

Message from the President

26th Fellowship Conferment Ceremony and 24th Dr. Sun Yat Sen Oration



Guests on the stage



Dr. York Chow receiving the HKCFP Honorary Fellowship



Prof. Joseph Sung receiving the Dr. Sun Yat Sen Gold Medallion

THE HONG KONG
COLLEGE OF
FAMILY PHYSICIANS



Family Physicians Links

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Message from the President



(from left to right) Prof. Donald Li, Prof. Sophia Chan, Prof. Lee Sum Ping, Dr. Cindy Lai, Dr. Leong Che Hung

Our 26th Fellowship Conferment Ceremony and 24th Dr. Sun Yat Sen Oration was held on 15th June 2013. The Conferment Ceremony was held jointly with the Royal Australian College of General Practitioners, represented by the Censor-in-Chief, Dr. Jennie Kendrick.

This year, we conferred our Honorary Fellowship of HKCFP to Dr. York Chow Yat Ngok GBS,SBS,MBE,JP. Dr. Chow is now the Chairperson of the Equal Opportunities Commission. He was appointed as Secretary for Health, Welfare and Food (later renamed as Secretary for Food and Health in 2007) from 2004 to 2012. Dr. Chow established the Primary Care Office (PCO) in 2010 to support and co-ordinate the development of primary care in Hong Kong and the implementation of primary care development strategies and actions, and actively promoted the concept of primary care and family doctor.

This year, 27 HKCFP and 29 RACGP fellowships were conferred. Besides, 55 received their certificates of Exit Examination and 47 received our College Diploma of Family Medicine (DFM). The best candidate in the fellowship examination 2012 was Dr. Tam Yick Sin. The DFM distinction candidate was Dr. Au Tai Kwan, Eva and the Macau DFM best candidate was Dr. Hoi Chu Peng. The Best Research 2012 was awarded to Professor Wong Chi Sang, Martin. His research topic is "Drug adherence and the incidence of coronary heart disease and stroke-specific mortality among 218,047 patients newly prescribed an antihypertensive medication: a five-year cohort study". The Research Fellowship 2013 was awarded to Dr. Lorna Ng.

Professor Joseph JY Sung was our Sun Yat Sen Orator this year. Professor Sung is the Vice-Chancellor & President of the CUHK. He delivered a very enlightening speech "The Losing Art of Medicine in 21st Century", reminding us the importance of kindness and empathy in our daily practice.



(from left to right) Prof. Samuel Wong, Dr. Shirley Leung, Dr. Lilian Leong, Dr. Leong Che Hung, Prof. Rosie Young

I would like to express my heartiest thanks to the honorable guests attending the Ceremony, and my warmest welcome to the new fellows and diplomats of Family Medicine, especially our first year DFM graduates sponsored by the Macau Government. Our new fellows and diplomats are equipped with knowledge and skills to serve our patients and the community competently, and I know they will exercise these with the highest standard of ethics. Primary care has been recognized to be the most cost-effective health economy. The high comorbidities and low prevalence of individual diseases in our daily practice may make applications of clinical guidelines difficult, and measurement of the outcome of our work challenging. Continuous participation in CME and CPD activities not only ensures our ongoing improvement, but also provides opportunities to meet old and new friends to share our experience, joy and on the other hand, frustration. Performing clinical audit allows us to share experience in quality assurance. Research, regardless of its scale, can answer many questions unique to our discipline. I therefore encourage our new fellows and diplomats to participate actively in these activities. The College is our home for professional growth, and we share and support each other.



Prof. Cindy Lam and Dr. Ko Wing Man

With an aging population and increasing multimorbidity, family physicians have an important role in holistic care. Many of our sister Colleges, including the Royal Australian College of General Practitioners and the Royal College of General Practitioners, have successfully reviewed their curriculum recently. We have also set up a working group to review our curriculum this year to best suit our community development and care delivery.

I would like to take this opportunity to thank the Royal Australian College of General Practitioners, for unflinching and sustainable support to our vocational training and examination; our Government for the promotion of development of Primary Care in Hong Kong; WONCA and colleagues from Macau for their friendship and promotion of Family Medicine locally and globally; the Universities for a greater emphasis on Family Medicine education and research; the Hospital Authority and sister specialist Colleges for their support in our vocational training. Last but not least, I'd like to thank our families for the unflinching support. I hope we can all work together for the better health of our world.

HKPCC 2013 Photos



(from left to right) Ms. Samantha Chong, Dr. William Wong, Prof. Tang Jin Ling, Dr. Gene Tsoi, Prof. Lau Wan Yee Joseph, Dr. Ko Wing Man, Dr. Ruby Lee, Mr. Richard Yuen, Dr. Lorna Ng, Dr. Lau Ho Lim, Dr. Angus Chan, Dr. Billy Chiu, Dr. Daniel Chu



(from left to right) Dr. Gene Tsoi, Dr. Ko Wing Man, Dr. Stephen Foo, Dr. Angus Chan



(from left to right) Dr. Gene Tsoi, Dr. Wendy Tsui, Prof. Doris Young, Dr. Billy Chiu, Prof. Cindy Lam, Prof. Gabriel Leung



Ribbon Cutting in the Opening Ceremony



President Dr. Ruby Lee delivering her opening speech



Chairmen Dr. Lorna Ng and Dr. William Wong delivering the welcome message

PHOTO GALLERY



Dr. Ruby Lee presenting souvenir to the judge of the research competition - Prof. Martin Wong



Winner of the Best Research Paper Award - Dr. Catherine Chen



Winner of the Best Novice Research Award - Dr. Yau Kin Chung



Winning team of the Clinical Case Presentation Competition - Dr. John Chung and his team



Our officiating guests, VIPs, Council and Committee Members



Dr. Billy Chiu presenting souvenir to Prof. Doris Young



Dr. Billy Chiu presenting souvenir to Prof. Gabriel Leung



Lunch Symposium speakers, Prof. Ronald Ma and Dr. Daniel Chu



Plenary II speaker Prof. Gabriel Leung



Dr. Dana Lo presenting souvenir to Dr. Andy Cheung



Dr. Vienna Leung presenting souvenir to Dr. Daniel Chu



Record high attendance for this year's Lunch Symposium



We had a full house this year



(from left to right) Dr. Gene Tsoi presenting souvenir to Mr. Richard Yuen, Ms. Ida Lee and Dr. Summer Chan



Presenters of Free Paper Presentation (Oral) - Dr. Catherine Chen and Dr. Chiang Lap Kin



Winner of the Free Paper Presentation (Oral), Dr. Chin Weng Yee



Group discussion in Workshop 3



Ms. Margaret Lam presenting souvenir to our judge of Free Paper Presentation (Poster) Competition - Dr. Lau Ho Lim



Winner of the Best Poster Award Dr. Yu Yee Tak



Ms. Margaret Lam presenting souvenir to our judge of Free Paper Presentation (Poster) Competition - Ms. Samantha Chong



Free Paper Presentation (Poster)



Prof. Ip Wan Yim (left) presenting souvenir to Ms. Hung Shuk Yee (Workshop 3)



Dr. Colman Fung (right) presenting souvenir to Dr. Stanley Lam



Live demonstration in Workshop 2



Seminar A speaker Dr. Stanley Lam



Seminar C - Research Presenters: Dr. Peter Lee and Dr. Joanne Siu



Seminar B speaker Dr. Henry Sze



Dr. Gene Tsoi and Dr. Mark Chan presenting souvenir to Dr. Henry Sze

Hong Kong Primary Care Conference 2013 - “Innovations in Primary Care” Message from Co-Chairpersons

Dr. Lorna NG and Dr. William WONG
Co-Chairpersons of HKPCC 2013 Organizing Committee

The third Hong Kong Primary Care Conference was held at the HKAM on 16th June 2013. Despite it being Father’s Day, over 340 doctors, nurses and allied health professionals have registered for the conference.

This year’s theme “Innovations in Primary Care” focused on innovations in healthcare delivery, research and education with an ultimate goal of improving patients’ care. Our international speaker, Prof. Doris Young from The University of Melbourne have shared the advances in Research and Primary Care; while Prof. Gabriel Leung provided us with a tour of different healthcare models, and Mr. Richard Yuen and his team enlightened us with their impressive work they have done in eHealth.

