

Message from the President

Sun Yat Sen Oration 2012

We were very honored this year to have Professor Sum-ping Lee, Dean of the Li Ka Shing Faculty of Medicine, The University of Hong Kong, as our Sun Yat Sen Orator on 3rd June 2012.

Professor Lee examined the direction and the future of healthcare in Hong Kong, in view of the phenomenal speed of technological advances in Medicine, cost-effectiveness of newer interventions, increasing expectations from the public and fragmentation of healthcare services.



Prof. Lee delivering the 23rd Dr. Sun Yat Sen Oration

When summarising his speech, Professor Lee concluded that "Family Medicine must rise to the call, step up to the plate and play the role of the hero in Hong Kong's healthcare reform. We must educate both the public and the medical profession, and bring

to focus our disparate and fragmented way of providing care to focus. Family Medicine must position itself to be the foundation of healthcare delivery and healthcare reform in Hong Kong. It must foster a better doctor-patient relationship with the sick; and doctor-doctor relationship within the medical profession. To do so, the College is in a unique position to educate and to generate primary data on healthcare needs and outcomes. The College is also well situated to co-ordinate with academic institutions, government and non-government institutions. This would result in original scientific information from which will mould our own healthcare policy. This would be, in this diverse and metastable milieu, a guiding light for our social transformation. With that vision in mind, the direction and future of healthcare in Hong Kong is positive and bright."

I am deeply grateful for Professor Lee's words of wisdom and encouragement. We shall join hands together and strive for a healthier Hong Kong.



Prof. Lee receiving the Dr. Sun Yat Sen Gold Medallion

THE HONG KONG
COLLEGE OF
FAMILY PHYSICIANS



Family Physicians Links

ISSUE 102
August 2012

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"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 August 2012 to 14th September 2012, 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 about anything relating to our College and Family Medicine. You can reach us by contacting our College Secretariat by phone: 2528 6618, by fax: 2866 0616, or by email: hkcfp@hkcfp.org.hk. Once we receive your call or message, we will get in touch with you directly as soon as we can.



Dr. Wendy Tsui



Dr. Yuen Shiu Man

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

Membership Committee News

The Membership Committee approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **July 2012**:

Associate Membership (New Applications)

Dr. ARORA Namrata	羅 南
Dr. CHAN Shuk Wun	陳 淑 媛
Dr. CHAN So Wai	陳 素 懷
Dr. CHOW Wing Yan	周 穎 欣
Dr. HUI Ka Ling Karen	許 加 靈
Dr. KWOK Yuen Na	郭 婉 娜
Dr. LAU Chi Keung Michael	劉 志 強
Dr. LAU Hong Ki	劉 康 琪
Dr. LEE Wing Mei Dickinson	李 穎 薇
Dr. TIN Yuen Ying	田 宛 螢
Dr. WONG Wing Ching	王 穎 貞
Dr. WONG Wing Yu	王 穎 瑜
Dr. YIU Cheuk Man	姚 芍 敏

Reinstatement of Associate Membership

Dr. SUN Xiao Ling	孫 曉 玲
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Reinstatement of Non-HKSAR Membership

Dr. FERNANDO Merlyn Edward	傅 林 達
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Full Membership (New Application)

Dr. TSEUNG Kwan Hang	蔣 堃 衡
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Resignation of Associate Membership

Dr. SIU Ming Ying	蕭 鳴 櫻
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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 2013, please submit the application letter and the checklist for recommendation for Exit Examination before 30th September 2012.

Late applications will not be entertained.

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

Higher Training Subcommittee
BVTs

Board of Conjoint Examination Report on OSCE 2012 Information Seminar for Candidates



Dr. Chan introducing the history, preparation and security of the examination.



Dr. Chui presenting examination information to the candidates.

The Information Seminar on OSCE Segment was held on 24th June 2012. The seminar was well attended by 25 candidates (Cat I: 19, Cat II: 6) and members from the Board – including the Chairman, the OSCE Coordinator and the Secretariat.

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 emphasis 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.

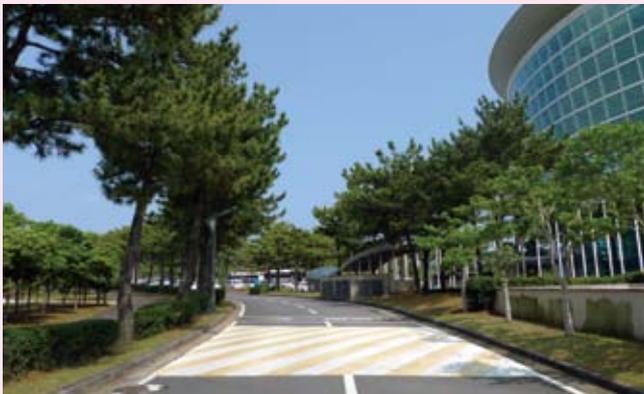
We presented the marking scheme and went through the setting of the domains of each case. We also explained the marking rationale behind using essential marking points to divide between pass and fail for a particular domain in each question. The candidates were given a chance to mark the scenario with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

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

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

WONCA Asian Pacific Jeju Conference 2012 Kowloon East Cluster Team

Dr. Fung Hoi Tik, Specialist in Family Medicine, Kowloon East Cluster



The conference venue, the Jeju International Conference Centre

It has been our great pleasure to participate in the 19th WONCA Asian Pacific Regional Conference in Jeju, Korea. The conference spanned across 24-27 May 2012, with 4 plenary sessions, 16 symposia, 9 lectures, 11 workshops, 25 oral presentation sessions of 133 papers, and 3 whole-day poster sessions featuring 324 posters. The event attracted over 1800 delegates from 43 different countries. This year the conference was hosted by our Korean colleagues. It was chaired by Prof. Jungkwon Lee from the Department of Family Medicine, Samsung Medical Centre, Sungkyunkwan University School of Medicine of Seoul Centre, Korea.

Jeju

The island where the conference was held, Jeju, is a pleasant place to visit. It is a renowned “honeymoon” location for Koreans and it is in the plot for many Korean TV dramas. The history of Jeju is not very long, though. It has been developed mainly as a tourist location recently. All the tourist facilities in Jeju are very well planned. The traffic is particularly good – the roads are well maintained and generally free of congestions. The transport by the airport limousine to the southern part of the island where the main conference venue is situated is indeed very commendable. It runs every 15 minutes and it covers all the major hotels at a very reasonable price.

