

Message from the President

Three events happened over the past two months prompted me to write this article.

At the Hong Kong Primary Care Conference, Prof Rodger Charlton mentioned a speech by Prof Sidney Burwell, the Dean of Harvard Medical School in 1947. The quote is: "Half of what you are taught as medical students will in ten years have been shown to be wrong, and the trouble is, none of your teachers know which half".



At the ENT update on 14th June 2015 at the Prince of Wales Hospital, lots of old friends, new folks and even the Director (Strategy and Planning) of the Hospital Authority were present. Good and relevant topics to Primary Care will certainly attract big audience. Thank you to Dr John Woo and Prof Andrew Van Hasselt in helping to organize this event.

Thirdly comes the Montgomery case which will change our practice forever. The Hong Kong Academy of Medicine has arranged a lecture by Mr James Badenoch, QC in May 2015.

Montgomery gave birth to a baby boy in 1999 at Bellshill Maternity Hospital, North Lanarkshire, Scotland, UK. Bellshill Maternity Hospital was the baby factory in Scotland where I met my wife and did my neonatology training there. The Consultant Obstetrician was my old classmate. That is why I have double interests in this case.

Mrs Montgomery was expecting her first baby. She was of small stature for Caucasian lady, being just over five feet in height. She had Type I diabetes, a condition where she suffers are likely to have bigger babies than normal. Medical negligence was advanced on behalf of Mrs Montgomery. It was contended that she ought to have been given advice about the risk of shoulder dystocia and of the alternative possibility of delivery by elective caesarean section. She was not told about the risks of her experiencing mechanical problems during labour.

Shoulder dystocia did happen and the obstetrician had performed symphysiotomy and the blades she used became detached before the division of the joint had been completed. Emergency caesarean section was not even considered. After the baby's traumatic birth, he was diagnosed as suffering from cerebral palsy of a dyskinetic type due to birth asphyxia. He also suffered from Erb's palsy.

The defence concluded that it was reasonable not to have discussed shoulder dystocia with Mrs Montgomery, as the risks of a serious outcome for the baby were so small. Expert witness mentioned that if doctors were to warn women at risk of shoulder dystocia, "you would actually make most women simply request caesarean section". Even if Mrs Montgomery had been given advice about the risk of serious harm to her baby as a consequence of shoulder dystocia, it would have made no difference in any event, since she would not have elected to have her baby delivered by caesarean section.

Whether a doctor's omission to warn a patient of inherent risks of proposed treatment constituted a breach of the duty of care is normally determined by the application of Bolam test (1957). This test concerned the advice as well as diagnosis and treatment, that a doctor was not guilty of negligence if he or she had acted in accordance with a practice accepted as proper by a responsible body of medical practitioners skilled in that particular art. In plain language, one is not guilty if the majority in the field did the same way of management.

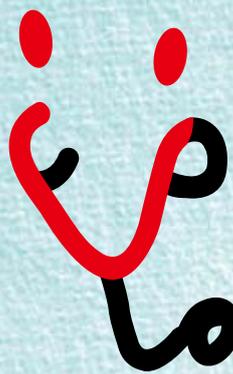
The Montgomery case was originally dismissed in two previous court sessions due to Bolam test. During the appeal in March 2015, the Supreme Court finally accepted that where treatment involved a "substantial risk of grave adverse consequences", a patient's right to decide whether to consent to that treatment was so obvious that no prudent doctor could fail to warn the risk.

(Continued on page 2)

THE HONG KONG
COLLEGE OF
FAMILY PHYSICIANS



Family Physicians Links



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Message from the President

After 16 years of fight, the Montgomery family won a compensation valued at 5.25 million pounds.

This is almost certainly the most significant medical negligence judgement in nearly half the century - a momentous decision which will affect the doctor-patient relationship throughout the UK and Hong Kong as well.

After this case, a doctor must, when questioned specifically by a patient about risks involved in a particular treatment proposed, answer truthfully and as fully as the questioner requires no matter how small the risk is perceived. It was emphasized that whether a risk is material cannot be reduced to percentages, and instead is based on a variety of factors such as (1) nature of the risk; (2) effect on the

life of the patient; (3) the importance to the patient of the benefits of the treatment; (4) any possible alternatives; and (5) the risk of those alternatives.

The big question of "Informed consent" arises. I am pleased to announce our Board of Education will collaborate with Mayer Brown JSM to organize CME lectures on this topic. Please stay tuned.

These events raised another burning question. How does a busy medical practitioner get all the relevant and update medical knowledge and information? The simple answer is to attend CME, compulsory or otherwise! We owe it to the general public to keep us "fit" to practice.

"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 July 2015 to 14th August 2015, Dr. Loretta Chan and Dr. Daniel Chu 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. Loretta Chan



Dr. Daniel Chu

Membership Committee News

The Membership Committee approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **May - June 2015** :

Associate Membership (New Application)

Dr Lin Su Chuen M Setiorini Janice
Dr Wong Kai Hei

林蘇娟
黃啟熙

Non-HKSAR Membership (Reinstatement)

Dr Chan Man Chung, Raymond

陳敏聰

From Associate to Full Membership

Prof Wong Yeung Shan, Samuel

黃仰山

Specialty Board News

Pre-Exit Examination Workshop – For 2016/2017 Full Exit Examinations

The Specialty Board is pleased to announce the Pre-Exit Examination workshop on Exit Examination of Higher Training. The workshop will give participants an insight into different segments of the Exit Examination. **ALL candidates who wish to sit for Exit Examination 2016 or 2017 are strongly encouraged to attend. All Examiners, Trainee Examiners, Clinical Supervisors are also welcome.**

Date : 15 August 2015 (Saturday)*

Time : 2:30 – 6:00 p.m.

Venue : James Kung Meeting Room, 2/F., HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Wong Chuk Hang

* A **Video Session** will be arranged on 20 August 2015 for those candidates who are not able to attend the workshop on 15 August 2015.

For details and registration, please contact the board secretaries Alky or Carmen by email to exit@hkcfp.org.hk

Dr. Wendy Tsui
Chairlady, Specialty Board

Research Committee News

HKCFP Best Research Award 2014 and HKCFP Research Fellowship 2015

The Research Committee is delighted to announce that the study on "Can HbA1c replace OGTT for the diagnosis of diabetes mellitus among Chinese patients with impaired fasting glucose?" has been awarded the HKCFP Best Research Award 2014. The Committee would like to congratulate the principal researcher Dr. Yu Yee Tak, Esther for her work.



Recipient of the HKCFP Best Research Award 2014 – Dr. Yu Yee Tak, Esther

It is also our pleasure to announce that the winner of the HKCFP Research Fellowship 2015 is Dr. Jenny Wang.

Dr. Jenny Wang, Associate Consultant in Family Medicine and Primary Healthcare (Hong Kong West Cluster), Hospital Authority is the programme leader of HKWC DM Risk Assessment and Management Programme (RAMP). Dr. Wang graduated from Peking Union Medical College (PUMC) and received her Family Medicine training in Hong Kong and obtained her fellowships of the Royal Australian College of General Practitioners (RACGP), the Hong Kong College of Family Physicians (HKCFP) and the Hong Kong Academy of Medicine (HKAM). She is an honorary Assistant Professor in Family Physicians (HKU) and a trainer in Hong Kong College of Family Physicians.

Health literacy is defined as "the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions". In diabetes, patients with low health literacy have greater difficulty in understanding their disease, participate less in self-care activities, and have poorer glycemic control. In Hong Kong, there was no local study showing the prevalence of health literacy among patients with diabetes, and little is known about the factors affecting health literacy, the possible relationship between inadequate health literacy and poor health outcomes.

This study is a Cross-sectional study aim to examine the prevalence of health literacy among diabetes patients in two DM RAMP clinics of Hong Kong West Cluster, the association between health literacy and DM self-management; with diabetes outcomes; and the risk factors for inadequate health literacy in DM patients. With such understanding, we are able to identify service gaps in diabetes education. We would then be able to identify who are in need of support in diabetes self-care due to inadequacy in health literacy. Appropriate interventions could then be developed to address inadequacy of health literacy and diabetes self-care.



Recipient of the HKCFP Research Fellowship Award 2015 – Dr. Jenny Wang

Board of Vocational Training and Standards News

Reminder: Application for Recommendation for Exit Examination

To all Higher Trainees,

For those who prepare to sit for the Exit Examination in 2016, please submit the application letter and the checklist for recommendation for Exit Examination on or before 30th September 2015.

Late applications will not be entertained.

Should you have any enquires, please contact Ms. Carmen Tong or Ms. Odelia Cheng at 2528 6618.

Higher Training Subcommittee

Board of Vocational Training and Standards

Board of Conjoint Examination Report on OSCE 2015 Information Seminar for candidates



Presentation by Chairman



Presentation by OSCE Coordinator and Case Demonstration



Sharing by the best candidate of the Conjoint Exam in 2014



Overwhelming responses from attendees

The Information Seminar on OSCE segment was held on 7 June 2015. The room was well attended by 20 candidates (Cat I: 18, Cat II: 2) and members from the Board – including the Chairman, the OSCE Coordinator and the secretarial staff.

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

Dr. Chui Siu Hang Billy (OSCE Coordinator) presented information concerning the examination. A case demonstration of one role-playing candidate was shown to the audience. One candidate was also invited on the spot to participate in an 8-minute sample case.

We presented the marking scheme and went through the setting of the domains of each case. We also explained the marking rationale behind using essential marking points to divide between pass and fail for a particular domain in each question. The candidates were given a chance to mark the scenario with the respective key feature checklist themselves and understand how to assess a particular domain and how to achieve the pass criteria in each domain. Dr. Cheng Hei Wan, the winner of the Dr. Peter C. Y. Lee Best Candidate Award in last year's Conjoint Examination, was also invited to share her personal experience with the candidates.

