



THE HONG KONG
COLLEGE OF
FAMILY PHYSICIANS

FP Links

Issue 150
August 2016

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Message from the President

The Apocalypse of the Medical Registration Ordinance (Amendment) Bill 2016

I was in London during the first two weeks of July when the saga of the Medical Registration Ordinance (Amendment) Bill unfolded. The Council was supposed to have a recess in July 2016 but was recalled on 21 July 2016 to discuss the aftermath of the blockage of this Bill.

The current total number of members of the Medical Council, Hong Kong (MCHK) stands at 28. 14 elected members consist of 7 members elected by all medical practitioners and 7 representatives of the Hong Kong Medical Association (HKMA) by open nomination followed by election within the HKMA Council. Of the 14 appointed members, 2 representatives each are from the University of Hong Kong, Chinese University of Hong Kong, Department of Health, Hospital Authority, and Hong Kong Academy of Medicine (HKAM) and there are 4 lay members. The Government proposed that the lay members increased from 4 to 8. 2 representatives of HKAM would be elected members and this would balance the number of elected to appointed members at 16 each. The other proposals included increasing the number of lay members in the Health Committee from 1 to 2. An additional Preliminary Investigation Committee would be set up with 2 lay members instead of 1. There were amendments to the quorum requirement of Medical Council proceedings and an increase in the number of lay assessors. These suggestions along with enhanced secretariat support could speed up the proceedings of the Medical Council.

Back in 2012 a steering committee was set up to review the healthcare manpower planning and professional development. This committee reviewed the functions of statutory regulatory body, its lay membership, admission of non-locally trained healthcare professionals, complaint investigation and disciplinary inquiries. There is an international trend towards more public participation, greater transparency and accountability in the discharge of self-regulatory functions by healthcare professional bodies. For example, doctors to laypersons ratio in the Medical Councils in Canada, Australia and New Zealand are 2:1. In United Kingdom, the ratio is 1:1 and members are appointed following an independent appointment process. The ratio is currently 24:4 in MCHK. Even after the amendment, the ratio will be 24:8 and the percentage of medical doctors is still relatively high and more than enough to safeguard the rights of medical doctors.

I had explained in the May 2016 FP Links the representation of the College within MCHK was through HKAM. At that time the storm was already brewing. Our College is unique in that we have both HKAM fellows and non-HKAM members and fellows. Since January 2016, the HKAM Council had been discussing the Bill without much controversy. HKAM embraces 15 constituent Colleges which are equally represented at the HKAM Council and I am one of the members of the current Council. It means one College one vote. Colleges are of different sizes and HKCFP is ranked sixth in size within the Academy. A general election from all AM fellows for representation at MCHK is unfair to those Colleges with fewer fellows, otherwise the two biggest Colleges namely the Physicians and the Surgeons will always be represented at MCHK.

The Government proposed that the 2 existing appointed members nominated by HKAM be converted to 2 members directly elected by the HKAM Council to serve on the MCHK. This was similar to the arrangement for the election of the 7 members of HKMA. This proposal did not alter what the Academy was practicing except it no longer required the appointment by Chief Executive. The conversion from "appointed" to "elected" was to keep the ratio of elected to appointed members within the MCHK at 1:1 after the addition of 4 lay members and to facilitate the Amendment Bill to pass. The conversion was discussed and supported by the HKAM Council meetings in February and April. Those nominated or elected by the HKAM Council to sit on MCHK needed to have the necessary experience, qualification, reputation and respect of the medical profession. There was a suggestion if the process of electing fellows through HKAM Council needed to be abolished and opened to general election amongst all registered medical specialists, then the 9 seats allocated to HKAM (currently 2) and HKMA (currently 7) ought to be redistributed. This sounded very fair even when the Bill was blocked.

On 29 June, HKAM issued Position Statement on The Amendment Bill to justify its position in the MCHK and to support the Government's proposal to add 4 lay members. I have explained the reasons behind HKAM's decision as above. There was no underhand dealings and the legal advisor of HKAM confirmed the Position Statement did not lead to any procedural irregularity as the HKAM Council had the mandate to serve its constitutional objectives. Subsequently there was an EGM on 16 July 2016 for the AM President to make the stance clear and avoid further fragmentation within the Academy.

Another rumour was MCHK would relax its rule on limited registration and brought in less qualified doctors. The government was facilitating non-locally trained doctors to practice in Hong Kong through limited registration valid from not exceeding one year to not exceeding three years with the new proposal in order to solve the manpower shortage especially in the Hospital Authority. The MCHK will normally ask the Education Committee of HKAM to vet through the training and qualification of the applicants before approval and there is no relaxation on MCHK or HKAM of the requirement for practicing in Hong Kong. I have been a member of the Education Committee for 5 years and I honestly have no worry over the quality of overseas trained doctors admitted to Hong Kong through limited registration.

Medicine and politics do not mix. If one starts this chemical reaction, the end result is entropy (everything in the universe moves from order to disorder). It was unfortunate the Bill was suddenly politicized. Unfounded rumours were spread solely to block this Bill in order to defeat the Government. The result was no winner and the reputation of doctors was severely damaged! I sincerely hope the new Legco lawmakers will engage in sensible discussion after the September election and find a win win situation for the doctors, patients and politicians.

I must admit I am not sensitive enough to this political storm. I will certainly inform our members and fellows of any latest development especially from the HKAM.

Dr. Angus MW CHAN
President



“Council Member-On-Duty” (CMOD) System

Dear College members,

We are still providing this alternative channel of communication for you to reach us. Do let us have your ideas and comments so that we can further improve our services to all the members.

From 15th August 2016 to 14th September 2016, Dr. Alvin Chan and Dr. Tony Lee will be the Council Members-On-Duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments on anything related to our College and Family Medicine. You can reach us by contacting the College Secretariat by phone: 2871 8899, by fax: 2866 0616, or by email: hkcfp@hkcfp.org.hk. Once we receive your call or message, we will get in touch with you directly as soon as we can.

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



DR. ALVIN CHAN



DR. TONY LEE

Board of Vocational Training and Standards News

Final Reminder: Application for Recommendation for Exit Examination

To all Higher Trainees,

For those who prepare to sit for 2017 Full Exit Examination, please submit the application letter and the checklist for recommendation for Exit Examination before 30th September 2016.

Late applications will not be entertained.

Should you have any enquiries, please contact Ms. Carmen Tong or Ms. Charlotte Cheung at 2871 8899.

Higher Training Subcommittee
Board of Vocational Training and Standards

Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **June – July 2016**:

Associate Membership (New Application)

Dr. AU Ka Wing	區家榮
Dr. CHIU Ming Ming, Denise	趙鳴鳴
Dr. CHU Pui Yan	朱佩恩
Dr. LAM Ching Man	林靜雯
Dr. LAM Kar Wai, Phoebe	林嘉慧
Dr. LAU Tin Wai	劉天慧
Dr. NG Pui Yee, Beatrice	吳沛誼
Dr. NG Tsz Chung	伍子聰

QA & A Committee News

Get your Electronic 2015 CME Certificate ONLINE NOW!

Dear Members,

The 2015 CME certificate is available for download by logging in with your membership account at <http://www.hkcfp.org.hk/login.aspx>. Demonstration can be found at http://www.hkcfp.org.hk/pages_101_489.html.

If a hardcopy of the certificate is required, please contact the secretariat and prepare an administration fee of HK\$50 by cheque payable to “HKCFP Education Limited”, and mail to the following address:

QA&A Committee, HKCFP, 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Once again, thank you for your support on the eco-friendly project.

Dr. King Chan
Chairman
QA&A Committee



Board of Conjoint Examination Report on OSCE 2016 Information Seminar for candidates



Presentation by Chairman - introducing the concept and expectations of Conjoint Examination



Presentation by OSCE Coordinator - information concerning the examination and Case demonstration

The Information Seminar on OSCE segment was held on 26 June 2016. The seminar was well attended by 25 candidates (Cat I: 23, Cat II: 2) and members from the Board – including the Chairman, the OSCE Coordinator, the Deputy OSCE Coordinator and the secretarial staff.

The seminar started with a warm welcome by Dr. Chui Siu Hang Billy (OSCE Coordinator). He highlighted the different emphasis over various OSCE stations and showed the candidates the average domain percentages over the last 7 years.

Our Chairman, Dr. Chan Hung Chiu, then presented the concept and expectations of our Conjoint Examination. He then explained the various measures undertaken by the Board to ensure the examination is fair, reliable and valid.

