

Message from the President

Hong Kong Primary Care Conference cum 4-Party General Practice/Family Medicine Conference 兩岸四地全科 / 家庭醫學學術研討會 2014

This is a very special year for our Hong Kong Primary Care Conference as it was 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 is the work of healthcare professionals who act as the first point of consultation for all patients. Central to the concept of primary care is the patient. It involves the widest scope of health care, including care for patients of all ages and all socioeconomic groups; patients seeking to maintain optimal health, and patients with various presentations of acute and chronic physical, mental and social health issues. These also include multiple chronic diseases. Family physicians provide not only services commonly recognized as primary care, but are also coordinators of the overall healthcare services for our patients.

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 served as a platform to address present and future challenges, and provided an opportunity for family doctors in the region to network and learn.

The conference was a great success and also well attended by over 500 participants. I would like to thank our organizing committee and secretariat led by the co-chairmen Dr. Lorna Ng and Dr. William Wong for their dedication and hard work; the sponsors of the Conference; and the leaders in Family Medicine of all four parties for their support to make this Conference possible.



Dr. Ruby Lee taking group photo with the Council, Conference Organizing Committee and guests



(from left to right) Dr. Lorna Ng, Dr. Dana Lo, Dr. Ruby Lee, Dr. Judy Cheng, Dr. Vienna Leung and Dr. Catherine Chen

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 15th August 2014 to 14th September 2014, Dr. Wendy Tsui and Dr. Yuen Shiu Man will be the Council Members On Duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments 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. Wendy Tsui



Dr. Yuen Shiu Man

Membership Committee News

The Membership Committee approved, on recommendation of the Chairman of the Membership Committee, the following applications for membership in **June - July 2014** :

Associate Membership (New Application)

Dr Au-yeung Kevin Yik Hin	歐陽亦軒
Dr Chan Pui Kwan	陳佩君
Dr Kwong Chi Ho	鄭智豪
Dr Lam Ki Yu	林琪餘
Dr Sung Cheuk Chung	宋卓聰
Dr Ting Sze Man	丁思敏
Dr Tong Man Chun	湯文俊
Dr Wong Ching Keung	黃貞強
Dr Wong Man Ho	王文灝

From Asso Membership to Fellowship

Dr Cheung Yan Kit	張人傑
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Board of Vocational Training and Standards News

2nd Reminder: Application for Recommendation for Exit Examination

To all Higher Trainees,

For those who prepare to sit for the Exit Examination in 2015, please submit the application letter and the checklist for recommendation for Exit Examination before 30th September 2014.

Late applications will not be entertained.

Should you have any enquiries, please contact our College Secretaries at 2528 6618.

Higher Training Subcommittee
Board of Vocational Training and Standards



THE HONG KONG
POLYTECHNIC UNIVERSITY
香港理工大學

UNIVERSITY HEALTH SERVICE

Medical Officer

The University Health Service (UHS) of The Hong Kong Polytechnic University is an accredited community-based training centre by The Hong Kong College of Family Physicians. The University invites applications for the Medical Officer post in UHS. Duties: provide primary health care, health counselling, promote health education and perform administrative duties. Qualifications: registrable with The Medical Council of Hong Kong and fluency in spoken English and Cantonese. A higher qualification in Internal Medicine or Family Medicine is an advantage. Post specification and application form are available from the Human Resources Office (Homepage: <http://www.polyu.edu.hk/hro/job.htm>, Email: hrstaff@polyu.edu.hk, Fax: 2764 3374). Application closing date: Recruitment will continue until the position is filled.

Board of Conjoint Examination Report on OSCE 2014 Information Seminar for candidates



Dr. Chan Hung Chiu, Board Chairman, giving introduction

The Information Seminar on OSCE segment was held on 22 June 2014. The room was well attended by 17 candidates (Cat I: 12, Cat II: 5) and members from the Board – including the Chairman, the OSCE Coordinator, the Deputy OSCE Coordinator and the secretarial staff.

The seminar started with a warm welcome by our Chairman, Dr. Chan Hung Chiu. Dr. Chan first introduced the concept and expectations of our Conjoint Examination. He then explained the various measures undertaken by the Board to ensure the examination is valid, reliable and fair to all the candidates.



Dr. Billy Chui, OSCE Coordinator, presenting information on exam

Dr. Chui Siu Hang Billy (OSCE Coordinator) and Dr. Chan Wing Yan Loretta (OSCE Deputy Coordinator) presented information regarding the examination. A case demonstration with one role-playing candidate was shown to the audience. One candidate was also invited on spot to participate in an 8-minute sample case.

We presented the marking scheme and went through the setting of the domains of each case. We also explained the rationale behind using essential marking points to divide between pass and fail for a particular domain in each question. The candidates were given a chance to mark the scenario with the respective key feature checklist themselves and understand how to assess a particular domain and how to achieve the pass criteria in each domain. Dr. Ho Shu Wan, the winner of the Dr. Peter C. Y. Lee Best Candidate Award in last year's Conjoint Examination, was also invited to share her personal experience with the candidates.



A candidate volunteered to role play at the seminar

This year the Board again plans to invite the candidates to participate in the rehearsal day on the 5 October 2014. They will get a chance to role play as candidates and meet with the examiners. Their response is positive.

On the whole there were lots of interactions and the atmosphere was friendly. The candidates were enthusiastic and there were lively discussions. Feedback forms were distributed and their feedback was positive. Looking at the feedback statistics, most candidates benefited from this seminar and found it very useful. The majority of attendees agreed that the seminar helped their OSCE preparation, and provided useful information regarding how their performance will be assessed.



Dr. Ho Shu Wan, the winner of the Dr. Peter C. Y. Lee Best Candidate Award in 2013 Conjoint Examination, shared her personal experience on exam preparation

In summary, the afternoon was fruitful for both the candidates and board members. It is hoped that the additional information provided to the candidates will help translate their hard work into success in the coming examination!

Classified Advertisements

Positions Vacant

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.

Clinic for Rent, no basic
Fully furnished clinic in Sham Shui Po for rent, no basic requirement, only 25% of income. Interest please call
Ms. Lee 2739 9557



**In memory of
Dr. Ho-yin Choi (蔡浩賢醫生)
(1939 - 2014)**

I was saddened to hear the news of Dr. Choi passing away on 11 July 2014.

The death of Dr. Choi brought profound grief to members of the Hong Kong College of Family Physicians.

Dr. Choi graduated from the Diocesan Boys' School HK and then finished the M.B.,B.S. in the Monash University, Melbourne as one of the first batch of medical graduates. He then returned to HK to start his own private solo general practice in To Kwa Wan, Kowloon. During this time, he joined the HK College of General Practitioners (then re-named as the HK College of Family Physicians) during the early formative stage of the College as one of the Council members in 1977. He had been entrusted the important tasks as Chairman of the Board of Education and Editor of the College journal 'HK Practice'. He had actively contributed to the various educational activities of the college: organizing the first series of evening video sessions at the Queen Elizabeth Hospital, proof reading the articles for the journal, and helping to promote academic and social interactions with the Department of Medical and Health Services and the medical faculty of HKU under the capable leadership of Dr. Peter CY Lee.

Dr. Choi's proudest contribution to the College was the design of the College Logo which we are still using. He was meticulous in making the various components of the logo into right scale, proportion and perspective. Also he paid special attention to the colour schemes of the logo to make it attractive and distinct. Components have their special meaning to fit in with the objectives of the College.

During his term of service of the College, I had been most fortunate to work with him and other founder Council members of the College to struggle for our survival. We spent endless nights at Wanchai discussing many different issues on how general practice in HK could be better respected by the local community and the other medical disciplines. Dr. Choi was so enthusiastic and energetic that he never failed to attend any council meeting. In all the meetings, he was the most outspoken one and was very insistent on his principles. I enjoyed his way of talking with reasons, though I did not always stand on his argument. For personal reason, Dr. Choi left HK College Council in 1984 and resided in Melbourne.

Later Dr. Choi returned to HK to start his career as CEO of a health group, 'Community Health Centre', responsible for health maintenance of staff of a number of commercial corporations. He was quite a successful health administrator and efficient clinician. A few years later he was found to have cancer which he had fought for the past 17 years, refusing to give up. He had all kinds of therapies and surgeries in HK and Melbourne and he bravely faced the disease with strong fighting spirit. During this time of struggle, he had never ceased to work in his office till a few months ago, he was too weak to work due to multiple metastasis.

Dr. Choi had a very strong personality. Anything deviated from truth would invite heated arguments. He was stubborn but respectable for his righteousness. His love for life and never give-up spirit shed a shining example to all of us to continue living, no matter how hard and bitter life may be. I admire his courage and attitude.

We lost a sincere friend and the College lost a fighter. We miss him forever.

Dr. Stephen Foo
Censor and Past President

The 27th Hong Kong College of Family Physicians Conferment Ceremony and the 25th Dr Sun Yat Sen Oration, 8th June 2014

Dr. David V. K. Chao
Chairman, Internal Affairs Committee, HKCFP

The 27th Anniversary of the Hong Kong College of Family Physicians (HKCFP) Fellowship Conferment Ceremony and the 25th Dr Sun Yat Sen Oration took place on the 8th June 2014 at the Hong Kong Academy of Medicine Building.

