



THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Family Physicians Links

Message from the President

The First Hong Kong Primary Care Conference (HKPCC)

The first HKPCC organized by our College was held on 28 – 29 May 2011 at the Jockey Club Building of the Hong Kong Academy of Medicine, Wong Chuk Hang, Hong Kong.

Primary care is the work of health care professionals who act as a first point of contact for all patients. Central to the concept of primary care is the patient. It involves the widest scope of health care, including patients of all ages, patients of different socioeconomic groups, patients seeking to maintain optimal health, and patients presenting with all aspects of acute and chronic physical, mental and social health issues, including multiple chronic diseases.



Ribbon cutting in the Opening Ceremony of the First Hong Kong Primary Care Conference

Primary care providers include primary care physicians, health professionals who offer primary care services in their practices, and non-physician healthcare providers. We family physicians provide not only primary care, but also act as coordinators of our patients' overall health care. Collaboration among all providers is of utmost importance.

I would like to thank the Primary Care Office of the Department of Health, our co-organizer of the Conference Dinner Symposium; the Nursing School of the University of Hong Kong, our

Conference co-organizer; and all our sponsors for their generous support which enriched our Conference with the spirit of collaboration. Last but not least, I would also like to thank our organizing committee, secretariat and conference speakers for their hard work to make this Conference possible.

Conferment Ceremony

The Conferment Ceremony was held on 29 May 2011 afternoon.

I would like to express a warm welcome to the new fellows of our College, and to congratulate them for they are now equipped with skills to identify the wide range of problems that patients present, translate them into medical language for colleagues in the healthcare profession, and solve them with decisions that set priorities and enhance long-term relationships. They serve their patients and the community, and seize every opportunity for anticipatory care. All this requires a wide spectrum of most updated medical knowledge, understanding of human nature, communication skills, courage to tolerate uncertainty, the highest standard of ethics, and kindness. Continuous self-improvement and participation in research enhances our professional development and personal growth. Hard work is our opportunity to learn and challenges are our opportunities to grow.

(Continued on page 7)



Platform Party

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Hong Kong Primary Care Conference 2011

Two of the important annual events of our College have just taken place on the 28th and 29th of May, 2011. We have invited the Chairpersons of Internal Affairs Committee and HKPCC Organizing Committee to share their experience in organizing the events in the coming issue.

Now, let's first enjoy the memorable moments in our Photo Gallery! Please check out the College album at "www.hkcfp.org.hk→Home→Photo Album of the College" for more photos.



Honorable guests and HKCFP Council members



Congratulatory message by President of HKCFP - Dr. Ruby Lee



Welcome message by Chairlady of HKPCC 2011 Organizing Committee - Dr. Cheung Man Kuen



Opening Ceremony
Ribbon Cutting: Prof. Cindy Lam, Prof. Claire Jackson, Prof. Donald Li, Dr. Ruby Lee, Prof. Sophia Chan, Dr. Cheung Man Kuen, Prof. Gabriel M. Leung, JP, Dr. the Hon. Leung Ka Lau, JP, Dr. the Hon. Joseph Lee, SBS, JP, Dr. Aaron Lee (From left to right)

Distinguished Speakers of the Four Plenary Sessions



Dr. Ruby Lee presenting a souvenir to Prof. Cindy L. K. Lam, Head of Department of Family Medicine and Primary Care, HKU



Dr. Cheung Man Kuen presenting a souvenir to Prof. Sophia S.C. Chan, Head, School of Nursing, HKU



Dr. Cheung Man Kuen presenting a souvenir to Prof. Claire Jackson, President, the Royal Australian College of General Practitioners



Dr. Ruby Lee presenting a souvenir to Prof. Gabriel M. Leung, JP, Under Secretary for Food and Health Bureau, HKSAR



From left to right: Seminar B (Clinical Vignettee) - Dr. Dana Lo, Dr. Cheung Man Kuen, Dr. Wong Ho Cheong (Speaker), Dr. Cheung Kwok Leung (Speaker)



From left to right: Seminar A (Education) - Prof. Martin Wong (Speaker), Dr. Yuen Shiu Man (Speaker), Dr. Chan Yin Hang



Office Based Psychotherapy - Dr. Andy Cheung (Speaker)



Wound Management - Dr. Ho Chiu Ming (Speaker)



Common Problems in Infant and Toddler Feeding and Roles of Parents - Dr. Shirley Leung (Speaker)



Management of Hypertension and CV Diseases with ARBs - Prof. Tse Hung Fat (Speaker)



From left to right: Health Screening - Dr. Cecilia Cheung, Dr. Loretta Chan (Speaker)

New Frontier of Primary Care
• Getting ready
• Setting the scene
• Going forward

A New Frontier of Primary Care - Get, Set, Go - Prof. Cindy Lam (Speaker)



Management of Chronic Ulcer - Ms. Wan Yin Ping (Speaker)



Know more about HPV Vaccines - Dr. Chan Chin Wai (Speaker)



From left to right: Psychological Intervention to Enhance Motivation and Client's Compliance - Ms. Sezt Ngai Wah (Speaker), Dr. Cheung Man Kuen



Research into Sensitive Issues - Prof. William Wong (Speaker), Dr. Cheung Man Kuen

Conferment Ceremony



Council members and invited guests



From left to right: Dr. Angus Chan, Prof. Donald Li, Mr. Anthony Wu, JP, Dr. Ruby Lee and Dr. Liang Jun



From left to right: Dr. Gene Tsoi, Ms. Sandra Lee, Prof. Rosie Young and Dr. Chan Hung Chiu



From left to right: Dr. the Hon. York Chow, GBS, JP, Prof. Claire Jackson and Dr. Ruby Lee



From left to right - Dr. Chan Hung Chiu, Dr. Gene Tsoi, Dr. Ruby Lee, Prof. Claire Jackson, Dr. Lau Ho Lim, Dr. Liang Jun, Prof. Donald Li and Dr. Stephen Foo



Speech by Prof. Claire Jackson



From left to right - Prof. Claire Jackson, Prof. Doris Young, Prof. Cindy Lam and Dr. Ruby Lee



Opening Speech by Dr. Ruby Lee



Dr. Kenny Kung (Public Orator) introducing the platform party



Souvenir exchange between HKCFP and RACGP



Prof. Fok Tai Fai receiving the Dr. Sun Yat Sen Gold Medallion

Dinner Symposium of Hong Kong Primary Care Conference 2011

Diabetes Care and Hypertension Care in Adults in Primary Care Settings, Hong Kong and Overseas Experience



Souvenir exchange between Dr. Amy Chiu, JP and Dr. Ruby Lee



Souvenir presented to Prof. Sian Griffiths



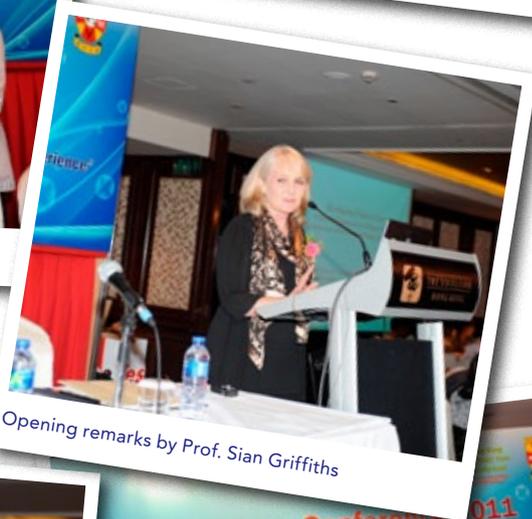
Souvenir presented to Prof. Doris Young



Souvenir presented to Prof. Cindy Lam



Prof. Doris Young sharing the overseas experience



Opening remarks by Prof. Sian Griffiths



Prof. Cindy Lam sharing the local experience



Q&A section co-chaired by Dr. Amy Chiu, JP and Prof. Sian Griffiths



Guests enjoying the talks



Overwhelming participation to the first Dinner Symposium co-organized by PCO & HKCFP

