Part 2

The Development of Family Medicine in Hong Kong

The Turning Point for Family Medicine Development

(Quoted from *The Hong Kong Practitioner* 2003; 25:529-530)

Although Family Medicine is now established as a distinct specialty, there is a feeling that it is still not enjoying the same status as the other "conventional" specialties. The practical solution is to move from advocacy to action... Both Universities have developed many good postgraduate programmes in Family Medicine, to meet the local needs despite the small size of their academic staff. Local academics have also initiated various innovative projects which are gaining international recognitions. The development is promising but it has also brought with it big challenges.

Albert Lee

A Journey through
Medical Education in Family Medicine
– The University of Hong Kong

Professor Cindy L K Lam

Head of Family Medicine Unit,
The University of Hong Kong

The Past

When I was young, my favourite TV programme was 'Dr Welby', a show that told stories of how a family doctor cared for his patients and their families. When I got into medical school and started learning to be a doctor, I did not see medicine like that practised by 'Dr Welby'. I was somewhat confused, but I could not tell what was wrong.

I eventually graduated and my first post was as a medical officer (MO) in a government general outpatient clinic (GOPC), providing medical care to 120 patients six-and-a-half hours per day (eight hours minus one hour of lunch and two 15-minute tea and toilet breaks). I must confess that, during my first year of work, I had no idea how to deal with most of the illnesses that were presented to me, including the very common upper respiratory tract infections. I searched my brain's memory bank, lecture notes and textbooks but could not get much for help. It was then that I realized what was wrong with my undergraduate medical education: it had omitted the biggest proportion of illnesses and the most common type of health care. There used to be an assumption that a doctor who had been taught about serious diseases would automatically know how to treat the minor illnesses. It was soon realized not the case.

The Beginning

Shortly after I graduated, a review by the General Medical Council raised a concern about the lack of teaching in general practice in medical schools in Hong Kong, which in due course prompted the introduction of the discipline to the undergraduate medical curriculum. And in 1985, after a few years of planning and with the kind support of Professor David Todd, the General Practice Unit with one full-time lecturer and one medical officer was established in the Department of Medicine in the University of Hong Kong. The Unit was renamed the Family Medicine Unit in 1998 in line with local and international nomenclature. In 1985, the then Hong Kong College of General Practitioners (HKCGP) made a donation of an endowment fund to each medical school to support an annual visiting professorship to visit the respective family medicine units to provide the much-needed support and advice from internationally renowned academics. In order to stimulate students' interest in family medicine, the College has also donated a handsome prize (currently HK$5,000) for the student who performs the best in family medicine each year.

The Present

Over the years, the General Practice Unit of the University of Hong Kong has grown in its faculty and curriculum time. At the beginning, each student received no more than 20 hours of teaching of general practice in the form of seminars and supervised consultations in their fourth-year Medicine Senior Clerkship. In 1989, a designated clerkship in general practice was established in the medical curriculum to clearly identify general practice as an independent and distinct discipline. A chair professorship in Family Medicine, the Dr Sun Yat-Sen Chair, was endowed from 1994 to 2002 thanks to a donation from the Chan Tat Chee Memorial Fund through the generous support of Dr Peter C Y Lee.

A third-year medical student carrying out a consultation in the real primary care setting under supervision

As of 2006, the Unit has four academic staff and more than 150 honorary clinical teachers offering 147 hours of teaching (a seven-fold increase since the founding of the Unit) on primary care/ family medicine to each medical student. The programmes are spread over all five years of the undergraduate curriculum with the aim of showing students the application of family medicine to all patients and the role of primary care as part of the whole health-care system. The current undergraduate teaching programmes in family medicine and primary care are summarized in Table 1. It is our Unit's mission that all our graduates appreciate the importance of primary care and the principles of family medicine, and our hope that many will aspire to further training in family medicine for a career in primary care.

Staff and honorary clinical teachers of the Family Medicine Unit, and Professor Carol Herbert, HKCFP Visiting Professor in Family Medicine, taken at the 2006 Family Medicine Teachers Meeting of the Family Medicine Unit, The University of Hong Kong

The Impact

A great deal of the generic knowledge, skills and attitude of an effective doctor are learned in the context of family medicine being practised in primary care. The most notable are the interaction of physical, social, and psychological factors in illnesses, the hypothetical deductive problem-solving skills, and patient-centred care (Table 2). Undergraduate

Medical students learning family medicine through video review of their consultations in primary care with a specialist in Family Medicine, Dr Tony Lee

education in family medicine and primary care has created an opportunity for teaching by practising family doctors in the community. Our undergraduate programmes are made possible and sustainable only with the contributions of many fellows and members of the Hong Kong College of Family Physicians who teach students in their practices, tutor problem-based learning (PBL) tutorials, and coach students on consultation skills.

The nature of family medicine requires the use of innovative teaching methods, such as review of video-taped consultations, problem-based learning and community-based teaching. This has brought about a paradigm shift from the traditional teacher-and-hospital-centred methods to the student-and-community-centred approach in medical education in Hong Kong. Since our Unit introduced review of video-taped consultations in 1986, this method has become more widely used and is now indispensable for the clinical interpersonal skills programme of the medical curriculum. Problem-based learning (PBL) was first incorporated into the tutorials for the Family Medicine Clerkship in 1992, which in turn laid the foundations for the current PBL medical curriculum of the University of Hong Kong introduced since 1997.

The Conclusion

Our medical students now see many real-life 'Dr Welbys' during their undergraduate training. Our graduates are prepared to work in or work with primary care. They will also be able to manage the most common problems, including upper respiratory tract infections, uncommonly well, and to care for people with illnesses instead of treating diseases only.

We have come a long way since we started our undergraduate teaching in family medicine. But there is no end to this journey because there are always more treasures in our discipline to be discovered by our students.

Problem-based learning tutorials of HKU MBBS students

Table 1: Family Medicine and Primary Health Care Programmes, MBBS Curriculum, the University of Hong Kong

Learning Activities and Objectives	No. of Sessions	Contact Hours per Student
Year I - Clinical Visit Programme		
Seminar on health-care system in Hong Kong	1	2
Visit to cardiopulmonary assessment service	1	3
Year II - Clinical Visit Programme		
Seminars i. Services of the Department of Health ii. TCM and Dental Health Services in primary care in Hong Kong	2	4
Visits to different preventive and medical health services in primary care, including health-assessment centres, general practice/ GOPC, preventive health service under the Department of Health, as well as to TCM Clinics and Dental Health Clinics	5	15
Year III - Junior Clerkship in Family Medicine		
Whole-class Lectures on Family Medicine i. Principles and Concepts of Family Medicine ii. Clinical Problem Solving in Primary Care iii. Upper Respiratory Tract Infections iv. Differentiating the normal from the abnormal	4	4
Group Seminars i. Introduction ii. Consultations in Family Medicine	2	3
Consultation at Family Medicine Clinics - 2 sessions of observed consultations - 2 sessions of review of video-taped student consultations	4	16
Attachments at Family Practices to two different family practices in the community	4	12
Debriefing session - To reflect on the learning during the clerkship - To discuss the ethical issues of family practice	1	3
Year IV/V - Family Medicine Clerkship		
Introductory seminars on the principles and concepts, consultations and management in Family Medicine and common problems in primary care	6	12
Patient consultations under supervision with one video-taped consultation review	6	25

Table 1: Family Medicine and Primary Health Care Programmes, MBBS Curriculum, the University of Hong Kong (cont)

Learning Activities and Objectives	No. of Sessions	Contact Hours per Student
Problem-based Learning Tutorials to - problem-solve undifferentiated problems - critically appraise medical evidence and practice - practise management and counselling skills - identify new learning objectives	4	12
Family Medicine Clinic Placements - to work as part of a primary-health-care team - to have experiential learning through consultations with patients in primary care	6	18
Debriefing session - to reflect on the learning during the clerkship - to discuss issues related to the delivery of primary care in Hong Kong	1	3
Year IV and V - Primary Care Programmes in other Specialty Clerkships		
One half-day session per week of learning in the interphone, with primary-care and ambulatory settings in each of six specialty clerkships, to learn about the role and function of primary care services, co-ordination between primary and secondary care, management of common problems in the community, cost-effective use of specialist resources, and the skills of ambulatory care in the context of different disciplines.	5	15
Total		**147**

Table 2: Knowledge, Skills and Attitudes that are Best Learned in Family Medicine

Knowledge - 3 C
Content - common problems, medically unexplained physical symptoms (MUPS), and chronic diseases
Concepts - interaction between physical, social and psychological factors in illnesses, primary, continuing, whole-person, and comprehensive care
Context - the person, family, social norm, health-care system
Skills - 2 D
Deductive problem solving
Doctor-patient relationship
Attitude - 2 P
Patient-centred care
Professionalism

The Evolution of
Undergraduate Family Medicine Training
at the Chinese University of Hong Kong

Professor Albert Lee

Head of Family Medicine,
Department of Community
and Family Medicine,
The Chinese University of
Hong Kong

In 2006, the Faculty of Medicine of the Chinese University of Hong Kong celebrated its 25th anniversary. Looking back over its history, the training of new generations of community-minded doctors *with an emphasis on primary care* was one of the key missions reflected in the Faculty of Medicine Information Sheet dated April 1979.

The academic discipline of family medicine started with a small group of academic staff in 1984. At that time the academic discipline of family medicine in many western countries was still at the developmental stage, and so our colleagues needed to put in extra effort in developing the teaching programmes. It was very fortunate that the Hong Kong College of General Practitioners (name changed in 1997 to the Hong Kong College of Family Physicians) was established in 1977 as the first local academic medical college in Hong Kong, at which time the community at large was just beginning to understand the professionalism of family physicians (FPs)/ general practitioners (GPs). To be a good generalist, a unique set of skills should be acquired. The establishment of a local academic college no doubt synergized the development of undergraduate medical education in family medicine.

Lek Yuen Health Centre

1981 to 2001: Location of Department of Community and Family Medicine since its establishment

1984 to June 2004: FM Teaching Clinic (under Department of Health)

July 2004 to June 2005: Lek Yuen Health Centre under Hospital Authority

July 2005 till now: LYGOPC under management of Professor Albert Lee. Hononary Consultant i/c appointed by Hospital Authority

Unlike hospital-based teaching, the clinical teaching of family medicine should be carried out in the community. The teaching clinic was established in 1984 with first cohort of students commencing their clinical attachment at the Lek Yuen Health Centre since the teaching hospital, the Prince of Wales Hospital, was not then in operation. Just as the majority of FPs/ GPs in Hong Kong practise in the community and in the private sector, the utilisation of FPs/ GPs in community practice as clinical teachers has been

Dr Nang-fong Chan's lecture at Lek Yuen Health Centre

widely adopted as in many developed countries to ensure the discipline to be taught in the correct context. As the majority of patients in Hong Kong are attending doctors in the community, local medicine students logically need to learn in that context. During the early 1980s, very few doctors had a higher professional qualification in family medicine and only a very few medical graduates were entering vocational training, and therefore the discipline of family medicine only had a handful of FPs/ GPs available as clinical tutors on an honorary basis during the early years.

While it would take a long time to create a large pool of doctors as qualified FPs to a standard comparable with western countries, there was a need to develop an alternative approach in postgraduate medical education in family medicine. And it would have been impossible to have good undergraduate medical training in family medicine without a critical mass of clinical teachers with postgraduate training. The Diploma in Family Medicine (DFM) was therefore instituted in 1985 with the first cohort of seven candidates, and over the last 20 years the programme has trained over 400 doctors. The DFM was approved by the Hong Kong Medical Council as a quotable qualification in 1999, and the programme further developed into a master's programme in 2003, with the first cohort graduating in 2005, the programme also being approved by the Hong Kong Medical Council as a quotable qualification. This robust postgraduate medical-education programme has helped to develop a large pool of high-calibre clinical teachers in family medicine, and there are now over 200 honorary clinical teachers in the discipline.

Good clinical services in family medicine are also needed to ensure quality teaching. In 1989, Medical Officers from Department of Health started working at the Family Medicine Teaching Clinics under the supervision of academic staff, and the clinic was recognized as a training centre in family medicine by HKCGP. Portacabin consultation rooms were used to increase the capacity of teaching clinics. The Family Medicine Unit

Department of Community and Family Medicine Academic Staff and Founding CFM Chairman Professor Stuart Donnan, 1981-1991

has also pioneered different types of special clinics such as the well woman clinic, hypertension clinic, student medical service, diabetic clinic, community-based rehabilitation service, and nurse-led clinic. The Muffin System was first introduced as a clinicals management system.

OSCE in progress at Lek Yuen Health Centre in 1993

Clinical experience derived from a wide range of services has broadened the scope of clinical teaching in family medicine, and a new era in clinical service development was ushered in with the transfer in 2004 of the management of the entire outpatient service at Lek Yuen Health Centre to the Family Medicine Unit, the whole clinic coming under a unified Clinical Management System with other outpatient clinics under the Hospital Authority. This has increased the capacity of both undergraduate and postgraduate training as well as primary-care health services research.


FM Team at entrance of Lek Yuen Health Centre

Apart from expansion at Lek Yuen Health Centre, the Family Medicine Unit has also initiated a clinical service at the Prince of Wales Hospital Family Medicine Integrated Clinic, after which one of its academic staff was appointed as Honorary Consultant in Family Medicine at Kwong Wah Hospital in 1999 to assist the Hospital in establishing an Education and Training Centre in Family Medicine. The Department has also assisted Yan Chai Hospital in developing a CUHK-affiliated Teaching and Training Centre for Family Medicine. As a result, the Family Medicine Unit has built up a strong network of Family Medicine Training Centres as its core teaching base.

Research is another important scholarly activity for the academic discipline to develop. As in many western countries, the academic family medicine unit commenced its work with the development of education programmes and research applicable to the local setting. During its early years, the unit conducted studies on management of common diseases in primary care, including psycho-social problems, as well as research into primary-care health services, and several research topics have thus far gained international recognition. Research studies on school health and health promotion have attracted grants of over HK$50 million, with

Primary Health Care Conference in 2005

publications in leading international journals and presentations made worldwide. The Unit has also become a regional leader of the International School Health Network and Global Programme for Health Promotion Effectiveness. Research into travel medicine and sexual health has resulted in many publications, awards during international conferences, and the award of competitive grants. Furthermore, research into psycho-social health has evolved to interventional studies attracting competitive grants. The academic staff of the Family Medicine Unit also supervise M Phil and PhD students. Their strong credentials in research have helped significantly strengthen education in family medicine at both undergraduate and postgraduate levels.

Thanks to dedicated pioneering work by our colleagues in the past and present, the undergraduate training programme is now firmly in place. The programme can be broadly divided into two main components, the principles and practice of family medicine and the review of high-prevalence problems and their management in primary care. Apart from classroom teaching and clinical attachment, students are able to further enhance their skills through consulting skills seminars, video-review sessions, home visits, community nursing visits and tutorials. The learning outcomes are now much more well defined (see tables).

Looking forward, the academic discipline of family medicine will continue to foster the development of family medicine and quality primary health care through education and training, clinical and community services, and research.

Table 1: Learning Outcomes of Family Medicine at Undergraduate Level

Adopting the four themes of Learning Outcomes of the University of Southampton

- Population and society
- Individual patient level and families
- Organs and systems
- Cells and molecules

Population and society

- Students should be able to discuss why it is necessary to have basic concepts and skills in Family Medicine in preparing themselves to become doctors
- Describe the general practice morbidity pattern
- Discuss the impact of family on everyday illness and health
- Discuss the role of Family Physicians in promoting better health among the population
- Discuss how Family Physicians can work effectively with professionals from other disciplines within and outside the health sector in delivering quality health care

Individual patient level and families

- Identify the challenges in managing illness presenting in general practice at an early stage in undifferentiated format
- Gain an insight to the main reasons and hidden agenda for general practice consultation
- Learn how to conduct patient-centred interviews and appropriate assessments to formulate diagnostic hypotheses
- Face the challenge of managing patients with multiple/ non-specific complaints
- Develop the concept of the whole person, and comprehensive and continuing care in general practice taking into account the physical, psychological and social aspects of illnesses and not just a disease- or organ-specific approach
- Describe the role of different professionals within and outside the health sector in primary health care
- Describe the role of family members and community in patient self-management
- Understand the role of family physicians in anticipatory care and disease prevention

Organs and systems

- Describe the disease processes of common health conditions in general practice and how family physicians manage those conditions in terms of diagnosis, treatment and monitoring
- Describe the differences in the disease processes of common health conditions in general practice for different age groups

Cell and molecule

Not applicable in Family Medicine

Table 2: Milestone in the Development of the Family Medicine Unit of the Department of Community and Family Medicine

Year	Events
1984	◆ Dr Marilyn Yu, Dr Edward Wu and Dr Nang-fong Chan join as lecturers ◆ Clinical attachment starts
1985	◆ Dr David Chan joins as lecturer ◆ Diploma in Family Medicine (DFM) programme commences
1986	◆ Departure of Dr Edward Wu and Dr Marilyn Yu ◆ Dr Cynthia Chan joins as lecturer ◆ Dr Nang-fong Chan promoted to Senior Lecturer ◆ First cohort of medical students graduates
1987	◆ Dr Gilbert Lui joins as lecturer
1988	◆ Departure of Dr David Chan
1989	◆ First trainee medical officer joins the Unit
1990	◆ Professor David Watson becomes first Professor of Family Medicine ◆ Departure of Dr Gilbert Lui
1991	◆ Departure of Professor David Watson
1992	◆ Appointment of Professor Natalis Yuen as Honorary Professor ◆ Dr Chun-bor Ng joins as lecturer
1993	◆ Departure of Dr Chun-bor Ng ◆ Dr David Chao joins as lecturer ◆ Professor Wesley Fabb becomes Professor of Family Medicine ◆ OSCE used for End of Module assessment
1994	◆ Establishment of the Hong Kong Institute of Family Medicine at Union Hospital ◆ Departure of Dr Nang-fong Chan
1995	◆ Dr Albert Lee joins as lecturer ◆ Dr Warren Rubenstein from Mount Sinai Hospital Family Medicine Centre, Toronto, and Dr Guan Yuan, Head of General Practice Unit of the Beijing Capital Medical University join as Visiting Scholars for a period of six months
1996	◆ Dr Cynthia Chan, Dr David Chao, and Dr Albert Lee given the title of Associate Professor ◆ Retirement of Professor Wesley Fabb
1997	◆ Professor Carol Herbert (now Dean of University of Western Ontario Faculty of Medicine and Dentistry, Canada) appointed as HKCFP Visiting Professor ◆ Professor Yuk-tsan Wun joins as Associate Professor ◆ Professor James Dickinson becomes Professor of Family Medicine ◆ Departure of Professor David Chao ◆ The establishment of Affiliated Teaching and Training Centre at Yan Chai Hospital ◆ Dr Tze-kong Ng joins as temporary Assistant Professor ◆ Dr Joyce T'ang joins as temporary Associate Professor
1999	◆ Professor Albert Lee appointed Honorary Consultant in Family Medicine at Kwong Wah Hospital ◆ DFM granted quotable-qualification status

Table 2: Milestone in the Development of the Family Medicine Unit of the Department of Community and Family Medicine (cont)

2001	◆ New curriculum instituted for Faculty of Medicine ◆ Family Medicine Integrated Clinic opens at Prince of Wales Hospital ◆ Department moves to School of Public Health Building at Prince of Wales Hospital
2002	◆ Departure of Professor James Dickinson ◆ Departure of Professor Yuk-tsan Wun ◆ Professor Albert Lee promoted to Senior Lecturer ◆ Dr William Wong joins as Assistant Professor ◆ Dr Antonio Chuh joins as part-time Assistant Professor
2003	◆ Departure of Professor Cynthia Chan to become first Consultant in Family Medicine at Hospital Authority ◆ Professor Albert Lee given the academic title of Professor ◆ Dr Samuel Wong joins as Assistant Professor ◆ Professor David Weller, James McKenzie Professor of General Practice came as Visiting Professor ◆ Family Medicine Symposium ◆ Master's degree in Family Medicine (MFM) instituted ◆ Hospital Authority takes over all General Out-patient Clinics ◆ End-of-year Combined Clinical Examination adopts a new format of the structured clinical examination based on concepts of diagnostic interview and the management interview used in the Conjoint Fellowship Examination of HKCFP and RACGP ◆ Dr Kwok-wai Chan and Dr Andy Cheung appointed as part-time Clinical Professional Consultants and deputy director for DFM and MFM respectively
2004	◆ Visit of Professor Herbert as External Examiner for MFM ◆ Visit of Professor Michael Kidd (President of Royal Australian College of General Practice) for Post-graduate Diploma in Primary Care
2005	◆ Family Medicine Unit takes over management of entire General Out-patient Clinics and Professor Albert Lee appointed Honorary Consultant in charge ◆ First cohort of Masters of Family Medicine graduate ◆ Dr Antonio Chuh's academic title upgraded to part-time Associate Professor ◆ Dr Shuk-yun Leung joins as part-time lecturer ◆ Dr Martin Wong and Dr Frank Chan appointed as Clinical Officers ◆ Family Medicine Symposium on Musculo-skeletal Health
2006	◆ MFM becomes quotable qualification ◆ Departure of Dr Shuk-yun Leung as part-time lecturer ◆ Visit of Professor Michael Kidd for Postgraduate Diploma in Primary Care ◆ Professor Albert Lee Visiting Scholar to University of Edinburgh General Practice Unit

The Evolution of
the Vocational Training Programme
in Family Medicine

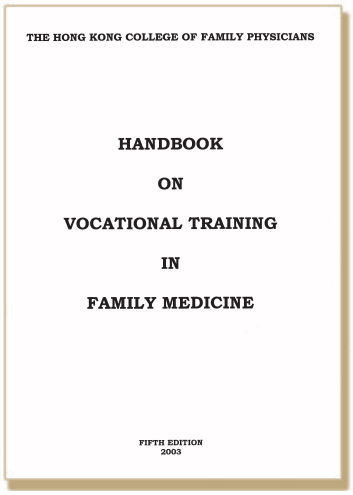
Dr Gene W W Tsoi
Chairman of the Board of Vocational Training & Standards, since 2005

In 1977, a child was born in Hong Kong and subsequently entered one of the local medical schools. After graduation, the young doctor decided to join the Hong Kong College of Family Physicians and enrolled as a trainee in the vocational training programme. In the year 2007 at the age of 30, after four years of basic training and passing the Conjoint Fellowship Examination last year, this doctor was conferred with Fellowships of both the Hong Kong College of Family Physicians and the Royal Australian College of General Practitioners. This young doctor will now proceed to two more years of higher training and take the Exit Examination to become a specialist in family medicine with a Fellowship of Hong Kong Academy of Medicine (Family Medicine).