This year the Board again plans to invite the candidates to participate in the rehearsal day on 4 October 2015. They will get a chance to role play as candidates and meet with the examiners. Their response is positive.

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

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

Hong Kong Primary Care Conference 2015 – “Stay Caring, Go Excelling in Primary Care” 30-31 May 2015

Dr. Lorna NG, Chairman, Organizing Committee
Hong Kong Primary Care Conference 2015

The 5th Hong Kong Primary Care Conference was successfully held on 30 to 31 May 2015, reaching a record high of over 500 registered delegates. It has proven more than ever the importance of this annual event as a fertile platform bringing multiple medical and various professionals together to enhance primary care.

This year’s theme “Stay Caring, Go Excelling in Primary Care” highlighted our discipline’s achievements and challenges in attaining better health for all which is the ultimate goal of primary care. We are honored to have three distinguished plenary lectures from leading experts in Family Medicine, namely Dr. Donald Li, Professor Cindy Lam and Professor Rodger Charlton. Besides the stimulating and thought-provoking plenary lectures, we also had a wide selection of relevant and well-structured programmes delivered by a range of excellent speakers with diverse backgrounds and experiences.



Chairperson of HKPCC Organizing Committee, Dr. Lorna Ng

I would like to take this opportunity to express my sincere appreciation to the officiating guests, speakers and facilitators for their valuable support, sponsors for their generosity, conference advisors for their guidance, all members of the conference Organizing Committee and secretariat for their hard work, last but not the least, all the delegates for their participation which have made the conference a big success.



Conference delegates during coffee break



2015 World Family Doctor Day: (from left to right) Dr. Lorna Ng, Dr. Angus Chan, Dr. Frank Jones, Prof. Doris Young and Prof. Cindy Lam taking photo with the two little doctors



Group photo of invited guests during coffee break

Opening Ceremony



The MCs Dr. Dana Lo (left) and Dr. Judy Cheng (right)



Group photo of invited guests



Ribbon cutting



Dr. Ko Wing Man, BBS, JP, giving his speech



Opening speech by the President of HKCFP, Dr. Angus Chan

Plenary Session I



Dr. Stephen Foo (left) presenting the souvenir to Dr. Donald Li (right)

Plenary Session II



Dr. Stephen Foo (right) presenting the souvenir to Prof. Cindy Lam (left)

Plenary Session III



Dr. David Chao (left) presenting the souvenir to Prof. Rodger Charlton (right)

Seminar A



Dr. Catherine Chen (left) presenting the souvenir to Dr. Andrew Ho (right)

Seminar B



Dr. Colman Fung (left) presenting the souvenir to Prof. Doris Young (right)

Seminar C



Dr. Alvin Chan (left) presenting the souvenir to Dr. Lam Yat Yin (right)

Seminar D



Prof. Ip Wan Yim (right) presenting the souvenir to Dr. Katherine Siu (left)



Prof. Ip Wan Yim (right) presenting the souvenir to Ms. Chan Sau Kuen (left)

Seminar E



Dr. Welchie Ko (left) presenting the souvenir to Dr. Wendy Tsui (right)



Dr. Welchie Ko (left) presenting the souvenir to Dr. Eddy Ng (right)

Workshop 1



Dr. Stephen Foo (middle) and Dr. Mark Chan (right) presenting the souvenir to Dr. James Chiu (left)

Workshop 2



Dr. Judy Cheng (right) presenting souvenirs to Dr. Shirley Leung (middle) and Dr. Annie Fok (left)

Workshop 3



Dr. Vienna Leung (left) presenting the souvenir to Prof. Rodger Charlton (right)

Discussion Forum



Dr. Angus Chan (left) presenting the souvenir to Prof. Lam Tai Hing (right)



Dr. Angus Chan (left) presenting the souvenir to Dr. Regina Ching (right)



Dr. Angus Chan (left) presenting the souvenir to Dr. Miranda Chan (right)



Dr. Angus Chan (left) presenting the souvenir to Dr. Steve Chan (right)

Free Paper Presentation

(Oral)



The Best Oral Presenter in Part 1—Mr. Sun Kai Sing



The Best Oral Presenter in Part 2—Dr. Yau Kin Chung

(Poster)



Free Paper Presentation (Poster)



The Best Clinical Case Competition presenter Dr. Lorna Ng

Clinical Case Presentation



Dr. Lorna Ng and her team receiving the prize of Best Clinical Case presenter from the judges Dr. Angus Chan (4th from the right, the front row), Mr. Jimmy Wong (3rd from the left at front row) and Mr. Lawrence Fung (4th from left at front row), Clinical Case Coordinators Dr. Kevin Foo (1st from right) and Dr. Kwan Yu (1st from left at back row)

Dinner Symposium



Dr. Loretta Chan (left) presenting the souvenir to Dr. Ip Tai Pang (right)



Dr. Loretta Chan (left) presenting the souvenir to Dr. Jamie Lam (right)

Lunch Symposium



Dr. Vincent Yeung (left) presenting the souvenir to Dr. Tsang Man Wo (right)



Dr. Vincent Yeung (left) presenting the souvenir to Dr. Siu Chung Wah (right)



Dr. Vincent Yeung (left) presenting the souvenir to Dr. Wong Bun Lap (right)

The 28th Hong Kong College of Family Physicians Conferment Ceremony and the 26th Dr Sun Yat Sen Oration, 31st May 2015

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

The 28th Anniversary of the Hong Kong College of Family Physicians (HKCFP) Fellowship Conferment Ceremony and the 26th Dr. Sun Yat Sen Oration took place on the 31st May 2015 at the Hong Kong Academy of Medicine Building.

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

After the introduction of the Official Platform Party by our Public Orator Dr. Kathy Tsim, our College President, Dr. Angus Chan officially declared the ceremony opened. Dr. Frank Jones, President of the Royal Australian College of General Practitioners (RACGP), represented our Australian counterpart to give a welcome speech also. There were 18, 18, 21 and 26 doctors awarded HKCFP Fellowship, RACGP Fellowship, Exit Examination Certificate, and Diploma in Family Medicine, respectively. Awards of the Dr. Peter C. Y. Lee Best Candidate in Fellowship Examination 2014, the HKCFP Best Research Award 2014, and HKCFP Research Fellowship 2015 were delivered on stage also. The ceremony was concluded by Dr. Donald K. T. Li, President of the Hong Kong Academy of Medicine and our Dr. Sun Yat Sen Orator this year, delivering the 26th Dr. Sun Yat Sen Oration entitled "Making a Difference: A Journey in Family Medicine".

This year, the group photo session with the successful candidates was conducted after the ceremony proper. Thanks to all the College officials' support and the cooperation of our successful candidates by staying behind at the venue after the ceremony.

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



Prof. Joseph Lau, Dr. Angus Chan and Dr. Chan Hung Chiu (from left to right)



Dr. Frank Jones, Dr. Jennie Kendrick, Prof. Rosie Young and Prof. Lau Chak Sing (from left to right)



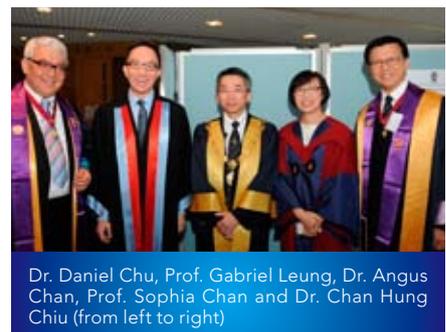
Prof. Stephen Cheng, Dr. Nancy Yuen, Dr. Ko Wing Man and Dr. Stephen Foo (from left to right)



Dr. Stephen Foo, Dr. Jennie Kendrick and Dr. Guan Yeo (from left to right)



Dr. Andrew Ip, Dr. Hung Chi Tim, Dr. Donald Li and Dr. Chan Hung Chiu (from left to right)



Dr. Daniel Chu, Prof. Gabriel Leung, Dr. Angus Chan, Prof. Sophia Chan and Dr. Chan Hung Chiu (from left to right)

PHOTO GALLERY



Prof. Francis Chan, Dr. Stephen Foo, Dr. Angus Chan and Dr. Lau Ho Lim (from left to right)



Prof. Fok Tai Fai, Dr. Monica Wong, Dr. Donald Li, Prof. Cindy Lam, Prof. Rosie Young, Dr. Ko Wing Man and Dr. Patrick Li (from left to right)



Dr. Leung Ting Hung, Dr. Chan Sai Kwing, Dr. Raymond Lo and Dr. Cheang Seng Ip (from left to right)



Dr. Guan Yeo, Dr. Lorna Ng, Dr. Loretta Chan, Prof. Rodger Charlton, Dr. Mary Charlton (from left to right)



Dr. Loretta Chan, Prof. Rodger Charlton and Dr. David Chao (from left to right)



Dr. John Woo, Dr. Mary Kwong, Dr. Angus Chan and Dr. Chow Yu Fat (from left to right)



Prof. Fung Hong, Dr. Ares Leung and Dr. Billy Chiu (from left to right)



Dr. Ares Leung, Dr. Hung Chi Tim, Prof. Francis Chan, Prof. Joseph Lau and Prof. Fung Hong (from left to right)



Dr. Anne Lee, Prof. Lau Chak Sing and Dr. Chow Yu Fat (from left to right)



Dr. John Chung, Dr. Cheang Seng Ip, Dr. David Chao (from left to right)



