



THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Family Physicians Links

Message from the President

Your Advice Makes a Difference

Mother-Baby-Friendliness

Breastfeeding is an unequalled way to provide optimal nutritional, immunological and emotional nurturing for the growth and development of infants, with benefits proportional to its duration and exclusiveness. It is now well-known that early nutrition exerts impact on long term health, including the predisposition to chronic diseases in adult life. Promoting breastfeeding with a supportive environment is therefore important. The Department of Health and other professional bodies including our College are co-organizing the "Seminar on moving towards Mother-Baby-Friendliness" on December 1-3, 2011. Dr. Angus Chan, our Vice-President and Dr. Lau Ho Lim, our Honorary Treasurer, will share their experience in supporting breastfeeding from a family physician's perspective.

Influenza Vaccination

Influenza is a highly contagious and potentially severe infectious disease. Seasonal influenza vaccination has been shown to be effective to prevent influenza and its complications. It represents one of the important measures to enhance preventive care in addition to maintaining good personal hygiene and a healthy lifestyle.

This season, the Scientific Committee on Vaccine Preventable Diseases (SCVPD), Centre for Health Protection, has updated the recommendations for seasonal influenza

vaccination by including people aged 50-64 and obese individuals with body mass index (BMI) ≥ 30 in the priority target groups for seasonal influenza vaccination. Furthermore, as influenza vaccination can offer approximately 70-90% protection against clinical influenza and can substantially prevent severe cases in previously healthy persons, the SCVPD recommends seasonal influenza vaccination as a suitable strategy for personal protection against clinical influenza for all persons, except those with known contraindications.

Studies showed that recommendation by a practitioner is a key factor that drives public vaccination against influenza. In a study in US, patients are at least 3 times more likely to get vaccinated when it is recommended by a healthcare provider.

Guidelines on Charging Fees for Laboratory Tests

Your advice to patients regarding investigations is important and a doctor may charge fees for all professional services rendered. According to the "Guidelines on Charging Fees for Laboratory Tests" by the Hong Kong Medical Council, the whole package of services rendered by a doctor to a patient should be described in the invoice/receipt as "investigation fee" for investigations arranged in order to avoid any misunderstanding that the fee is collected on behalf of a third party.

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Issue 93
November 2011

“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 November 2011 to 14th December 2011, Dr. Angus Chan and Dr. Lau Ho Lim 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 as soon as we can.



Dr. Angus Chan



Dr. Lau Ho Lim

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

Membership Committee News

The Council approved, on recommendation of the Membership Committee Chairlady, the following applications for membership in **October 2011** Council Meeting:

Associate Membership (New Application)

Dr. CHEUNG, Kwok Chiu Stephen	張國釗
Dr. CHOY, Yi Chun Vanessa	蔡怡真
Dr. DAO, Man Chi	陶敏之
Dr. IONG, Ka I	容嘉怡

Dr. KAM, Ting Ting	甘婷婷
Dr. LEUNG, Lok Hang	梁樂行

Transfer from Student to Associate Membership

Dr. HO, Lydia Wing Bing	何穎冰
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34th HKCFP Annual General Meeting and 34th HKCFP Annual Dinner

17th December 2011, Saturday

Venue: Regal Palace
3/F, Regal Hong Kong Hotel, 88 Yee Wo Street, Causeway Bay, Hong Kong

Time: 18:00 Annual General Meeting (members only)
19:00 Annual Dinner Reception
19:30 Chinese-Style Dinner

College Members and their families are welcome to join the Annual Dinner free of charge. Registration for Annual Dinner will be made on first-come-first-serve basis.

To register for the **Annual General Meeting** and/or **Annual Dinner**, please contact Ms. Windy Lau / Ms. Priscilla Li, at 2528 6618 or email windy@hkcfp.org.hk / priscilla@hkcfp.org.hk as soon as possible.

Car parking

You are advised to use the public parking area located in

- Paliburg Plaza (Entrance at Irving Street, next to Regal Hong Kong Hotel)
- Lee Garden Two (Entrance at Pennington Road)
- Windsor House (Entrance at Great George Street)

Board of Conjoint Examination News

The Board of Conjoint Examination is pleased to announce that the following candidates passed the 25th Conjoint HKCFP/RACGP Fellowship Examination (Written Segment) 2011.

Dr. Chan Ching	Dr. Ho Tsz Bun	Dr. Shiu Wing Ho
Dr. Chan Hau Ting	Dr. Ip Sui Wah	Dr. Sin Ho Fai, Edmond
Dr. Chan Man Hay	Dr. Ki Chi Wing, Samuel	Dr. So Chi Kin
Dr. Cheng Kwan Chui	Dr. Lai Sum Yin	Dr. Tam Wing Yi, Cherry
Dr. Cheung Ching Lo, Julie	Dr. Lau Chi Ming	Dr. Yio Shing
Dr. Cheung Lo Ki, Charmaine	Dr. Lee Hung Fai	Dr. Yiu Kam Yi
Dr. Cheung Shun Tai	Dr. Leung Hor Yee	Dr. Yiu Kwan
Dr. Cheung Wen Ling	Dr. Leung Yin Ching	Dr. Yung Yin Ying
Dr. Ho Ka Ying	Dr. Luk Chi To	

Congratulations to you all.

Dr. Chan Hung Chiu
Chairman, Board of Conjoint Examination

Board of Vocational Training and Standards News

BVTS Sponsorship for The 19th WONCA Asia Pacific Regional Conference – 24-27, May 2012 Jeju Korea

The Board of Vocational Training and Standards is pleased to announce the following information on **The 19th WONCA Asia Pacific Regional Conference, WONCA Jeju Korea** to be held in May 2012.

Theme	: Clinical Excellence in Family Medicine: Evidence-based Approach in Primary Care
Dates	: 24-27, May 2012
Venue	: International Convention Centre, 2700 Jungmun, Seowipo, Jeju Special Self-Governing Province, Korea, 697-120.
Registration Fee	: Please refer to: http://woncaap2012.org/reg1.htm
Website	: http://woncaap2012.org/main.htm

Application for sponsorship is open to all current **vocational trainees** (Basic & Higher). Please kindly submit your application **on or before 15th December 2011** to the Chairman of the Board of Vocational Training and Standards regarding the Sponsorship for Overseas Conference.

