



THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Family Physicians Links

Message from the President

By this time, our 34th AGM should have been held. This year we have one executive, Dr. Mary Kwong, Vice-President (General Affairs), three elected council members, Dr. Daniel W. S. Chu, Dr. Edmund W. W. Lam, Dr. Liang Jun, and also three co-opted council members Dr. David V. K. Chao, Dr. Linda Y. F. Hui and Dr. Lorna V. Ng retiring from our existing council. All of them have contributed enormously to our College in different ways and I would like to thank them all for their hard work, support, leadership and wisdom during their offices in the college.

At the close of nominations for our post of Council Member on 3rd November 2011, the number of the nominations received is greater than the number of vacancies. I am deeply grateful to the nominees for their support and dedications to serve the College. An election was therefore conducted for all the nominations. Fellows, Foundation Fellows and Full Members are entitled to vote and more than 700 voting papers were sent out. Despite the less than ideal arrangement, e.g. the ballot envelope being wider than the return envelope, I am most delighted and grateful that by the time I wrote this message, more than 300 ballot papers have been returned. The support and concerns for the development of our College from all of you are great encouragement for us to work hard to promote Family Medicine in Hong Kong.

Inauguration of the Department of Family Medicine and Primary Care, HKU

On 26th November 2011, I attended the delightful Opening and Inauguration Ceremony of the Department of Family Medicine and Primary Care, the University of Hong Kong. Professor Cindy Lam, Head of Department, said in her welcome message "Family medicine distinguishes itself from other disciplines by its emphasis on holistic and comprehensive care

that counters the growing trend of fragmented specialized medical care. Family medicine professes in the delivery of quality primary care and we see it our mission to promote health and best evidence-based practice for our population." I would like to express my heartiest congratulations to Professor Lam and her team in the establishment of the first independent Department of Family Medicine and Primary Care in Hong Kong.

The Ceremony was followed immediately by the keynote speech of the Family Medicine and Primary Care Symposium by Professor David Mant, Emeritus Professor of General Practice, Department of Primary Health Care, The University of Oxford, UK, and also the 2011 Hong Kong College of Family Physicians Visiting Professor on "Undertaking research that makes a difference". The message that primary care research could help clinicians provide better care and policy makers make better-informed decisions was particularly highlighted.



The Opening and Inauguration Ceremony of Department of Family Medicine and Primary Care and Family Medicine and Primary Care Symposium with (from the left) Prof. Cindy Lam, Prof. Lee Sum Ping, Prof. Donald Li, Dr. the Hon. York Chow, Dr. SV Lo, Prof. Paul Tam, Dr. Ruby Lee and Dr. William Wong.

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UNITED WE CARE - FORGING PARTNERSHIP IN HEALTH

Following the success of the 1st Hong Kong Primary Care Conference (HKPCC), the Hong Kong College of Family Physicians is honoured to host and organize this landmark conference again, to be held on June 2 and 3, 2012.

This year, the organizing committee has chosen “*United We Care : Forging Partnership in Health*” as the main theme of the conference, with a focus on strengthening collaborations among health care professionals across different sectors to enhance primary care provision to our community.

With increasing global and local emphasis on the development of primary care in recent years, this conference serves as an impetus for bringing together experts and healthcare providers including family physicians, dentists, nurses and allied health practitioners to promote collaborative and networking opportunities in addressing present and future challenges. We hope to provide a stimulating platform for open exchange of experiences and views on latest developments and trends in primary care among different disciplines in addition to sharing of latest scientific updates and research activities.

This conference will feature exciting blends of plenary sessions, workshops, seminars, paper and oral presentations. Furthermore, this year, we have added a “Clinical Case Presentation” competition to highlight interesting and challenging cases managed in primary care including cases with multi-disciplinary team involvement.

We warmly invite you all to submit abstracts for free paper presentations and posters, to participate in our full paper competition and to register for the conference.

Furthermore, we also encourage you to join our “Clinical Case Presentation” competition. Instructions for abstract submission, full paper competition and clinical case presentation competition are available on subsequent pages and at our College website.

More details about the conference will follow soon in the Hong Kong Practitioner, FP Links and our College website. We look forward to your participation and contribution. Get involved and let’s work together to enhance primary care in Hong Kong.

Dr. Lorna NG
Chairlady
Organizing Committee
Hong Kong Primary Care Conference 2012

Announcement for the Clinical Case Presentation Competition of HKPCC 2012

Do you find that you have encountered lots of interesting cases in your daily practice?

Do you want to share your personal experience with others?

HERE COMES THE CHANCE!

The Organizing Committee of the upcoming Hong Kong Primary Care Conference is now holding a **“Clinical Case Presentation Competition”** and all are welcome to participate!

Format:

Clinical cases encountered in primary care especially cases illustrating the benefit of multidisciplinary care are welcomed. Doctors, nurses, physiotherapists, clinical psychologists, occupational therapists, dietitians, podiatrists and all allied health members are all welcomed to join the competition.

