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Message from the President

The Centre for Health Protection (CHP) has recently issued another appeal to doctors enlisting their help to collect specimens for COVID-19 testing from symptomatic patients (https://www.chp.gov.hk/files/pdf/letters_to_doctors_20201012.pdf). As reported in our College's recent study on family doctors' preparedness in serving the public during the COVID-19 pandemic, the family doctors in Hong Kong from both private and public sectors were willing and prepared to provide first contact clinical service to the community during the crisis. As we are deeply rooted in the community, we have the advantage of knowing our patients well and being close to what is going on in our localities. We should continue to make full use of this edge to help the society fight the virus. Therefore, please keep up with your great contributions in collecting specimens for COVID-19 testing for symptomatic people in the community.

At the conclusion of the 14-day Universal Community Testing Programme (UCTP) for COVID-19 on 14 September 2020, over 1.78 million people were tested. According to reports, 42 new COVID-19 infections were identified through the programme. Five out of the 42 cases were identified through contact tracing and five more who had not joined the programme were identified through contact tracing. 32 out of the 42 new cases were tested positive for COVID-19 and 13 among them were asymptomatic. 20 out of the 32 cases were local cases with unknown sources of infection. 8 recovered patients had been screened and found still carrying traces of the coronavirus. The

programme helped in the early isolation of confirmed cases and quarantine of their close contacts.

Following the UCTP, the government decided to further increase the surveillance of the community's COVID-19 situation by expanding the "Enhanced Laboratory Surveillance (ELS) Programme" Tier 7-H. The number of General Outpatient Clinics (GOPCs) assisting distribution of specimen collection packs to people who perceive themselves to have higher risk of exposure and experience mild discomfort were increased from 22 to 46. Colleagues' support and contributions to the programme are highly appreciated.

Our first ever digital Hong Kong Primary Care Conference (HKPCC) was successfully held from 11 - 13 September 2020. I was most delighted to meet all the new and familiar faces through the online platform. Hope you have enjoyed the remarkable Conference like I have. I was most honoured to join Professor Donald K. T. Li and Professor David S. C. Hui to share and discuss on issues related to COVID-19 at the discussion forum moderated by Dr. Alvin Chan. I have indeed learnt a lot from our panel of experts.

Being connected for the exchange of views and knowledge enables us to be inspired, encouraged and motivated to continue enhancing our services

(Continued on page 2)



Message from the President (Con't)

(Continued from page 1)

for people in the community. Here comes another great opportunity in November 2020, the Annual Conference of the Royal Australian College of General Practitioners (RACGP) - GP20. The Conference is going to be run online during 16 – 28 November 2020. A range of digital session including live sessions and a selection of on-demand content would be developed for health professionals and experts all over the world to be engaged from the comfort and convenience of your self-chosen learning environment. Please do consider to register for this forthcoming digital conference organised by the RACGP.

As the crisp autumn days have arrived, it is a good time to get prepared for the winter influenza season. The public has heightened awareness of personal and environmental hygiene because of COVID-19. Vaccination has been proven in population studies to be a safe and effective way in preventing influenza and its complications. The government continues to provide seasonal influenza vaccinations (SIV) and pneumococcal vaccinations (PV) to eligible Hong

Kong people this year. The Government Vaccination Programme (GVP) 2020/21 would be launched on 22 October 2020. Influenza viruses and the coronavirus causing COVID-19 will possibly have a surge in the coming winter influenza season. As mentioned by experts, a person could be seriously ill when challenged by both viruses at the same time. Getting an influenza vaccine for personal protection is therefore very important. So, as family doctors, we should keep up our good work in providing more support to the GVP in the community!

Further to holding our written examinations of our Fellowship Examination in August, the clinical part will take place on the first day of November. Many thanks again to the continuing support by the RACGP and our own Board of Conjoint Examination. I would like to wish all the candidates the best of luck and every success in the forthcoming clinical examination!

Please keep well and stay safe!

Dr. David V K CHAO
President

Quality Assurance & Accreditation Committee News

HKCFP CME for Online CME Events

Dear Colleagues,

Please note the below requirements for **HKCFP CME Accreditation** for **ALL** online CME events (**Effective date: 1 August 2020**):

Organizer: Pre-accreditation requirement

- 1) Proper registration procedures and means to verify the identity of participants;
- 2) Appropriate measures to ensure participants' attendance and reasonable participation (E.G. Duration of participation and satisfactory completion of a post event quiz, questionnaire or feedback form)

Members: Attendance requirement

- 1) Attend 75% or above of the length of the online session;
 - 2) To complete **a post event quiz*, questionnaire OR feedback form** set by organizer
- (* MCQ/ True or False Questions: 50% or above correct answers is required)

For any enquiry please contact our QA&A Secretariat at 2871 8899 or email to cmecpd@hkcfp.org.hk at your convenience.