All decisions are subject to the final approval of the Board.

For more information, please contact Ms. Carmen Cheng or Ms. Kelly Leung at 2528 6618.

BVTS

Reminder: Submission of Annual Checklist for Basic Training

To all Basic Trainees,

Please be reminded that **ALL** basic trainees must submit the annual checklist to the Board of Vocational Training and Standards either by registered post **OR** in-person **ON OR BEFORE 31st January 2012 (Tuesday)**. Late submission will not be accepted.

The training experience of 2011 **WILL NOT** be accredited if the trainee fails to submit the checklist on or before the deadline.

Basic Training Subcommittee

BVTS

Announcement on Council Election

Dear Members,

At the close of nominations on Thursday, 3rd November 2011, the number of the nominations received is greater than the number of vacancies in the post of Council Member. An election is now conducted for all the nominations for Council Member.

According to Memorandum and Articles of Association of the Hong Kong College of Family Physicians, the article 37(a) states every FELLOW or FOUNDATION FELLOW or FULL MEMBER shall be entitled to give one vote in favour of each of any number of candidates not exceeding the number of vacancies.

FELLOWS, FOUNDATION FELLOWS and FULL MEMBERS will receive an election document with voting papers, instructions, etc. shortly.

On behalf of the College Council, may I appeal every FELLOW, FOUNDATION FELLOW or FULL MEMBER please give your votes to our nominees once you received the voting paper, and return it in accordance with the instructions to the College by 24th November.

For any enquiries in this regards, please contact the Executive Manager, Ms. Erica So, or myself at hkcfp@hkcfp.org.hk for assistance.

Dr. Law Tung Chi
Honorary Secretary

Classified Advertisements

Positions Vacant

Accredited Private FM Centre invites energetic Doctors to join for expanding services. Basic / higher FM Trainee, A&E Officers, specialists welcomed. Basic + Attractive Profit Sharing ± Partnership. Send CV enquiry@adecmed.com (Attention: Amy CHAN)

Accredited Private FM Centre invites Specialists for sessional consultations, 1-2/wk Cardiologists, ENT, Psychiatrists, Ophthalmologists and Gynecologists most welcomed. Profit sharing + Bonus. Send CV enquiry@adecmed.com (Attention: Amy CHAN)

Full-time GP/ Locum/ Specialists wanted 九龍商場舖, Welcome Joint Investment. Transparent & generous Bonus + Excellent Prospect. Dr. Kam 3165 1460 profgp2004@yahoo.com.hk

FM trainee vacancy at Ma On Shan. Musculoskeletal medicine training with excellent prospect. Flexible working hours, 3 weeks annual leave. Basic salary plus bonus. Tel: 9016 2909

Clinic Available

G/F Clinic near North Point MTR with 2 consultation rooms, elegantly furnished with computerization for rental/ ± take-over, walk-in-and-practice. Available Immediately. Contact enquiry@adecmed.com / Ms. Amy CHAN 9212 6654.

Submission deadline extended!!

ENTER THE FP LINKS LOGO DESIGN COMPETITION

for a chance to have

**YOUR WORK AS THE SYMBOL OF FP LINKS and
WIN \$2,000 of VOUCHERS!**

Your challenge is to design a logo that represents FP links, the College newsletter of the Hong Kong College of Family Physicians.

FP links has the following missions:

- To disseminate the College News to College members;
- To report news of various College Boards and Committees;
- To provide a channel for dissemination of information or articles related to Family Medicine, either clinical or non-clinical;
- To act as a bridge for communication between members and the College.

The inaugural edition of FP links was published in March 2004

WE NEED A NEW LOOK!

Your logo should meet the following criteria:

- Embody the characteristics and identity of our College newsletter;
- Be clear and appropriate for a medical newsletter;
- Be your own original piece of work;
- Be flexible enough to work across a range of material, including online and print;
- Submitted in jpg format (size preferably <5MB).

Submit your logo **by 31 December 2011 to carmen@hkcfp.org.hk**, and remember to include:

- An explanation of what your logo represents;
- Your title, name, email address, mailing address, and daytime phone number.

All entries will be acknowledged and once received, will become the property of FP Links. They will be judged by the FP Links Editorial Board and the competition winner will be announced via FP Links and the College website. The winner will also be contacted individually by our staff.

**If you have any queries about the logo design competition,
please contact Ms. Carmen Cheng at 2528 6618.**

NOW GO AND GET DESIGNING!

HKCFP Research Fellowship 2012

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 principal investigator,
 - a curriculum vitae from the co-investigator(s), AND
 - a curriculum vitae from the supervisor.
3. Applications close: March 31, 2012. 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.

The HKCFP Award for the Best Research of 2011

The Research Committee of the Hong Kong College of Family Physicians has an Award for the Best Research of the Year 2011. All members and fellows of the College are invited to participate and submit their research papers to the Research Committee for selection. The Award will be presented at the Conferment Ceremony in 2012.

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 findings 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 to complete the research study?*

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, 2012.



DEPARTMENT OF FAMILY MEDICINE
AND PRIMARY CARE
THE UNIVERSITY OF HONG KONG



Enhancing Quality Primary Care through Research and Evidence in Hong Kong

This exciting symposium will demonstrate how research and evidence have informed or changed clinical practice and policy in the areas of Primary Health Care Services, Health Equity, Mental Health, and Medical Education in primary care settings.

