

Message from the President

Hong Kong Primary Care Conference 2014

This is a very special year for our annual Hong Kong Primary Care Conference as it will be held together with the bi-annual 4-Party (Hong Kong, Macau, Mainland China & Taiwan) General Practice/Family Medicine Conference on June 6-9, 2014.

Primary care strives to achieve health equity. This year, the Organizing Committee has chosen "With the Patients, For the Patients – Achieving Health Equity in Primary Care" as the theme of the conference. This conference will serve as a platform to address present and future challenges, and provides an opportunity for family doctors in the region to network and learn.

I sincerely look forward to your participation in and contribution to this Conference.

World Health Day 2014

To echo the World Health Day 2014, I attended the press conference titled "World Health Day 2014 - vector-borne diseases" on April 3, 2014.

More than half of the world's population is at risk of vector-borne diseases. Vector-borne diseases account for more than 17% of all infectious diseases, causing more than 1 million deaths annually. More than 2.5 billion people in over 100 countries are at risk of contracting dengue fever alone. With the globalisation of trade and travel, Hong Kong is also under the threat of various vector-borne diseases, including dengue fever, Japanese encephalitis, malaria, scrub typhus and spotted fever. It is important to educate our patients to protect themselves from vectors and vector-borne diseases whilst at home and when travelling, and to prevent vector proliferation.



Dr. Ruby Lee attending the World Health Day 2014 on 3 April 2014

THE HONG KONG
COLLEGE OF
FAMILY PHYSICIANS



Family Physicians Links

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Internal Affairs Committee News

The 27th Fellowship Conferment Ceremony and the 25th Dr. Sun Yat Sen Oration

Dear Colleagues,

The College is holding "The 27th Fellowship Conferment Ceremony and the 25th Dr. Sun Yat Sen Oration" on **8th June 2014 (Sunday) 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 John C. Y. Leong, Chairman of the Hospital Authority**, would deliver the 25th 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 27th Fellowship Conferment Ceremony**
(ii) **The 25th Dr. Sun Yat Sen Oration by Professor John C.Y. Leong**
Topic : **Delivering Medical Care – Attempt to Think Out of the Box**

Venue : 1/F, Run Run Shaw Hall, Hong Kong Academy of Medicine Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Date : 8th June 2014 (Sunday)

Time : 4:00 p.m. – Reception with **light refreshment**
5:00 p.m. – Ceremony

Remarks : 1 CME (Category 4.3)

This activity is free of charge for 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

"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 15th May 2014 to 14th June 2014, Dr. Angus Chan and Dr. Chong Man Yuk will be the Council Members On Duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments on anything related to our College and Family Medicine. You can reach us by contacting our College Secretariat by phone: 2528 6618, by fax: 2866 0616, or by email: hkcfp@hkcfp.org.hk. Once we receive your call or message, we will get in touch with you directly as soon as we can.

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



Dr. Angus Chan



Dr. Chong Man Yuk

News of FP Links Committee



Dr. Christina Cheuk



Dr. Yip Tze Hung

The FP Links Committee welcomes Dr. Christina Cheuk and Dr. Yip Tze Hung as new members of the Editorial Board.

Dr. Christina Cheuk is currently working in New Territories East Cluster as Resident Specialist. Dr. Cheuk completed six-years training in 2013 and obtained her Family Medicine specialist qualification at the same year.

Dr. Yip Tze Hung is currently working in the private sector. Dr. Yip completed six-years training in 2011 and obtained his Family Medicine specialist qualification at the same year.

Specialty Board News

The Specialty Board is pleased to announce that the following candidates have successfully passed the Full Exit Examination of HKCFP in 2014.

Dr. Chan Ngai Ping
Dr. Cheng Cheuk Hong
Dr. Chu Lai Shan
Dr. Ho Wing Man

Dr. Lai Pui Yan
Dr. Lee Chi Leung
Dr. Li Hei Lim
Dr. Siu Lok Man

Dr. Tam Wah Kit
Dr. Tsang Chi Fai
Dr. Yung Yin Ying

Congratulations to you all!

Dr. Wendy Tsui
Chairlady, Specialty Board

Board of Vocational Training and Standards News

Hong Kong Primary Care Conference (HKPCC) 2014 and 4-Party General Practice / Family Medicine Conference 2014 will take place from 6-9 June 2014 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 Conferences 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 has already been mentioned in Trainee's logbook.

Please contact Carmen or Brian, our College Secretaries, at 2528 6618 for details.

BVTS

Classified Advertisements

Positions Vacant

Accredited Private FM Centre invites full time / part time Doctors for expanding services (Tuen Mun / Kwai Fong). FM Trainee, specialists welcomed. Basic + Profit Sharing ± Partnership. Send CV enquiry@adecmed.com (Amy CHAN) 9212 6654.

United Christian Nethersole Community Health Services group practice invites FT/PT/Locum Family Physician to join our professional team. Flexible hours, good work-life balance. Please send CV to Ms. Law : hr@ucn.org.hk.

Diploma in Family Medicine (HKCFP) Final 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 July 2014.

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 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) Understandings 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)

Aims:	1. To learn the concepts of Family Medicine 2. To understand the role and scope of a Family Doctor
Contents:	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)

Aims:	1. To enhance consultation, communication and problem solving skills 2. To gain knowledge in common and chronic diseases in Family Medicine
Contents:	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)

Aims:	1. To strengthen knowledge in Family Medicine 2. To understand the potential growth of Family Medicine 3. To develop research and teaching skills in Family Medicine
Contents:	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)

Aims:	To 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
Contents:	THREE Update seminars and ONE 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)

Aims:	To 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
Contents:	4 compulsory and 2 elective 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.