Yours sincerely,

Dr. King Chan
Chairman, Quality Assurance & Accreditation Committee

The 43rd HKCFP Annual General Meeting

The 43rd Annual General Meeting (AGM) of the Hong Kong College of Family Physicians will be held on **6 December 2020 (Sunday)** with the following details.

Time : 11:00 a.m.

Venue : James Kung Meeting Room, 2/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Admission : For members only. Registration is required.

In order to facilitate administration arrangement on social distancing measures in consideration of the **COVID-19 pandemic**, registration is required.

Please register via membership@hkcfp.org.hk by **Monday, 16 November 2020**.

For any other enquiry, please contact Ms. Erica So, General Manager, at 2871 8899 or email to EricaSo@hkcfp.org.hk.

Hong Kong Primary Care Conference (HKPCC 2020)

Post Conference Chairman Message

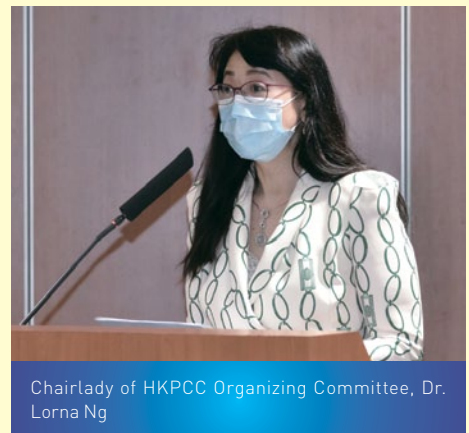
Our first ever digital conference was successfully held from 11th to 13th of September 2020, with an overwhelming response of over 700 registered online delegates. This annual hallmark conference has again proven its important role as a platform for bringing together the primary care community amidst the daunting challenges of the COVID-19 pandemic, even while it has moved online under social distancing.

This year's theme, "2020 Vision: Health for All," kick-started useful discussions around our joint efforts to raise the standard of healthcare, even though these trying times. As family physicians and healthcare providers, we will continue to exchange strategies to maintain our own physical and mental health in face of novel workplace challenges in order to help our patients and community stay healthy.

This conference was graced with the presence of eminent icons in Primary Care, including Prof. Sophia Chan (Secretary for Food and Health, Food and Health Bureau, HKSAR) and Prof. Donald Li (President, World Organization of Family Doctors), among many others. We were honoured to have three distinguished Plenary speakers, namely Prof. David Hui, Prof. Cindy Lam and Prof. Terry Lum, all of whom have broadened our perspectives with presentations on diverse yet relevant topics, ranging from updates on COVID-19 to promotion of mental health and wellness among individuals and the community. Furthermore, a timely discussion panel on a united front in tackling the global COVID-19 pandemic, consisting of Prof. David Hui, Prof. Donald Li and Dr. David Chao, was added to our programme.

I would like to take this opportunity to express my sincere appreciation to all speakers and moderators for their valuable contributions, sponsors for their generosity, conference advisors for their guidance, all members of the Conference Organizing Committee and secretariat for their tremendous efforts in moving the conference online. Last but not least, my utmost gratitude to all delegates for their participation which has made the conference a huge success.

Dr. Lorna NG
Chairlady, HKPCC Organising Committee



Chairlady of HKPCC Organizing Committee, Dr. Lorna Ng

Hong Kong Primary Care Conference 2020 - “2020 Vision: Health for All”

Opening Ceremony



The MC Dr. Aldo Wong



Opening Speech by Secretary for Food and Health,
Prof. Sophia Chan, JP



Opening Speech by the President of The HKCFP,
Dr. David Chao

Plenary I



Dr. Lau Ho Lim (left) presenting souvenir to Prof.
David Hui (right)

Plenary II



Dr. Lau Ho Lim (right) presenting souvenir to
Prof. Cindy Lam (left)

Plenary III



Dr. William Wong (left) presenting souvenir to
Prof. Terry Lum (right)

Discussion Forum



Speakers (left to right) Prof. David Hui, Prof. Donald Li and Dr. David Chao

Seminar A



Dr. Clarence Choi (right) presenting
souvenirs to Dr. Catherine Chen (middle)
and Dr. William Wong (left)

Seminar B



Ms. Brigitte Fung (right)
presenting souvenir to
Dr. Benjamin Fang (left)



Ms. Brigitte Fung (right)
presenting souvenir to
Ms. Heidi Cheng (left)

Seminar C



Speakers Dr. Vincent Cheung (left) and Dr. Charleen
Cheung (right) delivered the seminar

Workshop 1



Dr. Kathy Tsim (left) presenting souvenir to Dr. Lee Chi Chung (right)



Dr. Kathy Tsim (left) presenting souvenir to Ms. Brigitte Fung (right)

Workshop 2



Dr. Catherine Sze (right) presenting souvenir to Mr. Alan Cheung (left)



Dr. Catherine Sze (right) presenting souvenir to Dr. Will Leung (left)

Workshop 3



Dr. Eric Lee (right) presenting souvenir to Mr. Alex Hui (left)