Time: November 26-27, 2011
Venue: LT 3-4, Cheung Kung Hai Conference Centre,
G/F, William M.W. Mong Block, 21 Sassoon Road,
Pokfulam, Hong Kong

Registration Fee: HK\$300

Guest of honours:

- Dr. York Chow**, Secretary for Food and Health, HKSAR Government
- Dr. S.V. Lo**, Director (Strategy & Planning), Hospital Authority
- Dr. Donald Li**, Regional President, WONCA Asia-Pacific

International Speakers:

- Professor David Mant**, University of Oxford, UK
- Professor Carol Herbert**, The University of Western Ontario, Canada
- Professor Chris Del Mar**, Bond University, Australia
- Professor Zhu Shan Zhu**, Fudan University, China
- Dr. Karen Kinder**, Johns Hopkins Bloomberg School of Public Health, USA

Website: <http://www.fmpc.hku.hk/healthevent/111126.htm>

For enquiry, please contact Ms Agnes Pau (email: pmya715@hku.hk; tel: 2553 4514)

Collaborating Organisations:



Primary Care Office, Department of Health



Hospital Authority



The Hong Kong College of Family Physicians



Johns Hopkins University



Hong Kong Primary Health Care Research Network



Hong Kong Sanatorium & Hospital

Funding Organisation:

COMMERCE AND ECONOMIC DEVELOPMENT BUREAU
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION





Oasis
心靈綠洲

The Power of Kindness

The year was 1863, on a spring day in Northern Pennsylvania. A poor boy was selling goods door to door to pay his way through school. He realized he had only a dime left, and that he was hungry. So he decided he would ask for a meal at the next house. However, he lost his nerve when a lovely young woman opened the door.

Instead of a meal, he asked for a drink of water. She thought he looked hungry and so she brought him a large glass of milk. He drank it slowly, and then asked, "How much do I owe you?"

"You don't owe me anything," she replied. "Mother has taught us never to accept pay for a kindness." He said, "Then I thank you from my heart." As Howard Kelly left that house, he not only felt stronger physically, but his faith in God and man was strengthened also. He had been ready to give up and quit.

Years later, that young woman became critically ill. The local doctors were baffled. They finally sent her to the big city, where they called in specialists to study her rare disease.

Dr. Howard Kelly was called in for the consultation. When he heard the name of the town she came from, he went down the hall of the hospital to her room. Dressed in his doctor's gown, he went in to see her. He recognized her at once. He went back to the consultation room determined to do his best to save her life. From that day, he gave special attention to the case.

After a long struggle, the battle was won. Dr. Kelly requested from the business office to pass the final billing to him for approval. He looked at it, then wrote something on the edge, and the bill was sent to her room. She feared to open it, for she was sure it would take the rest of her life to pay for it all. Finally, she looked, and something caught her attention on the side of the bill. She read these words:

"PAID IN FULL WITH ONE GLASS OF MILK..."

Dr. Howard Kelly

Quite frankly, this is the part about kindness that we all understand. But it's the other part that many of us fail to grasp.

That is...practicing random acts of kindness can change our lives!

The great English writer, Aldous Huxley, was a pioneer in the study techniques to develop human potential. In a lecture toward the end of his life, he said this:

"People often ask me...what is the most effective technique for transforming their lives?"

He then said, **"It's a little embarrassing that after years and years of research, my best answer is - just be a little kinder."**

This is the paradox of the power of kindness. It doesn't feel powerful at all. In fact, it almost feels too simple to be important. But as Huxley said, it is the #1 thing that can transform your life.

Kindness, more than anything, is an attitude that brings us back to the simplicity of being. It is also the one way you can be assured of making a difference with your life.

http://ebm.newsletter.simpletruths.com/c/tao/hBOFIZnB8PINaB8cOjInmEVUg-x/doc.html?t_params=EMAIL%3Dclingsyservices%2540ha.org.hk%26FIRST_NAME%3DRita%2520SIU&cm_mmc=CheetahMail--TH--07.07.11--TPOK&utm_source=CheetahMail&utm_medium=07.07.11&utm_campaign=TPOKca

(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)

An Interview with Professor Donald Li on the Development of Family Medicine and His Experience in Public Service

Prof. Martin Wong, School of Public Health and Primary Care, CUHK

Dr. Catherine Ng, FM&PHC, HKW Cluster, HA



Professor Donald Li in his office

We would like to congratulate Professor Li on being awarded the Silver Bauhinia Star. It is our great pleasure to interview him on Family Medicine development, and to learn about his wisdom of life.

Congratulations on being awarded the Silver Bauhinia Star and for being appointed as a Justice of Peace! So far no family physician in Hong Kong has received such an honour. What is your maxim for success?

It should not be counted as a personal success, but more an honour to be shared by all partners in Family Medicine development over these thirty years.

What are the challenges in the promotion of primary care both locally and internationally?

The challenge is matching patient culture and expectations. How our peers view our specialty also poses a challenge to us. Family Medicine is developing in Hong Kong, and people gradually appreciate the art of holistic and preventive care. However, the culture of looking for quick fixes, with disease and symptom-oriented concepts, still affects the receptiveness to the promotion of Family Medicine. Family Medicine practice is a profession, a career which needs to generate income. People will often agree to pay for curative medical care, but they may not do so for preventive care. In Hong Kong, people may not have the free time for anticipatory care as our society is efficiency driven. Moreover, the service gap between the public and private sectors

is wide. In public institutions resources, such as time, are limited. So, how would a doctor trained in public setting handle private patients? We always teach trainees about anticipatory care, however even when the doctor has the time, he or she may not be able to offer preventive medical care services directly, but may need referral to other doctors. Therefore, training needs private exposure. How to utilize consultations for better care and business development are areas which can be learnt in private practice.

General practitioners in solo practice are facing different challenges including obtaining admission rights and operation theatre access rights from private hospitals, the new healthcare financing model, high costs, and limited market share. There are fewer trainees and FM specialists setting up their own clinics. Do you have any suggestions for the College and general practitioners in solo practice when facing those challenges?

The answer is "innovative care" – to develop a special area of interest. Pain management and musculoskeletal medicine are good examples. Also, because of relationship and trust building, a patient with mild mental disorder may be better managed by a general practitioner rather than a specialist.

The second solution is having different facilities available in clinics. Group practices can afford more facilities and maximize their use because of shared resources. We are seeing a trend of inter-professional collaboration and group practice throughout these years. With a good doctor-patient relationship, doctors can still keep their own patients in a group practice and there is additional benefit of cross-coverage of duties. Many procedures including minor surgery can be done in the community. Take my practice as an example: I have a specialist who can perform endoscopy for my patients, so I can still accompany my patients during the course of treatment.

How can our trainees be encouraged to commence their own practice?

My advice is "do not be afraid of giving more to others". On the other hand, the Hospital Authority needs to provide some training in private settings.

When working in group practice, do not think that we can only give little because the income is low. If you leave a proper impression and quality, patients follow you and gradually you get a group of patients; the doctor-patient relationship is forever. When trusts build up, you know the patient more. Willingness to give is the key, and everyone should pass this stage in their career development.