July to September 2014	Module I
November 2014 to January 2015	Module II
July 2014 to May 2015	Module III, IV & V
May 2015	Final Examination

5. Admission Requirements:

Medical Practitioner with a 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\$30,000 for members of HKCFP

HK\$60,000 for non-members

(A discount of HK\$5,000 for early birds who apply on/before May 16, 2014)

Individual Module:	Members	Non-members
Module I (Distance Learning – Principles of Family Medicine)	\$4,000	\$8,000
Module II (Distance Learning – Common Problems in Family Medicine)	\$4,000	\$8,000
Module III (Structured Lectures & Seminars)	\$3,000	\$6,000
Module IV (Updates & Clinical Attachment)	\$3,200	\$6,400
Module V (Practical Workshops)	\$5,000	\$10,000
Examination	\$9,000	\$18,000
Administration Fee	\$4,000	\$8,000

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

9. Awards/Credits:

- 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.
- The Diploma is a **Quotable Qualification** of The Medical Council of Hong Kong.
- Up to 50 CME and 10 CPD credit points will also be awarded to candidates upon satisfactory completion of the Course by the QA & A Committee of HKCFP.

10. Application Procedure:

Application is now open

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

- Photocopy of the current Annual Practising Certificate;
- A recent photo of the applicant (passport size);
- A signed "Disclaimer of Liability";
- An application fee of HK\$200 by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable;
- A Course Fee of HK\$30,000 (or HK\$60,000 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>). Members who were not admitted in the course in 2013 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 2528 6618 for any queries.

11. Application Deadline: June 20, 2014

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 updating knowledge. Module I, II & III could help improving my knowledge. Module I, II & III could improve 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 and schedule 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

HKCFP Trainees Research Fund 2014 / HKCFP Research Seed Fund 2014

The Research Committee of HKCFP is proud to continue to again offer the two established research funds, The Trainees Research Fund and the Research Seed Fund in 2014.

The Trainees Research Fund will be opened to all registered HKCFP trainees and consists of multiple awards (each up to HK\$10,000). It is envisaged it will help trainees especially (but not limited to) those doing research projects for their exit examination. Those who have funding support elsewhere will not be considered.

The Research Seed Fund is open to all HKCFP members and a maximum of \$10,000 award will be made available to the successful applicant to assist the carrying out of a research project.

Assessment Criteria for both funds:

1. Academic rigor of the proposal (e.g. originality, methodology, organisation and presentation); and
2. Relevance and impact to Family Medicine & primary care (e.g. importance of the topic and the impact of the findings on the practice or development of the discipline).

Preference will be given to the applicants applying for a project on one of the following themes this year:

1. Professionalism/ Doctor-patient interventions and clinical decision making;
2. Effectiveness of HKCFP vocational training;
3. Perception of FM by the general public and patient care-seeking behaviours;
4. New care models in primary care e.g. Patient empowerment in chronic disease management;
5. Clinical presentations and clinical epidemiology; or
6. Health equity in primary care.

Please note you can still apply if the theme of your submitted research project is not one of the above mentioned. Each research project submitted will be assessed according to the above assessment criteria set by the selection panel. Please send your submission to:

Research Committee, HKCFP

803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong by post or by email: johnlee@hkcfp.org.hk

Please indicate the research funding title e.g. "HKCFP Trainees Research Fund 2014/ HKCFP Research Seed Fund 2014" on your research project upon submission.

Submission Deadline: 30th June 2014



Oasis
心靈綠洲

Having a Best Friend

A story tells that two friends were walking through the desert. During some point of the journey they had an argument, and one friend slapped the other one in the face.

The one who got slapped was hurt, but without saying anything, wrote in the sand “Today my best friend slapped me in the face”.

They kept on walking until they found an oasis, where they decided to take a bath. The one who had been slapped got stuck in the mire and started drowning, but the friend saved him. After he recovered from the near drowning, he wrote on a stone “Today my best friend saved my life”.

The friend who had slapped and saved his best friend asked him, “After I hurt you, you wrote in the sand and now, you write on a stone, why?” The other friend replied “When someone hurts us we should write it down in sand where winds of forgiveness can erase it away. But, when someone does something good for us, we must engrave it in stone where no wind can ever erase it.”

<http://www.moralstories.org/having-a-best-friend/>

(本欄資料由 心靈綠洲—個人成長及危機處理中心 提供，特此鳴謝。)

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

A Quotable Qualification by
The Hong Kong Medical Council

Postgraduate Diploma in Diagnosis and Therapeutics in Internal Medicine

(PDipIntMed&Therapeutics)

醫學內科診斷及治療深造文憑



Calling for Enrolment in September 2014

PROGRAM FEES

Composition fee for the 2-year program
is HK\$23,000 (subject to approval)

ADMISSION REQUIREMENTS

Holder of a primary medical degree
with post registration experience of
no less than 12 months

DEADLINE OF APPLICATION

31 August 2014

To submit an application:

On-line: <http://www.medic.hku.hk/postdip.htm>

VENUE

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

ORGANIZER

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



LI KA SHING FACULTY OF MEDICINE
THE UNIVERSITY OF HONG KONG

香港大學李嘉誠醫學院

The "A to Z" of a Good Family Doctor

Dr. John-Hugh Tam, Specialist in Family Medicine

Department of Family Medicine & Primary Health Care, Kowloon West Cluster, Hospital Authority

Last week, one of my patients asked if his daughter should study medicine in college and be a family doctor like me. Being suddenly probed by such an interesting question, I was thrown back to the thinking chair to ask myself "What are the qualities of a good family doctor?".



