

Message from the President

Medical Practitioners and Advertising

It has recently come to my notice that commercial products may have medical practitioners employed for their advertisement. Linking expert opinion to commercial products has become a widely adopted strategy for product advertisement. Please be reminded that according to the Code of Professional Conduct issued by the Medical Council of Hong Kong, Article 6.2 "Health education activities"... medical practitioners *"should take reasonable steps to ensure that the materials ("the published or broadcasted materials") are not used directly or indirectly for the commercial promotion of any medical and health related products or services"*.

We have an ethical responsibility to act in the best interests of our patients and the public. We have to ensure that our health advice or practice is evidence-based and is delivered in such a manner that does not promote any commercial products/services or is associated with commercial activities. It is advised that we pay proper attention to the Code of Professional Conduct laid down by the Medical Council and avoid involvement in any commercial promotion of health related products or services.

36th Annual General Meeting in 2013

Time has flown and our 36th AGM will be held on December 7, 2013. I hereby briefly report our work in 2012 - 2013.

In June, 2013, our College formed a delegation led by Dr. Angus Chan to Prague to bid for the 22nd WONCA World Conference with an aim to raise Hong Kong's profile in the international family physician arena. I would like to thank the Food & Health Bureau, the Primary Care Office (PCO) of Department of Health (DH) and the Hong Kong Tourism Board for their tremendous support in our bid. South Korea won and the conference will be hosted in 2018. At this 20th WONCA World Conference, Prof. Donald Li, was elected WONCA World Member at Large; and Dr. Gene Tsoi, was elected Honorary Treasurer of WONCA Asia Pacific Region. Dr. Margaret Chan, Director General of the World Health Organization, was the Guest of Honour at the opening ceremony. In her speech titled "The rising importance of Family Medicine", she said "family physicians' work continues a long and noble tradition... Today, you are the rising stars of coping with a number of complex and ominous trends. Your talents and skills are needed ... now more than ever." Our College and the PCO of the DH also jointly organized the Primary Care Symposium to commemorate the World Family Doctor Day on 19th May, a day to highlight the role and contribution of family doctors to the health care systems around the world.

With the consistent evidence that a healthcare system with more family physicians has lower mortality, increased life expectancy, better self reported health, lower rates of admission to hospital, reduced health inequalities, and reduced costs, our College strives to promote family medicine in our country. Our External Affairs Committee, led by Dr. Gene Tsoi, assisted the Society of General Practice, Chinese Medical Association, Shanghai Medical Association and Shanghai Medicine and Health Development Foundation to organize the 2013 Oriental Family Doctor Forum and the 11th Annual

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THE HONG KONG
COLLEGE OF
FAMILY PHYSICIANS



Family Physicians Links



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Academic Conference of the Society of General Practice, Chinese Medical Association. We were invited to participate in the roundtable discussion on the General Practitioner/Family Doctor System in Shanghai. The meeting aimed at providing policy advice on developing a family doctor system in Shanghai to make primary healthcare a core component of the whole medical and healthcare system by 2020. In addition, the Board of Professional Development and Services (BPDS), led by Dr. Lau Ho Lim, organized structured CME Program with the Macau Health Bureau. Our Diploma in Family Medicine (DFM) course, led by Dr. Simon Au, has been successfully launched in Macau. This is the 10th anniversary of our DFM course and we have a record high number of students. I would like to thank Dr. Wun Yuk Tsan for revising the course materials and sponsoring the Macau DFM award.

This is the 26th year of our Conjoint Fellowship Examination with the Royal Australian College of General Practitioners (RACGP). I would like to thank the Board of Conjoint Examination who, under Dr. Chan Hung Chiu who has run the Examination flawlessly and Dr. Jennie Kendrick, the RACGP Censor in Chief for being our external examiner for many years. The Specialty Board under Dr. Wendy Tsui has developed changes in the Clinical Audit and Consultation Skill Assessment segments of the Exit Examination. Trainees can submit either a clinical audit or a research paper - the latter segment was incorporated to encourage research. The Research Committee under Dr. William Wong will also continue to promote primary care research.

The Board of Education led by Dr. Mary Kwong has organized a large number and a great variety of educational activities. The Public Education Committee led by Dr. Ngan Po Lun delivers health education to the public through various channels to promote our mission to the public.

The 3rd Hong Kong Primary Care Conference was successfully held on June 16, 2013, organised by a committee led by Dr. Lorna Ng and Dr. William Wong. It attracted over 340 delegates and had such new initiatives as "Novice Research Paper Award" (etc the same as current).

The Internal Affairs Committee led by Dr. David Chao successfully organized our 35th HKCFP Annual Dinner, the 26th Fellowship Conferment Ceremony and the 24th Dr Sun Yat Sen Oration. Our Honorary Fellow was conferred to Dr. York Chow GBS,SBS,MBE,JP and 27 HKCFP and 29 RACGP fellowships were also conferred. Besides, 55 received their certificates of Exit Examination and 47 received our DFM. The best candidate in the fellowship examination was Dr. Tam

Yick Sin. The DFM distinction candidate was Dr. Au Tai Kwan, Eva and the Macau DFM best candidate was Dr. Hoi Chu Peng. The Best Research was awarded to Prof. Wong Chi Sang, Martin. The Research Fellowship was awarded to Dr. Lorna Ng. Prof. Joseph JY Sung was our Sun Yat Sen Orator this year.

The Editorial Board under the Editor-in-Chief Dr. David Chao and the FP Links Committee under the Chairlady Dr. Wendy Tsui and Chief Editor Dr. Catherine Ng enabled timely publications of the Hong Kong Practitioners and FP Links, respectively.

