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Message from the President



Finale to our 40th Anniversary celebration! Sunday 10th December was spectacular. We started off with the 30th Fellowship Conferment Ceremony and the 28th Dr. Sun Yat Sen Oration in the afternoon. This year 29 Diplomats received the DFM certificates, including 4 from HKU Shenzhen Hospital, China. 30 Fellows passed the

Conjoint Examination and 16 passed the Exit Examination. They are now equipped with the best skills to best serve their patients and community. Now College is their home forever!

For the first time, we presented certificates to the longest serving Conjoint examiners with 30 years experience. They are Dr. Chan Hung Chiu, Dr. Chan Kit Chi Kitty, Dr. Chan Kwok Wai, Dr. Chan Tat Eddie, Dr. Stephen Foo, Dr. Donald Li, Prof. Cindy Lam, Dr. Paul Lam, Dr. Siu Che Hung Paul and Dr. Wun Yuk Tsan. What a milestone! We all applauded their long lasting contribution and please continue.

The Dr. Sun Yat Sen Oration was the highlight of the day. The Orator was our dearest Dr. Stephen Foo. When I asked Dr. Foo to deliver the talk at the beginning of the year, he was a bit reluctant as he considered there were other suitable options. I had to convince him there was no better speaker than him at this very occasion. Dr. Foo has served this College from Day one. He sowed the seed, let it germinate, provided the best nutrient and is still farming Family Medicine today. He always has the utmost respect from every member of the College. Dr. Foo told us the origin of this College, where we came from and how far we have gone. 40 years is a long road as one of the oldest medical academic Colleges in Hong Kong. This narrated history must be uploaded to the College website for the future generations to appreciate the unselfish contribution of our predecessors and many unsung heroes.

Simultaneously, we launched the 40th Anniversary Souvenir Book 1977- 2017. The book delineates the College Timelines, Boards and Committees, Family Medicine in Community, Diversity in Family Physicians, Reflections and Stories and Personality Interviews. A beautiful book for members to read and digest. Please contact the College secretariat for your copy and CD.

This year, we are graced by overseas guests including Dr. Mark Miller, Censor-in-Chief RACGP, Prof. Doris Young and Dr. Tan Tze Lee, President, College of Family Physicians Singapore. The Young Doctors Committee had arranged "When Juniors meet Seniors" with them. They came up with some very good suggestions for our future development and the meeting was fruitful.

Evening came the 40th Anniversary Dinner at the Hong Kong Academy of Medicine. Our guest of honour was Prof. Sophia Chan, Secretary, Food and Health Bureau. This evening was a more relaxing moment for Dr. Stephen Foo. He showed us the slides of the first 30 years of the College development. Dr. Foo's commentary was hilarious, informative and entertaining. Everybody was gluing to the screen with laughter. Dr. Chan Hung Chiu, Dr. Kenny Kung, Dr. Raymond Yeung, Mr. Louis Kung and Mr. had marvellously performed memorable Cantonese pop songs of the 70s and 80s, nostalgic and simply creme de la

creme. Enjoyable was an understatement. I picked Prof. Sophia Chan's name out for the first prize of the lucky draw. I could guarantee this was not a prearranged trick and she had kindly donated the prize! What a wonderful evening!



Dr. Angus Chan (left) and Prof. Sophia Chan, Secretary of Food and Health Bureau (right)

(Continued on page 2)



Message from the President (Con't)

(Continued from page 1)

I must thank our master of ceremony, Dr. Kathy Tsim for the Conferment and Drs Maria Leung and Matthew Luk for the Anniversary Dinner and Dr. Lo Ling as our volunteer photographer. My heartfelt congratulations to Dr. David Chao and his 40th Anniversary Organising Committee. Our loyal and hardworking secretariat deserves the biggest appreciation.

The Council election was concluded in October 2017. Dr. Lau Ho Lim is elected ipso facto as Vice-President (General Affairs). There are only five candidates being nominated for five vacant Council member posts and no postal ballot is necessary. Welcome to Dr. Chan Hung Chiu, Dr. Lorna Ng, Dr. Ngan Po Lun, Prof. Samuel Wong and Dr. Yiu Yuk Kwan for their contributions in the next three years. My gratitude to the retiring Council members, Dr. Loretta Chan and Dr. Daniel Chu and I hope their absence will be temporary.

The Centre for Health Protection has launched "Alcohol Fails" Campaign in November. A very useful toolkit to conduct Alcohol Screening and Brief Intervention in primary care can be

browsed at the thematic website <http://change4health.gov.hk/en/alcoholfails/index.html>. You will find the guidebook, summary guide and questionnaires handy and practical to use.

The 40th Anniversary celebration events have finally concluded. We have every reason to be immensely proud of the College's past and excited about her future. On behalf of the College, I wish everybody a warm Winter Solstice, Merry Christmas and Happy New Year!

Dr. Angus MW CHAN
President



Toasting proposed by President, with Council Members

The Composition of HKCFP Council 2018

Following the 40th HKCFP Annual General Meeting and the 434th Council meeting on Sunday, 10 December 2017, the following Executives and Council Members were elected:

Dr. LAU Ho Lim	Vice-President (General Affairs):
Dr. CHAN Hung Chiu	Council Member
Dr. Lorna V NG	Council Member
Dr. NGAN Po Lun	Council Member
Prof. Samuel YS WONG	Council Member
Dr. YIU Yuk Kwan	Council Member

Congratulations. We extend our hearty welcome to them.

The Council would like to thank Dr. Loretta WY CHAN, and Dr. Daniel WS CHU for their valuable contributions to the College in the past years.

The Composition of the Council 2018 is as follows:

President	Dr. Angus MW CHAN
Vice-President (Education & Examinations)	Dr. David VK CHAO
Vice-President (General Affairs)	Dr. LAU Ho Lim

Honorary Secretary	Dr. William CW WONG	
Honorary Treasurer	Dr. Billy CF CHIU	
Immediate Past President	Dr. Ruby SY LEE	
Council Members	Dr. Simon CL AU	Dr. Dana SM LO
	Dr. Edmond CW CHAN	Dr. Mary BL KWONG
	Dr. Alvin CY CHAN	Dr. Lorna V NG
	Dr. CHAN Hung Chiu	Dr. NGAN Po Lun
	Dr. King KH CHAN	Dr. Gene WW TSOI
	Dr. Mark SH CHAN	Dr. Wendy WS TSUI
	Dr. Cecilia YM FAN	Prof. Samuel YS WONG
	Dr. LIANG Jun	Dr. YIU Yuk Kwan
Board of Censors	Prof. Cindy LK LAM (<i>Chief Censor</i>)	
	Dr. Stephen KS FOO	
	Prof. Donald KT LI	

Mr. Anthony WK CHOW has been re-appointed as **Honorary Legal Advisor** and **Mr. CF CHEUNG** has been re-appointed as **Honorary Auditor**.

The Chairperson of the various Boards and Committees for the year 2018 are as follows:

Chairmen of Various Boards

Board of Conjoint Examination	Dr. CHAN Hung Chiu
Board of Diploma in Family Medicine	Dr. Simon CL AU
Board of Education	Dr. Alvin CY CHAN
Board of Professional Development and Services	Dr. LAU Ho Lim
Board of Vocational Training & Standards	Dr. Billy CF CHIU
Editorial Board	Dr. David VK CHAO
Specialty Board	Dr. Wendy WS TSUI
Board of Censor	Prof. Cindy LK LAM (<i>Chief Censor</i>)
	Dr. Stephen KS FOO
	Prof. Donald KT LI

Chairmen of Various Committees

Business Management Committee	Dr. Mary BL KWONG
Credentialing Committee	Dr. Gene WW TSOI
CSR Vetting Committee	Dr. David VK CHAO
Education Committee (AM affairs)	Dr. David VK CHAO
External Affairs Committee	Dr. Angus MW CHAN
Finance Committee	Dr. Billy CF CHIU
FP Links Committee	Dr. Wendy WS TSUI
Hong Kong Primary Care Conference	Dr. Lorna V NG
House Management Committee	Dr. LAU Ho Lim
Internal Affairs Committee	Dr. David VK CHAO
Membership Committee	Dr. Cecilia FAN
Public Education Committee	Dr. NGAN Po Lun
Quality Assurance & Accreditation Committee	Dr. CHAN King Hong
Research Committee	Prof. Samuel YS Wong
Web and Computer Committee	Dr. Mark CHAN
Young Doctors Committee	Dr. Edmond CW CHAN and Dr. Loretta WY CHAN

Dr. William CW WONG
Honorary Secretary

Public Education Committee News

Dr. Ngan Po Lun, Chairman of Public Education Committee, represented the College and join the RTHK Programme 精靈一點 outdoor public event, in Tseung Kwan O on 5 November 2017 (Sunday). The event invited Dr. Ngan and Cardiologist Dr. Lee Ka Fai, Victor as guests, together with RTHK host Mr. Theo Shum and Ms. Fiona Ching, and Artists 糖妹、黎曉陽 and 安俊豪, to share with the public some useful health information and tips in their 'Mobile TV Showroom'.

The recorded event will be broadcasted on RTHK Radio 1 Programme 精靈一點 on 22 December 2017 (Fri) at 1:00 p.m. The event will also be broadcasted on TV Channel 31 of RTHK at the same time.



Board of Vocational Training and Standards News

Reminder: Submission of Annual Checklist for Basic Training

To all Basic Trainees,

Please be reminded that all basic trainees must submit the annual checklist to the Board of Vocational Training and Standards either by registered post OR in-person on or **BEFORE 31st January 2018 (Wednesday)**. Late submission will not be accepted.

The training experience of 2017 will not be accredited if the trainee fails to submit the checklist on or before the deadline. Should you have any enquiries, please feel free to contact Ms. Charlotte Cheung at 2871 8899.

Basic Training Subcommittee
Board of Vocational Training and Standards

Higher Training Introductory Seminar

A Higher Training Introductory Seminar will be held on 3rd February 2018 for all newly enrolled higher trainees, existing trainees and clinical supervisors. The seminar is designed to help higher trainees and supervisors to understand and get more information on our training programme.

Details of the seminar are as follows:

- Speakers : Dr. Fung Hoi Tik, Heidi (Chairlady, Higher Training Subcommittee),
Dr. Lui Luen Pun, Benny (Deputy Chairman, Higher Training Subcommittee)
- Date : 3rd February 2018 (Saturday)
- Time : 2:30 – 4:30 p.m.
- Venue : Rm 903-4, 9/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Please contact Ms. Charlotte Cheung at 2871 8899 for any queries.