Clinical Case Presentation



The judges of Clinical Case Presentation Competition, Dr. David Chao (middle) and Ms. Samantha Chong (3rd from right), MC of the competition, Dr. Kwan Yu (2nd from right) and presenters

Free Paper – Oral Presentation Competition



The judges of Free Paper – Oral Presentation Competition, Prof. Martin Wong (left) and Dr. Cecilia Fan (right)

Sponsored Seminar 1



Dr. Lorna Ng (left) presenting souvenir to Dr. Ip Tai Pang (right)

Sponsored Seminar 2



Dr. Lorna Ng (left) presenting souvenir to Prof. Alice Kong (right)

Sponsored Seminar 3



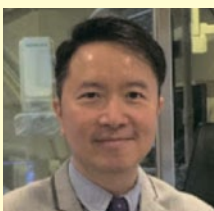
Dr. Leighton Kearney delivered the seminar

Sponsored Seminar 4



Dr. Esther Yu (right) presenting souvenir to Dr. Matthew Wong (left)

Sponsored Seminar 5



Dr. Wong Wai Lun delivered the seminar

Sponsored Seminar 6



Dr. Au Yeung Yick Cheung delivered the seminar

Sponsored Seminar 7



Dr. Victoria Tan delivered the seminar

Sponsored Seminar 8



Dr. Lorna Ng (left) presenting souvenir to Dr. Tsoi Tak Hong (right)

Sponsored Seminar 9



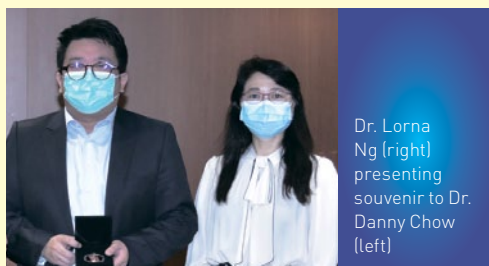
Dr. Elaine Chow (left) and Dr. Jason Chan (right) delivered the seminar

Sponsored Seminar 10



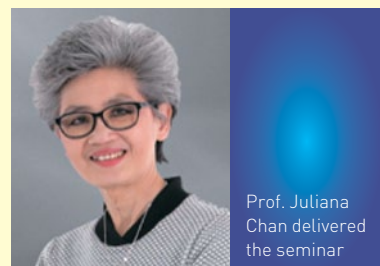
Dr. Jacky Lam delivered the seminar

Sponsored Seminar 11



Dr. Lorna Ng (right) presenting souvenir to Dr. Danny Chow (left)

Sponsored Seminar 12



Prof. Juliana Chan delivered the seminar

Specialty Board News

The Specialty Board is pleased to announce that the following candidates have successfully passed the Exit Examination of HKCFP in 2020.

Dr. Chan Pui Chuen	Dr. Chui Winnie Wan Ying	Dr. Jor Hon Man	Dr. Mak Wing Hang
Dr. Chan Pui Kwan	Dr. Fong Chui Ying	Dr. Kwok Yip Tung Tony	Dr. Tin Yuen Ying
Dr. Chen Hing Han	Dr. Han Jinghao	Dr. Lau Lai Na	Dr. Wong Hong Kiu Queenie
Dr. Cheng Wai Fat	Dr. Ho Shu Wan	Dr. Liu Yin Mei	Dr. Xu Shaowei
Dr. Cheuk Yau Chun	Dr. Ho Tsz Bun	Dr. Luk Chun Wa	

Congratulations to you all!

Dr. Wendy Tsui
Chairlady, Specialty Board



Congratulations!

**Special Badge for Fellows of
HKAM in Family Medicine**

Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **August – September 2020**:

Associate Membership (New Application)

Dr CHAN King Hang	陳景行
Dr CHAN Kwun Hung	陳冠雄
Dr CHEUNG Chloe Cheuk Kan	張卓芹
Dr CHEUNG Ada See Wai	張思慧
Dr CHUNG Yi On, Shalom	鍾以安
Dr CHIU Kwan Ki	趙筠琪
Dr CHU Pui Ling	朱佩玲
Dr FAN Pui Kay, Kenneth	范沛基
Dr FUNG Wai Yee	馮瑋怡
Dr HUANG Wanshu	黃婉舒
Dr KWAN Chun Yin	關俊賢
Dr LAM Natasha Hiu Ching	林曉晴
Dr LAM Ka Wing, Kevin	林家穎
Dr LEUNG Lai Ting	梁礪婷
Dr LEUNG Sau Chun	梁守真
Dr LO Cheuk Yin	勞卓賢
Dr MA Joshua	馬俊麒

Dr MA Ka Yee	馬嘉儀
Dr TONG Kwan Nok	唐君諾
Dr WONG Adrian Brian	王伯仁
Dr WONG Anthea	黃心妍
Dr WONG Bo Hang	黃寶珩
Dr YIU Sze Wa	姚思華

Transfer from Student Member to Associate Membership

Dr LAM Sze Yan	林思恩
Dr PENG Xu	彭旭
Dr WOO Tiffany	胡天詠

Re-apply of Associate Membership

Dr CHOI Wai Keung, Justin	蔡偉強
Dr NG Hoi Ling, Helen	吳海鈴

Student Membership (New Application)

Miss WONG Nicole	黃亦陶
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Specialty Board News

FINAL REMINDER: 2021 Full Exit Examination of Vocational Training in Family Medicine

The Specialty Board is pleased to announce the following information on the 2021 Full Exit Examination of Vocational Training in Family Medicine.