Currently, the College offers six years of Family Medicine training and there are differing opinions about the duration of the training programme. What do you think?

Now we are taking the balance regarding the duration of training. The Conjoint Fellowship Examination can be regarded as an intermediate examination with the Exit Examination adding colours. Four years of basic training is the usual recognition, however personally I think one should also consider duration versus intensity when deciding whether four years is enough for basic training in the community. As for whether Family Medicine should belong to the Academy of Medicine, I think it should, as it affects how others view our specialty.

What is the attitude of private doctors towards clinical attachment of doctors from the public field?

Private doctors welcome this kind of clinical attachment. First of all, when training others, one also learns, and it forms a good audit process. Secondly, the trainee is an extra pair of hands to the clinic. On the other hand, it may be an issue for the public sector, as it may generate thinking that public institutions are spending public money to finance private doctors.

How do you feel about the proposed health care financing plan in primary care?

I think there are certain problems with the proposed financing plan; not about not covering primary care, but with its emphasis on hospital insurance. This may encourage patients to seek hospital service in order to get their insurance covered, defecting the role of gate-keeping in primary care. Our gate-keeping role needs to be built in, and family doctors should be involved in health care financing.

What is the opinion of the solo general practitioner towards healthcare financing? How will they face the challenge?

The best incentive for quality is reward; patients reward you because you provide good quality care. My advice is to deliver high quality service. Quite

often charges may not be very important for average Hong Kong person; the only determinant of your success is whether you can make people feel your service deserves the charge. Healthcare financing therefore should not affect private general practice much. The concepts of community health centres and public-private-interface are good for private practice, because doctors can refer patients to special services at a much lower cost.

In the next five to ten years, what are the most important areas in the medical field which need further development and what direction should they take?

Elderly health should be placed at a high priority, because of the aging population and the high prevalence of chronic diseases among the group. With limited resources, we need to put forward a plan that the majority of population will have their health addressed. Primary care development is a big change in policy which is essential. A patient often has several medical conditions. Family doctors have the role to take care of all those conditions, including their chronic diseases, because trust develops with the invaluable doctor-patient relationship. Family Medicine promotion is very important to elderly, and to the society as a whole. The Bauhinia Foundation Research Centre is now studying the development and the quality of health care in the Pearl River Delta.

What are the differences of Family Medicine development in Hong Kong compared with other countries, and what should be our future direction?

Actually not many countries have well-developed Family Medicine systems except for the United Kingdom and Australia which may be better developed. It is not just a simple issue of "development", but rather matching patient culture and expectations with what you want to provide. In the early stage of Family Medicine development, Hong Kong initially adopted a model similar to that of the United Kingdom. However, we found that their funding system was different – the government contributes all the funding, versus people paying out of their own pockets. Patient expectations differ, as they may demand more if they need to pay out of their own pockets. The system in Australia, with lots of elements of health care being contributed by the private sector may be better than that of Hong Kong; however, we need to take note that Hong Kong has a unique patient culture – the tradition that patients are seeing doctors for medications only. It needs to be changed, but changing such culture is difficult. With education, policy needs to be changed. The

United States also need to make a change. In the past, there were only internists playing the role of Family Physicians. In Hong Kong, another issue has been whether to include doctors from other specialties in the Primary Care Directory; however overseas, many specialists who have developed good relationships with their patients are playing the role of primary care doctors as well. While one may question their competency, patients feel happy with their care. In Hong Kong, there are surgeons who also play the role of family doctors. In the United States, internists may not have the competence because they do not have board medical knowledge and experience. In developing countries, governments place their resources on medical technology rather than developing primary health care and this is not sustainable. In Hong Kong, the trend should be an upgrade of primary care services; this depends on how many resources the government assign to training.

Would you share with us your experience being the President of WONCA Asia Pacific Region?

It is an invaluable experience; I have had the chance to visit all Asia Pacific regions. There are more well-developed areas, like Australia and Singapore, where I could learn about their primary care system and also other areas like Japan and Korea which have a special character which we can take for reference. The most successful systems match with patient culture. Nevertheless, Hong Kong should not follow any overseas systems blindly.

In places with inadequate resources, I can see many enthusiastic family doctors working to improve the standard; we join conferences and share experiences. I really appreciate others who are willing to speak up and make a further step forward. Moreover, WONCA gives me chance to have exposure to China and these past years, China has spent lots of time on training. Hopefully in the future our resources will be well matched to prevalent medical conditions.

You are involved in different public services. Which public service have you found most memorable?

There is no particular service which stands out. All the events add together to make the experience meaningful. When you look at Hong Kong, comparing the values and the needs of the society with those ten to twenty years ago, what are the areas that have improved? What are the new needs? To me, the growth of society and citizens happiness index are more important.

What are the challenges with being the Director of the Bauhinia Foundation Research Centre?

We do research on policies in Hong Kong. "Friends of Bauhinia" acts as a platform for youngsters to express their views in a friendly environment. The challenge is suggestions on policies for different areas. Things cannot be ideal if there are practical concerns, for instance, the healthcare reform. Currently, the most exciting part is studying the development of health care in the Pearl River Delta.

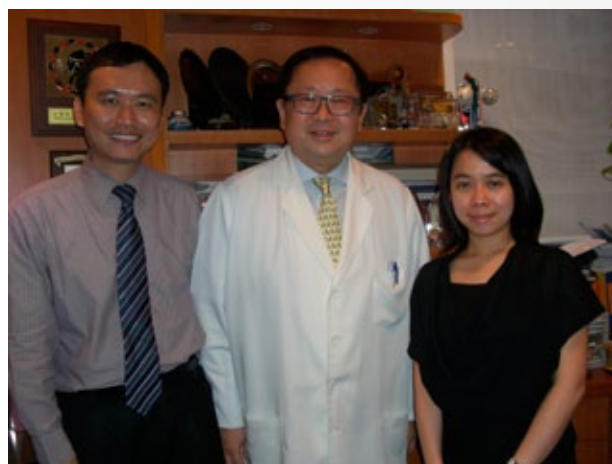
In the next five to ten years, what will be your role in the society and do you have any special plans?