Higher Training Subcommittee
Board of Vocational Training and Standards

Quality Assurance & Accreditation Committee News

Important news to members

Dear Members,

**RE: MCHK CME Programme for Practising Doctors
who are not taking CME Program for Specialists**

(ver. 22 Number 2017)

For member who have submitted the consent form earlier, please ignore this message

Members starting the next MCHK Cycle from **1 January 2018** and who opt to use HKAM as your MCHK CME administrator through HKCFP will have the associated **administrative charge waived**.

Given the College Secretariat has now taken up the processing of MCHK CME records for members who use the Hong Kong Academy of Medicine (HKAM) as their Administrator for the said programme, **the associated administration charge will be waived provided that prior written consent is received by the College Secretariat**.

Interested members please note the following points:

1. MCHK registrants have the responsibility to liaise with your current CME Administrator (HKMA, DU, and DH) for the necessary procedures in relation to change of the CME Administrator.
2. Starting from **January 2018**, change of CME Administrator from other CME Administrators to HKAM via the College can be arranged after **ONE Cycle Year of programme has been completed**, given that HKAM was not the administrator of your previous MCHK CME Cycle. Please provide the CME Report for the Cycle Year(s) completed under other CME Administrator to College Secretariat before the deadline, if you would like to transfer your administrator to HKAM via College.
3. In case of any discrepancy of the accredited CME Points between the College and the other Administrators, the College reserves the right of the final decision on the accredited CME Points.

As the College is required to report the CME Points to HKAM every 6 months,

4. MCHK CME registrants should continue to sign on the respective HKAM CME attendance record sheet for CME record purposes as usual. **To help the College Secretariat distinguishing College members from others, please identify yourself by entering your HKCFP membership number or simply putting "HKCFP" in the column of HKAM.**

The captioned free service is for our College members only. Interested members can download the required Registration Consent Form at www.hkcfp.org.hk > Download > 'MCHK CME Programme for Non-specialist' and return the completed form to our College Secretariat at cmecpd@hkcfp.org.hk before **29th December 2017** to facilitate the necessary arrangement.

While the service is free of charge for all College members, submission may not be accredited if one fails to comply with the above-mentioned points. Additionally, late submission will not be considered. Also, MCHK CME record may not be updated if one fails to update MCHK CME Administrator in a timely fashion. In case of any discrepancies regarding the accredited CME Points, the College's accreditation is final.

HKCFP Secretariat

Quality Assurance & Accreditation Committee News (Con't)

CME/CPD Compliance

Dear Colleagues,

With the QA&A Programme finalising by the end of year 2017, just to highlight that Colleagues **must engage in ALL categories of activities** in order to fulfill the QA certificate criteria, briefly summarized as follows (QA Certificate 2017-19):

- (1) A minimum of 90 points in total, including of **at least 30 CPD points**.
- (2) A maximum of 45 credit points will be counted for each category of educational activities
- (3) Participant must engage in **ALL** categories of activities

Please see the "Regulations for Award of Quality Assurance 2017-19 (QA)" for details: http://www.hkcfp.org.hk/pages_5_81.html

In particular, HKAM Fellows are required to obtain a minimum of 90 points, including **at least 15 CPD points** in a 3-year cycle.

Another point to highlight is the various ways to gain CPD points, listed below for your reference:

1. Continuous Professional Development (CPD) Logs
 - I. Self-appraisal activities on lectures, seminars and workshops organized by the Board of Education (For Activities that are applicable to submit CPD Log, Corresponding Sentence **"Up to 2 CPD Points (Subject to Submission of Satisfactory report of Professional Development Log)"** would be included in the Board of Education News published in FP links)
 - II. Specify journal article published in the HK Practitioner or HK Medical Journal (**HK Practitioner:** Update Article, Original Article, Discussion Paper, Internet; **HK Medical Journal:** Original Article, Review Article, Medical Practice)
 - III. Evidence Based Practice (EBP) report with the reference to a journal article published in the HK Practitioner, the HK Medical Journal, or in an indexed or refereed Medical Journal
 - IV. Practice Audit, Review and Appraisal; include Clinical Audit, Evidence-Based Medical Protocol and Preventive Care Audit
 - V. Structured Learning Activities, such as Portfolio For Self Learning Plan
2. Activities related to Teaching, Educational Development and Research
 - I. Teaching / Tutoring medical students in Family medicine
 - II. Clinical supervisor of vocational trainees in Family Medicine
 - III. Acting as examiner for the Conjoint HKCFP / RACGP Fellowship Examination or HKCFP Exit Examination
 - IV. Being a CPR instructor or a Tutor of the Assessment Enhancement Course organized by the College
 - V. Being a moderator or speaker
 - VI. Being a chairperson / speaker of the pre-approved small discussion group
 - VII. Research work related to the field of General Practice / Family Medicine
 - VIII. Publishing Journal articles, books or thesis
3. Activities related to Professional Development, such as demonstration of competence in family medicine by completing a course of study and passing the Conjoint HKCFP/RACGP Fellowship Examination, Specialty Board Exit Examination, the basic Life Support (CPR) assessment organized by the College, Diploma examinations organized by the College; passing professional examination (Membership / Fellowship, etc) or academic examination (Diploma / Master Degree, etc) relevant to General Practice/Family Medicine.
4. Activities related to Quality Development, including participating in a quality assurance activity, exercise, workshop or clinical attachment organized by the College. Active Learning Mode (ALM) has been introduced since 2016 to facilitate active learning at selected seminars involving skill and knowledge transfer, and participants may gain CPD points when fulfilling assessment criteria by pre- and post- activity MCQs.

Please kindly login to the College website <http://www.hkcfp.org.hk/> to check on your latest CME/CPD report. You can also download all the relevant forms from our website: http://www.hkcfp.org.hk/pages_5_84.html. For more details, please refer to the "The Regulation for Award of Quality Assurance" at http://www.hkcfp.org.hk/pages_5_81.html or contact our QA&A Secretariat (Mr. John Ma or Ms. Natalie Ho) at 2871 8899 or email to cmecpd@hkcfp.org.hk at your convenience.

Thank you.

Dr. King Chan
Chairman, Quality Assurance & Accreditation Committee

Quality Assurance & Accreditation Committee News (Con't)

HKCFP Additional & CME Accreditation for Year 2017

Dear Members,

The credit point score of 2017 for HKCFP QA Programme is going to be finalized by the end of Year 2017. Please kindly check your updated report by visiting the College website at <http://www.hkcfp.org.hk/>.

If you wish to apply for Additional Accreditation or you find any CME/CPD points missing from your CME report, please apply for CME accreditation by sending the application(s) no later than **28 February 2018**.

1. Application for Additional Accreditation

For Educational Activities **under items 3.7, 3.8, 3.13, 3.14 and items 5.2 to 5.6 in QA Regulation 2017-19**, members have to apply in writing with \$500 administration fee (Non-refundable) by cheque to the QA&A Committee. Details must be submitted for special consideration, e.g. attendance record, photocopies of events, transcripts or published articles. Each application will be charged independently once the application is received. Addition information to the application, if any, will be handled as a new application and incurs new charges.

The application of **Additional Accreditation** for the year 2017 is now open. It is only for the activity which **had NOT been accredited** by QA&A Committee before the activity started. You are recommended to submit the application form for additional accreditation with required supporting documents as stated in the application form.

2. Application for CME/CPD Accreditation

This application is only for the activity which **had been accredited** by QA&A Committee before the activity started. If the credit points are missing from your credit point score report, please fill in the "Application form for CME/CPD Accreditation of Pre-accredited activity" with the supporting documents, e.g. attendance record, photocopies of events, transcripts or published articles.

Application deadline: 28 February 2018

All forms can be download at: http://www.hkcfp.org.hk/pages_5_82.html.

Please submit the application form by:

- Mail to The Hong Kong College of Family Physicians, Rm 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen; **OR**
- Email to : cmecpd@hkcfp.org.hk

Late submission will NOT be processed; The QA&A Committee has the final right in deciding the number of "Credit Points" awarded for each activity. The supporting documents must be evidence of attendance or submission for accreditation.

Should you have any question on CME/CPD, please contact Mr. John Ma or Ms. Natalie Ho at 2871 8899 or email to cmecpd@hkcfp.org.hk. Thank you so much for your support for the HKCFP QA Programme.

Yours sincerely,

Dr. King Chan,
Chairman, Quality Assurance & Accreditation Committee

Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **October – November 2017**:

Resignation of Associate Membership

Dr LEUNG Tung On

梁桐安

Meeting Highlights

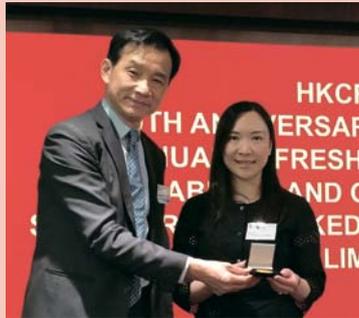
Annual Refresher Course 2017

The 1st, 2nd, 3rd, 4th and 5th session of the Annual Refresher Course were 19, 21, 23, 26 and 28 November respectively.

Dr. Ip Tai Pang, Specialist in Endocrinology, Diabetes & Metabolism, delivered a lecture on “Holistic diabetes management – is it all about glycemic control only?” and Dr. Yuen Mae Ann, Michele, Specialist in Endocrinology, Diabetes & Metabolism, delivered a lecture on “From Osteopenia to Osteoporosis in Postmenopausal Women, Are We Doing Enough to Prevent and Treat?”.



Dr. Robert Tsui (left, Moderator) presenting a souvenir to Dr. Ip Tai Pang (right, Speaker) during the lecture on 19 November 2017



Dr. Robert Tsui (left, Moderator) presenting a souvenir to Dr. Michele Yuen (right, Speaker) during the lecture on 19 November 2017

Prof. Wong Ka Sing, Specialist in Neurology, delivered a lecture on “Updates on the Diagnosis and Treatment of Peripheral Neuropathy” and Dr. Enoch Wu, Specialist in Endocrinology, Diabetes & Metabolism, delivered a lecture on “New Management Strategy to Prevent Diabetic Complications”.



Dr. Mark Chan (left, Moderator), Dr. Stephen Foo (middle, Censor) presenting a souvenir to Prof. Wong Ka Shing (right, Speaker) during the lecture on 26 November 2017



Dr. Mark Chan (left, Moderator), Dr. Stephen Foo (middle, Censor) presenting a souvenir to Dr. Enoch Wu (right, Speaker) during the lecture on 26 November 2017

Dr. Chan Pak Hei, Michael, Specialist in Cardiology, delivered a lecture on “Managing Heart Failure in Primary Care Setting”.



