

Announcement

Our President Dr. Ruby Lee was conferred Honorary Fellowship of The Royal Australian College of General Practitioners (RACGP) at the RACGP Academic Session held in Adelaide on 8 October 2014. This is in recognition of her leadership as President of the Hong Kong College of Family Physicians, and her significant contribution in strengthening the relationship between HKCFP and RACGP.

Our Censor and Past President Dr. Donald Li was conferred an Honorary Fellowship from the Royal College of Physicians of Ireland (RCPI) at RCPI St Luke's Fellowship Admission Ceremony held in Dublin on 18 October 2014. This Honorary Fellowship is the highest award the College can bestow. This honour is reserved for world leaders in medical science and exceptional contributors to the welfare of our communities both nationally and internationally. These nominees are distinguished in their fields and valued an association with the College.

Our congratulations and best wishes to Dr. Ruby Lee and Dr. Donald Li.



Dr. Ruby Lee was conferred Honorary Fellowship of The Royal Australian College of General (RACGP) Practitioners (RACGP)



Dr. Donald Li was conferred an Honorary Fellowship of Royal College of Physicians of Ireland (RCPI)

THE HONG KONG
COLLEGE OF
FAMILY PHYSICIANS



Family Physicians Links

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INSIDE THIS ISSUE

- 01 Announcement
- 02 Message from the President
- 03 College News:
 - 03 CMOD, 37th HKCFP AGM & Annual Dinner, Board of Vocational Training and Standards News,
 - 04 WONCA Taipei 2015, HKAM Open Day, Classified Advertisement
 - 05 中國全科醫學大會暨中華醫學會全科醫學分會第十二次學術年會
- 09 Oasis: Boy's Weakness
- 11 Feature: Passphrase – A “key” to enhance medical information security?
- 13 News Corner: Safety Alerts on Diclofenac and other NSAIDs
- 14 Learning Points: Interest Group in Mental Health & Psychiatry in Primary Care – The 41st Meeting on 4 October 2014
- 19 Board of Education News
- 20 College Calendar

Message from the President

RACGP GP'14

On 8 October 2014 at the RACGP Academic Session, Honorary Awards and Fellowship Ceremony held at Adelaide Town Hall, Australia, I was most honoured to be presented with the Honorary Fellowship of the RACGP.

The Academic Session is the focal point of the RACGP's academic year where College Awards and Fellowships are presented. Honorary Fellowships are awarded to College Fellows and Members, who provide service to The Royal Australian College of General Practitioners and/or general practice, to medicine in the fields of education, research or administration and general service to the community. The award is a recognition of the initiatives to strengthen the relationship between two Colleges through the conjoint examination. I would like to thank Dr. Donald Li, the President of the Hong Kong Academy of Medicine, for referencing me; the Board of Conjoint Examination led by Dr. Chan Hung Chiu Peter, for his unfailing efforts to run the Examination smoothly; the Internal Affairs Committee led by Dr. David Chao for holding the conjoint Conferment Ceremony; the Primary Care Conference Committee led by Drs. Lorna Ng and William Wong for the impressive Conference attended by RACGP Censor in Chief; the Board of Vocational Training & Standards led by Dr. Quincy Yuen for the accreditation of our training centres by RACGP; our Censors Professor Cindy Lam, Dr. Stephen Foo and Dr. Donald Li for their guidance; and our Vice-Presidents Dr. Angus Chan and Dr. Lau Ho Lim, our honorary secretary Dr. Billy Chiu, our Council Members and our secretariat led by Miss Erica So for their unfailing support.

RACGP elected their new president Professor Frank Jones and Censor-in-Chief Dr. Mark Miller in their AGM

on 9 October 2014. Dr. Miller came to Hong Kong for our 28th Conjoint Examination on 26 October. I would like to thank Dr. Liz Marles and Dr. Jennie Kendrick, the Immediate Past President and Censor-in-Chief, respectively, and RACGP for their long term support of our Conjoint Examination.

In GP14 – The RACGP Conference for General Practice, I attended a workshop “Outcomes based everything – linking education standards, accreditation and curriculum” by Professor Morton Rawlin, RACGP on the implementation of the new 2011 Curriculum of RACGP. In 2012, The Council of our College also identified the need to renew our curriculum for vocational family medicine training in Hong Kong. With the evolving primary care environment, the ageing population, increasing multi-morbidity, the emerging use of e-health, the requirements of leadership and management, quality and safety concerns and the increasing role of teaching and research in family medicine within the context of multidisciplinary primary care, all present educational and training challenges, updating the curriculum is the first step on the path to incorporating these skills into the lifelong learning of family physicians. Curriculum renewal is an ongoing process because of the changing environment of medicine. We hope that the knowledge provided by our profession's body of learning will form a sound basis for high quality primary care to Hong Kong.

In the RACGP Gala Dinner, I am most fortunate to sit besides Dr. David Game and Professor Chris VanWeel, our College Honorary Fellows of 1987 and 2009, respectively. Dr. Game has a long history of relationship with our College and has enlightened me on our College history.



I was in RACGP gown after the ceremony and met Dr. Liz Marles (left) and Dr. Jennie Kendrick (right)



Photo taking with WONCA president Prof. Michael Kidd (left) and Malaysia and New Zealand presidents



Photo taking with outgoing president Dr. Liz Marles (left) and incoming Prof. Frank Jones (right)



I also met our Hon Fellows Prof. Chirs Van Weel (2009) (left), Dr. David Game (1987) (second from the left) and Dr. Jennie Kendrick in RACGP GP'14 in Adelaide.

(Continued on page 3)

Message from the President

Resuscitation Council of Hong Kong – 3rd Annual Scientific Meeting

I attended the 3rd Annual Scientific Meeting of the Resuscitation Council of Hong Kong with our Council member Dr. Mary Kwong on 4 October. I would like to thank Dr. Kwong on representing the College in the Director Board of the Resuscitation Council of Hong Kong.



Group Photo

“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 November 2014 to 14th December 2014, Dr. Lau Ho Lim and Dr. Chan Ming Wai Angus 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 related 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. Lau Ho Lim



Dr. Chan Ming Wai Angus

37th HKCFP Annual Dinner and 37th HKCFP Annual General Meeting

13th December 2014, Saturday

Venue : Run Run Shaw Hall
1/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong

Time : 18:00 Annual General Meeting (Members only)
19:00 Annual Dinner Reception
19:30 Chinese-Style Dinner

College Fellows, Members and their spouses are welcome to register for the Annual Dinner free of charge.

To register for the **Annual General Meeting** and/or **Annual Dinner**, please contact Ms. Teresa Liu or Ms. Windy Lau on Tel: 2528 6618, or email to teresaliu@hkcfp.org.hk or windylau@hkcfp.org.hk. Successful registration will be notified by end of November, 2014.