Southern Jeju, apart from being a tourist resort region, is also packed with natural attractions, including a UNESCO World Heritage spot. The seashore is lovely – one can walk along the many walkways by the shore and it is very relaxing after a day’s hard work at the conference. Hiking, cycling, horse-riding, water sports, etc are all available for the sporty visitors.

The food in Jeju warrants further mentioning. It is basically the typical Korean style menu with kimchi,

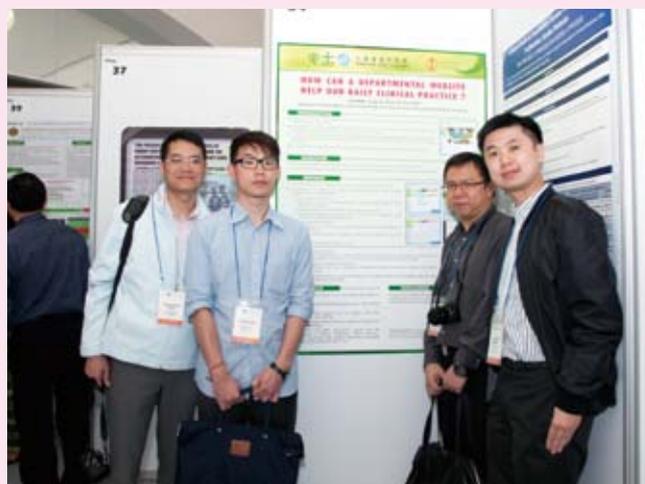


The KEC Team at the entrance of the International Conference Centre, Jeju, Korea

spicy flavours, roasted meat, etc. Although the menu was well enjoyed by some delegates, more might prefer a wider range of choices. Delegates going with their families may worry as the food may not be palatable to their children. In Jeju, the price of an average meal and the living costs are not high - rather comparable to Hong Kong. If there is one thing that one should really mention, it would be the general lack of English menus.

Conference Venue

The conference venue, the Jeju International Conference Centre (ICC) was well selected. The main auditorium, the various halls and seminar rooms are all supported by the latest conference facilities including WiFi internet connection. The ICC also houses a choice of restaurants and food outlets, a convenience store, a domestic product counter, and even a duty-free shop. The overall venue atmosphere is comfortable without over-crowding.



We are posting up the six posters authored by our colleagues

Theme of the Conference

This year the theme of the conference was "Clinical Excellence in Family Medicine: Evidence-based Approach in Primary Care". Several plenary sessions and symposia were centred on evidence-based practice and the development of Family Medicine. There was also a wide range of topics covered in the conference – from clinical problems to health care system discussions. One would find it difficult to decide which session to attend as most of them were very attractive.

The plenary sessions were particularly of note. Dr. Richard Roberts from the University of Wisconsin, USA delivered a speech on "A World of Family Doctors: Improving Health, Serving Communities". He shared with us his real-life experience of working both as a busy family doctor in the States and as an educator and advocator of Family Medicine in other countries. His sharing on his dialogue with an oncologist was very insightful. Another plenary session by Prof. Donald Li from Hong Kong, "WONCA Asia Pacific Region – Challenges and Opportunities", was also highly commendable. Prof. Li gave us a global review of the past development and current status of Family Medicine in the Asia Pacific region. It was highly inspiring for those who had a will to promote the principles of Family Medicine not only in Hong Kong but also in other communities around us.

Another symposium on health informatics broadens our horizon. Two speakers shared with us their experiences in organizing electronic patient records in Korea and Indonesia – the task in the Korean sector was a technical one while the difficulty in Indonesia lay on a common lack of internet access in their clinics. We cannot feel more grateful for what we have in the public sector of Hong Kong now where health informatics is relatively well developed.



Traditional Korean dance in the Opening Ceremony

Hong Kong Delegates

Hong Kong delegates were very supportive of this conference. We had colleagues coming from the Hospital Authority, the Department of Health, the



Dinning out after a day's work

universities, as well as the private sector. Hong Kong delegates contributed to many posters and oral presentations. Some of us also helped chair various symposium sessions. This year, our KEC team delivered two oral presentations on the use of Varenicline in smoking cessation and a post hoc telephone survey to evaluate the significance of assessing motivation to quit smoking, and presented six posters on a variety of topics.

Friendship

Apart from the academic aspect of the conference, the WONCA Jeju 2012 also fostered friendship, networking and mutual understanding. The conference gave us a chance to get acquaintance with doctors from other parts of the world. We had good times talking with new friends, discussing our varying clinical practices. We shared our views on the plane, during transits, on the limousine, and during meal times. We were really enlightened by the sharing of other overseas doctors.

Appreciation

Overall, the WONCA Jeju 2012 was very well planned and organized. The organizing committee has all along been very efficient and responsive since early in the pre-conference period. The conference webpage and the web registration system were well designed. All the essential information was readily available on the website where participants could check their registration, booking and payments on-line any time. During the actual conference period, all the staff at the venue were efficient and helpful in all regards.

Looking back, we really had a pleasant time at the WONCA conference. We are indebted to the sponsorship and secretarial support from the Hong Kong College of Family Physicians. We look forward to the next WONCA World Conference which will take place in Prague in 2013. See you then!

Dear Colleagues,

19th Hong Kong International Cancer Congress, 8 – 9 November, 2012 Theme: Translating Innovative Research to Effective Treatment

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 translating research and practice derived knowledge into patient benefits.

HKCFP has invited three expert speakers to share their experience and skills in cancer management in a **Symposium** commencing from **2:00 pm - 3:30 pm on 8th November 2012 (Thursday)** at the Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. The Symposium is entitled **"Cancer Management in the Community: From Screening to Care"**, which comprises:

- A. "Cancer Screening and Current Referral Pathways for Patients with Suspected Cancer in the UK"
Professor Rodger CHARLTON, Sub-Dean Community Based Learning and Education Research, College of Medicine, Swansea University, United Kingdom
- B. "Care of Cancer Patients in the Community: a Family Physician's Perspective"
Professor Cynthia CHAN, Honorary Clinical Assistant Professor, Department of Family Practice, University of British Columbia, Canada
- C. "Practical Challenges in Ambulatory Palliative Care Services"
Dr. Po-tin LAM, Division Head, Palliative Care Division, Department of Medicine and Geriatrics, United Christian Hospital, Hong Kong

You are cordially invited to join the Symposium and the forthcoming Congress. We are most grateful for the organizers 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 or Mr. Richard Li richard@hkcfp.org.hk) at your earliest convenience (by 30th September 2012) for reservations. The programme at a glance (as of 9th July 2012) is also printed in the following page for your quick reference. For more information on HKICC, please visit the website: www.hkicc.org.

