



THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Family Physicians Links

Message from the President



Dr. the Hon. York Chow and HKAM delegates

On July 21, 2011, I attended the 45th Annual Singapore Malaysia Congress Medicine Induction Comitia & Congress Opening as one of the Hong Kong Academy of Medicine (HKAM) delegates. Dr. the Hon. York Chow, GBS, JP, our Secretary for Food and Health, was conferred the Honorary Fellowship of the Academy of Medicine, Singapore (AMS). Dr. Chow also delivered the 20th Gordon Arthur Ransome Oration "Bridges and Gaps in Healthcare". On July 22, 2011, the HKAM delegates attended the Joint Council Meeting of AMS, Academy of Medicine of Malaysia (AMM) and HKAM to share experience on our postgraduate specialist training and continuous professional development programs.

AMS, similar to HKAM, is a professional institution of medical and dental specialists for postgraduate specialist training and continuous professional development. The Academy has Colleges and Chapters of Anaesthesiologists, Dental Surgeons, Emergency Physicians, Obstetricians and Gynaecologists, Paediatrics and Child Health, Physicians, Radiologists, Surgeons (including Orthopaedic Surgeons and

Otorhinolaryngologists), Ophthalmologists, Pathologists, Public Health and Occupational Physicians, and Psychiatrists. However, the College of Family Physicians is a separate institution. Family Medicine is neither one of the 39 specialties nor sub-specialties of AMS. This is also similar to AMM. We are indeed fortunate in Hong Kong to be one of the constituent Colleges of HKAM, with our special skills in holistic care recognized by our other specialist colleagues. We should therefore always remind ourselves to deliver the highest possible standards of care to our community.



Group photo with HKAM delegates



Presidents of Fraternal Colleges at AMS Induction Comitia

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Conferment Ceremony 2011

By Dr. Chiu Chi Fai, Billy
Chairman, Internal Affairs Committee



Successful Candidates in the Conjoint Examination



Successful Candidates in the Exit Examination

This year there were thirty candidates conferred the Fellowship of HKCFP and twenty-six candidates conferred the Fellowship of RACGP. On behalf of the College's family, I would like to welcome and congratulate all of you. The way ahead will be challenging and rewarding.

Forty-four fellows were awarded the Exit certificate and nine candidates were awarded the Diploma in Family Medicine. Congratulations again to all of you.

I would also like to congratulate Professor Cindy Lam who was awarded an Honorary Fellowship this year. Her contribution to Family Medicine has been enormous.

It was our first time to have Dr. Kenny Kung as our public orator, which is an extremely important position to make the conferment successful. I would like to express my heartfelt gratitude and appreciation for his hard work. I would also like to take this opportunity to thank again Dr. Allen Ngai as the Coordinator, Marshalling Officers (Dr. Chan Chi Wai, Dr. Wong Chak Tong, Dr. Ko Wai Kit, Dr. Maria Leung) and Ushers (Dr. Catherine Ng, Dr. Pang Siu Leung, Dr. Cindy Cheung and Dr. Jenny Wang) for all

their excellent contributions. I sincerely look forward to work with all of you in the future.

Last but not least, my heartfelt appreciation goes to Crystal & all of our colleagues of the secretariat, to have played an important role in coordinating and organizing the whole event, from venue to gown arrangement, manpower to rundown, all the hardware to software..... indeed, everything! Thanks very much for all the effort made by the college secretariat.



Successful Candidates in DFM

"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 August 2011 to 14th September 2011, Dr. Cheung Man Kuen and Dr. Billy Chiu will be the Council Members on duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments about anything relating to our College and Family Medicine. You can reach us by contacting our College Secretariat by phone: 2528 6618, by fax: 2866 0616, or by email: hkcfp@hkcfp.org.hk. Once we receive your call or message, we will get in touch with you as soon as we can.



Dr. Cheung Man Kuen



Dr. Billy Chiu

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

Board of Vocational Training and Standards News

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

To all Basic Trainees,

For those who have completed four-year basic vocational training, please be reminded of your applications for Certificate of Completion of Basic Training within 3 months of completion of training. Otherwise, you are required to pay the annual training fee.

Should you have any enquires, please contact our College Executive, Ms. Carmen Cheng at 2528 6618.

Basic Training Subcommittee

BVTS

Reminder: Application for Recommendation for Exit Examination

To all Higher Trainees,

For those who prepare to sit for exit examination in **2012**, please submit the application letters and the checklists for recommendation for exit examination before **30 September 2011**.

Late applications will not be entertained.

Should you have any enquires, please contact our College Executive, Ms. Carmen Cheng at 2528 6618.

Higher Training Subcommittee

BVTS

Classified Advertisements

Positions Vacant

Full-time, half-day & locum doctors wanted in GP. Attractive remuneration and flexible hours. Interested, please contact Dr. LI at 9662 3540 or email to pg_recruit@yahoo.com

Haven of Hope Christian Service invites applications for Full-time/Part-time Family Physician. Basic salary plus variable pay.

