Message from the President

WONCA 2013 Prague

The 20th WONCA World Conference was held in Prague in the last week of June hosted by the Czech Society of General Practice.

Dr. Margaret Chan, Director General of the World Health Organization, was the Guest of Honour at the opening ceremony on June 25. In her speech titled "The rising importance of Family Medicine" addressing an audience of family physicians, she said "Your work continues a long and noble tradition … Family doctors have always been the backbone of health care … Today, you are the rising stars of coping with a number of complex and ominous trends. Your talents and skills are needed … now more than ever." She recognized that the current burden of non-communicable diseases, ageing population, culture of excessive diagnostic tests and intervention, as well as healthcare inequality can only be managed with a strong primary care infrastructure. She encouraged us all to continue to cultivate the human side of medicine.

The new WONCA executives were also elected. Prof. Michael Kidd from Australia, also our Honorary Fellow, is now WONCA President. Prof. Amanda Howe, who had been HKCFP Visiting Professor in 2010, is now President elect. Prof. Donald Li, our Censor was elected Honorary Treasurer and Member at Large of the WONCA World Executive Council. Dr. Gene Tsoi, our Chairman of External Affairs Committee and Immediate Past President, was elected Honorary Treasurer of WONCA Asia Pacific Region.

In the bidding for 22nd WONCA World Conference, Seoul Korea won and will host the conference in the year 2018.

The New WONCA World executive council

(from left to right) Prof. Donald Li, Dr. Ruby Lee, Prof. Bruce Spark and Dr. Gene Tsoi

(from left to right) Dr. Ruby Lee, Dr. Margaret Chan and Prof. Donald Li

Dr. Ruby Lee attending the WONCA World Council Meeting 2013

(Continued on page 2)

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Family Physicians Links

Issue 114
August 2013

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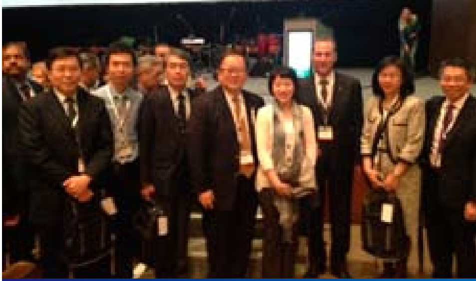
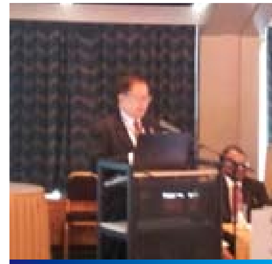


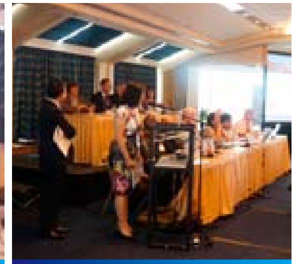
HK delegates attending WONCA World Conference 2013

Helpers for WONCA bidding

Dr. Ruby Lee met WONCA representatives of Canada

Children performance for WONCA bidding


Prof. Donald Li making the campaign speech


Dr. Ruby Lee and Dr. Angus Chan presenting for our WONCA bidding

Lion dance performance during the WONCA bidding presentation

Bidding team at HKCFP WONCA bidding booth

The bidding team with kung fu performers

(from left to right) Dr. Wendy Tsui, Dr. David Chao, Dr. Angus Chan, Dr. Ruby Lee and Dr. Lau Ho Lim

(from left to right) Dr. Wendy Tsui, Dr. David Chao and Dr. Ruby Lee in the WONCA World Conference 2013 opening ceremony

The New Council of the WONCA Asia Pacific Region

Opening of Tsan Yuk RAMP Clinic, Nurse & Allied Health Clinic and Kennedy Town GOPC/DFC

I would like to congratulate Dr. Wendy Tsui and her team for the official launching of their three clinics: Tsan Yuk RAMP Clinic, Nurse & Allied Health Clinic (NAHC) and Kennedy Town GOPC/DFC on July 19.

The officiating guests include Prof. Sophia Chan, USFH; Mr. Yip Wing-shing, Chairman of Central & Western District, Prof. Gabriel Leung, Dr. SV Lo, Mr. Davey Chung, DS, FHB, Dr. Daisy Dai and myself.

Opening ceremony of Tsan Yuk RAMP Clinic, NAHC & Kennedy Town GOPC / DFC

The 26th Hong Kong College of Family Physicians Conferment Ceremony and the 24th Dr Sun Yat Sen Oration, 15th June 2013

Dr. David V. K. Chao
Chairman, Internal Affairs Committee, HKCFP

The 26th Anniversary of the Hong Kong College of Family Physicians (HKCFP) Fellowship Conferment Ceremony and the 24th Dr Sun Yat Sen Oration took place on the 15th June 2013 at the Hong Kong Academy of Medicine Building.

This year, we have changed the arrangements slightly and the College representatives group photo session with the successful candidates were taken before the cocktail reception prior to commencing the ceremony proper. It seemed to have worked reasonably well, thanks to all the College officials' support and the co-operation of our successful candidates by arriving at the venue early.

Government officials, university colleagues, our sister colleges' representatives from overseas, representatives of the Hong Kong Academy of Medicine and local specialty colleges, and doctors's organizations joined hands in celebrating the joyful success of our Conjoint Fellows, Exit Examination and Diploma in Family Medicine (DFM) colleagues. We are most thankful towards the aforementioned colleagues and peers who have given our College continuing support to make this year's academic events and the conferment ceremony another great success.

After the introduction of the Official Platform Party by our Public Orator Dr. Wendy Lo, our College President Dr. Ruby Lee officially opened the ceremony. Dr. Jennie Kendrick, Censor-in-Chief of the Royal Australian College of General Practitioners (RACGP), represented our Australian counterpart to give a welcome speech also. The Honorary Fellowship of the HKCFP went to Dr. York Chow for his tremendous support and contribution towards the development of primary care and promoting the family doctor concept in Hong Kong over the years. There were 27, 29, 55, and 47 doctors awarded HKCFP Fellowship, RACGP Fellowship, Exit Examination Certificate, and DFM correspondingly. Awards of the Best Candidate in Fellowship Examination 2012, the HKCFP Best Research 2012, and HKCFP Research Fellowship 2013 were delivered on stage also. The ceremony was concluded by Professor Joseph Sung delivering the 24th Dr Sun Yat Sen Oration entitled "The Losing Art of Medicine in 21st Century".

All of these would not have happened without the most efficient secretariat team led by Ms. Erica So and Ms. Crystal Yung, and a tremendous helpers' team to ensure the smooth running of the occasion, including Dr. Ko Wai Kit (Coordinator), Dr. Chan Chi Wai (Marshalling Officer), Dr. Hui Ming Tung, Eric (Marshalling Officer), Dr. Kwan Yu (Marshalling Officer), Dr. Wong Chak Tong (Marshalling Officer), Dr. Fok Peter Anthony (Usher), Dr. Lau Kin Sang, Kinson (Usher), Dr. Tsui Hoi Yee (Usher) and Dr. Wang Hua Li, Jenny (Usher). Last but not least, we would like to thank all the family members and friends who participated in the Ceremony to witness their beloved ones receiving their honours in this very joyous occasion.

