



# THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

## Family Physicians Links

Issue 76  
June 2010

### Message from the President



#### The Role of Family Physicians in Non-Communicable Diseases — From Dr. Google to Dr. Robot

The Annual Scientific Meeting was successfully and smoothly held on 29-30 May. I must thank Chairlady Dr. Cheung Man Kuen and all the ASM Committee members for their good planning and organization. A rich programme with depth and quality had been put together and was highly appreciated by the audience.

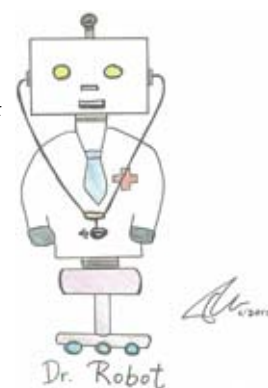
I was most impressed by the last two plenary speakers Dr. Yiu Yuk Kwan and Prof. Samuel Wong. Dr. Yiu talked about "Combating NCD in Hong Kong- Plans and Initiatives from the Public Health Sector" while Prof. Wong talked about "The role of Family Physicians in meeting the challenges of NCD". Both speakers agreed that the model of chronic disease management at the primary care level should be based on a team approach for the delivery of comprehensive and holistic care to patients, especially in the prevention of disease progression. Dr. Yiu described the role of various health care providers in the PHC team which included patients and patient organizations, nurses, health care organizations, NGOs etc. However, I could not see clearly the face of a Family Physician in the team. Prof. Wong has presented plenty of evidence to confirm the importance of person focused care or patient-centred model for quality services to the community. I was happy to see the strong advocate and a much clearer picture for our future Family Physicians.

It is expected that the Government is going to roll out the guidelines for chronic disease management in hypertension and diabetes later this year. The concern about the disease management programmes is the potential for fragmenting of care especially if the primary care physician is not central in the programme. As shown by the data in the talk by Prof Wong, the reality in primary care is at least 50% of patients having co-morbidity of one or more chronic problems. Family Physicians should not

be disease-focused. Moreover, risk factors and chronic illness cannot be considered in isolation. We support the development of management guidelines to promote quality healthcare delivery to the public, but the co-ordination, being central of the Family Physicians must be firmly established by us, or else nurses or case managers will sooner or later take over the central role in the management of our patients. I am worried especially for our colleagues and trainees who work in the public sector with heavy workload and inadequate consultation time. The consultation may become a session for making various referrals to different Primary Health Care team members according to guidelines.

The last cartoon (<http://www.glasbergen.com/?s=Dr.+Google>) in Prof Wong's presentation may look funny and I quote the wordings of the doctor talking, "More and more patients are going to the internet for medical advice. To keep my practice going, I changed my name to Dr. Google." I am sure patients can search for different guidelines from the internet without any difficulty. If the practice of Medicine is based on sets of guideline and protocol, I think eventually doctors can be replaced by robots and Dr. Google will change his name again to Dr. Robot.

- The stethoscope is a USB slot
- The mouth is a DVD driver
- The eyes are webcam
- The one on his head is a loudspeaker / microphone



Dr. Gene W W Tsoi  
President

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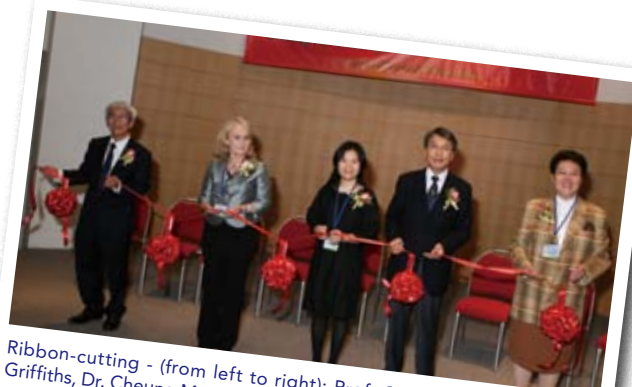
## Annual Scientific Meeting

Two of the important annual events of our College have just taken place on the 29th and 30th of May, 2010. We have invited the Chairpersons of Internal Affairs Committee and ASM Organizing Committee to share their experience in organizing the events in the coming issue.

Now, let's first enjoy the memorable moments in our Photo Gallery!



**Opening Ceremony**  
Front row (from left to right): Prof. Samuel Wong, Dr. Leung Ting Hung, JP, Prof. Goh Lee Gan, Prof. Sian Griffiths, Dr. Cheung Man Kuen, Dr. Gene Tsoi, Dr. Gloria Tam, JP, Dr. Natalis Yuen, Dr. Eddie Chan  
Back row (from left to right): Dr. Lau Ho Lim, Dr. Chan Hung Chiu, Dr. Mary Kwong, Prof. Cindy Lam, Dr. Daniel Chu



**Ribbon-cutting** - (from left to right): Prof. Goh Lee Gan, Prof. Sian Griffiths, Dr. Cheung Man Kuen, Dr. Gene Tsoi, Dr. Gloria Tam, JP



Prof. Martin Wong (left) receiving the Best Research Paper Award from Prof. Goh Lee Gan and Dr. Natalis Yuen



**ASM Organising Committee with guests**  
From left to right: Dr. Choi Wing Kin, Dr. Chan Yin Hang, Dr. Cheung Sze Man, Dr. Judy Cheng, Dr. Gene Tsoi, Dr. Cheung Man Kuen, Dr. Eddie Chan, Dr. Mary Kwong, Prof. Cindy Lam, Dr. Leung Ting Hung, JP, Dr. Li Heung Wing, Dr. Lai Siu Wai, Dr. Hung Chi Bun



**Invited Guests**  
From left to right: Prof. Samuel Wong, Dr. Chan Hung Chiu, Dr. Chan Tat, Dr. Leung Ting Hung, JP, Prof. Goh Lee Gan, Dr. Cheung Man Kuen, Dr. Gene Tsoi, Prof. Sian Griffiths, Dr. Chris Mitchell, Prof. Jan Radford, Prof. Cindy Lam, Dr. Mary Kwong



**Plenary Speaker Dr. Leung Ting Hung, JP**  
on 29 May



**Plenary Speaker Dr. Chan Tat**  
on 29 May



From left to right: Dr. Gene Tsoi, Prof. Samuel Wong, Dr. Yiu Yuk Kwan, Dr. Cheung Man Kuen, Dr. Chris Mitchell, Prof. Cindy Lam, Dr. Stephen Foo, Prof. Jan Radford, Prof. Martin Wong



**Plenary Speaker Dr. Yiu Yuk Kwan**  
on 30 May



**Plenary Speaker Prof. Samuel YS Wong**  
on 30 May





Workshop 1: Dr. Cheung Man Kuen presenting souvenir to doctors from HKIMM (from left to right): Dr. Allen Ngai, Dr. Stanley Lam, Dr. Chan Kwok Wai, Dr. Cheung Man Kuen, Dr. Andrew Ip, Dr. Chan Yin Hang and Dr. Mark Lai



Workshop 2: Dr. Cheung Man Kuen, Chairlady of the ASM Organizing Committee presenting souvenir to Dr. Fredrich Chan



Workshop 3: Dr. Cheung Man Kuen presenting souvenir to Prof. Goh Lee Gan



Workshop 2: Dr. Chan Yin Hang presenting souvenir to Dr. Joyce Yau



Paper Presentation



A group of enthusiastic trainees attending the ASM



Registration



Dr. Stephen Foo presenting souvenir to Prof. Ng Chi Fai, the speaker of Lunch Symposium on 30 May



Dinner Symposium speakers - Prof. Tang Siu Wa and Prof. Huang Yueqin



Dinner Symposium



# Conferment Ceremony



Council members and invited guests on-stage at the Conferment Ceremony



Opening Speech by Dr. Gene Tsoi



Speech by Dr. the Hon York Chow



Dr. the Hon Leong Che Hung receiving his Honorary Fellowship of our College



Speech by Dr. Chris Mitchell



The 21st Dr. Sun Yat Sen Oration, "To Expect the Unexpected - What I Learned from My Journey in Research" by Prof. Lap-Chee Tsui



Prof. Lap-Chee Tsui receiving the Dr Sun Yat Sen Gold Medallion



Exchange souvenirs with RACGP



Dr. Yu Sze Kai, Frances receiving award of the best candidate in Conjoint HKCFP & RACGP Fellowship Examination 2009 and Research Fellowship Award 2010



Recipients of Best Research Award 2009, Dr. Kong Yim Fai, Dr. Wong Nai Ming and Dr. Mark Chan





Platform guests entering the hall



From left to right: Prof. Gabriel Leung, Mr. Wu Ting Yuk, Anthony, Dr. Gene Tsoi, Dr. the Hon Leong Che Hung, Ms. Sandra Lee and Dr. Donald Li



From left to right: Dr. Gene Tsoi, Dr. Stephen Foo, Prof. Lap-Chee Tsui, Prof. Rosie Young, Dr. the Hon Leong Che Hung and Dr. Chan Hung Chiu



From left to right: Prof. Rosie Young, Dr. Mary Kwong, Prof. Lap-Chee Tsui and Dr. the Hon York Chow



From left to right: Dr. Natalis Yuen, Associate Prof. Jan Ranford and Dr. Chris Mitchell



From left to right: Mr. Wu Ting Yuk Anthony, Ms. Sandra Lee, Dr. the Hon Leong Che Hung, Prof. Doris Young, Prof. Cindy Lam and Dr. Donald Li



Dr. Stephen Foo and Dr. Gloria Tam



Dr. Wendy Lo (Public Orator) and Dr. the Hon Leong Che Hung



From left to right: Dr. Mary Kwong, Dr. Andrew Ip, Dr. the Hon Leong Che Hung and Dr. Hung Chi Tim