I remember once coming across an aptitude test online which proposed the thinking that "people with different personality traits and humanistic characteristics are more suitable than others to work in different medical specialties". If this idea is true, for family physicians in view of the scope and nature of our work, having these "A to Z" traits should be more beneficial to us.

- A** : **Ambitious** (決心) in helping our patients to solve problems, yet always being able to stay **attentive** (細心) to their needs and feelings.
- B** : **Brave** (勇敢) & **broad-minded** (持平) as we often need the courage during our hard times handling difficult patients holding different views and standpoints from us, as well as being in the frontline of the medical system to face disease outbreaks.

C, W, Z : **Compassionate** (富同情心) & empathetic to understand our patients from their unique perspective, and be **confident** (信心), **committed** (盡忠), **warmhearted & zealous** (熱心) towards our care.

D : **Devoted** (投入) to own career & training as this helps us to stay motivated. **Dexterity** (靈巧) towards office procedures is also a bonus.

E : **Even-tempered** (好脾氣) towards colleagues and patients as we often need to cooperate with others at work, whilst being **efficient** (有效率) and **energetic** (積極) to finish the almost "never-ending" case list during the day. All these would require our **enthusiasm** (熱情) and **experience** (經驗).

F, Q, V : **Flexibility** (靈活) and **quick-witted** (機智) to handle people from different walks of life and always be **vigilant** (警惕) to react to different scenarios & emergencies that suddenly occur at work.

G, P : The "GP" here means being **gentle** (隨和) & **polite** (有禮). As observed, patients are often more relaxed and ready to cooperate with courteous doctors.

H : Having a **hearty** (誠懇) & **humanistic** (以人為本) personality would be good for communication and gaining trust from our patients. Another important "H" being **honesty** (誠實), which is highly emphasised by our profession (not just for Family Medicine but Medicine as an art in general) as a core ethical value.

I, S : **Independent** (獨立) & **self-disciplined** (自律) as we often need to be self-reliant & make decisions on our own during consultations.

J : **Jolly** (開朗) and cheerful in a professional manner, hence being approachable by everyone we meet.

K : **Knowledgeable** (知識廣博), **both in terms of general & medical knowledge**, and always be ready to learn new things around us.

L, N : **Logical** (邏輯思維) & **neat** (整齊) mindset in clinical decision making and diagnosis formulation.

M, O : **Modest** (謙虛) & **open-minded** (豁達) in accepting own limitations & boundaries, with the **maturity** (成熟) to admit this.

R, T, U : **Responsible** (盡責), **thorough** (詳細) & **trustworthy** (可靠) as always expected by

the general public. Whilst on the other hand we also need to remain **realistic** (實際) & **unbiased** (不偏不倚) because of our limited medical resources allocation in the community.

XX, XY : Gender? It is not an important factor in pursuing this career. I guess all of you would agree on this too.



Personally, I must confess and admit now that I don't encompass all the "alphabets" and characteristics above (nor that I guess anyone reading this passage would as we doctors are also real human beings with our own strengths and weaknesses). Furthermore, this should not be an exhaustive description list as there are many more to include, many of which are too abstract to define and measure. Still, it is worthwhile for all of us to think from time to time and strive to be a better self tomorrow. To tie ends to this discussion, I hereby would like to share with all of you a famous quote dated back to Tang dynasty by the traditional Chinese physician Sun Simiao (孫思邈, 581-682), which sums up a common folk belief of all times of what a lot of people also think and expect a good doctor should be:

**"The superior doctor prevents sickness,
The mediocre doctor attends to impending sickness,
The inferior doctor treats actual sickness"**
「上醫醫未病之病，中醫醫欲病之病，下醫醫已病之病。」

References:

1. Robinson M, Callaway P, Palmer E et al, "Core character traits for Family Medicine", Ann Fam Med. May 2008; 6(3): 278. doi: 10.1370/afm.852 (available online on <http://www.annfammed.org/content/6/3/278.1.full>)
2. Hitti M, "7 Key Traits of the Ideal Doctor", WebMD Health News (available online on <http://www.webmd.com/news/20060309/7-key-traits-of-ideal-doctor>)

Use of New Anticoagulant in Atrial Fibrillation

Atrial fibrillation (AF) is one of the most common arrhythmias. Warfarin was the only oral anticoagulant which could reduce the risk of stroke in the past. However, warfarin was underused due to multiple food restrictions and the need for frequent INR monitoring. With the approval of new oral anticoagulants, patients and clinicians now have a broader choice. The American Heart Association recently published a guideline for management of AF, which provided recommendations on the use of three new anticoagulants, namely Dabigatran, Rivaroxaban and Apixaban.

Risk-based antithrombotic therapy

New anticoagulants can be used in non-valvular AF with high risk of thromboembolism. CHA₂DS₂-VASc score is recommended to assess stroke risk:

Definition	Score
Congestive heart failure	1
Hypertension	1
Age \geq 75 years	2
Diabetes mellitus	1
Stroke/ TIA/ Thromboembolism	2
Vascular disease (prior MI, peripheral artery disease or aortic plaque)	1
Age 65-74 years	1
Sex category (i.e. female sex)	1

Oral anticoagulant is recommended if CHA₂DS₂-VASc score \geq 2.

Use of new anticoagulant in patients with chronic kidney disease (CKD)

Renal function should be evaluated prior to initiation of new anticoagulants, and re-evaluated if clinically indicated. Renal function monitoring is recommended to be conducted at least annually. For patients with moderate-to-severe CKD, treatment with reduced dose of new anticoagulant may be considered. The following table shows the dose selection of new anticoagulants in CKD.