A candidate was invited to participate in a clinical case to demonstrate the assessment and marking process. He kindly consented for video recording for educational purpose. Dr. Loretta Chan (Deputy OSCE Coordinator) assisted in the role-playing scenario. The rest of the candidates were given a chance to mark the scenario with the respective key feature checklist themselves and understand how to assess a particular domain and how to achieve the pass criteria in each domain.

Dr. Kwan Sin Man, the winner of the Dr. Peter C. Y. Lee Best Candidate Award in last year's Conjoint Examination, was also invited to share her personal experience with the candidates.

This year the Board again plans to invite the candidates to participate in the rehearsal day on the 2 October 2016. They will get a chance to role play as candidates and meet with the examiners. Their response is positive.

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

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



Overwhelming responses from attendees



Meeting Highlights

Interest Group in Dermatology

Dr. Chan Kam Tim, Michael, Specialist in Dermatology and Venereology, delivered a lecture on “10 Quizzes on Common Skin Dermatoses” on 2 July 2016.



Dr. Lam Wing Wo, Edmund (left, Moderator) presenting a souvenir to Dr. Chan Kam Tim, Michael (right, Speaker) during the lecture on 2 July 2016

CME Lecture on 7 July 2016

Dr. So Man Kit, Thomas, Specialist in Infectious Disease, private practice, delivered a lecture on “What we Need to know of People Living with HIV Infection (PLWHIV)” on 7 July 2016.



Dr. Tsui Hing Sing, Robert (right, Moderator) presenting a souvenir to Dr. So Man Kit, Thomas (left, Speaker) during the lecture on 7 July 2016

Interest Group in Counselling

Dr. Dai Lok Kwan, David, Specialist in Geriatric Medicine, delivered a lecture on “Advance Care Planning in Dementia Care - Counselling for Patient and Care Givers” on 7 July 2016.



Dr. Lau Wai Yee, Aster (right, Moderator) presenting the souvenir to Dr. Dai Lok Kwan, David (left, Speaker) during the lecture on 7 July 2016

Interest Group in Evidence-Based Medicine (EBM)

Dr. Hui Lai Chi, Primus and Dr. Ip Sui Wah, Victor, delivered a lecture on “Antibiotic Use and You” on 9 July 2016.



Dr. Lee Wan Tsi, Francis (right, Moderator) presenting the souvenirs to Dr. Hui Lai Chi, Primus (left, Speaker) and Dr. Ip Sui Wah, Victor (middle, Speaker) during the lecture on 9 July 2016

Certificate Course on Pain 2016

The 2nd, 3rd and the last session of the Certificate Course on Pain 2016 which was sponsored by Pfizer Corporation Hong Kong Limited were held on 29 June, 6 July and 13 July 2016 respectively. Dr. Chan Ying Kei, Specialist in Orthopaedics & Traumatology, delivered a lecture on “Back Pain and Radicular Pain: How Common it is and How Different Causes Affect the Patients” on 29 June; Dr. Sung Wing Kuen, Specialist in Psychiatry, delivered a lecture on “Interrelationship of Pain, Mood and Sleep” on 6 July and Dr. Tong Ka Fai, Specialist in Pain Medicine, delivered a lecture on “The Interactive Roles of Primary Care Professionals and Pain Specialist” on 13 July.



(From left to right) Dr. Mark Chan (moderator), Dr. Chan Ying Kei (speaker), Dr. Mary Kwong (Council Member) and representative from sponsor taking a group photo during the lecture on 29 June 2016.



Dr. Lau Wai Yee, Aster (left, Moderator) presenting a souvenir to Dr. Sung Wing Kuen (right, Speaker) during the lecture on 6 July 2016



Dr. Au Chi Lap, Simon (right, Moderator) presenting a souvenir to Dr. Tong Ka Fai (left, Speaker) during the lecture on 13 July 2016



HKCFP

40th Anniversary Celebration



Prize

Winner:
HK\$1,000
Cash Award

LOGO DESIGN COMPETITION

2017 marks the 40th Anniversary of the Hong Kong College of Family Physicians. A logo competition of the HKCFP 40th Anniversary Celebration is now open to all.

The winning logo will become the proud symbol of our 40th Anniversary Celebration, and will be used in various materials and applications related to the celebration activities throughout the HKCFP 40th Anniversary year.

Timeline

Submission deadline:
31st October 2016

Announcement of result:
4th December 2016 at
HKCFP Annual Dinner.

The winner will be contacted by our staff
at the conclusion of the competition.

Submission details:

- Entries must be the original work(s) of the entrant.
- Entries must be submitted by electronic format. The image size of the file must not exceed 1280 x 1024 pixels. The image can be saved at a resolution that will enable us to zoom in to see details during judging, but the file size must not exceed 10MB. File formats: .gif, .jpeg, .png, .pdf, preferably in RGB colour mode.
- Each entrant may submit up to a maximum of **THREE** pieces of design work.
- Each entrant must submit the entries together with a submission form which includes the contact details of the entrant, the declaration of originality and authorisation on copyrights. The submission form is available at www.hkcfp.org.hk.
- All entries will be acknowledged upon receipt.
- All entries will NOT be returned.
- All entries will become the properties of the Hong Kong College of Family Physicians.
- The copyrights of the winning entry would be transferred to the Hong Kong College of Family Physicians.

Judging Panel:

- To be appointed by the 40th Anniversary Celebration Organising Committee.
- The decision of the 40th Anniversary Celebration Organising Committee is final.

Judging Criteria:

The logo should work

- as a symbol of the 40th Anniversary of HKCFP.
- across online and print media, and the various applications, in terms of legibility, size/area, graphic strength, etc.



For submission and enquiry please contact:

Mr. Jeff Cheng Administrative Executive

The Hong Kong College of Family Physicians

Room 803-4, HKAM Jockey Club Bldg.,

99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

Tel : +852 2871 8899

Fax : +852 2866 0616

Email : jeffcheng@hkcfp.org.hk

Public Education Committee News

Here we have the Fifth Book of Family Doctor Series: 《家庭醫生101》

《家庭醫生101》is the Fifth Book of Family Doctor Series based on the Chinese newspaper articles from the Hong Kong Economic Journal (信報) Column in recent years.

We have 14 writers and 101 articles in this Book, with the 5 themes of:

身心家庭事 醫者心懷裡 診室互動時 社區所思慮 寰宇世界中

This Book will be very good for leisure reading, and very useful and informative for demonstrating the unique role and many faces of Family Physician for the patient, the family, the community, and the health care system!

名家推薦：

這本散文集涉獵範圍甚廣，闡述家庭醫生多元的角色。我希望讀者能早日選擇一個家庭醫生守護自己和家人的健康。

食物及衛生局局長 **高永文醫生**

作為一名家庭醫生，我誠意向大家推薦此書，它既能增加大眾對家庭醫生的了解，亦能增進讀者的醫療知識，更是一本輕鬆的消遣讀物，閱畢此書，定必有所得益。

香港醫學專科學院主席 **李國棟醫生**

本書透過101個由不同家庭醫學醫生以深入淺出的筆觸，撰寫精彩而親切的故事，令大眾對家庭醫生的工作更認識，同時亦提高公眾對不同疾病的了解，不容錯過。

香港大學李嘉誠醫學院院長 **梁卓偉教授**

我誠意推薦這本書給有心在人生學堂持續進修的您，讓我們一起朝身心社靈「全人健康」的目標進發。

香港中文大學醫學院院長 **陳家亮教授**

《家庭醫生101》透過淺白和生活化的文章，與讀者們分享家庭醫生診症的點滴。閱讀這些文章時我亦深深感受到，家庭醫生是照料大家身心社靈的好朋友。

衛生署基層醫療統籌處處長 **王曼霞醫生**

風聲雨聲，讀書聲，聲聲入耳。大病小病，身心病，病病關懷。

本書正是道出家庭醫生每天工作所面對的各種挑戰以及他們敬業樂業的精神！

香港家庭醫學學院院長 **陳銘偉醫生**

The special offer of the book for our members is HK\$76 (30% discount of the original price)! Please fill in the order form below and get the new book as soon as possible! (Please kindly contact our secretariat for the book delivery, and the postal charge by mail delivery is HK\$25 per book.)

For inquiry please contact the College secretariat Ms. Windy Lau or Ms. Cherry Chan at 2871 8899.

ORDER FORM

To: HKCFP

Room 803-4, 8/F, HKAM Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
(Fax No. 2866 0616)

I am a(an) *Affiliate / Student / Associate / Full / Fellow member of
the Hong Kong College of Family Physicians.

I would like to purchase _____ copy / copies of 家庭醫學手冊之五 -
家庭醫生101.

