



THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Family Physicians Links

Message from the President

Primary Care Reform in Hong Kong



On 5th July 2010, there was an article in the South China Morning Post with the title *"Long-awaited health-care policy in sight"*. It presented to readers a proposed direction of changes in the provision of primary care service in the coming 2-3 years. It is the result of many meetings and discussions among members of the three Task Forces under the Working Group on Primary Care of the Food and Health Bureau. There were some opinions and concerns expressed by leaders of the medical profession. I would urge members to read the article in detail. As a member of the Working Group and the three Task Forces, I have a few things to remind our colleagues to particular attention.

The primary care reform has two major issues to settle. Firstly, the health-care financing reform for funding to supplement future development of primary care services. The solution will depend on the preference of the government and the people, especially the insurance industry to sort out the most acceptable and appropriate product for our community. Secondly, the structural reform of the service provisions which the medical profession and other primary care health providers will be heavily involved. Therefore the three Task Forces were set up to study the Primary Care Conceptual Model and Clinical Protocols, Primary Care Service Delivery Model and the Primary Care Directory. The article

reminds me of the classic Chinese ink painting which shows only the silhouette but not many details. This is because a lot of contents have not been finalized yet. How the legislators, public, and the primary care medical and health profession react to this document will modify and even change the final version. The Food and Health Bureau has planned to roll out the whole document for public consultation in September/October. Therefore it is important for various stake-holders to express their opinions, comments and suggestions to make sure the policy-makers understand the real needs of the people and especially all the primary care practitioners whether in public or private sector.

I agree with our Chief Censor Prof. Cindy Lam that *"It is the first time that government has committed to such a policy and its implementation beyond lip service"*. I have written in this column about the establishment of a Primary Care Office which I have full support because it is also the first time that government has set aside a specific budget to run the Primary Care services in Hong Kong. With this strategy document and the proposed changes, I hope the government will eventually create a good system for Primary Care under the auspices of, say, a Primary Care Authority.

(Continued on page 10)

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Issue 77
July 2010

Report on the 19th WONCA World Conference of Family Doctors (WONCA Cancun 2010)

By Dr. Cheung Man Kuen

The 19th WONCA World Conference of Family Doctors (WONCA 2010) was held in Cancun, Mexico on 19 – 23 May 2010. This is a 5-day event with the main theme being “THE MILLENNIUM DEVELOPMENT GOALS (MDGs): THE CONTRIBUTION OF FAMILY MEDICINE”.

After the official opening ceremony, Prof. Jan De Maeseneer, M.D., Ph.D. gave a keynote Lecture on “The Millennium Development Goals: What is the role of Family Medicine?” which kicked start the formal conference program.

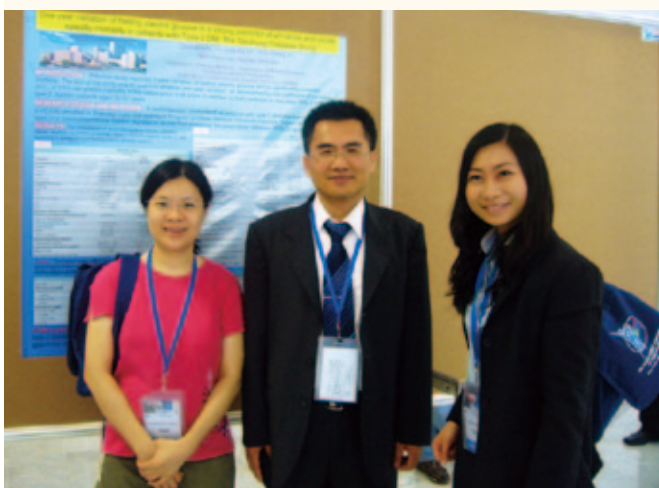
Other keynote lectures included: “Children Health: New and old challenges for the family physician” By Prof. Catherine Law; “Gender issues: the role of family physicians” by Dr. Bene E. Madunagu; “Primary Health and Medical Education” by Dr. José Narro Robles; and “The Future of Family Medicine” by Prof. Barbara Starfield.

There were 10 symposia and 54 workshops. A total of 554 scientific papers were selected for oral presentation, and 685 scientific papers

were selected for poster presentation. There were numerous concurrent sessions including workshops, oral presentations and poster presentations, starting from 8:30am to 5pm non-stop. There was no designated meal time, so participants needed to arrange their own time for lunch, or wait till their body told them that it was time to eat.

The conference also presented a large number of exhibition booths, from medical appliances to GP training programs. One unique feature of the conference this year was that it was free of pharmaceutical companies. This is indeed a very courageous and bold decision by the Organizing Committee!

I also went to the official socio cultural event, which was a big variety show in a huge theme park called “X-caret”. It was a great opportunity for me to meet up with delegates from other parts of the world in a relaxed social environment. I also learnt about the Mayan culture and the history of Mexico. The hospitality of Mexican people left a great impression on me indeed.



Delegates of the Conference

The 19th WONCA World Conference of Family Doctors

Dr. Chung Sze Pok, Basic Trainee,
Kowloon West Cluster

As the Mexican brigade solemnly marched into the conference hall, holding the national flag and singing the national anthem, the 19th WONCA World Conference of Family Doctors at Cancun formally convened. The theme this year was “The Millennium Development Goals: the Contribution of Family Medicine”.

In the conference, keynote speakers sketched out the roles of Family Medicine in meeting the WHO’s international goals proposed in its 2000 Millennium Summit. They further evaluated the progress in achieving the following objectives: (1) eradicating extreme poverty and hunger; (2) achieving universal primary education; (3) promoting gender equality and empowerment of women; (4) reducing child mortality; (5) improving maternal health; (6) combating HIV/AIDS, malaria and other diseases; (7) ensuring environmental sustainability, and (8) fostering a global partnership for development. Outlining the future direction of family medicine, the speakers emphasized that it is not the single primary disease that burden the patients or the community, but the co-morbidity that drain away most of the resources. Therefore, family practitioners should consider a paradigm shift from single disease management to co-morbidity management. Moreover, both the changes in the structure of modern family and the influence of public media pose new challenges in family medicine. The speakers inspired general practitioners (GPs) to serve as patient’s advocate and focus more on preventive medicine and early intervention, especially in the pediatric group.



