

The Hong Kong Geriatrics Society Newsletter



The Hong Kong Geriatrics Society

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Feb 2003

issue

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ANNUAL SCIENTIFIC MEETING AND AGM

29th, March 2003 2:00-6:30pm
Crystal room, Basement
Holiday Inn Golden Mile Hotel

Effective Stroke Care: Turning Evidence into Practice Prof. Peter Langhorne

Professor of Stroke Care, Academic Section of Geriatric Medicine,
University of Glasgow, UK

Guideline for Elderly Falls - Hong Kong Perspective

Dr. Chun Keung Francis, Mok
Consultant, Tuen Mun Hospital

Comprehensive Falls Risk Screening in Wards - Shatin Experience

Dr. Ka Hang, Or
Consultant, Shatin Hospital

Free Paper Presentations

Falls Prevention - A Community Model

Dr. Chi Fai, Ko
Senior Medical Officer
Prince Margaret Hospital

Stroke Services in Hong Kong

Dr. Sze Lok Samuel, Szeto
Senior Medical Officer
Kwong Wah Hospital

Editorial

It is the beginning of the New Year of the Ram but also to the end of the council year of our Society. In the current issue, we have the report of the interview with Dr. Chan W M, Assistant Director of Health, who detailed to us the development of the elderly health services in the public health arena. There are several articles quoted on fall management in the international literature and our SIG on falls also reported their first meeting. Issues on elder abuse and local policies for elderly are touched on in the News section. More photos are inserted in this issue in response to the comments of some members. Our editorial board always welcomes your precious suggestion for improvement - it is your Newsletter! Looking forward to seeing you in the coming AGM and ASM on 29/3/03. Do prepare for the full program and remember that it starts at 2:00 pm this year.



Editor, Mok CK

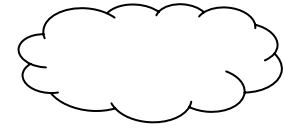
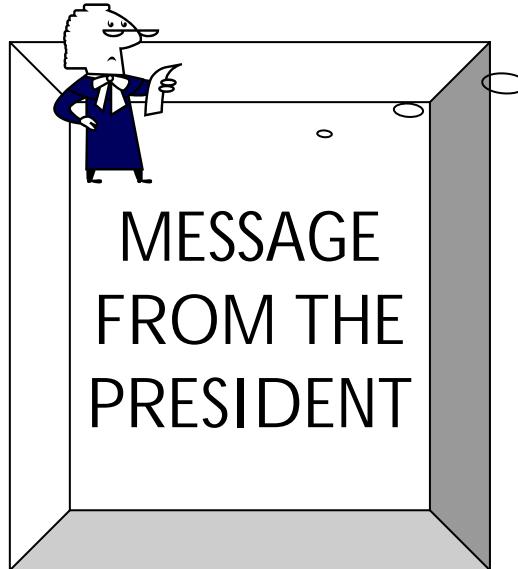


Dr. TK Kong speaking on "Use and abuse of drugs in old age" on behalf of the HKGS in the Symposium on "Care for the Elderly", 5th Chinese Medical Association/Federation of Medical Societies of Hong Kong Joint Scientific Meeting on 8/12/2002

Following the circulation of the Guidelines for Higher Specialist Training in Geriatric Medicine in the last issue of our Newsletter, it is encouraging to receive feedbacks from both local and overseas geriatricians (see letter to the President). The UK curriculum for Geriatric Medicine has just been updated to a competence based curriculum and web-based tests are being piloted. The Hong Kong Geriatrics Society is keen to promote international sharing of experience in the training of quality and competent geriatricians. With the handsome growth in geriatric specialists locally, I do wish that you all actively contribute to the CME and CPD programmes of the Hong Kong Geriatrics Society. To facilitate full participation from members, the Council has decided a change in format of our inter-hospital geriatrics meetings starting from April (see Council News).

Meanwhile, other medical societies are keen to include geriatric topics in their CME programmes. In December, I have delivered two talks on geriatric medicine to our medical fraternity, one on “Use and abuse of drugs in old age” in the “Care of the Elderly” Symposium jointly organized by the Federation of Medical Societies of Hong Kong and the Chinese Medical Association; and the other on “Geriatric services in Hong Kong” organized by the Hong Kong Doctors Union.