You will have around 15 minutes for your presentation. It can be in the form of individual presentation, group presentation (up to 5 people per group), role play, drama etc.

Judges and Prize:

The Organizing Committee of the HKPCC as well as the floor audience will vote for the Best Presentation and valued at \$1000 cash will be awarded to the team / individual.

CPD / CME points will be granted to the speaker as well as the group members.

The judging criteria will be based on the content, the presentation skills, as well as the ability to demonstrate multi-disciplinary collaboration in clinical management in primary care.

Submission details:

- The presentation should be the original work of the participants.
- The deadline of submission is 31st March 2012.
- The entry should be submitted together with the completed submission form (please download the form from www.hkcfp.org.hk), which includes the name of the presentation, your name, mailing address, email address and telephone number.
- All entries will be acknowledged upon receipt.
- Entries should be emailed to hkpcc@hkcfp.org.hk.

If you have any questions concerning the **“Clinical Case Presentation Competition”**, please do not hesitate to contact Mr. Patrick Wu or Ms. Crystal Yung, the HKPCC 2012 Secretariat, by phone at 2861 0220 or by email: [“hkpcc@hkcfp.org.hk”](mailto:hkpcc@hkcfp.org.hk)

HONG KONG PRIMARY CARE CONFERENCE PROGRAMME BOOK COVER COMPETITION

THE organizing committee of the upcoming Hong Kong Primary Care Conference (HKPCC) is looking for artistic talent to illustrate the front cover of the its conference programme book.

The conference is now in its second year and the theme of the HKPCC 2012 is 'United We Care: Forging Partnership in Health'.

We are seeking original artwork to set the tone of the conference in depicting both the theme and the spirit of the conference – afterall a picture is worth a thousand words! The winning entry will be proudly displayed on the front cover of this year's conference programme book.

We cordially invite everyone to have a go and receive recognition for their artistic abilities whether the medium is in pencil, charcoal, paint or photography !!! Astound your colleagues with your talent!

WINNER:

The artwork will be displayed on front cover of the HKPCC programme book.

Complimentary entry to HKPCC.

FINALIST:

The artwork will be displayed for viewing at the HKPCC.

TIMELINE:

Submission deadline **31st January 2012.**

Announcement of result: as soon as possible on the HKCFP Website.

The winner will be contacted by our staff at the conclusion of the competition.

SUBMISSION DETAILS:

The submitted entry must be the artist's original work.

Entries must be submitted on paper or by electronic format.

Please note that entries may be copied and formatted to A4 size. Supplementary written explanation of your idea is welcome, although not mandatory.

The entry should be submitted together with the completed submission form, which includes the artist's name, mailing address, email address, and telephone number.

All entries will be acknowledged upon receipt.

All winning and finalist entries will become the property of the Hong Kong College of Family Physicians.

Entries will not be returned.

Entries should be sent to the Hong Kong College of Family Physicians or emailed to: hkpcc@hkcfp.org.hk.

JUDGING PANEL:

The organizing committee of the upcoming HKPCC 2012.

JUDGING CRITERIA:

The Organizing Committee will be base their decision on the originality of the work in reflecting the theme of the 2012 Conference and the 'wow' factor.

Please note there is no limit to the number of entries per entrant so get busy sketching, painting, snapping.....

If you have any questions concerning this Competition, please do not hesitate to contact Mr. Patrick Wu or Ms. Crystal Yung, the HKPCC 2012 Secretariat by phone at 2861 0220 or by email "hkpcc@hkcfp.org.hk".





UNITED WE CARE - FORGING PARTNERSHIP IN HEALTH

FULL PAPER COMPETITION

We cordially invite your participation in the Full Paper Competition of the HKPCC 2012. The Competition is a long-standing tradition of HKCFP for promoting and recognizing well-designed, innovative research, which bears potential to exert impact in clinical practice or development in the field of primary care.

The HKPCC 2012 Organizing Committee will invite renowned scholars to review the participating papers. Judge(s) appointed by the Organizing Committee will determine the final awardees based on the quality of the papers.

The winner will be awarded the Best Research Paper Award, which will be presented at the opening ceremony of the HKPCC 2012. The winning team will also be featured in our college newsletter – Family Physicians Links (FP Links).

Awards

The **Best Research Paper Award** winner will receive **HK\$5,000** and a certificate.

Eligibility Requirements and Author Guidelines

To be eligible for participation in the full paper competition, **the first author of the paper must meet ALL of the following conditions:**

- (1) The author must register at the Conference.
- (2) The author completes the majority of the research and writing for the paper;
- (3) The author has not used the paper to apply for other awards.

The participating paper should be a full-length article. It should include a structured abstract of no more than 250 words. The text should contain 2,000 - 3,000 words, organized as INTRODUCTION, METHOD, RESULTS and DISCUSSION. It should consist of no more than 5 illustrations (tables/figures).

Only electronic version is accepted. The full paper should be typed in 12 point size in Microsoft Word format.