I may spend more time in the Hong Kong Academy of Medicine. It is a big challenge for a Family Physician to lead other specialties.

In the field of Family Medicine, colleagues often have differing opinions towards different issues. How can we become united towards the same goal, for instance Family Medicine development?

We must share the same vision. Think about why we want to be a Family Doctor – because we treasure human relationships, not only doctor-patient relationships, but also relationship with our peers. When we share the same goal, if there are differences, we need to communicate and understand each other (after all communication is what Family Doctors are learning in their careers!). As we get to know and understand each other, we form a strong team.

We would like to express our sincere thanks to Professor Li for his precious time and sharing.



From left to right Professor Martin Wong, Professor Donald Li, Dr. Catherine Ng

Environmental Factors at Home and at School Associated with Constipation in Children

Constipation in children is a common health problem. Its etiology is not fully understood but various risk factors have been identified.¹ (Table 1) Although it seems to be a benign problem, the habit of voluntary stool withholding could lead to a vicious cycle and ends up in chronic constipation. Chronic constipation, if left untreated, can result in fecal incontinence in children. The prevalence of constipation range from 0.7% to 29.6%,² and varies with differences in definitions, age distribution and geographical variations.

Based on Rome criteria, a community-based study in Hong Kong found that the prevalence of constipation in children aged 3-5 year old was around 29.6%. Family history of constipation and low dietary fiber intake were identified as risk factors.³

A press release on 20th of October by a local university reported a prevalence of 12.2%. This survey recruited over 2300 children in 10 primary schools randomly selected from different districts in Hong Kong. Among the interviewees, 98% of them aged 6-12 and 2% of them aged 13-15. This study reported similar prevalence as that reported in Sri Lanka and Japan. A survey in Sri Lanka using Rome III criteria (Table 2) reported a prevalence of 10.6% of children aged 10-16 in 2009 while prevalence in Japan was found to be 18.5%.^{4,5,6}

Psycho-social stress was a well known risk factor in this study⁴, and socio-environmental factors were further studied. Children having the following risk factors had higher prevalence rates of constipation:

Both parents are not living with the child (27.5%).

Inadequate night time sleep (17.4%).

Refusal to have bowel movements in school toilets despite the urge (16.3%).

Presence of one/both parents at dinner with the child for < 50% of the time (16%).

Busy after school life with homework (14.6%).

(Figures of patients without constipation but who share the same risk factor were not available at time of submission of article).

Constipated children were also found to have the tendency of eating less fiber and having more consumption of fast food and local street food than non-constipated children.

According to Dr. Tam Yuk Him, the chief investigator of this study, they wish to draw attention that childhood constipation is prevalent in our society and fecal incontinence in children can be a result of untreated chronic constipation. Parents, schools and primary health care physicians should collaborate to prevent childhood constipation by discouraging postponement of defecation in children, promoting a positive attitude of using school toilets and building up a habit of regular bowel opening in our children.

References:

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- van den Berg MM, Benninga MA, Di Lorenzo C. Epidemiology of childhood constipation: a systematic review. *Am J Gastroenterol.* 2006;101:2401-2409
- Ip KS, Lee WT, Chan JS, et al. A community-based study of the prevalence of constipation in young children and the role of dietary fiber. *Hong Kong Med J.* 2005;11:431-436
- CUHK Discovers the Environmental Factors in Family and School Behind Constipation in HK Children, Press releases, 20 October 2011
- Rajindrajith S, Devanarayana N, Mettananda S, et al. Constipation and functional faecal retention in a group of school children in a district in Sri Lanka. *Sri J Child Health.* 2009;38:60-64.
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Table 1

Causes and risk factors of constipation in children

Intestinal causes	Hirschsprung disease Anorectal malformations Neuronal intestinal dysplasia
Metabolic/endocrine causes	Hypothyroidism Diabetics mellitus Hypercalcemia Hypokalaemia Vitamin D intoxication
Drugs	opioids Anticholinergics Antidepressants
Other causes	Anorexia nervosa Sexual abuse Scleroderma Cystic fibrosis
Risk factors	Low fiber diet Psychological stress Cow's milk protein allergy Familial predisposition Prematurity Living in urban areas

Table 2

Rome III criteria for neonates and toddlers

Must include 1 month of at least two of the following in infants up to 4 yr of age:

- Two or fewer defecations per week
- At least 1 episode per week of incontinence after the acquisition of toileting skills
- History of excessive stool retention
- History of painful or hard bowel movements
- Presence of a large fecal mass in the rectum
- History of large-diameter stools that may obstruct the toilet

Accompanying symptoms may include irritability, decreased appetite and/or early satiety.

The accompanying symptoms disappear immediately following passage of a large stool.

Rome III criteria for children and adolescents

Must include two or more of the following in a child with a developmental age of at least 4 years with insufficient criteria for diagnosis of irritable bowel syndrome:

- Two or fewer defecations in the toilet per week
- At least 1 episode of fecal incontinence per week
- History of retentive posturing or excessive volitional stool retention
- History of painful or hard bowel movements
- Presence of a large fecal mass in the rectum
- History of large diameter stools that may obstruct the toilet

Criteria fulfilled at least once per week for at least 2 months before diagnosis.

Compiled by Dr. YIP Chun Kong, Sam

Training Course of Research & Biostatistics for Medical Professionals

Dr. Lee Kam Pui, Eric
College Member (candidate in the training course)

Speakers : Professor Cindy L.K. Lam,
Professor Samuel Y. S. Wong,
Dr. Wong Kai Choi and Professor
Martin C. S. Wong

Moderators : Dr. Janet C.Y. Tam, Dr. Mark S. H.
Chan, Dr. Francis W. T. Lee and
Dr. Chan Chi Wai

Learning points:

Many doctors are unsure about what research really is. Some may believe that research is deemed to be complicated, mysterious and difficult. Research can be all of the above, but I have learnt, through reading literature and attending lectures, that a well-planned research protocol can help research to be conducted smoothly.

Family doctors are in a prime position to generate research questions as we directly observe patient behaviour and management outcomes. It was suggested that primary care patients present at an earlier stage of illness, and that diagnostic criteria and management derived from secondary/tertiary care researches may not be applicable to primary care. For example, there has been much research trying to identify ischemic heart condition in primary care settings.