The issue of elder abuse has recently hit the news. A local draft protocol on elder abuse has just been completed by the Hong Kong Christian Service and this is being piloted in the NT South region with multi-disciplinary



participation. Elder abuse has been widely recognized as a neglected geriatric problem and I am calling on more involvement by geriatricians.

I am happy to see that the SIG on fall has met and born some fruits, and they will be presenting in our coming annual scientific meeting on 29 March. This year, we have also the

highest number (sixteen) of abstracts received for the scientific meeting. And, Professor Peter Langhorne will be enlightening us on stroke. So, do reserve the date for the event, which is also our AGM. We welcome young blood joining the Council and its SIGs.



Dr. TK KONG
President
HKGS



Drs. Leung Man-Fuk, Mok Chun-Keung, and Kong Tak-Kwan pictured with Mr. Poon Kwok Fan (2nd left), Chairman HKSA, and Mr. Tong Po Kwai (2nd right), Vice-chairman HKSA in the 6th AGM of the Hong Kong Stroke Association (HKSA), a patient self-help organization.

Publication subcommittee:

Dr. Mok Chun Keung
(Chairman)

Dr. Leung Ho Yin
Dr. Pang Fei Chau
Dr. Yu Kim Kam
Dr. Tsui Chung Kan
Dr. Ip Pui Seung



Dr. W M Chan and
Dr. PS Ip

Intersectional collaboration is vital to promote health of an ageing population

An interview with Dr WM Chan, assistant director of the elderly health services of the Department of Health

Interview by Dr PS Ip and Dr. FC Pang , Essay by Dr. PS Ip

Policy-based Development

Care of elders was a major policy area highlighted in the 1997 Policy Address. One of the results of the government policy was the establishment of the Elderly Health Services in the Department of Health. As mentioned in the Policy Address one of the main objectives was targeted at the strengthening of primary health care of elders, therefore the Department of Health enhanced the function of the then existing 7 elderly health centers to the full spectrum of care from prevention of illness by modulating risk factors, promotion of health to also curative care. Currently a total of eighteen elderly health centers are in operation, covering for the eighteen districts of Hong Kong.

In developing the model of elderly health services of the Department of Health, the focus is not just prevention of poor health, but also the promotion of optimal health and functioning for the whole elderly population. In order to achieve a way of cost-effective delivery, the Department of Health makes use **visiting health teams** to disseminate educational information through intersectoral collaboration to elders in the community and also through caregivers of aged homes and social centers. A total of eighteen visiting health teams were established and in function until the present stage. (because the 18 teams were established in phases from 1998-1999)

Theoretical perspectives

The principal theoretical framework of the **Elderly Health Services** was formed with adopting **public health** concepts. Dr WM Chan quoted three illustrations. The first was a targeted approach to select elders with health risks to receive tailored educational programmes in the form of support groups aimed at behavioral changes. The second illustration was the promotion for use of individualized client-focused health records by caregivers of aged homes. The third example was the design of healthy diet menus by aged home operators.

The concepts of **geriatric medicine** were incorporated into the service at elderly health centers with holistic care to clients. Likewise, the health education programmes covered all aspects of elderly health. Standardized educational kits created for use by the visiting health teams covered more than one hundred topics including common elderly problems as well as difficult areas such as poly-pharmacy and health screening.

In the future, the concept of **social gerontology** needs to be further extended and developed to benefit more elders and carers particularly among the underprivileged groups such as singleton elderly and public housing estates residents. The policy practices of micro-sociology of

aging in the form of need assessments may have a place in the present model of health service delivery. Further solid liaison with non-government organizations including profit-making corporations and non-profit making groups alike is foreseen to be a monumental step forward.

Community perspectives

From the vintage point of public health, health of the Hong Kong community is satisfactory as the health status indicators for example life expectancy, infant mortality and smoking rate of Hong Kong are comparable to advanced countries, although certain indices are not as good, e.g. the low literacy rate of the elderly, women population of Hong Kong.

GERI-FOCI PORTRAITS



Dr WM Chan shared the strength of the **elderly health services**, "is on health promotion, health maintenance, quality assurance and

training. The Department of Health will continue to advocate for well-being of Hong Kong elderly. The department will increase its publicity by means of various media exposures in the future.

