

Message from the President

September has been a busy month for me!

Academy of Medicine Council met distinguished Young Fellows recommended by the fifteen Colleges during the third Council Dinner with Young Fellows in mid-September 2015. I had the great pleasure of the company of two beautiful fellows, Dr. Cheng Hei Wan, the winner of Dr. Peter CY Lee Best Candidate Award 2015 and Dr. Tam Yick Sin, one of the best candidates of Exit Exam 2015. There were inspirational speeches by Dr. Donald Li, Prof Rosie Young and Prof Raymond Liang. I have always said passing the College Examination is the best fertility pill. Dr. Cheng has an infant and Dr. Tam is expecting. This was a fun and casual evening and the delicious meal came with the Norwegian salmon with butter or spring onion sauce. What more can you ask for!

I attended the RACGP Conferment and GP 15, the RACGP Conference for General Practice in Melbourne. I spent a whirlwind two days there and the impression was really good. Accompanying me were Dr. Stephen Foo and Dr. Chan Hung Chiu. I found out a universal law: the energy level is directly proportional to age. Stephen and HC must have more mitochondria in their cells to produce endless energy supply.

Immediately after we arrived, we were taken to lunch by Dr. Frank Jones, President of RACGP. There were representatives from Malaysia, New Zealand and Fiji and we all had good exchange of ideas in primary care and the government policies on healthcare. Our first day was a perfect spring day of temperature of 20 degrees with a smiling sun. If you order coffee in Australia, it is not just black or espresso, you have to name the coffee bean as well. Most impressive!



Lunch gathering with Dr. Frank Jones, President of RACGP (the 4th from the front at right side) and the representatives from Malaysia, New Zealand and Fiji

All three of us were on stage at the conferment ceremony. Australia is a multicultural country with qualified GPs from different ethnic backgrounds. I was told 800 GPs passed the Fellowship examination this year. Considering Australia's population being about 3.5 times of Hong Kong, I wish HKCFP has 200 Fellows passing the Conjoint Examination each year. This

highlights the disparity in compulsory training and the number of primary care doctors in Hong Kong and our overseas counterparts.

(Continued on page 2)

IMPORTANT Notice: Change of HKCFP Secretariat Telephone Number

Dear Members,

The contact phone number of the College Secretariat has been changed to 2871 8899.

The old number 2528 6618 will be terminated from 16th November 2015

Please note the following contact information:

Tel : **+852 2871 8899**

Fax : +852 2866 0616 / +852 2866 0981

Email : hkcfp@hkcfp.org.hk

Address : Rooms 803-4, HKAM Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen

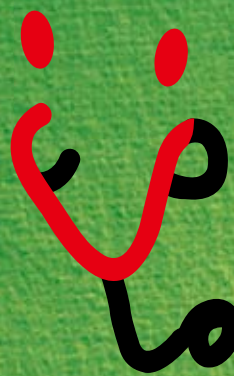
Thank you for your kind attention.

The Secretariat, HKCFP

THE HONG KONG
COLLEGE OF
FAMILY PHYSICIANS



Family Physicians Links



ISSUE 140
October 2015

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Message from the President



From left to right: Dr. Chan Hung Chiu, Dr. Angus Chan and Dr. Stephen Foo attending the RACGP Conferment

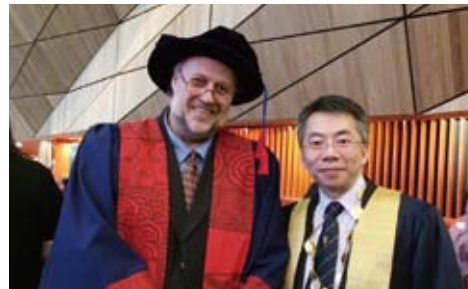


Photo taking with Dr. Mark Miller, Censor-in-chief (left) at the RACGP Conferment

RACGP also decorated GPs from different states and territories, urban and rural of Australia for their achievements. The conferment was never a dull event and the whole stage was electrified by a virtuoso lady dressed in vibrant red playing contemporary classical music with electric violin.



Photo taking at the RACGP Conference and GP 15 (from left to right: Dr. Law Tung Chi, Dr. King Chan, Dr. Angus Chan, Dr. Stephen Foo, Dr. Chan Hung Chiu, Dr. Lorna Ng, Dr. Catherine Chen and Dr. Chan Fu Leung)

Our second day was a big contrast, cold at temperature of 10 degrees with drizzles. This was day 1 of GP15. The keynote speech was delivered by Dr. Alessandro Demaio, a young and handsome doctor trained in Melbourne, Copenhagen and Harvard. The topic was "Rethinking the future of general practice". GPs are not just clinical consultants and gatekeepers but knowledge leaders for change and the centre-point for a stronger, more sustainable healthcare system. His speech was very well received by the audience. GP15 was extremely well organized and there must be at least one topic that interested you. It had a sophisticated App delineating programmes, social media, posters, learning and surveying. I know Dr. Lorna Ng is taking a leaf out of it for the future HKPCC.

The main mission of this trip was to establish better link with RACGP for the future collaboration on training and the Conjoint Examination. I must repay the hospitality of Dr. Frank Jones, President and Dr. Mark Miller, Censor in Chief of RACGP whenever they visit Hong Kong next time.

38th HKCFP Annual General Meeting

The **38th Annual General Meeting (AGM)** of The Hong Kong College of Family Physicians will be held on **6 December 2015, Sunday**. Nominations for election are now open to all members. Please refer to the enclosed announcement and nomination form for more details.

Time : 18 : 00

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

Admission : Members only

38th HKCFP Annual Dinner

The College 38th Annual Dinner will be held on 6 December 2015, Sunday

Time : 19 : 00 Annual Dinner Reception
19 : 30 Chinese-style Dinner

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

College Members, Fellows and their spouses are welcome to register for the Annual Dinner free of charge on a first-come-first-serve basis until all the available seats are filled.

Complimentary transportation will also be arranged between Admiralty MTR station and HKAM Jockey Club Building on a first-come-first-serve basis. Details would be announced in due course.

To register for the **Annual General Meeting** and/or **Annual Dinner** and/or **complimentary transportation**, please contact Ms. Crystal Yung or Ms. Wing Yeung on Tel: 2871 8899, or email to crystaljung@hkcfp.org.hk or wingyeung@hkcfp.org.hk for registration.

“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 October 2015 to 14th November 2015, Dr. Mark Chan and Dr. Tony Lee will be the Council Members-On-Duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments on anything related to our College and Family Medicine. You can reach us by contacting our College Secretariat by phone: 2871 8899, 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. Mark Chan



Dr. Tony Lee

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

Board of Conjoint Examination News

The Board of Conjoint Examination is pleased to announce that the following candidates passed the 29th Conjoint HKCFP/RACGP Fellowship Examination (Written Segment) 2015.

Dr. Chan Ham	Dr. Chow Pui Yin Melody	Dr. Liu Yin Mei	Dr. Tsui Felix
Dr. Chan Pui Chuen	Dr. Fong Chui Ying	Dr. Lo Alvina	Dr. Wong Hong Kiu Queenie
Dr. Chan Pui Kwan	Dr. Han Jinghao	Dr. Luk Chun Wa	Dr. Wong Win Win
Dr. Chen Hing Han	Dr. Hui Ka Ling Karen	Dr. Mang Kit Ying	Dr. Ying Gard Ching Derek
Dr. Chen Liujing	Dr. Lam Siu Ping	Dr. Ngai Ming Leon	Dr. Yiu Cheuk Man
Dr. Cheng Wai Fat	Dr. Lau Cheuk Nam Mathew	Dr. Pun Yat Hei	Dr. Ting Sze Man
Dr. Cheuk Hiu Ying	Dr. Lau Wing Man	Dr. Siu Samuel Ji-Sum	
Dr. Cheuk Yau Chun	Dr. Lee Chun Hui	Dr. So Chi Kin	
Dr. Chiang Lap Kin	Dr. Lee Ho Ming	Dr. Tong Ka Hung	

Congratulations to you all!

Dr. Chan Hung Chiu
Chairman
Board of Conjoint Examination

Specialty Board News

The Specialty Board is pleased to announce that the following candidates have successfully passed the Exit Examination of HKCFP in 2015.

Dr. Chan Man Hung	Dr. Ip Sui Wah	Dr. Poon Yung Yin	Dr. Wong Chun Fai
Dr. Cheung Chi Hong	Dr. Kwong Ho Tak	Dr. Shiu Wing Ho	Dr. Wong Wai On
Dr. Choi Chuen Ming Clarence	Dr. Leung Ka Fai	Dr. Tam Yick Sin	Dr. Yeung Sze Wai
Dr. Ho Wang Fung	Dr. Man Fung Yi	Dr. Tsang Ming Lam	Dr. Yip Wing Yi
Dr. Hung Wai Shan Sandra	Dr. Pong Pong Leopard	Dr. Wong Chit Wing	Dr. Yiu Yee Ki

Congratulations to you all!