Board of Vocational Training and Standards News

Reminder: Submission of Annual Checklist for Basic Training

To all Basic Trainees,

Please be reminded that all basic trainees must submit the annual checklist to the Board of Vocational Training and Standards either by registered post OR in-person on or BEFORE 30th January 2015 (Friday). Late Submission will not be accepted.

The training experience of 2014 will not be accredited if the trainee fails to submit the checklist on or before the deadline.

Basic Training Subcommittee
BVTS



Sponsorship for attending The 2015 WONCA Asia Pacific Regional Conference Taipei, Taiwan, 4 - 8 March 2015

“Family Medicine: New Horizons and Challenges”

The **2015 Asia Pacific Regional Conference of WONCA** will be yet another opportunity for family doctors to gather and share research and practice experiences. It is a very good occasion to foster ties between family practice organisations as well as individual doctors.

The Council has decided to grant a sponsorship with a maximum of HKD8,000 for applicant(s) with presentation, and a maximum of HKD4,000 for applicant(s) without presentation, to attend the captioned conference.

Applicants shall agree to take part in the College official functions if any during the Conference in **Taipei, Taiwan**, and submit a written report of around 800 words within one month after the conference. Applications will be vetted by the Nomination Committee. All decisions shall be subject to the final approval of the Council.

The sponsorship is open to all members. Interested members please download and complete the application form at <http://www.hkcfp.org.hk> under the section of “DOWNLOADS” and return the form to the Secretariat by **31 December 2014**. For further information please visit the official website at <http://www.wonca2015taipei.com/>.

Thanks,

Dr. Billy C F Chiu
Honorary Secretary

The Hong Kong Academy of Medicine Open Day on 27 Sept 2014

The Hong Kong Academy of Medicine successfully held its Open Day 2014 “Climbing the Healthcare Ladder” on 27th September. Booths from all 15 Colleges, the University of Hong Kong, Chinese University of Hong Kong and the Hong Kong Museum of Medical Science were set up to provide comprehensive information to prospective students from secondary schools, their parents and career advisors, as well as the dental and medical student helpers. They were also given the opportunity to meet with specialty trainers and trainees in different medical specialties.

The kick off ceremony was officiated by Prof. Sophia Chan, JP, Under Secretary for Food and Health; Dr. Cindy Lai, JP, Deputy Director of Health; Dr. Donald Li, the President of the Hong Kong Academy of Medicine; Dr. Allen Cheung, the Director of Hospital Authority (Cluster Service); Prof. Gabriel Leung, GBS, JP, Dean of the Li Ka Shing Faculty of Medicine, the University of Hong Kong; Prof. Chan Ka Leung, JP, Dean of the Faculty of Medicine, the Chinese University of Hong Kong; together with the representatives of 15 Colleges. This was followed by a sharing session aiming to provide insights of the career path of 15 Colleges to the attending students and parents. Special thanks to Dr. Angus Chan and our college representatives who shared the training journey of family medicine and lives as family doctors with students. The event was well attended by hundreds of participants.



Dr. Donald Li, the President of HKAM taking group photo with the representatives of HKCFP at our college booth.
(From left to right) Ms. Alky Yu, Dr. Ko Wai Kit, Dr. Angus Chan, the student helper, Dr. Tsang Pui Lim, Dr. Donald Li, Dr. Chan Man Li and Ms. Crystal Yung



Prof. Sophia Chan, JP, Under Secretary for Food and Health, HKSAR (middle) taking photo with Dr. Wendy Tsui (left) and Dr. Angus Chan (right)



Prof. Gabriel Leung visiting our booth
(From left to right) Dr. Wendy Tsui, Prof. Gabriel Leung, Dr. Chan Man Li, Dr. Ko Wai Kit and Dr. Tsang Pui Lim

Classified Advertisement

Office Available

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

中國全科醫學大會暨中華醫學會全科醫學分會 第十二次學術年會

2014年10月15日



中國全科醫學大會暨中華醫學會全科醫學分會第十二次學術年會於2014年10月11日至12日在北京會議中心成功召開。本屆年會的主題為「全科醫師規範化培養和職業發展」。大會吸引了900多位來自全國各地及海內外全科醫生及知名學者參與，會議氣氛熱烈，學術氛圍濃郁，大家都歡聚在這一年一度全科醫學的盛會中。



出席大會的嘉賓有全國人大常委會副委員長、中華醫學會會長、中華醫學會全科醫學分會名譽主委陳竺，農工黨中央原副主席、中國初級衛生保健基金會理事長汪紀戎，國家衛生和計劃生育委員會科技教育司司長秦懷金，國家衛生和計劃生育委員會人事司巡視員付偉，世界家庭醫生組織名譽司庫李國棟，台灣家庭醫學會理事李孟智等。大會主席由復旦大學上海醫學院全科醫學系主任祝培珠（現任主任委員）和北京協和醫學院校長曾益新院士（候任主任委員）共同擔任。

開幕式



陳竺副委員長在中國全科醫學大會暨中華醫學會全科醫學分會第十二屆學術年會開幕式上的講話全文：

各位來賓，各位同道：

值此中國全科醫學大會暨中華醫學會全科醫學分會第十二屆學術年會在金秋的北京隆重開幕之際，我謹代表中華醫學會對會議的召開表示熱烈祝賀，並向參會的各位來賓和同道表示誠摯問候！

中華醫學會全科醫學分會1993年成立以來，在全科醫生制度建設、全科醫學理念傳播、全科醫療服務模式創新和全科醫學人才培養等方面發揮了重要作用，為我國全科醫學事業的發展做出了重要貢獻。特別是2009年深化醫藥衛生體制改革啟動以來，國家採取了一系列措施加強全科醫生隊伍建設，2011年國務院頒佈了《關於建立全科醫生制度的指導意見》，並連續4年撥款建設全科醫師培訓基地，將全科醫生制度建設作為深化醫改的一項基礎性、戰略性和長遠性的重大舉措予以推進，全科醫學分會積極配合衛生計生部門在崗位培訓、學科

發展、對口幫扶、政策諮詢等方面做了大量工作。可以說，今天全科醫學的發展態勢正越來越好，社會各界對全科醫學重要性的認識也正在成為共識。

但我們也必須看到，我國全科醫學的發展距離滿足人民群眾的醫療健康需要，距離深化醫藥衛生體制改革提出的相應要求，距離應對慢性病管理和老齡化社會、城鎮化發展等重大挑戰的能力需求，還存在較大的差距。一是全科醫學的學術地位還有待提高，雖然全科醫學在我國起步較晚，但全科醫學的理念、方法、技能卻最適於我國幅員廣大、人口眾多的國情，然而中國的全科醫學卻始終未能成為一門“顯學”，個中原因值得醫學界深思。二是相關政策環境還有待完善，集中表現在基層全科醫生崗位的吸引力不強，這不僅是工資待遇的問題，更涉及到他們的職業發展和社會地位。三是全科醫生的數量亟待增加，基層醫療機構取消藥品加成以後，新的激勵機制尚未完備，原來在基層工作的醫務人員逐漸老化，加之上級醫院擴張又“虹吸”走了一部分骨幹，使得基層服務能力不足的問題更為嚴重，醫改提出“到2020年，我國要初步建立起充滿生機和活力的全科醫生製度，基本實現城鄉每萬名居民有2-3名合格的全科醫生”的目標，要按時完成這一目標還非常艱鉅。這些問題不解決，全科醫學就不能真正發展，全科醫生也不能