The 19th WONCA World Conference at Cancun

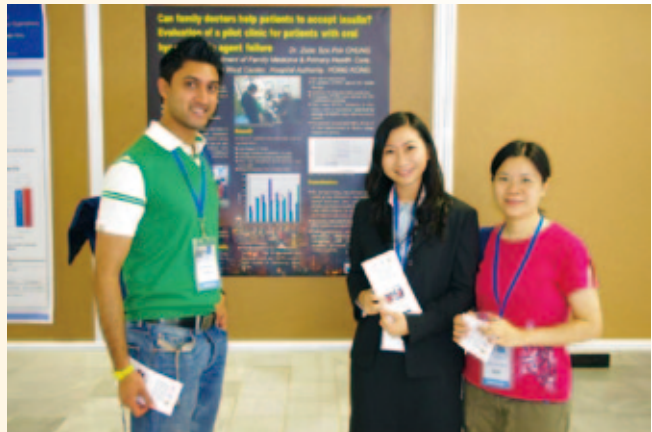
Future research should include studies featuring multi-morbidity and the effectiveness of specific primary care approaches (e.g. effectiveness of prevention measures, better understanding of perspectives and preferences of social/cultural/environmental influence).

Some conference workshops provided insightful and innovative ideas of common issues encountered by GPs in the day-to-day practice. Managing patients with medically undiagnosed symptoms, managing difficult patients, prescribing exercise programmes for patient with chronic low back pain, managing elderly on multiple drugs, helping people with alcohol and smoking problems - their ideas have been most helpful and practical. New technology was also introduced, such as the office based diatom tonometer which facilitate GPs in diagnosing chronic glaucoma.

I have the privilege in presenting my research in poster format on the result of a local pilot program that targets diabetic patients with suboptimal HbA1c despite taking maximal oral hypoglycemic agents. Exchanging ideas with doctors from



Opening ceremony with folksongs performance of Mariachi



Exchanging ideas with family doctors from other countries



Workshop on how to attract young doctors and medical students into family medicine training



Get together with Hong Kong delegates for a traditional Mexican meal after a long day at the conference



We practise 5-min-stretching-exercise during the Musculoskeletal workshop

the chance of them taking up training for family medicine upon graduation.

It was an eye-opening opportunity for me to exchange ideas with general practitioners from other countries and contribute to a better stronger primary care society. Last but not least, I strongly encourage my fellow colleagues to participate in future WONCA conferences. I am sure it will be as motivating and inspiring for me and for you.

different countries on the barriers of commencing insulin and the solutions has been an inspiring and rewarding experience.

Certain sessions in the conference were dedicated to exploring ways to promote family medicine to future doctors. The "Peer to Peer model" practiced in Australia was introduced. By identifying medical students interested in family medicine and connecting them with GP ambassadors designated to each university, ideas / programs to promote family medicine are generated. "Tracking and Measures" were used to generate more conversations in the student network. In Australia, scholarships were given to preclinical medical students who took up attachment to GP clinics for experience in family medicine. Positive contributions to printed media, webpages and even Facebook serve as a great myth buster on family medicine. Student workshops are conducted by dedicated GPs at various universities. Government even sponsors TV airtime in promoting positive image of GPs. Medical students' early exposure to positive experience in family medicine increases



Resting along the hotel's beach after another day of stimulating lectures and workshop



Visiting local attraction – Xaceret, a sociocultural event arranged by the WONCA Organizing Committee

The Four Parties Conference on Family Medicine, Beijing, 22-24 June 2010

2010 海峽兩岸四地全科/家庭醫學學術大會

Dr. Mark Chan

Family Medicine in greater China, similar aims, different paths.

This year The National Training Centre for General Practice, Ministry of Health, the Capital University of Medical Science (CUMS) and Chinese Medical Doctor Association hosted the bi-annual Four Parties Conference on Family Medicine at the National Convention Centre, Beijing. The 4 parties include representatives from Mainland China, Taiwan, Hong Kong and Macau. Some 400 delegates attended the Conference. Our College delegation was led by the President Dr. Gene Tsoi, with councilors Drs. Lau Ho Lim, Mark Chan, Cheung Man Kuen, Daniel Chu; trainee Dr. Catherine Chen and executive manager Ms Erica So. Dr. Donald Li as the WONCA Asia Pacific Regional President, was the Hon Chairman of the Organizing Committee. Dr. Daniel Chu and Prof. Cindy Lam served in the Conference Academic Committee.

The Meetings

Dr. Donald Li gave the keynote opening speech to the conference delegates, while Dr. Gene Tsoi chaired the concluding meeting. Drs. Daniel Chu and Mark Chan chaired separate theme sessions.

The Conference has a rich array of reports allowing delegates to share and exchange ideas and skills. In the session Basic Skills for Community Health Services, I presented the most updated PEFR normogram of Hong Kong Chinese. Dr. Lau Ho Lim drew much attention in presenting The roles of Key Features Problems in fellowship examination during the Education and Training session. In Health Service Management session, Dr. Daniel Chu shared Hong Kong experience in delivering community healthcare. Dr. Catherine Chen discussed secondary prevention of stroke. Taiwan doctors showed us the general practice networking in Taiwan, a practical provincial model with relative developed health insurances. Macau shared their experiences in establishing a general practice health centre staffed by the Department of Health. The Chinese colleagues reported events leading to standardized accreditation of Family Medicine specialists. Similar problems that we encountered in Hong Kong decades ago are now recurring in Mainland with a scale enlarged a million times.

Our (Your) Tasks Ahead

Hong Kong has a long term relation with the mainland family medicine development. Dr. Donald Li on behalf of the College signed a teaching and education memorandum with the CUMS in 2004 (FP Links, June 2004) The official website of the Ministry of Health (www.moh.gov.cn) has recently re-emphasized the important guidance from the Hong Kong experiences in developing the mainland healthcare structure. Dr. Gene Tsoi and the College prepare to take on the anticipatory tasks, where the dedicated support from our College fellows, examiners and members are most in need; if there was a chance to apply what you've learnt and promote the goodness of Family Medicine to your fellow countrymen, this would be a most worthy venue.



From left to right: Dr. Mark Chan, Dr. Lau Ho Lim and Dr. Daniel Chu at the Conference



Dr. Donald Li delivering the keynote speech

Annual Scientific Meeting 2010

By Dr. Cheung Man Kuen
Chairlady, ASM 2010 Organizing Committee



Our College's Annual Scientific Meeting was successfully held on 29-30 May, 2010. The two days of lively discussion, learning and debates attracted over 250 family physicians and other health care professionals, both locally and abroad. There were many a first in this year's ASM - it was the first time for us to have the third workshop; the dinner symposium was a first as well. I am also happy to report that we had a record-high attendance and abstract submissions.

This meeting focused on non-communicable diseases, and how we family physicians can prepare ourselves for forthcoming challenges. Through the carefully structured scientific programme, including 4 plenary speeches, 3 concurrent workshops, numerous oral presentations and poster displays, as well as dinner and lunch symposia, we were able to provide a forum for clinicians, academics, policy makers and other healthcare professionals to share their experience, to learn from one another, and to debate the future development of family medicine in combating non-communicable diseases. I would like to thank everyone who attended, speakers and participants alike, for giving so freely of themselves and making the meeting a memorable and successful occasion.

