Message from the President

WONCA 2012

The conference of the Wonca Asia Pacific Region was held in Jeju, South Korea, from May 24-27, 2012. In the Council Meeting, President Prof. Donald Li led the Council for a Declaration on Family Medicine Enhancement.



WONCA President, Prof. Richard Roberts (second from the left), with Hong Kong and Singapore delegates

Asia Pacific is a region of diversity – cultural differences, state of maturity, Family Medicine development and structure of health care. There is a need to collaborate to take advantage of the diversity across the member organizations and work together as a region on actionable plans focusing on clinical practice, research, and medical education to realize the vision of enhancing Family Medicine.

Accordingly, family physicians should be trained to adopt the seven roles of:

- Family Medicine expert in primary, personal, preventive, comprehensive, continuing, and coordinated care (3P and 3C)
- Communicator
- Collaborator
- Advocator
- Manager
- Medical professional
- Researcher and teacher

The six core competencies are:

- Relevant medical knowledge
- Problem-based learning and improvement
- Medical practice
- System-based practice
- Professionalism, and
- Interpersonal communication skills



Hong Kong, Shanghai and Taipei delegates

(Continued on page 2)

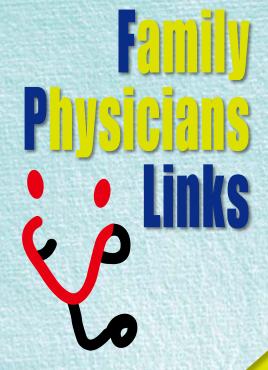




Hong Kong delegates

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS



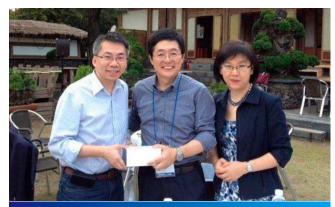


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Message from the President



(from left to right) Dr. Angus Chan, Dr. JW Lee, Chairman of WONCA Jeju organizing committee and Dr. Ruby Lee

To allow learning from the diverse, old and young countries in our region where there are many models of Family Medicine, contribute to the development of new structure to support high quality primary health care with ideas from the future Family Medicine workforce, and the development of global disaster response teams for immediate deployment as part of corporate social responsibility and advocacy role of family physicians. Research is the means to develop, consolidate and disseminate new knowledge in developing the vision of Family Medicine. Capacity building is necessary through training in the application of evidence-based medicine to health care, medical writing, writing of clinical reviews and doing original research.

A call is made to all WONCA Asia Pacific member organizations to develop and implement the actionable activities with family physicians collaborating with health care providers, training providers, and the government to achieve the vision of Family Medicine enhancement enunciated in the Declaration.

HKCFP Best Research Award 2011 and HKCFP Research Fellowship 2012

The Research Committee is delighted to announce that the study "Study on the Cancer Risk Perception and Prevention Behaviours among Relatives of Advanced Cancer Patients and the Role of Family Physicians in Caring for Them" has been awarded the HKCFP Best Research Award 2011. The Committee would like to congratulate the researcher Dr. Yau Lai Mo for his work.

It is also our pleasure to announce that the winner of the HKCFP Research Fellowship 2012 is Dr. Yu Yee Tak, Esther.

Graduating from the Faculty of Medicine, University of Hong Kong in 2006, Dr. Yu joined the Department of Family Medicine and Primary Health Care, Kowloon West Cluster in 2007. While learning and enjoying the provision of holistic, quality patient care, she noticed a big variation of clinical practice, especially in chronic disease management, within the primary care setting. Being curious, Dr. Yu began to perform small scale review and clinical "experiments" within her practice with the support of her supervisors and cultivated a growing interest in research. Dr. Yu has presented the findings of her previous projects in form of posters or oral presentations in various conferences including WONCA Europe 2008, HKCFP Annual Scientific Meeting 2010, HA convention 2011 and Hong Kong Primary Care Conference 2011. The project "Role of HbA1c for Diagnosing Diabetes Mellitus among Chinese Patients with Impaired Fasting Glucose and Impaired Glucose Tolerance" is the first large scale clinical study that she has planned with her supervisors with the hope that the results will help improve diabetic care in the primary care setting.



Membership Committee News

The Membership Committee approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **June 2012**:

Associate Membership (New Applications)

Resignation of Associate Membership

Dr. WONG, Man Ching Anna

王敏菁

"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 July 2012 to 14th August 2012, 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 Dr. Cheung Man Kuen





by contacting our College Secretariat by phone: 2528 6618, by fax: 2866 0616, or by email: hkcfp@hkcfp.org.hk. Once we receive your call or message, we will get in touch with you directly as soon as we can.

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

Specialty Board News

The Specialty Board is pleased to announce the Pre-Exit Exam Workshop on Exit Examination of Vocational Training in Family Medicine. The workshop will give participants an insight into different segments of the Exit Examination. ALL candidates who wish to sit for Exit Examination 2013 or 2014 are strongly encouraged to attend. All Clinical Supervisors are also welcome to attend.

Date : 25th August 2012 (Saturday)

Venue : Room 702-3, 7/F., HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen

Time : 2:00 p. m. – 5:30 p. m.

Speakers : Dr. Wendy Tsui (Chairlady, Specialty Board)

(Segment Coordinator, Clinical Audit) Dr. Alfred Kwong Dr. Billy Chiu (Segment Coordinator, Research)

(Sub-committee Member in Research Segment; Prof. Martin Wong

Professor of The Chinese University of Hong Kong)

Dr. Luk Kam Hung (Segment Coordinator, Practice Assessment)

(Segment Coordinator, Consultation Skills Assessment) Dr. Welchie Ko

: 1. For Potential Higher Trainees **Participants**

2. For all Exit Examiners, Exit Trainee Examiners, Clinical Supervisors and Mentors of candidates

Should you have any enquiries, please contact our College Secretaries, Miss Alky Yu or Mr. Oscar Kwan at 2861 0220.

Board of Vocational Training and Standards News

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

To all Basic Trainees,

You are advised to apply for the Certificate of Completion of Basic Training within 3 months after the completion of the four-year basic vocational training. If you don't have that certificate, you are required to pay the annual training fee (Basic Training) yearly. Should you have any enquiries, please contact our College Secretaries, Ms. Carmen Cheng or Mr. Brian Chan at 2528 6618.

Basic Training Subcommittee

BVTS

Reminder: Application for Recommendation for Exit Examination

To all Higher Trainees,

For those who prepare to sit for Exit Examination in 2013, please submit the application letter and the checklist for recommendation for Exit Examination before 30th September 2012.

Late applications will not be entertained.

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

Higher Training Subcommittee

BVTS

Hong Kong Primary Care Conference 2012

By Dr. Lorna Ng Chairlady, HKPCC 2012 Organizing Committee

The 2nd Hong Kong Primary Care Conference was successfully held on June 2-3, 2012, attracting a record high of over 400 local and international delegates. Our conference has actualized its role as a fertile platform for sharing latest scientific updates, open exchanges of views and promotion of networking opportunities among various primary care communities.

Several dignitaries including Dr. the Hon. York Chow, Prof. Donald Li Kwok Tung, Prof. Yuen Kwok Yung, Prof. Cindy Lam, Prof. Doris Young, Prof. Sian Griffiths and Ms. Sylvia Fung graced our opening ceremony. The 2-day programme featured an exciting blend of 4 plenary sessions, 4 workshops, 2 seminars, 2 symposia, a free paper presentation and other newly added events. Our distinguished plenary speakers, Prof. K. Y. Yuen, Prof. Doris Young, Prof. Jiten Vora and Ms. Sylvia Fung shared interesting and diverse perspectives on multi-disciplinary collaborations in primary care. The well-attended Research Forum chaired by Prof. Doris Young was organized this year for sharing of research activities among Family Medicine higher trainees. Our Full Paper Competition judges, Prof. William Wong and Dr. Antonio Chuh, selected the most outstanding research study conducted by Prof. Martin Wong Chi Sang and his team.

