

# Message from the President

## Regulatory Frameworks for Healthcare Professionals



Prof. Donald Li (left) and Prof. Eng Kiong Yeoh (right)

On the afternoon of March 18, I attended the symposium on "Regulatory Frameworks for Healthcare Professionals" organized by the Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong. Two overseas speakers, Mr. Harry Cayton, OBE, the Chief Executive of the Professional

Standard Authority for Health and Social Care; and Professor Terence Stephenson, the Chairman of the Academy of Medical Royal Colleges, shared their UK experience, in which physicians, dentists, nurses, Chinese medicine practitioners, pharmacists and allied health professionals were involved. There were ten suggestions raised:

1. A structural change is required in the current regulatory framework.
2. A review of professional legislation is needed.
3. Hong Kong needs an overarching body to oversee all the healthcare regulators.
4. The Government should play an enhanced role in professional regulation.
5. There should be greater lay representation in professional regulatory bodies.
6. The providers/employers of health professionals should play a role in professional regulation.
7. A compulsory Continuous Professional Development (CPD) should be introduced for all professions.
8. There should be greater separation between the investigatory and disciplinary roles of professional regulatory bodies.
9. The current function of accrediting education and training by professional regulatory bodies should be carried out by separate accrediting bodies.
10. To change the current assessment criteria in accepting health professionals who are trained overseas for registration of Hong Kong's medical practice.

There was an interesting roundtable discussion at the end chaired by Prof. Donald Li, the President of the Hong Kong Academy of Medicine.



Group photo of the symposium

THE HONG KONG  
COLLEGE OF  
FAMILY PHYSICIANS



# Family Physicians Links

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## "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.

From 15<sup>th</sup> April 2013 to 14<sup>th</sup> May 2013, Dr. Lorna Ng and Dr. William Wong will be the Council Members On Duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments about anything relating to our College and Family Medicine. You can reach us by contacting our College Secretariat by phone: 2528 6618, by fax: 2866 0616, or by email: [hkcfp@hkcfp.org.hk](mailto:hkcfp@hkcfp.org.hk). Once we receive your call or message, we will get in touch with you directly as soon as we can.

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



Dr. Lorna Ng



Dr. William Wong

## Internal Affairs Committee News

### The 26th Fellowship Conferment Ceremony and the 24th Dr. Sun Yat Sen Oration

Dear Colleagues,

The College is holding **"The 26th Fellowship Conferment Ceremony and the 24th Dr. Sun Yat Sen Oration" on 15th June 2013 (Saturday) at the Hong Kong Academy of Medicine Jockey Club Building.**

The successful candidates of Conjoint Examination would be conferred Fellowships, and the successful candidates of Diploma in Family Medicine and the Exit Examination would be granted certificates. In this very important occasion, **Professor Joseph J.Y. Sung, Vice-Chancellor and President of the Chinese University of Hong Kong**, would deliver the 24th Dr. Sun Yat Sen Oration to the audience.

All Fellows\*, members and their spouses are cordially invited to attend the Conferment Ceremony and the Oration. The details are:

- Events : (i) **The 26th Fellowship Conferment Ceremony**  
(ii) **The 24th Dr. Sun Yat Sen Oration by Prof. Joseph J.Y. Sung**
- Venue : 1/F, Run Run Shaw Hall, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
- Date : 15th June 2013 (Saturday)
- Time : 4:00 p.m. – Reception with light refreshments  
5:30 p.m. – Commencement of Ceremony
- Remarks : 1 CME (Category 4.3)
- This activity is free of charge to our College Fellows, members and their spouses.  
\*All College Fellows are welcome to bring their Fellowship gowns for the Conferment Ceremony.

Please mark your diaries and we look forward to seeing you soon.

Thank you!

Dr. David CHAO  
Chairman, Internal Affairs Committee

## News of FP Links Committee

The FP Links Committee welcomes Dr. Fok Peter Anthony and Dr. Siu Pui Yi, Natalie as new members of the Editorial Board.



Dr. Fok Peter Anthony



Dr. Siu Pui Yi, Natalie

Dr. Chan Ting Bong and Dr. Wong Yu Shing have resigned from our committee since this year. We would like to express our sincere thanks for their great contributions to FP Links, and we look forward to work with them again in near future.

## Membership Committee News

The Membership Committee approved, on recommendation of the Chairlady of the Membership Committee, the following application for membership in **March 2013** :

### Transfer from Associate to Fellowship

Dr. TSANG Ming Lam

曾明霖

### Resignation from Associate Membership

Dr. WONG Ka Hing

王家慶

## Board of Vocational Training and Standards News

The Hong Kong Primary Care Conference (HKPCC) 2013 will take place on 16 June 2013 at the Hong Kong Academy of Medicine Jockey Club Building, Wong Chuk Hang, Hong Kong.

All basic trainees, enrolled in 2006 or after, are required to attend at least TWO Hong Kong Primary Care Conference organized by the Hong Kong College of Family Physicians in the four-year training programme.

All higher trainees are required to attend at least ONE Hong Kong Primary Care Conference organized by the Hong Kong College of Family Physicians in the two-year training programme.

The above information is already mentioned in the trainee logbook.

For more details or enquiries, please contact our College Secretaries Carmen or Brian at 2528 6618.

BVTS

## Classified Advertisements

### Positions Vacant

**Accredited Private FM Centre invites energetic Doctors** for expanding services (Tuen Mun / Kwai Fong). Basic / higher FM Trainee, A&E Officers welcomed. Basic + Profit Sharing ± Partnership. Send CV enquiry@adecmed.com (Amy CHAN) 9212 6654.

FT/PT/Locum **Family Physician** (min. 3 years' experience) for practices of United Christian Nethersole CHS in Tai Po & Kowloon. Flexible hours. Please e-mail resume with expected salary - **Ms. Law** : hr@ucn.org.hk.



## The 20<sup>th</sup> WONCA World Conference 2013- Prague



Dear Colleagues,

The Hong Kong College of Family Physicians is a very active member of the WONCA - World Organizations of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians. Nowadays people simply called it World Organization of Family Doctors. It has more than 140 member organizations all over the world with a World Council and different Regional Councils. We belong to the Asia Pacific Region, where the current President is Prof. Donald Li, the past president of HKCFP. The World and Regional Councils meet every three years the week before the World Conference. I had the privilege to represent the College at the last World Conference in Cancun Mexico in 2010. Bidding for hosting the World Conference is like the Olympics, the involves a lot of lobbying activities because it is an important and prestigious event for the hosting member organization and the Government. The decision for 2013 WONCA World Conference will be made in this year's meeting in Prague. Our College has submitted an application to host the event in Hong Kong. A Bidding Committee was formed under Dr. Angus Chan who will lead a strong delegation to lobby at the 2-day World WONCA Council meeting. Our College has successfully hosted a Regional Conference recently in 2009. Some members may not be aware of the fact that we have hosted a WONCA World Conference back in 1995.

After the Council meetings, the World Conference will officially open from 25-29 June. Every WONCA World Conference will be unique in the location, the variety of events organized by the host, the vast mixing of topics presented in the plenary sessions, workshops and oral presentations from all over the world. Usually 2000-4000 GP/FPs with different cultural, ethnic and religious background will participate either to learn from colleagues in general/family practices or academic Family Medicine. You can choose from many interesting or seldom-heard topics in the programme which will bring new insight into your future practice. It is a great learning experience especially for the younger generation of GP/FPs. I will highly recommend that you should plan to go at least once in your life time.

The location of WONCA World Conference is usually a place with special appeal either from the cultural or historical perspective. I have never been to Prague, but you have probably heard about the beautiful scenery and architectural heritage, making it one of the most popular tourist destinations in Eastern Europe. The political evolution is equally famous - and what is "Spring in Prague" (布拉格之春)? If you are interested in Western history, you will definitely be attracted to visit the place in person. Before or after the Conference, you can plan a holiday for study and tour. It's not a bad idea to travel to neighbouring countries by train. Or you can drive from Prague to other cities, preferably with friends or family, but you have to plan and book your accommodation now. June should be good comfortable weather for driving and sightseeing. I have included the website of WONCA Prague 2013 for your easy reference <http://www.wonca2013.com/en/home>. See you in Prague.

Dr. Gene Tsoi  
Past President of HKCFP

## Words from our WONCA delegates

**Name** : Dr. Gene Wai-Wang Tsoi  
**Topic** : Doctor-Patient Relationship and Quaternary Prevention (QP) - Sharing of experience with a GP from Hong Kong  
**Format** : WORKSHOP #298



**Promotion words:**

Two case scenarios presented with similar complaints to Dr. T. Both patients complained of palpitation.