The contribution of the members and advisors of the organizing committee cannot be overestimated – all of them worked tirelessly to meet deadlines and make progress, not to mention putting up with my incessant pestering. Our college staff also provided tremendous support which enabled this meeting to run smoothly.

Thanks are also due to those who kindly returned the evaluation questionnaires which were distributed to all participants shortly after the meeting. It is encouraging to find that feedback from our participants was very positive. Some gave constructive criticism and made useful suggestions to the future improvement of our ASM. These comments will certainly be taken on board as we plan for our future ASM.

By the time this report goes to press, the proceedings of our ASM should already be available on the college website. Please come and take a look. Be it to recap the diverse views presented in the different sessions, or to rekindle the many fond memories from our photo album, I am sure you will find the visit worthwhile.

Dr. Gene Tsoi, in his "Message from the President" last month, made some thoughtful observations of this year's ASM, and shared with us his excellent drawing of a very funny, yet thought-provoking, Dr. Robot. I hope our ASM will bring out the same spirit, if not the same artistic outpouring, in all our participants. It is this spirit of reflective thinking and exploration of ideas that will contribute to the continual development of our specialty.

Conferment Ceremony 2010

By Dr. Billy Chiu
Chairman, Internal Affairs Committee



Over 70 candidates were conferred FHKCFP and FRACGP



Conjoint successful candidates

It was my honour this year to have the opportunity to serve as the chairman of the Internal Affairs Committee, organizing the College's conferment ceremony on 30 May 2010.

At the ceremony, over 70 candidates were conferred fellowships of the two colleges and more than 30 fellows were awarded the exit certificates. Congratulations again to all of you joining our family as fellows and specialists in Family Medicine. I witnessed this occasion every year, always moved by the joyfulness of the candidates and their families. With the rapid expansion of our family, I must voice out to rectify the false beliefs about the harsh examination requirement & low passing rate of our examination, especially to medical students who show great interest in FM discipline but feel threatened by the wrong message.

Due to other commitments, you may have missed the conferment,

which is one of the most important events of the College. We are honoured by the presence of so many VIPs this year. Dr. York Chow, Secretary of FHB, gave an important speech to us. Dr. the Hon CH Leong was awarded the Honorary Fellow and joined us as a big brother in our family. Prof. Tsui Lap Chee, the Vice-Chancellor of the University of Hong Kong, delivered the 21st Dr Sun Yat Sen Oration which has been a long-standing tradition.

I will never forget the great party at the Peak last year celebrating WONCA APR Regional Conference, with all the music, dancing and songs delivered by all of us and our friends and guests. This year, we hosted a celebration dinner for all the VIPs and Honorary Fellows after the conferment. And I would like to thank Dr. York Chow, Mr. Anthony Chow, Prof. SP Lee and Prof. TF Fok for entertaining all of us with the classic and lovely songs without any musical support. Our Council members, with the help of Mr. Anthony Wu, Chairman of Hospital Authority, formed an ad hoc HKCFP Choir, singing "My Way" together for the finale. Our President Dr. Gene Tsoi suggested that we should practise more to prepare for future functions.

May I take this opportunity to express my sincere gratitude to all our supporting staff, especially Crystal and Carmen, for their excellent coordination; all the voluntary doctors as Coordinator (Allen), Marshalling officers (Maria, Kenny, Welchie & Chi Wai), and Ushers (Cecilia, Ming Shing, Ming Pong & Anthony); and Dr. Wendy Lo, the Public Orator with her always pleasant voice, elegant smile and skilful presentation. By the way, Dr. Lo is looking for her successor to take up the post of Public Orator next year, if you are interested in the job, please don't hesitate to contact me as soon as possible.

Last but not least, I would like to thank Dr. Gene Tsoi, the President, for his leadership and support, and for honouring the relatives, friends and supporters of the young doctors with his address in Cantonese, which touched all our hearts. It showed that Family Medicine is closely associated with the needs and well-beings of the local population and the College is in touch with society at large.



From left to right - Dr. Yuen Shiu Man, Dr. Chan Tat, Eddie and Dr. Billy Chiu



Dr. Chan Hung Chiu, Dr. Stephen Foo and successful Exit candidates



From left to right - Dr. Gene Tsoi, Dr. the Hon York Chow, Prof. Gabriel Leung, Ms. Sandra Lee and Dr. Daniel Chu



From left to right - Dr. Chan Ming Wai, Dr. Mary Kwong, Dr. Au Chi Lap, Prof. Cindy Lam and Prof. Lap-Chee Tsui



Council Dinner after Conferment Ceremony

HKCFP Best Research Award 2009 and HKCFP Research Fellowship 2010

The Research Committee is delighted to announce that the study on “Nomogram of Peak Expiratory Flow Rates (PEFR) for Hong Kong Chinese” has been awarded the HKCFP Best Research Award 2009. The Committee would like to congratulate the researchers – Dr. Mark SH Chan, Dr. Albert YF Kong, Professor Tai-pong Lam, Dr. Wilson WS Tam, Dr. Nai-ming Wong and Dr. Yuk-tsan Wun for their work.



Recipients of Best Research Award 2009 – Dr. Kong Yim Fai, Dr. Wong Nai Ming and Dr. Mark Chan (from left to right)

It is also our pleasure to announce that the winner of the HKCFP Research Fellowship 2010 is Dr. Frances Yu Sze Kai.

Dr. Frances Yu Sze Kai is currently working in the Family Medicine Integrated Clinic of Prince of Wales Hospital and is an honorary clinical tutor of the School of Public Health and Primary Care in CUHK. She graduated from the faculty of medicine in the Chinese University of Hong Kong in 2003. She has obtained the Diploma in Family Medicine from HKCFP in 2008 and has been offered the Best Candidate Award of the Conjoint HKCFP & RACGP Fellowship Examination in 2009.

In 2008, she began to take part in research with her colleagues and supervisor by survey on the impact of melamine tainted food products on healthcare workers and the primary care population. With her primary interest in improving the community health care, she has initiated a HKCFP Research Fellowship project titled “Does specialist training in Family Medicine in Hong Kong helps in the quality of care and empowerment for patients with chronic illness?”, under the support from her department, and collaboration with the SPHPC of CUHK under the supervision of Professor Samuel Wong.

With the rising prevalence of chronic illness and health care expenditure in the local ageing population, the Hong Kong SAR Government

proposed the improvement in primary health care and promotion of the concept of family medicine in its healthcare reform consultation document ‘Your Health, Your Life’ in March 2008. An Australian study revealed that primary health care was also being advocated by patients with chronic illness, who consistently demanded the “right GP” to provide “whole person care” to meet their psychosocial needs on top of their physical conditions. Similarly, in our locality, nearly half of the general population preferred to be followed up by their family doctors for hypertension and diabetes.

