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Message from the President

For some patients suffering from organ failure, organ transplantation might be their ultimate way out. According to local statistics, more than 2000 patients have the urgent need for organ or tissue transplant everyday in Hong Kong. However, suitably matched transplantable organs do not come in abundance as the supply from organ donation is usually rather limited, hence patients' waiting time for organ donation becomes prolonged. Not only does the long waiting time affects the patients' quality of life, but also that of the carers, family and friends around them. Organ donation is the greatest gift to patients and their family, and would certainly help to light up their lives. To expand the donor pool, public awareness of the issues and procedures related to organ donation needs to be heightened. It is also important to acknowledge the donor's wish to donate organs. The Centralised Organ Donation Register (CODR) established by The Department of Health (DH) is a platform for prospective donors to voluntarily register their wish to donate their organs after death, and for such wish to be recorded more reliably (<https://www.codr.gov.hk/codr/Internet.jsf>). Over 30,000 registrations had been recorded since its establishment in November 2018.

In case you were not aware as yet, and a few colleagues might be wondering, when and where our College's annual primary care conference would be held this year? The answer is, the Academy of Medicine of Malaysia (AMM), the Academy of Medicine, Singapore (AMS), the Hong Kong Academy of Medicine (HKAM) and the Hong Kong College of Family Physicians (HKCFP) are co-organising "The 4th

AMM-AMS-HKAM Tripartite Congress cum 53rd Singapore – Malaysia Congress of Medicine & Hong Kong Primary Care Conference 2019" to be held from 6 – 8 December 2019 (Friday – Sunday) at the HKAM Jockey Club Building, Aberdeen, Hong Kong

(http://www.hkcfp.org.hk/pages_4_67.html). The theme of the Tripartite Congress this year is "People-centred Care: Towards Value-Based Innovations". This conference provides a unique platform for local clinicians as well as those from South East Asia to share and exchange their knowledge, expertise and experience with friends and colleagues and to make contacts that may lead to collaborations in the future. So, please do mark your diaries if you have not done so! I would also like to take the liberty to highlight a few updates on the programme in this and the coming issues. First off the mark, on 6 December Friday afternoon, the programme kicks off with the HKAM Best Original Research by Trainees, closely followed by HKAM Annual Fellowship Conferment Ceremony and David Todd Oration to be delivered by Prof John CY Leong, Chairman of the Hospital Authority. Prof Leong would be sharing with us on his "Twice Rendezvous with Hospital Authority". On Saturday 7 December, day 2 of the Congress, the morning session will comprise of a series of clinical symposia on genetics and genomics, colorectal cancer screening, hepatitis management, followed by lunchtime lectures on osteoporosis management and diabetes treatment,



(Continued on page 2)

Message from the President (Con't)

(Continued from page 1)

before the opening ceremony. Do join in for these very useful clinical update topics.

The written papers of our Fellowship Examination were sat in August this year. The clinical part will take place at the end of October. I would like to wish

all the candidates the best of luck and every success in the forthcoming examination!

Dr. David V K CHAO
President

Board of Vocational Training and Standards News

Basic Training Introductory Seminar

A Basic Training Introductory Seminar will be held in October 2019 for all new enrolled basic trainees, existing trainees and clinical supervisors. The seminar is designed to help basic trainees and supervisors to understand and get more information of our training programme.

Details of the seminar are as follows:

- Speakers : Dr. Wong Man Ying Michelle (Chairlady of Basic Training Subcommittee)
 Dr. Yiu Yuk Kwan (Chairman of Board of Vocational Training and Standards)
- Date : 4 October 2019 (Friday)
- Time : 7:30 p.m.
- Venue : James Kung Meeting Room, 2/F, HKAM Jockey Club Building,
 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

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

Basic Training Subcommittee
Board of Vocational Training and Standards



普通科門診公私營協作計劃 General Outpatient Clinic Public-Private Partnership Programme

Come and Join as Family Doctor

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Quality Assurance & Accreditation Committee News (Con't)

CME/CPD Compliance

Dear Colleagues,

With the current QA Cycle (2017-2019) is going to be finalized by the end of this year, Please kindly check your updated report by visiting the College website at <http://www.hkcfp.org.hk/>

The committee wishes to highlight that Colleagues **must engage in ALL categories of activities** in order to fulfill the QA Certificate 2017-2019 criteria, briefly summarized as follows:

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

For Point (2) and (3) above, the 'categories' are referring to

- i) Category 3, related to CPD activities,
- ii) Category 4, related to CME activities organized by our College alone, and
- iii) Category 5, related to pre-accredited CME activities organized by other professional institutions themselves or in collaboration with our College. Examples of this category include accredited educational events by the Hong Kong Medical Association, The Universities, the Hospital Authority, and the Primary Care Office / Department of Health.

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

To obtain CME Certificate 2019, Members should obtain at least 30 Credit Points in either CME or CPD or both. In particular, **HKAM Fellows** are required to obtain the minimum of 90 points, including **at least 15 CPD points** in 3-year cycle (2017-2019).

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)"** will 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 corresponding 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 the Assessment Enhancement Course organized by the College
 - V. Being a moderator or speaker
 - VI. Being a chairperson / speaker of pre-approved small discussion group(s)
 - 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 participation in a quality assurance activities, 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 assessment criteria by pre- and post- activity MCQs are fulfilled.

You can download all the relevant forms from our website: http://www.hkcfp.org.hk/pages_5_84.html. For any enquiry please contact our Secretariat (Mr. John Ma or Ms. Cherry Ma) at 2871 8899 or email to cmecpd@hkcfp.org.hk at your convenience.

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 **August 2019**:

Associate Membership (New Application)

Dr. CHUK Man Ting, Karen	祝 敏 婷
Dr. KELLY Sara Jane	祈 樂 容
Dr. LAM Jenks, Albinus	林 真 善
Dr. LAM Wing Ching, Nicole	林 晴
Dr. LEE Jerrold	李 嘉 朗
Dr. LIU Ka Yee	廖 家 誼

Dr. LUI Tsz Yin	雷 梓 賢
Dr. POON Wing Yin, Karen	潘 穎 妍
Dr. SHENG Wei Yang	盛 維 揚
Dr. WOO Long Yiu	胡 朗 瑤
Dr. WONG Sau Kuen	黃 秀 娟
Dr. WONG See Wai, Samuel	黃 思 維
Dr. YU Louise Anne Sum Wun	余 心 韻
Dr. ZHOU Niman	周 妮 曼

Meeting Highlights

Interest Group in Mental Health & Psychiatry

Prof. Wing Yun Kwok, Specialist in Psychiatry, delivered a lecture on "Parasomnia – Does It Matter? From Sleep Walking to Dream Enactment – An Insight to The Mechanism and Implications" on 3 August 2019. Dr. Chan Chi Wai, Kenny, Specialist in Infectious Disease and Dr. Wong Chun Kwan, Bonnie, Specialist in Infectious Disease, delivered a lecture on "PrEP and PEP – Who and How" on 29 June 2019.