Prof. Joseph Sung and Dr. Ko Wing Man (from left to right)

Prof. Sophia Chan, Prof. Lee Sum Ping and Dr. Lo Su Vui (from left to right)

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

Dr. Edmond Chan and Dr. Kwan Yu leading the Officiating Procession into the hall

Prof. Lam Tai Pong, Dr. Mak Sin Ping, Dr. Angus Chan, Prof. Joseph Lau (from right to left)

Dr. Ruby Lee delivering the opening speech

Dr. Angus Chan introducing our new Honorary Fellow Dr. York Chow on stage

Dr. Chan Hung Chiu announcing the successful FHKCFP and FRACGP candidates

Dr. Lau Ho Lim introducing our Dr. Sun Yat Sen Orator Prof. Joseph Sung on stage

Dr. Simon Au announcing the successful DFM candidates

Dr. Wendy Tsui announcing the successful Exit Exam candidates

Drs. Liang Jun, David Chao, Stephen Foo, John Chung, Gene Tsoi (from left to right)

Dr. Jennie Kendrick delivering the speech

Prof. Joseph Sung delivering the 24th Dr. Sun Yat Sen Oration

Dr. York Chow receiving the HKCFP Honorary Fellowship

Prof. Joseph Sung and Dr. Ruby Lee

Dr. Ruby Lee (4th from the right), Dr. Wendy Tsui (5th from the right), Dr. Ko Wai Kit (3rd from the left), Dr. Jenny Wang (1st from the left) with candidates

Dr. Kwan Yu (2nd from the left, front row), Dr. David Chao (5th from the left, front row), Dr. Ruby Lee (6th from the left, front row) with successful candidates

This year's successful candidates

Dr. Tam Yick Sin receiving the Best Candidate Award in Fellowship Examination 2012

Dr. Jennie Kendrick conferring the RACGP Fellowship

Dr. Jennie Kendrick (7th from the left, front row), Council Members with HKCFP/ RACGP Fellows

Dr. Jennie Kendrick (7th from the left, front row), Council Members with successful Exit Examination candidates

Dr. Simon Au (6th from the left, front row), Dr. Edmond Chan (7th from the left, front row) with successful DFM candidates

"Council Member-On-Duty" (CMOD) System

Dear College members,

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

From 15th August 2013 to 14th September 2013, Dr. Wendy Tsui and Dr. Yuen Shiu Man will be the Council Members On Duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments on anything 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. Wendy Tsui

Dr. Yuen Shiu Man

Membership Committee News

The Membership Committee approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **June 2013 – July 2013** :

Associate Membership (New Application)

Name	Chinese name
Dr. FUNG Chi Pun Wilson	馮治本
Dr. LO Chi Kin	羅子健
Dr. LUK Chun Wa	陸俊華
Dr. NG Hoi Yee	吳凱怡
Dr. TSUI Felix	徐偉豪
Dr. WONG Win Win	王詠穎
Dr. WONG Hong Kiu Queenie	黃康喬

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

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

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

Looking for an opportunity? Exclusive established medical practice looking for HK registered (essential) doctor for sale/ partnership; mainly expat clientele in established family practice working with 9 healthcare specialists. Email: drsjhc@gmail.com

Hong Kong Primary Care Conference 2013
Sharing from the Winner of "Full Paper Competition – Best Research Paper Award"

Dr. Chen Xiao Rui, Catherine
Associate Consultant, Department of Family Medicine and GOPC, Kowloon Central Cluster

We are very pleased and honored to be awarded "The Best Research Paper Award" at HKPCC 2013 held earlier this year. Our research project entitled "Management of type 2 diabetes in ethnic minority groups in Hong Kong: what do primary care physicians need to know?" tried to identify the demographics and compare the glycemic control of diabetes patients belonging to the ethnic minority group (EMG) with Chinese diabetes patients managed in the primary care setting.

We are all well aware that ethnic minorities are an important composite of Hong Kong population. According to the Hong Kong census in 2011, about 95 per cent of Hong Kong's population is ethnic Chinese; the remaining consists of EMGs mainly from Asia, such as the Philippines, Indonesia, India, Nepal and Pakistan. Previous studies have shown that diabetes affects certain ethnic groups differently. Differences in health care systems, limited access to health services, and social deprivation can further compound the risk of developing diabetes and its complications. The clinic where we have been working is one of the biggest GOPCs in HA locally with more than 70% of its attendance attributed to chronic diseases including diabetes. In addition, it is located in Kowloon Central where most of the South Asian minorities resided in. Up to this moment, local data on the diabetic control among EMGs diabetes patients is still lacking. To address this knowledge gap, we have performed this retrospective case series study in our clinic.

According to a pilot study carried out in early 2012, the top five EMGs that had regular follow up for chronic disease management in this clinic include Indian, Nepalese, Filipino, Pakistani and Indonesian. Our study revealed that among 4,346 type 2 diabetes patients fulfilling the inclusion criteria, 3966 patients (91.3%) were Chinese in origin and 380 (8.7%) were from the EMGs. Compared with Chinese diabetes patients, diabetes patients from EMGs were much younger but more obese ($P<0.001$). When all diabetes patients were stratified into different age groups (<50 yrs, 50-64yrs, >65 yrs), it was shown that the glycaemic control of diabetes patients from the EMGs was poorer compared with Chinese diabetes patients among all age groups (all $P<0.05$). Their average diastolic blood pressure was much higher (86±37 versus 74±10mmhg, $P=0.002$) than Chinese diabetes patients in the age group younger than 50 years, but similar among other age groups. Among the top five ethnic minority groups of diabetes patients managed in this clinic, the glycaemic and lipid control of **Pakistani** diabetes patients was particularly poor (all $P<0.05$). In conclusion, our study has provided important background information on the demographic characteristics of diabetes patients from the EMGs as compared with Chinese diabetes patients. There was deficiency in the comprehensive management of diabetes, particularly glycaemic control, among EMGs. Culturally tailored healthcare interventions are therefore required to promote patient education and clinical effectiveness among this group of patients so as to improve their health status in the long run.

I would like to take this opportunity to thank my supervisor, Dr. King Chan, for his continuous inspirations and encouragement during this study. I am also grateful to Ms. Elise Chan, EA III of Dept. of FM and GOPC, for her great patience in the data entry and Mr. Carl Chak, statistical officer of the Queen Elisabeth Hospital, for his expert contribution to the data analysis. Last but not least, I would like to thank HKCFP for providing such a wonderful platform for us to promote research development in primary care, and the panel of professional judges for their inspiring comments and support.

Hong Kong Primary Care Conference 2013
Sharing from the Winner of "Full Paper Competition – Best Novice Research Paper Award"

Dr. Yau Kin Chung
Service Resident, General Outpatient Department, Kwong Wah Hospital

I am very delighted to have won the 2013 HKPCC Novice Research Paper Award.

My research paper was entitled: A RCT showed the trans-theoretical model based physical activity consultation was effective in promoting physical activity (PA) in sedentary people with type 2 diabetes in primary care. I managed to recruit 68 type II diabetes patients who were sedentary into the study. They were given standard exercise information and were randomized to receive a physical activity consultation or placebo. The study concluded that such a trans-theoretical model based PA intervention of shorter consultation time (20 minutes) increased physical activity level and promoted their stage of behavioral change at 6 months among type 2 diabetes patients.

"Rome was not built in one day." This old saying could definitely portray my impression after doing this research. As a beginner in research, I encountered many challenges and difficulties ever since the research protocol was drafted. I learnt step by step how to conduct an evidence-based research in Family Medicine, through setting the research question,

refining the methodology, ensuring randomized allocation of subjects, data analyses and finally research paper writing. Though this "blank paper" had made many mistakes, I was not on my own in this research journey. Thanks to the continuing effort by our College and the HKPCC; an inspiring environment was cultivated for junior doctors like me to equip ourselves in this essential field in Family Medicine. I obtained many invaluable feedbacks from a panel of experienced supervisors during the HKPCC research workshop last year. Moreover, I'd like to thank my co-investigators Dr. Lorna Ng and Dr. Chiang Lap Kin for their sincere inspiration and fervent guidance throughout my research.

This Novice Research paper award was not only a memorable achievement for my own research paper, but also an inspiring invitation for many more high quality research studies in Family Medicine to come.

Hong Kong Primary Care Conference 2013
Sharing by Free Paper Presentation (Poster) Winner – The Use of HbA1c Improved Diagnosis of Diabetes Mellitus Among At-risk Individuals in the Community Setting in Hong Kong

Dr. Yu Yee Tak, Esther
Clinical Assistant Professor, Department of Family Medicine and Primary Care,
The University of Hong Kong

The Hong Kong Primary Care Conference (HKPCC) serves as an ideal platform for local clinicians to share exciting ideas and interesting observations with our fellow primary care doctors and allied health professionals. This year, I have the pleasure to present a poster, based on the theme "Innovations in Primary Care", by looking at the clinical impact of introducing the "new" diagnostic test – HbA1c – for the diagnosis of diabetes mellitus in our community.