Interested parties please send e-mail to se@hohcs.org.hk or contact Ms. Liu by phone at 2703 3230.

FT/PT/Locum **Family Physician** (min. 3 years' experience) for practices of United Christian Nethersole CHS in NTW / NTE / Kowloon. Please e-mail resume with expected salary - **Ms. Law : hr@ucn.org.hk**

Full-time GP/ Locum/ Specialists wanted 九龍商場 舖, Welcome Joint Investment. Transparent & generous Bonus + Excellent Prospect. Dr. Kam 3165 1460 profgp2004@yahoo.com.hk

Board of Conjoint Examination Report on OSCE 2011 Information Seminar for Candidates



Dr. Chan introducing the history, preparation and security of the examination.



Dr. Chui presenting the examination information to the candidates.

The Information Seminar on OSCE segment was held on 26th June 2011. The room was packed with 25 candidates (Cat I: 23, Cat II: 2) and members from the Board – the Chairman, the OSCE Coordinator and the Secretariat.

The seminar started with a warm welcome by our Chairman Dr. Chan Hung Chiu. Dr. Chan explained to the candidates the history, preparation and the security measures in our examination.

Dr. Chui Siu Hang Billy, our OSCE Coordinator, presented information concerning the examination and demonstrated 2 DVD recordings of two role-play candidates with different levels of performance to the candidates.

We presented the marking scheme and went through the setting of the domains of each case. We also explained the marking rationale behind using essential points to divide between pass and fail for a particular domain in each question. The candidates were given a chance to mark the scenario with the respective key feature check list themselves and understand how to assess a particular domain and how to achieve a pass criteria in each particular domain.

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

In summary, the afternoon was fruitful for both the candidates and our Board Members. It is hoped that the additional information gained by candidates will help translate their hard work into success in a few months time!

ENTER THE FP LINKS LOGO DESIGN COMPETITION

for a chance to have

**YOUR WORK AS THE SYMBOL OF FP LINKS and
WIN \$2,000 of VOUCHERS!**

Your challenge is to design a logo that represents FP links, the College newsletter of the Hong Kong College of Family Physicians.

FP links has the following missions:

- To disseminate the College News to College members;
- To report news of various College Boards and Committees;
- To provide a channel for dissemination of information or articles related to Family Medicine, either clinical or non-clinical;
- To act as a bridge for communication between members and the College.

The inaugural edition of FP links was published in March 2004

WE NEED A NEW LOOK!

Your logo should meet the following criteria:

- Embody the characteristics and identity of our College newsletter;
- Be clear and appropriate for a medical newsletter;
- Be your own original piece of work;
- Be flexible enough to work across a range of material, including online and print;
- Submitted in jpg format (size preferably <5MB).

Submit your logo **by 30 September 2011 to carmen@hkcfp.org.hk**, and remember to include:

- An explanation of what your logo represents;
- Your title, name, email address, mailing address, and daytime phone number.

All entries will be acknowledged and once received, will become the property of FP Links. They will be judged by the FP Links Editorial Board and the competition winner will be announced via FP Links and the College website. The winner will also be contacted individually by our staff.

**If you have any queries about the logo design competition,
please contact Ms. Carmen Cheng at 2528 6618.**

NOW GO AND GET DESIGNING!

Board of Diploma in Family Medicine (DFM) - Lectures

Topics and Speakers :

Dates	Topics	Speakers
27 Aug 2011 (Sat)	Module V – Consultation Skill Workshop I	Dr. Au Chi Lap
3 Sept 2011 (Sat)	Module V – Consultation Skill Workshop II	Dr. Chan Chi Wai
17 Sept 2011 (Sat)	Module V – Orthopaedic Injection Workshop	Dr. Lau Hoi Kuen

Co-ordinator : Dr. Wong Pak Hoi

Member, The Board of Diploma in Family Medicine, HKCFP

Venue : Council Chamber, Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong

Time : 2:30 p.m. – 5:00 p.m. Lecture and Discussion

Accreditation : 3 CME Points HKCFP (Category 4.3)
3 CME Points MCHK

Registration Fees (Please tick as appropriate):

Dates	Topics	HKCFP Member	Non-member
27 Aug 2011 (Sat)	Module V – Consultation Skill Workshop I	<input type="checkbox"/> HK\$200	<input type="checkbox"/> HK\$400
3 Sept 2011 (Sat)	Module V – Consultation Skill Workshop II	<input type="checkbox"/> HK\$200	<input type="checkbox"/> HK\$400
17 Sept 2011 (Sat)	Module V – Orthopaedic Injection Workshop	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000

Capacity : 20 Doctors

Registration : 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 Holdings and Development Limited". Please mail the cheque to Rm 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai. All fees received are non-refundable and non-transferable.