Dr. Chan Suen Ho, Mark (right, Moderator) presenting a souvenir to Prof. Wing Yun Kwok (left, Speaker)

Interest Group in Evidence-Based Medicine (EBM)

Dr. Ko Siu Hin, Specialist in Family Medicine, delivered a lecture on "EBM Approach to Diabetes Mellitus: Update from Local and International Guidelines" on 10 August 2019.



Dr. Hui Lai Chi (left, Moderator) presenting a souvenir to Dr. Ko Siu Hin (right, Speaker)

Interest Group in Medical Humanities

Dr. Wong Tsz Kau, Carl, Family Physician and Dr. Lo Kit Hung, Senior Lecturer, Department of Philosophy, the Chinese University of Hong Kong, delivered a lecture on "Thanatology for Family Physicians 你識唔識死?" on 24 August 2019.



Dr. Mark Chan (left, Moderator) presenting a souvenirs to Dr. Lo Kit Hung (2nd from the left, Speaker), Mr. Michael Cheung (2nd from the right) and Dr. Wong Tsz Kau, Carl (right, Speaker)

Certificate Course on Bringing Better Health to Our Community 2019

The 4th session of the "Certificate Course on Bringing Better Health to Our Community 2019" co-organized with Queen Elizabeth Hospital was held on 31 August 2019. Ms. Wu Wing Sze, Fiona, Advanced Practice Nurse, Department of Family Medicine & General Outpatient Clinic, Queen Elizabeth Hospital, delivered a lecture on "Advanced Wound Management in Primary Care" and Dr. Tang Hing Cheung, Associate Consultant, Department of Medicine, Queen Elizabeth Hospital, delivered a lecture on "Use of Antibiotics in Primary Care" respectively.

HKCFP Trainees Research Fund 2019 / HKCFP Research Seed Fund 2019

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

The Trainees Research Fund will be opened to all registered HKCFP trainees and is made of four awards (each up to HK\$5,000). It is envisaged it will help trainees especially (but not limited to) those doing research projects as their Exit Examination. Those who have funding support elsewhere will not be considered.

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

Winners of the award will receive 50% of the approved grant up front and the remainder 50% upon completion of the project.

Please note that each applicant can only apply either one of the above Funds

Assessment Criteria for both funds:

1. Academic rigor of the research project (e.g. originality, methodology, organisation and presentation);
2. Relevance and impact to family medicine & primary care (e.g. importance of the topic and the impact of the findings on the practice or development of the discipline); and
3. Overall budget

Each Research project submitted will be assessed according to the above assessment criteria set by the selection panel. Please send your submission to:

Research Committee, HKCFP

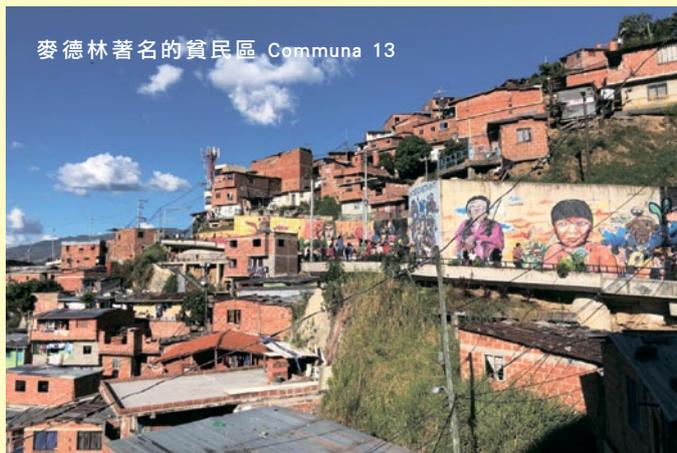
803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong by post or by email: CrystalYung@hkcfp.org.hk

Please indicate the research funding title e.g. “**HKCFP Trainees Research Fund 2019**” or “**HKCFP Research Seed Fund 2019**” on your research project upon submission.

Submission Deadline: 31st October 2019

Supported by HKCFP Foundation Fund

麥德林著名的貧民區 Communa 13



哥倫比亞

提起「哥倫比亞」，你會想到貧窮，危險，毒品？2018年中的一趟南美之旅，原本並沒有計劃到哥倫比亞。不過在網上搜集資料的時候，卻發現到過哥倫比亞的旅客幾乎都對這個國家無不讚好，令我對這個國家充滿好奇，最後決定花一個星期去探索一下哥倫比亞。

完成這趟旅行之後，讓我留下最深印象的是哥倫比亞第二大城市麥德林 (Medellin)。麥德林位於海拔1500米，氣候怡人，四季如春，不過山多平地少，市中心週邊都是蜿蜒的山路，經濟條件較差的市民只能住在依山而建的貧民區。以前從貧民區到市區往往要花兩三個小時，使數以萬計的貧民感到是被社會遺棄的一群。而麥德林也是惡名昭張的大毒梟Pablo Escobar成長和發跡的地方，他透過賄賂和謀殺反對者等種種不法手段，使他的毒品生意遍佈世界各地，成為世界上其中一個超級富豪，同時也使麥德林成為世界上其中一個暴力罪案最多和謀殺率最高的城市，曾經一年內發生六千多宗兇殺案。另一方面，Pablo Escobar在偏遠的貧民區建屋建球場，令他受到貧民愛戴，在國內勢力非常龐大，窮人找不到工作，便投向毒販懷抱。直至九十年代初，Pablo Escobar被成功擒獲並槍殺，之後政府銳意革新，瓦解毒品幫派，重新規劃城市。政府興建多纜車路線 (Metrocable) 作為公共交通工具連接商業區和山上貧民區，亦在貧民區內建設多條長電梯，使大部分住在貧民區的人只需花約兩元港幣及半小時左右即可抵達市區。在麥德林坐纜車就像在香港坐地鐵，麥德林成為世上第一個以纜車作為公共交通工具的城市。交通便利使市民增加對城市的歸屬感，



哥倫比亞人非常友善熱情，走在街道上，黃皮膚的人少之又少。有點像明星一樣，沿途會有當地人邀請合照。

Dr Kwan Chun Man

Specialist in Family Medicine, Resident Medical Officer, Hong Kong Sanatorium & Hospital