A unique feature of this year's conference was the active participation of other health care providers including nurses, physiotherapists, occupational therapists and optometrists in our poster and free paper presentations - a true testament to our theme of "United We Care: Forging Partnerships in Health." Dr. Kevin Foo Bong Yin and his team effectively organized the Clinical Case Presentation Competition which highlighted multidisciplinary collaborations in optimizing care of chronic diseases. Dr. Cherry Tam Wing Yi and her team won this competition by clearly illustrating the positive outcome of using a well-coordinated multi-disciplinary approach in managing patients suffering from COPD. Last but not least, the Programme Book Cover Competition also revealed the artistic talents of our winner, Dr. Shek Hon Wing.

My heartfelt gratitude goes out to the people who made this event a success: all speakers and facilitators for their valuable contribution; all judges of Full Paper Competition and Clinical Case Presentation Competition for their unfailing support; all sponsors for their generosity; the organizing committee advisors: Dr. Gene Tsoi Wai Wang and Dr. Ruby Lee Siu Yin for their inspiring guidance; business manager Dr. Daniel Chu Wai Sing for his valuable support; nurse planners including Ms. Samantha Chong Yuen Chun and Ms. Margaret Lam Choi Hing for their professional advice; scientific coordinators and venue coordinator: Dr. Chiang Lap Kin, Dr. Colman Fung Siu Cheung and Dr. Rocky Lam Wai Chi for their dedicated efforts; publication advisors and coordinators: Dr. Judy Cheng Ghar Yee, Dr. Carmen Wong and Dr. Katrina Tsang for their thorough commitment; members of the scientific committee: Dr. Zabo Chung Sze Pok, Dr. Catherine Chen Xiao Rui, Dr. Dana Lo Sze Mon, Dr. Kwan Yu, Dr. Vienna Leung Cheuk Wing, Dr. Emily Tse Tsui Yee and Dr. Wendy Kwan Wing Yan for

their concerted efforts; past chairlady Dr. Cheung Man Kuen for her encouragement; all other members of the organizing committee and conference secretariat for their hard and brilliant work; and most importantly, all delegates for their participation.

With your support, I am confident that the annual HKPCC will continue to be at the forefront of health care events for family physicians and primary health care professionals!!



Organizing Committee Members





Overwhelming participation in the Symposia



Overwhelming participation in the second Hong Kong Primary Care Conference

Hong Kong Primary Care Conference 2012 Message from Clinical Case Presentation Competition Subcommittee

Dear Members and Colleagues,

Thank you for coming to the 2nd Hong Kong Primary Care Conference (HKPCC) of our College. This Conference was known in the past as the Annual Scientific Meeting (ASM). People who attended the previous HKPCC/ASMs might find that the programme mainly included plenary sessions, seminars, workshops and free paper presentations. This year we have an innovative idea of holding a Clinical Case Presentation Competition. We would like to express our gratitude to Dr. Gene Tsoi, the Immediate Past President of HKCFP, for offering such a creative idea. The purpose of the Competition is to allow more colleagues and healthcare professionals to participate in our Conference and to share their clinical experience with other participants in order to enhance multidisciplinary care to our patients.

There were four teams participating in our competition this year. Team 1 was led by Dr. Janet Yiu Yee Ki, with the topic "A Man with IOD". Team 2 was led by Dr. Sydney Cheung Kwok Leung, with the topic "Same Diseases, New Approach: Multidisciplinary Team under the Same Roof". Team 3 was led by Mr. Larry Sy Lap Kee, his topic was "Case Sharing from Allied Health of Fall Preventive Programme (leading an active life again)". Team 4 was led by Dr. Cherry Tam, with the topic "Multidisciplinary Approach in the Management of COAD". We were glad that the speakers from all the teams gave us inspiring presentations which we seldom touched on in previous seminars.

Dr. Janet Yiu mentioned the importance of multidisciplinary care in managing patients suffering from IOD as they usually have both biological and psychological problems. Depending on the severity of the injury, they may encounter financial problems as well. As family physicians, we should always be vigilant in recognising both the physical impairment and the psychosocial impact, and provide holistic care accordingly.

Dr. Cheung's presentation brought forth a very important message that in addition to referring patients to different specialties and allied health services, a family physician should also coordinate the resources and work out management plans together with their patients.

Mr. Larry Sy showed us the importance of cooperation between doctors, physiotherapists and podiatrists in providing training to the elderly patients for fall prevention. Through the training programme, they will be able to re-build their confidence in walking, and live an active life again.

Dr. Cherry Tam's presentation gave us a deeper understanding on the management of COAD patients. Besides medications, pulmonary rehabilitation programme was proven to be instrumental in improving the quality of life of COAD patients. We were impressed by the vivid presentation of Dr. Tam's team which not only included a patient's interview video; but also described case conference between doctors, nurses, physiotherapists and health care promoters, and Tai Chi exercise taught during the rehabilitation programme.

In order to encourage support for various participating teams, we had also set up the <u>Largest Fans Club Award</u>, which was given to the team with the largest number of supporters. We were happy that our competition attracted a large audience who must have benefited a lot from the presentations.

The Competition ended with a great success. The team led by Dr. Cherry Tam won both the Best Presentation and the Largest Fans Club Award. We would like to congratulate Dr. Tam and her team and we would also like to take this opportunity to thank Dr. Yiu, Dr. Cheung and Mr. Sy and their team members for their efforts in preparing the presentation, and joining our Competition.

Last but not least, we would like to express our gratitude to our judges Dr. Ruby Lee, Dr. Gene Tsoi, Ms. Samantha Chong, Ms. Margaret Lam, Mr. Lawrence Fung and Prof. Paul Wong for their precious contribution. Their comments were valuable and benefited all participants.

We look forward to seeing you in next year's HKPCC; here's to the continuing success of the Presentation Competition!

Dr. Catherine Chen, Dr. Zabo Chung, Dr. Kevin Foo, Dr. Wendy Kwan, Dr. Kwan Yu, Dr. Vienna Leung, Dr. Emily Tse Members of Clinical Case Presentation Competition Subcommittee



Judges of Clinical Case Presentation Competition



Enthusiastic supporters of Largest Fans Club



Winning Team of Clinical Case Presentation Competition and staff.

Hong Kong Primary Care Conference 2012 Sharing from the Presenter of Clinical Case Presentation Competition

Dr. Tam Wing Yi, Cherry Resident, Kwong Wah Hospital GOPD

My team had the pleasure and honour to share a case in this year's Primary Care Conference Clinical Case Presentation Competition. This year's topic was 'United We Care: Forging Partnerships in Health'. With this theme in mind, we illustrated a case of team approach in the management of a patient suffering from chronic obstructive airway disease. Our multidisciplinary care, in the form of Pulmonary Rehabilitation Programme, significantly helped our patient to improve her functional status and to gain confidence in daily activities.