Many council members have also contributed by representing our College in various professional committees including Dr. Angus Chan in the Education Committee of the Hong Kong Academy of Medicine, CAG of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings; Dr. Lau Ho Lim in Task Force on Hong Kong Code of Marketing of Breastmilk Substitutes, Self Learning Kit on Breastfeeding for Medical Professionals, Project Planning Committee, CAG of Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings, and the University of Hong Kong Health Services Committee; Dr. Gene Tsoi in three Task Forces on Conceptual Model and Preventive Protocols, Primary Care Directory, Task Force on Primary Care, and Delivery Models, Working Group on Primary Care, WONCA International Classification Committee; Dr. Peter Chan in Working Group on Alcohol and Health, Steering Committee on Prevention and Control of Non-communicable Diseases; Dr. Billy Chiu in the Subgroup on Professional Development for Primary Care Directory Enrolled Doctors and Dentists; Dr. David Chao in the Scientific Committee of Hong Kong International Cancer Congress; Dr. Mary Kwong in the Resuscitation Council of Hong Kong; and Dr. Tony Lee in Working Group for Revision of Teaching Kit for the Exercise Prescription Project etc.

The hard work of our secretarial staff led by Miss Erica So, Business Manager Dr. Mary Kwong, House Management, Quality Assurance & Accreditation Committee under Dr. Billy Chiu, Finance Committee under Dr. Quincy Yuen, Council Member on Duty System under Dr. Tony Lee, Web & Computer Committee under Dr. Mark Chan, and membership Committee under Dr. Cheung Man Kuen has enabled the daily operation of our College. Last but not least, I must thank my Chief Censor Prof. Cindy LK Lam, Censors Dr. Stephen KS Foo and Prof. Donald KT Li, and Immediate Past President Dr. Gene Tsoi for their guidance; my Executives Drs. Angus Chan, Lau Ho Lim, Billy Chiu, Quincy Yuen, and all council members who shared a lot of the duties and assignments; and all the secretariat staffs for their dedication and hard work.

"Council Member-On-Duty" (CMOD) System

Dear College members,

We are still providing this alternative channel of communication for you to reach us. Do let us have your ideas and comments so that we can further improve our services to all the members.

From 15th December 2013 to 14th January 2014, Dr. Au Chi Lap and Dr. Kwong Bi Lok, Mary will be the Council Members On Duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments on anything relating to our College and Family Medicine. You can reach us by contacting our College Secretariat by phone: 2528 6618, by fax: 2866 0616, or by email: hkcfp@hkcfp.org.hk. Once we receive your call or message, we will get in touch with you directly as soon as we can.

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



Dr. Au Chi Lap



Dr. Kwong Bi Lok, Mary

Membership Committee News

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

Associate Membership (New Application)

Dr. Lee Kin Fung
Dr. Tam Greta Chun Huen
Dr. Tsang Sau Hang Caroline

李堅峯
譚俊萱
曾守衡

Dr. Wong Hang Fai Ricky

王恒輝

Associate Membership (Reinstatement)

Dr. Leung Kwai Chui

梁貴超

Sponsorship for attending 2014 Asia Pacific Regional Conference of WONCA Kuching, Sarawak, Malaysia, 21 - 24 May 2014

"Nurturing Tomorrow's Family Doctors"

The **2014 Asia Pacific Regional Conference of WONCA** will be yet another opportunity for family doctors to gather and share research and practice experience. It will be a very good occasion to foster ties between family practice organizations as well as individual doctors.

The Council has decided to grant a sponsorship with a maximum of HKD10,000 for applicant with presentation, and a maximum of HKD5,000 for applicant without presentation, to attend the captioned conference.

Applicants shall agree to take part in the College official functions if any during the Conference in **Kuching, Sarawak, Malaysia**, and submit a written report of around 800 words within one month after the conference. Applications will be vetted by the Nomination Committee. All decisions shall be subject to the final approval of the Council.

The sponsorship is open to all members. Interested members please download and complete the application form at <http://www.hkcfp.org.hk> under the section of "DOWNLOADS" and return the form to the Secretariat by **31 January 2014**. For further information please visit the official website at <http://www.wonca2014kuching.com.my/index.php>.

Thanks,

Dr Billy C F Chiu
Honorary Secretary

Board of Vocational Training and Standards News

BVTS Sponsorship for The 20th WONCA Asia Pacific Regional Conference - 21-24 May 2014 Kuching Sarawak Malaysia

The Board of Vocational Training and Standards is pleased to announce the following information on **The 20th WONCA Asia Pacific Regional Conference, WONCA Kuching Sarawak Malaysia** to be held in May 2014.

Theme : Nurturing Tomorrow's Family Doctors
Dates : 21-24 May 2014
Venue : Borneo Convention Centre Kuching
The Isthmus, Sejingkat, 93050 Kuching, Sarawak, MALAYSIA
Registration Fee : Please refer to <http://www.wonca2014kuching.com.my/fee.php>
Website : http://www.wonca2014kuching.com.my/welcome_msg.php

Application for sponsorship is open to all current vocational trainees (Basic & Higher). Please kindly submit your application **on or before 31st January 2014** to the Chairman of the Board of Vocational Training and Standards regarding the Sponsorship for Overseas Conference.

All decisions are subject to the final approval of the Board.

For more information, please contact Ms Carmen Cheng or Mr Brian Chan at 2528 6618.