Look forward to seeing you soon!

With Best Wishes,

Dr. David V. K. Chao

HKCFP Representative, 19th Hong Kong International Cancer Congress

19th Hong Kong International Cancer Congress (8 - 9 November 2012) Programme at a Glance

Thursday, 8 November 2012									
8:30 am	Registration								
9:15 am	PYK Auditorium								
9:30 am	Opening Ceremony								
9:30 am	SAL								
10:30 am	HKICC Lecture The Role of EBV Infection in Cancer: From Cause to Cure Lawrence S YOUNG, University of Birmingham, UK								
11:00 am	Coffee Break								
11:00 am	<table border="1"> <tr> <td>SYM</td> <td> Liver Irradiation for Malignancy The Roles of Selective Internal Radiation Therapy (SIRT) for Liver Tumours Pierce KH CHOW, National University of Singapore, Singapore Clinical Benefit of Tomotherapy in Liver Tumour Jinsil SEONG, Yonsei University College of Medicine, Korea External Radiotherapy for Hepatocellular Carcinoma - Local Experience Francis AS LEE, Tuen Mun Hospital, HK</td> </tr> <tr> <td>LPY Lecture Theatre</td> <td>Psychosocial Oncology (HKCF)</td> </tr> <tr> <td>SAL</td> <td>Psychosocial Oncology (HKCF)</td> </tr> </table>	SYM	Liver Irradiation for Malignancy The Roles of Selective Internal Radiation Therapy (SIRT) for Liver Tumours Pierce KH CHOW, National University of Singapore, Singapore Clinical Benefit of Tomotherapy in Liver Tumour Jinsil SEONG, Yonsei University College of Medicine, Korea External Radiotherapy for Hepatocellular Carcinoma - Local Experience Francis AS LEE, Tuen Mun Hospital, HK	LPY Lecture Theatre	Psychosocial Oncology (HKCF)	SAL	Psychosocial Oncology (HKCF)		
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SAL	Psychosocial Oncology (HKCF)								
12:30 pm	Lunch Break - Young Investigator Awards Competition								
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12:30 pm	YIA - Psychosocial Oncology								
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9:30 am	SAL						
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5:30 pm	Function Rm						

運動創傷 預防及處理

報名
從速

高級文憑/高級證書



本課程專為從事或有需要學習運動創傷處理的人士而設，旨在讓學員掌握運動創傷的基本知識、其預防方法和管理技巧。

- ▶ 兩年兼讀制課程將於 **2012年9月10日** 開學
- ▶ 截止報名日期：**2012年8月17日** (逾期申請，酌情考慮)

查詢詳情，請聯絡陳小姐 電話：2587 3153 電郵：shelby.chan@hkuspace.hku.hk
<http://hkuspace.hku.hk/programme/subject/sport-exercise-and-fitness>



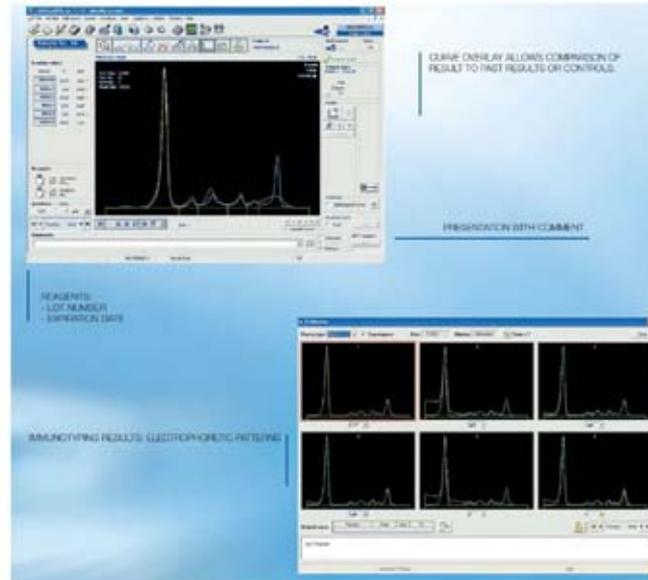
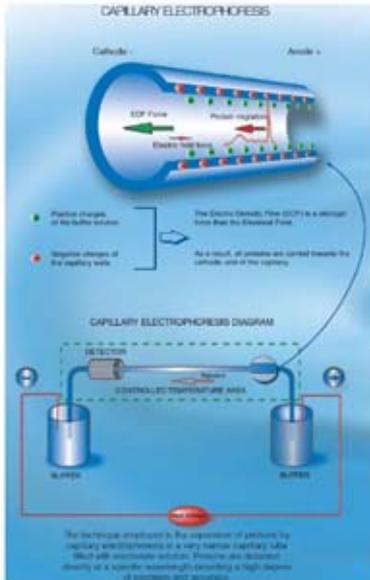
MINICAP THE INNOVATION OF CAPILLARY ELECTROPHORESIS

Designed and developed solely by Sebia utilizing the most sophisticated technology, the MINICAP provides the highest level of performance addressing the most stringent requirements of clinical diagnostic laboratories.

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The direct detection of proteins at a precise wavelength, which is assay dependent, enhances precision and accuracy. Results also correlate extremely well with immunochemical methods allowing easy method conversion.

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Assistant Doctor wanted by female doctor to perform esthetic procedures. Will teach to do laser, botox, hyaluronic acid and other esthetic procedures, including liposuction, 11-8, six day a week, good remuneration. Sunday off. Interested please call Miss Chu 9236 0591.

Female Doctor needed by a laser and beauty clinic, good working hours, Sunday and holiday off, 120K per month or more, Interested please call Miss Shek 6902 0686.