方便民眾到市區工作，增加收入，罪案減少。這個曾經令人聞風喪膽的城市如今已成為一個迷人的城市。現在貧民區被活化，有很多賣咖啡和工藝品小店進駐，四處都有宣揚和平的藝術品和壁畫，街頭亦有很多年輕人進行唱歌跳舞等活動。義工們亦積極地帶著遊客到處參觀，介紹貧民區以前的歷史，把以往的暴力、憂愁換成今天的活力和朝氣。

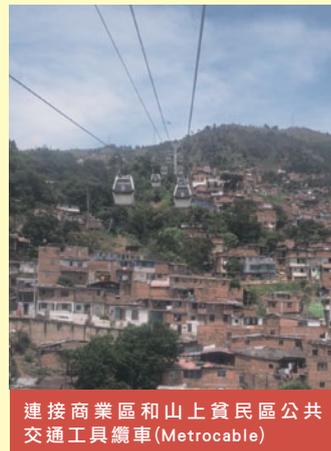
麥德林亦是世界著名藝術家Fernando Botero的故鄉。他的作品充滿個人特色，把描繪的對象都以誇張的體量表達，不論是人，其他動物或死物，都是胖脹脹的，叫人一見難忘。在麥德林市中心的公共空間Botero Plaza放滿了Botero捐出的作品，是旅客必到的景點。而在麥德林和首都波哥大都分別有博物館展出Botero的作品，他的作品以幽默的形式傳遞哥倫比亞的社會問題，以藝術對抗暴力，讓人目不暇給。

麥德林附近的Gautape童話式小鎮，首都波哥大的黃金博物館以及在波哥大附近的Zipaquirá鹽教堂亦是哥倫比亞不可錯過的景點。

現在的哥倫比亞，已是南美洲一個政局相對穩定，經濟發展迅速的國家。在哥倫比亞期間也幸運地沒有遇到什麼危險，不過身在異地，也一定要有基本的旅遊安全意識，才可盡情享受旅遊的樂趣。



Fernando Botero 的作品



連接商業區和山上貧民區公共交通工具纜車 (Metrocable)

Family Doctors in the Wake of Summer 2019

“Doctor, I recently had a panic attack on the MTR”; “ I’ve been having trouble sleeping recently after staying up to watch the news”. Since the Extradition Bill Vetoing, there has not been a day where I have not been hearing patients relate to this disheartening unravelling of social events since July 2019.

There has been an increasing number of patients experiencing anxiety, depression and disturbance with the recent social developments. Apart from frank anxiety and depressive symptoms, family doctors have been seeing an increasing number of physical and somatic complaints such as irritable bowel, muscle fatigue and tension due to prolonged phone use, TMJ dysfunction etc. Some of us may have treated patients with conditions previously unfamiliar to us such as tear gas exposure as discussed recently in our August News Corner and multiple musculoskeletal injuries.

Symptoms of mental distress may present as avoidance of news, pervasive follow up on group chats, difficulty concentrating at work or studies due to constant updates on social media. Discordance amongst family members and friends, affect on income and financial stability may also contribute to the symptoms.

The “FAMILY Cohort” research team at the School of Public Health, LKS Faculty of Medicine, The University of Hong Kong (HKUMed) found that the point prevalence of both probable depression and potential suicidal ideation increased across all ages in both sexes over the past decade, coinciding with important sociopolitical events including Occupy Central and the Fugitive Offenders and Mutual Legal Assistance in Criminal Matters Legislation (Amendment) Bill.¹

As frontiers in the healthcare system, family physicians should be vigilant for mood problems not only amongst patients but also ourselves and colleagues. One of our roles is to make use of available community resources to help our patients in need. Credits must be given to Dr. Inness Wan, from the Department of Family Medicine and Primary Health Care who shared this information on community resources before in her presentation back in early 2018.

New Life Psychiatric Rehabilitation Association, <http://www.egps.hk>

The Association collaborated with the Chinese University of HK, supported by Jockey Club Charity trust, set up this platform, Emotional-GPS, to provide quite an extensive service. These include most notably, low level individual psychological intervention, classes including management of insomnia, anxiety and stress relaxation, mindfulness-based cognitive therapy, all free of charge!

Integrated Community Centre for Mental Wellness (精神健康綜合社區中心)

There are 19 centres, located in each district. They are funded by the Social Welfare Department and run by NGOs. They provide one stop services for those who suffered or suspected to be suffering from mental health problems. The centres accept referrals from health care professionals and self-referrals too. Out-reach services are available as well. Group or individual counselling services are available. There are also support groups for the carers too. Just type “ Integrated Community Centre for Mental Wellness” in the internet, and one can find a centre in each district.

Hong Kong Red Cross Psychological Support Services

They can provide 24-hour emergency psychological support service to reduce the emotional distress and sufferings of vulnerable people and carers, who are affected by disasters or emergencies. Such psychological first aid service can be provided on an individual or group format.

“輔負得正” App, by the Mental Health Association of HK

One can freely download this app, where there is an online chat with social workers who provide counselling which is provided from 2 to 10pm during weekdays. Please note that this Association also runs a telephone hotline at 2772 0047, offering free psychological assessment and counselling support via the hotline.

Newlife 330 App

The App is also created by New Life Psychiatric Rehabilitation Association. This offers self-help programs for insomnia and chronic pain through mindfulness principle.

Jockey Club Tour Heart Project App

The App is developed by CUHK, New Life Psychiatric Rehabilitation Association, and funded by the Jockey Club. After questionnaires to assess the mental well-being, anxiety and depressive symptoms, on-line self-help materials will be provided to help the patients and counsellors may even phone contact those in need for further follow up.

Reference:

1. <https://familycohort.sph.hku.hk/en/>

Compiled by

Dr. Cheng Ghar Yee Judy, Specialist in Family Medicine, Resident Medical Officer, Hong Kong Sanatorium & Hospital
Dr. Chan Chung Yuk Alvin, Specialist in Family Medicine

Design Thinking for Healthcare Professionals

Dr. John-Hugh Tam, Specialist in Family Medicine

As Family Physicians, we are in-born with the instinct for empathy and to understand the ideas, concerns and expectations of our patients during our daily consultations. Whilst in a health service planning and management perspective, there is a similar school of thought as well. Recently, I was given a chance to learn about a relatively new concept of “Design Thinking” (設計思維) and how it can be applied in the medical world. This is a relatively new and hot topic that raised some brows and attention^{1,2} of the medical world with many examples of application in use.