We would like to take this opportunity to express our sincere appreciation to the officiating guests, speakers and facilitators for their valuable support, sponsors for their generosity, conference advisors for their guidance, all members of the Organizing Committee and secretariat of the conference for their hard work. Last but not least, our thanks go to all the delegates for their participation which have made the conference a big success.

Message from Organizing Committee of Hong Kong Primary Care Conference 2013

The Hong Kong College of Family Physicians successfully hosted the 3rd Hong Kong Primary Care Conference on June 16, 2013.

This year’s main theme “**Innovations in Primary Care**” brought with us many new changes such as the “**Novice Research Paper Award**” in our full paper competition to stimulate and engage our junior doctors and healthcare professionals in evidence-based research, the “**Best Oral Presentation Award**” and the “**Best Poster Presentation Award**”. As an effort to protect the environment, we went **green** this year by distributing soft copies of our programme book. We also embraced long standing traditions such as the “**Best Research Paper Award**” and continued with the most popular **Clinical Case Competition** which was attended by a total of 6 competing teams.

The Organizing Committee is pleased to say that the conference indeed served its purpose as an impetus for bringing together experts, clinicians and healthcare professionals in celebrating the present achievements and addressing future challenges. Doors could barely be closed with the number of attendants for our workshops and seminars. There were a total of 348 attendees at our Conference and 207 attendees at our Lunch Symposia, not to mention the numerous oral and poster presentations which have provided stimulating and interesting discussion among our members.

Congratulations once again to the winners of the following awards:

Best Research Paper Award

Dr. CHEN Xiao Rui, Catherine: Management of type 2 diabetes in ethnical minority groups in Hong Kong: what do primary care physicians need to know?

Best Novice Research Paper Award

Dr. YAU Kin Chung: A RCT showed the trans-theoretical model based physical activity consultation was effective in promoting physical activity in sedentary people with type 2 diabetes in primary care

Best Presentation Award for the Clinical Case Competition

Dr. CHUNG Tze Nang, John: A case of dementia

Best Oral Presentation Award

Dr. CHIN Weng Yee: Where do primary care patients go for mental health care in Hong Kong?

Best Poster Presentation Award

Dr. YU Yee Tak, Esther: The use of HbA1c improved diagnosis of diabetes mellitus among at-risk individuals in the community setting in Hong Kong

In this issue of the FP Links, our winners will share with us their thoughts and experiences in the promotion of Family Medicine research and principles.

Hong Kong Primary Care Conference 2013 Sharing from the Winner of Free Paper Competition – Oral Presentation

Dr. CHIN Weng Yee

Assistant Professor, Department of Family Medicine & Primary Care
The University of Hong Kong

Congratulations to the Organising Committee and to everyone who was involved in this year's HKPCC for producing such an illuminating and successful meeting. The revised format with new competitions certainly stimulated a lot of participation and it was very encouraging to see the quality and scope of research being presented.

The papers presented at this year's conference really highlighted the broad scope of primary care innovation and research being conducted in Hong Kong and Macau. In line with this year's theme "*Innovations in primary care*", it was particularly interesting to hear about the new ideas and innovative programmes being introduced by our various primary care colleagues.

In this year's free paper competition, 10 abstracts were selected for oral presentation. There were research topics examining the effectiveness of diabetes risk assessment, patient perceptions towards secondary prevention of stroke, the use of pulse oximetry for sleep apnoea patients, the comparison of cardiovascular risk prediction tools, user perceptions regarding home-based physiotherapy, factors influencing physical activity, empowerment of doctors to prescribe exercise, help-seeking behaviour of patients with mental health problems, instrument validity of a screening tool for allergic rhinitis, and collaborative care approaches for COPD patients.

It was wonderful to know about the great work being done by colleagues from Hong Kong and Macau, and to see the collaborative, cross-cluster and multi-disciplinary projects being undertaken. These all indicate to me that Hong Kong is really developing a robust primary care research sector which will surely enhance patient care.

On a personal note, I want to thank all the collaborators who recently joined our practice-based primary care research network to participate in a study examining the epidemiology and natural history of depressive disorders in Hong Kong's primary care. The success of this project would not have been possible if it were not for the 59 primary care providers who opened their clinics to us for a year, generously contributing by informing us about their clinical practice and helping collect patient information. It was great to see so much support and enthusiasm in research participation, and I look forward to many more collaborations in the future.

Hong Kong Primary Care Conference 2013 Best Presentation Award for the Clinical Case Presentation Competition

Dr. John CHUNG

Specialist in Family Medicine

We at the United Christian Nethersole Community Health Service (UCNCHS) are very happy to have won the 2013 HKPCC Clinical Case Presentation Competition. We presented a case of dementia as managed in the community. The team for this project consisted of myself; Dr. Joyce Tang, Medical Director of UCNCHS; Mr. Dennis Lau, Occupational Therapist; Ms. Cathy Lam and Ms. Teresa Lau, Nurse Managers on the dementia team; and Mr. Higgins Yuen, project assistant.

The case was a 73 year old lady who was referred to us by the Hong Kong Alzheimer's Disease Association in 2012 for assessment of gradual memory loss over one year. Cognitive assessment of this patient by a battery of tests, namely, Barthel Index, Lawton Instrumental Activities of Daily Living, Mini-Mental State Examination, Clock Draw Test, 15-item Geriatric Depression Scale and Clinical Dementia Rating, showed mild dementia. CT brain suggested temporal lobe atrophy. She was enrolled in our Community Chest sponsored programme "Care when I Can Feel – Early Intervention of Dementia" which comprises medical care, community support and home-based occupational therapy training.

A variety of community resources were summoned to complement care such as home improvements by the Housing Authority, installation of Personal Emergency Link Service, and referral to our own Good Neighbour Network for social support in the form of home visits, centre activities and outings.

A case manager- a nurse manager on the dementia team- was assigned to her case and a case conference was held to review her management. Geriatricians from the United Christian Hospital led the case conference and acted as resource persons. The lady flourished with treatment and her cognitive function showed improvement after one year.

The dementia team is of course very pleased with the improvement achieved in this case. What has made this possible, apart from the sponsorship from the Community Chest, is team work, collaboration between medical and social sectors, and skills training among family doctors and allied health professionals. We are still on a learning curve.

Our approach has shown that care of early dementia in the community saves time as there is no waiting , buys time if the case is on HA waiting list and offers a one-stop service in the true Family Medicine holistic model. Many of our dementia cases were referred by non-government organisations (NGOs) such as the Hong Kong Alzheimer's Disease Association. However, we see that in the present medical landscape, dementia care is fragmented among family doctors, specialists and NGOs. Each camp is not fully aware of the others' work. What we would like to see is integrated care with cross referrals between family doctors in the community, specialists in hospitals and NGOs providing the source of cases. To make this happen, injection of resources is of course a primary requirement, but skills training among family doctors and allied health professionals is equally important in meeting this challenge. We have shown that dementia care in the community is possible. It is a rewarding experience which family doctors are fully able to partake.

We have many people and organisations to thank for this project. They are the Community Chest, Hong Kong Alzheimer's Disease Association, Haven of Hope Christian Service Outreach Team, Senior Citizen Home Safety Association, Cadenza, Drs. Wu Yee Ming, Ray Chan and Jess Leung of the Medical and Psychiatry Departments of United Christian Hospital and Haven of Hope Hospital.

WONCA 2013 – My First World WONCA Trip

Dr. Dana Lo, Specialist in Family Medicine

The Prague trip was my first World WONCA trip, and also the first time for me to have an opportunity to have a poster presentation and chair an oral presentation session in a world class conference. By attending different plenaries, workshops and presentations, delivered by family doctors from different parts of the world, my horizon has been extensively broadened. I have special interest in mental health and I attended most of the mental health sessions. One of the presentations that impressed me a lot was *"Good addicts, Bad patients: The effect of medical training on a doctor's sense of self"* by Dr. C. Gerada from UK. She pointed out that it is likely for doctors to have a deep-rooted sense of being *"special"* from entering the medical school, having some characteristics which may include perfectionistic, narcissistic, compulsive, denigrators of vulnerability (If I need help, I'm a failure) and Messiah (Care for patients more than myself). These, on the other hand, can be risk factors for presenting late for help, resulting in doctors making bad patients, due to the fear of *"patient hood"*. In order to prevent burnout, Dr. Gerada encouraged family doctors to be surrounded by energetic and enthusiastic friends as a usual habit, and to present early for medical help if necessary.