Enclosed please find cheque payment of HK\$ _____**.

** Note - HK\$76/book; Hong Kong local postage : HK\$25/book

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



Name : _____ Email Address : _____

Postal Address : _____

Tel No. : _____ Date : _____

* Please circle your category of membership.

HKCFP Photography Club Shooting Sunset and Light Painting with the Masters

In the midst of summer heat on 25 June 2016 with great sunshine and a clear sky, a group of energetic fellow HKCFP photo lovers had a great day out, shooting sunset and learning light-painting from 2 masters!

Mr. Rocco Sung first delivered a brief talk on sunset photography, covering from the choice of timing, the use of special equipment, e.g. a reverse ND filter, to real specialties like Anticrepuscular Rays (反曙暮輝). Mr. Sung then guided us to his favourite shooting spot at the Admiralty waterfront and coached participants on the various techniques in capturing the spectacular sunset. Mr. Sung shared with the participants his photography pearls on composition, exposure, post-production retouching and many more.

After a great dinner with laughter and chatter, our second speaker Mr. Warren Tang brought us to the waterfront again for the light-painting workout. The session started with a lovely mini powerpoint show of the amazingly varied techniques of light-painting and a brief showcase of Mr. Tang's masterpieces. Mr. Tang went on to amusingly introduce and demonstrate several light-painting techniques in the form of a group game for all the participants!

The Saturday night ended with friendly sharing, a good deal of shutting slammung, and a bunch of nice RAWs and JPEGs in our memory cards.



HKCFP fellow photographers and the first speaker Mr. Rocco Sung (5th from the left)



Mr. Sung shared with participants his pearls on sunset photography

The team heading for the Admiralty waterfront



The clear big sky and the lovely sunset at 18:33

The night scene after sunset at 19:49



The second speaker Mr. Warren Tang (leftmost) demonstrating light-painting techniques





香港大學
THE UNIVERSITY OF HONG KONG

Founded in 1911, the University of Hong Kong is committed to the highest international standards of excellence in teaching and research, and has been at the international forefront of academic scholarship for many years. The University has a comprehensive range of study programmes and research disciplines spread across 10 faculties and over 140 academic departments and institutes/centres. There are 28,000 undergraduate and postgraduate students who are recruited globally, and more than 2,000 members of academic and academic-related staff coming from multi-cultural backgrounds, many of whom are internationally renowned.

**Tenure-Track Clinical Assistant Professor
in the Department of Family Medicine and Primary Care
(Ref.: 201600860)**

Applications are invited for appointment as Tenure-Track Clinical Assistant Professor in the Department of Family Medicine and Primary Care, to commence as soon as possible, on a four-year fixed-term basis, with the possibility of renewal and with consideration for tenure before the expiry of a second four-year fixed-term contract, subject to satisfactory performance.

The Department of Family Medicine and Primary Care aims to produce doctors to practise medicine of the highest standard and in the best interests of their patients and the community, and to inspire them to strive for and achieve academic excellence. It is the mission of the Department to promote quality primary care through education, patient-centred service and research in family medicine.

Applicants should possess a medical qualification registrable with the Medical Council of Hong Kong, and preferably a higher qualification in general practice/family medicine. Special consideration will be given to holders of the FHKAM (Family Medicine) or equivalent specialist qualifications in general practice/family medicine. They should have proven capacity and potential to perform high-quality research as evidenced by a track record of publications and successful external grant applications; a strong commitment to excellence in clinical services and training; and substantial experience to undergraduate curriculum development. They should be fluent in Cantonese and English, and preferably Putonghua, although teaching, research and professional activities are conducted in English. The appointee is expected to participate in the planning and delivery of undergraduate and postgraduate programmes in Family Medicine; conduct research; develop and provide clinical services in primary care in the Department and the HKU-Shenzhen Hospital; and contribute to administrative duties in the Department and the Faculty. Further information about the post can be obtained from Professor Cindy Lam (e-mail: cklam@hku.hk).

Those who have responded to the previous advertisement (Ref.: 201600129) need not re-apply.

A highly competitive salary commensurate with qualifications and experience will be offered, in addition to annual leave and medical benefits. The appointment will attract a contract-end gratuity and University contribution to a retirement benefits scheme, totalling up to 15% of basic salary. A monthly cash allowance will be offered to the successful candidate. Housing benefits will also be provided as applicable.

Applicants should send a completed application form together with an up-to-date C.V. to fmcp@hku.hk. Application forms (341/1111) can be downloaded at <http://www.hku.hk/apptunit/form-ext.doc>. Further particulars can be obtained at <http://jobs.hku.hk/>. **Closes September 30, 2016.**

The University thanks applicants for their interest, but advises that only candidates shortlisted for interviews will be notified of the application result.

浦東教學與醫學人文

專業進修及服務委員會委員羅思敏醫生

專業進修及服務委員會主席劉浩濂醫生及委員羅思敏醫生於今年6月8日，代表學院出席「全國住院醫師规范化培訓骨幹師資培訓班會議」，會議由中國醫師協會及上海市住院醫師规范化培訓工作聯席會議辦公室主辦，共有七百多名來自中國不同省市地區的醫生參與，主要包括各專科的醫學帶教老師及單位領導。近年中央政府決心在國內推行醫療衛生改革，希望能夠把資源及重心放在基層醫療的發展之上，當中包括規劃國內醫生畢業後的培訓及考核制度、改善醫患關係等等，這是一項很巨大及意義深遠的改革工程。學院代表於是次會議主講的題目為：

劉浩濂醫生：香港全科／家庭醫生規培後考核

羅思敏醫生：香港對青年醫生的人文培訓



劉浩濂醫生主講的題目為：
香港全科／家庭醫生規培後
考核



羅思敏醫生主講的題目為：
香港對青年醫生的人文培
訓



致送公共教育委員會新出版的書籍《家庭醫生101》予祝培
珠教授



國內的醫生於答問環節時
非常踴躍，令人鼓舞

這次浦東之行意義非凡，因為主辦單位邀請我主講的題目，極富挑戰性，令我在備課時對醫學的真諦不斷作反覆思量，屬於宏觀層面上的探索，有別於我以往主講醫患溝通技巧的微觀層面。其實縱覽古今，橫觀中外，醫學人文源遠流長，而且近代一個全球的大趨勢，就是喚起對醫學人文培訓的關注；如果讀者欲了解醫學

人文的起源、定義、範疇及當代的發展，請參閱於6月23日刊登於《信報》的學院專欄文章：海納百川浦東行（醫學人文系列之一）。



共有七百多名來自中國不同省市地區的醫生參與，包括各專
科的醫學帶教老師及單位領導



國內各單位領導及學院代表羅思敏醫生於會議後互相交流
各地教學經驗



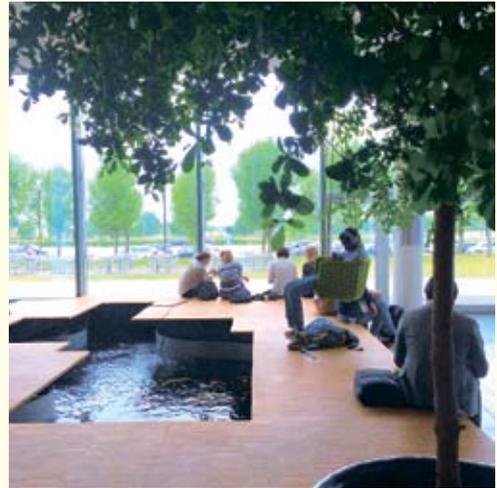
WONCA Europe Conference 2016: Copenhagen - A Medical Conference with Humanistic Culture (Part 2)

Dr. Eva Au, Medical Officer
University Health Service, The Hong Kong Polytechnic University

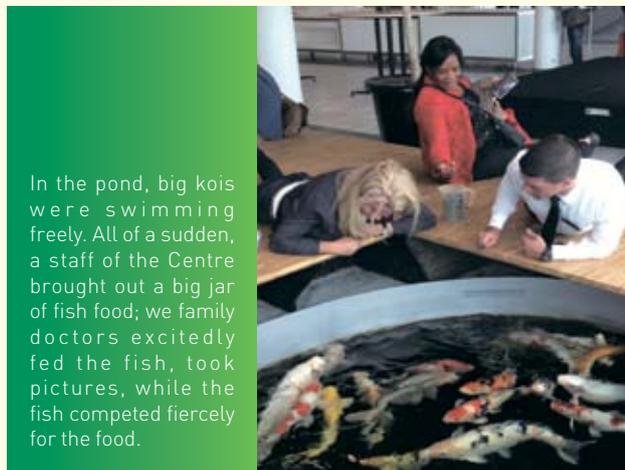
A Humanistic Culture which support GPs to have Heads and Hearts

To be doctors with heads and hearts, we, as the doctors, should know how to take good care of our own selves. Several years ago I had a discussion about “what is the quality of life” with another colleague - was that a life about spending money in luxury goods and splendid restaurants? - no, we summed up that it should be a life that allowed us to live healthily; healthy in terms of physically, psychologically, socially and spiritually, as what described as “health” by WHO.