What is Design Thinking

Design Thinking is not about aesthetics, but instead, it is a creative, human-centered methodology for collaborative problem solving. According to Tim Brown, (CEO and president of IDEO, an international design and consulting firm founded in California in 1991), “Design Thinking is a human-centered approach to innovation that draws from the designer’s toolkit to integrate the needs of people, the possibilities of technology, and the requirements for business success.”³



In Design Thinking, the focus is not on the technicalities issues, but firmly on the user’s needs. It is an out-of-the-box approach where a product / service / process / strategy is perfected by empathising with the user and understanding that product / service / process / strategy’s shortcomings through the ‘mindset’ of the user.

Why may we consider Design Thinking?

We need to appreciate the inevitable challenges of the ever-changing world with #VUCA (Volatility 易變性, uncertainty 不確定性, complexity 複雜性 and ambiguity 模糊性, a concept that was originated by the US Army War College since 1987 to illustrate the 4 distinct types of

challenges in the world⁴). Whilst for a human-centered service and strategy system, problems are bound to be in-born and embedded within an environment.

Whilst we appreciate good qualities of an efficient work team (i.e. agile, adaptive, collaborative), we can mobilise the energy and dynamics of whole team through the process of Design Thinking in aid of making improvements to the system that they belong to, with the leader inspiring (i.e. possessing “creative confidence”) and concerting the dynamics, with a vision to bring changes to society, aiming at engagement of all parties involved.

“Most strategic business problems start with empathy”. Through the step of “critical thinking”, the whole team would frame problems (i.e. the presenting problem) and set “design challenges” in a user-centered perspective, such being the empathetic intent for future improvements. Whilst jumping into uncertainty and chaos with an open-mind, the team would try to spot “pain points” (痛點, the hindering factors) as innovation opportunities and highlight the points for tackling.

As Design Thinking heavily emphasize the multi-disciplinary involvement of different stakeholders (e.g. the management, the staff and users, etc.) to “co-create” a final workable solution, the results of which would be an effort to game change the current situation & theoretically create a user-focused, bottom-up, empathy driven & well-loved solution with the best balance of desirability (i.e. “the people want it”), viability (i.e. “we won’t go broke”) and feasibility (i.e. “we can actually do it”).

The “Double Diamond” approach of the Design Thinking process

During the process of Design Thinking, there are **2 main questions to ask**:

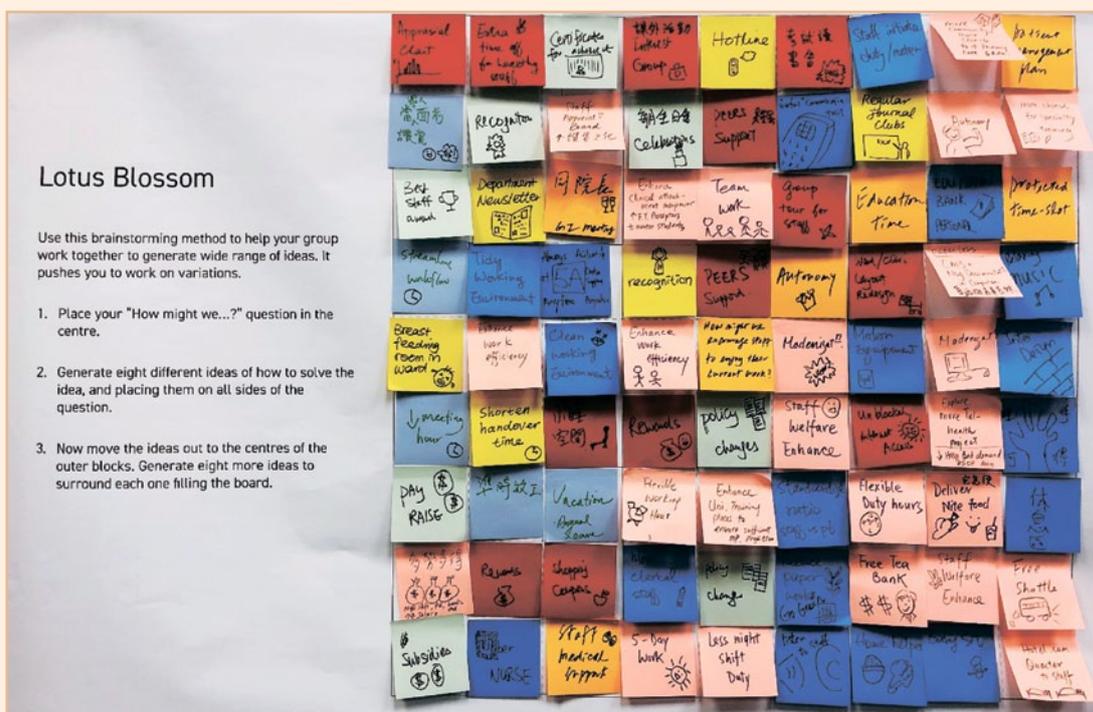
1. **What and why:** With an intent (the identified issue, i.e. “the job-to-be-done”), to understand the ecosystem and the competitors, meet the obvious AND hidden stakeholders to identify the current/partial solutions (the supporting factors, i.e. “what’s helping them”) as well as the current roadblocks, challenges and annoyances to reach full satisfaction of the issue (the hindering factor, i.e. “what’s hindering them”).
2. **How:** Generate short questions that launch further brainstorming and as seeds for ideation (The “how might we ...” questions).

With **4 main steps** during the process:

- Discover** by gaining insight into the problem through divergent thinking (發散思維) : to understand people activities and content through a process known as empathy research, for example:
 - Observations from a 3rd person's view (in terms of photo snapshots, immersion, observing peers, etc.),
 - Interview with the users (to extract the 1st person view on the experience from a typical user, extreme users, etc.) to get their ideas, concerns and expectations (occasionally with the aids of using

words and VISUAL THINKING tools like materials collage, card spots, journals, etc.)

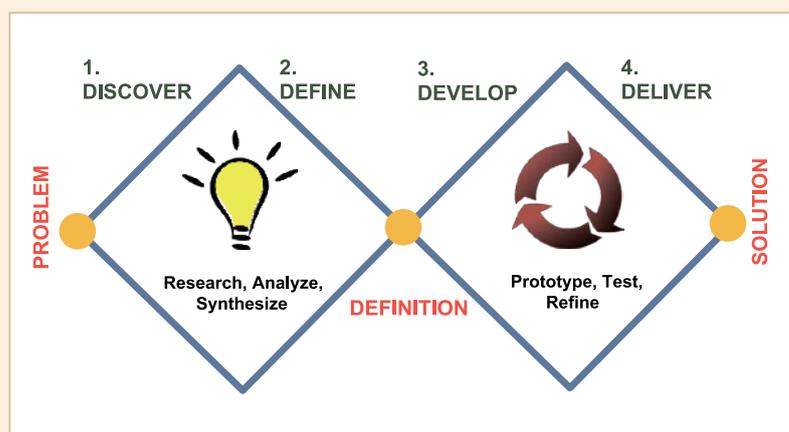
- Define** the area to focus upon through convergent thinking (聚合思維): through problem definition and spotting opportunities (e.g. "how it is today" and "how it should be") to set directions.
- Develop** potential solutions through divergent thinking: By ideation (brainstorming to encourage ideas whilst defer judgement, the more the better) and concept development (building up and refinement of ideas). This process is best done with multidisciplinary involvement in order to reach a good breadth of solutions.