BVTS

Reminder: Submission of Annual Checklist / Logbook for Completion of Higher Training

To all Higher Trainees,

Please be reminded that all higher trainees should submit the original copy of annual checklist to our Board either by registered post or in-person on or before **28th February 2014 (Friday)**. Late submissions will not be accepted.

For the application for certification of completion of Higher Training, please make sure that the application form and checklist for completion of higher training are completed and returned together with the original copy of your training logbook on or before 28th February 2014.

The training experience of 2013 **WILL NOT** be counted if the trainee fails to submit the checklist or logbook before the deadline.

Higher Training Subcommittee

BVTS

Reminder: Enrolment of Higher Training

Basic trainees who have completed 4-year basic vocational training and attained a higher qualification in Family Medicine can be enrolled into the higher training program.

For those who prepare to sit for the Exit Examination in 2016, please submit the application for higher training on or before **28th February 2014 (Friday)** in order to meet the requirement for sitting Exit Examination. The application form is available from the College Secretariat, and can be downloaded from the College web site.

Higher Training Subcommittee

BVTS

Reminder: Submission of Annual Checklist for Basic Training

To all Basic Trainees,

Please be reminded that all basic trainees must submit the annual checklist to the Board of Vocational Training and Standards either by registered post OR in-person on or **BEFORE 31st January 2014 (Friday)**. Late submission will not be accepted.

The training experience of 2013 will not be accredited if the trainee fails to submit the checklist on or before the deadline.

Basic Training Subcommittee

BVTS

Call for Nominations – HKCFP Honorary Fellowship 2014

Dear Members,

Nominations are called for the HKCFP award of Honorary Fellowship for 2014.

This is an award to be conferred for persons of distinction or members of the community who have rendered distinguished services, directly or indirectly, to the College or to the advancement of general / family practice or practice in general practice / Family Medicine. They may be nominated to the Council for election to Honorary Fellowship. Such election will require the unanimous vote of members of Council in the Council Meeting in January 2014.

You are invited to send your suggestions together with your personal contact to the President Dr. Ruby Lee directly via email to hkcfp@hkcfp.org.hk by Monday, 6th January 2014.

Dr. Billy Chiu
Honorary Secretary

HKCFP Additional & CME Accreditation for Year 2013

Dear Members,

The credit point score of 2013 QA&A Programme is going to be finalized at the end of year 2013. Please kindly check your updated report by visiting the College website at <http://www.hkcfp.org.hk/>.

If you wish to apply for Additional Accreditation or you find any CME/CPD points missing from your CME report, you could apply for CME accreditation by sending the application(s) as listed below:

1. Application for Additional Accreditation

For Educational Activities **under items 3.7, 3.8, 3.13, 3.14 and items 5.3 to 5.6**, members have to apply in writing with \$300 administration fee to the QA&A Committee. Details must be submitted for special consideration, e.g. attendance record, photocopies of events, transcripts or published articles.

The application of **Additional Accreditation** for the year January to December 2013 is now open. It is only for the activity which **had NOT been accredited** by QA&A Committee before the activity started. You are recommended to submit the application form for additional accreditation with required supporting documents.

Application can be downloads from the College website: <http://www.hkcfp.org.hk> → downloads → Quality Assurance → Application for Accreditation → Application form for Additional Accreditation PDF format or Word format.

- Mail to The Hong Kong College of Family Physicians, Rm 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen. ; OR
- Email to : cmecpd@hkcfp.org.hk ; OR
- Fax at 2866 0981

Application deadline: 28 February 2014

2. Application for CME/CPD Accreditation

This application is only for the activity which **had been accredited** by QA&A Committee before the activity started.

If the credit points are missing from your credit point score report, please fill in the attached "Application form for CME/CPD Accreditation of Pre-accredited activity" with the supporting documents by:

Application can be downloads from college website: <http://www.hkcfp.org.hk> → downloads → Quality Assurance → Application for Accreditation → Application form for CME Accreditation PDF format or Word format.

- Mail to The Hong Kong College of Family Physicians, Rm 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen. ; OR
- Email to : cmecpd@hkcfp.org.hk ; OR
- Fax at 2866 0981

Details must be submitted for special consideration, e.g. attendance record, photocopies of events, transcripts or published articles.

Application deadline: 28 February 2014

Late submission **will NOT be accepted and NO addition** can be made from the date onwards. The supporting documents must be evidence of attendance or submission for accreditation.

The QA&A Committee has the final right in deciding the number of "Credit Points" awarded for each activity.

Should you have any question on CME/CPD, please contact Ms. Yvonne Lam or Mr. Marco Cheng at 2528 6618.

Thank you so much for your support for the 2013 programme.

Board of Diploma in Family Medicine (DFM) - Lecture

Topic and Speaker :

Date	Time	Topic	Speaker
18 Jan 2014 (Sat)	2:30 p.m. – 5:00 p.m.	Module III – Evidence-based Medicine	Dr. Wong Chi Kwong, Roger

Co-ordinator : Dr. Au-yeung Shiu Hing

Board 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

Accreditation : 3 CME points HKCFP (Category 4.4)
3 CME points MCHK

Registration Fees (Please tick as appropriate):

Date	Topic	HKCFP Member	Non-member
18 Jan 2014 (Sat)	Module III – Evidence-based Medicine	<input type="checkbox"/> HK\$200	<input type="checkbox"/> HK\$400

Capacity : 40 Doctors

Registration : Registration will be first come first served. For registration or any enquiry, please call the College secretariat, Mr. John Lee at 2528 6618. All cheques are payable to "HKCFP Holdings and Development Limited". Please mail the cheque to Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen. 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 of **Module III** at Council Chamber, Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

Name : _____

Tel No. : _____

Email : _____

Date : _____

Internal Affairs Committee

Dr. David V. K. CHAO, Chairman, Internal Affairs Committee, Hong Kong College of Family Physicians

The Internal Affairs Committee is responsible for helping the College to organise important annual events, including the Fellowship Conferment Ceremony, the Dr. Sun Yat Sen Oration, and the Annual Dinner of the College.