Dr. Alvin Chan, Dr. Daniel Chu, Dr. Donald Li, Dr. Nancy Yuen, Prof. Stephen Cheng, Dr. Chan Wai Lam, Dr. Ko Wing Man, Dr. Angus Chan, Dr. Stephen Foo, Dr. Lorna Ng, Dr. Au Chi Lap, Dr. Nagn Po Lun, Dr. Lau Ho Lim, Dr. David Chao, Dr. John Woo, Dr. Mark Chan, Dr. Chan Hung Chiu and Prof. Fok Tai Fai (from left to right)



Dr. Lau Ho Lim (left) and Dr. Cecilia Fan (right)



Dr. John Chung, Dr. Loretta Chan, Dr. Mary Kwong, Dr. Simon Au, Dr. David Chao and Dr. Paul Siu (from left to right)



Dr. Loretta Chan and Dr. Kathy Tsim (Public Orator)



Dr. Kwan Yu and Dr. Edmond Chan (Marshalling Officers) leading the Officiating Procession into the hall



Dr. David Chao reading the citation of the Honorary Fellow of HKCFP on stage



Dr. Jennie Kendrick (left) receiving the HKCFP Honorary Fellowship



Dr. Chan Hung Chiu announcing successful FHKCFP and FRACP candidates



Dr. Wendy Tsui announcing successful Exit Examination candidates



Dr. Simon Au announcing successful DFM candidates



Dr. Cheng Hei Wan (left) receiving the Dr. Peter C.Y. Lee Best Candidate Award in Fellowship Examination 2014



Dr. Esther Yu (left) receiving the Best Research Award 2014



Dr. Jenny Wang (left) receiving the Research Fellowship Award 2015



Dr. Lau Ho Lim introducing the 26th Dr. Sun Yat Sen Orator, Dr. Donald Li on stage



Dr. Donald Li delivering the 26th Dr. Sun Yat Sen Oration



Dr. Angus Chan (right) presenting the Dr. Sun Yat Sen Oration gold medallion to Dr. Donald Li (left)



Council Members taking a group photo with HKCFP/ RACGP Fellows



Council Members taking a group photo with Exit Examination Candidates



Council Members taking a group photo with DFM candidates

Easter Island (Part 1)

Dr. Kenny Leung, medical officer, Elderly Health Service, Department of Health

Easter Island. A place where most people may associate with large mysterious statues of elongated face. When I was still a kid and saw their pictures in a book, I thought they were extra-terrestrial creations. That alone sparked off my wish to visit the island one day.

It is fortunate that this childhood dream, however small and insignificant it appears to be, was realized earlier this year as part of a six-week trip in South America. Increasingly common, people take weeks if not months off from work and the mundanity of everyday life to explore the world. To me, it was a nice break from the excellent, read intensive, EQ training ground of my previous job. It also provided me with some quality days to spend with my wife away from the sickening atmosphere in Hong Kong.

To be honest there was very little I knew about Easter Island before the trip. I did not even know where it was on earth, not until the Google Map revealed a triangular island in the middle of nowhere in South Pacific. The nearest airport with regular flights serving the island is Santiago of Chile, and it is still five and a half hours of air travel away. There is also an infrequent flight from Tahiti where the pretty celebrity Ella Koon was born. The geographical isolation of Easter Island from other more commonly visited regions immediately adds to its appeal. Understandably a trip to the island is extremely time-consuming for us folks in Hong Kong, and therefore it is best incorporated as part of a South America or round-the-world itinerary.

Most people can see the major sights on the island in three days. Super efficient travellers can do it in two. Yet I spent six nights on the island, reckoning that it would probably be the only time in life that I set foot on it. This was to budget in rainy days and flight delays. My flight to the island, for example, was delayed for a good nine hours because of adverse weather. The extra time also means one can travel slowly, which is exactly the way to travel in such a place.

The star attractions are obviously the numerous moai scattered around the island. They were produced between 11th and 17th century. Later clan clashes have seen many moai toppled and damaged, leaving them lying face down. Nowadays the erect moai we see are the result of archaeological restorations.

Many of the moai were produced at Rano Raraku. One can easily spend a few hours here slowly taking in the

Ahu Nau Nau



Ahu Tongariki



Arriving the island



397 statues in different stages of production against a beautiful backdrop of green rolling hills and turquoise sea. Whilst at the site, take time to look for a huge incomplete moai measuring 21m still peacefully resting in its crypt. It is estimated to weigh more than 250 tonnes if finished. Looking at these giants, one cannot help marvelling at man's ability in creating something of this sheer size and weight and transporting them to various parts of the island, all without the extravagance of modern machinery. Believed to harbour spiritual powers known as mana, they were then erected to protect the villages they watched over.

Nearby, Ahu Tongariki is the island's largest platform on which 15 moai of varying heights and facial complexities were lined up against the sea. One of them has a hat-like structure known as pukao or topknot. It is a lovely place to be at sunset, but it is a breathtaking one at sunrise when people from all over the island arrive here to watch the sun slowly rising up behind the line of sculptures, generating a beautiful silhouette against magical colours of the sky at dawn. Greyish blue at first, it gradually turns orange yellow as each minute passes by, before eventually illuminating the earth in broad daylight.

On the western shore near the main town Hanga Roa is Tahai, a place where the grassland gently slopes

downwards to the open sea. Just before the land ends stand the moai. The rightmost one standing in solitude on Ahu Ko Te Riku is easily the most eye-catching moai on the island, for it is the only one with its coral eyes restored. Given its proximity to the town and its westward location, Tahai is a popular place to chill out at sunset. It is a great idea to pack a picnic here in late afternoon, sit on the fluffy grass with champagne in one hand, and watch the sun slowly sinking into the horizon.

For a change of scene after one has seen enough moai, head southwest to Rano Kau which is a crater of 1 km in diameter formed from violent volcanic eruptions in the past. At first glance, it recalls those images of Sangumburi in Jeju and Hverfjall in Iceland. Yet Rano Kau feels more impressive than the former and livelier than the latter. Down at the floor its micro-ecosystem supports a myriad of plants in the water. The alternating pockets of vegetation and water when viewed from a distance are photogenic. I was told a species of fish which feeds on mosquito eggs was introduced into the crater water in order to keep their numbers down and thus reducing the chance of Dengue Fever plaguing the island.

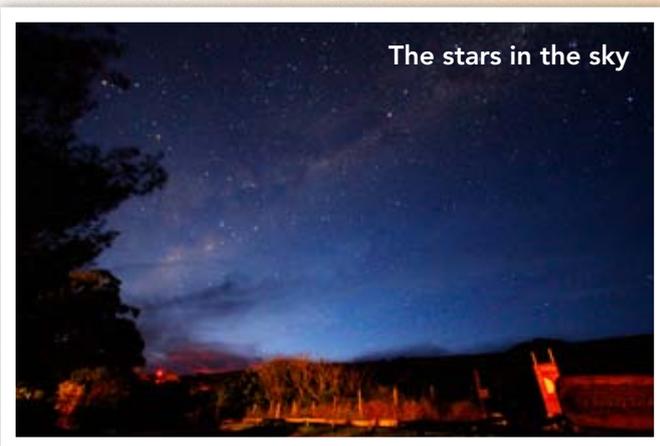
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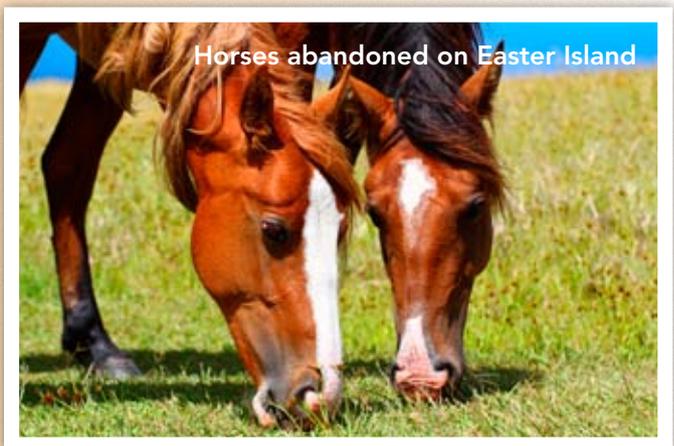
Big wave! Watch out!



Night sky



The stars in the sky



Horses abandoned on Easter Island

Making good use of your smart phone – your personal assistant on the move

Dr. John-Hugh Tam, Resident Specialist
Department of Family Medicine & Primary Health Care, Kowloon West Cluster, Hospital Authority

Nowadays the usage of smart phones has already become the well-recognized norm of our daily lives. Besides using it for making calls, surfing the net, socializing with your friends and colleagues with WhatsApp and Facebook, did you ever think about ways that it might also assist you at work? I have explored these features and found out how it could help me during my day in, day out in the clinic.

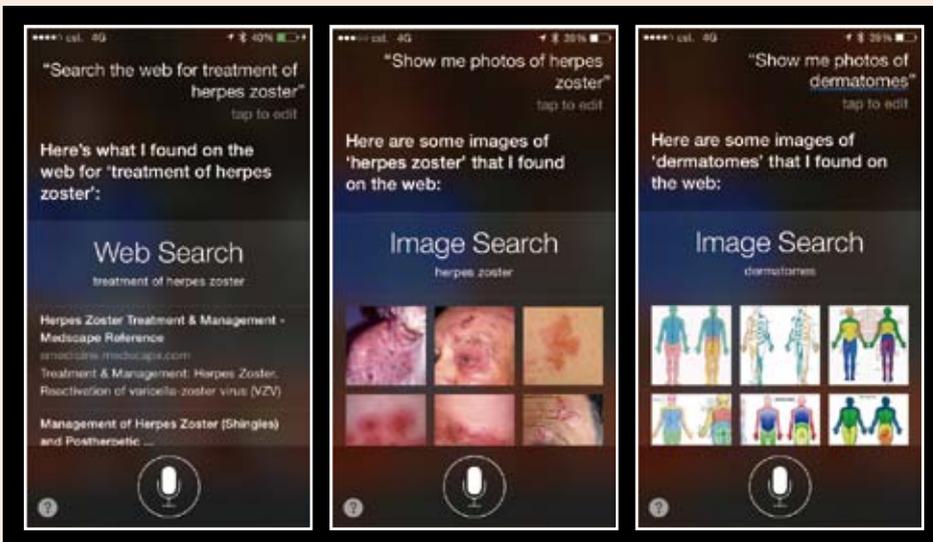
“Hey, Siri!”

