

Message from the President

2013 Oriental Family Doctor Forum

Our College has assisted the Society of General Practice, Chinese Medical Association, Shanghai Medical Association and Shanghai Medicine and Health Development Foundation to organize the 2013 Oriental Family Doctor Forum and the 11th Annual Academic Conference of the Society of General Practice, Chinese Medical Association. The theme of this Forum is "Effective Primary Healthcare, From Theory to Practice". World-renowned general practice experts were invited to attend and present at this Forum.

In the Shanghai Forum, our College was invited to participate in the Roundtable on General Practitioner/Family Doctor System in Shanghai. The meeting aimed at providing policy advice on developing general practice and family doctor system in Shanghai to make primary healthcare a core component of the whole medical and healthcare system, with a well established system by 2020. The discussion was led by Professor Chen Zhu, Vice Chairman of the Standing Committee of the National People's Congress, Honorary Chairman of the 6th National Committee of the General Practice Society, Chinese Medical Association, Dr. Jin Shengguo, Deputy Director General, Department of Medical Science, Technology and Education, National Health and Family Planning Commission, Professor Xu Jianguang, Director General of Shanghai Municipal Commission of Health and Family Planning, and many other local and international experts.



The group photo of the Roundtable on General Practitioner / Family Doctors System in Shanghai



Theme discussion at Shanghai 2013 Oriental Family Doctor Forum



Guests receiving certificate in the Roundtable meeting



Roundtable meeting, 2013 Oriental Family Doctor Forum



Prof. Donald Li and Dr. Ruby Lee at Shanghai 2013 Oriental Family Doctor Forum



Dr. Ruby Lee presenting on Hong Kong's FM training at Shanghai 2013 Oriental Family Doctor Forum



Dr. Ruby Lee met Prof. Zhu Shan Zhu at Shanghai 2013 Oriental Family Doctor Forum



Dr. Ruby Lee met Prof. J K Lee at Shanghai 2013 Oriental Family Doctor Forum

THE HONG KONG
COLLEGE OF
FAMILY PHYSICIANS



Family Physicians Links

ISSUE 115
September 2013

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Message from the President

Dinner symposium on 17 July

Professor Francine Lemire, Executive Director and Chief Executive Officer, The College of Family Physicians of Canada and Professor Clara Gerada, Chair of Council, Royal College of General Practitioners, UK visited us on the journey to Shanghai. They talked on "The Role of GP in Today's World from Canada Perspective" and "The Changing Role of the GP" respectively in our July 17 dinner symposium.



Group photo of the dinner symposium



Professor Donald Li, Professor Clara Gerada, Professor Francine Lemire and Dr. Ruby Lee (from left to right)

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

Dear College members,

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

From 15th September 2013 to 14th October 2013, Dr. David Chao and Dr. Ngan Po Lun will be the Council Members On Duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments on anything relating to our College and Family Medicine. You can reach us by contacting our College Secretariat by phone: 2528 6618, by fax: 2866 0616, or by email: hkcfp@hkcfp.org.hk. Once we receive your call or message, we will get in touch with you directly as soon as we can.

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



Dr. David Chao



Dr. Ngan Po Lun

Relocation Notice

Please be informed that our HKAM secretariat will be relocated to **"Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen"** from late September 2013. (More details will be announced in College website or by email) All telephone and fax numbers will remain unchanged.

36th HKCFP Annual General Meeting

7th December 2013, Saturday

Time : 18:00

Venue : Jade Garden Restaurant (翠園)
Level 4, Star House, Tsimshatsui, Kowloon

Admission : College Members only

Details will be announced in due course.

*Amendment to the photo description at the left upper photo in the front page in issue 114 (August 2013):
Prof. Donald Li, Dr. Ruby Lee, Prof. Bruce Spark and Dr. Gene Tsoi (from left to right)
We apologize for any inconvenience caused*

Board of Diploma in Family Medicine (DFM) - Lectures

Topics and Speakers :

Dates	Time	Topics	Speakers
5 Oct 2013 (Sat)	2:30 p.m. – 5:00 p.m.	Module V – Musculoskeletal Workshop	Mr. Li Siu Leung, Luck
12 Oct 2013 (Sat)	2:30 p.m. – 5:00 p.m.	Module V – Women’s Health Workshop	Dr. Chan Leung Kwok, Clement

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

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

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

Registration Fees (Please tick as appropriate):

Dates	Topics	HKCFP Member	Non-member
5 Oct 2013 (Sat)	Module V – Musculoskeletal Workshop	<input type="checkbox"/> HK\$400	<input type="checkbox"/> HK\$800
12 Oct 2013 (Sat)	Module V – Women’s Health Workshop	<input type="checkbox"/> HK\$400	<input type="checkbox"/> HK\$800

Capacity : 20 Doctors

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

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

Dear Sir/ Madam,

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

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

Name : _____

Tel No. : _____

Email : _____

Date : _____

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

Dear Colleagues,

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

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

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

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

Look forward to seeing you soon at the HKICC!

With Best Wishes,

Dr. David V. K. CHAO

HKCFP Representative, 20th Hong Kong International Cancer Congress

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

Programme at a Glance

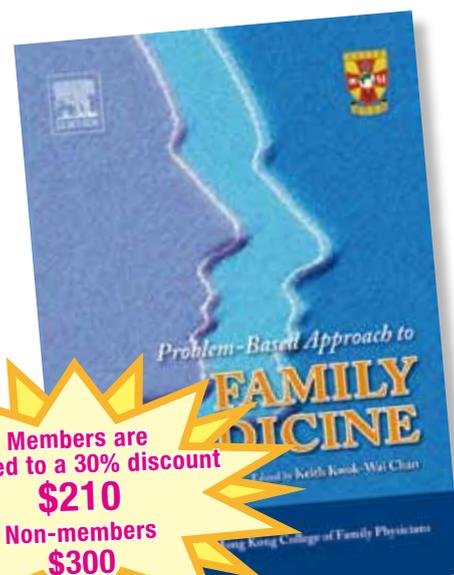
Thursday, 14 November 2013							
8:30 am	Registration						
9:15 am	Opening Ceremony						
9:30 am	HKICC Lecture The Pathobiology of Cell Motility Gareth E JONES, King's College, London, UK						
10:30 am	Coffee Break						
11:00 am	<table border="1"> <tr> <td>SAL</td> <td>Imaging Cancer Invasion and Drug Response Tumour-Stromal Interactions in Breast Cancer Bone Metastasis Yubin KANG, Princeton University, USA</td> <td>LPY Lecture Theatre</td> </tr> <tr> <td>SYM</td> <td>Imaging Cancer Invasion and Drug Response Unraveling Differential Cellular Dynamics in Search of New Targeted Anticancer Therapy Jue Shi, Baptist University, HK</td> <td>LPY Lecture Theatre</td> </tr> </table>	SAL	Imaging Cancer Invasion and Drug Response Tumour-Stromal Interactions in Breast Cancer Bone Metastasis Yubin KANG, Princeton University, USA	LPY Lecture Theatre	SYM	Imaging Cancer Invasion and Drug Response Unraveling Differential Cellular Dynamics in Search of New Targeted Anticancer Therapy Jue Shi, Baptist University, HK	LPY Lecture Theatre
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12:30 pm	Lunch Break & Young Investigator Awards Competition						
YIA	YIA - Biomedicine JK Meeting Rm	Function Rm					
2:00 pm	<table border="1"> <tr> <td>SYM</td> <td>Family Physicians, Palliative Care, and Spiritual Pain in End of Life Care Bridging Between Family Medicine and Palliative Care Dr Olivia Choi, Dept of Family Medicine & Primary Health Care and Dept of Medicine & Geriatrics, United Christian Hospital and Family Physicians in Caring for the Relatives of Advanced Cancer Patients Dr YAU Lai Mo, Dept of Family Medicine & Primary Health Care, United Christian Hospital Spiritual Pain in a Changing World at the End of Life? Prof. Roger CHARLTON, Dept of General Practice, University of Nottingham, United Kingdom</td> <td>Function Rm</td> </tr> <tr> <td>WK</td> <td>YIA - Psychosocial Oncology Psychosocial Oncology (HKCF) Moving Vitality: Dance Movement Therapy as a Healing Art Anne KRANTZ, California Institute of Integral Studies, USA</td> <td>Function Rm</td> </tr> </table>	SYM	Family Physicians, Palliative Care, and Spiritual Pain in End of Life Care Bridging Between Family Medicine and Palliative Care Dr Olivia Choi, Dept of Family Medicine & Primary Health Care and Dept of Medicine & Geriatrics, United Christian Hospital and Family Physicians in Caring for the Relatives of Advanced Cancer Patients Dr YAU Lai Mo, Dept of Family Medicine & Primary Health Care, United Christian Hospital Spiritual Pain in a Changing World at the End of Life? Prof. Roger CHARLTON, Dept of General Practice, University of Nottingham, United Kingdom	Function Rm	WK	YIA - Psychosocial Oncology Psychosocial Oncology (HKCF) Moving Vitality: Dance Movement Therapy as a Healing Art Anne KRANTZ, California Institute of Integral Studies, USA	Function Rm
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5:30 pm	Psychosocial Oncology (HKCF) Enhancing Parent-Child Communication of Cancer Survivors Evaon WONG-KIM, California State University, USA						