This year, we have changed the arrangements slightly and the College representatives group photo session with the successful candidates were taken after the ceremony proper. It seemed to have worked reasonably well, thanks to all the College officials' support and the cooperation of our successful candidates by staying behind at the venue after the ceremony.

Government officials, university colleagues, our sister colleges' representatives from overseas, representatives of the Hong Kong Academy of Medicine and local specialty colleges, overseas dignitaries and doctors' organizations joined hands in celebrating the joyful success of our Fellows in the Conjoint and Exit Examination, as well as the Diplomates of the DFM programme. We are most thankful towards the aforementioned colleagues and peers who have given our College continuing support to make this year's academic events and the conferment ceremony another great success.

After the introduction of the Official Platform Party by our Public Orator Dr. Kathy Tsim, our College President, Dr. Ruby Lee officially opened the ceremony. Dr. Jennie Kendrick, Censor-in-Chief of the Royal Australian College of General Practitioners (RACGP), represented our Australian counterpart to give a welcome speech also. There were 24, 25, 21, and 29 doctors awarded HKCFP Fellowship, RACGP Fellowship, Exit Examination Certificate, and Diploma in Family Medicine correspondingly. Awards of the Dr. Peter C. Y. Lee Best Candidate in Fellowship Examination 2013, the HKCFP Best Research Award 2013, and HKCFP Research Fellowship 2014 were delivered on stage also. The ceremony was concluded by Professor John Leong delivering the 25th Dr. Sun Yat Sen Oration entitled "Delivering Medical Care - Attempt to Think Out of the Box".

All of these would not have happened without the most efficient secretariat team led by Ms. Erica So and Ms. Crystal Yung, and a tremendous helpers' team to ensure the smooth running of the occasion, including Dr. Ko Wai Kit (Coordinator), Dr. Chan Chi Wai (Marshalling Officer), Dr. Hui Ming Tung, Eric (Marshalling Officer), Dr. Kwan Yu (Marshalling Officer), Dr. Wong Chak Tong (Marshalling Officer), Dr. Fok Peter Anthony (Usher), Dr. Lau Kin Sang, Kinson (Usher), Dr. Luk Man Hei, Matthew (Usher) and Dr. Wang Hua Li, Jenny (Usher). Last but not least, we would like to thank all the family members and friends who participated in the Ceremony to witness their beloved ones receiving their honours in this very joyous occasion.



Prof. Guo Ai Min, Prof. Cindy Lam, Dr. Ruby Lee, Prof. Donald Li, Prof. John Leong and Dr. Leung Pak Yin (from left to right)



Dr. Stephen Foo, Prof. John Leong, Prof. Sophia Chan and Dr. Leung Ting Hung (from left to right)



Dr. Gene Tsoi, Dr. Quincy Yuen, Dr. Jennie Kendrick, Dr. John Chung and Dr. David Chao (from left to right)



Dr. Stephen Foo, Prof. Sophia Chan and Prof. Rosie Young (from left to right)



Dr. David Chao, Prof. William Wong, Prof. John Leong, Dr. Stephen Foo, Dr. Ruby Lee, Dr. Ko Wing Man, Dr. Nancy Yuen, Dr. Fung Hong and Prof. Samuel Wong (from left to right)



Dr. Ko Wing Man (left) and Dr. Stephen Foo (right)



Dr. David Chao, Dr. Lau Ho Lim, Prof. John Leong, Prof. Sophia Chan, Dr. Ruby Lee, Dr. Angus Chan, Dr. Stephen Foo and Dr. Mary Kwong (from left to right)



Dr. U Sio On (left) and Dr. John Chung (right)



Prof. Edward Lai, Dr. Billy Chiu, Prof. John Leong and Dr. Lau Ho Lim (from left to right)



Dr. Mark Chan, Dr. Leung Pak Yin and Dr. David Chao (from left to right)



Dr. Eric Hui and Dr. Edmond Chan (Marshalling Officers) leading the Officiating Procession into the hall



Dr. Ruby Lee delivering the opening speech on behalf of HKCFP



Dr. Jennie Kendrick delivering the welcome speech on behalf of RACGP



Dr. Chan Hung Chiu announcing the successful FHKCFP and FRACGP candidates



Dr. Wendy Tsui announcing the successful Exit Examination candidates



Dr. Simon Au announcing the successful DFM candidates



Dr. Lau Ho Lim introducing the 25th Dr. Sun Yat Sen Orator Prof. John Leong on stage



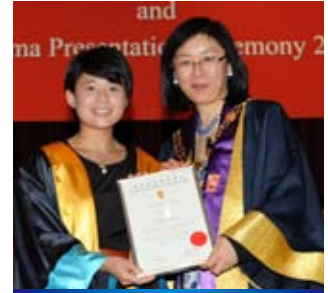
Prof. John Leong delivering the 25th Dr. Sun Yat Sen Oration



Dr. Ruby Lee (right) presenting the Dr. Sun Yat Sen Oration gold medallion to Prof. John Leong (left)



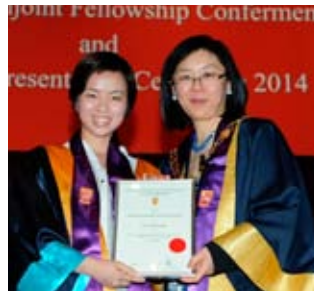
Successful candidates of this year



Dr. Ho Shu Wan (left) receiving the Dr. Peter C. Y. Lee Best Candidate Award in Fellowship Examination 2013



Dr. Chin Weng Yee (left) receiving the Best Research Award 2013



Dr. Sit Wing Shan (left) receiving the Research Fellowship Award 2014



Council Members taking a group photo with HKCFP/RACGP Fellows



Council Members taking a group photo with Exit Examination candidates



Council Members taking a group photo with DFM candidates



Prof. Doris Young (7th from the right), Prof. Cindy Lam (6th from the right) and Dr. David Chao (5th from the right) with successful candidates



Dr. Peter Anthony Fok (1st from the left) and Dr. Edmond Chan (2nd from the right) with successful candidates



Dr. Kathy Tsim (Public Orator), Dr. David Chao, Dr. Dorothy To and Dr. Simon Au (from left to right)



VIP guests and Council Members at the post-conferment dinner
 Front row (from left to right): Dr. Wendy Tsui, Prof. Doris Young, Dr. Dorothy To, Prof. Sophia Chan, Dr. Ruby Lee, Dr. Jennie Kendrick, Dr. Nancy Yuen, Dr. Mary Kwong and Dr. Lorna Ng
 Back row (from left to right): Dr. Fung Hong, Dr. Andrew Ip, Dr. Leung Ka Lau, Dr. Billy Chiu, Dr. Angus Chan, Dr. Chan Kam Tim, Dr. David Chao, Dr. Raymond Lo, Dr. Ise Hung Hing, Dr. Simon Au, Dr. Ngan Po Lun, Prof. Samuel Wong, Dr. John Chung, Dr. Stephen Foo and Dr. Chan Hung Chiu

WONCA Asia-Pacific Regional Conference 2014

Dr. John Chung, Specialist in Family Medicine



General view of the venue



Conference Logo

This conference was jointly organized by WONCA and The Academy of Family Physicians of Malaysia, on 21-24 May 2014 at the Borneo Convention Centre Kuching in Kuching, Sarawak with the theme Nurturing Tomorrow's Family Doctors. I represented the Hong Kong College of Family Physicians in speaking in a symposium on GP training in China.

The conference attracted just over 1,000 delegates from all WONCA world regions, itself a good attendance number and was lauded by the organizers as a mini world conference.

The scientific programme featured six plenary sessions with speakers from Singapore, Malaysia, Australia and UK. One plenary presentation was earmarked as a Wes Fabb Oration. The workshops and symposia covered a very wide spectrum of topics like dementia, research, HPV vaccine, dermatology, substance abuse, just to name a few.

The symposium I spoke in was specially prepared for delegates from China featuring three presentations on GP training, from Shanghai, Hong Kong and Taiwan, respectively. This session was attended by about 100 delegates. I introduced the College's vocational training programme and examination structure. The session was well received.

The conference in general was well organized, starting from friendly meet-and-greet at the airport which was very important for overseas delegates, to complimentary coach

transfer from hotels to the venue which was oddly situated quite a way from town in more or less open country. The venue itself was exceptionally spacious with well-appointed meeting rooms. There was a thriving trade exhibition and a well thought out "WONCA Village" grouping promoters of future conferences and the Rajakumar Movement together in neighbouring stalls. Signage was clear and the staff were friendly.



Dr John Chung (middle) receiving the certificate from the Chairladies Prof. Doris Young (Left) and Prof. Zhu Shan Zhu (right).



The Elephant Rope

As a man was passing the elephants, he suddenly stopped, confused by the fact that these huge creatures were being held by only a small rope tied to their front leg. No chains, no cages. It was obvious that the elephants could, at anytime, break away from their bonds but for some reason, they did not.

He saw a trainer nearby and asked why these animals just stood there and made no attempt to get away. “Well,” trainer said, “when they are very young and much smaller we use the same size rope to tie them and, at that age, it’s enough to hold them. As they grow up, they are conditioned to believe they cannot break away. They believe the rope can still hold them, so they never try to break free.”

The man was amazed. These animals could at any time break free from their bonds but because they believed they couldn’t, they were stuck right where they were.

Like the elephants, how many of us go through life hanging onto a belief that we cannot do something, simply because we failed at it once before?

Failure is part of learning; we should never give up the struggle in life.