Award Selection Criteria

Each paper will be evaluated against the following criteria:

1. Academic rigor of the paper (e.g. originality, methodology, organization and presentation).
2. Relevance to primary care (e.g. importance of the topic and the impact of the findings on the practice or development of primary care).

How to Submit

By Email – Attach the full paper with the completed “Full Paper Submission Form” and send to hkpcc@hkcfp.org.hk.

IMPORTANT: Please download the Full Paper Submission Form from our College’s Website www.hkcfp.org.hk and submit the paper with the form.

Submission Deadline

30th March 2012 (Friday)



For enquiry, please contact Mr. Patrick Wu / Ms. Crystal Yung at 2861 0220 or by email: hkpcc@hkcfp.org.hk.

We look forward to receiving your research articles!

UNITED WE CARE - FORGING PARTNERSHIP IN HEALTH

ABSTRACT SUBMISSION INSTRUCTIONS

ABSTRACT FORMAT

- Electronic version is preferred. Abstract should be typed in 12-point size in Microsoft Word format. Handwritten abstracts will NOT be accepted.
- The abstract must not exceed 250 words, and should be organized as follows: **TITLE, AUTHOR(S), INTRODUCTION, METHOD, RESULTS and DISCUSSION**. Commentaries and discussion papers need not follow the above format apart from the TITLE and AUTHOR(S).
- All presenting authors must register at the Conference.
- Authors' full names and affiliations must be specified. Surnames should be printed in bold.
- All abstracts must be submitted in English. All accepted abstracts must be presented in English.

HOW TO SUBMIT

By Email – Attach the abstract with the completed “Abstract Submission Form” and send to hkpc@hkcfp.org.hk

IMPORTANT: Please download the **Abstract Submission Form** from our College's Website www.hkcfp.org.hk and submit the abstract with the form.

PLEASE NOTE

- 1) The submitted abstract must not be **identical** to abstracts submitted to other conferences.
- 2) The Organizing Committee will have the right of final decision on the acceptance of an abstract.
- 3) Only **ONE** designated presenter can present the accepted abstract. Co-authors are welcome to register and attend the session of the conference.
- 4) Acknowledgement will be sent by email upon receipt.
- 5) The deadline for abstract submission is **30th March 2012 (Friday)**.
- 6) For enquiry, please contact Mr. Patrick Wu / Ms. Crystal Yung at (852) 2861 0220 or by email hkpc@hkcfp.org.hk.

Message from the President

I would like to congratulate Dr. William Wong, Chairman of the Organizing Committee of this Family Medicine and Primary Care Symposium "Enhancing Quality Primary Care through Research and Evidence in Hong Kong" for the successful organization of this meaningful event with many interesting topics, which have been attended by many internationally and locally renowned speakers.

Medical Education

I would also like to congratulate Dr. Billy C F Chiu for being awarded the Faculty Teaching Medal in the 2011 Medical Faculty Graduation and Prize Presentation Ceremony, the University of Hong Kong.

Our College values undergraduate and postgraduate teaching. We believe that teaching maintains and develops the knowledge, skills and competencies relevant to practice that may change over the years; enhances professional performance to enable the delivery of quality professional care and safe standards of practice to the patients and public; and ensures that we will remain competent throughout our professional career. Involvement in teaching develops the skills,

attitudes and practices of a competent teacher. Family Medicine is a community based specialty. Teaching this discipline requires constant updating of knowledge and skills and reflection of practice which can enhance knowledge, skills and attitude in continuous professional development. Teaching and passing on knowledge to the next generation is also important for the advancement of knowledge of the medical profession as a whole.



Dr. Ruby Lee and Dr. Billy Chiu

HKCFP Annual Report 2010-2011 is Online Now

"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 December 2011 to 14th January 2012, Dr. Au Chi Lap and Dr. Yuen Shiu Man 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. Tony C K Lee
Co-ordinator, CMOD System



Dr. Au Chi Lap



Dr. Yuen Shiu Man

Membership Committee News

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

Associate Membership (New Application)	Termination from Non-HKSAR Member
Dr. TSANG, Katrina Wai Kay 曾慧琦	Dr. WONG Kang, Francis (Passed Away) 黃剛
Reinstatement of Fellow Membership	
Dr. CHONG, Man Yuk 莊文煜	

Public Education Committee News

Dear All,

Thanks for your participation in the 1st phase of Flu Vaccination Survey. As scheduled, the 2nd phase survey was just started to record the number of vaccination doses administered by yourself directly from 1st November - 31st December, 2011.

Same as the 1st phase, please submit your data preferably on-line through the College website. The survey website will be available to access after 18th December 2011 until the deadline of 6th January 2012.

Kindly be reminded that One CPD point (Cat 3.7) will be given to members who participate in both the first and second phases.

We need your support always. Thanks.