Apart from acquiring new knowledge, the most invaluable gain in this trip is surely the friendship. I'm so proud to be part of the Hong Kong Team!



(from left to right) Dr. Chiang Lap Kin, Dr. Dana Lo, Dr. Stella Chan, Dr. Ko Wai Kit, Dr. Dicken Chan

"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 July 2013 to 14th August 2013, Dr. Cheung Man Kuen and Dr. Chiu Chi Fai, Billy will be the Council Members On Duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments about anything relating to our College and Family Medicine. You can reach us by contacting our College Secretariat by phone: 2528 6618, by fax: 2866 0616, or by email: hkcfp@hkcfp.org.hk. Once we receive your call or message, we will get in touch with you directly as soon as we can.

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



Dr. Cheung Man Kuen



Dr. Chiu Chi Fai, Billy

HKCFP Best Research Award 2012 and HKCFP Research Fellowship 2013

The Research Committee is delighted to announce that the study on "Drug adherence and the incidence of coronary heart disease and stroke-specific mortality among 218,047 patients newly prescribed an antihypertensive medication: a five-year cohort study" has been awarded the HKCFP Best Research Award 2012. The Committee would like to congratulate the principal researcher Professor Wong Chi Sang, Martin for his work.

It is also our pleasure to announce Dr. Lorna Ng as the winner of the HKCFP Research Fellowship 2013.

Dr. Lorna Ng is currently working as a senior medical officer and Family Medicine coordinator of Kwong Wah Hospital Out-Patient Department. She was initially trained in Internal Medicine. After passing MRCP (UK), she subsequently specialized in Family Medicine (FM). She is grateful to become a FM specialist as it broadened her perspective in holistic patient care. She has been a keen advocate for research activities and training in her primary care team in Kwong Wah Hospital since 2004. She and her team have conducted several research projects including a study entitled "Effectiveness of incorporating Tai Chi in Pulmonary Rehabilitation for COPD patients in Primary Care" in which she was the principal investigator, with grants from the Health and Health Services Research Fund (HHSRF). Since then, the team have published the study in the Hong Kong Practitioner and have presented in local and international primary care conferences.

Her project awarded the Research Fellowship is entitled "Effects of smart phone based telemonitoring on blood pressure among hypertensive patients in primary care setting". Hypertension, being a prevalent disease in Hong Kong, poses a formidable challenge to our healthcare delivery system. By applying the principles of Family Medicine, primary care practitioners including family physicians form an invaluable workforce in delivering holistic and continuing care to hypertensive patients. The use of innovative technology such as mobile health (mHealth) could enable proactive, dual and synergistic management approach by health care providers and patients, whereby doctors can reach beyond the confines of the clinic setting and patients are empowered to take control of their own health. The technologies are gaining interests as beneficial tools for enhancing healthcare delivery. Currently, there are no published local studies regarding the use of mHealth as tools in enhancing chronic disease management like hypertension for primary care physicians. This study aims to find out whether hypertensive patients using mHealth would achieve better blood pressure control and enhanced self efficacy compared to hypertensive patients receiving usual care. Thus, this study will provide insight to family physicians on the use of innovative technology in proactive hypertension management and patient empowerment.



Recipient of the HKCFP Best Research Award 2012 – Professor Wong Chi Sang, Martin



Recipient of the HKCFP Research Fellowship Award 2013 – Dr. Lorna Ng

Professor Donald Li's Election Speech for WONCA Executive Member-at-Large

Dear esteemed colleagues, friends and leaders of Family Medicine,

I am seeking your support to be elected a member at large of the WONCA World council.

I am committed to continue my work with WONCA which I have been engaged for over 20 years. I have been WONCA Asia Pacific Regional President for the past 6 years.

WONCA is a wonderful organization which allows family doctors to do something outside of their daily practice to promote quality care, research and to care and nurture one another. This mutual support and collegiality is extremely important and challenging. WONCA has grown and achieved a lot over the years under the leadership of our very able past presidents. The entire World has awakened to primary care as Rich reports. WONCA has never been busier or more influential. There is however a lot of hard work to be done, many challenges we have to face. For example, some member organizations still have unmet needs in developing a robust primary care system and establishing Family Medicine and require every assistance from the privileged and prosperous organizations. WONCA needs to develop a system to coordinate and assist. Closer ties with the World Health Organization is essential. The presence of the Director General Dr. Margaret Chan at our conference will be a significant step forward. Her keynote speech titled "The role of family physicians – the rising stars in an era of inequality" is indeed a big encouragement. Nonetheless, we must not be complacent and this should be the beginning for more intense cooperation. We must have a strong follow through with plans for more intense cooperation with WHO. We should pursue to have World Family Doctor Day on the calendar.

There are also challenges within the WONCA organization, especially around the issues of corporate governance and development. Changes has to be implemented if the organization is to grow and develop. We needed to explore new ways of conducting the business of the organization in an efficient way and to increase resources.

I am qualified to do the job. Besides being involved in WONCA, numerous medical associations, councils, hospital management, government consultation groups as well as universities and academic institutes, I also have experience in managing big corporations which includes one of the top ten biggest charitable trust on the world, the Hong Kong Jockey Club as well as the biggest church led charitable welfare council in Hong Kong.

One the most important challenges to be amongst the leaders is to be able to engage colleagues and to promote cohesiveness. I place high priority to get member organizations to work together in harmony and to engage all the member organizations. I believe I have the ability to communicate with you, with fellow family doctors from the West, the East, the North and the South. I am privileged to have a background that enables me to understand different cultures and believes. I have been educated and lived in Hong Kong, UK, USA and Australia. I have travelled around the world to many member organization to attend WONCA and Family Medicine related meetings. In Hong Kong I have been elected the President of the Hong Kong Academy of Medicine. An organization empowered by the government to be responsible for the training and standards of all specialties including Medicine, Surgery, Pediatrics, O&G, Radiology, Psychiatry etc. and of course Family Medicine. This has all along been my professional aspiration and I am proud to be the first family doctor to take helm. My position allows me to better communicate all medical specialties and to promote to them the importance and value of primary care through the practice of Family Medicine.

I know to take up leadership at the WONCA World level will not be an easy job, facing our limited resources and financial stress. I was a member of the group led by Rich in the GROW (Group to Redesign the Operations of WONCA) initiative and I realize we continue to face the challenges and problems identified. I am sure all of you will agree with me especially those who participated in the breakout sessions. The diversity of our member organizations with different culture and expectations is indeed a challenge.

The Asia Pacific Region made Jeju declaration on the role of family doctors. I am a strong advocate of the role of family doctors in disaster preparedness and management. Unfortunately we have experienced quite a few natural disasters in Thailand, China, Japan and Australia during the past 2 triennium. I have managed however to coordinate mutual support and encouragement within our region. My work in charitable trusts have enabled me the understand the needs of the less privileged and how to offer timely assistance. Assistance goes way beyond donation of money. Offering time and resources to train trainers, sharing success stories and experience are much more valuable to the needy. Sometimes, it is simply a few words of comfort to those in distress to, say "we care about you". This is certainly the spirit of mutual support at WONCA.

I do believe I have the ability and experience to take up the challenge to do something for all the family doctors in the world. Most importantly, I am willing and committed. I have been practicing as a family doctor for over 30 years. I love my work and I truly understand that Family Medicine is about relationships and trust. The covenant of trust applies to being a member at large of the WONCA World council. I need to be competent and act in the interest of all of you. I hope you can trust me.

I hope you will find me a suitable candidate to take up the challenge and I look forward to your support. You can be assured of my commitment, accountability and dedication.

Do give me a chance to join the team under the leadership of Michael to work for you.

Thank you.

Sixth China National Primary Care Forum

Invited by the National Primary Care Association, Dr. Gene Tsoi, Immediate Past President of the College, and Dr. Catherine Chen, External Affairs Committee member of the College, attended the Sixth China National Primary Care Forum (第六屆全國社區衛生服務經驗交流會) on 23-24 May 2013 at Beijing. This conference is one of the most important annual events for health policy makers and primary care doctors from different provinces in China to meet together.