Friday, 15 November 2013							
8:30 am	Registration						
9:15 am	Award and Prizes Presentation Ceremony						
9:30 am	CCR Lecture AMPK, A Drug Target in Cancer, Diabetes and Inflammatory Disease: Too Good to be True? D Grahame HARDIE, University of Dundee, UK						
10:30 am	Coffee Break						
11:00 am	<table border="1"> <tr> <td>SAL</td> <td>Cancer Metabolism and Epigenetics Cancer Cell Metabolic Reprogramming: Links to the Epigenome Kathryn E WELLEN, University of Pennsylvania, USA</td> <td>LPY Lecture Theatre</td> </tr> <tr> <td>Ed. SYM</td> <td>Cancer Metabolism and Epigenetics Deregulation of Epigenetic Regulator and their Pathological Implications in Liver Cancer Jack CM WONG, The University of Hong Kong, HK A Specific Role of AMP-Activated Protein Kinase in Hepatocarcinogenesis Wilson YP CHING, The University of Hong Kong, HK</td> <td>LPY Lecture Theatre</td> </tr> </table>	SAL	Cancer Metabolism and Epigenetics Cancer Cell Metabolic Reprogramming: Links to the Epigenome Kathryn E WELLEN, University of Pennsylvania, USA	LPY Lecture Theatre	Ed. SYM	Cancer Metabolism and Epigenetics Deregulation of Epigenetic Regulator and their Pathological Implications in Liver Cancer Jack CM WONG, The University of Hong Kong, HK A Specific Role of AMP-Activated Protein Kinase in Hepatocarcinogenesis Wilson YP CHING, The University of Hong Kong, HK	LPY Lecture Theatre
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SYM	Nursing Session Contemporary Issues in Cancer Prevention and Treatment: A Nursing Perspective	Function Rm					
5:30 pm	Psychosocial Oncology (SPHC)						

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. We know that you will find this book a valuable tool to further your learning as well as a way to appreciate the fine art of Family Medicine.

*** \$210 (for members) & \$300 (for non-members) 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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- C. Literature Search
Keith KW CHAN
- D. Literature Appraisal
Keith KW CHAN
- E. Some EBM jargons
Keith KW CHAN

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2. The boy with a fever and sore throat
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3. A young man with chronic cough
Ricky WK WU
4. A 15 month-old child with fever
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5. A child with wheeze
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13. A man with white-coat hypertension
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Stanley KH LAM
16. A Lady with glycosuria
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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 803-4, 8/F,
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.

Board of Professional Development and Services

The Hong Kong College of Family Physicians has accumulated much experience and expertise over the years in training and examining family physicians at a high level of excellence matching international standards. In the process for training and examination, we have also generated an experienced team in organising professional programmes specifically tailored to these purposes.

As requests for educational programmes in Family Medicine flowed in from mainland China and Macau, in 2010 we considered it was time we utilised our treasured experience, expertise and heritage to form a new board which aims at making a concerted effort to provide professional services and development for healthcare professionals in mainland China and Macau in the field of Family Medicine.

It is with these precepts that the Board of Professional Development and Services (BPDS) was established in October 2010 to provide educational activities for doctors from mainland China and Macau in different projects and courses in relation to Family Medicine, and in such doing maintain the leading role of our College in Family Medicine in the region.

The formation of BPDS can provide a prompt and timely answer to requests for training, examination or standard setting from overseas professional organizations, with a preset planning and executing procedural guidelines, and a flexible tiered fee structure.

Over the years, BPDS has organised short courses for doctors in community health centres from mainland China and a Certificate course on Primary Care Geriatrics for Macau doctors. We are currently in the second year of a three-year CME programme co-organised with the Macau Health Bureau for family doctors in Macau, in which we provide the teaching faculty and they the supportive infrastructure.

Feedback received from the attendees of these courses was all positive and provided a strong impetus for us to continue to strive for excellence.

These courses could not have come to fruition without the contribution from College members who unselfishly share their expertise and experience, to whom the Board Chairman would like to express his sincere gratitude.

WONCA 2013 – How far can we go?

Dr. Frances Yu, Resident in Family Medicine, NTEC,
Honorary Clinical Tutor of the Chinese University of Hong Kong

This year's world WONCA was an eye opening experience for me. It covered a wide scope of topics with speakers from all over the world. The four-day conference was packed with many interesting presentations. As my presentations were about family medicine training and screening of metabolic problems, I mainly attended relevant sessions. It was interesting to learn from not only the presenters but also the audiences. After my presentation about the GOPC (General Outpatient Clinic) practice in Hong Kong, some Japanese doctors told me that they were amazed about the short consultation time in Hong Kong which is even shorter than their busy clinics in Japan.

These Japanese family doctors introduced me to a discussion forum about setting up of a world exchange programme for general practice. This programme is actually an extension of the current well-established Hippocrates Exchange Programme in Europe, organized by the Vasco da Gama Movement, which is the the WONCA Europe Working Group for New and Future Family Physicians. (For details, please visit: <http://vdgm.woncaeurope.org/>). Doctors who had undergone this exchange programme shared their delightful experience in learning about the different practice organization, GP training and special expertise of GPs in another country. By the end of the forum, we were able to form different regional groups of young GP to help coordinating and extending this program worldwide.

Having exposures to practices in other countries were indeed inspiring. I learnt that general practice was not limited to community health, - but it did play a significant role in public health as well. Some important public health projects were designed and initiated by associations of general practice in Europe. In the Netherlands, with the conjoined effort of



Enthusiastic family physicians working together to promote world exchange programme for GP.

private general practitioners, the Dutch College of GPs has initiated a systemic screening and intervention programme for cardiometabolic diseases in high risk groups of the community. In Germany, the Institute of General Practice and Family Medicine in the University of Witten/Herdecke has developed an electronic decision support tool based on the best clinical evidence to help reduce the risk of polypharmacy in the elderly population. The system can give recommendations on the type and dosage of medications to be prescribed according to the clinical conditions and renal function of individual patients. It would alert physicians if contraindicated drug combinations are present in the prescription order. This software is now being used in several European countries including the UK.

It was a fruitful trip for me to have met with many elite doctors, including many of our Hong Kong family doctors from different clusters. I enjoyed this trip a lot and would certainly recommend all of you to at least join one WONCA in your lifetime!

Journey to WONCA 2013 PRAGUE, 20th World Conference

Dr. Chiang Lap Kin, Resident
Family Medicine and General Outpatient Department, Kwong Wah Hospital

About WONCA

WONCA is an acronym comprising the first five initials of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians. WONCA's short name is World Organization of Family Doctor. WONCA is the biggest and most important international organization for Family Medicine profession in the world, which provides an international platform for sharing ideas, thoughts and invaluable knowledge among family doctors from around the world.

WONCA 20th World Conference was held from 25 to 29 June 2013 in Prague, Czech Republic. "The Care for Generations" is the theme of the conference. The scientific programme included 7 Plenary Speech led by Dr. Margaret Chan in the opening ceremony, 95 workshops, 70 sessions with 341 presentations and 1,143 posters displayed.

As Hong Kong College of Family Physicians submitted application for hosting the 22nd WONCA World Conference 2018, our President Dr. Ruby Lee led the strongest team to Prague for bidding. In addition to HKCFP Council members, Hong Kong delegates included Prof. Albert Lee from the Chinese University of



HK delegates and WONCA World President, Professor Michael Kidd

Hong Kong, Prof. William Wong from the University of Hong Kong, and six out of seven clusters' representatives from the Family Medicine discipline of Hospital Authority had attended the WONCA 2013 Prague. Hong Kong delegates participated in 3 workshops, 6 oral and 9 poster presentations.