Dr. Lam Wing Wo, Edmund
Chairman, Public Education Committee

Board of Vocational Training and Standards News

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

Reminder: Submission of Annual Checklist / Logbook for Completion of Higher Training

To all Higher Trainees,

Please be reminded that **ALL** higher trainees should submit the annual checklist to our Board **EITHER** by registered post **OR** in-person **ON OR BEFORE 29th February 2012 (Wednesday)**. Late submission will not be accepted.

For those applying for certification of completion of higher training, please make sure that the application form and checklist for completion of higher training are completed and returned together with the original copy of your training logbook **ON OR BEFORE 29th February 2012**.

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

Higher Training Subcommittee
BVTs

Reminder: Enrolment of Higher Training

To all Higher Trainees,

Basic trainees who have completed 4 years of basic vocational training and attained a higher qualification in Family Medicine can be enrolled into the higher training programme.

For those who prepare to sit for the Exit Examination in **2014**, please submit the application for higher training **ON OR** before **29th February 2012 (Wednesday)** in order to meet the requirement for sitting the Exit Examination. The application form can be available from the College Secretariat or downloaded from the College website.

Higher Training Subcommittee
BVTs

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!

My First Year in the Private Practice

Dr. Alvin Chan, Family Medicine Specialist, solo Family Physician

I planned to write this article more than eight months ago, entitling it "my first 4 months in private practice". However it has been delayed for months. The major reason for this is that there is simply too much to share, and it's hard to convey it in the correct order. My first draft was completed some eight months ago, but I just re-wrote it so that I could reflect more completely on my sharing with you.

The past twelve months in private practice has been really short compared to my fourteen years in the Hospital Authority, including twelve years in frontline clinical work and then two years in the Hospital Authority Head Office. However, despite this short time of experience, it really has been an eye-opening experience for me.

Here, I would like to share with you the difficulties as well as the joy of being a private solo family doctor.

When I planned to set up my own clinic, I found that there were many issues to be considered, to be handled mostly alone, with everything being new to me as well. These ranged from the choice of practice location, clinic set up, equipment

to be installed, drugs to be chosen and from which suppliers... to company registration, nurse employment, account keeping, and then selecting your strategies to attract people to come to your clinic. No one would be able to teach me all these, and I had to visit my friends and ex-colleagues' practices to observe and to learn. Here I owe a big thank you to the following for sharing their experience and advice (in alphabetical order): Drs. Chan Kwok Wai, Chan Ying Ho, Choi Wing Kin, Chong Man Yuk, Hui Chik Kwan, Lam King Hei, Lam Ying, Lau Hon Chung, Wendy Lo, Ng Pui Yam, Ng Wing Fai, Simon So, Yip Kit Kuen. Without their help, my clinic set up process would have been much more painful.

In general, the difficulties, apart from the above, are tremendous for a solo general practitioner.

I still vividly remembered just one day before my clinic's service was commenced, one clinic nurse "disappeared" and was never contactable again...and the remaining one decided to resign after a couple of days of service trial run. Six and a half days of work every week, with almost no rest days on public holidays, sounds scary

電子病歷共享 延續優質醫療
 歡迎參加! Welcome to join!

Whenever a patient record is being accessed, an SMS message will be immediately sent to the patient as an alert.

Patients' privacy and confidentiality will **NOT** be disclosed throughout the process.

查詢熱線 Enquiry Hotline: 2300 6654
www.ha.org.hk/ppp/pppage

醫療券 - 長者醫療福利

- 70歲或以上長者 可在本診所使用醫療券
- 使用醫療券無須預先辦理申請，到診登記時便可自動享有每年共5張醫療券，相等於\$250元之醫療費用
- 若長者2009年度未曾使用過此優惠，便會累積下來 即今年2010年度可使用總共 10張醫療券，總數\$500元
 (歡迎向診所姑娘了解詳情)

公私營醫療病歷互通

- 本診所已加入公私營醫療病歷互通計劃
- 醫生可更了解在醫管局覆診之病者病歷並
- 幫助病者更清楚掌握自己之病況

Use of PPI-ePR & Health Care Voucher is actively promoted.

right? Even worse, when I was sick, I still had to maintain my clinic operation and sometimes despite the long hours I served, the clinic may have had just one or two patient visits. Even before I got any income, I found I have to pay for a vast variety of items. With every single drug purchased, I have to key information into my clinic software database regarding the label, dosage, price, and cautionary wordings myself...And only begin to describe the stuff I had to care for, alone.

Certainly I would be naïve if I have not anticipated for and prepared for such challenges, but there are indeed a whole lot of negatives deterring one from solo GP practice. There could be many reasons to make me regret leaving the HA, which previously provided me a stable income, relatively protected environment, and support through teamwork.

However, the positives out-number these difficulties.

The satisfaction from clinical practice is direct, instantaneous, and rewarding. For instance, I saw one patient bringing in others and even their whole family to consult me. The clinical autonomy is tremendous. I can stock up drugs which I believe are useful for patients, enlist investigation support more promptly, and solicit opinions from specialists whom I trust can give me early feedback. I can also conduct home visits and admit patients to private hospital when necessary...