Indeed, family medicine has a proven role in enhancing patients’ care, as its attributes, namely continuity, consultation time, doctor-patient communication and prevention, were shown to be associated with improvement in patients’ health, satisfaction and cost of care. Furthermore, residency training in family medicine was shown to improve quality of care in Canada and Thailand. Are these beneficial outcomes also applicable to our current vocational family medicine training in Hong Kong? Our study aims to answer this by conducting a survey for patients with chronic illness by validated Chinese questionnaires on their view about the quality of care and level of empowerment they received from doctors in family medicine integrated clinics (FMIC), general outpatient clinics (GOPC) and specialist outpatient clinics (SOPC) in the public sector. The doctors in FMICs have all undergone vocational training in family medicine, while GOPCs comprise a mixture of doctors with and without formal family medicine training; and doctors in SOPC have received training in other specialties. The ratings for doctors trained in family medicine will be compared to those without training. The study may provide evidence to support the need of family medicine training for quality assurance of our primary health care and enhancement of its role in our community.



Recipient of Research Fellowship Award 2010 - Dr. Yu Sze Kai, Frances

"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 July till 14th August, 2010, Dr. Wendy Tsui and Dr. Law Tung Chi 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. Wendy Tsui



Dr. Law Tung Chi

Dr. Tony C K Lee
Co-ordinator, CMOD System

Membership Committee News

The Council approved, on recommendation of the Membership Committee Chairman, the following applications for membership in **June 2010** with Council Meeting:

Associate Membership (New Application)		Reinstatement of Associate Membership	
Dr. CHAN So Ching, Sarah	陳素貞	Dr. LAM Tung	林冬
Dr. CHAN Wai Kie, Ricky	陳偉奇	Resignation of Full Membership	
Dr. HO Chun	何震	Dr. WONG Tung Kin	黃棟堅

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. Logbook should 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

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[Reminder: Application for Recommendation for Exit Examination](#)

To all Higher Trainees,

For those who prepare to sit for exit examination in 2011, please submit the application letters and the checklists for recommendation for exit examination before **30 September 2010**.

Late applications will not be entertained.

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

Higher Training Subcommittee
BVT

Message from the President

The other aspect which the article has not mentioned is the role of e-Health Record Office in the health-care reform. The e-HR Office will roll out a proposed e-HR sharing format for public consultation in the coming months. Our College and the e-HR Office will organize seminars to introduce to our members about how it is designed for use by primary care doctors, both in public and private practice. It will definitely affect our daily practice and especially those solo practitioners who are not particularly familiar with IT applications and electronic records. There is nothing to be afraid of but training and full understanding of the system is a must. I would encourage members to join these seminars and express their opinions so that the system can be refined and be user-friendly.

Lastly, I would like to mention briefly about the Four Parties Conference in Family Medicine held in Beijing last month. Our College delegates have made presentations and chaired some sessions in the Conference. We have exchanged our experiences with the mainland, Macau and Taiwan, and tried to see how we can assist and collaborate with one another in the health-care reform. I hope members and fellows who have interests to participate in medical education, vocational training and professional assessment will join as a group to organize various activities and functions in the future. There are reports about the Conference by our delegates inside this issue.

Dr. Gene W W Tsoi
President

Facilitation for Category 2 candidates of Fellowship Examination to form study groups

The Board of Examination has identified a need in candidates who may benefit from forming a study group in preparing for the Fellowship examination. In response, the College will facilitate the formation of study groups for candidates who otherwise are without formal group support. Advice to the groups from various Boards including BVTs and Board of Education will be accessible should the need arises.

Aim:

1. to facilitate members who have difficulties in forming study groups
2. to identify improvement areas of members in sitting for the Fellowship examination
3. to facilitate group members to update skills and knowledge
4. to coordinate help from experienced fellows and teachers

Membership:

Open to all Category 2 candidates.

Interested members please send in the following details and fax to the College secretariat at 2866 0981.

As membership may be limited, please apply early and we shall call for the first meeting as soon as possible.

Application Form:

Name/ Age/ Sex	
Contact	Tel: Email address:
Graduation Place and Year	
Year planned to sit for the Conjoint Exam	
Year attempted Conjoint Exam	
Institutional training	No / Yes: no of years
Hospital experience	No / Yes: no of years and types
Other academic experience e.g. Diplomas, Masters, other Fellowships	
Areas that you think you may benefit from facilitation	1. 2. 3.

Board of Diploma in Family Medicine (DFM)

Dates : 21 & 28 August, 2010 (Saturdays)

Topics : Consultation Skill Workshop I & II

Speakers : Dr. Ho Kam Wai and Dr. Ho King Yip

Chairman : **Dr. Wong Pak Hoi**
Member, The Board of Diploma in Family Medicine, HKCFP

Venue : 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong

Time : 2:15pm – 5:15pm Lecture and Discussion

Accreditation : 3 CME Points HKCFP (Category 4.3)
3 CME Points MCHK

Registration Fees (Please tick as appropriate):

	HKCFP Member	Non-member
Consultation Skill Workshop I (21 August)	<input type="checkbox"/> HK\$200	<input type="checkbox"/> HK\$400
Consultation Skill Workshop II (28 August)	<input type="checkbox"/> HK\$200	<input type="checkbox"/> HK\$400

Capacity : 20 Doctors

Registration : Registration will be first come first served. For registration or any enquiry, please call the College secretariat, Ms Dickie Lam at 2861 0220. All cheques are payable to "HKCFP Holdings and Development Limited". Please mail the cheque to 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, HK. All fees received are non-refundable and non-transferable.

To : HKCFP, Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, H.K. (Fax: 2866 0981)

Dear Sir/ Madam,

I am a (an) *Member/ Non-Member of the Hong Kong College of Family Physicians. (*Please delete as appropriate)

I would like to attend Consultation Skill Workshop I & II on 21 & 28 August, 2010 (Saturdays) at 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

Name : _____

Tel No. : _____

Email : _____

Date : _____

A field visit to Tengxian

Dr. Tammy Tam Ka Wae, Family Physician

Dr. Luke Tsang Chiu Yee, Family Physician

In December 2009, a service team consisting of 26 people, including two voluntary workers from the organization, two teachers, 19 secondary school students and the three of us (as a medical support team), joined a 4-day service trip to Tengxian organized by China Care Fund Ltd., which is a registered non profit making organization established since October 1993.

The organization was started by a group of volunteers who felt the need for services in China and also the need for Hong Kong people to associate with their motherland. Their mission is to serve and educate young people of rural China, with the belief that the living conditions of rural villages will improve through educating their young. They provide educational assistance and services to students in the poverty stricken villages and remote mountainous regions of China. They also distribute badly needed materials in these remote regions and venture into a world hitherto relatively unknown. Their missions also provide Hong Kong youngsters a real life experience and the opportunity to serve these poor regions and to learn and appreciate the joy of giving through the process.

We travelled by coach on rocky trails and highways for eight hours from Hong Kong to Tengxian. Night had already fallen by the time we reached the town hotel in Tengxian.