<http://academictips.org/blogs/the-elephant-rope/>

(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。)

*「心靈綠洲—個人成長及危機處理中心」隸屬醫院管理局總部臨床心理服務，為醫院管理局員工提供心理支援，協助他們跨越生命的挑戰。

21st Hong Kong International Cancer Congress, 21 November 2014 “Translating Discoveries into Prevention and Cures”

HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong



Dear Colleagues,

The Hong Kong International Cancer Congress provides an active forum for addressing issues related to cancer strategy, care and research. Every year, prominent clinicians, leading scientists and medical oncologists are invited to share their experience and expertise in the Congress. The emphasis this year is on highlighting the importance of new advances in cancer care and practice.

As in the previous years, HKCFP has invited speakers with interests in providing palliative care and end of life care to share their experience and expertise in cancer management. This year, the HKCFP Symposium will commence from 2:30 pm to 4:00 pm on 21 November 2014 (Friday). The Symposium is entitled “**Community Palliative Care and Dying at Home**”, which comprises:

1. **Dying at Home**

Prof. Rodger CHARLTON, Dept of General Practice, University of Nottingham, United Kingdom

2. **Are Family Physicians and Our Patients Ready for Community Palliative Care?**

Dr. Tin-Chak HONG, United Christian Hospital, Hong Kong

You are cordially invited to join the Symposium and the forthcoming Congress. We are most grateful toward the organisers who have kindly provided a limited number of complimentary registrations for our College Fellows and Members and these places are available on a first-come first-served basis. Please contact the College secretariat (Ms. Windy LAU WindyLau@hkcfp.org.hk) at your earliest convenience (by 30 September 2014) for reservations. The programme at a glance is also printed in the following page for your quick reference. For more information on HKICC, please visit the website: www.hkicc.org.

Look forward to seeing you soon at the HKICC!

With Best Wishes,

Dr. David V. K. CHAO

HKCFP Representative, 21st Hong Kong International Cancer Congress

21st Hong Kong International Cancer Congress Programme at a Glance

Friday, 21 November 2014

Registration	
8:30 am	PYK Auditorium
8:45 am	PYK Auditorium
9:00 am	PYK Auditorium
Opening Ceremony	
10:00 am	PYK Auditorium
10:30 am	PYK Auditorium
12:00 pm	LPY Lecture Theatre
1:30 pm	PYK Auditorium
2:30 pm	Function Rm 1
4:00 pm	Function Rm 1
4:30 pm	Function Rm 1
6:00 pm	Function Rm 1
8:30 am	PYK Auditorium
8:45 am	PYK Auditorium
9:00 am	PYK Auditorium
10:00 am	PYK Auditorium
10:30 am	PYK Auditorium
12:00 pm	LPY Lecture Theatre
1:30 pm	PYK Auditorium
2:30 pm	Function Rm 1
4:00 pm	Function Rm 1
4:30 pm	Function Rm 1
6:00 pm	Function Rm 1

8:30 am

8:45 am

9:00 am

10:00 am

10:30 am

12:00 pm

1:30 pm

2:30 pm

4:00 pm

4:30 pm

6:00 pm

Registration

Opening Ceremony

HKICC Lecture

Intravital Imaging for PK-PD Analysis of Anti-microtubule Drug Actions in Tumours
Timothy MITCHISON FRs, Harvard Medical School, USA

Coffee Break

PYK Auditorium

Drug Discovery and Innovative Treatment

Targeted Immunotherapy of Cancer Stem Cells
Dennis A CARSON, University of California San Diego, USA

Targeting Human $\gamma\delta$ -T cells with Phosphoantigen Controls Epstein-Barr Virus-Induced B Cell Lymphoproliferative Disease
Wenwei TU, The University of Hong Kong, HK

Psychosocial Oncology (HKCF)

Developing Internet-Based Interventions for Cancer-Related Sexual Dysfunction in Men and Women
Leslie R SCHOVER, MD, Anderson Cancer Center, USA

Psychosocial Oncology (HKCF)

The Reality of Evidence-Based Practice in Palliative Care
Bee WEE, University of Oxford, UK

Lunch Break &

Young Investigator Awards Competition
(Venue: Function Rooms 1 & 2)

CCR Lecture

Cancer Heterogeneity and Drug Development
Charles SWANTON, University College London Cancer Institute, UK

SYM

Cancer Pain Management

Anaesthetic Techniques for Cancer Pain Management
Roger GOUCKE, The University of Western Australia, Australia

Management of Cancer Pain in Hong Kong
Steven HS WONG, Queen Elizabeth Hospital, HK

Use of Opioid in Cancer Pain Management
Timmy CW CHAN, Queen Mary Hospital, HK

SYM

Public Health Perspectives in Cancer Control

LPY Lecture Theatre

Coffee Break &

Young Investigator Award & Poster Prizes Presentation Ceremony
(venue: PYK Auditorium)

SYM

A Holistic Nursing Approach to Cancer Management

LPY Lecture Theatre

Pathway Analysis and Cancer Therapeutics

State-of-the-art Treatment for Locally Advanced Head and Neck Cancer
Jan B VERMORCKEN, University of Antwerp, Belgium

Head and Neck Cancer Genome Guiding PI3K Targeted Therapy
Vivian WY LUI, The University of Hong Kong, HK

SYM

Gynaecological Cancer

JK Meeting Rm

Psychosocial Oncology (SPHC)

Care Pathways for Dying People: Benefits and Pitfalls
Bee WEE, University of Oxford, UK

HKCF Hong Kong Cancer Fund

YIA Young Investigator Awards

JK Meeting Rm James Kung Meeting Room (2/F)

Function Rm Function Room (2/F)

PYK Auditorium Pao Yue Kwong Auditorium (G/F)

LPY Lecture Theatre Lim Por Yen Lecture Theatre (G/F)

SPHC The Society for the Promotion of Hospice Care

SYM Symposium

Ed. SYM The Educational Symposium

State-of-the-Art Lecture

Are Family Physicians and our Patients Ready for Community Palliative Care?
Tin-Chak HONG, United Christian Hospital, HK

WY Workshop

Oriental Family Doctor Forum in Shanghai on 5-6 July 2014

Dr. Lau Ho Lim, Vice-President of HKCFP

I represented our College to attend the Oriental Family Doctor Forum in Shanghai on 5-6 July 2014. The Oriental Family Doctor Forum was first held in Shanghai in 2013, so this year's is the second one following the success of the first forum. The 2014 Forum was co-hosted by the Chinese Community Health Association, the Shanghai Medical Association and the Society of General Practice of Shanghai Medical Association. The theme is "A Brand New Era of Community Health: Practice and Exploration of Family Doctors' Services". It was held in the Shanghai International Convention Centre, a modern building on the Pudong side of the Huangpu River, opposite the famous Bund in Shanghai.

Day 1 of the Forum (5 July) was reserved for oral presentations of papers submitted from various parts of China. Day 2 (6 July) started with the Opening Ceremony and was followed by a series of Keynote Speeches from invited speakers from different parts of the world, and the highlight of the day, the ceremony of the award of the certificate confirming accreditation of the training programme in the Shanghai Medical College of Fudan University by WONCA. This WONCA accreditation of a family doctor training programme is the first in the world. The ceremony was graced by the presence of Dr. Margaret Chan, Director General of WHO, and Prof. Michael Kidd, President of WONCA, signaling a significant occasion for Chinese family doctor training.

The following list shows the topics of the invited speakers in chronological order:



Panel discussion

There was a panel discussion chaired by our Censor Dr. Donald Li on "Reviewing General Practice Progress in the Past Year; Blueprinting Primary Healthcare Development in Asian Pacific", with emphasis on family doctor training in China. All the invited speakers for Keynote Speeches were involved in the panel discussion and I am one of them. I was asked about the difficulties encountered by the Hong Kong College of Family Physicians in the past 30 years in the development of family medicine during the panel discussion. The importance of upholding the basic principles of family medicine, gaining recognition from our medical colleagues, patients and the public, and the importance of public and patient education are emphasised in my answer.

Topic	Speaker	Organisation
The World of Family Medicine: Our Contribution to Universal Health Coverage	Michael Kidd	President, WONCA
Promotion of Family Medicine	Jungkwon Lee	President, WONCA Asia Pacific
General Medicine Development and New Models of Hypertension Control in Shanghai	Sun Xiaoming	Chairman, Society of General Practice of Shanghai Medical Association
Patient-centred Care and Integrated Health Services	Garth Manning	Chief Executive Officer, WONCA
"For they are born for another time": The Need for Community Based Education	Valerie Jean Wass	Head, School of Medicine, University of Keele, UK
Diabetes Models of Care	Doris Young	Professor and Chair of General Practice, Faculty of Medicine, Dentistry and Health Science, University of Melbourne, Australia
The Importance of Global Perspective in General Practice	David Zakus	Professor, Faculty of Medicine and Dentistry, University of Alberta, USA
Research on Promoting Health Tests Among the Community Elderly	Chen Chingyu	Former President, Taiwan Association of Family Medicine
From Systems Biology to Quaternary Medicine – The Embodiment of Family Medicine	Lau Ho Lim	Vice President, Hong Kong College of Family Physicians
Chronic Disease Challenges and Health Promotion in China	Liu Yuanli	Professor, Harvard School of Public Health, USA

The Society of General Practice of the Shanghai Medical Association was formed in 2006. Its incumbent Chairman, Prof. Sun Xiaoming, is also the chairman of the organising committee of this Forum. It holds annual symposiums and has created an “academic brand” called General Practitioner Academic Salon, which arranges academic activities like lectures and expert comments. These are edited and published in the Chinese Journal of General Practitioners and China Medical Tribune/General Medicine Weekly. Each academic activity is recorded on video by 24-hour Medical Channel or IPTV, and these videos are available for online study and download.

