



THE HONG KONG
COLLEGE OF
FAMILY PHYSICIANS

FP Links

Issue 173
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Message from the President



The most hectic weekend of the College calendar has just passed. The 8th Hong Kong Primary Care Conference (HKPCC) happened on 23th and 24th June 2018. This was immediately followed by our 31st Fellowship Conferment Ceremony and the 29th Dr. Sun Yat Sen Oration.

The HKPCC was again a great success with over 500 attendees. HKPCC has become a traditional annual event which brings together Family Physicians, nurses and other allied professionals to share our experience and exchange ideas. The Organising Committee has chosen “Family Physicians - Nexus of the New Era of Primary Care” as the theme. Nexus is the connecting and coordinating ability of the Family Doctors. We are privileged to have five-star speakers including Dr. Constance Chan, Director of Health, Hong Kong SAR; Prof. Richard Hobbs, Professor of Primary Care Health Sciences, University of Oxford; and Prof. Samuel Wong, Professor and Head, Division of Family Medicine and Primary Healthcare, The Chinese University of Hong Kong, to deliver the three main plenary lectures.

Dr. Constance Chan’s talk is on “Partnership with Primary Care in Action against Non-communicable Diseases”. The unhealthy lifestyles of Hong Kong people filled with 50% adults that are overweight or obese, 86% with excessive salt intake, 94% with inadequate intake of fruit and vegetables, 93% with inadequate levels of physical activity, 61% with alcohol intake within the past year and 10% with daily cigarette smoking! She has laid down the objectives to create the right environment, increase the health literacy, strengthen health systems and to set up targets to monitor progress. The five key priority action areas fit the acronym HeALTH: Healthy Start, Alcohol Free, Live Well and Be Active, Tobacco Free and Healthy Diet. Dr. Chan has highlighted we Family Physicians are best at opportunistic screening of chronic diseases and their management. We can modify the behavioural risk factors on non-communicable diseases, motivate patients to adopt healthy lifestyles to mitigate health risks and optimise the management in primary care setting. She is spot-on!

This year the Dr. Sun Yat Sen Orator is Prof. Sophia Chan, Secretary for Food and Health, Hong Kong SAR. I am proud another member of the Chan’s Family is on the spotlight. The title of her oration is “Time to change: Recommitting primary healthcare”. Hong Kong runs on a twin-track healthcare system by both public and private services. Hong Kong has the lowest infant mortality rate and the highest life expectancy in the world. By 2066, the projected life expectancy of male

is 87.1 years and female is 93.1 years and it is not difficult for us to become centenarian! Despite all the success we have achieved, Prof. Chan reiterates we are facing some real challenges: a rapidly ageing population with heavy burden from chronic illnesses; emergence of new communicable diseases; mounting medical costs due to advance in medical technology; increasing public expectations and health expenditure growing at a rate faster than economic growth. Our healthcare system’s sustainability is at risk as citizens continue to regard Accident & Emergency Departments as first contact point for healthcare services. That is why one of the most important healthcare reform directions is enhancement of primary care. Primary care is the first level of care at community level and positions to provide on-going care to individuals and families. Government needs to move more resources to community setting and re-focus effort on prevention and on-going management of chronic conditions. The need for a comprehensive and coordinated primary healthcare in the community is loud and clear. Policy address 2017 has two major initiatives. Firstly, to set up a steering committee on primary healthcare development and secondly to set up the first District Health Centre (DHC) in Kwai Tsing District. The planned DHC will make use of local network to procure services from organisations and healthcare personnel such as nursing, physiotherapy, occupational therapy and counselling service. Interestingly Prof. Chan’s last slide on DHC has added “Family Doctor” in the middle and satellited with multi-disciplinary healthcare team, systemic community care, medical social collaboration, technology and patient empowerment. I hope she is a woman of her word.

Dr. Angus MW CHAN

President



Dr. Angus Chan (right) presenting Dr. Sun Yat Sen Oration Certificate to Prof. Sophia Chan (left)

Young Doctors Committee (YDC) News

HKCFP 1st Family Medicine Career Talk

Dr. Tse Sut Yee
Vice-Chairman, Young Doctors Committee
Coordinator, HKCFP Career Talk



Our College's 1st career talk for potential family medicine trainees was held in the evening of 12th June, 2018 at Queen Elizabeth Hospital. It was raining heavily but the bad weather did not deter the enthusiasm of the participants. All together there were 51 participants. Among them, 46 were pre-interns and 5 were interns. YDC members: Dr. Tse Sut Yee, Dr. Christina Cheuk, Dr. Thomas Dao, Dr. Lawson Tang, Dr. Peter Lee, Dr. Will Leung, Dr. Leon Ngai and Dr. Aldo Wong helped to conduct this event.

Our College President, Dr. Angus Chan, started the event by delivering a warm welcoming speech. It was followed by Dr. Lawson Tang and Dr. Christina Cheuk who introduced the basic and higher training pathways of family medicine respectively. Dr. Thomas Dao shared with the development of family medicine with the participants. Then came the highlight of the event. Dr. Stephen Foo shared with us the history of establishing our College, his vision on future development of family medicine, and his invaluable experience which he has accumulated over the years. Dr. Alvin Chan, having clinical experience in both public and private sectors as well as administrative experience in Hospital Authority, shared with us difficulties and success, and challenges and opportunities in family medicine. He ended his presentation with three clinical cases showing how a family doctor could make a difference in holistic patient care.



Group photo with the participants



Small group discussion led by Dr. Loretta Chan, Dr. Tse Sut Yee and Dr. Aldo Wong



Small group discussion led by Dr. Alvin Chan, Dr. Will Leung and Dr. Peter Lee



Small group discussion led by Dr. Alvin Chan, Dr. Christina Cheuk and Dr. Lawson Tang



Small group discussion led by Dr. Loretta Chan, Dr. Thomas Dao and Dr. Leon Ngai



Dr. Will Leung and Dr. Tse Sut Yee introducing the speakers



Dr. Lawson Tang presenting FM Basic Training



Dr. Christina Cheuk presenting FM Higher Training



Dr. Thomas Dao presenting FM Development



Sharing by Dr. Stephen Foo



Sharing by Dr. Alvin Chan

In the break after the presentations, many participants took the chance to chat with our speakers and the YDC members while enjoying the refreshment. Then we had small group discussions in which the participants were divided into 4 groups each led by 2 YDC members. Dr. Loretta Chan and Dr. Alvin Chan also joined our small group discussion and continued to inspire the potential family medicine trainees. The participants were enthusiastic in the training and career of family medicine. There were many constructive questions and fruitful discussion among the participants and group leaders. The discussion ended happily at around 9pm.

At the end of the event, 39 participants immediately joined our College's student membership. 10 of them further registered for the Hong Kong Primary Care Conference (HKPCC) 2018. To who their appreciation, the Organizing Committee of HKPCC offered them complimentary registration.

This was the first ever career talk for our College. The response was promising. The structuralized training and diversity of future career pathway of family medicine were successfully conveyed to the potential family medicine trainees. It marked a good start to promoting family medicine to our future generation. We look forward to future career talks and family medicine promotion in the years to come.

Public Education Committee News

My Family Doctor 3: New Series of TV Programme from RTHK

Dr. Ngan Po Lun
Chairman, Public Education Committee

The new series of 'My Family Doctor 3' 「我的家庭醫生3」 had been broadcasted from May to June 2018. The 5 episodes of half-hour TV programmes, featuring 5 different stories and 5 different family doctors performed by 5 different artists, demonstrated how we family doctors serve our patients and their families in our community.