Sharing from the Primary Care Innovations, Development and Evidence (PRIDE) 2012

Dr. Chen Xiao Rui, Catherine, Department of Family Medicine & GOPC, Kowloon Central Cluster

The PRIDE conference 2012 co-organised by the Division of Family Medicine and Primary Health Care, CUHK and the Primary Care Office of Dept. of Health has been a great event for local primary care doctors this year. This two-half day update course covered a variety of everyday problems in primary care from episodic to chronic diseases and a range of clinical dilemmas. Most of the references were from trustworthy, independent sources of medical evidence including the BMJ, BJGP, Cochrane's review, NEJM, NICE and SIGN guidelines. This course has provided us with an essential update and refresher across the spectrum of conditions presenting to the primary care in a "keeping it simple summary (KISS)" format. I would like to share with you here two commonest chronic conditions encountered in the primary care — hypertension and diabetes.

Hypertension

The key reference is the new joint NICE and British Hypertension Society guideline published in August 2011.¹

Diagnosis of HT

If a clinic BP is >140/90 mmHg, take a second reading in the consultation; If the second reading is very different from the first, take a third; record the lowest reading, and if it is >140/90 mmHg, we should offer ambulatory monitoring (ABPM) to confirm the diagnosis.²

ABPM

ABPM uses a mean of a minimum of 14 readings in usual waking hours. If ABPM is not tolerated or available, use two home BP readings with validated device twice daily for one week. Clinic measurements can be used for subsequent monitoring unless there is a white coat effect at diagnosis (>20/10 mmHg discrepancy between clinic reading and ambulatory or home reading) in which case HBPM should be used for subsequent monitoring.

Neither clinic nor home measurement has sufficient sensitivity or specificity to be recommended as a single diagnostic test. **ABPM is taken as the 'gold reference standard'** because of the multiple numbers of readings taken and the fact that it correlates better with CVD outcomes such as heart attack and stroke. Cost-effectiveness analysis has shown that using ABPM for diagnosis following a raised clinic reading was the **most cost-effective** across all age ranges.³ Additional costs from equipment and resources are counter-balanced by cost savings from reducing over-diagnosis and better targeted treatment.

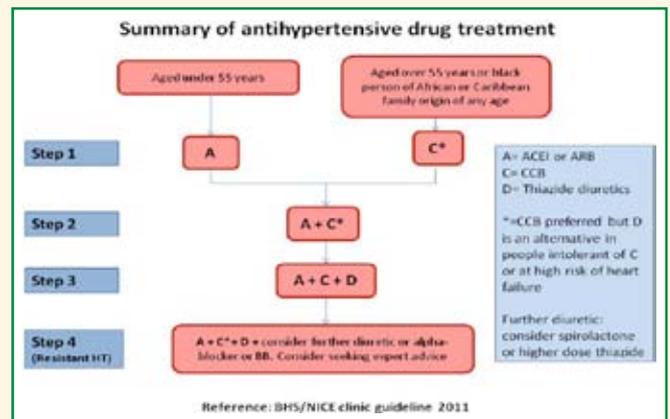
How should ABPM be interpreted?

- ▶ Interpret a mean of ABPM or HBPM of $\geq 135/85$ mmHg as Stage 1 Hypertension i.e. equivalent to clinic reading of $\geq 140/90$ mmHg
- ▶ Interpret a mean of ABPM or HBPM $\geq 150/95$ mmHg as Stage 2 Hypertension i.e. equivalent to clinic reading of $\geq 160/100$ mmHg

Significance of inter-arm differences in BP?

Inter-arm differences of ≥ 10 mmHg predict increased mortality in patients in primary care with hypertension. This difference is a valuable indicator for CVD risk and may justify more aggressive treatment of risk factors.⁴ Bilateral BP measurements in primary care should become a routine part of CVD assessment.

Treatment of hypertension



Diabetes

Diagnosis

In 2011, the WHO issued a new guideline that HbA_{1c} could be used for the diagnosis of diabetes.⁵ HbA_{1c} of 6.5% is recommended as the cut-off for diagnosis of diabetes; HbA_{1c} <6.5% does not exclude diabetes diagnosed using glucose tests. In asymptomatic patients a test must be repeated to confirm the diagnosis.



The CUHK Family Medicine Team & Guest Speakers: (from left to right) Dr. Kenny Kung, Prof. Samuel Wong, Prof. Carmen Wong, Dr. Simon Curtis, Dr. Philip Nicholls, Prof. Martin Wong, Prof. Katrina Tsang



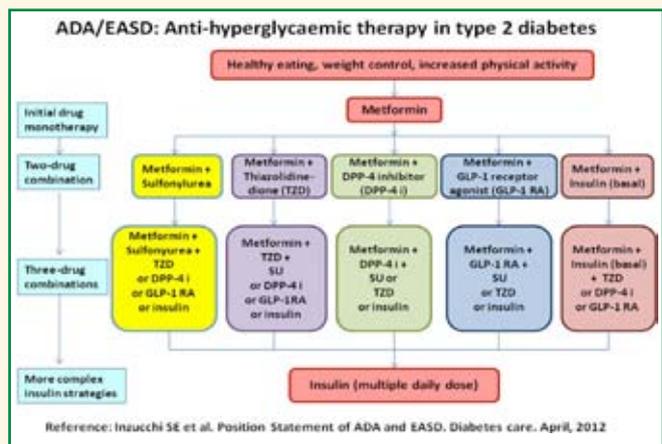
Primary care doctors gathered at Hotel Icon for the latest primary care updates and evidence

Treatment

Lowering glucose is important, but reducing CVD risk is even more so, therefore **BP lowering mechanisms and statins are more effective interventions.**

1. Education and lifestyle are priorities. Strong emphasis on lifestyle advice: Smoking status, diet, exercise, nutrition. Diet: general health eating advice i.e. high fibre, food with low glycemic index, little saturated fat, oily fish, avoid excessive energy intake
2. Blood pressure management (A=ACEI, C=CCB, D=thiazide diuretic)
 - ▶ Target is 130/80 mmHg
 - ▶ Start A. If possibility of pregnancy start with C
 - ▶ C or D as second-line, add the other drug as third line e.g. A then A+D then A+D+C
 - ▶ Add other agents (e.g. alpha or beta-blocker) as required
3. Blood lipids: Statins for virtually all patients
4. Aspirin for CVD prevention?
 - ▶ YES if established cardiovascular disease
 - ▶ For primary prevention, low dose aspirin if at high CVD risk but a recent meta-analysis of primary prevention trials in diabetes did NOT show benefit⁶
5. Metabolic control of DM
 - ▶ 'The overall results show limited evidence for the benefit of intensive glucose lowering on all cause mortality and deaths from cardiovascular causes' and 'the risk/benefit ratio of intensive glucose lowering in the prevention of macrovascular and microvascular events remain uncertain.'⁷ 'The emphasis in type 2 diabetes should remain on tight control of lipids and blood pressure with reasonable but not exaggerated attempts to control glycaemia'⁸