成為真正具有吸引力的職業，基層醫療服務體系薄弱、人民群眾看病難的問題也就不能真正得到緩解。

挑戰就是機遇，困難就是動力。唯其現狀不足，才有全科醫學更大的發展空間；唯其成功不易，才有全科醫學人建功立業的時代呼喚。作為中華醫學會全科分會的名譽會長，也是一名衛生戰線的老兵，謹對全科醫學的發展提幾點建議，拋磚引玉，供各位同道討論。

第一，以人為本，弘揚全科醫學精神1929年畢業於北京協和醫學院且獲得哈佛公共衛生碩士的陳志潛先生1931年起就在河北定縣組織實施鄉村醫學項目，他的工作是使定縣的區域衛生中心協調督導分區衛生所，分區衛生所醫生再組織培訓鄉村衛生員，使基層醫療服務的普及在舊中國的北方農村成為現實，並進而成為當時全國鄉村醫務人員的組織培訓模板。80多年後的今天，我們的一切條件都比當時優越得多，但有一樣是物質條件無法替代的，那就是真正為中國基層民眾健康服務的醫學理念和獻身精神。追思先賢，就是要弘揚這種精神。全科醫學不僅是生物學的醫學，還是集合了生物醫學、行為科學和社會學的一門綜合性學科，除了關注生物學的人之外，還包括關注人的行為學以及社會給予人的影響，真正體現了醫學模式從生物學模式轉化為生物—心理—社會模式，因此也就對全科醫生提出了特定的專業要求，一是用盡可能簡單的辦法，在基層解決或發現盡可能多的問題，二是要對病患抱以更為深切的人文關懷。我國過去的醫學教育，基本上是生物醫學教育，追求的是高技術的生物醫學，很少教學生人的心理活動和社會對健康的影響。這一情況必須改變，且相對其他專科來講對全科醫學和全科醫生更為重要。

第二，群策群力，健全全科醫生制度健全全科醫生制度是對現行醫生培養制度、醫生執業方式、醫療服務模式的重要改革。為此，要建立相對獨立的全科醫師職稱晉升體系，不強調外語和論文，主要考核工作業績和能力，尤其是健康管理、疾病預防和基層醫療機構所需要的臨床能力；要積極完善全科醫生的人事薪酬制度和激勵考評機制，但不能簡單把門診次數、操作次數作為考評指標，而應當把實際工作量和服務區內居民的健康狀況相結合，這方面發達國家有比較完善的社區健康評價體系可供參考；要建立科學、合理的基層醫療機構監管機制，這種監管不能僅僅依靠衛生行政部門，還要充分注意發揮好醫療保險體系的作用，在完善監管機制的基礎上可探索將村衛生室納入醫保定點單位；要注意發揮市場的力量，通過政策引導鼓勵社會資本在社區開辦全科醫療機構，同時探索擴大商業醫療保險在基層社區的覆蓋面，以滿足群眾多層次的醫療服務需求；要廣泛宣傳全科醫生在疾病預防、疾病早期干預、合理分流病人、控制全社會醫療成本等方面具有的不可替代的作用，特別要對優秀全科醫生典型代表加強表彰和宣傳，可堅持評選最美鄉村醫生和社區醫生，真正提高全科崗位吸引力及其行業和社會地位。

第三，時不我待，加快全科醫生培養培訓盡快建立一支人數眾多、遍布城鄉、經過正規醫學教育、接受過規範全科培訓的全科醫生隊伍是當務之急。目前醫學院校中開設全科醫學課程的不多，設立全科醫學系的更少，我呼籲所有的醫學院校設立全科醫學系或在臨床醫學系內設立全科醫學專業，並在所有的醫學院校附屬教學醫院和三級醫院設立全科醫學科，以承擔全科醫學教學實踐和指導培訓基層醫療機構的緊迫之需。此外，全科醫學的發展情況應作為醫學院校和醫療機構評級的一項重要指標，醫學會和各級分會應積極發揮作用，政府職能部門應給予協調和支持；要繼續加強“5+3”全科醫生規範化培養力度，鼓勵大醫院與社區衛生服務中心或鄉鎮衛生院聯合建立全科醫師培訓基地，國家應對開展全科醫師培訓的基地給予補助；在基層特別是中西部實施“3+2”助理全科醫生培訓，同時盡快在更多省份實施基層全科醫生特崗項目，吸引受過正規醫學教育和全科醫學規範化培訓的醫學專業畢業生和醫務人員在基層工作一定年限，使其成為基層全科醫師“國家隊”和“種子隊”，此外，為給基層全科醫生提供更好的職業發展，應為其建立“導師制”，此次農工中央在貴州設立“同心特崗人才基金”項目以及與遵義醫學院的合作就是希望進一步推動這項工作；基層醫生，尤其是鄉村醫生大多沒有接受過正規的醫學教育和畢業後全科醫學培訓，但他們承擔的卻是全科醫生的任務，因此要為他們免費開展訂單式全科醫生培訓，但更重要的是提供符合其工作實際的執業（助理）醫師資格考試，我在離開衛生部前夕已經決策通過了此事，現在應盡快予以實施，而且對考試合格的村醫，應制定政策為其轉變身份，使其成為體制內的執業（助理）全科醫師。畢業後醫學教育要轉變思想，無論將來從事哪種專科都應首先具有良好的全科醫學基礎，古巴等發展中國家和加拿大等發達國家都無一例外地具有這樣的理念和制度設計，這個問題值得通過大討論統一思想，醫學界要討論，行政部門也要討論，因為全科醫學得不到發展，醫改就難以成功，我們要認真研究問題，解決問題。

第四，奮發有為，建設好全科醫學分會黨的十八屆三中全會明確提出要激發社會組織活力，創新社會治理。這對全科醫學分會乃至整個中華醫學會的工作都提出了新的更高的要求。為此，我們要在切割經營性活動的基礎上，全力加強自身能力建設，做好承接政府相關職能轉移的準備，積極主動配合政府部門，在製定全科醫生標準、完善法律法規、規範培養內容、建設培訓基地、績效教育培訓、行業質量監管、維護醫生權益、推進行業自律等方面多做工作，做好工作。

各位同道，讓我們共同努力，使得全科醫學的明天更加光明，全科醫學的道路更為寬廣，為健康夢助力“中國夢”做出全科人應有的貢獻！

預祝大會圓滿成功，謝謝大家。

（中華醫學會會長陳竺，2014年10月11日）

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Boy's Weakness

A 10-year-old boy decided to study judo despite the fact that he had lost his left arm in a devastating car accident.