Dr. Wendy Tsui
Chairlady, Specialty Board

Basic Training Introductory Seminar

A Basic Training Introductory Seminar will be held in October 2015 for all newly enrolled basic trainees, current trainees and clinical supervisors. The seminar is designed to help basic trainees and supervisors to understand and obtain more information of our training programme.

Details of the seminar are as follows:

- Speakers : Dr. Wong Man Ying Michelle (Chairlady of Basic Training Subcommittee)
Dr. Chiu Chi Fai Billy (Co-Chairman of Board of Vocational Training and Standards)
- Dates : 30th October 2015 (Friday)
- Time : 7:00 p.m.
- Venue : Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai
- Please contact Ms. Carmen Tong or Ms. Odelia Cheng at 2871 8899 for any queries.

HKCFP Photography Club - Time Lapse Photography



Time-lapse photography is in vogue! Are you familiar with frame rate, short and long exposure time-lapse, or HDR time-lapse? Do you know how to produce professional time lapse images?

HKCFP Photography Club is pleased to announce that the official Nikon team will be delivering a lecture on this topic, illustrating from the basics to the advanced techniques. Apart from the lecture, selected new Nikkor lenses would be available for try-on, and a small lucky draw and special discounts would be offered!

Date: 28th November 2015 (Saturday)

Time: 15:00 - 17:00

Venue: HKCFP office, 8/F Duke of Windsor Social Service Building

Interested Members and Fellows can email hkcfp@hkcfp.org.hk for expression of interests to attend this HKCFP Photography Club activity. A maximum of 30 participants are welcomed. The deadline for application is 30th October 2015 on a first-come-first-served basis. Successful applicants would be confirmed by 6 November 2015 via email. See you then!

Classified Advertisement

Invites applicants for full time doctor in Evangel Hospital.
Please send your C.V. and enquiry to hr@evanhosp.org.hk.

Meeting Highlights

Interest Group in Dermatology

Dr. Chan Hau Ngai, Kingsley, Specialist in Dermatology and Venereology, delivered a lecture on "Management of Eczema - Topical steroid the only treatment?" on 5 September 2015.



Dr. Lam Wing Wo, Edmund (left, moderator) presenting a souvenir to Dr. Chan Hau Ngai, Kingsley (right) during the lecture on 5 September 2015.

Certificate Course on Bringing Better Health to our Community 2015

The last session of the "Certificate Course on Bringing Better Health to our Community 2015" co-organized with Queen Elizabeth Hospital was held on 26 September 2015. Dr. Kwok Kai Yan, Associate Consultant, Department of Radiology and Imaging, Queen Elizabeth Hospital, delivered a lecture on "Cancer screening in primary care - Breast cancer" and Dr. Hui Yee Tak, Specialist in Gastroenterology, Associate Consultant, Department of Medicine, Queen Elizabeth Hospital, delivered a lecture on "Cancer screening in primary care - Colorectal cancer" respectively.



Dr. Kwong Bi Lok, Mary (1st from the left, Council member), Dr. Chan King Hong (1st from the right, FM COS, KCC) and Dr. Chan Hung Chiu (2nd from the right, Council member) presenting the souvenirs to Dr. Kwok Kai Yan (middle, speaker) and Dr. Hui Yee Tak (2nd from the left, speaker) during the lecture on 26 September 2015.



Elderly Health Care Voucher Scheme (HCVS)

- Aims: to provide subsidies for the elderly aged 70 or above to receive private primary healthcare services that best suit their needs. By encouraging elders to seek consultation and establish a closer relationship with private doctors, it also helps promote the concept of family doctor.
- Annual voucher amount: \$2,000 for each eligible elder.
- By the end of 2014, more than 4,600 private healthcare service providers have enrolled in the HCVS and around 75% of eligible elders had ever used vouchers.



Electronic Platform – Simple Claim Process

- Elders do not need to collect vouchers and no pre-registration is required.
- Eligible elders can use the vouchers with his/her Hong Kong Identity Card by simply visiting an enrolled healthcare service provider's clinic and signing a consent form.
- Only simple information is required for making claims in the electronic platform.



Enroll Now!

Simply Visit

www.hcv.gov.hk

for enrolment procedures & application forms

For enquiries, please call 3582 4102 or via email at hcvu@dh.gov.hk



Membership Committee News

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

Associate Membership (New Application)

Dr Chan Yin Yue, Yeni	陳彥瑜
Dr Cheng Ka Ho	鄭嘉浩
Dr Choi Yuen Ling, Janice	蔡婉玲
Dr Chung Ka Chun	鍾家駿
Dr Lai Tina Pui Yum	黎佩鑫
Dr Ng Wing Yan	伍穎茵
Dr Yu Wing Yee	余穎宜
Dr Wong Hung Tat	黃鴻達

Associate Membership (Reinstatement)

Dr Chang Wells	張仕偉
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Transfer from Associate Membership to Fellowship

Dr Lau Wai Yee, Aster	劉慧儀
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Resignation from Full Membership

Dr Choi Chun Wah	蔡鎮華
Dr Lam Siu Ming	林少明

Specialty Board - Announcement of 2016 Full Exit Examination

For Full Exit Examination 2016 onwards, the Specialty Board has revised the Exit Exam guidelines as summarised below:

1. The previous 5-year time limitation of attempting the Exit Exam after completion of higher training will be removed. The candidate needs to meet the new requirement as stated in the exam guidelines.
2. The time limitation of passing all three segments of the Exit Exam within 3 years from the year of the first attempt will also be removed. Each successful segment result could only be retained for **5 years**.

New guideline will be applied and the details are as follows.

2016 Full Exit Examination of Vocational Training in Family Medicine (Updated)

The Specialty Board is pleased to announce the **updated** information on the 2016 Full Exit Examination of Vocational Training in Family Medicine.

ELIGIBILITY AND REQUIREMENT

Applicants must fulfill the following criteria:

- a. Full registration with the Hong Kong Medical Council
- b. Being active Fellows, Full or Associate Members of the Hong Kong College of Family Physicians (HKCFP)
- c. Fulfill the CME / CPD requirements under HKCFP Quality Assurance Programme in the preceding year
- d. Have a qualification in family medicine / general practice; which is recognized by the HKCFP and the Hong Kong Academy of Medicine (HKAM)
- e. Had completed higher training in Family Medicine; **OR expected to do so by February 29, 2016**; as certified/ approved by the Board of Vocational Training and Standards (BVTS), HKCFP.

The relevant approval may take up to two months, therefore applicants are recommended to apply early to BVTS for

- Certification of completion of higher training **OR**
 - Recommendation to sit for Exit Examination 2016
- f. Active in clinical practice and able to meet the following requirements in individual Examination segments:
 - Clinical Audit: the starting date must be within 3 years before the exam application deadline
 - Research: the date of ethics approval must be within 3 years before the exam application deadline
 - Practice Assessment: submit valid Practice Management Package (PMP) reports

Eligibility to enroll in Exit Examination is subject to the final approval of the Specialty Board, HKCFP. Application will be processed only if all the required documents are submitted with the examination application form.

DATES

First-attempt candidate:

Deadline of Application:	2 November 2015
Starting Date of collection period for required attachment(s) for Practice Assessment Segment:	21 September 2015
Deadline for submission of Clinical Audit Report or Research Report:	4 January 2016
Practice Assessment and Consultation Skills Assessment Examination Periods:	Period A: 1 December 2015 to 22 January 2016; or Period B: 23 January to 21 March 2016

Re-attempt candidate:

Deadline of Application:	1 December 2015
Starting Date of collection period for required attachment(s) for Practice Assessment Segment:	19 October 2015
Deadline for submission of Clinical Audit Report or Research Report:	4 January 2016
Practice Assessment and/or Consultation Skills Assessment Examination Period:	Period B: 23 January to 21 March 2016

APPLICATION & EXAMINATION FEES

Application forms can be obtained from the College Secretariat, HKCFP or downloaded at the College website www.hkcfp.org.hk. Completed application form should be returned to:

The Specialty Board, HKCFP, Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Wong Chuk Hang, HK

The following documents are required when submitting the application:

1. A copy of the certificate of completion of higher training, **OR** recommendation letter to sit for 2016 Exit Examination, from BVTS, HKCFP
2. A cheque of the appropriate fee made payable to **"HKCFP Education Ltd."**, and
3. For Practice Assessment Segment:
 - i. **FOUR COPIES** of all the required attachments (Attachment 1 to 13); and
 - ii. PMP Reports on or before **2 November 2015 (First-attempt candidate) / 1 December 2015 (for the re-attempt candidate who has changed the practice)**

The examination fee for individual segment is \$4,450 for either the Clinical Audit Report or Research Report, \$7,500 each for the Practice Assessment and Consultation Skills Assessment segments, plus the administrative fee of \$9,040 for each subsequent attempt. A cheque of the appropriate fee made payable to **"HKCFP Education Ltd."** should be enclosed with the application.