In full, HbA1c is β-N-(1-deoxy)-fructosyl-haemoglobin. It is formed via a posttranslational non-enzymatic attachment of glucose to haemoglobin in an irreversible fashion and serves as an indicator of glycaemic control over the preceding 2- to 3- month period.[1] Clinicians are all familiar with its role in diabetes management as its level correlates closely with the development of diabetic complications. Since 2010, the American Diabetes Association also recommended its use as a diagnostic test for diabetes mellitus, using ≥6.5% as the cut-off point.[2] This recommendation quickly gained popularity among local clinicians, because of the convenience of HbA1c testing, and its clinical significance in guiding treatment. However, concerns regarding its cost, accuracy and clinical impact arose.

Our team carried out a small-scaled medical record review at a local public general-out-patient clinic (GOPC) to examine the application of HbA1c as an "alternative" diagnostic test among patients who had not been diagnosed to have diabetes mellitus at time of testing. Between January to December 2009, a total of 116 patients received HbA1c test in addition to fasting glucose tests. The group was heterogeneous; all of them had at least one risk factor for diabetes mellitus, namely impaired fasting glucose or impaired glucose tolerance (71%), hypertension (91%), hyperlipidaemia (50%), obesity (41%) or family history of diabetes (3%). We reviewed the laboratory results of these patients up to July 2011; 10 patients were lost to follow up and therefore excluded.

From this exercise, our team had made the following interesting observations: 1. Significant variations were noted in the choice of diagnostic tests employed to monitor progression into diabetes mellitus among these high risk patients during the review period where fasting glucose was more commonly used than HbA1c; 2. Oral glucose tolerance test was infrequently performed among patients with impaired fasting glucose, defined by a fasting glucose level between 6.1-6.9mmol/L, in contrary to local recommendation; 3. The interval at which these diagnostic tests were performed also varied; 4. The prevalence of diabetes mellitus among the studied group had doubled when HbA1c was used together with plasma glucose tests for diagnosing diabetes mellitus; 5. Quite a number of patients with impaired fasting glucose (IFG) or impaired glucose tolerance (IGT) had HbA1c ≥6.5%, meeting the diabetic cut-off threshold recommended by ADA. These findings demonstrated that the current diagnostic practice for diabetes mellitus at GOPC was inconsistent and inadequate, possibly resulting in a large number of missed diabetic cases, and the use of HbA1c as a diagnostic test for diabetes mellitus seemed welcomed by clinicians and could improve detection of diabetic cases in the local community setting.

I would like to take this opportunity to express my heartfelt gratitude to the Cheung Sha Wan Jockey Club GOPC team (Department of Family Medicine and Primary Health Care, Kowloon West Cluster, Hospital Authority) for supporting this review exercise, and to Professor Cindy Lam and Dr. Carlos Wong (Department of Family Medicine and Primary Care, the University of Hong Kong) for guiding the data analysis process. It is our hope that these useful findings can offer new insights to our fellow primary care doctors concerning the clinical impact of using HbA1c as a diagnostic test for diabetes mellitus in the local clinical setting, so that we can all work together to improve diabetic care in our community!

References:

1. Tai M. Global standardization of HbA1c. *Topical Update - The Hong Kong College of Pathologists* 2009;3(2):1-3.
2. American Diabetes Association. Standards of medical care in diabetes - 2010. *Diabetes Care* 2010;33(S1):S11-S61.

Board of Conjoint Examination
Report on OSCE 2013 Information Seminar for Candidates

The Information Seminar on OSCE segment was held on 23 June 2013. The room was well attended by 21 candidates (Cat I: 15, Cat II: 6) and members from the Board – including the Chairman, the OSCE Coordinator, the Deputy OSCE Coordinator and the secretarial staff.

The seminar started with a warm welcome by our Chairman, Dr. Chan Hung Chiu. Dr. Chan first introduced the concept and expectations of the Conjoint Examination. He then explained the various measures undertaken by the Board to ensure the examination is fair, reliable and valid to all the candidates.

Dr. Chui Siu Hang Billy, our OSCE Coordinator, explained the different emphases of the 14 stations in the OSCE examination and the different domains used in each station to the candidates. A case demonstration of two roleplaying candidates with different levels of performance was shown to the audience.

We presented the marking scheme and went through the setting of the domains of each case. We also explained the marking rationale behind using essential marking points to divide between past and fail for a particular domain in each question. The candidates were given a chance to mark the scenario with the respective key feature checklist themselves and understand how to assess a particular domain and how to achieve the pass criteria in each domain.

This year the candidates are invited to participate in the rehearsal day on the 6 October 2013. They will get a chance to role play as a candidate and meet with the examiners. Their response is positive.

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

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

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 enquiries, please contact our College Secretaries, Ms. Carmen Cheng or Mr. Brian Chan at 2528 6618.

Higher Training Subcommittee
BVTS

Board of Diploma in Family Medicine (DFM) - Lectures

Topics and Speakers :

Dates	Time	Topics	Speakers
24 Aug 2013 (Sat)	2:30 p.m. – 5:00 p.m.	Module V – Consultation Skills Workshop I	Dr. Chan Chi Wai
7 Sep 2013 (Sat)	2:30 p.m. – 5:00 p.m.	Module V – Consultation Skills Workshop II	Dr. Chan Man Li
22 Sep 2013 (Sun)	2:30 p.m. – 5:00 p.m.	Module V – Orthopaedic Injection Workshop	Dr. Lau Hoi Kuen

Co-ordinator : **Dr. Wong Pak Hoi**
Board Member, The Board of Diploma in Family Medicine, HKCFP

Venue : Council Chamber, Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong

Orthopaedic Injection Workshop will be held at Lecture Hall, 4/F,
Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong

Accreditation : 3 CME points HKCFP (Category 4.4)
3 CME points MCHK

Registration Fees *(Please tick as appropriate)*:

Dates	Topics	HKCFP Member	Non-member
24 Aug 2013 (Sat)	Module V – Consultation Skills Workshop I	☐ HK$200	☐ HK$400
7 Sep 2013 (Sat)	Module V – Consultation Skills Workshop II	☐ HK$200	☐ HK$400
22 Sep 2013 (Sun)	Module V – Orthopaedic Injection Workshop	☐ HK$500	☐ HK$1,000

Capacity : **20 Doctors**

Registration : Registration will be first come first served. For registration or enquiries, please call the College secretariat, Mr. John Lee at 2861 0220. All cheques are payable to "HKCFP Holdings and Development Limited". Please mail the cheque to Rm 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai. All fees received are non-refundable and non-transferable.

To : HKCFP, Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong. (Fax: 2866 0981)

Dear Sir/ Madam,

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

I would like to attend lecture(s) of **Module V** at Council Chamber, Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

Name : ____________________

Tel No. : ____________________

Email : ____________________

Date : ____________________

20th Hong Kong International Cancer Congress, 14 – 15 November, 2013 "New Horizons in Cancer Care"

Dear Colleagues,

The Hong Kong International Cancer Congress provides an active forum in addressing issues related to cancer strategy, care and research. Every year, prominent clinicians, leading scientists and medical oncologists are invited to share their experience and expertise in the Congress. The emphasis this year is on highlighting the importance of new advances in cancer care and practice.

As in the previous years, HKCFP has invited speakers with interests in providing palliative care and end of life care to share their experience and expertise in cancer management. This year, the HKCFP Symposium will commence from 2:00 pm to 3:30 pm on 14 November 2013 (Thursday) at the Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. The Symposium is entitled **"Family Physicians, Palliative Care, and Spiritual Pain in End of Life Care"**, which comprises:

1. **Bridging between Family Medicine and Palliative Care**
   Dr. Olivia CHOI, Dept of Family Medicine & Primary Health Care and Dept of Medicine & Geriatrics, United Christian Hospital

2. **Barriers Encountered by the Palliative Care Team and Family Physicians in Caring for the Relatives of Advanced Cancer Patients**
   Dr. YAU Lai Mo, Dept of Family Medicine & Primary Health Care, United Christian Hospital

3 **Spiritual Pain in a Changing World at the End of Life**
   Prof. Rodger CHARLTON, Dept of General Practice, University of Nottingham, United Kingdom

You are cordially invited to join the Symposium and the forthcoming Congress. We are most grateful for the organisers who have kindly provided a limited number of complimentary registrations for our College Fellows and Members and these places are available on a first-come first-served basis. Please contact the College secretariat (Ms. Windy LAU windy@hkcfp.org.hk) at your earliest convenience (by 30th September 2013) for reservations. The programme at a glance is also printed in the following page for your quick reference. For more information on HKICC, please visit the website: http://hkicc.org.