This young doctor could be one of the new fellows of our College in 2007, the year in which we celebrate its thirtieth anniversary. Not all memories are happy ones, especially in the early years of this College, when training in general practice/ family medicine was unheard of. There were no resources or support from the government. Formal undergraduate teaching and curriculum in general practice was still at its infancy in the local universities. Young fellows of this generation should pay tribute to the vision and endeavours of our predecessors in the creation of a structured vocational training programme for general practice/ family medicine back in 1985.

The first batch of five trainees enrolled in 1985 and completed their prescribed training at the Evangel and Our Lady of Maryknoll hospitals in 1989. The Hong Kong Academy of Medicine was established in 1993. The Hong Kong College of General Practitioners, the forebear of the Hong Kong College of Family Physicians, was one of the foundation colleges when family medicine became recognized as a specialty. A doctor must now complete six years of formal vocational training in family medicine, in addition to other requirements, in order to be eligible for election to Fellowship of the Hong Kong Academy of Medicine (Family Medicine).

The latest figures of trainees in the programme show 481 currently enrolled at different stages of their six-year programme, spread out over a total of 29 hospital-based and 97 community-based training centres accredited by our Board. These centres are the basis of supervised training for the four-year Basic Training programme. Clinical supervisors are appointed by the Board to supervise trainees, and satisfactory feedback must be documented in the training log-books prior to certification of completion of training.



The Board has a dual role: to monitor standards and assure the quality of training. On the one hand, we aim to raise training standards, the quality of the centres and the clinical supervisors, to ensure our trainees get the best opportunities to acquire the knowledge and skills essential for their future careers. On the other, we also aim to ensure that trainees exert their best efforts to comply with the Board's prescribed programme. After all, professional training is always hard work and very often harsh from the point of view of those on the receiving end. Six years is neither too long nor too short in a life-long career, but these are crucial years for laying a sound foundation for personal development, be it clinical acumen or future specialization that translates into better patient care or academic activities such as teaching, training and research.

Our programme has now evolved to a stage where it caters mostly for new graduates after internship, and the curriculum is suitably structured and orientated towards this group of trainees. However, some members of the College have chosen a different route in their career and they may have missed out on the initial vocational training programme. They may have taken up private practice or dropped out of the training programme for various reasons, be it personal or financial. Young female colleagues may have chosen to start a family and could not afford the time and energy for the six-year vocational training programme. These members have still gained knowledge and skills through continuing professional development, such as participation in our College educational activities, and thereby attained quality-assurance certification. Many of them are experienced primary-care providers practicing in the community, some even with higher qualifications in family medicine. These primary-care doctors now constitute quite a significant proportion of the medical service in Hong Kong. Our College is committed to helping them to gain the proper recognition from the Hong Kong Academy of Medicine, and this will take a concerted effort from all of us.

Thirty years have gone by and another thirty years loom in front of us. For the development of our discipline, the way ahead is still long and arduous. In relation to vocational training, the present programme is far too restricted by its evolution over the past twenty years. The Hospital Authority is now the sole provider of basic vocational training in family medicine, although this is not an unique situation among other specialties in Hong Kong. However, there has been no commitment from the Hospital Authority to provide the full six years of training as required by the Hong Kong Academy of Medicine. In 2005, the Health and Medical

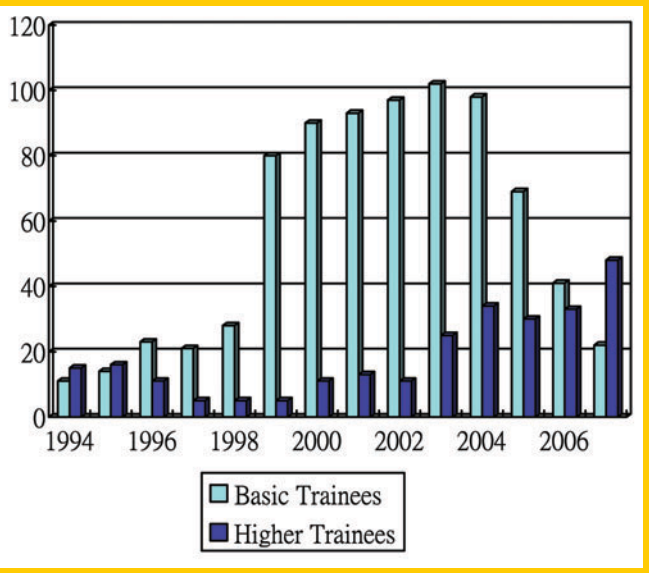
Higher trainee receiving supervision in accredited community training centre

Development Advisory Committee published its discussion paper 'Building a Healthy Tomorrow', which emphasizes the concept and the importance of the family doctor and primary-care services to the community which sounded very encouraging. However, the reality has been a reduction in resources allocated to vocational training in family medicine. I herewith pledge to decision-makers in our government to resolve this contradictory scenario for the good of our future health-care development!

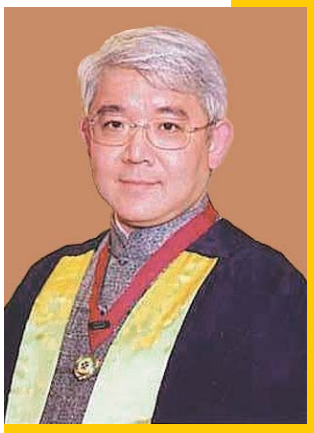
On this 30th Anniversary of the establishment of our College, I wish to congratulate all members and fellows who have dedicated their time, energy and, most importantly, their hearts towards the good of our College. You have laid a solid foundation and helped the Hong Kong College of Family Physicians to firmly establish its position in the medical profession, both locally and internationally. It will be up to the next generation of members and fellows to steer our College in the right direction with confidence and a clear vision.

The flow of Trainees through the HKCFP Training System

Year (January - December)	Number of Newly Enrolled Basic Trainees	Number of Newly Enrolled Higher Trainees
1994	11	15
1995	14	16
1996	23	11
1997	21	5
1998	28	5
1999	80	5
2000	90	11
2001	93	13
2002	97	11
2003	102	25
2004	98	34
2005	71	30
2006	41	33
2007	22	48



The Development of Family Medicine in the Public Hospital System



Dr Daniel W S Chu
Consultant and Cluster Co-ordinator in Family Medicine, HKE and HKW Cluster

Family Medicine (FM) started in Hong Kong with limited training activities at the Evangel Hospital from late 1980 to 1990. In early 1990 the Department of Health (DH) established the first consultant in family medicine providing FM training for some of their medical officers. This was on a small scale because hospital-based trainees were being sent to the Hospital Authority (HA) hospitals which reduced the manpower available to service the DH.

Early Development

After the HA became a statutory organization managing and reforming all public hospitals, the Academy of Medicine (HKAM) was also established as a statutory body that governs the specialist training. The then Hong Kong College of General Practitioners became one of the 13 founding colleges and formalized its training in FM as a 6-year programme on par with all other specialties.

In early 1995, Dr Augustine Lam joined HA as Senior Medical Officer in-charge (SMO i/c) of the Yan Chai General Out-Patient Clinic. I joined the HA in April 1995 as SMO i/c of the first HA Staff Clinic at the Tang Shiu Kin Hospital, which commenced service in 20 June 1995.

In late 1995, I submitted a proposal on the development of training centres for family medicine for the Hospital Authority Head Office (HAHO) 1996 Annual Planning. At the same time our College president Dr Stephen Foo had been actively lobbying for the HA to take up some trainees for FM training. In July 1996, the first two FM Trainee posts were established at Queen Elizabeth Hospital by the then Hospital Chief Executive and our present Secretary of Health, Welfare and Food, Dr York Chow, on his own hospital budget.

While the HA was discussing 'Seamless Healthcare' in its 1996 Annual Plan, Dr Aylwin Chan offered to look into the development of this topic. Dr Chan called me up and we held our first meeting at the Kowloon Tong Club that summer. We shared our vision on the development of family medicine in HA as a means of strengthening primary care. Based on our discussion, I wrote another proposal on the development of FM in the HA and submitted it to the Chief Executive, Dr E K Yeoh, in March 1997. The proposal argued that HA had six doctors trained in FM working in various hospitals who were capable of running an FM training programme. (Dr Yuk-kwan Yiu and Dr Dorothy To also joined HA at the Caritas GOPC and QEH HA Staff Clinic respectively).

Development of FM in Training

The speed of development accelerated by mid-1997 with the addition of three more FM specialists. Together with Dr Aylwin Chan we formed a small FM working group to plan our development. The intake of FM trainees was increased to 20 in July 1997 and this became an official HA training programme. We began holding weekly training seminars at the HAHO.

When we started to plan the hospital-based training, we noticed that our College training manual was difficult for specialists to follow. We developed our own guidelines that specified the actual requirements in an understandable format and content based on the college manual.

By end of 1997 Dr Winnie Chan and Dr David Chao joined our FM planning group. We started to plan for future development knowing that the next intake of FM trainees would be doubled. The most pressing challenge was the lack of training centres to cater for the FM trainees as regards their community-based training. We captured the opportunity of the long waiting times at Specialist Out-Patient Departments and came up with the idea of setting up 'Integrated Clinics' in various hospitals to provide step-down care to stable chronic patients. By 1999, we had set up eight Integrated Clinics of various sizes.

The next challenge was the supply of trainers. We successfully created posts for part-time trainers to provide in-house training on a 12-hours-per-week basis. The arrangement addressed the bottleneck in trainer supply but put a heavy financial burden on the HA and FM because no service element was generated. Financial considerations became more acute with the clusterization of the HA together with the decentralization of financial budgets to the clusters. In response we planned for a gradual cessation of employing private part-time trainers matched by an increase in our in-house trainers through completion of training.

Training seminar at the Prince of Wales Hospital

Generally speaking, the intake of FM trainees increased rapidly from 1999 onwards, peaking in 2002 and 2003, but the sudden increase put a heavy burden on community-based training arrangements. Over the last few years the supply of trainers has been tight, compounded by concern over their quality. In 2002, Dr Yuk-kwan Yiu and I started to discuss with Professor Robin Fraser, the external examiner for our College's exit assessment, the possibility of further training for the trainers. In 2004, I went to Leicester University to observe their training programme and discussed with Professor Fraser the possibility of inviting him to Hong Kong to run a Trainer Training

Workshop. This proposal was taken up by the College and HA separately. The HA subsequently arranged three two-week workshops, each lasting ten full days. Ten participants were strategically chosen to achieve a mixture of senior and junior FM specialists (or to-be specialists). The workshops were held in July and November 2005 and May 2006. The growth and development of the participants was quite evident, and thus encouraged we planned to start our in-house training in 2007. With the increasing number of our in-house trainers, our challenge has moved from assuring the supply of trainers to assuring the quality of training. We also need to consider how to retain these valuable assets through the establishment and development of a career pathway.

Trainee working in Community Geriatric Assessment Team (CGAT)

Development through Services

In the early years of development up to 2002, the official line for the HA's development of FM was for the purposes of training. In 2001 the Health, Welfare an Food Bureau (HWFB) started to plan the transfer of all General Out-Patient Clinics (GOPCs) to HA. A total of five GOPCs were initially chosen as pilot clinics to test out the transfer from late 2001 to March 2002, with the Sai Ying Pun GOPCs being the last one. With this, FM had started to engage in providing service and had gained a solid foothold in the Hong Kong health-care system. Once we completed the set-up of the five pilot GOPCs, discussion of en-bloc transfer of the rest of the GOPCs immediately followed. The tentative date was mid-2003, but the outbreak of SARS in Hong Kong threw our whole planning into disarray. There were talks about postponing the transfer to a later time, but in the end the HWFB decided to stick to the original schedule. In July 2003 all GOPCs were transferred to the HA and managed under FM. Each cluster had its own department of family medicine and primary healthcare and, in 2004, consultant posts were created and we ended up having five FM consultants in the HA.

The takeover of all GOPCs marked a significant turning point for all of us working as coordinators in various clusters. We were suddenly sucked into issues relating to personnel, finance budgeting, manpower planning, and staff management that ate into our time for forward planning, time which is much needed by us in these rapidly changing environment.

Since the takeover of all GOPCs, we have embarked on major hardware improvements in all GOPCs. The first stage was the introduction of the Clinical Management System (CMS) and computerization of GOPC operations. In 2005 Hong Kong Island took the lead in introduction

of Patient-held Records, as suggested by Dr York Chow. It was first piloted in Sai Ying Pun GOPC and completed across the whole island by end of 2005. The whole process is expected to be completed by 2007 across the entire HA. The next endeavour was the revamp of the appointment system and subsequent introduction of the Computerized Telephone Appointment Booking System for episodic cases under the direction of Dr Vivian Taam Wong. This was to address the issue of long waiting queues every morning outside all GOPCs, which made headlines for a few days in the summer of 2005.

In future, GOPCs will be our main base and launching pad for using FM to improve the primary health-care delivery. Our immediate challenge will be the improvement of clinical service. We will focus on disease management and collaboration with private doctors in the caring for the community at the primary health-care level.

At the same time our Integrated Clinics also evolved into Family Medicine Specialist Clinics to manage front-end cases. I anticipate the community will slowly but surely come to appreciate the differences in FM service delivery between the 'General out-patient' type of care in both the public and private sectors.

At the Staff Clinic level we have a role to play in the management of staff health and occupational medicine, starting within the HA.

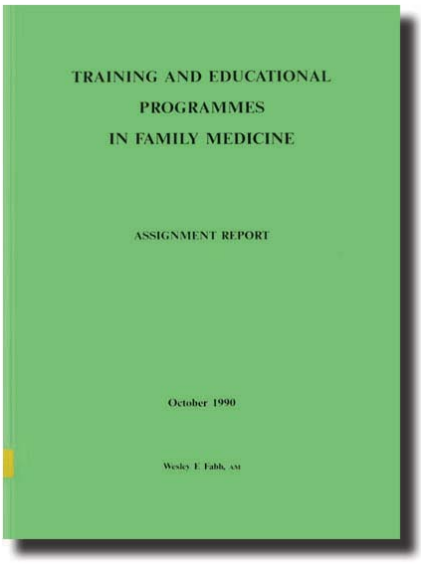
With the discussion paper on the future service delivery model for our health-care system 'Building a Healthy Tomorrow' now under discussion, I envisage FM will grow in Hong Kong, but it will not be an easy road. Everyone needs to put their heads together to contribute and with that we may truly build for Hong Kong a 'Healthy Tomorrow'.

The Development of
Family Medicine Training Centres
in the Department of Health (1992 - 2007)

Dr Luke C Y Tsang
Consultant in Family Medicine, Professional Development and Quality Assurance, Department of Health

The Establishment of Community-based Training Centres in the Department of Health: Ngau Tau Kok Training Centre

The time-honoured Working Party on Primary Health Care, headed by Professor Rosie Young, handed its report to Sir David Wilson, Governor of Hong Kong, in December 1990. In their report, they listed training family physicians or primary-care physicians as a priority (p.11, paragraph 1.25). The Ngau Tau Kok and the Yan Oi Polyclinics were mentioned as future community-based training sites (p.12, paragraph 1.27). This echoed with the recommendations of a slightly earlier Assignment Report (Training and Educational Programmes in Family Medicine), submitted in October 1990 by Professor Wesley Fabb. In October 1992, after a consultant was appointed and in place, the Training and Education Centre in Family Medicine in Ngau Tau Kok commenced operations. It was opened by Sir David Todd.



The 'Fabb' report

Important Events and Development Milestones

The Family Medicine Service (FMS) in the Department of Health (DH) came into being when two Families Clinics (the Hong Kong Families Clinic, at Tang Chi Ngong Polyclinic, and the Kowloon Families Clinic, situated first in L-Block, QEH, and later transferred to Yau Ma Tei Polyclinic in Battery Street in October 1994) were also placed under the change of the Consultant in 1993. This cluster of clinics grew again when the Hong Kong University General Practice Unit (GPU, HKU) moved to Ap Lei Chau and handed the operations of their Clinic at Southorn Centre to FMS. The complement of staff at Southorn Centre was transferred to the Chai Wan Families Clinic when the bigger clinic was ready for commissioning in February 1995.

Due to forces beyond its control, the FMS ceased to exist as from 2002, when its name and role was changed to Professional Development and Quality Assurance (PDQA). Since vocational training is also a specific area in professional development, the original

Hong Kong Families Clinic - Tang Chi Ngong Building

commitment to training of family physicians was permitted to continue with expanded interests in matters related to development of professional colleagues (action research in clinical services, basic life-support skills training of medical and nursing professionals, and holding workshops in EBM, clinical audits, guidelines and counselling skills for professional colleagues in and out of DH). Sentinel work in quality assurance geared towards primary health care also started. In 2003, the PDQA Team participated in managing the three Quarantine Camps during the SARS crisis. During that battle, they showed that their professional commitment was not just on paper, but could be demonstrated in real life.

The most recent change was the move of the administration unit from Ngau Tau Kok Training and Education Centre to Lam Tin Polyclinic in 2006. The change meant some added responsibilities to manage more educational and training facilities, continuing a fine tradition that was once provided by the Public Health Nursing School, DH.