The decision making process is in stark contrast which demonstrated the unique attribute of general practice. The location of practice, accessibility and affordability of high tech investigations are crucial factors to be considered. Cultural, religious and regional differences from an important background for the management.

Discussion: Where is the boundary for QP? What is the norm or standard of practice, or consensus among the peers? What are the medico-legal responsibilities of the GP? What is the reward to a GP for taking up the risk of under-diagnosis? What are patients' or the public's perception about QP, as well as the other specialties in the medical profession? How can QP be incorporated into the medical education, both under-graduate teaching in medical schools and post-graduate training in different specialties of medicine?

**Name** : Dr. Chiang Lap Kin

**1) Topic** : The outcomes of ambulatory electrocardiography (AECG or Holter) performed in the primary care setting: a case series study

**Format** : Oral presentation



**Promotion words:**

Using Holter in primary care is for early detection of possible life-threatening cardiac arrhythmia as a cause of symptoms. It can minimize the patient's risk by shortening the time to diagnosis and initiate appropriate early referrals to specialist care. This case series report involved all holter done in Kwong Wah Hospital from Jan 2010 to Dec 2012.

Objectives: 1. To examine the presenting symptoms of patients attending for holter monitoring in primary care. 2. To review the outcomes of holter monitoring. 3. To investigate the predicting patient characteristics for significant holter outcomes.

Results and Conclusion: There were 65 male and 155 female patients. 62.5% of them had new-onset symptoms, while 36.5% of them had no associated chronic disease. 180 (82%), 11 (5%), 4 (2%), 6 (3%) and 19 (8%) cases were indicated for palpitation, dizziness, syncope (presyncope), combined symptoms and others, respectively. 88 cases (40%) had significant cardiac arrhythmia and all of them were referred to the Medical Department for further management. The five leading findings were frequent supraventricular/ventricular ectopics (25%), prolonged QT (15%), supraventricular/ventricular ectopics in bigeminy or trigeminy (15%), paroxysmal atrial fibrillation (14%) and paroxysmal supraventricular trachycardia (10%).

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**2) Topic** : Using overnight pulse oximetry in screening of obstructive sleep apnea for at risk adult patients in primary care setting

**Format** : Oral presentation

**Promotion words:**

Obstructive sleep apnea (OSA) is common and is associated with serious comorbidities. The gold standard diagnostic test is overnight polysomnography (PSG), while overnight pulse oximetry is commonly used as a screening test. This case series study recruited adult patients at risk for OSA in the primary care. Overnight pulse oximetry as a screening test was done for all patients while at home polysomnography were offered for selected patients.

Objectives: 1. To investigate the prevalence of OSA among at risk patients in the primary care setting. 2. To test the usefulness of overnight pulse oximetry for OSA screening in primary care setting.

Results and conclusion: From mid-2010 to January 2013, 180 male and 119 female patients were screened for OSA. 193 patients (65%) were screened positive to have OSA. The mild, moderate and severe OSA were 54%, 29% and 17% respectively. PSG were done for 86 patients. PSG derived apnea hypopnea index (AHI) had mean 29 events/h and SD 23.4 events/h. Overnight pulse oximetry derived oxygen desaturation index (ODI) and AHI had good correlation, ( $r = 0.82, p < 0.001$ ).

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**3) Topic** : New onset palpitation in the primary care setting: case series of Holter study

**Format** : Poster presentation

**Promotion words:**

Palpitations are non-specific and are one of the most common symptoms in general medical settings, reported by as many as 16% of patients. Using Holter in primary care enables an earlier detection of arrhythmia, including some potential serious arrhythmias and speeds up their management. This case series recruited patients with newly onset palpitation for less than 3 months. Holter monitoring was arranged and outcomes were analysed.

Objectives: 1. To examine the outcomes of new onset palpitation of patients in the primary care setting. 2. To investigate the characteristics that predicts a significant cardiac arrhythmia.

Results and Conclusion: 27 male and 82 female patients with new onset palpitation had completed Holter monitoring. 38% of them enjoyed good past health, while others had at least one chronic disease, including diabetes, hypertension or cardiovascular disease. 37 cases (34%) had significant Holter outcomes. The 4 leading significant cardiac arrhythmias detected were paroxysmal supraventricular tachycardia (19%), frequent ventricular ectopics (19%), ventricular ectopics in bigeminy or trigeminy (19%) and paroxysmal atrial fibrillation (14%) respectively. The patients with age more than 65, and those with ischaemic heart disease and stroke were more likely to have significant cardiac arrhythmia.

**Name** : Dr. Cheung Sze Man

**Topic** : The impact of a structured diabetic care programme with intensive intervention for Hong Kong Chinese population in a primary care setting

**Format** : Poster presentation



**Promotion words:**

Diabetes mellitus is a growing problem locally, and the disease and its complications create a great burden to the patients and the health care system. In 2011, the local government had launched a new structured chronic disease model named Risk Assessment and Management Program of Diabetes Mellitus (RAMP-DM) to enhance diabetic care.

Method: All diabetic patients (6027) in a regional primary care clinic were eligible for the programme. They were recruited on a voluntary basis. Patients will be stratified as low, medium, high and very high risk for cardiovascular disease after the structured assessment.

The very high risk group will be intensively managed by an experienced family physician with extended consultation session and a care manager. A multidisciplinary team will back up and support if needed.

Results: As at 30 Sep 2012, 3557 patients were assessed and 196 patients, who were stratified as having very high risk, have been recruited for intensive management. The intensive managed group have on average 3.14 extended consultation sessions and 4.2 nurse sessions and have their diabetic care significantly improved (82%). The improved parameters included HbA1c, systolic blood pressure and lipid level ( $p < 0.005$ ).

Conclusion: The structured programme is an effective way to stratify the diabetes risk. An intensive intervention can therefore be further provided to those very high risk patients to enhance their diabetic care with comprehensive management. Through risk minimisation, complications can be prevented and their quality of life can be improved.



**Name** : Dr. Lee Chik Pui  
**Topic** : Healthcare record audit in a Family Medicine clinic in Hong Kong  
**Format** : Poster presentation



**Promotion words:**

I am delighted to have the opportunity to present my audit addressing one important issue in our daily clinical practice – healthcare record.

The healthcare record is the principal means by which we keep all the data produced during our consultation everyday. It has both medical and legal relevance, and therefore it must be complete, legible and of the highest quality. Good healthcare record keeping helps promote high standards and safe medical care, and is the basis for medical research and for legal assessment when there is suspect of malpractice. In my audit, randomly selected healthcare records were examined retrospectively by 2 individual auditors, with the information that should be included were decided and agreed beforehand, then each health care record was assessed and rated, and the results from 2 auditors were compared to draw conclusion. The overall performance was satisfactory, where few areas needed further improvement, like assessing drug compliance was one main area of deficiency found in cases with chronic illness, and relevant information was inadequate when doctors encountering patients presenting with multiple complaints. An ongoing audit and feedback system is recommended in order to provide safe and effective medical care.

**Name** : Dr. Dana Lo (first author), Dr. MH Chan, Dr. Helen Huang, Dr. Steven Ho, Ms. Phyllis Ng  
**Topic** : Preliminary evaluation of a pilot demonstration of stress relief by Chinese pipa music in a University in Hong Kong  
**Format** : Poster presentation



**Promotion words:**

For the last decade numerous studies have demonstrated the benefits of music on intelligence, performance and mood stabilization, etc. These studies were conducted using Western music in Western countries, mostly on Caucasians. Studies on the therapeutic evaluation on Chinese music are limited, despite the therapeutic use of Chinese Music has been recorded in the famous Chinese medicine textbook Inner Canon of HuangDi《黃帝內經》 few thousand years ago. With the introduction of Traditional Chinese Medicine service in University Health Service since 2012, experience in patient management can be shared effectively between Family physicians and Chinese Medicine officers. There are 2 main types of Chinese Pipa Music, including “Gentle tunes” which creates a relaxing environment, and “Battle tunes” which enhances excitement in the listener. As some patients may have anxious mood when receiving acupuncture in our Traditional Chinese Medicine Clinic, “Gentle tunes” are played during acupuncture. Participants are given anonymous questionnaire to fill in after the procedure, to assess their perception and acceptance to the Combination therapy of Chinese Pipa Music and acupuncture. Most participants agree that playing background Pipa Music can relieve their stress during acupuncture, and would like to keep background music playing during their future acupuncture sessions. More resources should be allocated for further studies in this relatively new area of research.