Dr. Au-Yeung Shiu Hing (right, Moderator) presenting a souvenir to Dr. Michael Chan (left, Speaker) during the lecture on 21 November 2017

Dr. Ko Kwok Chun, Jason, Specialist in Cardiology, delivered a lecture on “Cardiovascular Risk and Albuminuria”.

Dr. Mary Kwong (right, moderator), Dr. Chan Hung Chiu (left, Council member) presenting a souvenir to Dr. Jason Ko (middle, Speaker) during the lecture on 23 November 2017



Prof. Kung Wai Chee, Specialist in Endocrinology, Diabetes & Metabolism, delivered a lecture on “Update on Biological Treatments for Osteoporosis and Lipid”.

Dr. Danny Ma (left, Moderator), Dr. Chan Hung Chiu (right, speaker) presenting a souvenir to Prof. Kung Wai Chee (middle, Speaker) during the lecture on 28 November 2017



Certificate Course on Asthma Management

The 4th session of the Certificate Course on Asthma Management was held on 9 November 2017.

Dr. Chan Ka Wing, Joseph, Specialist in Respiratory Medicine, delivered a lecture on “Does “One Size Fits All” Saying Applies in the Treatment and Management of Asthma?”.



Dr. Yvonne Lo (left, Moderator) presenting a souvenir to Dr. Joseph Chan (right, Speaker) during the lecture on 9 November 2017

Certificate Course on Use of Insulin

The 3rd session of the Certificate Course on Use of Insulin was held on 11 November 2017.

Ms. Hung Shuk Yee, Advanced Practice Nurse, delivered a lecture on “Experience Sharing of How to Initiate / Teach our Patients to Start Insulin in Primary Healthcare Setting”.



Dr. Tammy Tam (right, Moderator) presenting a souvenir to Ms. Hung Shuk Yee (left, Speaker) during the lecture on 11 November 2017

Interest Group in Dermatology

Dr. Lam Yuk Keung, Specialist in Dermatology and Venereology, delivered a lecture on “Common Facial Skin Diseases: Acne, Rosacea” on 4 November 2017.



Dr. Au Chi Lap (right, Moderator) presenting a souvenir to Dr. Lam Yuk Keung (left, Speaker) during the lecture on 4 November 2017

Interest Group in Medical Humanities

Dr. Wu Ka Yu, Florence, Assistant Professor, Department of Applied Social Sciences, Hong Kong Polytechnic University, delivered a lecture on “Burnout: A Challenge to Helping Professional” on 11 November 2017.



Dr. Dana Lo (left) and Dr. Mark Chan (right) (Co-ordinators) presenting a souvenir to Dr. Florence Wu (middle, Speaker) during the lecture on 11 November 2017

Interest Group in Counselling

Dr. Choi Wing Kit, Specialist in Psychiatry, delivered a lecture on “How to Help Your Patients Looking into Their Psychiatric Needs” on 25 November 2017.



Dr. Aster Lau (left, Moderator), presenting a souvenir to Dr. Choi Wing Kit (right, Speaker) during the lecture on 25 November 2017

Training Course on Common Mental Disorders and Dementia for Primary Care Doctors

The 4th session of the Training Course on Common Mental Disorders and Dementia for Primary Care Doctors co-organized with the Primary Care Office of the Department of Health was held on 12 November 2017.

Prof. Lam Tai Pong, Specialist in Family Medicine, delivered a lecture on “Approach to Depressed Patients in Primary Care” and Dr. Wong Chung Hin, Willy, Specialist in Psychiatry, delivered a lecture on “Managing Depression in Primary Care & Suicidal Risk Assessment”.



Dr. Mark Chan (right, Moderator), Dr. Mary Kwong (left, Council member) presenting a souvenir to Prof. Lam Tai Pong (middle, Speaker) during the lecture on 12 November 2017



Dr. Dana Lo (right, Moderator), Dr. Mary Kwong (2nd from the right, Council member), Dr. Mark Chan (1st from the left, Council member) presenting a souvenir to Dr. Willy Wong (2nd from the left, Speaker) during the lecture on 12 November 2017

Dinner Symposium on 8 November 2017

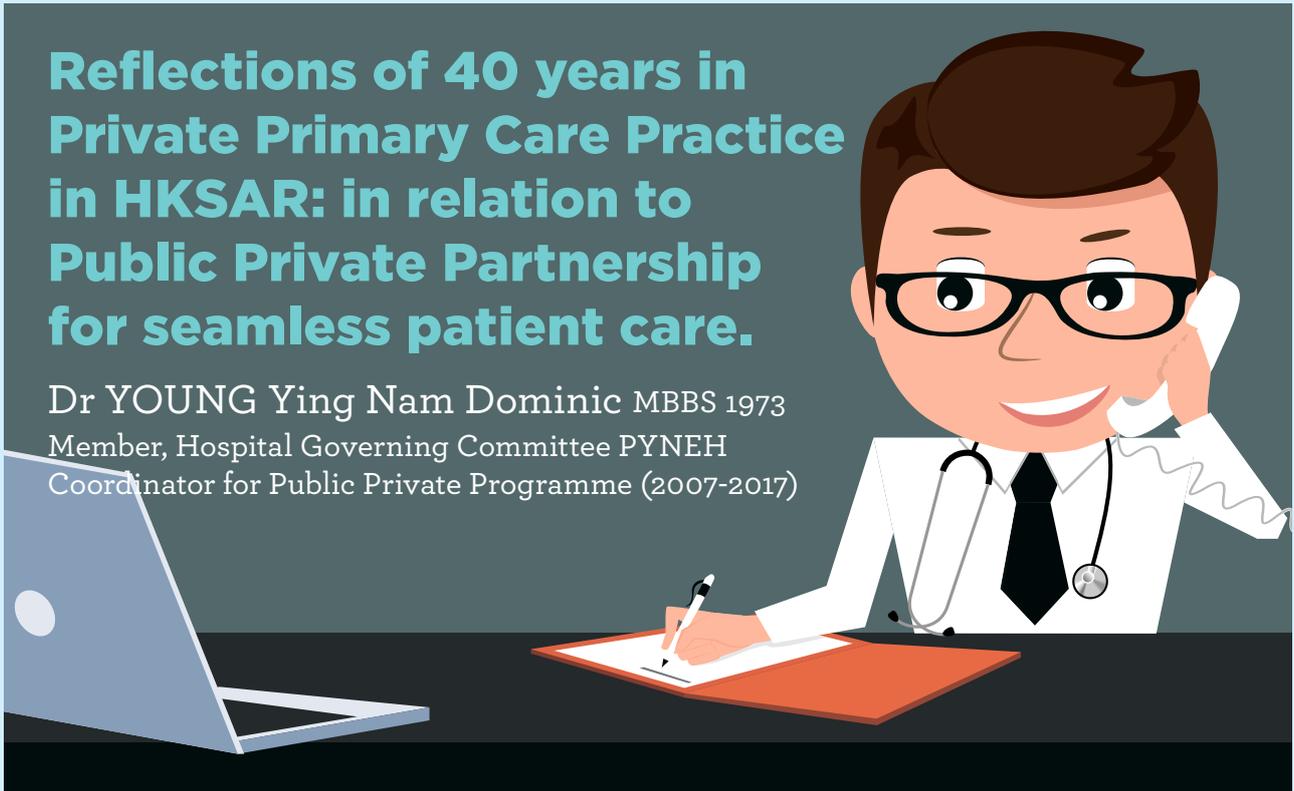
Dr. David Hargroves, Consultant Physician and Clinical Lead for Stroke Medicine, East Kent Hospitals University NHS Foundation Trust, delivered a lecture on “Protecting Multi-Morbid AF Patients against Stroke in the Ageing Population: What is the evidence-based approach?” on 8 November 2017.



Group photo of Dr. David Hargroves (left, Speaker), Dr. James Luk (middle, Co-chairman) and Dr. Bea Lau (right, co-chairman)

Reflections of 40 years in Private Primary Care Practice in HKSAR: in relation to Public Private Partnership for seamless patient care.

Dr YOUNG Ying Nam Dominic MBBS 1973
 Member, Hospital Governing Committee PYNEH
 Coordinator for Public Private Programme (2007-2017)



40 years ago I started my practice in Shaukeiwan. My clinic had, apart from the usual waiting, consultation, dispensing rooms, a plain X ray machine. At that time, the public system was underfunded and understaffed. The private practice market was bearing a very heavy load. There was minimal contact between the public and private system.

The scenario changed in 1990, with the founding of the Hospital Authority (HA) and the subsequent HA take over of the General Out Patients Department (GOPD) a few years later. The HA started issuing replies to the patients referred to the Accident and Emergency Department (A&E), after efforts initiated by HKMA.

A special year was 2003. SARS struck HK. Using the clinic's X-ray machine, I was involved in the screening of patients presenting with fever and flu like illnesses. (Hong Kong Practitioner, August 2003 article)

Case 1: A patient with typical symptoms and signs of SARS diagnosed on X-ray screening was immediately referred to Pamela Youde Nethersole Eastern Hospital (PYNEH). The next day the A&E doctor rang to remind me to sterilise my entire clinic premises as SARS was confirmed. Though that process was already completed before being alerted, I appreciated his prompt call.

Case 2: A few days later a patient with fever and pneumonia diagnosed on X-ray was advised to be admitted to PYNEH for treatment. But he told me that his business would be

ruined if he was admitted to hospital. This was the only time a patient with such a condition asked to be treated in a private clinic. He stubbornly refused public hospital admission. Fortunately, he recovered well after the appropriate course of antibiotic injections and oral drugs.

In the past ten years, the HA implemented the computer data sharing platform (PPI/ eHRSS), greatly facilitating the sharing of information required to accurately assess the attending patients.

Recent public private partnership programmes including the subsidised flu vaccinations scheme and stool for occult blood/ colonoscopy screening initiated by the government (Department of Health) are well received.

Public private partnership for chronic disease management (HA initiated), which was unsuccessful at the first attempt (2010-2013) is currently being re-implemented in a new format starting with Hypertension/ Diabetes patients.

Health care vouchers for the elderly (>65 years) is another incentive to relieve financial constraints in this group of patients. This will help shift the workload from the heavily burdened public system to the private.

I call for the collective wisdom of our members to create a seamless care approach that will benefit all our patients.