Enhancing the practice of primary care physicians as our goal to serve
the medical profession and the Society



THE UNIVERSITY OF HONG KONG
LI KA SHING FACULTY OF MEDICINE

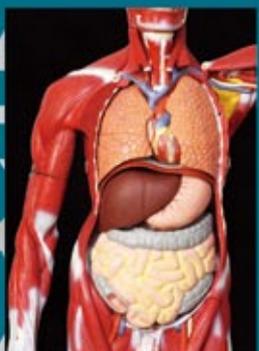
香港大學李嘉誠醫學院

Postgraduate Diploma in Diagnosis and Therapeutics in Internal Medicine

(PDipIntMed&Therapeutics)

醫學內科診斷及治療深造文憑

**Approved by
Medical Council as quotable
qualification**



PROGRAM FEES

Composition fee for the 2 year program
is HK\$23,000 (subject to approval)

ADMISSION REQUIREMENTS

Holder of a primary medical degree
with post registration experience of
not less than 12 months

DEADLINE OF APPLICATION

31 August 2011

To submit an application:

On-line :
<http://www.hku.hk/medicine/postdip.htm>

*Call for Application
for Admission
in September 2011*

VENUE

William MW Mong Block
Faculty of Medicine Building
21 Sassoon Road
Pok Fu Lam, Hong Kong

ORGANIZER

Department of Medicine
The University of Hong Kong
Queen Mary Hospital, Hong Kong

Diagnosis
Therapeutics
Internal Medicine

Message from the President

I would also like to congratulate Professor Cindy Lam who is conferred an Honorary Fellowship this year. Her contribution to our College and the development of Family Medicine has been enormous.



Professor Cindy Lam receiving her Honorary Fellowship of our College



Professor Fok Tai Fai delivering Oration

My sincere gratitude also goes to Professor Fok Tai Fai, who delivered the Twenty-Second Dr. Sun Yat Sen Oration of the HKCFP "Dr. Sun Yat-sen, outcome-based education, and outcome-based medical training". The oration was enlightening and stimulating.

The 18th WONCA Asia Pacific Regional Conference

Division of Family Medicine and Primary Health Care, School of Public Health & Primary Care, Chinese University of Hong Kong

The 18th WONCA Asia Pacific Regional Conference (also the 10th WONCA Rural Health World Conference) was held at Cebu City, Phillipines from February 20-24, 2011. The theme this year was "Paradigms of Family Medicine: Bridging Old Traditions with New Concepts" and around ten delegates from Hong Kong attended the conference. Similar to previous years, the conference this year covered broad topics in family medicine with plenary sessions that included "environmental health, climate change and the family physicians", "primary health care reforms", "medical education in family medicine" and "family health care with issues on universal coverage, patient safety and quality". Other symposiums with oral presentations included topics in "research in primary care", "clinical issues in primary care", "medical informatics and tele-health" and "chronic diseases" and several workshops were devoted to "the evaluation and assessment of primary care services using the Primary Care Assessment Tools", "research in primary care" and "teaching strategies for medical students and family physicians".



In the celebration dinner of the WONCA APR Conference 2011 in Cebu: The CUHK team – Dr. Kenny Kung (Back row), Prof. Martin Wong, Prof. Carmen Wong, Mr. Harry Wang, Prof. Samuel Wong (Front row, from left to right)

The choice of location of this year's conference was indeed a well thought out affair. Coinciding with the Golden Anniversary and Annual Convention of the Philippine Academy of Family Physicians, the air was buzzing with excitement and celebration. Traditional singing and dancing not only impressed the many international speakers but also showed the passion and dedication of the local people in making this event a success. Cebu is well known for mixing work and play from its business metropolis to its relaxing beaches and certainly the Philippine spirit was evident throughout the conference. Daily lunch symposia offered intensive topical updates alongside prize draws. Each evening, dinner was served, everything from local cuisine to magnificent buffets. Delegates staying to the end of the conference were whisked to a five-star, three-course grand finale and musical extravaganza.

Next year's WONCA Asia Pacific Regional Conference will be on the beautiful island of Jeju, South Korea.

Specialty Board News

The Specialty Board is pleased to announce that the following candidates have successfully passed the Full Exit Examination of HKCFP in 2011.

Dr. Chan Chi Wing
Dr. Cheung Hard King
Dr. Cheung Ngai Fung
Dr. Chow Chong Kwan
Dr. Fok Peter Anthony
Dr. Hung Chi Bun
Dr. Ip Yan Yan

Dr. Kwan Wing Yan, Wendy
Dr. Kwan Yu
Dr. Lai Sheung Siu
Dr. Lee Kar Fai
Dr. Lee Man Kei
Dr. Leung To Fung
Dr. Li Yuen Yuen

Dr. Lim Mo Kin
Dr. Lo Ling
Dr. Sin Ka Ling
Dr. Sit Wing Shan
Dr. Sze Lung Yam
Dr. Tam Kit Ping
Dr. Wong Kwok Hoi

Dr. Wong Kwok, Kitty
Dr. Wong Man Kin
Dr. Wong Sze Nga
Dr. Wong Tak Lung
Dr. Wong Yu Fai
Dr. Wong Yuk Shan
Dr. Yip Tze Hung

Congratulations to you all!

Dr. Wendy Tsui
Chairlady, Specialty Board

"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.

For this month, from 15th June 2011 to 14th July 2011, Dr. Chu Wai Sing, Daniel and Dr. Chan Kin Ling 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 as soon as we can.



Dr. Chu Wai Sing, Daniel



Dr. Chan Kin Ling

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

Web and Computer Committee News

Dear Members,

In response to increasing demands, old and new, the Web and Computer Committee has the following plans for the forthcoming year.

Firstly, as the Primary Care Office is actively promoting the Family Doctor concept, in which our College and members are involved in multiple levels, we are looking at preparing a College list of members that will be sited in the College web page for public access. The list should provide the public with information concerning the practice and services of our members. College members will be notified of the progress in stages and any suggestions of the contents and formats of the list are welcome.

Secondly, thanks to the dedicated services of the Board of Education and Public Education Committee, the College has accumulated a sizable wealth of educational resources, both for members and the public. We will make the full use of these resources. For example the College has published three books based on articles published in The Hong Kong Economic Journal. We will make the articles available online in order to reach the largest readership pool possible.

Thirdly, our Committee is looking at enriching the web site with the College historical records. The purpose is multifold, namely, easier access for historic events, while providing an electronic record of otherwise paper documentation and a potential to archive College events. We hope that significant events of all levels will be included. These will range from world events involving the College, local events organized by the Boards, Committees, Clusters (private and public), to significant individual achievements or encounters that are worthy of records.

Contributions and ideas are welcome.

Wish us all a healthy year to come!

Dr. Mark Chan
Chairman
Web and Computer Committee

Membership Committee News

The Council approved, on recommendation of the Membership Committee Chairlady, the following applications for membership in **May 2011** with Council Meeting:

Associate Membership (New Application)	
Dr. KO Chun Hung	高振雄
Dr. WONG Yu Shing, Lawrence	黃譽盛
Reinstatement of Associate Membership	
Dr. NG Siu Fung, Jonathan	吳紹豐
Resignation from Associate Membership	
Dr. CHAN Chi Ho	陳志豪
Dr. CHAN Suet Ching	陳雪晶
Dr. LAM Mei	林薇
Dr. LEUNG Hau Yee	梁巧儀
Dr. LEUNG Kin Nin, Kenneth	梁健年
Dr. LI Shu Ming	李淑明
Dr. MAK Hoi Ting	麥凱婷
Dr. NG Ka Yee	吳家怡
Termination from Associate Membership	
Dr. WONG Kong	王鋼
Transfer from Student to Associate Membership	
Dr. CHAN Fuk Woo, Jasper	陳福和
Resignation from Student Membership	
Miss CHAN, Natalie Christine	陳秀敏

BVTS Sponsorship for The Royal Australian College of General Practitioners (RACGP) GP'11, the Conference for General Practice

The Board of Vocational Training and Standards is pleased to announce the following information on the **RACGP, The Conference for General Practice 2011** to be held in October 2011.