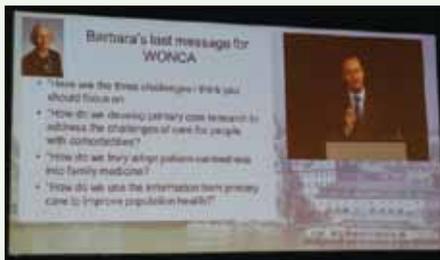
Academic Involvement in WONCA



Despite participating in various scientific activities, it is also my great pleasure to present my research studies in this international conference. Family doctors from western countries and also

surprisingly, those doctors from developing countries are enthusiastically and actively involved in scientific activities and Q&A sessions - not only asking questions, but also voicing their own experience for sharing and open exchange. Most of them are deeply engaged and feeling proud of being a family doctor. The diversity in both format and spectrum of sharing make this conference fruitful and attractive.

WONCA World President, Professor Michael Kidd was one of the Plenary Speakers, who pointed out that countries all around the world are aware of the importance



Plenary Speech, Professor Michael Kidd

of primary care and the role of family doctors in ensuring universal access to health care and quality health care outcomes. I would like to show one slide presented by him, which stated Professor Barbara Starfield's words to WONCA. One focus raised up by Barbara for WONCA included developing primary care research to address the challenges of care for people with comorbidities.

In our locality, HKCFP Primary Care Conference serves as the platform for networking opportunities, for sharing of latest scientific and research updates among experts, clinicals and health care professionals, and for focusing on present and future challenges in primary care.

Sociocultural Activity

Prague is the Czech Republic's capital and was under communist rule for over 40 years until the Velvet Revolution in 1989, and later joined the European Union in 2004. Prague has been a political, cultural, and economic centre of central Europe with waxing and waning fortunes during its 1,100-year existence. Prague is home to a number of famous cultural attractions, many of which survived the violence and destruction of World War II. The city's multilayer history dates back from the Holy Roman Empire, the Nazi Protectorate of Bohemia and Moravia, the communist Republic of Czechoslovakia to the new era of a democratic Czech Republic. Main attractions include the Prague Castle, the Charles Bridge, Old Town Square, the Jewish Quarter, the Lennon Wall, and Petřín hill. Since 1992, the extensive historic

centre of Prague has been included in the UNESCO list of World Heritage Sites. Two special social events were organized by WONCA 2013 Prague.

Czech Evening

Czech Evening was held in the Zofin Palace which is situated in the heart of Prague on the Slovansky Island. Zofin Palace has been a cultural centre of Prague since last century. Nowadays, significant cultural and social events of international importance take place here. Participants enjoyed the delicious food in buffet style, as well as the live music entertainment around the premises. The music included dance orchestra in Main Hall, Jazz band in Small Hall and folklore music band in the garden.



Grandiose Hall of Zofin Palace

Run Through Generations

This is a unique run in the corners of the historical centre of Vysehrad Castle and was held in one sunny morning. Contribution of 5 USD from each participants was devoted to charity. 6 Hong Kong delegates joined this special event and enjoyed running around the castle.



Hong Kong Team in Run Through Generations

Brazil, Your Destination

Having chance to participate in this major occasion of the Family Medicine profession is an unforgettable experience in life. No matter what kind of idea or clinical wisdom you have, just submit it to coming 21st WONCA World Conference, Brazil. It is definitely an invaluable opportunity to share experience and to enhance network with other family doctors worldwide.



Enjoying a wonderful run

Acknowledgement

Finally, I would like to express my heartfelt gratitude to HKCFP's generous support on my journey to WONCA World Conference.

WONCA 2013 Prague, 20th World Conference Family Medicine – Care for Generations

Dr. Lee Chik Pui
Specialist in Family Medicine, New Territories East Cluster



The Prague Castle, an ancient symbol of the Czech lands

Prague – the Heart of Europe

The 20th WONCA World Conference was held at a very beautiful city, Prague, in Czech Republic. The Czech Republic, in Czech - Česká republika, short form – Česko is a landlocked country in Central Europe. The country is bordered by Poland to the north, Germany to the west, Austria to the south and Slovakia to the east. The Czech Republic includes the historical territories of Bohemia and Moravia and a small part of Silesia. Prague, in Czech – Praha, is the capital of the Czech Republic, located on the Vltava River, in the center of Europe, and is commonly referred to as the Heart of Europe. It has also been called the City of “a Hundred Spires” based on a count by 19th century mathematician Bernard Bolzano. Today’s count is estimated to be 500. Prague is the 6th richest region in the European Union and was outranked only by Inner London, Luxemburg, Brussels, Groningen (the Netherlands) and Hamburg. Prague is a very cultural city filled with a number of galleries and museums all around the city. The historical parts of the city are extremely well preserved and are worth seeing. Prague is also on the United Nations Educational, Scientific and Cultural Organization (UNESCO) list of protected cities.

Conference Venue

The WONCA World Conference was held at the Prague Congress Centre, which is ideally located near the city centre with a panoramic view of Prague Castle. It is easily accessible by both public and private transport. It has its own metro station and parking facilities. The Prague Congress Centre is one of the modern architectural landmarks of Prague and the largest convention and culture centre in the Czech Republic. Its location is very practical, being easily accessible from the city centre by underground or motorway. It is situated in a unique location with a beautiful panoramic view of Prague with its

large parks, the Vltava River and Prague Castle. A project for the third millennium, the Prague Congress Centre is fitted with high-quality equipment in terms of audiovisual technology, air-conditioning, energy connections and communications, ISDN data links, GSM and modern hall technologies.

Theme of the year – Care for Generations

The theme of the Conference this year is “Care for Generations”. It was chosen as the leading theme of the conference, so as to present family medicine as a medical discipline that is able to deal with virtually all health problems through the whole human life since birth to death. It also tried to attract contributors with papers dealing with children and adolescent medicine, as well as geriatric problems. The theme addressed all dimensions of our discipline including clinical topics, professional, health policy, educational, research and quality issues. The Scientific Committee of the conference successfully built a balanced programme based on original papers (abstracts) and contributions suggested by leading international scientific and special interest networks, committees and groups recognized by WONCA worldwide.

As a testament to this theme, 1736 abstracts had been submitted, with 150 international reviewers from all continents helped to create a three and half day scientific programme from 25th to 29th of June, accommodating 7 key note speeches, 150 parallel sessions including 45 workshops, 600 oral presentations and over 500 posters.



The Prague Congress Centre

Keynote lecture by Dr. Margaret Chan

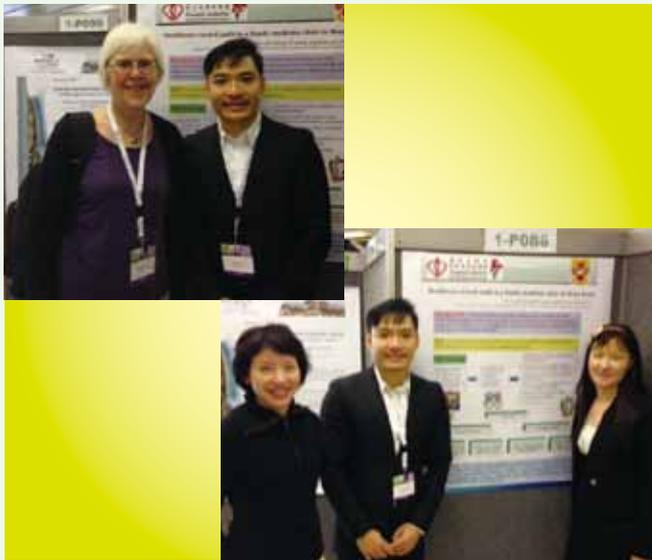
Dr. Margaret Chan, the Director-general of WHO, accepted the invitation to attend the conference and gave

an inspiring lecture about "Family doctors in an era of inequality: from unsung heroes to rising stars". She pointed out consensus is growing that the mindset that drives health care and the organization of health service must change in fundamental ways. The costs of chronic care are beyond the reach of the developing world and are becoming unaffordable everywhere else. The cost of cancer care, for example, has become unsustainable for health systems even in the world's wealthiest countries, where clinical care operates in a culture of excess: excessive diagnostic tests, excessive interventions, and excessive hope for patients and their families facing terminal disease. The medical and health professions have veered off the historical course of providing comprehensive and compassionate care for people, as members of families and communities, and with prevention at the fore in recent decades. She explored how these trends have shaped perceptions about the role of family physicians - the rising stars in an era of inequality.

Candib who is a family doctor from the United States and learnt a lot from her on how to organize a seminar smoothly and encourage interactive discussion with participants.