The training of family doctors in Shanghai currently follows 2 pathways. The first is the On-the-job training for employed GPs started in 1997, which involves training in theories and practical skills. An additional module on clinical skill and health management training has been implemented since 2011. The second pathway is the 3-year GP standardized training for graduates with a clinical medicine bachelor degree, launched in 1994. It includes three phases: theoretical study, clinical rotation and community practice. As for further training in academic family medicine, Fudan University set up the first doctoral programme of general practice in 2013.

The development of community health services has been given much attention by the Ministry of Health in China. Shanghai is the first region to introduce and develop community health services in China since 1997. These services were reformed from 2005 to 2012 following the initial teething problems, and the following achievements have been reported:

1. Highly accessible services: the community health services network now covers all urban and rural areas in Shanghai.
2. Public benefit operational mechanism: all community health service centres are run by the government and have implemented “revenue-

expenditure-separated” management and allocation system based on performance evaluation.

3. Standardised health care team building: GP standardized training has been set up for better quality of care. The GP per population ratio (of 2 per 10000) has reached the Chinese national planning objective for 2020.
4. Comprehensive functional orientation: basic medical and allied health services are available together with some special services like live-in beds and home care.
5. Active service coverage model: the community is divided into different grids, and each GP team is responsible for one or several neighbourhood grids.
6. Public acceptance: both the number of outpatients and the usage of public health services have increased gradually showing the recognition gained from the public.
7. Pilot Family Doctor Scheme (launched in 2011): assign a family doctor for each family with three objectives – family doctors as gate-keepers of the medical system, as doctors providing personalized and comprehensive care, and as attorneys of health expenditure. This pilot scheme has extended from the initial 10 districts to all districts in Shanghai in 2014.

It was a fruitful occasion when ties with Shanghai family doctors are strengthened. The enormous progress in both family medicine training and provision of family medicine-oriented health care in Shanghai is really encouraging.

I would like to take this opportunity to thank Drs. Donald Li, Gene Tsoi and Ruby Lee for their support and advice, and Ms. Erica So for her tireless assistance in the preparation of my presentation.



Dr. Lau delivering his Keynote speech



With Shanghai Fudan University representatives



With WONCA delegates

Sharing on the Conjoint Examination

Dr. Ho Shu Wan Sharon, Trainee in Family Medicine
Department of FM&PHC, New Territories West Cluster, Hospital Authority

I am glad to have the opportunity to share my experience in the FM Conjoint examination in FP Links. The examination itself is very comprehensive and I have gained more understanding and insight into the spirit of Family Medicine by going through the process. It is of course a very important and remarkable milestone in a GP's career. It opened a window into the broad scope of Family Medicine and the ongoing advances ahead.

I sat for the examination as a Category 2 candidate. Without formal training as a FM trainee, I encountered some obstacles in getting a full understanding of FM and the examination at the beginning. Yet these can be overcome with the support from the FM College and the Department I am working at. Also, the community resources for primary care professional development are becoming more readily available now.

Here I will structure my sharing into the following aspects:

- 1) Understanding FM
- 2) Understanding the Conjoint Exam
 - a) written: MCQ, KFP
 - b) OSCE
- 3) Practical tips

I see the exam itself as a chance for me to consolidate my medical knowledge and to apply them in practice in the context of primary care. I have been working in private practice, GOPC, MCHC and a Women's Health Centre in the past 10 years, and I have gone through marriage and childbirth. These working and life experiences gave me a better idea of the needs and challenges in different stages of life. A GP's partnership with their patients when they go through these difficulties is the very rewarding part of a GP's work. Therefore an understanding of the needs of various patient groups in different life stages in different primary care aspects are very important for a GP as well as for the exam itself.

- i) Understanding FM:

The scope of FM is very wide and practically the syllabus is endless. I got a better understanding of the scope with the "Bible" in FM: Murtagh's General Practice (5th Edition) (Fig A). It gives a practical approach to the various symptoms commonly seen in primary care, and its



Fig A Murtagh's General Practice (5th Edition)

differential lists and Red Flags are the essential checkpoints in day to day practice. Emphasis is also given to Paediatrics, Geriatrics, Men's and Women's Health, Psychiatric and Skin problems, Medical emergencies, Travel medicine, sports injury, lifestyle advices and immunization, to name a few.

Apart from the well recognized symptoms, the Medically Unexplained Symptoms (MUS) are as well common and are very challenging. An understanding of MUS, validation of patient's feelings and development of effective communication is the key to the first step in patient management.

- ii) Understanding the Exam

The Conjoint Examination encompasses the written and OSCE exam. The written exam consists of the MCQ and KFP papers.

MCQ and KFP:

The MCQ questions are a test of knowledge in FM. I have taken diploma courses in FM, Medicine, Paediatrics and Dermatology and I found these knowledge very useful in filling my knowledge gaps and helping me to tackle the MCQ paper.

There are scientific facts but more are clinical scenarios. Usually you will have no difficulties in eliminating 3 out of 5 answers, but for the remaining 2 you'll have to think in the context of FM. There are some "extended matching questions" in the MCQ paper in which a question is followed by 10+ to 20+ choices. You may get lost and waste your time if you go through the full list of choices. I found it useful to go straight and pick the answer you know from the list

instead of going through the list of answers one by one. That saves time. The MCQ paper is a reflection of knowledge so the scope is indeed really wide. The books shown in Fig. B are some quick references I found useful especially the picture test books. They show representative clinical pictures and are handy, and can give you quick answers to commonly seen GP problems.



Fig B Useful reference books

The KFP paper is about “differentiation”. You don’t need to write a lot but you need to follow the instructions precisely. For example, don’t try to give more answers than instructed otherwise you may lose marks. It is a test to make decisions on choosing the differentiating symptoms/physical signs/surgery tests/investigations that can help you rule out the red flags or arrive at a specific diagnosis from your differential list. Subsequent questions on management are usually followed. Let me illustrate with an example:

“A 30+ year old lady comes today with abdominal pain and vomiting for 1/7”. Your differential list may include these:

- Gastroenteritis
- Acute abdomen
- Pregnancy related problem, eg Ectopic pregnancy, UTI, DKA, drugs etc.....

So the KEY information from history that may help you differentiate the DDX are:

- Fever
- LMP
- Hx of DM
- Urinary symptoms
- Drug Hx

The KEY surgery tests that may help you arrive at the Dx:

- Pregnancy test
- Urine multistix
- Urine for ketone
- H’sstix

The KEY information that may affect your management:

- Oral intake
- Vitals
- Allergy Hx
- LMP
- Of course, the most likely diagnosis

Prepare a diagnostic test for each of the DDX and subsequent management.

If you are asked to write down what information you would like to obtain in history (list 5), you are not likely to write down all the general pain history and vomiting history but the differentiating symptoms. Therefore my advice on KFP is focus on differentiation, base on your differential list.

Don’t forget medical statistics for KFP.

OSCE:

The OSCE exam is all about SKILLS.

Skills in communication, history taking, P/E, eliciting important physical signs, interpreting investigation results, procedures, problem defining, problem solving, ongoing care and support, medico-legal issues and ethics, practice management etc etc.....

There are short cases and long cases for the OSCE exam. Basically the contents vary in weights in Hx/PE/lx/Mx in each case but every case may include some or all of the above aspects. There are also viva stations, procedures and rest stations. There are some well known guides in tackling the OSCE exam, these are:

- RICE: Patient’s Reason, Idea, Concern and Expectation of the consultation
- Bio-psycho-social consideration
- Rapport and communication
- Elicit important PE and IX information
- Management using a RAPRIOP framework

Tips for OSCE:

- 1) Time management is very important. Time your practice.
- 2) Get familiar with the format of exam by joining the mock exams and assessment enhancement course (AEC) and form groups to practise. For category 2 candidates, the post AEC course is a very good opportunity to get grouped and start practicing.
- 3) Develop your own style of consultation (Fig C), test it out and improvise in every practice.
- 4) Prepare a basic PE list for all and specific ones for specific groups eg paediatrics, gynae, thyroid exam, eyes, ears, puberty etc
- 5) Familiarize with surgery tests, what are they?
- 6) Prepare a list of investigations, again a general list and a patient/disease group specific list
- 7) Make a list of anticipatory care for different age or gender groups. Eg Pap smear for ladies, fall precaution for the elderly, vaccination for the very young etc. Lifestyle changes like NEAT: Nutrition, Exercise, Activity and Tranquility are applicable to all.
- 8) Procedures: think of office procedures that may come up. The Pre procedure, during procedure and post procedure care makes the process more complete:
 - Pre procedure: explanation, indications, risks and alternatives, consent, preparation etc
 - During procedure: communication, performance, correct specimen handling and labelling etc
 - Post procedure: disclosure of results and call back system, advice on possible side effects or complications, arrange FU etc
- 9) Viva: Have knowledge on medical ethics, Practice management, infection control, incidence reporting etc .The CHP, CDC (pink book for vaccination, yellow book for travel medicine, red book for infections) web sites are very useful references
- 10) Be familiar with some common guidelines eg GOLD, GINA, ROME etc

Practical tips:

- 1) Familiarize yourself the breadth and depth of family medicine with General Practice by John Murtagh.
- 2) Get the gaps filled.
- 3) Spend your time on travel with a few trust worthy web sites for updated information in General Practice. Patient information pages are my favourite, they are easy to digest and are very useful in explanation and offering advices.