For iPhone users like me, I have made use of its famous built-in artificial personal assistant, “Siri”. With the convenience of simple voice commands, it helps me to organize my schedule and set reminders for my works and

meetings. Further to these features, it also assists me to look up the information that I need whenever I can.

For users of English-speaking Siri, just learn the basic commands “Search the web for...” & “Show me pictures of...” and they can bring you to all kinds of wonderful information during work, hands free (when your iPhone is plugged to a power source, just speaking “Hey, Siri!” would activate it, hence no need to touch your phone). For example, instead of the old painstaking way of flipping through big reference books, I often asked Siri nowadays to help me looking up clinical photos and search information on the spot, without making interference and adding extra time towards the pace of

my consultations (see below for an example, when I was searching for information on treatment of herpes zoster, its clinical photos & dermatome diagrams). From my personal experience, I found my patients being more convinced, reassured and satisfied when they got shown and correlated to the right clinical photos during the process of explanation and education. Sometimes, Siri can also help me look up anatomy diagrams and they are perfect educational materials to help my patients visualize themselves and understand what is going on inside their bodies.



Apps on the move

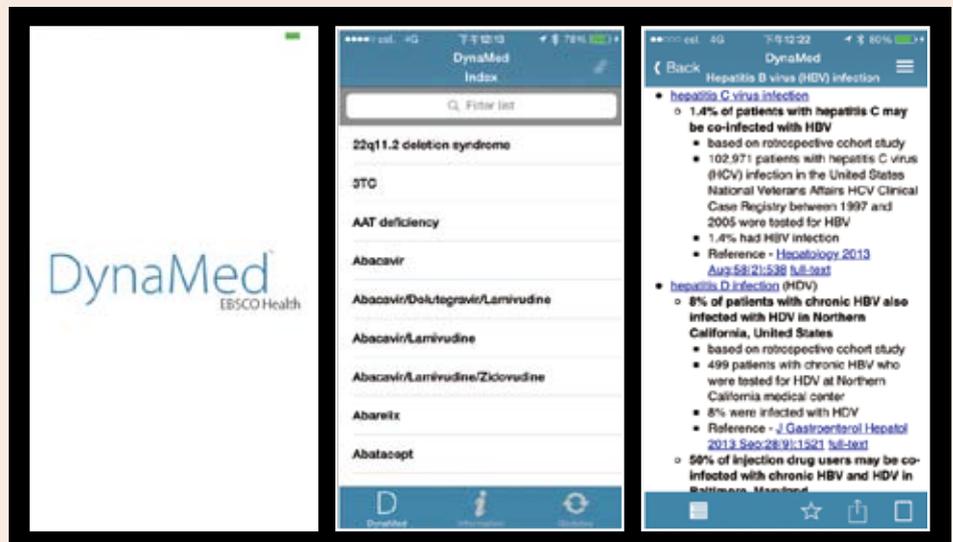
The good point of owning a smart phone is that you can personalize and equip yourself with apps that are tailored to your daily use. Here are a few of what I often use for work.

Information Database

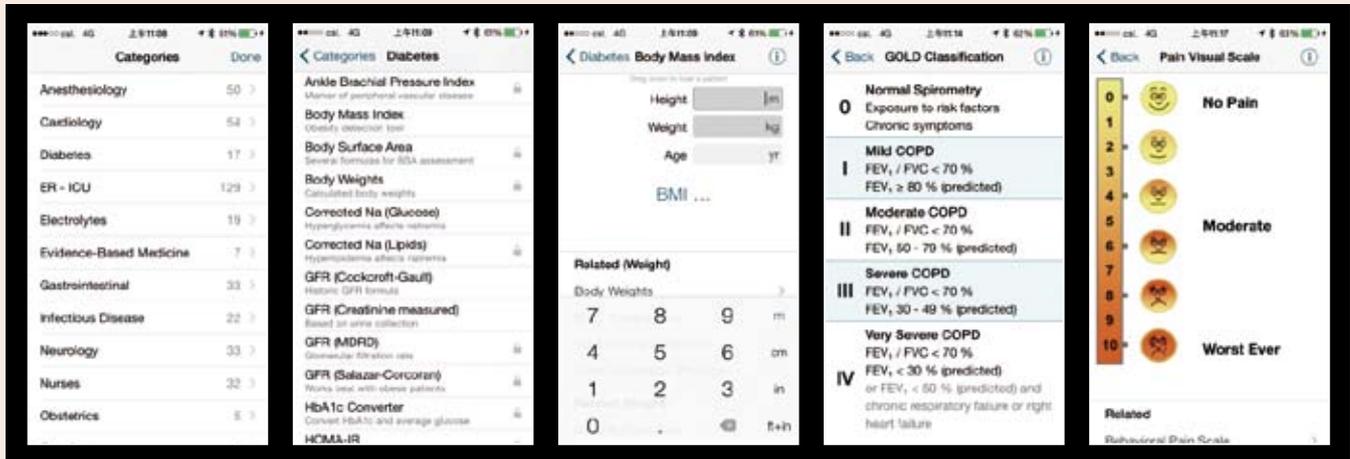
- **DynaMed** – This is a point-of-care app to find medical references at an instance. A few simple clicks would lead to our topic desired, and the “tags” lead to various information including the diagnostic criteria, the pathological features, clinical features, investigation for diagnosis, prognosis, treatment, prevention and screening, as well as the related references relevant to

your search (which can be useful for further look-up and writing up of articles).

(Free licence for HA staff use : <http://www.ekg.org.hk/html/gateway/dynamed2.htm>)



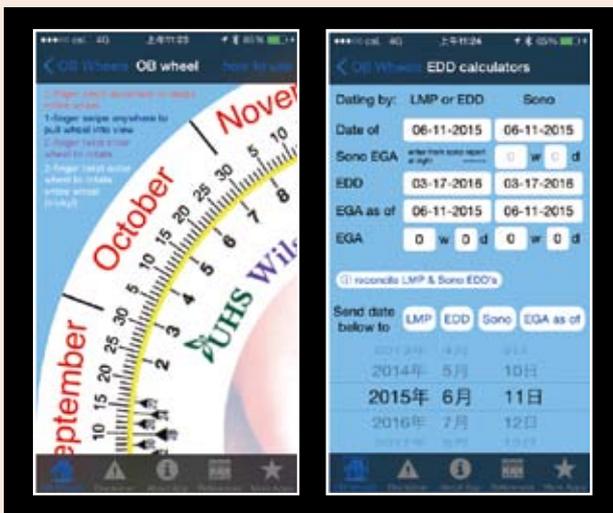
- **Medscape** – Another reference similar to DynaMed above.
- **Epocrates** – Drug database. Features include drug information, drug interactions, pill identifier, plus a built-in medical calculator.



Handy Tools

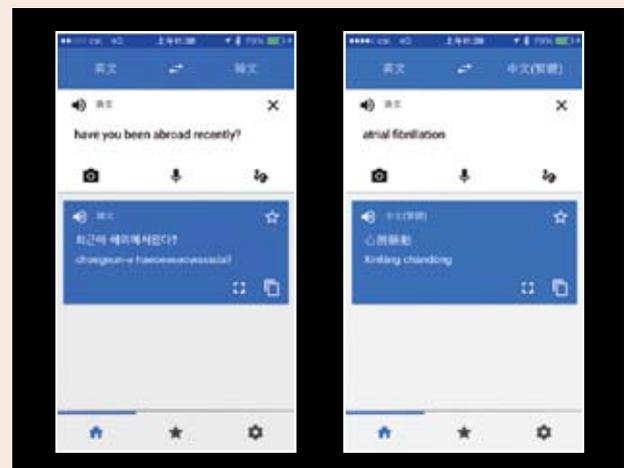
- **MedCalc** – Besides provision of common medical formulas for reference, this app also contains other related medical reference for instantaneous look-ups.

- **OB Wheels** – Calculator for Estimated Date of Delivery (EDD) and gestational age. Inside this app, there are 2 ways for making EDD estimations, either through the calculator itself, or you can even go back to their traditional, fully functional OB wheel by turning it the way you always liked it.

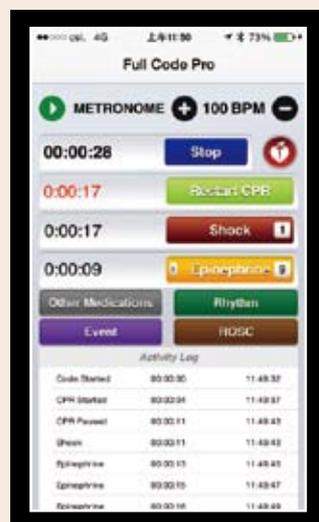


Languages

- **Google Translate** – Ever become confused when encountering patients speaking a different language as you and needing a quick assistance for translation? The google translate app is definitely quite handy on doing this. It also acts as a useful tool for me sometimes in translating some English medical jargons back to their Chinese equivalent when needed.



- **Full Code Pro** – This app from the American Heart Association is an easy to use event log recorder during the process of resuscitation. This app can generate an accurate time log for different steps (e.g. the exact time when CPR started, when shock is applied, when drugs are given, etc.) which can easily be retrieved at the end of the CPR cycle and hence is useful for reference during CPR drills, entry of medical notes etc.