我是家庭醫生

一個難忘的病人

蔡寶瑜醫生



記得楊絳老師的一段話：「人間不會有單純的快樂，快樂總夾雜煩惱和憂慮，人間也沒有永遠。」行醫十多年，接觸過不同個案，有苦有樂，更能深深體會以上的話。

兩年前認識了Chris，她患上了腸癌二期。Chris是一個開心樂觀、無憂無慮的小女人，既有一個好丈夫又有一個乖女兒。知道診斷後，Chris很積極去面對，手術亦很成功。術後她開始學習郭林氣功，認識了一班好友，一切看似很順利。沒有她消息一年多，一天她又再出現我面前，鵝蛋臉上的笑容消失了，換上愁眉深鎖的樣子。那天我做了一個聆聽者，細心聽着她這一年發生的一切。原來她的癌病復發，已擴散至淋巴，亦導致尿管受壓引至腎臟脹大，需要做尿管手術。其間她因身體不適不停進出醫院，亦接受了電療、化療及標靶治療，可惜效果都不理想。她告訴我一切後，突然沈默了幾秒，然後抬頭問我：「Dr. Choi，這一切會否跟情緒有關？」原來在她康復期間她發現了丈夫有外遇，她真的不知道怎樣去面對，心情亦跌至谷底。

Chris其實是一個很勇敢的女人，她絕對沒有懼怕癌病，努力去對抗它；她亦是一個模範病人，對醫生有無比信心和感恩，醫生建議做的她必定盡力做，就算效果不理想也沒有埋怨。令她最難接受的是丈夫的不忠，這個困擾比癌病更大。因此當我們照顧癌症患者時，必須注意「身、心、靈」三方面，缺一不可。

最後我把聖嚴法師的四句話送給Chris：「面對它、接受它、處理它、放下它。」希望她能做到。

Phase 3 of Colorectal Cancer Screening Pilot Programme

The Department of Health has announced that the 3rd phase of Colorectal Cancer will start from 27th November 2017, which is extended to include Hong Kong residents born between 1952 and 1955. (Those born in 1946 to 1951, who have not yet taken part in the Programme can continue to join)

According to the latest Cancer Registry report published in October 2017, Colorectal Cancer ranked first on the incidences list from 2012 to 2015, and it ranked 2nd on the cause of cancer death.

This pilot programme is a 3 year project that subsidises asymptomatic Hong Kong residents to undergo screening tests. The screening pathway of the Programme comprises two stages: (1) Eligible persons first make an appointment with an enrolled Primary Care doctor (PCD). Upon enrolment, the participant will undergo Faecal Immunochemical test (FIT); and (2) If the FIT result is positive, the participant will be referred to receive a colonoscopy examination to find out the cause of bleeding.

In the first 12 months since the launch of the Programme, among 39 280 participants whose stool specimens were analysable, 5 286 (13.5%) tested positive in the FIT. Among FIT positive cases, 4 501 participants completed the colonoscopy examination, 3089 cases (68.6%) were found suffered from colorectal adenomas and 291 cases (6.47%) of colorectal cancer were found.

Preliminary analysis of 55 colorectal cancer cases detected during phase one of the Programme revealed that most of such cancerous lesions belonged to earlier stages of the disease, giving the patients better prognosis.

To encourage the participation of eligible persons, the screening process is subsidised by the Government. For FIT screening, the enrolled PCDs usually provide one consultation for each participant and arrange a second consultation only if the FIT result is positive. The Government will provide a subsidy amount of \$280 for each consultation. For the colonoscopy examination, the subsidy amount is \$7,800 if no polyp is detected, while the amount will be \$8,500 if polyp(s) are found and removed. The costs of the laboratory test for FIT and the histopathology are also covered by the Government.

For both primary care doctors and patients who are interested in enrolling in the Pilot Programme they may visit thematic website at www.colonscreen.gov.hk for more information.

They can also call the Programme hotline 3565 6288 during office hours. Eligible patients are also reminded to enrol in the electronic Health Record Sharing System (eHRSS) prior to joining the Pilot Programme. Details of eHRSS can be found at www.ehealth.gov.hk or patients can call the Registration Office at 3467 6300.

Reference:

20/11/2017, Press Releases, The HKSAR

Compiled by Dr. Yip Chun Kong

Knowledge Refresher : Are These Clinic & Home Tests Completely Reliable?

Dr. John-Hugh Tam
Specialist in Family Medicine

It is not uncommon for us to perform various clinic tests on our patients during consultations, with the most common examples being hemastix blood glucose test and urine multistix test. These tests are also frequently used by some of our patients as self-tests in home settings. Despite their everyday use, have you ever been aware on the reliability of these tests, and how may the results be possibly affected leading to false positive and false negative findings? The information from this article may give you extra food for thought, thus helping you to understand the limitations of these tools and the results generated.

Section A : Glucometer for glucose monitoring

Glucometer usually consists of a main test unit and a consumable plastic test strip containing a small spot (reaction well) impregnated with chemicals (the enzyme glucose oxidase and other components) that react with glucose in the drop of blood during each measurement, thus causing different levels of electrical signal change that is detected by the sensor and translated into different blood glucose readings on the screen.



There are a number of physical factors that can influence the accuracy of blood glucose strip test: namely strip factors, patient factors, and pharmacological factors.

1) Strip factors

As with any manufactured product, there is a small amount of strip-to-strip variation, which will therefore lead to some inaccuracy in blood glucose readings. In some types of glucose strips where the individual reaction wells (the sample chambers) of strips are small (2–3 mm) and a well-size variation of 50 µm will lead to 3% error.

Changes in enzyme coverage may also influence accuracy, for example a bare spot in the reaction well (e.g. blockage by a bubble) will lead to underestimation of the glucose values.

- ✓ **Solution to reduce this error:** The test performer should look at their strip to be sure there are no “bubbles” in the well during the test.

Also, we should also be aware that these test strips have a finite lifetime, usually about 2 years under ideal storage circumstances, and using expired strips can cause problems with the accuracy of electrochemical blood glucose strips. This is due to the fact that the oxidised mediator in these strips is somewhat unstable and can be broken down through time, and at a higher rate under adverse storage conditions (e.g. at high temperature and under high humidity), thus resulting in over-estimation in blood glucose readings.

- ✓ **Solution to reduce this error:** Strips should be used in a timely fashion and stored properly. We should also develop habit of checking the expiry dates of the strips before usage.

2) Patient factors

- **Coding:** The ability of a patient to use their meter properly can have great influence on the accuracy of a blood glucose meter. Most blood glucose meters need to be coded, although some of the new meters avoid coding. Coding determines the relationship between the electrical signal produced by the strip and the reported blood glucose. Studies of miscoding in past suggest that approximately 16% of patients in a typical endocrinology practice have miscoded their meters. This can lead to errors of average from -37% to +29% (95% confidence limits of ~-92% to +73%). Meters that do not require coding avoid this error and so are often more accurate in use by patients.
- **Effect with different hematocrit levels :** Different concentrations of red cells in the tested blood may affect the test result through different mechanisms, e.g. by blocking the electrode or the enzyme or alter the reading by a variety of other mechanisms. This may hence affect a group of patients whose hematocrit counts may be significantly altered, e.g. Those who live at different altitudes, smokers, patients with renal failure, etc.
- **Patient technique** can play a significant role in the accuracy of blood glucose monitoring systems, but modern meters are designed to make it easier for patients to get accurate results.

- **Hand washing** has always been a problem, especially with microsample meters, in which the smallest amount of contaminant can significantly raise the blood glucose. (i.e. with an estimated drop of blood of around 0.3 µl, 1 µg of glucose, such as sugary substance from food left on the finger at weight of a dust particle will increase the blood glucose by 16.7mmol/L.) On the other hand, it was found that lotions had only a minor effect and soap had almost none.
- **Some substances that occur naturally in our blood** (e.g. triglycerides and uric acid) can affect the accuracy of blood glucose monitoring. For example triglycerides at very high levels may cause meters to be inaccurate because they take up volume and decrease the amount of glucose in the capillary volume, thus causing glucose values to be low, whilst uric acid on the other hand, though only at very high values in cases of severe gout, can be oxidised by the electrode, giving falsely high values.

3) Pharmacological factors

A number of medications can alter the glucometer readings by interacting with the test chemicals in the strips though the error usually small. These medications include paracetamol, L-dopa, tolazamide, and ascorbic acid. It is also worthwhile to bear in mind that icodextrin, a constituent in peritoneal dialysis fluids and can significantly increase the glucose value reported by the meter.

Despite of the points described above, it is a reassuring fact that the technology of blood glucose monitoring has improved over the years and is likely to improve in the future. Nowadays, the average inaccuracies of only 5–6% are common in the best meters now and are likely to fall significantly with newer technologies. Understanding the cause of many of the common errors can lead to more accurate monitoring.

Section B : Urine Multistix Test

A dipstick test is a basic diagnostic tool used to determine pathological changes in a patient’s urine, whilst a standard urine test strip may comprise up to 10 different chemical pads or reagents which react and change color with a urine sample. The analysis includes testing for the presence of proteins, glucose, ketones, haemoglobin, bilirubin, urobilinogen, acetone, nitrite and leucocytes as well as testing of pH and specific gravity, and testing for infection by different pathogens. Indications for these tests, and their possible errors are summarised in the table below.