The boy began lessons with an old Japanese judo master. The boy was doing well, so he couldn't understand why, after three months of training the master had taught him only one move. "Sensei," (Teacher in Japanese) the boy finally said, "Shouldn't I be learning more moves?" "This is the only move you know, but this is the only move you'll ever need to know," the sensei replied.

Not quite understanding, but believing in his teacher, the boy kept training. Several months later, the sensei took the boy to his first tournament. Surprising himself, the boy easily won his first two matches. The third match proved to be more difficult, but after some time, his opponent became impatient and charged; the boy deftly used his one move to win the match. Still amazed by his success, the boy was now in the finals.

This time, his opponent was bigger, stronger, and more experienced. For a while, the boy appeared to be overmatched. Concerned that the boy might get hurt, the referee called a time-out. He was about to stop the match when the sensei intervened. "No," the sensei insisted, "Let him continue." Soon after the match resumed, his opponent made a critical mistake: he dropped his guard. Instantly, the boy used his move to pin him. The boy had won the match and the tournament.

He was the champion. On the way home, the boy and sensei reviewed every move in each and every match. Then the boy summoned the courage to ask what was really on his mind. "Sensei, how did I win the tournament with only one move?"

"You won for two reasons," the sensei answered. "First, you've almost mastered one of the most difficult throws in all of judo. And second, the only known defense for that move is for your opponent to grab your left arm."

The boy's biggest weakness had become his biggest strength.

<http://www.moralstories.org/boys-weakness/>

(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。)

*「心靈綠洲—個人成長及危機處理中心」隸屬醫院管理局總部臨床心理服務，為醫院管理局員工提供心理支援，協助他們跨越生命的挑戰。

Our fourth Chinese Book, 《家庭醫生一百篇》 is born!

《家庭醫生一百篇》is the assemble and selection of the articles in the weekly column of Hong Kong Economic Journal (信報) in the past few years, contributed by 22 members of the College. It is a very good tool for public education, letting the public recognize the importance of family physicians for their personal health, and understand the key role of family physicians in the health care system.

The book also serves as a good platform for all the members to share our stories with one another, and experience our whole-heartedness to serve our patients and the community all together!

名家推薦：

書中不少文章闡述家庭醫生在協助個人保持身心健康所擔當的角色，涉及的課題包括預防和及早識別疾病、情緒管理、維繫婚姻、家庭和人際關係等。這些文章清楚解釋基層醫療的重要性，當中不少故事似曾相識，令人細味。

高永文醫生

我很欣喜看見香港家庭醫學學院編纂家庭醫學手冊第四輯《家庭醫生一百篇》，多位前線醫生熱心就各種家庭醫學問題撰寫文章，惠澤大眾。書中內容豐富，淺顯易懂，讓人倍感親切，對讀者改善自身和家人健康大有裨益，不容錯過。

梁卓偉教授

這書裏面有很多家庭醫生的個人分享、有病人個案分析，還有其他有用的資訊。每篇文章短短的，當中記載的東西卻是寶貴而無價的；而且用字淺白、言簡意賅。本人誠意向大家推薦這本小讀物。

李國棟醫生

本書透過輕鬆故事和醫生平日所見所聞，深入淺出講述保健知識和如何維持身心健康，並道出預防疾病的良法；它亦讓大家明白家庭醫生在醫療體系中的重要角色。我翻閱初稿，當中提及醫生診症時向病人查詢病情，並關心情緒，建立互信關係的情節，體現了「醫生不單要醫病，更要醫人」的信念，甚有共鳴，特誠意推介。

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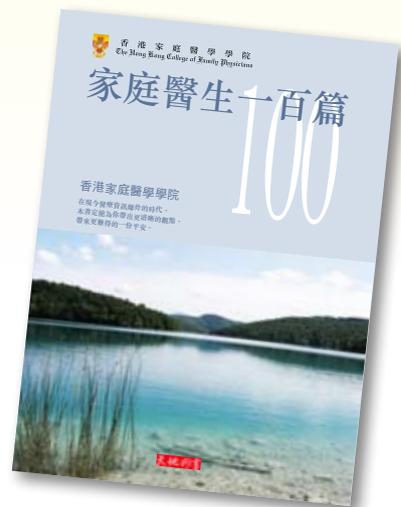
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Passphrase - A 'key' to enhance medical information security?

Dr. John-Hugh Tam, Specialist in Family Medicine

Department of Family Medicine & Primary Health Care, Kowloon West Cluster, Hospital Authority

With the recent incidents of patient data loss suggesting a need for enhanced information security, a lot of us had been more alert as to how to guard our data safely from the reach of unauthorised persons, usually involving "hardware" (such as better forms of storage devices) and "software" (like encryption programmes). Despite being technologically advanced, many of us had been very weak in the selection of our passwords to these devices rendering the security of these systems very low (which is not surprising as we doctors aren't often required to think in this way).

Surveys and investigation reports have found that, not surprisingly, the combinations of passwords that many people use also happen to be the same ones that are the easiest to remember and most frequently used. These include classics such as "123456," "password," and "welcome". According to ESET2 - an analysis of hacked Yahoo! accounts showed the 10 most common passwords to be:

1. '123456' used by 1666 (0.38%)
2. 'password' used by 780 (0.18%)
3. 'welcome' used by 436 (0.1%)
4. 'ninja' used by 333 (0.08%)
5. 'abc123' used by 250 (0.06%)
6. '123456789' used by 222 (0.05%)
7. '12345678' used by 208 (0.05%)
8. 'sunshine' used by 205 (0.05%)
9. 'princess' used by 202 (0.05%)
10. 'qwerty' used by 172 (0.04%)



Obviously, the most elementary lesson here is not to use ascending or descending numerical combinations and simple words (e.g. that are easily found in dictionaries), and not to contain repeated characters (e.g., 'aaaaa11111') nor a string of characters that match previous passwords, as these are possible for others to make an educated guess or to programmatically "crack" what you've chosen.

The objective when creating a password is to make it as difficult as possible to guess. Security experts often recommend that users should pick mixed combinations that include upper and lower case letters, numbers and symbols, for example, "r56_Hq%2+" and "fM56Q4\$&" would fulfill this rule. Furthermore, the longer the password, the more secure it would be (e.g. minimum of 9 characters, and for some "elevated privilege accounts and systems", such as users with administrative rights on their workstations, some suggests a minimum password length of 15 characters). The logic here is that longer passwords will make it significantly tougher for malicious software to break through by running a rapid series of possible combinations in what's known as a "brute force attack". These passwords must also be subjective to regular changes (for example every 180 days or more frequently) to ensure security.

However, these types of "secure" passwords can sometimes be difficult to commit to memory, so for a stronger password, some experts suggest a method called "passphrase". While passwords and passphrases essentially serve the same purpose (i.e. providing access to secure services or sensitive information), passwords are generally short, hard to remember and easier to crack, yet passphrases are longer but easier to

remember and type. They are considered more secure due to the overall length of the passphrase and the fact that it shouldn't need to be written down.