Renal function	Dabigatran (Pradaxa)	Rivaroxaban (Xarelto)	Apixaban (Eliquis)
Normal/ Mild impairment	150mg BD (CrCl >30mL/min)	20mg Daily with the evening meal (CrCl >50mL/min)	2.5 or 5 mg BD
Moderate impairment	75 or 150mg BD (CrCl >30mL/min)	15mg Daily with the evening meal (CrCl 30-50mL/min)	2.5 or 5 mg BD
Severe impairment	75mg BD (CrCl 15-30mL/min)	15mg Daily with the evening meal (CrCl 15-30mL/min)	No recommendation
End-Stage CKD	Not recommended (CrCl <15mL/min)	Not recommended (CrCl <15mL/min)	No recommendation

Contraindications

New anticoagulants should not be used in patients with end-stage CKD or mechanical heart valve. Other contraindications include active pathological bleeding and history of serious hypersensitivity reaction.

Use of Rivaroxaban and Apixaban should be avoided in patients with moderate to severe hepatic impairment or with any hepatic disease associated with coagulopathy.

Precautions

Premature discontinuation of any oral anticoagulant increases the risk of thrombotic events. If anticoagulation is discontinued for a reason other than pathological bleeding, consider coverage with another anticoagulant.

Special care should be taken when neuraxial anaesthesia or spinal/ epidural puncture is employed due to risk of epidural or spinal haematoma with potential neurologic complications.

Avoid concomitant use with strong P-gp and CYP3A4 inhibitor (e.g. Itraconazole) and inducer (e.g. Carbamazepine, Phenytoin, Rifampicin) as they could affect the serum concentration of anticoagulants.

Concurrent use with other anticoagulants, anti-platelets like aspirin, or NSAIDs should be avoided due to increased bleeding risk.

Adverse reactions

The most serious adverse reactions of new anticoagulants are related to bleeding. Gastrointestinal adverse reactions such as dyspepsia are common in patients receiving Dabigatran.

In conclusion, these new anticoagulants are effective to prevent stroke in non-valvular AF. Clinicians should be able to assess stroke risk and determine the need for appropriate anticoagulation, a decision refined by the assessment of bleeding risk and patient's preference.

Reference:

- 2014 AHA/ACC/HRS Guideline for the Management of Patients with Atrial Fibrillation.

Complied by Dr. Siu Pui Yi

EBM Interest Group

Dr. Francis W T Lee, Coordinator of EBM Interest Group

In August 2013, the Evidence Based Medicine (EBM) Interest Group of the Board of Education has conducted a workshop on EBM. During the workshop, the principle and practice of EBM were presented. For demonstration on how to find good medical evidence and to apply this in actual clinical practice, the participants were encouraged to propose some clinical questions for the EBM working group to dig out the answers. Over ten clinical questions were received, the answers were circulated to the participants in a series of emails in the subsequent weeks.

Members of the Board of Education and the EBM Interest Group consider that it would be a good idea to share the exercise with a wider scope of readers. Below is one clinical question and the answer which the EBM group has worked out. It has to be emphasized that this is by no means meant to be the authoritative answer. It is only the best answer that the group could find from certain reliable sources at a specific time. Other readers may have different reliable sources. In recent few months, there may be newer and more reliable information published. Any feedback or comments from the readers are most welcome. Please write to EBM Interest Group < hkcpfebmteam@gmail.com >

The Clinical Question is: In elderly with osteoarthritis of knee, is glucosamine or chondroitin helpful in control of pain?

The answer proposed by the EBM team is as follows:

From DynaMed

- American Academy of Orthopaedic Surgeons (AAOS) does not recommend glucosamine and chondroitin for patients with symptomatic osteoarthritis (OA) of knee, based on lack of efficacy with low likelihood of achieving clinically important benefits (AAOS Strong Recommendation)
- American College of Rheumatology (ACR) does not recommend chondroitin sulfate and glucosamine (ACR Conditional Recommendation)
- European League Against Rheumatism (EULAR) recommends symptomatic slow-acting drugs (glucosamine sulfate, chondroitin sulfate) as they have symptomatic effects and may modify structure (EULAR Level 1A)
- DynaMed commentary — EULAR guidelines published in 2003 before multiple randomized trials reversed conclusions of systematic reviews of efficacy of glucosamine and chondroitin
- **glucosamine and/or chondroitin appears ineffective for reducing pain in patients with osteoarthritis of hip or knee (level 2 [mid-level] evidence); effects on function and quality of life inconsistent**
- based on multiple systematic reviews with heterogeneity
- synthesis of results from multiple systematic reviews finds
- no clinically relevant reduction in pain in analyses limited to largest trials and/or trials with highest methodological rigor
- trials suggesting statistically significant and clinically relevant reductions in pain are limited to smaller trials (< 200 patients) of Rotta preparation of glucosamine sulfate funded by the manufacturer (Rotta Pharm); larger trials of Rotta preparation did not independently support clinically relevant pain reduction
- conclusions regarding effects on function and quality of life are mixed with inconsistencies varying with outcome measures used

Findings of selected systematic reviews

- **glucosamine and/or chondroitin appears ineffective for reducing pain in patients with osteoarthritis of hip or knee (level 2 [mid-level] evidence)**
- Reference - BMJ 2010 Sep 16;341:c4675 full-text, commentary can be found in BMJ 2010 Nov 9;341:c6335, BMJ 2010 Nov 9;341:c6338, BMJ 2010 Nov 9;341:c6328, Evid Based Med 2011 Apr;16(2):52, Ann Intern Med 2011 Mar 15;154(6):JC3
- **glucosamine not reliably shown to improve pain and function in patients with osteoarthritis, but some evidence suggests possible benefit with Rotta preparation (level 2 [mid-level] evidence)**
- Reference - Cochrane Database Syst Rev 2009 Oct 7;(4):CD002946
- **glucosamine sulfate (Rotta preparation) may be effective for osteoarthritis pain (level 2 [mid-level] evidence)**
- Reference - Arthritis Rheum 2007 Jul;56(7):2267 PDF, editorial can be found in Arthritis Rheum 2007 Jul;56(7):2105 full-text, commentary can be found in Arthritis Rheum 2008 Jan;58(1):332 full-text and in Arthritis Rheum 2008 Jan;58(1):332 full-text
- **insufficient evidence to support glucosamine and/or chondroitin for knee osteoarthritis**
- Reference - Agency for Healthcare Research and Quality (AHRQ) Evidence Report on Osteoarthritis of the Knee 2007 Oct:157