Great experience in working with Dr. L Candib as chair of an presentation about primary care financing and practice organization



Sharing with other doctors in poster presentation

My experience in conference

This was the first time I got the chance on behalf of our department in presenting an audit on health care record. To provide effective and safe medical care, it is essential that doctors keep good healthcare records, documenting relevant clinical findings and diagnostic impressions, any investigations ordered and progress of patients, and any treatments or information provided. Our audit aimed at evaluating the quality of health care record by doctors in a family medicine clinic and providing feedback to doctors for further improvement in the future. I enjoyed a fruitful and friendly discussion with the doctors from other parts of the world and shared the difficulties we encountered in different healthcare systems. Besides, I was delighted to be selected to chair one of the sessions in the conference about primary care financing and practice organization. It was inspiring to know how family doctors in other countries tried their best to improve both their care and be devoted to promote a better health care system and enhance the Family Medicine training in their countries. I worked happily with Dr. L.

The coming WONCA 2014

Family doctors form an important foundation for the provision of health care and there is no doubt that our role in the health care system is irreplaceable. As major coordinators we should have adequate power as well as a strong sense of responsibility to perform our tasks properly. According to the international evidence, health systems with strong and highly standardized primary health care are much more efficient with lower rates of hospitalization and better health outcomes. In the coming year, the Asia Pacific Regional Conference of the WONCA 2014 will be held in Kuching, Sarawak, Malaysia. I am looking forward to sharing our experience with other family doctors again, discussing current issues of our discipline and the necessary measures that have to be taken to ensure the effective performance of all our tasks in the future.



Guest speakers from Indonesia introduced their social health insurance system ASKES, as a capitation payment system for primary care provider.

A New Page of Consultation Skill Assessment

Dr. Ko Wai Kit, CSA Segment Coordinator, Specialty Board

Good consultation skill is an essential element for doctors of all specialties. It is even more important for family physicians as diagnostic skill represents one of our strengths. One study shows that up to 80% of diagnosis can be made after proper history taking and physical examination. The End Point Assessment (renamed as Exit Examination in 2003) Subcommittee, which was set up in 1996 under the Board of Examination to draft and prepare for the end-point assessment of trainees who had completed their higher training, included Consultation Skill Assessment (CSA) as one of the 3 segments of Exit Examination. This segment assesses the candidate's knowledge, skills and attitude in communication, and skills in problem solving, working with families, and management in different types of Family Medicine consultations.

From the years 1996 to 2012, the CSA examination was conducted by at least 2 examiners appointed by the Specialty Board. The examiners assessed at least 6 cases of the candidate on-site based on the Leicester Assessment Package (LAP), which was developed by Professor Robin C Fraser to assess the consultation competence of family physicians in General Practice.

This format of CSA examination was being used for more than 10 years. It was proved as a reliable assessment format and was able to meet the international standard according to the study "Regulatory assessment of the consultation competence of Family Physicians in Hong Kong" published in January 2004 at The Hong Kong Practitioner Volume 26. However, several potential problems related to this format were raised. First of all, it was too labor intensive. As mentioned, this format required at least 2 examiners to sit-in the consultation during office hours, so it was difficult to make arrangement for examiners with the surge of candidates especially from 2011 onward. Secondly, many candidates' feedback revealed that examiners' sit-in caused extra stress on them, and the process was unnatural as the consultation was interrupted by LAP questions. These factors significantly affected their performance during the examination. Thirdly, the case-mix upon 6 cases may not be diverse enough to thoroughly assess the consultation skills of the candidates. Finally, there was potential unfairness as a 3rd examiner would conduct a second assessment on a different case-mix when discrepancy

marking happened in the original assessment. This arrangement hardly reviewed a candidate's true performance in the first assessment.

In view of these potential problems and the urge to cope with the candidate surge in the year 2012, the Specialty Board planned to reform the examination format of CSA by using video recording technique. CSA Subcommittee, which was formed in 2009, initiated the examination reform. This subcommittee consists of Family Medicine specialist representatives from the seven clusters of the Hospital Authority, the Department of Health and the Private sector. It took the subcommittee more than 2 years for planning and implementing this new CSA examination format in the full Exit examination in 2012.

In the new format, candidates are required to submit a video log of consecutive consultations in a specified period of time. A minimum of 18 cases are suggested to be recorded within 6 net hours. Then, 9 cases are selected randomly from the video log by the computer programme. Increasing the number of cases can widen the variety of case-mix. Moreover, cases randomly chosen for assessment can minimize the possibility of manipulation by candidates of their preferred cases.

Candidates will be notified of the examination period by 2 working days in advance as before. They will have 7 calendar days with at least 4 working days included for videotaping the cases. They can choose either two 3-hour sessions or three 2-hour sessions to record the cases. All these can allow the candidates and their employers/supervisors for higher levels of flexibility on



Setting for examiners to assess the videos

duty arrangement for preparing the examination. Sign boards with the particulars of the candidate, sequence number of the session and a security code will be provided. Candidates need to include the sign board in their videos for each recording session in sequence. This can make sure the videos are being recorded during the assigned period.

The steps to follow during the consultations have also been modified. The questions being asked after history taking and physical examination are modified into 3 questions to be answered after the consultation is completed. This makes the consultation more natural and genuine. In addition, the thinking process, physical examination details and the reasoning for management plan will also be demonstrated in the answers. All patients involved in the assigned examination period should be asked to sign a consent form of videotaping even if they refuse to be videotaped. Consent forms should be submitted in the examination package. Besides the videos and consent forms, candidates also need to submit their consultation notes and a consultation log that shows patients' particulars, problem list, the duration of consultation and video time frame.

In order to secure the confidentiality of the examination materials, an encryption programme "TrueCrypt" will be provided to encrypt the video files. Moreover, candidates are requested to cover or delete the patient's personal information i.e. name and ID number in all the submitted documents.

After receiving the examination package and checking the quality of the videos, College secretaries will arrange examiners for the assessment. It is easier to recruit examiners as the assessment can be arranged during non-office hours. Examiners will mark in College offices under a more relaxing environment. They can also concentrate more on the consultation details saving the trouble of preparing LAP questions and operating timers. If there is significant mark discrepancy between the 2 examiners, a 3rd examiner will assess the 9 cases again to make the final decision. This can enhance the fairness of the assessment.

After completing both the full and supplementary examinations in the year 2012 with the new format, we received a lot of positive feedback. One of the candidates, who reattempted the assessment with the new format, expressed that the new format significantly relieved her anxiety during the consultation so she could demonstrate her usual performance in the assessment. Moreover, she claimed that her consultation skill was assessed in a more comprehensive manner as more cases were

involved in the assessment. On the other hand, feedback from examiners reviewed that the new format had a boarder case-mix for assessment. They could concentrate more on marking without interruption. Moreover, watching the videos with the consultation notes on hand could guide the examiners to follow the thinking of the candidate as well as checking the validity of record documentation.

However, there are still areas for improvement for the new format. Most of the examiners reflected that marking 9 cases was too time consuming and unnecessary. Normally, the performance could be fully assessed within 6 cases. Examiners also thought that a random sample of cases might not include some special cases they would like to assess or show the variety in some occasions.

To address the above concerns, our CSA Subcommittee has worked with external examiners and censors to fine-tune the examination format. We start to mark 6 cases instead of 9 from the year 2013. In order to maintain the reliability coefficient up to international standard, we increase the number of examiners to 3 for each assessment. For case choosing, 3 cases will be randomly chosen to avoid manipulation and other 3 cases will be chosen by each examiner from their assigned cases to make sure a broad variety of consultations are selected. The cases will be sent for reassessment by an external examiner if there is a mark discrepancy between the passing mark and the average mark, i.e. 2 examiners give a pass but the average mark fails, or 2 examiners give a fail but the average mark passes. We expect these changes can allow a more thorough, reliable and fair assessment of the candidates.

Our CSA Subcommittee members will continue to work on the logistic of CSA assessment with the continuous feedback mechanism. With the support and advice from our external examiners, censors and members of the Specialty Board, I believe this new page of CSA assessment will benefit our future Family Medicine Specialists-to-be.



Equipment and setting for video recording in clinic

Change

Dr. Yau Lai Mo, Specialist in Family Medicine

“Change you can believe in” was the slogan of Obama’s US presidency campaign in 2008. Around 4 years later, when Obama was being re-elected, one family physician in Hong Kong was facing a similar problem: “To change or not?” It was not a question on political issue, but was critical to me while re-attempting the Consultation Skill Assessment (CSA) session of the Exit Examination. As you may know, the format of the CSA session was changed from sit-in assessment to video review since 2012, and re-attempt candidates were given a choice of no return between the two.

Being a candidate who has failed 3 times in the CSA session, I started to question the ability of my own as well as the validity of the examination. Initially I thought that it was not difficult to perform like my usual practice during the sit-in CSA. However, it turned out that performance anxiety, both of me and of the patient, affected the outcome significantly. After discussion with my trainer, I decided to go for the change.