Fellowship Conferment Ceremony and the Dr. Sun Yat Sen Oration

Every year, the Conferment Ceremony is well attended by hundreds of participants including the successful candidates, friends and relatives of the Exit Assessment, Fellowship Examination, Diploma in Family Medicine as well as invited guests and dignitaries from the Food and Health Bureau, the Department of Health, the Hospital Authority, the universities and representatives of local and overseas academic colleges.

During the Ceremony, the President confers the College's Honorary Fellowship, the College's Fellowship and certificates for the successful candidates, followed by the Dr. Sun Yat Sen Oration. The Honorary Fellowship is established for honouring individuals with tremendous contributions to the discipline of Family Medicine/ General Practice; and the Dr. Sun Yat Sen Oration was created in honour of Dr. Sun Yat Sen, the father of modern China, a medical practitioner and alumni of The University of Hong Kong. It is a tradition of the College to invite eminent speakers to deliver the Oration.

Annual Dinner

The College Annual Dinner provides a precious opportunity to College fellows and members to catch up with one another. The participants include our College Council Members, Board and Committee members, the successful candidates for the year, their spouses and guests from supporting organisations. It serves as a great opportunity for colleagues and friends to meet up and have a good time. The dinner programme highlights include plaque presentation to retired Council Members, singing performances, games and lucky draws.

The Internal Affairs Committee would like to thank Dr. Ruby S. Y. LEE, Dr. Angus M. W. CHAN, Dr. LAU Ho Lim, Dr. Billy C. F. CHIU and Dr. YUEN Shiu Man as well as the College Council for their continuing support. Last but not least, we would also like to thank all the volunteer helpers for their kind assistance in being the Public Orator, Co-ordinator, Marshalling Officers and Ushers for the Conferment Ceremony, and as MCs and photographer for the Annual Dinner over the years.

In order to enhance the cohesiveness among College members and to explore new services for the members, the Committee is planning to develop more social functions for members in the near future, such as organising a College Photography Club. We look forward to meeting up soon!



Photo of Debriefing Meeting for Conferment Helpers on 3rd September, 2013)

(Back row from left to right): Dr. Jenny Wang (Usher), Ms. Priscilla Li (Staff), Dr. Kwan Yu (Marshalling Officer), Dr. Ko Wai Kit (Co-ordinator), Dr. Eric Hui (Marshalling Officer), Dr. Kinson Lau (Usher)

(Front row from left to right): Ms. Crystal Yung (Staff), Dr. David Chao (Chairman), Ms. Erica So (Staff), Dr. Wong Chak Tong (Marshalling Officer)

Care of Chronic Patients in the Community

Dr. Alvin CY Chan, Solo Family Physician

Taking care of our chronic patients in the community can be challenging and yet rewarding for family doctors in the private sector.

When I was working in the General Out-patient Clinics (GOPCs), we had a lot of chronic patients every day. Not uncommonly, we would encounter new patients in GOPC who had been diagnosed with chronic diseases for quite a while, but may not have received optimal care, e.g. those on diuretics but without any blood tests for long time, or those who would purchase the medication for their chronic conditions over-the-counter without regularly consulting any doctors.

When I started my clinic a few years ago, I set the target of caring more chronic patients, as I believe there should be quite a lot of patients having their chronic conditions undiagnosed, and I would like to have a more balanced patient profile in my practice. After all, that should be our job. However, I had to try my way to figure out exactly how to achieve that. In this article, I will share my personal experience on how to build up a practice where more chronic patients are taken care of in the community setting. I will also describe the difficulties associated with providing care to patients with chronic conditions in the public healthcare system and how the private family doctors can complement their care and finally to outline the challenges we face as well as the opportunities we have.

The dilemma of the public health care system

Caring for patients with chronic conditions, like hypertension, diabetes etc, is the bread and butter of the services provided by the GOPCs. The number of chronic patients has risen over the past 15 years, to the extent that the proportion of chronic patients take up about 40% to 50% of our GOPC quotas. More chronic patients coming into the public system has meant that the duration of prescriptions for our chronic patients has had to be lengthened in order not to compromise the quota for patients with episodic illnesses. When I was working in the Hospital Authority (HA) as a frontline clinician, we found it difficult to arrange earlier appointment slots for less stable chronic patients. For the newly diagnosed chronic patients, we often had difficulty in offering regular scheduled appointments. As a clinic in-charge and later as an administrator in the HA Head Office, I often needed to handle public criticism on the difficulty in booking an appointment in GOPC. The manpower and capacity is limited, and the question on how to allocate the quota between the chronic / episodic patients cannot be easily addressed.

The complementary role of private family doctors

I invite the readers to read my article published on 14th November, 2013 in the Hong Kong Economic Journal (信報), entitled: “公私合作 更好照顧長期病患者”, where I shared a couple of cases to illustrate how chronic patients could be taken care in the community setting.