Growth of Community-based Training Centres

In the beginning, apart from the NTK Training Centre, the University Family Medicine Units, University Health Units and some NGO-run clinics (such as the Evangel Hospital, where the Family Medicine training in Hong Kong actually started) were the first primary-care clinics that were eager, ready, and equipped to function as community-based Training Centres for Family Physicians. Some of these were supplied with trainees from the DH and these centres became fertile postgraduate nurturing grounds for many a committed family physicians who are now expert trainers themselves.

Chai Wan Families Clinic

Kowloon Families Clinic

The beginning of the DH Elderly Health Centres, in 1998, with Dr K S Ho as Consultant, covering the 18 districts of Hong Kong, also meant more on-the-job training opportunities for family physicians. Trainees in selected Centres are privileged by rich opportunities in managing and preventing health problems in the

elderly, a skill that is predicted by experts to be in great demand in the not too distant future.

In the same building as the NTK Training Centre is the Ngau Tau Kok Maternal & Child Health Centre (under the DH Families Health Service). Apart from the fact that Dr Margaret Chan used to work there, this centre was once an accredited community-based training centre for family medicine. This clinic specializes in managing women's health problems as well as preventative child health. This rare resource in studying the above problems should be given all encouragement to continue.

PDQA Lam Tin Polyclinic

Another less-well-known community-based training centre in the DH, and currently still accredited, is the Western Special Assessment Centre under the Student Health Service. Trainees placed there enjoy the rare opportunity to be exposed to learning from experts in community medicine who use the public-health approach to provide prevention and health-promotion care to school children. The health status of our younger generation is receiving increased societal concern and has been predicted to impose increasing pressures on our health services.

Reflections

The once uneven and twisty path of training in family medicine in Hong Kong has now been widened into established concrete routes with more comprehensively structured programmes. This should give some sense of satisfaction to such early supporters and pioneers as the perennial Professor Rosie Young, the paternal Professor Wesley Fabb, the optimistic Natalis Yuen and the fiery Scottish lad Clarke Munro. Much credit is due to these wise people, whose efforts have not been in vain. Results and outcome, though a 'wee bit' slow, have been steadily forthcoming.

Like most small cottage-industries once common in Hong Kong, the earlier years of training in family medicine were marked by lack of resources, recognition, and high personal sacrifice. But the result was a close-knit band of comrades, united by a shared cause and vision, working steadily together.

Lam Tin Team 2 - Dr Luke Tsang with his staff

With an increased flow of resources and recognition, the mode of operation was inevitably changed to that of institutionalized methodologies. The danger was the depersonalization and distancing of working relationships (trainer/ trainee, board/ trainee, board/ trainer). In a medical profession that is service orientated and upholds the teaching of interpersonal dynamics and empathy, it is a delicate struggle as well as an art to maintain a balance between corporate regulations and humanism. It should be recognized that this developmental phase might experience some internal tensions that could affect the quality of our intended product.

The training of family physicians has come some distance from its humble origins. It is an expensive investment for trainees and trainers, as well as for our society. As sole formal providers of this learning activity, we are entrusted with the unshakable duty to make that investment pay reasonably good dividends to our deserving citizens.

I used to base my selection of trainees partly on what I learnt from the following passage. May it speak to you as it had touched me:

Perseverance *is more important than* ***Pace***	堅韌重於速度
Attitudes *are more important that* ***Abilities***	態度大於能力
Motives *are more important than* ***Methods***	動機勝於方法
Character *is more important than* ***Cleverness***	品格高於聰敏
And the ***Heart*** *takes precedence over the* ***Head***	有心的人更比有腦的人優越

- Denis Burkitt (1911-1993)

The Development of
Family Medicine Training Centres
in the Private Sector

Dr Billy S H Chui
Senior Family Physician,
Evangel Hospital

Evangel Hospital was the first centre in Hong Kong to initiate a family-medicine training programme. Dr Luke Tsang deserves our thanks for overcoming many obstacles in achieving this in 1986. Evangel Hospital was blessed by many devoted family doctors who joined the programme and who now take part in family-medicine training in other centres. The generations of trainers after Dr Luke Tsang included Dr Barry Bien, Dr Yuk-tsan Wun, and Dr Garry Fong.

Since its foundation, the hospital's philosophy has been to provide holistic care for their patients. One of the hospital's founders, Dr Chapman, was himself a family physician, and he is still fondly remembered by elderly patients, some of whom have attended Evangel Hospital for three generations. The maternity unit was very successful and many family physicians trained before 1997 had the precious experience of looking after would-be mothers and shared their joy in bringing their children into the world. Many patients had their surgical and medical problems treated at the hospital and the family doctors continued to care for them throughout their stay in the hospital. This has always created a special bond between patient and doctor.

One of the key factors helping us to establish holistic care was the appointment system. This was in place long before the hospital became a training centre. It regulates the number of patients per hour seen by trainees and allowed double slots for a new patient. Evangel Hospital also has a very supportive hospital board and administration. The family-medicine trainees were allowed protective time for training during working hours on a weekly basis since 1998 (this was in line with the College requirement). This arrangement was a brave move for a private centre because the time each doctor spent in training might otherwise have been used to generate income for the hospital. A paradoxical problem is that, although we emphasized continuing care as essential in family medicine, a training centre invariably would have a high turnover of doctors. Patients often complained that the doctors they had come to feel comfortable with had moved on. Patients naturally want to see a doctor familiar to them. A private training centre risks losing patients every few years when the trainees move on. We have been fortunate to have had many excellent trainees. Many of our patients still miss them.

At Evangel Hospital trainers and trainees work closely together. Currently we have two trainers, Dr Tai-wai Lau and myself, and together we supervise four trainees. The weekly training meeting is not limited to academic discussions only. Trainees also have the opportunity to voice their concerns and worries about events impacting them. We provide support to each other and in turn this improves trainee performance. At the hospital, the hospital-based training and community-based training have not been distinctly separated. The trainees get out-patient experience from day one and still have to join the ward rounds and manage hospital patients as long as they are working at the hospital. The hospital also has specialists from more than ten other specialties holding clinics in the hospital. They provide ample support and we are able to follow our patient's progress.

Our patients also train us because our predecessors have provided holistic care for them. They readily disclose their psycho-social problems and this in itself provides valuable opportunities for our trainees to manage psychological problems and social issues early on in their careers.

In the private setting, since the patient pays for all medication, we discuss with the patients the most appropriate medication for them; there are no restrictions on prescription. Similarly there is practically no waiting time for investigations and we can arrange detailed investigations for patients whenever necessary. Our trainees also enjoy the freedom of managing their patients as they think most appropriate.

Training in Family Medicine is costly for the private sector. Naturally a holistic doctor enjoys talking to patients and counselling them. We would all prefer to spend more time with our patients because this improves our rapport and makes it easier for us to evaluate them but, unfortunately, this practice is not always cost-effective and long consultations with one patient generates dissatisfaction among others. Trainees often need time to adjust to this.

As a group practice we benefit from an in-house marketing department that has helped us to attract some patients. As a result our trainees have the opportunity to encounter a number of new patients who subsequently became their own patients. To have their own personal patients is good experience for them and they are regarded as the patient's family doctor irrespective of their stage of training. This instills confidence and responsibility in them.

In future we would like to expand our services by increasing the number of our satellite clinics. The hospital has undergone continuous renovation to provide facilities for different specialties. In a time of rapid developments in all other specialties, the hospital needs to upgrade its facilities to attract other specialists to practice at the hospital. Change is inevitable and this often creates anxiety amongst the staff. As a result, high staff turnover is a threat to our hospital because, as with our trainees, it takes a long time to train them well and their experience is invaluable. Our patients seem to adjust to this and much credit is due to our trainees who take extra care to rebuild patients' confidence in and devotion to the hospital.

Evangel Hospital

The Role of the Board of Education in Continuous Education and the Promotion of Lifelong Learning

Dr Mary B L Kwong

Chairlady of the Board of Education, since 2004

History

The Education Committee, which was the precursor of the Board of Education, was established in 1978. The Committee ran a busy educational programme and also pre-arranged a year of functions with credit points approved by the Board of Censors. Members could also participate in the monthly Self Assessment Correspondence Programme using the MCQ paper in our college journal *The Hong Kong Practitioner*. The first Annual Refresher Course was started in 1981.

In 1984, the Board of Education was renamed. The scope of activities was gradually widened to include Update Seminars, Clinical Attachment, Cardio-pulmonary Resuscitation (CPR) workshop, and Assessment Enhancement Course (AEC). In 2005, a video library was established and the Professional Development Subcommittee was formed to develop Special Interest Groups.

I have invited the subcommittees to write on their respective activities, which are presented here in chronological sequence.

Video Viewing and Video Library Subcommittee

Subcommittee Chairmen: Dr Kam-chuen Mo and Dr Ying-man Cheung

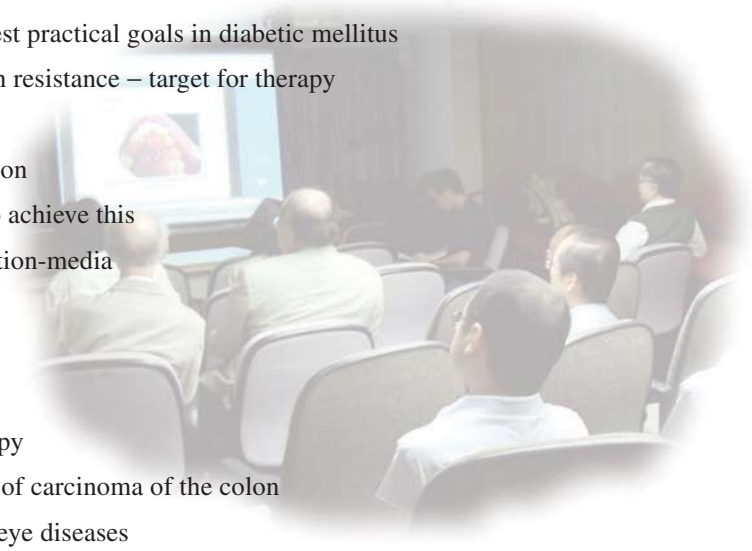
Medicine is a rapidly advancing profession and doctors need to be able to constantly update their knowledge. Because of the flood of new medical information, it takes us hours of work to search out relevant and reliable information, we have to sacrifice our time in order to update our knowledge.

The Board of Education understands your needs. We therefore invite eminent speakers from various specialties to provide College members with up-to-date medical information at our luncheon meetings. The lectures are usually orientated towards family practice so that just enough breath and depth of medical information are introduced. You can also gain 1 Continuing Medical Education (CME) point by attending these lectures. Points for Continuing Professional Development (CPD) will also be awarded if you submit a satisfactory Professional Development Log.

If you have missed the lectures and want to view them, you can come to our Video Session held on the last Friday of every month. It lasts less than an hour and you can also gain CME and CPD points by attending this session.

Our Video Library was set up in 2005. We have recorded the talks and incorporated slides to make them into high-quality videos. If you are interested in viewing these videos, we will be happy to make arrangements for you. Videos in the library include:

- Updates in the management of hypertension for primary care physicians
- New advances in the management of heart failure
- Biological treatment for rheumatoid arthritis and ankylosing spondylitis
- Sports medicine, sports science – current practice
- Update on cholesterol management guidelines
- Changing treatment paradigms to achieve best practical goals in diabetic mellitus
- The inter-relationships of obesity and insulin resistance – target for therapy
- Benign prostatic hypertrophy and prostatitis
- Erectile dysfunction and premature ejaculation
- Chronic hepatitis B disease control – how to achieve this
- The core of Family Medicine – the consultation-media
- Update on assisted reproductive technology
- Update in contraception
- Management of abnormal menstruation
- Menopause and hormone-replacement therapy
- Recent advances in screening and treatment of carcinoma of the colon
- Ophthalmological assessment and common eye diseases
- Sleep apnoea
- How to manage asthma exacerbation
- Sleep apnoea and cardiovascular diseases



With the establishment of the Video-Library in 2005 by Dr Ying-man Cheung, we have built up a huge knowledge database and have revived the Video Viewing Sessions to serve members who have missed lectures of interest.

Small Discussion Group Subcommittee

Subcommittee Chairman: Dr Siu-man Tong

The Lunchtime Discussion Groups, aim to achieve two objectives. Firstly, participants are able to have an informal discussion on practical problems encountered in everyday general practice. Secondly, this is an occasion for networking.

Since the Group was established in 1979, members have been helped to form small discussion groups based on their common interests, and a Small Discussion Group subcommittee has been formed to oversee the smooth running of these groups.

Our purpose is to provide an environment for interactive learning, through active participation in discussion with exchange of viewpoints and practical experience, in a friendly atmosphere in which the members present, restricted to between three and fifteen members, know each other well.

Because of its flexibility in terms of venue and time, the small discussion group has become one of the more popular CME activities. As awareness of the benefits from this format of sharing knowledge and experience has risen, so the number of small groups has increased from one group in the first year to ninety small discussion groups at present.

The leader of the small discussion group is required to submit a synopsis of the discussion at each meeting. At one stage, well-written synopses were published in *The Hong Kong Practitioner* to give credit to excellent work. Members actively participating in writing up local management protocols of common diseases are thus able to earn extra CPD points.

Because of the importance of Cardio-pulmonary Resuscitation (CPR) in family medicine, each small discussion group is advised to include a session on CPR at least every two years.

Workshops

Co-ordinator: Dr Pak-hoi Wong

A workshop session

Workshops have been traditionally organized by the Board of Education since 1979. The Annual Refresher Course customarily consists of two Sunday workshops. In 1992, the Cardio-pulmonary workshop was established and run once a year, and in 1997, a series of intra-articular workshops were organized.

Since the launch of the Diploma in Family Medicine (DFM) by the Board in 2003, six workshops have been run each year. These are grouped under Module 5, one of the DFM course's five compulsory modules. The original aims of these workshops were to enhance practical and communication skills in selected areas.

The six workshops include CPR, Consultation Skills, Counselling Skills, Women's Health, the popular Orthopaedic Injection, and Musculo-Skeletal workshops. DFM participants are required attended 4 workshop sessions. The learning activities include studying pre-workshop reading material, hands-on practice during the workshop itself, and a final assessment.

In future, new workshops may be added to the list if resources are available. With support from our hospital colleagues, we hope to organize more clinical workshops to refresh our practical skills.

Cardio-pulmonary Resuscitation (CPR) Subcommittee

Subcommittee Chairman: Dr Wilson W Y Hung

Competency in Cardio-pulmonary Resuscitation (CPR) is an essential skill for every doctor. The CPR subcommittee was established in 1992.

Passing the CPR examination is a pre-requisite for sitting the Conjoint HKCFP/ RACGP Fellowship Examination. It is also a compulsory module in the DFM (HKCFP) course. CPR training workshops and examinations are held twice a year under supervision of cardiologists from the Hong Kong College of Cardiology. The examination involves the use of recording manikins to record the candidate's ventilation and compression techniques.

Candidates attending the CPR workshop and examination are taught and examined by HKCFP-CPR instructors. Instructor workshops and examinations are held once a year by cardiologists from the Hong Kong College of Cardiology. Instructors are kept updated through the workshop and new instructors are examined in the workshop. Infant and child CPR has also been taught in the workshop. From 2003 onwards, the mouth-to-mouth ventilation method was replaced by use of an ambubag to eliminate the risk of transmission of infectious agents.

Practising in a Cardio-pulmonary Resuscitation Workshop

Attendance at CPR workshops is steadily increasing. Every successful candidate is awarded a CPR certificate of competency which is valid for two years.

Annual Refresher Course Subcommittee

Subcommittee Chairman: Dr Edward N M Wong

The First Annual Refresher Course in 1981

The Annual Refresher Course (ARC) is traditionally a major year-end educational activity, and is first of its kind by an HKAM college. It consists usually of about ten lectures and workshops held over a fortnight. Over the years since 1981, ARCs have been well attended by large numbers of College members. During the early years, distinguished overseas academics were invited to help organize the annual event.

In 1989, the Council decided that there was ample local expertise to handle our own Refresher Courses and there was no further need to invite foreign experts to do so.

Professor John Murtagh (Speaker) in Refresher Course in 1986

In 2005 we celebrated the 25th anniversary of the Course, which was attended by over 150 members.

Over the years, we have welcomed and treasured recommendations and suggestions from our members. Based on feedback from 2005, we would like to implement a few minor changes:

(1) focus topics on management issues in our daily practice

(2) space out lectures to three times weekly, i.e., with nine lectures and workshops over three weeks

Annual Refresher Course 25th Anniversary Souvenir in 2005

In future, we will invite more speakers specializing in family medicine and with expertise in other fields to give us talks on the problems we face each day in our practice. Hopefully one day all the speakers will come from the field of family medicine.

We sincerely hope that College members will continue to support this meaningful course in the years to come. We would also like to thank the many sponsors who have financed the course during this time and hope they will continue to honour us with their generous support.

Annual Update Subcommittee

Subcommittee Chairman: Dr Edmond C H Chan

The Education Board of the College of Family Physicians aims to keep its members abreast of the latest trends and practices through the Annual Update. The purpose of the Annual Update Sub-committee is to provide the most up-to-date medical knowledge and advancements to enhance our family clinical practices.

Annual Update 2007

Every year, we organize symposia to cover the hot topics in the ever-changing medical world. We invite both locally and internationally renowned medical experts to share their knowledge and experience and answer any questions that you may have about the topics discussed. We encourage you to attend and enjoy these symposia and integrate the newly acquired skill and knowledge into your practice.

Clinical Attachment Subcommittee

Chairlady: Dr Mary B L Kwong

The Clinical Attachment was first introduced in 1983 as part of the CME programme.

The first clinical attachment was the ENT clinical attachment, which has been run since 1983. It is organized by the Division of Otorhinolaryngology, Department of Surgery, the Chinese University of Hong Kong, Prince of Wales Hospital, and is supervised by Professor Van Hasselt. Thanks to the arrangements made by Dr John Woo, the ENT attachment can now run four cycles per year to enable more doctors to acquire these skills.

The second, the Ophthalmology Clinical Attachment, was held for two months in 1989 at Professor Patrick Ho's Ophthalmology Unit at the Prince of Wales Hospital. In 1999 the Ophthalmology Attachment was held again under Professor Shun-chiu Lam of the College of Ophthalmologists of Hong Kong.

The Paediatric Clinical Attachment (1995-98) was co-organized by Dr Kwai-fun Huen of the Department of Paediatrics at Yan Chai Hospital; then by Dr Wai-hong Lee of the Department of Paediatrics at Queen Elizabeth Hospital (1998-2003). Dr Shiu-hing Au Yeung was our co-ordinator.

The Geriatric Clinical Attachment was first conducted in 1996 by Dr Tak-kwan Kong of the Department of Geriatrics at Princess Margaret Hospital. With the support of Dr Chun-por Wong, the Geriatric Attachment has recommenced since 1998 at the Department of Geriatrics at the Ruttonjee Hospital and, at almost ten years in duration, is the second-longest collaboration with our College. Dr Edmund W W Lam and Dr Simon C L Au have been our co-ordinators.

The Orthopaedic Clinical Attachment (2000-03) was arranged with the Department of Orthopaedics and Traumatology at Kwong Wah Hospital with Dr Paul Y T Tse and, in 2005, with Professor Kai-ming Chan's Department of Orthopaedics and Traumatology at The Chinese University of Hong Kong/ Prince of Wales Hospital. Our co-ordinator was Dr Sammy L T Tsoi.

The Dermatology Clinical Attachment was held in 2003 at the International Medical Centre, Union Hospital, Shatin, by Dr Wai-kit Fung, and at Yau Ma Tei Jockey Club Polyclinic by Dr Lai-yin Chong.

Since 2003, the Infectious Diseases Clinical Attachment has been running annually with Dr Shek-to Lai of the Infectious Unit at Princess Margaret Hospital. Dr Ying-man Cheung has been our co-ordinator.

Since 2004, the Accident and Emergency clinical attachment has been organized by Dr Tai-wai Wong of the Accident and Emergency Department, Pamela Youde Nethersole Eastern Hospital, and by Dr Chor-chiu Lau at the Ruttonjee Hospital. Dr Pak-hoi Wong and Dr Simon C L Au have been our co-ordinators.