There were more than 600 participants attending the conference to exchange their local experience in primary care. Dr. Catherine Chen shared her Hong Kong experience in FM vocational training and career development in primary care at the plenary session. Dr. Tsoi and Dr. Chen were also interviewed by one of the most widely circulated medical journals in China (中國社區醫師雜誌) and expressed their views in future collaborations between Hong Kong and Mainland China. Site visit to 7 model FM centers in Beijing was organized by the host and we were deeply impressed by their tremendous improvement and innovation in the setup of Community Health Center and trial in Healthcare Reform.



(from left to right) Dr. Catherine Chen, Dr. He Yong Jie (北京社區衛生服務協會何永潔會長), Dr. Gene Tsoi, Dr. Mu Li Yuan (北京社區衛生服務協會穆麗苑醫生)



Dr. Catherine Chen at the plenary session

Council News

Dear Members,

We would like to present our great appreciation to your support on the College's first academic publication "Problem-based Approach to Family Medicine" which was published in 2009. This comprehensive 500-page book, full of colored illustrations and photos, was written by a group of experienced Family Physicians using a scenario-based approach that simulates the work of a Family Physician. During the years, the College has promoted more than 1500 copies to individuals including medical students, medical professions, education professions, and organizations including universities, libraries, medical association etc.

Subsequent to the decision made in the Council meeting in May, the College would present the rest of copies complimentary to the new FM trainees and year one medical students to gain more knowledge in Family Medicine; and to the recommended members nominated by the Boards and Committees as a small token of appreciation for their generous support in the past years.

The arrangement has been undertaken since June, and some members may have received a copy already. We believe this book is a valuable tool for further learning as well as a way to appreciate the fine art of Family Medicine.

Thank you and again the College needs your continuing support.

Dr. Billy Chiu
Honorary Secretary

Board of Vocational Training and Standards News

Reminder: Application for Recommendation for Exit Examination

To all Higher Trainees,

For those who prepare to sit for Exit Examination in 2014, please submit the application letter and the checklist for recommendation for Exit Examination before 30th September 2013.

Late applications will not be entertained.

Should you have any enquires, please contact our College Secretaries, Ms. Carmen Cheng or Mr. Brian Chan at 2528 6618.

Higher Training Subcommittee
BVTs

Classified Advertisements

Positions Vacant

Accredited Private FM Centre invites full time / part time Doctors for expanding services (Tuen Mun / Kwai Fong). FM Trainee, specialists welcomed. Basic + Profit Sharing ± Partnership. Send CV enquiry@adecmed.com (Amy CHAN) 9212 6654

United Christian Nethersole CHS, pioneer of primary healthcare service, invites FT/PT/Locum Family Physician to join our professional team. Flexible hours, good work-life balance. Please send CV to Ms. Law : hr@ucn.org.hk

Health Concepts Limited is now inviting Full-time / Part-time / Locum GP with 6 years' post-graduate experience to join our polyclinics in Kowloon and New Territories. Good working hours and suitable for working mothers. Please call Dr. Chan at 25376063 for interview or email detailed resume to admin@pacifichealthcare.com.hk

Full-time, half-day & locum doctors wanted in GP. Attractive remuneration and flexible hours. Interested, please contact Dr. Li at 9662 3540 or email to pg_recruit@yahoo.com

Introduction to NLP

Dr. Yim Chi Ling, Specialist in Family Medicine

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NLP applies not only to psychologists, but to family physicians as well. Every day we have to make a lot of consultations, every consultation within 5-10 minutes we have to get the history, examine the patient, make provisional diagnoses and formulate management plan with patients. A successful consultation relies on the wiliness of both parties to share their views, so that the doctor can attain a fuller understanding of what the patient is going through and offer acceptable options for them. To achieve this complex goal in a limited time, apart from sound medical knowledge, it requires competence and expertise in communication skills.

In 2007 I have taken a diploma course in Neuro-Linguistic Programming (NLP), and I have also taken a refresher NLP course for health care professionals in 2012. It really inspired me that by employing tools and techniques of NLP, one can obtain a better understanding of what is going on in the consultation which can lead to greater benefits for the patients and in turn provide deeper job satisfaction for the doctors. Therefore I would like to take this opportunity to share what I have learnt in NLP and discuss its use in medical consultation.

A Brief History of NLP

NLP originated in the early to middle 1970s at the University of California in Santa Cruz, when a mathematician Richard Bandler and a professor in Linguistics John Grinder become interested in how people change. Bandler had been studying how Fritz Perls, a medical doctor, an outstanding psychotherapist and the founder of Gestalt therapy got results from clients. Bandler was not only able to reproduce the results but also to replicate it with ease. Grinder helped to decode the pattern of language and behavior that Perls employed. From this initial collaboration the

field of NLP began to develop. From then, they decided to turn their attention to other successful therapists and explore other fields of excellence including business, law, sports and education. Now NLP is still an open book - it is not a complete body of knowledge. It is still growing, evolving and changing. What it stands out for me is that much of the foundation of NLP derived from a medical background. I believe it is about time to bring the fruits of NLP back to the medical world, so that both our patients and ourselves can benefit the maximum out of it.

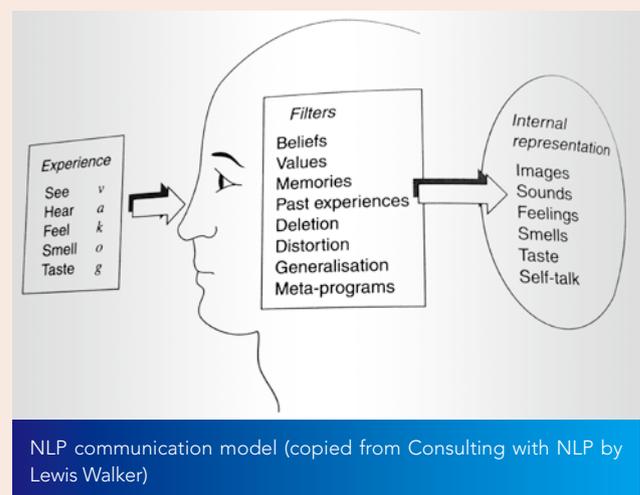
What is Neuro-Linguistic Programming (N.L.P.)

NLP is composed of three parts :

1. Neuro – How we use our brain to think

All of our experiences are composed of what we see, hear, feel, smell and taste-our five senses. In NLP we use the jargon words visual (V), auditory (A), kinaesthetic (K), olfactory (O) and gustatory (G) instead.

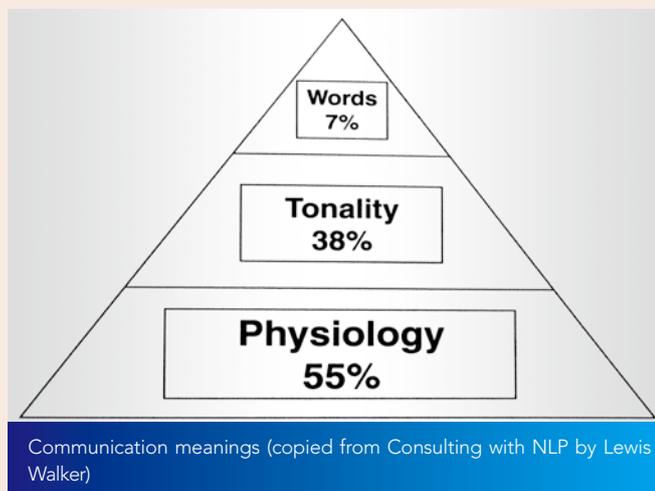
Information from the outside world can reach us by different means. Once inside, it passes through our various internal filters such as belief, value, memory and life experiences, which forms our internal representation, our internal images, sounds, feelings, smell and taste about the outside event.



2. Linguistic - How we use language (verbal and nonverbal) to influence others and ourselves

Language, both spoken or unspoken, verbal or nonverbal, has a definite structure and a set of rules for use. In a classical study in the 1970s, Albert Mehrabian showed that, in face-to-face communication, only 7% of the meaning was conveyed by the actual words used. Voice and tonality accounted for 38% and physiology (our posture, gesture and facial expression) accounted for 55%! Our non-verbal behaviors make a major contribution to the overall meaning of our utterances. In fact, we cannot keep away from communication. Even when we say nothing at all we are still communicating something.