One of my goals is to serve the local community, so I encourage my patients to use the Health Care Vouchers, and to join the Public Private Interface-electronic Patient Record (PPI-ePR) despite the negative comments I have heard before about these systems. It indeed requires a bit of time and I can imagine that it would take more time to operate if someone was using a slower computer system / network. It is however rewarding to see the elderly benefit from paying less, and the information on the PPI-ePR has enabled me to help my patients in clinical decision making.

There is a great variety of cases in private practice - certainly, not just the URTIs and GEs. In just a short time, I have already encountered many clinical conditions that I have not dealt with or have seldom come across before (maybe partly because of the prompt feedback from my referring specialist colleagues), for example

bullous myringitis, keratosis obturans, herpes zoster oticus, polymyositis, and recurrent spontaneous pneumothorax. This is aside from the bread and butter stuff like offering vaccinations that HA do not have. I would like to share with you some of my interesting encounters these months.

Madam Cheung is 90 years old with dementia. Her daughter came and asked me for a home visit as the patient refused leaving home. She suffered from ankle swelling for 2 days. She otherwise did not have chest pain, shortness of breath nor orthopnea. She did not have any leg / ankle pain and was not on other medications apart from the usual medications for dementia. Despite the suboptimal environment with unsatisfactory lighting and lack of formal examination bed, I noticed that her pulse rate was high and there was pallor and basal crepitation. The ankle edema has subsided after her daughter's massage but the jugular venous pressure was elevated. Further history reviewed that the lady has passed some per-rectal bleeding before. The per-rectal examination was unremarkable otherwise. I wrote a referral letter with a presumptive diagnosis of heart failure precipitated by anemia and referred her to the nearby emergency department. Subsequent progress revealed that the lady had congestive heart failure with a hemoglobin level of ~ 7 g/dL only but the family members refused for further work up.

Mrs. Leung attended my clinic once before for request of menses postponement to suit her travel needs. One day, she came with her husband as they would like to have some advice regarding their family planning. Mr. Leung suffered from dystonia since childhood and was found to have "dystonia of dopamine responsive type" by Duchess of Kent Hospital many years ago. He has defaulted his medical specialist clinic follow up later on. They wanted to have children but were worried that their offspring may have the similar dystonia. I have to read up on the topic, and search for the resources that could offer genetic counseling on this rare condition. I found that one university laboratory could offer the genetic testing and counseling for this condition and hence I liaised with the pathologist there to help the couple make perhaps the most important decision in their lives.

Mr. Sit suffered from erythema nodosum in his shins, with quite severe boil-like lesions that



Figure 2

often ulcerate in his limbs, and many different bizarre looking rashes in his trunk and face for months (see Figure 2). He has sought help from many different doctors both in private and public. Multiple investigations including skin biopsies, CT...had been done. He was confused with different opinions. The dermatology clinic doctor advised that he need a trial of anti-tuberculosis therapy. The rheumatology clinic colleague had recently prescribed some prednisolone to control his arthralgia. Mr. Sit asked if he needs further tests in private. I explained that he may not need further test at the moment and I asked him to apply for the PPI-ePR, and traced all his available laboratory reports from private so that I could know what have been done in public as well as in private. His past test reports showed that the ESR was high exceeding 100. The "pus" aspirate was negative of any bacteria, so as the AFB smear and culture. The CXR and CT thorax were negative for any TB changes. However the incisional skin biopsy suggested some granulomatous inflammation. At that juncture, I wrote up a memo to the rheumatology clinic outlining the information I gathered from the various private parties, the suggestion from the Government dermatology clinic and to seek their view if they would offer further test for TB. Later I found a test that I never know of, T-spot test, which is a more sensitive and specific test than Mantoux test; and it was conducted to look for TB. The test, for unknown reasons, was not available for quite some time. Meanwhile, the hospital pathologist had reviewed the skin biopsy specimen and suggested differential diagnosis of mycobacterial infection and pyoderma gangrenosum. The patient could not bear the worsening ulcerations and finally, sought "fourth" opinion from another



Figure 3

dermatologist who had repeated a skin biopsy that confirmed the diagnosis of pyoderma gangrenosum. The patient is now receiving cyclosporine treatment and his skin conditions started to improve. (Figure 3)

The lives of an ordinary GP are certainly not glamorous. I could not earn much through the works I have done for the above patients, but I may have helped significantly my patients. Of course, I do learn a lot from them too.

I could share with you a lot more examples in the future. But here I would like to highlight a couple of issues. I am not sure who could help to take a look and offer some follow up for us. Firstly, in my application for private hospital admission rights, I noticed that family doctors are less welcome nowadays. In a big hospital in Kowloon, I was only granted admission right but not the operation theatre access right. In another big hospital nearby, I was put into a waiting list and was told that I have to wait for other family physicians to drop out first. Secondly, I noticed that in the Government's public consultation on the future voluntary medical insurance scheme, primary care out-patient consultations are excluded from reimbursement. I could anticipate that my chronic patients may have to be referred out in order to be reimbursed for their clinical encounters. Hence, despite that I am fully confident of what a competent family doctor could offer in the healthcare system, I am really afraid the room for survival would be much more restrictive in the future. I enjoy my lives as a GP in the grass-root community at the moment. I do wish that primary care could continue to blossom, instead of facing a tougher time in the future.