All fees paid are neither refundable nor transferable.

Incomplete and ineligible applications will not be considered. An administration fee of HK\$500 will be charged for these unsuccessful applications.

FORMAT AND CONTENTS

Exit Examination consists of three segments. **Candidates are required to take all the three segments at their first attempt of the Examination.**

Non-compliance is subject to disqualification.

1. Clinical Audit Report **OR** Research Report
2. Practice Assessment
3. Consultation Skills Assessment

Details of the format and contents of each segment can be found in the Guidelines on 2016 Full Exit Examination which are available from the HKCFP Secretariat or at the College website www.hkcfp.org.hk

Should you have any enquiries, please contact our College Secretaries Ms. Alky Yu or Ms. Carmen Tong at 2871 8899.

Dr. Wendy Tsui
Chairlady
Specialty Board

News on Depression Management

There was a couple of interesting news on the management of depression. One was mindfulness-based cognitive therapy in the prevention of depressive relapse or recurrence; another one was a new drug, an atypical antidepressant- vortioxetine, which was launched in Hong Kong in April 2015.

Effectiveness and cost-effectiveness of mindfulness-based cognitive therapy (MBCT) compared with maintenance antidepressant treatment in the prevention of depressive relapse or recurrence

In this randomised controlled trial, UK researchers' enrolled 212 people who were at risk of further depression in a MBCT course, while carefully tapering the antidepressant.¹ Patients took part in group sessions where they learned guided meditation and mindfulness skills. The therapy aimed to help people focus on the present, the ability to recognise any early warning signs of depression and respond to them in ways that will not trigger further reoccurrences.

Researchers compared these results to 212 subjects who continued to take the medication over two years. They found no evidence that MBCT is superior to maintenance antidepressant treatment for the prevention of depressive relapse in individuals who are at risk for depressive relapse or recurrence. Both treatments were associated with enduring positive outcomes in terms of relapse or recurrence, residual depressive symptoms, and quality of life.

Dr. Gwen Adshead, of the Royal College of Psychiatrists, said that, "These findings are important from the point of view of people living with depression who are trying to engage in their own recovery. And it provides evidence that MBCT is an intervention that primary care physicians should take seriously as an option."²

Vortioxetine

The presumed mechanism of most antidepressants is the increasing synaptic availability of serotonin or noradrenaline. The manufacturers of vortioxetine state that it has a multimodal mechanism of action. It selectively inhibits the reuptake of serotonin (5-HT) via the serotonin transporter, and acts as an agonist or antagonist at various serotonin receptors (5-HT_{1A}, 5-HT_{1B}, 5-HT₃, 5-HT_{1D} and 5-HT₇). Its approved indication is treatment of major depressive disorder.

In a longer-term relapse trial, 396 patients who responded to 12 weeks of vortioxetine 5 mg or 10 mg were randomised to continue treatment or to receive a placebo. After a total of 24 weeks, fewer patients in the vortioxetine arm than in the placebo arm had relapse (13% vs 26%, p=0.0013).³

Nausea was the most common adverse event with vortioxetine. Its incidence was dose-related, occurring in 32% of patients who received the 15 mg or 20 mg dose. Other common events included diarrhoea, dizziness, constipation, and vomiting. Sexual dysfunction was reported by up to a third of men and women taking the 15 mg or 20 mg dose. Sexual problems were also reported in up to 20% of people taking the placebo. Because of the risk of serotonin syndrome, concomitant use of monoamine oxidase inhibitors is contraindicated during vortioxetine treatment and for 14 days after it is stopped.⁴

In general, vortioxetine offers another option for people with major depression. It reduces symptoms of depression and prevents relapse.

References:

1. Effectiveness and cost-effectiveness of mindfulness-based cognitive therapy compared with maintenance antidepressant treatment in the prevention of depressive relapse or recurrence (PREVENT): a randomised controlled trial; by Dr Willem Kuyken, et al; Published Online: 20 April 2015
2. Depression: 'Mindfulness-based therapy shows promise, by Smitha Mundasad, Health reporter, BBC News
3. Boulenger JP, Loft H, Florea I. A randomized clinical study of Lu AA21004 in the prevention of relapse in patients with major depressive disorder. *J Psychopharmacol* 2012;26:1408-16.
4. BRINTELLIX® (vortioxetine) | Official Site: us.brintellix.com/

Compiled by Dr. SZE Hon Ho

Easter Island (Part 2)

Dr. Kenny Leung, Medical Officer, Elderly Health Service, Department of Health

Continuing from Rano Kau, one reaches Orongo where there are restored ruins of a ceremonial village on the edge of a cliff. In the old days, a competition was held every September to determine the island's leader. Each tribe would send its strongest man to scale down the 1000-foot cliff into the ocean, and swim 2 km to reach one of the islets. The man who first secured an egg laid by the migratory bird Sooty Tern on the islet would win the leadership for his tribe over the whole island for the upcoming year. I wonder how these people managed to swim that distance in the fierce waters of the Pacific. It is simply unfathomable to me.

Luck was on my side as there was plenty of sunshine daily during my stay. What's better than sunbathing on fine sand and the pulsating rhythm as the lullaby of waves pats the shore?

Anakena, situated in the northern coast, is the island's main beach. It is accompanied by a set of moai on Ahu Nau Nau. Featuring smart pukao on their heads, the sculptures there are well preserved. The definition of the nipples, the umbilicus and the hands are unparalleled, which are further elaborated with delicate patterns of their ears and backs.

For the energetic, there are numerous walking trails lasting from a few hours to a day long. I picked the leisurely walk to Maunga Terevaka, the highest point of the island at 507m above sea level. On the way, one is bound to come across local horses, many of which have white patches on their foreheads. The more the merrier cannot be said here, with the extensive amount of attractions, leave the trails to see few

visitors. At the top, one is able to enjoy the expansive views of the island and all that lies beyond it, only to be accompanied by the symphony of winds and birds orchestrated by the occasional neighing of horses.

I was led to believe that food would be really expensive on the island by online forums. Some people and even guidebooks suggested that travellers bring their own supplies including bottled water. It turns out to be a somewhat overblown case. True it is more expensive to dine out compared to the rest of Chile but prices are still reasonable enough by European and Hong Kong standards. For the same meal it costs a third to a half more than in the mainland. Apart from casual eateries, there are a few quality restaurants; so, just save the trouble and savour what the island has to offer. A French bistro by the harbour offers fresh juicy lobster and succulent steak accurately done medium-rare. It is my favourite.



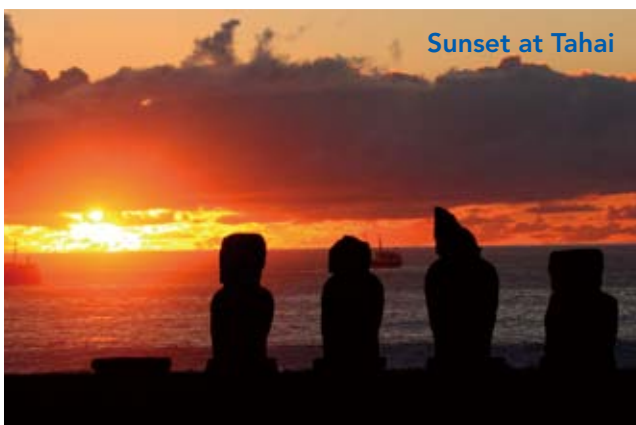
As far as I know automatic-transmission cars do not exist on the island. I got to unravel my long-buried clutch skills. It was more than a few years ago that I last operated a manual, albeit only for a couple of hours. With this mileage, I had quite a bit of sweating in the driver's seat of the unfortunate Suzuki Ginny rented to us. Verbally, I rehearsed the procedures of starting the car just as I did it. It took forever the first time I wanted to get the car going, as the engine kept stalling just as I was figuring out the right amount of force on the clutch, the right speed of releasing it and synchronizing it with the action on the gas pedal. Handling the clutch is such an art! The one sitting next to me was surprisingly calm at all the hiccups, not impressed, the save for the occasional wary look shifted onto her face at the screech of a poorly executed gear shift. Bottom line, there was no crash. When I left the island six days later, manual driving had become a reflex; leaving me happy at my accomplishment.