In the following two days, we visited two village primary schools and joined field trips to visit peasant families. Although the whole trip lasted



HK students performing health measurements for village school children



Learning teeth-brushing

only for four days, these visits resulted in an unspeakable joy and a deep sense of fulfilment. They developed profound affection and nurtured important life values.

Upon arriving at the village schools, our breath was immediately taken away by the sight of thick lines of school children who are greeting us along the full length of the hill slope. Waving paper flags in their hands, yelling welcome again and again at the top of their young voices, the big smiles plastered on their faces were so pure and natural that we visitors would never forget them.



Playing picture games

Students from Hong Kong were divided into four teams, led by teachers, to perform tasks such as performing health assessment for school children, providing health education on hand hygiene and tooth brushing, playing games, and giving out stationery and toys as souvenirs. For the health assessment, height and body weight were measured, hand and dental hygiene was assessed.

Children were also asked to rate their sense of contentment and happiness.



Inside a peasant's house

The results of the health assessment of the school children are shown in the table. A total of 597 students were checked. Their mean age was 9.6 years (range 5-15). Compared to HK youngsters, they were smaller in size for their age, with a mean height percentile of 22.8 and weight percentile 24.4. The mean number of dental caries was 1.6 (range 0-8). Dental hygiene was worse in young children from preschool to primary 2 (1.96 decayed teeth in P2) and better for older children (0.96 decayed tooth in P6). Hand hygiene was rated as average. The most remarkable finding was that, in spite of the apparent lack of nutrition, poor hygiene standards and social deprivation, these children looked much happier and enthusiastic and they rated themselves with very high score of contentment and happiness in general. The second part of our trip was visiting peasant families. It took us 30 minutes to walk from the school campus to their homes. The peasants lived in self-built huts scattered at different levels of the small mountains. We walked cautiously on the muddy and slippery winding trails, carrying with us some household necessities including rice and peanut oil as gifts. Our eyes were busy drinking in the wonderful surrounding scenery.

It was an exceptionally cold and rainy day. We were almost frozen in the cold weather but our hearts melted with the warm welcome of the peasants. The size of the household varied from a few to over ten. We saw very small babies and also very old people. Inside the huts, they possessed only

the most basic and primitive necessities for living. They did not have water or gas supply to their household. Electricity supply was sometimes interrupted as well. The whole family was delighted to welcome us and put down their work immediately and gathered to greet us when we arrived. They served us with the best food they had, sweet potatoes, and shared with us their life stories, the ways of maintaining their harsh but happy life.

It has already been more than one month after returning from Tengxian, but the images of their pure lifestyle, the contented smiles of school boys and girls, their warm welcome and hospitality, and the hardship and tears of the peasants keep turning up in my mind. What we had done was modest but the excitement of reaching out to a bigger world, the joy of giving and the sense of accomplishment was enormous, invaluable and enduring. It is more blessed to give than to receive. I appeal to all of you to support these meaningful services and activities; I am sure you will be the one who will benefit the most from it.

Result of health assessment for school children in Tengxian

	N = 602
Male	330
Female	267
Missing data	5
Preschool	90
P1	80
P2	90
P3	84
P4	75
P5	89
P6	94
Mean age (yrs)	9.6 (5-15)
Mean height (cm)	126.8 (62-166)
Mean height %tile	22.8
Mean weight (kg)	25.3 (13-57)
Mean weight %tile	24.4
Mean weight for height (%tile)	45.5
Mean no. of dental decay	1.6 (0-8)
Mean satisfactory score of hand hygiene (1:poor; 2:average; 3:good)	2.1
Feeling happy (1:unhappy; 2:average; 3:happy)	2.7

Epilepsy – a new name given

Epilepsy previously known as 癲癇症 is now renamed as 腦癇症. It was announced officially on 27th June 2010 in a "New Name for Epilepsy Ceremony" held in the Hospital Authority Building. The ceremony was organized by non-government organizations namely the Hong Kong Epilepsy Association, the Hong Kong Society Rehabilitation, the Hong Kong Society of Child Neurology and Developmental Paediatrics, the Hong Kong Epilepsy Society, the Hong Kong Neurological Society and the Hong Kong Brain Foundation.

"Many people mistook the condition for mental illness partly because the word "癲" was in the name", said Dr. Huang Chen-ya, chairman of the Hong Kong Brain Foundation.¹ Other than changing the name to a less discriminating one, the group hopes it will serve as a start to bring about future changes for a more inclusive society toward epilepsy patients.

Epilepsy is one of the most common neurologic diseases; it is defined as a chronic neurological disorder with repeated seizure, which is a result of abnormal electrical activity in the brain that causes an involuntary change in body movement or function, sensation, awareness or behavior. It is a heterogeneous condition with various identifiable causes including central nervous system infection, cerebrovascular diseases, head trauma, congenital malformation, and peri-natal insult. However, in half of all cases, no cause can be identified.²

Epilepsy can be disabling but up to two-thirds of the patient can be seizure-free with anti-epileptic drug (AED) treatment while 80% of cases can achieve partial control.^{2,3} Despite the fact that control is achieved in most patients, patients with epilepsy are legally prohibited to drive in Hong Kong and have an obligation to notify the Transport Department regarding their medical diagnosis as harm resulting from seizures whilst driving could have devastating results. Patient with inactive epilepsy can apply for a driving license under special circumstances but outcome is subject to approval by the Transport Department.

Anti-epileptic drugs are potentially teratogenic and may affect efficacy of contraceptives via up-regulation of liver enzymes, thus possible risks from AED should be well explained especially to women of child-bearing age. Concerning pregnant patients with epilepsy, 60% experience no change in frequency of seizure, 30% report increased frequency and 10% decreased frequency; most of them can have an uneventful pregnancy and delivery so pregnancy should not be discouraged as long as advice is clearly given.⁴

It is worth remembering that Carbamazepine and Phenytoin induced Steven Johnson Syndrome and Toxic Epidermal Necrolysis are strongly related to the HLA-B 1502 allele, which has 15% prevalence in Hong Kong population.⁵ It is advisable that genetic testing should be done before starting the above drug unless benefit outweighs risk.