In WONCA Europe 2016, I can see factors that facilitate people to live healthily, well integrated into the conference. The theme, Family doctors with heads and hearts, reminded us to respect the humanistic side of our professional work; the respect for our patients and their needs and wishes. The conference was held in the Bella Center of Copenhagen, where air was fresh and sky was blue. Bicycles, with motors and GPS navigation, were easily accessible. Bycyklen system was a bicycle sharing system in Copenhagen and Frederiksberg, with 1860 bikes and 90 bike stations around the cities. Anyone, including tourist can rent a bicycle at a station and return it at any other station nearby your destination.



In the middle of the conference hall, a fish pond was surrounded by wood benches, and on top of the wood benches, there were two swings hanging from the ceiling.



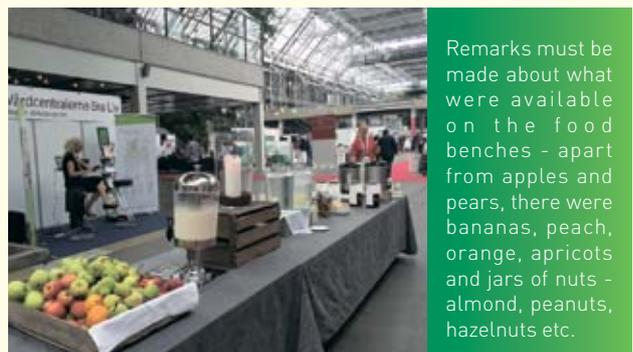
In the pond, big koi were swimming freely. All of a sudden, a staff of the Centre brought out a big jar of fish food; we family doctors excitedly fed the fish, took pictures, while the fish competed fiercely for the food.



Sunlight shone through the big glass windows, and next to the windows were the one-slide-five-minutes stations where anyone could drop by with a cup of coffee.

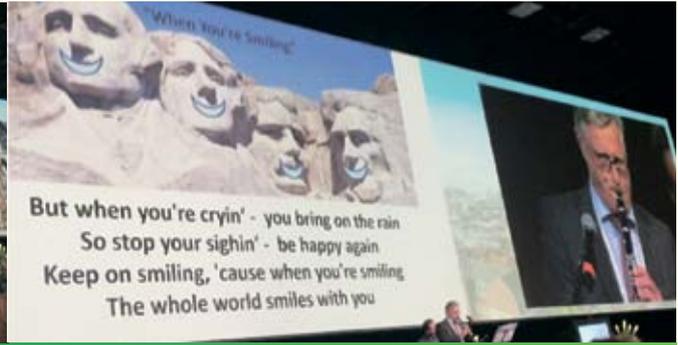


The main color theme was oak and green, the colors of nature. I am not sure whether it was intentional, a lot of green apples and pears were placed on the food benches. Drinks and snacks were available at all times during the conference, not only during coffee break.



Remarks must be made about what were available on the food benches - apart from apples and pears, there were bananas, peach, orange, apricots and jars of nuts - almond, peanuts, hazelnuts etc.





The opening ceremony was started by music and march of the Tivoli Youth Guard. Before the keynote speech, The Presidents - Gisle Roksund, Peter Vedsted, Anders Beich, and Ola Theilard - gave us a fantastic jazz performance of two classics, "When You're Smiling" and "All You Need Is Love". There was no doubt that the voice of Dr. Gisle Roksund was sexy and charming. It was hard to stop the joy from the base of our hearts when following the beats.



The opening ceremony ended with the evening cocktail reception where GPs around the world gathered around the table, with wine and colorful macarons.



On Friday morning at 7am family doctors joined together for a charity run - the WONCA run. The 4km track was surrounded by green trees and grasses.



Wanna take a look of a Denmark GP's consultation room? Fresh air blew in the widely opened windows, as compared to our consultations rooms with forever closed windows and sometimes with no window. Sun shine on the paintings on the wall. Space allowed each of the doctors to have a gynae chair and doctors can stop leaning at the side of a regular examination bed to perform PAP smear and other gynae examinations. When a GP buys a clinic, he/she also buys the patient lists. Each Denmark citizen has a family doctor and doctor shopping is not allowed. To have specialist consultation one must obtain referral from one's family physician.

Art, music, exercise, safe food, fresh air, space, sunshine, freedom of speech and sharing of ideas are important elements for human to live a healthy life. That also means good town planning, conservation

of nature, reasonable policy and governance. For us and for our patients, let us not only focus on books and knowledge; let us enter the society, to protect what we think is the most important for us.



Local Community Health Resources for Men who have Sex with Men - One Extra "CHOICE"

Dr. John-Hugh Tam, Specialist in Family Medicine

As inspired by a recent article in Australian Family Physician¹, April 2016, we are reminded that men who have sex with men (MSM) are more vulnerable for various specific health issues, namely the known risk towards HIV and certain sexually transmissible infections (STIs). Furthermore, there are also recent emergence of hepatitis C (HCV) cases among this group of people, irrespective of history of intravenous drug use and blood transfusions that were solely highlighted from teachings during our medical school days long ago.

Notwithstanding the data from the Australian article, such picture is also the case in Hong Kong.² As supported by the recent local statistics from the government, the prevalence of HCV in the HIV infected MSM seen at the Department of Health (DH) was found to be 1.3% for the years 2000-2012, which is 4 times that of the general population. In addition, a rising trend of the infection among local HIV infected MSM has been observed in recent years. In 2013, a case series of sexually transmitted HCV infections among HIV infected MSM was found by DH.

All the above factors make the health needs for MSM patients more unique when compared with other men we encounter in general practice, namely in terms of sexual health screening, the medical and the psychological support networks for infected individuals, as well as other health resources available in our community.

Besides the well-known health screening service offered by the Department of Health and certain disease-oriented non-governmental organisations (NGOs) such as AIDS Concern & Hong Kong AIDS Foundation, some of these MSM individuals may prefer more discrete health screening services due to various reasons such as worries of being stigmatised, etc. The Community Health Organisation for Intervention, Care and Empowerment (再思社區健康組織, C.H.O.I.C.E.) hereby acts as one further option for these individuals. Established in 2002, C.H.O.I.C.E. is a non-governmental social service organisation that focuses on promulgating disease prevention and health promotion, and it had served our local community for more than 10 years. In 2014-2015, C.H.O.I.C.E. had served over 15 thousands of people in the local community.

The Objectives of C.H.O.I.C.E.

The objectives of C.H.O.I.C.E. are to promote health and disease prevention, and to enhance the public awareness towards healthy living and lifestyle for the good of the community in Hong Kong. The organisation is continuously improving and enhancing its services in response to the needs of the community, especially for the vulnerable groups identified as high-risk communities in teenage groups and the public. C.H.O.I.C.E. believed that everyone does have their strengths to make their own choices in different life



The Logo of C.H.O.I.C.E.

stages, and each choice would make a difference. This belief is reflected in its logo embraced with – "Faith", "Hope" and "Love".

HKCASO Membership

C.H.O.I.C.E. is also a member of the Hong Kong Coalition of the AIDS Service Organisation (HKCASO). Ms. Shara Ho, the Chief Executive Officer, is one of the committee members of the Hong Kong Advisory Council on AIDS (ACA) that offers advice to the Hong Kong Government and HIV-infected individuals regarding the prevention, care and control of HIV and AIDS policy formulation.

Structure of the Organisation

The Board of Directors of C.H.O.I.C.E.'s consist of a multi-disciplinary team of medical doctors, community health and nursing professionals and scientific researchers. There are 10 staff members at C.H.O.I.C.E., who are responsible for different projects. Its office is conveniently located at Mongkok within easy reach by all forms of transportations.

Services available in C.H.O.I.C.E.

These are the main services available in C.H.O.I.C.E. concerning MSM patients.

- Free and discrete HIV / VDRL screening as well as hepatitis C / chlamydia / gonorrhoea tests (piloting since May 2016) for the high risk individuals and the comprehensive pre and post test counselling by the on-site nurse and social workers.