Dr Mary Kwong introducing the Clinical Attachment and Update Seminars

The main purpose of introducing clinical attachments is to acquire in-depth knowledge and practical skills through interactive learning with specialists. Since 2003, the clinical attachment has become one of the training modules in the Diploma in Family Medicine course. The Board would like to express its sincere thanks to the staff of the various departments for their teaching and commitment to these attachments.

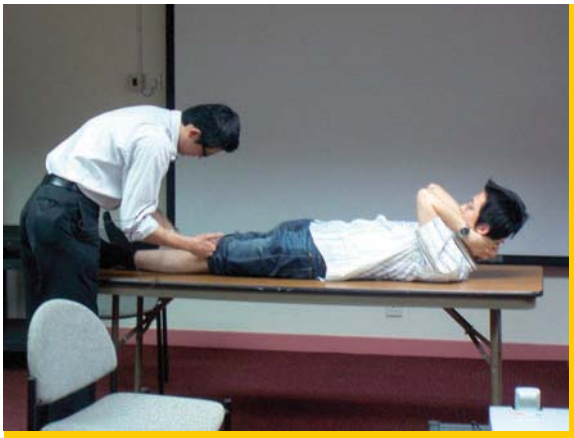
Assessment Enhancement Course (AEC) Subcommittee

Subcommittee Chairman: Dr Chi-wai Chan

Supervisor: Dr Ka-wah Wong

Distance learning courses for the Fellowship Examination, with Dr Kwok-wai Chan as supervisor and Dr Ka-wah Wong as co-ordinator, were first organized in 2000 to help members prepare for the Conjoint Fellowship Examination. The name was changed to the Assessment Enhancement Course (AEC) in 2001. The AEC is, however, not simply an examination-drilling course but intentionally a series of educational activities. We aim to improve members' consultation skills and to upgrade their standard of Family Medicine, especially for those preparing for the Conjoint Fellowship Examination. Through the interactive process, tutors, assessors, facilitators, and participants are all actively learning and sharing knowledge.

Fellows from previous years also help candidates go through their conjoint assessment journey. We thereby aim to improve knowledge and problem-solving skills through various workshops, to enhance practical skills through hands-on experience, to provide opportunities for inter-professional communication, and to build up more social networking through self-help groups. We also practice on-time management to simulate a busy clinic and examination environment.



Assessment Enhancement Course

The course has now successfully completed its sixth year, and we would like to record our appreciation of all the tutors and helping hands who have given their time as unknown heroes over the years, including the new College fellows. This spirit of co-operation and support among colleagues has been very rewarding.

We received two candidates from Macau in 2006, and we hope in future to welcome candidates from mainland China. We also hope to have enough manpower to accept all applicants and candidates sitting for the Diploma in Family Medicine and MRCGP, as well as non-College members and non-family-medicine specialists wishing to undertake training in primary care and family medicine in the future.

Certificate Course

Vice-Chairman: Dr Solomon T L Yeung

In addition to regular CME activities, the Board of Education also organizes certificate courses for members. In 2000, we organized the First Certificate Course, running for a year, on Internal Medicine in conjunction with the College of Physicians. The similar Second Course was held in 2001, and in the same year, a certificate course in family medicine was co-organized with the Hospital Authority.

The year 2006 was also a busy year for such activities. In April 2006, the College co-organized seminars in forensic medicine together with the Hong Kong College of Emergency Medicine and the Department of Pathology, University of Hong Kong. There were 39 participants and certificates of attendance were issued to eligible participants.

Left to right: Dr Chris Wong and Dr Solomon Yeung at Lunch Seminar

In May 2006, the College co-organized a certificate course in rheumatology for family physicians with the Hong Kong Society of Rheumatology. The course attracted over one hundred participants.

In July 2006, the diabetes certificate course 2006 was co-organized with the Hong Kong Specialist Medical Association. The response from our members was overwhelming.

Diploma Course in Medical Ultrasound

Subcommittee Chairman: Dr Allen H Y Ngai

In 2001 and 2002, the Board of Education organized the Diploma Course in Medical Ultrasound with the School of Professional and Continuing Education of the University of Hong Kong (HKU SPACE). The aim of the course was to offer an opportunity for general practitioners to acquire both scientific knowledge of and practical skills in medical ultrasound. The majority of the participants were College members. Others were physicians and A&E doctors, as well as radiographers. The course lasted for one year starting from August.

Also available was a distance-learning programme offered by the University of Ulster to provide students with a theoretical background in diagnostic medical ultrasound. At the end of each academic year, a whole-day practical workshop was held at Guangdong Provincial Hospital of Traditional Chinese Medicine. During the Guangdong Hospital stay, students were guided by radiologists to perform a proper routine abdominal ultrasound scanning.

They were also provided with opportunities to scan patients suffering from various pathological conditions.

The course required students to achieve at least 75% attendance as well as submit two essay assignments before completion of the course. Moreover, five scanning-technique assessments were provided by local radiology specialists during the practice workshops. Finally, students had to pass both an MCQ paper and a short-question paper in order to qualify for the diploma.

Diploma Course in Family Medicine

Vice-Chairman: Dr Simon C L Au

One of the Board of Education's important achievements was the launch of the Diploma in Family Medicine (DFM) course in June 2003.

The Diploma course is a one-year part-time course with five learning modules-two distance learning and three local practical modules. The objective is to provide a pragmatic course enabling primary-care doctors to acquire family-medicine skills in general practice. The two distance-learning modules are theoretical modules offered with the support of The Department of General Practice, Monash University. The local modules were divided into three separate modules, including structured seminars, practical workshops, and clinical attachments. The aim is to learn the concepts and practical skills of good-quality family medicine and, in particular, to apply those skills in our daily practice for the benefit of our patients.

The standard and performance of participants are monitored through continuous assessment of course work and a final examination which consists of a written Multiple Choice Questions (MCQ) and a clinical Objective Structured Clinical Examination (OSCE). The first batch of 34 students graduated in June 2004.

In July 2004, the Medical Council of Hong Kong granted quotability to this Diploma, which marked a significant milestone in the history of the College. Successfully organizing this pioneer course could not have been achieved without the leadership and support of our devoted Board members.

A DFM workshop

In 2004, the Board of the Diploma in Family Medicine was established under its new name and was formally separated from the Board of Education.

Joint Education Subcommittee

Subcommittee Chairman: Dr David S L Chan

The Joint Education Subcommittee was formed in 2003 to facilitate liaison with various health professionals in enhancing education for family physicians in Hong Kong. Apart from keeping updated on various new developments in the medical field, we placed particular emphasis on current and dynamic events in society having an impact on a family physician.

The 'SARS Revisited' seminar in September 2003 was a considerable success, with senior medical practitioners presenting on important aspects for family physicians in the aftermath of the SARS epidemic. Another timely presentation 'Tsunami: what family physicians can offer' was organized in January 2005, shortly after the Asian tsunami, at which various aspects of the management of post-traumatic-stress-related psychiatric disorders were shared with our colleagues.

The Joint Education Subcommittee looks forward to serving our fellow family physicians in keeping pace with developments both in medicine and society so that our colleagues can be better equipped in the daily practice of family medicine.

Professional Development Subcommittee

Interest groups are formed with the objective of encouraging Board Members to get actively involved in aspects of family practice that interest them. Our aim is to establish a regular platform for empowering knowledge and skills, and for promoting the role of family physicians in these aspects.

Dementia and Geriatrics Interest Group

Co-ordinator: Dr Sammy L T Tsoi

Formed in August 2005, dementia and geriatrics was our first interest group. Dementia was chosen because it is one of the more common disorders of the elderly. It is a gradually progressive disease, which may lead to serious consequences including physical, psychological, and social dysfunction. Our aim is to update our knowledge to facilitate the detection of mild cognitive impairment or early dementia as anticipatory care.

We also promote the role of family physicians in continuous co-ordinated care of patients with dementia, as well as their family members, with integrated multidisciplinary care from

geriatricians and psychiatrists. With this in mind, the Board of Education sees the need to develop research projects on how care-givers handle stress. Geriatric medicine is a vast field with numerous topics of interest that require exploration. We hope we can make a few achievements in the near future.

Interest Group in Mental Health and Psychiatry in Primary Care

Co-ordinator: Dr Mark S H Chan

All over the world, mental-health problems are now receiving due recognition as the most important public-health issue for the coming decades. Hong Kong is no exception. Our patients are presenting with a higher incidence of mental and psychological-health problems. While we strive to deliver holistic care, there is also a strong desire to meet our own CPD needs. At the February 2006 meeting, Board chairlady Dr Mary Kwong proposed an interest group to serve College members in this respect. As a result the Interest Group in Mental Health and Psychiatry in Primary Care was formed. A pilot study-meeting was held in April 2006 in a small group format emphasizing interactive participation and practical skills. The meeting is unique in terms of active participation, with role-play, group discussions, and sharing.

The meeting is held with a limited number of participants rotating in order to achieve maximum interaction. Our more experienced members share their expertise, but more important is the assistance rendered by our psychiatrist colleagues and by clinical psychologists and other mental-health workers. This gives us a valuable opportunity to learn how our mental-health colleagues deal with patients in their respective disciplines, knowledge of vast importance to us and which is also applicable to psychological health issues. The group format starts with a brief role-play to illustrate certain typical presentations in our practice, and this is followed by an interactive session with speakers introducing the key practical skills and principles.

Left to right: Miss Twiggy Mak and Dr Mark Chan role-playing in the Mental Health Interest Group

Small intensive group-learning is an alternative approach in continuous education as opposed to the traditional didactic lecture. Those who are experienced may share, and non-experienced members can stimulate their interest and learn the skills. Our goal is to promote

early awareness, knowledge, and skills in handling mental-health problems in primary care. Such skills will be an essential part of the armament for family physicians in the decades to come.

Interest Group in Medico-legal Issues

Co-ordinator: Dr Leon George Tong

One of the new initiatives by the Board of Education in this 30th anniversary year is the Medico-legal Alert. In these days of heightened medico-legal awareness on the part of both the public and the medical profession, it seems especially important for our members to be aware of, and proactive in enhancing their practice with, the latest appropriate standards. Our goal is to inform our members of the latest medico-legal topics of interest and help them to navigate the many pitfalls that may exist for the busy family physician. We therefore hold biannual lectures or seminars on subjects such as the Dangerous Drug Ordinance, the medico-legal implications of drug prescription, Chinese medicines, practice management, and other topical or frequently encountered medico-legal matters, in conjunction with experts such as those from the Medical Protection Society.

Moderator Subcommittee

Subcommittee Chairman: Dr Shiu-hing Au Yeung

The Moderator Subcommittee was formed by the Board of Education six years ago with the mission of ensuring the smooth running of seminars organized by the College, especially those sponsored by pharmaceutical companies. Arrangement of moderators to participate in various seminars is the major duty of the subcommittee. Initially, enthusiastic and interested members of our College were invited to be moderators. Due to gradual expansion of the Board of Education, we now have sufficient board members to handle the job.

Dr Shiu-hing Au Yeung acting as moderator

Being a moderator is stressful, as you are probably on your own when you have to make immediate decisions on any unexpected problems on behalf of the College. However, it is rewarding to have the opportunity of making the acquaintance of local and overseas speakers working in different medical specialties. It is also valuable experience to be able to work with representatives from different drug companies, our sponsors, in order to ensure a successful outcome to the seminars.

Evaluation Subcommittee

Subcommittee Chairman: Dr Sammy L T Tsoi

The Evaluation Subcommittee is a new body formed to monitor the quality of the seminars organized or co-organized by the Board of Education. Each seminar will be assessed according to the value of the medical topic, its applicability, reliability, and impact on our daily practice. We also need to establish whether the content is based on the best available research evidence. All Board activities are now under continuous review, and we hope that, with feedback from our audience, we can improve on our choice of topics and speakers for future seminars.

Our Role in Continuous Education and the Promotion of Lifelong Learning

Chairlady: Dr Mary B L Kwong

Doctors are lifelong learners. Once we have chosen the medical profession as our career, we bear the mission of promoting human health.

The HKCFP was the first college in Hong Kong to initiate continuous medical education (CME), in 1979, and has conducted continuous professional development (CPD) since 2001. As one of the founding colleges of the Hong Kong Academy of Medicine, we are committed to upholding and improving the standard of general practice. Our Certificate of Postgraduate Study is granted to any member who obtains at least 40 credit hours in CME activities each year. Since 2005, members need only obtain 20 CME points and 10 CPD points for a QA (Quality Assurance) Certificate. For many years, the Board of Education has been organizing a wide range of training and education programmes enabling members to achieve these credit points.

Family medicine is now recognized as a specialty because the skills applied to patients are unique. The family physician is unique in understanding the individual and his/ her psychosocial background. The trust and friendship gained from our patients are not built up on one occasion, but over the years. Family physicians can influence patients to adopt healthier lifestyles, assume greater responsibility for their own health, and accompany them through different stages or crises of their life cycles. The relationship with our patients, sharing their life experiences and coping processes, are valuable nuggets of experience gained during the doctor's career.

To be competent and caring family physicians, we have to broaden our horizon of knowledge and skills to deal with a wide range of patients, varying from infants to the elderly, as well as with a wide range of problems, from physical to psychosocial. As a proficient gatekeeper, better scientific knowledge and a higher index of awareness are required. With advancing technology and a changing environment, updating our medical knowledge is an obligation enabling us to fight against illness and disease. In addition, high standard of morality and a caring attitude are also required of family physicians. The core activity of the Board of Education is to provide the necessary up-to-date knowledge and high standard of education and training for our members through a variety of certificate and diploma courses as well as seminars, talks, and workshops in order to fill the gaps in our knowledge.

We are always looking for new channels to provide education and training for our members and the Diploma in Family Medicine is a significant milestone.

The Board of Education continues to provide leadership in quality-focused, evidence-based education to our members. The Professional Development Subcommittee, formed in 2006, is a further indicator of the Board's commitment to motivating members, to stimulating and maintaining their interest, to developing and applying their skills in frequently encountered illnesses in their daily practice, and to recruiting our own expertise through our Special Interest Groups. Role-playing their problem cases at scheduled meetings encourages active participation by members. Written contributions to 'Learning Point' in 'FP Links' in the college journal reflect and evaluate what we have learned. Individuals learn best when they are motivated and the learning is self-directed and related to the learner's identified needs. The knowledge acquired will result in behavioural changes and subsequent improved clinical practice and patient outcomes.

Board activities, including forming small discussion groups, special interest groups, and clinical attachments, are aimed at providing a regular platform for peer support to share our experiences and to empower our knowledge and skills. We hope our members will not feel isolated in working in a primary-care setting and can obtain more confidence and support for dealing with troublesome cases. We invite specialists' support to help our members acquire in-depth knowledge and practical skills in selected areas, and to develop our own expertise. We are now endeavouring to establish a strong primary medical care service with a trans-discipline approach and collaborative networks with specialist and health-care workers. Through sharing and support, we will be more aware of our limitations and will be imbued with a life-long passion for learning throughout our careers. By maintaining our own interests

and standards, we enhance our competence, our professional development and our job satisfaction. This is bound to enhance high-quality primary care in Hong Kong, not only benefiting those in the profession, but also the entire community.

Maintaining the educational excellence of all our functions depends very much on the unreserved commitment of our Board members and our hugely supportive members. The Board of Education greatly appreciates the support of members who have participated in our activities, although there is always room for improvement and advancement.

As Board chairlady, I deeply appreciate the spirit of teamwork. We have a common mission of promoting high-quality family medicine and improving our skills in general practice. It remains for me to express my sincere thanks to all members of the Board of Education and to our secretarial staff (especially Ms Kara Lo, Ms Charlotte Sham and Ms Carmen Cheng) for their valuable contributions in organizing our programme of scientific and educational activities. We are also grateful to the many pharmaceutical firms who have generously sponsored our functions.

We hope that our efforts and our commitment to health promotion will constantly contribute to the improved good health of the people of Hong Kong.

Board of Education in 2006

Diploma in Family Medicine

Dr Raymond C H Lo

Chairman of the Board of Diploma in Family Medicine, since 2004

'The Origin.....'

The Board of the Diploma in Family Medicine (DFM) was first established in the year 2004. The Board was originally established by the Board of Education in 2002 as the Subcommittee for DFM, with the objective of organizing a diploma course in family medicine.

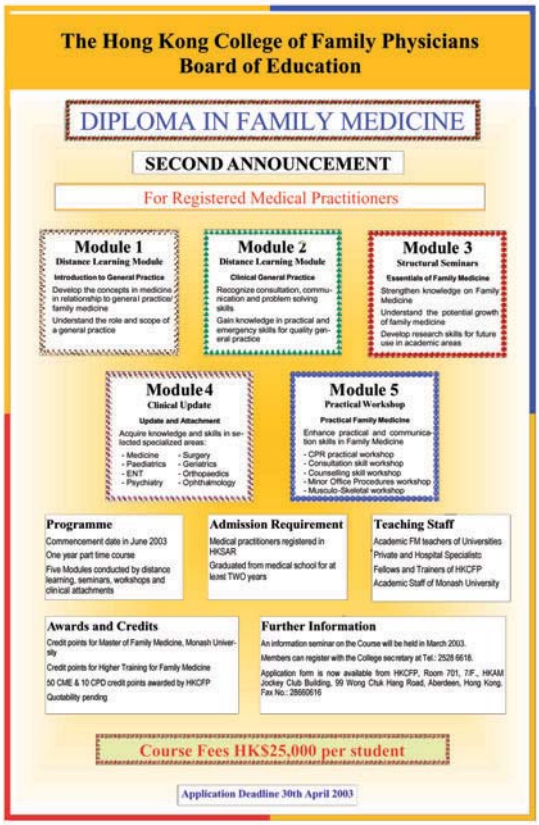
The inspiration behind the diploma stemmed from the successful organization of the Diploma in Ultrasound course in 2002. This diploma was co-organized with the School of Professional and Continuing Education of the University of Hong Kong (HKU SPACE). It was soon realized that a diploma in family medicine would be a more appropriate and essential course for the College's members in general.

The 1999 Harvard Report emphasized the importance of efficient primary care in the overall health-care system for the community and that family doctors should be the key persons delivering primary care. As there was an overall shortage of these doctors in Hong Kong, the training of family physicians became an urgent issue.

Over the past few years, recent medical graduates have been able to take the Vocational Training in Family Medicine course in order to become fully trained family physicians. However, the vast majority of 'family doctors' practising in the community – 'the older generation' – did not have this privilege. They had to develop their own ways of learning family medicine. Dr Donald Li, who was then president of the College, foresaw the necessity and value of organizing a DFM course for these doctors. He gave great support to the idea and emphasized that the course must be practical and pragmatic because most of these doctors were busy in their own practices. He envisaged that this would ultimately help improve the standard of primary care in Hong Kong.

In the autumn of 2002, the first brainstorming meeting for the new diploma was held at the Hong Kong Country Club, the dinner being hosted by Dr Peter Lee. Valuable opinions and support were gathered from those present, including Dr Donald Li, Professor Wesley Fabb, Dr Stephen Foo, Mr Wilson Ng and Mr Arnold Fu, representatives of HKU SPACE.

Needless to say, many meetings and preparatory work followed, including the signing of the memorandum of understanding with Professor Leon Piterman, Head of the Department of General Practice, Faculty of Medicine, Monash University. Notable amongst the promotion work for introducing the new diploma were the DFM Seminar Presentation to the Hospital Authority and the scientific presentation 'A New Voyage to Postgraduate Family Medicine Learning in Hong Kong' at our College's 25th Anniversary Scientific Meeting in 2003.



DFM Poster in 2003

'The Dream Coming True.....'