Furthermore, it is a widespread myth that an object should be placed inside a patient's mouth to prevent injury. According to Hong Kong Epilepsy Guideline 2009⁴, pre-hospital manage of seizures includes:

- Common sense to prevent injuries, e.g. cushion the person's head, loosen any tight neckwear, turn the person on his or her side;
- Do not hold the person down or restrain the person ;
- Do not place anything in the mouth;
- Do not try to pry the teeth apart; and
- Observe seizure characteristics – length, type of movements, direction of head or eye turning
- Medication e.g. Rectal diazepam 10-20 mg / Buccal midazolam 10 mg if seizure last more than 2 minutes, remain drowsy in between seizure, underlying serious cause e.g. stroke, encephalitis

When to consider admission?⁴

- Fever or signs suggestive of infection;
- Prolonged seizure lasting more than 5 minutes;
- Cluster of seizures e.g. two or more seizures within 24 hours;
- Incomplete recovery after a seizure, e.g. Drowsiness for more than 2 hours; and
- Persistent post-ictal focal neurological deficit

Compiled by Dr. Chun-Kong Yip

References:

1. South China Morning Post, 28/6/2010
2. "Seizures and Epilepsy: Hope Through Research." NINDS. 05/2004, NIH Publication No. 04-156
3. Kwan P and Brodie MJ, NEJM 2000342(5) 314-319
4. Hong Kong Med J Vol 15 No 5, Supplement 5, 10/2009
5. Medical Genetics: A marker for Steven-Johnson Syndrome, Nature. 428.6982(April 1,2004): 486 (1)



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LI KA SHING FACULTY OF MEDICINE

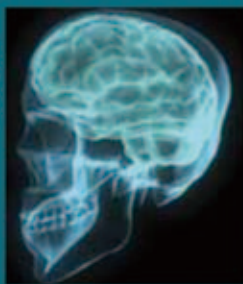
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(PDipIntMed&Therapeutic)

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Holder of a primary medical degree with post registration experience of not less than 12 months

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On-line :

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By mail :

The completed application form should be sent to:
Academic Services Enquiry Office
Room UG-5, Knowles Building, The University of Hong Kong
Pokfulam Road, Hong Kong
(Ref: PDipIntMed&Therapeutic)

*Call for Application
for Admission
in September 2010*

VENUE

William MW Mong Block
Faculty of Medicine Building
21 Sassoon Road
Pok Fu Lam, Hong Kong

ORGANIZER

Department of Medicine
The University of Hong Kong
Queen Mary Hospital, Hong Kong

Diagnosis
Therapeutics
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The University of Hong Kong Family Practice Attachment for Medical Students

The Family Medicine Unit of the University of Hong Kong is actively recruiting family doctors who are prepared to take students into their practices for teaching purposes. During the family medicine junior clerkship each student is required to spend some time attached to a family doctor in the community. These attachments are on a one-to-one basis, and are scheduled at regular intervals throughout the academic year. Each family practice (FP) teacher will have a minimum of two students attaching to his/her practice, each for 2 half-day sessions during a 9 week period.

Most doctors find that teaching in their practices is a rewarding experience, and the satisfaction gained often more than compensates for the minor disruption to the practice. Those who volunteer to teach will be given an honorary academic appointment at the University of Hong Kong. Appropriate CME and CPD accreditation will be given by the Quality Assurance and Accreditation Committee of the H.K.C.F.P. towards the award of the Certificate of Quality Assurance. Our honorary teachers are entitled to use our University facilities including the library, computer access to the Internet and the sports club.

Fellows and members of the Hong Kong College of Family Physicians are most eligible to contribute to undergraduate medical education in this way, and enquiries from other doctors would also be welcome.

Please complete and return the reply-slip below, indicating each period in which you are prepared to accept student attachments in your practice.

I would be pleased to answer any queries you may have regarding this attachment programme. No previous experience is necessary interest and motivation to teach and pass on your expertise are much more important.

Prof. Cindy L.K. Lam
Head, Family Medicine Unit
The University of Hong Kong

REPLY SLIP

To : Prof. Cindy L.K. Lam

I will be willing to take a student for attachment in my practice during the following teaching blocks (please tick as appropriate):-

- October 18, 2010 – December 18, 2010 February 21, 2011 – April 23, 2011
 December 20, 2010 – February 19, 2011

Name : _____ (_____)
in English (block letter) *in Chinese*

Office Address : _____

Office Tel. No. : _____ Fax. No. _____

Signature _____ Date _____

Please return the completed form with a copy of your curriculum vitae to:

Prof. Cindy L.K. Lam, Family Medicine Unit, University of Hong Kong, 3/F., Ap Lei Chau Clinic, 161 Main Street, Ap Lei Chau, Hong Kong SAR. (Tel. 2518 5657 Fax. 2814 7475)

Interest Group in Mental Health & Psychiatry in Primary Care — the 22nd Meeting on 5th June 2010

Dr. Mark S. H. Chan
Co-ordinator, Board of Education

The 22nd Interested Group in Mental Health & Psychiatry in Primary Care Meeting was held on 5th June 2010. Dr. Chan Suen Ho Mark, is the guest speaker. Dr. Chan graduated from the University of New South Wales, Sydney and moved to general practice after 12 years of hospital medicine. Dr. Chan is now a family physician in private practice, a part time lecturer in CUHK Family Medicine and Hon Asst Clin. Professor of HKU, coordinator of the Mental Health Interest Group of the College, and Council member of HK Community Psychological Medicine Association.

Theme of the meeting:

PTSD and Sichuan post earthquake mental health rehabilitation

Speaker: Dr. Chan Suen Ho Mark

Moderator: Dr. Francis Lee

Learning points:

Part I - Post traumatic stress disorder (PTSD)

In earlier DSM editions, this was characterized as stress response syndrome, a type of gross stress reaction, a situational disorder, and was often associated with personal weakness instead of situational trauma. PTSD is now defined as a pathological anxiety that usually occurs after an individual experiences or witnesses severe trauma that constitutes a threat to the physical integrity or life of the individual or of another person.

Clinically the patient initially responds with intense fear, helplessness, or horror, characterized by

1. persistently re-experiencing the event,
2. resultant symptoms of numbness, avoidance, and hyper-arousal,
3. clinically significant distress or functional impairment, and
4. presence of symptoms for a minimum of 1 month following the initial traumatic event.

The events experienced can be natural disasters, violent personal assaults, war, severe motor vehicle accident, the diagnosis of a life-threatening condition or a developmentally inappropriate sexual experience.

Classification

PTSD can be acute (symptoms lasting <3 months), chronic (symptoms lasting >3 months), or of delayed onset (6 months elapse from the event to symptom onset).

Diagnostic criteria

1. PTSD can be subclinical, in which the criteria are almost but not fully met.
2. The mental status examination should routinely include questions about exposure to trauma or abuse.

The first criterion includes experiencing, witnessing, or being confronted with an event involving serious injury, death, or a threat to a person's physical integrity, and a response involving helplessness, intense fear, or horror (sometimes expressed in children as agitation or disorganized behavior).

The second criterion is persistent re-experiencing of the event in one of the several ways. These may involve thoughts or perception, images, dreams, illusions, hallucinations, dissociative flashback episodes, or intense psychological distress or reactivity to cues that symbolize some aspect of the event. However, children re-experience the event through repetitive play, not through perception like adults.