The change

There were some additional steps for the change. The first step was to familiarize with the new rules. We needed to submit video and consultation notes of 18 cases in 2 to 3 sessions with continuous recording in each session. The examination period expanded from one session to one week. It was obviously more time consuming, but it also gave us the flexibility to choose the session for recording. Moreover, instead of being asked the standard questions by the examiners during the consultation, we needed to answer 3 similar questions on our own at the end of the consultation. The second step was to prepare the equipment - the video camera. Our clinic provided a video camera for training and examination purpose; therefore, I didn’t need to buy my own one. Before actual recording, we had to submit a sample video to the College for validation of the image and sound quality. Most video camera nowadays are quite user friendly and easy to operate. However, there are still some potential pitfalls.

Points to note for video recording

Firstly, I would recommend connecting the camera to AC power input and to make sure that the wall socket has been turned on, otherwise it could shut down without notice during the consultation. Secondly, the camera should have enough memory to record at least one session each time. Thirdly, I would not recommend changing the settings of the camera once the recording begins, since that may accidentally stop the recording. Fourthly, find out the best way to cover the camera during physical examination and most importantly, remember to uncover it afterwards. All in all, the best way is to practice recording a few real patients continuously until we are familiar with the settings before the real examination.

Differences between the old and new

During the actual recording, I found the flow smoother and similar to usual consultation. We wouldn’t be affected by the facial expression of the examiners, although they would try their best to give a mask face most of the time. The consultation won’t be interrupted by answering the standard questions and we won’t suffer from transient “thought block” after answering those questions. On the other hand, we got to train ourselves to act like a news reporter in front of the camera. I found myself more relaxed during the video recording than the sit-in assessment; at least I could go out of the consultation room for a cup of water or tea without having the examiners to wait for me. I would recommend marking the case number and consultation time immediately after each case for your own reference since time management is also important.

After the recording, we have to fill in the form for information of each case. We can also review the video and even re-take the session we found not up to our best performance.

In conclusion, video recording provides an examination atmosphere that is more alike the usual consultation and more flexibility to the candidate. However, there is more preparatory work needed and the overall stress is not less than the sit-in assessment!



Equipment and setting for video recording in clinic

Time for a New System for Diagnosing Psychiatric Conditions? The Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is the standard classification of mental disorders used by mental health professionals in the United States.¹ It is also one of the most commonly applied systems to make diagnoses of psychiatric conditions locally.

The Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was released at the Annual Meeting of the American Psychiatric Association in May 2013, superseding the DSM-IV-TR, which was published in 2000. It marked the end of a long journey in revising the criteria for the diagnosis of mental disorders. Below are some of the examples of the important changes in the new system²:

- 1) **Schizophrenia:** Two changes were made to DSM-IV Criterion A for schizophrenia:
 - i) The first is the elimination of the special attribution of bizarre delusions and Schneiderian first-rank auditory hallucinations (e.g., two or more voices conversing). In DSM-IV, only one such symptom was needed to meet the diagnostic requirement for Criterion A, instead of two of the other listed symptoms. This special attribution was removed due to the non-specificity of Schneiderian symptoms and the poor reliability in distinguishing bizarre from non-bizarre delusions. Therefore, in DSM-5, two Criterion A symptoms are required for any diagnosis of schizophrenia.
 - ii) The second change is the addition of a requirement in Criterion A that the individual must have at least one of these three symptoms: delusions, hallucinations, and disorganized speech.
- 2) **Schizoaffective Disorder:** The change is the requirement that a major mood episode be present for a majority of the disorder's total duration after Criterion A has been met. It makes schizoaffective disorder a longitudinal instead of a cross-sectional diagnosis.
- 3) **Delusional Disorder:** Criterion A for delusional disorder no longer has the requirement that the delusions must be non-bizarre. A specifier for bizarre type delusions provides continuity with DSM-IV.

4) Depressive Disorders:

Major Depressive Disorder: The core symptoms for the diagnosis of major depressive episode and the requisite duration of at least 2 weeks are both the same as in DSM-IV. The coexistence within a major depressive episode of at least three manic symptoms (while not satisfying criteria for a manic episode) is now acknowledged by the specifier "with mixed features."

Bereavement Exclusion: In DSM-IV, there was an exclusion criterion for a major depressive episode that was applied to depressive symptoms lasting for less than 2 months following the death of a loved one (i.e., the bereavement exclusion). This exclusion is omitted in DSM-5.

In addition, DSM-5 contains several new depressive disorders, these include a) **Disruptive mood dysregulation disorder** and b) **Premenstrual dysphoric disorder.**

Besides, DSM-5 conceptualizes chronic forms of depression in a modified way:

Persistent depressive disorder: This category now includes both **chronic major depressive disorder** and the previous **dysthymic disorder** since there is no scientifically meaningful differences between these two conditions.

5) Anxiety Disorders:

The DSM-5 chapter on anxiety disorder no longer includes obsessive-compulsive disorder (which is included in **obsessive-compulsive and related disorders**), and posttraumatic stress disorder and acute stress disorder (which are included in the **trauma- and stressor-related disorders**).

Agoraphobia, Specific Phobia, and Social Anxiety Disorder (Social Phobia): Changes in criteria for agoraphobia, specific phobia, and social anxiety disorder (social phobia) include deletion of the requirement that individuals over age 18 years recognize that their anxiety is excessive or unreasonable. In addition, the 6-month duration, which was limited to individuals under age 18 in DSM-IV, is now extended to all ages.

Panic Attack: They function as a marker and prognostic factor for severity of diagnosis, course, and comorbidity across an array of disorders, including but not limited to anxiety disorders. Therefore, panic attack can be listed as a **specifier that is applicable to all DSM-5 disorders.**

Panic Disorder and Agoraphobia: They are unlinked in DSM-5. Thus, the former DSM-IV diagnoses of panic disorder with agoraphobia, panic disorder without agoraphobia, and agoraphobia without history of panic disorder are now replaced by two diagnoses, panic disorder and agoraphobia, each with separate criteria.

The above were just listed as some of the examples of the new changes in DSM-5.

In fact, the DSM-5 was criticized by various authorities before it was formally published, and after it was published.³

With no doubt, all of us will agree that we, as family physicians, are seeing more and more patients with psychiatric conditions and problems in our everyday practice nowadays. Therefore, it is of utmost importance that we get updated about changes in this field, and thus make proper judgment on our own.

References:

- 1) <http://www.psychiatry.org>
- 2) <http://www.dsm5.org>
- 3) <http://en.wikipedia.org/wiki/DSM-5>

Compiled by Dr. Chung Chak Cheong

Interest Group in Mental Health & Psychiatry in Primary Care The 37th Meeting on 3 Aug 2013

Dr. Mark S. H. Chan (Co-ordinator), Board of Education

The 37th Interested Group in Mental Health & Psychiatry in Primary Care Meeting was held on 3rd Aug., 2013. Dr. Lee Wing King is the speaker.

Theme : **Depression: An Evidence-Based Approach to Clinical Practice**

Speaker : Dr. Lee Wing King

Dr. Lee Wing-king is currently a consultant psychiatrist of Kwai Chung Hospital. Dr. Lee is a Fellow of the Royal College of Psychiatrist (UK) and the Hong Kong College of Psychiatrist, as well as a Specialist in Psychiatry. Dr. Lee has been very active in teaching, promotion of mental health and a well known speaker in various continuous education lectures. He is Clinical Associate Professor (honorary) in The Department of Psychiatry and the School of Public Health and Primary Care, Faculty of Medicine, CUHK.

Learning Points:

Dr. Lee highlighted the recent APA (American Psychiatry Association) 2010 guidelines for treatment of the Acute Phase of Major Depression, which aims at symptomatic remission and functional restoration (recovery). When choosing an initial treatment, one should thus bear in mind, the aim is to induce remission of the major depressive episode and achieve a full return of functioning to the patient's baseline level.

Remission is defined as at least 3 weeks of the absence of both sad mood and reduced interest and no more than three remaining symptoms of the major depressive episode.

Initial treatment modality

Considerations for choosing treatment include:

1. Severity of symptoms
2. Presence of co-occurring disorders or psychosocial stressors
3. Biological, psychological, and environmental factors contributing to the current episode of depression
4. Patient preference
5. Prior treatment experiences

Continuation Phase

To reduce the high risk of relapse, continuation of treatment should be considered:

1. For patients receiving an antidepressant, continue the medication for 4–9 months, generally at the same dose used during the acute phase to achieve remission.
2. Continued treatment with a depression-focused psychotherapy is also recommended.
3. For patients who respond to an acute course of ECT, provide pharmacotherapy and/or continuation of ECT (particularly if medication or psychotherapy has been ineffective in maintaining remission).