For an isolated place like Easter Island, I am amazed at the availability of everyday essentials and community facilities. As a tourist, I did not feel like I was trapped on an island 3600km away from the mainland devoid of resources. I had pretty much everything I needed. This was not the case a couple of decades ago when flights were less frequent and goods were mainly brought in by sea. There have been times when the supply of flour was interrupted and people ran out of bread temporarily as a result.

A large part of civilization and its indigenous people have been wiped out by deforestation, wars, slavery raids and import of diseases such as smallpox and tuberculosis. Its population has only recuperated slowly from the late 19th century onwards and nowadays it consists of a mix of natives; Europeans, and Chileans. The owner of the Bread & Breakfast (B&B) I stayed at is from France. Watching his children playing in the courtyard, I asked him how he happened to settle on the island.

"I was in the army when I was 20 odd years old. I had the chance to set foot on the island during one of the operations and I at once fell in love with the place. It felt so different from the big city Paris where I used to live. Here you have the sea for sailing, the hills for trekking, plenty of fresh air, lots of green spaces, lovely beaches all nearby... and above all people are friendly. So I came back again, met my wife and settled down here. Yes it meant I had to leave my friends and family behind but when you're young, you don't need to think too much. You just do what you want. Now I have my family here with three children and we have this comfortable house. I run this guesthouse business and I can make a living out of it. That's more than good enough."

Time and time again, the people I met on the road reminds me of the many possibilities in life. I felt genuine happiness in his words.



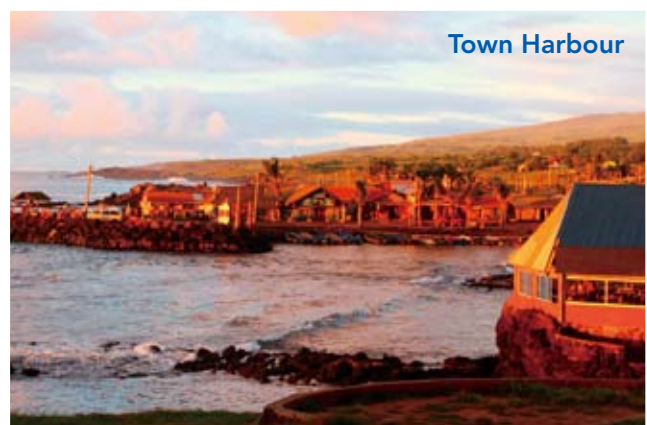
Sunset at Tahai



The waves are surfers' paradise



Tongariki at sunrise



Town Harbour

Patient Empowerment - Smartphone Apps for Active Lifestyle

Dr. John-Hugh Tam, Resident Specialist

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

As family physicians striving for optimal health, we often routinely encourage our patients to adopt a more active lifestyle by getting involved in various physical activities. According to WHO definitions¹, these may include leisure activities (e.g. walking, dancing, gardening, hiking, swimming), transportation (e.g. walking or cycling), occupation (i.e. work), household chores, games, sports or planned exercise, in the context of daily, family, and community activities. By trying to stay active, we aim to improve our patients' cardiorespiratory and muscular fitness, bone health, as well as trying to reduce the risk of noncommunicable diseases (NCDs) and depression; and furthermore to older patients, to improve balance, agility, muscle strength, and reduce the risk of falls. Similar recommendations from the American College of Sports Medicine² (ACSM) specify that:

ACSM Recommendations

- ✓ A programme of regular exercise, which beyond activities of daily living, to improve and maintain physical fitness and health is essential for most adults.
- ✓ Most adults should engage in **moderate-intensity cardiorespiratory exercise training for >30 minutes per day on >5 days per week for a total of >150 minutes per week.**
- ✓ On **2-3 days per week**, adults should also perform resistance exercises for each of the major muscle groups, and neuromotor exercise involving balance, agility, and coordination.
- ✓ A series of **flexibility exercises** for each the major muscle-tendon groups (a total of **> 60 seconds per exercise**) on **≥2 days/week** is recommended.

Despite our efforts, our advice are not uncommonly encountered by resistance from patients, partially due to reasons such as busy lifestyle, the lack of time, presence of other engagements in life, and the lack of motivation. I often wonder if there are tools to make these exercise routines more appealing and interesting to our patients, and hence becoming better

accepted and complied. For our patients who are interested in technology and gadgets, we may try to recommend some mobile-apps to promote a range of different exercises so they can stay active. I have personally put a few of these fitness-related apps in real use and would like to group them into the following categories and share the ideas with everyone here:

Apps for Aerobic Exercises

From the ACSM position stand², expenditure of about > 150 minutes/week (or 1000kcal/week) of moderate-intensity physical activity would be associated with lower rates of CVD and premature mortality (exercise intensity can be estimated by several methods, the easiest way being the percentage of maximum heart rate [%HR_{max}], whereas HR_{max} = 220 - Actual age, and 64-76% of HR_{max} is categorized as moderate intensity). But how can we quantify our patients' effort by recording and measure the calories burnt? There are plenty of apps for that. I hereby recommend the use of exercise tracking apps such as "Runtastic"³.

Runtastic, with the use of the built-in smartphone GPS system, creates exercise logs by tracking the covered routes and locations; and along with the kind of activities done (e.g. walking, jogging, cycling and hiking, etc.), the distance covered and time spent are recorded, from which, the calories burnt can be estimated. These kinds of apps are compatible with smart-watches and pulse sensor straps, which are able to record pulse rates during exercises. From these data, doctors can help set goals for patients ranging from those who may need to stay active to those who require weight reduction. Furthermore, being able to mingle exercises into our patients' daily routines (e.g. by doing a series of short jogs and brisk walks) and summing up these moves into meaningful reports may also be a way to positively enforce our patients to adhere to the plans in long run.

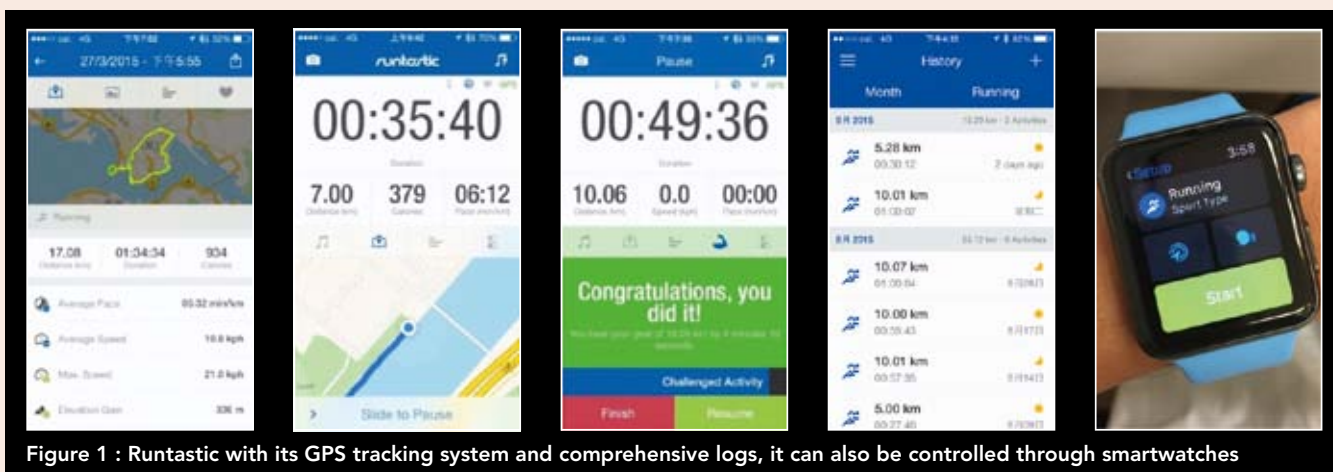


Figure 1 : Runtastic with its GPS tracking system and comprehensive logs, it can also be controlled through smartwatches

Further idea: We often also heard of a common belief that "a goal of 10,000 steps per day is good for health", but because of substantial errors of prediction using steps count, ACSM recommends "counting steps rates with duration" being better estimation of targeted energy output. (e.g. 100steps/min equivalent to about 4.5 km/hour for 30mins). Should we need to compare our exercises with this set target, we can easily trace the speed logs from these tracking apps also.