The Programme involved collaborative effort of doctors, nurses, physiotherapists and health care promoters. In addition to prescribing pharmacological therapies to the patient, the doctor served as a coordinator for a comprehensive range of activities which included smoking cessation, nutrition counseling, education and exercise training. Our team educated the patient on COPD, the general approach of therapy, strategies to minimize dyspnoea and advised on when to seek help. Exercise training in the form of bicycle ergometry and treadmill exercise substantially improved the respiratory function of the patient. Remarkably, the Physiotherapy Department of Kwong Wah Hospital is the first in Hong Kong to have introduced Tai Chi in their practice with promising results.

Through this multidisciplinary team approach, we have learnt that a good communication channel among health care professionals can enhance patient care. For example, we organised regular meetings amongst different healthcare professionals in our team – which proved to be both constructive and meaningful. In addition, the family physician played a pivotal role in providing well-coordinated, comprehensive and continuing service to the patient. Engagement with the patient with continual support from health care providers is effective in enhancing her compliance with the programme. Last but not least, patient empowerment in addition to education about general aspects of the disease, training of coping skills, as well as self-management techniques were beneficial to the patient.

I would like to take this opportunity to thank Dr. Lorna Ng, Family Medicine Coordinator of Kwong Wah Hospital (KWH), for providing a platform for health care workers of different disciplines to work together and for her guidance on our work. I would also like to express my gratitude to Mr. Lawrence Fung, Allied Health Coordinator of Kowloon West Cluster, and Ms. Tammy Tam, the Department Operations Manager of the Out-Patient Department in Nursing, KWH for their support in primary care. And most importantly, I am grateful for my team's hard work! With unity and mutual support, our team halved the effort, and multiplied the reward.

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: http://www.polyu.edu.hk/hro/job.htm,

Assistant Doctor wanted by female doctor to perform esthetic procedures. Will teach to do laser, botox, hyaluronic acid and other esthetic procedures, including liposuction, 11-8, six day a week, good remuneration. Sunday off. Interested please call Miss Chu 9236 0591.

Female Doctor needed by a laser and beauty clinic, good working hours, Sunday and holiday off, 120K per month or more, Interested please call Miss Shek 6902 0686.

FM trainee vacancy at Ma On Shan. Musculoskeletal medicine training with excellent prospect. Flexible working hours, Basic salary plus bonus. Tel: 9016 2909 or email: drandrewip@gmail.com

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

Clinic Available

Yau Tong ground floor shop for rent 160,000 population, low competition, facing new shopping center "domain" and market. 3 minutes walk from MTR station. Call Ms. Ng 6017 6156.



Highlights of the 25th Hong Kong College of Family Physicians Conferment Ceremony and the 23rd Dr. Sun Yat Sen Oration, 3rd June 2012 – Part 2

Dr. David V. K. Chao Chairman, Internal Affairs Committee

After the highlights on the Conferment Ceremony published in the June issue of Family Physicians Links, the great teamwork behind the scene needs to be acknowledged. Many Council Members and Members of various Committees and Boards have stayed behind after a very fulfilling weekend at the HKPCC. In addition to the marvellous secretariat team led by Ms. Erica So and Ms. Crystal Yung, we also had a tremendous helpers team to ensure the smooth running of the occasion, including Dr. Kenny Kung (Public Orator), Dr. Ko Wai Kit (Coordinator), Dr. Chan Chi Wai (Marshalling Officer), Dr. Cheung Pui Shan, Cindy (Marshalling Officer), Dr. Hui Ming Tung, Eric (Marshalling Officer), Dr. Wong Chak Tong (Marshalling Officer), Dr. Fok Peter Anthony (Usher), Dr. Ng Sze Wing, Catherine (Usher), Dr. Shum Pui Shan, Monica (Usher), and Dr. Wang Hua Li, Jenny (Usher). Last but not least, we would like to thank the more than one hundred family members and friends who participated in the Conferment Ceremony to witness their beloved ones receiving their honours on this very auspicious occasion. Hope to see even more of you next year!





The Exclusive English Acupuncture Courses in H.K.

3762 4216 tcmenquiry@hkuspace.hku.hk

1. Certificate in Acupuncture (Part I of Diploma in Clinical Acupuncture)

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

Course Contents : • Theoretical Basis of Acupuncture of Chinese Medicine

Patterns of Disease and Diagnosis

Acupuncture Meridians System and Acupoints

Acupuncture Treatment

Clinical Observation in Hong Kong

Entry Requirements : 1. Western medical practitioners, Physiotherapists, Nurses, Osteopaths,

Chiropractors or medical related professionals; or

2. Holders of Bachelor's degree or equivalent

Commencement Date: 8 October 2012 (Mondays and Thursdays, 8 - 10 p.m.)

Duration : 8 months

Course Fee : HK\$18,550 (inclusive of fees for clinical observation in HK)

(Course fee to be settled upon acceptance of admission)

Application Fee : HK\$150 (non-refundable)

Medium of Instruction: English

2. Introduction to Acupuncture of Chinese Medicine [Course Code: CM 48-068-01-01 (21)]

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

Commencement Date: 28 August 2012 (Tuesdays, 8 - 10 p.m.)

Duration: 10 hours (5 meetings)

Course Fee : HK\$1,030 Medium of Instruction : English

3. Advanced Diploma in Tui-Na 推拿學高級文憑 [Course Code: CM 38-130-00 (21)]

Commencement starts on 10 September 2012 (Mondays & Thursdays / 7-10 p.m.)

4. Advanced Diploma in Acupuncture 針灸學高級文憑 [Course Code: CM 48-113-00 (21)]

Commencement starts in October 2012 (Tuesdays & Fridays / 7-10 p.m.)

5. Diploma in Acupuncture 針灸學文憑 [Course Code: CM 48-106-00 (21)]

Commencement starts on 10 September 2012 (Mondays & Thursdays / 7-10 p.m.)

6. Acupuncture for Rejuvenation and Anti-early Ageing 針灸養顏抗早衰

Commencement starts on 3 August 2012 (Tuesday & Fridays / 7-9 p.m.)

[Course Code: CM 48-068-22-01 (21)]

[Course Code: CM 48-105-00 (21)]

Enhancing the practice of primary care physicians as our goal to serve the medical profession and the Society

A Quotable Qualification by The Hong Kong Medical Council

Postgraduate Diploma in

Diagnosis and Therapeutics in Internal Medicine

(PDipIntMed&Therapeutics)

醫學內科診斷及治療深造文憑



Calling for Enrolment in September 2012

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 no less than 12 months

DEADLINE OF APPLICATION

31 August 2012

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



SCCC 無煙新天地 - The Ultimate Smoking Cessation Service For All!

Dr. Chan Ting Bong, Higher Trainee, NTEC



Helping people to quit smoking is an important task for any primary care doctor, but lack of consultation time is always a problem in both the public and private sectors. Have you ever dreamed of an ideal smoking cessation service that are evidence

based, high quality and economical, which would be open to all smokers from both the public and private sectors?

The Hospital Authority (HA) has now set up as many as 42 Smoking Counselling and Cessation Centres (SCCCs) all around Hong Kong, so that smokers can always find a SCCC nearby. In this article I am going to show you how comprehensive the SCCC service is, so that you will be happy referring your patients to one of these clinics for expert smoking cessation counselling and care.



Referral mechanism

- Active recruitment of patients in out-patient clinics and hospitals by HA doctors, nurses or other healthcare workers.
- Self referral by clients. Clients can book an SCCC appointment in-person or by calling the Hospital Authority "Quitline" 無煙熱線 2300 7272. (Clients calling the Integrated Smoking Cessation Hotline of the Department of Health 1833 183 will also be diverted to the Quitline of HA.)