Monitor for signs of relapse.

1. Given the significant risk of relapse during the continuation phase, systematic assessment of depressive symptoms, functional status and quality of life are all essential.
2. It assessment may be facilitated by the use of standardized measuring tools.
3. Patients and families may help identify individual signs that harbinger a potential relapse.

What is CANMAT?

CANMAT is the Canadian Network for Mood and Anxiety Treatments. CANMAT was founded in 1995, operates as an independent clinical research organization with representation

from many Canadian universities. As a federally incorporated, academically based not-for-profit research organization, the ultimate goal of CANMAT is to improve the quality of life of persons suffering from mood and anxiety disorders, through innovative research projects and registries, development of evidence based and best practice educational programmes, and development of guidelines and policy.

Who are the patients likely to require long term antidepressant treatment?

From CANMAT :

Risk factors for long term (2 years to lifetime) anti-depressant maintenance are

1. Older age
2. Recurrent episodes (3 or more)
3. Chronic episodes
4. Psychotic episodes
5. Severe episodes
6. Difficult to treat episodes
7. Significant comorbidity (psychiatric or medical)
8. Residual symptoms (lack of remission) during current episode
9. History of recurrence during discontinuation of AD

The role and use of the new drug milnacipran in treating depression was then discussed. Milnacipran inhibits the reuptake of serotonin and norepinephrine in a 1:3 ratio, respectively; this means a relatively balanced action to treat depression. Milnacipran exerts no significant actions on H1, α 1, D1, D2, and mACh receptors. It has been suggested the drug has a better tolerance in patients with renal and hepatic impairment.

Dr. Lee continued to illustrate the topic with case vignettes, including a case of depression with comorbid pain, a case of symptomatic remission and functional restoration. The meeting was concluded after active discussion with the floor.

Next meeting

The next meeting for the interest group will be on 5th Oct 2013. A specialist psychiatrist will speak on medical diseases associated with depression.

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



Mr. Jacky Chang, Dr. Chan Hung Chiu, Dr. Lee Wing King & Dr. Chan Suen Ho (from left to right)



THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

33rd Annual Refresher Course
24 November – 15 December 2013

REGISTRATION FORM

H.K.C.F.P.

Room 802, Duke of Windsor Social Service Building,
15 Hennessy Road, Wanchai, Hong Kong

Dear Sir / Madam,

I am a Member/ Non-Member of the Hong Kong College of Family Physicians.

The whole course:-

Five Luncheon Lectures and Four Workshops (Including Fee for Certificate of Attendance)	College Fellow, Full or Associate Members	: HK\$900.00	()
	Other Categories of Members	: HK\$1200.00	()
	Non-members	: HK\$1800.00	()
	FM Trainees	: HK\$600.00	()

Spot admission:-

Nov 24 (Sun)	GERD and Hypertension Workshop 1) Management of GERD: Limitation, Safety and Advance 2) Management of Hypertension: What are the Unmet Needs and New Standards of Care?	()
Nov 26 (Tue)	Pain / Ortho Selective COX-2 Inhibitors Reducing GI Risk Associated with Pain Management in Real Life	()
Nov 28 (Thur)	Diabetes Mellitus & Cardiovascular 1) Overcoming Barriers on Use of Basal Insulin: When & How 2) The Worries of Treating DM Nephropathy	()
Dec 01 (Sun)	Cardiac Rhythm and Depression Workshop 1) Pure Heart Rate Reduction Leading to Unique Clinical Benefits in CAD and HF 2) A New Approach for Depression Management	()
Dec 03 (Tue)	Vaccine The Burden of Pneumococcal Pneumonia and its Prevention	()
Dec 05 (Thur)	Diabetes Do We Need to Redefine Our Approach to CV Risk in Type 2 Diabetes?	()
Dec 08 (Sun)	Cardiovascular Workshop 1) Optimal Treatment in CV Risk Management 2) Intensive Statin Therapy in ACS, CHD, MI: Current State of Evidence	()
Dec 10 (Tue)	Diabetes Intervening Early in T2DM: Why, When and How	()
Dec 15 (Sun)	Atrial Fibrillation Workshop 1) Guideline Updates in AF Patients Management and Case Study 2) Stroke Prevention in Asian AF Patient - Insights from Recent Study 3) Practical Approach to Maximise the Benefits of NOACs	()

College Fellow, Full or Associate Members	: HK\$250.00	X _____	lecture/workshop(s)
Other Categories of Members	: HK\$350.00	X _____	lecture/workshop(s)
Non-members	: HK\$450.00	X _____	lecture/workshop(s)
FM Trainee	: HK\$400.00	for 4	Sunday workshops
	HK\$150.00	X _____	luncheon lecture(s)

Enclosed please find a cheque (made payable to "HKCFP Foundation Fund") of HK\$ _____ being payment in full for the above.

Name: _____

Email: _____

Tel: _____ Date: _____

- 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.

33rd Annual Refresher Course 2013

*** 1st Announcement ***

The 33rd Annual Refresher Course (ARC) will be held from 24 November to 15 December 2013. There will be five Luncheon Lectures and four Workshops.

2 CME points will be awarded for each Luncheon Lecture and 3 CME points for each Workshop according to Category 4.5. MCQs will be distributed for each session of the Refresher Course, i.e. there are a total of 9 MCQ papers. The MCQ answers have to be returned to the College Secretariat on the original question forms **within 2 weeks** of the completion of the Refresher Course (**latest by 31 December 2013**). A member will be awarded 1 extra CME point for a score of over 60% for each MCQ paper. Up to 2 CPD points (Continuous Professional Development) will also be awarded for each session (subject to submission of satisfactory report of Professional Development Log); a maximum of two points can be scored for each session.

As it is a history for such an educational programme to be held continuously for quarter a century in Hong Kong, those who have attended 70% or more of all the sessions of the Refresher Course will be awarded a "Certificate of Attendance".

Members who have attended the ARC for ten consecutive years or more will be awarded one free admission. Subsequently, members can enjoy another free admission after every five consecutive years of paid ARC attendance. Please call the College Secretariat to confirm your previous enrollment.

Registration is now open and must be made before 18 November 2013. As the number of space is limited, it will be offered on first come first served basis. Please also note that admission fees are not refundable. Ten free registrations for each Lecture and Workshop will be offered to student members, please call Mr. Richard Li at 2861 0220 before 18 November 2013.

Registration form could be found on Page 17.

Luncheon Lectures

Date	November 26 (Tue)
Topic	<u>Pain / Ortho</u> Selective COX-2 Inhibitors Reducing CI Risk Associated with Pain Management in Real Life
Speaker	Dr. Ng Fook Hong
Moderator	Dr. Tsui Hing Sing, Robert
Sponsor	<i>Pfizer Corporation Hong Kong Limited</i>

Date	November 28 (Thur)
Topics	<u>Diabetes Mellitus & Cardiovascular</u> 1. Overcoming Barriers on Use of Basal Insulin: When & How 2. The Worries of Treating DM Nephropathy
Speakers	1. Dr. Chan Wing Bun 2. Dr. Tong Mei Wa, Gensy
Moderator	Dr. Ma Ping Kwan, Danny
Sponsor	<i>sanofi-aventis Hong Kong Ltd.</i>

Date	December 3 (Tue)
Topic	<u>Vaccine</u> The Burden of Pneumococcal Pneumonia and its Prevention
Speaker	Dr. Chan Ka Wing
Moderator	Dr. Au-Yeung Shiu Hing
Sponsor	<i>Pfizer Corporation Hong Kong Limited</i>

Date	December 5 (Thur)
Topic	<u>Diabetes</u> Do We Need to Redefine Our Approach to CV Risk in Type 2 Diabetes?
Speaker	Dr. Mak Yiu Kwong, Gary
Moderator	Dr. Tong Siu Man
Sponsor	<i>Takeda Pharmaceuticals (HK) Ltd</i>

Date	December 10 (Tue)
Topic	<u>Diabetes</u> Intervening Early in T2DM: Why When and How?
Speaker	Dr. Tso Wai Kwan, Annette
Moderator	Dr. Chan Chung Yuk, Alvin
Sponsor	<i>Novartis Pharmaceuticals (HK) Ltd.</i>

Venue	:	Shanghai Room, Level 8, Langham Place Hotel, 555 Shanghai Street, Mongkok, Kowloon For 26 & 28 November the venue will be Star Room, Level 42
Time	:	1:00 p.m. – 2:00 p.m. Buffet Lunch 2:00 p.m. – 3:00 p.m. Lecture 3:00 p.m. Discussion