NLP has uncovered many useful language patterns which are very useful when we communicate with our patients.



3. Programming - How we act to achieve the goals that we set

Having taken in outside information (neuro), and talked to ourselves and others about what to do (linguistic), we then run a series of actions or behaviors designed to achieve our particular goal (programming). These behavioral programs may stem from the skill of excellence and do things really well. However it may also run a pattern over and over again and lead to failure. If we know the sequence, we can change the order and thereby change the behavior, therefore avoid undesirable outcomes.

I hope I can give an overall and brief concept about what is NLP and how it was developed. NLP has many concepts, models and methods to offer for understanding how people think, talk, behave and change. It also offers many flexible approaches that can bring positive and rapid change in individuals and enable them to adapt to an ever-changing world. I will share some of them and how it can be applied in daily consultation in the next article.

References :

Consulting with NLP neuro-linguistic programming in the Medical consultation by Lewis Walker

Meta-NLP –NLP practitioner training by L. Michael Hall PH.D

NLP training workshop manual by Dr Chan Kwok Hei, Paul

Enhancing the practice of primary care physicians as our goal
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RECENT ADVANCES IN MEDICAL PRACTICE



Date : 15 September 2013 (Sunday)
Venue : Ballroom, JW Marriott Hotel Hong Kong

08:50 – 09:00	Welcome		Dr. Walton LI
09:00 – 09:30	Keynote Lecture 1: The Right Doctor for the Right Procedure		Dr. Joseph CHAN
	Symposium 1 Precise and Less Invasive Procedures	Chairperson	Dr. William WEI Dr. Vincent KWOK
09:30 – 09:45	Cardiac Intervention		Dr. Duncan HO
09:45 – 10:00	Application of Robot in General Surgery		Dr. Michael LI
10:00 – 10:15	Makoplasty – Optimal Option of Joint Replacement		Dr. Stephen WU
10:15 – 10:30	Endoscopic Surgery for the Oesophagus		Prof. Simon LAW (HKU)
10:30 – 10:40	Q & A		
10:40 – 11:00	Coffee Break		
	Symposium 2 Diagnostics	Chairperson	Dr. LAI Kar Neng Dr. WONG Wai Sang
11:00 – 11:15	Ultrasound in Head & Neck Medical Practice-Is There a Limit?		Prof. Anil T. AHUJA (CUHK)
11:15 – 11:30	Bronchoscopy and Beyond		Dr. LAM Bing
11:30 – 11:45	How Would Prenatal Diagnosis Make a Difference in Modern Obstetrics?		Dr. Danny LEUNG
11:45 – 12:00	Updates on Digestive Endoscopy – Diagnosis and Treatment		Dr. Angus CHAN
12:00 – 12:10	Q & A		
12:10 – 13:00	Li Shu Pui Lecture How MR is Changing Medical Decisions	Chairperson	Dr. Gladys LO Prof. Dieter ENZMANN (UCLA)
13:00 – 14:00	Lunch		
	Symposium 3 Genetics	Chairperson	Dr. Edmond MA Dr. Raymond LIANG
14:00 – 14:15	Gems and Caveats of Next Generation Sequencing in Molecular Diagnosis		Dr. Chris CHAN
14:15 – 14:30	Paediatric Genetics – All About the “Next Generation”		Dr. Brian CHUNG (HKU)
14:30 – 14:45	An Update on Hereditary Breast Cancer		Dr. Ava KWONG (HKU)
14:45 – 14:55	Q & A		
14:55 – 15:25	Keynote Lecture 2 : Liver Surgery in Private Hospital		Dr. FAN Sheung Tat
15:25 – 15:45	Coffee Break		
	Symposium 4 GP Forum	Chairperson	Dr. Billy CHIU Dr. CHAN On On
15:45 – 16:00	Corneal Transplant – Indications & Results		Dr. Arthur CHENG
16:00 – 16:15	Modern Oncology Treatments		Dr. KWAN Wing Hong
16:15 – 16:30	Contemporary Dental Implant Therapy – An Immediate Solution		Dr. Alfred LAU
16:30 – 16:45	Allergen Desensitization		Dr. LEE Tak Hong
16:45 – 17:00	PET for Non Malignant Diseases		Dr. Garrett HO

**Content is subject to change without prior notice*

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Middle East Respiratory Syndrome Coronavirus (MERS-CoV) - Update



There were several updates on the Severe Respiratory Disease associated with Novel Coronavirus.

Firstly, the longest incubation period in the reporting criteria has been extended **from 10 days to 14 days**. It is based on the latest scientific evidence and international practice. A recently published French study reported by the World Health Organization (WHO) estimated that the incubation period of this disease was between 9 and 12 days. And the Center for Disease Control and Prevention of the United States has adopted 14 days as the longest incubation period.

Secondly, WHO has named the virus as "Middle East Respiratory Syndrome Coronavirus" when "Novel Coronavirus associated with Severe Respiratory Disease" is referred to since 29th May 2013. In Hong Kong, with effect from 14th June 2013, "Severe Respiratory Disease associated with Novel Coronavirus" will be renamed as "Middle East Respiratory Syndrome" (MERS) (中東呼吸綜合症) under the list of infectious diseases specified in Schedule 1 to Cap. 599, while "Novel Coronavirus associated with Severe Respiratory Disease" will be renamed as "Middle East Respiratory Syndrome Coronavirus" (MERS-CoV) (中東呼吸綜合症冠狀病毒) under the list of infectious agents in Schedule 2 to Cap. 599. MERS is one of the **48** scheduled infectious diseases that medical staff are required to report to the Central Notification Office (CENO) of the Centre for Health Protection (CHP).

Finally, in view of the first confirmed MERS case in France, a possibility that clinical presentations may not include respiratory symptoms was raised, especially in those with immunosuppression or underlying chronic conditions. Clinicians are reminded that MERS-CoV infection should be considered even with atypical signs and symptoms, such as diarrhoea, in patients who are immunocompromised.

MERS-CoV is a new type of severe respiratory illness. Infection with MERS was first identified in September, 2012. One of the first groups of patients to be diagnosed was seen by doctors in the UK after returning from the Middle East. It has since been confirmed that the virus can be spread by close contact with other people, such as family members. One family member is thought to have picked up the virus while visiting a relative in hospital.

Globally, from September 2012 to 17 June 2013, WHO has been informed of a total of 64 laboratory-confirmed cases of infection with MERS-CoV, including 38 deaths.

Health care providers are advised to maintain high levels of vigilance. Recent travellers returning from the Middle East who develop SARI should be tested for MERS-CoV as advised in the current surveillance recommendations. Specimens from patients' lower respiratory tracts should be obtained for diagnosis where possible.

In Summary:

An individual fulfilling both the **Clinical Criteria AND Epidemiological Criteria** should be reported to CHP for further investigation.

Clinical Criteria :

A person with acute respiratory syndrome which may include fever ($\geq 38^{\circ}\text{C}$, 100.4°F) and cough; or any patients with chronic underlying conditions who develop diarrhoea.

- requiring hospitalization **OR**
- with suspicion of lower airway involvement (clinical or radiological evidence of consolidation) not explained by any other infection or any other aetiology.

AND

Epidemiological criteria:

One or more of the followings within 14 days before onset of illness:

- close contact* with a confirmed or probable case of MERS while the case was ill **OR**
- residence in or history of travel to the Arabian Peninsula or neighbouring countries**

* Close contact is defined as:

- anyone who provided care for the patient, including a health care worker or family member, or who had other similarly close physical contact;
- anyone who stayed at the same place (e.g. lived with, visited) with a probable or confirmed case while the case was ill.

** These refer to areas/countries bounded by Iran, Turkey and Egypt (including Iran, but not Turkey and Egypt)



References:

- World Health Organization, Global Alert and Response; <http://www.who.int/csr/alertresponse/en/>.
- Guery B, et al. Clinical features and viral diagnosis of two cases of infection with Middle East Respiratory Syndrome coronavirus: a report of nosocomial transmission. Lancet. Published online 29 May 2013.
- Centre for Health Protection, Middle East Respiratory Syndrome; http://www.chp.gov.hk/en/view_content/26511.html.