However pleasing the crude figures of the past have been appearing, nowadays, more than one third of patients encountered by an average general practitioner are of elderly. The propagation of adequate training in geriatric medicine for **general practitioners** is regarded as the most pressing community action at the meantime. Otherwise it is difficult to tackle common elderly health problems and to provide a reasonably well health education to elderly people of Hong Kong.

(Details refer to "Report on the training needs of doctors on elderly health issues" *HKMA CME Bulletin*, December 2002) The intersectoral interface between general practitioners and geriatricians may be improved by organizing courses for example by the Hong Kong Medical Association and giving out resource books as well as experimenting with other innovative projects with use of alternative funding schemes.

Currently, the **community geriatric assessment teams** are providing support on clinical problems and rehabilitation aspects of private aged homes residents, while the visiting health teams provide training to carers on basic healthcare and prevention aspects. As the society continues to age, the financing of long term care will become a bigger issue. Together, we can help to lower the overall disease burden as much as possible, notably dementia, stroke, fractures and a large number of chronic diseases which are not totally unpreventable.

Reform frontiers

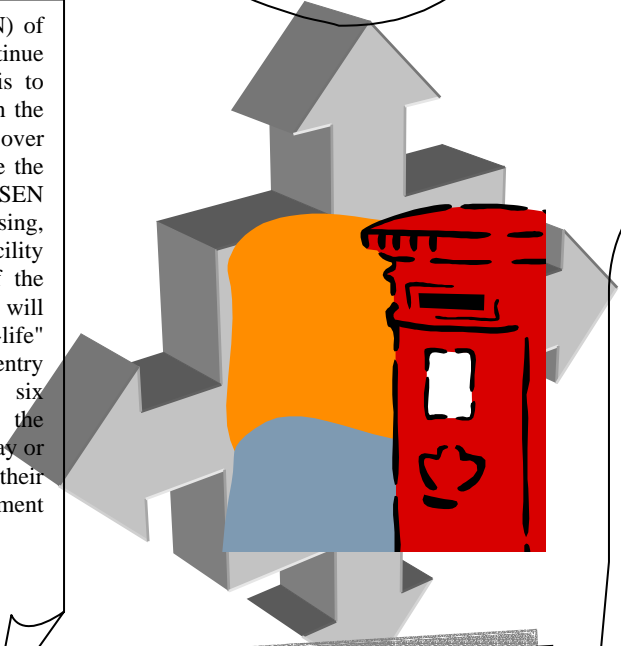
Intersectoral collaboration and communication is essential for correction of many concepts. It is important to promote a positive image of ageing. Moreover, a supportive environment is needed by the elderly and can only be created by the concerted efforts of every Hong Kong citizen, including the younger generations. As a whole, any viable society needs continuously re-directing its entrusted public revenue and social services. The concept of **personal and family responsibilities** as equal importance to responsibilities by community is particularly useful to face the challenge of an aging population. Above all else, a **healthy and responsible self-concept** is as well notable for Hong Kong people of all age.

The Psychology Department of the Chinese University of Hong Kong has done a **research on elderly abuse** and interviewed 355 elderly people. They found that about 20% of our elders had suffered from different degree of abuse in the past one year. Most of the abuser were their own children (about 75%). Moreover, another random sample of 464 citizens was interviewed and about 20% of them expressed that if there was no legal responsibility, they might abuse their elders. Among those 'potential abusers', they were more likely to have a university degree, slightly younger, single and being abused by their parents in their childhood. **(Apple Daily 14/1/2003)**

Two projects on elder abuse supported by the Lotteries Fund had received **110 cases of suspected elderly abuse in the past 18 months** in Hong Kong. About half of the abusers were the elders' own children. Also, spouse abuse was on a rising trend, increased by 40% as compared with figures in the previous year. **(The Sun 30/12/2002)**

The Social Welfare Department (SWD) is **revising their residential care services for the elderly** and may only subsidize those elders who have no self-care ability. For those elders with self-care ability, SWD will strengthen their community care services and to keep them in their own community. **(Hong Kong Economic Times 16/12/2002)**