Team members

- The SCCC is mainly run by nurses who have training in smoking cessation counselling and care. Nicotine replacement therapy (NRT) can be prescribed by nurses according to the guidelines.
- If the nurses encounter any problem cases, they can always consult the doctors in their clinics.
- If indicated, clients can also be prescribed oral Varenicline (Champix®) by doctors.

What happens in the first visit?

- The first visit is typically a face-to-face one-by-one interview with the nurse for around 1 hour. The nurse will make a comprehensive assessment on each client according to the protocol:
 - The stage of change (pre-contemplation, contemplation, preparation, action, maintenance, relapse)
 - Client's reasons for quitting smoking
 - Pattern of tobacco use
 - Nicotine dependency level assessed by the Fagerstrom Tolerance Scale

- Carbon monoxide (CO) level in exhaled air (to "frighten" the smokers, also act as a baseline for comparing with subsequent CO tests)
- Psychosocial history, history of mental illness such as depression (may affect the use of oral medications in smoking cessation)



- After assessing the patient, the nurse will provide education on the following aspects, assisted by short videos and beautiful printed materials organized in clear folders:
 - Harmful effects of smoking
 - Harmful effects of nicotine and tar, risks of developing various smoking related illnesses
 - Hazard to family members and others for second-hand smoking
 - Benefits of quitting
 - Reduced risk of cancers, heart disease, COPD
 - Improved sense of smell and taste
 - Improved family relationship, money saving
- Counselling will be provided to each client according to their stage of change
 - Using the 5Rs to induce motivation
 - Relevance: to give advice related to the client's disease and health concern
 - Risks: to ask the client to identify negative aspects of smoking and highlight those which are most relevant to him
 - Rewards: to ask the client to identify benefits of quitting smoking and highlight those which are most relevant to him
 - Roadblocks: to find out the barriers e.g. withdrawal symptoms, weight gain, fear of failure etc.
 - Repetition: to repeat the relevant advice, risks and
 - Using the 5Ds for coping with the urge of smoking:
 - Declare: to always remind yourself "I choose to be a non-smoker"
 - Delay tactics: to wait for a few minutes instead of finding a cigarette immediately each time you want to smoke
 - Deep breathing: to take a deep breath and relax
 - Drink more water: to avoid alcohol, caffeine in tea or coffee
 - Distract yourself: to occupy yourself with something else; a new hobby is a great distraction and is very useful
- Formulation of a treatment plan
 - Setting a quit date. This is an extremely important indicator in the SCCC service. Clients who refuse to set a quit date after follow-up for 3 months will be discharged from the programme.

TRAINEE COLUMN

Consider providing NRT. NRT can be prescribed for up to 8 weeks to clients who are aged 18 or above and are smoking 10 or more cigarettes per day, providing they can commit to a quit date and stop smoking whilst using NRT. Different strengths of Nicotine patches are available in the SCCC. Nicotine gum is also available as an alternative if clients prefer the gum or have had previous side effects with the patch. Nicotine inhaler is available for the minority of clients who are not helped by patch and gum.







- Smokers who had previously failed NRT or who are contraindicated for NRT will be assessed for the appropriateness for prescribing Varenicline. A PHQ-9 questionnaire will be used to screen for depression in all clients considering for Varenicline treatment.
 - Inclusion criteria: Motivated and ambulatory patients currently smoking 10 or more cigarettes per day
 - Exclusion criteria: Aged under 18, pregnant or lactating, CKD stage 4 or above (CrCl<30), history of psychiatric illness including moderate to severe depression or with suicidal ideation. Clients with unsuccessful attempt with Varenicline within the past one year will also be excluded



 Apart from NRT and Varenicline, clients will be encourage to adopt a balanced lifestyle for wellness, to enlist more social support, to avoid smoking triggers,

- to learn about stress management skills and problem solving skills etc.
- Follow-up plan will be discussed. Clients with emotional problems and family problems will be referred to appropriate disciplines such as social workers.

What will happen after the first visit?

- Counting from the client's agreed quit date, a telephone follow-up will be provided at 1st week. Four telephone or face-to-face follow-ups will be provided at 4th, 12th, 26th and 52nd week
- CO test will be repeated to ensure genuine quitting of smoking
- For those clients started on Varenicline, additional followups by both the doctor and the nurse will be provided to ensure good compliance and to assess for any side effect

In short, the first consultation at SCCC includes a one-hour indepth counselling session provided by a well trained nurse with a carbon monoxide test plus prescription of NRT or Varenicline, if indicated. This is really an excellent and comprehensive service, so next time when you encounter a smoker in either the private or public sector, do not hesitate to refer him or her to the SCCC!

42 SCCCs throughout Hong Kong

聯網	「無煙新天地」戒煙輔導服務中心	電話
港島東	東區尤德夫人那打素醫院	2921 5085
	柏立基夫人普通科門診診所	
	貝夫人普通科門診診所	
	柴灣普通科門診診所	3487 8814
	西灣河普通科門診診所	3401 0014
	筲箕灣賽馬會普通科門診診所	
	環翠普通科門診診所	
港島西	香港仔賽馬會普通科門診診所	2555 0381
	西營盤賽馬會普通科門診診所	2922 6159
九龍中	中九龍診所	2762 1456
	油麻地普通科門診診所	2272 2417
	伊利沙伯醫院	2928 6364
九龍東	將軍澳賽馬會普通科門診診所	2927 2084
	方逸華普通科門診診所	2163 9228
	九龍灣健康中心普通科門診診所	2116 2810
	藍田普通科門診診所	2346 2853
	牛頭角賽馬會普通科門診診所	2750 4262
九龍西	聖母醫院	2927 6101
	橫頭磡賽馬會普通科門診診所	3143 7100
	柏立基普通科門診診所	2383 3311
	東九龍普通科門診診所	2354 6231
	李寶椿普通科門診診所	2787 3769
	下葵涌普通科門診診所	3651 5402
	青衣市區普通科門診診所	2434 6200
	南葵涌賽馬會普通科門診診所	2615 7305
	東涌普通科門診診所	2109 6836
	瑪嘉烈醫院專科門診	2990 3921
	戴麟趾夫人普通科門診診所	2942 6779
		2361 0583
		2779 7359 2984 2080
		2985 7236
新界東	北區醫院	
利芥果		2929 1080
		2670 0211
		2639 4601 2641 9792
		2652 3706
	エライ系庭園学でで 雅麗氏何妙齢那打素醫院專科門診	2689 2974
	<u> </u>	2647 3383
		2692 8730
	大埔賽馬會普通科門診診所	2664 2039
———— 新界西	屯門醫院日間醫療中心	2920 5091
47171	屯門仁愛分科診所(屯門社區醫療中心)	2920 6148
	一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一	2443 8511

AFTER HOURS

龍舟競渡

Dr. Sze Hon Ho, Specialist in Family Medicine



從大學時代開始,我便喜歡水上運動,專長於獨木舟和風帆,想當年年輕的我,確曾有過黑到發亮的膚色。近來三年,每當三、四月開始,每個星期天下午我都會忙於練習划龍舟,備戰本港一年多場的龍舟比賽。端午節到來就有龍舟比賽,這是從小就知道的事情。那為什麼要划龍舟呢?