From left to right: Dr. Mark Chan, Dr. Kong Yim Fai, Prof. Gabriel Leung, Prof. Lam Tai Pong, Dr. Lam Tsan and Dr. Wong Nai Ming



# Council Dinner

30 May 2010  
Hong Kong Country Club



From left to right: Dr. Angus Chan, Dr. Mary Kwong, Dr. Simon Au, Prof. Cindy Lam, Prof. Lap-chee Tsui



From left to right: Dr. Donald Li, Prof. Gabriel Leung, Dr. Gene Tsoi, Dr. Chris Mitchell, Dr. Jun Liang



From left to right: Dr. Gene Tsoi, Dr. Stephen Foo, Dr. Hung Chi Tim, Dr. Andrew Ip



From left to right: Dr. Gene Tsoi, Dr. the Hon York Chow, Prof. Gabriel Leung, Ms. Sandra Lee, Dr. Daniel Chu



From left to right: Dr. Lilian Leong, Dr. the Hon Che-hung Leong, Dr. Gene Tsoi, Dr. the Hon York Chow, Prof. Cindy Lam, Prof. Lap-chee Tsui



From left to right: Dr. Lilian Leong, Dr. the Hon Che-hung Leong, Dr. Gene Tsoi, Dr. the Hon York Chow



From left to right: Dr. the Hon York Chow, Mr. Anthony Wu, Prof. Lap-chee Tsui



From left to right: Prof. Fok Tai Fai, Dr. Lillian Leong, Prof. Lee Sum Ping

## Biography: Dr. the Hon LEONG Che Hung, GBS, OBE, JP

Prepared by Dr. Chan Hung Chiu



Dr. the Honorable Leong Che Hung is well-known to most of the people in Hong Kong as a prominent figure both in field of the medical profession and in the realm of public services. In recognition of his contributions to the medical profession and the community of

Hong Kong, this year he is awarded the Honorary Fellowship of the Hong Kong College of Family Physicians.

Dr. Leong graduated in Medicine from the University of Hong Kong in 1962. He served as a surgeon and a teacher in the Department of Surgery for fourteen years, from 1964 to 1978, before he joined private practice as a surgeon specialising in urology.

In 1975, with his contributions to the specialist field of urology and nephrology being well recognized by his peers, Dr. Leong was made Hunterian Professor by the Royal College of Surgeons of England, the top accolade in the field of Surgery.

Dr. Leong has also been Honorary Professor of Surgery of the University of Hong Kong since 2001.

In 1990, Dr. Leong was elected as the Founding President of the HK College of Surgeons. In 2000, he became the President of the HK Academy of Medicine which he served until 2004.

Dr. Leong holds a number of Honorary Fellowships, including Honorary Fellowship of the Hong Kong Academy of Medicine, and Honorary Fellowships of several Academy Colleges including the colleges of Surgeons, Physicians, Emergency Medicine, Community Medicine, Dental Surgeons and Radiologists. He also holds an Honorary Fellowship of the Royal College of Surgeons of England.

Besides his many professional and academic achievements, Dr. Leong's contribution to public services in Hong Kong has been most remarkable and impressive.

In 1988, Dr. Leong was elected to the Legislative Council as a representative of the medical

functional constituency, and served as a member for twelve years till the year 2000.

He is closely involved with the Hospital Authority, the biggest healthcare team in Hong Kong, and served as its Chairman from 2002 to 2004.

For his outstanding contributions towards Hong Kong's success and prosperity, Dr. Leong was awarded an OBE in 1991 and a Gold Bauhinia Star (GBS) in 2001.

Currently, he is a Non-official Member of the Executive Council of the Government of the Hong Kong Special Administrative Region. He is also the Chairman of the Elderly Commission of HKSAR Government, HK AIDS Foundation, and ICAC Complaints Committee, Council of the University of Hong Kong, and Council on Human Reproductive Technology.

As the Chairman of the Elderly Commission since 2005, Dr. Leong has been dedicated to improving and promoting the quality of life of our aging population, with particular emphasis on the formulation of comprehensive policies in caring for elders, with the aim to provide them with a sense of security and independence, as well as a feeling of health and worthiness.

Dr. Leong is also an Ex-officio Member of the Family Council, with the role of promoting a family-based support network for developing closer and harmonious relationship amongst family members, and advising the Government on the formulation of policies and strategies for supporting and strengthening families.

He is also the member of many other important committees, including the Honours Committee of the HKSAR.

Dr. Leong has an outstanding professional career. He is a true leader of the medical profession, and a great and dedicated servant to the community of Hong Kong. He has demonstrated tremendous energy, showing vision in the healthcare development for Hong Kong, which echoes with the core values of our discipline: comprehensiveness, continuity and holism.



## Board of Conjoint Examination Report on Trainee Examiners' Workshop on 24 April 2010

We had the Workshop and Gathering on 24.4.2010 with the attendance of 6 members from the Board, 9 Trainee Examiners and the Board Secretariat. Our Board members gave a warm welcome to the trainee examiners before starting the presentation.

Our Chairman, Dr. Chan Hung Chiu gave us an overview of the Examination, its history and benefits and explained to us the security protocol, as well as reminding us to keep all Examination materials confidential. He pointed out that the Exam is a fair, valid and reliable one and represents an international collaborative effort, not only to maintain the standards of FM but also to benchmark these standards. In addition, the long history of the Conjoint Exam with high standards is one of the important reasons for family medicine to be recognized as a unique discipline in Hong Kong and we are obliged to upkeep its standard.

Dr. Lau Ho Lim, our KFP coordinator gave a brief introduction of the KFP paper, the types of questions preferred, followed by a discussion on the logical steps of setting a question, "Bottom-up" thinking as well as "Fidelity" and discriminating power of a question. He also enlightened us on the Ebel Method for standardization of the KFP Paper.

Our Chief Examiner Dr. Ip Pang Fei then introduced to us the format of our Conjoint Examination and the roles of the Trainee Examiners in the Exam, followed by a brief discussion on the MCQ Paper and the types of questions preferred, and the Angoff method of standard setting. He carried on to discuss the

types of questions and gave examples of good and bad questions, and presented the matrix of the questions that would cover all aspects of Family Medicine. He also informed us about standardization and types of standard setting methods. Moreover, he introduced to us the Kappa score which reflects the consistency of the marking examiners.

Dr. Billy Chui, our OSCE coordinator, described to us the rationale, standardization and the clinical rating forms of our OSCE. He also informed the audience about how to calculate the score of individual candidates and the passing score of each of the cases.

Trainee Examiners were invited to write up questions and pass them directly to the respective coordinators to enrich the Case Bank of the Conjoint Examination. All Trainee Examiners were encouraged to note down the important days of the Examination including the Examiners' Workshops, Rehearsal and OSCE. Active participation in difficult cases, such as being role-players of the long case, was strongly encouraged.

The presentation was followed by an informal discussion where we acquainted ourselves with each other. All the Trainee Examiners found this workshop very informative. Board members also agreed that this was very helpful to both the Trainee Examiners and the Board.

Dr. Chan Yu Sang  
Board Member  
Board of Conjoint Examination



Group photo



Dr. Chan Hung Chiu introducing the purpose of Conjoint Examination



## "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.

For this month, from 15th June till 14th July, 2010, Dr. Daniel W S Chu and Dr. Chan Kin Ling 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](mailto: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. Daniel W S Chu



Dr. Chan Kin Ling

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

## Membership Committee News

The Council approved, on recommendation of the Membership Committee Chairman, the following applications for membership in **May 2010** with Council Meeting:

Associate Membership (New Application)	
Dr. CHENG Ying Wai	鄭英偉
Dr. SIU Chi Ming	蕭志明
Reinstatement of Associate Membership	
Dr. CHENG Hei Wan	鄭曦雲
Dr. NG Yiu Kong	伍鏡江
Student Membership (New Application)	
Mr. LI Chi Wai	李智威
Resignation of Associate Membership	
Dr. CHENG Kin Keung	鄭健強
Dr. LOK, Zara Lin Zau	駱靈岫
Transfer from Associate Membership to Fellowship	
Dr. HO Kai Tin	何佳鈿
Dr. TSANG Wai Mun	曾慧敏
Suspension of Associate Membership	
Dr. LAM Ding Yee, Amy	林定儀
Dr. LAM Tung	林冬
Resignation of Non-HKSAR Membership	
Dr. JONG, Irene	楊怡林



## Facilitation for Category 2 candidates of Fellowship Examination to form study groups

The Board of Examination has identified a need in candidates who may benefit from forming a study group in preparing for the Fellowship examination. In response, the College will facilitate the formation of study groups for candidates who otherwise are without formal group support. Advice to the groups from various Boards including BVTS and Board of Education will be accessible should the need arises.

### Aim:

1. to facilitate members who have difficulties in forming study groups
2. to identify improvement areas of members in sitting for the Fellowship examination
3. to facilitate group members to update skills and knowledge
4. to coordinate help from experienced fellows and teachers

### Membership:

Open to all Category 2 candidates.

Interested members please send in the following details and fax to the College secretariat at 2866 0981. As membership may be limited, please apply early and we shall call for the first meeting as soon as possible.

### Application Form:

<b>Name/ Age/ Sex</b>	
<b>Contact</b>	<b>Tel:</b> <b>Email address:</b>
<b>Graduation Place and Year</b>	
<b>Year planned to sit for the Conjoint Exam</b>	
<b>Year attempted Conjoint Exam</b>	
<b>Institutional training</b>	<b>No / Yes: no of years</b>
<b>Hospital experience</b>	<b>No / Yes: no of years and types</b>
<b>Other academic experience</b> e.g. Diplomas, Masters, other Fellowships	
<b>Areas that you think you may benefit from facilitation</b>	1. 2. 3.