Look forward to seeing you soon at the HKICC!

With Best Wishes,

Dr. David V. K. CHAO

HKCFP Representative, 20th Hong Kong International Cancer Congress

The University of Hong Kong Li Ka Shing Faculty of Medicine
Centre for Cancer Research

20th Hong Kong International Cancer Congress (14 - 15 November 2013)

Programme at a Glance

Thursday, 14 November 2013

8:30 am — **Registration**

9:15 am — PYK Auditorium — **Opening Ceremony**

9:30 am — SAL — PYK Auditorium
HKICC Lecture
The Pathobiology of Cell Motility
Gareth E JONES, King's College, London, UK

10:30 am — ***Coffee Break***

11:00 am

SAL — PYK Auditorium
Imaging Cancer Invasion and Drug Response
Tumour-Stromal Interactions in Breast Cancer Bone Metastasis
Yibin KANG, Princeton University, USA

SAL — LPY Lecture Theatre
Psychosocial Oncology (HKCF)
Moving Vitality : Dynamic Forms of Healing Through Dance
Anne KRANTZ, California Institute of Integral Studies, USA

SYM — PYK Auditorium
Imaging Cancer Invasion and Drug Response
Unraveling Differential Cellular Dynamics in Search of New Targeted Anticancer Therapy
Jue SHI, Baptist University, HK

SAL — LPY Lecture Theatre
Psychosocial Oncology (HKCF)
Mindfulness-Based Cognitive Therapy for Cancer Survivors and their Love Ones
Evaon WONG-KIM, California State University, USA

12:30 pm — ***Lunch Break & Young Investigator Awards Competition***

YIA — JK Meeting Rm — **YIA - Biomedicine**

YIA — Function Rm — **YIA - Psychosocial Oncology**

2:00 pm

SYM — PYK Auditorium
Family Physicians, Palliative Care, and Spiritual Pain in End of Life Care
Bridging Between Family Medicine and Palliative Care
Dr Olivia CHOI, Dept of Family Medicine & Primary Health Care and Dept of Medicine & Geriatrics, United Christian Hospital
Barriers Encountered by the Palliative Care Team and Family Physicians in Caring for the Relatives of Advanced Cancer Patients
Dr YAU Lai Mo, Dept of Family Medicine & Primary Health Care, United Christian Hospital
Spiritual Pain in a Changing World at the End of Life?
Prof. Rodger CHARLTON, Dept of General Practice, University of Nottingham, United Kingdom

WK — Function Rm
Psychosocial Oncology (HKCF)
Moving Vitality: Dance Movement Therapy as a Healing Art
Anne KRANTZ, California Institute of Integral Studies,USA

3:30 pm — ***Coffee Break***

4:00 pm

SAL — PYK Auditorium
Molecular Imaging
PET/CT in Oncology: FDG and Beyond
Katrine ÅHLSTRÖM RIKLUND, Umea University, Sweden

SYM — PYK Auditorium
Cancer Metabolism and Epigenetics
Molecular Imaging from Translational Research to Personalized Quantitation
C Oliver Wong, Oakland University, USA
Functional Neuroimaging in Brain Tumors: Are they Clinically Applicable or Research Oriented?
Henry KF Mak, The University of Hong Kong, HK

WK — Function Rm
Psychosocial Oncology (HKCF)
Enhancing Parent-Child Communication of Cancer Survivors
Evaon WONG-KIM, California State University, USA

5:30 pm

Friday, 15 November 2013

8:30 am — **Registration**

9:15 am — PYK Auditorium — **Award and Prizes Presentation Ceremony**

9:30 am — SAL — PYK Auditorium
CCR Lecture
AMPK, A Drug Target in Cancer, Diabetes and Inflammatory Disease: Too Good to be True?
D Grahame HARDIE, University of Dundee, UK

10:30 am — *Coffee Break*

11:00 am

SAL — PYK Auditorium
Cancer Metabolism and Epigenetics
Cancer Cell Metabolic Reprogramming: Links to the Epigenome
Kathryn E WELLEN, University of Pennsylvania, USA

SAL — LPY Lecture Theatre
Psychosocial Oncology (SPHC)
Dying in Non-Palliative Care Settings
Margaret O' CONNOR, Monash University, Australia

Ed. SYM — PYK Auditorium
Cancer Metabolism and Epigenetics
Deregulation of Epigenetic Regulator and their Pathological Implications in Liver Cancer
Jack CM WONG, The University of Hong Kong, HK
A Specific Role of AMP-Activated Protein Kinase in Hepatocarcinogenesis
Wilson YP CHING, The University of Hong Kong, HK

SYM — LPY Lecture Theatre
Psychosocial Oncology (SPHC)

12:30 pm — *Lunch Break*

2:00 pm

SYM — PYK Auditorium
Personalized Medicine and Targeted Therapy
Updates in Personalized Chemotherapy and Targeted Therapy of Non-Small Cell Lung Cancer
Chong-Jen YU, National Taiwan University, Taiwan
Personalized Treatment for Metastatic Prostate Cancer
Charles J RYAN, University of California, USA
Personalized Treatment for Acute Myeloid Leukemia
Anskar YH LEUNG, The University of Hong Kong, HK

SYM — LPY Lecture Theatre
Public Health Session
Optimizing Supportive Care in Cancer

WK — Function Rm
Psychosocial Oncology (SPHC)
Death Anxiety, Resilience, Grief and Coping
Margaret O'CONNOR, Monash University, Australia

3:30 pm — *Coffee Break*

4:00 pm

SYM — PYK Auditorium
Gynaecological Cancer
HPV and Management of Cervical Cancer: Does Genotype Matter?
Chyong-Huey LAI, Chang Gung University, Taiwan
Fertility Preservation in Ovarian Cancer Patients
Sarikapan WILAILAK, Mahidol University, Thailand

SYM — LPY Lecture Theatre
Nursing Session
Contemporary Issues in Cancer Prevention and Treatment: A Nursing Perspective

WK — Function Rm
Psychosocial Oncology (SPHC)

5:30 pm

LPY Lecture Theatre *Lim Por Yen Lecture Theatre (G/F)*
SPHC *The Society for the Promotion of Hospice Care*
PYK Auditorium *Pao Yue Kwong Auditorium (G/F)*
SAL *State-of-the-Art Lecture*
Function Rm *Function Room (2/F)*
Ed. SYM *The Educational Symposium*
JK Meeting Rm *James Kung Meeting Room (2/F)*
SYM *Symposium*
YIA *Young Investigator Awards*
WK *Workshop*
HKCF *Hong Kong Cancer Fund*

Nurse-Led Continence Care Clinic

Dr. Sze Hon Ho, Specialist in Family Medicine, Hospital Authority
Ms. Lau Wong Pang, Amy, Advanced Practice Nurse, Hospital Authority
Mrs. Pang Wong Yuet Ching, Advanced Practice Nurse, Hospital Authority

One in ten people have problems of incontinence with different degrees of severity. This number increases with age. If untreated, it may lead to hygiene problems, psychological disturbances and a decline in quality of life. In view of its high prevalence but treatable and preventable nature, incontinence is appropriately considered a public health problem.

In October 2009, a Nurse-led Continence Care Clinic was established at Tung Wah Hospital (TWH). The programme is run by nurses specialized in continence care and aims at early detection of and interventions for incontinence problems in adults so as to reduce the impact on daily life. The Continence Care Clinic in TWH General Out-patient Clinic (GOPC) was piloted to provide Continence Care Service for all community-dwelling adults with urinary or bowel problems in the Hong Kong West Cluster. To cater for the growing service demand, the Apleichau and Aberdeen GOPC Continence Care Clinics were established in September 2010 and February 2011, respectively.

Eligible clients underwent baseline assessment prior to comprehensive assessment and treatment. It was found that the majority of patients with chronic disease had concomitant urinary and bowel problems, meaning that enhancement of primary care and chronic disease management programmes were necessary. Women commonly exhibited stress and urge incontinence, while men commonly had Lower Urinary Tract Symptoms (LUTS). Bowel problems were found to be present in both sexes. The impact of urinary problems on daily living was higher in women and it was found that early problem detection could minimize the psychosocial disturbances.