相傳戰國時代,楚國的三閭大夫-屈原,他心懷 大志,一直為國家大小事務擔心,因為眼看著國 家有難而又遭小人誣蔑,無法挽救他的國家,也 無法實現他的理想,他整天憂愁非常,常常獨自 在汨羅江邊徘徊嘆息。有一天,一位在江邊的漁 夫問他為什麼這麼失意落魄,屈原嘆氣的說: 「舉世皆醉唯我獨醒,舉世皆濁唯我獨清。」不

久,這位愛國詩人就抱著砂石,投江自盡了。(如果他的憂鬱症能及早醫治,或者他有一個好的家庭醫生,悲劇便不會發生。)話說回來,楚國的人民得知消息,紛紛划船趕到汨羅江尋找他的遺體。為了怕屈原被魚蟹吃掉了,所以也在江中投擲用葉子包的飯團。屈原投汨羅江這一天,正好是農曆五月初五。大家為了紀念這位愛國詩人,並且提醒在位的人,要能分辨出小人與忠貞志士,在每年的這一天,都會舉行划龍舟和包粽子的活動。

龍舟比賽距今已有200多年歷史了,發展到現在,甚至有國際邀請賽,可以說是世界各地有中國人的地方,便有龍舟比賽。龍舟比賽可以表現出團隊合作的精神與耐力,鍛鍊一個人的堅強體魄與意志力,因此在香港各地的主要海岸、河流都可以看到。一年一度的盛況,各家媒體都會趁勢報導一番。

龍舟比賽同樣受到外國人的歡迎,有別於賽艇或獨木舟的方式,龍舟是要齊心協力才能完成,完全展示團隊 精神。要讓龍舟划得快,必須有最大的合作性,此合作性來自於每位划手的基本技巧、一致的動作、默契及 戰略。因此,不少外國人也喜愛我們的龍舟比賽。

龍舟比賽的規則是根據地區性去定的,不同賽事,有不同的人數、性別比例及距離。其實龍舟比賽的民俗意義大於實質上的名次,真正令人覺得難忘的,我想是在賽前的準備。每個選手不理烈日當空,抑或傾盆大雨,都是用血和汗水全力練習,不斷增加團隊精神,更可以訓練堅強的意志力,這是再多金錢也買不到的。

現在我希望以文字方式,和大家分享一些划龍舟技巧:

『…划槳技巧:划槳技巧中最重要的是划槳軌跡和整體動作模式。划槳軌跡就是槳葉在水中的抓水方向。

(一) 上肢動作:

- 1. 右手動作(稱為上手):以左手划槳的槳手為例,右手應往前推向前位槳手的肩膀處『推的方向是往前方而不是往前壓』。
- 2. 左手動作(稱為下手): 以左手划槳的槳手為例, 左手應該斜直線 往後拉, 在划槳之前必須盡量的使左手往前延伸, 而延伸的動作 則與肩、腰、腿部動作有關。

(二) 身體動作:

以左手划槳的槳手為例,入水划槳時肩膀應完全轉直,胸部面向右邊的槳手。拉划時同時使出蹬腿的力量並轉腰。槳葉拉到大腿三分之二即出水面提槳。

結語:划槳技巧講求簡單、一致性,龍舟是屬於團體合作項目,因此不需講求個人的划槳花俏性,應該以簡單、一致容易配合的動作為主,才不會在划 槳過程中擾亂划槳節奏,而影響整體的合力。』(節錄-撰寫人:台北市立 南港高中體育教師 余鑑紘)

佳節活動盛事,能夠參與其中,我相信每個人都會覺得很有意義,希望下一 年端午節的龍舟比賽能見到你。



小朋友都可以參與,若要上龍船, 先要學懂游泳



Use of Azithromycin and Risk of Cardiovascular Death

Azithromycin is an azalide, a subclass of macrolide antibiotics. Being a broad spectrum antibiotic, it is widely used in the primary care setting to treat different infections, eg. acute otitis media, streptococcal pharyngitis, bronchitis, pneumonia, cellulitis, pelvic inflammatory disease and sexually transmitted diseases caused by Chlamydia trachomatis or Neisseria gonorrhoeae.

Being a relatively new macrolide and with its strong 'potency', azithromycin has a comparatively higher cost than many other antibiotics in the primary care setting.

Apart from the cost, our concern about antibiotics use includes their improper use which could lead to drug resistance, and the patient's safety is always crucial to keep in mind.

Since the mid 1980s, evidence has shown that several classes of non-cardiac drugs may significantly prolong the QT intervals and have cardiotoxic potential.¹ The prolongation of QT intervals may lead to ventricular arrhythmias, namely torsades de pointes, a polymorphous ventricular arrhythmia that may cause syncope and develop into ventricular fibrillation.

Examples of such drugs include members of the macrolide group of antibiotics, erythromycin and clarithromycin. They may increase the risk of serious ventricular arrhythmia and are associated with risk of sudden cardiac death.² Previously, there were also reports showing patients taking azithromycin being found to have arrhythmia-related adverse cardiac effects, including QT-interval prolongation, torsades de pointes, and polymorphic ventricular tachycardia in the absence of QT-interval prolongation.³ The Food and Drug Administration's Adverse Event Reporting System include at least 20 reports of torsades de pointes associated with azithromycin.⁴

A recently published article in NEJM⁵ further supports the risk. It showed that when compared with patients taking a 5-day course of amoxicillin or ciprofloxacin, or no antibiotics at all, the patient group taking azithromycin exhibited an increased risk of cardiovascular death, and that this adverse effect was more pronounced amongst patients with a higher baseline risk of cardiovascular disease.

The 'Warnings and Precautions' section of the Zmax drug label (azithromycin extended release for oral suspension) was revised in March 2012 to include this new information regarding risk for QT interval prolongation, which nevertheless appears to be low. The drug labels for clarithromycin and erythromycin also contain information about QT interval prolongation in the warnings section.⁶

In summary, family physicians, apart from considering antibiotic cost and drug resistance issues, should remain alert regarding the other potentially fatal side effects of the antibiotics we are prescribing in our practice.

References:

- 1. De Ponti F, Poluzzi E, Montanaro N. QT-interval prolongation by non-cardiac drugs: lessons to be learned from recent experience. Eur J Clin Pharmacol 2000; 56:1-18.
- 2. Zambon A, Friz HP, Contiero P, Corrao G. Effect of macrolide and fluoroquinolone antibacterials on the risk of ventricular arrhythmia and cardiac arrest. *Drug Saf* 2009;32:159-167.
- 3. Matsunaga N, Oki Y, Prigollini A. A case of QT-interval prolongation precipitated by azithromycin. N Z Med J 2003; 116:U666.
- 4. Poluzzi E, Raschke R, Moretti U, DePonti F. Drug-induced torsades de pointes: data mining of the public version of the FDA Adverse Event Reporting System (AERS). *Pharmacoepidemiol Drug Saf* 2009;18:512-518.
- 5. Wayne A. Ray, Katherine T Murray. Azithromycin and the risk of cardiovascular death. N EnglJ Med 2012;366:1881-1890
- 6. http://www.fda.gov/Drugs/Drugsafety/ucm304372.htm

Compiled by Dr. Chung Chak Cheong



LEARNING POINTS FROM BOARD OF EDUCATION

Interest Group in Dermatology - The 30th Meeting on 5th May 2012

Dr. Wong Nai Ming (Co-ordinator) - Board of Education

Theme : Common Hair Disorders

Speaker : Dr. Tang Yuk Ming

Moderator: Dr. Wong Nai Ming, Co-ordinator,

Board of Education

Dr. Tang Yuk Ming, a dermatologist in private practice spoke to us on common hair disorders at our $30^{\rm th}$ Dermatology Interest Group meeting held on $5^{\rm th}$ May 2012.