The 5 episodes are:

- 再一次求婚 : with Ms. Queenie Chu as the family doctor
- 相逢在黑夜的海上 : with Ms. Kate Yeung as the family doctor
- 等價交換 : with Mr. Gregory Wong Chung Yiu as the family doctor
- 可以說的秘密 : with Mr. Timothy Wong Yik as the family doctor
- 零雞蛋 : with Ms. Isabel Chan Yat Ling as the family doctor

All the five episodes are very worth watching, and sharing with your patients and friends. You may search the internet, Youtube, or go to RTHK.HK website to watch all the programmes again!



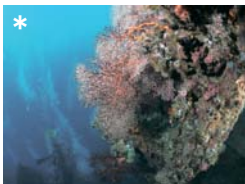
HKCFP Photography Club News

HKCFP Photography Club - Underwater Photography Workshop

Dear Colleagues,

Fascinated by breathtaking pictures of marine life? Inspired to capture exotic images of underwater creatures and wonders yourself? But daunted by the technicalities of scuba diving and underwater photography? Or are you an experienced diver who desires to explore the more advanced techniques and refresh your ideas of underwater photography?

HKCFP Photography Club is excited to announce that an Underwater Photography Workshop presented by **Olympus HK** is scheduled for this summer! This workshop features Mr. Victor Lau, a professional open water diver and trainer, who would share with HKCFP members his diverse experience in underwater imaging and scuba diving.



Mr. Victor Lau's Awards

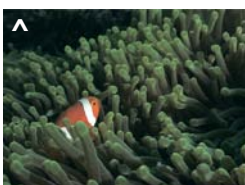
Hong Kong Underwater Photo and Video Competition 2013
- Macro and Close up Group Champion

Hong Kong Underwater Photo and Video Competition 2014
- Macro and Close up Group Outstanding Award x 2



Hong Kong Underwater Photo and Video Competition 2014
- Standard and Wide Angle Group 2nd Runner-up

Hong Kong Underwater Photo and Video Competition 2015
- Macro and Close up Group Outstanding Award



(Photo credits: *Dr. Christina CHEUK, ^Dr. Jackie TK CHEUNG)



Date : 18 August 2018 (Saturday)

Time : 15:00 - 17:00

Venue : Olympus Office Training Room, 40/F, Office Tower Langham Place, Mongkok, Kowloon

Workshop content:

- Basic underwater photography
- Equipment introduction
- Shooting techniques
- Product on-hand trial session
- Photo sharing

A maximum of 24 participants are welcome. Please register with Ms. Windy LAU at windylau@hkcfp.org.hk. Let's discover the vibrant world of underwater photography. See you then!

Yours sincerely,

Dr. David VK Chao

Chairman, Internal Affairs Committee

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 2019 Full Exit Examination, please submit the application letter and the checklist for recommendation for Exit Examination before **30th September 2018**. Late applications **WILL NOT** be entertained.

Should you have any enquiries, please contact Ms. Charlotte CHEUNG or Ms. Kathy LAI at 2871 8899.

Higher Training Subcommittee
Board of Vocational Training and Standards

Reminder: Submission of Application for Certification of Completion of Basic Training

To those who will complete Basic Training,

You are advised to apply for the Certificate of Completion of Basic Training within 3 months upon the completion of the four-year Basic Vocational Training. Please submit the application and training logbook to the College office during office hours. **Late submission will be charged an annual training fee.**

Should you have any enquiries, please contact Ms. Charlotte CHEUNG or Ms. Kathy LAI at 2871 8899.

Basic Training Subcommittee
Board of Vocational Training and Standards

Specialty Board News

Pre-Exit Examination Workshop – For 2019 Exit Examination

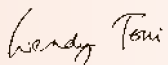
The Specialty Board is pleased to announce the Pre-Exit Examination workshop on Exit Examination of Vocational Training in Family Medicine. The workshop will give participants an insight into different segments of the Exit Examination. **ALL candidates who wish to sit for Exit Examination 2019 are strongly encouraged to attend. All Examiners, Trainee Examiners, Clinical Supervisors are also welcome to attend.**

Date : 22 August 2018 (Wednesday)*
Time : 7:00 – 9:00 p.m.
Venue : James Kung Meeting Room, 2/F., HKAM Jockey Club Building, Wong Chuk Hang

* A Video Session will be arranged on 28 August 2018 (Tuesday) 7:00p.m. for the potential candidates who are not able to attend the workshop on 22 August 2018.

For registration and enquiry, please contact the College Secretariat, Mr. John MA or Ms. Alky YU by email to exit@hkcfp.org.hk.

Yours Sincerely,



Dr. Wendy Tsui, Chairlady, Specialty Board

Classified Advertisements

Accredited Private FM Centre invites FT/PT Doctors for expanding services (Tuen Mun / Kwai Fong). FM, Paed., Surgeon, Gynae, Psychi welcomed. Profit Sharing ± Partnership. Send CV enquiry@adecmed.com (Amy CHAN) 9212-6654

“Invites applicants for full-time doctor in Evangel Hospital – shift-duty in General Out-patient throughout the week and on-site overnight call. Please send C.V. and enquiry to hr@evanhosp.org.hk”

Board of Conjoint Examination News

Report on OSCE 2018 Information Seminar for Candidates



Presentation by Chairman - introduced the concept and expectations of Conjoint Examination

The Information Seminar on OSCE segment was held on 10 June 2018. The room was well attended by 21 candidates (Cat I: 15, Cat II: 6) and members from the Board – including the Chairman, the OSCE Coordinator, the Deputy OSCE Coordinator and the secretarial staff.

The seminar started with a warm welcome by our Chairman, Dr. Chan Hung Chiu, who 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.



Presentation by OSCE Coordinator - information concerning the examination and Case demonstration

Dr. Chui Siu Hang Billy (OSCE Coordinator) presented information concerning the examination. One candidate was invited on spot to participate in an 8-minute sample case. Dr. Loretta Chan (Deputy OSCE Coordinator) assisted in the role-playing scenario.

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.



Sharing by Conjoint 2017 Best Candidate

Dr. Chan Pui Chuen, the winner of the Dr. Peter C. Y. Lee Best Candidate Award in last year's Conjoint Examination, was also invited to share his personal experience with the candidates.

This year the Board again plan to invite the candidates to participate in the rehearsal day on the 7 October 2018. They will get a chance to role play as candidates and meet with the examiners. Their response is positive.



Case Demonstration

On the whole the atmosphere was friendly and the candidates were enthusiastic. 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 would 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!

Celebration of the 250th Board of Conjoint Examination Meeting on 31 May 2018

The Board of Conjoint Examination has recently reached a significant milestone by holding its 250th meeting on 31st May 2018, with 8 board members attending the meeting.

The Board would like to take this opportunity to thank all present and past board members for their valuable advices and contributions, and all present and past examiners for their continual support throughout all these years in making the Conjoint HKCFP/ RACGP Fellowship Examination a success.

We look forward to celebrating its 300th meeting!



(from left to right): Ms. Crystal Yung, Dr. Kinson Lau, Dr. Lau Ho Lim, Dr. Ip Pang Fei, Dr. Chan Hung Chiu, Dr. Winnie Chan, Dr. Billy Chui, Dr. Loretta Chan, Dr. Sin Ka Ling, Ms. Suki Lung

Meeting Highlights

Certificate Course on Bringing Better Health to Our Community 2018

The 1st session of the "Certificate Course on Bringing Better Health to Our Community 2018" co-organized with Queen Elizabeth Hospital was held on 26 May 2018. Dr. Kwong Hon Kei, Resident Specialist, Department of Family Medicine & General Outpatient Clinic, Queen Elizabeth Hospital, delivered a lecture on "Case Sharing on Child Abuse"; Dr. Loung Po Yee, Associate Consultant, Department of Paediatrics, Queen Elizabeth Hospital and Dr. Andy KWOK, Resident, Department of Paediatrics, Queen Elizabeth Hospital, delivered a lecture on "Approach to Suspected Child Abuse"; Ms. Karre Chung, Assistant Social Work Officer, Medical Social Services, Kwong Wah Hospital, delivered a lecture on "Hyperlink to Social Support to Family with Child Abuse" respectively.