ELIGIBILITY AND REQUIREMENT

Applicants must fulfill the following criteria:

- Full or limited registration with the Hong Kong Medical Council
- Being active Fellows, or Members (Full or Associate) of the Hong Kong College of Family Physicians (HKCFP)
- Fulfill the CME / CPD requirements under HKCFP Quality Assurance Program in the preceding year
- Have a qualification in family medicine / general practice; which is recognized by the HKCFP and the Hong Kong Academy of Medicine (HKAM)
- Had completed higher training in Family Medicine; **OR expected to do so by February 28, 2021**; as certified/ approved by the Board of Vocational Training and Standards (BVTs), HKCFP
The relevant approval may take up to two months, therefore applicants are recommended to apply early to BVTs for
 - + Certification of completion of higher training **OR**
 - + Recommendation to sit for Exit Examination 2021
- Active in clinical practice and able to meet the requirements of individual Exit Examination segments:
 - + Clinical Audit: the starting date must be within 3 years before the exam application deadline
 - + Research: the date of ethics approval must be within 3 years before the exam application deadline
 - + Practice Assessment: submit valid Practice Management Package (PMP) report
- From Full Exit Examination 2019 onwards, candidates must have presented their Research or Clinical Audit proposals or completed studies at Research & Clinical Audit Forum before the application deadline of Exit Examination

Eligibility to enroll in Exit Examination is subject to the final approval of the Specialty Board, HKCFP. Application will be processed only if all the required documents are submitted with the examination application form.

IMPORTANT DATES

First-attempt candidate:

Deadline of Exit Examination application:	2 November 2020
Collection period for Attachment 12 and 13 (Practice Assessment)	16 September to 31 October 2020 Inclusive
Deadline of Clinical Audit Report / Research Report submission	4 January 2021
Examination periods for Practice Assessment and Consultation Skills Assessment	Period A : 1 December 2020 to 31 January 2021 Period B : 1 February 2021 to 31 March 2021

Re-attempt candidate:

Deadline of Exit Examination application:	1 December 2020
Collection period for Attachment 12 and 13 (Practice Assessment)	19 October to 30 November 2020 Inclusive
Deadline of Clinical Audit Report / Research Report submission	4 January 2021
Examination periods for Practice Assessment and Consultation Skills Assessment	Period B : 1 February 2021 to 31 March 2021

APPLICATION & EXAMINATION FEES

Application forms are available from the College Secretariat, HKCFP or can be downloaded at the College website:
http://www.hkcfp.org.hk/pages_6_88.html

The following documents are required when submitting the application:

- A copy of the certificate of completion of higher training, **OR** recommendation letter to sit for 2021 Exit Examination, from BVTs, HKCFP

2. A cheque of the appropriate fee made payable to **“HKCFP Education Ltd.”**; and
3. For Practice Assessment Segment (please also refer to the subsequent section of this guideline):
 - i. **FOUR COPIES** of the all required attachments (Attachment 1 to 13); and
 - ii. ONE PMP Report on or before **2 November 2020 (First-attempt candidate) / 1 December 2020 (for the re-attempt candidate who has changed the practice location)**

Completed Application Form and the required documents should be returned to the following address:

The Specialty Board, HKCFP, Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, HK

Candidates are recommended to submit the application early. Late applications will not be accepted.

Examination fees

Administrative fee	\$9000
Clinical Audit	\$7000
Research	\$7000
Practice Assessment	\$9500
Consultation Skill Assessment	\$9500

A cheque of the appropriate fee made payable to **“HKCFP Education Ltd.”** should be enclosed with the application.

All fees paid are neither refundable nor transferable.

Incomplete or ineligible applications will be rejected. An administration fee of HK\$500 will be charged for these unsuccessful applications.

ELIGIBILITY AND REQUIREMENT

Candidates should be aware that passing the Exit Examination does not equate to election to Fellowship of the Hong Kong Academy of Medicine. Please refer to the Hong Kong Academy of Medicine Fellowship Handbook or consult the Specialty Board, HKCFP on the criteria for election to Fellowship of the Hong Kong Academy of Medicine (Family Medicine).

FORMAT AND CONTENTS

Exit Examination consists of three segments. **Candidates are required to take all the three segments at their first attempt of the Exit Examination. Non-compliance is subject to disqualification.**

Candidate can choose to attempt either Clinical Audit or Research segment.