Fig. C Your own consultation sheet:

Demographics:	P/E:
HPI:	Surgery test: Ix:
PMH:	DDX: Problem List:
Social: Home Relationship Money	R A P R I O P
Drugs	
R I C E	

- 4) AFP and CHECK are very useful resources. Take the points you are likely to remember and can be applied in practice.
- 5) Build your library of mock exam papers with friends from different clusters.
- 6) Practise and time physical exam with running commentary with your own exam sequence. Demonstrations of special tests can be readily found on the Youtube.
- 7) Prepare your own style of record for OSCE exam. It is a reminder of the sequence of thoughts and actions you would like to do in seeing a patient.
- 8) Reserve some time 1~2 days before exam for leisured review, I found this can reduce stress level.
- 9) Keep warm, the air conditioning is very strong in both the written and OSCE exam venue.
- 10) Get familiar with your timer, bring an extra.
- 11) A study network is very important. The written enhancement course (AEC), post AEC, and Mock Exams are very useful. Don't feel bad if you are not fully prepared during practise.
- 12) Don't forget your family and social circuit.

I did not do all of the above for my exam on time, but I found these can make my preparation more directed. Be relaxed, time is always pressing.

Wish you every success in the Conjoint Exam.

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Japanese Encephalitis

The Centre for Health Protection (CHP) of the Department of Health announced the first locally confirmed case of Japanese encephalitis (JE) recorded this year on 17th June 2014.¹ The patient is a 26-year-old woman living in Tin Shui Wai. She had onset of fever, headache and vomiting for one day and attended the Accident and Emergency Department of Tuen Mun Hospital, and was subsequently admitted in early June this year. The initial CSF and serum were negative, but subsequent tests taken 5 days after admission (on 17 June) were reported to be positive for JE IgM. The patient had no prior travel history. The patient's condition remained stable.¹

Six JE cases (three local, two imported, and one with unknown source) have been reported to the CHP in 2013. Two of the local cases in 2013 were Tin Shui Wai residents.² Three cases (two imported and one local) were reported in 2012 while one (a local case) was reported in 2011. Locally, no cases were reported from 2008 to 2010.³

Japanese encephalitis is a viral disease transmitted by the bite of infective mosquitoes. It is the leading cause of vaccine-preventable encephalitis in Asia and the western Pacific region. The principal type of mosquito that transmits the disease is called *Culex tritaeniorhynchus* which breeds in water-logged fields, surface drainage channels, ponds, disused large water containers and sand pits. The mosquitoes become infected by feeding on pigs and wild birds infected with JE virus. Besides being widely distributed in rural areas, the vectors have also been found in urban areas in Hong Kong. The disease is not directly transmitted from person to person.

According to the information from the Agricultural, Fisheries and Conservation Department (AFCD), there are four pig farms within two kilometres of the Tin Shui Wai residence of the 26 year old patient confirmed with JE this year.¹ Not to mention there are considerable grassy areas, ponds and marshes around Tin Shui Wai which attract wild birds and mosquitoes.

Most human infections with JE virus are asymptomatic. Less than 1% of people infected develop clinical disease. The incubation period of JE is usually 4 to 14 days. Acute encephalitis is the most commonly recognized clinical manifestation. Milder forms of disease, such as aseptic meningitis or undifferentiated febrile illness, can also occur. The disease may begin with non-specific prodromal symptoms lasting for several days, followed by acute onset of high fever, severe headache and vomiting. Changes in mental status, focal neurologic deficits, convulsion, generalized weakness, and movement disorders may develop over the next few days. The classical description of JE includes a Parkinsonian syndrome which can present with mask-like facies, tremor, cogwheel rigidity, and choreoathetoid movements. Acute flaccid paralysis, with clinical and pathological features similar to those of poliomyelitis, has also been associated with JE. Seizures are common, especially among children. The case-fatality ratio can be as high as 20%–30%. Among survivors, 30%–50% have significant neurologic, cognitive, or psychiatric complications.

Clinical laboratory findings might include a moderate leukocytosis, mild anemia, and hyponatremia. Cerebrospinal fluid (CSF) typically has a mild to moderate pleocytosis with a lymphocytic predominance, slightly elevated protein, and normal ratio of CSF glucose to plasma glucose. Magnetic resonance imaging (MRI) of the brain is superior to computed tomography (CT) for detecting JE virus-associated abnormalities such as changes in the thalamus, basal ganglia, midbrain, pons, and medulla. Thalamic lesions are the most commonly described abnormality; although these can be highly specific for JE in the appropriate clinical context, they are not a very sensitive marker of JE. EEG abnormalities may include theta and delta coma, burst suppression, epileptiform activity, and occasionally alpha coma.⁴

JE virus infections are confirmed most frequently by detection of virus-specific antibody in CSF or serum. Because humans have low or undetectable levels of viremia by the time distinctive clinical symptoms are recognized, virus isolation and nucleic acid amplification tests are insensitive and should not be used for ruling out a diagnosis of JE.⁴

Japanese encephalitis has caused epidemics in China, Korea, Japan, Taiwan and Thailand in the past but is now controlled primarily by vaccination. However, some countries still have periodic epidemics of the disease. These include Vietnam, Cambodia, Myanmar, India, Nepal and Malaysia.⁵ For most travelers to Asia, the risk for JE is very low but varies based on destination, duration of travel, season, and activities. Steps to prevent JE include using personal protective measures to prevent mosquito bites (see **Table 1**) and vaccination.

The JE vaccine has a good safety record but it is usually not recommended for members of the general public. The vaccine is only recommended for travellers who plan to stay for one month or longer in endemic areas in Asia and Western Pacific Region, particularly in rural areas; and for short-term (less than one month) travellers if they plan to have significant extensive outdoor or night-time exposure in rural areas during the transmission season of the disease.⁶

There are currently several vaccines available for the prevention of Japanese encephalitis. There are two licensed JE vaccines in the US – the inactivated JE-MB (JE-VAX inactivated virus grown in mouse brain vaccine) and the inactivated JE-VC (Ixiaro inactivated virus grown in VERO cell tissue culture vaccine). JE-MB was licensed in the United States in 1992 for use in travelers aged over 1 year who are considered at risk of acquiring JE. The JE-MB vaccine is no longer available in the US due to lack of supplies. A new JE vaccine, JE-VC grown in cell cultures was licensed in 2009

for use in travelers aged 17 and older who are considered at risk of acquiring JE. The JE-VC vaccine remains under study in children but has not yet been licensed for use in children under 17 years of age.^{7,8}

Only JE-VC is registered in Hong Kong. The live attenuated vaccine and JE-VC is available at the Port Health Centre, Department of Health. JE-MB and the live attenuated SA14-14-2 vaccine can be obtained on a named-patient basis only.⁹ For the inactivated vaccine, the immunization schedule for travelers aged 18 or above is 2 doses administered intramuscularly on days 0 and 28. The 2-dose series should be completed at least 1 week before travel.

For the live attenuated vaccine, the vaccination is administered from the age of 8 months onwards. Protection for several years may be achieved with a single dose of vaccine and in many countries, one dose without subsequent boosters is recommended.¹⁰

The safety of JE-VC among children has not yet been established. Although other JE vaccines have been safely administered to children 6-12 months of age in Japan and Thailand, there are only limited data on the safety or effectiveness of JE-VC in US children less than 17 years of age.¹¹ Until those data are available, JE-VC vaccination of children 16 years of age and younger is only available in the US by enrolling children in an on-going clinical trial or administration of vaccine "off-label." There is only limited data on the use of JE-VC in persons aged 65 years of age or older. People who have had a severe allergic reaction after a previous dose of JE-VC or JE-MB should not receive additional doses. JE vaccination is not recommended for pregnant women because of a theoretical risk to the developing fetus. Breast-feeding is not a contraindication to vaccination but there are no data on the safety or effectiveness of JE vaccines during breast feeding.¹²

If the primary series of JE-VC was administered more than a year ago, a booster dose may be given before potential JE virus exposure. There is no data on the effectiveness of a JE-VC booster dose administered more than 2 years after the primary series. There are no data on the effectiveness of JE-VC as a booster dose after JE-MB. Therefore, CDC recommends that those individuals aged 17 years or older who have received JE-MB previously should receive a 2-dose primary series of JE-VC if they require vaccination against JE virus.¹³

People immunized with JE-VC or JE-MB may have local pain, swelling and redness, or fever. Some rare neurologic symptoms (such as encephalitis, gait disturbances and Parkinsonism) have been reported in some people who were vaccinated with JE-MB but the WHO Global Advisory Committee on Vaccine Safety determined that no causal link could be established. The newer JE-VC vaccine was tested on fewer than 5,000 adults, so that it is possible that rare, unexpected, serious adverse events associated with JE-VC could occur.