In the Certificate Course of Research and Biostatistics, four major aspects of conducting a research were discussed, including identification of PICO and formulation of research question, data collection and entry, analysis of data, and publishing of research findings.

PICO and formulation of research question

The well known PICO stands for People, Intervention, Control, and Outcome. It helps us include all these essential elements in our research question. Referring to an example used during the course, the question "What is the difference in outcome in patients with viral conjunctivitis when treated with antibiotic eye drop?" would have the following components:

Patients with viral conjunctivitis (P), antibiotic eye drop (I), patients not treated by the eye drop (C) and outcome measure (O). Outcome measure would need further definition, e.g. length of sick leave, time until total resolution of eye redness, etc.

Even on the same topic, questions need to be specific and refined. A similar question such as "Why do doctors prescribe antibiotic eye drop to

patients with viral conjunctivitis" will have a totally different focus, focusing on doctors rather than on patients.

Literature review is conducted to further refine research questions, especially for those that are previously answered by other researches. A 'knowledge gap' is defined during the review process. The reasons why a research fills the knowledge gap are important and what it will achieve is important too. A research that cannot lead to change in management or health care policy, people's attitude, and further scientific inquiry is simply a waste of time and resources.

It was briefly mentioned in the course about different study designs. Although quantitative research methods (e.g. survey, questionnaire, RCT, case control studies) were commonly taught to medical students, qualitative researches (e.g. interviews, observations, focus groups etc.) are gaining their popularity. Quantitative researches sample a group of representative subjects, collect data, and generate results that can be generalized to a target population. In contrary, qualitative researches look deep into target groups' perception and experience to deepen the understanding of certain topics. They are not mutually exclusive. Qualitative researches can help generate hypothesis that leads to further quantitative researches; and at times, qualitative researches findings help to explain quantitative researches' results. Research questions started with "what", "how many" are possibly best answered by quantitative research, as in our first example. Research questions started with 'how' and 'why' may be better analyzed by qualitative researches, as in our second example.

Data collection

There are many ways to collect data. The commonly used questionnaire method is discussed.

Types of questions need to be defined. Open-ended questions decrease response rate and are difficult to interpret. Close ended ones are easier for analysis but researchers have to include all possibilities in answers. Types of answers in close ended questions include nominal/categorical (such as sex), ordinal (e.g. ranking of importance), and continuous response (e.g. BP/Hstix). Different answer types require use of different analysis models. It is important to choose the right type of response. For example, people who cares about money would be unlikely to put down the word "0" in income and may instead answer by ticking the

box income "0-10,000", therefore increasing the accuracy and response rate. Questions need to be unbiased. For instance, "You don't smoke. Do you?" or "Do you watch porn movies?" are likely to yield inaccurate answers.

Pilot studies using a small sample size are usually needed to look for ceiling or flooring effect, and to define its reliability and validity. Ceiling or flooring effects mean that nearly all respondents answer with the highest/lowest category. E.g. If everyone ticked in the item: income >\$10,000/year, this will hinder interpretation. In that case, more choices of higher values should be given. Reliability was further divided into several types: test-retest reliability (does the same subject answer similarly over a period of time, assuming the condition is not changed?), inter-rater/inter-observer reliability (do separate interviewers get similar response?) and internal reliability (are different questions within the same questionnaire set to measure the same thing?). Validity is the degree that the scale is measuring what it is supposed to measure. For instance, an English HKCEE test will reflect on proficiency in English language.

Sample size can be calculated by standard deviation, confidence interval, expected proportion (e.g. in studies calculating prevalence), power of test and significance level (e.g. in comparison studies) and desired width of confidence interval. These can usually be found from previous study results or by estimation. The sample size can easily be calculated by computer software using the above parameters. Early involvement of statistician is preferable. Sampling methods including simple sampling, systemic sampling (e.g. every 3rd subject is recruited from a generated list), stratified sampling (that can make sure to include a minority group), cluster sampling (e.g. sample all people living in one particular building), quota sampling (select a proportion e.g. 'half must be female' from each subgroups) and convenience sampling needed to be decided early.

Sample size calculation website: <http://www.cct.cuhk.edu.hk/stat/>

Data analysis

There are many tests that aim to test different parameters including means, difference in occurrence, relationships etc. It is important to understand the underlying assumptions of the test and the meaning of null hypothesis.

Statistic tests are used to reject a null hypothesis. If you want to prove something true, a null hypothesis should be set so that all other possibilities are included, and have to prove it false. A null hypothesis, therefore, can never be accepted or be proven to be true. It may at most be commented as

"null hypothesis cannot be rejected". As an example used in the course, "to prove Dr. Martin Lee is a man" will require a null hypothesis that "Dr. Martin Lee is NOT a man". A null hypothesis "Dr. Martin Lee is a woman" does not include the all other possibilities including Dr. Lee being a transsexual. If the null hypothesis cannot be rejected, Dr. Lee can be a man, a woman or a transsexual.

The assumption of a test is important. If the assumption is not met, it will affect test accuracy. For example, t-test will require normal distribution in the studied population such that the mean equals the median and mode. Another example is that the commonly used Chi square test requires at least 2 samples in each subgroup to yield accurate results. Fisher Exact test can be used in small sample size, which may preclude the use of the Chi Square test.

Again, it is vital to consider early involvement of a statistician before the collection of data.

Data publishing

There are some merits to the saying that "publish or perish" and that "scientists are rated by what they finish, not by what they attempt".

The major reasons for rejection by journals include poor experimental design, research results being poorly written, results that are already known, and those that are inappropriate for that journal. To get results published, it is important to learn about the journal and its editors, paying attention to spelling and grammar, confirming comprehensive and accurate reference and reading and complying to the "instructions to authors".

It is important not to send the same results to be published in different journals, as it will affect future meta-analysis. Plagiarism is readily checked and is not tolerated.

Interestingly, impact factors, which measure the impact of each journal, are given to each journal. Impact factors are calculated by the average number of times published papers are cited up to two years after publication.

Summary

I would like to thank my seniors for giving me the chance to attend research meetings and lectures. This learning points sharing article by no means covers everything taught in the research course or includes everything we need to know about research, however it provides us with a framework and the basic knowledge needed for conducting research.