## Classified Advertisements

### Positions Vacant

The University Health Service of The Hong Kong Polytechnic University requires a Medical Officer. Duties: provide primary health care, health counselling, promote health education and perform administrative duties. Qualifications: registrable with The Medical Council of Hong Kong and fluency in spoken English and Cantonese. A higher qualification in Internal Medicine or Family Medicine is an advantage. Post specification and application form are available from the Human Resources Office (Homepage: <http://www.polyu.edu.hk/hro/job.htm>, Email: [hrstaff@polyu.edu.hk](mailto:hrstaff@polyu.edu.hk), Fax: 2764 3374). Application closing date: 10 July 2010.

Community-based training centre at Ma On Shan is looking for energetic trainee who wishes to advance career on FM and Musculoskeletal medicine. Please call Dr. Ip at 76666078.





THE UNIVERSITY OF HONG KONG  
LI KA SHING FACULTY OF MEDICINE

香港大學李嘉誠醫學院

# Postgraduate Diploma in Diagnosis and Therapeutics in Internal Medicine

(PDipIntMed&Therapeutic)

醫學內科診斷及治療深造文憑

*Approved by  
Medical Council as quotable  
qualification*



## PROGRAM FEES

Composition fee for the 2 year program  
is HK\$23,000 (subject to approval)

## ADMISSION REQUIREMENTS

Holder of a primary medical degree  
with post registration experience of  
not less than 12 months

## DEADLINE OF APPLICATION

**1 August 2010**

*Call for Application  
for Admission  
in September 2010*

## 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.hku.hk/medicine/postdip.htm>

## By mail :

The completed application form should be sent to:  
Academic Services Enquiry Office  
Room UG-5, Knowles Building, The University of Hong Kong  
Pokfulam Road, Hong Kong  
(Ref: PDipIntMed&Therapeutic)





Academy of Medicine of Malaysia



Academy of Medicine, Singapore



Hong Kong Academy of Medicine

# 1<sup>st</sup> AMM-AMS-HKAM Tripartite Congress/ 44<sup>th</sup> Malaysia-Singapore Congress of Medicine “Benefits and Risks of Recent Medical Advances”

## PROGRAMME AT A GLANCE

	12 November 2010 Friday 1700-2100	13 November 2010 Saturday 0900-1730	14 November 2010 Sunday 0900-1300
0900-0930		S1 Advances in Oncology	S2 Advances in Transplantation
0930-1000			S9 Advances in Vascular/Endo-Vascular Surgery
1000-1030			S10 Challenges in Substance Abuse
1030-1100		Coffee	Coffee
1100-1130		S3 Advances in DM	S4 Advances in Emerging Infection
1130-1200			S11 Advances in Minimal Invasive Surgeries
1200-1230			S12 Advances in Mental Health
1230-1300			Closing
1300-1330		Lunch	
1330-1400			
1400-1430		S5 Advances in Resuscitation	S6 Advances in Spine Care (Low Back Pain)
1430-1500			
1500-1530			
1530-1600		Coffee	
1600-1630		S7 Advances in Fetal Medicine	S8 Advances in Preventive Medicine
1630-1700			
1700-1730	Registration		
1730-1800			
1800-1830			
1830-1900	Opening Ceremony Halnan Lecture (HKAM)		
1900-1930	Tun Dr Ismail Oration (AMM)		
1930-2000			
2000-2030	Welcome Reception		
2030-2100			

**CALL FOR PAPERS**  
Deadline  
for submission  
31 July 2010

## Congress Secretariat

Address:  
Hong Kong Academy of Medicine  
Room 808, HKAM Jockey Club Building  
99 Wong Chuk Hang Road  
Aberdeen, Hong Kong

Tel: (852) 2871 8896 / 2871 8841

Fax: (852) 2871 8898

Email: tripartite@hkam.org.hk



12 – 14 November 2010 • Hong Kong Academy of Medicine Jockey Club Building



## Academic Accreditation

College/Programme	CME / CPD Points Awarded				Category and Remarks
	Max for Whole Function	12 November 2010	13 November 2010	14 November 2010	
Hong Kong College of Anaesthesiologists	11	2	6	3	Non-Anaes
Hong Kong College of Community Medicine	10	2	6	3	-
College of Dental Surgeons of Hong Kong		2	6	3	Cat B
Hong Kong College of Emergency Medicine		2	6	3	-
Hong Kong College of Family Physicians	10	2	5	3	Cat 5.2
Hong Kong College of Obstetricians & Gynaecologists	5	2	3	3	Non-O & G
	1.5		1.5		O & G
College of Ophthalmologists of Hong Kong	4	1	3	1.5	Passive
Hong Kong College of Orthopaedic Surgeons	4		4		Cat A
	5	2		3	Cat B
Hong Kong College of Otorhinolaryngologists				3	Cat 2
		1	2		Cat 2.2
Hong Kong College of Paediatricians	11	2	6	3	Cat A
Hong Kong College of Pathologists	10	1	6	3	Passive
Hong Kong College of Physicians		1	3	1.5	
Hong Kong College of Psychiatrists	11	2	6	3	List B
Hong Kong College of Radiologists	6		3	3	Cat A
	5	2	3		Cat B
College of Surgeons of Hong Kong	11	2	6	3	Passive
MCHK CME Programme (Including HKAM, HKMA & HKDU)	10	2	5	3	Passive

[www.tripartitecongress.org](http://www.tripartitecongress.org)

## Executive Corner

Throughout these years, our College has grown from a small association into one of the Constituent Colleges of the Hong Kong Academy of Medicine, comprising four Boards and ten Committees. It would be interesting to know more about the different Boards and Committees, which are central to the development of our College and the Family Medicine practice in Hong Kong. Starting from this issue, FP Links would introduce each Board or Committee in a quarterly manner.

### Board of Conjoint Examination

#### List of Members

**Chairman** : Dr. Chan Hung Chiu

**Members** : Dr. Ip Pang Fei (Chief Examiner)  
 Dr. Billy S. H. Chui (OSCE Coordinator)  
 Dr. Kenny Kung (MCQ Coordinator)  
 Dr. Lau Ho Lim (KFP Coordinator)  
 Dr. Barry T. F. Bien  
 Dr. Chan Laam  
 Dr. Dickson Y. S. Chan  
 Dr. Winnie W. Y. Chan

**Ex-officio** : Dr. Gene Tsoi (President)  
 Dr. Mary Kwong (Vice-President, General Affairs)  
 Dr. Law Tung Chi (Honorary Secretary)

**Board of Censors** : Prof. Cindy Lam (Chief Censor)  
 Dr. Stephen Foo (Censor)  
 Dr. Donald Li (Censor)



(From left to right: Mr. Patrick Wu, Ms. Crystal Yung, Dr. Chan Laam, Dr. Lau Ho Lim, Dr. Ip Pang Fei, Dr. Chan Hung Chiu, Dr. Billy S. H. Chui, Dr. Dickson Y. S. Chan, Dr. Winnie W. Y. Chan, Ms. Teresa Liu)

The Board of Conjoint Examination meets regularly to discuss and make decisions on issues relating to the Conjoint Fellowship Examination. It plans and conducts the Conjoint Fellowship Examination in Family Medicine with the Royal Australian College of General Practitioners (RACGP) since 1987. It recommends the successful candidates, after approval by our College Chief Censor, to our Council for election to HKCFP Fellows.

The Examination is designed to evaluate the competence of the candidates in regard to their knowledge, skills and attitudes in General Practice/Family Medicine. A good understanding of the principles and methods of Family Medicine is emphasized. Skills in problem solving, communication, practice management, physical examination, and office procedures are to be tested. Candidates are expected to practise continuous, comprehensive, co-ordinated, patient-centred, and anticipatory care.

The Examination consists of two parts: Written Segment and Clinical Segment. Different segments test different areas of the candidate's competence in regard to their knowledge, skills and attitudes in Family Medicine and carry different weighting to the total score of the Examinations. The Written Segment includes Multiple Choice Questions (MCQ) and Key Feature Problems (KFP), and the Clinical Segment is conducted in the form of Objective Structured Clinical Examination (OSCE). The written and clinical examinations usually take place in September and October/November respectively every year.

The Board always strives to ensure the validity and reliability of the examination. In order to maintain the standard of the examination, training workshops and rehearsal sessions for the examiners are organized regularly. Suggestions from members are always welcomed and appreciated.



## TB's Special Medical Instruments: Part II

Dr. TB Chan, Higher Trainee, New Territories East Cluster

Last time I have shared with you my experience in using the Macroview otoscope and the Digital macroview otoscope. This time I have some more interesting instruments to talk about.

### III. Panoptic ophthalmoscope

This instrument looks like a telescope, and is designed to visualize the fundi through undilated pupils (Fig 1). With a very complex system of optical reflection and refraction, you are able to see the fundi with an amazingly large field without the need for pupil dilation. When examining the eyes of children and teenagers, you will be shocked by the clarity and the large field of view of the fundi. You can actually see the pulsation of the retinal arteries at the optic discs!

