _____luncheon lecture(s)

Enclosed please find a cheque (made payable to "HKCFP Foundation Fund") of HK\$ _____ being payment in full for the above.

Name : _____
 Address : _____
 Email : _____
 Tel. no : _____ Date : _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11 Oct	12	13	14	15 <i>1:30 – 4:30 p.m.</i> Symposium on Primary Care for Hong Kong ... the way forward <i>4:00 – 8:00 p.m.</i> Structured Education Programme <i>9:00 p.m.</i> Council Meeting	16 <i>5:30 – 9:30 p.m.</i> 2009 Supp Exit Exam Feedback Session	17 <i>1:00 – 4:30 p.m.</i> Certificate Course on Respiratory Infection
18	19 <i>6:30 – 10:00 p.m.</i> ARB in Hypertension: How Does it Reduce Cardiovascular Risk?	20 <i>5:30 – 8:00 p.m.</i> Structured Education Programme	21 <i>2:30 – 7:30 p.m.</i> Structured Education Programme	22 <i>4:00 – 7:00 p.m.</i> Structured Education Programme	23	24 <i>1:00 – 4:30 p.m.</i> Certificate Course on Respiratory Infection
25 Conjoint Clinical Examination – OSCE (Day 1)	26	27 <i>5:30 – 8:00 p.m.</i> Structured Education Programme	28 <i>2:30 – 7:30 p.m.</i> Structured Education Programme	29 <i>1:00 – 3:30 p.m.</i> Alpha-Blocker – Clinical Usage Beyond BPH <i>4:00 – 7:00 p.m.</i> Structured Education Programme	30 <i>2:30 – 3:30 p.m.</i> Video session: Sports Medicine, Sports Science-Current Practice	31
1 Nov	2	3 <i>5:30 – 8:00 p.m.</i> Structured Education Programme	4 <i>2:00 – 4:00 p.m.</i> O & T Clinical Attachment <i>2:30 – 7:30 p.m.</i> Structured Education Programme	5 <i>4:00 – 7:00 p.m.</i> Structured Education Programme <i>9:00 p.m.</i> Board of Education Meeting	6	7 <i>1:00 – 4:00 p.m.</i> Board of Education Interest Group in Dermatology <i>2:15 – 4:45 p.m.</i> DFM Module III Care for the Elderly & Chronic Disease
8	9	10 <i>5:30 – 8:00 p.m.</i> Structured Education Programme <i>9:00 p.m.</i> Board of Conjoint Examination Meeting	11 <i>2:00 – 4:00 p.m.</i> O & T Clinical Attachment <i>2:30 – 7:30 p.m.</i> Structured Education Programme	12 <i>4:00 – 7:00 p.m.</i> Structured Education Programme	13	14 <i>2:30 – 4:30 p.m.</i> Community Education Programmes
15	16	17	18 <i>2:00 – 4:00 p.m.</i> O & T Clinical Attachment	19 <i>9:00 p.m.</i> Council Meeting	20 <i>1:00 – 3:30 p.m.</i> Optimizing the Medical Management of Type 2 Diabetes	21 <i>2:15 – 4:45 p.m.</i> DFM Module III Practice Management
22 <i>1:00 – 4:30 p.m.</i> ARC – Cardiology Workshop	23 <i>1:00 – 3:30 p.m.</i> Approaches to improve Outcomes for Asthma Patients with Allergic Rhinitis	24 <i>1:00 – 3:30 p.m.</i> ARC – Anti-infective	25 <i>2:00 – 4:00 p.m.</i> O & T Clinical Attachment	26	27 <i>1:00 – 3:30 p.m.</i> ARC – Oncology <i>2:30 – 3:30 p.m.</i> Video session: Vitreo-retinal Diseases	28 <i>2:15 – 4:45 p.m.</i> DFM Module III Anticipatory Care
29 <i>1:00 – 4:30 p.m.</i> ARC – Cardiovascular Workshop	30	1 Dec	2	3	4	5

Red : Education Programmes by Board of Education
 Green : Community Education Programmes
 Blue : Clinical Attachment / Certificate Course / ARC
 Purple : College Activities