Learning points:

Hair loss represents the majority of consultations on hair problems. In taking a proper history, the following points should be noted:

- Age/sex
- Duration of hair loss
- Assessment of severity it is useful to compare with patient's previous photos
- Mode of hair loss distinguish hair thinning from excessive hair loss, or patchy loss as in alopecia areata
- Systemic disease always assess, even in cases of alopecia areata or androgenic alopecia, e.g. anaemia, thyroid disorder
- Pregnancy note for telogen effluvium
- Diet an excessively restricted diet can lead to hair loss

In examination of patients suffering from hair loss, the following should be noted:

- Whether the hair loss is localized e.g. alopecia areata or diffuse e.g. telogen effluvium
- Whether the scalp surface is inflamed as in scarring alopecia with absence of hair follicles, or looks and feels smooth as in non-scarring alopecia
- Put a piece of white paper as background to examine for hair shaft thickness and other structural abnormalities, compare hair at crown with nape of neck as reference
- Hair pull test is a crude test to assess the amount of telogen loss, done by sharp pull of a tuft of 20 to 30 hairs, normally the number of hair that can be pulled out is less than 10% of the tuft
- Patients can be asked to count the number of hair loss per day for a week to assess the amount of hair loss (normally less than 100 per day)
- Examine other hair bearing areas for hair loss
- Systemic examination e.g. for anaemia and thyroid disorders

Alopecia Areata (AA)

It is an autoimmune disease mediated by cytotoxic T lymphocytes against anagen stem cells resulting in the pathognomonic exclamation mark hair. It can be focal or diffuse and it can affect other hair bearing areas and nails. AA tends to attack melanocytes leading to preference of hair loss in pigmented areas. After an attack there is a 25% chance of relapse. The following are negative prognostic factors: young age of onset, large and diffuse lesions, long duration, the involvement of hair line margin (ophthiasis), nail pitting, atopy and Down's syndrome.

Androgenetic Alopecia (AGA)

AGA is a genetically determined sensitivity of scalp hair follicles to dihydroxytestosterone resulting in miniaturization of hairs. There is shortening of anagen phase and reduction in size of hair follicles. 5% topical minoxidil can be combined with oral finasteride in treating male AGA. FDA only approves 2% topical minoxidil in the treatment of female AGA. Rebound (i.e. more hair loss than before) should not occur when topical minoxidil treatment is discontinued; there is only hair loss to pre-treatment level about 3 to 4 months after cessation of therapy. Hair transplantation can be done by Follicular Unit Transplantation or the tedious but more physiological Direct Hair Implantation.

Telogen Effluvium and Anagen Effluvium

Telogen Effluvium is a diffuse non-scarring alopecia due to accelerated shift of anagen hairs into catagen and telogen, in response to certain physiological or pathological change in health status. Hair pull test will yield more than 20% telogen hair with club heads. Reassurance for spontaneous resolution within a few months is usually all that is necessary. When investigations are warranted, one should always include testing for anaemia and thyroid function.

Anagen Effluvium is a more rapid onset (within 2 to 3 weeks) of diffuse non-scarring alopecia due to abrupt growth arrest of anagen hair e.g. by chemotherapy or drug intoxication. It can be reversed with time.

Trichotillomania

A focal alopecia due to compulsive self pulling of hair in a psychologically or mentally disturbed patient, and this must be distinguished from tinea capitis and alopecia areata. One should note the bizarre pattern of hair loss with broken hairs of unequal lengths.

Tinea Capitis

Uncommon when hygiene is good. Microsporum species can be transmitted from pets (e.g. M. canis) or other humans (e.g. M. audouinii). They cause infection of the outer hair root sheath (ectothrix infection) and may fluorescent under Wood's light – a useful screening test when epidemic infection is suspected. Another common infecting species is trichophyton tonsurans, causing endothrix infection with the fungus invading the inner hair shaft, which will not show fluorescence by Wood's light. If systemic antifungal agents are needed, confirmation of infection by microscopy and fungal culture is necessary before therapy.

Next meeting

Our next meeting is scheduled on 1st September 2012 with Dr. Luk Chi Kong, David, speaking to us on Birth Marks.

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.



Training Course of Research & Biostatistics for Medical Professionals

Objectives:

- Introduction on different schemes of study designs
- Elaborate on different common biostatistics used in clinical practice
- · Critically appraising research articles and applying the useful findings in our patient care
- Enhance our interest and ability in clinical research in primary care

Dates : 8 Sept, 16 Sept, 22 Sept & 7 Oct, 2012 (Saturdays & Sundays)

Time : 2:00 p.m. – 5:00 p.m.

Venue : Council Chamber, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, H.K.
 Target group : Primary care professionals who are interested in attaining the basic research skill and learning

more on biostatistics

Course Fee : Members – HK\$1,200 for whole course (HK\$500 individual session 'spot' admission)

Non-members – HK\$2,400 for whole course (\$800 individual session 'spot' admission)

(All cheques payable to "HKCFP Education Ltd". All fees received are non-refundable and

non-transferable).

CME/ CPD Points: HKCFP: 3 CME points for each session (Cat 4.4)

MCHK: 3 CME points for each session

Award : Those who have attended 75% or more of all the sessions will be awarded a "Certificate of

Attendance".

Capacity: 30 doctors

Programme Schedule

Dates	Topics	Speakers	Moderators
8 Sept (Sat)	 Introduction to medical research Research governance and ethics Types of research Observations studies: case control study, survey, cohort study Interventional studies, randomized control trial (RCT) 	Dr. Chin Weng Yee	Dr. Cheung Kwok Leung
16 Sept (Sun)	 Basic principle of formulating a research question Hypothesis setting Using and setting questionnaires in research Data collection and entry: care to be taken of 	Prof. Wong Yeung Shan, Samuel	Dr. Fu Sau Nga
22 Sept (Sat)	 Calculation of sample size Sampling method: randomization, simple sampling, stratified sampling Classification of data Descriptive statistics Significance tests Interpretation of confidence interval, p-value, relative risk, odd ratio, risk reduction Introduction to common statistical software 	Dr. Wong Kai Choi	Dr. Chan Man Li
7 Oct (Sun)	 Literature review for research Writing up a research protocol/proposal Writing up a research report Publishing your research finding 	Prof. Wong Chi Sang, Martin	Dr. Chan Chi Wai, Edmond

^{***} Registration will be first come first served. For any enquiry, please call the College secretariat, Mr. Marco Cheng at 2861 0220. ***

REPLY SLIP

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

I am a *Member / Non-member of The Hong Kong College of Family Physicians. (*Please delete as appropriate)
I would like to attend "Training Course of Research & Biostatistics for Medical Professionals".

Name:	Tel:	Date:	
Email:			

Training Course on Practice Management

Introduction:

Practice management is very important to any practicing doctor irrespective of whether they are practicing in public or private setting. It is a quality assurance accredited item and an area to assess a Family Medicine specialist's competency. Mastering such knowledge and skills can help prevent the potential medical and legal risks and facilitate our daily practice more effectively.

Dates : 22 July (Sunday), 28 July (Saturday), 18 August (Saturday) & 25 August (Saturday), 2012

Time : 2:30 p.m. – 4:30 p.m.

Venue : 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, HK.

CME / CPD Points: HKCFP: 2 CME points for each session (Cat 4.3)

MCHK: 2 CME points for each session

Language : Mainly English (Cantonese when required)

Lecture 1) Physical Setting and Insurance (2 hours)

Date : 22 July 2012 (Sunday) Speaker : Dr. Foo Kam So, Stephen **Chairman**: Dr. Hung Wai Yin, Winson

Contents

: Rules & regulations related to setting up a clinic (Medical Council requirement & Inland Revenue Department requirement); Office, nurse and doctor's insurance and indemnity (Labour Department requirement & role of Medical Protection Society in professional support and indemnity for doctors); General clinic design (reception/staff, consultation room, dispensary, waiting room, medical record etc) with consideration given to patient privacy and staff safety; Diagnostic equipment & various treatment facilities; Protocols & emergency care in GP setting including BLS, resuscitation equipment.