When examining the eyes with the panoptic ophthalmoscope, a rubber "eye piece" is required to keep the instrument at the right distance from the patient's eye, and to avoid accidentally bumping the patient's eye with the scope during the examination. When using the traditional direct ophthalmoscope, you need to adjust the focus according to the degree of short-sightedness or long-sightedness of both the patient and yourself, and different patients will need different focus adjustment. However, when using this instrument, you only need to adjust the focus to correct your own refractive error, and it will be ready to examine most, if not all, patients. Furthermore, as the instrument is much larger than the traditional ophthalmoscope, the observer's face will not be too close to the patient's face, and you can use your dominant eye (usually right eye) to examine both eyes of the patient. This is especially beneficial for doctors suffering from amblyopia.

This instrument is excellent for inspecting the optic discs. When using a traditional ophthalmoscope to look at the optic disc, usually you will not be able to see the whole optic disc at one time, and you will need to keep looking around the optic disc to get an estimation of the cup-disc ratio. With the panoptic ophthalmoscope, you can see the whole optic disc in one go, even if the pupil is pinhole sized or in the presence of moderate cataract.

Examining the optic disc is quite important in the GP setting. In patients presenting with severe headache, I will always look for the presence of papilloedema; and before I prescribe or continue tricyclic antidepressants, I will always use this instrument to see the cup-disc ratio, and will refer all patients with raised CD ratio to the ophthalmologist to rule out glaucoma.

However, this instrument also has its drawbacks and limitations:

- 1) When using the panoptic ophthalmoscope in a very cold consultation room, after occluding the patient's eye with the rubber eyepiece, the warmth and water vapour from the patient's eye will lead to formation of fogs on the lens. The same will also occur on the observer's side if the doctor's eye is closely attached to the observer's eyepiece. You may need to finish the examination before the fog forms.
- 2) To get a larger field of view, the observer should take off their glasses and fit the eye to the observer's eyepiece closely. Therefore, it is not hygienic to share the instrument among doctors. Although the short-sightedness or long-sightedness of the doctor can be readily corrected by adjusting the focus, doctors with high degree of astigmatism may still get a slightly blurred vision when using this instrument without glasses.
- 3) The brightness of the image is lower when compared with traditional ophthalmoscope. When examining patients with cataracts and small pupils, the image may become too dim and blurred, and what you can inspect with confidence would be the optic disc only.
- 4) The size of the field of view actually depends on the size of the pupil. Children and teenager usually have very large pupils, and the field of view can be as large as 3 optic disc's distance. However, the pupils usually becomes smaller when people get older, and when combined with the presence of cataracts, the field of view will be much smaller. Here is the dilemma: the panoptic ophthalmoscope is designed for inspecting the fundi through the undilated pupils, but common eye diseases such as DM retinopathy, age-related macular degeneration or retinal vein occlusion usually occurs in the older age group, and this instrument cannot give you clear images due to small pupils and the



Fig 1: Panoptic ophthalmoscope, eye piece attached

presence of cataracts. The optic discs and the blood vessels may be the only structures that you can inspect with confidence. So far I don't dare to use this instrument to screen for DM retinopathy routinely, but I am still occasionally able to detect more advanced cases of DMR.

Overall, I think this is a good instrument, but we need to bear in mind the drawbacks and limitations when using it.

#### IV. LumiView Portable Binocular Microscope



Fig 2: Lumiview Portable Binocular Microscope



Fig 3: Traditional otoscope. The magnifying lens is removable, but the hole is too small for procedures inside the ear canal.



Fig 4: Using the Lumiview and a nasal speculum to inspect the nostrils.

I decided to buy this instrument (Fig 2) after encountering difficulties when performing syringing of the ears for my patients. Ears irrigation is an easy procedure but is performed blind, and we usually need to use a crocodile forceps to loosen the wax to facilitate the irrigation, or to remove the loosened wax after irrigation. The traditional otoscope has a removable magnifying lens (Fig 3); to remove a piece of ear wax in the canal, you can remove the lens, pass the crocodile forceps through the hole to grasp the ear wax, and then move the whole system out. With this method, you will need to visualize the ear canal through a small hole without magnification, and you may need to take out the otoscope with the crocodile forceps together many times while removing many pieces of earwax.

As this method is too troublesome, I have tried to remove the wax without the otoscope, by asking an health care assistant (HCA) to shine a light into the ear canal; However, the direction of the light is usually suboptimal for visualizing the inside of the canal, and the hairs in the ear canal will obscure the view significantly.

I learned about this "Lumiview" when reading the famous book "Practice tips" by John Murtagh. This is essentially a standard headlight for ENT procedure, plus a pair of binocular microscope (Fig 2). As you will expect, the "binocular" microscope can give you a three-dimensional view, to preserve your spatial sensation and depth perception when performing medical procedures inside various lumen of varying size. The depth of focus is quite large, and objects placed at 7-15 inch from the microscope will be in focus. However, the magnification is only 1.5x, and I was quite disappointed with this when I first tried using this instrument. However, after using the Lumiview in my daily clinical practice, I think this degree of magnification is good enough in most situations.

When using the Lumiview the first time, you will need to adjust the inter-pupillary distance. Every time after putting the instrument to your head, you need to adjust the direction of the headlight, to make sure the light shines on an object placed at comfortable examination distance (I usually put up my own thumb to adjust the light). You can flip the binocular microscope up when you do not need it.

With this Lumiview, I am now able to remove the ear wax on my own. To get rid of the ear canal hairs and to keep the ear canal visible without stretching the pinna continuously, I can simply put in a large calibre earpiece and perform the procedures through the large hole.

I also use the Lumiview to inspect the nostrils and the oral mucosal lesions (Fig 4). You can actually use this Lumiview for any medical procedures requiring good vision, such as removal of very tight and tiny stitches. One important thing to note is that, this headlight is too strong for eye examination, and you should never shine the light towards patient's eyes.

Doctors interested in these instruments can get more information from the supplier ([www.umedco.com](http://www.umedco.com)).

So far I have introduced to you four medical instruments, which are quite "high tech" and expensive. Next issue I will share with you some cheaper but also interesting tools.



## Diploma in Family Medicine (HKCFP) Final Announcement

The Board is pleased to announce that the Diploma Course in Family Medicine (DFM) organized by The Hong Kong College of Family Physicians will commence in June 2010.

The course consists of FIVE modules. Modules I & II will be delivered by Local Distance Learning. Modules III, IV & V consist of lectures, seminars, tutorials, workshops and clinical attachments. The whole course requires ONE year of part-time studies.

Details of the course are as follows:

### 1. Objectives:

- i) To provide knowledgeable, pragmatic and structured teaching in Family Medicine for medical practitioners
- ii) To encourage professional development of practising medical practitioners and to provide an intermediate step to fellowship qualifications in Family Medicine
- iii) To improve standards and quality in the practice of Family Medicine

### 2. \*Syllabus:

The course consists of FIVE compulsory modules. Doctors graduated from the course are expected to have acquired:

- i) Current concepts about nature of Family Medicine
- ii) Knowledge and skills in consultation, counselling and problem solving
- iii) Knowledge and skills in common practice procedures and emergency care required for good quality family practice
- iv) Understandings towards the role of Family Doctors as gatekeepers of the health-care system and in providing cost-effective primary care to the community

#### Module I – Principles of Family Medicine (Distance Learning)

Aims: 1. Learn concepts of Family Medicine  
2. Understand the role and scope of a Family Doctor

Contents: Definition of Family Physicians, Family Physicians' Functions, Core Values of Family Medicine, Consultation, Future of Family Medicine

#### Module II – Common Problems in Family Medicine (Distance Learning)

Aims: 1. Enhance consultation, communication and problem solving skills  
2. Gain knowledge in common chronic diseases in Family Medicine

Contents: Selected topics from Clinical Psychology, Diabetes Mellitus, Low Back Pain, COPD, Atopic Eczema, Elbow Mass, Facial Rashes, Health Psychology, Allergic Rhinitis, Urethritis, Urine Incontinence, etc.

#### Module III - Essentials of Family Medicine (Structured Seminars and Tutorials)

Aims: 1. Strengthen knowledge in Family Medicine  
2. Understand the potential growth of Family Medicine  
3. Develop research and teaching skills in Family Medicine

Contents: Practice Management, Care of Elderly & Chronic Illnesses, Anticipatory Care, Clinical Audit & Quality Assurance, Introduction to Family Therapy, Research & Teaching in Family Medicine, Evidence Based Medicine and Critical Appraisal

#### Module IV - Clinical Updates (Updates and Clinical Attachment)

Aims: Acquire in-depth knowledge and practical skills in selected specialized areas including Medicine, Surgery, Geriatrics, ENT, Orthopaedics & Traumatology, Accident & Emergency Medicine, Infectious Diseases and Dermatology

Contents: FIVE Update seminars and ONE clinical attachment on selected specialties including Medicine, Surgery, Geriatrics, ENT, Orthopaedics & Traumatology, Accident & Emergency Medicine, Infectious Diseases and Dermatology (subject to availability)

#### Module V - Practical Family Medicine (Practical Workshops)

Aims: Enhance practical and communication skills in Family Medicine by Practical Workshops in selected areas including CPR, Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine

Contents: 5 compulsory and 1 elective Practical Workshops in selected areas including CPR, Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine

*Module III & V will be scheduled in Saturday and Sunday afternoons*

### 3. Articulations:

The Course allows (up to a fixed maximum percentage of the Course units) articulations or cross recognition of previous Family Medicine training programmes that provide learning units equivalent to that of the above syllabus. Participants who wish to apply for such articulations have to submit evidence of relevant training together with their application. The granting of articulations is however, completely at the discretion and decision of the Board of DFM.

### 4. \*Schedule:

The whole course requires ONE year of part-time studies.