Private family doctors can certainly complement HA in caring for chronic patients. The advantages of the private GP setting, in comparison with the public setting are:

1. **Accessibility.** Family doctors operate extended hours on evenings and weekends. This would facilitate not just the elderly who may have difficulty accessing far away public clinics, but also those who work as well, as they do not have to spend half a day waiting for an appointment in public clinics.
2. **Continuity of care.** Most private family doctors run as a solo practitioner and operate more than 300 days a year. The continuity of care would certainly be optimal.
3. **Use of community resources.** Private family doctors often have extensive experience in making use of community resources to help our patients. They have good connections with various services in the community, including prompt specialist support, timely imaging services etc.
4. **Choice of medications.** When I was working in the GOPCs, most of us were frustrated by the very limited drug formulary. At time, we either have to refer patients to our specialists for drugs only available in Specialist Out-patient Clinic (SOPC), or we had to try other less favorable drugs first. HA is also bound by cost considerations for the vast number of patients under their care and as such switch their drug providers at times. This has certainly resulted in confusion at times, and sometimes even side effects with different generic drugs. I believe this will be less a problem in the private sector.

Building up chronic patients

Patients do not just come in, as in GOPCs. Efforts as well as strategies have to be made to build up chronic patients. Here I share some that I adopted. Firstly, on **promotion**. We cannot advertise, but within the clinic area, there are posters relating to chronic conditions, like cardiovascular diseases, dementia, mood disorders etc. Patients may take notice of these and ask for my opinion proactively. Secondly, **case finding**. I periodically check the blood pressure for all the patients age above 30 years. This does help detect a significant number of undiagnosed hypertensive patients. Instead of offering “comprehensive” health check packages that are expensive, I offer inexpensive health check packages focusing only on fasting blood sugar and lipid profile. Furthermore, anticipatory care advice is offered to patients at appropriate times. Thirdly, **be transparent and offer choices**. For those diagnosed with chronic conditions, at the very beginning I will offer a choice of referring them to HA or to be followed up in my clinic. I will explain the likely drug cost if they are receiving care in my clinic. To my surprise, more than 50% of them do prefer to follow up in my clinic when they know the cost implication. Fourthly, **drug choices**. Apart from

offering up-to-date treatment to patients, I will stock up both brand products and quality generic products. I will offer the choices to my patients as well. I will recommend generic products for cost consideration if patients do not have particular preferences. Fifthly, **price setting**. As mentioned above, I did encounter quite a number of patients who only buy their medication from over the counter without seeing their doctors, or simply defaulted the follow up or forget about their health problems at all. This is certainly undesirable. Early on in my practice, a patient's comment has been thought-provoking, "why don't the doctors charge less for chronic diseases, these patients need to come regularly!" Therefore I will set a drug cost comparable to the pharmacy's and offered discounted consultation fee for patients who are regularly followed-up in my clinic. My belief is that you earn less in a single consultation, but earn more over the years. Sixthly, **phone follow up**. I usually phone up the patient myself to check for side effects and compliance after initiating a new chronic drug, which my patients really seem to appreciate. Lastly, **complication screening**. Regular diabetic complication screening is important, but can be expensive. Fortunately I have been able to collaborate with certain NGOs in providing comprehensive complication screening at relatively low cost for patients.

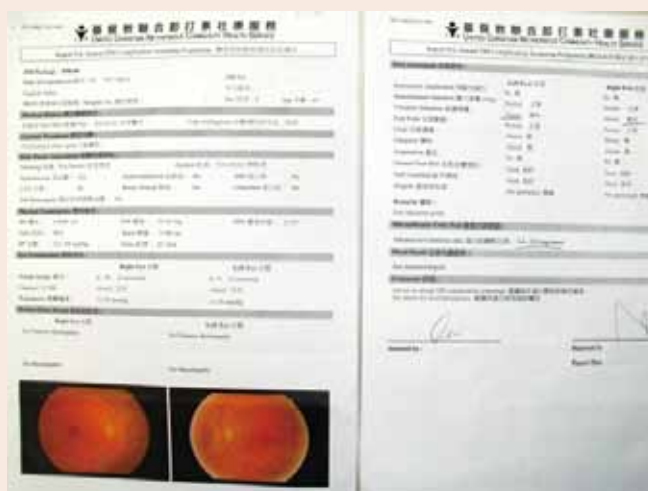
The opportunities

A lot of chronic diseases are still undiagnosed.^{1,2} Take DM as an example, its prevalence in Hong Kong has been estimated at around 10%, i.e. there are about 700,000 peoples suffering from DM. However, the actual figure of people having a diagnosis of DM is only half of that. According to Thematic Household Survey (THS) Report No.50 which was conducted during October 2011 to January 2012, the rate of Hong Kong residents suffering from diabetes mellitus was 5.0% only!³ That means there are another 350,000 people walking in the community with diabetes undiagnosed! In the same report, it was found that 1 896 100 persons (representing 28.1% of HK population) had the defined chronic conditions. However, only 48.9% of them regularly took Western medicine prescribed by doctors during the 6 months before enumeration, 33.5% of them did not take any medicine regularly. Therefore, we family doctors still have a lot of work to firstly help diagnosing chronic conditions for our patients, and secondly bring to their attention of the importance of continued medication / monitoring. Even with just 20% of them willing to attend our private setting, we still have a significant number of chronic patients to be cared of. Furthermore, with the availability of health care vouchers, and the willingness of the Government to promote public-private partnership in caring for these chronic patients, the opportunities are many.