Lecture 2) Management of Pharmacy, Dispensary and Dangerous Drug (2 hours)

: 28 July 2012 (Saturday) Date Speaker : Dr. Chan Chung Yuk, Alvin Chairman : Dr. Tam Chung Yin, Janet

Contents

: Dangerous Drug Ordinance records, Drug storage and destruction; Drug labeling criteria (safe prescribing and proper dispensing); Medicine and vaccination stock & storage; How to organize and manage the dispensary; Nurse training to avoid mishaps; Risk management and Incidence report.

Lecture 3) Effective Clinic Operation & Management

Date : 18 August 2012 (Saturday) Speaker : Professor Li Kwok Tung, Donald

Chairman : Dr. Kenny Kung

Contents: Staff recruitment, job description and training (importance of chaperone; regular meetings);

Confidentiality and Privacy Ordinance (accounting system, security, back up, passwords etc.); Medical record (computer & manual system), importance of documentation in medical record, sick leave, medical report, consent process; Investigations, laboratory test filling, call back system, referral system; Age/sex register, disease register, developing protocols (operational manuals for all staff),

qualification assurance, clinical audit, research & teaching in GP setting.

Lecture 4) Infection Control and Occupational Safety

Date : 25 August 2012 (Saturday)

Speaker : Dr. Ng Ming Shing

Chairman : Dr. Lam Tak Man, Catherine

Contents: Infection control measures in clinic (ventilation, fever cohort, PPE & hand hygiene); Common

disinfection and sterilization items and procedures; Medical waste management; Occupation Safety

and Health (OSH); Infectious disease report.

Members: HK\$1,200 (full course) Course Fee

HK\$500 (spot admission for each lecture)

Award 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.

Registration will be first come first served. For registration or any enquiry, please call the College secretariat, Mr. Marco Cheng 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.

Infectious Disease Clinical Attachment for Family Physicians

Dates	28 August 2012 4, 11, 18, 25 September 2012 9, 16, 30 October 2012 6, 13, 20, 27 November 2012
Organizers & Course Directors	Princess Margaret Hospital Dr. Tsang Tak Yin, Owen Infectious Disease Centre, Princess Margaret Hospital The Hong Kong College of Family Physicians Dr. Kwong Bi Lok, Mary Chairlady, Board of Education, The Hong Kong College of Family Physicians
Objectives	 To update Family Physicians on topics in Infectious Diseases To provide opportunities for family physicians to learn Infectious Disease in clinical practice To facilitate exchange of ideas between Infectious Disease and General Practice colleagues
Course Structure	The attachment will consist of 12 two hourly sessions, including lectures, interactive case discussion and simulation training. One session per week from 2:00 p.m 4:00 p.m. on Tuesdays
Time	2:00 p.m. – 4:00 p.m.
Venue	Princess Margret Hospital (Infectious Disease Centre)
Topics	Travel and Infection, Pre-travel and Post-travel Care; Diagnostics in Primary Care, Antibiotic Allergy, Appropriate Use of Antibiotics; Infection and Infestation in the Elders; Pregnancy and Infection, Common Gynaecologyical Infection; Simulation Training in the Clinic Management of Infectious Disease; Emerging Infection in the Community, Infectious Disease Emergency in Primary Care; Update in Management of ILIs and CAP; Approach to Fever in Childhood, Viral Exanthema; Overview of Sexually Transmitted Infection, Common Skin Infection; Viral Hepatitis, Infectious Diarrhea, Food Poisoning; Update in Childhood Vaccination.
Course Fee	HK\$2,600 All cheques payable to "HKCFP Education Ltd"
Enrolment	Please call Ms. Yvonne Lam or Mr. John Lee at 2861 0220 for details <u>on or before</u> 18 August 2012. Registration will be first come first served.
Certification	A certificate of attendance will be awarded under the names of organizers for participant who has over 80% attendance.
Accreditation	Up to 15 CME points (Category 4.8) & 5 CPD points (Category 3.16) for the whole attachment

4 August 2012 Saturday

Board of Education Interest Group in Mental Health

Aim	To form a regular platform for sharing and developing knowledge and skill in the management of mental health		
Topic	Application of Contemporary Psychotherapy Skills in General Practice		
Speaker	Dr. Cheung Kit Ying, Andy DPsych(Clinical), FHKCFP, FHKAM.		
Co-ordinator & Chairman	Dr. Chan Suen Ho, Mark The Hong Kong College of Family Physicians		
Time	2:00 p.m. – 4:00 p.m. Theme Presentation & Discussion		
Venue	8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong		
Admission Fee	Members Free Non – members HK\$ 300.00 HKAM Registrants HK\$ 150.00 All fees received are non-refundable and non-transferable.		
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CPD points HKCFP (Cat. 3.15) 2 CME points MCHK		
Language	Lecture will be conducted in Cantonese.		
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.		
Note	Participants are encouraged to present own cases for discussion. Please forward your cases to the Co-ordinator via the		

Colleagues are reminded that due to restricted funding from Pharmaceutical companies, topics in our interest groups may not attract sponsorships. In case of such, no lunch will be provided.

College secretariat 2 weeks prior to meeting.

18 August 2012 Saturday

Eradication of Varicella, Measles, Mumps, Rubella – Current Practice and Global Trend

Dr. Lee Bee Wah

MBBS, MMed (Paediatrics), MD, FRCP, FAMS, FAAAAI

Chairman	Dr. Lau Wai Yee, Aster The Hong Kong College of Family Physicians		
Time	1:00 p.m. – 2:00 p.m. Buffet Lunch 2:00 p.m. – 4:15 p.m. Lecture 4:15 p.m. – 4:30 p.m. Discussion		
Venue	Ballroom, 3/F. Sheraton Hong Kong & Tower, 20 Nathan Road, Kowloon		
Admission Fee	Members Free Non – members HK\$ 450.00 HKAM Registrants HK\$ 150.00 All fees received are non-refundable and non-transferable.		
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)		
Language	Lecture will be conducted in English.		
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.		

Sponsored by **GlaxoSmithKline Limited**

Upcoming Event by the Board of Education

Interest Group in Dermatology

Date: 1 September 2012 (Saturday)

Topic: Birth Marks

Speaker: Dr. Luk Chi Kong, David

Kindly refer to the next issue of FP Links for detailed information

Monthly Video Viewing Session

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

July's session:

Date	27 July 2012 (Friday)
Time	2:30 p.m 3:30 p.m.
Topic	Skin Diseases of the Hands & Feet – Dr. Lee Tze Yuen
Admission	Free for Members
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in Cantonese.

August's session:

Date	31 August 2012 (Friday)
Time	2:30 p.m 3:30 p.m.
Topics	 Common Disease in Ophthalmology: Real Cases in Daily Practice – Dr. Jean Paul Yih Common Diseases in Ophthalmology: Cataract – Dr. Charmaine Hon
Admission	Free for Members
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lectures will be conducted in English.