Here are some tips for creating a good passphrase:

- ✓ Make up a sentence or a phrase that includes a combination of upper and lower case letters, special characters and punctuation. For example, using several words together, or the first letter of several words from a memorable sentence (e.g. 'The quick brown fox jumps over the lazy dog', becomes the acronym 'tqbfjotld'), events, quotes, or song lyrics, combined with the other minimum password standard rules, as defined in this policy, can create a strong and sufficiently long passphrase that is easily remembered.
- ✓ Include some memorable "encoding" in the phrase. For example, "Hong Kong summers are hot" would not be an acceptable passphrase, as it does not include special characters or numbers. On the other hand, "h0n9_Kon9_\$umm3Rs_@re_h0+!" meets minimum complexity requirements in addition to having a secure length of nine or more characters. This technique is known as "password padding", where an easily recallable password is "padded" by many extra special characters. (If this sample passphrase is too long for you, be creative! You can adjust it to easier memorable ones with encoding at your own level that is easy for you to remember and type accurately. For example the passphrase 'diabetes mellitus' becomes 'd!@B3te\$_M31li+u\$' (after padding by changing some of the 'a' into '4 or @', 'e' into '3', 'i' into '!', 'o' into '0', 's' into '\$', 't' into '7' or '+' and so on).

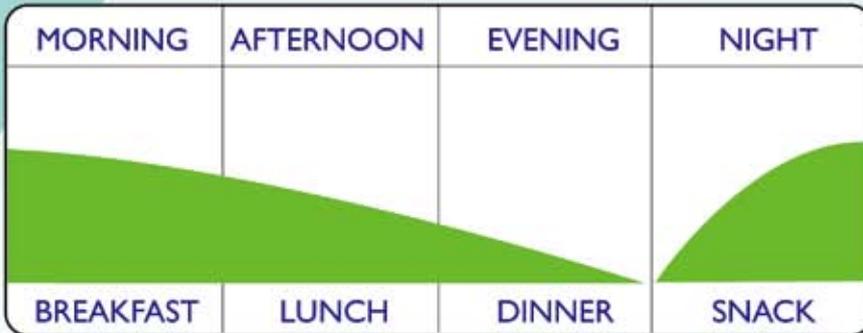
A final reminder that even if a passphrase is set, if it is not protected appropriately by the authenticator and the clear-text passphrase (the original unaltered version) or is revealed (e.g. publically displayed nearby the computer or casually stored in the wallet), it is no better than other simpler passwords. For this reason it is also recommended that passphrases should not be reused across different sites and services.

For more information about this topic, here are further links and reference:

1. 2013 Trustwave Global Security Report - <http://www2.trustwave.com/rs/trustwave/images/2013-Global-Security-Report.pdf>
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6. "Padding your passwords!" - <http://www.anotherwindowsblog.com/2011/06/padding-your-passwords.html>
7. A comic to help you understand password strength by XKCD - <http://xkcd.com/936/>

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1. Hyllested-Winge J et al. A review of 25 years' experience with the NovoPen® family of insulin pens in the management of diabetes mellitus. *Clin Drug Invest* 2010; 30(10): 643-674. 2. Göke B et al. NovoPen® 4 offers superior performance, handling and acceptance compared with NovoPen® 3 in insulin-treated diabetes patients. *Diabetes Technol Ther* 2005; 7(2): 379. 3. Kristensen CM and Donsmark M. Dose accuracy and durability of the NovoPen® 4 insulin delivery device before and after simulation of 5 years of use and under various stress conditions. *Clin Ther* 2009; 31(12): 2819-2823. 4. Somavilla B and Pietranera G. A randomized, open-label, comparative crossover handling trial between two durable pens in patients with type 1 or 2 diabetes mellitus. *J Diabetes Sci Technol*. 2011; 5(5): 1212-1221.1221.

Further information is available from

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Safety Alerts on Diclofenac and other NSAIDs

Together with paracetamol, non-steroidal anti-inflammatory drugs (NSAIDs) are one of the most commonly used analgesics. The Drug Registration and Import/Export Control Division from the Department of Health Drug Office recently released a letter about the safety alerts on diclofenac and other NSAIDs on 7 October 2014. The letter is a response to the drug safety alerts announced by the Health Canada and Therapeutic Goods Administration (TGA) regarding diclofenac and other NSAIDs.

The Health Canada is currently updating the labeling of all systemic formulations of diclofenac-containing medicines (tablets and suppositories) with exclusion of topical formulations of diclofenac, such as gel or eye drops. The updates are as follows:

1. Diclofenac (tablets and suppositories), particularly at higher doses (150mg per day), is associated with an increased risk of serious cardiovascular adverse events (such as myocardial infarction, stroke or thrombotic events which are potentially fatal). The risk is comparable with that of the COX-2 inhibitors. Evidence suggests that the risk may increase with the dose and duration of use.
2. The maximum recommended daily dose of systemic diclofenac has been reduced from 150mg per day to 100mg per day for all indications, excluding diclofenac potassium which allows for a 200mg dose only on the first day of treatment for dysmenorrhea. To minimize the potential risk of an adverse cardiovascular event, the lowest effective dose should be used for the shortest possible duration.
3. Treatment with diclofenac is not recommended in patients with pre-existing cardiovascular disease (CVD) or cerebrovascular disease, or those with risk factors for CVD. For these patients, treatment options other than NSAIDs, particularly COX-2 inhibitors and diclofenac, should be considered as first-line.

The Therapeutic Goods Administration (TGA) from Australia had completed a review of the cardiovascular risks associated with the use of the NSAIDs diclofenac, naproxen, ibuprofen, celecoxib, etoricoxib, indomethacin, meloxicam and piroxicam. The summary is listed as follows:

1. While use of NSAIDs at prescription-only dosages was already known to increase the risk of high blood pressure, heart failure, heart attack and stroke, the TGA NSAIDs review found that these risks also applied to the OTC forms of diclofenac, naproxen and ibuprofen.
2. Similarly, the risk of hepatotoxicity (commonly known as liver damage) in relation to use of diclofenac prescription was known, but the TGA's safety review of that medicine found that OTC diclofenac products also carried this risk.

TGA advised the healthcare professionals on the points listed as below:

1. Healthcare professionals are reminded of the cardiovascular risks associated with treatment with NSAIDs and the additional risk of hepatotoxicity with diclofenac.
2. Avoid using prescription NSAIDs in patients who have previously had myocardial infarction, angina, cardiac failure, hypovolemia, significant peripheral vascular disease or pre-existing significant renal/liver dysfunction.
3. Use these medicines with caution in patients with risk factors of cardiovascular disease, undertaking individual assessment of each patient to ensure the benefits outweigh the risks.
4. Consider advising patients who have risk factors of cardiovascular disease of the increased risks of using NSAIDs, including OTC products.
5. Educate patients regarding the signs and symptoms of serious cardiovascular toxicity. Instruct them to seek medical attention immediately if they experience any.