Theme : Explore, Collaborate, Innovate

Date : 6-8 October 2011

Venue : Hotel Grand Chancellor
Hobart, Tasmania
Australia

Registration Fee : Please refer to <http://www.gp11.com.au/registration.asp>

Website : <http://www.gp11.com.au/>

Application for sponsorship is open to all current vocational trainees (Basic & Higher). Please kindly submit your application by **31 July 2011** to the Chairman of the Board of Vocational Training and Standards regarding the Sponsorship for Overseas Conference.

All decisions are subject to the final approval of the Board.

For more information, please contact Ms Carmen Cheng at 2528 6618.

BVTS

News from FP Links Committee Farewell to Teresa

Unfortunately it is time to say 'goodbye' to Teresa Lee, who will be leaving us soon after faithfully serving the College for over 30 years. She has contributed a lot to the productions of each issue of FP Links, ever since its inaugural edition in March 2004. Whilst we are very sad to see her go, we wish her all the best. Good luck Teresa for the future and keep in touch!



FP Links Committee presenting a souvenir to Ms. Teresa Lee



Dr. Tam Sai Kit (譚世傑醫生)
1927 – 2011

Dr. Tam graduated from The University of Hong Kong in 1954 and was the Resident Medical Officer at the Hong Kong Sanatorium & Hospital from 1955 to 1960.

He started working in private practice as a general practitioner from 1960 until he retired a few years ago.

He joined our College in 1976 and was a Foundation Fellow and also served as Interim Council member.

The College would like to express our deepest condolences to Dr. Tam's family.



The Only Acupuncture Courses Taught in English in H.K.

 3762 4216  tcm enquiry@hkuspace.hku.hk

FREE Application
for enrolment before 30 July 2011

1. Certificate in Acupuncture (Part I of Diploma in Clinical Acupuncture)

[Course Code: CM 48-104-00 (11)]

Acupuncture has proven to be effective in the treatment of many diseases, for which reason, the World Health Organisation (W.H.O.) recommends a number of conditions which can be treated by Acupuncture. This course provides Western-trained medical practitioners and professionals who are interested in acupuncture with an opportunity to undertake acupuncture training.

- Course Contents** :
- Theoretical Basis of Acupuncture of Chinese Medicine
 - Patterns of Disease and Diagnosis
 - Acupuncture Meridians System and Acupoints
 - Acupuncture Treatment
 - Clinical Observation in Hong Kong
- Entry Requirements** :
1. Western medical practitioners, Physiotherapists, Nurses, Osteopaths, Chiropractors or medical related professionals; or
 2. hold a bachelor's degree in sciences or health science; or equivalent
- Commencement Date** : 6 October 2011 (Mondays and Thursdays, 8 - 10 p.m.)
- Duration** : 8-month
- Course Fee** : HK\$18,550 (inclusive of fees for clinical observation in HK) (Course fee to be settled upon acceptance of admission)
- Application Fee** : HK\$150 (non-refundable)
- Medium of Instruction** : English

2. Introduction to Acupuncture of Chinese Medicine [Course Code: CM 48-068-01-01 (11)]

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

- Commencement Date** : 30 August 2011 (Tuesdays, 8 - 10 p.m.)
- Duration** : 10 hours (5 meetings)
- Course Fee** : HK\$1,030
- Medium of Instruction** : English

3. Advanced Diploma in Tui-Na 推拿學高級文憑 [Course Code: CM 38-130-00 (11)]

Commencement starts on 7 September 2011 (Wednesdays & Saturdays / 7-10 p.m.)

4. Diploma in Acupuncture 針灸學文憑 [Course Code: CM 48-106-00 (11)]

Commencement starts on 7 September 2011 (Wednesdays & Saturdays / 7-10 p.m.)

5. Acupuncture for Rejuvenation and Anti-early Ageing 針灸養顏抗早衰 [Course Code: CM 48-068-22-01 (11)]

Commencement starts on 2 August 2011 (Tuesdays & Friday(s) / 7-9 p.m.)

Hypertension Management in the Primary Care Setting

Dr. Law Tung Chi, Associate Consultant, Department of Family Medicine and Primary Healthcare, Kowloon Central Cluster

Early this year, when I talked to an internal medicine specialist working at the hospital, he asked me if we just repeat medication for our patients with hypertension (HT) at General Out-patient Clinic (GOPC). Many patients and colleagues from other specialties still think the standard of care at GOPC is to “repeat medication”.

What are the standards of HT management at primary care clinics nowadays?

(1) DIAGNOSIS

As HT is very common in Hong Kong (~50% patients aged >60 years), we have to identify patients with hypertension. Screening for HT is very good anticipatory care. The U.S. Preventive Services Task Force (USPSTF) recommends regular screening for high blood pressure in adults aged 18 and older (Grade A recommendation). However a correct diagnosis is important as it carries great implication to both patients and the health care system. In patients without target organ damage, the blood pressure has to be measured at least twice on each of at least two separate occasions prior to drug treatment.

(2) REGISTRY

With a registry set for HT, we can enable more systematic and organized care and facilitate patient recall. At the GOPD we use International Classification of Primary Care (ICPC) to code patients with uncomplicated HT (K86) and HT with complications (K87).

(3) CARDIO-/ CEREBROVASCULAR (CVD) RISK

HT is just one of the risk factors of CVD; other comorbidities are also very common, so we have to screen for other risk factors like diabetic mellitus, hyperlipidaemia, obesity, smoking and alcoholism, physical inactivity and a family history (first degree) of premature death due to CVD. If other CVD risk factors are present, we need to offer timely and effective management.

(4) TARGET ORGAN DAMAGE (TOD)

In order to set the treatment goal, we need to know if there is existing target organ damage by

taking history, performing physical examination and by ordering investigations (e.g. retinal photos, ECG, urine and blood tests). Examples of target organ damage include: cardiovascular disorders (angina, congestive heart failure, ischemic heart disease or left ventricular hypertrophy), cerebrovascular disease (stroke or transient ischemic attack), retinopathy, renal disease, and peripheral vascular disease.

(5) USING BP LEVEL AND PRESENCE OF TOD TO INITIATE DRUG TREATMENT *(British Hypertension Society)*

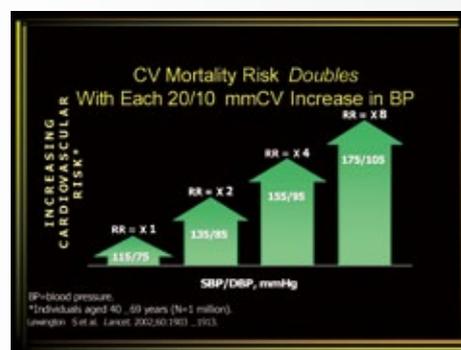
Patients with HT as a single CVD risk factor, and pre-treatment SBP of >160mmHg, or DBP of >100mmHg; or in the presence of other CVD risk factors or TOD, and SBP >140mmHg, or DBP of >90mmHg should be considered drug therapy.

(6) LIFE STYLE MODIFICATION (LSM)

DASH (Dietary Approaches to Stop Hypertension) diet, smoking cessation, weight reduction in the overweight, moderation of alcohol consumption and physical activity not only reduce blood pressure but also bring along other health benefits.

(7) TARGET BP *(JNC 7 (US) 2004)*

If hypertension is well controlled, the average of the last three recorded blood pressure reading should be SBP <140mmHg, and DBP < 90; or for patients with diabetes or TOD, SBP <130mmHg, and DBP < 80mmHg.



CV Mortality Risk Doubles
With Each 20/10 mmCV Increase in BP

Randomized control trials (RCT) have shown that lowering diastolic blood pressure can reduce cardiovascular disease risk by 16%, end-stage renal disease by 25%, and cerebrovascular disease by 38%.