Test	Indication	False positive / high readings can be caused by	False negative / low readings can be caused by
Glucose	<ul style="list-style-type: none"> • Nearly all glucose filtered by the glomeruli is reabsorbed in the proximal tubules and only undetectable amounts appear in urine in healthy patients. Above the renal threshold (10 mmol/L) glucose will appear in urine. 	<p>False positive results: seen when high levels of ketones are present. Also seen in patients taking levodopa.</p> <p>if the urine specimen is contaminated with strong oxidizing cleaning agents peroxide or hypochlorite, a false-positive reaction may occur</p>	<p>False negatives: seen where SG is elevated, in uricosuria and in patients taking ascorbic acid.</p>
Bilirubin / Urobilinogen	<ul style="list-style-type: none"> • Unconjugated bilirubin is water-insoluble and not normally present in the urine. • Conjugated bilirubin only appears in urine in the presence of liver disease or obstruction of the bile ducts. • A small amount of urobilinogen is normally found in urine, but significant amounts suggest that further assessment for haemolytic and hepatocellular disease is indicated. 	<p>Several compounds may produce atypical color reactions on the bilirubin pad, for example patients receiving large doses of chlorpromazine (Thorazine) may have false-positive results.</p>	<p>Bilirubin and urobilinogen are both light-sensitive and break down post exposure to light. False-negative conclude results may occur if the urine is not tested when fresh.</p> <p>Urine containing nitrite or those preserved with formalin may produce false-negative results.</p>
Ketone	<ul style="list-style-type: none"> • Detectable levels of ketone may occur in urine during physiological stress conditions such as fasting, pregnancy, and frequent strenuous exercise. 	<p>False trace results may be seen in highly pigmented urine. Drugs containing free-sulfhydryl groups such as captopril and D-penicillamine can produce false-positive ketone results on the reagent strip.</p>	<p>Some literature that the urine ketone dip test has a high negative-predictive value, hence a negative urine dip test reliably excludes the diagnosis of diabetic ketoacidosis or diabetic ketosis.</p>
Blood	<ul style="list-style-type: none"> • A positive test indicates either haematuria, haemoglobinuria or myoglobinuria. • Prognostic significance of a positive test is very controversial - rates ranging from 0.5-6% of patients with a positive test have being found to have underlying significant pathology 	<p>False positive readings are most often due to contamination with menstrual blood; they are also seen with dehydration which concentrates the number of RBCs produced, and exercise.</p>	<p>False negative readings: captopril, vitamin C, proteinuria, elevated SG, pH less than 5.1 and bacteriuria</p>

pH	<ul style="list-style-type: none"> The range is 4.5 to 8, but urine is commonly acidic (i.e. 5.5-6.5) due to metabolic activity. Urine pH generally reflects the blood pH but in renal tubular acidosis (RTA) this is not the case. In type 1 RTA (distal) the urine is acidic but the blood alkaline. In type 2 (proximal) the urine is initially alkaline but becomes more acidic as the disease progresses. Alkaline urine (high pH) is seen in the initial stages of type 2 RTA and also with infection with urease-splitting organisms, and may be associated with the formation of urinary calculi. 	It is worthwhile to bear in mind that fluctuations in urine pH may also be due to diet and specific foods.	
Protein	<ul style="list-style-type: none"> Detectable proteinuria may be the first sign of renovascular, glomerular or tubulo-interstitial renal disease. Alternatively, it may be caused by overflow of abnormal proteins in diseases such as multiple myeloma. Other benign causes of proteinuria may include dehydration, fever, inflammatory process, intense activity, orthostatic (postural) disorder 	False positives : Alkaline urine (pH more than 7.5); when the dipstick is immersed too long; with highly concentrated urine; with gross hematuria; in the presence of penicillin, sulfonamides or tolbutamide; and with pus, seminal or vaginal secretions.	False negatives: Dilute urine (specific gravity more than 1.015) and when the urinary proteins are non albumin. Most dipstick tests will pick up albumin but may not detect low concentrations of Bence Jones' protein or gamma-globulins. Bence Jones' protein can be detected by a specific antibody test on a midstream sample, whilst urine gamma-globulins can be detected by urine electrophoresis.
Nitrite	<ul style="list-style-type: none"> The nitrite test is a rapid, indirect method for the early detection of significant and asymptomatic bacteriuria. Common organisms that can cause urinary tract infections, such as Escherichia coli, Enterobacter, Citrobacter, Klebsiella, and Proteus species, produce enzymes that reduce urinary nitrate to nitrite. For this to occur, the urine must have incubated in the bladder for a minimum of 4 hours. Hence, the first morning urine is the specimen of choice. 	<p>If the urine is allowed to stand at room temperature for several hours, organisms may grow in the specimen and generate nitrite.</p> <p>Results may be misinterpreted as positive in urine that appear red or contain phenazopyridine and other substances that turn red in acid.</p>	<p>False negative results may be seen where:</p> <ul style="list-style-type: none"> Bladder incubation time is shortened (less than four hours). There is absence of dietary nitrate. There is presence of nitrate reductase-negative organisms (e.g. some mycobacteria strains). Urine SG is elevated. The pH is less than 6.0. There is presence of urobilinogen and urinary vitamin C.
Leukocytes	<ul style="list-style-type: none"> This relies on the reaction of leukocyte esterase produced by neutrophils and a positive result suggests pyuria associated with UTI. Isolated trace results may be of questionable significance, but repeated ones should not be ignored. 	False positive results may be caused by contamination with vaginal discharge.	Elevated urine glucose or oxalic acid concentrations may reduce sensitivity, and this may also be seen in patients taking tetracycline or cefalexin.
Specific gravity (SG)	<ul style="list-style-type: none"> Increased SG is seen in conditions causing dehydration, glycosuria, renal artery stenosis, heart failure (secondary to decreased blood flow to the kidneys), inappropriate antidiuretic hormone secretion and proteinuria. Decreased SG is seen in excessive fluid intake, renal failure, pyelonephritis, and central and nephrogenic diabetes insipidus. 	Some dipsticks give falsely high readings in the presence of dextran solutions and IV radiopaque dyes, but this varies, so check the manufacturer's leaflet.	Falsely low readings are associated with alkaline urine (e.g. a high-citrate diet)

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The Rajakumar Movement

Dr. Leung Lok Hang, Will, Department of Family Medicine and Primary Health Care, Kowloon West Cluster, Hospital Authority



Active participation of HKSAR Delegates (from left to right): Dr. Victor Ip, Dr. Loretta Chan, Dr. Tse Sut Yee and Dr. Leung Lok Hang

On 31st October, 2017, four local young Family Physicians Dr. Loretta Chan, Dr. Victor Ip, Dr. Tse Sut Yee, and Dr. Will Leung represented Hong Kong to take part in the Rajakumar Movement meeting, the pre-conference of the WONCA Asia-Pacific Regional (APR) Conference 2017 in Pattaya, Thailand.

The Rajakumar Movement, also known as the Young Doctor Movement (YDM) of the WONCA Asia-Pacific region, was officially endorsed by the WONCA Asia-Pacific region council in 2009 in the name of Dr. MK Rajakumar. The main mission of the YDM is to promote family medicine among young and future doctors in the WONCA Asia-Pacific Region, through building networks for the exchange of experience and expertise for contribution to the leadership development and the advancement of health care.

There were over 50 delegates globally taking part in the Rajakumar Movement meeting. Prof. Amanda Howe (WONCA President), Prof. Donald Li (WONCA President-Elect), Prof. Michael Kidd (WONCA Immediate Past President) and Prof. Meng Chi Lee (WONCA APR President) joined the opening with enlightening sharing with the delegates on a sunny morning in the Asia Hotel of Pattaya, Thailand.

YDM Chairman, Dr. Shin Yoshida from Japan, kicked off an energetic morning by an introduction of the Rajakumar Movement and updated the

concerted global effort with remarkable progress of YDM over the past year. Small group discussions in the format of “world café”, an interactive dialogue for delegates to exchange ideas by switching from one coffee table to another within a given timeslot allowing free flow of ideas, were carried out to discuss the ASPIRE (young doctor leadership) programme and the FM360 (international young doctor exchange) programme. The discussion was fruitful, and participants worked out constructive plans at the end of the day. On the next day, the HKCFP young doctor representatives joined the YDM Council Meeting at the WONCA APR Main Conference. Dr. Dana Lo and Dr. Loretta Chan were elected to be the HKSAR Representatives of the Rajakumar Movement of the coming term. It is expected Hong Kong Young Doctors would take a proactive role in the global young doctor movement and would reach further heights in young family physicians exchange internationally.

If you are interested in the activities of TRM, you are welcomed to visit their website at “rajakumarmovement.org” and join their facebook page, “The Rajakumar Movement: Junior Family Doctors in Asian Pacific Region”.

HKSAR Young Family Physicians with Prof. Amanda Howe, Prof. Donald Li and Dr. Gene Tsoi



A big international young family



Cheerful youngsters at the “world café”



A pre-Loi Krathong (floating a basket on the full moon night) festival dinner under the moonlight with YDM delegates

WONCA Asia Pacific Regional (APR) Conference 2017

Dr. Ho Ka Ming, Ken, Section Editor (WONCA Express), FP Links Committee



Opening Ceremony of WONCA APR Conference 2017

WONCA APR Conference 2017 was successfully held in Pattaya during 1- 4 November 2017. The theme of the conference this year was 'Family Medicine Innovation: Challenges Facing Family Physicians in the 21st Century'.

Prof. Amanda Howe, President of the WONCA 2016 to 2018, gave us a lecture about this year's theme on the first conference day. Innovation is creating value from ideas. It's the application of better solutions that meet new requirements, unarticulated needs, or existing market needs. It is the implementation of something new. There are several implications of innovation for family medicine as well as family medicine education and training. Professor Howe introduced now we could be an innovator in our family practice. It could be the time for another paradigm shift. What we need is universal health coverage, with person centred care that offering comprehensive, accessible, affordable, acceptable and good quality health services available over time.



Dr. Angus Chan (left), President of HKCFP, at WONCA APR Conference, with Dr. Ken Ho (right), Section Editor of WONCA Express)

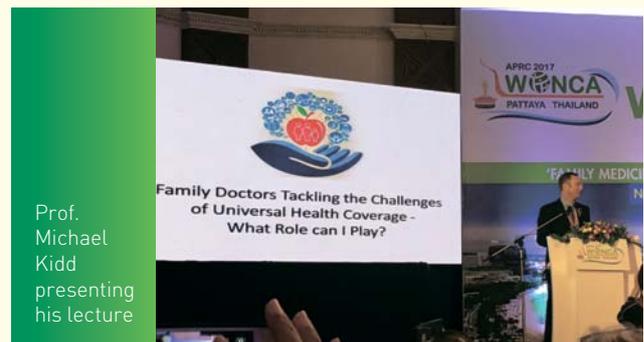
Then Prof. Michael Kidd, WONCA World President 2013 to 2016, gave us a lecture about 'Family Doctors Tackling the Challenges of Universal Coverage-What Role can I Play?' To enhance universal health coverage, as family doctors, we could contribute in seven aspects. They are Excellent clinical care, Education

and scholarship, Research and Advocacy, Quality and Innovation, Partnerships, Social Accountability and Family Doctor Leadership. He also told us how we can know when we've had a good day in our family practice. Below would be the time we have had a good day in our family practice:

- At least one person has cried in your consulting room...and at least one person has laughed.
- You've had at least one person telling you the real reason why they have come to see you.
- You've learned something new about human existence.
- You've increased your medical knowledge.
- You've rediscovered the joy and privilege of being a family doctor.