In Hong Kong, there are 603 registered pharmaceutical products containing NSAIDs, including 247 products with diclofenac, and 356 other NSAIDs products containing ibuprofen, naproxen, indomethacin, mefenamic acid, piroxicam, celecoxib, parecoxib and etoricoxib.

The safety issues of diclofenac and other NSAIDs were discussed by the Registration Committee of the Pharmacy and Poisons Board (the Committee) in February 2013 and May 2014. In view of the latest recommendations by the Health Canada and TGA, safety issues associated with hepatotoxicity and high dose of diclofenac will be further discussed by the Committee.

References:

1. Letter to Healthcare Professionals: Safety Alerts on Diclofenac and other NSAIDs; 7 October 2014; Drug Registration and Import/Export Control Division, Department of Health.
2. Health Canada website: <http://www.healthcanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2014/41701a-eng.php>
3. TGA website: <http://www.tga.gov.au/safety/alerts-medicine-nsaid-diclofenac-141007.htm>

Compiled by Dr. Ho Ka Ming

Interest Group in Mental Health & Psychiatry in Primary Care – The 41st Meeting on 4th October 2014

Dr. Chan Suen Ho, Mark (Co-ordinator), Board of Education

The 41st Interest Group in Mental Health & Psychiatry in Primary Care Meeting was held on 4th October 2014. Dr. Lam Tat Chung, private psychiatrist/ physician is the speaker.

Meeting Theme : ASSESSMENT FOR MENTAL CAPACITY

Attendance : 34

The Speaker : Dr. Lam Tat Chung, Paul was trained and held senior appointments in Psychiatry and Neurology of the University of London. Dr Lam was the Head of Department of Medicine and Psychiatry at the United Christian Hospital. He is interested in conditions that traverse the domains of Psychiatry and Internal Medicine. He is the President of The Society of Physicians of Hong Kong and past Chairman of the Hong Kong Society of Psychiatrists. He is also Honorary Clinical Assistant Professor, University of Hong Kong and Examiner for the Hong Kong College of Psychiatrists.

Learning points:

What is CAPACITY: ABILITY TO MAKE A DECISION

Doctors may be asked to perform mental assessment for the following conditions:

Consent to medical treatment, Refusal of medical treatment, Advance directive

Points to note include the following:

Testamentary capacity, Guardianship Board, Cap 136, Mental Health Ordinance (Part II), Any legal contract, Power of attorney and Enduring power of attorney (EPA)

The CAPACITY for REFUSAL OF TREATMENT

The basic principle is: Respect for the right of self-determination of persons who are capable of making decisions AND act in the best interest of patients who are unable to make decisions for themselves.

PATIENTS WITH SUSPECTED IMPAIRED CAPACITY include:

Dementia (Alzheimer's, vascular), Stroke, brain tumour, concussion

Also suspect impaired capacity when you encounter the following:

Elderly, Chronic severe physical illness, **Mental illness**; Anyone seem to be acting in an abnormal, bizarre or strange manner.

MENTALLY INCAPACITATED PERSON

Of relevance are

1. Mental Health Ordinance, Cap 136
Adults : With mental disorder

- (1) A mental illness
- (2) A state of arrested or incomplete development leading to a significant impairment of intelligence and social functioning that is associated with abnormally aggressive or seriously irresponsible conduct
- (3) A psychopathic disorder, or
- (4) Any other disorder or disability of mind that does not amount to below 70

THE MENTAL HEALTH ORDINANCE DEFINITION COMMON LAW ASSESSMENT

LEGAL TESTS : Inability to consent to treatment is defined under Part IV C of the Mental Health Ordinance as:

The inability to understand the general nature and effect of the treatment

1. Could the patient understand the information
2. Could the patient retain relevant information
3. Could the patient weigh the information
4. Could the patient make a choice
5. Could the patient understand the consequences of his choices
6. Could the patient communicate a choice

How to screen for depression in cancer patients by Family Physicians

Brief screening tools were just as good as long questionnaires.

1. The single question, "Are you depressed?" (Chochinov) is a reliable screen.
2. The two-question screening method (Hoffman) "Have you been feeling down, depressed, or hopeless in the last month?" and "Have you been bothered by little interest or pleasure in doing things?" is recommended by NICE.

Regarding ADVANCE DIRECTIVE

1. Designated form by Hospital Authority: One doctor plus one other unrelated person; usually File with HA and / or kept by self
2. Common Law : No designated form and No witness required

TESTAMENTARY CAPACITY: In law, testamentary capacity is presumed.

THE GOLDEN RULE

"In the case of an aged testator or a testator who has suffered a serious illness, there is one golden rule which should always be observed, however straightforward matters may appear, and however difficult or tactless it may be to suggest that precautions be taken: **the making of a will by such a testator ought to be witnessed or approved by a (competent) medical practitioner** who satisfied himself of the capacity and understanding of the testator, and records and preserves his

examination and finding." Lord Templeman, Re Simpson (1977) 121Sol Jo 224

Note: The doctor only gives an opinion and makes a recommendation. Only the Court has the authority to decide on testamentary capacity.

What are the PRINCIPLES OF DETERMINING CAPACITY?

OUTCOME and STATUS are not accepted principles.

FUNCTION is an accepted principle eg understanding, knowledge, rational decision, communication skill.

What are the ABILITIES REQUIRED FOR CAPACITY?

1. Understand information relevant to decision
2. Use the information rationally e.g. risk/benefit comparison
3. Appreciate the situation and its consequences
4. Communicate choices

(Applebaum & Grisso 1988 NEJM 319, 1635-8)

MENTAL CAPACITY ACT (2005), UK

A person is unable to make a decision for himself if he is unable:

1. "To understand the information relevant to the decision
2. To retain the information
3. To use or weigh that information as part of the process of making the decision, or
4. To communicate his decision (whether by talking, using sign language or any other means)" Lord Chief Justice, Sir Alexander Cockburn (1802-1880)

THE BANKS V GOODFELLOW JUDGEMENT

IMPORTANT POINTS ABOUT TESTAMENTARY CAPACITY

1. TIME SPECIFIC

If a testator executed a will while he is of sound disposing mind (intact testamentary capacity), the will is valid even though he did not have the capacity before the act or may have lost the capacity later.