Example of how brainstorming and ideas collection was done by a team of nurses and doctors from a span of specialties in a hospital. In this chart, the center holds the key question to tackle, which we set the question as "how may we encourage staff to enjoy their current work" to enhance work-life balance of medical staff as key issue, with a range of ideas branching out from the center block raised by different stakeholders.

- Deliver** solutions that work through convergent thinking: With the final solution being drafted by joining up these pieces of brainstormed ideas together, to carry out prototyping to test out the solutions (e.g. by modelling, role playing) with real users to value its desirability, viability and feasibility. Wherever appropriate, further fine-tuning to make things real and make things work, during the solution implementation process.

Thus the "double diamond" as summarised and illustrated in the graphics below!



Examples of utilising Design Thinking in the medical world

In the United Kingdom, The Design Council had collaborated with Department of Health in 2010 with a project⁵ to improve the Emergency Department services, through which the incidences of violence and aggression had been identified as one of the major roadblocks leading to direct and indirect increase in the cost of running the service (e.g. cost through the loss staff manpower, training for additional staff, enhanced security, etc.). As a result, a UK-wide open innovation competition had been set up to aim at tackling this issue, with the challenge for designers being to identify and develop ways to reduce violence and aggression towards NHS staff in A&E departments.

Through collaboration with a range of people from users and frontline staff to investors and experts, the main triggers of violence and aggression were identified from various perspectives (e.g. users being disoriented by the dehumanising hospital environment, intense emotions, perceived inefficiency of the services, staff fatigue, etc.). With the goal to create a 'humanising' atmosphere to improving the users' and staff experience of the service by addressing their needs, various tactics were thought up (e.g. launching of assistive products and toolkits, as well as strategies enhancements), for example:

1. Enhanced guidance to empower patients and reduce their anxiety levels, such as with the use of on-site environmental signage, patient leaflets, digital platforms and touch screen applications.
2. Establishment of a staff-centered programme to help staff handle difficult patients, overcome work fatigue and restore their sense of compassion, enabling better interactions with patients and other service users.
3. A design toolkit that is accessible online aiming to provide a full spectrum of design recommendations that can be implemented to help combat the causes of violence and aggression in A&E departments. Examples include environmental design recommendations to areas such as reception, triage, minors, majors, cubicles, etc. (e.g. lighting to facilitate comfort of the patients and service users, more welcoming signages that provides user reassurance, spatial layout that establish a calm atmosphere and enables privacy, etc.)

Follow-up surveys reviewed that 75% of the patients felt that the signs had really clarified and A&E process and made their wait less frustrating, the signs also helped them to trust the staff and made them knew what they were doing. This also led to a 50% reduction of reports

of threatening body language and 23% reduction of reports of offensive language, whilst improvement in staff morale and wellbeing had also been observed. (A related infographic presentation can be watched here at <https://www.youtube.com/watch?v=3a59V1GQ8EI>)

The case above was being one of the many that illustrated the involvement of Design Thinking in the world of health care and there were many more that you may read up if interested, such as:

- *Another similar study by Stanford University Hospital Clinics to try to use Design Thinking to revolutionise the Emergency Department experience* - [https://www.annemergmed.com/article/S0196-0644\(16\)30765-X/fulltext](https://www.annemergmed.com/article/S0196-0644(16)30765-X/fulltext)
- *A project in Singapore published in 2013 for "more hospitable hospice" services* - https://issuu.com/fuelfor/docs/hospitable_hospice_i_e-book_print_l
- *Through Design Thinking to explore user needs, efforts on making of a more patient-oriented system for an Egyptian private outpatient clinic* - <https://pdfs.semanticscholar.org/26c0/f2b43e3c0e2c7c6079f711f8c5c1e892f458.pdf>

Summing up

Design Thinking is a new and creative way of problem solving that may help us as health professionals to plan for better service / process / strategies in an innovative, all-round and humanistic way.

Reference

1. Sharon H. Kim, Christopher G. Myers, Lisa Allen. "Health Care Providers Can Use Design Thinking to Improve Patient Experiences" Harvard Business Review 31/8/2017. Available online at <https://hbr.org/2017/08/health-care-providers-can-use-design-thinking-to-improve-patient-experiences>
2. A. Kalaichandran "Design Thinking for Doctors and Nurses" The New York Times 3/8/2017. Available online at <https://www.nytimes.com/2017/08/03/well/live/design-thinking-for-doctors-and-nurses.html>
3. <https://www.ideo.com/pages/design-thinking>
4. U.S. Army Heritage and Education Center (February 16, 2018). "Who first originated the term VUCA (Volatility, Uncertainty, Complexity and Ambiguity)?" USAHEC Ask Us a Question. The United States Army War College. Retrieved July 10, 2018.
5. Design Council UK. "Reducing violence and aggression in A&E through a better experience". Report available online at <https://www.designcouncil.org.uk/sites/default/files/asset/document/ReducingViolenceAndAggressionInAandE.pdf>

Interest Group in Dermatology – The 71st Meeting on 6 July 2019

Prepared by Dr. Chan Kiu Pak, Dr. Leung Yuen Yee and Dr. Martina Lim

- Theme** : **Doctor, am I suffering from Rosacea?**
- Speaker** : **Dr. Lee Tze Yuen**
Specialist in Dermatology and Venerology
- Moderator** : **Dr. Lam Wing Wo**
Board of Education

Learning points

Rosacea is a common but underdiagnosed skin disease in Hong Kong. It affects both sexes with more in female, and the average age of onset is 20 to 50 years old. It is a cutaneous vascular disorder characterized by both transient (easy flushing) and persistent erythema, telangiectasia, papules, and pustules. It is a clinical diagnosis but often misdiagnosed as it mimics many other facial dermatoses.

According to the National Society of Rosacea, there are four main types of rosacea, namely: erythematotelangiectatic, papulopustular, phymatous and ocular. Note that two or more types can co-exist.

Vasomotor instability followed by angiogenesis with telangiectatic changes gives rise to the typical features of easy flushing, persistent erythema and telangiectasia in erythematotelangiectatic rosacea. Presence of superimposed erythematous papules and pustules would suggest papulopustular rosacea.