DynaMed commentary — largest data set from GAIT trial

- **chondroitin appears to have little or no benefit for osteoarthritis of knee or hip (level 2 [mid-level] evidence)**
- Reference - Ann Intern Med 2007 Apr 17;146(8):580, editorial can be found in Ann Intern Med 2007 Apr 17;146(8):611, commentary can be found in ACP J Club 2007 Sep-Oct;147(2):44, Ann Intern Med 2007 Dec 18;147(12):883

Findings of selected individual trials (largest trial, trial specific to hip osteoarthritis)

- **glucosamine hydrochloride and/or chondroitin may not improve symptoms in most patients with osteoarthritis of the knee, but possible benefit with combination in patients with moderate-to-severe pain (level 2 [mid-level] evidence)**
- Reference - GAIT trial (N Engl J Med 2006 Feb 23;354(8):795 full-text), editorial can be found in N Engl J Med 2006 Feb 23;354(8):858, commentary can be found in N Engl J Med 2006 May 18;354(20):2184, Am Fam Physician 2006 Jul 1;74(1):158, ACP J Club 2006 Jul-Aug;145(1):17
- **no significant differences at 2 years in GAIT trial**
- for joint space width loss (Arthritis Rheum 2008 Oct;58(10):3183 full-text), commentary can be found in Arthritis Rheum 2009 Nov;60(11):3514 full-text
- for pain or function outcomes for any intervention (Ann Rheum Dis 2010 Aug;69(8):1459 full-text)
- **glucosamine sulfate is not more effective than placebo for pain, functioning, or joint space narrowing in hip osteoarthritis (level 1 [likely reliable] evidence)**
- Reference - Ann Intern Med 2008 Feb 19;148(4):268, editorial can be found in Ann Intern Med 2008 Feb 19;148(4):315,

commentary can be found in *Nat Clin Pract Rheumatol* 2008 Oct;4(10):518

- **Glucosamine sulfate might reduce incidence of total knee replacement (level 2 [mid-level] evidence)**
- Reference - *Osteoarthritis Cartilage* 2008 Feb;16(2):254
- **limited evidence of effectiveness of glucosamine or chondroitin in slowing or arresting progression of knee osteoarthritis (level 3 [lacking direct] evidence)**
- Reference - *Health Technol Assess* 2009 Nov;13(52):1 PDF
- **glucosamine sulfate products highly variable in glucosamine content**
- Reference - *J Rheumatol* 2002 Nov;29(11):2407 in *J Musculoskel Med* 2003 Jan;20(1):47
- **glucosamine and chondroitin do not adversely affect short-term glycemic control in patients with well-controlled diabetes or patients without diabetes or glucose intolerance**
- based on literature review
- Reference - *J Fam Pract* 2006 Dec;55(12):1091, commentary can be found in *J Fam Pract* 2007 May;56(5):343
- review of glucosamine can be found in *Am Fam Physician* 2008 Aug 15;78(4):471 full-text

From Clinical Evidence (British Medical Journal BMJ)

Glucosamine

Summary statement

Pain

- Compared with placebo glucosamine may be no more effective than placebo at reducing pain in people with osteoarthritis of the knee (very low-quality evidence).
- Glucosamine reduces pain compared with oral NSAIDs in people with osteoarthritis of the knee (moderate-quality evidence).

Function

- Compared with placebo glucosamine may not improve function compared with placebo in people with osteoarthritis of the knee (very low-quality evidence).

Adverse effects

- Glucosamine may be less likely than NSAIDs to produce adverse effects.

Benefits

The Clinical Evidence team found four systematic reviews^{45, 46, 81, 82} and one subsequent RCT.⁴⁹

Glucosamine versus placebo:

Please refer to original article in Clinical Evidence and references for data analysis.

Glucosamine versus oral NSAIDs (NSAIDs):

Please refer to original article in Clinical Evidence and references for data analysis.

Comment

Subgroup analyses in the third review by types of glucosamine preparation used found that Rotta preparation glucosamine significantly improved pain (pooling all measures) compared with placebo. For the non-Rotta preparations there was no difference in pain (pooling all measures) compared with placebo. It found no

significant difference in WOMAC measured pain, stiffness, and function between the groups for either preparation.⁸¹

Suggestion from the above reviews

There is conflicting evidence on the effectiveness of glucosamine for osteoarthritis of the knee. Until this conflict is clearly resolved conclusions regarding its effectiveness cannot be drawn.

Chondroitin

Summary statement

Pain

Compared with placebo we don't know whether chondroitin reduces pain at up to 2 years compared with placebo in people with osteoarthritis of the knee (very low-quality evidence).

Function

Compared with placebo we don't know whether chondroitin reduces pain at up to 2 years compared with placebo in people with osteoarthritis of the knee (very low-quality evidence).

Benefits

Chondroitin versus placebo:

We found two systematic reviews^{45, 46} and three subsequent RCTs.⁴⁷⁻⁴⁹

Please refer to original article for data analysis.

