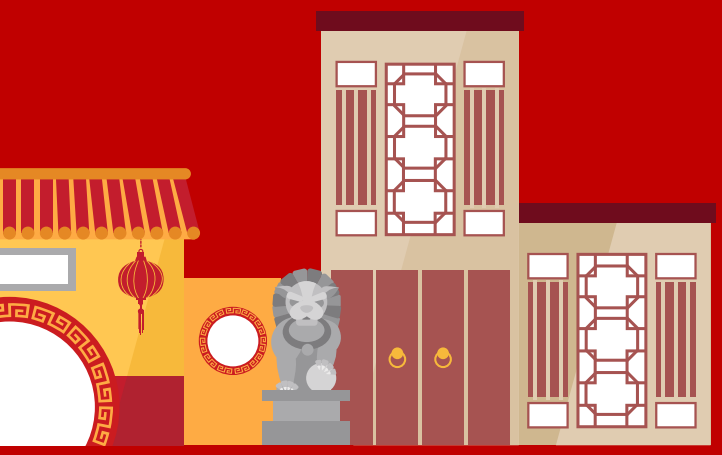
THE ACMA NEWSLETTER

March 2016



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PRESIDENT'S ADDRESS

Derek Luo

Dear member,

It was great to see you at the recent CME; thanks again to Mercy Ascot for the sponsored event and the great session with Mark Izzard and Rajan Patel. I've had great feedback Aside from the "ambient noise" in King's House. As I sit here at 0600 sitting on this spin bike I wonder where the year has gone!

As I outlined in my president's address a huge amount of effort has gone into organising you a great conference which is now free to members with the help of our generous sponsors. Please give our sponsors your time, they certainly deserve it! We have a broad and interesting range of speakers – hope to see you there! There will always be Ascot Cardiology, we need your attendance to make it worthwhile for our sponsors.

Other things the exec has been up to is arranging the recent charity work for the Chinese New Year event and Botany community events. We also had our laser tag event at Mt Wellington that I sponsored and we all enjoyed some pizza too. Watch out for further events this year and refer to our website.

The next CME has not been finalised yet – get in touch with me about things you want to hear about.

Ok spin class about to start – signing out – see you at ACCMA 2016.

Derek Luo
President and CME co-ordination
president@acma.org.nz

RECENT EVENTS



Handover Meeting

The YACMA/ACMA handover meeting took place on January the 13th at Musashi, a Japanese Restaurant in St Heliers. The delightful environment accompanied by the high standard of food played a huge role in helping to break the ice between old and new executive members. Everyone happily chatted away into the evening, and the gathering undoubtedly created the perfect foundation for better cohesion and team spirit in the year to come. Satisfied stomachs and long streams of snapchat stories were just a few of the wonderful outcomes of a very successful night!


YACMA / ACMA Family Day – Laser Tag

On the 28th of February, we had our first family event where both members of ACMA and YACMA were invited to enjoy a day of family fun. Due to unfortunate weather, the usual Cornwall Park picnic was replaced by laser tag at Megazone, Mount Wellington. However, this did not deter our members as there was a strong turnout of both students and doctors at the event! The event was extremely enjoyable with people of all ages having a great time, this was followed up by pizza and drinks to top up an already amazing day. We'd also like to thank our ACMA president, Derek Luo, for sponsoring the event!

RECENT EVENTS

Mentorship

The mentoring programme is a new programme started in 2014 to link clinical students with ACMA doctors. There are 14 mentor groups currently, covering a variety of medical and surgical specialties. Each cycle of students are placed with their mentor for 2 years, with the changeover happening in August of this year, so look out for the email! At present, the programme will prioritize clinical students, however pre-clinical students are welcome to ask any ACMA or senior student regarding general information!

If you would like to be an ACMA mentor, we'd love to hear from you! Any questions or comments can be sent to Dr Kristine Ng (ACMA committee - mentor representative) or Eileen Zhou (YACMA committee – mentee/student representative).

– Kristine Ng / Eileen Zhou

Community work

Only 3 months into the year, and ACMA has already delivered two wonderful community volunteering events, one on the Botany Community day (5th March 2016), the other during the Chinese New Year Festival day at the Greenlane ASB Showground (23rd January 2016). Both these events provided the perfect opportunities for both ACMA and YACMA members to collaborate in promoting health awareness and provide free basic health checks for the wider community.