Phymatous rosacea differs from other subtypes in that men are affected almost exclusively. The tell-tale sign is a large, red, bumpy nose also known as rhinophyma, due to thickened and rough skin with hypertrophic sebaceous glands and connective tissues. Chin, forehead and ears can also be involved.

Ocular rosacea may occur before or concurrently with the skin component, involving the eyelids (blepharitis), conjunctiva and the cornea with ulceration and inflammation.

The exact cause of rosacea is unknown. Multiple factors are suggested: sun damage leading to degeneration of elastic tissue and dilated blood vessels, activation of skin peptides triggering the neurovascular system causing vasodilation, reaction of *Demodex folliculorum*, presence of *Helicobacter pylori* stimulating production of bradykinin causing vasodilation, and a genetic component as it tends to run in families.

Management of Rosacea

The first line management of Rosacea would be avoidance of triggering factors with gentle skin care and sun protection. Several topical treatments are available e.g. Metronidazole cream, Azelaic acid cream, Ivermectin cream and Brimonidine.

Topical Metronidazole has anti-inflammatory action which is effective in reducing erythema, papule and pustules. The side effects include local irritation, dryness and stinging sensations.

Azelaic acid cream works through the inhibition of hyperactive protease activity and also opening up the pores. However local skin irritation is frequently reported after use.

Ivermectin cream has anti-inflammatory and anti-parasitic properties which is effective to reduce the erythema and papule-pustules.

Brimonidine is an alpha-2- adrenergic receptor agonist which causes vasoconstriction in small arterioles and hence reduces erythema. It has rapid onset within 30 minutes and action lasts up to 12 hours, and thus it is a good option for temporary relief for facial erythema in important social occasions. It is contraindicated in patients with coronary and cerebral insufficiency, Raynaud's disease and on anti-depressants.

Oral antibiotics including Tetracyclines, Erythromycin and Metronidazole can also be used to treat Rosacea. As gastrointestinal side effects are quite common in Doxycycline, Lymecycline is a better choice in Tetracyclines.

Patients with refractory symptoms may benefit from use of oral retinoids. Apart from teratogenic, it can also raise the intracranial pressure. Therefore, it should not be used with Doxycycline which may also cause intracranial hypertension.

Apart from pharmacological managements, surgical treatments including laser, intense pulsed light, CO2 laser and dermabrasion can be other options for treating rosacea.

Differential diagnosis of rosacea

The differential diagnosis of rosacea includes acne vulgaris, seborrheic dermatitis, perioral dermatitis, lupus erythematosus, dermatomyositis.

Acne vulgaris is the most common skin disorder in the differential diagnosis of papulopustular rosacea. A key distinguishing feature between acne vulgaris and rosacea is the presence of comedones in acne. The diffuse erythema and prominent telangiectasias that characterize rosacea are not present in acne vulgaris either.

Seborrheic dermatitis is another differential diagnosis of rosacea. Macular erythema and scale involving the nasolabial area and in between brows is a common finding in seborrheic dermatitis. A complaint of itchiness and a greasy appearance also suggest this diagnosis.

Perioral dermatitis also mimics papulopustular rosacea. It presents with numerous small papules and/or pustules and underlying erythema in the perioral area. There is no easy flushing and telangiectasia that characterize rosacea. A history of usage of topical steroid suggests this diagnosis.

The centrofacial redness in rosacea may be confused with malar erythema of systemic lupus erythematosus, particularly in patients who lack papulopustular lesions. In lupus erythematosus, the color of the skin has a violaceous quality with a well-defined border, resembling a butterfly. The erythema is fixed rather than temporary as flushing.

Dermatomyositis is an idiopathic inflammatory disorder that can affect skin and muscle tissue. Violaceous erythema involving the peri-orbital skin (Heliotrope eruption) and central face can occur. Examination for weakness and other cutaneous signs of dermatomyositis is useful for diagnosis. Other cutaneous signs commonly seen in dermatomyositis include gottron's papules, periungual erythema, shawl and V sign.

Interest Group in Medical Humanities - The 11th Meeting on 24 August 2019

Dr. Chan Suen Ho Mark (Coordinator)
Board of Education, HKCFP

The 11th Interest Group in Medical Humanities Meeting was held on 24 August 2019, with 32 attendees. Dr. Wong Tsz Kau, Carl and Dr. Lo Kit Hung were the speakers to talk about thanatology.

Topic : Thanatology for family physicians

Speaker : Dr. Wong Tsz Kau, Carl

Family Physician

Dr. Lo Kit Hung

*Senior Lecturer, Department of
Philosophy, the Chinese University of
Hong Kong*

Learning Points prepared by Dr. Wong Tsz Kau, Carl

Thanatology is study of death. It can be viewed via various angles- philosophical, psychological, sociological, religious and ethical. Death can be defined not only by the loss of B (body) function, but also by the loss of P (person) function (mind-consciousness).

Death is a kind of uncertain certainty--- we know we will die one day, but don't know when it comes. This causes fear and sense of uncontrollability. A proper and throughout view of death may make us less fearful and uncontrollable about it.

Five western classic views of death were discussed.

1. Old Testament-Hebrew view: death is the punishment to our first parents' (Adam and Eve) disobedience to God.
2. Platonic view: death is not the end of conscious life. We survive as soul in another world as another form after our body decayed. Soul is immortal.

3. Epicurean view: death is nothing to us, there is nothing to fear from death. Because as long as we exist, death is not here. And once it does come, we no longer exist.
4. Stoic view: death is our uncontrollable external destiny. The thing we can do is to control our internal attitude towards our destiny.
5. Existential view: death is meaningless and absurd, so is life. The solution to the absurdity is to rebel and to live defiantly in the midst of absurdity.

Furthermore, German philosopher Martin Heidegger said that death is our last act, which gives point to life. Dying is the one thing no one can do for you; you must die alone. To shut out the consciousness of death is therefore to refuse your own freedom and individuality; it is to refuse to live authentically. Death is the last chord in the symphony of our lives, which reverberates through all that has gone before, giving it meaning.

Each view of death has its inspiration but also drawbacks. Adopting a proper view of death can help us to develop a unique meaning of life. Once we think about our ends, we need to contemplate our way of living. This is the value of death in our lives. Otherwise, we will live as Sisyphus, who suffers from apparently futile and meaningless labour in his life.

Next Meeting:

The next meeting is scheduled on 14 December 2019 and details would be announced in due course.

Classified Advertisement

General Practitioners Required

Experienced doctors (part-time / full time) are cordially invited to join our Clinics for **DAY/NIGHT** sessions (**Tai Wai, Shek Mun & Diamond Hill**). Retired Doctors are welcome. Please send CV to hr@pro-medics.hk

- 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.