The challenges

However, with opportunities also come challenges. Let me highlight some here. Firstly, **allied health support**. It is extremely difficult to find affordable allied health services for our patients in the community. Apart from the medical input, to better care our patients with DM, dementia,

incontinence, osteoarthritis...we need a lot of allied health professionals' input too. Obviously, such support has all along been lacking. Secondly, **medical insurance related issues**. Will the care of chronic diseases by family doctors including mental health conditions be supported in the future Government's voluntary medical insurance? Perhaps more input from us family doctors is needed. Lastly, I need to mention about the proposed GOPC Public Private Partnership project by HA. This aims to refer out these chronic patients who are stable and have been under the care of GOPC for at least one year. I need to emphasize that with the data above on the number of chronic patients in Hong Kong, probably there will be another **1.8 million people harboring chronic conditions remain undiagnosed**, the Government and the HA do need to think about how to better utilize their private partners. For undiagnosed patients, once diagnosed, how to support their care in the community is another issue. Should they be all referred and seen in HA first, wait for 1 year, and then be referred out via the proposed pathway? I am afraid the answer is quite obvious.



A comprehensive DMCS report provided by the center.



Acknowledgement: Comprehensive diabetic complication screening offered by United Christian Nethersole Community Health Service.

References

1. Kam Cheong Wong, Zhiqiang Wang Prevalence of type 2 diabetes mellitus of Chinese populations in Mainland China, Hong Kong, and Taiwan. Diabetes Research and Clinical Practice 2006 August Volume 73, Issue 2, Pages 126-134.
2. Ambady Ramachandran, Chamukuttan Snehathala, Ananth Samith Shetty, and Arun Nanditha Trends in prevalence of diabetes in Asian countries World J Diabetes. 2012 June 15; 3(6): 110-117. Published online 2012 June 15. doi: 10.4239/wjd.v3.i6.110 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3382707/>
3. Census and Statistics Department, Hong Kong Special Administrative Region Thematic Household Survey Report No. 50, 2013 Jan.

Vancomycin-Resistant Enterococci (VRE)

Enterococci bacteria are normally present in the human intestine. Enterococci first became well-known in the 1980s when public health officials realized its ability to survive in humans and also share its survival tricks with other bacteria.

Compared with staphylococcus or E. Coli, enterococci are generally much less pathogenic but can wreck havoc in immunocompromised patients. Enterococci gained its fame due to its resistance to antimicrobials including vancomycin, the last treatment option for resistant infections. In 2004, vancomycin-resistant enterococci (VRE) caused about one of every three infections in hospital intensive-care units, according to the Centre for Disease Control and Prevention, USA.

In 1986, the first VRE strains appeared in Europe and, in 1989, the first case of VRE was reported in the United States. Between 1989 and 2004, the percentage of enterococcal tests that were positive for VRE in the United States increased from 0.3% to 28%. In HK, the prevalence of VRE in 2010 was 0.4%. There has been a clustering of cases detected in Hong Kong since August 2011. The number of VRE cases confirmed by Public Health Laboratory Services Branch (PHLSB) increased over the past few years from 24 cases in 2010, 222 cases in 2012 and 487 cases in 2013 (up to May of the year). The number of cases has more than doubled since May 2013. All cases were detected in the hospital setting and most were elderly patients. The majority of the cases were detected from screening of faecal specimens during contact tracing, implying colonization rather than infection.

Enterococci can survive for months and primarily reside in the human digestive system as a significant part of the normal bacterial population. They are also present in the female genital tract. They are non-pathogenic in healthy populations but can attack severely ill patients leading to higher rates of complications and mortality. In addition, VRE can also transmit the resistance genes to virulent bacteria, such as Staphylococcus aureus. The mortality rate of VRE bacteremia is approximately twice that of vancomycin-sensitive enterococcal (VSE) species (36.6% with VRE versus 16.4% with VSE).

Some of the risks for acquiring VRE infection include:

- Patients previously treated with vancomycin with a combination of other antibiotics such as penicillin and gentamicin.
- Hospitalized patients, especially those on long term antibiotics.
- Immunocompromised patients.
- Patients with long term indwelling catheters.

VRE is transmitted via direct contact with a contaminated object or person, or eating VRE contaminated food. It is most commonly transmitted via healthcare workers whose hands have inadvertently become contaminated. It can also be spread indirectly via hand contact with open wounds or by touching contaminated environmental surfaces where the bacteria can be viable for weeks in a wide range of pH and temperature. It is not transmitted through the air. Of more than a dozen forms of enterococci bacteria, E. faecium and E. faecalis are the two primary pathogenic forms. Their resistance to vancomycin comes in two forms: acquired and intrinsic (natural). Some bacteria acquire resistance via interaction with other bacteria and genetic sharing. The treatment for VRE is limited, and the regimes include linezolid, synercid (not for E. faecalis) and daptomycin.

The main strategy for VRE is prevention and containment. Proper hand hygiene is the best way to prevent the spread of enterococci. Other measures include judicious use of vancomycin and healthcare worker education. VRE carriers do not pose a health risk to their family or to the public. General measures such as good personal hygiene, avoidance of personal item sharing, minimizing direct contact with excreta or contaminated objects with bare hands, and maintaining environmental hygiene are sufficient measures to prevent transmission.

Key strategies to control VRE in hospitals include prompt recognition of cases and instituting targeted infection control measures to prevent transmission. As people can be colonized with VRE for weeks or months without developing clinical illness, indefinite isolation of VRE colonizers in hospitals is not a practical option. For non-institutional cases, patients can be discharged home when they are medically fit irrespective of their VRE carriage status. From January 2012 to May 2013 a total of 37 high-risk contacts (bed-bound, with medical device, with wound) staying in the same cubicle with VRE colonizers in residential old aged homes were screened for VRE, and none turned out to be positive. The transmission of VRE in old aged homes is probably not high due to increased awareness and enhanced infection control practice, low antibiotics selection pressure, less invasive procedures, and low bacterial load of residents with colonization status in these homes. These findings are consistent with overseas experience that with adequate infection control practice, the chance of VRE transmission in long term care facilities can be minimized.