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.

FP Links Committee

Board Advisor: Dr. Wendy Tsui

Chief Editor: Dr. Catherine Ng

Deputy Editors: Prof. Martin Wong
Dr. Natalie Yuen

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Secretariat: Ms. Carmen Cheng

Family Physicians Links (FP Links), the newsletter of the Hong Kong College of Family Physicians, serves the College with the following missions since its inaugural edition in March 2004:

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

The founding Editorial Board started off with three members under Dr. John Chung's leadership. Throughout these years, there is significant expansion of our Editorial Board, with members coming from different sectors: public, private and universities. Our contents have also been enriched:

Since 2007, News Corner is included in every issue to share current news related to family medicine and primary healthcare.

Since 2008, with Photo Gallery column, photos of important college events are beautifully organized before publish. With the support of Oasis, we share inspiring articles of life wisdom.

Since 2010, Executive Corner is published once every 3 months to introduce the mission and work of various boards and committees.

This year, in response to government's initiatives to promote primary care, we have published related articles and interview.

Alcohol and Cancer

In early 2008, taxes on wine and liquor containing a alcohol level of less than 30% were abolished. The Hong Kong SAR Government's decision to exempt the duty had been based on the view that this policy could boost economic activities, increase employment and promote the development of Hong Kong as the region's wine exhibition, trading and logistics centre.

In November this year, there was news on a study of alcohol consumption in Tuscany, Italy. The study has found that alcoholics have significantly higher rates of general and cancer-related deaths when compared with the general population in a Mediterranean country.

Dr. Domenico Palli, head of the Nutritional and Molecular Epidemiology Unit at the Cancer and Prevention Institute in Florence, and his colleagues collected data on 2,272 alcoholics (1,467 males, 805 females), predominantly middle-aged, who were managed at the Alcohol Centre of Florence during the period of April 1985 to September 2001, for a total of 21,855 person-years. Expected deaths were projected by using age, gender, and calendar-specific regional mortality rates.

The results implied alcohol's role as a dietary carcinogen. The highest risks were for cancers of the pharynx, oral cavity, liver and larynx, but also increased the risks of other cancers such as cancer of the esophagus, rectum, pancreas and breast. The alcoholics seemed to be at greater risk of mortality for specific diseases such as infections, diabetes, diseases of the immunological, nervous, cardiovascular, respiratory and digestive systems, as well as violent causes.

Dr. Palli further explained that alcohol abuse could compromise the structure and functionality of several human organs, thus directly increasing the risk of death. Moreover, other aspects of the characteristic lifestyle of alcoholics – smoking, drug abuse, promiscuity and poor diet – may contribute to this high-risk pattern together with reduced health-consciousness.

The results also showed that female alcoholics reported higher survival rates than male alcoholics. They suggested that female alcoholics are more likely to obtain help and achieve remission, tend to benefit more than men from continued participation in treatment programmes, and/or tend to be referred to specific alcohol centres earlier than men, who often are admitted with advanced disease or only when severe symptoms emerge.

We occasionally heard that moderate alcohol intake can have protective effects against heart attack and stroke. Nevertheless, there were less hazardous approaches to cardiovascular risk reduction, i.e. healthy lifestyle. Everyone can have weight control by well balanced diet and regular exercise. It is also important to have smoking cessation and optimal blood pressure and lipid control. Therefore, no amount of alcohol would compensate for an unhealthy lifestyle.

"Drink or not drink" could be a dilemma to some people. In my opinion, anyone can make a choice and drink in moderation. He or she should just be aware of the harms contained in their chosen lifestyles.

SOURCE: *Alcoholism: Clinical & Experimental Research*, being published February 2012

Compiled by Dr. SZE Hon Ho, Jacky

Interest Group in Dermatology - The 27th meeting on 5th November 2011

Dr. Tse Kwok Lam
Family Physician (Participant of the meeting)

Theme : Nail Disorder
Speaker : Dr. Chan Shu Yu, Specialist Dermatologist
Moderator : Dr. Wong Nai Ming, Co-ordinator, Board of Education

Dr. Chan Shu Yu, a Specialist Dermatologist shared with us his personal experience when facing common disorders in nails and his approach to their management.

Learning points:

The nail apparatus, composed of the nail plate and surrounding soft tissue structures, functions to protect the terminal digits. Nails also play an important role in cosmesis and many patients consult just because of unsatisfactory appearance of nails.

The term 灰甲 is widely used. In Dr. Chan's opinion, 灰甲 is just a descriptive term and it is not equivalent to 甲癬 (however patients and media are often confused about the two terms). 灰甲 can have the meaning of discolouration 灰色 (grey/white) or 灰粉 (powdery). Clear identification of patients' complaints, concern and expectation is important for management.