(8) REGULAR REVIEW OF SIDE-EFFECTS OF MEDICATION

We are not only treating the blood pressure reading, but also offering whole person care. Patients' medication side-effects may be symptomatic (eg. cough with ACEI) or asymptomatic (eg. hypokalaemia with diuretics). Patients may also develop disease as a result of hypertension treatment (eg. gout with diuretics).

(9) REFERRAL

Although we aim to manage our patients at the community level, there will be some cases that need secondary care. If a patient has refractory hypertension or suspected secondary hypertension, they should be referred to specialists for their advice.

(10) REGULAR REVIEW

Patients defaulting follow up is not uncommon. Compliance can be improved with an agreed follow-up arrangement and a shared understanding on HT management with patient.

Each time I see a patient with HT, regardless of whether or not I offer the same medications, the following questions must be answered:

- Is the diagnosis of HT correct?
- Are there other CVD co-morbidities?
- Are there any complications from the hypertension or from the antihypertensive medication?
- Does the controlled blood pressure reach the desired target? If the answer is no, I need to find out why and find out how to improve the BP control.

Reference Card From the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)

EVALUATION

CLASSIFICATION OF BLOOD PRESSURE (BP)*

Category	SBP mmHg	and	DBP mmHg
Normal	<120	and	<80
Prehypertension	120-139	or	80-89
Hypertension, Stage 1	140-159	or	90-99
Hypertension, Stage 2	≥160	or	≥100

* See Blood Pressure Measurement Techniques (Issue 100)
SBP = systolic blood pressure; DBP = diastolic blood pressure

DIAGNOSTIC WORKUP OF HYPERTENSION

- Assess risk factors and comorbidities.
- Reveal identifiable causes of hypertension.
- Assess presence of target organ damage.
- Conduct history and physical examinations.
- Obtain laboratory tests: urinalysis, blood glucose, hemocrit and lipid panel, serum potassium, creatinine, and calcium. Optional: urinary albumin/creatinine ratio.
- Obtain electrocardiogram.

ASSES FOR MAJOR CARDIOVASCULAR DISEASE (CVD) RISK FACTORS

- Hypertension
- Obesity (Body mass index ≥30 kg/m²)
- Dyslipidemia
- Diabetes mellitus
- Cigarette smoking
- Physical inactivity
- Microalbuminuria, estimated glomerular filtration rate <60 mL/min
- Age (≥55 for men, ≥65 for women)
- Family history of premature CVD (men age <55, women age <65)

ASSES FOR IDENTIFIABLE CAUSES OF HYPERTENSION

- Sleep apnea
- Drug induced (e.g., corticosteroids)
- Chronic kidney disease
- Primary aldosteronism
- Renovascular disease
- Cushing's syndrome or steroid therapy
- Pheochromocytoma
- Coarctation of aorta
- Thyroid/parathyroid disease

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Heart, Lung, and Blood Institute

TREATMENT

PRINCIPLES OF HYPERTENSION TREATMENT

- Treat to BP = 140/90 mmHg or BP <130/80 mmHg in patients with diabetes or chronic kidney disease.
- Majority of patients will require two medications to reach goal.

ALGORITHM FOR TREATMENT OF HYPERTENSION

LIFESTYLE MODIFICATIONS

Not at Goal Blood Pressure (≥140/90 mmHg) (≥130/80 mmHg for patients with diabetes or chronic kidney disease) See Strategies for Improving Adherence to Therapy

INITIAL DRUG CLASSES

Without Compelling Indications

Stage 1 Hypertension (SBP 140-159 or DBP 90-99 mmHg)

Thiazide-type diuretics for most. Also consider ACEI, ARB, BB, CCB, or combination.

With Compelling Indications

Stage 2 Hypertension (SBP ≥160 or DBP ≥100 mmHg)

2-drug combination for most. Usually thiazide-type diuretic and ACEI or ARB, or BB, or CCB.

Enough for the compelling indications See Compelling Indications for Individual Drug Classes
Other antihypertensive drugs (ARBs, ACEI, ARB, BB, CCB) as needed.

Not at Goal Blood Pressure

Optimize dosages or add additional drugs until goal blood pressure is achieved. Consider consultation with hypertension specialist.
See Strategies for Improving Adherence to Therapy

Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)

References:

1. Lakhani M, Baker, Khunti K. Management of Hypertension in Primary care. Eli Lilly Clinical Audit Centre 199.
2. Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (2003). The seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. NIH Publication No. 03-5233. Bethesda, MD: U.S. Department of Health and Human Services.
3. Hypertension Guideline (Third Edition), Professional Development and Quality Assurance, Clinical Audit and Guideline Group, Department of Health Hypertension Protocol (Third Edition).
4. Kannel WB. Risk stratification in hypertension: new insights from the Framingham Study. Am J Hypertens 2000;13(Suppl 1):S3-S10. OS.

BLOOD PRESSURE MEASUREMENT TECHNIQUES

METHOD	NOTES
In office	Two readings, 5 minutes apart, sitting in chair. Confirm elevated reading in contralateral arm.
Ambulatory BP monitoring	Indicated for evaluation of "white coat hypertension." Absence of 10-20 percent BP decrease during sleep may indicate increased CVD risk.
Patient self-check	Provides information on response to therapy. May help improve adherence to therapy and is useful for evaluating "white coat hypertension."

CAUSES OF RESISTANT HYPERTENSION

- Inappropriate BP measurement
- Excess sodium intake
- Inadequate diuretic therapy
- Medication
 - Inadequate doses
 - Drug actions and interactions (e.g., nonsteroidal anti-inflammatory drugs (NSAIDs), illicit drugs, sympathomimetics, oral contraceptives)
 - Over-the-counter (OTC) drugs and herbal supplements
- Excess alcohol intake
- Identifiable causes of hypertension (see reverse side)

COMPPELLING INDICATIONS FOR INDIVIDUAL DRUG CLASSES

COMPPELLING INDICATION	INITIAL THERAPY OPTIONS
- Heart failure	THIAZ, BB, ACEI, ARB, ALDO ANT
- Prior myocardial infarction	BB, ACEI, ALDO ANT
- High CVD risk	THIAZ, BB, ACEI, CCB
- Diabetes	THIAZ, BB, ACEI, ARB, CCB
- Chronic kidney disease	ACEI, ARB
- Recurrent stroke prevention	THIAZ, ACEI

Key: THIAZ = thiazide diuretic; ACEI = angiotensin converting enzyme inhibitor; ARB = angiotensin receptor blocker; BB = beta blocker; CCB = calcium channel blocker; ALDO ANT = aldosterone antagonist

STRATEGIES FOR IMPROVING ADHERENCE TO THERAPY

- Clinician empathy increases patient trust, motivation, and adherence to therapy.
- Physicians should consider their patients' cultural beliefs and individual attitudes in formulating therapy.

The National High Blood Pressure Education Program is coordinated by the National Heart, Lung, and Blood Institute (NHLBI) at the National Institutes of Health. Copies of the JNC 7 Report are available on the NHLBI Web site at <http://www.nhlbi.nih.gov> or from the NHLBI Health Information Center, P.O. Box 30303, Bethesda, MD 20804-0303. Phone: 301-592-8173 or 1-800-428-3261 (TTY); Fax: 301-592-8062.

PRINCIPLES OF LIFESTYLE MODIFICATION

- Encourage healthy lifestyles for all individuals.
- Prescribe lifestyle modifications for all patients with prehypertension and hypertension.
- Components of lifestyle modifications include weight reduction, DASH eating plan, dietary sodium reduction, aerobic physical activity, and moderation of alcohol consumption.