Prof. Amanda Howe presenting her lecture



Prof. Michael Kidd presenting his lecture



Dr. Donald Li presenting his lecture

Besides, Dr. Donald KT Li, President Elect of the WONCA, gave us a lecture about 'Disaster Preparedness Response and Family Medicine'. Dr. Li introduced us the important role of family physicians in different phases (Preparedness/Response/Recovery) of disasters. And Emergency medicine is an important domain of care within the scope of family medicine and general practice, and family doctors should be trained with the required knowledge and skills to deal with specific disasters with innovative technologies. Dr. Li also held a workshop of 'Disaster Risk Management: Training for Family Medicine Residents'. During the workshop, those participants from different countries did have a fruitful sharing and discussion about the disaster risk management under Dr. Li's guidance.

WONCA APR Conference 2017 programme consists of different lectures and workshops. Besides, there were posters presentation from the Asia Pacific Region. Certainly, our Hong Kong colleagues did have numerous abstracts submissions in the conference.

Congratulations to Dr. Tse Sut Yee who got the best oral presentation of her research 'Diabetes mellitus and periodontal disease: awareness and practice among doctors working in public general out-patient clinics in Kowloon West Cluster of Hong Kong' in her session. And congratulations to Prof. Chin Weng Yae who got the top five best poster presentation of her abstract 'How primary care doctors diagnose depression: a decision tree analysis of the pathways leading to the diagnosis of depression.'

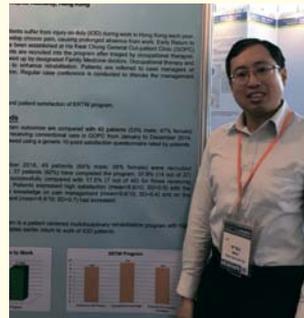
Moreover, there were site visit programmes to visit different primary health care facilities including elderly health care centre, geriatric hospital and health promoting hospital in Thailand. I visited the Thai Red Cross Society Elderly Health Care Centre



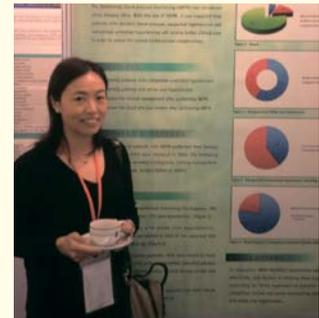
Disaster Management Workshop held by Dr. Donald Li



Poster presentation of our Hong Kong colleague Dr. Amy Wan



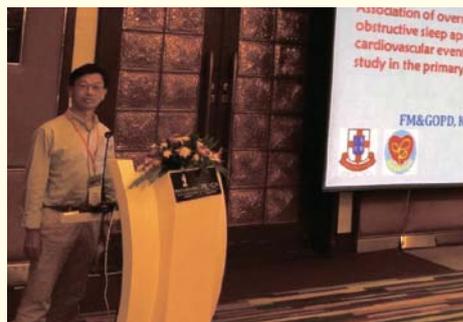
Poster presentation of our Hong Kong colleague Dr. Ip Sui Wah



Poster presentation of our Hong Kong colleague Dr. Cecilia Cheung



Presentation by Dr. Regina Sit



Presentation by Dr. Chiang Lap Kin



Presentation by Dr. Dana Lo



Workshops/
Chinese Forum
presented by our
Hong Kong colleague
Prof. Chin Weng Yee



Workshops/
Chinese Forum
presented by our
Hong Kong colleague
Dr Catherine Chen



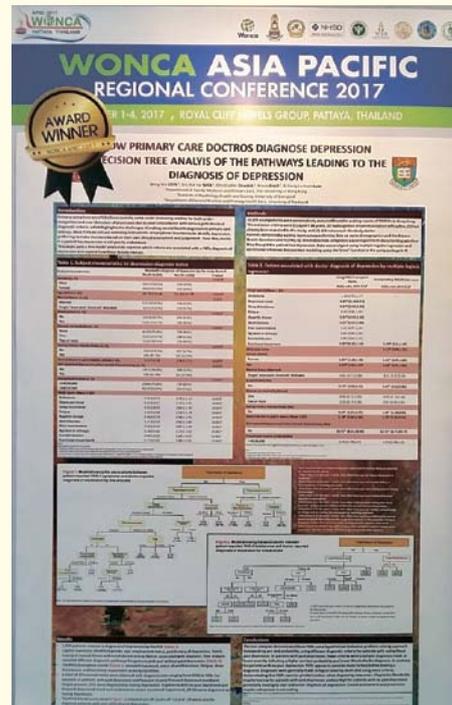
Workshops/
Chinese Forum
presented by our
Hong Kong colleague
Dr Loretta Chan

in Pattaya. During the visit, I have visited the Geriatric Care Unit, Rehabilitation Unit and Applied Traditional Thai Medicine Unit in the hospital. The hospital is well equipped with different new technologies including digital gymnastics machines, advanced rehabilitation assessment and training equipment and advanced therapy like intravenous laser therapy. On the other hand, the hospital also has retained the traditional medicine services. There is Traditional Chinese Medicine Clinic providing acupuncture. And there is Applied Traditional Thai Medicine Clinic providing Thai herbal medicine, Thai massage therapy and Thai herbal medication sauna. The visit widened my understanding about the health care services in Thailand.

Furthermore, besides those official conference programmes, WONCA APR conference certainly was

a great opportunity for Hong Kong delegates to have a reunion. Thank you Dr. Donald Li, Dr. Gene Tsoi WW, Vice President of WONCA APR, and Dr. Angus Chan MW, our HKCFP President, inviting all HKCFP College members to have a wonderful gathering dinner in Pattaya. During the gathering, we did had a nice chat and delicious food with family doctors from Shanghai.

On the 3rd of November 2017, it was the KraThong Festival of Thailand. We did celebrated the festival by putting floating flowers with candle light on the river and rising lanterns in the sky with our wishes.



Top 5 Best Poster of Prof. Chin Weng Yee



Best Oral
Presentation by Dr.
Tse Sut Yee



Site Visit Programme

WONCA conference is a golden opportunity to allow us to get in touch with family medicine colleagues in our regions as well as different regions of the world. One or all of below would be the reason we should attend the WONCA conferences:

- To update our medical knowledge
- To learn about the new medical technologies
- To learn about different health care systems and developments in different regions
- To know the differences and developments of family medicine training in different countries
- To know the future health care challenges globally and especially in primary care aspect



HKCFP Re-union Dinner with Shanghai Family Doctors in Pattaya (Hosted by Dr. Donald Li with Dr. Gene Tsoi and Dr. Angus Chan)



WONCA APR Conference 2017 Gala Dinner with Celebration of KraThong Festival

- To share our experiences with other family doctors in the world
- To connect and unite our family medicine professionals in our regions and in other countries

Looking forward to
WONCA APR Conference 2018 in Seoul!

Interest Group in Dermatology – The 62nd Meeting on 4th November 2017

Dr. Chan Ham - College Member

Topic : **Common Facial Skin Diseases: Acne, Rosacea**

Speakers : **Dr. Lam Yuk Keung**
Specialist in Dermatology and Venerology

Moderator : **Dr. Au Chi Lap, Board of Education**

Learning points

Dr. Lam mentioned that factors contributing to P. acnes resistance include the following: antibiotic monotherapy, prolonged antibiotic treatment > 12 weeks, dosing of antibiotics below recommended levels and poor adherence. To limit the resistance, global alliance recommends combination of topical retinoid/BPO plus antimicrobial, limiting the use of antibiotic to short periods; and the use of topical retinoid as maintenance therapy, with BPO added for antimicrobial effect if needed.

Dr. Lam also talked about rosacea in the second part of his presentation. Rosacea is a common inflammatory disorder of the face that may mimic acne, as it can contain papules and nodules as well, but the major difference is that

there is no comedones. Besides, flushing, erythema and telangiectasia are the unique features of rosacea, especially precipitated by drinking alcohol and exposure to sunlight. Moreover, beware of steroid resistance eczema can be in fact a manifestation of drug induced rosacea, which referral to dermatologist is needed for gradual step down of steroid and oral therapy. Treatment modalities of rosacea include topical metronidazole/ivermectin cream, oral doxycycline and pulsed dye laser. In terms of topical treatment, ivermectin cream has been shown to have superior effect than metronidazole cream and lower relapse.

Next Meeting

The next meeting will be on 6 January 2018 (Saturday). The guest speaker is Dr. Lee Tze Yuen, who will speak to us on "Is It Really Dermatitis?". All members are welcome and encouraged to present their cases and problems for discussions or role play. Please send your cases to our secretariat (teresaliu@hkcfp.org.hk) 2 weeks before the date of presentation.

Interest Group in Medical Humanities The 4th meeting on 11th November 2017

Dr. Lo Sze Mon, Dana (Co-ordinator), Board of Education

The 4th Interested Group in Medical Humanities Meeting was held on 11th Nov 2017, Dr. Florence Wu is the invited speaker.

Meeting Theme : **Burnout: A Challenge to Helping Professional**

Attendance : **32**

The Speaker : Dr. Wu Ka Yu Florence, after graduated BA, HKU, has obtained Master of Arts in Counselling, before her Doctorate in Doctor of Educational Psychology (CUHK). Dr. Wu is Assistant Professor at the Department of Applied Social Science, Hong Kong Polytechnic University. Dr. Wu has continuously received excellent teacher awards while maintaining an active research and publication profile. Dr. Wu is interested in adolescent and young children development. Most recent publications are on internet addiction.

Learning points: prepared by Assistant Professor Dr. Wu Ka Yu Florence

The professionals in the human service sector (e.g. medical doctors; teachers; counsellors) are being pushed to spend more and more time in intense involvement with their patients, students or clients. On one hand, facing patients' (including the students' and clients') frustrations and despair of chronic suffer of their illness or problems and un-sought solutions that drains the professionals emotionally. On the other hand, the pushing demand to achieve productivity and quality service has backfired the service goals and thus drains the professionals with disappointments and discouragements. The consistent physical and psychological exhaustion has caused the professionals with extreme fatigue and loss of passion for their jobs. This might have posed the risk "burnout", that is an individual "lose[s] all concerns, all emotional feeling, for the persons they work with and come to treat them in detached or even dehumanized ways" (Maslach, 1976, p.17).

Given its under-developed theoretical models, research on burnout was once disparaged as "nonscholarly pop

psychology” (Maslach, Schaufeli & Leiter, 2001, p. 398). The multidimensional model suggested by Maslach and Jackson (1981) has steered the research on burnout to more detailed delineation of its contents and compact theoretical establishment. Burnout is theorized, in the Maslach and Jackson’s model, in three dimensions, namely: (1) emotional exhaustion (constant fatigue that drains an individual’s emotional and physical resources); (2) depersonalization (excessive detachment from interpersonal exchanges with the service recipients); (3) lack of personal accomplishment (feeling incompetent, inadequate and inefficient). The Maslach Burnout Inventory (MBI), constructed under this multidimensional model, is the “golden measurement” for research regarding burnout.