2. TASK SPECIFIC

Depending on the complexity of the issues, patients may have sound capacity on one task and not possess it for another task

3. SITUATION SPECIFIC

The testator may be able to understand certain simple situations but not able to understand more complex situations

PREPARATION FOR DOING AN ASSESSMENT (e.g. in making a will)

Make sure that the patient agrees to be assessed

The party to be given the report

Obtain information on family background from family members and lawyers

The extent of the estate

Who are the potential beneficiaries

Previous wills and their provisions

Medical history from relatives and medical records

Relevant legal documents

ASSESSMENT OF TESTAMENTARY CAPACITY

Give optimal treatment

Temporarily discontinue sedating medicine

Choose suitable period, time and environment when the patient can perform well

Perform interview in a satisfactory environment (quiet, good lighting, privacy, free from disturbance, in the absence of people with significant interest or influence)

THE ASSESSMENT should include:

Medical history

Psychiatric history

General physical status, physical examination and medical diagnosis

Psychiatric examination and diagnosis

MMSE, Clock Drawing or other tests

Specific confirmation of conscious level

Banks v Goodfellow test

Verbatim record of answers

Contemporaneous notes

Previous wills, reasons for change

Who was included, who was excluded, reasons for disposal

Video recording in selected cases

PART II MENTAL HEALTH ORDINANCE

2 medical doctors on the list of Hospital Authority with a prescribed form

General cognitive assessment and specific assessment for mental capacity

POWER OF ATTORNEY: Expire when patient becomes mentally incapacitated

ENDURING POWER OF ATTORNEY

One general doctor and One lawyer (sign within 28 days) on a prescribed form

Can be annulled when the patient is competent

Cannot be annulled when the patient becomes incapacitated

Activated when the patient becomes mentally incapacitated (registration with high court)

Next meeting

The next meeting for the interest group will be on 6th December 2014. Dr. John So, Specialist in Psychiatry, will speak to us on what to say in brief sessions of mood cases from CBT perspective. 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 2528 6618.) 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.



THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

34th Annual Refresher Course
23 November – 14 December 2014

REGISTRATION FORM

H.K.C.F.P.
Room 803-4, HKAM Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, 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:-

23 Nov (Sun)	Cardiovascular Risks Factors 1) Optimizing Glycemic Control to Improve Renal and Cardiovascular Outcomes: Findings from ADVANCE-ON 2) Heart Rate, a Forgotten Cardiovascular Risk Factor?	()
25 Nov (Tue)	Hypertension Update on the Management of Hypertension	()
27 Nov (Thur)	Knee Injury Common Knee Injuries in Daily Practice	()
30 Nov (Sun)	Cardiovascular 1) A new paradigm in the management of Acute Coronary Syndrome 2) CV Protection and Lipids...What's new for 2015?	()
2 Dec (Tue)	Asthma New Update on Once-Daily ICS/ LABA Management in Asthma	()
4 Dec (Thur)	Diabetes Update on Type 2 Diabetes Management: Focus on DPP-4 Inhibition	()
7 Dec (Sun)	Diabetes 1) Understanding the Pathophysiology of T2DM and New Paradigm for Treatment: Clinical Rationale and Trial Data 2) TBC	()
9 Dec (Tue)	Mood Disorder / New Technology in DM Management 1) Management of Depression 2) The Role of New Technology in DM Disease Management	()
14 Dec (Sun)	Dyslipidemia 1) Optimizing Diabetic Dyslipidemia Beyond Traditional Risk Factors and LDL-C Control: Is There a Microvascular Benefit? 2) Irritable Bowel Syndrome - Updates on ANMA guidelines in the management of IBS (an Asian perspective) 3) Diarrhea - Emerging pharmacological therapies for the management of diarrhea	()

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. **(All Fees received are non-refundable and non-transferable.)**

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 hospital for the clinical attachment.
- Private Video Recording is not allowed. Members, who wish to review the lecture, please contact our secretariat.

34th Annual Refresher Course 2014

*** Final Announcement ***

The 34th Annual Refresher Course (ARC) will be held from 23 November to 14 December 2014. 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 2014**). 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 17 November 2014. 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 who wish to apply for free registration, please call Ms. Windy Lau at 2528 6618 before 17 November 2014.

Registration form could be found on Page 16.

Luncheon Lectures

Date	25 November (Tue)
Topic	Hypertension Update on the Management of Hypertension
Speaker	Dr. Leung Tat Chi, Godwin
Sponsor	A. Menarini Hong Kong Limited

Date	27 November (Thur)
Topics	Knee Injury Common Knee Injuries in Daily Practice
Speaker	Dr. Lau Chi Yuen
Sponsor	A. Menarini Hong Kong Limited

Date	2 December (Tue)
Topics	Asthma New update on Once-Daily ICS/ LABA management in Asthma
Speaker	Dr. Mok Yun Wing, Thomas
Sponsor	GlaxoSmithKline Limited

Date	4 December (Thur)
Topics	Diabetes Update on type 2 diabetes management: Focus on DPP-4 inhibition
Speaker	Dr. Tsang Man Wo
Sponsor	Eli Lilly Asia, Inc and BI

Date	9 December (Tue)
Topics	1. Management of Depression 2. The Role of New Technology in DM Disease Management
Speakers	1. Dr. Michelle Yin Ying MA 2. Dr. Yeung Chun Yip
Sponsor	sanofi-aventis Hong Kong Ltd.

Venue : Langham Place Hotel, 555 Shanghai Street, Mongkok, Kowloon

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	23 November (Sun)
Topics	Cardiovascular Risks Factors 1. Optimizing Glycemic Control to Improve Renal and Cardiovascular Outcomes: Findings from ADVANCE-ON 2. Heart Rate, a Forgotten Cardiovascular Risk Factor?
Speakers	1. Prof. Sophia Zoungas 2. Dr. Siu Chung Wah
Sponsor	Servier Hong Kong Ltd.

Date	30 November (Sun)
Topics	Cardiovascular 1. A new paradigm in the management of Acute Coronary Syndrome 2. CV protection and lipids...what's new for 2015?
Speaker	Dr. Sandeep Gupta
Sponsor	AstraZeneca Hong Kong Limited

Date	7 December (Sun)
Topics	Diabetes 1. Understanding the Pathophysiology of T2DM and New Paradigm for Treatment: Clinical Rationale and Trial Data 2. TBC
Speakers	1. TBC 2. TBC
Sponsor	Takeda Pharmaceuticals (Hong Kong) Limited

Date	14 December (Sun)
Topics	Dyslipidemia 1. Optimizing Diabetic Dyslipidemia Beyond Traditional Risk Factors and LDL-C Control: Is There a Microvascular Benefit? 2. Irritable Bowel Syndrome - Updates on ANMA guidelines in the management of IBS (an Asian perspective) 3. Diarrhea - Emerging pharmacological therapies for the management of diarrhea
Speakers	1. Dr. Wong Bun Lap 2. Dr. Gwee Kok-Ann 3. TBC
Sponsor	Abbott Laboratories Ltd.

Venue : 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
 Each Luncheon lecture or workshop : HK\$150.00 each

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

6 December 2014 Saturday

Board of Education Interest Group in Mental Health

Aim	To form a regular platform for sharing and developing knowledge and skill in the management of mental health
Theme	What to Say in Brief Sessions of Mood Cases from CBT Perspective
Speaker	Dr. John So Specialist in Psychiatry
Co-ordinator & Chairman	Dr. Chan Suen Ho, Mark The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Lunch 2:00 p.m. – 4:00 p.m. 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
Accreditation	All fees received are non-refundable and non-transferable. 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
AstraZeneca Hong Kong Limited

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.