**Name** : Dr. Tang Kin Sze  
**Topic** : Preventing medical incidents and errors: patient safety walk rounds  
**Format** : Poster presentation



**Promotion words:**

Patient safety is of paramount importance in medical field. It is crucial to prevent avoidable incidents in the workplace and to safeguard patients. The Quality Assurance and Safety Division (QASD) of a regional hospital in Hong Kong organized the Patient Safety Walk Round (PSW) since 2009 in every clinical area to improve the quality of service. It aims at identifying the areas of concerns related to patient safety, promoting cultural change, and learning and sharing good practices.

The QASD had reviewed a regional primary care clinic in Jul 2012. The area of concerns including Adverse Incidents or “Near Miss” events, medication safety, fire safety, patient identification, record and documentation, infection control, and emergency care. There was no severe deficiency noted during the round. Measures were implemented in the clinic for patient safety include “near-miss” record book, cue cards for patient identification, infection control and shroff security with password lock while good practices like clear signage, eye catching standardized resuscitation guidelines were acknowledged. All staff are encouraged to report potential risks and adverse incidents to prevent incidents from occurring. Through this exercise, the awareness of patient safety was raised. Doctors, nurses and all clinic staff collaborate with each other to develop measures to improve quality of care and prevent incidents from happening.

**Name** : Dr. Frances Yu, Dr. Kenny Kung, Prof. Samuel Wong, Prof. Stewart Mercer  
**Topic** : Does training in Family Medicine in Hong Kong help in the quality of care and enablement of patients with chronic illness?  
**Format** : Oral Presentation



**Promotion words:**

In Hong Kong, enhancement of the Primary Health Care system, especially for chronic illness, was emphasized in the latest health care reform. However, many patients with chronic illness are concerned with whether primary care doctors are adequately trained to deal with chronic diseases. This study aims to determine if training in family medicine helps in the quality of care and enablement for these patients, as measured by the Consultation and Relational Empathy (CARE) Measure and the Patient Enablement Instrument (PEI), respectively. Data were collected from 1149 patients with chronic illness attending 27 doctors at 3 general outpatient clinics and 2 hospital outpatient clinics. The CARE Scores were significantly higher in doctors with family medicine (FM) training compared to those with internal medicine training and those without any training. The PEI scores were equally high in doctors with FM training and internal medicine training in hospital outpatient clinics, but it was lower in general outpatient clinics in both FM trained and non-trained doctors. The correlated factors include consultation time and patients’ confidence towards their doctors. The study showed that both FM training as well as consultation settings were important factors in the quality of care and enablement for patients.

## Diploma in Family Medicine (HKCFP) Third Announcement

The Board is pleased to announce that the Diploma Course in Family Medicine (DFM) organized by The Hong Kong College of Family Physicians will commence in June 2013.

The course consists of FIVE modules. Modules I & II will be delivered by Local Distance Learning. Modules III, IV & V consist of lectures, seminars, tutorials, workshops and clinical attachments. The whole course requires ONE year of part-time studies.

Details of the course are as follows:

### 1. Objectives:

- i) To provide knowledgeable, pragmatic and structured teaching in Family Medicine for medical practitioners
- ii) To encourage professional development of practising medical practitioners and to provide an intermediate step to fellowship qualifications in Family Medicine
- iii) To improve standards and quality in the practice of Family Medicine

### 2. \*Syllabus:

The course consists of FIVE compulsory modules. Doctors graduated from the course are expected to have acquired:

- i) Current concepts about the nature of Family Medicine
- ii) Knowledge and skills in consultation, counselling and problem solving
- iii) Knowledge and skills in common practice procedures and emergency care required for good quality family practice
- iv) Understanding towards the role of Family Doctors as gatekeepers of the health-care system and in providing cost-effective primary care to the community

#### Module I – Principles of Family Medicine (Distance Learning)

<b>Aims:</b>	1. Learn the concepts of Family Medicine 2. Understand the role and scope of a Family Doctor
<b>Contents:</b>	Definition of Family Physicians, Family Physicians' Functions, Core Values of Family Medicine, Consultation, Future of Family Medicine

#### Module II – Common Problems in Family Medicine (Distance Learning)

<b>Aims:</b>	1. Enhance consultation, communication and problem solving skills 2. Gain knowledge in common and chronic diseases in Family Medicine
<b>Contents:</b>	Selected topics from Clinical Psychology, Diabetes Mellitus, Low Back Pain, COPD, Atopic Eczema, Elbow Mass, Facial Rashes, Health Psychology, Allergic Rhinitis, Urethritis, Urine Incontinence, etc

#### Module III - Essentials of Family Medicine (Structured Seminars and Tutorials)

<b>Aims:</b>	1. Strengthen knowledge in Family Medicine 2. Understand the potential growth of Family Medicine 3. Develop research and teaching skills in Family Medicine
<b>Contents:</b>	Practice Management, Care of Elderly & Chronic Illnesses, Anticipatory Care, Clinical Audit & Quality Assurance, Introduction to Family Therapy, Research & Teaching in Family Medicine, Evidence Based Medicine and Critical Appraisal

#### Module IV - Clinical Updates (Updates and Clinical Attachment)

<b>Aims:</b>	Acquire in-depth knowledge and practical skills in selected specialized areas including Medicine, Surgery, Geriatrics, ENT, Orthopaedics & Traumatology, Accident & Emergency Medicine, Infectious Diseases and Dermatology
<b>Contents:</b>	<u>FIVE</u> Update seminars and <u>ONE</u> clinical attachment on selected specialties including Medicine, Surgery, Geriatrics, ENT, Orthopaedics & Traumatology, Accident & Emergency Medicine, Infectious Diseases and Dermatology (subject to availability)

#### Module V - Practical Family Medicine (Practical Workshops)

<b>Aims:</b>	Enhance practical and communication skills in Family Medicine by Practical Workshops in selected areas including CPR, Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine
<b>Contents:</b>	<u>5 compulsory and 1 elective</u> Practical Workshops in selected areas including CPR, Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine

Module III & V will be scheduled in Saturday and Sunday afternoons

### 3. Articulations:

The Course allows (up to a fixed maximum percentage of the Course units) articulations or cross recognition of previous Family Medicine training programmes that provide learning units equivalent to that of the above syllabus. Participants who wish to apply for such articulations have to submit evidence of relevant training together with their application. The granting of articulations is however, completely at the discretion and decision of the Board of DFM.

### 4. \*Schedule:

The whole course requires ONE year of part-time studies.

June to September 2013	Module I
November 2013 to January 2014	Module II
July 2013 to May 2014	Module III, IV & V
May 2014	Final Examination

## 5. Admission Requirements:

Medical Practitioner with Bachelor's degree in Medicine.

## 6. Teaching Staff:

A panel of experienced academic medical professionals in Family Medicine, hospital specialists and experienced Fellows or Trainers of HKCFP will be invited to teach in the programme.

## 7. Teaching Medium:

# English  
(Cantonese may be used in some seminars, workshops and clinical attachments)

## 8. Course Fees:

Whole course:

HK\$28,000 for members of HKCFP

HK\$56,000 for non-members

**(A discount of HK\$3,000 for early birds who apply on or before May 17, 2013)**

Individual Modules:	Members	Non-members
Module I (Distance Learning – Principles of Family Medicine)	\$3,600	\$7,200
Module II (Distance Learning – Common Problems in Family Medicine)	\$3,600	\$7,200
Module III (Structured Lectures & Seminars)	\$2,600	\$5,200
Module IV (Updates & Clinical Attachment)	\$3,200	\$6,400
Module V (Practical Workshops)	\$4,200	\$8,400
Examination	\$8,000	\$16,000
Administration Fee	\$3,000	\$6,000

All fees must be paid upon application and before commencement of the course. Fees paid are NON-TRANSFERABLE and NON-REFUNDABLE.

## 9. Awards/Credits:

- i) A Diploma in Family Medicine issued by HKCFP will be awarded to candidates who have satisfied all the requirements and have passed all the required assessment and the Final Examination.
- ii) The Diploma is a **Quotable Qualification** of The Medical Council of Hong Kong.
- iii) 50 CME and 10 CPD credit points will also be awarded to candidates on satisfactory completion of the Course by the QA & A Committee of HKCFP.