Although there has been four-decade diligent work on studying job burnout in various professionals in human service sector, “burnout” is still understood as commonly-shared workplace experiences of exhaustion and fatigue and submerged as part of the professionals’ lives. The “submergence” has aroused attention of researchers and practitioners and stimulated considerable research on job burnout. In the lecture, some doctors have shared their views in perceiving burnout. One experienced doctor reckoned the fulfilling relationships between doctors and patients help “erase” the fatigue and exhaustion in their professional practice. Novice and young doctors have concerns of the intense workload might have hampered the relationship with their patients. The distancing between the doctor and patient is perceived as an “immediate reaction to exhaustion” (Maslach et al., 2001, p. 403) and this “forced” indifference is likely to erode one’s sense of effectiveness.

Recently, there is a ground-breaking arrangement of speech in Annual Meeting of the Child Neurology Society of America in early October. The first presentation focused on burnout rate of neurologists in the U.S. (Desai, 2017). This “not-scientific-important” address has been criticized as “inappropriate”, by some of the participants, that has set an inappropriate example for the trainee and young neurologists. Dr. Kalanithi, a deceased young neurologist and the author of the book “When Breath Becomes Air”, shared that not to overburden doctors like “a chasing after wind” (p.198):

“The cost of my dedication to succeed was high, and the ineluctable failures brought me nearly unbearable guilt. Those burdens are what make medicine holy and wholly impossible: in taking up another’s cross, one must sometimes get crushed by the weight.”

Research has been conducted vigorously to find ways to lessen burnout. The lecture concluded, in addition to the sharing of Kalanithi’s book, with an excerpt from the movie “Mad World” (一念無明) of the following sharing to reiterate the importance of taking care of oneself.

(1) Listen. A quick-fix has become the “best” solution for problems, including taking care of ourselves in this fast-paced life. Listening thoroughly to what we

need and searching ways to understand ourselves seems too luxurious in addition to our hectic life. Let’s not “chase after wind” and spend time to listen and understand ourselves.

(2) Act fast. There is no point of reminding us to act fast in our work-life as we are all doing that quite automatically. The “act” here I am referring to is love. To love yourself, your family, your patients (students, clients) automatically, just like how we react to our work tasks. “Science may provide the most useful way to organize empirical, reproducible data, but its power to do so is predicated on its inability to grasp the most central aspects of human life: hope, fear, love, hate, beauty, envy, honor, weakness, striving, suffering, virtue” (Kalanithi, 2017, p. 44).

References:

Desai, J. (2017, November 6). How burnout is plaguing doctors and harming patients. Mail Online. Retrieved from <http://www.dailymail.co.uk/health/article-5055885/How-burnout-plaguing-doctors-harming-patients.html>

Kalanithi, P. (2017). When breath becomes air. Random House.

Maslach, C. (1976). Burned-out. Human behavior, 5, 16-22.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. Journal of organizational behavior, 2(2), 99-113.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. Annual review of psychology, 52(1), 397-422.



From left: Dr Dana Lo, Dr Florence Wu (speaker) and Dr Mark Chan

Next Meeting

The next meeting for the Interest Group in Medical Humanities would be a joint Meeting with Interest Group in Mental Health & Psychiatry to be held on 7th April 2018. Dr. Chris Lum will be the speaker. The topic will be on “Humanity Aspect of Geriatric Mental Health”.

All members of the College are welcome and encouraged to present their cases and problems for discussions or role play. (Please do so 2 weeks beforehand for speakers to review, contact our secretary, at 2871 8899.) Again, those who are experienced can share, less experienced ones can benefit from participation. Our goal is to enhance our practical skills, promote early awareness and better management of mental health problems in our community.

- Activities are supported by HKCFP Foundation Fund.
- Please wear a surgical mask if you have respiratory tract infection and confirm that you are afebrile before coming to the meeting.
- Please wear an appropriate dress code to the hotel for the Scientific Meeting.
- Private video recording is not allowed. Members, who wish to review the lecture, please contact our secretariat.

6 January 2018 Saturday

Board of Education Interest Group in Dermatology

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

Register Online

Venue	Shanghai Room, Level 8, Cordis Hotel, 555 Shanghai Street, Mongkok, Kowloon	
Admission Fee	College Fellow, Full or Associate Members	Free
	Other Categories of Members	HK\$ 350.00
	Non-Members	HK\$ 450.00
	All fees received are non-refundable and non-transferable.	
Accreditation	1 CME Point HKCFP (Cat. 4.3) 1 CME Point MCHK Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	

Register Online

Sponsored by
AstraZeneca Hong Kong Limited

16 January 2018 Tuesday

Prescription of Insulin Therapy in a Primary Care Clinic

Dr Peter Chun-Yip TONG

Specialist in Endocrinology, Diabetes & Metabolism

Chairman	Dr. Tsui Hing Sing, Robert The Hong Kong College of Family Physicians	
Time	1:00p.m. – 2:00 p.m.	Registration and Lunch
	2:00 p.m. – 3:30 p.m.	Lecture & Discussion
Venue	Crystal Ballroom, 2/F, Cityview Hotel, 23 Waterloo Road, Yau Ma Tei, Kowloon	
Admission Fee	College Fellow, Full or Associate Members	Free
	Other Categories of Members	HK\$ 350.00
	Non-Members	HK\$ 450.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME Point HKCFP (Cat. 4.3) 2 CME Point MCHK Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	

Register Online

Sponsored by
Sanofi-aventis Hong Kong Limited

8 January 2018 Monday

Pragmatic Update in the Diagnosis and Management of COPD

Dr. Andrew McIvor

Professor of Medicine, McMaster University, Canada

Chairman	Dr. Tse Sut Yee The Hong Kong College of Family Physicians	
Time	7:00 p.m. – 7:30p.m.	Registration
	7:30 p.m. – 8:30 p.m.	Lecture & Discussion
	8:30 p.m. – 10:00 p.m.	Dinner

Sponsored by
A. Menarini Hong Kong Limited

Monthly Video Viewing Session

Monthly video viewing sessions will be scheduled on the last Friday of each month at 2:30 – 3:30 p.m. at 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

December's session:

Date	29 December 2017 (Friday)	
Time	2:30 p.m. - 3:30 p.m.	
Topic	"Updates on Hypertension Management" by Prof. Tse Hung Fat	
Admission	Free for Members	
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	

Register Online

January's session:

Date	26 January 2018 (Friday)	
Time	2:30 p.m. - 3:30 p.m.	
Topic	"The Interactive Roles of Primary Care Professionals and Pain Specialist" by Dr. Henry KF Tong	
Admission	Free for Members	
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in Cantonese.	

Register Online



Module on Cognitive Impairment

under the Hong Kong Reference Framework for Older Adults in Primary Care Settings has been released

Assessment

Early recognition

Management strategy

Useful resources

Community Education Programme

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

Date/Time/CME

13 Jan 2018
2:15 – 4:15 p.m.

Venue

Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon

Topic/Speaker/Co-organizer

Community Infectious Diseases and Travel Medical Advice

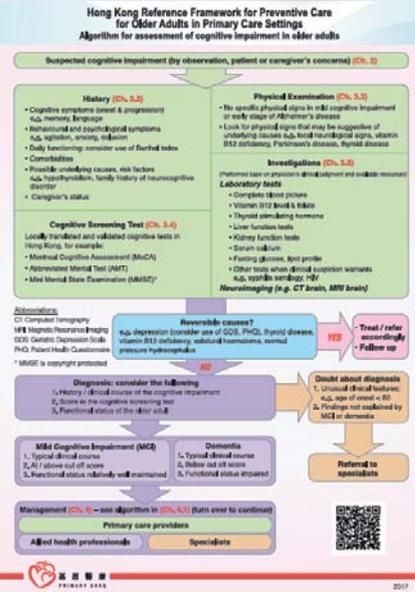
Dr. Wai Sing LEUNG
Associate Consultant (Med&Geri), PMH

Registration

Ms. Clara Tsang
Tel: 2354 2440

A4 Summary also available!

View the module



http://www.pco.gov.hk/english/resource/professionals_preventive_older_pdf.html



RESPECTING LIFE • IMPACTING LIFE

Haven of Hope Christian Service

A non-profit making and inter-denominational Christian organization is now looking for high-caliber candidates who would align with our Mission: "Through a ministry of holistic care, we strive to share the Gospel and develop a Christian community. In the love of Christ, we deliver our service in a caring, professional and progressive spirit so that the lives of those serving and being served are mutually enriched." The position which paves for a rewarding career is:

Full Time /Part Time /Locum Family Physician

(Ref: PHS/FP/HKCFP/DEC)

- Registered Medical Practitioner with the HK Medical Council
- Provide Primary Health Services at Clinic(s) in Tseung Kwan O District

Interested parties, please send full resume with expected salary and reference no. quoted to **Haven of Hope Christian Service, Staff Engagement Department via email to se@hohcs.org.hk** or Fax: 2704 5797.

For further enquiries, please contact Ms. Cho at 2703 3324.

For details about our organization, please visit www.hohcs.org.hk

Only short-listed candidates will be notified. Data collected will be used for recruitment purpose only.



Union Hospital is a general private hospital in the New Territories, established in 1994. It is a progressive and patient-centred institute, and has obtained outstanding ratings in hospital accreditation. Union Hospital is proud of her achievements in clinical governance and ethical professional care. The Hospital is now looking for collaboration with enthusiastic professionals/ partners to fill up the following capacities. Good professional support & development, and competitive remuneration are given to the engaged doctors.

Full time/ Part time Family Physician

(Ref No.: HKCFP/JUL01-17/HMC)

- Provide Health Check Services in Union Hospital Health Maintenance Centres and its Tsim Sha Tsui Polyclinic
- Regular working hours and no night shift required
- Work on a rotation schedule for Saturday
- Attractive remuneration package
- A qualification registrable in Hong Kong under the Medical Registration Ordinance
- Experience in private practice preferred
- Training in Family Medicine/ Emergency Medicine preferred

Interested candidates please download the Job Application Form on www.union.org (quote the "REF NO."). Please send resume to Union Hospital, Human Resources Department, Union Hospital, 18 Fu Kin Street, Tai Wai, Shatin, N.T. or by email to recruit@union.org.