Comment

Chondroitin seems to be a safe treatment, but with only marginal improvement in symptoms for osteoarthritis of the knee.

References as quoted by Clinical Evidence BMJ

- McAlindon TE, LaValley MP, Gulin JP, et al. Glucosamine and chondroitin for treatment of osteoarthritis: a systematic quality assessment and meta-analysis. *JAMA* 2000;283:1469-1475. Search date 1999; primary sources Medline and Cochrane Controlled Trials Register
- Richy F, Bruyere O, Ethgen O, et al. Structural and symptomatic efficacy of glucosamine and chondroitin in knee osteoarthritis: a comprehensive meta-analysis. *Arch Intern Med* 2003;163:1514-1522. Search date 2002; primary sources Medline, Premedline, Embase, Cochrane Database of Systematic Reviews, Current Contents, Biosis Previews, Healthstar, EBM Reviews, manual review of the literature and congressional abstracts, and contact with authors and manufacturers of glucosamine and chondroitin.
- Uebelhart D, Malaise M, Marcolongo R, et al. Intermittent treatment of knee osteoarthritis with oral chondroitin sulfate: a one-year, randomized, double-blind, multicenter study versus placebo. *Osteoarthritis Cartilage* 2004;12:269-276. [Pubmed]
- Michel BA, Stucki G, Frey D, et al. Chondroitins 4 and 6 sulfate in osteoarthritis of the knee: a randomized, controlled trial. *Arthritis Rheum* 2005;52:779-786.
- Clegg DO, Reda DJ, Harris CL, et al. Glucosamine, chondroitin sulfate, and the two in combination for painful knee osteoarthritis. *N Engl J Med* 2006;354:795-808.
- Towheed TE, Maxwell L, Anastassiades TP, et al. Glucosamine therapy for treating osteoarthritis. In: *The Cochrane Library*, Issue 4, 2006. Chichester, UK: John Wiley & Sons Ltd. Search date 2005; primary sources Medline, Premedline, Embase, Amed, ACP Journal Club, Dare, CDSR, CCTR, letters to experts, and hand searches of reference lists.
- Poolsup N, Suthisang C, Channark P, et al. Glucosamine long-term treatment and the progression of knee osteoarthritis: systematic review of randomized controlled trials. *Ann Pharmacother*. 2005;39:1080-1087.

Certificate Course of Dementia

Sponsored By Novartis Pharmaceuticals (HK) Ltd

Dates	:	17 May, 31 May, 14 June and 28 June (Saturdays)
Time	:	1:00pm - 2:00 pm Lunch 2:00pm - 4:00 pm Lecture & Discussion
Venue	:	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, H.K.
Target group	:	Primary care professionals who are interested in Dementia
Course Fee*	:	HKCFP Members – HK\$120 for whole course Non-HKCFP Members – HK\$240 for whole course (All cheques please made payable to "HKCFP Education Ltd" . All fees received are non-refundable and non-transferable.) *Course fee will be refunded to those who have attended 100% of all 4 lectures.
Accreditation	:	HKCFP: 2 CME points for each session (Cat 4.3) MCHK: 2 CME points for each session
Award	:	Those who have attended 75% or more of all the sessions will be awarded a "Certificate of Attendance".
Capacity	:	50 doctors

Programme Schedule

Dates	Topics	Speakers
17 May (Sat)	Early Clinical Diagnosis of Dementia - Core Clinical Features and Diagnostic Criteria	Dr. David DAI Consultant Geriatrician, Prince of Wales Hospital
31 May (Sat)	Drug Treatment - Strategic Pharmacological Intervention for Dementia	Dr. TAM Kui Fu, Stanley Associate Consultant, Department of Medicine, Hong Kong Buddhist Hospital
14 June (Sat)	Medical and Community Collaboration - Case Management in Community	Ms. Viggie Tang Project Manager, Hong Kong Alzheimer's Disease Association
28 June (Sat)	Case Demonstration	Dr. Ray CHAN Associate Consultant, Department of Medicine & Geriatrics, United Christian Hospital

*** Registration will be first come first served. For any enquiry, please call the College secretariat, Ms. Rosina Chan at 2528 6618. ***

REPLY SLIP

To: HKCFP, Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

I am a ***Member / Non-member** of The Hong Kong College of family Physicians. **(*Please delete as appropriate)**

I would like to attend "**Certificate Course of Dementia**".

Name: _____ Tel: _____ Date: _____

Email: _____

- 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 2014

Organizer	:	Assessment Enhancement Sub-committee, Board of Education, HKCFP
Tutors	:	Family Medicine Specialists, Fellows of HKCFP and RACGP
Supervisors	:	Dr. Tam Chung Yin, Janet and Dr. Chan Chi Wai
Co-ordinator	:	Dr. Lai Sheung Siu
Objectives	:	<ol style="list-style-type: none"> 1. To improve clinical knowledge, problem solving and consultation skills through different workshops 2. To improve physical examination technique and clinic procedural skills through hands-on experience 3. To provide opportunity for inter-professional communication and social network expansion through self-help groups 4. To improve time management through simulated examination
Venue	:	Duke of Windsor Social Service Building and HKAM Jockey Club Building
Date	:	7 months' course starting from April 2014
Course Structure	:	<p>The course will consist of 4 main components:</p> <ol style="list-style-type: none"> 1. Seminars 2. Workshops 3. Self-help Group Support 4. Mock Exam <p>Seminars and Workshops will be arranged on Saturday afternoons (2:30 p.m. to 5:30 p.m.)</p>
Accreditation	:	Up to 15 CME points (Category 4.4) & 5 CPD points (Category 3.15) for the whole course
Course Fee	:	<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>
Capacity	:	50 doctors maximum
Enrolment	:	Enrolment is now open. Please call the College Secretariat, Mr. John Lee, at 2528 6618 for details. Successful applications will be informed later.
Disclaimer	:	All cases and answers are suggested by our tutors only. They are not standard answers for examination.
Remarks	:	Post-AEC training course will be organized for category 2 candidates who have enrolled in AEC.