Table 1. General Measures on Preventing Mosquito-borne Diseases

1. Wear loose, light-coloured, long-sleeved tops and trousers, and apply effective insect repellents containing DEET to exposed parts of the body & clothing.
2. Use mosquito screens or bed nets when the room is not air-conditioned.
3. Apply household pesticide to kill adult mosquito with dosage according to the label instructions. Do not spray the pesticides directly against functioning electrical appliances or flame to avoid explosion.
4. Place mosquito coil or electric mosquito mat / liquid near possible entrance, such as window, to prevent mosquito bites.
5. Prevent the accumulation of stagnant water
 - Put all used cans and bottles into covered dustbins.
 - Change water for plants at least once a week, leaving no water in the saucers underneath flower pots.
 - Cover tightly all water containers, wells and water storage tanks.
 - Ensure air-conditioner drip trays are free of stagnant water.
 - Keep all drains free from blockage.
 - Top up all defective ground surfaces to prevent the accumulation of stagnant water.

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Compiled by Dr. Judy Cheng

Interest group in Dermatology – The 42nd Meeting on 5 July 2014

Dr. Lau Chi Ming – College Member

Theme : Updates on Prevention and Management of Herpes Zoster

Speaker : Dr. Yeung Chi Keung,
Specialist in Dermatology

Moderator : Dr. Lam Wing Wo, Edmund,
Co-ordinator, Board of Education

Learning points

Herpes zoster (HZ), or shingles, results from reactivation of the varicella-zoster virus (VZV), which lies dormant in the spinal and cranial sensory ganglia following a primary infection with varicella (chickenpox), usually during childhood. Herpes zoster is characterized by a unilateral, cutaneous, usually painful vesicular rash that typically presents in a single dermatome.

Epidemiology

Previous primary infection with VZV is an essential prerequisite for the development of shingles. Over 90% of children in Hong Kong were infected with VZV. Most cases of shingles occur in immunocompetent adults aged >50 years. The incidence rate of herpes zoster in United States in 2000-2001 ranges from 1.1 to 4.6 cases per 1,000 healthy individuals, increasing to 6.9-10.9 per year per 1,000 individuals among those older than 65 years. The lifetime risk of shingles is estimated to be approximately 20–30% across the population. Among immunocompetent individuals, only age has been established as a reliable predictor of shingles risk. There is an increase in incidence of reactivation after the age of 50. Cell-mediated (T-cell) immunity is required to maintain the balance between host and latent VZV and it declines with age, during certain diseases (e.g., HIV infection and some malignancies), and as a result of immunosuppressive therapy (e.g., after organ transplantation, chemotherapy, or steroid treatment). Psychological stress is also a well-known risk factor.

Clinical presentation

HZ typically presents with a prodrome consisting of hyperesthesia, paresthesias, burning dysesthesias or pruritus along the affected dermatome(s). Significant and prolonged pre-eruptive pain mimics many acute conditions. After the prodromal phase, painful erythematous eruption develops and is followed by vesicle and pustules formation that clustered into a dermatomal arrangement. It then evolves into erosions, crusts, hemorrhage, necrosis, dyspigmentation & scarring. Persistent hemorrhagic or disseminated lesions may indicate underlying immunosuppressed status. HZ can be severe in those with eczema and immunosuppressed patients.

Differential diagnosis

The differential diagnoses include zosteriform herpes simplex, cellulitis/erysipelas with hemorrhage and

blistering, contact dermatitis/burns, insect bites, bullous pemphigoid and pemphigus vulgaris.

Complications

The most common complication of HZ is post-herpetic neuralgia (PHN). Other common complications of HZ include scarring and hyperpigmentation of skin, and secondary bacterial infection of the rash. Other neurological complications include loss of sensation, allodynia, cranial and motor neuron palsies, and meningoencephalitis. Herpes zoster ophthalmicus, which may occur in 25% of HZ cases, results from reactivation in the ophthalmic division of the trigeminal nerve. Keratitis occurs in about two-thirds of patients with herpes zoster ophthalmicus. It may lead to chronic ocular inflammation, vision loss, and debilitating pain. Ramsay Hunt syndrome occurs in 0.2% of HZ and is caused by varicella zoster infection of facial and auditory nerves. It is characterized by vesicular rash in pinna, ipsilateral facial paralysis, and otalgia and may result in corneal abrasions and ulcers, if eye-lid closure is impaired, secondary infection with bacteria, postherpetic neuralgia, permanent facial paralysis, long term ipsilateral hearing loss and tinnitus. Disseminated infection occurs rarely and is more likely in immunocompromised patients. It may present as dermatomal rash followed by dissemination, or as diffuse rash. Visceral involvement may occur, especially hepatitis, pancreatitis, or central nervous system disease.

Diagnosis

The diagnosis of HZ is usually clinical, based on recognition of the distinctive presentation and rash. When rash is atypical, fluid obtained from vesicles may be evaluated with viral culture, Tzanck smear or viral antigen detection.

Acute Treatment

The aim of treatment for HZ is to accelerate the healing of the zoster rash, reduce the duration and severity of pain, and decrease the risk of complications. Systemic antiviral therapy is recommended as first-line treatment for all immunocompetent patients with HZ with the following features: (1) ≥50 years of age (2) severe acute neuralgia (3) ophthalmic zoster (4) extensive, hemorrhagic or necrotic lesions (5) persistent or progressive disease (6) Ramsay-Hunt syndrome (7) low sacral zoster (8) on immunosuppressive agents or (9) severe eczema. It should be initiated within 72 hours of rash onset for 1 week, which may speed up healing and reduce postherpetic neuralgia. We can still consider antiviral treatment in any patient who presents > 72 hours after rash formation, particularly if new vesicles are forming or complications occur. Acyclovir 800mg 5x/day or valacyclovir 1g tds or famciclovir 250mg tds for 1 week if normal renal function are approved by the U.S. Food and Drug Administration (FDA) for the acute treatment of HZ. These antiviral agents are guanosine analogue and phosphorylated by viral thymidine kinase

and cellular kinases to a triphosphate form that inhibits viral replication. All three drugs are available in a generic form, although acyclovir is significantly less expensive than famciclovir or valacyclovir. However, valacyclovir and famciclovir have the advantage of greater bioavailability and easier dosing schedule. Topical antiviral agents are not effective. For acute pain management, patients with mild to moderate pain may be managed with acetaminophen or NSAIDs, alone or in combination with a weak opioid analgesic (e.g., codeine) or tramadol. For moderate-to-severe pain, strong opioid analgesic (oxycodone, morphine) can be used. If pain does not rapidly respond to opioid analgesics or if opioids are not tolerated, the prompt addition of an adjunctive therapy, including anticonvulsants (gabapentin or pregabalin), tricyclic antidepressants (such as nortriptyline), and corticosteroids should be considered. Other supportive measures include topical or systemic antibiotic for secondary bacterial infections and wound care. Patients with HZ who are immunosuppressed, pregnant or having complications should be referred to specialist for management.

Management of PHN

PHN is a chronic neuropathic pain syndrome caused by peripheral sensory nerve damage and altered central nervous system signal process. It is defined as pain that persists for >90 days after the onset of HZ rash, can persist for months or years. PHN occurs in 8%-30% of shingles cases. Incidence in the elderly is much higher ranging from 19%-73%. Tricyclic antidepressants (amitriptyline, nortriptyline), gabapentin, pregabalin, opioids, topical lidocaine patches and topical capsaicin cream are effective for treatment of postherpetic neuralgia. Among these medications, the US Food and Drug Administration (FDA) has approved gabapentin, pregabalin and lidocaine 5% patch as the first line therapy while the capsaicin 8% cream as the 2nd line therapy. Combination therapy of gabapentin plus either nortriptyline or morphine may be more effective than any of these agents as monotherapy.

Prevention

HZ and PHN are preventable conditions. There is a live, attenuated vaccine formulated from the same strain used in VARIVAXTM [Varicella Virus Vaccine Live(Oka/Merck)] but is of higher potency, at least 14X higher than that of the corresponding chickenpox vaccine. This higher viral potency is required to yield a satisfactory boost of cell-mediated immunity in older adult.

1. indications

Zoster vaccine is indicated for individuals 50 years of age or older for prevention of HZ and PHN, reduction of acute and chronic zoster-associated pain.

2. Contraindications

Zoster vaccine is contraindicated in patients with history of anaphylactic reaction to gelatin, neomycin, or other vaccine component, primary and acquired immunodeficiency states, immunosuppressive therapy (including high-dose corticosteroids), active untreated tuberculosis and pregnancy.

3. Efficacy

In the Shingles Prevention Study (SPS) (participants are adults aged >60 years), zoster vaccine reduces the incidence of HZ by 51.3%, the incidence of PHN by 66.5% and the burden of illness associated with shingles by 61%. Zoster vaccine was more efficacious in reducing HZ in people aged 60-69 years compared with those aged >70 years. However, efficacy in reducing the incidence of PHN and the burden of illness of HZ was similar across both age groups. Furthermore, in people aged >80 years, vaccine efficacy was lower and not statistically significant. Clinical trial showed that the zoster vaccine could reduce the incidence of HZ by about 70%. On the basis of Short-Term Persistence Study (STPS), the duration of protection from HZ vaccination is unknown beyond 7 years and the need for revaccination has not yet been defined.

4. Adverse effects

The SPS also showed that zoster vaccine had a favourable safety profile. The most common side-effects were injection site reactions, occurring in 48.3% of vaccine recipients compared with 16.6% in placebo recipients. However, most injection site adverse experiences were reported as mild in intensity. The rate of systemic symptoms was greater in vaccinees (zoster vaccine 6.3% vs. placebo 4.9%), with the most frequently reported systemic symptoms being headache.