Senior Citizen Residences Scheme (SEN) of the Hong Kong Housing Society will continue to launch in Hong Kong. This scheme is to provide purpose-built housing for elders in the middle-income group (with a total asset of over one million Hong Kong dollars) who have the means to live an independent life. All SEN units are self-contained, incorporating housing, medical and health care and social facility elements to meet the changing needs of the elders as they become frail. The SEN units will be disposed of under a "lease-for-life" arrangement. After paying a lump sum entry contribution (three hundred thousand to six hundred thousand Hong Kong dollars), the elder can live in the unit until they pass away or terminate the lease voluntarily. During their occupation, the elder need to pay management fees and basic service fees. **(The Sun 6/11/2002)**



Hospital Authority (HA) is planning a program to offer **free drug education sections by private pharmacists to nursing homes**. HA is now recruiting volunteer private pharmacists for this program and hope that this can decrease elderly hospital admissions due to drug errors. Until now, there are more than ten private pharmacists joining the program. Through this program, the private pharmacists may build a relationship with the nursing homes and there may be business opportunities for those private pharmacists, as the nursing homes might buy basic drugs from them. **(The Sun 23/12/2002)**

Jeanne Calment, the world's oldest woman (age 122), was asked by a journalists during her birthday if he would be seeing her next year. She repl d without hesitation, "I don't see why not, you look to be in pretty good shape"! **(From BGS Newsletter Nov 2002)**



Event as above, souvenir presented by Professor Zong Shujie, Vice President and Secretary General of the Chinese Medical Association



SIG in Falls - report of first meeting

Members at present:

Dr. CK Mok (TMH) – convenor, Dr. CF Ko (PMH), Dr. KH Or (SH), Dr. Carolyn Kng (RH)

Our first meeting was held on 28/1/03 and have the following resolutions

Objective of our SIG in fall

1. To share among the members our knowledge and experience on elderly falls and related issues.
2. To update the members on the latest development in the field, both locally in HK and internationally
3. To develop collaboration among various units for new service and possible community project development
4. To cultivate academic atmosphere on elderly falls and related issues and generate research initiatives/activities in the future

Activities for 2003

- Regular meeting quarterly: venue - Lai King Hospital; scheduled dates - 8/4/03, 8/7/03 and 14/10/03; time 6:00 pm - 7:30 pm
- Contribute a regular column in HKGS Newsletter
- E-mail sharing to alert members of new development / useful website / important information etc.
- Members will present in the HKGS Annual Scientific Meeting 2003: Dr. Mok - fall guideline, Dr. Or - screening in long stay ward, Dr. Ko - community project in fall prevention
- Conduct a survey of fall management services in HK

All HKGS members who are interested are welcome to join our SIG. Please contact Dr. Mok CK (TMH) for details – 24685398 or e-mail to our website.



Event as above, souvenir presented by Dr. Yeung Chiu Fat, President of the Hong Kong Doctors Union.



Foreign News in Geriatrics

(BGS Newsletter Nov 2002)

BGS has produced a document called “Standards of care for older people” which can be downloaded from www.bgs.org.hk. This is to define the expectations the BGS has for geriatricians and those who work with them in specialist departments. It has also been reviewed by Age Concern so that it matches with the expectations of older people themselves. A good model to follow for us.

A free software – “Geriatric assessment wizard software” can be downloaded from www.healthandage.com/html/too/geriatric_assess.htm which was developed by Novartis Foundation for Gerontology and the European Academy for Medicine of Ageing.

The BGS developed a **Continuing professional development (CPD)** program which formed part of a five year rolling program. The syllabus address is: www.geriaticssyllabus.com.

Dear Dr Kong,

I hope all is well with you. I recently received copies of the latest 2 newsletters of the HKGS, and a copy of your higher training curriculum. This was of particular interest to me because I am currently chairman of the BGS Training Committee, and a member of the SAC which has recently revised the UK curriculum for Geriatric Medicine (can be viewed on the RCP(London) JCHMT web-site. Your document is in many ways similar to ours, as would be expected on specialty grounds. I would be very interested to hear about your plans for trainee assessment. We are piloting Mini-CEX, 360 degree appraisal and web-based knowledge tests, in addition to the traditional supervisor observation and reports. I look forward to hearing from you.