- + **Clinical Audit:** assesses the candidate's knowledge, skills and attitudes in critical appraisal of information, self-audit, quality assurance and continuous professional improvement

OR

- + **Research:** assesses the candidate's ability to conduct a research project which includes: performing a literature search and defining a research question, selecting the most appropriate methodology to answer the research question, performing appropriate analysis and interpreting the results with a discussion and conclusion

AND

- + **Practice Assessment:** assesses the candidate's knowledge, application of skills and ability to organize and manage an independent family medicine practice

AND

- + **Consultation Skills Assessment:** assesses the candidate's knowledge, skills and attitude in communication, problem solving, working with families and management in different types of family medicine consultations

Detailed guidelines and application form are now available on our College website <http://www.hkcfp.org.hk/>

Should you have any enquiries, please contact our College Secretaries Ms. Alky YU or Mr John MA by email to exit@hkcfp.org.hk.

Yours Sincerely,

Dr. Wendy Tsui
Chairlady, Specialty Board



香 港 大 學
THE UNIVERSITY OF HONG KONG

**Clinical Assistant Professor
in the Department of Family Medicine and Primary Care
(Ref.: 501818)**

Applications are invited for appointment as **Clinical Assistant Professor in the Department of Family Medicine and Primary Care** (Ref.: 501818), to commence as soon as possible, on a four-year fixed-term basis, with the possibility of renewal.

The Department of Family Medicine and Primary Care aims to produce doctors to practise medicine of the highest standard and in the best interests of their patients and the community, and to inspire them to strive for and achieve academic excellence. It is the mission of the Department to promote quality primary care through education, patient-centred service and research in family medicine.

Applicants should possess a medical degree registrable with the Medical Council of Hong Kong, and preferably a higher qualification in general practice/family medicine. Special consideration will be given to holders of the F.H.K.A.M. (Family Medicine) or equivalent specialist qualifications in general practice/family medicine. They should have proven capacity and potential in research; demonstrate a strong commitment to excellence in clinical services and training; and have experience in undergraduate teaching. They should also be fluent in Cantonese and English (including Putonghua), although teaching, research and professional activities are conducted in English. The appointee is expected to participate in the planning and delivery of undergraduate and postgraduate programmes in Family Medicine; conduct research; develop and provide clinical services in primary care in the Department and the HKU-Shenzhen Hospital; and contribute to administrative duties in the Department and the Faculty. Information about the post can be obtained from Professor Cindy Lam at cklam@hku.hk. Applicants who have responded to the previous advertisement (Ref.: 499770) need not re-apply.

A highly competitive salary commensurate with qualifications and experience will be offered, in addition to annual leave and medical benefits. At current rates, salaries tax does not exceed 15% of gross income. The appointment will attract a contract-end gratuity and University contribution to a retirement benefits scheme, totalling up to 15% of basic salary. A monthly cash allowance will be offered to the successful candidate. Housing benefits will also be provided as applicable.

The University only accepts online application for the above post. Applicants should apply online at the University's career site (<https://jobs.hku.hk>) and upload an up-to-date C.V. Review of applications will start from October 28, 2020 and continue until **November 4, 2020** or until the post is filled, whichever is earlier.

*The University is an equal opportunities employer
and is committed to equality, ethics, inclusivity, diversity and transparency*

The question is when are we ready?

Dr. Welgent WC CHU, Ms. Paula SC YEUNG, Ms. Jennifer MW WONG, Dr. Jonathan KC LAU, Dr. Luke CY TSANG

Dying is an inevitable stage of life. Despite 'good' death being a blessing in Chinese culture, we often witness dying being treated as a dependent and helpless ordeal without our own control. The GP is the unique group of professionals who can make a difference.

A GP was asked to conduct home visits to Mrs. A, a 94 year-old semi-conscious lady totally dependent on NG feeding and being cared by dedicated domestic helpers at home. Filial loyalty caused different family members to react in divergent ways...

How could a GP help not only this patient but also the entire family through this delicate stage of life?

Background:

Ageing populations across the globe and an increasing prevalence of chronic diseases means that there are more patients with complex illnesses at their last phase of life are living in the community. This is critically important in providing person-centered end of life care (EOLC)^{1,2}. In this respect, General Practitioners (街坊醫生), who practice in the community (街坊), play an important role in providing holistic care to the patient and the family^{1,3}. They have established long term relationships with their patients, they have the required skills in communication, and are connected with other service providers (街坊服務者)⁴. Available evidence indicates that most people around the world prefer to be at home in the last phase of their lives⁵. To respect this preference, and to avoid or reduce overcrowding in expensive hospitals, WHO suggests that general physicians with basic palliative care training are needed in the community and in patients' homes⁶.