5. Administration

It is given as a single dose by subcutaneous injection. It is suggested that zoster vaccine could be given at least one year following the last episode of HZ. Zoster vaccine and Pneumovax 23 should not be given concurrently due to possible reduction in immunogenicity of the zoster vaccine. If zoster vaccine is to be given around the same time as another live viral parenteral vaccine (e.g. MMR, yellow fever), the vaccines should be given either at the same visit or at least 4 weeks apart.

Conclusion

Herpes zoster is very common and ~ 30% of patients will have HZ during their lifetime and the most important risk factor is increasing age. Dissemination of cutaneous infections may reflect immune status of patients. Zoster vaccine and early treatment with antivirals are the only measures proven to prevent PHN. Zoster vaccine is a safe and effective measure to reduce HZ and PHN for patients aged >50.

Next meeting

The next meeting will be on 6 September 2014 (Saturday). The guest speaker is Dr. Hau Kwun Cheung, Specialist in Dermatology. He will speak to us on common dermatoses in daily practice.

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

**1st comprehensive certificate course on
OSTEOPOROSIS MANAGEMENT by
Hong Kong College of Family Physicians**

**Course content is constructed by
2 reputable organizations :**



The Hong Kong Osteoporosis Foundation was established by a group of medical and healthcare workers and community leaders to combat osteoporosis.



金色年華關注組
PMW Health Alliance

PMW Health Alliance comprises a multidisciplinary panel of respected doctors strives to promote and increase awareness that healthy ageing and a better quality of life are real and attainable goals, after menopause, for most women living in Hong Kong.

8 renowned speakers

- o specialize in Endocrinology, Family Medicine, Geriatric Medicine, Obstetrics & Gynaecology, Orthopaedics Surgery, and Physiotherapy & Rehabilitation
- o share their valuable clinical knowledge and practical experience on **Osteoporosis Management** in 4 sessions

**LIMITED
Seats
AVAILABLE**

For registration and other details,
please refer to
Family Physicians Links August Issue!
Or contact Takeda medical representatives
at 2133 9800.

Sponsored by



Certificate Course on Osteoporosis

Sponsored by Takeda Pharmaceuticals Company Limited

Dates	:	14, 21 September, 12 & 19 October 2014 (Sundays)
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 Osteoporosis
Course Fee*	:	HKCFP Members – Complimentary 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	:	60 doctors

Programme Schedule

Dates	Topics	Speakers
14 Sept 2014 (Sun)	Lecture 1	Prof. LAM Tsz Ping <i>Assistant Professor (Clinical), Department of Orthopaedics & Traumatology, CUHK</i>
	Lecture 2	Mr. KWOK Wai Leung, Anthony <i>Deputy Director & Lecturer, MSc MMR Programme, Department of Orthopaedics and Traumatology, CUHK</i>
21 Sept 2014 (Sun)	Lecture 1	Dr. YIP Wai Man <i>Specialist in Geriatric Medicine, Private</i>
	Lecture 2	Dr. IP Tai Pang <i>Consultant, Department of Medicine, TWH</i>
12 Oct 2014 (Sun)	Lecture 1	Dr. CHOY Tak Kee, Dicky <i>Centre Physician, Jockey Club Centre for Osteoporosis Care and Control, CUHK</i>
	Lecture 2	Dr. LAW Sheung Wai <i>Consultant, Department of Orthopaedic & Traumatology, PWH</i>
19 Oct 2014 (Sun)	Lecture 1	Dr. LAM Siu Keung <i>Specialist in Obstetrics & Gynaecology Consultant, Prestige Medical Centre</i>
	Lecture 2	Dr. LAU Chi Yuen <i>Specialist in Orthopaedics & Traumatology, Chi Medical Centre</i>

*** 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 on Osteoporosis"** and enclosed please find the appropriate course fee payment.

Name: _____ Tel: _____ Date: _____

Email: _____

Training Course of Research & Biostatistics for Medical Professionals

Objectives:

- Introduction on different schemes of study designs
- Elaborate on different common biostatistics used in clinical practice
- Critically appraising research articles and applying the useful findings in our patient care
- Enhance our interest and ability in clinical research in primary care

Dates	: 9 Aug, 16 Aug, 30 Aug & 13 Sep, 2014 (Saturdays)
Time	: 2:00 p.m. – 5:00 p.m.
Venue	: Council Chamber, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, H.K.
Target group	: Primary care professionals who are interested in attaining the basic research skill and learning more on biostatistics
Course Fee	: Members – HK\$1,200 for whole course (HK\$500 for each spot admission) Non-members – HK\$2,400 for whole course (\$800 for each spot admission) (All cheques payable to “HKCFP Education Ltd”. All fees received are non-refundable and non-transferable).
CME/ CPD Points	: HKCFP : 3 CME points for each session (Cat 4.4) MCHK : 3 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	: 30 doctors

Programme Schedule

Dates	Topics	Speakers	Moderators
9 Aug (Sat)	<ul style="list-style-type: none"> - Introduction to medical research - Research governance and ethics - Types of research - Observations studies: case control study, survey, cohort study - Interventional studies, randomized control trial (RCT) 	Dr. Chin Weng Yee	Dr. Chan Man Li
16 Aug (Sat)	<ul style="list-style-type: none"> - Basic principle of formulating a research question - Hypothesis setting - Using and setting questionnaires in research - Data collection and entry: care to be taken of 	Prof. Wong Yeung Shan, Samuel	Dr. Sze Hon Ho
30 Aug (Sat)	<ul style="list-style-type: none"> - Calculation of sample size - Sampling method: randomization, simple sampling, stratified sampling - Classification of data - Descriptive statistics - Significance tests - Interpretation of confidence interval, p-value, relative risk, odd ratio, risk reduction - Introduction to common statistical software 	Dr. Wong Kai Choi	Dr. Chung Sze Pok, Zabo
13 Sep (Sat)	<ul style="list-style-type: none"> - Literature review for research - Writing up a research protocol/proposal - Writing up a research report - Publishing your research finding 	Prof. Wong Chi Sang, Martin	Dr. Fu Sau Nga

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

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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 “Training Course of Research & Biostatistics for Medical Professionals”.

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.

6 September 2014 Saturday

Board of Education Interest Group in Dermatology

Aim	To form a regular platform for interactive sharing and discussion of interesting dermatological cases commonly seen in our daily practice	
Theme	Common Dermatoses in Daily Practice	
Speaker	Dr. Hau Kwun Cheung Specialist in Dermatology	
Co-ordinator & Chairman	Dr. Lam Wing Wo, Edmund The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m. Lunch 2:00 p.m. – 4:00 p.m. Theme Presentation & Discussion	
Venue	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	
Admission Fee	Members Free Non – members HK\$ 300.00 HKAM Registrants HK\$ 150.00	
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CPD points HKCFP (Cat. 3.15) 2 CME points MCHK	
Language	Lecture will be conducted in English and Cantonese.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	
Note	Participants are encouraged to present own cases for discussion. Please forward your cases to the Co-ordinator via the College secretariat 2 weeks prior to meeting.	

HKCFP would like to thank HKMA for supporting this educational activity.

Sponsored by
HOE

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.

August's session:

Date	29 August 2014 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	Latest Update of the Management of Chronic Pain – Dr. Martin Johnson
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.

September's session:

Date	26 September 2014 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	1. Medical-legal Alert on Dermatology & Cosmetic Medicine – Mr. Chris House Richards Butler 2. Pitfalls in Cosmetic Medicine in General Practice – Dr. Foo Kam So, Stephen
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
13 September 2014 14:15 - 16:15	Training Room II, 1/F, OPD Block Our Lady of Maryknoll Hospital 118 Shatin Pass Road, Wong Tai Sin, Kowloon	ENT Update – Management of Salivary Gland Diseases and Thyroid Nodules Dr. Siu Kwan NG Consultant (ENT), PWH	Ms. Clara Tsang Tel: 2354 2440
27 September 2014 1) 14:00 – 14:40 2) 14:55 – 15:35	Block M, Lecture Theatre, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon, Hong Kong	1. Common Skin Problem in General Practice – Fungal Infection Dr. CHAN Hau Ngai, Kingsley Dermatologist, Private Practice 2. Common ENT Problem in General Practice – Vertigo Dr. John CHAN Associate Consultant (ENT), QEH	Ms. Noel Au-yeung Tel: 2958 8608 Fax: 2958 8614