The shape and opacity of the nail varies considerably among individuals. Aging may increase or decrease nail thickness. Longitudinal ridging and/or beading is a common aging change and patients who come across these changes can be reassured.

Nail structure can be altered by primary skin diseases, trauma, systemic diseases, congenital syndromes, tumours and infections.

Psoriasis and lichen planus are two common skin diseases associated with nail disorders.

Nail involvement usually occurs simultaneously with psoriatic skin disease but it may occur as an isolated finding. Pitting is the most common finding but it is non-specific and can also occur in eczema, fungal infection, alopecia areata and even normal individuals. Separation of the nail plate from the nail bed (onycholysis) may be present on several nails and it is often confused with fungal infection. Psoriasis of the nail bed causes serum to leak under the nail plate producing brownish or yellowish 'oil spots'. Nail affected by psoriasis is difficult to treat. Intralesional injection of steroid into the nail matrix may be tried.

Lichen planus typically present with skin lesions of five 'P': pruritic, planar (flat-topped), polyangular, purple papules. Longitudinal grooving and ridging are the most common findings of LP of the nail. A pterygium, caused by adhesion of a depressed proximal nail fold to the scarred matrix, may occur after intense matrix inflammation. The nail plate distal to this focus is either absent or thinned out.

Nail disorders from trauma are also common. Onycholysis is simply separation of the nail from the nail bed. Causes include psoriasis, trauma especially in long finer nails, infections, drugs and endocrine diseases. Nail and cuticle biting is related to anxiety. Ingrowing toe nails are caused by lateral pressure of poorly fitting shoes, improper or excessive trimming of the lateral nail plate or trauma. Surgery may be needed.

Nail deformities can be associated with internal diseases: Beau's lines are transverse depressions of all of the nails that appear at the base of the lunula weeks after a stressful event

which has temporarily interrupted nail formation. Patients are often astonished by the fortune-telling ability of doctors to spot out major life events months ago by just examining their fingers! Finger clubbing is associated with a variety of lung diseases, cardiovascular disorders, cirrhosis, colitis and thyroid disease. Koilonychia (spoon nails) is associated with iron-deficiency anaemia.

Tumours around and under the nails are important conditions not to be missed. Periungual warts are notoriously difficult to treat and multiple sessions of cryotherapy may be needed. Pyogenic granuloma can recur if residual tissue is left after excision. Digital mucous cysts are dome-shaped translucent cysts on the dorsal surface of the distal phalanx. These structures contain a clear viscous jelly-like substance that exudes if the cyst is excised. Acral lentiginous melanoma (ALM) is a special presentation of cutaneous melanoma arising on the sole, palm, fingernail or toenail bed. ALM occurs most often in Asians and Africans. It often grows slowly over a period of years. Delay in presentation and diagnosis is common. Hutchinson's sign, which is periungual extension of brown-black pigmentation from nail to proximal and lateral nail folds, is an important indicator. Nail biopsy should be done whenever lesions look suspicious. Subungual haematoma is a differential diagnosis but there should be history of trauma and acute onset of lesions.

Dermatophytes *T. rubrum* and *T. mentagrophytes* are responsible for most fingernail and toenail infections, but non-pathogenic fungi and *Candida* can also infect the nail plate. There are 4 patterns: 1). Distal subungual onychomycosis, 2). Superficial white onychomycosis, 3). Proximal subungual onychomycosis and 4). *Candida* onychomycosis.

If clinically suspicious, nails should be clipped for KOH smear and fungal culture.

Topical agents can be tried for mild cases. Old systemic antifungals such as griseofulvin and ketoconazole are outdated due to potential liver toxicity. However even for new agents terbinafine and itraconazole, liver function and drug interaction should still be monitored.

The next meeting will be on Saturday 7th January 2012. The guest speaker is Dr. Lee Tze Yuen, Specialist in Dermatology. He will speak to us on Blistering Disorders.

All members are welcome and encouraged to present their cases and problems for discussions or role play. Please send to our secretariat (yvonne@hkcfp.org.hk) 2 weeks before the date of presentation.



Dr. Mary Kwong and Dr. Chan Shu Yu

- 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.

7 January 2012 Saturday

Board of Education Interest Group in Dermatology

Aim	To form a regular platform for interactive sharing and discussion of interesting dermatological cases commonly seen in our daily practice
Theme	Blistering Disordering
Speaker	Dr. Lee Tze Yuen Specialist in Dermatology
Co-ordinator & Chairman	Dr. Wong Nai Ming The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:15 p.m. Lunch 2:15 p.m. – 4:00 p.m. Theme Presentation & Discussion
Venue	4/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
Accreditation	All fees received are non-refundable and non-transferable. 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
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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.

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.