June to September 2010	Module I
November 2010 to January 2011	Module II
July 2010 to May 2011	Module III, IV & V
May 2011	Final Examination

## 5. Admission Requirements:

Medical Practitioner with full registration in HKSAR

## 6. Teaching Staff:

A panel of experienced academic medical professionals in Family Medicine, hospital specialists and experienced Fellows or Trainers of HKCFP will be invited to teach in the programme.

## 7. Teaching Medium:

# English

(Cantonese may be used in some seminars, workshops and clinical attachments)

## 8. Course Fees:

### Whole course:

HK\$25,000 for members of HKCFP

HK\$50,000 for non-members

(A discount of HK\$3,000 for early birds who apply on/before May 15, 2010)

In addition, the first 10 General Practitioners in Hong Kong who enroll successfully with the Diploma course on/before the deadline will enjoy further course fee reduction of HK \$2,000.

### Individual Modules:

	Members	Non-members
Module I (Distance Learning – Principles of Family Medicine)	\$3,000	\$6,000
Module II (Distance Learning – Common Problems in Family Medicine)	\$3,000	\$6,000
Module III (Structured Lectures & Seminars)	\$2,000	\$4,000
Module IV (Updates & Clinical Attachment)	\$2,600	\$5,200
Module V (Practical Workshops)	\$3,600	\$7,200

All fees must be paid upon application and before commencement of the course. Fees paid are NON-TRANSFERABLE and NON-REFUNDABLE.

## 9. Awards/Credits:

- A Diploma in Family Medicine issued by HKCFP will be awarded to candidates who have satisfied all the requirements and have passed all the required assessment and the Final Examination.
- The Diploma is a **Quotable Qualification** of The Medical Council of Hong Kong.
- 50 CME and 10 CPD credit points will also be awarded to candidates at satisfactory completion of the Course by the QA & A Committee of HKCFP.

## 10. Application Procedures:

**Application is now open.**

A completed application form must be returned to The Hong Kong College of Family Physicians with the following:

- Photocopy of the current Annual Practicing Certificate
- A recent photo of the applicant (passport size)
- A signed "Disclaimer of Liability"
- An application fee of HK\$200 by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable.
- A Course Fee of HK\$25,000 (or HK\$50,000 if non-member) by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable unless the application is unsuccessful.

Every successful applicant will be notified by an official letter of admission.

Information and application forms are obtainable at the College or can be downloaded at the College website (<http://www.hkcfp.org.hk>). Members who were not admitted in the course in 2009 have to send in their application again if they want to study the course this year. Please contact the College secretariat, Ms Winnie Lee at 2861 0220 for any queries.

## 11. Application Deadline: June 24, 2010

## 12. Comments From Former DFM Graduates

- The Content is useful in daily practice. I can have hands-on practical skills. I can polish my communication skills during the lectures & workshops.
- I can understand the role of Family Physicians as gatekeepers of health-care system and better know about their role in the society. I also acquire the skills on critical appraisal.
- There are sessions of clinical updates for updating knowledge. Module I, II & III could help improving my knowledge. Module I, II & III could improve my understanding of Family Medicine. Sessions in consultation are invaluable in improving my communication skills.

Dr. Au Chi Lap  
Chairman  
The Board of DFM

\*Course syllabus and schedule may be subject to change without prior notification

#Cantonese and English will be used as the language for teaching and examination.



## Certificate Course in Family Medicine (HKCFP) Final Announcement

The Board is pleased to announce that the Certificate Course in Family Medicine (CFM) organized by The Hong Kong College of Family Physicians will commence in June 2010.

The course consists of FOUR Segments. Segment I will be delivered by Local Distance Learning. Segments II, III & IV consist of lectures, seminars, tutorials and workshops. The whole course requires SIX months of part-time studies.

Details of the course are as follows:

### 1. Objectives:

- i) To provide knowledgeable, pragmatic and structured teaching in Family Medicine for medical practitioners
- ii) To encourage professional development of practicing medical practitioners and to provide an intermediate step to attain diploma qualifications in Family Medicine
- iii) To improve standards and quality in the practice of Family Medicine

### 2. \*Syllabus:

The course consists of FOUR compulsory segments. Doctors graduated from the course are expected to have acquired:

- i) Current concepts about nature of Family Medicine
- ii) Knowledge and skills in consultation
- iii) Knowledge and skills in some common practice procedures required in family practice
- iv) Understandings towards the role of Family Doctors as gatekeepers of the health-care system and in providing cost-effective primary care to the community

#### Segment I – Principles of Family Medicine (Distance Learning)

- Aims:
- 1. Learn concepts of Family Medicine
  - 2. Understand the role and scope of a Family Doctor

Contents: Definition of Family Physicians, Family Physicians' Functions, Core Values of Family Medicine, Consultation, Future of Family Medicine

#### Segment II- Essentials of Family Medicine (Structured Seminars and Tutorials)

- Aims:
- 1. Strengthen knowledge in Family Medicine
  - 2. Understand the potential growth of Family Medicine

Contents: Practice Management, Care of Elderly & Chronic Illnesses, Anticipatory Care and Introduction to Family Therapy

#### Segment III - Clinical Updates (Updates)

- Aims: To acquire update knowledge in various medical specialties such as Medicine, Surgery, Geriatrics, ENT, Infectious Diseases and Dermatology

Contents: THREE Update seminars

#### Segment IV - Practical Family Medicine (Practical Workshops)

- Aims: Enhance practical skills and consultation skills in Family Medicine by Practical Workshops in some selected areas
- Contents: Orthopaedic Injection and Consultation Skills

*Segments II, III & IV will be scheduled in Saturday and Sunday afternoons*

### 3. \*Schedule:

The whole course requires SIX months of part-time studies.

June to September 2010  
July to November 2010

Segment I  
Segments II, III, IV

### 4. Admission Requirements:

Medical Practitioner with full registration in HKSAR

### 5. Teaching Staff:

A panel of experienced academic medical professionals in Family Medicine, hospital specialists and experienced Fellows or Trainers of HKCFP will be invited to teach in the programme.

**6. Teaching Medium:**

# English

(Cantonese may be used in some seminars and workshops)

**7. Course Fees:**

HK\$8,000 for members of HKCFP

HK\$16,000 for non-members

**All fees must be paid upon application and before commencement of the course. Fees paid are NON-TRANSFERABLE and NON-REFUNDABLE.**

**8. Awards/ Credits:**

- i) A Certificate in Family Medicine issued by HKCFP will be awarded to candidates who have satisfied all the requirements.
- ii) Exemption of relevant segments/ modules if successful candidates wish to proceed further with their studies leading to the Diploma of Family Medicine awarded by HKCFP (Quotable qualification).
- iii) 10 CME and 6 CPD credit points will also be awarded to candidates at satisfactory completion of the Course by the QA & A Committee of HKCFP.

**9. Application Procedures:**

**Application is now open.**

A completed application form must be returned to The Hong Kong College of Family Physicians with the following:

- i) Photocopy of the current Annual Practicing Certificate
- ii) A recent photo of the applicant (passport size)
- iii) A signed "Disclaimer of Liability"
- iv) An application fee of HK\$200 by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable
- v) A Course Fee of HK\$8,000 (or HK\$16,000 if non-member) by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable unless the application is unsuccessful.

Every successful applicant will be notified by an official letter of admission.

Information and application forms are obtainable at the College or can be downloaded at the College website (<http://www.hkcfp.org.hk>). Please contact the College secretariat, Ms Winniea Lee at 2861 0220 for any queries.

**10. Application Deadline: June 24, 2010**

Dr. Au Chiu Lap

Chairman

The Board of DFM

\*Course syllabus and schedule may be subject to change without prior notification

#Cantonese and English will be used as the language for teaching and examination.



## Pregnancy and Diagnostic Imaging

A young lady recently presented to the Accident and Emergency Department of Tuen Mun Hospital with abdominal pain. Although she mentioned her menstrual period was delayed, an X-ray was performed after a urine pregnancy test returned to be negative. However, on the next day, a home urine test showed that she was pregnant, which was confirmed by a private practitioner whom warned her about possibility of fetal abnormality and offered an option of termination of pregnancy. The patient was distressed and launched a complaint against the Hospital Authority. However the Hospital Authority commented that a plain X-ray had a low amount of radiation and that it should be safe.<sup>1</sup>

Although the safety of radiation exposure during pregnancy is a common concern, a missed or delayed diagnosis of a serious disease can pose a greater risk than any hazard associated with ionising radiation, so how would ionising radiation affect the foetus during pregnancy?

Firstly, we need to know the basic unit of measuring radiation doses. One rad is the energy transfer of 100 ergs per gram of any absorbing material:

1 rad = 1000 mrad = 0.01 gray (Gy) = 0.01 sievert (Sv) = 1 rem (roentgen-equivalent man)

Examples<sup>2</sup>:

Procedure	CXR (PA)	Cervical spine x-ray	Dental x-ray	CT of chest (plain)	CT of abdomen (plain)	LS spine x-ray	IVU	Barium enema
mrad exposed	<1	<1	0.01	30	250	400-600	400-900	700-1600

In United States, the average person is exposed to an effective radiation dose of around 360 mrad whole-body exposure per year from all sources (natural and man-made).<sup>3</sup> The US Nuclear Regulatory Commission recommends that occupational radiation exposure of pregnant women should not exceed 500 mrad during the entire period of pregnancy. There are no studies in humans to evaluate the risks of ionizing radiation; most data are based upon case reports and extrapolation of data from survivors of the atomic bomb in Hiroshima and the Chernobyl accident.

The occurrence of deleterious consequences depends upon the gestational age at the time of radiation exposure, the dose of radiation and cellular repair mechanisms. Cellular damage caused by low levels of radiation exposure is usually repaired. The threshold of radiation dose at which an increased risk of congenital malformations occurs has not been definitively determined, but current evidence suggests the risk is increased at doses above 10 rad, whereas the risk between 5 and 10 rad is less clear. There is no evidence of an increased risk of fetal anomalies, intellectual disability, growth restriction, or pregnancy loss at doses less than 5 rads. Concerning the risk for developing leukaemia, the carcinogenic potential of low level radiation is controversial but the general consensus is that this risk is not likely to exceed 1 in 1000 children per rad of exposure<sup>4</sup> and there are no increases in oncogenic risk for exposures less than 20 rad.

During the first 14 days after conception, the embryo either survives undamaged or is resorbed, termed the "all or none" phenomenon. A foetal dose of 100 rad will likely kill 50% of embryos. The risk of developing malformations and mental retardation is more likely when there is exposure to a dose of 10 rads or above before 16 weeks of gestation,<sup>5</sup> after 16 weeks, the threshold is even higher as the foetus is relatively resistant to teratogenic effects of ionising radiation.

How about MRI, which uses electromagnetic radio waves rather than ionising radiation? Possible risk from heating of tissue and induction of local electric fields and currents of concern, but there are currently no reported harmful effects from MRI. The National Radiological Protection Board advises that MR imaging be avoided in the first trimester since there is limited experience assessing safety during organogenesis, however, going back to basics, we have to balance the risks versus benefits of a particular procedure, and to clearly communicate these with our patients.

**Compiled by Dr. Chun-Kong Yip**

### References:

1. Singtao News, 30/5/2010
2. Bentur Y. Ionizing and nonionizing radiation in pregnancy. In: Maternal-fetal toxicology, 2nd ed, Koren, G (Ed), Marcel Dekker, New York, 1994, p. 515, and Guidelines on diagnosis and management of acute pulmonary embolism. Task Force on Pulmonary Embolism, European Society of Cardiology. *Eur Heart J* 2000; 21:1301.
3. Lazarus, E, Debenedectis, C, North, D, et al. Utilization of imaging in pregnant patients: 10-year review of 5270 examinations in 3285 patients--1997-2006. *Radiology* 2009; 251:517.
4. ACOG Committee Opinion #299: Guidelines for Diagnostic Imaging During Pregnancy. *Obstet Gynecol* 2004; 104:647.
5. [www.bt.cdc.gov/radiation/prenatalphysician.asp](http://www.bt.cdc.gov/radiation/prenatalphysician.asp)

## Allergic Rhinitis and Rhinosinusitis

Dr. Francis W T Lee  
Member, Board of Education

(This article was written with reference to abstract of the lecture by Dr. Gary W K Yip on 5 May 2010 in Eaton Hotel, sponsored by Sanofi-Aventis, with additional information from textbooks and literature)

### Introduction

In general practice, we frequently encounter patients with runny nose, sneezing and other upper airway symptoms. Most of them probably have an upper respiratory infection. However, they may actually be suffering from allergic rhinitis.

Other diseases to consider include: vasomotor rhinitis, sinusitis, non-allergic rhinitis with eosinophilia syndrome (NARES), atrophic rhinitis, and nasal polyposis. Other co-morbid conditions include blockage in the Eustachian tube, and anomalies in the anatomy of the nose and para-nasal sinuses. There is strong association of allergic rhinitis with asthma and atopic dermatitis.

Certain drugs may cause rhinitis symptoms, e.g. angiotension converting enzyme inhibitors, phosphodiesterase-5 inhibitors, alpha-receptor antagonists, non-steroidal anti-inflammatory agents, and aspirin.

Other causes of disturbed nasal function include cystic fibrosis, ciliary dyskinesia, hypothyroidism and Wegener's granulomatosis.

### Diagnosis of allergic rhinitis

Most cases can be diagnosed clinically. Identification of any suspicious triggering or aggravating factors, e.g. exposure to allergens is important. Family history of atopy, co-existing asthma and otitis media should also be considered.

### Sensitivity tests to allergens

Many allergens have been identified such as insects, mites, house dust, cockroach, animals and pets, pollens, molds and chemicals. The allergens under test could be administered via several routes: subcutaneous, nasal, sublingual and oral. The test is performed if desensitization or immunotherapy are considered.

### Pathogenesis

Exposure to allergen triggers a chain of reactions in mast cells, T-cells and eosinophils. There is release of histamine, leukotriene, interleukin-4, interleukin-5, prostaglandin, platelet activating factor and other chemicals. Production of IgE in the B cell causes a feedback loop reaction in the mast cell.

### Management

- (1) Avoidance of allergens
- (2) Pharmacotherapy
- (3) Water or saline lavage
- (4) Immunotherapy
- (5) Surgical treatment

Antihistamines are selective antagonist of H1 receptor. Side effects include sedation and anticholinergic activity. The second generation antihistamines do not cross the blood brain barrier and are less sedating. These include fexofenadine, loratidine, dexloratidine. Anticholinergic side effects, like dry mouth and bowel disturbance, also occur but may be less. Antihistamine nasal spray e.g. azelastine, is also available and effective. Cetirizine and azelastine may cause drowsiness.

Oral decongestants include pseudoephedrine, phenylpropanolamine and phenylephrine. Local preparations include oxymetazoline, xylometazoline, naphazoline and phenylephrine. Side effects include palpitations, restlessness, insomnia, headache and hypertension. One has to pay special attention to rebound effect and rhinitis medicamentosa.

Intranasal steroids inhibit early and late phase allergic response, cellular response and IgE action. They have good safety profile and are superior to oral histamines and decongestants. They may not be needed in milder form of allergic rhinitis. They are effective in NARES, polyposis and sinusitis. The onset of action is delayed and

good compliance is important. The most frequent side effects are nasal irritation (10%) and blood-stained nasal discharge (2%).

Oral corticosteroids have limited indications and are used in severe rhinosinusitis, rhinitis medicamentosa, and obstructive nasal polyposis. They should be used for a short period and tapered off as soon as possible.

Other medications to consider or add on include ipratropium, leukotriene inhibitor such as montelukast, and cromoglycate. Ipratropium acts by anticholinergic action and is effective in relieving rhinorrhoea. Intranasal cromoglycate acts by preventing mast cell degradation, and is effective without serious side effects.

### Management of sinusitis or rhinosinusitis

- (1) Antibiotics. Many cases are viral. Even in bacterial cases, evidence of use of antibiotics is not consistent. In case antibiotics are considered, for example, if there are purulent secretions, maxillary or frontal pain, the drug of choice is penicillin. In case of penicillin allergy or non-responsiveness, trimethoprim/sulphamethoxazole, macrolides or cephalosporins can be used. Duration of treatment is controversial. It can be a few days to two weeks.
- (2) Oral and topical decongestants show symptomatic relief but there is no evidence on the clinical course of sinusitis.
- (3) Antihistamines have proven efficacy during acute exacerbations in allergic patients with rhinosinusitis, but has no efficacy in non-allergic cases.
- (4) Mucolytics are often used as adjuvant agents but there is no evidence that treatment is beneficial. There are isolated controlled studies confirming efficacy in some phytotherapeutic agents (extracts from plants).
- (5) Topical steroids used with antibiotics significantly improve symptoms of acute sinusitis. Steroids are also effective in nasal polyposis. Duration of treatment in this condition is 6 to 12 months.
- (6) Antifungal agents are useful only in invasive mycosis in the immunocompromised. In the non-invasive form, functional surgery and local or systemic steroid are considered.

### Nasal Endoscopy

This is very useful in evaluating the anatomy and lesions in the nose and sinus channels, including anatomical deviations, polyps and tumours. Conditions of the mucosa and secretion can also be assessed.

Functional endoscopic sinus surgery (FESS) is a minimally invasive technique. The rationale lies on understanding the normal mucosal ciliary flow in the sinuses. It targets at critical areas with lesions and aims at preserving the normal functional mucosa.

### Note of thanks

The writer wishes to give special thanks to Dr. Gary Yip for his advice and materials for this essay.



From left to right: Dr. Stephen Foo, Dr. Gary Yip and Dr. Francis Lee



## ASSESSMENT ENHANCEMENT COURSE FOR FAMILY PHYSICIANS 2010

<b>Organizer</b>	:	Assessment Enhancement Course Sub-committee, Board of Education, HKCFP
<b>Tutors</b>	:	Family Medicine Specialists, Fellows of HKCFP and RACGP
<b>Supervisors</b>	:	<b>Dr. Wong Ka Wah and Dr. Chan Chi Wai</b>
<b>Co-ordinator</b>	:	<b>Dr. Peter Anthony Fok</b>
<b>Objectives</b>	:	<ol style="list-style-type: none"> <li>1. To improve clinical knowledge, problem solving and consultation skills through different workshops</li> <li>2. To improve physical examination technique and clinic procedural skills through hands-on experience</li> <li>3. To provide opportunity for inter-professional communication and social network expansion through self help groups</li> <li>4. To improve time management through simulated examination</li> </ol>
<b>Venue</b>	:	Duke of Windsor Social Service Building and HKAM Jockey Club Building
<b>Date</b>	:	6 months' course starting from April 2010
<b>Course Structure</b>	:	<p>The course consists of 4 main components:</p> <ol style="list-style-type: none"> <li>1. Seminars</li> <li>2. Workshops</li> <li>3. Self-help Group Support</li> <li>4. Mock Exam</li> </ol> <p>Seminars and Workshops have been arranged on Saturday afternoons (2:15 p.m. to 5:15 p.m.)</p>
<b>Accreditation</b>	:	Up to 15 CME points (Category 4.4) & 5 CPD points (Category 3.15) for the whole course
<b>Course Fee</b>	:	<p>Members : HK\$3,200 (Whole AEC course)</p> <p>HK\$900 (Spot admission for each seminar or workshop)</p> <p>All cheques payable to "<b>HKCFP Education Ltd</b>".</p> <p>All Fees received are non-refundable and non-transferable.</p>
<b>Capacity</b>	:	50 doctors maximum
<b>Enrolment</b>	:	Enrolment is now open. Please call the College Secretariat, Ms Dickie Lam, at 2861 0220 for details. Successful applications will be informed later.
<b>Disclaimer</b>	:	All cases and answers are suggested by our tutors only. They are not model answers for any assessment/examination.
<b>Remarks</b>	:	Board of Education has organized a <b>Post-AEC training course</b> for category 2 candidates who have enrolled in AEC.

### Assessment Enhancement Course 2010 Timetable for Workshop

Date	Topics	Venue
Apr 24, 2010 (Sat) 2:15 – 5:15 p.m.	Introduction	4/F & 8/F, Duke of Windsor Social Service Building, Wanchai
Jun 12, 2010 (Sat) 2:15 – 5:15 p.m.	Approach to Physical Complaints	4/F & 8/F, Duke of Windsor Social Service Building, Wanchai
Jul 10, 2010 (Sat) 2:15 – 5:15 p.m.	Problem Solving Skills	4/F & 8/F, Duke of Windsor Social Service Building, Wanchai
Aug 14, 2010 (Sat) 2:15 – 5:15 p.m.	Viva Practice: Enhance Interprofessional Communication	4/F & 8/F, Duke of Windsor Social Service Building, Wanchai
Sep 11, 2010 (Sat) 2:15 – 5:15 p.m.	Proper Physical Examination & Common Clinic Procedures	4/F & 8/F, Duke of Windsor Social Service Building, Wanchai
Oct 2, 2010 (Sat) 2:15 – 5:15 p.m.	Mock Exam	HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen

## Practice Management Training Course

### Part A: Lecture part

### Part B & C: Practical part

#### Introduction:

Practice management is very important to any practicing doctors irrespective of whether you are practicing in public or private setting. It is one of the quality assurance accredited items and an area to assess a family medicine specialist's competency. To master such knowledge and skill can prevent the foreseeable medical and legal risks and facilitate our daily practice more effectively and efficaciously.

Dates	: 26 June (Saturday), 17 July (Saturday), 25 July (Sunday) & 8 August (Sunday), 2010
Time	: 2:00 – 4:00pm
Venue	: 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, HK. (subject to change)
CME/ CPD Points	: HKCFP: 2 CME Points for each session (Cat 4.3) MCHK: 2 CME Points for each session Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)
Language	: Mainly English (Cantonese when required)

#### Part A: Lecture Learning Hours: Total 8 hours (2 hrs x 4 sessions)

##### Lecture 1) Physical Setting and Insurance

Introduction	: Dr. Tsoi Wai Wang, Gene
Speaker	: Dr. Yuen Chung Lau, Natalis
Guest Speaker	: Dr. Teoh Ming Keng
Chairman	: Dr. Lee Wan Tsi, Francis
Contents	: Rules & regulations related to set up a clinic (Medical Council requirement & Inland Revenue Department requirement); Office, nurse and doctor's insurance and indemnity (Labour Department requirement & Medical Protection Society requirement); Professional support and Indemnity for doctors (delivered by Dr. Teoh Ming Keng); General clinic design (Reception/shroff, consultation room, dispensary, waiting room, medical record etc); Diagnostic equipment & various treatment facilities; Emergency care in GP setting, protocol & incidence report.

##### Lecture 2) Effective Clinic Operation & Management

Speaker	: Professor Li Kwok Tung, Donald
Chairman	: Dr. Chan Yin Hang
Contents	: Staff recruitment, job description and training; Medical record, confidentiality and documentation in GP setting; Age/Sex, disease register, qualification assurance, accounting system, sick leave and medical report. (computer & manual System); Laboratory test filing, call back system and referral system; Clinical audit, research & teaching in GP setting.

##### Lecture 3) Management of Pharmacy, Dispensary and Dangerous Drug

Speaker	: Dr. Ip Kit Kuen, Andrew
Chairman	: Dr. Tong Siu Man
Contents	: Dangerous Drug Ordinance; How to organize and manage the dispensary; Drug labeling criteria; Proper dispensing; Medicine and vaccination stock & storage.



**Lecture 4) Infection Control and Occupational Safety**

<b>Speakers</b>	: Dr. Lam King Hei, Stanley, and Dr. Lam Tak Man, Catherine
<b>Chairman</b>	: Dr. Chan Chi Wai, Edmond
<b>Contents</b>	: Infection control measures in clinic (ventilation, fever cohort, PPE & hand hygiene); Common disinfected and sterilization items and procedure; Medical waste management; Occupation Safety and Health (OSH); Incidence report and infectious disease report.

<b>Course Fee</b>	: <b>Members : HK\$1,200 for Lecture Part (whole course)</b> <b>HK\$500 (spot admission for each lecture)</b>
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Each participant doctor is allowed to bring along his/her clinic assistants as evidenced by contract or confirmation letter. The Course fee for each clinic assistant will be HK\$1,200 per person.

<b>Award</b>	: Candidates, who have successfully completed 4 lectures, will be issued a letter to certify of attendance with the name of the candidate by Board of Education, HKCFP. The names of clinic assistants attended can be inserted on request.
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Welcome to all members who would like to join the Part A: Lecture part only. Members who have interest to join the Part B: Workshop, have to enroll with Secretariat of Board of Education after having completed the 4 lectures.

**Part B: Workshops**

Part B: Workshops for the participating doctor and clinic assistants

<b>Language</b>	: <b>Mainly Cantonese (English when required)</b>
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**Part B - Workshops (3 hours for each workshop)**

<b>Workshop 1</b>	: <b>Communication skill for doctors to improve rapport and avoid litigation</b>
<b>Contents</b>	: Doctor-patient relationship and boundaries; How to deal with difficult patients, heart-sink syndrome; Managing medical mishaps; open disclosure; Essential points in avoiding litigation & how to face litigation.
<b>Workshop 2</b>	: <b>What clinic assistants (&amp; doctors) should know and avoid in practice management</b>
<b>Contents</b>	: Clinic assistants –patient & doctor relationship and boundaries. Role of chaperon; To assist the doctor in providing medical care to clinic patients in common clinic procedures; Telephone management; How to deal with angry patients; How to handle complaints, learning from complaints, complaints protocol.
<b>Course Fee</b>	: <b>HK\$1,200 per person for each workshop</b> (Only open to those who have completed the Lecture Part with certified letter)
<b>Award</b>	: A letter to certify the attendance of the participant will be issued by Board of Education, HKCFP for each workshop. The names of clinic assistants attended can be inserted on request for Workshop 2.

**Part C: Practice Visit**

<b>Course Fee</b>	: <b>HK\$2,400 for each visit (at least 2 visits – assessment visit and audit visit). Those fail in the audit visit have to undergo the cycle again until passed.</b> (Only open to those who have completed all Lectures and Workshops)
<b>Award</b>	: The participant doctor who has passed the Practice Visit will be issued a Certificate of completion of the Training Course of Practice Management, which is valid for 3 years, by Board of Education, HKCFP.

**Renewal of the Certificate will be issued only after passing the audit visit again.**

**Those who fail in the audit visit have to undergo the cycle of 2 visits – assessment visit and audit visit again, until passed.**

Registration will be first come first served. For registration or any enquiry, please call the College secretariat, Ms Dickie Lam at 2861 0220. All cheques are payable to **"HKCFP Education Ltd"**. Please mail the cheque to 8/F, Duke of Windsor Social Services Building, 15 Hennessy Road, Wanchai, H.K. All fees received are non-refundable and non-transferable.

- Please wear a surgical mask if you have respiratory tract infection and confirm that you are afebrile before coming to the meeting.
- Private Video Recording is not allowed. Members, who wish to review the lecture, please contact our secretariat.

## ENT Clinical Attachment

The Board is pleased to announce that the ENT Unit of the Chinese University of Hong Kong will organize ENT Clinical Attachment for College members. The aim is to upgrade their skills in patient care. The Programme will be held on every Tuesday or Friday from 2:15 p.m. -5:15 p.m. The whole attachment consists of 8 weekly sessions. A certificate of attendance will be issued on satisfactory completion of the attachment.

Registration is open to all members on a first come first served basis. The capacity is limited to two members per session.

Venue	Prince of Wales Hospital, 2/F, ENT Counter, Li Ka Shing Specialist Clinic, North Wing, Prince of Wales Hospital
Course Fee	HK\$2,600
Accreditation	Up to 15 CME points (Category 4.8) & 5 CPD points (Category 3.16) for the whole attachment
Registration	Please contact Ms Winniea Lee at 2861 0220 for registration.

## 3 July 2010 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	<b>Skin Tumours</b>
Speaker	<b>Dr. Chan Shu Yu</b> Specialist in Dermatology & Venereology
Co-ordinator & Chairman	<b>Dr. Wong Nai Ming</b> The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:15 p.m. Lunch 2:15 p.m. – 4:00 p.m. Theme Presentation & Discussion
Venue	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Admission Fee	Members Free Non – members HK\$ 300.00 HKAM Registrants HK\$ 150.00  All fees received are non-refundable and non-transferable.
Accreditation	2 CME Points HKCFP (Cat. 4.3) 2 CPD Points HKCFP (Cat. 3.15) 2 CME Points MCHK
Language	Lecture will be conducted in English and Cantonese.