C.H.O.I.C.E.'s promotion regime towards the MSM groups on social media platforms to encourage STIs screening. (*An interesting point to worth noting in the advertisement is the word "Member" being highlighted in rainbow colours, which doesn't signify the organisation has a user membership, but it is a neutral, gay-friendly term that was locally-used by the MSM peers for calling themselves).



- Caseworks and follow-up emotional support for the HIV+ individuals to help them re-orientate their lives after the diagnosis.



- Medical services referral networks (e.g. under DH / HA, etc.) for those requiring medical treatment.
- Community visits to offer outreach supports for the infected individuals as well as opportunistic education to those individuals at risk of STIs.



Staff of C.H.O.I.C.E showing support for the needs of MSM groups

- Health promotional talks and activity projects for specifically-themed high risk groups (e.g. MSM, substance abusers, sex workers) aiming at harm and risk reductions and enhancing public awareness.



Various health projects to attract attention from different high risk MSM groups

Special Thanks

Special thanks to Ms. Shara Ho, Chief Executive Officer of C.H.O.I.C.E. for helping us to understand more on this unique domain of community health service and shares with us her invaluable work experience. For more information, you can read up about their organisation at www.communityhealth.org.hk

Other resources available in the community?

For doctors encountering HIV+ individuals who requires further case support in the community, besides C.H.O.I.C.E., you may also consider these resources for your patients.

- Hong Kong AIDS Foundation - www.aids.org.hk
- AIDS Concern - www.aidsconcern.org.hk
- The Society for AIDS Care - www.aidscares.com.hk

Extra Discussion Point 1 Home test kits : The pros and cons?

With the vast range of medical information and resources readily available from internet, mass media, etc., some of our patients might have heard of and be tempted to try out other more discrete means of testing such as the usage of home test kits that are purchased online. In the past, there were studies performed that prove these kits being convenient and reasonably accurate (e.g. in the case of HIV, home test kits via a pin prick blood test or salivary test through mouth swab³).



Information is everywhere: our patients can have access towards a lot of information online, and they may be tempted about considering using these home test kits, whilst GPs are in a very good position to discuss with them the pros and cons.

Besides the advantage of allowing people for early disease diagnosis and the potential for early treatment, home self-testing are not without disadvantages as it may create false reassurance (e.g. false negatives) if tests are done improperly. Furthermore, without undergoing the process of formal sexual history screening, these users may have other co-morbid, untested STIs being missed, hence rendering the meaning of this screening being incomplete.

Moreover, we should also take note that the emotional distress one might experience if faced with a positive result on his/her own would not be adequately addressed without the proper pre and post test counselling, which being a very important process and sometimes even more valuable than the chemical test kits themselves⁴.

Hence as responsible Family Physicians, if we encounter patients asking about these home test kits, the above would be some of the major issues concerned for discussion to help our patients making the best decisions for their own health.



Extra Discussion Point 2

Simple statistics : “How likely does the case have HIV given that the test results is positive?”

	Disease PRESENT	Disease ABSENT
Test POSITIVE	A True Positives	B False Positives
Test NEGATIVE	C False Negatives	D True Negatives

Sensitivity = $A/(A+C)$ Positive Predictive Value = $A/(A+B)$
 Specificity = $D/(D+B)$ Negative Predictive Value = $D/(C+D)$

Concepts:

- Some manufacturers claim that if properly used, the sensitivity of HIV rapid test kits can approach 100% with specificity 99.9%.
- In HK, the prevalence of HIV in MSM group was estimated to be 5.85% (from a 2014 report⁵).
- If using these estimations above, we can deduce for every 100,000 MSM individuals undergoing the HIV test, we expect the figures in the table below, and that given a single positive HIV test result, the likelihood for having the disease is 98.4% (hence the positive predictive value). Furthermore, it is also worthwhile to know that to improve the reliability of this test result further, many NGOs and screening authorities would proceed with a second “confirmatory test” using either Western blot (WB) or immunofluorescent assay (IFA).

	Disease PRESENT	Disease ABSENT
Test POSITIVE	$100000 \times 5.85\% = 5850$ (True Positives)	$(100000-5850) \times 0.1\% = 94$ (False Positives)
Test NEGATIVE	0 (False Negatives)	$(100000-5850) \times 99.9\% = 94056$ (True Negatives)

Positive Predictive Value = $5850/(5850 + 94) = 98.4\%$

- You may then start to ask, if the rapid test is so effective and easy to perform to help us find out the HIV cases (as the manufacturer claims the sensitivity being 100%), should we then also apply this test as a large scale for all adults in Hong Kong? If also considering a rough estimation that for the general public, the prevalence of HIV within the HK

“adult” (15-49 year-old) population being 0.1%⁶, we would expect the following figures, and that given a positive HIV test result, the likelihood for having the disease plunges to only 50%.

	Disease PRESENT	Disease ABSENT
Test POSITIVE	$100000 \times 0.1\% = 100$ (True Positives)	$(100000-100) \times 0.1\% = 100$ (False Positives)
Test NEGATIVE	0 (False Negatives)	$(100000-100) \times 99.9\% = 99800$ (True Negatives)

Positive Predictive Value = $100/(100 + 100) = 50\%$

- The impact of this difference would make this test being unreliable as a tool for general public use due to the higher chance for us to catch false positives cases leading to the undesired patient anxiety and psychological distress that was brought by the error.
- This is a perfect example to demonstrate the importance of being selective with this kind of screening tests, when we should apply them during our daily consultations, and their limitations.

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HONG KONG SANATORIUM & HOSPITAL

CURRENT OG PRACTICE 2016

Date	Sunday, 23 October 2016	
Venue	Ballroom, JW Marriott Hotel Hong Kong	
08:30 – 09:00	Registration	
09:00 – 09:10	Welcome	Dr. CHAN Woon Tong, Joseph
Part I		
09:10 – 09:30	Development of IVF in Hong Kong	Prof. HO Pak Chung
09:30 – 09:50	Pre-implantation Genetic Testing	Dr. TANG Oi Shan
09:50 – 10:10	Surgical Management of Subfertility	Dr. Joyce CHAI
10:10 – 10:30	Oocyte Freezing - Putting Motherhood On Hold	Dr. LOK Hung, Ingrid
10:30 – 11:00	Coffee Break	
Part II		
11:00 – 11:20	Induction of Labour for Post-date Pregnancies - Earlier or Later?	Dr. LAM Sze Wing, Helena
11:20 – 11:40	Hepatitis B Carriers and Pregnancy: Should We Do More?	Dr. CHEUK Kwan Yiu, Queenie
11:40 – 12:00	The Use of Progesterone for Prevention and Treatment of Threatened or Recurrent Miscarriages	Dr. WAN Hei Lok, Tiffany
12:00 – 12:20	Practice of O&G in the Third World Countries	Dr. LI Kandice
12:20 – 13:30	Lunch	
Part III		
13:30 – 13:50	New Development in Uterine Fibroid Management	Dr. YUEN Pong Mo
13:50 – 14:10	Female Urinary Incontinence	Dr. LAU Nga Ting, Winnie
14:10 – 14:30	The Role of Laparoscopic Surgery in Gynaecological Cancer	Dr. TAM Kar Fai
14:30 – 15:00	Coffee Break	
Part IV		
15:00 – 15:20	Abnormal NIPT Results – What's Next?	Dr. LEUNG Tse Ngong, Danny
15:20 – 15:40	Should Umbilical Cord Arterial PH be Routinely Measured in Modern Obstetrics?	Dr. CHAN Wan Pang
15:40 – 16:00	Use of Mifegyne (RU486) in Termination of Pregnancy and Management of Miscarriage	Dr. CHAN Woon Tong, Joseph

*Content is subject to change without prior notice



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Telemedicine

Introduction

Without doubt now we are in an era of internet and virtual world. We have on-line chat rooms, real-time video conferences, social websites, smartphone communication apps etc. Apparently people around the world are getting more and more easily connected.

As the medical information is growing robustly, healthcare provider are now facing more and more challenge in providing and receiving medical care and information by the means of telemedicine..

Telemedicine - what is it?

Telemedicine refers to the delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities. It comprises different types of technologies with different applicable functions.