Compiled by Dr. Sze, Hon Ho

Mon Petit Hérisson (My Little Hedgehog)

Dr. John-Hugh Tam (譚仲豪醫生), Specialist in Family Medicine

I have started to keep a pet hedgehog at home since last year. Hedgehogs are commonly regarded as "exotic" animals (「奇珍異獸」) but they are not too challenging to look after.

The hedgie (in short for hedgehog) I kept at home is an African (Pygmy) hedgehog, and from the color of its quills (spikes), one of my friends had decided to name her “蕾莎” (which reminds us about the Chinese dim sum). I have subsequently added an equivalent French name, Laëtitia, to match with it. Throughout this year, I have encountered a number of "frequently asked questions". I guess my answers to these may satisfy your curiosities and increase your interest in these creatures.



Question : Is hedgehog (刺蝟) the same as porcupine (箭豬)?

Answer : They are entirely different species. Major differences include hedgehogs being much smaller than porcupines (body length around 5-12 inches for hedgehogs vs. 25-36 inches for porcupines). Furthermore, hedgehogs are omnivores (meaning they can eat anything!) whilst porcupines are strictly herbivores.

Anatomically, hedgehogs' quills are smooth whilst porcupines have much larger quills with barbs (hooks) that can be really difficult to remove when embedded in skin. (hence leave those critters alone!)

Question : Is it legal to keep a hedgehog as pet in Hong Kong?

Answer : According to the Agricultural, Fisheries and Conservation Department, hedgehogs ("Erinaceidae species") are not restricted by CITES (the Convention on International Trade in Endangered Species of Wild Fauna and Flora) nor the Animals and Plants (Protection of Endangered Species) Ordinance, hence they are legal to be kept as pets in HK. However, importing hedgies from overseas as pets requires special permits. (Reference : <http://www.hkras.org/eng/info/afcdintv.htm>)

Question : How is the typical lifestyle of a hedgehog like?

Answer : Hedgies are nocturnal animals meaning they are active at nighttime (hence Laëtitia is usually awake when I am off work in the evenings). Hedgies are usually very quiet animals and they do not squeak, though they are often having a cautious and defensive personality. Nevertheless, they don't often bite or poke people with their spikes (especially when they get used to you).

As hedgies are omnivores, they can eat almost anything but generally, they require a high protein, low fat diet. There are certain shops in HK that sell exotic pet foods, but the nearest choice we can get from a normal pet shop can be dried, pellet-form baby cat food (as the fat and protein contents being closest). They would also enjoy from a range of snacks including dried vegetables, mushrooms, mealworms, etc. (choices would depend on preference of different hedgies).



Question : Any special arrangements needed to keep a hedgehog?

Answer : Hedgies, unlike dogs and cats, would often enjoy a sense of security by having a habitat of their own. A quiet, spacious & well-aerated plastic box / cage would be ideal for them to sleep and stay away from disturbance. In terms of toileting, hedgehogs can be toilet-trained in litter trays.

During winter days, heating pads are required to keep hedgies warm, thus minimising the chance of hibernation (as domesticated hedgehogs are not physiologically equipped for hibernation and results from that can be fatal).



Some extra interesting facts about hedgehogs:

There used to be some African myths that hedgehog quills might contain medicinal values and people used to burn them into ashes and use them topically to cessate epistaxis. There were also similar beliefs in terms of traditional Chinese medicine, from which they have been considered as remedies for alleviating arthritis and indigestion. (Reference : <http://wikipps.hk/刺蝟/>)

Whilst for me, Laëtitia is already considered by myself as part of our family.

Interest Group in Mental Health & Psychiatry in Primary Care The 36th Meeting on 1 June 2013

Dr. Lo Sze Mon, Dana (HKCFP Member) - Specialist in Family Medicine

Theme : Mental Illness & Suicide Clinical Assessment and Treatment

Speaker : Dr. Chung Wai Sau, Dicky

Dr. Chung Wai Sau, Dicky is the Medical Superintendent, Tai Po Hospital; Consultant Psychiatrist and Chief of Services, Dept. of Psychiatry, Tai Po Hospital, Alice Ho Nethersole Hospital & North District Hospital. Dr. Chung is also the team head of Early Assessment Services for Young People with psychosis (EASY), the New Territories East cluster. Dr. Chung has a Master of Social Sciences degree (Criminology) from HKU.

Learning points:

It is my honor to be invited by Dr. Mark Chan, to be his "patient" who was a depressive lady with severe suicidal ideation in the role-play. I found taking part in role play enjoyable since I was a trainee in the past years, because by "tasting" the feeling of the patient through the role-play, one can improve his sense of empathy in real life situations. Role-play is also one of the most direct ways to tune up the atmosphere of the classroom and mobilize the mood of every audience priming for the following mini-lecture by our expert speaker.

Our expert speaker is Dr. Dicky Chung, Chief of Service, Department of Psychiatry, AHNH/NDH/TPH. "There is no biochemical marker for suicidal assessment, hence clinical assessment is very important", said Dr. Chung. He said that the accuracy of the prediction of suicide is dependent on "by who", "by what" and "when", like weather forecasting. Risk can always change and there is a temporal relationship. The role of GP is very important, as 30% of people in the general public have, at some point in their lives, possess suicidal thoughts. In the final week before completing suicide, 15% of those young suicidal people consulted their GPs.

Any formula to quantify risk?

At risk groups include male, advancing age, divorced status, psychiatric disorders, alcohol/substance abuse, personality disorders, physical illness and past history of suicidal attempts. Around 15% of patients with mood disorder and 10% of patients with schizophrenia will end up in suicide. Nearly 90% of people completed suicide is found to have a psychiatric diagnosis according to retrospective analysis. For chronic physical illness, Dr. Chung reminded us that even non-cancer pain, eg. Low back pain and migraine can be very disturbing and may be comparable to terminal cancer pain. Although SAD PERSONS SCALE is sometimes used in the triage of emergency department, there is no gold standard instrument for risk quantification.

Tips for clinical assessment

Dr. Chung advised us to spare enough time and be patient. If the consultation is in a rush, we may miss the small yet discoverable hints from our patients. The physical setting and timing are also important. Dr. Chung reassured that suicidal idea cannot be instilled even to a vulnerable person if our attitude and approach are appropriate. By asking, assessment itself is therapeutic, it is the start of intervention! Sometimes when we are not sure and seem quite difficult to ask about suicidal ideation, Dr. Chung shared with us his own personal practice: "最近有否想過「生」與「死」的問題呢?", much better than using the classical conversation from 粵語長片 "有無想過做「傻事」?", because suicidal ideation is something serious that should be asked clearly, but not to be avoided or hidden up.

High risk signs

These include a depressive patient with psychotic features, a depressive patient with anxiety/anger, a patient with strong sense of hopelessness, and those who have already arranged final act.

To understand the driving forces

Common driving forces for suicidal ideation include hopelessness, distorted guilt, nihilistic thoughts, escaping from reality, controlling of one's own fate, anger, and intention to punish others via death (用死去控訴·懲罰負心人), etc. On the other hand, protective forces include the sense of responsibility for others (對得住身邊的人嗎), hope (there is still a way out), religious belief (heaven vs. hell), fear, and shame (how will the media report your suicide on newspaper? Will you be distorted? You cannot defend or explain after suicide).