- ▶ Glucose lowering in DM
 - Target: **individualised with patients.** The 'Cardiff UK GPRD Study' results showed a '**U-shaped curve**', with the lowest mortality in both cohorts seen with an HbA_{1c} of around 7.5%.⁹ Both higher and lower HbA_{1c} levels were associated with higher mortality. A target of 7.5% is optimal based on current evidence if it is appropriate and achievable. Lower levels may be appropriate for some individuals with early disease
 - Anti-hyperglycaemia therapy in type 2 diabetes¹⁰



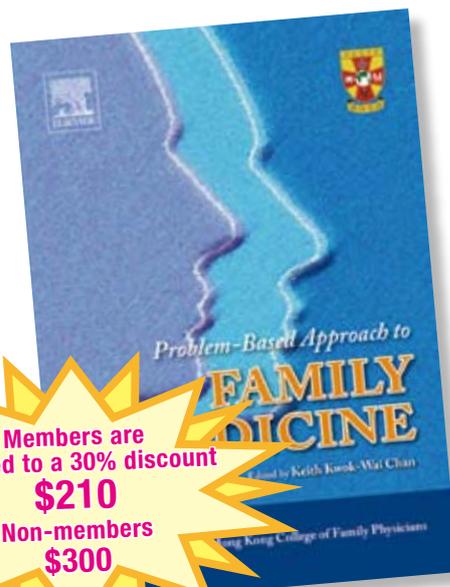
References:

1. Hypertension, NICE and British Hypertension Society Guideline 2011, CG 127. <http://guidance.nice.org.uk/CG127/QuickRefGuide/pdf/English>
2. Hodgkinson J et al. Relative effectiveness of clinic and home BP monitoring compared with ABPM in diagnosis of hypertension: systemic review. *BMJ* 2011; 342; d3621
3. Lovibond K et al. Cost-effectiveness options for the diagnosis of hypertension in primary care: a modelling study. *Lancet* 2011 ; 378-1219
4. Clark CE, Taylor RS, Shore AC, Campbell JL., The difference in blood pressure readings between arms and survival: primary care cohort study. *BMJ* 2012;344:e1327
5. Use of HbA_{1c} in the Diagnosis of Diabetes Mellitus. Abbreviated Report of a WHO Consultation 2011. [Http://www.who.int/diabetes/publications/report-hba1c_2011.pdf](http://www.who.int/diabetes/publications/report-hba1c_2011.pdf)
6. Berardis GD et al. Aspirin for primary prevention of cardiovascular events in people with diabetes: meta-analysis of randomised controlled trials. *BMJ* 2009;339:b4531
7. Bousageon R et al. Effect of intensive glucose lowering on all cause mortality, cardiovascular death, and microvascular events in type 2 diabetes: meta-analysis of RCTs. *BMJ* 2011;343:d4169
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10. Inzucchi SE et al. Management of Hyperglycemia in Type 2 Diabetes: A Patient-Centered Approach. Position Statement of the ADA and EASD. *Diabetes care.* April, 2012

Publication Committee : Problem-based Approach to Family Medicine

The Committee is pleased to announce the publication of the first academic book from the College – Problem-based Approach to Family Medicine. This comprehensive 500-paged book, full of coloured illustrations and photos, was written by a group of experienced family physicians using a scenario-based approach that simulates the work of a family physician. It contains 24 different clinical scenarios commonly encountered in family practice to illustrate the content and principles of Family Medicine. It is an excellent reference book in Family Medicine for undergraduates, practising family physicians and doctors of other specialties locally and world-wide. For non-members, the price of the book is \$300 and college members are entitled to a 30% discount*** (postage fee excluded). For those who are interested, please fill in the order form below. Many readers will find this book a valuable tool to further learning as well as a way to appreciate the fine art of Family Medicine.

*** \$210 & \$300 is for self-collection at Wan Chai or Wong Chuk Hang office. The amount of postage fee depends on the no. of books ordered. For details, please contact Ms. Priscilla Li at 2861 0220.



Members are
entitled to a 30% discount
\$210
Non-members
\$300

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SECTION I - THE TOOLS

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- B. Evidence-based medicine
Keith KW CHAN
- C. Literature search
Keith KW CHAN
- D. Literature Appraisal
Keith KW CHAN
- E. Some EBM jargons
Keith KW CHAN

SECTION II - THE SCENARIOS

1. A women with a swollen red leg
Keith KW CHAN
2. The boy with a fever and sore throat
Yvonne CY LO, Julie CHEN, TP LAM, Cindy LK LAM
3. A young man with chronic cough
Ricky WK WU
4. A 15 month-old child with fever
Albert LEE
5. A child with wheeze
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6. A child with a rash
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7. The dysonoeic Mr. Chow
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8. A man with low back pain
WW LAI
9. A lady with sprained ankle
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10. A woman with knee pain
Andrew KK IP
11. A woman with headache
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12. A man with chest pain
TP LAM, Yvonne YC LO, Julie Y CHEN, Cindy LK LAM
13. A man with white-coat hypertension
Amy KL CHAN
14. An elderly man with high blood pressure
KK NG, Keith KW CHAN
15. A middle aged woman with dizziness
Stanley KH LAM
16. A lady with glycosuria
Allen HY NGAI
17. A man with chronic abdominal pain
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18. A woman with vaginal discharge
Winnie CHAN, Janet CY TAM
19. A woman with heavy menstrual bleeding
SN FU
20. A gentleman with hand tremor
Natalie YK YUEN, Natalis CL YUEN
21. A woman with forgetfulness
Ruby SY LEE
22. A man requesting colorectal cancer screening
Douglas TC LAI, Tammy KW TAM
23. An elderly man with pruritus
Antonio CHUH
24. A lady with a red eye
Donald KT LI

ORDER FORM

To: HKCFP
Room 701,
HKAM Jockey Club Building,
99 Wong Chuk Hang Road,
Aberdeen, Hong Kong
(Fax No. 2866 0241)

I am a (an) *Affiliate / Student / Associate / Full / Fellow member / Non-member of the Hong Kong College of Family Physicians.
I would like to purchase _____ copy / copies of Problem-based Approach to Family Medicine.