In May 2003, the Diploma in Family Medicine (HKCFP) was successfully launched by the College. A one year part-time course of study, the course consisted of five compulsory modules composed of two distance-learning theoretical modules and three local practical modules. The distance modules were offered with the help of Professor Leon Piterman and his Department of General Practice. The local clinical modules consisted of structured seminars, clinical updates (including bedside/ OPD clinical attachments) and practical workshops. The aim was to provide a practical, structured, and yet flexible mode of teaching which could enhance the knowledge, attitude, and skills of family medicine. Some 37 doctors enrolled for the first course despite the severe impact of SARS that year.

DFM Handbook 2003-2004

These doctors had to spend more than 450 hours on the course learning whole-person care, comprehensive care, continuous care, holistic care, preventive care, and gate-keeping, skills which form the core and unique characteristics of a family doctor. Their standard and performance were monitored through continuous assessment and a final examination. The latter consisted of a written paper and a clinical OSCE. This examination was

yet another test of standards and validity, and built on the progress made by institution of the Conjoint Fellowship and Exit Fellowship Examinations organized by the College. Here, credit is due to the Board's Examination and Assessment Subcommittee.

The first batch of 34 students graduated in June 2004. Their efforts were duly recognized and immediately rewarded as the Medical Council of Hong Kong granted quotable qualification status to the Diploma in July that same year. This prompt recognition by the Medical Council was partly due to co-ordination work and valuable advice rendered by Dr Yuk-tsan Wun and Dr Stephen Foo, and also due to the concerted efforts of all who contributed to the course. This new diploma with its quotable title-Diploma in Family Medicine, The Hong Kong College of Family Physicians, DFM (HKCFP) 香港家庭醫學學院家庭醫學文憑 – marked yet another important achievement and milestone in the College's history.

The Board was wary of its minimal success and performed post-course evaluation surveys on students' satisfaction with the course. The feedback was encouraging. In the second year, student intake rose to 54. Doctors from both the private and public sectors joined the course, including doctors from different specialties. The course entered its fourth year in 2006.

DFM Introduction Session 2007

'Moving Beyond.....'

The reputation of our DFM has now spread abroad. In June 2006, at the invitation of the Department of Health of Macau, the Board organized a demonstration workshop on consultation skills for about 60 doctors in Macau. This rewarding experience gave our members an important opportunity to exchange views and experience with their Macau counterparts regarding family medicine training in the two areas. In early 2007 the College also received an invitation to act as an advisor for a similar CME programme for Macau. This may well open up a new chapter of collaboration with our colleagues in Macau.

Orthopaedic Injection Workshop

'The Way Ahead.....'

The DFM is still in the early stages of its development. We are far from being complacent because there is much room for further improvement. One of the most daunting tasks in this immediate period is the revision of some of the modules and teaching materials. We hope to keep the course updated, stimulating, and at the same time meeting the learning needs and growing demands of the students. Much work still lies ahead.

I would like to take this opportunity to thank all the teachers, tutors, mentors, and assessors associated with the course. The Board is grateful for the contributions from all Board and Subcommittee members, and for the unfailing support received from the College's council and secretariat. Without this support, we might not have been able to celebrate our success on this 30th anniversary of the College. The Board hopes it can bank on the same support from all in the future as it has in the past and the present.

CPR Training Course

Group Discussion in a Consultation Skills Workshop

Successful DFM Candidates at the Conjoint Fellowship Conferment Ceremony in 2007

Scientific Meetings:

Past, Present and Future

Dr Andrew K K Ip

Chairman of the Annual Scientific Meeting, 2005-2006

Since the establishment of our College in 1977, it has been our general objective to encourage and assist everybody to arrange, take part in, undergo, undertake, and carry out training courses, schools, seminars, symposia, conferences, and other activities in relation to family medicine. In the early years, the College promoted the discipline of family medicine through many different channels. In 1978, we established the annual 'HKCGP Prize' for the best research in General Practice by medical students. In 1979, the first issue of *The Hong Kong Practitioner* was published. In 1981, the Research Committee, headed by Dr Paul Lam and Dr Stephen K S Foo, produced its first paper entitled 'Morbidity in General Practice'.

The College placed a great deal of emphasis on its international presence. On the one hand, we could follow the footsteps of those places where family medicine had already developed. On the other, we could share our experience of how to establish our discipline from its conception. In 1983, a College delegation attended the 10th WONCA World Conference held at the World Trade Centre in Singapore. In 1984, a 'strong' Hong Kong delegation attended the WONCA Regional Conference in Melbourne. In 1986, our Founding President, Dr Peter C Y Lee, and many others attended the 11th WONCA World Conference in London. In same year, the Chinese Medical Association (CMA) invited the College to pay an official visit in Beijing. The delegation was warmly received by the Minister of Health, the late Professor Chen Minzhang. The delegation took the opportunity to introduce the principles and concepts of General Practice/ Family Medicine to China as the most cost-effective method of Health Delivery.

ASM Programme Book 2006

Apart from attending overseas conference, the College invited world famous leaders to deliver refresher courses to our members. In 1984, Dr Joseph Levenstein of South Africa's University of Cape Town conducted the Refresher Course in General Practice. In 1986, the annual Refresher Course in General Practice was conducted by Dr John Murtagh, Senior Lecturer, Department of Community Medicine, Monash University, Victoria, Australia.

ASM 2006 Workshop

In the Tenth Anniversary year, the College hosted its first international scientific meeting, the WONCA Regional Conference Asia Pacific Region. This was the first international congress of Family Medicine/ General Practice ever organized in Hong Kong. The WONCA Asia-Pacific Regional Conference was held in the City Hall Concert Hall, on 6 September 1987, with the Conference theme of 'Crossing the Frontier'. The occasion was well attended, by over 500 delegates from 35 countries in the presence of many local and foreign dignitaries, and earned the College tremendous praise and goodwill from the international fraternity of General Practice Colleges/ Associations. It also placed the Hong Kong College firmly on the world map of Family Medicine. The Chairman of the Organizing Committee was Dr John T N Chung.

In 1989, the College launched and inaugurated a new series of Annual Lectures in honour of Dr Sun Yat-sen, the Founder of Modern China. The first 'Sun Yat-sen Oration' was delivered by our Founding President, Dr Peter C Y Lee. The Oration was delivered at the Sheraton Hotel on 5 March 1989, the title being 'The Human Face of Medicine'.

In the same year, the College initiated the historic first-ever tripartite meeting of the Beijing Society of General Practice, the Chinese-Taipei Association of Family Medicine, and the Hong Kong College of General Practitioners. The meeting was held in Hong Kong on 1 April 1989 with the theme of 'Health Delivery Systems in Asia'. Guest speakers included Dr S H Lee, the then Director of Health of Hong Kong.

The second 'Tripartite' Meeting was organized by the College on 24 March 1991. The meeting was attended by representatives from the Chinese Medical Association, the Chinese Taipei Association of Family Physicians, the Singapore College of General Practitioners, and the Macau Association of General Practitioners. The theme of the Symposium was 'The Training of General Practitioners/ Family Physicians in Primary Health Care'. The Keynote Speaker was Dr S H Lee, Director of Health.

In 1995 the College hosted the **14th WONCA World Conference** from 10-14 June at the Hong Kong Convention and Exhibition Centre. The Opening Ceremony was officiated at by Mrs Katherine Fok, the Secretary for Health and Welfare, and attended by over 2,500 delegates.

In 2003, the College celebrated its Jubilee anniversary. One of the highlights was the Anniversary Scientific Meeting on the theme 'Professional Performance and Training'. The

Doctors participating in the 2006 ASM Poster Presentation

occasion was officiated by Mr Andrew Li, the Chief Justice of Hong Kong; Dr Che-hung Leong, President of the Hong Kong Academy of Medicine; Dr Peter C Y Lee, our Founding President; and Dr Donald K T Li, HKCFP President. Other prominent guests included Professor Yvonne Carter, Dr Beth Jane, Professor Dai Yuhua, Dr M K Rajakumar, Dr Clarke Munro, Professor Leon Piterman, Professor Michael Kidd, and Dr Neil Spike.

In 2004, the College held the first Annual Scientific Meeting. The meeting was co-organized with the Hong Kong College of Community Medicine. The theme was 'Preparing for Public Health Crises'. Keynote speakers included Professor Sian Griffiths, President of Faculty of Public Health, Royal College of Physicians; Dr Hung-wai Wong, Vice-President (Education and Examinations) HKCFP; and Professor Daniel Lucey, Director of the Center for Biologic Counter-terrorism & Emerging Diseases, Department of Emergency Medicine, Washington Hospital Center, USA.

In view of the busy schedule, the College Council decided to skip the Scientific Meeting for 2005. In 2006, the Annual Scientific Meeting was held from 27 to 28 May, with the theme being 'The Many Faces of a Family Doctor'. The meeting invited the Hong Kong College of Pediatricians, the Hong Kong College of Physicians, and the Hong Kong Primary Care Foundation to co-organize the plenary sessions. In addition to these sessions and the free paper presentations, practical workshops including evidence-based medicine workshop and a musculoskeletal-medicine workshop were also organized, the latter being co-organized with the Hong Kong Institute of Musculoskeletal Medicine Ltd.

Organizing committee and plenary speakers at the ASM in 2007

Scientific meetings are an important platform for members to present their research. They also provide an excellent opportunity for sharing views and experience with other local sister colleges or overseas organizations. Practical workshops are also invaluable for those who wish to update their skills. No doubt, the College will continue to organize scientific meetings annually in the future. Moreover, readers might wish to note that the 2009 Asia-Pacific WONCA Regional Conference will be hosted by the College. This international conference will be held from 5 to 9 June 2009. Dr Andrew K K Ip has been appointed chairman of the Host Organizing Committee.

The Hong Kong Practitioner – 30 Years of the College and 30 Years of Publication

Dr David V K Chao
Chairman of the Editorial Board, 2000-2006

When Sister M Aquinas wrote the very first academic article – entitled 'Tuberculosis' – for *The Hong Kong Practitioner* back in April 1978, it had to be published in the form of stencilled sheets (Figure 1). 'The Journal' has come a long way since then and it was subsequently developed into a booklet format in June 1979 (Figure 2). After that, the appearance of the Journal cover has undergone a gradual evolution, with the Chinese journal title (香港全科醫學院月刊) added in March 1982 (Figure 3), change of College name and Chinese name of the Journal (香港家庭醫學學院月刊) in August 1997 (Figure 4), and major facelifts between July and October 2002 (Figure 5), to arrive at the present look (Figure 6).

The changes to the Journal have not been merely cosmetic. The clinical contents have evolved around the main themes of providing a platform for educational updates, a forum for discussion of policy as well as clinical issues, and a medium for sharing clinically important rarities.

Different looks of *The Hong Kong Practitioner* at different stages

Figure 1. First paper (April 1978)

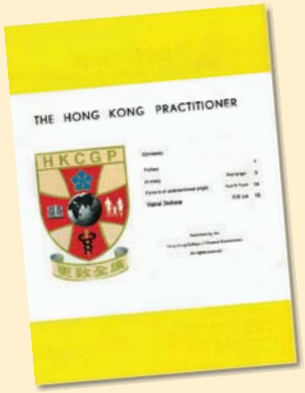


Figure 2. First booklet (June 1979)

Figure 3. 香港全科醫學院月刊 (March 1982)

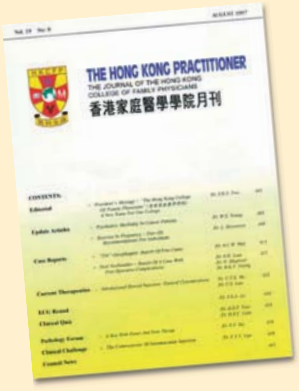


Figure 4. Change of College name and Chinese name of the Journal (香港家庭醫學學院月刊) (August 1997)

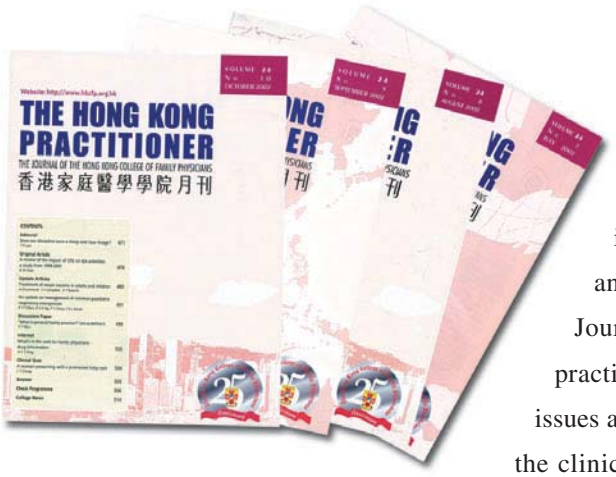


Figure 5. Major facelifts of *The Hong Kong Practitioner* between July and October 2002

These take the shape of original articles, review and update articles, discussion papers, case reports, and clinical therapeutic guidelines, as well as clinical quizzes and conference information. The Journal has provided fertile ground for the exchange of clinical expertise among clinicians in public, private, academic, hospital and community practice, and international authors frequently make submissions to the Journal to share expertise and ideas relevant to local clinical practice. The editorial has been a forum for highlighting the hot issues and those relevant to day-to-day clinical development, be it at the clinical or policy level, and this has been well received by our readership. The significant modifications to the format of the various components of the Journal over the years are listed in Table 1.

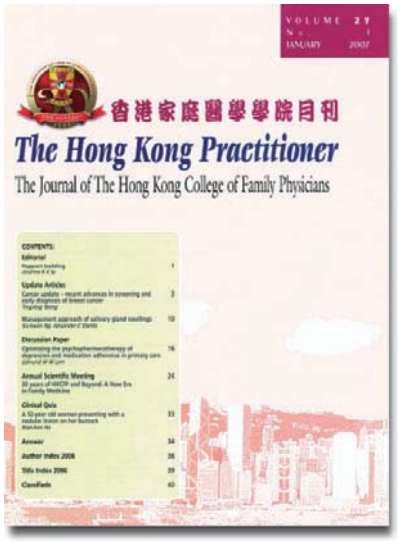


Figure 6. Current look of *The Hong Kong Practitioner*

Despite its humble beginnings, *The Hong Kong Practitioner* has made history in several areas. It was one of the first, if not the first, peer-reviewed academic publications written by and for practising clinicians in Hong Kong. It made its mark in pioneering Continuing Medical Education (CME) in Hong Kong by delivering the first college CME programme through the Journal in the form of Multiple Choice Questions in November 1978. Since then the Journal continued to contribute towards CME, Quality Assurance, and Continuing Professional Development in the medical community in Hong Kong, with the introduction of the Hong Kong CHECK Programme in 1996. The continuing contribution of the Journal towards the global medical literature was recognized in January 1997 when *The Hong Kong Practitioner* was included in the *EMBASE/ Excerpta Medica* database which is one of the most widely accessed medical and health databases in the world. To add to this achievement, the e-edition of the Journal was launched in March of the same year to provide easier alternative access for our readership.

A further important function of the Journal had been to provide a channel for disseminating important college news and to announce formal college activities. With the passage of time, this function was thought to deserve a separate publication of its own. For this purpose the college newsletter 'Family Physicians Links' (Figure 7) was launched in March 2004, meanwhile the Journal is able to concentrate more on academic articles. This newsletter has blossomed since, the contents are being continually upgraded, and it is well received.

The Hong Kong Practitioner would not exist were it not for our predecessors who saw the need for a quality academic family-medicine journal for practicing clinicians in Hong

Kong. In addition, none of the aforementioned would be possible without the generous support and contribution from the authors, readers, Members and Fellows of the College, College Council, generations of Secretariat Staff, Business Managers, Editorial Boards, and Chief Editors, as well as sponsors. Looking to the future, with the continuing dedication of many more generations of the above personnel to come, together with the expanding readership from the public, private and academic sectors from locally, mainland China and overseas, we wish The Hong Kong College of Family Physicians and *The Hong Kong Practitioner* many more successful 30-years ahead.

Figure 7. First issue of Family Physicians Links (March 2004)

Table 1: The Hong Kong Practitioner – Highlights of Significant Format Changes

Year	Format modifications (commencement month)
1978	First article entitled 'Tuberculosis' by Sister M Aquinas (April). MCQ section commenced (November).
1979	Booklet format (June & July).
1985	Two sections: 1) Articles considered to be within the 'Syllabus' of our educational programme were retained in the Journal 'Proper', and 2) Articles of general interest were published in the Journal 'Supplement' (October).
1987	Doctors at Large (March).
1990	Update Article, Original Paper, Discussion Paper, Clinical Problem Solving, and Therapeutic Guidelines (January).
1992	Medical Crossword (January).
1993	What's in the News, and Scientific Column (January).
1996	Radiological Conference, Minor Surgery, Clinical Challenge, Clinical Quiz, Current Therapeutics, Summary with Chinese translation, Colour photos, Hong Kong Check (April).
1997	*EMBASE/ Excerpta Medica*, ECG Rounds, Pathology Forum (January). E-editions (March). Change of College name and Chinese name of the Journal (August).
1999	Murmur (February).
2000	What's in the web for Family Physicians – Internet (February).
2004	Family Physicians Links (March).

Acknowledgement

The author would like to thank Dr David Owens and Dr Frederick C T Lee for their kindest support and dedication over the last few years as Deputy Editors of *The Hong Kong Practitioner* as well as for their input in this article.

The Development of
Assessment and Examination

Dr Hung-chiu Chan
Chairman of the Board of Conjoint Examination, since 2004

The Development of the HKCFP Examination (1984-1986)

The Hong Kong College of General Practitioners was inaugurated in 1977. In 1984, after initiating the Continuing Medical Education (CME) programmes in Hong Kong and establishing a preliminary Vocational Training (VT) programme for members, the College developed a system of assessment to measure the knowledge, skills, and attitudes of fellow general practitioners.

The First Local Fellowship Examination

The first of the College's three local Fellowship Examinations was held in May 1984 for all members of the College who had been in active general practice and had acquired at least 400 credit points since the inception of the College. Professor David Todd, head of the Department of Medicine in the University of Hong Kong, was the first Chief Censor of the College to supervise the whole examination process.

The External Examiners were Professor Hamish Barber, Professor of General Practice, Norie-Miller Chair, University of Glasgow; Professor Neil Carson, Founding Professor in the Department of General Practice, Monash University, Australia; and Dr M K Rajakumar, Founding President of the Academy of Family Physicians of Malaysia. The Local Examiners included Dr Peter C Y Lee, Founding President of the College; Dr Henry Li, Chairman of the Interim Council of the College; and Dr Natalis C L Yuen. Dr Stephen K S Foo was the Chairman of the Board of Examination.

Format of Local Fellowship Examination

The examination consisted of two oral segments, each examined by two different pairs of local and external examiners. The venue for the examination was the College premises in Wanchai. Out of the 29 participating, 15 general practitioners satisfied the requirements and were elected Fellows of the Hong Kong College of General Practitioners (FHKCGP). Similar examinations took place in 1985 and 1986. Altogether 61 general practitioners were made Fellows after three local Fellowship Examinations.

Conferment

The first Conjoint Fellowship Conferment Ceremony took place at the City Hall in 1987 on the occasion of the WONCA Asia-Pacific Regional Conference hosted by the College.

Recognition of FHKCGP

In June 1990, the Medical Council of Hong Kong officially recognized the title FHKCGP as a quotable higher qualification, making the Hong Kong College of General Practitioners the first local academic college granting recognizable postgraduate medical qualification.

The Birth and Development of the Conjoint HKCFP/ RACGP Examination (1987-present)

Negotiations by Dr Stephen K S Foo with the President of the Royal Australian College of General Practitioners (RACGP) took place during the 11th World WONCA Conference in June 1986. It was followed by the official visit of two observers from the RACGP, namely Dr Wesley Fabb, the National Director of Training, and Dr Lindsey Knight, a State Censor, to audit our local examination held the same year. Despite controversial recommendations by the two observers, the Chief Censor of RACGP, Dr Clarke Munro, finally agreed to proceed with the first Conjoint Fellowship Examination in 1987. Dr Natalis C L Yuen was responsible for preparing the content of the examination, which was approved by the RACGP.