References:

1. <http://www.niaid.nih.gov/topics/antimicrobialResistance/Examples/vre/Pages/overview.aspx>
2. National Nosocomial Infections Surveillance (NNIS) system report, data summary from January 1992-April 2000, issued June 2000. Am J Infect Control 2000;28:429-48.
3. National Nosocomial Infections Surveillance (NNIS) System Report, data summary from January 1992 through June 2004, issued October 2004. Am J Infect Control 2004;32:470-85
4. Communicable Diseases Watch Volume 10, Number 14, Week 26 - 27 (June 23, 2013 – July 6, 2013)

Compiled by Dr. Cheng Ghar Yee, Judy

The 38th Dermatology Interest Group meeting was held on 2nd Nov 2013

Dr. Wong Nai Ming, Coordinator, Board of Education

Themes : Management of Atopic Eczema
Speaker : Dr. Chan Shu Yu,
Specialist in Dermatology and Venereology
Moderator : Dr. Wong Nai Ming,
Coordinator, Board of Education

Learning points:

Primary irritant contact dermatitis is exogenous. When the cause is removed, the condition may be cured. It can occur in anyone, even on first contact, usually localized to the site of contact.

Allergic contact dermatitis is also exogenous, occurring only among those predisposed. It is a type 4 delayed hypersensitivity reaction and will not manifest on first exposure. A priming period of 10 to 15 days is required. However, when the predisposed person is sensitized, the potential to react will persist indefinitely and subsequent reactions are usually more severe. There is a possibility of secondary spread and systemic reaction. Moreover, a patient can start reacting to an exogenous agent even after prolonged periods of harmless encounters.

Atopic eczema is a chronic relapsing inflammatory disease with no known permanent cure. Chronic itching is the distinguishing feature and can have huge impact on the quality of life of the patient and his/her family. Though the natural course of the disease is not completely known, the UK birth cohort of 1958 showed that the condition can be cleared by teens in approximately 60% of the time. We can encourage patients to stay on treatment of current symptoms while hoping for spontaneous resolution in future.

The UK working party in 1994 set out the following minimum list of reliable diagnostic criteria:-

Presence in the last 12 months of an itchy skin condition (or parental reporting of scratching or rubbing in a child)
Plus at least three of the following:

1. History of involvement of skin creases.
2. Personal history of asthma or allergic rhinitis, or history of atopic disease in first degree relative if the child is under 4 years.
3. History of general dry skin in the past one year.
4. Visible flexural dermatitis or, in child under 4 years, dermatitis on cheeks, forehead or outer limbs.
5. Onset under age 2 years (not used if child under 4 years).

Some of the poor prognostic factors are:

- Widespread disease in childhood.
- Concomitant presence of rhinitis and asthma.
- Family history.
- Early onset.
- Being an only child.
- Very high serum IgE level.

There are two goals of treatment:

- (1) Short-term control of acute symptoms using appropriate anti-inflammatory treatment and identification/avoidance of triggering factors.
- (2) Long term stabilization by basic skincare regimen to cleanse and hydrate the skin and aid barrier repair plus behaviour modification to break itch-scratch cycle.

*Frequent emollient use is recommended to relieve the appearance of dry skin, soothe itching, allow less use of topical steroids and prevent relapse. Coal-tar preparations can be used as bath-additives for its anti-pruritic effects.

*Topical steroids remain the cornerstone of treatment. The very potent class 4 has up to 600 times potency than the mild class 1 Hydrocortisone. High potency formulation should be used for short periods (2 to 3 weeks) or intermittently. Once disease is partially controlled, a less potent compound should be used and/or reduce frequency of application. Topical steroid should be avoided in ulcerated or atrophic skin and when there is secondary infection. Sudden discontinuation should be avoided.

*Topical Calcineurin Inhibitors (TCI) provide an alternative to topical steroid. It is indicated in patients with atopic eczema who have lesions on delicate skin, those with steroid phobia and those who are poorly responsive to topical steroids. It may cause transient skin burning, pruritus and erythema in 30 to 40% at application sites, especially at areas of flaring, excoriation and erosion.

Next meeting :

The next meeting will be on Saturday 4th January 2014, with Dr. Lee Tsz Yuen speaking to us on "Dr., is this a Sexual Transmitted Disease?". 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 / john@hkcfp.org.hk) 2 weeks before the date of presentation.



Dr. Chan Shu Yu and Dr. Wong Nai Ming

4 January 2014 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	Dr., Is This a Sexual Transmitted Disease?
Speaker	Dr. Lee Tze Yuen Specialist in Dermatology and Venereology
Co-ordinator & Chairman	Dr. Lee Kar Yun, Peter The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Lunch 2:00 p.m. – 4:00 p.m. Theme Presentation & Discussion
Venue	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong

Admission Fee	Members Non – members HKAM Registrants	Free HK\$ 300.00 HK\$ 150.00
Accreditation	All fees received are non-refundable and non-transferable. 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.	

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

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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.

December's session:

Date	27 December 2013 (Friday)
Time	2:30 p.m. – 3:30 p.m.
Topic	Katamine Associated Ulcerative Cystitis – Dr. Ida Mah
Admission	Free for Members
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in Cantonese.