5 October 2019 Saturday

Board of Education Interest Group in Mental Health & Psychiatry

Aim	To form a regular platform for sharing and developing knowledge and skill in the management of mental health	
Theme	Advances in Diagnosis and Treatment of Parkinson's Disease	
Speaker	Prof. Mok Chung Tong, Vincent Mok Hing Yiu Professor of Medicine, Head of Division of Neurology, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong	
Coordinator & Chairman	Dr. Chan Suen Ho, Mark The Hong Kong College of Family Physicians	
Time	1:00 p.m. - 2:00 p.m. Lunch	Register Online
	2:00 p.m. - 3:30 p.m. Lecture (Part A) 3:30 p.m. - 4:00 p.m. Discussion (Part B)	
Venue	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	
Admission Fee	Members Free	Register Online
	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) for active participation 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 the meeting. Participants are expected to take an active role in discussion during the workshop. Participants will be awarded CME for attendance in Part A of workshop and CPD for Part B.	

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17 October 2019 Thursday

Latest Update on Insulin + Prandial GLP1-RA combo in T2DM management

	Dr. Tong Chun Yip, Peter <i>Specialist in Endocrinology, Diabetes & Metabolism</i>	
Chairman	Dr. Lau Wai Yee, Aster The Hong Kong College of Family Physicians	
Time	1:00 p.m. - 2:00 p.m. Registration and Lunch	Register Online
	2:00 p.m. - 3:30 p.m. Lecture and Discussion	
Venue	Shanghai Room, Level 8, Cordis Hotel, 555 Shanghai Street, Mongkok, Kowloon	
Admission Fee	College Fellow, Full or Associate Members Free (\$50 Enrollment deposit is required)	Register Online
	Other Categories of Members HK\$ 500.00	
	Non-Members HK\$ 600.00	
	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.	

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25 October 2019 Friday

Achieving targets and enhancing adherence: A new era in the hypertension management

	Prof. Alistair Scott Hall <i>Consultant in Cardiology, Head of Division of Epidemiology, Leeds Medical School, University of Leeds, United Kingdom</i>	
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	Register Online
	2:00 p.m. - 3:30 p.m. Lecture and Discussion	
Venue	Shanghai Room, Level 8, Cordis Hotel, 555 Shanghai Street, Mongkok, Kowloon	
Admission Fee	College Fellow, Full or Associate Members Free (\$50 Enrollment deposit is required)	Register Online
	Other Categories of Members HK\$ 500.00	
	Non-Members HK\$ 600.00	
	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.	

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Servier Hong Kong Limited

30 October 2019 Wednesday

Declaring the new chapter in Diabetes Management

	Dr. Philip Alan McFarlane <i>Specialist in Nephrology, Assistant Professor, Department of Medicine, University of Toronto, Canada</i>	
Chairman	TBC The Hong Kong College of Family Physicians	
Time	7:15 - 7:30pm Registration	Register Online
	7:30 - 8:30pm Lecture & Discussion	
	8:30 - 10:00pm Dinner	
Venue	Maggie Room, 2/F, Eaton Hotel, 380 Nathan Road, Kowloon	
Admission Fee	College Fellow, Full or Associate Members Free (\$50 Enrollment deposit is required)	Register Online
	Other Categories of Members HK\$ 700.00	
	Non-Members HK\$ 800.00	
	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.	

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AstraZeneca Hong Kong Limited

Training Subsidy for Primary Care Doctors to Support Primary Healthcare Development in Hong Kong

The Government is committed to the development of primary healthcare in Hong Kong through enhancing district-based primary healthcare services. The District Health Centre (DHC) set up by the Food and Health Bureau (FHB) aims to promote individual involvement in managing their health and enhance collaboration among various medical and social sectors at the community level. The Government will proactively take forward the setting up of DHC in all 18 districts.

To encourage professional development of practising medical practitioners on knowledge and skills in providing quality primary healthcare, as well as building up a sufficient pool of well-trained healthcare professionals for supporting DHC-related services, FHB will provide training subsidy for medical practitioners who successfully complete the Certificate Course in Essential Family Medicine (CCEFM) of the Hong Kong College of Family Physicians (HKCFP).

Registered medical practitioners in Hong Kong who are awarded the certificate of CCEFM can apply for reimbursement of 25 per cent of the course fee (equivalent to \$5,500) within 6 months of award. The CCEFM for 2019-20 will commence in September 2019 and is now open for application. The deadline for application is 20 September 2019. Please refer to the website www.hkcfp.org.hk for details of the course. For enquiries on application for fee reimbursement, please contact FHB at Tel: 2205 2470 or email at pho@fhh.gov.hk.

Primary Healthcare Office
Food and Health Bureau



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.

September's and October's video sessions are cancelled due to renovation work in Wanchai office.

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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
5 Oct 2019 2:15 – 4:15 p.m.	Lecture Halls A & B, 4/F, Block G, Wong Tai Sin Hospital, 124 Shatin Pass Road, Wong Tai Sin, Kowloon	Back pain assessment and management Dr. KL TUNG KWH ACON(ORT)	Ms. Clara Tsang Tel: 2354 2440
19 Oct 2019 2:00 – 3:30 p.m.	Lecture Theatre, G/F, Block K, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Kowloon	Approach to Urinary Incontinence Dr. Elaine CHENG Resident Specialist, Department of Medicine & Geriatrics, United Christian Hospital	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
2 Oct 2019 (Wed) 2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Patient Education Dr. Noh Young Ah & Dr. Li Janice Chun Ying	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Common Sport-related Injury in Primary Care: Traumatic or Overuse, Knee and Shoulder Dr. Sheng Wei Yang	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Community Resource : Integrated Community Health Centre for Mental Wellness (ICCMW), Counseling for Bereavement Dr. Hui Yuk Ting, Candy & Dr. Chuk Man Ting, Karen	Ms. Phoebe Wong Tel: 3949 3079
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Breastfeeding and Weaning Dr. Chung Hiu Yeung, Arthur & Dr. Wong Chun Kit, Arthur	Mr. Alex Kwok Tel: 5569 6405