LIFESTYLE MODIFICATION RECOMMENDATIONS

MODIFICATION	RECOMMENDATION	AVG. SBP REDUCTION RANGE†
Weight reduction	Maintain normal body weight (Body mass index 18.5-24.9 kg/m ²)	5-20 mmHg/10 kg
DASH eating plan	Adopt a diet rich in fruits, vegetables, and low-fat dairy products with reduced content of saturated and total fat.	8-14 mmHg
Dietary sodium reduction	Reduce dietary sodium intake to ≤100 mmol per day (2.4 g sodium or 6 g sodium chloride)	2-8 mmHg
Aerobic physical activity	Regular aerobic physical activity (e.g., brisk walking) at least 30 minutes per day, most days of the week.	4-9 mmHg
Moderation of alcohol consumption	Men: limit to ≤2 drinks* per day. Women and lighter weight persons: limit to ≤1 drink* per day.	2-4 mmHg

* 1 drink = 12 oz or 355 mL ethanol (e.g., 12 oz beer, 5 oz wine, 1.5 oz 40% alcohol).
† Effects are dose- and time-dependent.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Heart, Lung, and Blood Institute
National High Blood Pressure Education Program
NHLBI Publication No. 03-1521
May 2003

Diploma in Family Medicine (HKCFP) Final Announcement

The Board is pleased to announce that the Diploma Course in Family Medicine (DFM) organized by The Hong Kong College of Family Physicians will commence in June 2011.

The course consists of FIVE modules. Modules I & II will be delivered by Local Distance Learning. Modules III, IV & V consist of lectures, seminars, tutorials, workshops and clinical attachments. The whole course requires ONE year of part-time studies.

Details of the course are as follows:

1. Objectives:

- i) To provide knowledgeable, pragmatic and structured teaching in Family Medicine for medical practitioners
- ii) To encourage professional development of practising medical practitioners and to provide an intermediate step to fellowship qualifications in Family Medicine
- iii) To improve standards and quality in the practice of Family Medicine

2. *Syllabus:

The course consists of FIVE compulsory modules. Doctors graduated from the course are expected to have acquired:

- i) Current concepts about nature of Family Medicine
- ii) Knowledge and skills in consultation, counselling and problem solving
- iii) Knowledge and skills in common practice procedures and emergency care required for good quality family practice
- iv) Understandings towards the role of Family Doctors as gatekeepers of the health-care system and in providing cost-effective primary care to the community

Module I – Principles of Family Medicine (Distance Learning)

Aims:	1. Learn concepts of Family Medicine 2. Understand the role and scope of a Family Doctor
Contents:	Definition of Family Physicians, Family Physicians' Functions, Core Values of Family Medicine, Consultation, Future of Family Medicine

Module II – Common Problems in Family Medicine (Distance Learning)

Aims:	1. Enhance consultation, communication and problem solving skills 2. Gain knowledge in common and chronic diseases in Family Medicine
Contents:	Selected topics from Clinical Psychology, Diabetes Mellitus, Low Back Pain, COPD, Atopic Eczema, Elbow Mass, Facial Rashes, Health Psychology, Allergic Rhinitis, Urethritis, Urine Incontinence, etc

Module III - Essentials of Family Medicine (Structured Seminars and Tutorials)

Aims:	1. Strengthen knowledge in Family Medicine 2. Understand the potential growth of Family Medicine 3. Develop research and teaching skills in Family Medicine
Contents:	Practice Management, Care of Elderly & Chronic Illnesses, Anticipatory Care, Clinical Audit & Quality Assurance, Introduction to Family Therapy, Research & Teaching in Family Medicine, Evidence Based Medicine and Critical Appraisal

Module IV - Clinical Updates (Updates and Clinical Attachment)

Aims:	Acquire in-depth knowledge and practical skills in selected specialized areas including Medicine, Surgery, Geriatrics, ENT, Orthopaedics & Traumatology, Accident & Emergency Medicine, Infectious Diseases and Dermatology
Contents:	<u>THREE</u> Update seminars and <u>ONE</u> clinical attachment on selected specialties including Medicine, Surgery, Geriatrics, ENT, Orthopaedics & Traumatology, Accident & Emergency Medicine, Infectious Diseases and Dermatology (subject to availability)

Module V - Practical Family Medicine (Practical Workshops)

Aims:	Enhance practical and communication skills in Family Medicine by Practical Workshops in selected areas including CPR, Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine
Contents:	<u>5 compulsory and 1 elective</u> Practical Workshops in selected areas including CPR, Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine

Module III & V will be scheduled in Saturday and Sunday afternoons

3. Articulations:

The Course allows (up to a fixed maximum percentage of the Course units) articulations or cross recognition of previous Family Medicine training programmes that provide learning units equivalent to that of the above syllabus. Participants who wish to apply for such articulations have to submit evidence of relevant training together with their application. The granting of articulations is however, completely at the discretion and decision of the Board of DFM.

4. *Schedule:

The whole course requires ONE year of part-time studies.

June to September 2011	Module I
November 2011 to January 2012	Module II
July 2011 to May 2012	Module III, IV & V
May 2012	Final Examination

5. Admission Requirements:

Medical Practitioner with Bachelor's degree in Medicine

6. Teaching Staff:

A panel of experienced academic medical professionals in Family Medicine, hospital specialists and experienced Fellows or Trainers of HKCFP will be invited to teach in the programme.

7. Teaching Medium:

English
(Cantonese may be used in some seminars, workshops and clinical attachments)

8. Course Fees:

Whole course:
HK\$25,000 for members of HKCFP
HK\$50,000 for non-members

(A discount of HK\$3,000 for early birds who apply on/before May 15, 2011)

In addition, the first 10 General Practitioners in Hong Kong who enroll successfully with the Diploma course on/before the deadline will enjoy further course fee reduction of HK\$2,000.

Individual Modules:	Members	Non-members
Module I (Distance Learning – Principles of Family Medicine)	\$3,000	\$6,000
Module II (Distance Learning – Common Problems in Family Medicine)	\$3,000	\$6,000
Module III (Structured Lectures & Seminars)	\$2,000	\$4,000
Module IV (Updates & Clinical Attachment)	\$2,600	\$5,200
Module V (Practical Workshops)	\$3,600	\$7,200
Examination	\$10,800	\$21,600

All fees must be paid upon application and before commencement of the course. Fees paid are NON-TRANSFERABLE and NON-REFUNDABLE.

9. Awards/Credits:

- i) A Diploma in Family Medicine issued by HKCFP will be awarded to candidates who have satisfied all the requirements and have passed all the required assessment and the Final Examination.
- ii) The Diploma is a **Quotable Qualification** of The Medical Council of Hong Kong.
- iii) 50 CME and 10 CPD credit points will also be awarded to candidates at satisfactory completion of the Course by the QA & A Committee of HKCFP.

10. Application Procedures:

Application is now open.

A completed application form must be returned to The Hong Kong College of Family Physicians with the following:

- i) Photocopy of the current Annual Practising Certificate
- ii) A recent photo of the applicant (passport size)
- iii) A signed "Disclaimer of Liability"
- iv) An application fee of HK\$200 by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable.
- v) A Course Fee of HK\$25,000 (or HK\$50,000 if non-member) by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable unless the application is unsuccessful.

Every successful applicant will be notified by an official letter of admission.

Information and application forms are obtainable at the College or can be downloaded at the College website (<http://www.hkcfp.org.hk>). Members who were not admitted in the course in 2010 have to send in their application again if they want to study the course this year. Please contact the College secretariat, Ms Winnie Lee at 2861 0220 for any queries.

11. Application Deadline: June 17, 2011

Comments From Former DFM Graduates

- The Content is useful in daily practice. I can have hands-on practical skills. I can polish my communication skills during the lectures & workshops.
- I can understand the role of Family Physicians as gatekeepers of health-care system and better know about their role in the society. I also acquire the skills on critical appraisal.
- There are sessions of clinical updates for updating knowledge. Module I, II & III could help improve my knowledge and my understanding of Family Medicine. Sessions in consultation are invaluable in improving my communication skills.

Dr. Au Chi Lap
Chairman
The Board of DFM

*Course syllabus and schedule may be subject to change without prior notification.