Community Education Programme

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

Date/Time/CME	Venue	Topic/Speaker/Co-organizer	Registration
11 January 2014 2:30 – 4:15 p.m.	Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon	Common Foot Pathologies in Primary Care Mr. Jackie Fan OLMH Podiatrist In-Charge	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
2 January 14 (Thur)			
2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Case Presentation Dr. Mok Ka Yee and Dr. Lee Tin Wai, Edna	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Application of FM Principles in Geriatric Care Dr. Lee Kar Fai and Dr. Mok Kwan Yeung	Ms. Eliza Chan Tel: 2468 6813

8 January 14 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Clinical Approach to Geriatric Problems: Memory Decline Dr. Chan Ka Ho	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Meeting Room 1, 1/F, Block F, United Christian Hospital	How to Break Bad News Dr. Chow Pui Yin, Melody and Dr. Kwok Yee Ming, Elaine	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	How to Handle OCD Patients? Is Social Resources Available? Dr. David Lee	Ms. Man Chan Tel: 2589 2337

9 January 14 (Thur)

2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	How to Break Bad News Dr. So Tsang Yim and Dr. Tsui Wing Hang	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Difficult Consultations: Handling Anxious Parents Dr. Chan Ching and Dr. Chu Tsun Kit	Ms. Eliza Chan Tel: 2468 6813

15 January 14 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Update Management of COAD and Asthma Dr. Tong ka Hung	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Meeting Room 2, 1/F, Block F, United Christian Hospital	Occupational Health Dr. Wong Hong Kiu, Queenie and Dr. Chung Sze Ting	Ms. Cordy Wong Tel: 3513 3087
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Updates in DM Dr. WS Chou	Ms. Man Chan Tel: 2589 2337

16 January 14 (Thur)

2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Occupational Health Dr. Lee Wing Mei, Dickinson and Dr. Lam Wing Sze	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Management of Abnormal Investigation Results in Primary Care (Part 1) Dr. Ho Chung Yu and Dr. Hung Chi Bun	Ms. Eliza Chan Tel: 2468 6813

22 January 14 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Diabetic Management Part 1: Use of Oral Diabetic Medicine Dr. Lam Siu Ping	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Meeting Room 1, 1/F, Block F, United Christian Hospital	Update of Management of Osteoporosis Dr. Kwong Sheung Li and Dr. Leung Ching Ching	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m. 3 CME points	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Basic Consultation Skill-video Consultation Dr. Maria Leung	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Bereavement / Adjustment Disorders Dr. Lai Sum Yin	Ms. Man Chan Tel: 2589 2337

23 January 14 (Thur)

2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Update of Management of Osteoporosis Dr. Wan Pui Chu, Christina and Dr. Xu Shaowei	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Management of Abnormal Investigation Results in Primary Care (Part 2) Dr. Lai Siu Wai and Dr. Chan Chi Ho	Ms. Eliza Chan Tel: 2468 6813

29 January 14 (Wed)

2:15 – 4:45 p.m. 3 CME points	E1034AB, 1/F, Main Block, Tuen Mun Hospital	Diabetic Management Part 2: Use of Insulin Treatment Dr. Lui Wai Cheung	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m. 3 CME points	Meeting Room 1, 1/F, Block F, United Christian Hospital	Impact of the Development of Chinese Medicine to the Health Care System Dr. Wong Sze Kei and Dr. Ho Pui Gi	Ms. Cordy Wong Tel: 3513 3087
5:00 – 7:30 p.m. 3 CME points	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Family Medicine in the 21st century Dr. Lam Tsan	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m. 2 CME points	Lecture Hall, 5/F, 30 Hospital Road, Tsan Yuk Hospital	Patients with Asthma & COPD Dr. Carol Iong	Ms. Man Chan Tel: 2589 2337

30 January 14 (Thur)

2:15 – 5:15 p.m. 3 CME points	Auditorium, G/F, Tseung Kwan O Hospital	Impact of the Development of Chinese Medicine to the Health Care System Dr. Chan Kam Sum and Dr. Chan So Wai, Sara	Ms. Cordy Wong Tel: 3513 3087
4:00 – 6:00 p.m. 2 CME points	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Modern Drug Treatment of Anxiety Disorder & Depression Dr. Kum Chung Hang and Dr. Yiu Chung Ting	Ms. Eliza Chan Tel: 2468 6813

*The FP Links Editorial Board
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Wishing you all

*Merry Christmas &
Happy New Year*

The FP Links Committee



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References
1. Ignat DA, Schwartz SL, Barwet B and Murphy RL. Diabetes Educ 2008;35:789-798
2. Ignat DA, O'Connor M and Lenox S. J Diabetes Sci Technol 2008;2:533-537.

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15 Dec 1:00 – 4:30 p.m. ARC 2013	16	17	18 2:15 – 7:30 p.m. Structured Education Programme	19 2:15 – 7:00 p.m. Structured Education Programme	20	21
22	23	24	25	26	27 2:30 – 3:30 p.m. Board of Education – Video Session	28
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5	6	7	8 2:15 – 7:15 p.m. Structured Education Programme	9 2:15 – 6:00 p.m. Structured Education Programme	10 8:00 p.m. OSCE 2013 - Feedback Session for Candidates	11 2:30 – 5:30 p.m. CA Standardization Workshop and PA Introductory workshop
12	13	14	15 2:15 – 7:15 p.m. Structured Education Programme	16 2:15 – 6:00 p.m. Structured Education Programme 9:00 p.m. Council Meeting	17	18 2:30 – 5:00 p.m. DFM Module III - Evidence-based Medicine
19	20	21	22 2:15 – 7:30 p.m. Structured Education Programme	23 2:15 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	24	25
26	27	28	29 2:15 – 7:30 p.m. Structured Education Programme	30 2:15 – 6:00 p.m. Structured Education Programme	31	1 Feb

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