Types of telemedicine

There are basically 4 types of telemedicine

1. Asynchronous
 - transmits a patient's medication information not used in real time
 - "store and forward"
 - for example, the patient or referring health professional sends an e-mail description of a medical case to an expert who later sends back an opinion regarding diagnosis and optimal management
2. Synchronous
 - real-time interactive technologies, such as 2-way interactive video
3. Remote patient monitoring
 - a patient's health information is gathered through technological devices and sent for evaluation and stored in the patient's medical record for future use
 - examples include home-based telehealth blood pressure monitor
4. Mobile health care services
 - uses mobile technology, such as smartphone applications and text messages, to manage and track health conditions or promote healthy behaviors

Use of telemedicine

- Teleconsultation, tele-education and teleconferencing are the three common uses in telemedicine and they can be applied in a number of ways:

A. Rural region health care services

Telemedicine allows specialists access regardless of location to provide health care services to rural area. This is done by using live video conferencing, or real-time medical image sharing. The specialist can provide assessment, diagnosis and treatment.

B. Developing Countries

Telemedicine allows fast deployment of healthcare to a developing population through relatively low cost clinics. It allows basic clinics to consult and share the expertise of a medical specialist located anywhere in the world.

C. Mobile health clinic

Telemedicine allows mobile health clinics to quickly involve a remote physician or medical specialist to be consulted on the patient or healthcare matter.

D. Disaster relief

Telemedicine allows quick delivery of healthcare after a disaster. It provides on-site healthcare providers with rapid access to advanced medical expertise.

E. Shipping and transportation

The use of telemedicine on cargo ships, cruise ships, private yacht, or commercial airplanes can help avoid high cost of evacuations that are caused from a medical emergency. It allows easy access to advance healthcare expertise, triage advice, diagnosis and treatment regardless of where the ship or plane may be.

F. School-based health centres

Telemedicine helps manage chronic conditions for school-aged children such as asthma, diabetes and obesity and decreases the use of urgent and emergency care. It allows a school nurse to remotely access expert medical opinion for those students in need it.

G. Correctional facilities

Telemedicine allows prison facilities to deliver high quality care without the cost and dangers of transportation or the need for a physician specialist to enter the facility.



Telemedicine can also be adopted in different specialties, such as teledermatology, telepathology, teleradiography, telestroke, telenursing, telepharmacy, and telerehabilitation.

Benefits of Telemedicine

Telemedicine can be an efficient, cost-effective alternative to traditional health care delivery that increases the patient's overall quality of life and satisfaction with their health care. Telemedicine can aid communities which are traditionally underserved because it overcomes distance and time barriers between health-care providers and patients. It enhances patient-provider communication and educational opportunities.

Barriers to telemedicine

Most laws and regulations relating to reimbursement and the practice of medicine were drafted before the use of telemedicine. Guidelines of different countries on the practice of telemedicine, prescribing, and licensing vary. There is an absence of an international legal framework to allow health professionals to deliver services in different countries, and there is a lack of policies that govern patient privacy and confidentiality on data transfer, storage, and sharing between health professionals. There are also risks of medical liability for the health professionals offering telemedicine services.

In addition, the systems being used are usually complex, the potential for malfunction could trigger software or hardware failure. As a result, this could increase the morbidity or mortality of patients and the liability of health-care providers. Underdeveloped infrastructure was a common barrier to telemedicine development particularly cited by developing countries.

Lack of face to face contact or physical contact during clinical consultation is another barrier.

Examples of telemedicine in HK

1. Clinical Management System (CMS) and Electronic Patient/Health Record (ePR/eHR) in Hospital Authority, which share medical notes, prescription details, laboratory results, imaging results and reports among HA colleagues as well as private sector, can enhance information when providing patient care.
2. Telemonitoring Physical Activity of patients with Chronic Obstructive Pulmonary Disease undergoing pulmonary rehabilitation can enhance their daily physical activity.

Future challenges

With the ongoing perfection in applying telemedicine, the use of telemedicine as virtual medical centres, mobile health networks etc. is going to be more and more popular. That will be an increasing need to consider telemedicine as a standard of care. Laws and regulations, particularly on confidentiality, privacy, medical liability for patient care need to be reviewed and revised from time to time.

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Compiled by Dr. CHEUK Christina





Free Seminar

How to Relieve Your Stress and Prevent Early Ageing by Yourself? - An Acupuncture Point (Including Acupuncture Demonstration)

Please come and know more about the effectiveness of acupuncture for Stress and Ageing!

Date	Time	Venue
29 Aug 2016 (Mon)	7:00 - 8:00pm	HKU SPACE Admiralty Learning Centre, 18 Harcourt Road, Hong Kong



Speaker: Ms A. P. Qin, Associate Professor (Chinese Medicine) & Ms FERNANDEZ Luz Maria
The seminar is free of charge, and on a first come, first served basis!
Enquiry: ☎ 3762 4216 (Ms Ng)
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The School may make available related programme information material at the seminar.



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This programme consists of two parts. Each part consists of one module. Students who complete one module of Part 1 can choose to exit the programme. Completion of one module will be lead to a Certificate in Acupuncture. Upon successful completion of Part 1 and Part 2 , students will be awarded a Diploma in Clinical Acupuncture.

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2. Holders of Bachelor's degree or equivalent
- Commencement Date** : 6 October 2016 (Mondays and Thursdays, 8 -10 pm)
- Application Fee** : HK\$150 (non-refundable)
- Medium of Instruction** : English

Our programme is approved by the Physiotherapists Board as quotable qualification. Upon completion of our programme: (1) 15 CPD points awarded by the Physiotherapists Board will be granted to students who are physiotherapists. (2) Physiotherapists may be eligible to apply for Accredited Acupuncture Physiotherapists.

2. Introduction to Acupuncture of Chinese Medicine

Application code: 1445-1011 NW

This course provides the philosophical background of Chinese medicine and illustrates how acupuncture helps manage our health.

- | | |
|---|--|
| Commencement Date : 6 September 2016 | Course Fee : HK\$1,400 |
| Duration : 10 hours (5 meetings) | Medium of Instruction : English |

3. Chinese Tui-Na (Massage) for Building Up Healthy Life

Application code:1445-1043NW

Chinese Tui-Na offers a wide range of benefits, both physiological as well as psychological, to increase well-being. It speeds up the body's ability to heal itself. It is also first used to treated diseases through manual manipulations. Chinese Tui-Na has become increasingly popular, both among patients and among the medical practitioners. That is now one of the most popular complementary therapies worldwide.

- | | |
|--|--|
| Commencement Date : 8 September 2016 (Thursday, 7 - 9 pm) | Course Fee : HK\$1,200 |
| Duration : 6 hours (3 meetings) | Medium of Instruction : English |

Interest Group in Dermatology – The 54th Meeting on 2 July 2016

Dr. Li Keung - College Member

Theme : Management of Facial Dermatoses - Quiz and Diagnostic Pearls

Speaker : **Dr. Chan Kam Tim, Michael**
Specialist in Dermatology and Venereology

Moderator : Dr. Lam Wing Wo, Board of Education

Learning Points

Dr. Chan mentioned that detail history taking, appropriate description of skin lesion (including signs and distribution of the skin diseases), a short list of differential diagnosis and proper documentation of these information in the patient's file are all important.

A suggested problem-oriented systemic approach to facial skin eruption

Chief complain	Nature, site, duration
Present problem	Onset date, sign and symptoms, distribution, course of the disease, aggregating factors
Past medical health	Skin illnesses, Drug history(Current and Past), Allergy history, tendency of keloid formation
Family history	Atopy, Diabetes mellitus, Psoriasis, skin cancer and all types of cancer
Occupational history	Especially contacts of allergens like fragrances, chromium, nickel
Life style habits	Sleep, Diet (High Glycemic index), alcohol, smoking, Stress
Hobbies	Pets,
Menstrual history	Sexual history and AIDS
Physical examination	Impalpable, mass, free fluid, loss of skin surface, healing and complications. Distribution, arrangement, configuration
Diagnosis and Differential	A preliminary diagnosis and a short list of differential diagnosis is mandatory

The signs of skin diseases

Impalpable Change	Palpable Mass	Free Fluid	Loss of Skin	Healing Stage	End Stage
Macule (< 1-2 cm)	Papule (< 0.5 mm)	Vesicle (< 0.5 cm)	Erosion	Scale	Atrophy
Patch (> 2 cm)	Nodule (> 0.5 mm < 2 cm)	Bulla (> 0.5 cm)	Ulcer	Crust	Scar
	Plaque (> 2 cm)	Pustule (< 0.5 cm with pus)			
	Wheal (transient)	Abscess (> 0.5 cm with pus)			

Sometimes skin disease may be a sign of systemic diseases, e.g., pyoderma gangrenosum in inflammatory bowel disease, or even systemic malignant disease, e.g., paraneoplastic facial eruptions, which include Sweet syndrome, dermatomyositis, primary systemic amyloidosis, CTCL, paraneoplastic pemphigus,

hypertichosis languinosa, and eruptive seborrheic keratosis. If a family physician has uncertainty about the skin lesion or if the skin lesion was not resolved after treatment, referral of the patient to a dermatologist is a proper way.