To : HKCFP, Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.
(Fax: 2866 0981)

Dear Sir/ Madam,

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

I would like to attend lecture(s) of **Module V** at Council Chamber, Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

Name : _____

Tel No. : _____

Email : _____

Date : _____

The University of Hong Kong Li Ka Shing Faculty of Medicine Centre for Cancer Research
18th Hong Kong International Cancer Congress (3 - 5 November, 2011)

Dear members,
The 18th Hong Kong
registrants to attend
Thanks,
HKCEP Secretariat

The 18th Hong Kong International Cancer Congress (www.hkicc.org) organized by The University of Hong Kong Li Ka Shing Faculty of Medicine will be held on 3 - 5 November 2011. Our members are entitled complimentary registration as fully paid registrants to attend all sessions in the Conference. As the quota is limited, registration is required and first come first served. Interested members please contact Ms Priscilla Li at 2528 6618 or priscilla@hkicf.org.hk for registration.

Thanks.

HKCFP Secretariat

Thursday, 3 November 2011			Friday, 4 November 2011			Saturday, 5 November 2011					
1:00 pm				9:15 am	Opening Ceremony and Young Investigator Awards Presentation			9:30 am	CCR Lecture		
3:00 pm				9:30 am	HKICC Lecture Integration of Traditional Chinese Medicine into Mainstream Cancer Treatment: Steps Needed For Globalization. Yung-Chi CHENG, Yale University School of Medicine, USA			10:30 am	Coffee Break		
5:00 pm				10:30 am	Coffee Break			11:00 am	Coffee Break		
	Registration			11:00 am	Battling Cancer at All Fronts Optimizing Molecular Targeted Therapy for Lung Cancer Tony MOK, The Chinese University of Hong Kong			11:45 am	Tumour Microenvironment Circulating MicroRNA, Secreted MicroRNA and Exogenous Plant MicroRNA Chenyu ZHANG, Nanjing University, China		
				11:45 am	Battling Cancer at All Fronts Multimodality Treatment of Liver Cancer Sheung-Tat FAN, The University of Hong Kong			12:30 pm	Tumour Microenvironment Next Generation Living Tumour Models for Discovery, Drug Development and Beyond Yuzhuo WANG, University of British Columbia, Canada		
				12:30 pm	Lunch Break			Lunch SYM	Lunch Symposium (1:00 pm - 2:00 pm); Lecture Theatre 4) Sharing Session sponsored by Society for the Promotion of Hospice Care		
2:00 pm	FP	SR3 FP	SR1-2	2:00 pm	Traditional Chinese Medicine Discover Anticancer Candidates from Chinese Medicines: From Screening Exploration to Mechanism Studies Yibin FENG, The University of Hong Kong			SAL	Paediatric Neuro-Oncology		
2:30 pm	Free Paper - Psychosocial Oncology			2:30 pm	Mechanistic Investigation of the Anti-cancer and Anti- hyperlipidemia Effects of Gynostemma Triterpenoids Using Systems Biology Approach Wendy WL HSIAO, Hong Kong Baptist University			SYM	Paediatric Neuro-Oncology		
3:00 pm	Free Paper - Biomedicine			3:00 pm	Traditional Chinese Medicine Luming LIU, Fudan University, China			SYM	Paediatric Neuro-Oncology		
3:30 pm	Coffee Break			3:30 pm	Coffee Break			Coffee Break			
3:30 pm	FP	SR3 FP	SR1-2	4:00 pm	Cancer Biology			SAL	Gynaecological Cancer What Determines the Uptake of Clinical Research Findings into Clinical Practice Edward L TRIMBLE, National Cancer Institute, USA		
	YIA - Psychosocial Oncology			4:00 pm	Public Health Perspectives on Cancer Treatment and Control Epidemiological Characteristics of HPV Infection and Cervical Cancer in Hong Kong Paul KS CHAN, The Chinese University of Hong Kong			SYM	Gynaecological Cancer		
	YIA - Biomedicine			5:30 pm	Psychosocial Oncology (HKCF)			SYM	Cancer Pain Management Pathogenesis of Cancer Pain Michael IRWIN, The University of Hong Kong General Management of Cancer Pain Chi-Wai CHEUNG, The University of Hong Kong Interventional Procedures for Cancer Pain Management Steven WONG, Queen Elizabeth Hospital		
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Interview with Professor Gabriel Leung, JP, Undersecretary for Food and Health, on Primary Care Development in Hong Kong

Dr. Wendy Tsui, Specialist in Family Medicine, Hospital Authority

Professor Martin Wong, Specialist in Family Medicine, the Chinese University of Hong Kong

Dr. Catherine Ng, Specialist in Family Medicine, Hospital Authority

It is our great honour to have Professor Gabriel Leung sharing his views on the primary care development in Hong Kong. Apart from being heavily involved in the setting and implementation of our health care policy, Professor Leung is also a pioneer in the fields of Public Health and Family Medicine.

What are the biggest challenges in providing primary care in Hong Kong?