Here we'd like to share two clinical reports:

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Continence Nurse Clinic at Primary Care Level-Preliminary Review

Objective

The programme aimed at the early detection and intervention of urinary and bowel problems in community-dwelling adults so as to reduce the serious disturbances resulting from incontinence and enhance their quality of life (QoL).

Method

A focussed continence screening was carried out at all primary healthcare clinics in HKWC. Patients with urinary and/or bowel problem were enrolled on a voluntary basis. Continence nurses conducted a comprehensive continence assessment and a specific management plan was then established according to the endorsed Protocol of Management of Urinary and Bowel Problems for Adults. Patients were discharged if the symptoms had been subsided, or the problems had been managed, or no improvement even after six months of treatment. They were also referred to primary healthcare clinics or specialist out-patient clinic (SOPC) if further treatment was needed. All the data of Continence Clinic Case Report Form-Baseline and Discharged, which included ICIQ-UI (Short form), International Prostate Symptoms Score (IPSS) and the Patient Satisfaction Survey to the Continence, were compared to evaluate the symptom control and the impact of QoL after nursing intervention.

Results

438 patients were discharged from October 2009 to September 2010. 215 patients (49.09%) are male with an average age of 65.52 (ranging 36-88) and 223 patients (50.91%) are female with an average age of 60.44 (ranging 22-84). The mean number of clinical consultation was 3.22 visits. The commonest continence problem of male patients was LUTS (94.42%), and that of female patients was stress incontinence (65.47%). Upon discharge, 433 patients (98.85%) had symptoms that had subsided or had

Exterior view of Continence Care Clinic

Family Physicians Links

"Submissions of articles to Feature with up to 1200 words are always welcome. Gift vouchers will be given as a token of appreciation if the articles are selected for publication. Email: carmen@hkcfp.org.hk"

been managed, and only 5 patients (1.15%) had no improvement. Meanwhile, 357 patients (87.9%) were discharged without follow up, 49 patients (11.19%) were referred to Primary Healthcare Clinic doctors for further management and 4 patients (0.91%) were referred to SOPC for further investigation/ intervention. For the IPSS results of male patients with LUTS, the mean symptom score was reduced from 12.22 to 8.92 and the mean of QoL score was reduced from 2.91 to 2.35. Besides, 220 patients (50.23%) reported improvement in the score of impact of QoL by urinary problems and 42 patients (64.62%) had improvement in the score of impact of QoL by bowel problems. All in all, 378 patients (86.3%) rated "very satisfied" and 58 patients (13.24%) rated "satisfied" at the Patient Satisfaction Survey when discharge.

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Nurse-led Continence Clinic:

Prevalence of Urinary & Bowel Problems" and "Impact of Daily Living"

Objectives

(1) To explore the overall health status;
(2) To summarize the diagnosis of incontinence symptoms;
(3) To compare the impact of incontinence on daily living between women and men.

Method

Clients under care of HKWC were screened in primary healthcare clinics and SOPCs by health care professionals. Patients referred from Accident and Emergency Department (A&E), and Community Nursing Service (CNS) patients in continence programmes also participated in this screening. Anyone aged 18 years or above with urinary or bowel problems were eligible for assessment at the continence clinic. Every patient was assessed at baseline upon enrolment.

Results

From October 2009 to September 2010, there were 861 women and 656 men (N=1517) enrolled in this programme, with 85.56% from primary healthcare clinics. The majority of clients aged from 56 to 75 (57.23%), the youngest was an 18 year old female and the eldest was 97 (both male and female). With respect to overall health status, 75.94% of women and men had chronic illnesses. Among them, only 25.84% self-rated health status as good or above. For problems on "Urinary" and "Bowel", the former was greater with a proportion of 97.63% and the latter with 23.54%. 39.36% patients reported urinary wetting more than 3 times a day. For IPSS in male patients with LUTS, the mean score ranged from 11.231/35 to 15.125/35 while the QOL was around 3/6.

Conultation summaries revealed that "stress incontinence" was the most common urinary problem in women (39.56%), among which 42.83% were associated with "urge incontinence". 72.32% men presented with "LUTS". Same as the female group, the second most common problem was "constipation" (9.92%). For the other diagnoses, both genders had similar percentages.

Direct to the impact of daily living, the proportion of women who complaint of urinary problems affecting their daily life were more than men, with average mean scores ranging from 3.417/10 to 9.462/10 among women, and from 3.647/10 to 4.333/10 among men. It was found that females with urinary dysfunction aged 66-75 suffered from the worst disturbances to everyday life. With respect to bowel problems, there was no significant difference between the sexes.

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Most urinary and bowel problems of patients are manageable and will subside after nursing interventions at Continence Care Clinic. Promoting continence care at primary care has benefits at public health level. The continence nurses play an important role in delivering health education and behavioral therapies because they provide an acceptable first-line management which is non-invasive but effective. The Continence Care Clinic shares the burden of increasing demand of medical service by the people with continence problems. The most encouraging result is that nearly all the patients are satisfied with the services of Continence Care Clinic.

Consultation room of Continence Care Clinic

HONG KONG SANATORIUM & HOSPITAL

LI SHU PUI SYMPOSIUM 2013

RECENT ADVANCES IN MEDICAL PRACTICE

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

Time	Programme		Speaker
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**	Chairperson	Dr. Gladys LO
	How MR is Changing Medical Decisions		**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

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Non-Hormonal Alternative for Hot Flushes Associated with Menopause

FDA News Release: FDA approves the first non-hormonal treatment for hot flushes associated with menopause

On 28/6/2013, the U.S. Food and Drug Administration approved Brisdelle (paroxetine) to treat moderate to severe hot flushes (vasomotor symptoms) associated with menopause. Brisdelle, which contains the selective serotonin reuptake inhibitor paroxetine mesylate, is currently the only non-hormonal treatment for hot flushes approved by the FDA.

There are a variety of FDA-approved treatments for hot flushes, but all contain either estrogen alone or estrogen plus a progestin.

Hot flushes associated with menopause occur in up to 75 percent of women and can persist for up to five years, or even longer in some women. Hot flushes are not life-threatening, but the symptoms can be very bothersome, leading to discomfort, embarrassment and disruption of sleep.

The safety and effectiveness of Brisdelle were established in two randomized, double-blind, placebo-controlled studies in a total of 1,175 postmenopausal women with moderate to severe hot flushes (a minimum of seven to eight episodes per day or 50-60 per week). The treatment period lasted for 12 weeks in one study and 24 weeks in another study. The results showed that Brisdelle reduced hot flushes compared to placebo. The mechanism by which Brisdelle reduces hot flushes is unknown.

The most common side effects in patients treated with Brisdelle include headache, fatigue, and nausea/vomiting.

Brisdelle contains 7.5 mg of paroxetine and is dosed once daily at bedtime. Other medications such as Paxil and Pexeva contain higher doses of paroxetine and are approved for treating conditions such as major depressive disorder, obsessive-compulsive disorder, panic disorder and generalized anxiety disorder. All medications that are approved for treating depression, including Paxil and Pexeva, have a boxed warning about an increased risk of suicide in children and young adults. Because Brisdelle contains the same active ingredient as Paxil and Pexeva, a boxed warning about suicidality is included in the Brisdelle label.

Additional labeled warnings include a possible reduction in the effectiveness of tamoxifen if both medications are used together, an increased risk of bleeding, and a risk of developing serotonin syndrome (signs and symptoms can include confusion, rapid heart rate, and high blood pressure).

Reference:

www.fda.gov
U.S. Food and Drug Administration

Compiled by Dr. Ho Ka Ming

Mosquitoes Alert! Japanese Encephalitis!

Press Releases from the Centre for Health Protection, Hong Kong Government 22nd July 2013 / 18th July 2013 / 16th July 2013

The Centre for Health Protection (CHP) of the Department of Health (DH) urged the public to take precautions against mosquito-transmitted diseases.

On July 22, CHP investigated a suspected case of Japanese encephalitis (JE) affecting a 13-year-old boy. Upon preliminary laboratory testing by the Public Health Laboratory Services Branch (PHLSB) of the CHP, his serum specimen was tested negative for antibodies against JE. Further specimens will be taken from the patient later for laboratory testing.