## 10. Application Procedures:

### Application is now open

A completed application form must be returned to The Hong Kong College of Family Physicians with the following:

- i) Photocopy of the current Annual Practicing Certificate.
- ii) A recent photo of the applicant (passport size).
- iii) A signed "Disclaimer of Liability".
- iv) An application fee of HK\$200 by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable.
- v) A Course Fee of HK\$28,000 (or HK\$56,000 for non-members) by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable unless the application is unsuccessful.

Every successful applicant will be notified by an official letter of admission.

Information and application forms are obtainable at the College or can be downloaded at the College website (<http://www.hkcfp.org.hk>). Members who were not admitted in the course in 2012 have to send in their application again if they want to study the course this year. Please contact the College secretariat, Mr. John Lee at 2861 0220 for any queries.

## 11. Application Deadline: June 21, 2013

### Comments From Former DFM Graduates

- The content is useful in daily practice. I can have hands-on practical skills. I can polish my communication skills during the lectures & workshops.
- I can understand the role of Family Physicians as gatekeepers of health-care system and better know about their role in the society. I also acquire the skills on critical appraisal.
- There are sessions of clinical updates for refreshing our knowledge on clinical medicine. Modules I, II & III could help improve my knowledge and my understanding of Family Medicine. Sessions in consultation are invaluable in improving my communication skills.

Dr. Au Chi Lap  
Chairman  
The Board of DFM

\*Course syllabus, schedule and availability may be subject to change without prior notification.

#Cantonese and English will be used as the language for teaching and examination.



CPR Training Workshop



Women's Health Workshop



Orthopaedic Injection Workshop



Musculoskeletal Workshop



## Certificate Course in Family Medicine (HKCFP) Third Announcement

The Board is pleased to announce that the Certificate Course in Family Medicine (CFM) organized by The Hong Kong College of Family Physicians will commence in June 2013.

The course consists of **THREE** Segments. Segment I and Segment II will be delivered by Local Distance Learning. Segment III consists of workshops. The whole course requires FIVE months of part-time studies.

Details of the course are as follows:

### 1. Objectives:

- i) To provide knowledgeable, pragmatic and structured teaching in Family Medicine for medical practitioners
- ii) To encourage professional development of practicing medical practitioners and to provide an intermediate step to attain diploma qualifications in Family Medicine
- iii) To improve standards and quality in the practice of Family Medicine

### 2. \*Syllabus:

The course consists of **THREE** compulsory segments. Doctors graduated from the course are expected to have acquired:

- i) Current concepts about nature of Family Medicine
- ii) Knowledge and skills in consultation
- iii) Knowledge and skills in some common practice procedures required in family practice
- iv) Understanding towards the role of Family Doctors as gatekeepers of the health-care system and in providing cost-effective primary care to the community

#### Segment I – Principles of Family Medicine (Distance Learning)

<b>Aims:</b>	1. Learn concepts of Family Medicine 2. Understand the role and scope of a Family Doctor
<b>Contents:</b>	Definition of Family Physicians, Family Physicians' Functions, Core Values of Family Medicine, Consultation, Future of Family Medicine

#### Segment II- Common Problems in Family Medicine (Distance Learning)

<b>Aims:</b>	1. Enhance consultation, communication and problem solving skills 2. Gain knowledge in common and chronic diseases in Family Medicine
<b>Contents:</b>	Selected topics from Clinical Psychology, Diabetes Mellitus, Low Back Pain, COPD, Atopic Eczema, Elbow Mass, Facial Rashes, Health Psychology, Allergic Rhinitis, Urethritis, Urine Incontinence etc. (Subject to further selection)

#### Segment III - Practical Family Medicine (Practical Workshops)

<b>Aims:</b>	Enhance practical skills and consultation skills in Family Medicine by Practical Workshops in some selected areas
<b>Contents:</b>	Orthopaedic Injection and Consultation Skills

### 3. \*Schedule:

The whole course requires FOUR months of part-time studies.

July to October 2013	Segment I & II
1-day workshop in October 2013	Segment III

### 4. Admission Requirements:

Medical Practitioner with Bachelor's degree in Medicine.

### 5. Teaching Staff:

A panel of experienced academic medical professionals in Family Medicine, hospital specialists and experienced Fellows or Trainers of HKCFP will be invited to teach in the programme.

### 6. Teaching Medium:

# English

### 7. Course Fees:

HK\$9,000 for members of HKCFP

HK\$18,000 for non-members

**All fees must be paid upon application and before commencement of the course. Fees paid are NON-TRANSFERABLE and NON-REFUNDABLE.**

### 8. Awards/ Credits:

- i) A Certificate in Family Medicine issued by HKCFP will be awarded to candidates who have satisfied all the requirements.
- ii) 10 CME credit points will also be awarded to candidates at satisfactory completion of the Course by the QA & A Committee of HKCFP.

### 9. Application Procedures:

Application is now open

A completed application form must be returned to The Hong Kong College of Family Physicians with the following:

- i) Photocopy of the current Annual Practicing Certificate
- ii) A recent photo of the applicant (passport size)
- iii) An application fee of HK\$200 by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable
- iv) A Course Fee of HK\$9,000 (or HK\$18,000 if non-member) by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable unless the application is unsuccessful.

Every successful applicant will be notified by an official letter of admission.

Information and application forms are obtainable at the College or can be downloaded at the College Website (<http://www.hkcfp.org.hk>).

Please contact the College secretariat, Mr. John Lee at 2861 0220 for any queries.

### 10. Application Deadline: June 21, 2013

Dr. Au Chi Lap  
Chairman, The Board of DFM

\*Course syllabus, schedule and availability may be subject to change without prior notification.

#Cantonese and English will be used as the language for teaching and examination.

## HKCFP Research Fellowship 2013

### Introduction

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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 **Master or equivalent degree**.

### Eligibility

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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

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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](http://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: **April 30, 2013**. 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 2012

The Research Committee of the Hong Kong College of Family Physicians has an Award for the Best Research of the Year 2012. 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 2013.

**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: 30<sup>th</sup> April, 2013**



## Interview with Professor Cindy Lam

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



Prof. Cindy Lam

On 20<sup>th</sup> April 2012, Professor Cindy Lam, was conferred the Danny D.B. Ho Endowed Professorship in Family Medicine at the 6<sup>th</sup> Inauguration of Endowed Professorship of the University of Hong Kong. The Endowed Professorship is one of the most prestigious types of academic recognition; to date there have been 66 professors in the University of HK conferred with such an honour since 2005, with the majority of them being from the School of Medicine. In the discipline of Family Medicine, Professor Cindy Lam is the first person to receive this honour. At the beginning of the Year of Snake, FP Links had the privilege to speak with Prof. Lam and to share the joy of receiving the Endowed Professorship and to learn from her the views on undergraduate teaching, Family Medicine training, research, and the development of Family Medicine.

*FP Links: "Professor Lam, Congratulations on being conferred the Endowed Professorship in Family Medicine. Could you let us know the background and the significance of this endowed professorship?"*

Prof. Lam: The Danny D.B. Ho Family very kindly recognized the value of Family Medicine to the community especially its role in preventive and holistic care. The Family made a donation, which was matched by the University, to set up the Danny D. B. Ho Endowed Professorship in Family Medicine. The recurrent interest from the Fund can then be used to support Family Medicine teaching, research and service innovation in the University of Hong Kong. I personally was not acquainted with the Danny D.B. Family before, and such philanthropy is a most encouraging endorsement of my academic work. It also sends a positive message of support for Family Medicine to the University and our community. The significance of the establishment of the Danny D.B. Ho Endowed Professorship in Family Medicine is that **this is recognition of the work of all family doctors and the Hong Kong College of Family Physicians in Hong Kong**. It also speaks to our status within the University academic arena. With this, it is good to see other specialties and the public becoming more appreciative of the importance of Family Medicine. The endowed professorship has established Family Medicine as equal in standing to other specialties and this is important to the development of the discipline.

*FP Links: The Department of Family Medicine and Primary Care, University of Hong Kong, was formally established in 2010. Could you share with us the joy and difficulties in leading the General Practice Unit, previously under Internal Medicine, to the formal establishment of a unique Department within the University?*

Prof. Lam: I have worked in the discipline for over thirty years and I am most delighted to see that the society has finally come to respect the role of Family Medicine. In the past, when I told people that my discipline was Family Medicine, they would say, "Oh, Family Medicine, what is that?", but nowadays more and more specialties ask to collaborate with us. It has taken a while for people to understand what Family Medicine is because our work is complex.