3 Oct 2019 (Thu)			
4:30 – 6:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Ethics Issue for End of Life Care Dr. Chan Yin Yue & Dr. Feng Longyin	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Management of Neck Masses Dr. Alvin Chu	Ms. W L Kwong Tel: 2595 6941
9 Oct 2019 (Wed)			
2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Update of Management of Chronic Disease (Dementia, Parkinsonism) Dr. Chan Kam Sheung & Dr. Yu Kwun Nam	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Common Medical Errors and Prevention Dr. Chan Cheuk Ming & Dr. Zhou Niman	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Practice Management Dr. Wong Yu Man, Tracy & Dr. Tsang Tsz Lok, Charlotte	Ms. Phoebe Wong Tel: 3949 3079
5:00 – 7:00 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Geographical Drill Dr. Desmond Ho	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Medical Protection Insurance Dr. Chow Kam Fai	Mr. Alex Kwok Tel: 5569 6405
10 Oct 2019 (Thu)			
4:30 – 6:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Clinical Approach to Numbness / Altered Sensation, including Common Neuropathy or Entrapment Syndrome Dr. Leung Hor Yee & Dr. Tsui Felix	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Consultation Skill and Assessment: Video Review Dr. Lo Yuen Man, Emma	Ms. W L Kwong Tel: 2595 6941
16 Oct 2019 (Wed)			
2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Accident and Emergency Care (ENT, Eye, Surgical, Orthopaedic) Dr. Siu Wing Yee & Dr. Tso Sau Lin	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Application of FM Principles and Its Barriers Dr. Chan Cho Shan & Dr. Yu Yi Fung	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Health Care Delivery System in Mainland China Dr. Luk Sze Wan, Candy & Dr. Wong Chung Ming, Tom	Ms. Phoebe Wong Tel: 3949 3079
5:00 – 7:00 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Interesting Case Review Dr. Kam Ting Ting	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Psychotic Disorder in Primary Clinic Dr. Kong Ka Ming, Andrew & Dr. Chung Hiu Yeung, Arthur	Mr. Alex Kwok Tel: 5569 6405
17 Oct 2019 (Thu)			
4:30 – 6:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Overview of Study Designs in Primary Care Research Dr. Kum Chung Hang & Dr. Jor Hon Man	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Teenage Sex Dr. Tai Hing Kuen, Clark	Ms. W L Kwong Tel: 2595 6941
23 Oct 2019 (Wed)			
2:00 – 5:00 p.m.	Room 7, 8/F, Yau Ma Tei GOPC	Health Care Delivery System in Asia (Taiwan, Singapore, Japan and Malaysia) Dr. Lai Ka Ho & Dr. Lo Chak Yui	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Pre-marital Counselling Dr. Yap Jon-Alvan Tsun Hee	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Update on Use of Antibiotic in General Practice Part II (Urinary, Skin and Soft Tissue Infections) Dr. Ma Yuen Ying, Tammy & Dr. Ho Sze Ho, Horace	Ms. Phoebe Wong Tel: 3949 3079
5:00 – 7:00 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	CXR Interpretation Dr. Li Yan Lin	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Paediatric Vaccination Program and Resource in Hong Kong Dr. Li Kwok Ho, Eric & Dr. Lau Sin Mei, Mimi	Mr. Alex Kwok Tel: 5569 6405
24 Oct 2019 (Thu)			
4:30 – 6:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Testosterone Treatment of Male Hypogonadism Dr. So Kwok Ho & Dr. Ng Mei Po	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Clinical Psychology in Family Medicine Ms. Irene Au Yeung	Ms. W L Kwong Tel: 2595 6941
30 Oct 2019 (Wed)			
2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Euthanasia, Organ Donation & Transplantation Dr. Ng Ka Wing & Dr. Chan Fung Yuen Consultation Enhancement (Video Consultation) Dr. Chau Kei Wai	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Management of Unintentional Weight Loss Dr. Tsang Yee Wing & Dr. Wu Flora	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	How to Prepare for Medical Litigation & Medical Witness Dr. Chau Yiu Shing, Sunny KEC DM Case Conference Ms. Maisy Mok, Nurse Consultant (Diabetes)	Ms. Phoebe Wong Tel: 3949 3079
5:00 – 7:00 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Improving Patient Care with Anxiety and Depression Dr. Loretta Chan	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Common Infectious Disease in Hong Kong Part 2 (Measles, Pertussis, Hepatitis E) Dr. Shen Yu Wei, Teresa & Dr. Zhao Hai Feng	Mr. Alex Kwok Tel: 5569 6405
31 Oct 2019 (Thu)			
4:30 – 6:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Care to Intellectual and Developmental Disabilities Dr. Sheng Wei Heng & Dr. Tang Kin Sze	Ms. Eliza Chan Tel: 2468 6813

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
15 Sep	16	17	18 2:00 – 7:30 p.m. Structured Education Programme	19 4:30 – 7:00 p.m. Structured Education Programme	20	21 2:30 – 5:30 p.m. DFM - Module III Seminar
22	23	24 8:30 p.m. Council Meeting	25 2:00 – 7:30 p.m. Structured Education Programme 8:00 p.m. Specialty Board Meeting	26 4:30 – 7:00 p.m. Structured Education Programme	27 2:30 – 3:30 p.m. Video Session	28 1:00 – 4:00 p.m. Certificate Course on Bringing Better Health to Our Community 2019 2:30 – 5:30 p.m. Assessment Enhancement Course Mock Exam
29	30	1 Oct	2 2:00 – 7:30 p.m. Structured Education Programme	3 4:30 – 7:00 p.m. Structured Education Programme	4 7:30 – 9:00 p.m. Basic Training Introductory Seminar	5 1:00 – 4:00 p.m. Interest Group in Mental Health & Psychiatry
6 2:00 – 5:00 p.m. OSCE Rehearsal	7	8	9 2:00 – 7:30 p.m. Structured Education Programme	10 4:30 – 7:00 p.m. Structured Education Programme	11	12 1:00 – 4:00 p.m. Certificate Course on Geriatric Medicine for Primary Care Doctors 2:30 – 5:30 p.m. DFM - Module III Seminar
13	14	15	16 2:00 – 7:30 p.m. Structured Education Programme	17 4:30 – 7:00 p.m. Structured Education Programme 1:00 – 3:30 p.m. CME Lecture 8:30 p.m. Council Meeting	18	19
20	21	22 1:00 – 3:30 p.m. CME Lecture co-organized with HKADA 9:00 p.m. Board of DFM Meeting	23 2:00 – 7:30 p.m. Structured Education Programme	24 4:30 – 7:00 p.m. Structured Education Programme	25 1:00 – 3:30 p.m. CME Lecture	26 1:00 – 4:00 p.m. Certificate Course on Geriatric Medicine for Primary Care Doctors 2:30 – 5:30 p.m. DFM - Module III Seminar
27 OSCE Exam	28	29	30 2:00 – 7:30 p.m. Structured Education Programme 7:15 – 10:00 p.m. CME Dinner Lecture	31 4:30 – 7:00 p.m. Structured Education Programme	1 Nov	2

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

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