Best wishes,

Stephen Allen

Reply from Dr. Kong TK



Dear Dr. Allen,

Thanks for updating me on the recent developments of HMT curriculum for geriatric medicine in UK. I have browsed through the Jan 2003 version of the UK curriculum for Geriatric Medicine, which totals 60 pages. You and your colleagues are to be congratulated for such monumental work. To the trainees, they are provided with sources of help (relevant internet addresses, book list, government reports) in addition to a comprehensive curriculum. To the trainers and assessors, they are guided on competency assessment. I would certainly recommend our trainers and trainees in geriatric medicine to take reference to this revised curriculum. Currently our trainee assessment is based on trainer reports, review of logbook records, annual assessment and an exit assessment at the end of the training period. I am interested to hear about your pilot in Mini Clinical Evaluation Exercise, 360 degree appraisal and web-based knowledge tests in UK. I learn from the UK revised curriculum that the trainee will not only be assessed by the trainer, but the views of members of the multi-disciplinary team, nursing staff and juniors will also be taken into consideration as part of the 360 degree appraisal. Will the views of elderly patients be taken into consideration? Are your web-based tests accessible to overseas geriatrics societies? I look forward to hearing about your pilot progress and results.*

Wish you a fruitful New Year!

Kong TK



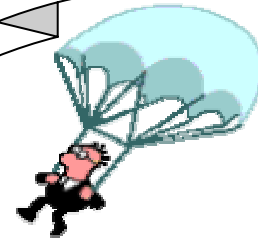
2nd letter from Dr. Allen

Dear Dr Kong,

Thank you for your letter, and your kind words about our revised curriculum. The mini-CEX and 360 degree appraisal are currently being piloted in 2 English regions, and will be reported upon in April. Therefore, it would be better to wait until then before I give you an account of how it has been received. The web-based testing is currently under construction with a view to starting later in 2003. I will be in touch again when we have a bit more hard data.

Best Wishes,

Stephen Allen



Council News

Dr. KK Mo, Hon. Secretary

- Annual Scientific Meeting cum Annual General Meeting will be held on 29 Mar this year for a half-day on Saturday. The venue is Holiday Inn Golden Mile Hotel in Tsim Sha Tsui. Professor Peter Langhorne from Glasgow will be our overseas guest speaker. Please refer to the advertisement in this newsletter for details. Mark down in your diary for this important event!
- The Council has decided that the Gold Award (mentioned in the previous newsletter) will include a certificate of appreciation and a booklet "Geriatrics At Your Fingertips".
- The situation of long waiting list in the Postgraduate Diploma in Community Geriatrics is noted. The council is working with the University of Hong Kong on the feasibility of recognizing the 6 months training (including day hospital, geriatric specialist clinic and CGAT) of Family Medicine trainees in Geriatric Medicine as part of the requirement of the course (equivalent to the part of practicum) if the trainees choose to enroll into the program. More intake can be entertained each year if possible.
- The Council has decided to change the format of inter-hospital geriatrics meeting from April 2003 onwards to all monthly territory-wide meetings in HAHO. No more regional meeting will be held. Each time 2 hospitals will serve as the host. Time will usually be the last Friday of each month from 18:00 to 20:00 and dinner will be served during the meeting.
- We welcome Dr. Ng Wing Ling, Winnie (YCH), Dr. Chan Chun Man, Jones (TPH) and Dr. Lee Cheung Kei (WCHH) as regular members and Dr. Yeung Man Shun (private practitioner) as associate member.

Is there an antiaging medicine? (Journal of Gerontology: Biological Sciences 2002;57A;9: B333-B338)

Antiaging Medicine: The Good, the Good and the Ugly (Journal of Gerontology: Medical Sciences 2002;57A;10: M636-639)

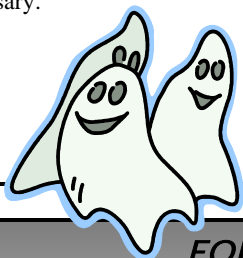
Anti-aging remedies is in fashion to show aging or increase longevity in humans. However, there is little evidence-based medicine to support most of the generally touted approaches – Vitamin C, antioxidants, caloric restriction, hormonal treatment, herbals, probiotics etc. The two articles delineated the various “researches” dated back to 1930s and showed us the basic fact of life – everyone is going to be old and die, is still not changeable.