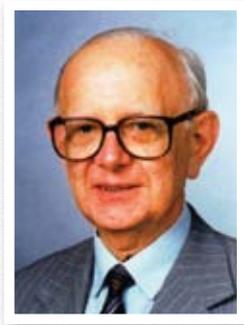
Reminder of personal information security:

Despite of all the convenience our smart phones can bring us, we should also beware of it being a double-edged sword; it can also bring up problems if improperly used, the past news about loss of patient identifiable data being an example. In order to prevent this from happening, we must never post our patients' identifiable data, photos, or clinical data on to Facebook or other social networking sites as well as sending these medical or personal data via email or discussion messages as they are serious privacy violations to Personal Data (Privacy) Ordinance, the offense which may lead to disciplinary action or prosecution by law enforcement. Also in general, we should always know that access to personal data should be strictly on a need-to-know and patient under-care basis.

Financial/commercial conflict of interest:

- None declared.

In memory of Dr. David A Game



Dr. David A Game

Hon Secretary-Treasurer, WONCA, 1972-80
 President, RACGP, 1974-76
 President, WONCA, 1983-86
 Honorary Life Direct Fellow, WONCA, 1989
 Hon. Fellow, HKCFP, 1987

Dr. David Game, a good friend of the HKCFP, passed away in Australia, on 14 May 2015.

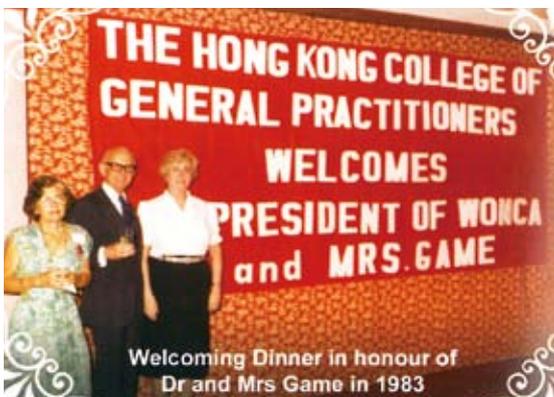
Dr. Game was instrumental in the establishment of the HK College of General Practitioners.

In 1975, when Dr. Game was the President of the Royal Australian College of General Practitioners and in his capacity as Hon Secretary/Treasurer of WONCA, he visited HK at invitation of Dr. Peter Lee, the founding president of the HKCFP, to discuss the formation of a college in HK in line with international trends of the establishment of an academic organization with the aim of improving the education and status of general practitioners in HK.



Dr. David Game (middle) was the WONCA CEO from 1972 - 1980

Dr. Game together with Dr. Frank Farrar, Secretary General of RACGP and Dr. Robert Harbison, Director of Training of Family Medicine Programme visited the HK Medical Association in November 1975. The aim was to discuss how the HK College of General Practitioners would be established.



This visit led by Dr. Game resulted in the formation of the HK College of General Practitioners, later renamed the HK College of Family Physicians. Since then, Dr. Game paid visits to HK many times bringing with him the world trend of family medicine to local general practitioners. He saw the Inauguration Ceremony of the College at City Hall in 1979. He initiated a very close working relationship between the HK College of Family Physicians and the RACGP, which culminated in the establishment of the Conjoint HKCFP/RACGP Fellowship Examination in 1987. In honour of his contributions to the development of family medicine in HK, he was conferred Hon Fellow of the HKCFP in 1987.

Dr. Game was a very kind and respected family doctor. He had earned many awards and honours for preaching the concept of family medicine in the developing countries. I was most impressed by his unflinching effort to advise us on how to run a successful college of general practitioners and how to make general practice a recognised discipline in HK.

Dr. Game was an icon in family medicine, held in high esteem around the world for his lifelong contribution to family medicine. With the passing of Dr. Game, we lost a great adviser and a good friend.



Dr. David Game (right) at the WONCA Asia Pacific Regional Conference in 1987.

The HKCFP would like to convey our deepest condolences and sympathies to the family of Dr. David Game. May Dr. Game rest in peace and his spirits will remain in our hearts for ever.

Dr. Stephen Foo
 Censor, Past President, Hon Fellow
 HKCFP

This is the article I dig out from the July 1986 edition of "The Hong Kong Practitioner" written by Dr. David Game. As you can see, in that period, Dr. Game's concept, wisdom, advice and vision in General Practice holds very true even in our today's preaching in Family Medicine. As the President of RACGP and WONCA when he wrote this article in 1986, he was arranged by Dr. Peter Lee to meet the Director of Medical and Health Department, and other government officials, in more than one occasion, to discuss the significance of developing a high standard in general practice as the key role in provision of good health delivery in HK.

International Trends in General Practice

(published in *The Hong Kong Practitioner*, July 1985)

Dr. David A Game

M.B., B.S.,
F.R.A.C.G.P., M.C.F.P. (C)

We should perhaps start this discussion by first giving some thought as to what is meant by the term "General Practice" or the term "General Practitioner". We all seem to be very clear in our minds as to what is meant by a surgeon or a physician. They have been around for a very long time. In fact it was Henry VIII of England (1509-1547) who gave the physicians their charter.

But delving back into history there is not much mention of the General Practitioner until relatively recent times. At the time of the Great Plague in England in 1663 there were recognised physicians, surgeons and apothecaries. These latter were the storekeepers who kept and dispensed drugs. It appears that the physicians and surgeons were more interested in their own well-being. They fled London to escape the obvious dangers of the Plague. The apothecaries stayed and cared for the poor, the socially disadvantaged and those unable to leave London. Admittedly they may not have done a very good job as over 69,000 died in London at this time. However they gained greatly in status from this action and became recognised as those who would come for any difficulty at any time.

They gained a little more status in 1703 when a High Court judgement defined the office of Apothecary as being "to ascertain the nature of disease and treat that disease". They had graduated from being storekeepers. Rather ironically and as a side issue, they had to wait until 1829 before they were given permission to charge for their advice and treatment. It was in 1823 that we first see the term "general practitioner". It appeared in an article in the journal titled "Translations of the Associated Apothecaries and Surgeons Apothecaries of England and Wales". The article was "The Education and Duties of the General Practitioner in Medicine and Surgery".

However, it was the prestigious medical journal *The Lancet* that in 1830 put the term into common usage. Reporting on a case where an apothecary had successfully sued in court for his professional fees, the *Lancet* stated "The subordinate members of the profession, that is the general practitioners, have been raised by a thousand degrees in the scale of professional respectability and ten thousand degrees in the estimation of society". And further stated "General practitioners are no longer regarded as plunderers, but looked upon as men of

**Original text of an address delivered at the luncheon meeting of the Rotary Club of Hong Kong Island West at the Hong Kong Hilton on Friday, 28th June 1985. An expanded version of this speech was given that same evening as an open lecture to the medical profession at the 4th floor Auditorium of the Duke Windsor Building.*

***A holder of the Rose Hunt Award of the R.A.C.G.P. and an Officer of the Order of Australia, Dr. David A. Game is the current President of WONCA and a past-president of the Royal Australian College of General Practitioners.*

#Since the article employed many terms and expressions which were used for the first time in Hong Kong in a public speech, the full text (except the first few paragraphs on historical references) was translated into Chinese for the benefit of the man-in-the-street through the medium of the vernacular press. The Editors took the liberty to reprint this translated version on page 1226 in the hope that our members may find it useful to explain terms like "WONCA" or "General Practice" in Chinese to patients, friends or colleagues.

experience and skill. He will soon be recognised as he always ought to have been, in the highest circle of the community, as a man of science, a scholar and gentleman”.

What has happened since these halcyon days of 1830 when the general practitioner was described in so glowing terms? Why are we taking about the resurgence of general practice, why are we seeking a world-wide recognition of the role of the general practitioner and his need for proper training?

In the first three or four decades of this century the bulk of the medical work was carried out by general practitioners. There were a few who were trained specialists and restricted their work to their specialty. Some general practitioners developed extra skills in such things as surgery and anaesthesia, but they were still practising as general practitioners.

World War II and the immediate post-war years saw tremendous advances in the science and technology of medicine. From this explosion of knowledge there came a need for specialists and then for super-specialists, that is, doctors confining their work to an ever narrowing spectrum. The general practitioner was being forgotten. There appeared no longer a role for the family doctor, the doctor who looked after, on an on-going fashion, the patient and his family in his home and community surroundings. There was a specialist for everything and that is all that really mattered.

Yet this very process, this process of specialisation, in the end, highlighted again the true role of the family doctor. In order that individuals and society should gain the most from the super specialists there needed to be a caring doctor to provide for the patient's total needs. Specialists are undoubtedly performing miracles, but in the process, of necessity, tend to become technologists, treating the patient as an isolated event on a once only episodic basis.

Patients began to realise once again they needed a family doctor to deal with their total care, to guide them as necessary to the appropriate specialist care, but at the same time maintaining on-going comprehensive health care for them and their families. The Government

came to realise that the real backbone of a health care system is the general practitioner. He is the one who provides economical care, he is the one who ensures there is discrimination in the proper use of highly expensive specialist investigations and treatment. He is the one who cares for the patient's social and psychological needs as well as his purely physical needs.

More recently governments and medical administrators and educators alike have realised that this general practitioner – this doctor – requires training and recognition for his particular responsibilities and his special skills. He in fact becomes a specialist in his own right. This recognition is the most significant international trend in general practice at this time.

The profession has organised itself by the development of academic Colleges of General Practice. Different academic Colleges may have different objectives, but the basic prime objective of them all is: -

“To establish and maintain high standards of learning, skill and conduct in the general practice of medicine and surgery.”