Website: www.union.org

(Applicants not hearing from us within 2 months may consider their applications unsuccessful. Data collected will be used for recruitment purpose only.)

Amendments to OLMH Refresher Course Programme 2017 / 2018

Please note the topics and speakers for the last two lectures on 12 May 2018 and 9 Jun 2018 would be swapped. The details are updated as below. Venue and time remain unchanged.

Venue : Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon

Time : 14:15 to 16:15

Date	Topic	Speaker
12 May 2018	Foot Problems- Care and Management	Mr. Jackie FAN Podiatrist (Podiatry), OLMH
9 Jun 2018	Family-oriented Approach to Mental Health and Chronic Diseases	Dr. LAM Wing Wo Private Family Doctor

Please call Ms. Clara Tsang on 2354 2440 for enquiry or registration.

Structured Education Programmes

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

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
3 January 18 (Wed)			
2:00 – 5:00 p.m.	Seminar room, G/F, Block A, Queen Elizabeth Hospital	Eating Disorder and Sleeping disorders Dr. Wong Kai Hei & Dr. Ho Ka Ki	Ms. Mandy Leung Tel: 3506 8613
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Principles of Family Medicine Dr. Ng Kai Man	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Lecture Theatre, 8/F, Ambulatory Care Block, Tseung Kwan O Hospital	Community Resource : Family Dysfunction (Violence, Extra-marital Affairs) & Parenting Dr. Lee Shek Hang, Henry & Dr. Hui Yuk Ting, Candy	Ms Cordy Wong Tel: 3949 3087
3:45 – 5:45 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Principles of FM: The Aim and Task of a Family Medicine Consultation Dr. Minru Li	Ms. Chloe Leung / Ms. Yan Ng Tel: 2589 2339
4 January 18 (Thu)			
4:00 – 6:00 p.m.	Room 614, 6/F, Ambulatory Care Centre, Tuen Mun Hospital	Use FM Principle to Illustrate How to Deal with Patient Present with Poorly Differentiated Symptoms Dr. Chan Chi Ho & Dr. Chan Ham	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2nd Floor, Pamela Youde Nethersole Eastern Hospital	Shared Care and Referral System Dr. Lo Ka Man, Michelle	Ms. Kwong Tel: 2595 6941
10 January 18 (Wed)			
2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Common Symptoms in O&G and Common Symptoms in Paediatrics Dr. Chiu Ho Ching & Dr. Lee Wing Lam	Ms. Mandy Leung Tel: 3506 8613
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Vocational Training Program for Family Medicine in Hong Kong Dr. Yip Pui Leung	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Lecture Theatre, 8/F, Ambulatory Care Block, Tseung Kwan O Hospital	Adult Emergency in General Practice Dr. Wong Yu Man, Tracy & Dr. Wong Chung Ming, Tom	Ms Cordy Wong Tel: 3949 3087
3:45 – 5:45 p.m.	Multi-function Room, NAHC clinic, G/F, Tsan Yuk Hospital	Diagnostic Approach to Common Head and Neck Masses Dr. Joseph Chung	Ms. Chloe Leung / Ms. Yan Ng Tel: 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Lifestyle Modification: Exercise Prescription, Prepare for Retirement, Sleep Hygiene Dr. Poon Wing Kwan, Sharon & Dr. Zhao Hai Feng, Eric	Ms. Carmen Kwong Tel: 2632 4371

11 January 18 (Thu)

4:00 – 6:00 p.m.	Room 614, 6/F, Ambulatory Care Centre, Tuen Mun Hospital	Telemedicine in General Practice Dr. Chan Ching & Dr. Ip Chung Ho	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2nd Floor, Pamela Youde Nethersole Eastern Hospital	Common Symptoms in Orthopedics – Introduction of USG Assessment of Shoulder Pathology Dr. Andrew Wai	Ms W L Kwong Tel: 2595 6941

17 January 18 (Wed)

2:00 – 5:00 p.m.	Seminar room, G/F, Block A, Queen Elizabeth Hospital	Approach to Abnormal Laboratory Results (Radiology) and Approach to Abnormal ECG Dr. Chan Kiu Pak, Kilpatrick & Dr. Law Man Fong	Ms. Mandy Leung Tel: 3506 8613
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Application of Evidence Based Medicine: Use of Vaccine in Primary Care Setting Dr. Wang Amy Yang	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Lecture Theatre, 8/F, Ambulatory Care Block, Tseung Kwan O Hospital	Medical Tourism in HK & in the World Dr. Lim Martina & Dr. Chang Hsu Wei	Ms Cordy Wong Tel: 3949 3087
3:45 – 5:45 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Consultation Skills Review Using LAP Dr. Ko Wai Kit, Welchie	Ms. Chloe Leung / Ms. Yan Ng Tel: 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Common Eye Complaint (Red Eye, Eye Pain, Blurring of Vision, Eye Injury etc.) Dr. Wen Wendy Yongna	Ms. Carmen Kwong Tel: 2632 4371

18 January 18 (Thu)

4:00 – 6:00 p.m.	Room 614, 6/F, Ambulatory Care Centre, Tuen Mun Hospital	Management of Abnormal Ix: Liver Function Test Dr. Zhang Dingzuan & Dr. Hsu Kwok Fai	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2nd Floor, Pamela Youde Nethersole Eastern Hospital	Smoking Cessation Dr Lee Ying Cheung, Jacky	Ms W L Kwong Tel: 2595 6941

24 January 18 (Wed)

2:00 – 5:00 p.m.	Room 7, 8/F, Yau Ma Tei GOPC	Burns and Smoke Inhalation Injury Dr. Wong Ching Keung & Dr. Kam Ngar Yin, Irene	Ms. Mandy Leung Tel: 3506 8613
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Medical Confidentiality for Consultation Dr. Lam Kang	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Lecture Theatre, 8/F, Ambulatory Care Block, Tseung Kwan O Hospital	Common Symptoms in Dermatology (1) Dr. Leung Eunice Hilching & Dr. Ma Yuen Ying, Tammy	Ms Cordy Wong Tel: 3949 3087
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Sexually Transmitted Disease Dr. Poon Wing Kwan Sharon & Dr. Kong Ka Ming	Ms. Chloe Leung / Ms. Yan Ng Tel: 2589 2339

25 January 18 (Thu)

4:00 – 6:00 p.m.	Room 614, 6/F, Ambulatory Care Centre, Tuen Mun Hospital	Open Disclosure & Apology Ordinance in Hong Kong Dr. Tsui Felix & Dr. Yiu Chung Ting	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2nd Floor, Pamela Youde Nethersole Eastern Hospital	Experience Sharing of How to Initiate / Teach Our Patients to Start Insulin in Primary Healthcare Setting Dr. Leung Cheuk Wing	Ms W L Kwong Tel: 2595 6941

31 January 18 (Wed)

2:00 – 5:00 p.m.	Room 7, 8/F, Yau Ma Tei GOPC	Consultation enhancement (Physical Examination and Video Consultation) Dr. Siu Wing Yee & Dr. Hui Sau Wei, Alice	Ms. Mandy Leung Tel: 3506 8613
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Update Management of Endocrine Disease [1] – DM Dr. Leung Lai Man	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Lecture Theatre, 8/F, Ambulatory Care Block, Tseung Kwan O Hospital	Difference between Hospital and General Practice Dr. Chan Wing Chi, Annie & Dr. Chau Yiu Shing, Sunny	Ms Cordy Wong Tel: 3949 3087
3:45 – 5:45 p.m.	Multi-function Room, NAHC clinic, G/F, Tsan Yuk Hospital	'Keeping Doctors Alive!' An Interactive Seminar to Avoid Burnt Out Dr. Lo Sze Mon, Dana	Ms. Chloe Leung / Ms. Yan Ng Tel: 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Hypertension Management Dr. Leung Wai Yan & Dr. Chung Hiu Yeung	Ms. Carmen Kwong Tel: 2632 4371



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Wishing you all

*Merry Christmas &
Happy New Year*

The FP Links Committee



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
17 Dec 1:00 - 4:30 p.m. Annual Refresher Course	18	19	20 2:15 - 7:30 p.m. Structured Education Programme	21 2:15 - 7:00 p.m. Structured Education Programme	22	23
24	25	26	27 2:15 - 7:30 p.m. Structured Education Programme	28 2:15 - 7:00 p.m. Structured Education Programme	29 2:30 - 3:30 p.m. Video Session	30 2:30 - 5:30 p.m. DFM Module III Evidence-based Medicine
31	1 Jan	2	3 1:00 - 3:30 p.m. Chronic Disease Management & Quality Improvement Training Course for Primary Care Doctors 2:15 - 7:30 p.m. Structured Education Programme	4 2:15 - 7:00 p.m. Structured Education Programme	5	6 1:00 - 4:00 p.m. Interest Group in Dermatology 2:30 - 4:30 p.m. Certificate Course on Practice Management
7	8 7:00 - 10:00 p.m. Annual Refresher Course	9 8:30 p.m. HKCFP Council Meeting	10 2:15 - 7:30 p.m. Structured Education Programme	11 2:15 - 7:00 p.m. Structured Education Programme	12	13 2:30 - 5:30 p.m. DFM Module III Critical Appraisal
14 1:30 - 6:30 p.m. Training Course on Dementia care with Medical-social Collaboration for Primary Care Doctors	15	16 1:00 - 3:30 p.m. CME Lecture	17 1:00 - 3:30 p.m. Chronic Disease Management & Quality Improvement Training Course for Primary Care Doctors 2:15 - 7:30 p.m. Structured Education Programme	18 2:15 - 7:00 p.m. Structured Education Programme	19	20
21	22	23	24 2:15 - 7:30 p.m. Structured Education Programme	25 2:15 - 7:00 p.m. Structured Education Programme	26 2:30 - 3:30 p.m. Video Session	27 2:30 - 5:30 p.m. DFM Module V Consultation Skills Workshop II
28 1:30 - 6:30 p.m. Training Course on Dementia care with Medical-social Collaboration for Primary Care Doctors	29	30	31 1:00 - 3:30 p.m. Chronic Disease Management & Quality Improvement Training Course for Primary Care Doctors 2:15 - 7:30 p.m. Structured Education Programme	1 Feb	2	3

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

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Contact and Advertisement Enquiry Ms. Alky Yu
Tel: 2871 8899 Fax: 2866 0616

E-mail: alkyyu@hkcfp.org.hk

The Hong Kong College of Family Physicians

Room 803-4, 8th Floor, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong

To find out more, contact us:

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