Structured Education Programmes

Free to members HKCFP CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
25 Jul 12 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun	FM Vocational Training Programme	Ms. Eliza Chan
3 CME points	Hospital	Dr. Lau Lai Na	Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S,	Substance Abuse	Ms. Cordy Wong
3 CME points	UCH	Dr. Kwong Lok See & Dr. Tsui Wing Hang	Tel: 3513 3087
5:00 – 7:30 p.m.	19, G/F, Kwong Yan House, Kwong Fuk Estate,	Common Urology Disease Screening	Ms. Crystal Law
3 CME points	Tai Po, New Territories	Dr. Chan Chi Kwok	Tel: 2632 4021
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 5/F, Tsan Yuk Hospital	Private Clinic – Cosmetic Medicine and Running Pharmacy in Solo Practice Dr. Jimmy Sy	Ms. Man Chan Tel: 2589 2337
26 Jul 12 (Thur)			
2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Substance Abuse	Ms. Cordy Wong
3 CME points		Dr. Zhu Gui Xia & Dr. Ng Hoi Ling	Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen	Homosexuality	Ms. Eliza Chan
2 CME points	Mun Hospital	Dr. So Chi Kin	Tel: 2468 6813
5:00 – 7:00 p.m.	Room 41, 2/F, Pamela Youde Nethersole	Learning Points from WONCA	Ms. Kwong
2 CME points	Eastern Hospital	Dr. Lee Wing Po	Tel: 2595 6941
01 Aug 12 (Wed)			
2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Role of Family Physician in Preventive Care, What Unique about it? Dr. Chan Ka Ho	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S,	Care of Patients with Chronic Diseases, Role of Family Doctors in Continuity of Care Dr. Kwong Sheung Li & Dr. Lai Yuet Ting	Ms. Cordy Wong
3 CME points	United Christian Hospital		Tel: 3513 3087
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Update on Management of Rental Diseases	Ms. Man Chan
2 CME points		Dr. Lam Man Fai	Tel: 2589 2337
02 Aug 12 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Care of Patients with Chronic Diseases, Role of Family Doctors in Continuity of Care Dr. Ho Pui Gi & Dr. Wan Pui Chu	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen	Management of Patients with Chronic Diseases in Primary Care Dr. Tam Kit Ping	Ms. Eliza Chan
2 CME points	Mun Hospital		Tel: 2468 6813
5:00 – 7:00 p.m.	Room 41, 2/F, Pamela Youde Nethersole	Setting up of a Family Medicine Clinic	Ms. Kwong
2 CME points	Eastern Hospital	Dr. Kwan Wing Yan, Wendy	Tel: 2595 6941
08 Aug 12 (Wed)		'	
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Update Management of Diabetes Mellitus	Ms. Eliza Chan
3 CME points		Dr. Tong Ka Hung	Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S,	Common Symptoms in Geriatrics (Incontinence, Instability, Immobility, Impaired Cognitive Function etc) Dr. So Tsang Yim & Dr. Leung Ching Ching	Ms. Cordy Wong
3 CME points	United Christian Hospital		Tel: 3513 3087
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Video Review: Consultation Skills @ LAP	Ms. Man Chan
2 CME points		Dr. Welchie Ko	Tel: 2589 2337
09 Aug 12 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Common Symptoms in Geriatrics (Incontinence, Instability, Immobility, Impaired Cognitive Function etc) Dr. Yuen Ching Yi & Dr. Mok Ka Yee	Ms. Cordy Wone Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen	Professional Development: Journal Update	Ms. Eliza Chan
2 CME points	Mun Hospital	Dr. Ng Mei Po	Tel: 2468 6813
5:00 – 7:00 p.m.	Room 41, 2/F, Pamela Youde Nethersole	Health Care Reforms in Hong Kong – Why is it Necessary?	Ms. Kwong
2 CME points	Eastern Hospital	Dr. Chu Wai Sing, Daniel	Tel: 2595 6941
10 Aug 12 (Fri)			
5:00 – 7:30 p.m.	19, G/F, Kwong Yan House, Kwong Fuk Estate,	Practice Site Visit	Ms. Crystal Law
3 CME points	Tai Po, New Territories	Dr. Lai Kit Chi, Ruby	Tel: 2632 4021
15 Aug 12 (Wed)			
2:15 – 4:45 p.m.	E1034AB, 1/F, Main Block, Tuen Mun Hospital	MPS Case Sharing	Ms. Eliza Chan
3 CME points		Dr. Cheng Chui Ching	Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, UCH	Case Presentation (Emergency in General Practice)	Ms. Cordy Won
3 CME points		Dr. Lo Ka Kit & Dr. Chan So Wai	Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Theatre, 5/F, Tsan Yuk Hospital	How to Handle Depression/ Dysthymia Patients? Is Social Resources Available? Dr. Carol long	Ms. Man Chan Tel: 2589 2337
16 Aug 12 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	NAHC – Fall Prevention Programme Ms. Yvonne Law Introduction of Community Resources Dr. Leung Yuen Kin	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen	Anxiety Disorder Dr. Li Hoi Ying	Ms. Eliza Chan
2 CME points	Mun Hospital		Tel: 2468 6813
5:00 – 7:00 p.m.	Room 41, 2/F, Pamela Youde Nethersole	MPS Case Book Discussion Dr. Lee Ho Ming, Peter	Ms. Kwong
2 CME points	Eastern Hospital		Tel: 2595 6941
_ 5 points		3 ·	.5 25/5 5/41

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2:30 – 4:30 p.m. Training Course on Practice Management	23	24	2:15 – 7:30 p.m. Structured Education Programme 9:00 p.m. Post AEC 2012	26 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	27 1:00 – 3:30 p.m. CME Lecture 2:30 – 3:30 p.m. Board of Education - Video Session	2:30 – 4:30 p.m. Training Course on Practice Management 2012
29	30	31	1 Aug 2:15 – 7:15 p.m. Structured Education Programme 9:00 p.m. Post AEC 2012	2:15 – 7:00 p.m. Structured Education Programme	3	2:00 – 4:00 p.m. Interest Group in Mental Health
5 3:00 – 6:00 p.m. Conjoint 2012 Second Examiners' Training Workshop	6	7	8 2:15 – 7:15 p.m. Structured Education Programme 9:00 p.m. Post AEC 2012	9 2:15 – 7:00 p.m. Structured Education Programme	5:00 – 7:30 p.m. Structured Education Programme	11
12	13	14	2:15 – 7:15 p.m. Structured Education Programme 9:00 p.m. Post AEC 2012	2:15 – 7:00 p.m. Structured Education Programme	17	18 1:00 – 4:30 p.m. CME Lecture 2:30 – 4:30 p.m. Training Course on Practice Management 2012
19	20	21	9:00 p.m. Post AEC 2012	9:00 p.m. Board of Conjoint Examination Meeting	24	25 2:30 – 4:30 p.m. Training Course on Practice Management 2012 2:00 – 5:30 p.m. Pre-Exit Examination Workshop
26	27	28	29	30	31 2:30 – 3:30 p.m. Board of Education - Video Session	1 Səp

FP LINKS EDITORIAL BOARD 2012					
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Front Row (left to right): Dr. Judy Cheng, Ms. Carmen Cheng, Dr. Wendy Tsui, Dr. Catherine Ng, Dr. Heidi Fung

Red : Education Programmes by Board of Education

Green : Community & Structured Education Programmes

Purple : College Activities

Back Row (left to right): Dr. Chung Chak Cheong, Dr. Sze Hon Ho, Dr. Ho Ka Ming, Dr. Alfred Kwong, Dr. Sin Ming Chuen, Dr. Chan Man Li

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Contact and Advertisement Enquiry
Ms. Carmen Cheng
Tel: 2528 6618
Fax: 2866 0616
E-mail: carmen@hkcfp.org.hk
The Hong Kong College of Family Physicians
7th Floor, HKAM Jockey Club Building,
99 Wong Chuk Hang Road, Hong Kong