Assessment Enhancement Course 2014 Timetable for Workshop

Date	Topics	Venue
12 Apr 2014 (Sat) 2:30 – 5:30 p.m.	Introduction	Duke of Windsor Social Service Building, Wanchai
24 May 2014 (Sat) 2:30 – 5:30 p.m.	Approach to Physical Complaints	Duke of Windsor Social Service Building, Wanchai
21 Jun 2014 (Sat) 2:30 – 5:30 p.m.	Proper Physical Examination, Common Clinic Procedures	Duke of Windsor Social Service Building, Wanchai
26 Jul 2014 (Sat) 2:30 – 5:30 p.m.	Viva Practice: Enhance Interprofessional Communication	Duke of Windsor Social Service Building, Wanchai
23 Aug 2014 (Sat) 2:30 – 5:30 p.m.	Problem Solving Skills	Duke of Windsor Social Service Building, Wanchai
4 Oct 2014 (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 the following candidates have passed the CPR Examination on 23 March 2014:

Dr. CHAN Chi Ho	Dr. CHUNG Tze Nang, John	Dr. SHEK Chun Chiu
Dr. CHAN Chi Yin, Natural	Dr. FOK Chun Man	Dr. SO Tsang Yim
Dr. CHAU Chee On	Dr. FUNG Kin Chor	Dr. SZE Siu Lam, Jason
Dr. CHAU Hoi Ki, Samantha	Dr. HUI Suk Yin, Mandy	Dr. TSUI Wing Hang
Dr. CHAU Ka Vai	Dr. KWONG Sheung Li	Dr. WAN Pui Chu
Dr. CHENG Long Yee	Dr. LI Shun Hoi	Dr. WONG Hiu Lap
Dr. CHEUK Tat Sang	Dr. LO Chun Fat	Dr. YUEN Ching Yi
Dr. CHIANG Lap Kin	Dr. MOK Kwan Yeung	Dr. YUEN Chung Lau, Natalis

Congratulations to you all.

9 June 2014 Monday

1. New Insights into the Use of Metformin in Type 2 Diabetes Management

Dr. Tsang Man Wo

Specialist in Endocrinology, Diabetes & Metabolism

2. Cardioprotective Role of beta-blockers in Hypertension and Other Cardiovascular Diseases

Dr. John Cruickshank

Specialist in Cardiology

Chairman	Dr. Lam Wing Wo, Edmund The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m.	Registration and Lunch
	2:00 p.m. – 3:30 p.m.	Lecture and Discussion
Venue	Jade 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	Registration will be first come first served. Please reserve your seat as soon as possible.	

Sponsored by
Merck Pharmaceutical Company Limited

18 June 2014 Wednesday

Tackling IBS in 2014

Dr. Ng Ho, Paul

Specialist, Hong Kong GI Endoscopy & Liver Healthcare Centre

Chairman	Dr. Siu Che Hung, Paul The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m.	Registration and Lunch
	2:00 p.m. – 3:30 p.m.	Lecture and Discussion
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	Registration will be first come first served. Please reserve your seat as soon as possible.	

Sponsored by
A. Menarini Hong Kong Ltd.

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.

May's session:

Date	30 May 2014 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	Cardiovascular Outcome Trial, What can We Expect to Learn – Prof. Simon Heller
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.

June's session:

Date	27 June 2014 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	1. Traditional Chinese Therapy & Dermatitis – Dr. Lee Tze Yuen 2. Treatment of Sputum. Old is New – 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	Lecture 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
14 June 2014 2:15 - 4:15 p.m.	Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon	Medical Nutrition Therapy on Chronic Diseases Ms. Tina CHAN OMLH, Dietitian In-charge	Ms. Clara Tsang Tel: 2354 2440 Fax: 2327 6852
21 June 2014 2:15 - 4:15 p.m.	Lecture Theatre, G/F, Block P, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Kowloon	Common Eye Infections Dr. Theresa MAK Shiu Ting (AC, Eye, UCH)	Ms. Irene Got Tel: 2527 8285
28 June 2014 1) 2:00 – 2:40 p.m. 2) 2:55 – 3:35 p.m.	Block M, Lecture Theatre, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon, Hong Kong	1) Hepatitis B Infection- Latest Evidence Dr. HUI Yee Tak Associate Consultant (Gastroenterology & Hepatology), QEH	Ms. Noel Au-yeung Tel: 2958 8608 Fax: 2958 8614
		2) Update on Management of Dyspepsia and H. Pylori Infection Dr. SZE Shun Fung Resident Specialist (Gastroenterology & Hepatology), QEH	