Before this suspected case, two locally acquired JE cases have been reported to the CHP this year. Three cases were reported in 2012 (including two imported cases and one local case) while one (a local case) was reported in 2011. Locally, there were no case reports from 2008 to 2010.

Regarding the first two confirmed cases reported this year, the latest investigations by the CHP revealed that both male patients aged 59 and 52 were in Hong Kong during most of the incubation period, hence both were classified as locally acquired.

JE is a viral disease transmitted by the bite of infected mosquitoes. Culex tritaeniorhynchus (Culicine mosquito) is the principal vector of JE and is nocturnal. It mainly breeds in waterlogged fields, marshes, ditches and small stagnant collections of water around cultivated fields. The mosquitoes become infected by feeding on pigs and wild birds infected with the JE virus, which then transmit the virus to humans and animals during the feeding process. The disease is not directly transmitted from person to person. JE is endemic in the Mainland and regions in the Southeast Asia.

Most JE virus infections are mild without apparent symptoms other than fever with headache. Symptoms usually start at around 4-14 days after infection. More severe infections are clinically characterised by quick onset of headache, high fever, neck stiffness, impaired mental status, coma, tremors, occasional convulsions (especially in infants), and paralysis.

There is no specific treatment for this disease. Supportive therapy is indicated. Death rates may range from 5% to 35%. Patients who survive may have neurological consequences.

To prevent contracting JE, members of the public, particularly those living in rural areas, are reminded to take heed of the following **preventive measures**, especially after dark:

1. Wear long-sleeved clothes and trousers.
2. Use effective insect repellents containing DEET over exposed parts of the body when outdoors.
3. Use mosquito screens or nets in rooms which are not air-conditioned.
4. Apply household pesticide to kill adult mosquito with a dosage according to the label instructions.
5. Place mosquito coil or electric mosquito mat / liquid near possible entrance, such as windows, to prevent mosquito bites.
6. Prevent the accumulation of stagnant water.
   - Put all used cans and bottles into covered dustbins.
   - Change water for plants at least once a week, leaving no water in the saucers underneath flower pots.
   - Cover tightly all water containers, wells and water storage tanks.
   - Keep all drains free from blockage.
   - Top up all defective ground surfaces to prevent the accumulation of stagnant water.

Travellers to endemic areas of JE should take the following precautions:

1. Avoid outdoor exposure to mosquito bites at dusk and dawn, especially in rural areas, when mosquitoes spreading this virus are most active.
2. Apply effective insect repellents containing DEET over exposed parts of the body and clothes.
3. Consider vaccination that should be completed at least 10 days before departure (if staying in endemic areas in Asia or the Western Pacific for over one month), particularly in high-risk rural areas.

Reference:

http://www.chp.gov.hk
The Centre for Health Protection

Compiled by Dr. Ho Ka Ming

The Missing Watch

There once was a farmer who discovered that he had lost his watch in the barn. It was no ordinary watch because it had sentimental value for him.

After searching high and low among the hay for a long while; he gave up and enlisted the help of a group of children playing outside the barn.

He promised them that the person who found it would be rewarded.

Hearing this, the children hurried inside the barn, went through and around the entire stack of hay but still could not find the watch. Just when the farmer was about to give up looking for his watch, a little boy went up to him and asked to be given another chance.

The farmer looked at him and thought, "Why not? After all, this kid looks sincere enough."

So the farmer sent the little boy back in the barn. After a while the little boy came out with the watch in his hand! The farmer was both happy and surprised and so he asked the boy how he succeeded where the rest had failed.

The boy replied, "I did nothing but sit on the ground and listen. In the silence, I heard the ticking of the watch and just looked for it in that direction."

A peaceful mind can think better than a worked up mind. Allow a few minutes of silence to your mind every day, and see, how sharply it helps you to set your life the way you expect it to be!

http://academictips.org/blogs/the-missing-watch/

（本欄資料由 心靈綠洲--個人成長及危機處理中心 提供，特此鳴謝。）

Are you practicing Evidence Based Medicine (EBM)?

Dr. Kinson Lau, A Family Doctor interested in EBM

I read the articles in FP Links (June 2013) by Dr. Francis Lee and Dr. Mark Chan with great interest and admire their effort in keeping their clinical knowledge up to date. I share with Mark's frustration in the endless hunt for the best clinical practice. I have also tried to maintain a clinical database on the best current evidence with my colleagues. However, that was a mission impossible to accomplish as new evidences were generated much faster than we, full time clinical practitioners, could critically appraise. So, does it mean that we cannot practice EBM if we haven't got the time, skills or resources to do critical appraisal?

Straus SE et al classified the practice of EBM into three modes in 2003 – the 'replicators', the 'users' and the 'doers'.[1]

The replicators – recognise their knowledge gap and the need to ask focused clinical questions; trust and follow the recommendations of respected EBM leaders on common clinical problems which apply to most patients; use evidence based guidelines; and require very limited searching and appraisal skill.

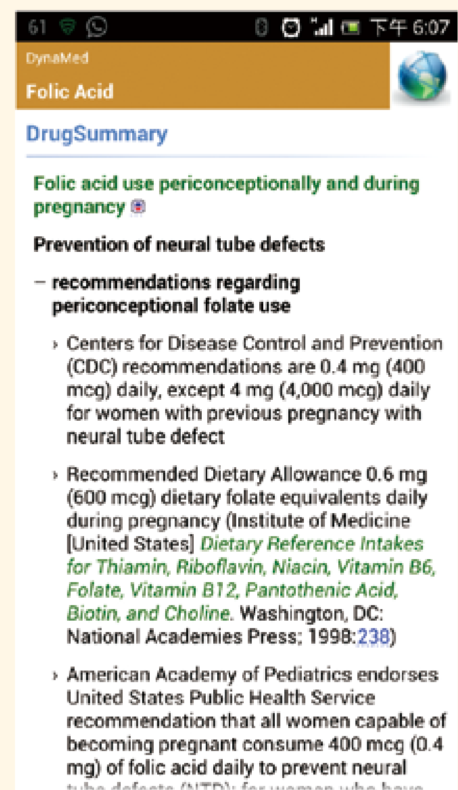
The Users – are more skilful in asking focused clinical questions; able to search secondary (pre-appraised) data sources (eg: Cochrane, ACP Journal Club, DynaMed etc.) for summary results; then apply to specific patients.

The Doers – are users who know the 5 steps in EBM in details; able to formulate focused, answerable clinical questions, extensively search for primary resources for evidence, critically appraise and directly apply or synthesise results as guidelines, systematic reviews, policy documents for patient care.

I would like to take this opportunity to share how I practice EBM in my daily practice. This is not the best way and certainly not the only way in practicing EBM; but with time we will develop our own way that is most suitable to our own need.

As a busy full-time primary care doctor working in the public sector, quite a lot of my patients are suffering from hypertension and diabetes mellitus. I follow the evidence based Reference Frameworks on Hypertension and Diabetes developed by the Primary Care Office for these groups of patients (http://www.pco.gov.hk/english/initiatives/frameworks.html). At the moment the number of local guidelines developed by the Framework is very limited, but there are guidelines from other organisations which can be found via the following links: National Guideline Clearinghouse (http://www.guidelines.gov/), NICE Clinical Guidelines (http://guidance.nice.org.uk/CG/Published), Guidelines international Network (http://www.g-i-n.net/library) etc..

A few weeks ago, I saw a young lady with good past health who was preparing for conception, I advised her to start taking folic acid 0.4mg daily. Few days later she returned and complained that she was not able to purchase folic acid 0.4mg from her local pharmacy and asked if she can take folic acid 5mg instead. A three minutes search on DynaMed confirmed that folic acid 0.4 mg daily at time of conception reduce rate of spina bifida and anencephaly, however, higher doses of folic acid (5 mg daily) may be associated with increased cancer mortality. Another minute's search on http://www.mims.com/Hongkong showed that low dose folic acid was indeed available in Hong Kong and the patient was advised accordingly.