*FP Links: How can we attract more medical students / doctors joining our specialty?*

Prof. Lam: When people know that Family Medicine is a respectable career and that Family Medicine has good prospects, people will join our discipline. Just look at the developments in the past 10 years since the first consultant in Family Medicine was appointed in the Hospital Authority, and many more Associate Consultants and Consultant posts have been created in recent years - the prospect is bright. Furthermore, with the establishment of our Department, more students and doctors are interested in training in our discipline and now it is easier to recruit professoriate staff for our Department. Quite a number of interns have indicated their interest in Family Medicine but unfortunately there were not enough trainee posts for them.

*FP Links: regarding undergraduate teaching in Family Medicine, what areas could be improved upon further?*

Prof. Lam: Currently, there are altogether eight weeks of teaching in Family Medicine for the students in our University over their five years of study. More time and exposure would be welcome. Take an example, the placement in Family Medicine Out-patient Clinics can be enhanced by assigning patients for medical students to see, and medical students can work as assistant interns with responsibility in patient management under the supervision by the doctor-in-charge. However, there is a limitation on how much more teaching public clinics can provide since they have a heavy service load. In the United Kingdom, the government pays general practices to teach medical students so they can take time off their regular services.

*FP Links: I anticipate that with a greater medical student intake in coming years, it will be more difficult to find family practices in the community to help with teaching medical students.*

Prof. Lam: Recruiting private practitioners is not easy because everyone is very busy. I wish more colleagues could realize the importance of teaching medical students and would be willing to contribute. Here, I would like to thank our private practice colleagues who have helped in our family practice attachment programmes. It would be nice if we could provide them with some remuneration but we do not have such a resource.

*FP Links: How to attract more Family Medicine specialists to become academic staff?*

Prof. Lam: The terms have to be competitive and at least be the same as that offered by the Hospital Authority. We need to involve more trainees in research. The experience in Family Medicine research may stimulate some to consider an academic career. Our Department is happy to support colleagues who are interested in research by offering advices and support including statistical consultation. We encourage family doctors to apply for our College's Research Fellowship and the Government Health and Medical Research Fund. We also welcome collaborations.

*FP Links: How could you encourage private family doctors to do research? I think day in and day out we, private practitioners, see a lot of patients and this could generate many ideas for research.*

Prof. Lam: It is not easy but can be done. Research requires time commitment that may be impossible in a busy clinic especially a solo one. This is why our College's Research Fellowship provides funding for family doctors to employ a locum so they can be released to work on their research in a University Department for 1-2 sessions per week. Furthermore, colleagues can participate in research at different levels, e.g. data collection, contributing ideas and patient recruitments, etc.

*FP Links: About our Family Medicine training, what needs to be changed?*

Prof. Lam: First, I think the actual implementation of the intended programme is most important, e.g. do we have protected time and personal coaching for our trainees? Second, mental health and working with families are areas that need to be strengthened. I find the CMS (Clinic Management System) of the Hospital Authority does not allow drawing of the genogram that should be part of a Family Medicine record. Our trainees are good with medical clinical techniques but their family orientation is inadequate. Without the latter, our trainees may not be much different from internal medicine trainees. Understanding the family dynamic is important; trainees could try to take training courses in family therapy at least up to the intermediate level. Third, training in leadership skills and developing self-confidence are needed for our trainees who tend to be quite passive and protocol driven. Most patients have stable chronic diseases in the GOPC, and we are lacking opportunities to require trainees to make discriminatory decisions. I hope we could train up more clinical leaders through assigning more responsibility to trainees in HA's various projects. Posting to a private practice for a few months continuously could be one way to help strengthen clinical decision making skills of trainees.

*FP Links: Now, you are getting busier, how much time can you spend in seeing your patients? I expect you will be even busier after the set up of the HKU-Shenzhen Hospital?*

Prof. Lam: I still maintain at least two regular clinic sessions per week in the Ap Lei Chau GOPC. I go to the HKU Shenzhen Hospital 2 days every week. Although it is very hard work, it is meaningful and rewarding. I hope we can change some practice in China, e.g. there is no intra-venous (IV) drip room so the public will realize that they do not need IV drips except for very serious diseases. Our role there is to supervise and to empower Mainland doctors to practice Family Medicine.

We emphasize making clinical decisions base on history and physical examination, rather than relying on investigations, and the skills of how to coordinate care with other disciplines. The hospital could be helpful for future undergraduate teaching and Family Medicine training as the population there is younger with a different spectrum of diseases. Also, it is a platform for our students and trainees to understand our Mainland people who may become our frequent patients in HK.

*FP Links: Finally, In the Year of snake, could you share with us the new plans for your Department?*

Prof. Lam: The primary task is to establish the Family Medicine general practice service in the HKU Shenzhen Hospital better. Locally we want to encourage more private practice colleagues to participate in research. If resources permit, we may offer fractional appointments for private family doctors to carry out research in our Department. We hope to organize more research forum where academic and community colleagues could come together to contribute research ideas and engage in research activities.

I was among the audience when Professor Lam delivered her Dr. Sun Yat Sen Oration back in 2006. I still remember vividly what Professor Lam told us about the art of being a family doctor, and that our role is important. Here I try to quote from her speech:

*"Family Medicine is different from the other medical disciplines in how it expresses the science of medicine in the **care** for a person who is ill and not just to treat a disease. Different people need to be treated differently even if they have the same disease, the same person with the same disease may need different care at different stages of the illness or in a different context. In order to make a lasting difference with the art of Family Medicine, we need to be **passionate** for our work, keep practicing, use our imagination and preserve our uniqueness." She encouraged us to try **"to make a difference for at least one patient each day"**. Finally, Prof. Lam remarked **"I believe our new generation of specialists in Family Medicine will take our discipline to new heights."***

(I strongly recommend the newer generation colleagues in Family Medicine to go to our College webpage to take a look at the rest of her inspiring speech).

I am sure you will agree with me that Professor Lam herself does indeed live out that passion as evidenced by her thirty years of untiring work in Family Medicine!

Finally, the FP Links sincerely wishes her every success with the future, and hope to mirror her passion in Family Medicine.



Dr. Alvin Chan and Prof. Cindy Lam



Enhancing the practice of primary care physicians as our goal  
to serve the medical profession and the Society

A Quotable Qualification by  
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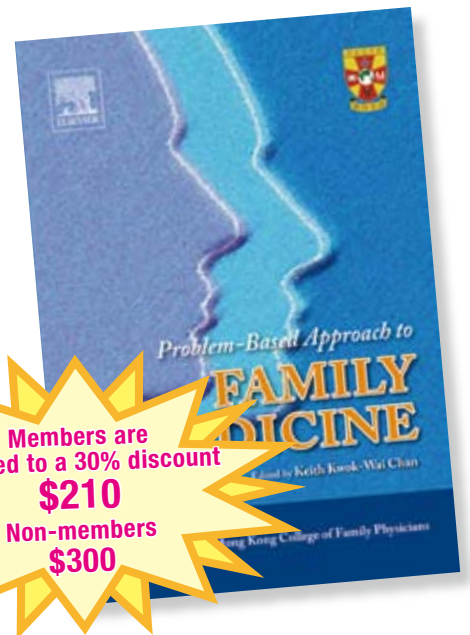
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## Publication Committee : Problem-based Approach to Family Medicine

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

\*\*\* \$210 (for members) & \$300 (for non-members) is for self-collection at Wan Chai or Wong Chuk Hang office. The amount of postage fee depends on the no. of books ordered. For details, please contact Ms. Priscilla Li at 2861 0220.



Members are  
entitled to a 30% discount  
**\$210**  
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**\$300**

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### ORDER FORM

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

I am a (an) \*Affiliate / Student / Associate / Full / Fellow member / Non-member of the Hong Kong College of Family Physicians.  
I would like to purchase \_\_\_\_\_ copy / copies of Problem-based Approach to Family Medicine.

Enclosed please find cheque payment of HK\$ \_\_\_\_\_ .

\*\*\* All cheques are payable to "HKCFP Education Ltd".\*\*\*

Name : \_\_\_\_\_ Email address : \_\_\_\_\_

Postal address : \_\_\_\_\_

Tel No. : \_\_\_\_\_ Date : \_\_\_\_\_

\*Please circle your category of membership.

## A TRIP TO KENYA

Dr. Lim Mo Kin, Specialist in Family Medicine



There are pop-up roofs in the vehicles used for safari trekking. They are specially designed for wildlife viewing and photography.



“Jambo Bwana!” These stunning photos have been taken by Dr. Lim during his trip to Kenya.