The core knowledge of the discipline has been defined – that is, the knowledge and skills which embrace the discipline of general practice and which must be learned if one is to be a true practitioner. Specific training programmes for young medical graduates planning a career in general practice are now established in many countries. Medical schools are having to cope with the huge problem of imparting ever-increasing highly scientific knowledge to their students in their span of 4 to 6 years. They do not see their role as implying any obligation to produce a competent doctor on graduation. They produce “undifferentiated” doctors all of whom require further training to equip them for their chosen vocation be it surgery, midwifery, neurology or general practice.

Consequently, vocational training programmes are now developed for those aspiring to the challenge of general practice. These are either run by the clinical colleges or by the Medical Schools or by con-joint bodies. Our particular preference is that they should be

the responsibility of the properly constituted colleges. In Australia, our training programme, the Family Medicine Programme, is run by the College but with the aid of a Federal Government Grant. In Hong Kong, the Hong Kong College of General Practitioners has established a very comprehensive vocational training programme and is to be congratulated on this. Many countries demand this formal training before a young doctor can enter into unsupervised general practice. Many countries require registration of adequately trained and assessed general practitioners. It is our hope that this will become the international norm. It is accepted in U.S.A. and U.K. and many other countries, large and small. The trend for training, recognition and registration is gaining impetus.

Perhaps a few figures and facts will help to put us into perspective. It is estimated that 50% of the World's physicians are general practitioners. General Practitioners provide 90% of the community's health care. Less than 10% of health care is provided by hospitals.

In the nineteen fifties and sixties, we were seeing the great majority of medical school graduates seeking training for a recognised specialty. Now we are seeing a trend back to general practice. Over 50% of graduates of Australian medical schools now seek training for general practice and this number is increasing. There are several reasons for this. Partly, there is an over-supply of specialists; but more importantly is the fact that our brightest graduates are now coming to see the tremendous satisfaction that is to be gained from the vocation of general practice. They are seeking training programmes. Unfortunately, in Australia as in many other countries, we have not the resources to train all those who desire or need it.

There are many definitions of this new role for general practice. The one I know best is the Australian one, but all definitions have the same basic elements: -

"General Practice is the provision of primary, continuing, comprehensive, whole patient care of individuals, families and their communities".

- **Primary Care** means taking responsible action on any problem the patient presents;

- **Continuing Care** means the maintenance of the patient's health, the management of his problems, and the applications of the principles of prevention;
- **Comprehensive Care** means the ability to take decision about health problems in all age groups; and,
- **Whole patient Care** means the simultaneous consideration of physical, psychological, social and environmental aspects of the patient's problem.

Some countries of the world prefer rather than general practitioner the title Family Physician, that is those who practice family medicine. This probably better describes this new general practitioner, but the title is really of little significance providing this new breed of doctor is acknowledged as having these all embracing skills.

What is specialty? It is generally recognised that for a branch of medicine to be so recognised it requires:

1. A defined field of action.
2. A defined body of knowledge.
3. There is a comprehensive and demanding training programme and a method of accreditation or examination.
4. That the area of practice is an important research field for advance in medicine.

All these are fulfilled for the newly defined specialty of General Practice.

But let me emphasise that general practice is not a superficial knowledge of all branches of medicine. It is a specialised knowledge of the psychological, emotional and social aspects of health and disease based on a high level of basic clinical knowledge. The general practitioner is not a 'Jack of all trades'. He has a very special role, a role which is demanding, a role which requires a specific personality as well as a very particular clinical knowledge base.

How is the organised medical profession, the medical schools, the medical administrators and governments responding to this?

As I have said, there are world-wide trends in this direction. Within our Universities, Departments

of General Practice, with their own professors, have been or are being established. Their role is to expose all students to medicine in the community, put them in touch with the concept of family medicine, show them how to apply their sophisticated clinical knowledge of disease processes which they have gained in the hospital setting, to the management of undifferentiated health problems in the community.

Governments are loth to spend money on training general practitioners, or for that fact on community medicine in general. Being a little cynical, there is more political gain in a great new hospital equipped with the very latest equipment than there is in providing for better medical care at the community levels. It is not so visible. Large hospitals are necessary, yes, but remember less than 10% of the medical needs are provided by hospitals. Governments must be persuaded to provide assistance for training for general practice.

Where does WONCA come into all this? What is WONCA? It is the World Organisation of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians. It is the body which, on a world basis, is uniting general practitioners/family physicians in their common goal. Its major objectives are:

- Promote and maintain high standards of general family practice through education and research;
- Foster communication and understanding among general practitioners throughout the world;
- Represent the academic and research activities of general practitioners to other

world organisations of forums concerned with health or medical care; and,

- Stimulate the development of educational and research organisations of general practitioners.

There are now 32 Member Organisations, each being a National College or Academy devoted entirely to the academic aspect of general practice. WONCA is non-political and the Member Organisations must themselves be non-political. All areas of the world except South America are represented. The Hong Kong College of General Practitioners is a well-respected and active member of WONCA. Its President, Dr. Peter C. Y. Lee, is currently the regional Vice-President.

In summary, I would reiterate that the major international trends in general practice are:

- the recognition of general practice as a specific and special branch of medicine with its own field of action and its own core of knowledge;
- the development of departments of general practice within our medical schools on an equal status with other departments;
- the establishment of training programmes with their examination and assessment processes; and,
- the formal recognition and registration of the trained general practitioner.

General Practice has gained academic respectability. It has high ideals and these must be encouraged and nurtured.

Middle East Respiratory Syndrome Update

The Centre for Health Protection (CHP) activated the Serious response level under the Government's preparedness plan for Middle East Respiratory Syndrome (MERS) and revised the reporting criteria for MERS on 8th June 2015.

Since the report of the first case of MERS in Korea on 21st May 2015, the number of laboratory-confirmed cases has continued to increase. Among the cases who acquired the infection in Korea, there were secondary cases and tertiary cases without direct contact with the index. All the cases had exposure to other MERS patient(s) in healthcare settings. Nosocomial transmissions of MERS-corona virus (MERS-CoV) have been documented in at least six healthcare facilities including two large outbreaks occurring in Pyeongtaek St Mary's Hospital and Samsung Medical Centre in Seoul. Besides, the Korean health authority also reported there were 24 healthcare facilities with MERS patients admitted.

Up to 12th June 2015, 125 MERS cases have been reported by Korea. In addition, another case was exported from Korea to Mainland China. 8 additional cases have been reported to the World Health Organisation (WHO) by the Kingdom of Saudi Arabia.

Although there is no evidence of sustained community transmission at the moment, so far over 60% cases were considered as tertiary cases. In view of the increasing number of cases and the large number of persons potentially exposed to these cases, the frequent travel of people between Korea and Hong Kong and the dense population in Hong Kong, and the capacity of the local health care system, the Government raised the response level under the Preparedness Plan for the MERS from Alert to Serious on 8th June 2015.

The CHP also enhanced the surveillance of suspected cases of MERS by revising the reporting criteria with effect from 8th June 2015.

The new reporting criteria for MERS are as below:

Clinical Criteria

A person with fever not explained by any other aetiology;

OR

A person with clinical feature(s) of lower respiratory tract infection not explained by any other aetiology

OR

An immunocompromised patient with diarrhoea not explained by any other aetiology

AND

Epidemiological Criteria

One or more of the followings within 2-14 days before onset of illness

- close contact * with a confirmed or probable case of Middle East Respiratory Syndrome while the case was ill

OR

- residence in or history of travel to the Arabian Peninsula or neighbouring countries(i.e., Bahrain, Iran, Iraq, Israel, Jordan, Kingdom of Saudi Arabia, Kuwait, Lebanon, Oman, Qatar, State of Palestine, Syria, United Arab Emirates, and Yemen) OR Korea

*Close contact is defined as:

- Anyone who provided care for the patient, including a health care worker or family member, or who had other similarity close physical contact;
- Anyone who stayed at the same place(e.g. lived with or visited) as a probable or confirmed case while the case was ill.

An individual fulfilling both the **Clinical Criteria AND Epidemiological Criteria** should be reported to CHP for further investigation.

Private hospitals are obligated to report the number of suspected cases on daily basis and a nil return is required.

The outbreak in Korea is the largest nosocomial outbreak that has occurred outside of the Middle East. The World Health Organisation (WHO) expects that additional cases of MERS-CoV infection may be reported among the people who were on contact with initial cases before measures were implemented by the public health authorities.

In response to the MERS outbreak in Korea, infection control measures in healthcare settings must be paid attention. All visitors and staff are advised to wear surgical mask in clinical environments and during encounters with patients. Health care workers should apply standard precautions consistently with all patients, regardless of their diagnosis, in all work practices at all times. Droplet precautions should be added to the standard precautions when providing care to any patient with symptoms of acute respiratory infection. Contact precautions and eye protection should be added when caring for probable or confirmed cases of MERS-CoV infection, and airborne precautions should be applied when performing aerosol-generating procedures.

Patients should be advised to avoid unnecessary travel to Korea, in particular, those with chronic illnesses. Travellers in Korea and the Middle East should avoid unnecessary visit to health care facilities. Travellers in the Middle East should avoid going to farms, barns or markets with camels, and avoid contact with sick people and animals, especially camels, birds or poultry.