#Cantonese and English will be used as the language for teaching and examination.



CPR Training Workshop



Women's Health Workshop



Orthopaedic Injection Workshop



Musculoskeletal Workshop

Editorial Board

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From left to right: Ms. Teresa Lee, Prof. Samuel Wong, Dr. Mary Kwong, Dr. Wendy Tsui, Dr. Ruby Lee, Dr. Liang Jun, Dr. Billy Chiu

Background

The Hong Kong Practitioner is published quarterly by The Hong Kong College of Family Physicians.

The Journal is indexed in EMBASE/Excerpta Medica as 'HK Pract'. It has a circulation of 4000, distributed to all members and some non-members of the College, academic institutions as well as private subscribers both in Hong Kong and overseas.

The aim of the journal is to promote the development of quality family medicine/general practice in Hong Kong and the region, by publishing editorials, original articles, update reviews, letters to the editor, news of future meetings, and self-assessment materials.

History

When Sister M. Aquinas wrote the very first academic article – entitled 'Tuberculosis' – for *The Hong Kong Practitioner* back in April 1978, it had to be published in the form of stencilled sheets. The Journal has come a long way since then and it was subsequently developed into a booklet format in June 1979.

The clinical contents have evolved around the main themes of providing a platform for educational updates, a forum for discussion of policy as well as clinical issues, and a medium for sharing clinically important rarities. These take the shape of original articles, review and update articles, discussion papers, case reports, and clinical therapeutic guidelines, as well as clinical quizzes and conference information.

The Journal has provided fertile ground for the exchange of clinical expertise among clinicians in public, private, academic, hospital and community practice, and international authors frequently make submissions to the Journal to share expertise and ideas relevant to local clinical practice.

Sudden Cardiac Death in Young Athletes

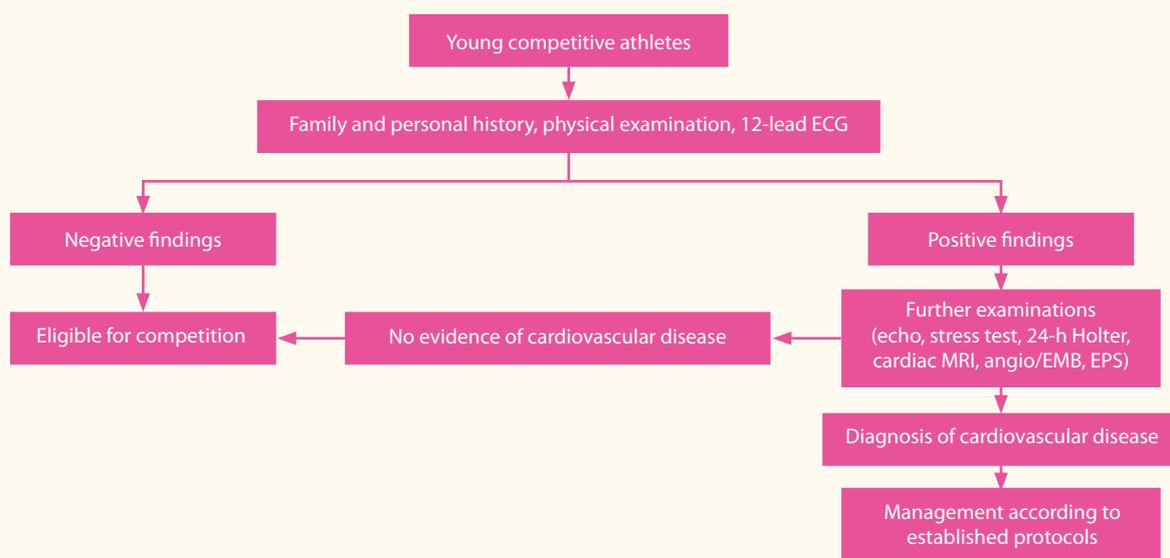
A 12 year old girl passed away suddenly despite preliminary normal cardiac enzyme, electrocardiogram, echocardiogram and 24 hour electrocardiogram.¹ This alerts us to the issue of cardiac health in those whom seem to be at low risk. Sadly, such cases occasionally happen, all around the world. Although it seems impossible for us to completely prevent such cases from happening again, we should be able to understand it better.

The incidence of sudden cardiac death (SCD) among competitive athletes is estimated to be between 1 per 50,000 to 1 per 300,000 athletes over a 10 to 20 year period. The majority of SCD events in athletes are due to malignant arrhythmias, usually ventricular tachycardia or ventricular fibrillation.² In a retrospective review of autopsies in military recruits, 51% had an identifiable cardiac abnormality while for 35% the cause remained unexplained. Coronary artery abnormalities, myocarditis and hypertrophic cardiomyopathy contribute to 94% of cases.³ For the SCD cases without structural heart disease, a number of inherited arrhythmia syndromes may contribute, for example: Long QT syndrome and Brugada syndrome. Risk factors for SCD include cigarette smoking, family history of SCD, high serum CRP, excess alcohol or caffeine intake, and high free fatty acid level.

As the prevalence of SCD is rather low and the pathology is heterogeneous, it is difficult to screen for. There are limited studies on the issue, but in an observational study of the Italian national screening program, which included a 12-lead ECG in all subjects, a decrease from 3.6/100 000 person-years from 1979 to 1980 to 0.4/100 000 person-years from 2003 to 2004 was observed in athlete population but there was no change in the incidence among nonathletes in that age group over the same time period.

Both the American Heart Association (AHA) and the European Society of Cardiology (ESC) have proposed guidelines for preparticipation screening for young athletes planning to begin competitive sports. The most significant difference between these two proposals is that the AHA guidelines include a preparticipation history and physical examination without further routine testing, while the ESC proposal includes a standard 12-lead ECG. However, preparticipation screening protocols are inconsistent throughout both the United States and Europe.

The ESC proposed screening protocol is as follows⁴:



A retrospective analysis of 134 cases of SCD found that only 3% of cardiovascular abnormalities were suspected by standard history and physical examination. The potential advantage of ECG is commonly attributed to its ability to detect hypertrophic cardiomyopathy, in which the ECG is abnormal in up to 95% of patients.⁵ However, false-positive results are common, in one series of 33,735 athletes screened over a 17 year period, 3016 patients (8.9%) were referred for echocardiography. Twenty-two patients were diagnosed with hypertrophic cardiomyopathy, 18 of these patients had an abnormal ECG, while 5 had abnormalities on initial history and physical examination. None of these patients died over eight years of follow up.⁶ The use of ECG improves the ability to detect hypertrophic cardiomyopathy, but the ability to lower mortality has not yet been determined.

Despite the lack of good screening tools, exercise should not be discouraged, as the prevalence of SCD is low.

References:

1. Hong Kong Economics Times 21/5/2011
2. J Am Coll Cardiol, 1996;28(2):428
3. Ann Intern Med 2004; 141:829
4. Eur Heart J 2005; 26:516
5. JAMA 2002; 287:1308
6. N Engl J Med 1998; 339:364

Compiled by Dr. Yip Chun Kong, Sam

Interest Group in Dermatology – the 24th Meeting on 7th May 2011

Dr. Wong Nai Ming (Co-ordinator), Board of Education

The 24th Dermatology Interest Group meeting was held on 7th May 2011.

Dr. Tang Yuk Ming, William spoke to us on Practical Office Dermatological Procedures.

I would like to share with you the learning points of this meeting.

Dr. Tang stressed repeatedly the importance of patient safety and reminded us not to be too courageous in performing procedures.