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

31st Annual Refresher Course 2011

*** Final Announcement ***

The 31st Annual Refresher Course (ARC) will be held from November 27, 2011 to December 18, 2011. 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, 2011). 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 of 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 for ten consecutive years or more will be awarded one free admission. Subsequently, members can enjoy another free admission after every five consecutive years of paid ARC attendance.

Registration is now open and must be made before 22nd November 2011. 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 22nd November 2011.

Registration form could be enclosed.

Luncheon Lectures

Date	November 29 (Tue)
Topic	<u>Vaccination</u> Update on Pneumococcal Infection and Vaccination
Speaker	Dr. Edwin Poon
Moderator	Dr. Tong Siu Man
Sponsor	<i>Pfizer Corporation Hong Kong Limited</i>

Date	December 1 (Thur)
Topic	<u>Stroke Prevention</u> New Advances in Stroke Prevention in Atrial Fibrillation: A World without Warfarin?
Speaker	Dr. Siu Chung Wah, David
Moderator	Dr. Lee Wan Tsi, Francis
Sponsor	<i>Boehringer Ingelheim Hong Kong Ltd.</i>

Date	December 6 (Tue)
Topic	<u>BPH Management</u> Practical Tips on Management of LUTS & BPH
Speaker	Dr. Tam Po Chor
Moderator	Dr. Au-yeung Shiu Hing
Sponsor	<i>GlaxoSmithKline Limited</i>

Date	December 8 (Thur)
Topic	<u>Osteoporosis</u> Osteoporosis: Where Are We Now? What Should We Do Next?
Speaker	Dr. Lee Ka Wing, Gavin
Moderator	Dr. Au Chi Lap, Simon
Sponsor	<i>GlaxoSmithKline Limited</i>

Date	December 13 (Tue)
Topics	<u>Dermatology and Cardiovascular</u> 1) Acne Vulgaris - An Update 2) New Insights in Cardiovascular Disease and Risk Management
Speakers	1) Dr. Tang Yuk Ming, William 2) Dr. Chan Tsan Fai
Moderator	Dr. Ma Ping Kwan, Danny
Sponsor	<i>Galderma Hong Kong Ltd. / AstraZeneca Hong Kong</i>

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. – 3:30 p.m. Lecture
3:30 p.m. – 3:45 p.m. Discussion

Sunday Workshops

Date	November 27 (Sun)
Topics	<u>Renal Hypertension and Lipid Management Workshop</u> 1. Management of Renal Hypertension 2. Statin Benefits Beyond Lipid Lowering
Speakers	1. Dr. Jonathan Yung 2. Dr. Ko Wai Chin
Moderator	Dr. Tong Leon George
Sponsor	<i>Pfizer Corporation Hong Kong Limited</i>

Date	December 4 (Sun)
Topics	<u>Mental Health Workshop</u> 1. The Moon and The Mood: Circadian Rhythm and Depression 2. Updates in Osteoporosis Treatment
Speakers	1. Dr. Mak Ki Yan 2. Dr. Cheung Tak Cheong
Moderator	Dr. Wan Kwong Yu
Sponsor	<i>Servier Hong Kong Limited</i>

Date	December 11 (Sun)
Topics	Mood Disorder Workshop 1. Breaking the Barriers to Effective Treatment in Depression 2. Somatization Phenomenon in Primary Care Setting
Speakers	1. Dr. Chan Kwok Tung 2. Dr. Kan Chung Sing
Moderator	Dr. Yeung To Ling, Solomon
Sponsor	<i>Pfizer Corporation Hong Kong Limited</i>

Date	December 18 (Sun)
Topics	Hypertension and Hepatic Workshop 1. Update on Hypertension Management 2. Glycemic Index - Fatty Liver
Speakers	1. Dr. Chan Wai Kwong 2. Dr. Leong In Son
Moderator	Dr. Chan Chi Wai, Edmond
Sponsor	<i>Takeda Pharmaceuticals Taiwan Ltd</i>

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. – 4:15 p.m. Lectures
4:15 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.

3 December 2011 Saturday

Board of Education Interest Group in Mental Health

Aim	To form a regular platform for sharing and developing knowledge and skill in the management of mental health
Theme	Legal Aspects of Mental Health in Family Practice
Speaker	Dr. Lee Fook Kay General Private Practice
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.

Sponsored by
GlaxoSmithKline Limited

On-Going Events organized by Board of Education

Please be reminded that there will be one lecture organized by The Board of Education on 28th November 2011. Kindly refer to Circular 08-2011 for details.

Monthly Video Viewing Session

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

November's session:

Date	25 November 2011 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topics	1. Understanding Fats: Food VS Bad - Dr. Sylvia S. W. Lam 2. Therapeutic Strategies to Prevent Diabetic Nephropathy: The ROADMAP Study Is BP <120/70mm Hg a Good Control? - Prof. Jan Menne
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	Lectures will be conducted in English.

December's session:

Date	30 December 2011 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topics	1. Child Bearing age Women with Mood Disorder - Dr. John So 2. Menopausal Transition Mood Issues - Dr. John So
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	Lectures will be conducted in Cantonese.

Infectious Disease Clinical Attachment for Family Physicians

Dates	3, 10, 17, 31 January 2012 7, 14, 21, 28 February 2012 6, 13, 20, 27 March 2012
Organizers & Course Directors	Princess Margaret Hospital Dr. Thomas So Infectious Disease Centre, Princess Margaret 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 on topics in Infectious Diseases • To provide opportunities for family physicians to learn Infectious Disease in clinical practice • To facilitate exchange of ideas between Infectious Disease and General Practice colleagues
Course Structure	The attachment will consist of 12 two hourly sessions, including lectures, interactive case discussion and simulation training. One session per week from 2:00 p.m. - 4:00 p.m. on Tuesdays (Except for January due to Chinese New Year Holidays)
Time	2:00 p.m. – 4:00 p.m.
Venue	Seminar Room 2, 16/F, Block S [IDC], Princess Margaret Hospital
Topics	Travel and Infection, Pre-travel and Post-travel Care; Diagnostics in Primary Care, Antibiotic Allergy, Appropriate Use of Antibiotics; Infection and Infestation in the Elders; Pregnancy and Infection, Common Gynaecological Infection; Simulation Training in the Clinic Management of Infectious Disease; Emerging Infection in the Community; Infectious Disease Emergency in Primary Care; Update in Management of ILIs and CAP; Approach to Fever in Childhood, Viral Exanthema; Overview of Sexually Transmitted Infection, Common Skin Infection; Viral Hepatitis, Infectious Diarrhea, Food Poisoning; Update in Childhood Vaccination.
Course Fee	HK\$2,600 All cheques payable to "HKCFP Education Ltd"
Enrolment	Please call Ms. Yvonne Lam at 2861 0220 for details <i>on or before 15th December, 2011</i> . 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