On the festival day, the weather was great, the food inviting, and the showground buzzed with chitchat and excitement. The ACMA/YACMA stand was particularly noticeable as it saw medical students and doctors busying themselves with blood pressure, respiratory rates, BMI and waist ratio calculations, just to name a few. The event was successful and fruitful; experienced and novel members alike interacted and worked alongside one other with the common goal of delivering meaningful service to our community. It was, without a doubt, a Saturday very well spent!

RECENT EVENTS

YACMA Welcome BBQ

On Friday the 11th of March, the annual YACMA Welcome BBQ kicked off with a bang for new and old medical students. Outhwaite Park hosted more than a hundred eager and ravishing students, and cheerful YACMA executive members were all hard at work preparing food and recruiting new members. Not only did the event craft the perfect opportunity for everyone to get to know each other, it was certainly an advertisement in itself: a great showcase of just one of the wonderful functions you could find yourself a part of by being in the YACMA family!

YACMA Yumcha

On 19th of March, we held our very first YACMA member exclusive event. Members from various years came together for pre-yum char activities, which were held at Albert Park. We started off with 'bang' to break the ice. Exciting sequential games followed the warm up game, and while everyone was preoccupied, the exec members ran about to hide the golden Easter eggs. Everyone managed to find an egg so no one missed out! With the final game of ninja, we headed down to China Yum Char on Beach Road, Britomart. Followed by opening speeches from our president and Andrew Miller from our sponsor, MAS (Medical Assurance Society), the tables were soon filled with dishes of food. This was the first time our yum char event was held at China Yum Char! The food was fantastic and there was more than enough to satisfy all the hungry souls. We'd like to thank Andrew for joining us on the day and everyone for coming!

RECENT EVENTS

CME 1 6/3/2016 King's House Restaurant

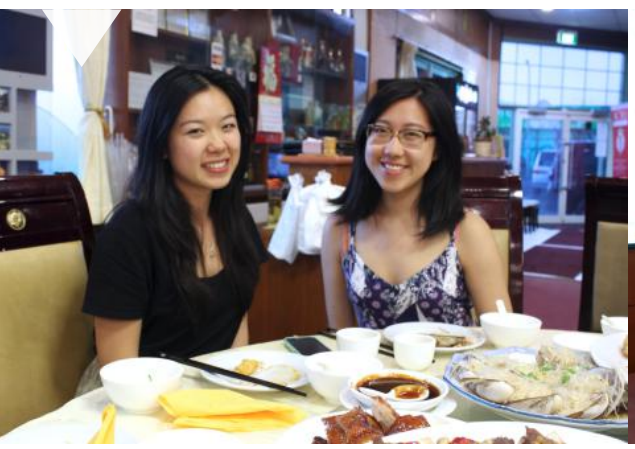


The first CME of the year started off with a bang, with great speakers, a great turnout, and great food. Sponsored by Mercy Ascot, it was held at King's House Restaurant in East Tamaki, a very popular Chinese establishment, and attracted doctors and students from all over Auckland to attend.

The evening started with our ACMA president, Derek, outlining the exciting plans and upcoming events that ACMA has in store for us this year. Following this, our first speaker, otorhinolaryngologist (head and neck surgeon) Dr Rajan Patel, presented a very engaging update on how to diagnose and identify head and neck lumps, and introduced us to a new system that increases the efficiency of this process. Dr Mark Izzard, also an otorhinolaryngologist, continued this update seamlessly, incorporating interactive demonstrations on how to examine patients, and then focusing on nasopharyngeal cancer and its relevance to the Chinese population. Both speakers were very captivating, as reflected by the number of questions flooding the floor at the end of each talk.

The dinner also proved to be one of the highlights of the evening, with a wide selection of classic/tantalising Chinese starters, mains and desserts made available to the attendees.

Slides from the CME will be made available soon on our website http://acma.org.nz/




UPCOMING EVENTS

Community work

- 15th May 2016 HKUAANZ Health talk

Combined ACMA/YACMA Social Events

- 7th May 2016 Indoor Rock Climbing
- September 2016 TBA

CME

2. August 2016
3. November 2016 AGM

ACCMA Conference

- 9th April 2016

UPCOMING EVENTS

ACCMA CONFERENCE 2016

AUSTRALASIAN COUNCIL OF CHINESE MEDICAL ASSOCIATIONS

ACMA is very excited to announce that we are hosting the Australasian Chinese Combined Medical Association (ACCMA) Conference in Auckland this year! The location over watches the Panmure Basin, thus crafting a perfect opportunity for you to refresh and rejuvenate the mind as you enjoy nature's breathtaking views alongside other health professionals and students. Specifically, the event will be held at the beautiful Waipuna Conference Centre on Saturday 9th April.