To prepare for the first Conjoint Fellowship Examination with RACGP, Dr Maxwell Tse, Dr Paul Lam, Dr Donald K T Li, and Dr Kitty K C Chan were invited to Melbourne in 1986 to attend the examination seminar for the purposes of gathering information and exchanging views concerning the conjoint HKCFP/ RACGP Fellowship Examination.

The First Conjoint Fellowship Examination (1987)

Format

The examination consisted of two parts, one written and one clinical component. Part 1 included Multiple Choice Questions (MCQ), Modified Essay Questions (MEQ), and Clinical Interpretations (CI), and Part 2 included Case Commentaries (two), Oral Examinations (two), and Clinical Examinations.

Eligibility

Category I candidates must have completed the vocational training programmes organized by the College. Category II candidates must have been predominantly in general practice for not less than five years.

Coordinators

MCQ	Dr Maxwell Tse
MEQ	Dr Paul Lam
Clinical Interpretation	Dr Donald K T Li
Case Commentaries	Dr John T N Chung
Diagnostic Interview	Dr Maxwell Tse
Management Interview	Dr Kitty K C Chan
Log Diary	Dr Paul C H Siu
Case History	Dr Natalis C L Yuen

Venue

The written segments took place at the Hong Kong Federation of Medical Societies on 7 June 1987, and the clinical segments at the GP Unit of Hong Kong University (HKU) at the Violet Peel Health Centre from 29 - 31 August 1987.

Examiners

The RACGP Visiting Examiners were Dr Wesley Fabb, Director of the Examination Research and Development Centre, and Dr Clarke Munro, Censor-in-chief. Local examiners included Dr Freddie Y T Lau, Dr E M Stevenson, Dr Kitty K C Chan, Dr Paul Lam, Dr Angela Ng, Dr Paul C H Siu, Dr J F Mackay, and Dr Maxwell Tse.

Pass Criteria

Candidates had to obtain a minimum mark of 55% in every segment of the examination and a minimum of 65% of the total marks of the whole examination in order to obtain a pass in the examination. Of the 15 candidates who sat for the examination, six passed the written segment and were eligible to sit for the clinical part of the examination.

Candidates who passed the first Conjoint Fellowship Examination included:

Dr Hung-chiu Chan
Dr Kwok-wai Chan
Dr Sui-po Chan
Dr Yuk-tsan Wun
Dr Heung-wah Wai

Dr Eric Fisher, President of RACGP at the Conjoint Fellowship Conferment Ceremony in 1987

These successful candidates became the first batch of Fellows of the HKCGP and RACGP.

Conferment of the fellowships of both the HKCGP and RACGP took place on 6 September 1987 at City Hall, with Dr Eric Fisher, President of the RACGP, and Dr Peter C Y Lee, President of the HKCGP, officiating at the Ceremony.

The Second Conjoint Fellowship Examination (1988)

Dr Lindsey Knight, Chief Censor of the RACGP, was invited to conduct a pre-examination course for the candidates and organize an examination workshop for the local examiners in March 1988.

The written segments of second Conjoint Fellowship Examination took place on 12 June 1988 at the Lecture Hall of the Hong Kong Federation of Medical Societies. 13 candidates participated and seven passed. Of the seven successful candidates, only three were eligible to attend the clinical segments, as the other four were vocational trainees who had not yet completed their vocational training. The clinical segments took place on 24 - 25 September 1988 at the General Practice Unit of the Department of Community and Family Medicine of the Chinese University at the Lek Yuen Health Centre. The RACGP Examiners were Dr Wesley Fabb and Dr Lindsey Knight.

The successful candidates for the second Conjoint Fellowship Examination were

Dr Pang-fei Ip

Dr Hung-wai Wong

The Second Conjoint Fellowship Conferment Ceremony in 1988

They were conferred with their conjoint fellowships during the Spring Festival Party of the College on 5 March 1989 at the Sheraton Hotel. Officiating at the conferment were Dr Natalis C L Yuen, our College President, and Dr Clarke Munro, representing the RACGP.

Professor David Todd resigned as Chief Censor of the College in 1989 and Dr Clarke Munro was appointed by College Council to be the Chief Censor. Dr Munro was also appointed Chief Examiner.

The Third Conjoint Fellowship Examination (1989)

The pre-examination course was conducted by our local examiners, including Dr Clarke Munro, Dr Sui-po Chan, Dr Kwok-wai Chan, Dr Yuk-tsan Wun, Dr Paul C H Siu, Dr Cindy L K Lam, and Dr Cynthia S Y Chan.

A total of 15 candidates were eligible for the third Conjoint Fellowship Examination, of whom five were vocational trainees. The five successful candidates for the third Conjoint Fellowship Examination were Dr Tse-fang Bien, Dr Chun-bor Ng, Dr Chun-chiu Shek, Dr E M Stevenson, and Dr Siu-man Tong.

From this year onward, competence in Cardio-pulmonary Resuscitation (CPR) was a prerequisite for a pass in the examination. The CPR Courses and Assessments were then regularly organized by the Board of Education.

The Fourth Conjoint Fellowship Examination (1990)

A total of 19 candidates, four of whom were vocational trainees, participated in the examination. The pass list included: Dr Florence Cheung, Dr John T N Chung, Dr Andrew K K Ip, Dr Yung-chee Lam, Dr Glenn K L Lee, and Dr Gilbert C S Lui.

In that year, Dr Peter C Y Lee was appointed Chief Censor of the College to succeed Dr Clarke Munro who had come to the end of his three-year term. The Chief Examiner was Dr Nang-fong Chan.

The Fifth Conjoint Fellowship Examination (1991)

Starting from 1991 examination, the Physical Examination became a separate clinical segment, with role-playing examiners were used for the first time in the diagnostic interviews. Dr Maryse Badawy was appointed the Segment Co-ordinator.

Successful candidates were: Dr Kin-ling Chan, Dr Kwok-tat Chan, Dr Daniel W S Chu, and Dr Betty K M Kwan.

Dr Stephen K S Foo had been first chairman of the Board of Examination from 1984 when the College conducted its local examination for three consecutive years. His chairmanship continued with the establishment of the first Conjoint HKCFP/ RACGP Fellowship Examination until the fifth Conjoint Fellowship Examination, when Dr Ian Marshall took over as the succeeding Chairman. (See table for Chairman and Chief Examiner of various years thereafter)

Subsequent Major Modifications

Over the years major changes have been implemented to improve the validity and reliability of the examination. The Physical Examination (PE) segment in 1993 was added in response to a general deficiency in physical-examination techniques among candidates observed during the past years.

The merging of the Case Commentary Segment with the Orals segment in 1999 afforded increased opportunities for candidates to present and demonstrate their patients care in their own practice.

During the first few conjoint examinations, the Diagnostic Interview (DI) segment initially used actual patients for the interview and physical examination, but then switched to the use of role-playing examiners in order to provide better standardization.

The long DI case was cancelled in 1999 to prevent candidates from using purposeless 'fishing-net' questioning. Instead, three short cases were used to emphasize the relevant bio-psycho-social issues in patients' problems.

In 1992, as required by the RACGP, the language medium for the Management Interview (MI) segment was changed from Cantonese to English, after which in 1997 one of the cases reverted to a Cantonese option to suit the needs of local doctors and patients.

In 2003, the written papers were changed to consist of MCQ and a new 'key feature problems' (KFP) paper to replace the MCQ and MEQ. In 2004, the three clinical components (MI, DI, and PE) were combined and modified to form a 14-20-station OSCE examination.

Examiners of the Conjoint Fellowship Examination meeting at their annual social dinner in 2007

Number of Candidates and Pass Rate

Until a few years ago, only some twenty to thirty candidates took the examination. In recent years, with the advent of the structured vocational programme supported by the health authorities, the number of candidates has risen dramatically, exceeding 100 in last two years (see attached table showing number of candidates and the passing rate in all the past examinations).

The Structure of the BCE

The **Board of Conjoint Examination** consists of: Chairman, Vice Chairman, Chief Examiner, Co-ordinators of each examination segment, College Censors, College President, College Vice-President, and College Honorary Secretary.

The **Panel of Examiners is** a group of members of the profession qualified in family medicine, with higher professional qualifications in general practice or family medicine. To remain on the active list, examiners are required to undergo training and to attend various examiners' workshops.

Quality Assurance (QA) Examiners include a group of senior examiners nominated by the Board, as well as the visiting examiners from the RACGP. They perform an integral role in calibrating and facilitating the standardization of the Examination.

The College Censors constitute the highest administrative body of the college examination. They are appointed by the college council to supervise the standard and review the results of the examination.

Pass Rates of Different Parts of the College Examination for the period January 1987 - December 2006

Conjoint Fellowship Examination

Old Format

	No. of Candidates Sitting Exam	No. of Cat I Candidates	No. of Cat II Candidates	No. of Candidates Passing Exam	Passing Rates	No. of Cat I passed	No. of Cat II passed	Chairman of Board of Exam	Chief Examiner	Visiting Examiner	Panel of Examiners (examiners/ trainee examiners)
1987	5			5	100.00%			Dr Stephen Foo	Dr Natalis Yuen	Dr Wesley Fabb & Dr Clarke Munro	16
1988	3			2	66.66%			Dr Stephen Foo	Dr Natalis Yuen	Dr Wesley Fabb & Dr Lindsey Knight	21
1989	15	5	10	5	33.33%	3	2	Dr Stephen Foo	Dr Clarke Munro	Dr Wesley Fabb & Dr Lindsey Knight	27
1990	19	4	15	6	31.58%	1	5	Dr Stephen Foo	Dr Clarke Munro	Dr Wesley Fabb & Dr Lindsey Knight	30
1991	23	6	17	4	17.39%	1	3	Dr Stephen Foo	Dr Nang-fong Chan	Dr Lindsey Knight & Dr John Turnbull	30
1992	16	5	11	4	25.00%	1	3	Dr Ian Marshall	Dr Yuk-tsan Wun	Dr Lindsey Knight & Dr John Turnbull	30
1993	29	5	24	5	17.24%	2	3	Dr Ian Marshall	Dr Yuk-tsan Wun	Dr John Turnbull & Dr John O'Sullivan	36
1994	31	12	19	17	54.83%	3	14	Dr Ian Marshall	Dr Yuk-tsan Wun	Dr Ian Wilson & Dr John Turnbull	43
1995	31	10	21	16	51.61%	3	13	Dr Ian Marshall	Dr Yuk-tsan Wun	Dr Ian Wilson & Dr Neil Spike	43/ 10
1996	34	14	20	13	38.23%	6	7	Dr Yuk-tsan Wun	Dr Cynthia Chan	Dr Neil Spike & Dr Tim Flanagan	49/ 9
1997	19	9	10	9	47.37%	2	7	Dr Hung-Wai Wong	Dr Cynthia Chan	Dr Neil Spike & Dr Howard Watts	55/ 4
1998	38	22	16	9	23.68%	4	5	Dr Hung-Wai Wong	Dr Cynthia Chan	Dr Neil Spike & Dr John Scott	58/ 8
1999	23	32	16	13	56.52%	5	8	Dr Hung-Wai Wong	Dr Cynthia Chan	Dr Neil Spike & Dr Beth Jane	67/ 1
2000	25	48	14	15	60.00%	9	6	Dr Hung-Wai Wong	Dr Pang-fei Ip	Dr Stephen Lew & Dr Beth Jane	67/ 6
2001	41	82	17	23	56.09%	12	11	Dr Hung-Wai Wong	Dr Pang-fei Ip	Dr Howard Watts & Dr Natalie Old	69/ 7
2002	58	66	29	21	36.20%	16	5	Dr Hung-Wai Wong	Dr Pang-fei Ip	Dr Beth Jane & Dr Frances Poliniak	76/ 12
2003	84	63	21	37	44.05%	29	8	Dr Hung-Wai Wong	Dr Pang-fei Ip	Dr Beth Jane & Dr Morton Rawin, Dr Alistair Howitt from RCGP	85/ 7
2004	38	26	12	28	73.68%	18	10	Dr Hung-Chiu Chan	Dr Pang-fei Ip	Dr Beth Jane & Dr Mark Overton	83/ 24

New Format

Written

	No. of Candidates	No. of Cat I Candidates Sitting Exam	No. of Cat II Candidates	No. of Candidates	Passing Rates Passing Exam	No. of Cat I passed	No. of Cat II passed
2003	64	59	5	39	60.93%	34	5
2004	73	67	6	54	73.97%	51	3
2005	107	97	10	56	52.34%	52	4
2006	110	104	6	63	57.27%	62	1

Clinical/ OSCE

	No. of Candidates Sitting Exam	No. of Cat I Candidates	No. of Cat II Candidates	No. of Candidates Passing Exam	Passing Rates	No. of Cat I passed	No. of Cat II passed	Chairman of Board of Exam	Chief Examiner	Visiting Examiner	Panel of Examiners (examiners/ trainee examiners)
2003								Dr Hung-wai Wong	Dr Pang-fei Ip	Dr Beth Jane & Dr Morton Rawlin	85/ 7
2004	45	37	8	22	48.89%	20	2	Dr Hung-chiu Chan		Dr Beth Jane &	83/ 24
2005	67	59	8	35	52.24%	33	2			Dr Tim Mooney	92/ 34
2006	97	92	5	53	54.64%	52	1		Dr Ho-lim Lau	Dr Jan Radford & Dr Mark Overton	105/ 35

Specialty Board

In December 2004, following the restructuring of the College boards and committees, the Specialty Board was formed to combine the roles of the Exit Examination Subcommittee of the Board of Examinations and the Nomination Committee. Its function is to plan and conduct the Exit Examination for the Vocational Training Programme in Family Medicine administered by the HKCFP, and to make recommendations to Council on nominations for Fellowship of the Hong Kong Academy of Medicine (FHKAM) and certification for specialist registration.

Dr Ruby S Y Lee
Chairlady of the Specialty Board, 2002-2006

The HKAM requires all specialist training programmes, including that of family medicine, to be of at least six years in duration with an intermediate examination and an exit examination. A registered practitioner must have completed six years of vocational training in family medicine administered by the Hong Kong College of Family Physicians and passed both the intermediate examination and the Exit Examination before he/ she can be eligible for election to FHKAM (Family Medicine). The Conjoint HKCFP/ RACGP Fellowship Examination is the intermediate examination and the Vocational Training Exit Examination is the exit examination for the vocational training programme in family medicine administered by the HKCFP.

In 1996, the End Point Assessment Subcommittee was set up under the Board of Examinations to draft and prepare for the end-point assessment of trainees who had completed their higher training by the end of 1996. The subcommittee consisted of Professor Wesley Fabb, Dr David Chao, Dr Ian Marshall, Dr Cindy Lam, Dr Luke Tsang, and Dr Yuk-tsan Wun.

The first End Point Assessment was held in February to March 1997 under the leadership of Dr Cindy Lam, Chairperson of the EPA Subcommittee. The then external examiner was Professor Robin Fraser from the UK, who also continued as the external examiner of our Exit Examination for the next ten years and contributed tremendously to the success of the examination. In 1999, the End Point Assessment was renamed the Exit Assessment and administered by the Exit Assessment Subcommittee under the Board of Examinations. In 2003, the Exit Assessment was renamed the Exit Examination.

The aim of the Exit Examination is to test if candidates have achieved the objectives at the required standards at the end of their family-medicine training. The Exit Examination is divided into three segments, the objectives of which reflect those of the Higher Vocational Training in Family Medicine: the Clinical Audit Report assesses the candidate's knowledge, skills, and attitudes in critical appraisal of information, self-audit, quality assurance, and continuous professional improvement; the Practice Assessment assesses the candidate's knowledge, application of skills, and ability to organize and manage an independent family-medicine practice; and the Consultation Skills Assessment assesses the candidate's knowledge, skills, and attitude in communication, problem solving, working with families, and management in different types of family medicine consultation. The Practice Assessment and Consultation Skills Assessment will be carried out on site at the candidate's practice during certain periods. Each segment is assessed independently by at least two examiners appointed by the Specialty Board.

Appendix C

HONG KONG COLLEGE OF FAMILY PHYSICIANS
EXIT EXAMINATION OF
VOCATIONAL TRAINING IN FAMILY MEDICINE

PRACTICE ASSESSMENT RATING FORM

CANDIDATE NAME: _____

PRACTICE ADDRESS: _____

CANDIDATE NO: _____ EXAMINER: _____

The assessment consists of *five* parts:

Part A	**Practice Organization**
Part B	**Practice Management**
Part C	**Pharmacy and Drug Labeling**
Part D	**Records**
Part E	**Investigations**

A score of 0 – 10 is given to the various components of each part of P.A. A **global mark** (not an addition or average of the scores of the various components) is then given to each part according to the following criteria. The candidate is expected to score at least **65%** in each part to pass this P.A. segment. Ample space is provided for comments.

Standards for allocation of marks:

The following descriptions of performance are to be used as yardsticks of levels of achievement.

Marks	Criteria
85 % or above	Consistently demonstrates mastery of all components: the criterion performance.
75 – 84 %	Consistently demonstrates mastery of most components and capability in all.
65 – 74 %	Consistently demonstrates capability in almost all components to a high standard and a satisfactory standard in all.
55 – 64 %	Demonstrates capability in most components to a satisfactory standard: demonstrates minor omissions and/or defects in some components.
45 – 54 %	Demonstrates inadequacies in several components but no major omissions or defects.
44 % or below	Demonstrates several major omissions and/or serious defects; clearly unacceptable standard overall.

***Examiners can consider failing a part of the P.A. segment if the assessment of an item with an"*" is not satisfactory.**

Primary Medical Care Certificate Assessment and Practice Assessment Package (PAP) for Primary Care Practitioners

Dr Andrew K K Ip
Chairman of the Quality Assurance & Accreditation Committee, 2004-2006

In 1997, the Hong Kong College of Family Physicians introduced the Hong Kong Academy of Medicine Fellowship (Family Medicine) Exit Examination. Formulated from scratch, the Exit Examination was designed to test what a trainee would do in his or her own practice. An on-site practice assessment was also introduced following on our belief that it would give fair and valid evidence of whether the trainee was capable of delivering quality care to patients and applying what he or she knew to the clinic's practice.

From these provisions, the practice assessment was designed, tested, and implemented. This assessment scrutinizes the practice set-up and the ability of the doctor in organizing and maintaining quality service, and was planned with the unique features of primary-care practice in Hong Kong in mind. Apart from assessing the usual clinic settings and medical record-keeping, areas such as drug labelling and inventory control were also taken into account.

The assessment has undergone continuous modification and revision in active response to the feedback and comment received during the exit examination itself. In 2000, the College decided to organize an assessment to endorse the clinical practice of primary-care doctors. This was intended to set a standard among primary care-doctors as an attempt to fulfil the community's need for quality primary medical care. The assessment, the Primary Medical Care Certificate Assessment (PMCCA), was open to all primary care doctors. The PMCCA consisted of three segments, namely, multiple choice questions, consultation skills assessment, and practice assessment. The standard and requirements were tailored according to the level and expectation of a quality primary medical practice in Hong Kong.

The PMCCA has sustained some criticism from the medical arena. Some thought that the PMCCA was a threat to their autonomy; others that the PMCCA was too idealistic and far from practical. Others even worried that PMCCA would somehow be linked to their licence to practice in the future. Many were simply opposed to assessment of any kind. However, PMCCA participants found that this assessment has prompted them to improve their practice standards and to look into previously neglected areas where improvement could be made.

Although there were some encouraging feedbacks from the few who managed to pass the assessment, the PMCCA was shelved four years later. In the review report, the working group stated that 'PMCCA had a historical role in arousing the need for regulating the quality of primary medical care. Subsequent to that, the Medical Council formulated the CME program for all practising doctors. Our College formulated and offered the Diploma course in Family Medicine to all primary care doctors.'