Enclosed please find cheque payment of HK\$ _____ .

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

Name : _____ Email address : _____

Postal address : _____

Tel No. : _____ Date : _____

*Please circle your category of membership.



The World as a Mirror

People think that they see the world objectively. But the truth is, the world they see is the world they are *creating*. We are always creating some kind of emotional atmosphere -- good, or not so good. For example, if I were to walk into a room in a fierce rage, and start yelling at everyone and swinging a stick around, what would I see? I would see a lot of frightened people; and I would get the impression that it's a frightened world out there. I could even take a picture of it, and *prove* to you that the world is full of frightened people. But in all of that, I never bothered to ask: *WHY?* Why am I seeing so many frightened people?

Similarly, if you spend time with somebody who's in a black mood, that will likely make *you* feel bad, too. So, what will that person see? A whole lot of people in a bad mood -- just like them! That's what a black mood *does*. Even dullness creates an influence: one yawns, everyone yawns!

If you want to bring out the best in others, you have to create the right context for it. You be yourself, and then people can be themselves with you. You be sincere, and you create an environment where people can be sincere back.

So, when someone says something like: "The world is so boring, nothing real ever happens," or, "There is no love in this world, no caring people," I might ask: "And yourself? What have *you* been doing?" Most likely, the world is being for you what you are being for it.

And that means . . .

If everybody around you is tired, maybe you need to wake up.

If everybody is mean, maybe you need to be kinder.

If everybody is superficial, maybe you need to be more sincere.

The only way the people around you are likely to change is if *you* change. Somebody's always got to start the fire, get the ball rolling. Otherwise nothing changes.

<http://www.soulprogress.com/html/ArticlesFolder/Articles/BeTheChange.shtml#World>

(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。)

Bone Density Testing Interval and Transition to Osteoporosis in Older Women

Measuring bone mineral density (BMD) of hip and lumbar spine by Dual-Energy X-ray Absorptiometry (DEXA) is the most commonly used method to check for osteoporosis. Treating identified asymptomatic osteoporosis could prevent osteoporotic fracture.

The U.S. Preventive Service Task Force updated the recommendation on screening for osteoporosis in 2011. Women aged 65 years or older and younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman are recommended to undertake screening by DEXA. However there is a lack of evidence regarding the interval for osteoporosis screening, and currently it is recommended to be 2 to 5 years based on expert opinion.

A study by Gourlay *et al* about bone density testing interval and transition to osteoporosis in older women was published in the New England Journal of Medicine in January 2012. The study looked at 4967 women, who are aged 67 and above with either normal bone mineral density (BMD) or osteopenia, with no history of hip or clinical vertebral fracture or treatment for osteoporosis. Patients were followed for up to 15 years. The BMD testing interval was considered as the time it took for 10% of women to transit to osteoporosis before having a hip or clinical vertebral fracture, with adjustment for estrogen use and clinical risk factors. For women with normal BMD and mild osteopenia, the estimated testing intervals were 16.8 and 17.3 years respectively. For women with moderate osteopenia, it was 4.7 years and for women with advanced osteopenia, it was 1.1 years.

Researchers concluded that baseline T score is the most important determinant of a BMD testing interval and osteoporosis would develop in less than 10% of older, postmenopausal women during rescreening intervals for about 15 years for those with normal BMD or mild osteopenia, 5 years for moderate osteopenia and 1 year for advanced osteopenia. Researchers suggested that the screening interval should be shortened if there is clinical evidence of decreased mobility and weight loss which may fasten progression of bone loss and for advanced aged ladies because the observed time to osteoporosis decreased with increasing age.

Some medical reviewers called for the in-corporation of these findings into clinical guidelines to prevent unnecessary excessive bone density testing. However some controversies arise regarding the limitations of the study. The analysis by Gourlay was limited to white women who were aged 67 years or older. The study findings could not be extrapolated to other ethnic groups, younger post menopausal women undergoing rapid bone loss, or men. Patients with osteopenia who are at high risk for fracture actually benefit from treatment, and analysis should consider the complexity of fracture risk instead of BMD alone. However all reviewers agreed that too few initial BMD tests are performed in older women.

Reference:

M L Gourlay, J P Fine, J S Preisser *et al*. Bone-Density Testing Interval and Transition to Osteoporosis in Older Women. *N Engl J Med*. Jan 2012;366:225-233.

Compiled by Dr. Leung Cheuk Wing

Learning Points from Post AEC Group

Dr. Lee Kar Yun, Peter (Post AEC Chairman) - Board of Education

Summary

The Post AEC Group is a new activity associated with but different from the Assessment Enhancement Course. The main goal is to provide a structured intense Study Group for Category 2 candidates who wish to sit for the Conjoint Examination.

The training objectives for FM trainees during basic training are little known to Category 2 candidates. Very often the preparation becomes misguided, unless the candidate knows the format/objectives required and practiced doing them effectively before sitting the Conjoint Examination.

One important part of the Conjoint Examination is the written section: the Key Features Problems (KFP) and the Multiple Choice sections (MCQ), which will be covered by another Board of Education activity known as Written Enhancement Training in AEC. The Post AEC group is not specifically formed to help prepare for this written section of the Conjoint Examination. Rather it is formed to help with preparing for the OSCE section of the Conjoint Examination.

The Post AEC group normally has 14 meetings, and covers the preparation for the Conjoint Examination, including the ICPC groups of presentations, and also helps the candidates use common cases to construct scenarios, understand the principles of Family Medicine, and know how cases and how candidates are marked. The activity also enables candidates to know how to apply the principles learnt during the AEC sessions.

The tutors are volunteers of the College, from both the AEC group, the Board of Education as well as others. With the advantages of the diverse background of the pool of tutors, enrolled candidates can have better exposure to a wide variety of experience and learning methods from different tutors.

For all candidates who wish to have a good result with the Conjoint Examination, my advice is "to be well prepared and focus upon the learning objectives".

Start early, at least 1 year before the year you wish to sit the examination, so you can prepare for the written section with bookwork and MCQ/KFP questions practice. If you wish to pass the Conjoint, be CPR certified for the year you sit, and please attend the AEC. For Category 2 candidates, try to join or form a study group, or consider the Post AEC Group for morale and learning support. Be prepared to sit the examination more than once. To maintain the momentum, preparation should include asking yourself the reason why you wish to participate in the Conjoint Examination, how you can improve your current Family Medicine knowledge and practice, and be willing to discontinue previous non-FM practices. Willingness to change is of paramount importance to become a good family physician.