The third diagnostic criterion is avoidance of stimuli that are associated with the trauma and numbing of general responsiveness, with presence of 3 or more of the following:

Avoidance of thoughts, feelings, or conversations that are associated with the event

Avoidance of people, places, or activities that may trigger recollections of the event

Inability to recall important aspects of the event

Significantly diminished interest or participation in important activities

Feeling of detachment from others

Narrowed range of affect

Sense of having a foreshortened future

The fourth criterion is symptoms of hyper-arousal. Two or more of the following symptoms are required to fulfill this criterion:

Difficulty sleeping or falling asleep

Decreased concentration

Hypervigilance

Outbursts of anger or irritable mood

Exaggerated startle response

Duration of the relevant criteria symptoms should be more than 1 month, as against acute stress disorder, of which the criterion is symptom duration of less than 1 month.

Finally, the disturbance is a cause of clinically significant distress or impairment in functioning.

Children may show extreme withdrawal, disruptive behavior, and/or an inability to pay attention. Regressive behavior, nightmares, sleep problems, irrational fears, irritability, refusal to attend school, outbursts of anger, and fighting are also common. There are somatic

complaints with no medical basis. Schoolwork often suffers. Also, depression, anxiety, feelings of guilt, and emotional numbing are often present.

Adolescents aged 12-17 years may have responses similar to adults.

Differential diagnoses include

- Anxiety disorder
- Obsessive-compulsive disorder
- Schizophrenia
- Acute stress disorder
- Adjustment disorder
- Malingering (must be excluded)
- Mood disorder with psychotic features
- Psychotic disorders caused by a general medical condition
- Substance-induced disorders

Pathophysiology

The amygdala is the key brain structure implicated in PTSD.

Exposure to traumatic stimuli leads to fear conditioning with resultant activation of amygdala. Associated structures include hypothalamus, locus ceruleus, periaqueductal gray, and parabrachial nucleus. This activation and accompanying autonomic neurotransmitter and endocrine activity produce PTSD symptoms.

Treatment is often best accomplished with a combination of pharmacologic and non-pharmacologic therapies. Medications to control the physiological symptoms enable the patient to tolerate and work through the highly emotional material in psychotherapy. Other options are group therapy, individual and family therapy, cognitive behavioral therapy, play therapy, art therapy, anxiety management, eye movement desensitization and reprocessing (EMDR), flooding and relaxation techniques.

PTSD complicated by comorbid disorders

1. If present, alcohol or substance abuse problems should be the initial focus of treatment.
2. In the presence of coexisting depression, treatment should focus on the PTSD.

Inpatient care is indicated if there is suicidal or homicidal risk, or if there are complicating comorbid conditions that may require inpatient treatment (e.g. depression, substance abuse).

Complications

Patients are at increased risk of developing panic disorder, agoraphobia, obsessive-compulsive disorder, social phobia, specific phobia, major depressive disorder, and somatization disorder. There may be increased use of analgesic medications (both opiates and nonopiates).

Part II - An review of the recent Sichuen Conference organized by The Chinese Department of Health.

A slide show brought the conference meeting highlights to the audiences.

國家衛生部和英國國際發展部舉辦四川災後心理援助服務專家研討會(四川成都·四川大學華西醫學院)

研究主題包括：

- 地震後心理衛生服務的早期響應和探討·
- 地震後應激相關障礙的特徵和干預·
- 災民心理健康現狀·
- 心理康復力研究·
- 創傷後應激(PTSD)的診斷·
- 學生心理衛生服務資源的整合應用和中國文化的災後心理康復的積極因素。

The meeting concluded with a lively discussion.

Interested readers can refer to the references below.

註一：(中國) 衛生部·英國國際發展部(四川) 災後心理援助服務研討會論文集

註二：香港政府網址：四川重建www.cmab.gov.hk

Next meeting

The next meeting will be held on 7th Aug 2010, Saturday. The Guest speaker is Dr. Wong Oi Ling, senior teaching consultant of The Family Institute, The University of Hong Kong. The theme will be **Working with Families - the Systemic Perspectives**.

All members of the College are welcome and encouraged to present their cases and problems for discussion or role play. (Please contact our secretary at 2861 0220 2 weeks beforehand for speakers to review the content.) Again, those who are experienced can share, while less experienced ones can benefit from participation. Our goal is to enhance our practical skills, promote early awareness and better management of mental health problems in our community.



From left to right: Dr. Francis Lee, Dr. Mary Kwong, Dr. Mark Chan and Dr. Roger So

- 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.

7 August 2010 Saturday

Board of Education Interest Group in Mental Health and Psychiatry in Primary Care

Aim	To form a regular platform for sharing and developing knowledge and skill in the management of mental health
Theme	Working with families – the Systemic Perspectives
Speaker	Dr. Wong Oi Ling Senior Teaching Consultant, HKU Family Institute
Co-ordinator & Chairman	Dr. Chan Suen Ho, Mark 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.

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20 August 2010 Friday

Topic and Speaker:
The Facts and Myths of HPV Vaccines

Dr. Gerard Vincent Wain
*Director of Gynaecological Oncology,
Westmead Hospital, Australia*

Chairman	Dr. Au-yeung Shiu Hing The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Lunch 2:00 p.m. – 3:30 p.m. Lecture & Discussion

Venue	Ballroom, Level 7, Langham Place Hotel, 555 Shanghai Street, Mongkok, 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.	

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24 August 2010 Tuesday

Topic and Speaker:
Advance Management on Allergic Rhinitis, Nasal Polyps & Rhinosinusitis

Dr. Michael G. Stewart
*Professor and Chairman of the Department of Otorhinolaryngology,
Weill Medical College of Cornell University, USA*

Chairman	Dr. Ma Ping Kwan The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m. Buffet Lunch 2:00 p.m. – 3:30 p.m. Lecture & Discussion	
Venue	Star Room, Level 42, Langham Place Hotel, 555 Shanghai Street, Mongkok, 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.	

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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.

July's session:

Date	30 July, 2010 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	Skin Diseases of the Hands & Feet – Dr. Lee Tze Yuen
Admission	Free for Members
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 Cantonese.