The effect of education on knowledge and management of elder abuse: a randomized controlled trial (Age and Ageing 2002; 31: 335-341)

A small-randomized controlled trial carried out in UK showed that attending an educational course was more effective than printed educational material in improving management of abuse of older people. Identifying, documenting and reporting abuse of older people is not carried out consistently. Whilst an educational course goes some way in improving this.

Multifocal Glasses Impair Edge-Contrast Sensitivity and Depth Perception and Increase the Risk of Falls in Older People (JAGS 2002; 50: 1760-1766)

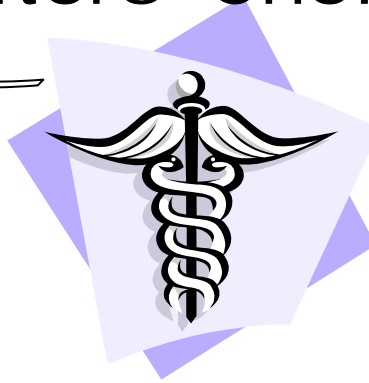
87 subjects (55.8%) were regular wearers of multifocal (bifocal, trifocal, or progressive lens) glasses. Multifocal glasses wearers were more than twice as likely to fall in the follow-up period than non-multifocal glasses wearers (odds ratio (OR) = 2.29, 95% confidence interval (CI) = 1.06-4.92). Multifocal glasses wearers were also more likely to fall because of a trip (OR = 2.79, 95% CI = 1.08-7.22). The study findings indicate that multifocal glasses impair depth perception and edge-contrast sensitivity at critical distances for detecting obstacles in the environment. Older people may benefit from wearing nonmultifocal glasses when necessary.



FOR LONGEVITY

In the 13th century, Roger Bacon recommended a good diet, proper rest, exercise, moderation in lifestyle, and good hygiene as well as the “breath of a virgin” for lifestyle prolongation. (Chase P, Mitchell K, Morley JE. In the steps of giants: the early geriatrics texts. JAGS. 2000;48:89-94)

**Recent literature:
Editors' Choice**



Pravastatin In elderly Individuals at risk of vascular disease (PROSPER): a randomised controlled trial (Lancet 2002; 360:1623-1630)

A randomised controlled trial that established the beneficial effect of statins in reducing coronary and cerebrovascular morbidity and mortality in elderly patients. 5804 patients aged 70-82 with history or risk factors of vascular disease were randomised to pravastatin 40 mg daily or placebo. There was substantial reduction in the incidence of coronary heart disease death, non-fatal myocardial infarction and fatal or non-fatal stroke.

Effect on hip fractures of increased use of hip protectors in nursing homes: cluster randomised controlled trial (BMJ 2003;326:76)

Just another randomised controlled trial which studied the use of hip protectors in preventing hip fractures. One new thing that this study added was that the use of hip protectors at nursing homes could be substantially increased by education and provision of free hip protectors. In the intervention group, a single educational session targeted at nursing staff and residents on the risk of hip fractures and effectiveness of hip protectors was given. Three free hip protectors were provided to each resident. As a result, hip protectors were used by 68% of people who fell in the intervention group compared with 15% in the control group. There was a relative reduction of hip fractures by more than 40% in the intervention group.

Prevention of Falls in Elderly Persons (NEJM 2003;348:42-49)

Dr Mary E Tinetti wrote an article with features began with a case vignette highlighting a common clinical problem of fall in elders. Evidence supporting various strategies for fall prevention and management was then presented, followed by a review of formal guidelines. The article ends with the author's clinical recommendations.

Local and Overseas Scientific Meetings

Name	Time & Place	Organizer	Contact
Hong Kong Geriatrics Society Annual Scientific Meeting 2003	29/3/03 Holiday Inn, Hong Kong	Hong Kong Geriatrics Society	medicine.org.hk/hkgs/
British Geriatrics Society Spring Meeting, 2003	15/4/03-17/4/03 Aberdeen, UK	British Geriatrics Society	www.bgs.org.uk
American Geriatrics Society Annual Scientific Meeting 2003	14/5/03-18/5/03 Baltimore, USA	American Geriatrics Society	www.maericangeriatrics.org
Asia-Pacific Regional Conference on Prevention of Elderly Suicide	28/5/03-30/5/03 Hong Kong	HK Psychogeriatrics Assn The HK Council of Social Service SWD HK	www.jppes.net/rc2003
Australian Society for Geriatric medicine Annual Scientific Meeting 2003	16/6/03-18/6/03 Melbourne, Australia	Australian Society for Geriatric Medicine	www.icms.com.au/asgm2003
The 7th Asia/Oceania Regional Congress of Gerontology	24/11/03-28/11/03 Tokyo Japan	International association of Gerontology	www.convention.co.jp/7thhaog