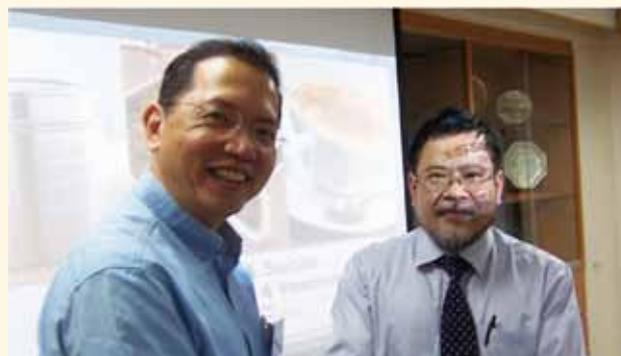
Discussion

In the scenario of crisis when a patient nearly attempts suicide, Dr. Chung advised us to inform the police immediately, to involve a police negotiator to manage, because counseling and treatment for the underlying mental disorders take time. We need to balance the breach of confidentiality/trust and overriding patient's autonomy. Involving relatives in decision-making is important, if possible. Although compulsory hospitalization as a disposal method seems straight forward, it has to be exercised appropriately. I am glad that during my past years of FM training, I had a total of 9 months being trained in Castle Peak Hospital and the Emergency Department of the Tuen Mun Hospital. By working in different positions, I can witness the whole "journey" of a patient with suicidal idea from GP, via emergency unit, to a gazetted psychiatric hospital. I consider these past experiences are invaluable to both my career development and my own personal growth. I encourage all our FM trainees to make good use of your precious opportunities to gain more clinical experience during your different hospital rotations, because book knowledge can never replace what you learnt as a first year medical officer, who can have the privilege to shadow your experienced supervisors, to see from your own eyes, and to learn how the difficult crisis could be resolved (困局如何拆解?) These experiences will be useful to you throughout your life long career. And of course, by attending the mental health interest group meetings regularly, you may obtain another opportunity to meet our experts and to have peer sharing of clinical experiences. Looking forward to see you in the next meeting!

Next meeting

The next meeting for the interest group will be on 5th Aug 2013. Dr. Lee Wing King, Consultant Psychiatrist, Kwai Chung Hospital will share his experiences in assessing and management of depressive patients.

All members of the College are welcome and encouraged to present their cases and problems for discussions or role play. (Please do so 2 weeks beforehand for speakers to review; contact our secretary at 2861 0220.) Again, those who are experienced can share, and less experienced ones can benefit from participation. Our goal is to enhance our practical skills, as well as promote early awareness and better management of mental health problems in our community.



Dr. Chung Wai Sau, Dicky and Dr. Chan Suen Ho, Mark

FELLOW COLLEAGUES

Have you ever felt frustrated in your clinic practice?

When your patient brings in two medications given by you and says that these wrong drugs make him feel very uncomfortable...

When your friend shows you a drug from Canada and asks for your opinion, but you have never heard of this drug...

One colleague implies that you are old fashioned or out of line when you prescribe diuretic to treat a patient with newly diagnosed hypertension...

When a fifty years old female patient approaches you and requests hormone to treat her osteoporosis while you doubt if this is the right thing to do...

Have you ever thought how good it would be if a doctor friend could give you the correct answer over the phone right at the spot?

Or something happens which you wish would never happen.

You are approached by the Medical Council accusing you of malpractice because you have prescribed three antihistamines, two antibiotics, two bronchodilators and a steroid, for a teenage patient who has coughed for two weeks...

Are you going to justify yourself? If so, how?

If you have never encountered or worried about similar situations, congratulations!

If you have, or have not but wish to explore how things may go, please come to the

INTRODUCTORY WORKSHOP ON EVIDENCE BASED MEDICINE

On 17 August 2013 Saturday 2:00 to 4:00 pm

We are a group of doctors who are interested in this subject and would like to share our personal experience with you.

We certainly would not be able to give you all answers, or any answer at all, for any specific matter.

However, we truly believe that it would be fun during the journey of searching and discussion.

INTRODUCTORY WORKSHOP ON EVIDENCE BASED MEDICINE (EBM)

Organizer	: EBM Interest Group, Board of Education, HKCFP
Co-ordinator	: Dr. Francis W T Lee
Panel of Speakers	: Dr. Kinson Lau, Dr. Katrina Tsang, Dr. Mark Chan, Dr. Francis Lee
Objectives	: 1. To introduce the development of evidence based medicine 2. To show how to apply evidence based medicine in general practice
Venue	: 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wah Chai
Date and time	: 17 August 2013, Saturday. 2:00 to 4:00 pm
Workshop Structure	: 1. Introductory talks 2. Brief discussion on appraisal of medical evidence 3. Demonstration on how to search answers to clinical questions 4. Interactive questions and answers among speakers and participants
Accreditation	: 2 CME points (Cat 4.4) 2 CPD points (Cat 3.15)
Fee	: Free for members
Capacity	: 25 doctors maximum
Remarks	: Participants need not have experience with EBM. They are, however, expected to have some knowledge on computer and Internet.

3 August 2013 Saturday

Board of Education Interest Group in Mental Health

Aim	To form a regular platform for sharing and developing knowledge and skill in the management of mental health	
Theme	Depression: An Evidence-Based Approach to Clinical Practice	
Speaker	Dr. Lee Wing King Specialist in Psychiatry	
Co-ordinator & Chairman	Dr. Chan Suen Ho, Mark 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. Lecture
	4:00 p.m. Q&A	
Venue	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, 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 CPD points HKCFP (Cat. 3.15) 2 CME points MCHK	
Language	Lecture will be conducted in Cantonese and English.	
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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10 August 2013 Saturday

Board of Education Interest Group in Counseling

Aim	(1) To form a regular platform for interactive sharing and discussion of various counseling cases commonly seen in our daily practice; (2) To booster the competencies in counseling of family practitioners through case discussion and practising self awareness	
Topic	Motivational Interviewing	
Speakers	1. Dr. Ching Kam Wing FM specialist in private practice 2. Dr. Lau Wai Yee, Aster	
Co-ordinator & Chairman	Dr. Lau Wai Yee, Aster The Hong Kong College of Family Physicians	
Time	2:30 – 3:30 p.m. Lecture	3:30 – 4:30 p.m. Small group interactive case discussion (max. 10 participants)
Venue	8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, 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	1 CME point HKCFP (Cat. 4.3) 2 CPD points HKCFP (Cat. 3.15) 1 CME point MCHK	
Language	Lecture will be conducted in Cantonese and English.	
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.	

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.

July's session:

Date	26 July 2013 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	Updates on Management of GERD and H.P. Eradication – Dr. Cheung Ting Kin
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.

August's session:

Date	30 August 2013 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	Practical Approach to LUTS or 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
18 July 2013 1:00 - 3:00 p.m. 1 CME point	East Ocean Seafood Restaurant Shop 137, 1/F, Metro City Plaza 3, 8 Mau Yip Road, Tseung Kwan O, Kowloon	Management of Primary Headache Disorders in Clinics: From Diagnosis to Treatment Dr. Chan Chun Kong RS, Department of M&G, UCH	Ms. Cordy Wong Tel: 3513 3087 Fax: 3513 5505
17 August 2013 1:30 - 3:45 p.m. 2 CME points	Lecture Theatre, G/F, Block P, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Kowloon	Management of Breast Cancer Dr. Chan Wing Wai, Sharon AC, Department of Surgery, UCH	Ms. Cordy Wong Tel: 3513 3087 Fax: 3513 5505

Structured Education Programmes

Free to members
HKCFP CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
1 August 13 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Approach to Abnormal Laboratory Results in Asymptomatic Patients Part II (Microscopic Haematuria, Proteinuria, Anaemia) Dr. Chan Kam Sum and Dr. Kwong Lok See	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Prenatal Screening (Special Emphasis on Down Syndrome Screening) Dr. Wong Fai Ying and Dr. Wu Sze Man	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Antibiotics for Common Community Acquired Infections Dr. Tseung Chi Hang	Ms. Kwong Tel: 2595 6941
7 August 13 (Wed)			
2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Update Immunisations Dr. Cheng Chui Ching	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Journal Club (Related to Preventive Medicine) Dr. Chan Fu Leung and Dr. Tsui Wing Hang	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m. 3 CME points	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Erectile Dysfunction and Ejaculation Dysfunction Dr. Mak Siu King	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, Tsan Yuk Hospital	Management of Common ECG Problems in OPD Setting Dr. Carol Iong	Ms. Man Chan Tel: 2589 2337
8 August 13 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Journal Club (Related to Preventive Medicine) Dr. Yuen Ching Yi and Dr. Tsui Hiu Fa	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Understanding of Common Health Food Products Dr. Chu Tsun Kit and Dr. Ho Chung Yu	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Vocational Training Review and Part 1 Exam Drill Dr. Leung Tsi Mei, Violet	Ms. Kwong Tel: 2595 6941
14 August 13 (Wed)			
2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Complaint Management Dr. Cheng Chui Ching	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Emergency Infectious Disease Dr. Zhu Guixia and Dr. Pun Yat Hei	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m. 3 CME points	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	How to Handle Difficult Patients Dr. Wong Hiu Lap	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, Tsan Yuk Hospital	Nurse and Allied Health Clinic in HKWC Dr. Alfred Kwong	Ms. Man Chan Tel: 2589 2337