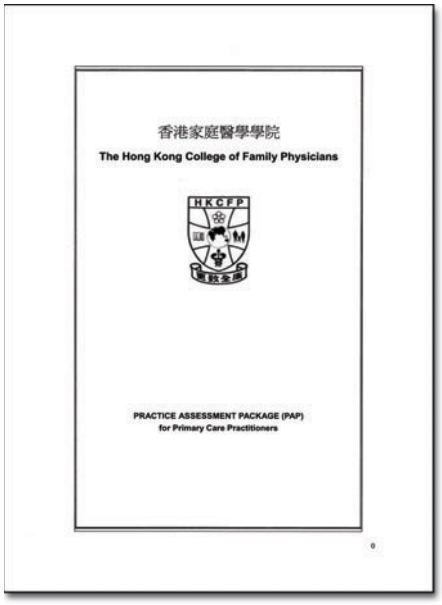
As a 'by-product' of the PMCCA, the Practice Assessment Package (PAP) was developed to enable primary-care doctors to assess their practices. Through this assessment, participants can compare their practices with the standards laid down in this package. Individual doctors might utilize PAP to upkeep their practice standards whereas health-care provider groups could use PAP to assess the clinical standards of their members. Institutes or academic colleges may also adopt PAP as part of their professional examinations.

The package scrutinizes different aspects of a clinical practice, from daily management to patient records, and from inventory-keeping to drug-labelling. It covers most areas of day-to-day clinic management. However, this list of aspects is not exhaustive. Participants may opt to include other requirements, which are not listed in this package.

The PAP has been distributed to our members and put on the College's website. Members may administer PAP in several different ways. Individual participants may carry out self-assessment in their own clinic, or three or four participants may form a small group and carry out peer assessment. Institutes, health-care organizations or academic colleges may also carry out prescribed assessments by sending trained assessors to their participants' practices. Participants can benefit greatly by modifying their practices in response to the comments received and maintain their practices by repeating the assessment later. This is now considered part of Continuous Professional Development (CPD).

The salient feature of the assessment is that no rating would be given to a medical practice, nor would any emphasis be placed on documentation. The most important aspect was the momentum generated by the PAP to upgrade or maintain the standard of the medical practice. The assessors would give comments on the weaknesses of the practice and give suggestions as to where improvements could be made.

Medical practices which do not achieve a satisfactory result in the first assessment would be revisited after three to six months. Participants may then follow the recommendations



Practice Assessment Package (PAP)

to upgrade the practice or eliminate the deficits and deficiencies. The ultimate goal is to maintain a reasonably good standard of medical practice among all participants.

On completion of the PAP, a participant may apply to the College's Quality Assurance and Accreditation Committee (QA&A) for CPD accreditation. Copies of the practice profile, assessment form, drug labels, samples of the records assessed, and a report on the improvements made in this assessment should be submitted. CPD accreditation will then be granted, provided no crucial items have been omitted from this assessment.

The original assessment format was introduced a decade ago. The content and approaches of the original design have become outdated. The original PAP emphasized the hardware and set-up of the clinic whilst at present the focus has shifted to the software, in other words the doctor's knowledge and skill in operating different equipment. Clinical information in hard copy will soon be obsolete as electronic case notes become the norm. While little attention was placed on risk management in the past, it has now become a primary subject in the modern concept of practice management. But despite the standards set by the PAP, barely any requirement for continuous education was laid down. And after the 2003 SARS period, PAP was proved to be grossly inadequate in the area of infectious disease control.

In recognition of the need for radical improvement, the Quality Assurance and Accreditation Committee has decided to review the PAP. A working subcommittee has been set up to carry out this important task, and hopefully a new edition of the PAP will be published by the time you receive this 30th Commemorative Publication.

Primary Medical Care Certificate

Quality Assurance and Accreditation
– History and the Way Forward

Dr Andrew K K Ip
Chairman of the Quality Assurance & Accreditation Committee, 2004-2006

With its establishment, the College quickly took steps to organize Continuing Medical Education (CME) for members. A system of registering CME activities was also instituted. This is known as the accreditation system. In the early days, under the Board of Education, an accreditation subcommittee looked after all the CME records and, at the end of each year, a CME certificate would be awarded to those members who have obtained fifty CME points. This early requirement was, in fact, more stringent than current requirements under the present system, which demand only thirty CME points for a doctor to become CME-certified or to fulfill the CME requirements of the Hong Kong Academy of Medicine (HKAM).

Back in those days, members were not sure about the usefulness of the CME certificates, though they were all required to be active members or fellows of the College. I remember clearly that I put the certificates in plastic lamination and carefully posted them in the consultation room. I took pride in telling my patients of my continuous efforts to update my knowledge. Year after year, those certificates grew in number as they sat quietly on the wall.

When the College became one of the thirteen foundation Colleges of the HKAM, fellows and members were required to submit evidence of training in order to be admitted to the list of 'grandfather' fellows. It was then that the CME certificates proved of paramount significance as they were accepted as proof of training-equivalents.

In addition to recording the CME activities organized by the College, the CME Accreditation Subcommittee also had to accredit educational events held by other local or overseas organizations. As the number of these activities increased, its workload became heavier and heavier, on top of which the accreditation process grew increasingly complex. In 1995, the Accreditation Subcommittee was taken from the Board of Education and became a direct reporting committee to the college council.

The other side of the story began with the Quality Assurance (QA) Committee. The first QA Committee report appeared in the annual report for 1990-1991. The Chairman was

Dr Natalis C L Yuen. The committee was set up to match the move made by the Royal Australian College of General Practitioners (RACGP). At that time, RACGP required all its members or fellows to undertake a mandatory QA and CME programme. The prototype of our QA programme consisted of two parts: the practice assessment activities and the CME activities. Practice assessment activities included morbidity and therapeutic indexes, a patient-participation programme, a practice-visit programme, the supervision of trainees, the teaching of medical students, and age/ sex/ disease register medical records, as well as research. CME activities consisted of the structural CME programmes organized by the Board of Education.

Soon afterwards, the QA Committee and the Accreditation Committee joined hands and became the Quality Assurance and Accreditation (QA&A) Committee, so that the quality-assurance programmes and accreditation of CME activities all came under the same roof. The accreditation processes were also streamlined. In addition, the QA&A committee was also responsible for liaising with the newly founded HKAM for CME accreditations.

Since the first HKCFP and RACGP Conjoint Fellowship Examination in 1987, more and more College fellows had also become fellows of RACGP and thus had to fulfill the requirements of the RACGP mandatory QA&CME programme. With our continuing advocacy of the CME programme and the concerted efforts of QA&A Committee and the College Council, we managed to secure reciprocal recognition of our QA programme and the QA&CME programme of the RACGP for the 1996 to 1998 triennium. In another words, those double-fellows did not need to take the RACGP programme in Australia.

On his return to Hong Kong from Australia in 1998, Dr Kwok-wai Chan took up the chairmanship of the QA&A Committee. With his valuable experience working as a family physician in Australia, he spared no effort in devising clear objectives and strategies for the Committee. The QA programme was to be effective, accessible, accountable, and responsible to our profession. He also clearly defined the term 'Continuous Professional Development'. The following are his original recommendations, which still hold true.

'Continuous Professional Development (持續專業發展) is defined as a *process* of ongoing and uninterrupted learning and self-improvement for all individuals and teams which enables professionals to expand and fulfill their potential in maintaining a high medical standard and an ever-improving quality of care that meets the need of patients.'.

Objectives

1. To promote GP's/ FPs' participation in an effective and efficient quality assurance programme by:
   - Encouraging and identifying high-quality activities accessible to GPs/ FPs, and
   - Giving credits for participation in high-quality educational activities.
2. To demonstrate the accountability of GPs/ FPs to the community by documenting the participation in quality assurance programmes that respond to community needs.
3. To enhance the professional responsibility of individual GPs/ FPs and family medicine as a whole by ensuring that the Quality Assurance Programme meets acknowledged world standards of quality care.

Strategies

Effectiveness and Accessibility

- Maintain a credible adjudication process for approval of quality assurance within the Programme.
- Provide information about effective quality assurance to activity providers and GPs/ FPs to assist them in understanding and meeting the adjudication criteria.
- Identify any barriers to effective quality assurance for GPs/ FPs and develop ways to overcome these barriers.
- Design quality assurance activities, particularly in areas of unmet need.

Accountability

- Maintain a credible and equitable record of GPs/ FPs' participation in approved quality-assurance education activities.

Professional Responsibility

- Ensure the QA Programme supports GPs/ FPs' own aims to provide the highest quality care.
- Participate in local and international quality-assurance organizations to identify and understand world standards of quality medical care.
- Demonstrate that the College's QA meets acknowledged world standards of quality medical care.

The Basics

'Quality', according to the Oxford Dictionary is 'the standard of goodness'. Naturally, quality assurance involves 'standards'. Standards of medical care can be assessed in three different areas: Organization, Process and Outcome.

Quality Assurance

Organization (Practice Management)	**Process** (Clinical Competence)	**Outcome** (Professional Accountability)
1. Practice Layout and facilities 2. Instruments and equipment 3. Practice Organization 4. Staff Management 5. Crisis Management 6. Database Management a. Record keeping b. Recall system c. Disease registers d. Drug labeling 7. Drugs and Stock Management 8. Dangerous Drugs Management	1. Accuracy in diagnosis 2. Compliance with evidence based medical guidelines 3. Cost effective management 4. Good communication skill 5. Good technical skills 6. Caring attitude 7. Good team work approach 8. Prevention orientated 9. Ethical Practice	1. Management Outcome a. Complication rate b. Quality of life after treatment 2. Patient satisfaction 3. Cost effectiveness a. Appropriate prescription pattern b. Appropriate investigations c. Appropriate referrals 4. Prevention of disease 5. Morbidity survey 6. Mortality rate 7. Uptake of screening and immunization

Effective Quality Assurance can only be achieved through continuous self- improvement and outcome assessment or audit cycle.

The Framework

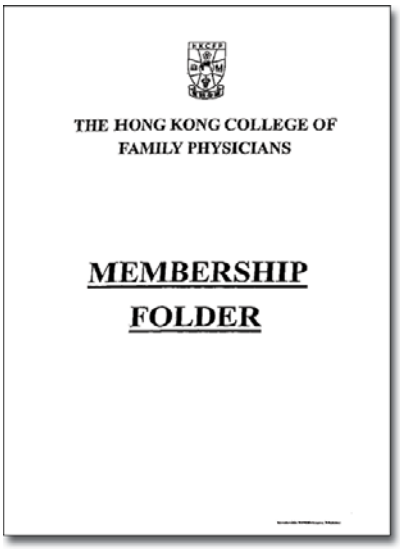
1. Premises Improvement 2. Instrument and equipment upgrades 3. Computerization 4. Management automation and guidelines	1. Clinical supervision 2. Structured Vocational training 3. Continuous Medical Education 4. Clinical protocols	1. Self-audit on a. Prescription rate b. Referral rate c. Investigation rate d. Outcome measures

The Challenge

1. Practice visit 2. Practice accreditation	1. Peer review 2. Certification of competence	1. External audit 2. Transparent complaint and feedback system

Reciprocal recognition of the RACGP QA and CPD programme was regularly reviewed. In January 2002, the Director of Quality Assurance and Continuing Professional Development Programmes of the RACGP, Dr Peter Maguire, looked into our quality-assurance programme. He was impressed by the programme, which was run without funding from our Government. He strongly recommended that the reciprocal agreement regarding QA and CPD should be continued.

In 2004, when Dr Kwok-wai Chan retired from his chairmanship for health reasons, I was appointed to take up his position. I understood from the outset that this job would be very challenging. The QA&A Committee not only had to ensure that educational programmes were fairly accredited, but also had to provide the gamut of CPD activities, and make them easily accessible for members. At the same time, our accreditation regulations were coming under close scrutiny by the HKAM Education Committee. Very often, the chairman had to explain every detail of our regulations.



Looking to the future, the QA&A committee will continue with its efforts to provide members with a broad range of CPD activities. Up to now, most fellows obtained their CPD points only from limited types of CPD activity, and many programmes were not fully utilized by members. It is therefore essential to introduce new educational activities and to design them to suit local needs.

Meanwhile, the next major task is to rewrite the Practice Assessment Package (PAP), which was compiled at the same time as the original practice assessment segment of our exit examination, which was formulated in 1996. Many of the practice criteria have become obsolete. Infectious-disease control and risk management need to be incorporated. Fellows and members from the public and private sectors will be invited to join the working group. The new package will place equal emphasis on assessment as well as on education, and will be supplemented with useful guidelines and information.

Lastly, the QA&A Committee will prepare for the amendment of the HKAM fellowship CME requirement, proposed for 2011, when all HKAM fellows will be required to participate in active learning and CPD activities.

Percentage of College Members/ Fellows awarded QA certificates 2002-2006

% awarded QA certificates	College Fellows	College Full Member	College Associate Member
2002	185/ 230 (80.43%)	78/ 283 (27.56%)	166/ 905 (18.34%)
2003	208/ 231 (90.04%)	64/ 270 (23.7%)	134/ 970 (13.81%)
2004	229/ 268 (85.45%)	60/ 252 (23.81%)	165/ 946 (17.44%)
2005	248/ 305 (81.31%)	60/ 255 (23.53%)	181/ 961 (18.83%)
2006	288/366 (78.69%)	62/ 253 (24.51%)	265/ 931 (28.46%)

Maintaining the Standard

The Standard of Primary Medical Care in Hong Kong

Dr Natalis C L Yuen
President, 1988-1992
Chief Censor, since 2002

To be frank, the standard of primary care in Hong Kong at this juncture varies. There are no regulations to set and monitor the standard of primary care and to define its gate-keeping role. A primary medical practitioner is the doctor with whom the patient first makes contact; if this happens to be a surgeon, a gynaecologist or a paediatrician then, strictly speaking, all of them are part of the primary care system. Yet this system makes it hard for primary-care doctors without proper training to provide high-quality continuous, whole-person care. Unlike in some developed countries where patients have to be assessed by their specially trained family doctor, before being referred to secondary or tertiary care, patients in Hong Kong can enjoy direct access to specialists. Public misconceptions about primary care may be in part due to inconsistent standards of primary care and being unaware of the importance of continuous and whole person care provided by a family doctor. They may also incorrectly assume that all primary-care doctors are doctors without specialist training, and that the doctors are concerned only with their physical symptoms. Therefore they may seek help unnecessarily from different specialists for different symptoms.

Development of the Standard of Family Medicine in Hong Kong Over the Years

Some 30 years ago, the concept of family medicine was unfamiliar in Hong Kong both amongst professionals as well as lay people. There was no postgraduate training in general/ family practice, nor was there any opportunity for continuous updating of their medical knowledge for doctors in private practice.

As time went on, the foundation of the Hong Kong College of General Practitioners (later renamed Family Physicians) started to stimulate awareness and understanding of the principle and philosophy of family medicine. The advocacy of whole-person care, continuous follow-up, preventive medicine and gate-keeping role was of great influence to general practitioners at that time. More and more of them became interested in pursuing the necessary skills to make them good family doctors, and this guest in turn stimulated the College to improve training and the standards of clinical skills and knowledge of

family medicine. Maturation of the College was evidenced by more structured training and assessment programmes, and the rapid expansion of the total membership (including fellows, full members, associate members, student members and trainees, etc) from a few to over 1,500 by the year 2005.

Both the College and enthusiastic family physicians have continued to strive for higher standards and status. The education programme is constantly progressing and has matured from simply Continuing Medical Education (CME) and Continuing Professional Development (CPD) to the Fellowship Examination. In 1987, the WONCA Regional Conference Asia Pacific Region was held in Hong Kong, and the first Conjoint HKCGP/RACGP Fellowship Examination commenced. These initiatives have put Hong Kong in the same arena of quality family practice as the rest of the world.

Aside from this, practicing primary-care doctors can also choose an alternate pathway to understand the principles of Family Medicine and to improve their practice, through the Diploma in Family Medicine (DFM, established by the Chinese University in 1985) and the Diploma in Family Medicine (established by the HKCFP in 2003). The standard of both Diplomas is high and is recognized by the Medical Council of Hong Kong. Both Diplomas are well known to primary-care professionals in Macau and mainland China.

Other ways in which doctors can maintain and improve their standards of patient care are through updates in the form of seminars, workshops, and luncheon meetings organized over the years by the HKCFP and other organizations such as the Hong Kong Doctors' Union and Hong Kong Medical Association. They are kept informed on new developments in the medical field and updated on accepted protocols for diagnosis and disease management. Although CME is not currently compulsory, the number of doctors eager for more knowledge is ever on the increase. In view of this, accreditation by Quality Assurance (QA) Committees from different primary-care associations is being provided for doctors. For example, over 80 per cent of HKCFP Fellows were awarded the QA certificate in 2005.

Standard of Vocational Training and Examinations

Even in the early days, the College had plans for the long-term training of Family Physicians. Pilot vocational training schemes were launched in 1983 to offer training in an informal and voluntary setting. Formal vocational training programmes were started in 1985 and were based in two accredited centres, namely Our Lady of Maryknoll Hospital

and the Evangel Hospital. The number of trainees was limited at that time. After years of advancement, the customary Basic Vocational Training developed to consist of two years' hospital-based followed by two years' community-based training. In addition, the Hospital Authority is now offering more than ten training centres in each of the seven clusters for family-medicine training, and more than four hundred trainees are under training at any one time.

To make the trained family physicians in Hong Kong as competitive as those in other developed countries, the College has established close relationships with overseas colleges of family medicine. In collaboration with the Royal Australian College of General Practitioners, our two colleges have been holding the Conjoint HKCGP/ RACGP Fellowship Examination for nearly 20 years. The College has been vigilant in maintaining high standards of examinations, and thus the Board of Examinations has regularly held meetings to revise and evaluate the examination formats, materials, and content. They organize training for examiners as well as some standardization workshops. Examiners from both HKCFP and RACGP also attend examinations of the other party as external assessors for the purposes of scrutiny and appraisal. Difficulties and suggestions from trainees are also considered by the Board, so they keep in touch with representatives from doctors at all levels.

Welcoming Professor Hamish Barber, Professor John Fry and Professor James Knox at the Mariott Hotel on 4 December 1991

As a founding member of the Hong Kong Academy of Medicine (HKAM), the College is accountable for maintaining the standards and proficiency of its HKAM (Family Medicine) fellows. In order to be admitted as a Fellow of the HKAM (Family Medicine), an HKCFP fellow has to undergo another two years of higher vocational training under supervision. The Specialty Board is responsible for planning, administering, and conducting the exit examination and is responsible also for nominations to Fellowship of the Hong Kong Academy of Medicine.

Future Trends

The release of the consultation document 'Building a Healthy Tomorrow' in July 2005 enabled the public to better understand the practice of family doctors and its importance in the service-delivery model for our health-care system. In view of the ever-growing population of the aged and those with chronic diseases, and the increasing cost of public health-care expenditure, the Government has emphasized the promotion of the primary health-care service. With this vision in mind, more resources should be allocated to training and upgrading the standards of family doctors, as well as educating the public about the importance of continuous and holistic health care, the importance of promotion of a healthy life-style, and ultimately preventive care. We therefore look forward to a better health-care future with a high standard not just of individual family doctors, but of all primary-care professionals as a whole. A mechanism, such as a primary-care registry, should be put in place, whereby the standard of primary care can be monitored and maintained. We hope in the near future a uniform and good standard of primary-care system will gain recognition from and engender confidence among the public and other health-care professionals.

Research Committee

Dr Ruby S Y Lee
Chairlady of the Research Committee, since 2002

The Research Committee was set up in 1987 with the aim of promoting research in general practice in order to gain further insight into the discipline in this part of the world, given that the medical system in operation and the pattern of help-seeking behaviour in Hong Kong are considerably different from those elsewhere. The Committee aimed to encourage and help general practitioners to launch individual projects and to provide, as far as possible, the relevant expertise in undertaking research, as well as to enlist general practitioners in cohort studies conducted by the College. The Committee also wished to build a database related to general practice in Hong Kong and considered joint research with general practitioners in other places so as to investigate primary care in different cultures.