Reference:

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

Compiled by Dr. Ho Ka Ming

Interest Group in Mental Health & Psychiatry in Primary Care The 44th Meeting on 6th June 2015

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

Theme : Application of Narrative Therapy by a Family Physician (with video demonstration)

Attendance : 48

Speaker : Dr. Dana Lo graduated from The Chinese University of Hong Kong and is a Specialist in Family Medicine. Dr. Lo is currently Senior Medical Officer in the University Health Service of the Hong Kong Polytechnic University. Dr. Lo's interests include counseling, organizing health promotion programmes, giving health talks to the public, teaching medical students, writing health articles for newspaper columns, and Chinese Pipa music. Dr. Lo has been the principle investigator in a research study on the use of Chinese music in patient care with presentations both in WONCA and the Primary Care Conference of our College. Dr. Lo has also been appointed as Hon. Clinical Assistant Professor (HKU) and serves the College at Primary Care Conference Committee and Public Education Committee, being a regular contributor to The Hong Kong Economic Journal (信報) and clinical consultant to the award winning Radio Hongkong TV Series: My Family Doctor.

Learning points (Prepared by Dr. Dana Lo)

It is my honor to be the speaker of the mental health interest group on 6 June 2015. To begin with, I share with my 48 audiences about my personal story with the mental health interest group. Time flies back to August 2012 when I was one of the participants in the mental health interest group with Dr. Andy Cheung as the speaker at that time. I presented my own difficult case, which was a complicated psychosomatic consultation, and Dr. Cheung kindly shared with us her experience and tips in managing patients with psychosomatic conditions. I learnt a lot from that sharing session and found that I was never alone when I encountered difficulties in frontline patient care. I then shared the story with modifications in one of my articles in the newspaper column for our College. Since then, my determination in advancing my counseling knowledge and skills has been further strengthened. I commit myself in a master course in guidance and counseling despite my heavy clinical and administrative duties. Narrative therapy is one of my favorite counseling approaches among the various subjects that I have taken in the master course and I have written a poster presentation to WONCA Taipei in March 2015 with the topic of "Application of Narrative Therapy by a Family Physician in Peer Counseling to Prevent Burnout Among Medical Professionals". When Dr. Mark Chan invited me to be the speaker this time, I was delighted to accept the invitation without hesitation.

In the 1980s Michael White from Australia and David Epston from New Zealand developed a collaborative work called Narrative Therapy, NT, which involves ways of understanding the stories of people's lives, and ways of re-authoring these stories in collaboration between the therapist and the client, with a significant conceptual implication of Post-modernism. As medical doctors relatively less commonly encountered post-modern concepts and NT counseling approaches, I initially used daily examples to illustrate some of the important post-modern concepts, including Discourse, Subjectivity, Deconstruction, Power and Structuralism/post-structuralism. I shared the concept of Modern Power termed by Foucault, French philosopher, with the metaphor of "Panopticon" in his famous book "Discipline and Punish" in 1975.

After introducing the post-modern theoretical underpinnings, I illustrated the various NT skills, namely Externalizing Conversation Maps, Re-authoring Conversation Maps, Re-membering Conversation Maps and Scaffolding Conversation Maps, through video playback of a 30-minute narrative conversation.



Dr. Mark Chan (left) and Dr. Dana Lo (right)

The post-talk free discussion between the speaker and audiences was equally valuable. From post-modernism and NT, we extended our discussion to mental health of doctors, prevention of burnout and how to deal with complaints with a positive mindset. We generally agree that some of the conceptual theory and skills in NT share similar ground with some core concepts and skills of family medicine, such as non-judgmental attitude and some questioning skills.

From a trainee to a specialist, I am very grateful to the College for organizing regular mental health interest group meetings, which are very nice platforms for peer colleagues who have interest in providing mental health care to have mutual support and knowledge update. I am proud to be able to grow with the mental health interest group, both in terms of my counseling skills in patient care and my own personal development.

I would like to express my deepest appreciation to Dr. Ting Wai Fong, Associate Professor, Department of Applied Social Science, The Hong Kong Polytechnic University, who is my teacher who first introduced post-modernism and NT concepts to me, and Dr. Loretta Chan, my good friend in Board of Public Education, who all along supports me in going through the master course in counseling by her own unique personal stories.

Next meeting

The next meeting for the interest group will be held on 1st August 2015. Dr. Chan Hoi Chung Samuel, Family Physician, will speak to us on "Side Effects of Psychiatric Medications and Drug- drug Interactions". 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 benefited from participation. Our goal is to enhance our practical skills, promote early awareness and better management of mental health problems in our community.



ASSESSMENT ENHANCEMENT COURSE (AEC) FOR FAMILY PHYSICIANS 2015

Organizer	:	Assessment Enhancement Sub-committee, Board of Education, HKCFP
Tutors	:	Family Medicine Specialists, Fellows of HKCFP and RACGP
Supervisors	:	Dr. Tam Chung Yin, Janet and Dr. Chan Chi Wai
Co-ordinator	:	Dr. Lai Sheung Siu
Objectives	:	<ol style="list-style-type: none"> 1. To improve clinical knowledge, problem solving and consultation skills through different workshops 2. To improve physical examination technique and clinic procedural skills through hands-on experience 3. To provide opportunity for inter-professional communication and social network expansion through self-help groups 4. To improve time management through simulated examination
Venue	:	Duke of Windsor Social Service Building and HKAM Jockey Club Building
Date	:	6 months' course starting from April 2015
Course Structure	:	<p>The course will consist of 4 main components:</p> <ol style="list-style-type: none"> 1. Seminars 2. Workshops 3. Self-help Group Support 4. Mock Exam <p>Seminars and Workshops will be arranged on Saturday afternoons (2:30 p.m. to 5:30 p.m.)</p>
Accreditation	:	Up to 15 CME points (Category 4.4) & 5 CPD points (Category 3.15) for the whole course
Course Fee	:	<p>Members : HK\$3,200 (Whole course)</p> <p>HK\$900 (Spot admission for each seminar or workshop only)</p> <p>All cheques payable to "HKCFP Education Ltd"</p> <p>All Fees received are non-refundable and non-transferable.</p>
Capacity	:	50 doctors maximum
Enrolment	:	Enrolment is now open. Please call the College Secretariat, Ms. Teresa Liu or Mr. Jeff Cheng, at 2528 6618 for details. Successful applicants will be informed later.
Disclaimer	:	All cases and answers are suggested by our tutors only. They are not standard answers for examination.

Assessment Enhancement Course 2015 Timetable for Workshop

Date	Topics	Venue
25 April 2015 (Sat) 2:30 – 5:30 p.m.	Introduction	Duke of Windsor Social Service Building, Wanchai
16 May 2015 (Sat) 2:30 – 5:30 p.m.	Approach to Physical Complaints	Duke of Windsor Social Service Building, Wanchai
13 June 2015 (Sat) 2:30 – 5:30 p.m.	Proper Physical Examination Common Clinic Procedures	Duke of Windsor Social Service Building, Wanchai
18 July 2015 (Sat) 2:30 – 5:30 p.m.	Viva Practice: Enhance Interprofessional Communication	Duke of Windsor Social Service Building, Wanchai
15 August 2015 (Sat) 2:30 – 5:30 p.m.	Problem Solving Skills	Duke of Windsor Social Service Building, Wanchai
19 September 2015 (Sat) 2:30 – 6:00 p.m.	Mock Exam	HKAM Jockey Club Building, 99 Wong Chuk Hang Road

Certificate Course on Bringing Better Health to Our Community 2015

Co-organized with The Queen Elizabeth Hospital

Dates	:	23 May, 13 June, 18 July, 29 August, and 26 September 2015 (Saturdays)
Time	:	1:00pm - 2:00 pm Registration & Light Refreshment 2:00pm - 4:00 pm Lecture & Discussion
Venue	:	Lecture Theatre, G/F, Block M, Queen Elizabeth Hospital
Course Fee	:	Free
Accreditation	:	HKCFP: 2 CME points for each session (Cat 4.4) MCHK: 2 CME points for each session
Capacity	:	100 doctors

Programme Schedule

Dates	Time	Topics	Speakers
23 May 2015 (Sat)	2:00 – 3:00 p.m.	Diabetic Care – Management and Prevention of Hypoglycaemia	Dr Cheung Fu Keung Specialist in Endocrinology, Private practice
	3:00 – 4:00 p.m.	Diabetic Care – Comprehensive DM Complication Screening in Community	Dr Hui Lai Chi Resident Specialist, Department of Family Medicine & General Outpatient Clinic, Queen Elizabeth Hospital
13 June 2015 (Sat)	2:00 – 3:00 p.m.	Acute exacerbation of Chronic Disease in Community – Management of COPD Exacerbation	Dr Li Sing Tao, Thomas Specialist in Respiratory Medicine, Private practice
	3:00 – 4:00 p.m.	Acute exacerbation of Chronic Disease in Community – Management of Gout	Dr Chau Shuk Yi, Lucia Specialist in Rheumatology, Private practice
18 July 2015 (Sat)	2:00 – 3:00 p.m.	Commonly encountered Musculoskeletal problem – Acute Back Pain	Dr Chin Ping Hong, Raymond Consultant, Department of Orthopaedics and Traumatology, Queen Elizabeth Hospital
	3:00 – 4:00 p.m.	Commonly encountered Neurological problem – Approach to Upper Limb Numbness	Dr Chan Hiu Fai Specialist in Neurology, Associate Consultant, Department of Medicine, Queen Elizabeth Hospital
29 August 2015 (Sat)	2:00 – 3:00 p.m.	Managing breast cancer patients – a collaborative approach by clinical oncologists and primary care doctors	Dr Roger Ngan Chief of Service & Consultant, Department of Clinical Oncology, Queen Elizabeth Hospital
	3:00 – 4:00 p.m.	Prostate cancer – from diagnosis to treatment – how can primary care be integrated	Dr Chan Tim Wai, Timothy Resident, Department in Clinical Oncology, Queen Elizabeth Hospital
26 September 2015 (Sat)	2:00 – 3:00 p.m.	Cancer screening in primary care – Breast cancer	Dr Kwok Kai Yan Associate Consultant, Department of Radiology and Imaging, Queen Elizabeth Hospital
	3:00 – 4:00 p.m.	Cancer screening in primary care – Colorectal cancer	Dr Hui Yee Tak Specialist in Gastroenterology, Associate Consultant, Department of Medicine, Queen Elizabeth Hospital

*** Registration will be first come first served. For any enquiry, please call the College secretariat, Ms. Rosina Chan at 2528 6618. ***

REPLY SLIP

To: HKCFP, Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Building, Aberdeen, Hong Kong

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

I would like to attend the **Certificate Course at the following dates:**

~~23 May 2015~~ ~~13 June 2015~~ 18 July 2015 29 August 2015 26 September 2015

Name: _____ Tel: _____ Date: _____

Email: _____

- Please wear a surgical mask if you have respiratory tract infection and confirm that you are afebrile before coming to the meeting.
- 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.