Strategic planning on primary care development in Hong Kong has only been initiated in the recent few years. This is already quite an innate challenge among us. However, I believe that with the heartfelt efforts of our colleagues, speedy and good policy development can be attained after a wide consensus is established in the community.

The health care financing model of Hong Kong is different from that of other countries, and people need to pay out of their own pockets for health services. With such a model of health care financing, developing a whole-person, continuous care, with elements of family care and comprehensive preventive initiatives is another challenge. So, one important step we need to move forward is to find a suitable model of health care financing, which can promote primary care development with a Family Medicine concept. Simply having a slogan to promote the concept of continuous care, prevention and chronic diseases management is not enough. There should be reforms in the service delivery model, which is indeed our goal for the next several years. To start with, in the public sector, there should be coordination of services delivered by Family Medicine Specialist Clinics and General Outpatient Clinics. Another development is to establish community health centres, with possible collaboration and coordination of health care provided by Chinese Medicine Clinics, Elderly Health Centres, Men's Health Clinics, Women's Health Clinics, Student Health Service and Maternity and Child Health Centres. These are relatively simple as they involve mainly service transformation, and the government and the Hospital Authority are working closely on this. Apart from that, the government is also meeting non-government organizations which currently offer one-stop health services delivered by personnel other than doctors. As for the private sector, establishing a good network is important. We can learn networking from the success stories from other countries. I believe electronic health records implementation will help in this development.

Health care financing reform is a big challenge. Currently, health care financing in Hong Kong incorporates the concepts of point of care on episodic basis and fee-for-service delivery. This is actually not the model in other countries with successful primary care systems. Our future service delivery model should promote patient-centred care, and the most suitable model of health care financing should be devised from that. This is our intermediate to long term goal.



Professor Gabriel Leung in his office, with Dr. Wendy Tsui (right), Dr. Catherine Ng (left)

Our vocational training in Family Medicine places lots of emphasis on clinical skills. Hence, our trainees may not have in-depth knowledge about primary health care concepts. How to attract young trainees to join the field of primary care?

The formation of primary care teams should be competency based. We should focus on what competencies we need, rather than what specialties we need. Primary care is more than Family Medicine alone. With more people having a passion in primary care, pockets and clusters of expertise will develop. When such momentum is created, more trainees will be attracted for sure. Factors like future prospects, job nature and returns affect the choice of specialties of medical and nursing graduates. However, some young trainees may need true experience before they can find their right path.

Rewarding primary care providers is important. This should not only be limited to health care professionals performing complex procedures. In overseas countries, there is a wide diversity of services provided by primary care professionals. Some receive subspecialty training. Having diversity

is a good means to attract people. Yet, we still need to reward primary care providers who may not have performed complex clinical procedures, but have put in effort in disease prevention and health promotion, the outcome of which may not be easily noticeable. Provider remuneration is another medium to long term goal we need to work on.

How do you feel about the role of public sector in primary care provision, especially when apparently more resources have been invested in secondary and tertiary care?

Primary care development is a long journey. Yet, I am still optimistic about the prospects. Establishing the department of Family Medicine and Primary Healthcare in the public sector is already a large breakthrough. Every specialty is important, but we need to prioritize the service needs. The public sector is not supposed to dominate the market share in primary care. Rather, it has the role of training provision, prototype setting and service model testing, and ultimately promoting the service model which suits Hong Kong to other stakeholders, including the private sector. Hence, the public sector should place more emphasis on quality, with quantity being the secondary goal. In fact, the private sector have good potential to take up that quantity, as the market is not saturated yet. One short to intermediate term goal for the public sector is to establish a good quality health care model. However, I also understand that it may not be translated directly to the private sector, which may have different characteristics. It is important that we share and learn together. One successful example is the public-private-interface project in Tin Shui Wai, which forms a good foundation in primary care in the territory. To make this possible, mutual trust between the parties without being prejudicial is important. We should go hand-in-hand, understand each other's difficulties, and move step-by-step towards better collaboration.



Professor Gabriel Leung: "The future of primary care in Hong Kong is full of challenges so we need to join hands together."

What is the essence of preventive care?

Preventive care is not equal to screening. It is about establishing a long term relationship with the

patients. The most useful preventive care is repetitive reinforcement of healthy lifestyle, and grasping the right moment for offering advice, such as smoking cessation and dietary advice. As for screening, I would like to stress that some screening tests are appropriate, but some are not. Actually, some screening tests even do more harm than good. Here we face the Inverse Care Law again: People are doing too frequent and too much screening. There is also ethical risk that doctors can charge more when more screening tests are arranged. Primary care financing should base on what services can incorporate the principles of Family Medicine. Best research should be translated into best practice. As an incentive, it is good to offer remuneration to private and public doctors who provide quality preventive care.



Professor Leung with Dr. Wendy Tsui (right), Professor Martin Wong (left)

What will be the primary care development in the next five or ten years?