(From left to right) Dr. Law Tung Chi, Dr. Hui King Wai (Moderator), Dr. Kwong Hoi Kei (Speaker), Ms. Karre Chung (Speaker), Dr. Andy Kwok (Speaker), Dr. Loung Po Yee (Speaker), Dr. Stephen Foo (Censor), Dr. Mary Kwong (Council Member) and Dr. King Chan (Council Member) taking a group photo during the lecture on 26 May 2018.

CME Lecture on 15 June 2018

Dr. Ting Zhao Wei, Rose, Specialist in Endocrinology, Diabetes and Metabolism, delivered a lecture on "Prescription of Insulin Therapy in a Primary Clinic" on 15 June 2018.



(From left to right): Dr. Robert Tsui (Moderator), Dr. Rose Ting (Speaker), Dr. Mary Kwong (Council Member)

Seminars on Management of Common Skin Problems in General Practice

The last session of the Seminars on Management of Common Skin Problems in General Practice were held on 10 June 2018.



Dr. Tse Sut Yee (right, Moderator) presenting a souvenir to Dr. Lee Tze Yuen (left, Speaker) during the lecture on 10 June 2018.

Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **May – June 2018**:

Associate Membership (New Application)

Dr CHEUNG Cheuk Hee	張卓熙
Dr FU Wing Kai	傅榮楷
Dr LAM Lap	林立
Dr LAU Ka Fai, Tony	劉家輝
Dr TSANG Sharon	曾舒蘭
Dr WONG Chun Bun, Gordon	王駿濱
Dr WONG Chun Kit, Arthur	黃俊傑

Non-HKSAR Membership (New Application)

Dr CHANG PIVE Sok Cheng	陳標淑貞
Dr CHEN Li	陳莉
Dr CHEN Yun Ju	陳韻如
Dr LEI Sao Kuan	李秀君
Dr XIANG Yuling	向宇凌

Affiliate Membership (New Application)

Ms LUI Wing Chi, Cindy	呂穎芝
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Reinstatement of Associate Membership

Dr KWOK Kwok Lung	郭國龍
Dr WONG Yuen Hon	黃元瀚

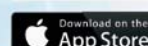


IMPACT (Fifth Edition)

Tips on safe use of antibiotics

Recommended empirical therapy of common infections

Available at



impact.chp.gov.hk

HKCFP Trainees Research Fund 2018 / HKCFP Research Seed Fund 2018

The Research Committee of HKCFP is proud to continue to offer the two research funds, The Trainees Research Fund and the Research Seed Fund.

The Trainees Research Fund will be opened to all registered HKCFP trainees and is made of four awards (each up to HK\$5,000). It is envisaged it will help trainees especially (but not limited to) those doing research projects as their exit examination. Those who have funding support elsewhere will not be considered.

The Research Seed Fund is open to all HKCFP members when a maximum of \$10,000 award will be made to the successful applicant to assist the conduction of a research project.

Winners of the award will receive 50% of the approved grant up front and the remainder 50% upon completion of the project.

Please note that each applicant can only apply either one of the above Funds

Assessment Criteria for both funds:

1. Academic rigor of the paper (e.g. originality, methodology, organisation and presentation);
2. Relevance and impact to family medicine & primary care (e.g. importance of the topic and the impact of the findings on the practice or development of the discipline); and
3. Overall budget

Each Research project submitted will be assessed according to the above assessment criteria set by the selection panel. Please send your submission to:

Research Committee, HKCFP

803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong by post or by email: hkcfp@hkcfp.org.hk

Please indicate the research funding title e.g. “HKCFP Trainees Research Fund 2018” or “HKCFP Research Seed Fund 2018” on your research project upon submission.

Submission Deadline: 31st October 2018

Supported by HKCFP Foundation Fund

Food Allergy Prevention in Infants

Should pregnant women/ infants avoid allergenic food in order to prevent allergy?

Traditionally, people practise food restriction (戒口) during pregnancy and delay introduction of allergenic foods in infancy in order to prevent allergy. This belief and custom is not unique in our locality, it was also recommended by the American Academy of Pediatrics in 2000 to avoid cow's milk until the age of 1 year, eggs until 2 years, and nuts and fish until 3 years in infants at high risk of atopy. However, recent studies suggested that delayed introduction of allergenic foods is not protective, but may even increase the incidence of food allergy. Latest evidence suggests that certain food allergy (e.g. egg, peanut) can be prevented through introduction of these foods in early infancy.

Summary of new evidence

The Learning Early About Peanut Allergy (LEAP) trial was published in 2015, it randomized 640 children between 4 and 11 months of age with severe eczema, egg allergy or both to consume or completely avoid peanut products for the first 5 years of life. In an intention-to-treat analysis, 17.2% in the peanut avoidance group compared with 3.2% in the peanut consumption group had peanut allergy by age 5 years old, corresponding to a relative risk reduction of 80%. Analyses showed similar levels of prevention in white, black and Asian (Indian and Pakistani) children. The overall risk of early introduction was low, indicating that early introduction of peanuts is a safe and feasible approach.

Summary of Addendum Guidelines

In view of this new scientific evidence, the National Institute of Allergy and Infectious Diseases developed addendum guidelines for the prevention of peanut allergy in the United States.

Infant criteria	Recommendations	Earliest age of peanut introduction
Severe eczema, egg allergy, or both	Strongly consider evaluation with peanut-specific IgE +/- SPT and if necessary, an oral challenge. Based on test results, introduce peanut-containing food.	4 to 6 months
Mild to moderate eczema	Introduce peanut-containing foods.	Around 6 months
No eczema or any food allergy	Introduce peanut-containing foods.	Age-appropriate and in accordance with family preferences and cultural practices

Key points for practice

- A mother should not restrict her diet during pregnancy or lactation as a way to prevent food allergies from developing in her child.
- For infants, complementary foods should not be introduced before age 4 months, instead waiting until they are developmentally ready.
- For infants without preexisting allergic disease, complementary foods including highly allergenic food, can be introduced freely at any time after age 4 to 6 months without prior testing for food allergy.
- For infants with mild to moderate eczema, more typical initial complementary foods (e.g. cereals, fruits, and vegetables) should be started first. Peanut-containing food should be introduced at home (rather than daycare centre/ restaurant) if initial foods are tolerated.
- For infants with severe eczema or egg allergy, an allergic evaluation by a specialist with peanut-specific IgE (peanut sIgE) or SPT should be considered before introduction of peanut. To minimize a delay in peanut introduction for children who may test negative, testing for sIgE may be the preferred initial approach in certain healthcare settings, such as family medicine.
- For infants identified as allergic to peanut, strict peanut avoidance is recommended.
- Examples of age appropriate peanut-containing foods include smooth peanut butter mixed with milk or fruit, peanut soup, and ground peanuts mixed with other foods.

Reference

1. Food Introduction and Allergy Prevention in Infants. CMAJ 2015, 187(17).
2. Addendum Guidelines for the Prevention of Peanut Allergy in the United States: Report of the National Institute of Allergy and Infectious Diseases. 2017
3. Early Peanut Introduction and Prevention of Peanut Allergy in High-Risk Infants: Consensus Communication. American Academy of Family Physicians 2016.
4. Guideline for the Diagnosis and Management of Food Allergy in the United States. National Institute of Allergy and Infectious Diseases. 2010

Compiled by Dr. Siu Pui Yi

How Patient Suicide Affects Physicians

A Family Physician

While I have witnessed and certified many deaths before hers, my first patient suicide shocked and deeply saddened me. It was emotionally shaking, I was just not prepared for it.

I chose to relive and share my experience although difficult, because it is not uncommon for doctors to lose patients to suicide sometime during their career. When a patient chooses to end their own life, it can be incredibly hard to continue doing our job.

She complained of persistent epigastric discomfort

This patient was a 70 year old lady with chronic follow up for hypertension. Her story started in 5/2017 when she was discovered to have high blood pressure and thus started on Norvasc 2.5mg daily. She attended 2 weeks later complaining of acid reflux for 10 days, which was worse with meals, and relieved promptly with pepcidine given by her friend. There was no epigastric pain or tarry stool and her abdomen was soft and not tender. She was thought to have gastro-oesophageal reflux disease (GERD) and was prescribed pepcidine prn. In July on follow up, the doctor noted suboptimal BP and at that time, her GERD symptoms were similar but not worsened, and there was no history of constitutional symptoms, no tarry stool, and the symptoms were recorded as mild only. In addition, there was no family history of stomach cancer. Norvasc was stepped up to 5mg daily PO. The doctor gave her early follow up in 1 month, and prescribed pepcidine with Norvasc as requested. In August, the doctor noted the reflux symptoms were controlled OK with pepcidine and continued the pepcidine as a regular medication. The doctor also discovered that she occasionally took caffeine and gave her some lifestyle advice to prevent reflux symptoms.

When I saw the patient for follow up in November, I had noted a weight loss of 43.7kg to 39kg in 3 months with a BMI ~19.6 despite good appetite. She still had persistent epigastric distending pain and nausea, although on pepcidine with some relief. I found out that she had recently started exercising in these 3 months, but otherwise, there was no cough, sputum, change in bowel habits, or fever or other hints of how she lost weight. She believed that the epigastric symptoms may be due to Norvasc. On physical examination, the blood pressure was well in normal range, there was no pallor or goitre, the chest was clear, and abdomen was soft. In view of her significant weight loss, persistent epigastric

complaint, and age, I discussed with her to do some investigations including bloods and chest x-ray. I also advised for early OGD, but she was not keen as she did not want an invasive procedure. I explained that if the results were unremarkable, we could try to step down Norvasc. I explained however Norvasc is not commonly reported to cause epigastric discomfort/ reflux, and it is unlikely the cause of the significant weight loss. I gave her a 1 month follow up.

Then, I receive a phone call in mid-December from her daughter-in-law, explaining that my patient had committed suicide by jumping from height. She had defaulted all her investigations.

Introduction

When I was a student, I remember being taught how to assess suicide risk - male gender, old, alone, poor social support, impulsivity, low socioeconomic status, previous attempts... I remember learning also that a past history of child abuse, or suicide in the family greatly increases the risk. As trained, I am competent in assessing for depressive symptoms according to the DSM- V, and whether there is imminent suicidal threat and risk by asking for actual plan, readiness/ preparedness to carry out the plan, commanding voices, and any presence of substance abuse. I learned all this, so that I could understand how to recognise a suicidal patient, assess their danger, understand what my responsibilities and limitations were and how I could help.

My thoughts- what it was like to experience patient suicide first hand

I did not realise just how painful it would be, I was unprepared for how shattered I felt, both personally and professionally. Did I do something wrong? Did I miss some clues? I felt guilty. While the patient's relatives did not seem to hold me responsible in any way, I certainly blamed myself.

"Could I have done more or did I do too much? Was there something I should have said that I didn't, or shouldn't have said that I did?"

Was I over worried and over-investigated? What if I had not done anything about her weight loss? Could I have afforded to wait and observe another month? Or just gave her a medication change? Should I not have told her my real concern- did I say too much? Did she look depressed and I had missed it? It is human nature to go back over it. Could someone else have done a better job? Could they have spotted something I couldn't? These

questions circled in my mind. Although I know it is part of the grieving process, it was particularly intense in a situation where you have direct responsibility in helping the person get better.

Patient Suicide and its effect on Physicians

They say that there are two kinds of therapists: those who have lost a client to suicide and those who will. In a way, it is almost an occupational hazard. Feelings of guilt, grief, anger, anxiety, stress, fear, sudden lack of confidence are all common reactions. Studies show that even veteran doctors report that patient suicide had shattered their confidence and caused them to second-guess themselves. This impact is even worse for young doctors who had lost patients early in their careers.

Sure enough, I was young and early in my career, and after what happened, it made me reluctant to see yet another depressive or suicidal patient. I was also feeling doubts in my ability to manage these type of patients. But I know that as I was protecting and shielding myself, I was not being the best doctor that I could be and was not emotionally available to my patients.

I felt an imbalance the whole afternoon after the phone call. I found myself slow in consultation, in order to ensure I did not miss anything. I found myself wondering if the next patient would have a concealed suicidal attempt. I found myself wondering if they truly meant what they said; if I would see them again; if I would get a phone call from their relatives. I wanted help, but I was also terrified of being found a failure. But after the long and difficult afternoon duty, I just wanted to talk to a senior to regain my balance and to be able to treat patients again, let alone suicidal or depressive patients. He was a very good listener and comforter. Over an hour, he helped me understand the limits of my power and realistically assess the case and my responsibility.

What we can learn from this and how to move on

I very much appreciated that I had a clear channel for communication, and support from my peers and seniors who have dealt with patient suicide and that I could do so in a safe environment. It was much too easy to fall into self-doubt and self-blame. But sometimes in the face of the family's suffering, one can seem inept, unskillful, even unprofessional as a doctor to seek support. "I am supposed to know how to manage this- I am the one helping them. What if they see that I am struggling?" Also legally, it is commonly advised to not to talk to anybody when it is not clear whether there is going to be a litigation- thus it becomes very isolated. The fear of being a bad doctor, being shunned by colleagues, sued by the patient's family or ostracised by the profession complicates the coping process. While trying to reach out to cope with the intense grief, anger and pain,

one also tries to suppress these feelings for fear of professional disapproval.

After talking to seniors, the conclusion was that the care she received was appropriate. I could relax from this, but it would not change the outcome that she was gone. At the end, I was the only person who had that particular relationship with her, having heard her articulate her problem to me, seen her and having tried to help her. Everybody else knew her in some different ways- mother, friend, sister, clinic in-charge, or a third party reading about the case. But I was the only one who had been working with her. I felt privileged but not in a flattering way.

We need to pay very careful attention and be alerted to the red flag signs of suicide. We need the best training we can get to learn to work effectively with people considering ending their own lives. But despite the training to fight and face illnesses and death, no physician is still quite prepared when patients take their own lives. In fact, no medical school and no textbook or journal could ever adequately prepare one for the impact of patient suicide. Therefore, we must understand and be prepared for the potential emotional impacts of this on us as part of our training. We need to know how to respond appropriately to others and take care of ourselves in the face of patient suicide. I believe it is equally important to have ready access to regular clinical supervision and support by senior colleagues who have experience with this.

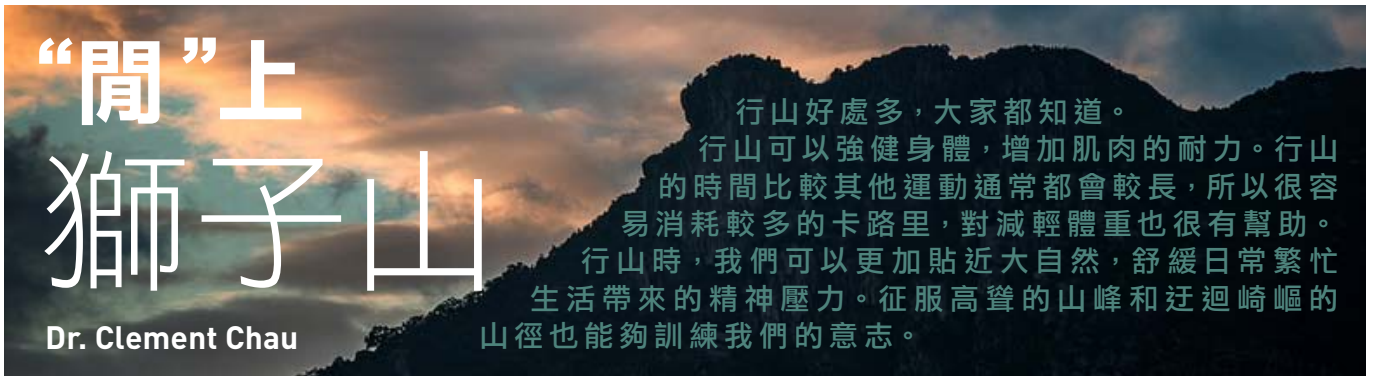
What is comforting after reading literature is that the intensity of grief a clinician experiences when they lose a client is not related to the quality of their performance but to the closeness of the connection that was established. In other words what makes us good, the ability to engage in a close and caring way with someone, is also what makes us vulnerable.

Conclusion:

Finally, doctors are survivors too. Patient suicide is a loss that can affect us deeply. We also experience shock, sadness, guilt, inadequacy, shame and despair when someone we have worked with take their own lives. There is a lack of a roadmap for us at such times. We need to break the silence to seek and offer support. Otherwise, our capacity to respond to other similar patients is impacted; our ability to work effectively with others who are feeling suicidal, and in re-establishing trust in an existing therapeutic relationship with patients is compromised.

In remembrance of my patient:

May her wonderful and gentle soul forever remain in the hearts of those who care for her. She is missed dearly and will be cherished in our memories forever. May God give her eternal rest.



行山好處多，大家都知道。
行山可以強健身體，增加肌肉的耐力。行山的時間比較其他運動通常都會較長，所以很容易消耗較多的卡路里，對減輕體重也很有幫助。行山時，我們可以更加貼近大自然，舒緩日常繁忙生活帶來的精神壓力。征服高聳的山峰和迂迴崎嶇的山徑也能夠訓練我們的意志。

大家可能會認為行山要花很多時間，到出發地點的交通也會很不便。有些駕車人士覺得駕車去行山也很不便，因為很多行山路徑都是由A點到B點，把車泊在A點，行到B點後又要坐車返回A點。

我這次就為大家介紹一條環迴路線，即是可以由同一點出發和結束，而且位於市區，交通方便，駕車也很容易到達。這條路徑就是位於沙田大圍和九龍之間的山徑。



環迴路徑的路線和出發點的位置

這條個環迴路徑的長度大約是8公里，如加上從離開交通工具到返回交通工具的總距離大約是10-11公里。這路徑的上升總高度大約是400米。若果大家想挑戰自己的體力，可以選擇登上獅子山的路徑，總上升高度大約是480米。這並未計算由出發點到環迴路徑的高度。

乘搭交通工具到一個相對高點出發會消耗少一點的體力，所以我把由離開交通工具到環迴路徑的上升高度也列出。要留意的是泊車咪錶只得2小時，行一圈應該要大約4小時，所以泊車在咪錶的朋友記得要加快腳步。

我主要介紹3個出發點，不論你住在市區或是新界也很容易到達。

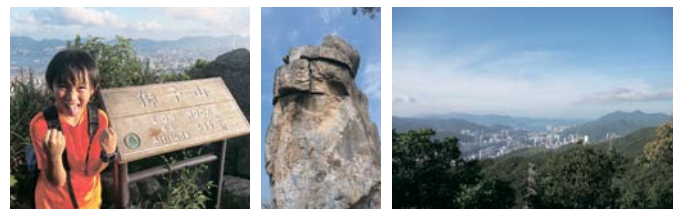
出發點1	沙田坳邨
路線	經沙田坳道上山
由離開交通工具到環迴路徑的上升高度和距離	約190米和1.4公里
巴士	九巴2F, 3C, 3M, 15A,
小巴	18M 黃大仙港鐵站出發，總站下車 19M 鑽石山港鐵站出發，總站下車
時租停車場	慈愛苑、慈正商場、慈雲山中心
出發點2	馬仔坑 (近橫頭磡)
路線	經獅子山公園
由離開交通工具到環迴路徑的上升高度和距離	約230米和1.2公里
小巴	72 or 73 (兩條小巴路線都是又一城開出，天宏苑下車)
時租停車場	天馬苑停車場
出發點3	紅梅谷
由離開交通工具到環迴路徑的上升高度和距離	約100米和600米 (如由隆亨邨步行，約140米和1.4公里)
巴士	80A, 81C, 85B, 86A, 87B, 281M
時租停車場	隆亨邨

最後，要提醒大家行山前要做好準備，留意天氣，因應自己的體力選擇適合自己的路線。

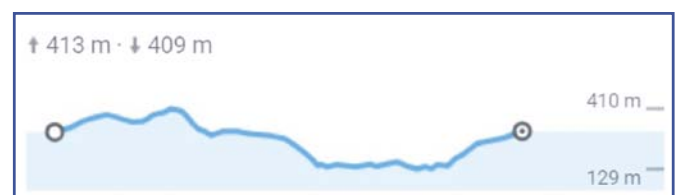
希望下次再上獅子山上時，會遇到你，和你一齊selfie!



從獅子山望向九龍半島和維多利亞港



登上獅子山後的興奮 望夫石 從望夫石望向沙田和吐露港



從回歸亭出發，逆時鐘方向行的高度圖 (不上獅子山)

Interest Group in Mental Health & Psychiatry in Primary Care – The 58th Meeting on 2 June 2018

Dr. Chan Suen Ho Mark (Co-ordinator),
Board of Education, The Hong Kong College of Family Physicians

The 58th Interest Group in Mental Health & Psychiatry in Primary Care Meeting was held on 2 June 2018, Dr. Wan Kwong Yu, Inness, Specialist in Family Medicine, was the speaker.

Topic : Community Mental Health Service

Moderator : Dr. Chan Suen Ho Mark

Speaker : Dr. Inness Wan
Specialist in Family Medicine

Attendance : 32

The speaker:

Dr. Wan Kwong Yu Inness graduated from University of Hong Kong MBBS, after which she trained in Family Medicine, obtaining FHKAM in Family Medicine.

At present, Dr. Wan is Associate Consultant in Family Medicine, Kowloon West cluster and clinic in charge of Lady Trench Outpatient Department. Apart from developing the mental health service in the HA, Dr. Wan has studied courses in family therapy and is interested in teaching, being very active in the College Diploma of Family Medicine Programme for many years.

Learning points prepared by Dr. Inness KY Wan

Psychosocial intervention is very important in managing common mental disorders. For mild and common mental disorders, psychological intervention can be first line treatment. For moderate to severe disorders, combining psychological intervention with pharmacological treatment improves patient outcomes and reduces recurrence rate. However, psychological interventions are not readily accessible in primary care in particular in private practice due to various reasons. Community resources for psychosocial intervention for common mental disorders were introduced.

For more severe common mental disorders, conventional face-to-face psychological therapy could be provided by registered clinical psychologists in

private practice or in Non-Governmental Organization (NGO). The latest list of clinical psychologists can be found from Hong Kong Psychological Society Division of Clinical Psychologist <https://hkps-dcp.org.hk/en/for-public-en>.

For mild to moderate severity common mental disorders, several community resources were introduced.

1. Integrated Community Centre for Mental Wellbeing (ICCMW): This service was funded by government managed by either Social Welfare Department or a designated NGO. There are total 19 ICCMWs in Hong Kong, one in each district. ICCMW provide counselling and low intensity psychosocial intervention for patients with common mental disorders. Besides this, they provide counselling for carers, assessment for suspected mental disorders, and community-based rehabilitation services to enhance recovery and community integration. Self-referral was acceptable. The list and service scope of ICCMWs can be found from Social Welfare Department webpage https://www.swd.gov.hk/en/index/site_pubsvc/page_rehab/sub_listofserv/id_supportcom/id_iccmw/
2. Emotional GPS (eGPS): This service is run by New Life Psychiatric Rehabilitation Association in partnership with The Chinese University of Hong Kong, funded by The Hong Kong Jockey Club Charities Trust. It provides 6-8 free sessions of low intensity psychological intervention based on cognitive behavioral therapy. After online or telephone registration and triage, face-to-face assessment will be arranged, patients can choose either face-to-face or phone interview in subsequent intervention sessions. Some services are provided after office hours to facilitate those who are working. Internet based therapy is under development and will be available by end of 2018. Self-referral is acceptable and website registration is available: <http://www.egps.hk/>
3. More comprehensive web-based low intensity psychological interventions developed based on

evidence-based therapies including cognitive behavioral therapy, behavioral action, and problem solving therapy are available in overseas. Some web sites provide simplified Chinese and Mandarin version. One example was living life to the full website: <https://littf.com/>

Besides structuralized psychological interventions, some community resources help psycho-education and early detection to increase public awareness on common mental disorders.

1. “輔負得正” app developed by The Mental Health Association of Hong Kong. Psycho-education materials, stress level and depression screening were provided in the app. Simple counselling and information given was provided by chat linked to the app



2. The Hong Kong Council of Social Services (HKCSS) developed an app which list out all the NGOs providing various social and psychological services. This is particular useful to find out specific NGO which provides specific mental health service, e.g. NGO specialized in bereavement and end of life counselling, NGO specialized in providing support to parents with children having learning disability.



3. JoyAge project: This service started in 2017 and aimed at promoting elderly mental well-being and early detection of elderly depression. It provides outreach and engagement activities for vulnerable elderly, and a stepped-care system for depression intervention. This 3 year trial project is run by the University of Hong Kong Department of Social Work and Social Administration in partnership with other NGO, funded by Hong Kong Jockey Club Charities Trust. The trial launched in 4 districts in Hong Kong including Kwai Chung, Sham Shui Po, Kwun Tong and Tseung Kwan O.

<http://www.jcjoyage.hk/>

Some organizations provide psychological first aid services when there is community crisis including

1. Social Welfare Department and
2. Psychological Support Service run by the Hong Kong Red Cross.

Next Meeting

The 58th meeting for the Interest Group in Mental Health Psychiatry in Primary Care will be held on 4 August 2018. Dr. Lee Fook Kay, Aaron will be the speaker. The topic will be on **“European Experience on Fighting Drug Abuse”**.

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 2871 8899.) Again, those who are experienced can share, and those who are less experienced will benefit from participation. Our goal is to enhance our practical skills, promote early awareness and better management of mental health problems in our community.



Dr. Mark Chan (right, Moderator) and Dr. Inness Wan (left, Speaker)

Interest Group in Medical Humanities – The 5th Meeting on 9 June 2018

Dr. Chan Suen Ho, Mark (Co-ordinators)
Board of Education
The Hong Kong College of Family Physicians

The 5th Interest Group in Medical Humanities was held on 9 June 2018, Dr. Willy Wong, Specialist in Psychiatry and members of his trail walker team were the speakers.

Topic : Walk with people recovered from mental illness: Medical humanities, trail walker, psychiatrist and more

Moderators : Dr. Chan Suen Ho, Mark and Dr. Lo Sze Mon, Dana

Speakers : Dr. Willy Wong, Mr. Hui Yiu Pun (Law少) Mr. Ho Yan Lun (Jacky) and Mr. Hon Sai Ho (Raymond)

Attendance : 25

Learning points prepared by Mr. Hui Yiu Pun and Dr. Willy Wong

「獅子山精神隊」以山會友 許耀斌 (Law少) 毅行者「獅子山精神隊」隊長

你好，我是Law少（許耀斌），一位已故精神病患的家屬，有幸得黃宗顯醫生介紹讓我有機會寫一篇小文章介紹我們獅子山精神隊2017年的創舉，就是四人聯合，黃醫生加上我還有兩位康復者Jacky和Raymond完成了48小時為限走100公里的毅行者。

回想當初組隊的動力，是一次與幾位朋友義務帶領一班在中途宿舍住的女宿友行山。我知道精神病患康復者社交圈子會慢慢收窄，幾年前哥哥因病自殺，靈堂上除了我和家人的親戚朋友到場，與哥哥相關的就只有中心社工和主任。這種悲涼不是疾病帶來的，而是香港整個生活形態帶來的。人失去工作，再加上病魔纏身，很難靠著普通的社交去找朋友。當日行山，康復者由頭到尾都是以義工來稱呼我們，其實我們不是義工，只是一班山上的朋友，無分你我，人人平等。因為這次「被義工」的經驗，我更加知道要有更多人一起支持他們讓他們明白世界上要找個朋友不容易，但也不艱難。

獅子山精神隊就是在這種情況下組成，對外要讓大眾知道，只要有適當訓練任何人都可以完成毅行者，包括精神或情緒病患。對內我們就是無分彼此，在山上的能力高低跟你的身分地位無關，無醫生無病人，只有朋友。每一步都是靠自己靠隊友及支援隊去支持。最終我們以46小時多，將近限時前完成，成為我們人生一段非常難忘的回憶。我們由彼此不認識，到成為好夥伴，更讓我們身邊的朋友互相連結，形成一個充滿友愛的網絡，因為我們都在山上一同經歷晝夜，行至筋疲力竭，一步一步的汗水成為了我們友誼的基石。

獅子山精神最佳的演繹除了刻苦忍耐、還有是同舟共濟。在今天的香港，我們更加應該鼓勵多元，病患不是阻止你去追求任何事的藉口，而我們有能力的更加應該與身邊人同行。我想獅子山精神隊完成了毅行者以至當中的練習及籌備都充份體現了這種精神。

在貴會分享會上忽然受到感動，覺得每一位家庭醫生就是最好的夥伴去宣傳這個訊息，尤其當病人剛剛遇上情緒或社交問題，我想一個恆常的行山組織，除了讓他們可以接觸大自然，更加可以認識新朋友，甚至在遠足活動找到挑戰性和滿足感。藥物和治療固然重要，但有重新被接納的感覺亦不可少，歡迎你網上搜尋「獅子山精神隊」就會有更多資訊。

如果想進一步了解，歡迎電郵至

lionrockspirit@gmail 或在Facebook fanpage有一班行山友叫「獅子山」留言與本人聯絡

「獅子山精神隊」與醫學人文 黃宗顯醫生 精神科專科醫生

作者電郵：hongkongpsychiatry@gmail.com

相信大部分醫生在工作上的成長過程都是差不多，很多在大學畢業後在公立醫院累積工作經驗，有些會走到私人市場執業，作為一位精神科專科醫生，我經歷的路也是一樣。在公立醫院工作的十多年，每天面對的都是有精神心理障礙的人，他們的徵狀都是差不多，他們都是面對著生活中不同程度的困難。雖然同坐在診症室中，醫生和病



在2018年6月9日於香港家庭醫學學院醫學人文興趣組分享



「獅子山精神隊」在麥理浩徑上的練習



於樂施毅行者2017出發前

患者被一張書桌分隔著，因為工作時間關係，醫生沒有太多問題，病患者見到那種情況也不好意思發問，但很多時候他們的精神障礙徵狀不明顯，實際上需要花較多時間去全面了解每一位病患者的細節，無奈現實的環境不容許。雖然距離很近，但關係很遠。

在公立醫院精神科服務了十多年，再走到私人市場，希望實現精神科服務的理想模式，兩年來的工作比在公立醫院的忙碌多倍，但自己終於滿意作為精神科醫生所做的事情，至少能夠建立良好的醫患關係，病患者覺得醫生有時間聆聽他們的故事，能夠耐心了解他們的需要。兩年來，時間可以自由安排，有不少接觸新挑戰和新事物的機會，印象最深刻的就是2017年7月被「獅子山精神隊」的隊長許耀斌（Law少）邀請加入行山團隊，參加2017年11月的毅行者。

「獅子山精神隊」是醫患同行的隊伍，除了隊長（精神病患者家屬）和我（醫生）外，還有兩位年青的精神病康復者何欣倫（Jacky）和韓世豪（Raymond）。在精神科工作了十多年，參與過不少官方式的醫患同行活動，感覺醫生跟病患者之間仍然存在著很大的距離。但這個民間發起的「獅子山精神隊」卻能讓參加者重新為醫患關係定位。兩位康復者從來沒有參加毅行者的經驗，也沒有行山習慣，我也跟他們一樣，由2017年7月起大家由零開始，共同設定練習目標，在行山練習時一同面對困難，一起找出路，記得有一次在麥理浩

徑第四段練習，我和兩名康復者遠離了大隊，最終迷路了，有他們陪伴下一起尋找出路，令我在焦慮中得到安心，在困境中得到解決。其實在整個練習旅程中，康復者扶助我不少，有時以頭燈為我照明，有時為我領路，他們的努力，實在感染不少同行的人。

行山時，「獅子山精神隊」的隊員無所不談，大自然正好營造了一個令人身心舒暢的環境，令大家暢所欲言，進一步彼此認識，深入了解彼此的需要，鞏固了團隊精神。隊員Jacky曾告訴我，他多年來的生活被藥物的副作用大大控制，因為藥物有嗜睡作用，所以他每晚都需要早睡，不能像其他年青人一般可有夜間活動，失去了青春。主診醫生一直維持同樣的藥物份量，沒有因副作用而作出調整，他曾經向醫生提出但得不到正面回應，所以不敢再次道出問題，只有唯命是從。我於是在行山練習時跟他分享一些疾病治療知識，也鼓勵他跟醫生討論，最後他的治療方案更改了，也跟醫生的溝通改變了。雖然我不是他的醫生，但我讓他感受到跟醫生近距離溝通的感覺，這種正面的經驗使他將從前對醫患關係的印象重新定位，讓他為自己病患的康復旅程找到一條更有希望的路。

完成「獅子山精神隊」的毅行者旅程後，每一位成員都有所得著，而我的得著就是提醒自己繼續在醫生的專業工作上，放下一種傳統社會賦予的權威位置，跟病患者建立平易近人的溝通關係，病患者更願意信任醫生，更能深入分享問題，對治療實在有莫大裨益。



抵達第一個檢查站西灣



以46小時35分鐘完成全程100公里抵達終點

- Activities are supported by HKCFP Foundation Fund.
- 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.

4 August 2018
Saturday
Board of Education Interest Group in Mental Health & Psychiatry

Aim	To form a regular platform for sharing and developing knowledge and skill in the management of mental health	
Theme	European Experience on Fighting Drug Abuse	
Speaker	Dr. Lee Fook Kay, Aaron Medical Superintendent, Shek Kwu Chau Treatment and Rehabilitation Centre of the Society for Aid and Rehabilitation of Drug Abusers (SARDA)	
Co-ordinator & Chairman	Dr. Chan Suen Ho, Mark The Hong Kong College of Family Physicians	
Time	2:00 p.m. – 4:00 p.m.	Theme Presentation & 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 Co-ordinator via the College secretariat 2 weeks prior to meeting.	



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	1 CME points HKCFP (Cat. 4.3) 1 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.	



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Bayer HealthCare Limited
18 August 2018
Saturday
Board of Education Interest Group in Medical Humanities

Aim	To form a regular platform for sharing and developing knowledge and skill in the medical humanities	
Theme	Global Development in Medical Humanities: We are not alone	
Speaker	Dr. Chan Suen Ho, Mark Family Physician in private practice	
Co-ordinator & Chairman	Dr. Chan Suen Ho, Mark The Hong Kong College of Family Physicians	
Time	2:00 p.m. – 4:00 p.m.	Theme Presentation & 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 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.	


17 August 2018
Friday
The Latest Update On The Management of Diabetic Macular Edema
Dr. Timothy Yuk Yau LAI
Specialist in Ophthalmology

Chairman	TBC The Hong Kong College of Family Physicians	
Time	6:30 p.m. – 7:00 p.m.	Registration
	7:00 p.m. – 8:00 p.m.	Lecture and Discussion
	8:00 p.m. – 9:30 p.m.	Dinner
Venue	Shanghai Room I, Level 8, Cordis Hotel Hong Kong, 555 Shanghai Street, Mongkok, Kowloon	

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	27 July 2018 (Friday)	
Time	2:30 p.m. - 3:30 p.m.	
Topic	"Management of Urticaria - An Update" by Dr. Johnny Chan	
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.	


August's session:

Date	31 August 2018 (Friday)	
Time	2:30 p.m. - 3:30 p.m.	
Topic	"Update on GERD Management guidelines : From World Gastroenterology Organisation (WGO) guidelines to Asia Pacific consensus" by Dr. Raymond WM Wong	
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
11 August 2018 1:00 – 3:00pm	Lecture Theatre, G/F, Block K, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Kowloon	Management of Hearing Loss Dr. Wendy KWAN Man Yee [Associate Consultant, Department of Ear, Nose & Throat, United Christian Hospital]	Ms. Polly Tai Tel: 3949 3430 or Ms. Cordy Wong Tel: 3949 3087

Structured Education Programmes

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

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
1 August 18 (Wed)			
2:00 – 5:00 p.m.	Room 7, 8/F, Yau Ma Tei GOPC	Update of Management of Osteoporosis Dr. Chan Kam Sheung & Dr. Cheung Yuen Yan	Ms. Mandy Leung Tel: 3506 8613
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Chaperone and Intimate Examination in GP Setting Dr. Hun Pek I & Dr. Chan Cho Shan	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Diabetic Complication Screening Dr. Leung Hilching, Eunice & Dr. Lai Ho Yeung, Kelvin	Ms Polly Tai Tel: 3949 3430
3:45 – 5:45 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital	Emergency Drill at Sai Ying Pun GOPC (Department Geographical Drill) Dr. Belinda Cheung	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Breast Disease, Breast Cancer Screening and Abnormal Result Dr. Fung Yat Wang, Andrew & Dr. Hui Lok Hin	Ms. Carmen Kwong Tel: 2632 4371
2 August 18 (Thu)			
4:30 – 6:00 p.m.	Room 614, 6/F, Ambulatory Care Centre, Tuen Mun Hospital	Role of Family Physicians in Handling Gender Identity Disorder / Transsexualism Patients Dr. Cheuk Tat Sang & Dr. Lee Hoi Ying	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Principles of Professional Ethics (The Red Book) Dr. Chan Wei Kwan, Rita	Ms W L Kwong Tel: 2595 6941
8 August 18 (Wed)			
2:00 – 5:00 p.m.	Seminar Room, G/F, Block A, Queen Elizabeth Hospital	Environmental Hazards & Drug Poisoning Dr. Chuang Chi Kit & Dr. Jiao Fangfang	Ms. Mandy Leung Tel: 3506 8613
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Burnout and Resilience Dr. Fan Siu Wai & Dr. Chan Cheuk Ming	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Cervical Smear Dr. Chau Yiu Shing, Sunny & Dr. Lee Tsz Ching, Yolanda	Ms Polly Tai Tel: 3949 3430
3:45 – 5:45 p.m.	Multi-function Room, NAHC clinic, G/F, Tsan Yuk Hospital	Alcohol Abuse: How to Help Patient to Quit Alcoholism? Dr. Queenie Chin	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Better Patient Communication Part I Dr. Wong Kok Hoi	Ms. Carmen Kwong Tel: 2632 4371
9 August 18 (Thu)			
4:30 – 6:00 p.m.	Room 614, 6/F, Ambulatory Care Centre, Tuen Mun Hospital	Applying FM Principles in Caring of Children with Learning Difficulties Dr. Chan Ham & Dr. Lau Lai Na	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Emergency Cardiac Arrhythmias Dr. Choi Sze Wai, Michelle	Ms W L Kwong Tel: 2595 6941

15 August 18 (Wed)

2:00 – 5:00 p.m.	Seminar room, G/F, Block A, Queen Elizabeth Hospital	Common Symptoms in Surgery Dr. Wong Hin Hei, Henry & Dr. Lam Tun Kin	Ms. Mandy Leung Tel: 3506 8613
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Compare Childhood Immunization Schedule in Public and Private Setting Dr. Lam Kang & Dr. So Kwok Ho	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Introduction of Community Resources Dr. Ma Man Ki, Katelyn & Dr. Chen Tsz Ting	Ms Polly Tai Tel: 3949 3430
3:45 – 5:45 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Practice Assessment Package - Sterilization, Disinfection Dr. Lee Chun Hui, David	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Better Patient Communication Part II Dr. Wong Kok Hoi	Ms. Carmen Kwong Tel: 2632 4371

16 August 18 (Thu)

4:30 – 6:00 p.m.	Room 614, 6/F, Ambulatory Care Centre, Tuen Mun Hospital	Emergency Toxicology Dr. Chan Ching & Dr. Wong Chun Fai	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Management of Low Back Pain Dr. Tai Lik	Ms W L Kwong Tel: 2595 6941

22 August 18 (Wed)

2:00 – 5:00 p.m.	Seminar Room, G/F, Block A, Queen Elizabeth Hospital	Consent Dr. Hou Jing Anticipatory Care Dr. Ng Ka Wing	Ms. Mandy Leung Tel: 3506 8613
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Practical Procedures in Primary Care Clinic Dr. Chong Kok Hung & Dr. Tsang Yee Wing	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Elements of Good Primary Health Care Dr. Ma Yuen Ying, Tammy & Dr. Li Wing Chi, Gigi	Ms Polly Tai Tel: 3949 3430
3:45 – 5:45 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Alternative Medicines in Hong Kong Dr. Li Minru	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Community Resources for Elderly Home Care Dr. Poon Lai Ping, Joyce & Dr. Poon Wing Kwan, Sharon	Ms. Carmen Kwong Tel: 2632 4371

23 August 18 (Thu)

4:30 – 6:00 p.m.	Room 614, 6/F, Ambulatory Care Centre, Tuen Mun Hospital	Diagnostic Equipment: Technique of Use and Validation Dr. Hsu Kwok Fai & Dr. Sze Chung Fai	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Management of Patients with Multiple Symptom Complaints Dr. Fong Pak Yiu, Hugo	Ms W L Kwong Tel: 2595 6941

29 August 18 (Wed)

2:00 – 5:00 p.m.	Seminar Room, G/F, Block A, Queen Elizabeth Hospital	Sick Role: Psychological and Physical Impact on Patient Dr. Siu Wing Yee & Dr. Lai Ka Ho	Ms. Mandy Leung Tel: 3506 8613
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Approach to Oligomenorrhea / Amenorrhoea Patients Dr. Lam Wai Yiu & Dr. Chung Chak Hang	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Common Symptoms in Geriatrics (Incontinence, Instability/ Fall) Dr. Chan Wing Chi, Annie & Dr. Wong Sze Man	Ms Polly Tai Tel: 3949 3430
3:45 – 5:45 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Management of Common Respiratory Disease Dr. Macy Lui	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	First Aid Management (Choking, Burns, Poisoning) Dr. Leung Wai Yan, Viola & Dr. Poon Wing Kwan, Sharon	Ms. Carmen Kwong Tel: 2632 4371

30 August 18 (Thu)

4:30 – 6:00 p.m.	Room 614, 6/F, Ambulatory Care Centre, Tuen Mun Hospital	Community Nurse Services Dr. Chan Yin Yue & Dr. Sung Cheuk Chung	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Management of Common Minor Ailments in Pregnant Woman Dr. Chan Yuen Ling, Carrie	Ms W L Kwong Tel: 2595 6941

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
15 Jul 3:00 - 6:00 p.m. Conjoint Examination - 1 st OSCE Examiners' Training Workshop	16	17	18 2:15 - 7:30 p.m. Structured Education Programme	19 2:15 - 7:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	20	21 2:30 - 5:30 p.m. AEC
22	23	24	25 2:15 - 7:30 p.m. Structured Education Programme 8:30 p.m. Board of Vocational & Standards Meeting	26 1:00 - 3:30 p.m. CME Lecture 2:15 - 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	27 2:30 - 3:30 p.m. Video Session	28 2:00 - 4:00 p.m. Certificate Course on Bringing Better Health to Our Community 2018 2:00 - 6:00 p.m. APCLS Workshop & Examination (TBBC) 5:00 - 6:00 p.m. Intercollegiate Basketball Tournament (HKCFP vs COHK)
29	30	31	1 Aug 2:15 - 7:30 p.m. Structured Education Programme	2 2:15 - 7:00 p.m. Structured Education Programme	3	4 2:00 - 4:00 p.m. Interest Group in Mental Health & Psychiatry 2:30 - 5:30 p.m. DFM Module V Consultation Skills Workshop I
5	6	7	8 2:15 - 7:30 p.m. Structured Education Programme	9 2:15 - 7:00 p.m. Structured Education Programme	10	11
12 Conjoint Written Examination 2018 - AKT segment	13	14	15 2:15 - 7:30 p.m. Structured Education Programme	16 2:15 - 7:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	17 6:30 - 9:30 p.m. CME Dinner Symposium	18 2:00 - 4:00 p.m. Interest Group in Medical Humanities
19 3:00 - 6:00 p.m. Conjoint Examination - 2 nd OSCE Examiners' Training Workshop	20	21 Conjoint Written Examination 2018 - KFP segment	22 2:15 - 7:30 p.m. Structured Education Programme 7:00 - 9:00 p.m. Pre-Exit Exam Workshop	23 2:15 - 7:00 p.m. Structured Education Programme	24	25 2:30 - 5:30 p.m. AEC 2:30 - 5:30 p.m. Certificate Course on Bringing Better Health to Our Community 2018
26	27	28	29 2:15 - 7:30 p.m. Structured Education Programme	30 2:15 - 7:00 p.m. Structured Education Programme 7:00 - 9:00 p.m. Pre-Exit Exam Workshop (Video Session)	31 2:30 - 3:30 p.m. Video Session	1 Sep

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

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