Hong Kong situation:

EOLC service in Hong Kong community is mainly provided in the residential care homes for the elderly (RCHEs) and the patients' own homes. Currently, such care services have been mostly provided by various NGO initiatives (those from Haven of Hope Christian Service, Tung Wah Group of Hospitals, St. James' Settlement, etc), through collaboration between geriatric outreach teams and palliative care teams of the Hospital Authority⁷. EOLC in patient's home is mainly carried out by private general practitioners⁸ and the ambulatory palliative care service from palliative teams in Hospital Authority⁹.

In 2017, a population-based telephone survey in 1,067 adults found that 31.2% of participants would choose to

die at home; and among those, 19.5% would still prefer to die at home even the support is insufficient¹⁰. As the actual number of persons who have passed away in their homes upon their own wish is very low¹¹, it is clear that the wish for dying at home cannot be readily fulfilled. Yeoh et al¹² and Chung et al¹¹ have identified several factors that contributed to this situation. They are mainly insufficient training in curriculum of medical students and during professional life, legal barriers in legislations, limitations in physical equipment and environment and inadequate public education. These findings echoed the outcome in the earlier research by GPs^{3,13}.

Although the need for EOLC provision in the community is far from being met, there is good evidence showing the benefits in carrying out such care. Apart from respecting the wishes of the patient and family, and relieving their physical and emotional burden, it has been shown that there are opportunities in facilitating family reconciliation in this short and vulnerable period¹⁴. Other professionals such as counselors, social workers, and chaplains also support EOLC. There are additional data showing that there is economic incentive in providing EOLC in nursing homes compared to acute hospitals^{15,16}.

The way forward:

Ageing at home has been alluded to by the Chief Executive in the 2017 Policy Address¹⁷, pointing to a future trend in health and social care. To promote the choice of the patient and the family, GPs play a key role in effectively delivering quality EOLC in community^{18,19}.

There have been various initiatives from the Government, academics, NGOs, and charity organisations working together for improving the EOLC service in the community. There are training courses provided for the health and social care professionals, families, carers, and volunteers^{20,21,22}. The Hong Kong College of Family Physicians had conducted EOLC courses and workshops for GPs²³. In the 2020 consultation report, FHB²⁴ has proposed changes in the Ordinances facilitating the medical certification of death in the RCHEs in the future. There will be a statutory form for signing DNACPR. Education to public and health & social care professionals will be enhanced in promoting EOLC provision in the community.

In the anecdote of Mrs. A, through the GP who facilitated family meetings, open discussion and facts explanation,

the family's emotional struggles were reduced and care plan aligned. Mrs. A eventually passed away peacefully in her own bed with her family accompanying her. Their GP completed the necessary formalities²⁵, and the family arranged direct transfer to funeral parlour. The grateful family members were most appreciative to the GP at the funeral service. Dignified peace and serenity prevailed.

At a personal level, we have engaged, advised and taken care of our patients in different stages of their lives. In caring for their end of life, what makes our roles, as family doctors, to be particularly important and how end of life differs from other stages?

Ideally, this is a stage of co-dependence where it is important that we do not lead, advise or command but attend closely to the needs and wishes of our patients. Our goal is to accompany each patient in their individualized journey of death until the person reaches his/her own destiny by optimally knowing and executing their choices. Our aim is to make the choices known.

Helping a person complete the last phase of life is to help that person fulfil what has been deficient. We see the completion of our service as a doctor and a person when we are able to see through the completion of our patients' lives with optimal caring at the end of their life journeys.

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Weight Reduction (Part II) - Procedures

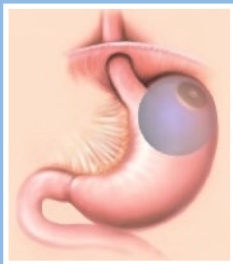
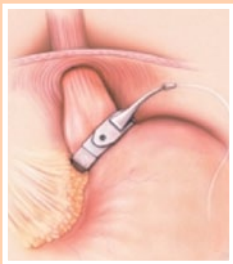
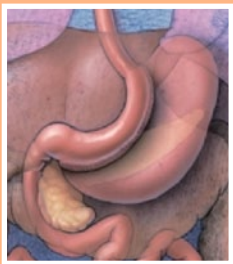
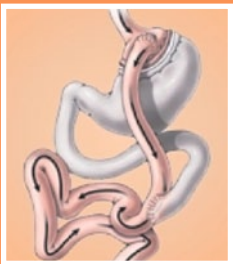
DEFINITION OF MORBID OBESITY FOR SURGERY

In Asia-Pacific Region, we define Morbid Obesity according to the guideline from the Consensus Statement from Asia-Pacific Bariatric Surgeons Group in 2005:

1. BMI $\geq 37 \text{ kg/m}^2$, or
2. BMI $\geq 32 \text{ kg/m}^2$ plus Type 2 Diabetes or two obesity-related co-morbidities

From the experience from western countries, most countries follow the guideline from the Consensus Statement from National Institute of Health of USA in 1991:

1. Morbid obesity
2. Failure of previous medical weight reduction treatment
3. Age 18 – 55
4. No endocrine cause of obesity (mainly exclude Hypothyroidism and Cushing's Disease)
5. No major psychiatric diseases (mainly exclude schizophrenia and uncontrolled major depression)
6. No substance abuse & not alcoholic
7. No major organ failure which leads to contraindication for general anesthesia

Bariatric Procedures	Endoscopic Treatment (Temporary)	Surgical Treatment (Permanent)		
Type of Procedure	Intragastric Balloon	Laparoscopic Adjustable Gastric Banding	Laparoscopic Sleeve Gastrectomy	Laparoscopic Gastric Bypass
Anatomy	<p>A 500cc balloon is inserted through the mouth into stomach.</p> 	<p>An adjustable silicone ring (band) is placed around the top part of the stomach creating a small 1-2 ounce (15-30cc) pouch.</p> 	<p>Long narrow vertical pouch measuring 2-3oz (60-100cc).</p> <p>No intestinal bypass performed.</p> 	<p>Small 1 ounce pouch (20-30cc) connected to the small intestine.</p> <p>Food and digestive juices are separated for 3-5 feet.</p> 
Mechanism	<p>Reduces stomach volume.</p> <p>Induces satiety.</p>	<p>Moderately restricts the volume and type of foods able to be eaten.</p> <p>Only procedure that is adjustable. Delays emptying of pouch.</p> <p>Creates sensation of fullness.</p>	<p>Significantly restricts the volume of food that can be consumed.</p> <p>NO malabsorption</p> <p>NO dumping</p>	<p>Significantly restricts the volume of food that can be consumed.</p> <p>Mild malabsorption</p> <p>"Dumping Syndrome" when sugar or fats are eaten.</p>
Procedure time	30 min	60 - 90 min	60 - 90 min	120 - 180 min
Average Hospital stay	0 - 1 day	2 - 3 days	4 - 6 days	7 - 9 days
Average weight loss	loss 10 - 12 kg in 6 months (BMI $\sim 5 \text{ kg/m}^2$ loss)	loss 20 - 30 kg in 2 years (BMI $\sim 10 \text{ kg/m}^2$ loss)	loss 25 - 35 kg in 2 years (BMI $\sim 12 \text{ kg/m}^2$ loss)	loss 30 - 40 kg in 2 years (BMI $\sim 15 \text{ kg/m}^2$ loss)

Bariatric Procedures	Endoscopic Treatment (Temporary)	Surgical Treatment (Permanent)		
Behavioral Adjustment	Small meal size Avoid liquid calories Regular exercise Remove in 6 months, patient should be able to maintain healthy dietary habit	Small meal size Avoid liquid calories Regular exercise Follow-up adjustment of band	Small meal size Avoid liquid calories Regular exercise	Small meal size Avoid liquid calories & fatty food (dumping syndrome) Regular medication (vitamins) Regular exercise
Advantage	No surgery Reversible	Low risk surgery Reversible Adjustable	Faster weight loss No foreign material No need adjustment	More effective weight loss Better control in diabetes
Disadvantage	Possible weight rebound after removal of balloon (70%)	Slow weight loss Less effective in superobese & poor compliance patients Presence of foreign material Possible failure & require removal (10%)	Irreversible Slightly higher risk surgery	reversible High risk surgery Need life-long medication Risk of mal-nutrition
Patient's Choice	Not accept / suitable for surgery Willing to reduce meal size Can comply with dietary advice	Accept surgery (lowest risk) & Presence of foreign implant Willing to reduce meal size Can comply with dietary advice	Accept surgery (moderate risk) Removal part of stomach Willing to reduce meal size Can comply with dietary advice	Accept surgery (higher risk) Control severe diabetes Willing to reduce meal size Can comply with dietary advice
Our recommendation	Lower BMI (< 35 kg/m ²) High operative risk Can be used to loss weight before major surgery	BMI < 50 kg/m ² More disciplined patients in dietary restriction & exercise program	BMI > 40 kg/m ² First stage procedure for superobese patients (BMI > 60) Limited long-term result	High BMI (> 50 kg/m ²) Diabetes patients Second stage procedure for revisional surgery

reference:

1. Consensus Statement from Asia-Pacific Bariatric Surgeons Group 2005
2. <https://www.surgery.cuhk.edu.hk/coc/interventions-need.htm>

Compiled by Dr. Tsui Hiu Fa, Eva



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Meeting Highlights

Certificate Course: Sunday Update for Primary Care Doctors

The 1st and 2nd sessions of the "Certificate Course: Sunday Update for Primary Care Doctors" were held on 20 September and 4 October 2020.

Dr. Yu Chak Man, Specialist in Paediatrics, delivered a lecture on "Advanced Wound Management in Primary Care" and Prof. Tam Siu-lun, John, Adjunct Professor, Department of Applied Biology and Chemical Technology, The Hong Kong Polytechnic University, HK, delivered a lecture on "Life Course Immunization" on 20 September 2020.