Be prepared to immerse yourself in an array of enlightening talks prepared by speakers ranging from patient to practitioner. In particular, please keep an eye out for Professor Shanthi Ameratunga, our Conference keynote speaker, as well as the medical and allied health streams.

Thanks to the generosity of our sponsors, this conference is FREE for all ACMA members and ACMA 2015 Conference attendees! In addition, we warmly invite you and your family to catch up with new and old friends at the conference dinner held at Imperial Palace – what a great wind down to your day! This is an event you won't want to miss. Please spread the word and we look forward to seeing you all there!

Please go to http://acma.org.nz/accma-2016-conference/ for registration details.
Total CME/MOPS Points: 6.5

Big thanks to our Conference Sponsors:

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ACCMA CONFERENCE 2016 PROGRAMME

8:00 Registration

8:30 President's Welcome
New Mission Statement, Website, ACMA Membership Benefits

8:45 **COMBINED SESSION 1 – ONCOLOGY AND PALLIATIVE CARE**

Dr Peter Fong (Medical Oncologist) – Treating Cancer in Chinese Patients
Dr James Jap (Palliative Care Physician) – Palliative Care of Chinese Patients
Angie Li (University of Auckland Research Nurse) – Oncology Research Nurse Perspective on Chinese Palliative Patients
Angel Chen (Mercy Hospice Social Worker) – Hospice Social Worker Perspective of Chinese Palliative Patients
Tanya Suin (Chinese Hospice Social Worker) – Hospice Social Worker Perspective of Chinese Palliative Patients

10:15 Morning Tea

11:00 **CONCURRENT SESSION 2A – RENAL MEDICINE**

Dr Walter van der Merwe (Renal/Hypertension Physician) – Renal Dialysis in Chinese Patients
Chao Cheng (WDHB Renal Dialysis Nurse) – Nursing Perspective of Chinese Dialysis Patients
Kitty Ko (Renal Dialysis Patient) – Chinese Consumer Perspective of How to Improve Renal Dialysis

11:00 **CONCURRENT SESSION 2B – HEALTH MANAGEMENT**

11:00 Dr Tim Hou (GP) – Overview of CMDHB At Risk Individual (ARI) Program
11:30 Dr Denis Lee (GP) – Overview of CMDHB Localities Project: East Auckland
12:00 Dr Sue Lim (WDHB Asian Health Services Co-ordinator) – Culturally and Linguistically Diverse (eCALD)

12:30 Lunch

13:30 **KEYNOTE ADDRESS**

Prof Shanthi Ameratunga (Public Health Physician/Paediatrician) – TBA

14:00 **CONCURRENT SESSION 3A – MEDICAL STREAM**

14:00 Dr Edward Wong (Neurologist) – Neurology Update
14:30 Dr Weldon Chiu (Chemical Pathologist) – Laboratory Test Update
15:00 Dr Melanie Ang (Paediatrician/Immunologist) – Immunology Update

14:00 **CONCURRENT SESSION 3B – UNIQUENESS OF CHINESE**

14:00 Dr Sai Wong (Psychiatrist) – Mental Health in Chinese
14:30 Zhuoshi Zhang (WDHB Diabetes Dietician) – Chinese Perspective on Diabetes
15:00 Cecilia Wing-Chun Wong-Cornall (ADHB Nurse) – Stroke and Chinese

15:30 Afternoon Tea

16:00 **CONCURRENT SESSION 4A – SURGICAL STREAM**

16:00 Dr Shuan Dai (Ophthalmologist) – Eyes Update
16:20 Dr Michelle Wong (ENT Surgeon) – ENT Update
16:40 Mr Peter Poon (Orthopaedic Surgeon) – Orthopaedic Update
17:00 Dr Garsing Wong (Cosmetic Medicine Specialist) – Cosmetic Medicine Update

16:00 **CONCURRENT SESSION 4B – CHINESE HEALTH SERVICES**

16:00 Sandra Innes and Vivian Cheung (Plunket National Policy Advisor and Asian Plunket Co-ordinator) – Asian Peoples Strategy at Plunket
16:30 Gloria Gao and Fangfang Chen (Social Services Co-ordinator and Social Worker for Chinese New Settler's Trust) – Healthy Babies, Healthy Future
17:00 Karen Chung (4th Year Medical Student, University of Auckland) – CHAINZ Program