1 August 2015 Saturday

Board of Education Interest Group in Mental Health

Aim	To form a regular for sharing and developing knowledge and skill in the management of mental health	
Theme	Side Effects of Psychiatric Medications and Drug-drug Interactions	
Speaker	Dr. Chan Hoi Chung, Samuel	
Co-ordinator & Chairman	Dr. CHAN Suen Ho, Mark The Hong Kong College of Family Physicians	
Time	2:00 p.m. – 3:30 p.m.	Theme Presentation
	3:30 p.m. – 4:00 p.m.	Discussion
Venue	8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	
Admission Fee	Members	Free
	Non – members	HK\$ 300.00
	HKAM Registrants	HK\$ 150.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CPD points HKCFP (Cat. 3.15) 2 CME points MCHK	
Language	Lecture will be conducted in English and Cantonese.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	
Note	Participants are encouraged to present own cases for discussion. Please forward your cases to the Coordinator via the College secretariat 2 weeks prior to meeting.	

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 Discussion will be in English or bilingual
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.
Note	Please bring along your mobile internet device if available.

28 August 2015 Friday

Are all gliptins the same in the management of type 2 diabetes?

Prof. Stefano Del Prato, M.D.

*Director,
Department of Endocrinology and Metabolism,
University of Pisa, Italy*

Chairman	Dr. Au Yeung Shiu Hing 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
Venue	Pearl Ballroom, 2/F, Eaton Hotel, 380 Nathan Road, Jordan, 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) Limited

8 August 2015 Saturday

Board of Education Interest Group in EBM

Theme	1. The use of statin, evidence and controversies 2. Clinical evidenced practice – Obstacles in following clinical guidelines	
Speaker	Dr. Hui Lai Chi and Dr. Lee Wan Tsi, Francis	
Co-ordinator & Chairman	Dr. Chan Suen Ho, Mark The Hong Kong College of Family Physicians	
Time	2:15 p.m. - 3:00 p.m.	Lectures
	3:00 p.m. - 4:15 p.m.	Discussion and Demonstration
Venue	8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai, Hong Kong	
Admission Fee	Members	Free
	Non – members	HK\$ 300.00
	HKAM Registrants	HK\$ 150.00
	All fees received are non-refundable and non-transferable.	

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.

July's session:

Date	31 July 2015 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	"Cardioprotective role of Beta-blockers in Hypertension & other Cardiovascular Diseases" – Dr. J.M. Cruickshank
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.

August's session:

Date	28 August 2015 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	"Clinical Approach to Alopecia" – Dr. Lee Tze Yuen
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 Cantonese.

Structured Education Programmes

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

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
5 August 15 (Wed)			
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Differences between Hospital and General Practice Dr. Lee Wing Mei Dickinson & Dr. Lim Martina	Ms. Cordy Wong Tel: 3949 3087
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	The Red Book: Professional Code & Conduct Dr. Wan Ka Yan	Ms. Eliza Chan Tel: 2468 6813
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	MPS - Case Demonstration; Common Pitfalls in Daily Practice Dr. Nicole Chan	Ms. Cammy Chow Tel: 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Motivation Interview (Insulin Intitiation, Smoking Cassetation) Dr. Chow Tze ling	Ms. Crystal Law Tel: 2632 3480
6 August 15 (Thu)			
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Screening for DM Retinopathy: Interpretation of Retinal Photos Dr. Yip Chun Kong & Dr. Tong Ka Hung	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Practical Tips of AF Treatment and Update of Dabigatran-specific Antidote Dr. Wu Kwok Keung Steve	Ms. Kwong Tel: 2595 6941
2:15 – 5:15 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Differences between Hospital and General Practice Dr. Lee Edna Tin Wai & Dr. Choi Yuen Ling	Ms. Cordy Wong Tel: 3949 3087
12 August 15 (Wed)			
2:15 – 5:15 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	Evidence-based Medicine Dr. Suen Gee Kwang Victoria & Dr. Fong Wai	Ms. Cordy Wong Tel: 3949 3087
2:15 – 4:45p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Clinical Approach to Patients with Suicidal Ideation Dr. Chan Ham	Ms. Eliza Chan Tel: 2468 6813
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Interesting Cases Review Dr. Emily Tse	Ms Cammy Chow Tel: 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince Wales Hospital	Post Traumatic Stress Disorder Dr. Amy Ng	Ms. Crystal Law Tel: 2632 3480

13 August 15 (Thu)

4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Management of Patient with Dementia Dr. Ho Chung Yu	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Evidence-based Medicine Dr. Lau Ka Man & Dr. Lee Wing Lam	Ms. Cordy Wong Tel: 3949 3087
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Management of BPH Dr. Lui How Mui	Ms. Kwong Tel: 2595 6941

19 August 15 (Wed)

2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Immunisation Dr. Hou Jing & Dr. Mak Ho Yan Queenie	Ms. Cordy Wong Tel: 3949 3087
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Updates for Colorectal Cancer Screening Dr. Lam Siu Ping & Dr. Chung Ka Chun	Ms. Eliza Chan Tel: 2468 6813
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Management of Renal Diseases in Primary Care Dr. Maggie Ma	Ms. Cammy Chow Tel: 2589 2339

20 August 15 (Thu)

4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Problem Related Abortion Dr. Cheuk Tat Sang	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Immunisation Dr. Chan Wing Chi Annie & Dr. Chow Pui Yin Melody	Ms. Cordy Wong Tel: 3949 3087
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Journal Club Dr. Ricky Wong	Ms. Kwong Tel: 2595 6941

26 August 15 (Wed)

2:15 – 5:15 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	Health Care Delivery System in Singapore Dr. Lee Ka Yun Peter & Dr. Xu Shaowei	Ms. Cordy Wong Tel: 3949 3087
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Risk Assessment and Management for Chronic Illness Dr. So Mei Kuen & Dr. Feng Longyin	Ms. Eliza Chan Tel: 2468 6813
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Management of Sleeping Problems in Primary Care Dr. Carol long	Ms. Cammy Chow Tel: 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince Wales Hospital	Hong Kong Health Care System Delivery (Private Vs Public Service e.g. Infertility, Eye Surgery, Aesthetic Treatment, Health Voucher) Dr. Wong Hiu Lap	Ms. Crystal Law Tel: 2632 3480

27 August 15 (Thu)

2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Health Care Delivery System in Singapore Dr. Leung Ching Ching & Dr. Chan Kil Pak	Ms. Cordy Wong Tel: 3949 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Community Resources for Patients with Mood Problems & Counselling Services Dr. Ho Tsz Bun & Dr. Sze Chung Fai	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Sharing of MPS case Dr. Sarah Chan	Ms. Kwong Tel: 2595 6941

Classified Advertisement

Position Vacant

Full & Part time positions for GPs, Specialists and FM trainees (basic & higher) at established & FM training accredited multidisciplinary group practice along MTR lines. Call Miss Chan 92126654.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12 Jul	13	14	15 2:15 – 7:15 p.m. Structured Education Programme	16 2:15 – 7:00 p.m. Structured Education Programme	17	18 2:30 – 5:30 p.m. AEC 2015 1:00 – 4:00 p.m. Certificate Course on Bringing Better Health to Our Community 2015
19	20	21	22 2:15 – 7:15 p.m. Structured Education Programme	23 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	24	25 2:30 – 4:30 p.m. Counseling Interest Group
26	27	28	29 2:15 – 7:15 p.m. Structured Education Programme	30 2:15 – 7:00 p.m. Structured Education Programme	31 2:30 – 3:30 p.m. Video Session	1 Aug 2:00 – 4:00 p.m. Mental Health Interest Group
2 3:00 – 6:00 p.m. 2nd Examiner Workshop on OSCE	3	4 7:00 p.m. Specialty Board - Research segment meeting	5 2:15 – 7:15 p.m. Structured Education Programme	6 2:15 – 7:00 p.m. Structured Education Programme	7	8 2:15 – 4:15 p.m. EBM Interest Group
9	10	11	12 2:15 – 7:30 p.m. Structured Education Programme	13 2:15 – 7:00 p.m. Structured Education Programme	14	15 2:30 p.m. Pre-Exit Exam Workshop 2:30 – 5:30 p.m. AEC 2015
16	17	18	19 2:15 – 7:30 p.m. Structured Education Programme	20 2:15 – 7:00 p.m. Structured Education Programme 6:30 p.m. Pre-Exit Exam Workshop - Video Session 9:00 p.m. HKCFP Council Meeting	21	22
23	24	25	26 2:15 – 7:15 p.m. Structured Education Programme	27 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	28 1:00 – 3:30 p.m. CME Lecture 2:30 – 3:30 p.m. Video Session	29 1:00 – 4:00 p.m. Certificate Course on Bringing Better Health to Our Community 2015

FP LINKS EDITORIAL BOARD 2015

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Front row (left to right): Dr. Natalie Siu, Dr. Catherine Ng, Dr. Wendy Tsui and Dr. Anita Fan

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

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