January's session:

Date	27 January 2012 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	Lung Cancer: Towards Earlier Diagnosis and Updates on Treatment - Dr. Ho Chung Man
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
14 January 2012 14:30 – 16:30 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 – Diagnosis and Management of Common Sports Injuries in Primary Care Dr. Chan Wai Lam 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
21 Dec 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Update Management for COAD and Asthma Dr. Cheng Chui Ching	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	Travel Medicine Dr. Lo Ka Kit 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	Cancer Screening Dr. Steve Yeung and Dr. Lee Sum	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Sexual Dysfunction Dr. Wong Chun Wing	Ms. Man Chan Tel: 2589 2337
22 Dec 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Travel Medicine Dr. Yeung Sze Wai and Dr. Kwong Lok See	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Emergency Care in Road Traffic Accidents Dr. Ho Tsz Bun and Dr. Ng Mei Po	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Orthopaedic Problems of The Hands and Feet Dr. Cheng Kwan Chui	Ms. Kwong Tel: 2595 6941
28 Dec 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Review of FM Training Dr. Leung Hoi Lik and 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	Health Care Delivery System in Singapore Dr. Tsui Wing Hang and Dr. Yuen Ching Yi	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Effective History taking Dr. Vicky Wong	Ms. Man Chan Tel: 2589 2337
29 Dec 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Health Care Delivery System in Singapore Dr. Hung Wai Shan and Dr. Fan Wing Chi	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Blurred Vision Dr. So Chi Kin and Dr. Tam Kit Ping	Ms. Chan Tel: 2468 6813
04 Jan 12 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Occupation Health 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	Euthanasia, Organ Transplantation Dr. Ho Pui Gi and Dr. Wan Pui Chu	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	Update Management of Chronic Pain Dr. Yau King Sun	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Introduction of Research in FM Dr. Lina Li	Ms. Man Chan Tel: 2589 2337
05 Jan 12 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Euthanasia, Organ Transplantation Dr. Chan Hau Ting and Dr. Yuen Ming Wai	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Principles of Family Medicine in the 21st Century Dr. Chan Ching	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Adult Resuscitation Dr. Lee Ho Ming	Ms. Kwong Tel: 2595 6941
11 Jan 12 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Medical Related Advertisement 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	Prostate Problems Dr. Lam Kin Man	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Principles of Communication Skill Dr. ST Cheung	Ms. Man Chan Tel: 2589 2337
12 Jan 12 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Prostate Problems Dr. Leung Sze Mun and Dr. Mok Ka Yee	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Management of Stroke in Family Medicine Dr. Ng Mei Po	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Glycaemic Index Dr. Leung Tsi Mei Violet	Ms. Kwong Tel: 2595 6941
18 Jan 12 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Use of Antibiotics in Primary Care 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	Common Pitfalls in Accident and Emergency Care Dr. Tsui Hiu Fa and Dr. Siu Ming Ying	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	Psychological Problem of Adolescence Dr. Lee Sum	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Paediatric Emergency Dr. Carol Iong	Ms. Man Chan Tel: 2589 2337
19 Jan 12 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Common Pitfalls in Accident and Emergency Care 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	Recent Changes in Video-recorded Consultation Review Dr. Lee Hoi Ying	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. Tseung Chi Hang, Steven	Ms. Kwong Tel: 2595 6941

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
18 Dec 1:00 – 4:30 p.m. ARC – Hypertension & Hepatic Workshop	19	20	21 2:15 – 7:30 p.m. Structured Education Programme	22 2:15 – 7:00 p.m. Structured Education Programme	23	24
25	26	27	28 2:15 – 7:15 p.m. Structured Education Programme	29 2:15 – 6:00 p.m. Structured Education Programme	30 2:30 – 3:30 p.m. Board of Education - Video Session	31
1 Jan	2	3	4 2:15 – 7:30 p.m. Structured Education Programme	5 2:15 – 7:00 p.m. Structured Education Programme	6	7 1:00 – 4:00 p.m. Interest Group in Dermatology 2:30 – 5:00 p.m. DFM Module III - Evidence - based Medicine
8	9	10	11 2:15 – 7:15 p.m. Structured Education Programme	12 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	13	14 2:30 – 4:00 p.m. Clinical Audit Standardization Workshop 2:30 – 5:00 p.m. DFM Module III - Critical Appraisal 2:30 – 4:30 p.m. Community Education Programme 3:00 – 5:00 p.m. Practice Assessment Segment Session 1 Workshop
15	16	17 9:00 p.m. Council Meeting	18 2:15 – 7:30 p.m. Structured Education Programme	19 2:15 – 7:00 p.m. Structured Education Programme 6:00 p.m. HKAM Council Meeting	20	21
22	23	24	25	26	27 2:30 – 3:30 p.m. Board of Education - Video Session	28
29	30	31	1 Feb	2	3	4 1:00 – 4:00 p.m. Interest Group in Mental Health

FP LINKS EDITORIAL BOARD 2011

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Front Row (left to right): Dr. Sam Yip, Ms. Carmen Cheng, Ms. Teresa Lee, Dr. Wendy Tsui, Dr. Catherine Ng, Dr. Heidi Fung

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

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