Apps for Home Resistance Exercises

From literature, resistance training, which can improve muscular strength and body composition, is beneficial to cardio-metabolic biomarkers, insulin sensitivity, musculoskeletal disorder prevention and may improve depression and anxiety. ACSM recommends a training programme that should include dynamic and multi-joint exercises involving concentric and eccentric

muscle action. For beginners, even a single set of exercise each session may significantly improve muscle strength and size.

Apps such as "Workout Trainer"⁴ can help our patients to accomplish this. This kind of apps are helpful in giving our patients various ideas of exercises that fit their schedules at home or even at workplace during breaks, rather than needing them to adapt their schedules to workout (these exercise

circuits usually last from about 5 minutes to 30 minutes, hence can match with any time available). The exercises are demonstrated with easy to follow written and voice instructions in conjunction with photos and videos to provide further reference, if the instructions are unclear. Furthermore, the intensity / difficulty level of these circuit training workouts can be adjusted (e.g. by pressing the "easier" or "harder" buttons) hence they can tailor to users' abilities.

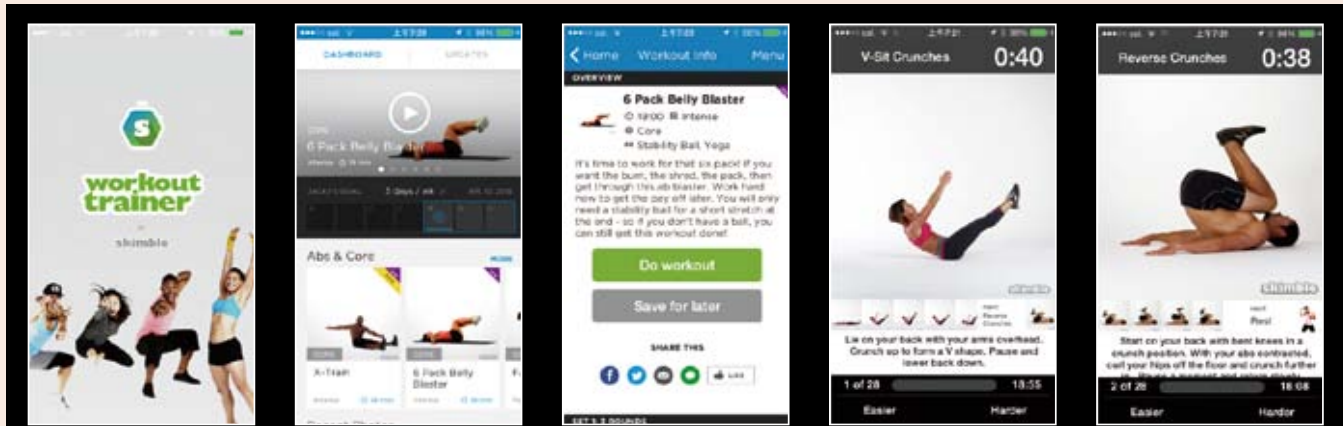


Figure 2 : "Workout Trainer" app in action

Apps for Stretching Exercises

Flexibility exercises may enhance postural stability and balance (but no consistent linkage with reducing musculotendinous injuries as we may commonly believe). ACSM recommends holding each stretch for 10-30 sec and repeating 2-4 times being effective. Flexibility exercises are more effective after cardiorespiratory exercise or muscular endurance exercise as muscle temperature is elevated.

Apps such as "Fit for Rhythm"⁵ may provide us some ideas on these kinds of exercises. It is a motion-sensing game (體感遊戲). Using smartphones' built-in motion sensors, users may hold the phone as instructed and follow the exercises demonstrated by the cartoons, whilst counts would be done automatically with the movement. Again, we can choose the exercise difficulty in this app and hence being able to enjoy the fun whilst gaining the benefit of exercises.

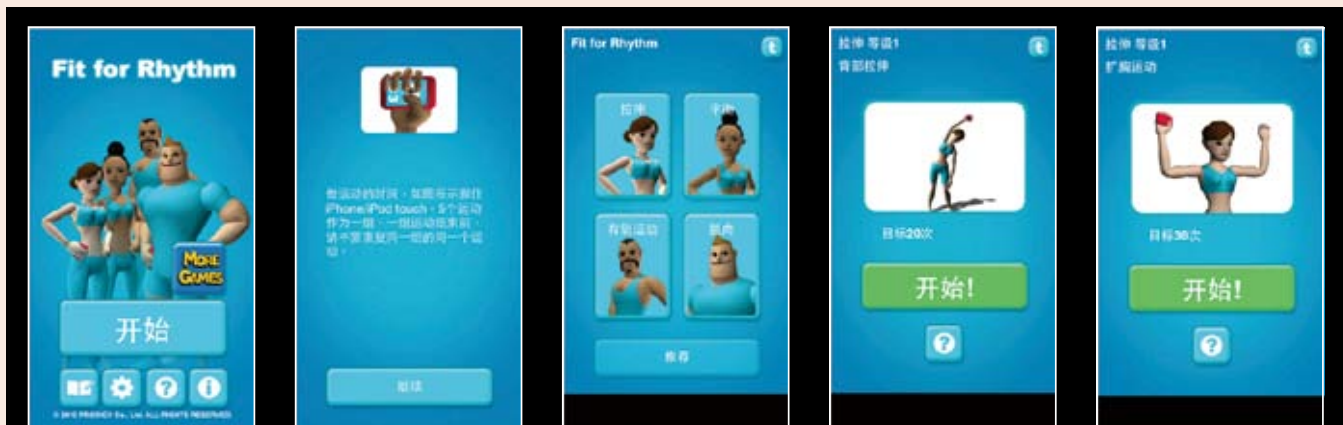


Figure 3 : "Fit for Rhythm" making exercises fun

To end the article, I would sum up with a common saying, "health is our most valuable possession" (健康是無價寶). The more we can direct our patients towards their intended healthy lifestyle, the lesser the chance for undesirable morbidities and the longer the quality time. Whereas for the society and the health system, it would also equate the more we can save in terms of health economics, hence a win-win situation for all.

Financial/commercial conflict of interest:

- None declared.

Acknowledgement

- Special thanks to Mr. Mak Cheuk-Hang, Thomas, physiotherapist from Alice Ho Miu Ling Nethersole Hospital for his sports medicine related advice and assistance for composing this article.

References:

1. The World Health Organization (WHO), "Physical Activities and Adults - Recommended levels of physical activity for adults aged 18 - 64 years", available online at http://www.who.int/dietphysicalactivity/factsheet_adults/en/
2. American College of Sports Medicine, "ACSM Position Stands", available online at <http://www.acsm.org/public-information/position-stands>
3. Runtastic App - <https://www.runtastic.com/>
4. Workout Trainer App - <https://www.skimble.com/>
5. Fit for Rhythm App - <http://prodigy-inc.co.jp/fit/>

Interest Group in Evidence-Based Medicine on 8 August 2015

The Evidence-Based Medicine interest group conducted a workshop on 8 August 2015. One of the topics was on the use of statin. The following is the synopsis of the presentation given by Dr. Primus L C Hui.

Introduction

Medicine evolves continuously with the accumulation of new evidence from research. New medical interventions can emerge while others become outdated or suboptimal. Failure to incorporate new evidence into our practice can affect individual and population health outcomes. In the past two decades, with the development in computer and Internet, there has been an explosion of information. The pool of medical evidence has become so large that it may become unmanageable. The emphasis has shifted from evidence acquisition to evidence management. Many clinical guidelines are put forth by different medical organizations. The challenge facing medical practitioners is how to apply medical evidence to effective clinical practice.

The use of statins, evidence & controversies

Use of statins is one of the examples on emergence of new evidence in medicine. At one time, research evidence only supported using statins for secondary prevention of cardiovascular diseases. But now we have better evidence showing that they are also effective for primary prevention of cardiovascular disease in our patients. The emerging evidence on "lower is better" for low-density lipoprotein cholesterol (LDL-C) in high risk patients also brought out wide debate on initiation of statins and the treatment target of LDL-C.

Cardiovascular risk prediction tools for populations

Estimation of cardiovascular risk in an individual patient without known cardiovascular disease is usually the first step of assessment in patients with hyperlipidemia. Cardiovascular risk equations are traditionally derived from the Framingham study. As time evolves, others prediction tools such as QRISK2 and ACC/AHA pooled cohort equations emerged. There was insufficient evidence to support superiority of one prediction model over others. There have also been arguments on over-estimation of cardiovascular risk in Asians and the need of establishment of new

cohort studies in Asian countries to generate such tool. However, in the absence of valid local risk prediction tools, using one of these prediction tools may be a reasonable adoption in our practice.

Controversy of initiation of statins and treatment target

Recommendations regarding threshold of using statins for primary prevention varied among international guidelines. For example, NICE recommends statin therapy if 10-year cardiovascular risk is $\geq 10\%$, while ACC/AHA recommends statin therapy if 10-year cardiovascular risk is $\geq 7.5\%$. In this respect, there is lack of updated recommendations. Maybe there is an urge of new local guideline to assist primary care doctors in the assessment and management of this group of patients.

Conclusion

Using cardiovascular risk prediction scores and lipid targets to determine who to treat and how to treat is a complex and evolving science in the management of patients with hyperlipidemia. From the perspectives of family physicians, lifestyle modification that includes diet and exercise is always the first step of management for all patients regardless of their level of risk. We should update our information through reliable resources such as systematic reviews, international guidelines and evidence based point of care summaries. We also need to integrate our patient's value, clinical judgment and other contextual factors into our decision process so that we can give the best advice to individual patients.

Next meeting

The next meeting for the interest group will be on Saturday, 14 Nov 2015. Family Physicians Dr. Chan Suen Ho, Mark, Dr. Hui Lai Chi, Dr. Ko Siu Hin and Dr. Kinson Lau will be the tutors to discuss on "How evidence based medicine helps you to deal with difficult patients".

Interest Group in Dermatology – The 49th Meeting on 5 September 2015

Dr. Lam Wing Wo, Edmund, Co-ordinator, Board of Education

Theme : **Management of Eczema - Topical steroid the only treatment?**

Speaker : Dr. Kingsley Chan
Specialist in Dermatology and Venereology

Moderator : Dr. Lam Wing Wo, Edmund
Co-ordinator, Board of Education

Eczema is commonly encountered in primary care settings. In this session, Dr. Chan revisited this common problem and the following are some of those useful learning points that I found useful in our practice.

Learning Points

General

- Eczema, or Dermatitis, is a non-specific term and it comprises a group of conditions characterized by skin inflammation, such as those commonly seen in primary care level: atopic eczema, contact dermatitis, seborrheic dermatitis, dyshyrotic eczema, nummular eczema, neurodermatitis, and stasis dermatitis.
- Atopic Eczema is the most prevalent one amongst the group and is of increasing prevalence (> 17% in US). The cause for the increase in prevalence is unknown, possibly related to increasing air pollution.
- Onset of atopic eczema: 47.5% before 6 months old, and 85% before 5 years old. atopic eczema is prevalent in children (10–20%), and about 25% of which relapses or persists into adulthood.
- Atopic eczema could be the first step in the “Atopic March”: 75-80% of patients with Atopic eczema will develop allergic rhinitis, and > 50% of patients later develop asthma.

Pathophysiology

- The skin is a physical, chemical and immunological barrier. In Atopic Eczema, the impaired barrier is characterized by: (1) dryness and increased transepidermal water loss; (2) reduced content of ceramides, the major water-retaining molecules in the extracellular space of the cornified envelope; (3) overexpression of stratum corneum chymotryptic enzyme, which contributes to skin barrier breakdown by degrading corneodesmosomes; (4) functional mutations in the gene encoding filaggrin, a key component of the epidermal barrier, involved in keratin assembly during terminal differentiation and barrier formation.
- Breakdown of the atopic skin barrier allows the penetration of irritants and allergens, which exacerbates the condition and lead to a vicious cycle of atopy.

Clinical features

- Diagnosis is made clinically, suggested by: (1) chronic recurring course - on average, patients experience 9 flares annually, lasting for about 15 days each (136 days in flare per year); (2) age of onset - 90% of cases develop before age 5; (3) personal history with atopy-eczema, asthma, and hay fever; (4) family history of atopy.
- 3 cardinal features on examination: (1) itching; (2) redness and/or dry, flaking rash; (3) distribution of involved areas – changes with age.

- Typical distribution:
 - Infants: oozing, crusty lesions over face and convex areas of the limbs
 - Children: skin folds over elbows, knees and neck; stronghold areas: hands, wrists, ankles, with painful cracks, lichenification may appear in the skin
 - Adolescents and adults: chronic lesions over head and neck
- 70% of atopic eczema occurs in the face, neck and other sensitive skin areas. The face and neck are the most commonly affected areas during flares, regardless of age, gender, and severity of the disease.
- Flare-ups are commonly triggered by infection, such as Staphylococcus and Herpes.

Management

- General principles: (1) eliminate inflammation and infection, (2) hydrate the skin, (3) avoid exacerbating factors.
- Skin care: daily bathing and liberal use of emollients applied to the wet skin within 5 minutes
- Protection from allergens exposure: reduce exposure, diet etc.
- Corticosteroid: to control inflammation and allergic reaction. Use the less potent steroid that will achieve the desired effect.
- Topical Immunosuppressants (Protopic, Elidel) for children aged 2 years and older with mild to moderate atopic eczema.
- Antihistamines: combination of use of sedative or non-sedative types.
- For flare-ups, consider antibiotics. Oral corticosteroid is seldom prescribed.
- For severe cases: referral for considering Phototherapy (Ultraviolet A/B), Cyclosporin A.

Next meeting

The next meeting will be on 7 November 2015 (Saturday). The topic and the guest speaker will be confirmed soon. All members are welcome and encouraged to present their cases and problems for discussions or role play. Please send your cases to our secretariat (teresaliu@hkcfp.org.hk) 2 weeks before the date of presentation.



Dr. Lam Wing Wo (left) presenting a souvenir to Dr. Kingsley Chan (right)

Director, University Health Service

The Institution

The Hong Kong Polytechnic University is a government-funded tertiary institution in Hong Kong. It offers programmes at various levels including Doctorate, Master's and Bachelor's degrees. It has a full-time academic staff strength of around 1,200. The total consolidated expenditure budget of the University is close to HK\$5.5 billion (US\$705 million) per year.

The Position

The University is looking for a highly competent and experienced physician to head its University Health Service (UHS) which has around 40 professional and support staff.

The UHS provides primary health care services to students, staff and other eligible users in a cost effective manner. It offers medical consultation, traditional Chinese medicine service, nursing services, chronic disease management, investigation and treatment services, and emergency service. The UHS is also an accredited community-based training centre by The Hong Kong College of Family Physicians. Please visit the website at <http://www.polyu.edu.hk/uhs/en> for more information about UHS.

Assuming overall managerial responsibilities on all functions of UHS, the appointee will be required to (a) formulate and review the vision and mission, goals and objectives as well as development strategies of UHS; (b) lead and manage the team in providing quality health care services to eligible users; (c) oversee the formulation and implementation of health promotion and diseases prevention programmes; (d) ensure optimal deployment of human, financial and other resources efficiently and effectively; and (e) provide leadership in building a harmonious, caring and cooperating team which is committed to accomplishing established objectives.

Candidate Profile

The ideal candidate should have (a) qualification registrable with the Medical Council of Hong Kong; (b) a valid practicing certificate issued by the Medical Council of Hong Kong; (c) a higher qualification in Internal Medicine and/or Family Medicine; (d) substantial post-qualification experience, of which some at senior management level, in health care services; (e) thorough understanding and insight of health care services as well as rich knowledge of clinic/hospital operation; (f) excellent communication and leadership skills; and (g) a good command of both spoken and written English and Chinese.

Remuneration and Conditions of Service

A highly competitive remuneration package will be offered. Initial appointment will be made on a fixed-term gratuity-bearing contract. Re-engagement thereafter is subject to mutual agreement. Applicants should state their current and expected salary in the application.

Application and Nomination

The Hong Kong Polytechnic University invites applications and nominations for appointment as Director, University Health Service. Review of applications and nominations will continue until the post is filled. Please submit applications or nominations via email to hrstaff@polyu.edu.hk; by fax at 2764 3374; in person to **Human Resources Office, 13/F, Li Ka Shing Tower, The Hong Kong Polytechnic University, Hung Hom, Kowloon**; or by mail to the above address. If you would like to provide separate curriculum vitae, please still complete the application form which will help speed up the recruitment process. Application forms can be obtained via the above channels or downloaded from http://www.polyu.edu.hk/hro/job/en/guide_forms/forms.php. The information collected will be used for consideration of the application and for purposes relating to appointment. The University reserves the right not to fill the position or to make an appointment by invitation. The University Personal Information Collection Statement for recruitment can be found at http://www.polyu.edu.hk/hro/job/en/guide_forms/pics.php.

- 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.

35th Annual Refresher Course 2015

*** 1st Announcement ***

The 35th Annual Refresher Course (ARC) will be held from 22 November to 13 December 2015. There will be five Luncheon Lectures and four Workshops.

2 CME points will be awarded for each Luncheon Lecture and 3 CME points for each Workshop according to Category 4.5. MCQs will be distributed for each session of the Refresher Course, i.e. there are a total of 9 MCQ papers. The MCQ answers have to be returned to the College Secretariat on the original question forms **within 2 weeks** of the completion of the Refresher Course (**latest by 31 December 2015**). A member will be awarded 1 extra CME point for a score of over 60% for each MCQ paper. Up to 2 CPD points (Continuous Professional Development) will also be awarded for each session (subject to submission of satisfactory report of Professional Development Log); a maximum of two points can be scored for each session.

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

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

Registration is now open and must be made before 18 November 2015. As the number of space is limited, it will be offered on first come first served basis. **Please also note that admission fees are not refundable.** Ten free registrations for each Lecture and Workshop will be offered to student members who wish to apply for free registration, please call Ms. Cherry Chan at 2871 889 before 17 November 2015.

Registration form could be found on Page16.

Luncheon Lectures

Date	24 November (Tues)
Topic	Diabetic Obesity Practical Management of Diabetic Obesity
Speaker	Prof. Stephan Jacob
Sponsor	AstraZeneca Hong Kong Limited
Date	26 November (Thurs)
Topics	Hypertension Ambulatory Blood Pressure Monitoring (ABPM)
Speaker	Dr. Wong Man Lok
Sponsor	Sanofi Hong Kong Limited
Date	1 December (Tues)
Topics	Mood and Sleep Revisit on pain, mood and sleep
Speaker	Dr. Lee Wing King
Sponsor	Pfizer Corporation Hong Kong Limited
Date	3 December (Thurs)
Topics	Orthopaedic Ailments of the foot and ankle region – advances in management
Speaker	Dr. Tse Lung Fung
Sponsor	A. Menarini Hong Kong Limited
Date	8 December (Tues)
Topics	New Management on Diabetes Mellitus SGLT2i - a new novel mechanism for individualized management of type 2 diabetes
Speaker	Dr. Tso Wai Kwan, Annette
Sponsor	Janssen Pharmaceutical Hong Kong

Venue	: Shanghai Room, Level 8, Cordis Hotel Hong Kong (formerly known as Langham Place Hotel), 555 Shanghai Street, Mongkok, Kowloon
Time	: 1:00 p.m. – 2:00 p.m. Buffet Lunch 2:00 p.m. – 3:00 p.m. Lecture 3:00 p.m. Discussion

Sunday Workshops

Date	22 November (Sun)
Topics	Latest Management on Haemorrhoidal Disease and Depression Workshop 1. Update in the Management of Haemorrhoidal Disease 2. A Better Management of Depressed Patients
Speakers	1. Dr. Cheung Yui Shan Hester 2. Dr. Tung Fu Yin
Sponsor	Servier Hong Kong Ltd.
Date	29 November (Sun)
Topics	Cardiovascular Workshop TBC
Speaker	TBC
Sponsor	AstraZeneca Hong Kong Limited
Date	6 December (Sun)
Topics	Mood Disorder Workshop 1. Using Psychiatric Drugs in family practice: Monotherapy or Polypharmacy? 2. Case studies
Speakers	1. Prof. Tang Siu Wa 2. Dr. Law Sai On and Dr. David Wong
Sponsor	Lundbeck Hong Kong
Date	13 December (Sun)
Topics	Osteoporosis and DM Workshop 1. Which agent and for how long? Postmenopausal women without fragility fracture in young vs older patients 2. T2DM treatment – A pathophysiological approach
Speakers	1. Dr. Ho Yiu Yan, Andrew 2. Dr. Chan Wing Bun
Sponsor	Takeda Pharmaceuticals (Hong Kong) Limited

Venue	: Shanghai Room, Level 8, Cordis Hotel Hong Kong (formerly known as Langham Place Hotel), 555 Shanghai Street, Mongkok, Kowloon
Time	: 1:00 p.m. – 2:00 p.m. Buffet Lunch 2:00 p.m. – 4:15 p.m. Lectures 4:15 p.m. – 4:30 p.m. Discussion

Registration Fees:

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

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

Spot admission fee for each Luncheon Lecture or Workshop is:

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

FM Trainees Package:

Full Course	: HK\$600.00
Sunday Workshops	: HK\$400.00 for 4 Workshops
Each Luncheon lecture or workshop	: HK\$150.00

Remarks: Topics may be subject to change without prior notice. Lecture/ Workshop (s) will be conducted in English



THE HONG KONG COLLEGE OF FAMILY PHYSICIANS
35th Annual Refresher Course
22 November – 13 December 2015
REGISTRATION FORM

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

Dear Sir / Madam,

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

Enclosed please find a cheque (made payable to **"HKCFP Foundation Fund"**) of HK\$ _____ being payment in full for the above. **(All Fees received are non-refundable and non-transferable.)**

The whole course:-

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

Spot admission:-

22 Nov (Sun)	Latest Management on Haemorrhoidal Disease and Depression Workshop () 1) Update in the Management of Haemorrhoidal Disease 2) A Better Management of Depressed Patients
24 Nov (Tues)	Diabetic Obesity () Practical Management of Diabetic Obesity
26 Nov (Thurs)	Hypertension () Ambulatory Blood Pressure Monitoring (ABPM)
29 Nov (Sun)	Cardiovascular Workshop () TBC
1 Dec (Tues)	Mood and Sleep () Revisit on pain, mood and sleep
3 Dec (Thurs)	Orthopaedic () Ailments of the foot and ankle region – advances in management
6 Dec (Sun)	Mood Disorder Workshop () 1) Using Psychiatric Drugs in family practice: Monotherapy or Polypharmacy? 2) Case studies
8 Dec (Tues)	New Management on Diabetes Mellitus () SGLT2i - a new novel mechanism for individualized management of type 2 diabetes
13 Dec (Sun)	Osteoporosis and DM Workshop () 1) Which agent and for how long? Postmenopausal women without fragility fracture in young vs older patients 2) T2DM treatment – A pathophysiological approach

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

7 November 2015 Saturday

Board of Education Interest Group in Dermatology

Aim	To form a regular platform for interactive sharing and discussion of interesting dermatological cases commonly seen in our daily practice	
Theme	TBC	
Speaker	TBC Specialist in Dermatology and Venereology	
Co-ordinator & Chairman	TBC	
Time	1:00 p.m. – 2:00 p.m.	Lunch
	2:00 p.m. – 4:00 p.m.	Theme Presentation & Discussion
Venue	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	
Admission Fee	Members Non – members HKAM Registrants	Free HK\$ 300.00 HK\$ 150.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CPD points HKCFP (Cat. 3.15) 2 CME points MCHK	
Language	Lecture will be conducted in English and Cantonese.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	
Note	Participants are encouraged to present own cases for discussion. Please forward your cases to the Coordinator via the College secretariat 2 weeks prior to meeting.	

HKCFP would like to thank HKMA for supporting this educational activity.

Sponsored by
Galderma Hong Kong Limited

5 November 2015 Thursday

A New Approach for Treating Elderly Patient Suffering from Post-herpetic Neuralgia

Dr Lo Man Wai
Specialist in Neurology

Chairman	Dr. Lee Wan Tsi, Francis The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m.	Registration and Lunch
	2:00 p.m. – 3:30 p.m.	Lecture and Discussion
Venue	Star Room, 42/F, Cordis Hotel Hong Kong (formerly known as Langham Place Hotel), 555 Shanghai Room, Mongkok, Kowloon	
Admission Fee	College Fellow, Full or Associate Members Other Categories of Members Non-Members	Free HK\$ 350.00 HK\$ 450.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	

Sponsored by
Mundipharma (Hong Kong) Limited

12 November 2015 Thursday

Advance treatment of T2DM management – Beyond HbA1c Control

Prof. Michael Nauck
Head of the Diabeteszentrum Bad Lauterberg Harz, Germany

Chairman	Dr. Tsui Hing Sing, Robert The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m.	Registration and Lunch
	2:00 p.m. – 3:30 p.m.	Lecture and Discussion
Venue	Pearl Ballroom, 2/F, Eaton Hotel, 380 Nathan Road, Jordan, Kowloon	
Admission Fee	College Fellow, Full or Associate Members Other Categories of Members Non-Members	Free HK\$ 350.00 HK\$ 450.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	

Sponsored by
AstraZeneca Hong Kong Limited

14 November 2015 Saturday

Board of Education Interest Group in EBM

Theme	How evidence based medicine helps you to deal with difficult patients	
Moderator	Dr. Lee Wan Tsi, Francis	
Tutors	Dr. Mark S H Chan, Dr. Kinson K S Lau, Dr. Aster W Y Lau, Dr. S H Ko and Dr. Primus L C Hui	
Time	2:15 p.m. - 2:45 p.m.	Introduction
	2:45 p.m. - 4:15 p.m.	Group discussion and demonstration
Venue	8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	
Admission Fee	Members Non – members HKAM Registrants	Free HK\$ 300.00 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 Discussion will be in English or bilingual	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	
Note	Please bring along your mobile internet device if available.	