For short to medium term development, we hope that a good service model can be translated to the private sector. As for medium to long term development, health care financing is another important issue to work on. Primary care will also need to accommodate the changing social environment with more chronic disease population getting older, the Mainland and Hong Kong having closer relationship, and more movement of elderly and retirees between the two regions.

How do you feel about our college's role in primary care? Are we heading in the right direction?

I have always been supporting your college. There are more and more members and fellows, and it is well recognized by overseas colleges and other specialties. If there is wider membership base, your college will play an even more important role in primary care.

We would like to express our sincere thanks to Professor Leung for his precious time and sharing.



Oasis
心靈綠洲

Happiness is a Journey

We convince ourselves that life will be better after we get married, have a baby, then another. Then we are frustrated that the kids aren't enough and we'll be more content when they are. After that we're frustrated that we have teenagers to deal with. We will certainly be happy when they are out of that stage. We tell ourselves that our life will be complete when our spouse gets his or her act together, when we get a nicer car, are able to go on a nice vacation, when we retire. The truth is, there's no better time to be happy than right now.

If not now, when?

Your life will always be filled with challenges. It's best to admit this to yourself and decide to be happy anyway. One of my favorite quotes comes from Alfred D Souza. He said, *"For a long time it had seemed to me that life was about to begin - real life. But there was always some obstacle in the way, something to be gotten through first, some unfinished business, time still to be served, a debt to be paid. Then life would begin. At last it dawned on me that these obstacles were my life"*. This perspective has helped me to see that there is no way to happiness. **Happiness is the way.** So, reassure every moment that you have. And treasure it more because you shared it with someone special, special enough to spend your time...and remember that time waits for no one...

So stop waiting until you finish school, until you go back to school, until you lose ten pounds, until you gain ten pounds, until you have kids, until your kids leave the house, until you start work, until you retire, until you get married, until you get divorced, until Friday night, until Sunday morning, until you get a new car or home, until your car or home is paid off, until spring, until summer, until fall, until winter, until you are off welfare, until the first or fifteenth, until your song comes on, until you've had a drink, until you've sobered up, until you die, until you are born again to decide that there is no better time than right now to be happy.

Happiness is a journey, not a destination.

Thought for the day:

Work like you don't need money,
Love like you've never been hurt,
And dance like no one's watching.



<http://www.inspirationallane.com/ThanksgivingInspirationalStories3.htm>

(本欄資料由 心靈綠洲—個人成長及危機處理中心 提供，特此鳴謝。)

Screening of Ovarian Cancer

Ovarian cancer is the 7th leading cause of cancer death among Hong Kong women¹, and symptoms associated with ovarian cancer are rather non specific. According to a case-control study, common symptoms include abdominal pain (53%), abdominal distension (36%), loss of appetite (21%), and urinary frequency (14%).²

Thus, screening tools such as tumor markers have received considerable interest as they are non-invasive, easily repeated over time, and relatively inexpensive compared to imaging studies. CA 125 is the most widely studied biochemical method for screening of ovarian cancer. Serum CA 125 values are elevated in approximately 50% of women with early stage disease and in over 80% women with advanced ovarian cancer.³

However, CA 125 levels are also elevated in around 1% of healthy women and vary during the menstrual cycle. It is also increased in benign and malignant conditions such as endometriosis, uterine leiomyoma, cirrhosis, pelvic inflammatory disease, pleural effusion and cancers of the endometrium, breast, lung, and pancreas.

Apart from tumor marker checking, imaging such as transvaginal ultrasound has also been used. Its sensitivity and specificity range from 80-100% and 94-99%, respectively, but it is operator dependent.³

The ovarian cancer screening arm of the randomized Prostate, Lung, Colorectal, and Ovarian Cancer Screening (PLCO) trial in the United States studied the effect of screening by combination of both CA 125 and transvaginal ultrasound. The recent data published earlier this year found that screening average risk women with annual serum CA 125 levels and transvaginal ultrasound **did not decrease mortality from ovarian cancer and caused harm** for women who were screened. PLCO recruited 78216 women aged 55 to 74 years who were randomized to either annual screening or usual care between November 1993 and July 2001. The intervention group received annual screening with CA 125 for 6 years and transvaginal ultrasound for 4 years, with a maximum follow up for 13 years (median: 12.4 years). Ovarian cancer was detected in more women in the screening than usual care group (5.7 vs 4.7 per 10,000 person years) but there was no significant difference in the stage of ovarian cancer detected, or in cancer-specific or overall mortality. However, 15% of women who had surgery for a false positive finding at screening experienced at least one serious complication.⁴ This trial strengthens prior recommendations **NOT** to screen average risk women for ovarian cancer.

References:

1. Hong Kong Cancer Registry, Hospital Authority 2008.
2. BMJ 2009 Aug 25;339:b2998.
3. Carlson KJ, Skates SJ, Singer DE. Screening for ovarian cancer. Ann Intern Med 1994; 121:124.
4. Buys SS, Partridge E, Black A, et al. Effect of Screening on Ovarian Cancer Mortality: The Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Randomized Controlled Trial. JAMA 2011; 305:2295.