Structured Education Programmes

Free to members
HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
4 June 14 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	How to Set Up a Cryotherapy Clinic? Dr. Lui Wai Cheung	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Meeting Room, 1/F, Block F, United Christian Hospital	Introduction to Leicester Assessment Package (LAP) Dr. Yuen Ching Yi and Dr. Ching Rosemary Hin Nga	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m.	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Journal Club Dr. David Cheung	Ms. Man Chan Tel: 2589 2337
5 June 14 (Thur)			
2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Introduction to Leicester Assessment Package (LAP) Dr. Lee Wing Mei, Dickinson and Dr. Mok Ka Yee	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Men's Health: Erectile Dysfunction & Problems of Ejaculation Dr. Sze Lung Yam and Dr. Li Shun Hoi	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Constipation and Diarrhoea Dr. Wong Hang Fai	Ms. Kwong Tel: 2595 6941
11 June 14 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Prescribing and Dispensing: Separation or Not Dr. So Mei Kuen	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Meeting Room, 1/F, Block F, United Christian Hospital	Consent Dr. Ying Gard Ching, Derek and Dr. Leung Ching Ching	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m.	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Update in Cancer Screening (Early Detection, Lifestyle, Routine Body Check) Dr. Lina Li	Ms. Man Chan Tel: 2589 2337
5:00 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Primary Health Care Reform Dr. Steve Yeung	Ms. Crystal Law Tel: 2632 3480

12 June 14 (Thur)

2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Consent Dr. Wong Hong Kiu, Queenie and Dr. Kwok Yee Ming, Elaine	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Clinical Approach to Patients with Pain Face Dr. Tse Hing Choi and Dr. Wong Fai Ying	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	How to Handle Violence in Clinic Dr. Timothy Fung	Ms. Kwong Tel: 2595 6941

18 June 14 (Wed)

2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Clinical Approach to Common Orthopaedic Problems: Overuse Syndromes Dr. Felix Tsui	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Meeting Room, 1/F, Block F, United Christian Hospital	Discussion on Community Health Check Programme Dr. Lee Tin Wai, Edna and Dr. Pun Yat Hei	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m.	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	MPS - Case Demonstration; Common Pitfalls in Daily Practice Dr. Nicole Chan	Ms. Man Chan Tel: 2589 2337
5:00 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Smoking Cessation Dr. Lee Sum and Dr. Lo Man Yan	Ms. Crystal Law Tel: 2632 3480

19 June 14 (Thur)

2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Discussion on Community Health Check Programme Dr. Kwong Lok See and Dr. Tsui Wing Hang	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Clinical Approach to Patients with Palpitations Dr. Ip Chung Ho and Dr. Hong Sze Nga	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Pregnancy Related Psychological/ Psychiatric Problems Dr. Matthew Lau	Ms. Kwong Tel: 2595 6941

25 June 14 (Wed)

2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Clinical Approach to Common Orthopaedic Problems: Neck Pain & Back Pain Dr. Chan Ka Ho	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Conference Room, 1/F, Block F, United Christian Hospital	Video viewing: Primary and Secondary Prevention of Hip Fractures in the Community Dr. Albert YC Hsu	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m.	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Ethical Issues in Public/ Private Sector Dr. Leon Lai	Ms. Man Chan Tel: 2589 2337
5:00 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Insomnia Dr. Tse Wan Ying, Polly and Dr. Amy Ng	Ms. Crystal Law Tel: 2632 3480

26 June 14 (Thur)

2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Update on the Management of Gout and Osteoarthritis Dr. Xu Shaowei and Dr. So Tsang Yim	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Management of Patients with Osteoporosis Dr. Lau Lai Na	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Smoking Cessation and Prescription of Nicotine Replacement Therapy Dr. Yuen So San	Ms. Kwong Tel: 2595 6941

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11 May	12	13	14 2:15 – 7:30 p.m. Structured Education Programme	15 2:15 – 7:00 p.m. Structured Education Programme	16	17 1:00 – 3:30 p.m. Certificate Course on Dementia 4:30 – 6:30 p.m. Health Info Writing Workshop
18 2:00 – 8:00 p.m. DFM OSCE Examination	19 6:30 p.m. HKPCC Meeting	20	21 2:15 – 7:30 p.m. Structured Education Programme	22 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	23	24 2:30 – 5:30 p.m. AEC 2014
25	26	27	28 2:15 – 7:30 p.m. Structured Education Programme	29 2:15 – 7:00 p.m. Structured Education Programme	30 2:30 – 3:30 p.m. Board of Education – Video Session	31 1:00 – 3:30 p.m. Certificate Course on Dementia
1 Jun	2	3	4 2:15 – 7:15 p.m. Structured Education Programme	5 2:15 – 7:00 p.m. Structured Education Programme	6 HKPCC and 4-Party Conference 2014	7 HKPCC and 4-Party Conference 2014
8 HKPCC and 4-Party Conference 2014 4:00 p.m. Conferment Ceremony	9 HKPCC and 4-Party Conference 2014 1:00 – 3:30 p.m. CME Lecture	10	11 2:15 – 7:30 p.m. Structured Education Programme	12 2:15 – 7:00 p.m. Structured Education Programme	13	14 1:00 – 3:30 p.m. Certificate Course on Dementia
15	16	17	18 1:00 – 3:30 p.m. CME Lecture 2:15 – 7:30 p.m. Structured Education Programme	19 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Council Meeting	20	21 2:30 – 5:30 p.m. AEC 2014
22 2:30 – 5:30 p.m. Conjoint 2014 Information Seminar on OSCE Segment for candidates	23	24	25 2:15 – 7:30 p.m. Structured Education Programme	26 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	27 2:30 – 3:30 p.m. Board of Education – Video Session	28 1:00 – 3:30 p.m. Certificate Course on Dementia

FP LINKS EDITORIAL BOARD 2014

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Front row (left to right): Dr. Law Tung Chi, Dr. Natalie Siu, Dr. Maria Leung, Dr. Catherine Ng, Dr. Wendy Tsui, Miss Carmen Cheng and Dr. Alfred Kwong

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

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Contact and Advertisement Enquiry

Ms. Alky Yu
Tel: 2528 6618 Fax: 2866 0616
E-mail: alkyyu@hkcfp.org.hk
The Hong Kong College of Family Physicians
Room 803-4, 8th Floor, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong