World Family Doctor Day

"World Family Doctor Day of 19th May was first declared by the World Organization of Family Doctors (WONCA) in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event has gained momentum globally each year and it is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It’s also a chance to celebrate the progress being made in Family Medicine and the special contributions of family doctors all around the world."

Dr. Garth Manning
Chief Executive Officer
WONCA

Our College, the Primary Care Office, the Department of Health jointly organized the Primary Care Symposium to commemorate the World Family Doctor Day. It also introduced the two new Hong Kong Reference Frameworks for Preventive Care for Children and Older Adults in Primary Care Settings, which have been developed by the Task Force on Conceptual Model and Preventive Protocols under the Working Group on Primary Care. These frameworks provide common reference to healthcare professionals for the provision of continuing, comprehensive and evidence-based care in the community, empower patients and their carers, and raise public awareness of the importance of health promotion and disease prevention in different population groups. For more details of the Frameworks, please refer to http://www.pco.gov.hk/english/initiatives/frameworks.html

Family physician is a time-honoured profession. We identify the wide range of problems that patients present, code them into medical language for other medical and healthcare professionals and address them with decisions that set priority, enhance long-term relationship that serve the patients and the community better, and seize every opportunity for anticipatory care. All these require a wide spectrum of most update medical knowledge, understanding of human nature, communication skills, courage to tolerate uncertainty, practice of high standard of ethics, and kindness. There is evidence that countries with more registered family doctors are more likely to have better health outcomes as well as lower costs and greater patient satisfaction. The World Health Organization has also stated that a health system with family physicians is the best way to improve public health, to ensure sustainable improvements in health outcomes, and is the best guarantee that access to care will be fair. I am very grateful for the Government’s support of the World Family Doctor Day.
Bidding for the 22nd WONCA World Conference 2018/2019

As part of our continuing effort to promote the concept of primary care and Family Medicine locally and internationally, we have submitted an application to the WONCA World Council to express our intention to host the 22nd WONCA World Conference in May 2018/2019. We will present our bidding proposal in Prague WONCA World Conference on 23rd June 2013. The result will be announced on 24th June, 2013.

The Hong Kong Tourism Board has helped us produce a video which can be viewed on the College website, YouTube, and Facebook; arrange staff to support us in Prague; organise and fund lion dance, Tai Chi, and the Prague Chinese International School choir performance. I am deeply grateful to our Chief Executive, Mr. C Y Leung; Secretary of Food & Health Bureau, Dr. Ko Wing Man, and the Hong Kong Tourism Board for their tremendous support in our bidding.

"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 June 2013 to 14th July 2013, Dr. Au Chi Lap and Dr. Mary Kwong will be the Council Members On Duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments about anything relating to our College and Family Medicine. You can reach us by contacting our College Secretariat by phone: 2528 6618, by fax: 2866 0616, or by email: hkcfp@hkcfp.org.hk. Once we receive your call or message, we will get in touch with you directly as soon as we can.

Dr. Tony C. K. Lee
Co-ordinator, CMOD System
**Membership Committee News**

The Membership Committee approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **April 2013 – May 2013**:

<table>
<thead>
<tr>
<th>Associate Membership (New Application)</th>
<th>Resignation from Associate Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. LEUNG Man Keung 梁文強</td>
<td>Dr. CHAN Tin Wing Tom 陳天穎</td>
</tr>
<tr>
<td>Dr. FAN Yuen Shan Patricia 范苑珊</td>
<td></td>
</tr>
<tr>
<td>Dr. CHAU Ka Vai 周家偉</td>
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</tr>
</tbody>
</table>

**Board of Diploma in Family Medicine (DFM) News**

The Board of DFM is pleased to announce that the following candidates have successfully passed the 10th Diploma Course in Family Medicine 2012-2013.

- Dr. Au Tai Kwan, Eva
- Dr. Chan Kwok Hung
- Dr. Chan Pui Yan
- Dr. Chan Tak Song
- Dr. Cheang Hou Kong
- Dr. Cheung Sze Wan, Peggy
- Dr. Chou Hao Wan
- Dr. Fernandez, Natalia
- Dr. Ho Chi Kai
- Dr. Ho Chin Chiu
- Dr. Hoi Chu Peng
- Dr. Hon Fa
- Dr. Ku Kit Meng
- Dr. Kuok Wai Seng
- Dr. Lai Pui Hung
- Dr. Lam Kuok Wun
- Dr. Lam Wai Leng
- Dr. Lau Chi Keung
- Dr. Lau Hong Ki
- Dr. Lei Iok Fai
- Dr. Lei Meng Vai
- Dr. Leong Hoi Ip
- Dr. Leong Iek Hou
- Dr. Leong In Hong
- Dr. Leong Chi Sam
- Dr. Leong Weng Kun
- Dr. Leung Ka Pou
- Dr. Li Lai Ming, Helen
- Dr. Lo Paulo
- Dr. Lo U Kan
- Dr. Loi Chan Pong
- Dr. Lou Wai Ip
- Dr. Ng Yiu Kong
- Dr. Pintos Dos Santos, Ernesto
- Dr. Sam Ip Pio
- Dr. Si Weng
- Dr. Sin Ho Fai
- Dr. Sin Nin Ngan
- Dr. Sio Cheong Un
- Dr. Sio Fong I
- Dr. Sumou, Ingrid Karmane
- Dr. Tsang Hoi Ham
- Dr. Tsang Man Leung
- Dr. Wong Kin Sing
- Dr. Wong Ling Ngan, Anna
- Dr. Wong Yuk Teck
- Dr. Ye Yilian

Congratulations to all the successful candidates.

**Distinction**

The Board of DFM is pleased to announce that Dr. Au Tai Kwan, Eva has achieved the highest overall score and will be awarded the title of Distinction.

Congratulations to Dr. Au Tai Kwan, Eva for her remarkable achievement.

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**Board of Vocational Training and Standards News**

**Reminder: Submission of Training Logbook for Certification of Completion of Basic Training**

To all Basic Trainees,

You are advised to apply for the Certificate of Completion of Basic Training within 3 months after the completion of the four-year basic vocational training. If you don’t have that certificate, you are required to pay the annual training fee (Basic Training) yearly.

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

Basic Training Subcommittee
BVTS
The Research Committee of HKCFP is proud to announce two newly established research funds, The Trainees Research Fund and the Research Seed Fund this year.

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 where a maximum of $10,000 award will be made to the successful applicant to assist the conduction of a research project.

**Assessment criteria for both funds:**

1. Academic rigor of the paper (e.g. originality, methodology, organisation and presentation); and
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).

Preference will be given to the applicants applying for projects on one of the following themes this year:

1. Professionalism / doctor-patient interventions and clinical decision making;
2. Effectiveness of HKCFP vocational training;
3. Perception of FM by the general public and patient health-seeking behaviours;
4. New care models in primary care e.g. patient empowerment in chronic disease management;
5. Clinical presentations and clinical epidemiology;
6. Innovations in technology to enhance primary care; or
7. Cardiopulmonary resuscitation / emergency medicine in primary care.

Please note you can still apply if the theme of your submitted research project is not one of the above mentioned. 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
802, Duke of Windsor Social Service Building,
15 Hennessy Road, Wan Chai, Hong Kong.

Please indicate the research funding title e.g. “HKCFP Trainees Research Fund 2014 or HKCFP Research Seed Fund 2014” on your research project upon submission.

Submission Deadline: 31st July 2013
Enhancing the practice of primary care physicians as our goal to serve the medical profession and the Society

Postgraduate Diploma in Diagnosis and Therapeutics in Internal Medicine (PDipIntMed&Therapeutics)

Calling for Enrolment in September 2013

PROGRAM FEES
Composition fee for the 2-year program is HK$23,000

ADMISSION REQUIREMENTS
Holder of a primary medical degree with post registration experience of no less than 12 months

DEADLINE OF APPLICATION
31 August 2013

VENUE
William MW Mong Block
Faculty of Medicine Building
21 Sassoon Road
Pok Fu Lam, Hong Kong

ORGANIZER
Department of Medicine
The University of Hong Kong
Queen Mary Hospital, Hong Kong

To submit an application:
On-line: http://www.medic.hku.hk/postdip.htm
Recommendation to Restrict Use of Strontium Ranelate (Protos)

Strontium Ranelate (Protos®) is an antiosteoporotic agent which both increases bone formation and reduces bone resorption. Recently the European Medicines Agency (EMA)’s Pharmacovigilance Risk Assessment Committee (PRAC) recommended to restrict the use of Strontium Ranelate, following the evaluation of data showing an increased risk of heart problems, including heart attacks.

The recommendations followed a routine benefit-risk assessment of the medicine. The data from clinical studies showed that there was an increased risk of heart attack in post-menopausal women taking strontium compared with those taking placebo, although there were no increase in deaths.

Together with data showing other serious risks (blood clots and rare but serious skin reactions) identified in a previous EMA review in 2012, the PRAC concluded that a further expedited in-depth evaluation of the benefits and risks of the medicine is needed.

The PRAC recommended that changes should be made in the prescribing information for strontium:

- Strontium ranelate should only be used for the treatment of severe osteoporosis in postmenopausal women at high risk of fracture and severe osteoporosis in men at increased risk of fracture.
- Strontium ranelate should NOT be used in patients with current or past history of ischaemic heart disease (such as angina or a heart attack), peripheral arterial disease (obstruction of large blood vessels, often in the legs) or cerebrovascular disease (diseases affecting the blood vessels supplying the brain, such as stroke).
- Strontium ranelate should NOT be used in patients with hypertension that is not adequately controlled by treatment.

The outcome of the PRAC assessment will be sent to the Agency’s Committee for Medicinal Products for Human Use (CHMP) which will formulate a final opinion later.

Source: European Medicines Agency

Complied by Dr. Sin Ming Chuen
The Present
The Web and Computer Committee is a relatively small committee. Our mission essentially is to ensure the normal functioning of the College web page, the computer hardware and software in the College office. In addition, we may advise the College on matters related to Computer programmes and information security in web pages.

Over the years, there are new needs emerging:

For the members
There are needs for using the web page to disseminate information from the College. It is obvious of good use by various boards notably, the Board of Conjoint Examination, Specialty Board and the Board of DFM. The President’s message, Board of Education news and FP Links are examples of web page content which has ensured members could access to the most updated news.

Communication is not only from the central core, it is also among the cluster of members down to individuals. The current web has accommodated the need, in which members share similar background (e.g. working in clinics in the same HA cluster) or interest (e.g. mental health or dermatology) could utilize the Web as a communication platform.

The photo section serves a good album function - members can provide good shots if desired. Our College Manager Erica has put in a section of Obituary, where friends and colleagues will be remembered for good.

For the public
To turn to the Internet for information is a trend that becomes a daily practice. The public looks for health information, wonder where and who could provide the health service they have in mind. In answering this, we have been preparing a member directory, with a hope that the public can go to the web and find the duly trained family physician to answer their health needs. After a year, the member directory has passed the initial application stage. With the necessary documents and correspondence, Medical Council has approved our application.

At the same time, we are considering to prepare update and reliable health information for the public, should they turn to our web page looking for answers. We are fostering the support from Public Education Committee, though even with the combined manpower, the task of launching and updating health information is an ongoing labour and knowledge intensive process.

In the future
We are entering the second phase of the member directory to link up our members and the community. In practice this will involve the details of members’ information being displayed, the format and considerations on user-friendliness. While we acknowledge some members’ information may not be listed with details, we have to work out the balance. We will report the progress to the College members.

We are now looking into facebook and similar web related areas, and we may have educational activities via the web as continuous education is an important area of interest.

Need your help
It is a committee which handle practical matters related to solving problems. We need suggestions on how to ensure the lowest possibilities of making mistakes, need helps in collecting and checking health information to be accessible by the public.

Any members interested in Computer and Web functions are welcome to join - as committee members, as health information workers, writers, editors or as coordinator for the respective Cluster web pages; for anything related to Web and Computer, one just needs to contact me or the College secretariat.

Thank You!
Evidence-Based Medicine from a General Practitioner's Perspective

Dr. Francis W T Lee, Coordinator, Evidence Based Medicine Interest Group - Board of Education

The consultation notes and management methods of a doctor working in the public sector are open to peer review and scrutiny. How to deliver good quality patient care, or at least proper care, is always a concern. Even in solo private practice, one has always to be (or try to be) sure what he does to the patient is right.

I graduated in the mid-1970s. The term “evidence based medicine” was non-existent to me at that time. When I first came across this term, I was quite puzzled. Ever since I worked as a doctor, I had been practicing what I thought was right and was taught in school, lectures, seminars, academic journals and so on. In other words, I thought I had been using evidence (or objective information) as my base of practice most, if not all, of the time.

In the Oxford Advanced Learner’s Dictionary, “evidence” means “information that gives a strong reason for believing something or proves something”. Perhaps the key word is “strong”. So, I learned about confidence interval, hazard ratio, sensitivity, specificity, prospective cohort study, double-blind control studies, so on and so forth. I had some idea about the evidence hierarchy, evidence levels I, II, III etc.

I learned to look at scientific papers and research studies. I started questioning the validity, reliability and “truth” of these studies. I was also interested to dig out new information, something more updated or may be more “evidence-based” than that printed in medical textbooks or even the British National Formulary.

I discovered PubMed and Medline. What a magnificent treasure of information. But soon I was lost. Even with all the “filters”, “truncations” and “limits” I set while searching, the information was still overwhelming. Frustrating enough, what I read was often not what I really wanted to know. Surfing the internet is fun, but one could easily be drowned by the huge amount of information.

Learning how to appraise one scientific paper may not be too difficult. However, just to keep track of all relevant studies is mission impossible. Fortunately, I discovered that there were other people doing the jobs for me. Moreover, various academic bodies or health authorities have set forth different guidelines on how to deal with different disease entities.

In fact, as early as 1976, there was the first version of the Joint National Committee (JNC) recommendation on treatment of hypertension (now JNC 8). In 1988 came the National Cholesterol Education Program (ATP I) report on treatment of hyperlipidaemia (ATP IV under development). The Standards of Medical Care in Diabetes by the American Diabetes Association are frequently and widely cited. Locally, the Hong Kong Reference Framework for Diabetes Care and Hypertension Treatment were published in 2010. I felt relieved, saved so to speak, that I had some medical bibles to rest upon.

As a general practitioner, or a family physician, I have to handle all sorts of medical, psychological and social problems. There are many problems other than hypertension, diabetes and hypercholesterolaemia. Surely, as time advances, many more guidelines on different medical topics are put forward. In fact, I start wondering if there is guideline on every single disease entity. I doubt whether the way I treat epigastric pain (in cases I consider have strong psychosomatic element) violates some guidelines somehow.

A really challenging situation is when a patient comes in with an unfamiliar drug (from another country or another doctor) for my comment, or a drug that I might have prescribed wrongly for whatever reason. Under such circumstances, guidelines may not help. Advice from trusted colleagues or medical resources at the point of care becomes the imminent issue.

Another embarrassing situation is when I argue (or discuss in a more gentle sense) with a junior colleague on certain management approach. I insist on my way as I have read the guideline thoroughly two years ago. It turns out that he is right, as the guideline has been revised six months ago. Or, the guideline has not been revised, but there is a paper with solid methodology, convincing results and new conclusion published two months ago in a reputable journal.

What I find more frustrating is after I “preach” on what I consider a good way of treating a problem, e.g. optimizing drug selection and doses for diabetes, some patients just would not listen. My advice is based on evidence of the highest hierarchy. However, the patients have their own value, their personal experience, and above all their right to choose.

Luckily, as years ago by, I have found the tools to answer most of my clinical queries. I have access to some “foraging” tools and some “hunting” tools. More importantly, I am learning how to balance between scientific evidence from research studies and my personal experience of patient management (and perhaps myself as well), in treating my patients.

Surely, there are doctors who have similar experiences. Many doctors know evidence based medicine and are applying it. Some understand it very well, while others may not be too familiar with it but wish to know more. The Board of Education of our College is of the opinion that there is a need to arouse the interest of and to promote evidence-based medicine among our members.

We have formed an interest group on this field with some core members. All other doctors are welcome to join in. I am glad that Dr. Mark Chan has kicked off our activity by expressing his aspiration. I have also written down some of my views. Other more structured activities are going to be organized and we welcome input from all members.

(Disclaimer: All advice and sharing in the meeting are personal opinions and bear no legal responsibility. All patients’ identities are kept confidential.)
How should one live with Evidenced-Based Medicine?

Ever since Professors Wun Yuk Tsan, Albert Lee, Dr. Mark Chan introduced Evidence Based Medicine (EBM) to me, as a student in one of the biggest classes of DFM CUHK in 2001, EBM has become part of my clinical practice.

I have read the classic *Evidence-based Medicine* by Sackett, Strass, et al, and several other Evidenced Texts, such as Ebell’s *Evidence Based Diagnosis*, Greenhalgh’s *How to read a paper*, and for clinical uses or examination purpose, tried reasonably hard to be part of the game.

At one stage, I thought that was trendy to follow the Sackett advice to throw away all the medical books, saying that with the advance in computer technology, one should keep update by accessing the most advanced knowledge available and update material from the cyber world. (of course, that was one of the few mistakes I did not commit, I still keep hold of my aged old textbooks including the 100 years memorial edition of the PYE’s surgical handicraft and the first edition of the Miller Classic, probably worth some money in the collectors’ world.) And there was no comparison from reading wisdom writings by experienced clinicians in polished master works. Updated articles from young energetic researchers written according to scientific factory rules have an intrinsic difference, something we cannot elaborate in this short article.

Anyway, we later came to know colleagues like Drs Amy Chan, Kinson Lau, Ching Kam Wing, Luke Tsang and many others (whom I do not know personally) who either wrote on this topic or conducted workshops to us novices, and picked up the EBM jargons. For a while, one may feel good, as we thought we were at the top or if not, must be close to the edge of the limit of accessible knowledge.

Back to daily practice, for people who are not quite into the statistical mindset, struggling with numbers is not easy. How often would we sit down and work out the predictive values of our clinical judgment? What is the chance that we miss meningitis if the patient with headache has no neck stiffness but has vomited? Or wonder why the cut off line for hypertension in guidelines has changed? Would there be a strong enough motive for us to start our own systematic reviews or critical appraisal? We are JUST family physicians, hang on for a while, or is this JUST another excuse for not working out the philosophy to say how or to think why this is the case?

In theory, we could all start our own data bank and stay at the top of the universe (if not at the restaurant at the end). With certain degree of stubbornness, several colleagues and I have tried and done a few exercises based on this. Moving the text book from the bookshelves and taking references from journals and electronic updates; searching the computer in front of the patients - some were impressed, while some may have other thoughts to the opposite.

The search in Pub Med is usually an interesting exercise and reassured that the medical world is busily accumulating knowledge, bit by bit, and loads and loads of information are challenging even with the hardest working mind. There is no end to the approach, and not long, there is another new piece of addition. No wonder Chong Tzs got fed up.

How can we stay updated and not be left alone becomes a very important subject, probably one of the top priorities.

So it left me with several questions.

What is a reasonable approach to ensure the continuous update of our knowledge as a knowledge provider, and translation of health information with clinical judgment, which could have important consequences? What is the current thought about the endless task to look for the best practice? What is my decision tree in the humble 100 square feet consultation room affected by advance in medicine from ivory tower in Mayo or Oxford? Good working guidelines are welcome aids, (the recent DH ones on hypertension and diabetes deserve a credit.) But certain guidelines impose some grey areas which if not followed we may fall into the trap and need to defend why the guidelines were not followed. Not to mention there may be USA, UK, European, WHO, and various professional bodies (e.g. Internal medicine) and physicians with expertise on the same topic.

I guess the College, as an academic body, must have colleagues who share similar thoughts and problems. We should perhaps gather collective thoughts and actions, seek advices from experienced colleagues or invite academics to enlighten us up.
United Christian Nethersole Community Health Service

Established in 1972, the United Christian Nethersole Community Health Service (UCN) is a not-for-profit non-governmental organization dedicated to primary health care, health education and promotion. UCN is under the United Christian Medical Service, a member of the Nethersole Group and sister organization of the United Christian Hospital, the Alice Ho Miu Ling Nethersole Hospital and the Pamela Youde Nethersole Eastern Hospital.

Striving to achieve holistic health for all and achieving the mission of “Leading a Healthy Life”, UCN’s primary health care centres adopt a strong multi-disciplinary approach, with a team of medical doctors, nurses, dentists, dietitians, traditional Chinese medicine practitioners, social workers and health educators who together, integrate health education and promotion, disease prevention, community rehabilitation and curative care. UCN also promotes active community participation and has established community-based programmes such as the “Ethnic Minority Health programme”, the “Good Neighbour Network” rehabilitation programme for patients with chronic illnesses, Community Nutrition Service, and specific community health education programmes for industry and office workforce, primary and secondary schools and kindergartens.

At present, UCN has five Family Medicine clinics, seven traditional Chinese medicine clinics and five dental clinics, as well as a range of health programmes to promote health and prevent disease through empowerment of individuals for self-reliance in developing a healthy lifestyle and community involvement to achieve a higher level of wellness.

Within the five medical clinics, UCN currently has 13.44 medical doctors at full-time equivalence, four of whom are specialists in Family Medicine. The clinics are situated in community health centres in Kwun Tong, Lam Tin, Yaumatei, Tai Po and Tin Shui Wai. As UCN’s work has a large preventative element, each doctor divides his/her time between conducting the regular Family Medicine clinic and the preventive health check service. These two services run in parallel for logistics reasons, but the nature is integrated. The four larger clinics are group practices, with four to five doctors each. In addition, the doctors are supported by registered nurse, registered dietitian, physiotherapist, dispenser, and trained health workers. All UCN doctors and dentists are registered in the primary care directory.

Medical Service

UCN’s direction in medical service is to advance Family Medicine as the core of community health centres and to provide outreaching primary care services for the community with allied health and health workers; and to gradually transform and absorb stand-alone health programmes into a comprehensive and sustainable model of care.

All-round training with the energetic team of UCN

Teamwork is highly valued in UCN’s setting. Doctors may be employed as full-time, part-time or on a locum basis. They are encouraged to actively participate in the management and decision-making of clinic matters, such as drug management, information technology development, pricing of services, selection of laboratory and diagnostic tests, review of clinical guidelines and development of internal protocols, and training of junior staff etc. Each clinic has one doctor-in-charge who takes on more administrative responsibilities and controls the budget of that clinic, but every doctor pitches in to help the in-charge to manage the clinic and improve quality of service. Each doctor is expected to maintain his/her own clinical skills by participating in CME activities. Every doctor is required to have an updated basic life support certificate. Once a month CME small group is conducted in the clinics and doctors chair the group by rotation. Sharing of knowledge and skills amongst colleagues is highly encouraged. There is plentiful chance for primary care research in the setting as UCN clinics are computerized and there is a wealth of data.

“Clinic without Walls”

Patients of UCN come from all walks of life, with majority from the lower to middle-lower socio-economic group. Elderly patients form a significant proportion of our work (25.9% of all

“Submissions of articles to Feature with up to 1200 words are always welcome. Gift vouchers will be given as a token of appreciation if the articles are selected for publication. Email: carmen@hkcfp.org.hk”
clinic attendance are aged 65 years and above). UCN clinics are able to serve more elderly through a variety of means. These include accepting health care voucher for those aged 70 and above; participating in the government sponsored influenza and pneumococcal vaccine schemes; giving discount in fees to the elderly and organizing special programmes for them. One of these is the partially sponsored clinic based health check for 7,000 elderly who were aged 60 and above per year and the fully sponsored “home visit for health screening and environmental scanning” for 400 single elderly aged 70 and above, both funded by the Hong Kong Jockey Club Charities Trust. Another example is the “Early dementia detection and management programme” partially sponsored by the Community Chest. These programmes fill in some gaps in current health care services and also enable cooperation and mutual support between NGOs, enabling each party to offer better care for the elderly person in the community. Through such programmes, which may be run by nurses or allied health colleagues, UCN believes that the doctor has a distinct role in community care extending beyond the clinic walls.

Through the special health programmes and collaboration with other NGOs and community groups, UCN clinics enable and encourage the more vulnerable members of the community to present for care. For example, the Ethnic Minority Health Programme has attracted a number of Pakistani and Nepalese women to come for women’s health check in a culturally sensitive environment; and the Driver’s Health Programme has pushed forward the promotion of men’s health.
One-stop primary health care service

UCN’s clinic caseload morbidity pattern is different from that of GOPC and of private sector, according to a recent morbidity pattern survey. UCN’s pattern is a mixture of the two. As UCN has a “Chronic Diseases Clinic”, with special discount for patients suffering from hypertension, diabetes mellitus, asthma, COPD and ischaemic heart disease, UCN’s caseload of such patients is higher than that found in private setting, though not as high as GOPC. Conversely, the proportion of acute episodic cases is lower than that of private setting. The on-site diagnostic radiology service, such as X-Ray, Ultrasound, DEXA, Mammogram, has enabled UCN doctors to better work-up to diagnose cases. It is also convenient for the patients.

UCN’s Chinese medicine services are provided by experienced registered Chinese medicine practitioners and Chinese medicine dispensers. The comprehensive services cover internal medicine, acupuncture, bone-setting/tui-na, body-point adhesive-plaster and cupping, etc. UCN also provides Chinese medicine nurturing scheme and health talks in a wide range of topics to foster the concept of “illness prevention from Chinese medicine perspectives”.

With the one-stop primary health care services, patients may choose either or both Chinese medicine and allopathic western medicine to yield the best result of treatment. For example, Diabetes Mellitus is categorized as “Xiao Ke” disease in Chinese medicine. Apart from providing western medicine service, UCN may refer patients to Chinese medicine service to improve the body functioning and quality of life of people with diabetes through dietary therapy, herbal medicines or acupuncture therapy.

Scope of UCN medical service:
• Family Medicine Service
• Health Maintenance Service
• Dental Service
• Community Nutrition Service
• Community Medical Outreach
• Physiotherapy
• Colposcopy Clinic and Diagnostic Services
• Chinese Medicine Service

UCN is currently recruiting family medicine doctors to join the group practice.

Social Service

Emotional Health Education and Clinical Psychology

Preventive intervention can effectively safeguard the emotional and mental health of individuals. Positive thinking, which is the fundamental of emotional health, and positive living can be developed through learning. Established in 2003, the United Centre of Emotional Health and Positive of Thinking (UCEP) of UCN introduces “Positive Psychology” and provides people with emotional problems and their relatives the strategies of helping themselves, strengthens their ability to cope with difficulty; and also provides training for professionals to help them assist their service receivers to handle emotional problems.

UCEP also provides clinical psychological service to people who need psychological assessment and therapy. Their service targets cover a wide range of people, including preschool and school aged children, adolescents, adults and elders, etc.
Service Locations

<table>
<thead>
<tr>
<th>Centre</th>
<th>Service</th>
<th>Tel No.</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headquarters</td>
<td>• Central Administration</td>
<td>2717 1989</td>
<td>4/F, Ng Wing Tong Block, United Christian Hospital, 130 Hip Wo Street, Kln.</td>
</tr>
<tr>
<td>Jockey Club Wo Lok Community Health Centre</td>
<td>• Family Medicine</td>
<td>2344 3444</td>
<td>Unit 26-33, G/F, Kui On House, Wo Lok Estate, Kwan Tong, Kln.</td>
</tr>
<tr>
<td></td>
<td>• Dental</td>
<td>2172 0727</td>
<td></td>
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<tr>
<td></td>
<td>• Health Maintenance</td>
<td>2344 2905</td>
<td></td>
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<tr>
<td></td>
<td>• Physiotherapy</td>
<td>2344 3133</td>
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<td></td>
<td>• Community Nutrition</td>
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<td></td>
<td>• Diagnostic Imaging</td>
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<td></td>
<td>• Chinese Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sau Mau Ping Community Health Centre</td>
<td>• Dental</td>
<td>2348 2209</td>
<td>Unit 313, Sau Mau Ping Shopping Centre, Sau Mau Ping Estate, Kwan Tong, Kln.</td>
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<td>• Chinese Medicine</td>
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<tr>
<td>UCN Jordan Health Centre</td>
<td>• Family Medicine</td>
<td>2770 8365</td>
<td>13/F, Sino Cheer Plaza, No. 23 Jordan Road, Kln.</td>
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<td>• Health Maintenance</td>
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<td>• Community Nutrition</td>
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<td>• Diagnostic Imaging</td>
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<td>• Chinese Medicine</td>
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<tr>
<td>UCN Jordan Health Centre (Integrated Service)</td>
<td>• Chinese Medicine</td>
<td>3427 9377</td>
<td>Room 1401, 14/F Four Seas Building, 208-212 Nathan Road, Kln.</td>
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<td></td>
<td>• Clinical Psychology</td>
<td>2775 3360</td>
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<tr>
<td>Bradbury Kwong Tin Community Health Centre</td>
<td>• Family Medicine</td>
<td>2340 3022</td>
<td>Unit 203, Kwong Tin Shopping Centre, Kwong Tin, Kln.</td>
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<tr>
<td></td>
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<td>• Dental</td>
<td>2340 3949</td>
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<tr>
<td>Fu Heng Community Health Centre</td>
<td>• Dental</td>
<td>2664 6231</td>
<td>4/F, Neighbourhood Community Centre, Fu Heng Estate, Tai Po, N.T.</td>
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<td>• Chinese Medicine</td>
<td>2666 9943</td>
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<tr>
<td>Kwong Fuk Community Health Centre</td>
<td>• Family Medicine</td>
<td>2638 3846</td>
<td>19/F, Kwong Yan House, Kwong Fuk Estate, Tai Po, N.T.</td>
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<tr>
<td>Nethersole Chinese Medicine Service cum the Chinese University of Hong Kong Chinese Medicine Clinical Training and Research Centre</td>
<td>• Chinese Medicine</td>
<td>2663 0004</td>
<td>G/F, Block J, Staff Centre, 11 Chuen On Road, Tai Po, N.T.</td>
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<tr>
<td>Jockey Club Tin Shui Wai Community Health Centre</td>
<td>• Family Medicine</td>
<td>3156 9000</td>
<td>Unit 103, 1/F, Tin Ching Amenity and Community Building, Tin Ching Estate, Tin Shui Wai, N.T.</td>
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<tr>
<td>United Centre of Emotional Health and Positive Living</td>
<td>• Organise talks and workshops on Positive Psychology and mental health</td>
<td>2349 3212</td>
<td>2/F, Block A, Lee Kee Building, 55 Ngau Tau Kok Road, Kowloon Bay, Kln.</td>
</tr>
<tr>
<td>Pathology Laboratory</td>
<td>• Pathology Laboratory Service</td>
<td>2717 2311</td>
<td>Room 606-07, 6/F Futura Plaza, 111-113 How Ming Street, Kwan Tong, Kln.</td>
</tr>
<tr>
<td>Integrated Home Care Service</td>
<td>• Provide home care service to the elderly, disabled and needy families</td>
<td>2651 0919</td>
<td>B103-B104, G/F, Kwong Sung House, Kwong Fuk Estate, Tai Po, N.T.</td>
</tr>
</tbody>
</table>

For more about services of UCN, please visit [www.ucn.org.hk](http://www.ucn.org.hk).
1. Diploma in Clinical Acupuncture  [Course Code: CM 48-105-00 (31)]

Acupuncture is proven to be effective in the treatment of diseases. The World Health Organisation (WHO) recommends a number of conditions that can be treated by Acupuncture. This course provides Western-trained medical practitioners and professionals who are interested in acupuncture with an opportunity to receive acupuncture training.

Course Contents:
This programme consists of two parts. Each part consists of one module. Students who complete one module of Part 1 can choose to exit the programme. Completion of one module will lead to a Certificate in Acupuncture. Upon successful completion of Part 1 and Part 2, students will be awarded a Diploma in Clinical Acupuncture.

Entry Requirements:
1. Western medical practitioners, Physiotherapists, Nurses, Osteopaths, Chiropractors or medical related professionals; or
2. Holders of Bachelor’s degree or equivalent

Commencement Date: 7 October 2013 (Mondays and Thursdays, 8 - 10 p.m.)
Duration: 8 months
Course Fee: HK$19,200 (inclusive of fees for clinical observation in HK)
(Course fee to be settled upon acceptance of admission)
Application Fee: HK$150 (non-refundable)
Medium of Instruction: English

2. Introduction to Acupuncture of Chinese Medicine  [Course Code: CM 48-068-01-01 (31)]

This course provides the philosophical background of Chinese medicine and illustrates how acupuncture helps manage our health.

Commencement Date: 27 August 2013 (Tuesdays, 7 - 9 p.m.)
Duration: 10 hours (5 meetings)
Course Fee: HK$1,100
Medium of Instruction: English

3. Advanced Diploma in Tui-Na 推拿學高級文憑  [Course Code: CM 38-130-00 (31)]

Commencement starts on 13 September 2013 (Tuesdays & Fridays / 7-10 p.m.)

4. Advanced Diploma in Acupuncture 針灸學高級文憑  [Course Code: CM 48-113-00 (31)]

Commencement starts on 13 September 2013 (Tuesdays & Fridays / 7-10 p.m.)

5. Acupuncture for Rejuvenation and Anti-early Ageing 針灸養顏抗早衰  [Course Code: CM 48-068-22-01 (31)]

Commencement starts on 2 August 2013 (Tuesdays & Fridays / 7-9 p.m.)
As HKCFP is one of the founding members of the Hong Kong Resuscitation Council, the Board of Education CPR Subcommittee invites all College members to attend RCHK’s Annual Scientific Meeting 2013 at AMS headquarters on 13th July 2013. The theme is Bystander CPR in Hong Kong: How do we do better in future?

Date: 13 July 2013 (Sat)
Time: 1:00 to 5:30 p.m.
Venue: Assembly Hall, 6th Floor, Auxiliary Medical Service Headquarters, 81 Princess Margaret Road, Homantin, Kowloon.
For enquiry: Mr. Daniel Tso (tel: 2871 8840; email: daniel@hkca.edu.hk)

<table>
<thead>
<tr>
<th>Programme</th>
<th>Registration</th>
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<tbody>
<tr>
<td>1:00 - 1:30 p.m.</td>
<td>Registration</td>
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<tr>
<td>1:30 - 2:10 p.m.</td>
<td>Officiating Ceremony / Speeches / Awards Presentation</td>
</tr>
<tr>
<td>2:10 - 2:30 p.m.</td>
<td>Community CPR Programme – AMS experience</td>
</tr>
<tr>
<td>2:30 - 2:50 p.m.</td>
<td>Medical-legal Aspect on Bystander CPR</td>
</tr>
<tr>
<td>2:50 - 3:10 p.m.</td>
<td>OHCA: Current Perspective and Challenges in HK</td>
</tr>
<tr>
<td>3:10 - 3:30 p.m.</td>
<td>Resuscitation in Hospital Public Areas</td>
</tr>
<tr>
<td>3:30 - 3:40 p.m.</td>
<td>Q &amp; A</td>
</tr>
<tr>
<td>3:40 - 4:00 p.m.</td>
<td>Break and Refreshment</td>
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<tr>
<td>4:00 - 4:20 p.m.</td>
<td>Promoting Bystander CPR: the Good, the Bad and the Undetermined</td>
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<tr>
<td>4:20 - 4:40 p.m.</td>
<td>Heart Safe School Programme</td>
</tr>
<tr>
<td>4:40 - 5:15 p.m.</td>
<td>How to Promote Bystander CPR?</td>
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<tr>
<td>5:15 - 5:30 p.m.</td>
<td>Q &amp; A</td>
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</table>
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.

### June’s session:

- **Date:** 28 June 2013 (Friday)
- **Time:** 2:30 p.m. - 3:30 p.m.
- **Topics:**
  1. Glycemic Index – Non-alcoholic Fatty Liver Disease – Dr. Leong In Son
  2. Statin Benefit Beyond Lipid Lowering – Dr. Ko Wai Chin
- **Admission:** Free for Members
- **Accreditation:**
  - 1 CME point HKCFP (Cat. 4.2)
  - 1 CME point MCHK
  - Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
- **Language:** Lectures will be conducted in English.

### July’s session:

- **Date:** 26 July 2013 (Friday)
- **Time:** 2:30 p.m. - 3:30 p.m.
- **Topic:** Updates on Management of GERD and H.P. Eradication – Dr. Cheung Ting Kin
- **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)

<table>
<thead>
<tr>
<th>Date/Time/CME</th>
<th>Venue</th>
<th>Topic/Speaker/Co-organizer</th>
<th>Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 July 2013</td>
<td>Auxiliary Medical Service Headquarters, 81 Princess Margaret Road, Ho Man Tin</td>
<td>Annual Scientific Meeting 2013 Bystander CPR in Hong Kong: How We Do Better in Future</td>
<td>Mr. Daniel Tso Tel: 2871 8840</td>
</tr>
<tr>
<td>18 July 2013</td>
<td>East Ocean Seafood Restaurant Shop 137, 1/F, Metro City Plaza 3, 8 Mau Yip Road, Tseung Kwan O, Kowloon</td>
<td>Management of Primary Headache Disorders in Clinics: From Diagnosis to Treatment</td>
<td>Ms. Cordy Wong Tel: 3513 3087 Fax: 3513 5505</td>
</tr>
<tr>
<td>17 August 2013</td>
<td>Lecture Theatre, G/F, Block P, United Christian Hospital, 130 Hip Wo Street, Kwan Tong, Kowloon</td>
<td>Management of Breast Cancer</td>
<td>Ms. Cordy Wong Tel: 3513 3087 Fax: 3513 5505</td>
</tr>
</tbody>
</table>

## Structured Education Programmes

Free to members
HKCFP CME points accreditation (Cat 4.3)

<table>
<thead>
<tr>
<th>Date/Time/CME</th>
<th>Venue</th>
<th>Topic/Speaker(s)</th>
<th>Registration</th>
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<tbody>
<tr>
<td>3 July 13 (Wed)</td>
<td>E1034AB, 1/F, Main Block, Tuen Mun Hospital</td>
<td>Principles of Family Medicine</td>
<td>Ms. Eliza Chan Tel: 2468 6813</td>
</tr>
<tr>
<td></td>
<td>Multi-media Conference Room, 2/F, Block S, United Christian Hospital</td>
<td>Journal Club</td>
<td>Ms. Cordy Wong Tel: 3513 3087</td>
</tr>
<tr>
<td></td>
<td>Lecture Hall, 5/F, Tsan Yuk Hospital</td>
<td>Patients with Hypertension</td>
<td>Ms. Man Chan Tel: 2589 2337</td>
</tr>
<tr>
<td>4 July 13 (Thur)</td>
<td>Auditorium, G/F, Tseung Kwan O Hospital</td>
<td>Journal Club</td>
<td>Ms. Cordy Wong Tel: 3513 3087</td>
</tr>
<tr>
<td></td>
<td>Room 614, Ambulatory Care Centre, Tuen Mun Hospital</td>
<td>Clinical Approach to Deranged LFT</td>
<td>Ms. Eliza Chan Tel: 2468 6813</td>
</tr>
<tr>
<td></td>
<td>Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital</td>
<td>Investigation and Management of Irregular Menstrual Bleeding</td>
<td>Ms. Kwong Tel: 2595 6941</td>
</tr>
<tr>
<td>10 July 13 (Wed)</td>
<td>E1034AB, 1/F, Main Block, Tuen Mun Hospital</td>
<td>FM Vocational Training Programme</td>
<td>Ms. Eliza Chan Tel: 2468 6813</td>
</tr>
<tr>
<td></td>
<td>Multi-media Conference Room, 2/F, Block S, United Christian Hospital</td>
<td>Principles of Family Medicine</td>
<td>Ms. Cordy Wong Tel: 3513 3087</td>
</tr>
<tr>
<td></td>
<td>Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital</td>
<td>Family Medicine in 21st Century</td>
<td>Ms. Crystal Law Tel: 2632 3480</td>
</tr>
<tr>
<td></td>
<td>Lecture Hall, 5/F, Tsan Yuk Hospital</td>
<td>Role of FM in Health Care System in Hong Kong</td>
<td>Ms. Man Chan Tel: 2589 2337</td>
</tr>
<tr>
<td>11 July 13 (Thur)</td>
<td>Auditorium, G/F, Tseung Kwan O Hospital</td>
<td>Principles of Family Medicine</td>
<td>Ms. Cordy Wong Tel: 3513 3087</td>
</tr>
<tr>
<td></td>
<td>Room 614, Ambulatory Care Centre, Tuen Mun Hospital</td>
<td>Dermatology Updates</td>
<td>Ms. Eliza Chan Tel: 2468 6813</td>
</tr>
<tr>
<td></td>
<td>Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital</td>
<td>Introduction to Anxiety Disorders: Etiology, Psychology, and Management in Clinic</td>
<td>Ms. Kwong Tel: 2595 6941</td>
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<tr>
<td>Date</td>
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<td>Location</td>
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<td>17 July 13 (Wed)</td>
<td>2:15 – 4:45 p.m.</td>
<td>E1034AB, 1/F, Main Block, Tuen Mun Hospital</td>
<td>ACLS</td>
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<td>17 July 13 (Wed)</td>
<td>2:15 – 5:15 p.m.</td>
<td>Multi-media Conference Room, 2/F, Block S, United Christian Hospital</td>
<td>Common Symptoms in Eye</td>
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<tr>
<td>17 July 13 (Wed)</td>
<td>5:15 – 7:15 p.m.</td>
<td>Lecture Hall, 5/F, Tsan Yuk Hospital</td>
<td>Effectiveness of Life Style Modification in Reducing Cardiovascular Risk</td>
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<tr>
<td>18 July 13 (Thur)</td>
<td>2:15 – 5:15 p.m.</td>
<td>Auditorium, G/F, Tseung Kwan O Hospital</td>
<td>Common Symptoms in Eye</td>
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<tr>
<td>18 July 13 (Thur)</td>
<td>4:00 – 6:00 p.m.</td>
<td>Room 614, Ambulatory Care Centre, Tuen Mun Hospital</td>
<td>ECG Updates</td>
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<td>18 July 13 (Thur)</td>
<td>5:00 – 7:00 p.m.</td>
<td>Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital</td>
<td>Medical Protection Society – Case Sharing</td>
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<td>24 July 13 (Wed)</td>
<td>2:15 – 4:45 p.m.</td>
<td>E1034AB, 1/F, Main Block, Tuen Mun Hospital</td>
<td>Consultation Models</td>
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<td>24 July 13 (Wed)</td>
<td>2:15 – 5:15 p.m.</td>
<td>Multi-media Conference Room, 2/F, Block S, United Christian Hospital</td>
<td>Management of Menopausal Symptoms</td>
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<tr>
<td>24 July 13 (Wed)</td>
<td>5:00 – 7:30 p.m.</td>
<td>Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital</td>
<td>Painful Eye</td>
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<tr>
<td>24 July 13 (Wed)</td>
<td>5:15 – 7:15 p.m.</td>
<td>Lecture Hall, 5/F, Tsan Yuk Hospital</td>
<td>Rational Investigation (Common Presentation, Generalised)</td>
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<tr>
<td>25 July 13 (Thur)</td>
<td>2:15 – 5:15 p.m.</td>
<td>Auditorium, G/F, Tseung Kwan O Hospital</td>
<td>Management of Menopausal Symptoms</td>
</tr>
<tr>
<td>25 July 13 (Thur)</td>
<td>4:00 – 6:00 p.m.</td>
<td>Room 614, Ambulatory Care Centre, Tuen Mun Hospital</td>
<td>Approach to Certification of Fitness for Driving</td>
</tr>
<tr>
<td>25 July 13 (Thur)</td>
<td>5:00 – 7:00 p.m.</td>
<td>Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital</td>
<td>Investigation and Management of Patient Presenting with Syncope and Palpitation</td>
</tr>
<tr>
<td>31 July 13 (Wed)</td>
<td>2:15 – 4:45 p.m.</td>
<td>E1034AB, 1/F, Main Block, Tuen Mun Hospital</td>
<td>Problem-Solving Treatment in Primary Care</td>
</tr>
<tr>
<td>31 July 13 (Wed)</td>
<td>2:15 – 5:15 p.m.</td>
<td>Multi-media Conference Room, 2/F, Block S, United Christian Hospital</td>
<td>Approach to Abnormal Laboratory Results in Asymptomatic Patients Part II (Microscopic Haematuria, Proteinuria, Anaemia)</td>
</tr>
<tr>
<td>31 July 13 (Wed)</td>
<td>5:00 – 7:30 p.m.</td>
<td>Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital</td>
<td>Pneumonia Management and Vaccination</td>
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<tr>
<td>31 July 13 (Wed)</td>
<td>5:15 – 7:15 p.m.</td>
<td>Lecture Hall, 5/F, Tsan Yuk Hospital</td>
<td>Management of Common Skin Diseases Involving Nail and OPD Setting</td>
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</tbody>
</table>

**BOARD OF EDUCATION NEWS**

18

[Family Physicians Links](#)
"I can do this."

It gets patients the insulin they need without getting in the way of life.

- Easy to learn, easy to use
- Low, smooth injection force
- Lightweight

For complete instructions on Humalog® KwikPen™, Humalog® Mix25™ KwikPen™, Humalog® Mix50™ KwikPen™ please refer to the full user manual provided with the Pen.

References:
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<tr>
<th>Sunday</th>
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<th>Wednesday</th>
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<tr>
<td>9:00 a.m. - 5:30 p.m. Hong Kong Primary Care Conference 2013</td>
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<td>2:15 - 7:30 p.m. Structured Education Programme</td>
<td>2:15 - 7:00 p.m. Structured Education Programme</td>
<td>9:00 p.m. Board of Conjoint Examination Meeting</td>
<td>2:30 - 4:30 p.m. Interest Group in Counseling</td>
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<td>2:30 - 5:30 p.m.</td>
<td>2:15 - 7:15 p.m. Structured Education Programme</td>
<td>2:15 - 7:00 p.m. Structured Education Programme</td>
<td>9:00 p.m. The Board of Education Meeting</td>
<td>2:30 - 3:30 p.m. Board of Education - Video Session</td>
<td>6:00 - 7:40 p.m. Dinner Symposium</td>
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<td>30</td>
<td>1 Jul</td>
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<tr>
<td>2:15 - 7:15 p.m. Structured Education Programme</td>
<td>2:15 - 7:00 p.m. Structured Education Programme</td>
<td>9:00 - 11:00 p.m. OPM Introduction Session</td>
<td>1:00 - 3:00 p.m. Interest Group in Dermatology</td>
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<tr>
<td>3:00 - 6:00 p.m. Conjunct 2013 First Examiners’ Training Workshop</td>
<td>2:15 - 7:30 p.m. Structured Education Programme</td>
<td>2:15 - 7:00 p.m. Structured Education Programme</td>
<td>1:00 – 3:00 p.m. Community Education Programme</td>
<td>2:15 - 7:00 p.m. Structured Education Programme</td>
<td>1:30 - 5:30 p.m. Community Education Programme</td>
<td>2:30 - 5:30 p.m. Assessment Enhancement Course 2013</td>
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<td>2:15 - 7:15 p.m. Structured Education Programme</td>
<td>2:15 - 7:00 p.m. Structured Education Programme</td>
<td>1:00 – 3:00 p.m. Community Education Programme</td>
<td>8:00 - 9:30 p.m. Dinner Symposium</td>
<td>2:15 - 7:00 p.m. Structured Education Programme</td>
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<td>2:15 - 7:30 p.m. Structured Education Programme</td>
<td>2:15 - 7:00 p.m. Structured Education Programme</td>
<td>9:00 p.m. Council Meeting</td>
<td>2:30 - 3:30 p.m. Board of Education - Video Session</td>
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</tbody>
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