Beneficial Effect of Smoking Cessation on Operative Outcomes

Smoking is a well-known cardiovascular risk factor and is carcinogenic. It also compromises wound healing. In a recent meta-analysis of 6 randomized trials and 15 observational studies, it was found that smoking cessation is associated with a 41% relative risk reduction for prevention of postoperative complications including impaired wound healing and pulmonary complications, and each week of cessation increased the magnitude of effect by 19%. **The longer the period of smoking cessation, the more significant the decrease in the incidence of postoperative complications.**

Reference:

1. Am J Med. 2011;124(2):144.

Compiled by Dr. YIP Chun Kong, Sam

Interest Group in Dermatology - The 25th Meeting on 2nd July 2011

Dr. So Chi Kin
College Member

Theme : Papulo-squamous Eruption

Speaker : Dr. Lo Kuen Kong, Dermatologist in Private Practice

Moderator : Dr. Wong Nai Ming, Co-ordinator, Board of Education

Dr. Lo Kuen Kong, Honorary Clinical Associate Professor of the two medical schools and Honorary Consultant Dermatologist of Queen Mary Hospital, Kwong Wah Hospital, Queen Elizabeth Hospital, spoke to us on clinical approach to management of cutaneous papulo-squamous eruptions.

Learning points:

Cutaneous papulosquamous eruptions include cutaneous scaling disorders with scaling papules, plaques and patches, with borders sharply demarcated.

Common papulosquamous cutaneous diseases include psoriasis, pityriasis versicolor and superficial fungal infection, seborrhoeic dermatitis, and pityriasis rosea.

Less common papulosquamous cutaneous diseases include secondary syphilis, discoid lupus erythematosus, lichen planus, parapsoriasis, mycosis fungoides, and pityriasis rubra pilaris.

Psoriasis

Psoriasis is an inflammatory rash with increased epidermal proliferation. The rashes are characterized as sharply demarcated, erythematous papules and plaques with silvery scaling. Scalp, nails, covered areas, extensor aspects of limbs are commonly affected areas. Systemic metabolic changes can be present. Psoriasis can be classified as acute or chronic, generalized or localized, pustular or non-pustular, stable or unstable, with or without arthropathy. The commonest type is chronic non-pustular plaque type psoriasis.

Optional investigations for psoriasis include BP, pulse, BMI, urinalysis, CBP, fasting lipid, glucose, LFT, RFT, ANF, RF, hepatitis B markers, X-ray chest, X-rays for the involved joints, skin biopsy, and pustule swab for C&ST.

Topical therapies for psoriasis include Dithranol (anthralin), vitamin D derivative, calcipotriene ointment, moderately potent to potent topical steroids, retinoid (tazarotene gel), sulphur, salicylate, and emollients.

Phototherapy with narrow band UVB (313 nm), photochemotherapy with PUVA (psoralens with ultraviolet A) are treatment options for psoriasis. Systemic retinoid, acitretin, systemic cyclosporine, methotrexate, and biologics are also alternative treatment options of choice. However phototherapy is inconvenient for patients who need to work.

Psoriasis is a chronic condition that waxes and wanes (often without complete remission). There is no cure but only control. The majority of these lesions are not life threatening but social stigmatizing and physically disabling. Arthritis, erythroderma, and generalized pustular psoriasis are more severe complications.

Pityriasis versicolor & superficial fungal infection

Cutaneous superficial fungal infections include dermatophyte infection - tinea pedis and tinea manuum, tinea corporis, tinea cruris, tinea faciale, tinea unguium, and tinea incognita. Other superficial fungal infections include pityriasis versicolor, piedra (trichosporosis), and candidiasis.

Pityriasis versicolor is caused by a lipophilic yeast, *Pityrosporum orbiculare* – hyphal form called *Malassezia furfur*. It is usually asymptomatic papulosquamous or maculosquamous, tan or erythematous or hypopigmented, circular, well-demarcated lesion. Hypopigmentation is more obvious in summer – the yeast is a monoamine oxidase inhibitor and prevent tanning of infected skin. Chest, back, neck, arms are commonly affected parts. The differential diagnoses include pityriasis rosea, seborrhoeic dermatitis, guttate psoriasis, vitiligo, and secondary syphilis.

The diagnosis of pityriasis versicolor can be made by scraping of scale on microscopic slide covered with 20% KOH with presence of hyphae.

The appearance of spores and hyphae is referred to as “spaghetti and meatballs”. Wood’s lamp examination can also be used for diagnosis.

Selenium lotion or shampoo, ketoconazole shampoo, topical imidazole cream (clotrimazole, econazole, ketoconazole, miconazole), ketoconazole 200 mg or itraconazole 200 mg daily for 1 week are treatment options. Patients are advised to have exercise-induced sweating after oral antifungal for optimal treatment effect.