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.

October's session:

Date	30 October 2015 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	1. "Traditional Chinese Therapy and Dermatoses" – Dr. Lee Tze Yuen 2. "Treatment of Sputum: Old is New" – Dr. Edwin Poon"
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.

November's session:

Date	27 November 2015 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	"Emerging Role of DPP-4 inhibitor and TZD Combination in the Management of Type 2 Diabetes: a Pathophysiologically Sound Treatment" – Prof. Bernard Charbonnel
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
14 November 2015 2:15 – 4:15p.m.	Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon	Common Paediatric Skin Problems Dr. Stephen CHAN AC(Paed), CMC	Ms. Clara Tsang Tel: 2327 6852

Structured Education Programmes

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

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
4 November 15 (Wed)			
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Differences between Hospital and General Practice Dr. Lee Wing Mei Dickinson & Dr. Lim Martina	Ms. Cordy Wong Tel: 3949 3087
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	The Role of a Primary Care Doctor for Enduring Power of Attorney Dr. So Lok Ping	Ms. Eliza Chan Tel: 2468 6813
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Common Sexual Disorders in Females Dr. TT Kam	Ms Cammy Chow 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Case Discussion of Medication Error, Confidentiality Dr. Mira Chen & Dr. Chan lam	Ms. Crystal Law Tel: 2632 3480
5 November 15 (Thu)			
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Application of Evidence Based Medicine: Update of Use of Antibiotics in Primary Care Setting Dr. Wong Fai Ying & Dr. Lam Siu Ping	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Use of Contraception in FM Dr. Mathew Lau	Ms. Kwong Tel: 2595 6941
2:15 – 5:15 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Differences between Hospital and General Practice Dr. Lee Edna Tin Wai & Dr. Choi Yuen Ling	Ms. Cordy Wong Tel: 3949 3087

11 November 15 (Wed)

2:15 – 5:15 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	Evidence-based Medicine Dr. Suen Gee Kwang Victoria & Dr. Fong Wai	Ms. Cordy Wong Tel: 3949 3087
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Handling Marital Problems : Introduction of Marital Counselling and Management of Domestic Violence Dr. Pang Kwan	Ms. Eliza Chan Tel: 2468 6813
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Introduction to VMP service Dr. Joyce Lai	Ms Cammy Chow 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Common Foot Pain Problems (e.g. mid foot pain) Dr. Peter Leung Siu Hei	Ms. Crystal Law Tel: 2632 3480

12 November 15 (Thu)

4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	MPS Case Sharing Dr. Tang Hoi Yan & Dr. So Mei Kuen	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Evidence-based Medicine Dr. Lau Ka Man & Dr. Lee Wing Lam	Ms. Cordy Wong Tel: 3949 3087
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Immunisation in HK Dr. Sarah Chan	Ms. Kwong Tel: 2595 6941

18 November 15 (Wed)

2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Immunisation Dr. Hou Jing & Dr. Mak Ho Yan Queenie	Ms. Cordy Wong Tel: 3949 3087
2:15 – 4:45p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Updates in Immunization Dr. Sun Kwok Fung	Ms. Eliza Chan Tel: 2468 6813
5:15 – 7:15 p.m.	Multi-function Room, NAHC clinic, G/F, Tsan Yuk Hospital	Clinical Approach to Gynaecological Problems Presented with Pelvic pain Dr. TC Pun	Ms Cammy Chow 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Clinic Visit Dr. Cheung Yu	Ms. Crystal Law Tel: 2632 3480

19 November 15 (Thu)

4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Invitation of Social Worker to Share Experience in Counselling and Problem Solving Dr. Lee Kar Fai & Dr. So Lok Ping	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Immunisation Dr. Chan Wing Chi Annie & Dr. Chow Pui Yin Melody	Ms. Cordy Wong Tel: 3949 3087
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Community Resource for Chronic Alcoholic Dr. Chan Ki Chun, Enoch	Ms. Kwong Tel: 2595 6941

25 November 15 (Wed)

2:15 – 5:15 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	Health Care Delivery System in Singapore Dr. Lee Ka Yun Peter & Dr. Xu Shaowei	Ms. Cordy Wong Tel: 3949 3087
2:15 – 4:45p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Diabetic Management Part 1 : Use of Oral Diabetic Medicine Dr. Yung Hiu Ting	Ms. Eliza Chan Tel: 2468 6813
5:15 – 7:15 p.m.	Multi-function Room, NAHC clinic, G/F, Tsan Yuk Hospital	Emergency Care - Anaphylaxis, Acute Asthmatic Attack, Cardiac Arrest, Collapse Dr. PL Tsang	Ms Cammy Chow 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Medical Records Dr. Lee Ying Cheung Jacky/Yuki Leung Yuen Yee	Ms. Crystal Law Tel: 2632 3480

26 November 15 (Thu)

2:15 – 5:15 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Health Care Delivery System in Singapore Dr. Leung Ching Ching & Dr. Chan Kiu Pak	Ms. Cordy Wong Tel: 3949 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Screening of Metabolic Disorders in Neonates Dr. Lee Sik Kwan & Dr. Chan Ka Ho	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Sharing of MPS case Dr. Chan Man Ting, Sarah	Ms. Kwong Tel: 2595 6941

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11 Oct	12	13	14 2:15 – 7:30 p.m. Structured Education Programme	15 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Council Meeting	16	17 2:30 – 5:30 p.m. DFM Module V Musculoskeletal Workshop
18	19	20 1:00 – 3:30 p.m. CME Lecture	21	22 6:00 p.m. Post Exit Exam Evaluation Workshop 2:15 – 7:00 p.m. Structured Education Programme	23	24 2:30 – 5:30 p.m. DFM Module III Care for the Elderly & Chronic Illness
25 OSCE Exam	26	27 1:00 – 3:30 p.m. CME Lecture	28 2:15 – 7:15 p.m. Structured Education Programme	29 2:15 – 7:00 p.m. Structured Education Programme	30 2:30 – 3:30 p.m. Board of Education - Video Session 7:00 p.m. BVTS Basic Training Introductory Seminar	31 2:00 – 4:00 p.m. Interest Group in Neuro-Musculoskeletal
1 Nov	2	3 5:30 p.m. Specialty Board Administration Meeting	4 2:15 – 7:15 p.m. Structured Education Programme	5 1:00 – 3:30 p.m. CME Lecture 2:15 – 7:00 p.m. Structured Education Programme	6	7 1:00 – 4:00 p.m. Interest Group in Dermatology 2:30 – 5:00 p.m. DFM Module III Practice Management 5:15 – 7:15 p.m. DFM Module II Introduction Session
8 TBC CPR Lecture	9 7:30 p.m. PA Subcommittee Meeting	10	11 2:15 – 7:30 p.m. Structured Education Programme	12 1:00 – 3:30 p.m. CME Lecture 2:15 – 7:00 p.m. Structured Education Programme	13 9:00 p.m. Board of Conjoint Examination Meeting	14 2:15 – 4:15 p.m. EBM Interest Group 2:15 – 6:00 p.m. Specialty Board Standardization Workshop in PA, CSA and Research
15 10:00a.m. – 1:00 p.m. BPDS Macau CME Programme	16 7:30 p.m. PA Subcommittee Meeting	17 10:00a.m. – 1:30 p.m. Meeting with Shunde Officials visiting group	18 1:00 – 3:30 p.m. CME Lecture	19 2:15 – 7:00 p.m. Structured Education Programme 8:30 p.m. Council Meeting	20	21 2:30 – 5:30 p.m. DFM Module III Introduction to Family Therapy
22 1:00 – 4:30 p.m. ARC 2015	23	24 1:00 – 3:30 p.m. ARC 2015 9:00 p.m. DFM Meeting	25 2:15 – 7:15 p.m. Structured Education Programme	26 2:15 – 7:00 p.m. Structured Education Programme	27 2:30 – 3:30 p.m. Board of Education - Video Session	28 TBC RCHK ASM
29 1:00 – 4:30 p.m. ARC 2015	30	1 Dec	2	3	4	5

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Red : Education Programmes by Board of Education
Green : Community & Structured Education Programmes
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