17:30 Closing Remarks and Networking Session

19:00 Dinner
Imperial Palace Restaurant, 519 Ellerslie-Panmure Highway, Mt Wellington

ACMA Presents ACCMA Conference 2016

CHINESE HEALTH IN AUSTRALASIA

MEDICINE SURGERY ALLIED HEALTH with DUAL and COMBINED STREAMS

VENUE
Waipuna Conference Centre
58 Waipuna Road, Mt Wellington
TIME
Saturday April 9th 2016
8:00am - 5:30pm

* *Post Conference Dinner Included* *
VENUE
Imperial Palace
519 Ellerslie-Panmure Highway, Mt Wellington
TIME
7:00pm

COST
$50 - ACMA, ACCMA Members
Allied Health
$100 - Non ACMA Doctors

REGISTER ONLINE at
acma.org.nz

INTERVIEW WITH A DOCTOR

Dr. Shuan Dai

1. Could you please tell us about your specialty and what makes it so attractive for you?

I was interested in becoming an eye surgeon from a very young age (about 10 years of age) while I was living in China, and that dream drove me into ophthalmology. Retrospectively speaking, I believe that Ophthalmology is one of the best, if not the best, branches in the entire specialties of medicine. It encompasses the arts of both medicine and surgery. The joy of helping someone see again, whether it's through cataract surgery, or medical treatments for other blinding conditions, is so satisfying that I do not think words can even begin to describe!

2. What would you describe as the 'bread and butter' in this specialty?

Uncorrected refractive errors, being myopia or hypermetropia (except in younger children) are the "bread and butter" for optometrists. In contrast, ophthalmologists deal with any condition requiring medical or surgical treatment, and the "bread and butter" varies between paediatric and adult Ophthalmology. For paediatric ophthalmologists, amblyopia (lazy eye) and strabismus are most common, and for adult or general ophthalmologists, their "bread and butter" generally consist of medical retinal diseases such as diabetic retinopathy, glaucoma and cataract surgery.

3. What is the most interesting case that you have come across at work?

There are interesting cases you see in everyday practice. One of the most interesting and perhaps most important case I came across last year was coming to the diagnosis of Vitamin A deficiency in a Caucasian teenager from the South Island, New Zealand. Because Vitamin A deficiency is more often considered to be a third world disease, it was initially overlooked in this case, and unfortunately led to severe visual loss and serious systemic illness in this teen. Coming to the correct diagnosis of Vitamin A deficiency led to an appropriate treatment, which not only saved the teen from becoming blind but also spared him from serious systemic infections threatening his life. The case was so unique it was published in the journal of Lancet. This case is particularly interesting because it raised an awareness that Vitamin A deficiency is not just a problem for the third world; it is also very prevalent and common in the developed world due to peculiar diet patterns in modern society.

INTERVIEW WITH A DOCTOR

Dr. Shuan Dai

4. You are a very esteemed clinician as well as academic fellow. Could you please tell us a little bit more about your research?

My main area of interest for research is in children's eye disease, and I am furthermore interested in clinical research projects that can lead to changes in clinical practice and finally clinical outcome.

In particular, telemedicine in detection and screening for retinopathy of prematurity (ROP), is an area that has been of major interest to me for over 10 years. Our research findings show that telemedicine is more accurate and effective in ROP screening and diagnosis than the traditional binocular indirect ophthalmoscope (BIO) examination. However, BIO was still considered to be the preferred method for ROP screening worldwide, until recent research from the USA supported our findings from 9 years ago. The recent World Ophthalmology Congress described our findings as "*A paradigm shift in Using Telemedicine for ROP Screening*". It makes me very proud that we are considered as one of the leading centers for ROP care and are at the forefront of telemedicine in ROP screening. This screening strategy has already made a huge impact in saving premature infants from becoming blind from advanced ROP in Auckland through improved service access, earlier diagnosis and treatment.