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
10 December 2011 (Sat) 2:30 – 4:30 p.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 2011/2012 – Looking after wounds in primary care Ms. Ng Shuk Ching Our Lady of Maryknoll Hospital & 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
23 Nov 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Eating Disorder Dr. Leung Hok 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	Infection Control in General Practice Dr. Yiu Kwan and Dr. Tsui Hiu Fa	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	Drug Management in Clinic (Including Dangerous Drug) Dr. Yau King Sin	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Management of Common Orthopedic Problems in OPD Setting: LBP Dr. Cheung WY	Ms. Man Chan Tel: 2589 2337
24 Nov 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Infection Control in General Practice Dr. Hung Wai Shan and Dr. Chan Hau Ting	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Communication Skills Dr. Leung Hor Yee 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	Atrial Fibrillation – What's New Dr. Steven Tseung	Ms. Kwong Tel: 2595 6941
30 Nov 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Interpretation of Common X Ray Film Dr. Lau Lai Na	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 ENT Dr. Yuen Ming Wai and Dr. Mok Ka Yee	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m. 2 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	Common ENT Problem - BPPV Dr. Chan Ting Bong	Ms. Crystal Law Tel: 2632 3480
1 Dec 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Common symptoms in ENT Dr. Li Ming Yin and Dr. Kwong Sheung Li	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Hormonal Replacement Therapy Dr. Wong Chun Fai	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Medical Protection Society – Case Sharing Dr. Yio Shing	Ms. Kwong Tel: 2595 6941
7 Dec 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Chronic Disease Support Group Dr. Cheuk Tat Sang	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	Patient Education Dr. Leung Yuen Kin and Dr. Cheung Yan Kit	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Common Symptom Complaints – Chest Pain Dr. Stephen Chou	Ms. Man Chan Tel: 2589 2337
8 Dec 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Patient Education Dr. Kwan Sze Sing and Dr. Zhu Guixia	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Alternative Medicine Dr. Mok Kwan Yeung and Dr. Vincci Kwok	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Needlestick Injury – Prevention to Management Dr. Kwong Kam Tim, William	Ms. Kwong Tel: 2595 6941
14 Dec 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	eKG & Evidence-base Medicine 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	Promotion of Positive Mental Health in the Community Dr. Lee Hung Fai and Dr. Chan Kam Sum	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	Introduction to Health Economics Dr. Wong Chi Lung	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Common Indications for Different Radiological Imaging Modalities Dr. Vince Lau	Ms. Man Chan Tel: 2589 2337
15 Dec 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Promotion of Positive Mental Health in the Community Dr. Man Fung Yi and Dr. So Tsang Yim	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Health Care System in Japan Dr. Sze Siu Lam and Dr. Wong Man Kin	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. Steven Tseung	Ms. Kwong Tel: 2595 6941

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
20 Nov 2:00 – 4:00 p.m. Interest Group in Neuro- musculoskeletal Macau Geriatrics Course - BPDS	21	22 7:30 – 9:30 p.m. PA Standardization Workshop	23 2:15 – 7:30 p.m. Structured Education Programme	24 2:15 – 7:00 p.m. Structured Education Programme	25 2:30 – 3:30 p.m. Board of Education - Video Session	26
27 1:00 – 4:30 p.m. ARC - Renal Hypertension and Lipid Management Workshop	28 1:00 – 3:30 p.m. Rotarivirus Vaccines Fulfilling Practical and Epidemiological Needs	29 1:00 – 3:30 p.m. ARC - Vaccination	30 2:15 – 7:30 p.m. Structured Education Programme	1 Dec 1:00 – 3:30 p.m. ARC - Stroke Prevention 2:15 – 7:15 p.m. Structured Education Programme	2	3 1:00 – 4:00 p.m. Interest Group in Mental Health 2:30 – 5:00 p.m. DFM Module V - Musculoskeletal Workshop
4 1:00 – 4:30 p.m. ARC – Mental Health Workshop Macau Geriatrics Course	5	6 1:00 – 3:30 p.m. ARC – BPH Management	7 2:15 – 7:15 p.m. Structured Education Programme	8 1:00 – 3:30 p.m. ARC – Osteoporosis 2:15 – 7:00 p.m. Structured Education Programme	9	10 2:30 – 4:30 p.m. Community Education Programme 2:30 – 5:00 p.m. DFM Module III - Anticipatory Care
11 10:00a.m. – 6:30p.m. DFM Macau Training Course 1:00 – 4:30 p.m. ARC – Mood Disorder Workshop	12	13 1:00 – 3:30 p.m. ARC – Dermatology and Cardiovascular	14 2:15 – 7:30 p.m. Structured Education Programme	15 2:15 – 7:00 p.m. Structured Education Programme	16	17 2:30 – 5:00 p.m. DFM Module III - Care for the Elderly & Chronic Illness 6:00 – 10:30 p.m. AGM and Annual Dinner
18 1:00 – 4:30 p.m. ARC – Hypertension & Hepatic Workshop	19	20 9:00 p.m. Council Meeting	21 9:00 p.m. Board of Conjoint Examination Meeting	22	23	24
25	26	27	28	29	30 2:30 - 3:30 p.m. Board of Education - Video Session	31

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Red : Education Programmes by Board of Education
Green : Community & Structured Education Programmes
Purple : College Activities

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Contact and Advertisement Enquiry

Ms. Carmen Cheng

Tel: 2528 6618

Fax: 2866 0616

E-mail: carmen@hkcfp.org.hk

The Hong Kong College of Family Physicians

7th Floor, HKAM Jockey Club Building,

99 Wong Chuk Hang Road,

Hong Kong