When facing skin nodules over the face, the distribution, arrangement, configuration, quality and palpation of the skin lesions are helpful in making a diagnosis.

Facial hypopigmentation can happen in a variety of conditions, including eczema, pityriasis alba, vitiligo, tinea versicolor, psoriasis, DLE, leprosy, tuberous sclerosis, sarcoidosis, etc.

Remember some medications can induce melanin and non-melanin pigmentation, which include minocycline, hydrochloroquine, amiodarone, phenothiazines, silver, mercury, bismuth gold, etc.

Wood's lamp examination is helpful in these conditions.

Hypopigmented areas appear lighter,
Depigmented areas appear pure white,
Epidermal hyperpigmentation appear darker,
Dermal hyperpigmentation no change.

Lots of drugs can aggravate acneiform facial eruption, systemic steroids, anti TB drug, EGFR inhibitor chemotherapy are just some examples.

In order to decrease the propensity for P acne antibiotic resistance, one may prescribe topical retinoid agents as first line topical treatment, and use low dose systemic isotretinoin therapy if appropriate. It is not proper to apply topical antibiotics as a monotherapy.

When facing difficult presentations of a facial skin eruption, consider

1. Drugs,
2. Internal malignancy and systemic diseases.
3. Factitious
4. HIV and AIDS

Next Meeting

The next meeting will be on 3 September 2016 (Saturday). The guest speaker is Dr. Chung Chun Kin, Specialist in Dermatology and Venereology. He will speak to us on "Review of Atopic Dermatitis and Psoriasis". 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.



Certificate Course on Bringing Better Health to Our Community 2016

Co-organized by Queen Elizabeth Hospital and Hong Kong College of Family Physicians

Dates	:	28 May, 18 June, 30 July, 20 August, 24 September 2016 (Saturdays)
Time	:	1:00pm - 2:00 pm Registration 2:00pm - 4:00 pm Lecture & Discussion
Venue	:	Lecture Theatre, G/F, Block M, Queen Elizabeth Hospital
Course Fee	:	Free
Accreditation	:	HKCFP 2CME Points for each session (Cat4.4) (pending) MCHK: 2CME Points for each session (pending)
Capacity	:	100 doctors

Programme Schedule

Dates	Time	Topics	Speakers
28 May 2016 (Sat)	2:00 - 4:00pm	Common Upper & Lower Limb Joint Pain and Tendonitis	Dr. Wong Yau Bun <i>Associate Consultant, Department of Orthopaedics and Traumatology, Queen Elizabeth Hospital</i>
		Practical Tips on Home Exercise for Tendonitis	Mr. Wong Chi Leung Alex/ Ms. Luk Lai Mei May <i>Senior Physiotherapist/ Physiotherapist I, Department of Physiotherapy, Queen Elizabeth Hospital</i>
18 June 2016 (Sat)	2:00 - 4:00pm	Update on Smoking Cessation (Medication and Brief Counselling)	Dr. Mok Yun Wing, Thomas <i>Chief of Service, Department of Respiratory Medicine, Kowloon Hospital</i>
		New Service Module on GOPC Smoking Cessation Service	Dr. Leung To Fung <i>Associate Consultant, Department of Family Medicine & General Outpatient Clinic, Queen Elizabeth Hospital</i>
		Obstructive Pulmonary disease (COPD & Asthma)	Dr. Ng Chun Kong <i>Specialist in Respiratory Medicine, Consultant, Department of Medicine, Queen Elizabeth Hospital</i>
30 July 2016 (Sat)	2:00 - 4:00pm	Common Oral and Dental Disease Management	Dr. Chan Sai Kwing <i>Consultant, Department of Oral-Maxillofacial Surgery & Dental, Queen Elizabeth Hospital</i>
		GOPC Patient Education	Dr. Lai Siu Wai <i>Resident Specialist, Department of Family Medicine & General Outpatient Clinic, Queen Elizabeth Hospital</i>
		Fall prevention & Osteoporosis in Community Setting	Dr. Mak Ying Fai <i>Specialist in Geriatric Medicine, Consultant, Department of Medicine, Queen Elizabeth Hospital</i>
20 August 2016 (Sat)	2:00 - 4:00pm	HPV vaccine and Cervical Cancer prevention	Dr. Lee Wai Hon <i>Consultant, Department of Obstetrics & Gynaecology, Queen Elizabeth Hospital</i>
		GOPC Government Vaccine Programme	Dr. Law Tung Chi <i>Associate Consultant, Department of Family Medicine & General Outpatient Clinic, Queen Elizabeth Hospital</i>
		Cancer Survivor care- Breast and Prostate cancer	Dr. Ngan Kai Cheong, Roger <i>Chief of Service, Department of Clinical Oncology, Queen Elizabeth Hospital</i>
24 September 2016 (Sat)	2:00 - 4:00pm	Private-Public Partnership-Hypertension	Representative from Department of Family Medicine & General Outpatient Clinic <i>Queen Elizabeth Hospital</i>
		Update on Management of HT and Stable Coronary Artery Disease	Dr. Chan Kam Tim <i>Specialist in Cardiologist, Consultant, Department of Medicine, Queen Elizabeth Hospital</i>
		Common Skin Complaints - Prevention and Management (Ultra-Violet & Pigment)	Dr. Chan Hau Ngai, Kingsley <i>Specialist in Dermatology, Private Practice</i>

*** Registration will be first come first served. For enquiry, please call the College secretariat, Ms. Cherry Chan at 2871 8899 ***

REPLY SLIP

To: HKCFP, Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Building, Aberdeen, Hong Kong (Fax: 2866 0616)

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

I would like to attend the Certificate Course at the following dates(s) (Please as appropriate)

28 May 2016 18 June 2016 30 July 2016 20 August 2016 24 September 2016

Name: _____ Tel: _____ Fax: _____

Date: _____ Email: _____



- 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.

3 September 2016 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	Review of Atopic Dermatitis and Psoriasis	
Speaker	Dr. Chung Chun Kin Specialist in Dermatology and Venereology	
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 Cantonece.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	
Note	Participants are encouraged to present own cases for discussion. Please forward your cases to the co-ordinator via the College Secretariat 2 weeks prior to meeting.	

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

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7 September 2016 Wednesday

State-of-the-art Concepts in Antihistamine therapy

Prof. Ralph MOSGES, FFAAI (MD, PhD, MSEE)
*Otorhinolaryngologist and Allergologist,
The University of Cologne,
Germany*

Chairman	Dr. Tsui Hing Sing, Robert The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m.	Registration and Lunch
	2:00 p.m. – 3:30 p.m.	Lecture and Discussion
Venue	Forum Room 1, Basement 2, Regal Hong Kong Hotel, 88 Yee Wo Street, Causeway Bay, Hong Kong	
Admission Fee	College Fellow, Full or Associate Members	Free
	Other Categories of Members	HK\$ 350.00
	Non-Members	HK\$ 450.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	

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10 September 2016 Saturday

Board of Education Interest Group in Evidence-Based Medicine (EBM)

Topics	1. How to Appraise Clinical Evidence 2. How EBM helps us Deal with Difficult Patients (Part II)	
Speakers	1. Dr. Lau Kin Sang, Kinson 2. Dr. Ngan Po Lun	
Co-ordinator & Chairman	Dr. Lee Wan Tsi, Francis The Hong Kong College of Family Physicians	
Time	2:15 p.m. – 4:15 p.m.	Lecture and discussion
Venue	8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai, 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 Discussion will be in English or bilingual.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	
Note	Please bring along your mobile internet device if available. Participants are encouraged to submit one case of difficult clinical encounter for discussion. Please give a brief description of the clinical scenario (about half a page) and outline the areas of difficulty.	

23 September 2016 Friday

Gaps in currently available Allergic Rhinitis Treatment Options: Need for Something New

Prof. Claus BACHERT
*Professor and
Head of Clinics of the Department of Otorhinolaryngology,
University of Ghent,
Belgium*

Chairman	Dr. Au-Yeung Shiu Hing The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m.	Registration and Lunch
	2:00 p.m. – 3:30 p.m.	Lecture and Discussion
Venue	Shanghai Room, Level 8, Cordis Hotel Hong Kong, 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	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	

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Monthly Video Viewing Session

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

August's session is cancelled due to renovation work at Wanchai office.

September's session:

Date	30 September 2016 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	"Practical Approach to LUTS/ BPH" – Dr. Chu Sai Man
Admission	Free for Members
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.