The establishment of the New Zealand National Electronic Registry for children with moderate to severe visual impairment (best-corrected acuity <6/18 in the better seeing eye) at the Blind and Low Vision Education Network New Zealand (BLENNZ), is another valuable piece of research that I have undertaken. This registry enrolls all children younger than 21 years of age, with moderate to severe visual conditions across New Zealand. For the first time, we are able to provide epidemiological data regarding children in New Zealand with severe visual impairment, and more importantly, patients are given access to potential new treatments for certain eye conditions previously deemed untreatable.

My more recent research topics include, "Dichoptic binocular treatment for deprivation amblyopia in children with congenital cataract" by my first PhD student, as well as an HRC funded multiple center trial on "Binocular treatment for amblyopia using videogame", where Auckland is the leading and coordinating center. This research is in the data collection stage.

I am also currently conducting research involving the use of a Retcam (special retinal camera for infants) for "Universal Newborn Eye Screening" to detect congenital eye abnormalities and birth related retinal haemorrhage in newborns. Another PhD student of mine in Auckland is currently carrying this out.

INTERVIEW WITH A DOCTOR

Dr. Shuan Dai

5. Could you give us some insight into your personal selection criteria when looking at students who approach you for research opportunities?

Enthusiasm, hardworking, punctual, good communication skills and commitment are the key characteristics I use to select research students, ophthalmology trainees or PhD students.

6. Medical students have always heard about the competitiveness of getting into ophthalmology, do you have any advice that you could give to a hopeful student?

Like other surgical branches in medicine, it is true that Ophthalmology is a specialty that many young doctors are interested in, and for this reason it is very competitive, especially given the limited trainee posts available in New Zealand. However I do believe that it is highly achievable as long as one is really interested and dedicated to pursue a career in the field. My advice for those of you who are interested is to start making contact with the Department of Ophthalmology as early on as possible, either through summer research studentships, or volunteer research in your spare time etc. By doing so you not only develop your interest in Ophthalmology but you also demonstrate to your supervisors that you are committed to the field. Be prepared to work hard and demonstrate that you are trustworthy by accomplishing projects that you have committed to. Having good communication skills, being a team player and displaying honesty are essential aspects for a successful career in any branch of medicine, and certainly this is no different in the specialty of Ophthalmology. In addition, it is also key to have confidence in yourself and exhibit perseverance in chasing your dream to become an ophthalmologist. After all if I, an immigrated doctor from China, can do it, then you certainly can too!

7. Your professional profile talks about your particular interest in paediatric ophthalmology, could you please tell us more about the perks of having this specificity in your practice?

The perks of practicing paediatric ophthalmology are that you have the opportunity to make a difference in someone's life from a very young age. You need to be natural when interacting with children and exhibit characteristics such as patience. The financial reward in being a paediatric ophthalmologist may not be as good as an adult ophthalmologist but you won't be poor.

8. How would you describe your balance of work and family?

It is important to have a good balance of work and family life. I must say that I don't think I do too well in this aspect as I spend too much time on my work and thus may spend less time with my family. Whenever I can, I try to keep my weekends free from work so that I can have time with my family, though attending many conferences often eat up my weekends! Fortunately I have a very understanding wife and she is very supportive.

INTERVIEW WITH A DOCTOR

Dr. Shuan Dai

9. You have an extensive background practicing and volunteering in a number of countries. What would you say are the notable differences in the health systems of these countries?

I have worked in China, the United Kingdom, Lebanon, Canada and New Zealand over the years. The diseases are all the same but it is the access to care, doctor's training and standard of care that are different to some degree amongst these countries.

New Zealand and the UK have similar medical systems in terms of free access to public funded care; however there is a more established parallel private medical care system in New Zealand, whereas private medicine is still largely non-existent in the UK. This means that in the UK there are longer waiting lists in the public system compared to New Zealand. The Canadian system is similar to Australia in that doctors bill the Medicare System for their private and public works / fee for service, which is quite different from salaried posts in New Zealand and UK hospitals. Ophthalmology training takes much longer in New Zealand and the UK when compared to Canada: in Canada one usually goes into Ophthalmology registrar training straight after medical school and he or she is not required to do a two year rotation in basic medical training in other branches of medicine. Canada, like the USA, also has shorter training years for the specialty of Ophthalmology: it is usually a 4 years training programme and once you pass your board exam (final part of RANZCO college exam) you can set up your practice in private or join a public hospital as a consultant ophthalmologist without doing a further one to two years of fellowship training (which has almost become the standard in New Zealand).