The best time to visit East Africa for the great migration is from July to October. Direct flight to Nairobi (the capital of Kenya) from Hong Kong takes around twelve hours with a transit stop in Bangkok.

Masai Mara is the largest national reserve with a huge diversity of wildlife in Kenya.



# A TRIP TO KENYA



Wildebeest crossing the Mara River.



The Masai women



## Clinical Practice Review - Short Stature in Childhood

Short stature in childhood is not an uncommon reason for consultation in family practice. Treatment with growth hormone can increase the adult height of children with idiopathic short stature. In 2003, the Food and Drug Administration (FDA) approved human growth hormone treatment for children with idiopathic short stature with height below the 1<sup>st</sup> percentile. With an effective yet expensive treatment (approximately US\$10,000 to US\$60,000 per patient per year), the FDA approval gave rise to controversies regarding therapeutic options.

Potential causes such as true growth hormone deficiency, hypothyroidism, Turner syndrome and other chronic diseases must be considered in children with short stature. A family history of late onset of puberty and the age at attainment of adult height may suggest a slowed "tempo" of growth and development. 15% of children with intrauterine growth restriction continue to have short stature throughout life. However, majority of children with short stature ultimately receive a diagnosis of idiopathic short stature due to physiological variants such as familial short stature, constitutional delay of growth and puberty (CDGP), or both. When the a) height for age is less than the 1<sup>st</sup> percentile; b) the growth rate is less than the 10<sup>th</sup> percentile for bone age; c) the predicted adult height differs significantly from the midparental height or; d) the body proportions are abnormal, laboratory evaluation is warranted.

Physical examination should assess for abnormal body proportions, characteristics that suggest genetic conditions, and findings that suggest hypothyroidism. Weight gain that is disproportionate to height gain may suggest a nutritional disturbance or chronic disease.

Screening laboratory studies target potential hormonal disorders, renal disorders, inflammatory and immune disorders, and hematologic disorders. Genetic testing for specific syndromes may be indicated for specific cases. For most short children, however, the history and examination may be totally unremarkable, and tests yield equivocal or normal results.

Children with short stature that is not related to growth hormone deficiency may receive recommendations for management options which are markedly different. The rationale for treating short stature in childhood includes increasing height and alleviating psychosocial disability while maintaining favorable risk:benefit and cost:benefit ratios.

Observation is a reasonable strategy for most children with familial short stature or CDGP. Evidence of psychological stress relate to short stature is not well established. Furthermore, increases in the growth rate and height resulting from hormone treatment have not predictably improved psychosocial well-being, even when the final height was increased.

Human growth hormone for children with idiopathic short stature increases the growth rate and mean adult height by 3.0 to 7.1 cm, or approximately by 1.0 cm per year. It is administered subcutaneously on a daily or weekly basis. Treatment is typically continued until completion of growth or until the child grows to a height subjectively considered to be satisfactory by the child, the family, and the physician. Clinical experience indicates that the risks of adverse effects during treatment (e.g., occurrences of intracranial hypertension, glucose intolerance, or a slipped capital femoral epiphysis) are low. However, a long-term follow-up study from France showed an increased standardized mortality rate of 1.33 after human growth hormone treatment, as compared with the general population in France. However, a similar surveillance study from Belgium, the Netherlands, and Sweden did not confirm these findings.

Low-dose androgen therapy with testosterone injection and low-dose androgen therapy with oral oxandrolone can also be used. Both regimens are relatively low in cost, though they are not FDA-approved for growth acceleration. They increased the growth rate by 3.0 to 5.1 cm per year for 1 to 3 years in controlled trials but long-term follow-up studies indicate the eventual adult height was only equal to or slightly greater than the predicted height before treatment.

### Reference:

N Engl J Med 2013; 368:1220-1228 March 28, 2013

Compiled by Dr. Yip Chun Kong, Sam

## Interest Group in Dermatology – The 35<sup>th</sup> Meeting on 2<sup>nd</sup> March 2013

Dr. Lam Sun Ching - Specialist in Family Medicine

**Theme** : Contact Dermatitis and Skin Patch Test in Hong Kong

**Speaker** : Dr. Lee Tze Yuen  
Specialist in Dermatology

**Moderator** : Dr. Wong Nai Ming  
Coordinator, Board of Education

Dr. Lee Tze Yuen is a dermatologist in private practice. During the meeting, Dr. Lee has kindly shared with us his experience in managing contact dermatitis as well as the application of skin patch test (SPT) in Hong Kong.

### Learning points

Contact dermatitis is a form of exogenous eczema. It can be subdivided into irritant contact dermatitis (ICD) and allergic contact dermatitis (ACD). The term phototoxic or photoallergic reaction may be added if ultraviolet light is necessary for activation of photo-irritant or photo-allergens.

ICD is due to a direct toxic effect and it can occur in everybody, even upon first exposure. ACD is due to a hypersensitivity reaction in which prior sensitization is often necessary. Dr. Lee further pointed out an example that contact dermatitis due to hair dye may occur months after first exposure because it is a rinsed-off product used once every few months only.

Dr. Lee reminded us that SPT can help us make etiological diagnoses of ACD while ICD is often diagnosed by circumstantial evidence by establishing a relationship between the appearance of dermatitis and contact with irritants. Detailed and accurate history is the most important.

There are several test systems available for SPT. One of the more convenient and cost-effective options is the TRUE test which allergens are pre-mounted on thin layers of dehydrated gel situated on waterproof backing. Test materials can be grouped as screening series or a variety of special series like fragrance, dental, hairdressing, photographic chemical and plants etc. The back is the most commonly employed body site for SPT. The 1<sup>st</sup> reading is made at 48 hours while the 2<sup>nd</sup> reading should be made at 48-72 hours. Around 10% of the cases will have delayed reaction onset (i.e. 1<sup>st</sup> reading negative & 2<sup>nd</sup> reading positive). Positive SPT reaction may or may not be related to the clinical presentation. It may be of past relevance or even be unexplained; therefore, interpretation should be made with clinical correlation. Like other clinic tests, we have to be aware of the possible causes of false positive and false negative SPT results. In general, SPT is a safe procedure. Possible risks include active sensitization, flare up of dermatitis, transient post-inflammatory hyper- or hypopigmentation, and irritation of surgical tape adhesive. Photo-patch test is a modified form of SPT where one set of photoallergen

is irradiated with broad band UVA. Interpretation can be made by comparing the un-irradiated and irradiated patch reaction.

A local pilot study showed that SPT is a useful diagnostic test and is acceptable by patients. In some occasions, initial diagnosis has to be revised after conducting SPT. Dr. Lee has conducted a 12-month local study on the prevalence and etiological factors of contact dermatitis in Hong Kong. Soap or detergent (22%) was found to be the commonest causative agents, followed by Traditional Chinese Medicine (TCM) (17.3%), metals (13.4%), cosmetics (11.6%) and Western medicine (9%). Hand dermatitis related to soap and detergent is usually the chronic irritant type but 22% of "housewife hands" are allergic type of contact dermatitis with common allergens being rubber or metals. ACD related to chromium is usually associated with cement, shoes or leather products. For patients with ACD related to shoes, toe webs or other non-touching areas should be spared. For dermatitis related to cosmetics, it can be related to preservatives in foundation and moisturizing cream; AHA, BHA or kojic acid in anti-aging or bleaching agents. ACD related to TCM is common in Hong Kong. Common culprits include bone setter's herbs, garlic, 六神丸, 正骨水 and 紅花油 etc. Some patients may use garlic as topical medicine for its anti-fungal and anti-bacterial properties. In conclusion, contact dermatitis is one of the few disease spectrums that we can potentially "cure" by identifying and eliminating the culprit and by giving appropriate advice.

### Next meeting

The next meeting will be on Saturday 6 July. The guest speaker and topic will be announced in the next FP Links issue.

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



(from left to right) Dr. Kwong Bi Lok, Mary, Dr. Lee Tze Yuen and Dr. Wong Nai Ming

- 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 hospital for the clinical attachment.
- Private Video Recording is not allowed. Members, who wish to review the lecture, please contact our secretariat.