15 August 13 (Thur)

2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Emergency Infectious Disease Dr. Ho Pui Gi and Dr. Kwong Sheung Li	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	How to Delivery Common Procedures in a Busy Primary Clinic Dr. Yim Chi Ling and Dr. Yiu Chung Ting	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Parkinson's Disease and Other Movement Disorders Dr. Lau Cheuk Nam	Ms. Kwong Tel: 2595 6941

21 August 13 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	How to Conduct a Good Presentation Dr. Liu Chung Wo	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Update of Management of Common Cardiac Arrhythmia (AF,SVT, Bradyarrhythmia) Dr. Lee Wing Mei and Dr. Lo Alvina	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, Tsan Yuk Hospital	Common Rheumatological Complaints – Case Discussions Dr. Desmond Ho	Ms. Man Chan Tel: 2589 2337

22 August 13 (Thur)

2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Update of Management of Common Cardiac Arrhythmia (AF,SVT, Bradyarrhythmia) Dr. Lo Ka Kit and Dr. Chow Pui Yin	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	MHC Case Sharing by ACC/POH Dr. Cheng Sai Yip and Dr. Ip Chung Ho	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Introduction to Personality Problems Dr. Cheung Wen Ling	Ms. Kwong Tel: 2595 6941

28 August 13 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Research in Primary Care Dr. Mok Kwan Yeung	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Approach to Patients with Suicidal Risk Dr. Ching Hin Nga and Dr. Leung Ching Ching	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m. 3 CME points	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Update Management of DM and Hypertension Dr. Tin Yuen Ying	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, Tsan Yuk Hospital	Psychological and Psychiatric Symptoms in Children Dr. George Tse	Ms. Man Chan Tel: 2589 2337

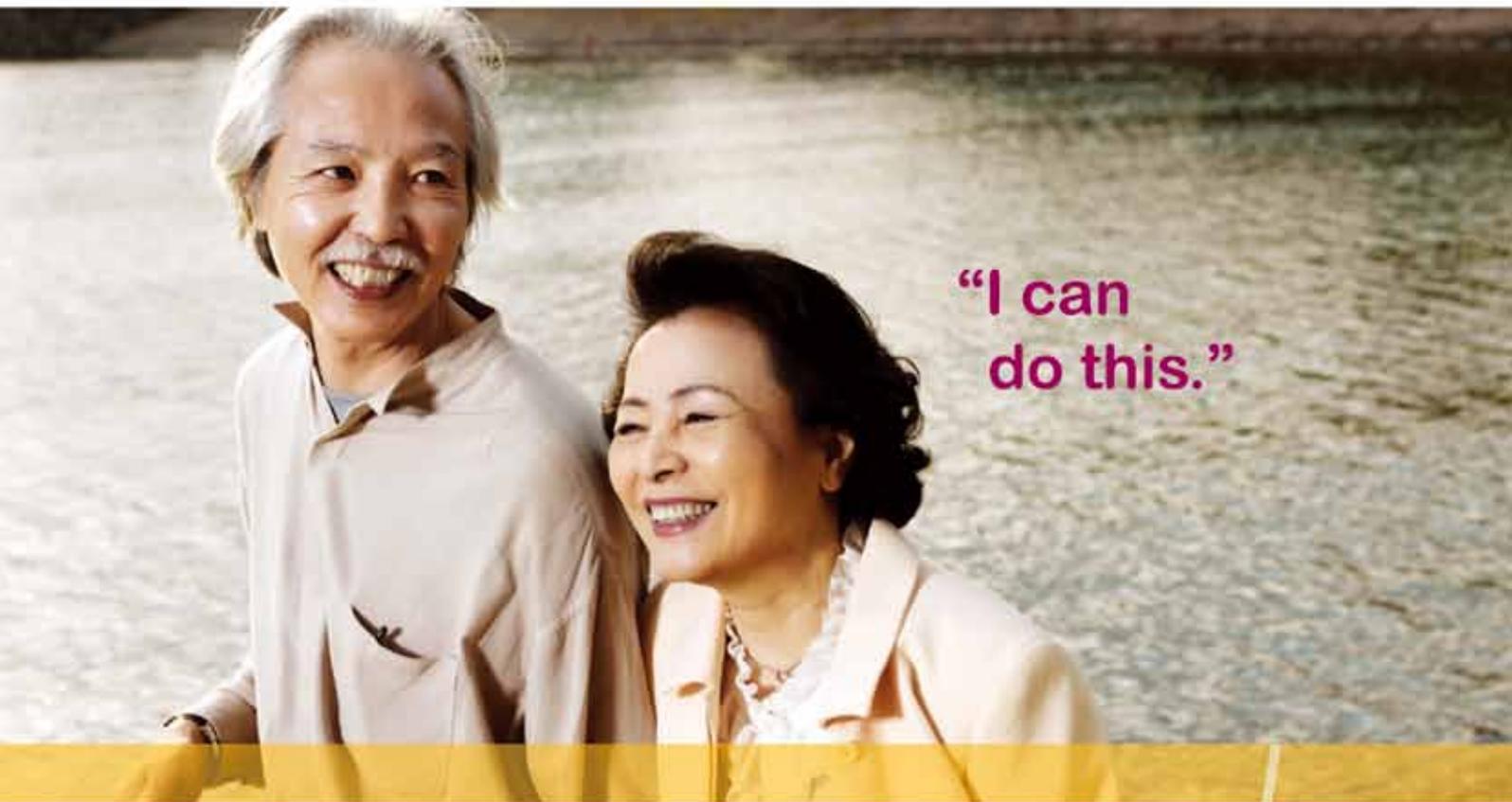
29 August 13 (Thur)

2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Approach to Patients with Suicidal Risk Dr. Chan So Wai and Dr. Wong Hong Kiu	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	How to Manage COPD Patients in Community Dr. Tse Hing Choi and Dr. Sze Siu Lam	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Clinical Assessments and Procedures for Granting Disability Allowance Dr. Wong Man Ying, Michelle	Ms. Kwong Tel: 2595 6941

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References

1. Ignat DA, Schwartz SL, Barret B and Murphy HL. Diabetes Educ 2008;35:789-798
2. Ignat DA, Connor M and Lerox S. J Diabetes Sci Technol 2008;2:533-537.

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
21 Jul	22	23	24 2:15 – 7:30 p.m. Structured Education Programme	25 2:15 – 7:00 p.m. Structured Education Programme 6:30 – 9:00 p.m. Exit Exam – CSA Marking Session 9:00 p.m. Council Meeting	26 2:30 – 3:30 p.m. Board of Education - Video Session	27
28	29	30	31 2:15 – 7:30 p.m. Structured Education Programme	1 Aug 2:15 – 7:00 p.m. Structured Education Programme	2	3 1:00 – 4:00 p.m. Interest Group in Mental Health
4 3:00 – 6:00 p.m. Conjoint 2013 Second Examiners' Training Workshop	5	6	7 2:15 – 7:30 p.m. Structured Education Programme	8 2:15 – 7:00 p.m. Structured Education Programme 6:30 – 9:00 p.m. Exit Examination – CSA Marking Session	9	10 2:30 – 4:30 p.m. Interest Group in Counseling
11	12	13	14 2:15 – 7:30 p.m. Structured Education Programme	15 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	16	17 1:30 – 3:45 p.m. Community Education Programme 2:00 – 4:00 p.m. Introductory Workshop on Evidence Based Medicine (EBM)
18	19	20	21 2:15 – 7:15 p.m. Structured Education Programme	22 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Council Meeting	23	24 2:00 – 5:30 p.m. Pre-Exit Examination Workshop 2:30 – 5:00 p.m. DFM - Module V Consultation Skill Workshop I
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. Board of Education - Video Session	31 2:30 – 5:00 p.m. DFM - Module V Consultation Skill Workshop II

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

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