Over the years, the Committee has conducted various projects focusing on general practice: for example, 'Patterns of Referral in General Practice'. Some were conducted to answer a need: for example, 'Effects of SARS on Consultations in Primary Care in Hong Kong', in 2003, and 'What sort of Primary Healthcare Services does the Public want?', in 2006 in response to the consultative document 'Building a Healthy Tomorrow' published by the Health and Medical Development Advisory Committee of the Health, Food and Welfare Bureau, in which the concept of Family Medicine and family doctors was placed in a central position in an initiative to revamp Hong Kong's primary health-care services. Some were done in collaboration with other local specialists, for example 'Lower Urinary Tract Symptoms' with the Hong Kong Continence Society. Some were done with international experts such as 'Establishing the content validity in Hong Kong of the prioritized criteria of consultation competence in the Leicester Assessment Package (LAP)' with Professor Robin Fraser from the UK; and some were done in conjunction with overseas colleagues, for example 'Asthma in General Practice' with university colleagues from Australia and New Zealand.

Dr Tammy K W Tam representing the research team receiving the HKCFP Best Research Award in 2006

Dr Nai-ming Wong and Dr Mark S H Chan receiving the HKCFP Research Fellowship in 2007

In 1990, the Committee took on the task of producing management guidelines on a number of conditions commonly encountered in general practice in Hong Kong. A network of College Fellows was recruited. Their views on each condition were analyzed together with those collected from other specialists. The aim was to find out from experienced general practitioners how these conditions are managed in Hong Kong. Management Guidelines on diabetes mellitus, acute otitis media, hypertension, anxiety/ depression, bronchial asthma, vaginal discharge, lower back pain and dyspepsia were published in *The Hong Kong Practitioner*.

In 1993, the Committee initiated a morbidity survey, as a joint project with the Department of Health, to study the morbidity pattern of patients attending primary care in Hong Kong throughout 1994. The report was published in *The Hong Kong Practitioner* in 1995. The data were further analyzed and presented as 'Changing Morbidity Pattern in Primary care in Hong Kong', 'Seasonal Variation in Morbidity Pattern', and 'Difference in Morbidity Pattern between Public and Private sector'.

To promote research among general practitioners, the Committee organized workshops on 'Research in General Practice', 'Research Opportunities for Family Physicians', 'Evidenced-Based Medicine' and 'Use of Statistics in General Practice Research'.

In 1994, The Best Research Award for each year was set up to promote research among general practitioners. The first prize was presented at the College's 1995 conferment ceremony.

In 1996, the Committee delegated Dr Yuk-tsan Wun to translate the new version of ICPC into Chinese in collaboration with Beijing Capital University. The project was also presented at the 1998 WONCA World Conference in Dublin, as 'The Chinese Translation of ICPC: The Methodology'. In 2000, our College signed an agreement with the WONCA Classification

Dr Colman S C Fung receiving the HKCFP Research Fellowship in 2007

Committee on the issues of copyright and royalties. The ICPC-2 Chinese version was published in 2001 to a warm reception.

In 1999, in order to encourage College members' involvement in primary-care research, the Committee piloted a small discussion group to share their thoughts and plans for research.

In 2005, the HKCFP Research Fellowship was established to promote research in family medicine for new and emerging researchers. The grant is valued at up to HK$100,000. It provides the successful candidate with protected time to develop research skills. Applicants are expected to have regular contact with a nominated supervisor.

HKCFP Research Fellowship Winner

Year	Title	Winner
2005	'A study on the knowledge and practice of evidence-based medicine (EBM) and the effect of a 6-hour training workshop versus a 2-hour seminar on the knowledge and practice of EBM among doctors in Hong Kong'	Dr Amy K L Chan
2006	'Barriers for Primary Care Physicians in providing Palliative Care Service in Hong Kong'	Dr Tin-chak Hong
2007	1) 'The effectiveness of a structured home blood pressure monitoring programme in primary care setting: A cluster randomized controlled trial'	Dr Colman S C Fung
	2) 'Nomogram of Peak Expiratory Flow Rates (PEFR) for Hong Kong Chinese'	Dr Nai-ming Wong

Chinese Translation of the

International Classification of Primary Care

(2nd Edition, ICPC-2)

Dr Yuk-tsan Wun
Censor, 2003-2006

In the 1950s, when general practitioners/ family physicians tried to code their encounters with patients, they found the then widely used International Classification of Diseases, Injuries and Death (ICD) unsuitable. The problems brought to the family physicians often could not be assigned a clear 'diagnosis', at least in the initial phase of the patient-physician encounter. WONCA subsequently devised the International Classification of Health Problems in Primary Care (ICHPPC) and published the first version (ICHPPC-1) in 1975. This version corresponded to ICD-8 and in 1979 was revised (ICHPPC-2) to correspond to ICD-9.

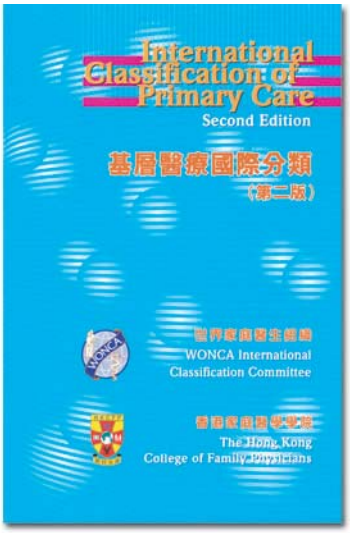
It was then realized that the ICD, and hence its derivative ICHPPC, could not code 'reasons for encounter' that were and still are important for family physicians in understanding the patients' agenda and in being patient-centred in their approach. WONCA incorporated the concept of reasons for encounter into a new classification system more compatible with the family physician's daily practice: the International Classification of Primary Care (ICPC). The first version, ICPC-1, was published in 1987 and was soon translated into several languages. ICPC remains the coding system used by most family physicians throughout the world, although a few countries use others such as the Read Codes and SNOMED.

Apart from its orientation to family practice, another distinguishing feature of ICPC is its user-friendliness. The codes may be tabulated into 16 columns ('chapters' corresponding to the body systems) and seven rows ('components' corresponding to the situations and problems met in family practice). Uniquely different from ICD, the chapter headings of the ICPC are reminiscent of the body's systems, for example, 'D' for digestive system, 'R' for respiratory system. The main disadvantage is that it is often not specific enough and some conditions, especially those less commonly encountered in primary care, are lumped together (though unrelated to one another) under one code, for example, '-99'.

One of the main purposes of coding problems and diseases in family practice is the collection and analysis of data relevant to the morbidity of our patient population and the practice pattern of our specialty. In certain countries and regions (mainland China, Hong Kong, Macau, Singapore, Taiwan) where Chinese is the/ an official language, few family practices employ coding systems or are familiar with ICPC. I observed this while meeting colleagues from these places during WONCA conferences. I concluded that the Chinese translation of ICPC

could serve to improve future communication between colleagues as well as patient care in these regions.

It took me some time to sort out the procedures required for translating the ICPC: an official agreement from WONCA and the commitment of a WONCA member college were mandatory. Two colleagues from the Capital University of Medical Sciences (Dr Xiaoqin Lu and Dr Xijuan Fu) were then translating medical literature from English to Chinese and possessed accomplished expertise in this field. With the support of the Hong Kong College of Family Physicians, Dr Fu, Dr Lu, and I started the translation in 1998. I must acknowledge the help rendered by Dr Albert Lee, then the HKCFP representative on the WONCA Classification Committee, for his support.



We translated first the rubric of codes and then the entire ICPC-2 handbook. WONCA required that any translation must be of the entire ICPC handbook, not just the code-rubric, and that the translation must be translated back to English to confirm accuracy. Colleagues who graduated in mainland China, Hong Kong, Taiwan, and Singapore kindly agreed to review or back-translate the Chinese version to ensure the validity of the translation. The generous contributions by Dr Kitty Chan, Dr Kwok-fung Ngai, Dr Ping-cheong Siu, and Dr Songung Wong in this regard must be acknowledged.

Because the personnel involved were working part-time on this work in different places far apart, and WONCA updated the ICPC-2 in 1999 (to be published in 2000), the project was not completed until early 2000. I initially planned to publish the translation in simplified Chinese (for colleagues in mainland China and Singapore) and traditional Chinese (for those in other regions). Unfortunately, it was published by HKCFP in traditional Chinese only in 2000. I must thank the HKCFP Council for its appreciation and financial support in making this publication possible, particularly Dr Andrew K K Ip and Dr David V K Chao to whom I owe many personal thanks.

It has been six years since the publication of the Chinese translation of ICPC-2 and, in Hong Kong, the public outpatient clinics of the Department of Health and Hospital Authority are currently using it for coding purposes. The ICPC is still under-used in the other Chinese communities in Asia. My initial purpose in translating the ICPC is far from being fulfilled. However, WONCA is planning to revise ICPC-2 into ICPC-3, and I hope someone will do much better on ICPC-3 than I did on ICPC-2.

College Web-page Development
– The Past, Present and Future

Dr Alvin C Y Chan
Chairman of the Web Committee, 2005-2006

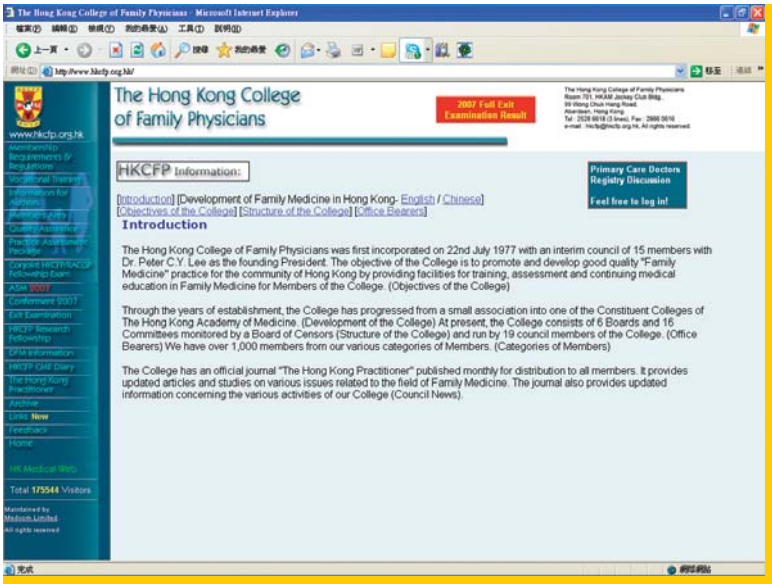
The Web Committee is the youngest committee in our College. It came into existence in December 2004 at the instigation of our President, Dr John T N Chung. The mission of the Web Committee is to promote and facilitate the usage of the College home page by our members and by members of the general public. Its work also includes monitoring the operations of the College home page, ensuring the home page suits the needs of the College and its members, and liaising with the vendor in updating the information provided on the College homepage.

The short history of the Web Committee dates back to the late 1990s. In the year 1999-2000, the College's Computer Committee had already recognized the importance of the Internet. A sub-committee, led by the then chairman Dr Daniel W S Chu, and focusing on the web-related function was formed. The subcommittee set up a domain for the College (www.hkcfp.org.hk) in December 1999. In April 2000, by which time the Sub-committee had already planned to migrate more college communications to the home page, a commercial provider was asked to review the College web site.

In the year 2000-2001, Computer Committee chairman Dr Steven Ho advocated continuous development of the College home page and so the content of the College home page has been further expanded with the College Journal, *The Hong Kong Practitioner*, being made available on-line on our home page. Links to other on-line medical resources were also made available. Members of the Web-related Function Subcommittee meanwhile aimed to boost interactivity within the home page by integrating various membership functions online.

Still under the framework of the Computer Committee, over subsequent years, the College home page was further developed to provide more up-to-date College information to the members, with more functions being added to the interface. Most of the forms needed by the members were uploaded to the website for easy accessibility, and more past journals of *The Hong Kong Practitioner* were uploaded. A search engine was added to enable members to review these archives. Members can also access the MCQ papers from *The Hong Kong Practitioner* on line and send them back after completion. A members' area was set up specifically for members, with a password system requiring a personal identity number safeguarding this privilege area. Members may express any opinions or raise any questions

in its chat room, and may even check their CME/ CPD points as well. In order to promote the use of this College homepage to our members, the Computer Committee has planned to set up a new Web Committee to better serve College members.



HKCFP's home page

With these foundations carefully laid, the Web Committee was finally formed in December 2004 under its first chairman Dr Steven Ho. All Committee members believed that with the advances in Internet technology and more widespread usage of the Web by all members, the role of this Committee will be more important and our tasks will be more challenging too.

At the first meeting of the Web Committee, we set a challenging task for ourselves: to face-lift the College web site. We would like more members to visit and make use of the home page, to enable the functions to be used in a more user-friendly manner, for example, the Members' log-on area, and to give it a more engaging look. We also hope that more useful functions such as on-line registration for seminars or other College activities can be made available to members in the near future. We believe that the new home page should also be linked with the membership management system such that the various administrative duties of the College secretaries can be further simplified.

With the availability of the College home page, we have seen more updated information being announced via this platform. News of important College activities will be posted on our home page and, since 2005, the first-hand results of the conjoint examination and the exit examinations have been announced via this platform.

Much of the face-lift work, especially as regards the design, has now been completed. The new home page will be made available in line with the launch of our new membership management system. We believe that our members will be able to enjoy these new features once the new home page becomes available, and we hope that this home page will grow as an important link between the College and its membership.

Reaching
the Public

Dr Edmund W W Lam

Chairman of the Public Education Committee, since 2006

Communication is the key in every consultation. Family physicians themselves often claim to specialize in communication relevant to assessment, negotiation, education, counselling, and treatment. Our training programme has been designed to equip juniors to handle different kinds of stereotypical 'heart-sink patients' and various management and ethical dilemmas. Many family physicians have a mission to educate and care for patients no matter how bizarre their ideas, concerns, and expectations are. While every effort counts in making patients less 'difficult' during consultations, it is appropriate that we get out of our consultation rooms and educate the public on a more relevant scale.

Since its establishment in 1977, the College has endeavoured to integrate the principles and practice of family medicine into the very core fabric of our community. Our dedicated members have been actively involved in various public education activities, including preparing educational pamphlets and articles in health columns of various local newspapers and magazines as well as interacting with the public via health talks, radio, and television broadcasts. In the early years, in 1983 and 1985, our seniors organized a popular health series on TVB (方太廣場). With the vision of better planning and co-ordinating various educational activities, the Public Education Committee was formed in 1992 under the chairmanship of Dr Donald K T Li. At that time, only a handful of medical graduates were taking up training in family medicine each year. Not only the public but most of our colleagues did not understand or had even heard of the term 'family doctor' (家庭醫生). The road of public education has been hard and long. Thanks to the committed work of successive chairmen, more and more public education activities have been organized through different channels, such as the very successful health column in 'Sing Pao Daily News' in 1994.

A concise educational pamphlet promoting family medicine among the general public was first prepared in 1997. Feedback from our College members was very encouraging and many colleagues

Council members at a Press Conference in 1989

have distributed these pamphlets to people attending their clinics. In 2005, the Committee launched a competition to design a new educational pamphlet to further promote the concept of family medicine and the role of the family doctor. The prize for the best design was awarded to Miss Kirsty Lee. To reach the widest audience, these pamphlets were distributed to the news media and have been available to College members free of charge. So far, about 25,000 pamphlets have been distributed.

The Hong Kong College of Family Physicians pamphlets

1997 version

2005 version

In addition, the Committee has been responsible for answering ad-hoc enquiries on various topical health issues raised by the media. Issues related to our College policy are referred to the president or the appointed spokesman.

In July 2005, the document 'Building a Healthy Tomorrow – a Discussion Paper on the Future Service Delivery Model for our Health Care System' was released by the Health, Welfare and Food Bureau (HWFB) and the Health and Medical Development Advisory Committee (HMDAC). It emphasized that the family doctor should be key worker for building a healthy tomorrow for the population by providing comprehensive, essential, and quality whole-person primary care. Since then there has been much debate regarding primary health-care work, the definition of 'family doctor' and the issues related to standards and training. This has entailed a tremendous increase in public education work involving many open consultation meetings and in the media. Our Committee has also set several goals to support the development of the proposed new health-care delivery model:

1. To educate the public comprehensive medical knowledge regarding preventive, curative, and rehabilitative care,
2. To educate the public the definition and roles of the family doctor,

3. To educate the public the concept of family medicine in terms of the provision of comprehensive, whole-person, and continuing care for the population,
4. To educate the public to become 'smart people' who make good use of primary health care and other levels of medical care,
5. To advocate the 'One person, one doctor' concept so that tailor-made quality health care can be provided,
6. To modify unhealthy health-seeking behaviours, such as doctor shopping, self-medication, polypharmacy, and non-compliance in the population,
7. To educate the next generation the concept of family medicine,
8. To promote a family-medicine culture and better collaboration in our health-care system.

In early October, 2005, we were approached by the editors of the monthly magazine 'Health Plus' (健康創富) and with input from Dr Simon So and Dr Stanley K H Lam, a regular health column (聽醫生話) was started. At around the same time, we were approached by the editorial board of *Hong Kong Economic Journal* (信報), a newspaper widely read in Chinese communities world-wide, who were planning to expand its health coverage and to promote the concept of the family doctor and the healthy use of medical resources. This was handled by the director of Shun Tak District Min Yuen Tong Association (旅港順德緜遠堂) Mr Andrew Y Y Lau and our censor, Professor Cindy L K Lam. Initially, we were hesitant as this task would demand a lot of input from doctors highly proficient in writing Chinese. Yet within days, under the leadership of Dr Raymond C H Lo and several dedicated seniors, a Media Column Subgroup was formed. We offered to start a Friday column in November 2005 in collaboration with their director, Mr Chi-ming Cho (曹志明), subject to passing their quality test. Dr Amy K L Chan courageously took up the challenge of writing the first article on influenza. It was well received by the editors and our first article was in fact published on 28 October 2005, two weeks earlier than planned. An editorial panel with six doctors was formed within the College to proof-read the articles and to assure the articles were accurate, interesting, and relevant to the practice of family medicine. At start, Dr Gene W W Tsoi, Dr Edmund W W Lam, and Dr Amy K L Chan were appointed co-ordinators of the articles. While some doctors could easily finish writing an article in a hour, some needed more than ten hours to write and revise for more than ten times. Since the column began, our articles have attracted many positive comments from the public as well as

Dr Betty K M Kwan and Mr Wong Hei at the Medical Forum in 1998

The cover of the HKEJ collection
家庭醫學手冊系列之伴我同行

our colleagues. Copies have been inserted into *The Hong Kong Practitioner* each month to facilitate discussion and education. Topics have covered the core concepts of family medicine, preventive health, bio-psycho-social care, evidence-based medicine, the health-care system and ethical issues, and so on. At the time of writing this article, the Public Education Committee is busy editing and collecting 70 articles into a book for the public – 家庭醫學手册系列之伴我同行 so that more people can grasp the key concepts of family medicine through reading and hopefully would take better care of their health.

To further reach out to the public, our Committee has continued to participate in various radio and television broadcasts. In 2006, a Saturday-evening programme, 'Heart of Doctor' (醫生有心), was broadcast on RTHK (Radio 5) 豐富人生, citing letters written by doctors to patients suffering from different health problems. At the same time, we also participated in several sessions of a TV series on Cable TV channel 8 entitled '財經資訊台', 「至 fit 男女」. In February 2007, for the first time we began a series of public talks on behalf of the College. All these talks were well attended and speakers commented that the talks were very interactive and that the content was beneficial to the audience. Many new public-education activities are just started, such as radio programmes in RTHK (Radio 1) 精靈一點 — 家庭醫學手册. As H G Wells reminds us, 'Human history becomes more and more a race between education and catastrophe.' With this in mind, there is indeed a great deal more for the Public Education Committee to do. New College members are always welcomed to join forces with us in this endless endeavour to promote family medicine.

Doctor writers for the health column in *Hong Kong Economic Journal (信報)* meeting in November 2006