## ASSESSMENT ENHANCEMENT COURSE (AEC) FOR FAMILY PHYSICIANS 2013

<b>Organizer</b>	:	Assessment Enhancement Sub-committee, Board of Education, HKCFP
<b>Tutors</b>	:	Family Medicine Specialists, Fellows of HKCFP and RACGP
<b>Supervisors</b>	:	<b>Dr. Wong Ka Wah and Dr. Chan Chi Wai</b>
<b>Co-ordinator</b>	:	<b>Dr. Tam Chung Yin, Janet</b>
<b>Objectives</b>	:	<ol style="list-style-type: none"> <li>1. To improve clinical knowledge, problem solving and consultation skills through different workshops</li> <li>2. To improve physical examination technique and clinic procedural skills through hands-on experience</li> <li>3. To provide opportunity for inter-professional communication and social network expansion through self-help groups</li> <li>4. To improve time management through simulated examination</li> </ol>
<b>Venue</b>	:	Duke of Windsor Social Service Building and HKAM Jockey Club Building
<b>Date</b>	:	7 months' course starting from April 2013
<b>Course Structure</b>	:	<p>The course will consist of 4 main components:</p> <ol style="list-style-type: none"> <li>1. Seminars</li> <li>2. Workshops</li> <li>3. Self-help Group Support</li> <li>4. Mock Exam</li> </ol> <p>Seminars and Workshops will be arranged on Saturday afternoons (2:30 p.m. to 5:30 p.m.)</p>
<b>Accreditation</b>	:	Up to 15 CME points (Category 4.4) & 5 CPD points (Category 3.15) for the whole course
<b>Course Fee</b>	:	<p>Members : HK\$3,200 (Whole course)            HK\$900 (Spot admission for each seminar or workshop only)</p> <p>All cheques payable to "HKCFP Education Ltd"            All fees received are non-refundable and non-transferable.</p>
<b>Capacity</b>	:	50 doctors maximum
<b>Enrolment</b>	:	Enrolment is now open. Please call the College Secretariat, Ms. Yvonne Lam, at 2861 0220 for details. Successful applications will be informed later.
<b>Disclaimer</b>	:	All cases and answers are suggested by our tutors only. They are not standard answers for examination.
<b>Remarks</b>	:	<b>Post-AEC training course</b> will be organized for category 2 candidates who have enrolled in AEC.

## Assessment Enhancement Course 2013 Timetable for Workshop

Date	Topics	Venue
Apr 20, 2013 (Sat) 2:30 – 5:30 p.m.	Introduction	Duke of Windsor Social Service Building, Wanchai
May 11, 2013 (Sat) 2:30 – 5:30 p.m.	Approach to Physical Complaints	Duke of Windsor Social Service Building, Wanchai
Jun 8, 2013 (Sat) 2:30 – 5:30 p.m.	Proper Physical Examination & Common Clinic Procedures	Duke of Windsor Social Service Building, Wanchai
Jul 13, 2013 (Sat) 2:30 – 5:30 p.m.	Viva Practice: Enhance Interprofessional Communication	Duke of Windsor Social Service Building, Wanchai
Sept 14, 2013 (Sat) 2:30 – 5:30 p.m.	Problem Solving Skills	Duke of Windsor Social Service Building, Wanchai
Oct 19, 2013 (Sat) 2:30 – 6:00 p.m.	Mock Exam	HKAM Jockey Club Building, 99 Wong Chuk Hang Road



The CPR Subcommittee of the Board of Education is pleased to announce that following candidates have passed the CPR Examination on 24 February 2013:

Dr. Au Tai Kwan	Dr. Fong Ting	Dr. Poon Wai Cho
Dr. Chan Kwok Hung	Dr. Fu Siu Saap, Michelle	Dr. So Chi Kin
Dr. Chan Lai Meng	Dr. Ho Ka Kei, Edward	Dr. Syed Alan
Dr. Chen Xiao Qun	Dr. Ho Ka Ying	Dr. Tsang Hoi Ham
Dr. Cheng Suen Bun	Dr. Ho Chin Chiu	Dr. Wong Ling Ngan, Anna
Dr. Cheng Tin Sik	Dr. Kwan Sze Sing	Dr. Wong Yu
Dr. Cheung Ching Lo, Julie	Dr. Lai Pui Hung	Dr. Wong Yuk Teck
Dr. Cheung Sze Wan, Peggy	Dr. Lai Sum Yin	Dr. Wu Wai
Dr. Cheung Yan Kit	Dr. Lee Hung Fai	Dr. Yio Shing
Dr. Chou Chun Wing, Stephen	Dr. Lee Pui Man	Dr. Yip Wing Ki
Dr. Chung Chi Yan, Benny	Dr. Leung Yuen Kin, Kenneth	Dr. Yiu Kwan
Dr. Chung Wing Yee	Dr. Ng Yiu Kong	Dr. Yu Man Sun

Congratulations to you all.

## 8 May 2013 Wednesday

### Progress and Advances in Lipid Management

**Prof. R. Preston Mason**

*Cardiovascular Division, Department of Medicine  
Brigham & Women's Hospital  
Harvard Medical School*

Chairlady	<b>Dr. Lau Wai Yee, Aster</b> The Hong Kong College of Family Physicians
Time	7:00 p.m. – 8:30 p.m. Lecture & Discussion 8:30 p.m. – 10:00 p.m. Dinner
Venue	Pearl Ballroom, 2/F Eaton Hotel, 380 Nathan Road, Kowloon
Admission Fee	College Fellow, Full or Associate Members Free Other Categories of Members HK\$ 350.00 Non-Members HK\$ 450.00 All fees received are non-refundable and non-transferable.
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.
Registration	<b>Registration will be first come first served. Please reserve your seat as soon as possible.</b>

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Admission Fee	College Fellow, Full or Associate Members Free Other Categories of Members HK\$ 350.00 Non-Members HK\$ 450.00 All fees received are non-refundable and non-transferable.
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.
Registration	<b>Registration will be first come first served. Please reserve your seat as soon as possible.</b>

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## 19 May 2013 Sunday

### Nasopharyngeal Carcinoma: An Update

#### 1. Nasopharyngeal Carcinoma - An Overview and Current Trends in Early Detection

**Dr. Raymon Ng**

*Consultant, Department of Otolaryngology-Head and Neck Surgery  
Rouge Valley Health System, Scarborough, Ontario*

#### 2. Evolution of Salvage Surgery for NPC - Perioperative Management

**Dr. William Wei**

*Head, Department of Surgery  
Director, Li Shu Pui ENT Head & Neck Surgery Centre  
Hong Kong Sanatorium & Hospital*

#### 3. Complication of Chemoradiation for NPC - Treatment and Prevention

**Dr. Daniel Chua**

*Associate Director, Department of Radiotherapy  
Associate Director, Comprehensive Oncology Centre  
Hong Kong Sanatorium & Hospital*

## 13 May 2013 Monday

### Co-morbidities of Neuropathic Pain

**Professor Thomas R. Toelle**

*Specialist in Neurology, and Chief Physician,  
Comprehensive Pain Clinic of the Technical University of Munich*

Chairman	<b>Dr. Ma Ping Kwan, Danny</b> The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Buffet Lunch 2:00 p.m. – 3:30 p.m. Lecture & Discussion
Venue	Shanghai Room, Level 8, Langham Place Hotel, 555 Shanghai Street, MongKok, Kowloon

Chairlady	<b>Dr. Lau Wai Yee, Aster</b> The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Buffet Lunch 2:00 p.m. – 4:30 p.m. Lectures & Discussion
Venue	Shanghai Room, Level 8, Langham Place Hotel, 555 Shanghai Street, Mongkok, Kowloon

Admission Fee	College Fellow, Full or Associate Members	Free
	Other Categories of Members Non-Members	HK\$ 350.00 HK\$ 450.00
All fees received are non-refundable and non-transferable.		
Accreditation	3 CME points HKCFP (Cat. 4.4) 3 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lectures will be conducted in English.	

Registration **Registration will be first come first served.**  
**Please reserve your seat as soon as possible.**

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**NP Screen**

## On-Going Events Organized by The Board of Education

Please be reminded that there will be two lectures organized by the Board of Education on 23 and 29 April 2013. Kindly refer to FP Links March Issue (page 17) and the circular (03-2013) 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.

### April's session:

Date	26 April 2013 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	<b>Management of Insomnia &amp; the Use of Hypnotics</b> – Dr. Chiu Siu Ning
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.

### May's session:

Date	31 May 2013 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topics	<b>1. Traditional Chinese Therapy &amp; Dermatosis</b> – Dr. Lee Tze Yuen <b>2. Treatment of Sputum. Old is New</b> – Dr. Edwin Poon
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.