Seborrhoeic dermatitis

Seborrhoeic dermatitis commonly affects the scalp but can also affect ears, face, sternal area, axilla, intergluteal area, and the groin. The cause is unknown but *Pityrosporum ovale* plays some roles.

It is widespread in AIDS patients and those with Parkinson’s disease. Treatments for seborrhoeic dermatitis include frequent shampooing with medicated shampoos with selenium sulfide solution, tar shampoo, zinc pyrithione shampoo, ketoconazole shampoo, and 10% cetrimide shampoo. Topical steroid with weak potency is preferred. Topical ketoconazole cream, pimecrolimus cream and tacrolimus ointment can also be used.

Pityriasis rosea

The cause of pityriasis rosea is unknown though it is suspected to be related to Human herpesvirus 6 (HHV-6) or Human herpesvirus 7 (HHV-7). It presents with herald patch; the largest of the lesions range from 2-5 cm oval erythematous discrete lesion resembling a patch of “ring-worm” like lesion (precede general rash by 2-10 days, with a collarette of fine scaling around the edges of the lesion).

It mainly affects young adults on chest and trunk along Langer’s lines of cleavage in the skin. “Christmas tree branches” pattern over the back may be present. Atypical cases present with lesions in axillae and groin only, referred to as inverse pityriasis rosea. New generalized smaller lesions continue to appear for 3 weeks. Usually the entire rash disappears within 8 weeks. Rare variants can present as recurrent and long lasting rash.

Differential diagnoses include pityriasis versicolor, drug eruption, secondary syphilis, psoriasis, seborrhoeic dermatitis, lichen planus and parapsoriasis.

Concerning the management, in-depth consideration for differential diagnoses is important. Reassurance concerning the non-contagious nature and rarity to be contracted again is important. Symptomatic treatment using oral antihistamine for itchiness, hydrocortisone cream or ointment and emollient to dry flaky scaly rash, and NB-UVB can reduce severity but disease duration may not be altered.

Next Meeting

The next meeting will be on Saturday 3rd September 2011. The guest speaker is Dr. Shih Tai Cho, Specialist in Dermatology & Venereology. He will speak to us on Common Mis-diagnosis.

All members are welcome and encouraged to present their cases and problems for discussions or role play. Please send your cases to our secretariat (yvonne@hkcfp.org.hk) 2 weeks before the date of presentation.



Dr. Stephen Foo & Dr. Lo Kuen Kong

Workshops on Office Minor Surgical Procedures

Dates	: 16 November 2011 (Wednesday) 19 November 2011 (Saturday)
Organizers & Course Directors	: Department of Surgery, Our Lady of Maryknoll Hospital Dr. Meng Chia Shing, William Consultant in charge, Dept. of Surgery, Our Lady of Maryknoll Hospital The Hong Kong College of Family Physicians Dr. Kwong Bi Lok, Mary Chairlady, Board of Education, The Hong Kong College of Family Physicians
Co-ordinator	: Dr. Chan Wan Yee, Winnie Board Member, Board of Education, The Hong Kong College of Family Physicians
Time	: 1:30 p.m. - 3:30 p.m.
Venue	: Conference Room, 1/F, Outpatient Building, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon.
Contents	: 1. Lecture 2. Live demonstration of various minor OT procedures 3. In vitro hands-on practicum - Local anaesthetics / digital nerve block - Office minor OT Surgical instruments / sterilization technique - Suturing skills - Proctoscopy + banding / injection of haemorrhoids - Injection of keloid scar - I&D abscess - Simple excisions - Wedge excision of ingrown toenails For those who are interested in starting off simple minor procedures in own practice, or as a refresher course
Course Fee	: HK\$ 500.00 for the whole course All cheques payable to "HKCFP Education Ltd"
Enrolment	: Please call Ms. Yvonne Lam at 2861 0220 for details. Registration will be first come first served. (To register please mail in the reply slip below with your cheque)
Award	: A "Certificate of Attendance" will be awarded to those who have attended both sessions
Accreditation	: 2 CME Point HKCFP (Cat. 5.2) per afternoon session

REPLY SLIP

To: HKCFP, Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, H.K.

I would like to attend "Workshops on Office Minor Surgical Procedures".

Enclosed please find the cheque (made payable to **HKCFP Education Limited**) being payment as Course Fee.

Name: _____ Tel: _____ Date: _____

Email: _____ Cheque No. : _____

- 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.

3 September 2011 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	Common Mis-diagnosis	
Speaker	Dr. Shih Tai Cho Specialist in Dermatology & Venereology	
Co-ordinator & Chairman	Dr. Wong Nai Ming 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.

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On-Going Events organized by Board of Education

Please be reminded that there will be a lecture on "Updates in Management of Depressive Disorder" By Dr. Lee Wing King and Dr. Chiu Siu Ning on 21 August 2011. Please refer to our circular or call 2861 0220 for details.

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.