Sunday Workshops

Date	November 24 (Sun)
Topics	<u>GERD and Hypertension Workshop</u> 1. Management of GERD: Limitation, Safety and Advance 2. Management of Hypertension: What are the Unmet Needs and New Standards of Care?
Speakers	1. Dr. Wong Chun Yu, Benjamin 2. Dr. Leung Wai Suen
Moderator	Dr. Lee Wan Tsi, Francis
Sponsor	<i>Takeda Pharmaceuticals (HK) Ltd</i>

Date	December 1 (Sun)
Topics	<u>Cardiac Rhythm and Depression Workshop</u> 1. Pure Heart Rate Reduction Leading to Unique Clinical Benefits in CAD and HF 2. A New Approach for Depression Management
Speakers	1. Dr. Goh King Man, Victor 2. Dr. Chiu Siu Ning
Moderator	Dr. Lau Wai Yee, Aster
Sponsor	<i>Servier Hong Kong Ltd.</i>

Date	December 8 (Sun)
Topics	Cardiovascular Workshop 1. Optimal Treatment in CV Risk Management 2. Intensive Statin Therapy in ACS, CHD, MI: Current State of Evidence
Speakers	1. Dr. Wu Chee Wo 2. Dr. Wong Wing Kwong
Moderator	Dr. Chan Chi Wai, Edmond
Sponsor	<i>Pfizer Corporation Hong Kong Ltd.</i>

Date	December 15 (Sun)
Topics	Atrial Fibrillation Workshop 1. Guideline Updates in AF Patients Management and Case Study 2. Stroke Prevention in Asian AF Patient - Insights from Recent Study 3. Practical Approach to Maximise the Benefits of NOACs
Speakers	1. Dr. Wong Ho Chung, Edward 2. Dr. Siu Chung Wah, David 3. Dr. Wong Siu Ming, Raymond
Moderator	Dr. Lee Kar Yun, Peter
Sponsor	<i>Boehringer Ingelheim Hong Kong Ltd.</i>

Venue : Shanghai Room, Level 8, Langham Place Hotel, 555 Shanghai Street, Mongkok, Kowloon

Time : 1:00 p.m. – 2:00 p.m. Buffet Lunch
2:00 p.m. – 4:15 p.m. Lectures
4:15 p.m. – 4:30 p.m. Discussion

Registration Fees:

Registration fees for the whole Refresher Course (including five Luncheon Lectures and four Workshops) are:

College Fellow, Full or Associate Members : HK\$900.00
Other Categories of Members : HK\$1200.00
Non-members : HK\$1800.00

Spot admission fee for each Luncheon Lecture or Workshop is:

College Fellow, Full or Associate Members : HK\$250.00
Other Categories of Members : HK\$350.00
Non-members : HK\$450.00

FM Trainees Package:

Full Course : HK\$600.00
Sunday Workshops : HK\$400.00 for 4 Workshops
Luncheon lecture : HK\$150.00 each

Remarks: Topics may be subject to change.
Lecture/ Workshop(s) will be conducted in English.

Venue	Jade Ballroom, 2/F, Eaton Hotel, 380 Nathan Road, Kowloon	
Admission Fee	College Fellow, Full or Associate Members	Free
	Other Categories of Members	HK\$ 350.00
	Non-Members	HK\$ 450.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	

Sponsored by
Takeda Pharmaceuticals (Hong Kong) Ltd

5 October 2013 Saturday

Board of Education Interest Group in Mental Health

Aim	To form a regular platform for sharing and developing knowledge and skill in the management of mental health	
Topic	Cancer, Pain and Depression	
Speakers	Dr. Ma Yin Ying and Prof. Ma Ki Yan Specialist in Psychiatry, Private Practice	
Co-ordinator & Chairman	Dr. Chan Suen Ho, Mark The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m.	Lunch
	2:00 p.m. – 4:00 p.m.	Lecture
	4:00p.m.	Q&A
Venue	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	
Admission Fee	College Fellow, Full or Associate Members	Free
	Other Categories of Members	HK\$ 350.00
	Non-Members	HK\$ 450.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CPD points HKCFP (Cat. 3.15) 2 CME points MCHK	
Language	Lecture will be conducted in 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
DKSH Hong Kong Limited

2 October 2013 Wednesday

Cardiovascular Risk in Type 2 Diabetes: Managing Diabetes Patients with Established Cardiovascular Disease

Dr. Sanjay Rajagopalan
Professor, Internal Medicine
The Ohio State University
Wexner Medical Center College of Medicine

Chairman	Dr. Tsui Hing Sing, Robert The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m.	Registration and Lunch
	2:00 p.m. – 3:30 p.m.	Lecture and Discussion

26 October 2013 Saturday

Board of Education Interest Group in Counseling

Aim	(1) To form a regular platform for interactive sharing and discussion of various counseling cases commonly seen in our daily practice; (2) To booster the competencies in counseling of family practitioners through case discussion and practising self awareness
Topic	Motivational Interviewing
Speakers	1. Dr. Ching Kam Wing FM Specialist in Private Practice 2. Dr. Lau Wai Yee, Aster
Co-ordinator & Chairman	Dr. Lau Wai Yee, Aster The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Lecture 3:30 p.m. – 4:30 p.m. Small Group Interactive Case Discussion (max.10 participants)
Venue	8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong

Admission Fee	College Fellow, Full or Associate Members Other Categories of Members Non-Members	Free HK\$ 350.00 HK\$ 450.00
Accreditation	All fees received are non-refundable and non-transferable.	
Language	2 CME points HKCFP (Cat. 4.3) 2 CPD points HKCFP (Cat. 3.15) 2 CME points MCHK	
Registration	Discussion will be conducted in English and Cantonese.	
Note	Registration will be first come first served. Please reserve your seat as soon as possible. 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.	

On-Going Events organized by Board of Education

Please be reminded that there will be two CME lectures organized by the Board of Education on 24 and 25 September 2013. Kindly refer to FP Links August Issue (page 20) and the circular for details.

Monthly Video Viewing Session

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

September's session:

Date	27 September 2013 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	Otolaryngology - Head and Neck Surgery – Dr. Ng Hin Wai, Raymond
Admission	Free for Members
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.

October's session:

Date	25 October 2013 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	The Latest Understanding and Treatment of Hallux Valgus Deformity – Dr. Daniel Wu
Admission	Free for Members
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.

Community Education Programme

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

Date/Time/CME	Venue	Topic/Speaker/Co-organizer	Registration
19 September 2013 1:00 - 3:00 p.m. 1 CME point	East Ocean Seafood Restaurant Shop 137, 1/F, Metro City Plaza 3, 8 Mau Yip Road, Tseung Kwan O, Kowloon	Update on Management of Vaginal Discharge Dr. Wong Kit Wah, Angel AC, Dept of O&G, UCH (Course FULL)	Ms. Cordy Wong Tel: 3513 3087 Fax: 3513 5505
19 October 2013 1:30 - 3:45 p.m. 2 CME points	Lecture Theatre, G/F, Block P, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Kowloon	Update on Childhood Asthma Management Dr. Chiu Ka Keung SMO, Dept of P&AM, UCH	Ms. Cordy Wong Tel: 3513 3087 Fax: 3513 5505

Structured Education Programmes

Free to members
HKCFP CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
2 October 13 (Wed)			
2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Euthanasia and Advanced Directives Dr. So Mei Kuen	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Meeting Room 2, 1/F, Block F, United Christian Hospital	Management of Sleep Disorder Dr. Ching Hin Nga, Rosemary and Dr. Tsui Wing Hang	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Allied Health Talk: Clinical Psychology	Ms. Man Chan Tel: 2589 2337
3 October 13 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Management of Sleep Disorder Dr. Lam Wing Sze and Dr. Wong Hong Kiu, Queenie	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Approach to Chronic Pain-IOD Cases Dr. Chan Yin Hang	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Update on Management of Lower Urinary Tract Symptoms Dr. Fan Chi Wai	Ms. Kwong Tel: 2595 6941
9 October 13 (Wed)			
2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Approach to Abnormal Renal Function Test in Primary Care Clinic Dr. Chan Ka Ho	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Meeting Room 2, 1/F, Block F, United Christian Hospital	Review of Functional Food and Dietary Supplement Dr. Zhu Guixia and Dr. Lee Wing Mei, Dickinson	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	COAD Update Dr. Lam Wing Yi and Dr. Han Jing Hao	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Sport Injury Dr. August Fok	Ms. Man Chan Tel: 2589 2337
10 October 13 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Review of Functional Food and Dietary Supplement Dr. Chan So Wai and Dr. Cheung Yan Kit	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Using Family Medicine Approach on Common Medical Problems Dr. Lee Hoi Ying and Dr. Chan Chi Ho	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Diagnosis and Management of Overactive Bladder Dr. Fan Chi Wai	Ms. Kwong Tel: 2595 6941
16 October 13 (Wed)			
2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Pre & Post Participation Evaluation for Runner Dr. Liu Chung Wo	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Meeting Room 2, 1/F, Block F, United Christian Hospital	Community Services for Women's Health Dr. Chan Fu Leung and Dr. Leung Ching Ching	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Vocational Training Review Dr. Anita Fan	Ms. Man Chan Tel: 2589 2337
17 October 13 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Efficacy and Safety of DPP4 Inhibitors Dr. Tsang Man Wo Journal Club (Related to Management of Diabetes Mellitus) Dr. Lo Ka Kit	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	How to Change Patients' Behaviour During Consultation Dr. Ng Yeung Shing and Dr. Tam Kit Ping	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Motivational Interviewing Dr. Lai Suk Yi, Irene	Ms. Kwong Tel: 2595 6941