August's session:

Date	27 August, 2010 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	Update of Management of Atopic Dermatitis – Dr. Yeung Chi Keung
Admission	Free for Members
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
21 August 2010 (Sat) 2:15 – 3:45 p.m. 2 CME points	Lecture Theatre, G/F, Block F, United Christian Hospital, Kwun Tong, Kowloon	CME Course for Health Personnel 2010 – Practical Management of Common Eye Diseases Dr. Kenneth Li Hong Kong Medical Association (KECN) & United Christian Hospital	Ms. Gary Wong Fax: 3513 5548

Structured Education Programmes

Free to members
HKCFP CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
20 Jul 10 (Tue)			
5:30 – 8:00 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	Sexual Education and Counselling in Children Dr. Lam Wai Hang, Eddie	Ms. Chan Tel: 2468 6813
21 Jul 10 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	Update Management of Diabetes Mellitus Dr. Sze Siu Lam	Ms. Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Origin & Development of FM in Hong Kong & Overseas Dr. Kwok Tsz Tik and Dr. Chan Hau Ting	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Handling of Osteoarthritis of Different Joints in Out Patient Setting Dr. TP Ng	Ms. Man Chan Tel: 2589 2337
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	Family System Theory Dr. Yau Chi Fai	Ms. Peony Yue Tel: 2632 3480
22 Jul 10 (Thur)			
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	The Gatekeeper and Co-ordinator Dr. Ho Chung Yu and Dr. Lai Siu Wai	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Grief and Grief Counselling Dr. Wu Xiao Qiug	Ms. Kwong Tel: 2595 6941

27 Jul 10 (Tue)			
5:30 – 8:00 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	Advance Directives Dr. Chu Tsun Kit	Ms. Chan Tel: 2468 6813
28 Jul 10 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	How to Deliver Emergency Care Outside Your Clinic? Dr. Mok Kwan Yeung	Ms. Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Family Life Cycle and Patient's Illness Behavior Dr. Chan Ngai Ping and Dr. Yung Yin Ying	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Family Medicine: Core Values; Family Physicians Functions Dr. Yuen Yuk Kwun, Natalie	Ms Man Chan Tel: 2589 2337
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	Erectile Dysfunction and Premature Ejaculation Dr. Mak Siu King	Ms Peony Yue Tel: 2632 3480
29 Jul 10 (Thur)			
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Informed Consent Dr. So Chi Kin and Dr. Lo Cheuk Wai	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Management of Common Neurological Conditions Dr. Cheung Chun Ming	Ms. Kwong Tel: 2595 6941
3 Aug 10 (Tue)			
5:30 – 8:00 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	How to Prepare for Medical Litigation Dr. Kwok Vincci	Ms. Chan Tel: 2468 6813
4 Aug 10 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	Update Management of Hypertension and Lipid Dr. Li Shun Hoi	Ms. Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Eye Injuries and Ocular Emergency Dr. Wilson Tang	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Handling Marital Problem in OPD Setting Dr. Yuen Yuk Kwun, Natalie	Ms. Man Chan Tel: 2589 2337
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	Recurrent UTI Dr. Cheung Ho Yuen	Ms. Peony Yue Tel: 2632 3480
5 Aug 10 (Thur)			
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Cardiopulmonary Resuscitation Dr. Tam Kit Ping	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Journal Club Dr. Cheung Wen Ling	Ms. Kwong Tel: 2595 6941
10 Aug 10 (Tue)			
5:30 – 8:00 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	Care of Dementia Patients Dr. Wong Man Kin	Ms. Chan Tel: 2468 6813
11 Aug 10 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	Consultation Models Dr. Leung Hoi Lik	Ms. Chan Tel: 2468 6813

2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Principles and Role of Family Physicians in Preventive Medicine Dr. Kwan Sze Sing and Dr. Yip Wing Yi	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Handling IOD Cases Dr. Ngai Ming, Leon	Ms. Man Chan Tel: 2589 2337
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	Principle of Family Interview Dr. Cheng Cheuk Hong	Ms Peony Yue Tel: 2632 3480

12 Aug 10 (Thur)

4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Pregnancy Related Psychological Illness Dr. Leung Hor Yee and Dr. Wong Chung Tao	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Introduction to Consultation Skills and LAP Dr. Lai Suk Yi, Irene	Ms. Kwong Tel: 2595 6941

17 Aug 10 (Tue)

5:30 – 8:00 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	Counselling: Cognitive Behavioural Therapy, NLP Dr. Sze Lung Yam	Ms. Chan Tel: 2468 6813
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18 Aug 10 (Wed)

2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	Common Dermatological Problem Dr. Wong Chun Fai	Ms. Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Common Symptoms in Orthopedics Dr. Ho Pui Gi and Dr. Tsui Wing Hang	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Problem Case Analysis: Exploring Trainees' Difficulties Dr. Wendy Tsui	Ms. Man Chan Tel: 2589 2337
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	Cross Sectional and Case Control Studies Dr. Lee Chik Pui	Ms. Peony Yue Tel: 2632 3480

19 Aug 10 (Thur)

4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Anticipatory Care in Different Ages Dr. Ho Tsz Bun and Dr. Hung Chi Bun	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Consent and Confidentiality Dr. Leung Pui Sha	Ms. Kwong Tel: 2595 6941

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11 Jul	12	13	14	15 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Council Meeting	16	17 2:00 – 4:00 p.m. Practice Management Training Course DFM Module III Practice Management 2:15 -4:30 p.m. Community Education Programme
18	19	20 5:30 – 8:00 p.m. Structured Education Programme	21 2:15 – 7:30 p.m. Structured Education Programme	22 4:00 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	23	24
25 2:00 – 4:00 p.m. Practice Management Training Course	26	27 5:30 – 8:00 p.m. Structured Education Programme	28 2:15 – 7:30 p.m. Structured Education Programme	29 4:00 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Education Meeting	30 2:30 – 3:30 p.m. Video Session	31
1 Aug	2	3 5:30 – 8:00 p.m. Structured Education Programme	4 2:15 – 7:30 p.m. Structured Education Programme	5 4:00 – 7:00 p.m. Structured Education Programme	6	7 1:00 – 4:00 p.m. Interest Group in Mental Health and Psychiatry in Primary Care
8 2:00 – 4:00 p.m. Practice Management Training Course 3:00 p.m. 2nd Examiner Training Workshop for OSCE 2010	9	10 5:30 – 8:00 p.m. Structured Education Programme	11 2:15 – 7:30 p.m. Structured Education Programme	12 4:00 – 7:00 p.m. Structured Education Programme	13	14
15	16	17 5:30 – 8:00 p.m. Structured Education Programme	18 2:15 – 7:30 p.m. Structured Education Programme	19 4:00 – 7:00 p.m. Structured Education Programme 9:00 p.m. Council Meeting	20 1:00 – 3:30 p.m. The Facts and Myths of HPV Vaccines	21 2:15 – 5:15 p.m. DFM Module V Consultation Skill Workshop I 2:15 – 3:45 p.m. Community Education Programme
22	23	24 1:00 – 3:30 p.m. Advance Management on Allergic Rhinitis, Nasal Polyps & Rhinosinusitis	25	26 9:00p.m. Board of Conjoint Examination Meeting	27 2:30 – 3:30 p.m. Video Session	28 2:15 – 5:15 p.m. DFM Module V Consultation Skill Workshop II

FP LINKS EDITORIAL BOARD 2010

FP LINKS EDITORIAL BOARD 2010	
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- Red : Education Programmes by Board of Education
- Green : Community & Structured Education Programmes
- Blue : Clinical Attachment / Certificate Course / ARC
- Purple : College Activities