Don't forget to thank your supporters including your family, your employer, and your patients!

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 applying the useful findings in our patient care
- Enhance our interest and ability in clinical research in primary care

Dates	: 8 Sept, 16 Sept, 22 Sept & 7 Oct, 2012 (Saturdays & Sundays)
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\$500 individual session 'spot' admission) Non-members – HK\$2,400 for whole course (\$800 individual session '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
Award	: Those who have attended 75% or more of all the sessions will be awarded a "Certificate of Attendance".
Capacity	: 30 doctors

Programme Schedule

Dates	Topics	Speakers	Moderators
8 Sept (Sat)	- 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)	Dr. Chin Weng Yee	Dr. Cheung Kwok Leung
16 Sept (Sun)	- Basic principle of formulating a research question - Hypothesis setting - Using and setting questionnaires in research - Data collection and entry: care to be taken of	Prof. Wong Yeung Shan, Samuel	Dr. Fu Sau Nga
22 Sept (Sat)	- 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. Chan Man Li
7 Oct (Sun)	- Literature review for research - Writing up a research protocol/proposal - Writing up a research report - Publishing your research finding	Prof. Wong Chi Sang, Martin	Dr. Chan Chi Wai, Edmond

*** Registration will be first come first served. For any enquiry, please call the College secretariat, Mr. Marco Cheng 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: _____

- Please wear a surgical mask if you have respiratory tract infection and confirm that you are afebrile before coming to the meeting.
- Private Video Recording is not allowed. Members, who wish to review the lecture, please contact our secretariat.

Infectious Disease Clinical Attachment for Family Physicians

Dates	28 August 2012 4, 11, 18, 25 September 2012 9, 16, 30 October 2012 6, 13, 20, 27 November 2012
Organizers & Course Directors	Princess Margaret Hospital Dr. Tsang Tak Yin, Owen Infectious Disease Centre, Princess Margaret Hospital The Hong Kong College of Family Physicians Dr. Kwong Bi Lok, Mary Chairlady, Board of Education, The Hong Kong College of Family Physicians
Objectives	<ul style="list-style-type: none"> • To update Family Physicians on topics in Infectious Diseases • To provide opportunities for family physicians to learn Infectious Disease in clinical practice • To facilitate exchange of ideas between Infectious Disease and General Practice colleagues
Course Structure	The attachment will consist of 12 two hourly sessions, including lectures, interactive case discussion and simulation training. One session per week from 2:00 p.m. - 4:00 p.m. on Tuesdays
Time	2:00 p.m. – 4:00 p.m.
Venue	Princess Margret Hospital (Infectious Disease Centre)
Topics	Travel and Infection, Pre-travel and Post-travel Care; Diagnostics in Primary Care, Antibiotic Allergy, Appropriate Use of Antibiotics; Infection and Infestation in the Elders; Pregnancy and Infection, Common Gynaecological Infection; Simulation Training in the Clinic Management of Infectious Disease; Emerging Infection in the Community, Infectious Disease Emergency in Primary Care; Update in Management of ILIs and CAP; Approach to Fever in Childhood, Viral Exanthema; Overview of Sexually Transmitted Infection, Common Skin Infection; Viral Hepatitis, Infectious Diarrhea, Food Poisoning; Update in Childhood Vaccination.
Course Fee	HK\$2,600 All cheques payable to "HKCFP Education Ltd"
Enrolment	Please call Ms. Yvonne Lam or Mr. John Lee at 2861 0220 for details <u>on or before 21 August 2012.</u> Registration will be first come first served.
Certification	A certificate of attendance will be awarded under the names of organizers for participant who has over 80% attendance.
Accreditation	Up to 15 CME points (Category 4.8) & 5 CPD points (Category 3.16) for the whole attachment

1 September 2012 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	Birth Marks
Speaker	Dr. Luk Chi Kong, David Specialist in Pediatrics
Co-ordinator & Chairman	Dr. Lee Kar Yun, Peter The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Lunch 2:00 p.m. – 3:15 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.

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

Sponsored by
Galderma Hong Kong Limited

13 September 2012 Thursday

More Reasons to Consider the Type of Risk Factors in Hypertensive Patients

Prof. Shokei Kim Mitsuyama

Professor and Chairman, Department of Pharmacology and Molecular Therapeutics, Kumamoto University Graduate School of Medical Sciences, Kumamoto, Japan

Chairman	Dr. Tsui Hing Sing The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Buffet Lunch 2:00 p.m. – 3:30 p.m. Lecture & Discussion
Venue	Pearl Ballroom, 2/F, Eaton Hotel, 380 Nathan Road, Jordan, Kowloon
Admission Fee	Members Free Non – members HK\$ 450.00 HKAM Registrants HK\$ 150.00 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.

Co-sponsored by
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Upcoming Event by the Board of Education

Interest Group in Mental Health

Date: 6 October 2012 (Saturday)
Topic: Depression is a Mood Problem? Prevalence of Somatic Symptoms in Depression
Speaker: **Dr. Chow Yat**

Kindly refer to the next issue of FP Links for detailed information

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	31 August 2012 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topics	1. Common Disease in Ophthalmology: Real Cases in Daily Practice – 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.

September's session:

Date	28 September 2012 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topics	1. Frozen Shoulder: Management Beyond Physiotherapy – Dr. Lung Hin Fai, Edmond 2. Common Injuries Overlooked – Dr. Wu Wing Cheung 3. Flat Feet in Children – Treatment Required? – Dr. Wong Man Shun
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.