November's session:

Date	28 November 2014 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	Practical Approach to LUTS / BPH – Dr. Chu Sai Man
Admission	Free for Members
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.

Community Education Programme

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

Date/Time/CME	Venue	Topic/Speaker/Co-organizer	Registration
13 December 2014 2:15 – 3:45p.m.	Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon	Workshop on Stress Management Through the Lifespan Dr. Lam Wing Wo (Private Family Doctor)	Ms. Clara Tsang Tel: 2327 6852

Structured Education Programmes

Free to members
HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
3 December 14 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Approach to the Patient's Complaint of Dizziness Dr. So Mei Kuen and Dr. Tsui Sau In	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Drug induced Lithium toxicity & Case presentation (patient with psychiatric/ psychological condition) Dr. Tsang Lo Wah Lucy and Dr. Ying Gard Ching Derek	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Sexual Criminals e.g. Underage Sex, Rape Dr. David Lee	Ms. Elaine Cheung Tel: 2589 2479
5:00 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Government Support for Primary Care in Hong Kong Dr. Yau King Sun	Ms. Crystal Law Tel: 2632 3480
4 December 14 (Thur)			
2:15 – 5:15 p.m.	Meeting Room 1, 1/F, Block F, UCH	Patient education and empowerment Dr. Chung Sze Ting and Dr. Mok Ka Yee	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Women's Health: Management of Perimenopausal Symptoms Dr. Kwan Shu To and Dr. Lau Lai Na	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Nutritional Problem in Children Dr. Fok Chun Man	Ms. Kwong Tel: 2595 6941
10 December 14 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Physiotherapy in Primary Care Dr. Yuen Ching Yan	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Community resource : clinical psychologist, speech therapist Dr. Ching Rosemary Hin Nga and Dr. Lo Alvina	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m.	Multi-function Room, NAHC clinic, G/F, TYH	Management of Common Neurological Diseases in OPD Setting Dr. Richard Chang	Ms. Elaine Cheung Tel: 2589 2479
11 December 14 (Thur)			
2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Community resource : clinical psychologist, speech therapist Dr. Wong Hong Kiu Queenie and Dr. Chan Wing Chi Annie	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	How to Conduct a Research in Primary Care Dr. Wong Chun Fai and Dr. Sung Cheuk Chung	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Medical Protection Society-case Sharing Dr. Fok Chun Man	Ms. Kwong Tel: 2595 6941
17 December 14 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Approach to Drug Overdose Dr. Lam Siu Ping and Dr. Wan Ka Yan	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Travel Medicine Dr. Pun Yat Hei and Dr. Kwok Yee Ming Elaine	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Hand Numbness Dr. Chen Liu Jing	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m.	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Common Symptom Complaints – Tremor Dr. Chris Chau	Ms. Elaine Cheung Tel: 2589 2479
18 December 14 (Thur)			
2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Travel Medicine Dr. Yuen Ming Wai and Dr. Lee Edna Tin Wai	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Clinical Approach to Blurred Vision Dr. Yim Chi Ling and Dr. Chan Ka Ho	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Genetic Testing and Counselling Dr. Cheng Long Yee Eva	Ms. Kwong Tel: 2595 6941
24 December 14 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	How to Conduct a Cross Sectional Studies in Primary Care ? Dr. Lui Wai Cheung and Dr. Pang Kit Hing	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Journal club (related to management of chronic disease) Dr. Xu Shaowei and Dr. Wong Sze Kei	Ms. Cordy Wong Tel: 3513 3087
31 December 14 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Data Access Protocol and Medical Writing Dr. Lui Lok Kwan	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Common Symptoms in O & G Dr. Yeung Ka Yu Doggie and Dr. Chow Pui Yin Melody	Ms. Cordy Wong Tel: 3513 3087

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9 Nov	10	11 6:30 p.m. CSA New Examiner Workshop	12 2:15 – 7:15 p.m. Structured Education Programme 7:00 p.m. HKPCC Meeting	13 2:15 – 7:00 p.m. Structured Education Programme 7:30 p.m. PA Subcom Meeting 9:00 p.m. 218th Board of Conjoint Examination Meeting	14	15 2:30 - 5:00 p.m. DFM Women's Health Workshop 2:30 - 5:30 p.m. CSA & PA Standardization Workshop
16	17	18	19 2:15 – 7:15 p.m. Structured Education Programme	20 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. HKCFP Council Meeting	21 1:00 – 3:30 p.m. CME Lecture	22 2:00 – 4:00 p.m. EBM Workshop
23 1:00 – 4:30 p.m. ARC 2014	24	25 1:00 – 3:30 p.m. ARC 2014	26 2:15 – 7:15 p.m. Structured Education Programme 1:00 – 3:30 p.m. CME Lecture	27 2:15 – 7:00 p.m. Structured Education Programme 1:00 – 3:30 p.m. ARC 2014 9:30 p.m. 114 th Board of Vocational Training & Standards Meeting	28 2:30 – 3:30 p.m. Board of Education – Video Session	29 2:30 - 5:00 p.m. DFM Intro to Family Therapy
30 1:00 – 4:30 p.m. ARC 2014	1 Dec Deadline for Full Exit Exam 2015 (Re-attempt candidates)	2 1:00 – 3:30 p.m. ARC 2014	3 2:15 – 7:15 p.m. Structured Education Programme	4 2:15 – 7:00 p.m. Structured Education Programme 1:00 – 3:30 p.m. ARC 2014	5	6 1:00 – 4:00 p.m. Interest Group in Mental Health
7 1:00 – 4:30 p.m. ARC 2014	8	9 1:00 – 3:30 p.m. ARC 2014	10 2:15 – 7:15 p.m. Structured Education Programme	11 2:15 – 7:00 p.m. Structured Education Programme	12	13 2:30 - 5:00 p.m. DFM Counseling Skills Workshop 6:00 – 7:00 p.m. HKCFP Annual General Meeting 7:30 p.m. HKCFP Annual Dinner
14 1:00 – 4:30 p.m. ARC 2014	15	16	17 2:15 – 7:15 p.m. Structured Education Programme	18 2:15 – 7:00 p.m. Structured Education Programme	19 1:00 – 3:30 p.m. CME Lecture	20 2:00 – 4:00 p.m. EBM Workshop
21	22	23 9:00 p.m. 219 th Board of Conjoint Examination Meeting	24	25	26	27

FP LINKS EDITORIAL BOARD 2014

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Back row (left to right): Dr. Ho Ka Ming, Dr. Chan Man Li, Dr. Fok Peter Anthony, Dr. Sze Hon Ho
Front row (left to right): Dr. Law Tung Chi, Dr. Natalie Siu, Dr. Maria Leung, Dr. Catherine Ng, Dr. Wendy Tsui, Miss Carmen Cheng and Dr. Alfred Kwong

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

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Contact and Advertisement Enquiry

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