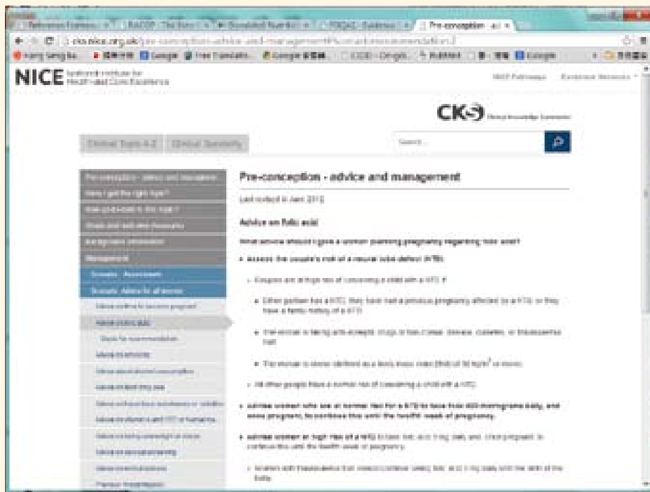


DynaMed is certainly not the only pre-appraised data sources available in the cyber world, but a lot of our College members are also RACGP members - so we can have free access (or already paid via our membership subscription) to DynaMed via the RACGP website. (http://www.racgp.org.au/support/library/poc/dynamed/)

Fig 1. If you contact the librarian of The John Murtagh Library, RACGP, she may be able to give you an access code for a mobile version of DynaMed on your iPhone or Android phone.

(Disclaimer: All advice and sharing in the meeting are personal opinions and bear no legal responsibility. All patients' identities are kept confidential.)

Recently, the Clinical Knowledge Summaries (CKS) of NHS, UK has also been resurrected after hibernated for almost a year. It provides free access via http://cks.nice.org.uk/; but those parts on e-journal, e-book, BNF etc. are limited to NHS staff.



There are more pre-appraised online resources eg: Evidence-Based Medicine, ACP Journal Club, Up To Date, Essential Evidence Plus etc.; but most of them need subscription.

One of my patients, a 10 year-old boy, with multiple café-au lait spots and no other history/ symptom/ sign for years eventually developed a few neurofibromas, and he was referred to the specialist and later confirmed to be suffering from Type 1 Neurofibromatosis (NF 1). I wondered the clinical outcome if I should have referred him earlier. A quick search on DynaMed yielded no result. A PubMed search led to a 2009 original research article by Nunley KS et al. "Predictive value of café au lait macules (CALMs) at initial consultation in the diagnosis of neurofibromatosis type 1."[2]

	Type 1 Neurofibromatosis	Not Type 1 Neurofibromatosis
CALMs ≥ 6	34	10
CALMs <6	0	66

Results from the study showed that 6 or more CALMs seems to be an accurate diagnostic test for Type 1 Neurofibromatosis with a

- Sensitivity = 34/(34+0) = 100%
- Specificity = 66/ (10+66) = 86.8%

In the article the authors concluded that "The majority of patients with 6 or more CALMs will eventually meet diagnostic criteria for NF1, typically by age 6 years, and this likelihood increases with increasing number and typical morphologic appearance of CALMs."

I wondered if this is such a good diagnostic test - should I refer all patients with 6 or more CALMs to the specialist before they develop any other sign/ symptoms? Looking at the results more carefully, I calculated the positive likelihood ratio (LR+) = 100/(100-86.8) ≈ 7.6. As the prevalence of NF 1 in the general population (in my patient population) is ~ 1 in 3000:

- → Pretest probability: 1/3000
- → Pretest odd: (1/3000)/(1-1/3000)
- → Post-test odd: 7.6 x (1/3000)/(1-1/3000) = 7.6/2999
- → Post-test probability : (7.6/2999)/(1+7.6/2999) = 0.002527

Thus, if I referral all patients with 6 or more CALMs, the Number Need to Refer (NNR) is 396 patients [(1/0.002527) = 395.7 → rounded up to 396] in order to have one patient correctly referred with NF 1! Should I refer them all?

The above are some examples of how we can practice EBM; it ranged from the replicator mode to the doer mode. Doctors may practise in any of these modes at various times; the mode of EBM practiced depends on the nature of the encountered condition, time constraints, and level of expertise with each of the steps.

- Is it possible not to practice medicine in any of these modes nowadays?
- Have you ever followed any evidence based guideline?
- Are you practicing EBM?

References:

1. Sharon E Straus, Michael L Green, Douglas S Bell, Robert Badgett, Dave Davis, Martha Gerrity, Eduardo Ortiz, Terrence M Shaneyfelt, Chad Whelan, Rajesh Mangrulkar for the Society of General, Internal Medicine Evidence-Based Medicine Task Force. *Evaluating the teaching of evidence based medicine: conceptual framework BMJ 2004;329:1029–1032*

2. Nunley KS, Gao F, Albers AC, Bayliss SJ, Gutmann DH. *Predictive value of café au lait macules (CALMs) at initial consultation in the diagnosis of neurofibromatosis type 1. Arch Dermatol. 2009 Aug; 145(8):883-887. doi: 10.1001/archdermatol.2009.169.*

Interest Group in Dermatology – The 36th meeting on 6th July 2013

Dr. Tang Yuk Ming - Dermatologist in Private Practice

Theme : **Practical Office Dermatological Procedures Part 2**

Speaker : Dr. Tang Yuk Ming, Dermatologist in Private Practice

Moderator : Dr. Wong Nai Ming, Coordinator, Board of Education

To remove seborrhoeic keratoses, one can try to use shave biopsy instead of total excision. This can produce a more satisfactory cosmetic result. In seborrhoeic keratoses, there is a potential plane of cleavage, simple curretage at its edge will show an underlying healthy looking dermis, in contrast with the ragged/oozing/friable/irregular bases as seen in malignant conditions. Shave excision can then be done with ease and confidence.

Keloids are notoriously difficult to treat. One can try intralesional cryotherapy by inserting a cannula sized at least 18 gauge through the lesion and then pass cryogen through the cannula. A few sessions may be required for shrinkage of a keloid. This should be a more effective treatment than external application of cryotherapy.

Lichen Amyloidosis is a common primary cutaneous amyloidosis in Asians. It is due to focal epidermal damage with keratinocyte degeneration, leading to conversion into amyloid in the papillary dermis. It can be asymptomatic except for causing cosmetic disfigurement. However it can be very itchy, uncontrollable by topical steroids and antihistamines. Dermatologists sometimes will do dermabrasion in office for control of the itchiness. Since dermabrasion is a very painful process, good local anaesthesia is required. By infusing tumescent anaesthetic fluid into subcutaneous tissue, there will be slow release of lignocaine from fat, thus allowing increase of maximum dose of lignocaine up to 35mg/kg body weight. There is another advantage as the swollen site allows easier dermabrasion.

For heavily infected onychomycosis involving a single nail, dermatologists will sometimes do nail avulsion to remove the bulk of the disease. Of course this must be avoided in those with poor general condition, those with poorly controlled diabetes or peripheral vascular disease, and those on anticoagulants / antiplatelet agents. The nail removed can be sent for histopathology study and fungal culture. The hypertrophic nail bed can also be sampled for fungal culture. Once the nail bed is dried, topical antifungal agents can be commenced while waiting for the fungal culture result.

For patients using nail lacquer for treatment of their onychomycosis, they should be warned not to apply the lacquer onto the surrounding skin, to prevent development of irritant dermatitis.

For stable, localized, segmental / dermatomal vitiligo unresponsive to medical and UV therapy, dermatologists might perform surgical repigmentation in office using suction blister epidermal grafting. The definition of "stable" refers to the absence of new lesions, absence of progression of existing lesions and absence of Koebner phenomenon in the past one year. The procedure should be performed in motivated, mature, cooperative patients with no unrealistic expectations.

Tinea versicolor is seldom seen in young children. Also, when we encounter patients with pityriasis alba, always consider evolving vitiligo as a differential diagnosis, and uncertain cases should be reviewed in one to three months.

Next meeting

The next meeting will be on Saturday 7th Sep 2013, with Dr. David Luk speaking to us on "Dermatoscopy".

All members are welcome and encouraged to present their cases and problems for discussions or role play. Please send your cases to our secretariat (yvonne@hkcfp.org.hk / john@hkcfp.org.hk) 2 weeks before the date of presentation.

Dr. Foo Kam So, Stephen (left) and Dr. Tang Yuk Ming (right)

- 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.