### Registration

Registration will be first come first served.  
Please reserve your seat as soon as possible.

### Note

Participants are encouraged to present own cases for discussion.  
Please forward your cases to the Co-ordinator via the College secretariat 2 weeks prior to meeting.

Sponsored by

**Galderma Hong Kong Limited**

## 11 July 2010 Sunday

### Update Seminar on Cardiovascular Thrombosis Disease

Topics and Speakers:

#### 1. From Hypertension to PCI

Dr. Kwok Miu Fong  
Specialist in Cardiology

#### 2. Anti-platelet Treatment in PCI – Old & New

Dr. Lee Pui Yin  
Specialist in Cardiology

#### 3. ACS, What We Can Do in the Critical Hours

Dr. Wong Wing Kwong  
Specialist in Cardiology

#### 4. Updates on Atrial Fibrillation Management

Dr. Chan Ngai Yin  
Associate Consultant, Princess Margaret Hospital

Chairman	<b>Dr. Yeung To Ling</b> The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Buffet Lunch 2:00 p.m. – 5:00 p.m. Lectures & Discussion
Venue	Ballroom, 2/F, Langham Hotel, 8 Peking Road, Tsimshatsui, Kowloon
Admission Fee	Members Free Non – members HK\$ 300.00 HKAM Registrants HK\$ 150.00  All fees received are non-refundable and non-transferable.
Accreditation	3 CME Points HKCFP (Cat. 4.4) 3 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

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## Monthly Video Viewing Sessions –

Monthly video viewing sessions will be scheduled on the last Friday of each month at 2:30 – 3:30 p.m. at 8/F, Old College Premises, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

### June's session:

Date	25 June, 2010 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	<b>Common Urological Symptoms &amp; their Management in Substance Abuser – Professor Ng Chi Fai</b>
Admission	Free for Members
Accreditation	1 CME Point HKCFP (Cat. 4.2) 1 CME Point MCHK Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in Cantonese.

### July's session:

Date	30 July, 2010 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	<b>Skin Diseases of the Hands &amp; Feet – Dr. Lee Tze Yuen</b>
Admission	Free for Members
Accreditation	1 CME Point HKCFP (Cat. 4.2) 1 CME Point MCHK Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in Cantonese.

## Community Education Programmes

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

Date/Time/CME	Venue	Topic/Speaker/Co-organizer	Registration
<b>17 July 2010 (Sat)</b> 2:15 – 3:45 p.m. 2 CME points	Lecture Theatre, G/F, Block F, United Christian Hospital, Kwun Tong, Kowloon	<b>CME Course for Health Personnel 2010 – Management of Breast Lumps</b> Dr. Chan Wing Wai Hong Kong Medical Association (KECN) & United Christian Hospital	Ms. Gary Wong Fax: 3513 5548
<b>17 July 2010 (Sat)</b> 2:30 – 4:30 p.m. 2 CME points	Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon	<b>Refresher Course for Health care Providers 2009/2010 – Common Problems Managed by Podiatrist</b> Ms. Jane Lee Our Lady of Maryknoll Hospital & Hong Kong Medical Association	Ms. Clara Tsang Tel: 2354 2440 Fax: 2327 6852

## Structured Education Programmes

Free to members  
HKCFP CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
<b>15 Jun 10 (Tue)</b>			
5:30 – 8:00 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	<b>Clinic Staff Training and Substance Abuse in Adolescence</b> Dr. Kwok Vincci and Dr. Lee Kai Fai	Ms. Chan Tel: 2468 6813
<b>17 Jun 10 (Thur)</b>			
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>Shoulder Pain</b> Dr. Ho Chun Yu and Dr. Sze Lung Yam	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 041, 21/F, Pamela Youde Nethersole Hospital	<b>Guidelines on Handlings of Dangerous Drugs</b> Dr. Mak Wing Hang	Ms. Kwong Tel: 2595 6941
<b>22 Jun 10 (Tue)</b>			
5:30 – 8:00 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	<b>How to Improve Appointment and Call Back System</b> Dr. Chu Tsun Kit	Ms. Chan Tel: 2468 6813
<b>23 Jun 10 (Wed)</b>			
2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	<b>Medical Insurance</b> Dr. Mok Kwan Yeung	Ms. Chan Tel: 2468 6813

2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	<b>Practical Dietary Management for DM, HT, Obesity and Hyperlipidaemia</b> Ms. Tina Chan	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	<b>Common Symptom Complaint – Fatigue, Weakness</b> Dr. Wong Sum Lok	Ms. Man Chan Tel: 2589 2337
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	<b>Individual Patient's Health Risks-recognition and Management</b> Dr. Ching Kin Yu	Ms. Peony Yue Tel: 2632 3480

**24 Jun 10 (Thur)**

4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>Prevention of Obesity</b> Dr. So Chi Kin and Dr. Kwok Vincci	Ms. Chan Tel: 2468 6813
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**29 Jun 10 (Tue)**

5:30 – 8:00 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	<b>Patient Empowerment</b> Dr. Chow Chong Kwan	Ms. Chan Tel: 2468 6813
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**30 Jun 10 (Wed)**

2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	<b>Skin Malignancy and Its Common Pitfall</b> Dr. Sze Siu Lam	Ms. Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	<b>Impact of the Development of Chinese Medicine to the Health Care System</b> Dr. Yiu Kwan and Dr. Li Ming Yin	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	<b>Mx of Common Urological Problem at Primary Care Level</b> Dr. Simon Wong	Ms. Man Chan Tel: 2589 2337

**6 Jul 10 (Tue)**

5:30 – 8:00 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	<b>Research in FM</b> Dr. Hung Chi Bun	Ms. Chan Tel: 2468 6813
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**7 Jul 10 (Wed)**

2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	<b>FM Training in Different Countries</b> Dr. Ho Tsz Bun	Ms. Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	<b>1. Adolescent Psychological Problems</b> Dr. Kwan Sze Sing <b>2. Substance Abuse in Adolescence</b> Dr. Patrick Cheung and Dr. Lam Wai Chung	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	<b>Euthanasia</b> Dr. Cheung Chi Hong, David	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m. 3 CME points	Li Ka Shing Specialist Clinic, 3/F, Seminar Room, Prince of Wales Hospital	<b>Care of Patients with Parkinsonism Disease</b> Dr. Yau Chi Fai	Ms. Peony Yue Tel: 2632 3480

**8 Jul 10 (Thur)**

4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>Health and Illness Behaviour</b> Dr. Chow Chong Kwan	Ms. Chan Tel: 2468 6813
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**13 Jul 10 (Tue)**

5:30 – 8:00 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	<b>Difficult Consultations</b> Dr. Chow Chong Kwan	Ms. Chan Tel: 2468 6813
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**14 Jul 10 (Wed)**

2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	<b>Case Base Discussion</b> Dr. Chan Yin Hang	Ms. Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	<b>Common Symptoms in Dermatology</b> Dr. Yip Wing Yi and Dr. Hung Wai Shan	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:00 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	<b>How to Help Patient to Quit Alcohol</b> Dr. Chow Chun Wing, Stephen	Ms. Man Chan Tel: 2589 2337

**15 Jul 10 (Thur)**

4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>How to Improve Patient Non-Compliance</b> Dr. Wong Hing Lam and Dr. Lee Kar Fai	Ms. Chan Tel: 2468 6813
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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
13 <b>Jun</b>	14	15  5:30 – 8:00 p.m. Structured Education Programme	16	17  4:00 – 7:00 p.m. Structured Education Programme 9:00 p.m. Council Meeting	18	19  2:15 – 4:30 p.m. Community Education Programme 2:30 – 4:00 p.m. Interest Group in Neuro-musculoskeletal
20  2:30 – 5:30 p.m. Info Seminar on OSCE Segment	21	22  1:00 – 3:30 p.m. ARBs – Across the Cardiovascular Continuum 5:30 – 8:00 p.m. Structured Education Programme 9:00 p.m. Board of DFM Meeting	23  2:15 – 7:30 p.m. Structured Education Programme	24  4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	25  2:30 – 3:30 p.m. Video Session 9:00 p.m. DFM Introduction Session	26  2:00 – 3:30 p.m. Practice Management Training Course
27	28	29  5:30 – 8:00 p.m. Structured Education Programme	30  2:15 – 7:00 p.m. Structured Education Programme	1 <b>Jul</b>	2	3  1:00 – 4:00 p.m. Interest Group in Dermatology
4  3:00 p.m. 1st Examiner Training Workshop for OSCE 2010	5	6  5:30 – 8:00 p.m. Structured Education Programme	7  2:15 – 7:30 p.m. Structured Education Programme	8  4:00 – 6:00 p.m. Structured Education Programme	9	10  2:15 – 5:15 p.m. Assessment Enhancement Course
11  1:00 – 5:00 p.m. Update Seminar on Cardiovascular Thrombosis Disease	12	13  5:30 – 8:00 p.m. Structured Education Programme	14  2:15 – 7:00 p.m. Structured Education Programme	15  4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Council Meeting	16	17  2:00 – 4:00 p.m. Practice Management Training Course 2:15 – 4:30 p.m. Community Education Programme
18	19	20	21	22  9:00 p.m. Board of Conjoint Examination Meeting	23	24
25  2:00 – 4:00 p.m. Practice Management Training Course	26	27	28	29	30  2:30 – 3:30 p.m. Video Session	31

## FP LINKS EDITORIAL BOARD 2010

FP LINKS EDITORIAL BOARD 2010	
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**Red** : Education Programmes by Board of Education  
**Green** : Community & Structured Education Programmes  
**Blue** : Clinical Attachment / Certificate Course / ARC  
**Purple** : College Activities