Structured Education Programmes

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

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
3 September 14 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Principle of Medical Ethics Dr. Tsui Felix, Dr. Yuen Ching Yan	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Rational prescription Dr. Wong Hong Kiu Queenie, Dr. Pun Yat Hei	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Pathological Gambling and Surfing Dr. Steve Yeung, Dr. Lee Sum	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m.	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Angry / Manipulating Patients Dr. Kam Ting Ting	Ms. Elaine Cheung Tel: 2589 2479
4 September 14 (Thur)			
2:15 – 5:15 p.m.	Meeting Room 1, 1/F, Block F, UCH	Rational prescription Dr. Mok Ka Yee, Dr. Lee Shek Hang	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Journal Club(Sharing of Journals related to emergency primary care) Dr. Sze Chung Fai, Dr. Tang Hoi Yan	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Review of FM training Dr. Wong Man Ying Michelle	Ms. Kwong Tel: 2595 6941
10 September 14 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	How to Handle Patient with Poor Drug Compliance Dr. Chan Ka Ho, Dr. Wan Ka Yan	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Family and Health Dr. Ching Roasemary Hin Nga, Dr. Xu Shaowei	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m.	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Alcoholism: How to Help Patient to Quit Alcohol-abuse? Dr. Long Ka I	Ms. Elaine Cheung Tel: 2589 2479
11 September 14 (Thur)			
2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Common Paediatric Surgical conditions in Family Practice / Case presentation (Pardiatic cases) Dr. Liu Kam Wing Kelvin, Dr. Lee Edna Tin Wai	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Health Care System in UK Dr. Sung Cheuk Chung, Dr. So Lok Ping	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Homosexuality Dr. Lee Ho Ming	Ms. Kwong Tel: 2595 6941
17 September 14 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Adverse Incident Report System Dr. Tong Ka Hung, Dr. Pang Kit Hing	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Adult emergency in general practice Dr. Ying Gard Ching Derek, Dr. So Tsang Yim	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m.	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Updates in Immunisation/ Vaccination: from Childhood to Adult Dr. Tseung Kwan Hang	Ms. Elaine Cheung Tel: 2589 2479
5:00 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	How to Set up Private Clinic Dr. Shek Chun Chiu	Ms. Crystal Law Tel: 2632 3480
18 September 14 (Thur)			
2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Adult emergency in general practice Dr. Leung Ching Ching, Dr. Tsui Hiu Fa	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Manpower Management for the Private Clinic Dr. Ho Tsz Bun	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Consultation skill Dr. Sin Ming Chuen	Ms. Kwong Tel: 2595 6941
24 September 14 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Medical Tourism Dr. Chan Ham	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Living will, Advanced directive & Guardianship Board Dr. Lee Wing Mei Dickinson, Dr. Lam Wing Sze	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Chronic Heart Disease (IHD, AF, HF) Dr. Steve Yeung, Dr. Lee Sum	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m.	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Emergency Facilities in Clinic Dr. Cheng Ching Shui	Ms. Elaine Cheung Tel: 2589 2479
25 September 14 (Thur)			
2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Living will, Advanced directive & Guardianship Board Dr. Kwok Yee Ming Elaine, Dr. Chan Wing Chi Annie	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Health Maintenance Organization (HMO) Dr. Sze Lung Yam, Dr. Yiu Chung Ting	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Headache Dr. Lau Cheuk Nam Mathew	Ms. Kwong Tel: 2595 6941

CURRENT DEVELOPMENTS IN MEDICAL PRACTICE



Date : Sunday, 14 September 2014
Venue : Ballroom, JW Marriott Hotel Hong Kong

08:50 – 09:00	Welcome	Dr. Walton LI
09:00 – 09:30	Keynote Lecture 1: A Decade of Advances in Percutaneous Coronary Intervention	Dr. Vincent KWOK
	Symposium 1 Orthopaedic / Traumatology	Chairperson Dr. Stephen WU Dr. Michael LI
09:30 – 09:45	Cervical Radiculopathy and Myelopathy – Diagnosis and Treatment	Prof. Keith LUK (HKU)
09:45 – 10:00	Managing Osteoporotic Fractures: Typical and Atypical	Dr. MAK Kan Hing
10:00 – 10:15	Recent Updates on Arthroscopic Surgery	Dr. Jimmy WONG
10:15 – 10:30	The Recent Advances in Hip Reconstruction	Dr. TANG Wai Man
10:30 – 10:40	Q & A	
10:40 – 11:00	Coffee Break	
	Symposium 2 New Developments	Chairperson Dr. Raymond LIANG Dr. WONG Wai Sang
11:00 – 11:15	The Armamentarium of Urology	Dr. Steve CHAN
11:15 – 11:30	Neurology for the Non-Neurologist	Dr. TSOI Tak Hong
11:30 – 11:45	Diet for the Irritable Bowel	Ms. June CHAN
11:45 – 12:00	Why should I see an Oncologist?	Dr. Rico LIU
12:00 – 12:10	Q & A	
12:10 – 13:00	Li Shu Pui Lecture Update on Infectious Diseases and Implications for Clinical Practice	Chairperson Dr. Raymond YUNG Prof. Peter V CHIN-HONG (UCSF)
13:00 – 14:00	Lunch	
	Symposium 3 Cardiology	Chairperson Dr. Elaine CHAU Dr. AU-YEUNG Kai Ming
14:00 – 14:15	Update on Interventional Cardiology 2014	Dr. Duncan HO
14:15 – 14:30	How to Manage Atrial Fibrillation in 2014?	Dr. Kathy LEE
14:30 – 14:45	Device Therapy in Cardiology	Dr. Elaine CHAU
14:45 – 15:00	Minimally Invasive Heart Valve Surgery	Dr. Timmy AU (QMH)
15:00 – 15:10	Q & A	
15:10 – 15:40	Keynote Lecture 2 : Precision Knee Arthroplasty Surgery	Dr. Stephen WU
15:40 – 16:00	Coffee Break	
	Symposium 4 GP Forum	Chairperson Dr. LAI Kar Neng Dr. PANG Siu Leung
16:00 – 16:15	Oncology Made Simple	Dr. Stephen CHAN (CUHK)
16:15 – 16:30	Essential Neurology	Dr. Patrick LI
16:30 – 16:45	Recent Developments in “Imaging”	Dr. Gladys LO
16:45 – 17:00	Assisted Reproduction – Current Status	Prof. HO Pak Chung (HKU)

**Content is subject to change without prior notice*

REGISTRATION IS ON A FIRST COME, FIRST SERVED BASIS

Reserve your place by phone: 2835 8800 or at www.hksh.com/lsp-registration

CME Accreditation Pending | CNE 5.5 points | CPD (Allied Health) 6 points

Registration Deadline: Friday, 29 August 2014 | For Medical Professionals Only

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10 Aug 1:00 – 4:00 p.m. Certificate Course on "Know Pain Campaign"	11	12	13 2:15 – 7:15 p.m. Structured Education Programme	14 2:15 – 7:00 p.m. Structured Education Programme	15	16 2:00 – 5:00 p.m. Biostatistics Certificate Course 2:30 – 6:00 p.m. Pre-Exit Exam Workshop
17 1:00 – 4:00 p.m. Certificate Course on "Know Pain Campaign"	18	19	20 2:15 – 7:15 p.m. Structured Education Programme 9:00 p.m. Protracted AEC	21 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. HKCFP Council Meeting	22 7:00 - 9:30 p.m. Pre-Exit Exam Workshop - Video Session	23 2:30 – 5:30 p.m. AEC 2014
24 9:30 a.m. – 12:30 p.m. Conjoint Written Examination 2014 – KFP Segment	25	26	27 2:15 – 7:15 p.m. Structured Education Programme 9:00 p.m. Protracted AEC	28 2:15 – 7:00 p.m. Structured Education Programme	29 2:30 – 3:30 p.m. Board of Education – Video Session	30 2:00 – 5:00 p.m. Biostatistics Certificate Course
31 9:30 a.m. – 1:00 p.m. Conjoint Written Examination 2014 – MCQ Segment 2:00 p.m. Conjoint Exam 2014 - MCQ Standard Setting Meeting	1 Sep 6:00 p.m. Conjoint Exam 2014 - MCQ Standard Setting Meeting	2	3 2:15 – 7:15 p.m. Structured Education Programme 9:00 p.m. Protracted Post AEC	4 2:15 – 7:00 p.m. Structured Education Programme	5	6 1:00 – 4:00 p.m. Interest Group in Dermatology 2:30 – 5:00 p.m. DFM Consultation Skills Workshop I
7 1:00 – 4:00 p.m. Certificate Course on "Know Pain Campaign"	8	9	10 2:15 – 7:15 p.m. Structured Education Programme 9:00 p.m. Protracted Post AEC	11 2:15 – 7:00 p.m. Structured Education Programme	12	13 2:00 - 5:00 p.m. Certificate Course on Biostatistics
14 1:00 – 4:00 p.m. Certificate Course on Osteoporosis	15	16	17 2:15 – 7:15 p.m. Structured Education Programme 9:00 p.m. Protracted Post AEC	18 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. HKCFP Council Meeting	19 1:00 – 3:30 p.m. CME Lecture 9:00 p.m. Board of Conjoint Examination Meeting	20 2:30 – 5:00 p.m. DFM Practice Management
21 1:00 – 4:00 p.m. Certificate Course on Osteoporosis	22	23	24 2:15 – 7:15 p.m. Structured Education Programme 9:00 p.m. Protracted Post AEC	25 2:15 – 7:00 p.m. Structured Education Programme	26 2:30 – 3:30 p.m. Board of Education – Video Session	27 2:30 – 4:30 p.m. Interest Group in Counseling
28 2:30 – 5:00 p.m. DFM Orthopaedic Injection Workshop	29	30	1 Oct	2	3	4

FP LINKS EDITORIAL BOARD 2014

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Deputy Editors: Prof. Martin Wong Dr. Natalie Yuen		<i>Section Coordinator (News Corner)</i>



Back row (left to right): Dr. Ho Ka Ming, Dr. Chan Man Li, Dr. Fok Peter Anthony, Dr. Sze Hon Ho
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

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