Community Education Programme

Open and free to all members
HKCFP CME points accreditation [Cat 5.2]

Date/Time/CME	Venue	Topic/Speaker/Co-organizer	Registration
29 September 2016 11:00 – 3:00 p.m.	Conference Room, G/F, Block K, UCH, 130 Hip Wo Street, Kwun Tong, Kowloon	Management of Arrhythmia Dr. Sunny YUE Chiu Sun (Consultant and Head, Division of Cardiology, M&G, UCH)	Ms. Polly Tai Tel: 3949 3430 or Ms. Cordy Wong Tel: 3949 3087

Structured Education Programmes

Free to members
HKCFP 2 CME points accreditation [Cat 4.3]

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
1 September 16 (Thu)			
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Community Resources for Exercise Dr. Ho Tsz Bun & Dr. Ng Mei Po	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Public Private Interface and the Electronic Health Record Sharing System Dr. Yuen Chi Hang	Ms. Kwong Tel: 2595 6941
7 September 16 (Wed)			
2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Care of patient with multi-morbidities, role of family doctor in continuity care Dr. Lee Kar Yun, Peter Common symptoms of upper limb and physical examination in primary care Dr. Chan Siu Cheung	Ms Mandy Leung Tel: 3506 8613
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Dental Emergencies in Primary Care Dr. Yung Hiu Ting	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Approach to abnormal laboratory results in asymptomatic patients Part II (microscopic haematuria, proteinuria, anaemia) Dr. Chow Pui Yin, Melody & Dr. Lee Shek Hang, Henry	Ms. Polly Tai Tel: 3949 3430
4:45 – 6:45 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Interesting cases review Dr. David Cheng	Ms. Cammy Chow Tel: 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Management of DM Dr. Wong Kok Hoi	Ms. Crystal Law Tel: 2632 3480
8 September 16 (Thu)			
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Emergency Equipment in Primary Care Dr. Ho Chung Yu and Dr. Hung Chi Bun	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Allied health talk - Occupational therapist Dr. Fok Chun Man	Ms. Kwong Tel: 2595 6941
14 September 16 (Wed)			
2:00 – 5:00 p.m.	Room 7, 8/F, Yau Ma Tei GOPC	Update on management of chronic disease (HT, DM, Stroke) Dr. Chui Tsz Hang & Dr. Kam Ngar Yin, Irene	Ms Mandy Leung Tel: 3506 8613
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Management of Abnormal ECG in Primary Care Practice Dr. Chan Yin Yue	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Update of management of common cardiac arrhythmia Dr. Chan Wing Chi, Annie, & Dr. Wong Koon Yin, Yvonne	Ms. Polly Tai Tel: 3949 3430
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Exercise Prescription Dr. Chan Lam, Chloe	Ms. Crystal Law Tel: 2632 3480



15 September 16 (Thu)

4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	How to Conduct a Good Presentation Dr. Chan Chi Ho & Dr. So Mei Kuen	Ms. Eliza Chan Tel: 2468 6813
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21 September 16 (Wed)

2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Prenatal counseling, Antenatal and Postnatal care Dr. Siu Wai Yee & Dr. Hou Jing	Ms Mandy Leung Tel: 3506 8613
2:15 – 4:45p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Palliative Care support (Visit Maggie Centre) Dr. Ng Ngai Mui	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Conference Room, G/F, Block K, United Christian Hospital	Common symptoms in Eye Dr. Martina Lim, & Dr. Hui Yuk Ting, Candy	Ms. Polly Tai Tel: 3949 3430
4:45 – 6:45 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Journal Club Dr. Matthew Lee	Ms. Cammy Chow Tel: 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Common upper limb Musculoskeletal problem Dr. So Fong Tat	Ms. Crystal Law Tel: 2632 3480

22 September 16 (Thu)

4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Quality Medical Records Dr. Jor Hon Man & Dr. Chan Ham	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Clinical Psychologist in Family Medicine 3 Dr. Sin Ming Chuen	Ms. Kwong Tel: 2595 6941

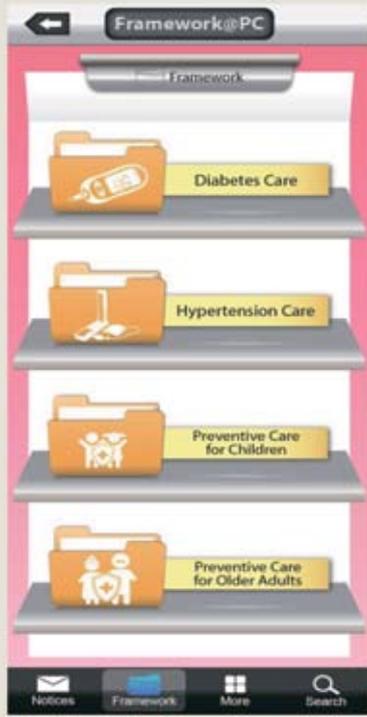
28 September 16 (Wed)

2:00 – 5:00 p.m.	Room 7, 8/F, Yau Ma Tei GOPC	Community resource : physiotherapist, occupational therapist Ms. Luk Lai Mei, May (Phys.) & Ms. Hui Kam Yan (Occ.)	Ms Mandy Leung Tel: 3506 8613
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Current Problems in the Health Care Delivery System of HK Dr. Chung Ka Chun	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Community services for women's health Dr. Cheuk Hiu Ying, Angie, & Dr. Suen Gee Kwang, Victoria	Ms. Polly Tai Tel: 3949 3430
4:45 – 6:45 p.m.	Multi-function Room, NAHC clinic, G/F, Tsan Yuk Hospital	Emergency Drill (Department's Geographical Drill) Dr. Rosita Wong	Ms. Cammy Chow Tel: 2589 2337

29 September 16 (Thu)

4:00 – 6:00 p.m.	Rm 614, 6/F, Ambulatory Care Centre, Tuen Mun Hospital	Alternative Medicine in Hong Kong Dr. Kum Chung Hang & Dr. Lo Cheuk Wai	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Common Gynaecological Problem in FM Dr. Lok Wing Yi	Ms. Kwong Tel: 2595 6941

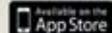
Framework@PC provides evidence-based recommendations for management of patients in primary care setting

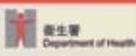


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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
14 Aug 3:00 – 6:00 p.m. Board of Conjoint Examination 2016 2 nd OSCE Examiner Training Workshop	15	16	17 2:15 – 7:30 p.m. Structured Education Programme	18 2:15 – 7:00 p.m. Structured Education Programme 8:30 p.m. BVTs Meeting	19	20 2:30 – 5:30 p.m. AEC 2:00 – 4:00 p.m. Certificate Course on Bringing Better Health to Our Community 2016
21 Conjoint Written Examination 2016 - MCQ Segment	22	23	24 2:15 – 7:30 p.m. Structured Education Programme	25 2:15 – 7:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	26	27 2:30 – 4:30 p.m. Interest Group in Counselling
28 Conjoint Written Examination 2016 - KFP Segment	29	30 9:00 p.m. DFM Meeting	31 2:15 – 7:30 p.m. Structured Education Programme	1 Sep 2:15 – 7:00 p.m. Structured Education Programme	2	3 1:00 – 4:00 p.m. Interest Group in Dermatology 2:30 – 5:30 p.m. DFM Module III Care for the Elderly & Chronic Illness
4	5	6	7 1:00 – 3:30 p.m. CME Lecture 2:15 – 7:30 p.m. Structured Education Programme	8 2:15 – 7:00 p.m. Structured Education Programme	9	10 2:15 – 4:15 p.m. Interest Group in EBM 2:30 – 5:30 p.m. DFM Module V Counselling Skills Workshop
11	12	13	14 2:15 – 7:30 p.m. Structured Education Programme	15 2:15 – 7:00 p.m. Structured Education Programme	16	17
18	19	20 9:00 p.m. Board of Conjoint Examination Meeting	21 2:15 – 7:30 p.m. Structured Education Programme	22 2:15 – 7:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	23 1:00 – 3:30 p.m. CME Lecture	24 2:00 – 4:00 p.m. Certificate Course on Bringing Better Health to Our Community 2016 2:30 – 6:00 p.m. AEC Mock Exam 2:30 – 5:30 p.m. DFM Module V Women's Health Workshop
25	26	27	28 2:15 – 7:30 p.m. Structured Education Programme	29 2:15 – 7:00 p.m. Structured Education Programme	30 2:30 – 3:30 p.m. Video Session	1 Oct

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Red : Education Programmes by Board of Education
Green : Community & Structured Education Programmes
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