Cryotherapy

Dermatologists prefer using liquid nitrogen as cryogen for cryotherapy. They usually use open spray technique for delivering the cryogen and find no particular advantage in using dipstick technique. Forceps technique can be used for stabilizing pedunculated lesions against the cryogen jet. Before doing cryotherapy, patients should be told that several sessions are usually required for even simple lesions. They should also be prepared for possible skin reactions after cryotherapy :

- A burning sensation may be encountered during freezing and thawing.
- Blisters may form soon after freezing. If they remain intact, the area need not be covered.
- Dressing (e.g. Band-Aid) may be required to absorb exudates if the blisters rupture.
- Crusts will usually form in 1 to 2 weeks and will drop off in 3 to 4 weeks.
- The treated areas may initially be erythematous, but they will fade and may become hypopigmented.
- Call your doctor if blisters become large and tense or the treated areas become infected and extremely painful.

Steroid wet wraps for severe eczema

Diluted steroid wet wraps can be used to treat acute severe flares of atopic eczema, on in-patient or out-patient bases. Infections (demonstrated by excessive excoriations) should be treated first before applying the wet wraps. The technique can improve the absorption of topical steroid into skin, hence improving its efficacy and decreasing the amount of steroid use. One formula is 1gm mometasone furoate to 6 to 9 gm white soft paraffin. Tubigrip tends to be stronger and can be used repeatedly. An alternative is to use old pyjamas. Wet wraps are usually used intermittently, e.g. six days a week for one to two weeks at a time.

Phototherapy

Phototherapy is useful in both treatment of skin diseases like psoriasis, atopic eczema, mycosis fungoides, vitiligo and prevention of skin diseases like polymorphic light eruption and solar urticaria. Anyone operating the machines has to be very precise in setting the energy level delivered to the patient, in order to avoid burning the skin.

Tap water Iontophoresis

Tap water Iontophoresis (TWI) is a form of physiotherapy

useful for treating idiopathic localized palmar-plantar hyperhidrosis. The application of direct current via a large electrode pad requires good contact with clean, non-greasy and intact skin to avoid electric burn. The effect of TWI can be seen in a few weeks after starting treatment but maintenance treatments are required for successful cases. Botox injections may be useful in cases of axillary hyperhidrosis. However, multiple injections are usually too painful for cases of palmar-plantar hyperhidrosis.

Keloids

For intralesional excision of symptomatic keloid, the incision should not be extended beyond the original lesion to avoid production of a new keloid. After incision, the underlying collagen tissue can be removed. The debulking process can usually relieve the tightness and pain of the keloid. When using cryotherapy for keloid, external application is usually not effective, and one has to resort to using intralesional cryotherapy, by passing the cryogen via an 18G needle inserted through the lesion.

Vitiligo

When topical steroid is applied for treatment of vitiligo, up to three months treatment duration may be necessary to ensure success. Careful monitoring is required, topical immunomodulator and vitamin D analogue can be added to reduce steroid use. For carefully selected stable segmental vitiligo, Melanocyte Transfer by epidermal graft can have quite high success rate.

Ingrowing toenail

Conservative treatment is effective in relieving pain from ingrowing toenail. After soaking the foot in warm water to soften the nail plate, cotton wisp or plastic tube splint can be inserted under the nail edge to provide a cushion, with or without local anesthetics. Tube splints can be prepared by splitting suction catheters longitudinally and cut into 1 cm segments. They can be provided to patients for self insertion at home.

Our next meeting will be on 2nd July 2011 with Dr. KK Lo speaking to us on papulo-squamous eruptions.

All members are welcome and encouraged to present their cases and problems for discussions. Please contact our secretary at 28610220 two weeks beforehand for the speaker to review the information.



Dr. Mary Kwong, Dr. Tang Yuk Ming, William & Dr. Wong Nai Ming

Training Course of Research & Biostatistics for Medical Professionals

Objectives:

- Introduction on different schemes of study designs
- Elaborate on different common biostatistics used in clinical practice
- Critically appraising research articles and apply the useful findings in our patient care
- Enhance our interest and ability to clinical research in primary care

Dates : 9 July, 16 July, 30 July and 13 August, 2011 (Saturdays)

Time : 2:00 p.m. – 5:00 p.m.

Venue : Council Chamber, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, H.K.

Target group : Primary care professionals who are interested in attaining the basic research skill and learning more on biostatistics

Course Fee : Members – HK\$1,200 for whole course (HK\$400 for each spot admission)
 Non-members – HK\$2,400 for whole course (HK\$800 for each spot admission)
 (All cheques payable to "HKCFP Education Ltd". All fees received are non-refundable and non-transferable.)

CME / CPD Points : HKCFP : 3 CME Points for each session (Cat 4.4)
 MCHK : 3 CME Points for each session
 Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

Award : Those who have attended 75% or more of all the sessions will be awarded a "Certificate of Attendance".

Capacity : 40 doctors

Programme Schedule

Dates	Topics & Contents	Speakers	Moderators
9 July (Sat)	<ul style="list-style-type: none"> - Introduction to medical research - Research governance and ethics - Types of research - Observations studies: case control study, survey, cohort study - Interventional studies, randomized control trial (RCT) 	Professor Cindy L.K. Lam	Dr. Janet C.Y. Tam
16 July (Sat)	<ul style="list-style-type: none"> - Basic principle of formulating a research question - Hypothesis setting - Using and setting questionnaires in research - Data collection and entry: care to be taken of 	Professor Samuel Y.S. Wong	Dr. Mark S.H. Chan
30 July (Sat)	<ul style="list-style-type: none"> - Calculation of sample size - Sampling method: randomization, simple sampling, stratified sampling - Classification of data - Descriptive statistics - Significance tests - Interpretation of confidence interval, p-value, relative risk, odd ratio, risk reduction - Introduction to common statistical software 	Dr. Wong Kai Choi	Dr. Francis W.T. Lee
13 August (Sat)	<ul style="list-style-type: none"> - Literature review for research - Writing up a research protocol/proposal - Writing up a research report - Publishing your research finding 	Professor Martin C.S. Wong	Dr. Chan Chi Wai

*** Registration will be first come first served. For any enquiry, please call the College secretariat, Ms. Dickie Lam at 2861 0220. ***

REPLY SLIP

To: HKCFP, Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, H.K.

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

I would like to attend "Training Course of Research & Biostatistics for Medical Professionals".

Name: _____ Tel: _____ Date: _____

Email: _____ Cheque No. : _____

Workshops in Flu and Pneumococcal Vaccination

Sponsored by
sanofi-aventis Hong Kong Limited

Dates	: 7 July 2011 (Thursday) and 1 August 2011 (Monday)	
Time	: 1:00 – 2:00 p.m.	Registration
	: 2:00 – 3:30 p.m.	Lecture and Discussion
Venue	: The Jade Ballroom, 2/F, Eaton Hotel, 380 Nathan Road, Jordan, Kowloon	
Enrolment Deposit	: Members	HK\$50.00 for each workshop
Registration Fee	: Members	Free
	: Non – members	HK\$ 300.00 for each workshop
	: HKAM Registrants	HK\$ 150.00 for each workshop
	All fees received are non-refundable and non-transferable.	
Accreditation	: 2 CME Points HKCFP (Cat. 4.3) for each workshop	
	: 2 CME Points MCHK for each workshop	
	Up to 2 CPD Points will also be awarded for each workshop (Subject to submission of satisfactory report of Professional Development Log)	
Award	: Those who have attended both workshops will be awarded a "Certificate of Attendance".	
Capacity	: 100 doctors	

Programme Schedule

Dates	Topics & Contents	Speakers	Moderators
7 July (Thurs)	New Updates on Flu and Pneumococcal Vaccination - Benefits of Vaccination and Potential Risk - Local Data Sharing – the Benefits of Dual Vaccination for Flu Pneumococcal Vaccination - No Universal Flu Vaccine Available – Children, Adult and Elderly Need a Specific Dosage	Professor Nelson Lee	Dr. Au-Yeung Shiu Hing
1 August (Mon)	Benefits of "Family Vaccination" and the Role of Family Physicians - Rationale of Whole Family Vaccination - Unveiling the Misunderstandings on Flu Vaccine - Case Sharing: How Does Flu Impact the Whole Family	Dr. Ivan Hung	Dr. Yeung To Ling, Solomon

*** Registration will be first come first served. For any enquiry, please call the College secretariat, Ms. Dickie Lam at 2861 0220. ***

REPLY SLIP

To: HKCFP, Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, H.K.