In contrast, the medical system in Lebanon is completely private. This means that patients have to pay for everything, from doctors fee to medicine and hospital charges. Healthcare consequently becomes very hard for the poor, especially those refugees displaced from years of war in Lebanon. I was a young volunteer ophthalmologist for the international Red Cross Organization so this meant that people did not need to pay to see me or have surgery performed by me. In addition, doctors command the highest respect in Lebanon and the Middle East in general.

The medical system in China is very different from New Zealand, as many of you may be aware of. The access to care has improved, with national health coverage of 70-80% of the cost of hospital care for everyone. Although this is a tremendous improvement, inadequate funding to most hospitals, including major teaching hospitals, continues to be a big problem and is a barrier to health care. Lack of systemic residents (registrar training) across all specialties also remains a major issue. This is consequently reflected by the vast differences in the level of care patients receive across different hospitals for say, the same medical (eye) condition. In some top medical facilities in China the standard of medical practice is approaching the Western standard, though the great majority of hospitals are still years behind. The Chinese medical system places too much emphasis on research publications in major teaching hospitals rather than training real, skillful doctors. Doctors are often overloaded with patients so it is difficult to guarantee the quality of care, and doctors also have no time to think through the large number of procedures they perform. This contributes significantly to the poor doctor-patient relationship currently happening in China, which in turn results in less high school graduates interested in studying and practicing medicine.

CAFÉ REVIEW

Ngopi

Ngopi was opened by the House of Praise Church, about two years ago. This Malaysian café is located on Anzac Avenue, which is approximately 5 minute's bus from Grafton campus. The café is already eye-catching with its unique exterior and you can't really miss the humongous 'Ngopi' printing that takes up the entire wall. Plus, you can't say no to the 'bring student ID and get free barista coffee' sign at the door!

The interior is far from what you would expect. You'll be welcomed by the quirky animated graffiti on the entrance wall, and walk into a simple but stylish dining area past the glass doors. The chairs and tables are all mismatching, adding to the retro vibe of the cafe. The most popular menus are displayed on the mini blackboards across the wall behind the cashier, but do not be fooled, there are more amazing hidden menus on the list.

As proud med students and future doctors, we all want to give back to society (well hopefully), and here is Ngopi doing exactly that. Ngopi is a not-for-profit café that is run by mostly volunteers and the profit made goes to two charity organisations; A21 and Habitat for Humanity. The former fights against human trafficking and provides support for its victims. Habitat for Humanity aims to support people's basic needs for housing. So you eat for a good cause on top of the delicious and cheap food.

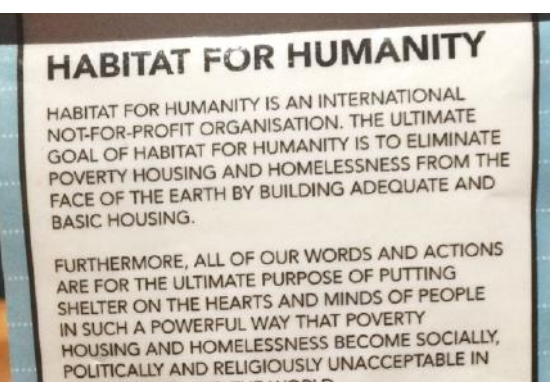
CAFÉ REVIEW

Ngopi

Pricing is also important for students and is another reason why Ngopi is perfect for us. The most popular dishes on the menus, Char Kuay Teow and Mamak Mee Goreng are $11 and $12.50, respectively. The average price range is from $10 to $12.50. Now, as a pescetarian (I eat fish but not meat) and as a sister of a hard-core vegan, it is sometimes hard for me to accommodate myself. But do not worry. Vegetarian? Vegan? Just let the friendly staff member know your dietary requirements and they will customise the menu for you (Note: restrictions on some menus).

We ordered the two most famous dishes, Char Kuay Teow (vegetarian; spicy) and Mamak Mee Goreng (original; spicy). My all time favourite is char kuay teow, which is served with huge chunks of marinated dried tofu, fresh crispy bean sprouts and bok choy with eggs and thick flat noodles. You can choose the level of spiciness – mild, medium, spicy, very spicy – I would recommend medium to start off with and if it's not enough, you can always have extra chili paste on the side for free.

So if you are looking for an awesome Malaysian place to eat out, tight on budget and want to eat for two fantastic causes, visit Ngopi on 79 Anzac Avenue (P.S the layout of the restaurant is super photogenic on snapchat). Their opening hours are Monday to Thursday 11am to 3pm and 4pm to 8pm; Friday 11am to 3pm and closed on weekends.