7 September 2013 Saturday

Board of Education Interest Group in Dermatology

Aim	To form a regular platform for interactive sharing and discussion of interesting dermatological cases commonly seen in our daily practice
Theme	**Dermatoscopy**
Speaker	**Dr. Luk Chi Kong, David** Specialist in Pediatrics
Co-ordinator & Chairman	**Dr. Wong Nai Ming** The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Lunch 2:00 p.m. – 4:00 p.m. Theme Presentation & Discussion
Venue	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Admission Fee	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 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 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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11 September 2013 Wednesday

Management of Non-Healing Leg Ulcer

Dr. Chiu Kai Ming, Leo
President,
Hong Kong Society of Phlebology

Chairman	**Dr. Tsui Hing Sing, Robert** The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Registration and Lunch 2:00 p.m. – 3:30 p.m. Lecture & Discussion
Venue	Jade Ballroom, 2/F, Eaton Hotel, 380 Nathan Road, Kowloon
Admission Fee	College Fellow, Full or Associate Members: Free Other Categories of Members: HK$ 350.00 Non-Members: HK$ 450.00 All fees received are non-refundable and non-transferable.
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.
Registration	**Registration will be first come first served. Please reserve your seat as soon as possible.**

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24 September 2013 Tuesday

Early Infant Nutrition and Subsequent Manifestation of Allergies

Prof. Wong Wing Kin, Gary
Professor and Honorary Consultant
Department of Paediatrics and School of Public Health
Chinese University of Hong Kong

Chairman	**Dr. Chan Chung Yuk, Alvin** The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Registration and Lunch 2:00 p.m. – 3:30 p.m. Lecture & Discussion
Venue	Jade Ballroom, 2/F, Eaton Hotel, 380 Nathan Road, Kowloon
Admission Fee	College Fellow, Full or Associate Members: Free Other Categories of Members: HK$ 350.00 Non-Members: HK$ 450.00 All fees received are non-refundable and non-transferable.
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.
Registration	**Registration will be first come first served. Please reserve your seat as soon as possible.**

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Monthly Video Viewing Session

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

August's session:

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.

September's session:

Date	27 September 2013 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	**Otolaryngology - Head and Neck Surgery – Dr. Ng Hin Wai, Raymond**
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
19 September 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	**Update on Management of Vaginal Discharge** Dr. Wong Kit Wah, Angel AC, Dept of O&G, UCH (Course FULL)	Ms. Cordy Wong Tel: 3513 3087 Fax: 3513 5505
19 October 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	**Update on Childhood Asthma Management** Dr. Chiu Ka Keung SMO, Dept P&AM, 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
4 September 13 (Wed)			
2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	**Health Care System in UK** Dr. Cheng Suen Bun	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	**Case Presentation (On Use of Antibiotics)** Dr. So Tsang Yim and Dr. Wong Sze Kei	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	**Journal Club** Dr. Danny Lee	Ms. Man Chan Tel: 2589 2337
5 September 13 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	**Case Presentation (On Use of Antibiotics)** Dr. Lam Wing Sze and Dr. Lee Tin Wai, Edna	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	**Clinical Approach to TIA/Stroke** Dr. Lai Siu Wai and Dr. Cheuk Tat Sang	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	**Medical Insurance & Health Screening in Community (Private & Public)** Dr. Choi Man Kei, Ivan	Ms. Kwong Tel: 2595 6941

11 September 13 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	**Update Anagement of Hapatitis** Dr. Lau Wai Cheung	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Conference Room, 1/F, Block H, United Christian Hospital	**Update of Management of Chronic Hepatitis B & C & HCC Surveillance** Dr. Chung Sze Ting and Dr. Kwok Yee Ming, Elaine	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	**Medico-legal Issue** Dr. Chow Kam Fai	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, Tsan Yuk Hospital	**Dermatological Emergencies** Dr. George Tse	Ms. Man Chan Tel: 2589 2337

12 September 13 (Thur)

2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	**Update of Management of Chronic Hepatitis B & C & HCC Surveillance** Dr. Mok Ka Yee and Dr. Chan Kam Sum	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	**Management of Infectious Diseases in Pregnancy** Dr. Kwan Shu To and Dr. Hong Sze Nga	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	**Practice Management** Dr. Yeung Wai Man	Ms. Kwong Tel: 2595 6941

18 September 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 and Dr. Lam Siu Ping	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Meeting Room 2, 1/F, Block F, United Christian Hospital	**Community Nurse, Community Psychiatric Nurse, Private Nurse Practitioner** Dr. Cheung Yan Kit and Dr. Yuen Ming Wai	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	**Care of Patient with Epilepsy in Primary Care** Dr. Carol Iong	Ms. Man Chan Tel: 2589 2337

19 September 13 (Thur)

2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	**Community Nurse, Community Psychiatric Nurse, Private Nurse Practitioner** Dr. Kwong Lok See and Dr. Yuen Ching Yi	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	**Common Infectious Diseases in Paediatrics** Dr. Sze Chung Fai and Dr. Chan Ching	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	**Advertising in Clinic & Case Sharing from Medical Council's Disciplinary Inquiries** Dr. Lee Ho Ming	Ms. Kwong Tel: 2595 6941

25 September 13 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	**Family Life Cycle** Dr. Lau Lai Na	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Meeting Room 1, 1/F, Block F, United Christian Hospital	**Primary Health Care System Across Countries** Dr. Wan Pui Chu, Christina and Dr. Ying Grad Ching, Derek	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	**Disability Allowance Assessment** Dr. Leung Shuk Yun	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, Tsan Yuk Hospital	**How to Handle OCD Patients? Is Social Resources Available?** Dr. David Lee	Ms. Man Chan Tel: 2589 2337

26 September 13 (Thur)

2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	**Primary Health Care System Across Countries** Dr. Tsui Hiu Fa and Dr. Ho Pui Gi	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	**Clinical Approach to Lipid Disorder** Dr. Yu Pui Hang and Dr. Lo Cheuk Wai	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	**Preventing Occupational Diseases** Dr. Lau Cheuk Nam	Ms. Kwong Tel: 2595 6941

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References
1. Ignaut DA, Schwartz SL, Sarwat S and Murphy HL. *Diabetes Educ* 2009;35:789-798.
2. Ignaut DA, Opincar M and Lenox S. *J Diabetes Sci Technol* 2008;2:533-537.

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
18 **Aug**	19	20	21 **2:15 – 7:15 p.m.** Structured Education Programme	22 **2:15 – 7:00 p.m.** Structured Education Programme	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 **2:30 – 5:30 p.m.** AEC 2013	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 - 6:00 p.m.** Video Session – Pre-Exit Examination Workshop
1 **Sep** **9:30 a.m. – 1:00 p.m.** Conjoint Written Examination 2013 – MCQ Segment	2	3	4 **2:15 – 7:15 p.m.** Structured Education Programme	5 **2:15 – 7:00 p.m.** Structured Education Programme	6	7 **1:00 - 4:00 p.m.** Interest Group in Dermatology **2:30 - 5:00 p.m.** DFM - Module V Consultation Skill Workshop II
8 **9:30 a.m. – 12:30 p.m.** Conjoint Written Examination 2013 – KFP Segment	9	10	11 **1:00 - 3:30 p.m.** CME Lecture **2:15 – 7:30 p.m.** Structured Education Programme	12 **2:15 – 7:00 p.m.** Structured Education Programme	13	14 **1:30 – 3:45 p.m.** Community Education Programme **2:30 - 5:30 p.m.** AEC 2013
15	16	17	18 **2:15 – 7:30 p.m.** Structured Education Programme	19 **1:00 – 3:00 p.m.** Community Education Programme **2:15 – 7:00 p.m.** Structured Education Programme	20	21
22 **2:30 - 5:00 p.m.** DFM - Module V Orthopaedic Injection Workshop	23	24 **1:00 - 3:30 p.m.** CME Lecture **9:00 p.m.** Council Meeting	25 **2:15 – 7:30 p.m.** Structured Education Programme	26 **2:15 – 7:00 p.m.** Structured Education Programme **9:00 p.m.** Board of Conjoint Examination Meeting	27 **2:30 – 3:30 p.m.** Board of Education - Video Session	28

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

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