23 October 13 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Elderly Health Care Service Dr. Tong Ka Hung	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Meeting Room 2, 1/F, Block F, United Christian Hospital	Orthopedic Emergency in General Practice Dr. Alvina Lo and Dr. Wong Sze Kei	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	Initial Assessment for Psychotic Symptom in Primary Care Dr. Wong Hiu Mei, Melissa	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Video Review: Consultation Skills @ LAP Dr. Ko Wai Kit, Welchie	Ms. Man Chan Tel: 2589 2337

24 October 13 (Thur)

2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Orthopedic Emergency in General Practice Dr. Mok Ka Yee and Dr. Lee Tin Wai, Edna	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Clinical Approach to Electrolyte Disturbances Dr. Sze Lung Yam and Dr. Leung Hoi Lik	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Sharing from the Mayo Clinic Dr. Tsui Pun Nang	Ms. Kwong Tel: 2595 6941

30 October 13 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Community Psychiatric Service Dr. Wong Chin Pang	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Meeting Room 2, 1/F, Block F, United Christian Hospital	Equipment and Disinfection in Clinic Setting Dr. Pun Yat Hei and Dr. So Tsang Yim	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Gynae Topic – Post-partum Care Dr. Carman Lai	Ms. Man Chan Tel: 2589 2337

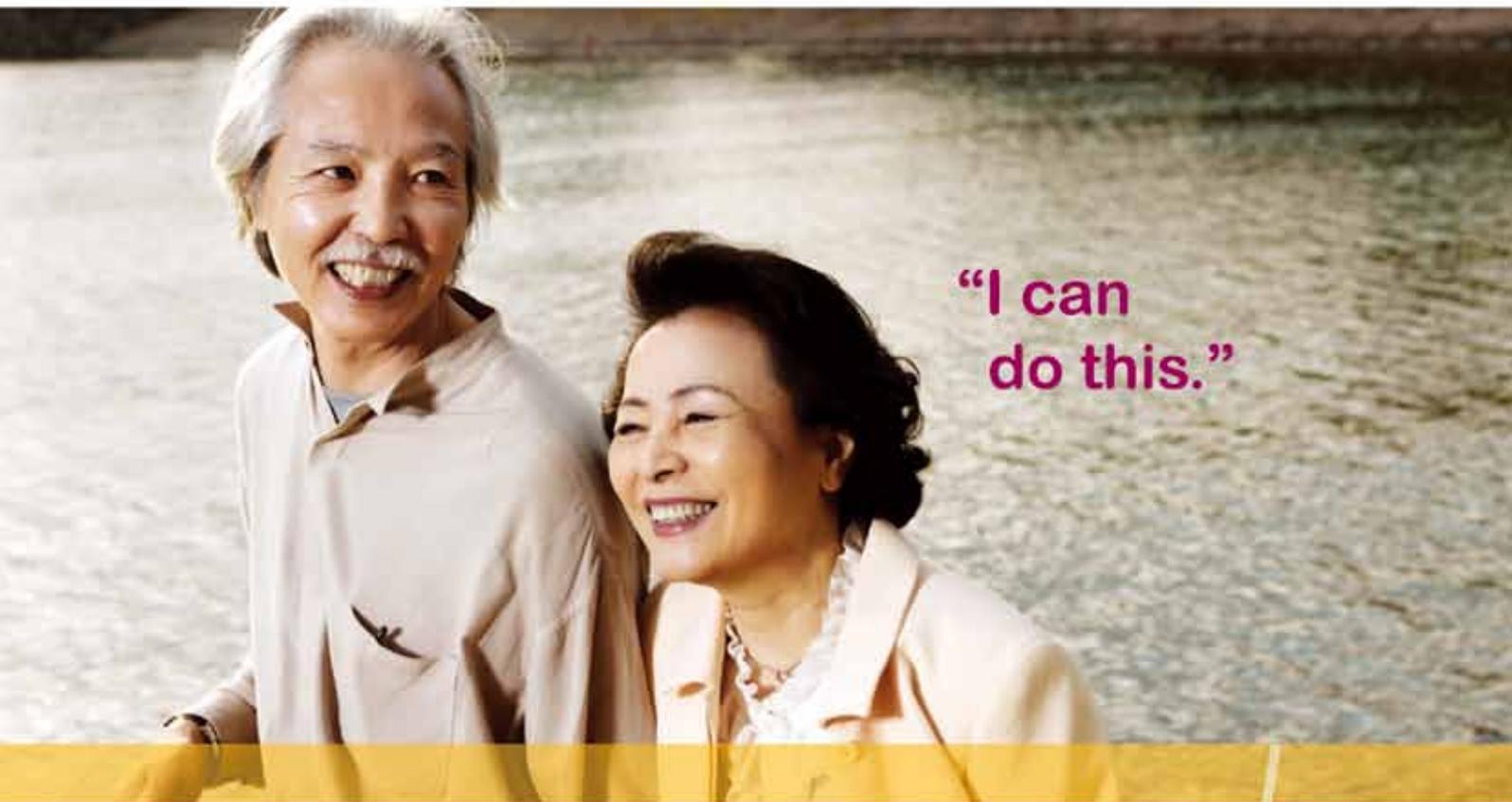
31 October 13 (Thur)

2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Equipment and Disinfection in Clinic Setting Dr. Chung Sze Ting and Dr. Kwong Sheung Li	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Clinical Approach to Neck Lumps Dr. Wong Chung Tao and Dr. Li Shun Hoi	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Immunisation in Hong Kong Dr. Cheng Long Yee, Eva	Ms. Kwong Tel: 2595 6941

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References

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

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
22 Sep 2:30 - 5:00 p.m. DFM - Module V Orthopaedic Injection Workshop	23	24 1:00 - 3:30 p.m. CME Lecture 9:00 p.m. Council Meeting	25 1:00 - 3:30 p.m. CME Lecture 2:15 - 7:30 p.m. Structured Education Programme 8:00 p.m. Specialty Board Meeting	26 2:15 - 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	27 2:30 - 3:30 p.m. Board of Education - Video Session	28
29	30	1 Oct	2 1:00 - 3:30 p.m. CME Lecture 2:15 - 7:15 p.m. Structured Education Programme	3 2:15 - 7:00 p.m. Structured Education Programme	4	5 1:00 - 4:00 p.m. Interest Group in Mental Health 2:30 - 5:00 p.m. DFM - Module V Musculoskeletal Workshop
6 2:00 - 5:00 p.m. Conjoint Examination 2013 - OSCE Rehearsal	7	8	9 2:15 - 7:30 p.m. Structured Education Programme	10 2:15 - 7:00 p.m. Structured Education Programme	11	12 2:30 - 5:00 p.m. DFM - Module V Women's Health Workshop
13	14	15	16 2:15 - 7:15 p.m. Structured Education Programme	17 2:15 - 7:00 p.m. Structured Education Programme	18	19 2:30 - 5:30 p.m. AEC 2013
20	21	22	23 2:15 - 7:30 p.m. Structured Education Programme	24 1:00 - 3:30 p.m. CME Lecture 2:15 - 7:00 p.m. Structured Education Programme 9:00 p.m. Council Meeting	25 1:00 - 3:30 p.m. CME Lecture 2:30 - 5:30 p.m. Board of Education - Video Session	26 2:30 - 4:30 p.m. Interest Group in Counseling
27 Conjoint Examination 2013 - OSCE Examination	28	29	30 2:15 - 7:15 p.m. Structured Education Programme	31 2:15 - 7:00 p.m. Structured Education Programme 7:00 p.m. BVTS - Basic Training Introductory Seminar	1 Nov	2

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

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