QUIRKY MEDICINE

My Fear of Peanut Allergies caused my Peanut Allergy…

Any of you have that annoying peanut allergy that prevents you from eating all those potentially amazing peanut based foods, well new research has found that your parents could be to blame...

A new paper released in the New England Journal of Medicine by George Du Toit et al. (2015) has found that exposing infants to peanut products within the first 11 months of life could cut the risk of developing allergy later in life by up to 80%.

In this study, 640 infants with severe eczema or egg allergy were assigned to either consume or avoid peanuts until 60 months of age. The participants were between 4 months and 11 months of age. After the participants reached 60 months of age, the proportion of them who had a peanut allergy was measured. The results found that by introducing peanuts into the diet of infants early on significantly decreased the likelihood of developing a peanut allergy.

Since 1995, the number of people being diagnosed with allergies has trebled, this is not because of improvements in detection methods, but because we now live in a culture of ***FEAR***. This causes parents to completely exclude certain foods from the diet of children and thus preventing them from developing tolerance while they are younger. This then increases the likelihood of the child having a severe allergic reaction when one day that particular type of food is accidently consumed.

Professor Barry Kay, from the Imperial College of London hopes that these results can lead to "completely fresh thinking on the mechanisms of tolerance to allergenic foods in 'at risk' infants." If you're reading this it might be too late for you to cure your allergy, but you CAN help to change this "culture of food fear" by informing those around you who have young children in similar at-risk groups, so that hopefully they too can enjoy these delicious peanut desserts!



MESSAGE FROM THE EDITORS

Greetings to everyone! Our names are Catherine, Eileen, Jonathan, and Katy and we are honoured to be the editors for the ACMA 2016 bimonthly newsletters!

We consider ourselves a vibrant group: consisting of three females and one male, three undergraduates and one postgraduate, two Chinese one Taiwanese and one Korean, four food lovers... long story short, together we are a joyful mix of various skills, backgrounds and experiences. We look forward to updating you on past, current and future ACMA events, and also hope to contribute to some 'wows' and 'mmhmms' as you read through our various sections made for your entertainment and leisure (for this issue it was indeed a delightful experience to independently review various food hotspots).

We are so excited for a great year ahead!

Many thanks,
Katy, Eileen, Jonathan and Catherine

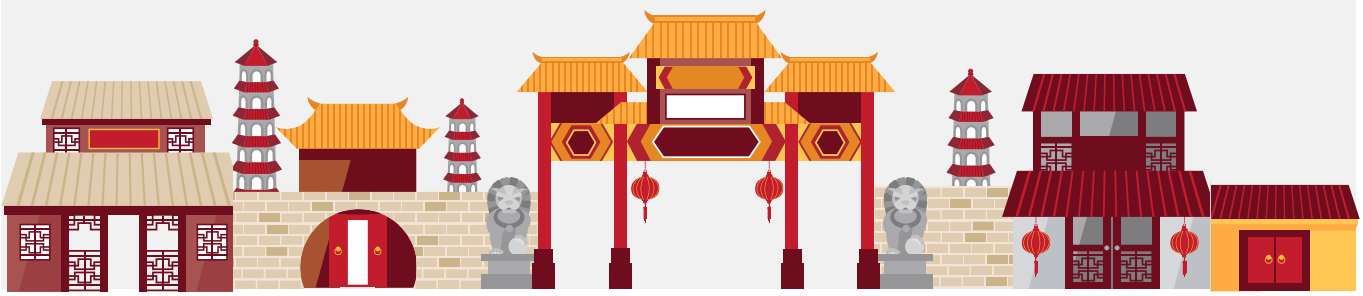


PHOTO GALLERY

HANDOVER MEETING

PHOTO GALLERY

FAMILY DAY – LASER TAG

WELCOME BBQ

PHOTO GALLERY

WELCOME BBQ

PHOTO GALLERY

PHOTO GALLERY








PHOTO GALLERY

SPONSORSHIP

Once again, we would like to thank Mercy Ascot for sponsoring our first CME!

EXEC COMMITTEE 2016

ACMA EXECUTIVE 2016

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Kristine Ng	General Committee Member (Mentorship)
Eileen Zhou	General Committee Member (Mentorship)
Michelle Wong	General Committee Member (YACMA affairs)
David Wu	General Committee Member

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