I am a *Member / Non-member of The Hong Kong College of Family Physicians.

I would like to attend *one / two "Workshops in Flu and Pneumococcal Vaccination".

(*Please delete as appropriate)

Enclosed please find the cheque (made payable to **HKCFP Education Limited**) being payment as Enrolment Deposit or Registration Fee.

Date & Time	Topics	Please sign you wish to attend		Enrolment Deposit
		Lunch & Lecture	Lecture Only	
7 July 2011 (Thurs) 1:00 p.m. – 3:30 p.m.	New Updates on Flu and Pneumococcal Vaccination			Required
1 Aug 2011 (Mon) 1:00 p.m. – 3:30 p.m.	Benefits of "Family Vaccination" and the Role of Family Physicians			Required

Name: _____ Tel: _____ Date: _____

Email: _____ Cheque No. : _____ Cheque No. : _____

Date : (7 July)

Date : (1 August)

- 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.

2 July 2011 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	Papulosquamous Eruptions
Speaker	Dr. Lo Kuen Kong Dermatologist in Private Practice
Co-ordinator & Chairman	Dr. Wong Nai Ming The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:15 p.m. Lunch 2:15 p.m. – 4:00 p.m. Theme Presentation & Discussion
Venue	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Admission Fee	Members Free Non – members HK\$ 300.00 HKAM Registrants HK\$ 150.00 All fees received are non-refundable and non-transferable.
Accreditation	2 CME Points HKCFP (Cat. 4.3) 2 CPD Points HKCFP (Cat. 3.15) 2 CME Points MCHK
Language	Lecture will be conducted in English and Cantonese.
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.
Note	Participants are encouraged to present own cases for discussion. Please forward your cases to the Co-ordinator via the College secretariat 2 weeks prior to meeting.

Sponsored by
Galderma Hong Kong Limited

17 July 2011 Sunday

Cardiovascular Disease	
Topics and Speakers:	
1. Updates on Atrial Fibrillation Management Professor Lau Chu Pak <i>Specialist in Cardiology</i>	
2. Managing Blood Pressure in Patients with Diabetes Mellitus Dr. Lee Lai Fun, Kathy <i>Specialist in Cardiology</i>	
Chairman	Dr. Tong Siu Man The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Buffet Lunch 2:00 p.m. – 4:30 p.m. Lectures & Discussion
Venue	The Ballroom, 18/F, The Mira Hotel, 118 Nathan Road, Tsimshatsui, Kowloon
Admission Fee	Members Free Non – members HK\$ 300.00 HKAM Registrants HK\$ 150.00 All fees received are non-refundable and non-transferable.
Accreditation	3 CME Points HKCFP (Cat. 4.4) 3 CME Points MCHK Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lectures will be conducted in English.
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.

Sponsored by
sanofi-aventis Hong Kong Limited

Monthly Video Viewing Session

Monthly video viewing session 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.

June's session:

Date	24 June, 2011 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	Updates on Management of GERD & 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.

July's session:

Date	29 July, 2011 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	1. A Tour on Current Glaucoma: Diagnosis & Management – Dr. Jean Paul Yih 2. Common Diseases in Ophthalmology: Cataract – Dr. Charmaine Hon
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	Lectures will be conducted in English.

Structured Education Programmes

Free to members
HKCFP CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
22 Jun 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Family Medicine in Hong Kong: Past, Present and Future Dr. Wong Chun Fai	Ms. Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Community Resources: Social Worker Dr. Kwong Sheung Li and Dr. Wan Pui Chu	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Common Symptom Complaints - Cough Dr. Vicky Wong	Ms. Man Chan Tel: 2589 2337
23 Jun 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Community Resources: Social Worker Dr. Lee Hung Fai and Dr. Zhu Guixia	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Community Resources for the Disabled Dr. Chan Ching and Dr. Wong Man Kin	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Principle of FM & the Bio-social-physical Model Dr. Leung Wing Mun	Ms. Kwong Tel: 2595 6941
29 Jun 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	Prosthetics and Orthotics Dr. Leung Hoi Lik	Ms. Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Common Symptoms in Surgery Dr. Cheng Ying Wai and Dr. Yuen Ching Yi	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Integrated Mental Health Program Mr. Keith Leung	Ms. Man Chan Tel: 2589 2337
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	Health Care System in China Dr. Ng Yue Chun	Ms. Susanna Tong Tel: 2632 3480
30 Jun 11 (Thur)			
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Review of FM Exit Exam Dr. Leung Hor Yee and Dr. Vincci Kwok	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Medical Records for Family Medicine Dr. Cheung Wen Ling	Ms. Kwong Tel: 2595 6941
6 Jul 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	Principles of Family Medicine Dr. Wong Chun Fai	Ms. Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Difficult Patient Management Dr. Yuen Ching Yi and Dr. So Tsang Yim	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Mild Cognitive Impairment & Dementia Dr. Stephen Chou	Ms. Man Chan Tel: 2589 2337
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	FM Training Dr. Hui Ming Tung, Eric	Ms. Susanna Tong Tel: 2632 3480
7 Jul 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Difficult Patient Management Dr. Yiu Kwan and Dr. Man Fung Yi	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Application of Family Medicine Principles in Daily Practice Dr. Leang Hor Yee	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Prostate Problems Dr. Dominic Tai	Ms. Kwong Tel: 2595 6941
13 Jul 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Vocational Training Programme Dr. Mok Kwan Yeung	Ms. Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Obesity and Weight Reduction Dr. Hung Wai Shan and Dr. Leung Yuen Kin	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Consultation: Characteristics of a Family Practice Consultation; Aim and Task of Consultation; Nature and Components of Consultation Dr. Lai Sum Yin	Ms. Man Chan Tel: 2589 2337
14 Jul 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Classroom, G/F, Tseung Kwan O Hospital	Obesity and Weight Reduction Dr. Fu Siu Saap, Michelle and Dr. Chan Hau Ting	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Breaking Bad News Dr. Cheuk Tat Sang and Dr. Wu Sze Man	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Andrology Dr. Chu Tin Yu	Ms. Kwong Tel: 2595 6941

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
19 Jun	20	21 9:00 p.m. Board of DFM Meeting	22 2:15 – 7:00 p.m. Structured Education Programme	23 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	24 9:00 p.m. DFM Introduction Session	25 2:00 – 5:00 p.m. AEC Course
26 2:30 - 5:30 p.m. Info Seminar on OSCE Segment	27	28	29 2:15 – 7:30 p.m. Structured Education Programme	30 4:00 – 7:00 p.m. Structured Education Programme	1 Jul	2 1:00 – 4:00 p.m. Interest Group in Dermatology
3 3:00 – 6:00 p.m. 1st Examiners' Training Workshop for OSCE 2011	4	5	6 2:15 – 7:30 p.m. Structured Education Programme	7 1:00 – 3:30 p.m. 1st Workshop in Flu and Pneumococcal Vaccination 2:15 – 7:00 p.m. Structured Education Programme	8	9 2:00 – 5:00 p.m. Training Course of Research & Biostatistics for Medical Professionals
10	11	12	13 2:15 – 7:00 p.m. Structured Education Programme	14 2:15 – 7:00 p.m. Structured Education Programme	15	16 2:00 – 5:00 p.m. Training Course of Research & Biostatistics for Medical Professionals
17 1:00 – 4:30 p.m. Cardiovascular Disease	18	19	20	21 9:00 p.m. Council Meeting	22	23 2:00 – 5:00 p.m. AEC Course
24	25	26	27	28 9:00 p.m. Board of Conjoint Examination Meeting	29	30 2:00 – 5:00 p.m. Training Course of Research & Biostatistics for Medical Professionals
31	1 Aug	2	3	4	5	6

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

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