## Community Education Programme

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

Date/Time/CME	Venue	Topic/Speaker/Co-organizer	Registration
<b>11 May 2013</b> 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	<b>Ophthalmology Advances for Primary Care Providers</b> Dr. Doris Yick AC, Department of Ophthalmology, CMC	Ms. Clara Tsang Tel: 2354 2440 Fax: 2327 6852
<b>16 May 2013</b> 1:00 – 3:00 p.m. 1 CME points	East Ocean Seafood Restaurant Shop 137, 1/F, Metro City Plaza 3, 8 Mau Yip Road, Tseung Kwan O, Kowloon	<b>Update on the Management of Mood Disorders</b> Dr. Wong Mei Cheung AC, Department of Psychiatry, UCH	Ms. Cordy Wong Tel: 3513 3087 Fax: 3513 5505
<b>15 Jun 2013</b> 1:30 – 3:45 p.m. 2 CME points	Lecture Theatre, G/F, Block P, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Kowloon	<b>Management of Degenerative Joint Diseases in Primary Care Setting</b> Dr. Ho Hon Shuen AC, Department of O&T, UCH	Ms. Cordy Wong Tel: 3513 3087 Fax: 3513 5505

## Structured Education Programmes

Free to members  
HKCFP CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
<b>2 May 13 (Thur)</b>			
2:15 – 5:15 p.m. 3 CME points	Lecture Theatre, 8/F, Ambulatory Care Block, Tseung Kwan O Hospital	<b>Pharmacotherapy of Hypertension in Primary Care</b> Dr. Chan Pang Fai <b>Principal and Effect of Physical Exercise for Patients with Hypertension</b> Ms. Harriet Lo	Ms. Cordy Wong Tel: 3513 3087

4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>How to Set Up Pharmacy in Primary Care Clinic</b> Dr. Kwan Shu To and Dr. Sze Siu Lam	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	<b>Sharing of Research Projects</b> Dr. Li Hei Lim	Ms. Kwong Tel: 2595 6941

## 8 May 13 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	<b>Erectile Dysfunction</b> Dr. Cheng Suen Bun	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Meeting Room 2, 1/F, Block F, United Christian Hospital	<b>Elderly Health Care (Principle, Local and Community Resources)</b> Dr. Kwong Sheung Li and Dr. Wan Pui Chu	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m. 3 CME points	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	<b>CME and CPD</b> Dr. Wong Hiu Lap	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	<b>Update in DM</b> Dr. David Cheung	Ms. Man Chan Tel: 2589 2337

## 9 May 13 (Thur)

2:15 – 5:15 p.m. 3 CME points	Lecture Theatre, 8/F, Ambulatory Care Block, Tseung Kwan O Hospital	<b>Elderly Health Care (Principle, Local and Community Resources)</b> Dr. Tsui Wing Hang and Dr. Ying Gard Ching, Derek	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>Enhancing Patient Safety</b> Dr. Ng Mei Po and Dr. Li Shun Hoi	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	<b>LAP Video Review</b> Dr. Lee Wing Po and Dr. Leung Wing Mun	Ms. Kwong Tel: 2595 6941

## 15 May 13 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	<b>Community Resources in NTWC</b> Dr. Wong Chi Pang	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	<b>Health Care Delivery System in Australia</b> Dr. Zhu Guixia and Dr. Chan So Wai	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	<b>Screening in Community – Public vs Private Sector</b> Dr. Carol Iong	Ms. Man Chan Tel: 2589 2337

## 16 May 13 (Thur)

2:15 – 5:15 p.m. 3 CME points	Lecture Theatre, 8/F, Ambulatory Care Block, Tseung Kwan O Hospital	<b>Health Care Delivery System in Australia</b> Dr. Leung Ching Ching and Dr. Ching Hin Nga, Rosemary	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>Pregnancy Related Psychological / Psychiatric Problems</b> Dr. Wu Sze Man	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	<b>Primary Health Care and the 5C Concept</b> Dr. Yio Shing	Ms. Kwong Tel: 2595 6941

## 22 May 13 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	<b>Community Psychiatric Service</b> Dr. Lau Lai Na	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	<b>Management Approach to Anxious Patients</b> Dr. Wong Sze Kei and Dr. Lo Alvina	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m. 3 CME points	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	<b>Medical Record and Its Keeping</b> Dr. Lian Cheng	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	<b>Ophthalmological Manifestation of Systemic Diseases</b> Dr. Ian Wong	Ms. Man Chan Tel: 2589 2337

## 23 May 13 (Thur)

2:15 – 5:15 p.m. 3 CME points	Lecture Theatre, 8/F, Ambulatory Care Block, Tseung Kwan O Hospital	<b>Management Approach to Anxious Patients</b> Dr. Leung Yuen Kin, Kenneth and Dr. Chung Sze Ting	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>Medical Exam for Health Care Workers</b> Dr. Cheng Sai Yip	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	<b>Erectile Dysfunction</b> Dr. Matthew Lau	Ms. Kwong Tel: 2595 6941

## 29 May 13 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	<b>Practical Procedures in Clinic</b> Dr. Cheng Chui Ching	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	<b>Common Symptoms in Medicine (Part II) (Shortness of Breath, Chest Pain, Palpitation, Cough)</b> Dr. Fan Wing Chi and Dr. Lee Tin Wai	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	<b>MPS – Case Demonstration: Common Pitfalls in Daily Practice</b> Dr. Nicole Chan	Ms. Man Chan Tel: 2589 2337

## 30 May 13 (Thur)

2:15 – 5:15 p.m. 3 CME points	Lecture Theatre, 8/F, Ambulatory Care Block, Tseung Kwan O Hospital	<b>Common Symptoms in Medicine (Part II) (Shortness of Breath, Chest Pain, Palpitation, Cough)</b> Dr. Chan Kam Sum and Dr. Lo Ka Kit	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>Complaint Management</b> Dr. Tse Hing Choi	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	<b>Dermatological Emergencies</b> Dr. Fok Chun Man, Alan	Ms. Kwong Tel: 2595 6941



# COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
21 <b>Apr</b>	22	23 <b>1:00 – 3:30 p.m.</b> Current Management for Premature Ejaculation	24 <b>2:00 – 5:00 p.m.</b> Diabetes Clinical Attachment <b>2:15 – 7:15 p.m.</b> Structured Education Programme	25 <b>2:15 – 7:00 p.m.</b> Structured Education Programme <b>9:00 p.m.</b> Council Meeting	26 <b>2:30 – 3:30 p.m.</b> Board of Education - Video Session	27
28	29	30 <b>9:00 p.m.</b> Board of Education Meeting	1 <b>May</b>	2 <b>2:15 – 7:00 p.m.</b> Structured Education Programme	3	4 <b>2:00 - 4:00 p.m.</b> DFM Written Exam
5 DFM OSCE Exam	6	7	8 <b>2:15 – 7:30 p.m.</b> Structured Education Programme <b>7:00 - 10:00 p.m.</b> Progress and Advances in Lipid Management	9 <b>2:15 – 7:00 p.m.</b> Structured Education Programme	10	11 <b>2:30 - 5:30 p.m.</b> Assessment Enhancement Courses 2013 <b>2:30 – 4:30 p.m.</b> Community Education Programme
12	13 <b>1:00 - 3:30 p.m.</b> Co-morbidities of Neuropathic Pain	14	15 <b>2:15 – 7:15 p.m.</b> Structured Education Programme	16 <b>1:00 – 3:00 p.m.</b> Community Education Programme <b>2:15 – 7:00 p.m.</b> Structured Education Programme <b>9:00 p.m.</b> Board of Conjoint Examination Meeting	17	18
19 <b>1:00 – 4:30 p.m.</b> Nasopharyngeal Carcinoma: An Update	20 <b>7:00 p.m.</b> Specialty Board – Standardization Workshop on CSA Segment	21	22 <b>2:15 – 7:30 p.m.</b> Structured Education Programme	23 <b>2:15 – 7:00 p.m.</b> Structured Education Programme <b>9:00 p.m.</b> Council Meeting	24	25
26	27	28	29 <b>2:15 – 7:15 p.m.</b> Structured Education Programme	30 <b>2:15 – 7:00 p.m.</b> Structured Education Programme	31 <b>2:30 – 3:30 p.m.</b> Board of Education - Video Session	1 <b>Jun</b>

## FP LINKS EDITORIAL BOARD 2013

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Front Row (left to right): Dr. Ho Ka Ming, Dr. Fok Peter Anthony, Dr. Chan Man Li, Dr. Sin Ming Chuen, Dr. Anita Fan, Dr. Alfred Kwong, Dr. Sze Hon Ho

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

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### Contact and Advertisement Enquiry

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