Community Education Programmes

Open and free to all members
HKCFP CME points accreditation (Cat 5.2)

Date/Time/CME	Venue	Topic/Speaker/Co-organizer	Registration
8 Sept 2012 2:30 – 4:30 p.m. 2 CME points	Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon	Update in Rehabilitation Medicine Dr. Tam Cheuk Kwan SMO WTSH Dept. of Rehab and Extended Care	Ms. Clara Tsang Tel: 2354 2440 Fax: 2327 6852

Structured Education Programmes

Free to members
HKCFP CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
22 Aug 12 (Wed)			
2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Consultation Models Dr. Leung Hor Yee	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, UCH	NAHC – Fall Prevention Programme Ms. Karen Ng Introduction of Community Resources Dr. Lee Hung Fai	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	Common Childhood Allergy Prof. Ellis Hon	Ms. Crystal Law Tel: 2632 4021
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 5/F, Tsan Yuk Hospital	Review of FM Training Dr. Welchie Ko	Ms. Man Chan Tel: 2589 2337
23 Aug 12 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Case Presentation (Emergency in General Practice) Dr. Yuen Ming Wai & Dr. Fan Wing Chi	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Medical Ethics, What's The Right Thing To Do? Dr. Hong Sze Nga	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Common Symptom Complaints: Breast Lump Dr. Cheng Kwan Chui	Ms. Kwong Tel: 2595 6941
29 Aug 12 (Wed)			
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Diabetic Complication Screening Dr. Chung Sze Ting & Dr. Mok Ka Yee	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 5/F, Tsan Yuk Hospital	Travel Medicine – Other than Infectious Diseases Dr. Cheung Shun Tai	Ms. Man Chan Tel: 2589 2337
30 Aug 12 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Diabetic Complication Screening Dr. Cheung Yan Kit & Dr. Lee Tin Wai	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 on Disease Prevention and Health Maintenance Dr. Chu Tsun Kit	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Subfertility and Management Dr. Cheng Long Yee, Eva	Ms. Kwong Tel: 2595 6941
05 Sep 12 (Wed)			
2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Menopause Dr. Cheuk Tat Sang	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	Cervical Smear (Overview & Update) Dr. Leung Sze Mun, Amelia & Dr. Kwok Yee Ming	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 5/F, Tsan Yuk Hospital	Care of Patient with Common Heart Diseases (IHD / AF / CHF) in GOPC Setting Dr. Carol Iong	Ms. Man Chan Tel: 2589 2337
06 Sep 12 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Cervical Smear (Overview & Update) Dr. Wan Pui Chu & 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	Family Physician's Role In Management of Rheumatological Patients Dr. Lo Chek Wai	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Clinical Research Compliance Dr. Leung Wan Mun	Ms. Kwong Tel: 2595 6941
12 Sep 12 (Wed)			
2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	How to Handle Noncompliance Patients Dr. Leung Hoi Lik	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, UCH	Advanced Incidents Reporting System (AIRS) Dr. Chan Kam Sum & Dr. Lee Wing Mei	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	Common ENT Problem in Primary Care Dr. Lee Ting Hon	Ms. Crystal Law Tel: 2632 4021
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 5/F, Tsan Yuk Hospital	Journal Club Dr. Danny Lee	Ms. Man Chan Tel: 2589 2337
13 Sep 12 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Advanced Incidents Reporting System (AIRS) Dr. Ho Pui Gi & Dr. Leung Yuen Kin, Kenneth	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Occupational Health Dr. Wong Chung Tao	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	The Ups and Downs of Thyroid Function Tests Dr. Emmy Lau	Ms. Kwong Tel: 2595 6941

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12 Aug	13	14	15 2:15 – 7:15 p.m. Structured Education Programme 9:00 p.m. Post AEC 2012	16 2:15 – 7:00 p.m. Structured Education Programme	17	18 1:00 – 4:30 p.m. CME Lecture 2:00 – 4:30 p.m. Training Course on Practice Management 2012
19	20	21	22 2:15 – 7:30 p.m. Structured Education Programme 9:00 p.m. Post AEC 2012	23 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	24	25 2:00 – 4:00 p.m. Training Course on Practice Management 2012 2:00 p.m. – 5:30 p.m. Pre-Exit Examination Workshop
26	27	28 1:00 – 3:30 p.m. CME Lunch Symposium 2:00 – 4:00 p.m. Infections Disease Clinical Attachment for Family Physicians	29 2:15 – 7:15 p.m. Structured Education Programme 9:00 p.m. Post AEC 2012	30 2:15 – 7:00 p.m. Structured Education Programme	31	1 Sep 9:30 a.m. – 1:00 p.m. Conjoint Written Examination 2012 – MCQ Segment 1:00 – 3:15 p.m. Interest Group in Dermatology 2:00 – 6:00 p.m. Conjoint Exam 2012 – MCQ Standard Setting Meeting 2:30 – 5:00 p.m. DFM Module V Consultation Skill Workshop I
2 9:30 a.m. – 12:30 p.m. Conjoint Written Examination 2012 – KFP Segment 2:00 p.m. – 5:30 p.m. Video Session - Pre-Exit Examination Workshop 2:00 – 6:00 p.m. Conjoint Exam 2012 - MCQ Standard Setting Meeting	3	4 2:00 – 4:00 p.m. Infections Disease Clinical Attachment for Family Physicians	5 2:15 – 7:15 p.m. Structured Education Programme 9:00 p.m. Post AEC 2012	6 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Education Meeting	7	8 2:30 – 4:30 p.m. Community Education Programme 2:00 – 5:00 p.m. Training Course of Research & Biostatistics for Medical Professionals
9 2:30 – 5:00 p.m. DFM Module V – Consultation Skill Workshop 1	10	11 2:00 – 4:00 p.m. Infections Disease Clinical Attachment for Family Physicians	12 2:15 – 7:30 p.m. Structured Education Programme 9:00 p.m. Post AEC 2012	13 1:00 – 3:30 p.m. CME Lunch Symposium 2:15 – 7:00 p.m. Structured Education Programme	14	15 兩岸四地家庭醫學會議 2:30 – 5:30 p.m. AEC 2012 2:30 – 5:00 p.m. DFM Module V – Orthopaedic Injection Workshop
16 兩岸四地家庭醫學會議 2:00 – 5:00 p.m. Training Course of Research & Biostatistics for Medical Professionals	17	18 2:00 – 4:00 p.m. Infections Disease Clinical Attachment for Family Physicians	19 9:00 p.m. Post AEC 2012	20 9:00 p.m. HKCFP Council Meeting	21	22 2:00 – 5:00 p.m. Training Course of Research & Biostatistics for Medical Professionals
23	24	25 2:00 – 4:00 p.m. Infections Disease Clinical Attachment for Family Physicians	26 9:00 p.m. Post AEC 2012	27 8:00 p.m. Specialty Board Meeting 9:00 p.m. Board of Conjoint Examination Meeting	28 2:30 – 3:30 p.m. Board of Education - Video Session	29 2:30 – 5:00 p.m. DFM Module V Consultation Skill Workshop II

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

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