Inter-Hospital Meeting

Inter-hospital Geriatrics Meeting (Regional - Hong Kong) 5:30pm - 7:00pm

Month	Topic	Venue	Chaired by
13 Mar 03	Enhanced Home and Community Care Service-Beauty and the Beast	WCHH	Dr. B Kong

Inter-hospital Geriatrics Meeting (Regional - Kowloon) 5:30pm - 7:00pm

Month	Topic	Venue	Chaired by
18 Mar 03	Managing Urinary Tract Infection in Nursing Home	Lecture Room, 4/F, Blk J, UCH	Dr. MF Leung

* Limited carpark space A/V in KWH – 1st come 1st serve. Booking: 1 week in advance.

Inter-hospital Geriatrics Meeting (Regional - New Territories) 5:30pm - 7:00pm

Date	Topic	Venue	Chaired by
28 Mar 03	Pending	PMH	PMH

On last Council Meeting, it was decided that the the format of the Inter-hospital Geriatrics meeting would be changed from April 03 onwards to all territory wide meetings of 2-hour duration with dinner provided. Each time, 2 hospitals will be responsible for the presentation. The frequency of presentation for each hospital will make reference to the specialist manpower ratio. The venue is HAHO. The dates are: 25/4, 30/5, 27/6, 25/7, 22/8, 26/9, 24/10, 28/11, 19/12 (mostly the last Friday of each month).

Hong Kong Geriatrics Society – Membership application / Information update Form

A). Personal information for *membership application or information update*

Name	
Corresponding Address	
Current Practice (HA - Hospital Authority/ DH - Department of Health / PR - Private practice / HS - Hospital Service Department / HK - HKU / CU- CUHK / OT - Others)	“√” one of the following : <input type="checkbox"/> HA <input type="checkbox"/> DH <input type="checkbox"/> PR <input type="checkbox"/> HS <input type="checkbox"/> HK <input type="checkbox"/> CU <input type="checkbox"/> OT
Present post (e.g. MO, Cons, Prof. etc.)	
Hospital (working at)	
Department (working at)	
Home Address	
E – mail address	
Home Telephone	
Office Telephone	
Fax Number	
Basic Qualification (basic degree) and year	
Higher Qualifications and year	
Membership status to apply for or change	Please "√" either one below
<input type="checkbox"/> a) I am an accredited Geriatric Specialist according to the criteria of HK Academy of Medicine <input type="checkbox"/> b) I am currently under higher specialty training in Geriatric Medicine according to HKAM <input type="checkbox"/> c) I am a registrable medical practitioner in HK who is interested in Geriatric Medicine but the above two conditions do not apply.	
Membership: (Official Use)	Regular/Associate
Approved by council at: (Official Use)	

*Category a or b (Annual fee : \$200) - Regular member

Category c (Annual fee: \$100) - Associate member (No voting right nor right to be elected as council member)

For new application of membership, one has to be proposed by a **Regular Member of the Society:

Name of Proposer: _____ (Signature: _____)

B). I have the following publication/presentation of local studies / surveys in Geriatrics:

Title (Summary can be sent separately)	Journal index/ Name of meeting or seminar & dates

Please send this form to the following:

Dr. Mo Ka Keung Loar Honorary Secretary, c/o Department of Medicine, Yan Chai Hospital, 7-11 Yan Chai Street, Tsuen Wan, New Territories, Hong Kong
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C). **Annual Fee for 2002/2003**

Please send a cheque payable to "The Hong Kong Geriatrics Society"
(Regular member: \$ 200 – 1yr; Associate member: \$ 100)

**Please tick if your want a receipt & your address: _____

Name : _____ Signature: _____ Date : _____

E-mail address: _____

Please send to : **Dr. Wong Tak Cheung, Honorary Treasurer, Hong Kong Geriatrics Society, c/o Dept. of Medicine, 1/F, Tseung Kwan O Hosp., 2 Po Ning Lane, Tseung Kwan O**