August's session:

Date	26 August, 2011 (Friday)
Time	2:30 p.m. – 3:30 p.m.
Topic	Sports Medicine, Sports Science: Current Practice – Dr. Eric Chien
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.

September's session:

Date	30 September, 2011 (Friday)
Time	2:30 p.m. – 3:30 p.m.
Topic	New Era in Managing Anxiety Disorder – Dr. Kwan Ka Lik
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 Programmes

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

Date/Time/CME	Venue	Topic/Speaker/Co-organizer	Registration
10 September 2011 (Sat) 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	Refresher Course for Health Care Providers 2011/2012 – Radiation - medically and non-medically related in daily practice Mr. Nelson Lam 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
24 Aug 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Health Care Delivery System in Hong Kong 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	Update of Management of Hyperlipidaemia Dr. Siu Pui Yi and Dr. Kwan Sze Sing	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Eye Emergency Dr. Ian Wong	Ms. Man Chan Tel: 2589 2337
25 Aug 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Update of Management of Hyperlipidaemia Dr. Siu Pui Yi and Dr. Kwong Lok See	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Subfertility Dr. Ho Tsz Bun	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Chinese Medicine in Hong Kong Dr. Wong Yu Fai	Ms. Kwong Tel: 2595 6941
31 Aug 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	Smoking Cessation Dr. Sze Siu Lam and Dr. Lau Lai Na	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	Rational Prescribing Dr. Yiu Kwan and Dr. Siu Ming Ying	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	Practical Solution-Focused Approach and Risk Assessment Made VERY Simple Dr. Chang Lik Chee	Ms. Susanna Tong Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Incontinence Dr. Wong Chun Wing	Ms. Man Chan Tel: 2589 2337
1 Sep 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Rational Prescribing Dr. Man Fung Yi and Dr. Kwong Sheung Li	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Nurse Specialist/ Advanced Practising Nurse Service Dr. Lai Siu Wai	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Diabetes Update Dr. Kwan Wing Yan, Wendy	Ms. Kwong Tel: 2595 6941
7 Sep 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1028, 1/F, Main Block, Tuen Mun Hospital	Emergency Cardiac Problems in General Practice Dr. Li Shun Hoi	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	Application of Musculoskeletal Medicine in your Clinical Practice Dr. Andrew Ip	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Journal Club Dr. Anita Fan	Ms. Man Chan Tel: 2589 2337
8 Sep 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	ICPC Coding Dr. Lai Kit Ping	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Environmental Hazards & Drug Poisoning Dr. Mok Kwan Yeung	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Management of Anxiety – Psychiatrist's Perspective Dr. Choy Lam Wai, Karen	Ms. Kwong Tel: 2595 6941
14 Sep 11 (Wed)			
2:15 – 4:45 p.m. 3 CME points	AB1038, 1/F, Main Block, Tuen Mun Hospital	Substance Abuse Dr. Cheuk Tat Sang	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	ICPC Coding Dr. Fung Hoi Tik	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	Practical Counselling Skill Part 2 (Therapy for Psychological Problem) Dr. Chang Lik Chee and Dr. May Miao	Ms. Susanna Tong Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 6/F, Tsan Yuk Hospital	Review of FM Training Dr. Ko Wai Kit	Ms. Man Chan Tel: 2589 2337
15 Sep 11 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Approach to Patients with Psychosomatic Symptoms Dr. Yeung Sze Wai and Dr. Fan Wing Chi	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Critical Appraisal Dr. Leung Hoi Lik	Ms. Chan Tel: 2468 6813
5:00 – 7:00 p.m. 2 CME points	Room 41, 2/F, Pamela Youde Nethersole Eastern Hospital	Clinical Audit in Family Medicine Dr. Leung Pui Sha	Ms. Kwong Tel: 2595 6941

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
21 Aug 1:00 – 4:30 p.m. Updates in the Management of Depressive Disorder	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
9:30 a.m. - 12:30 p.m. Conjoint Written Examination 2011 - KFP Segment					2:30 - 3:30 p.m. Board of Education - Video Session	2:30 - 4:30 p.m. Specialty Board Pre-Exit Exam Workshop (New CSA) 2:30 - 5:00 p.m. DFM Module V - Consultation Skill Workshop I
9:30 a.m. - 1:00 p.m. Conjoint Written Examination 2011 - MCQ Segment					2:30 - 3:30 p.m. Board of Education - Video Session	1:00 - 4:00 p.m. Interest Group in Dermatology 2:30 - 5:00 p.m. DFM Module V - Consultation Skill Workshop II
						2:00 - 5:00 p.m. AEC Course 2:30 - 4:30 p.m. Community Education Programme
						2:30 - 5:00 p.m. DFM Module V - Orthopaedic Injection Workshop
						7:00 p.m. Social Dinner Gathering (BVTS)
					2:30 - 3:30 p.m. Board of Education - Video Session Deadline for FP Links Logo Competition Application Deadline for Recommendation for Exit Exam (BVTS)	Oct

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