Dr. Au Yeung Shiu Hing (left, Moderator) presenting a souvenir to Prof. Tam Siu-lun, John (right, Speaker)



Dr. Chan Lee, Veronica, Specialist in Respiratory Medicine, delivered a lecture on "A New Take on Fundamentals of Asthma Control" on 4 October 2020.

Dr. Tsim Koon Lan (right, Moderator) presenting a souvenir to Dr. Chan Lee, Veronica (left, Speaker)

Online Mental Health Seminar on 3 October 2020

Dr. Wong Yee Him, Specialist in Psychiatry, delivered a lecture on "Evaluation of Mental Capacity in Primary Care" on 3 October 2020.

Dr. Chan Suen Ho, Mark (left, Moderator) presenting a souvenir to Dr. Wong Yee Him (right, Speaker)



Online Seminar on 18 Sept 2020

We would like to thank Dr. Thomas Prabowo TUNGGAL, Specialist in Cardiology, for delivering a lecture on "Overview of Atrial Fibrillation Management" on 18 September 2020.

Online Counselling Seminar on 19 Sept 2020

We would like to thank Prof. Wong Yeung Shan, Samuel, Director, JC School of Public Health and Primary Care, Faculty of Medicine, the Chinese University of Hong Kong, for delivering a lecture on "Mindfulness: Finding Peace in a Frantic World" on 19 September 2020.

Online Seminar on 6 Oct 2020

We would like to thank Dr. Rob Hendry, Medical Director, MPS and Dr. David Kan, Panel lawyer, Howse Williams, for delivering a lecture on "Medico-legal Webinar for HKCFP - Telemedicine in Family Practice" on 6 October 2020.

Classified Advertisement

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with the relentless protection of Prolia®

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gains for up to 10 years¹

Prolia® (Denosumab) Abbreviated Prescribing Information

Prolia® (denosumab) Solution for Injection in Pre-filled Syringe 60 mg/mL. **INDICATIONS** Prolia is indicated for: i) treatment of postmenopausal women with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy; ii) treatment to increase bone mass in men with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy; iii) treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer. In these patients Prolia also reduced the incidence of vertebral fractures; iv) treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer. **DOSEAGE AND ADMINISTRATION** The recommended dose of Prolia is 60 mg administered as a single subcutaneous injection once every 6 months. Administer Prolia via subcutaneous injection in the upper arm, the upper thigh, or the abdomen. All patients should receive calcium 1000 mg daily and at least 400 IU vitamin D daily. **CONTRAINDICATIONS** Hypocalcemia and pregnancy, as well as hypersensitivity to any component of the product. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE** **Hypersensitivity:** Clinically significant hypersensitivity including anaphylaxis has been reported with Prolia. Symptoms have included hypotension, dyspnea, throat tightness, facial and upper airway edema, pruritus, and urticaria. **Hypocalcemia and Mineral Metabolism:** Hypocalcemia may be exacerbated by the use of Prolia. Pre-existing hypocalcemia must be corrected prior to initiating therapy with Prolia. Hypocalcemia following Prolia administration is a significant risk in patients with severe renal impairment [creatinine clearance < 30 mL/min] or receiving dialysis. Adequately supplement all patients with calcium and vitamin D. **Osteonecrosis of the Jaw (ONJ):** ONJ has been reported in patients receiving Prolia. The start of treatment or of a new course of treatment should be delayed in patients with unhealed open soft tissue lesions in the mouth. A dental examination with preventive dentistry and an individual benefit-risk assessment is recommended prior to treatment with Prolia in patients with concomitant risk factors. All patients should be encouraged to maintain good oral hygiene, undergo routine dental check-ups, and immediately report any oral symptoms such as dental mobility, pain or swelling, or non-healing of sores or discharge during treatment with Prolia. While on treatment, invasive dental procedures should be performed with caution and avoided in close proximity to Prolia treatment. **Atypical Subtrochanteric and Diaphyseal Femoral Fractures:** Atypical low-energy or low trauma fractures of the shaft have been reported in patients receiving Prolia. Patients should be advised to report new or unusual thigh, hip, or groin pain. **Multiple Vertebral Fractures (MVF):** Following discontinuation of Prolia treatment, fracture risk increases, including the risk of multiple vertebral fractures. If Prolia treatment is discontinued, consider transitioning to an alternative antiresorptive therapy. **Serious Infections:** Serious infections leading to hospitalization were reported in clinical trial. Advise patients to seek prompt medical attention if they develop signs or symptoms of severe infection, including cellulitis. **Dermatologic Adverse Reactions:** Dermatitis, eczema, and rashes. Most of these events were not specific to the injection site. Consider discontinuing Prolia if severe symptoms develop. **Musculoskeletal Pain:** Severe and occasionally incapacitating bone, joint, and/or muscle pain. Consider discontinuing use if severe symptoms develop. **Suppression of Bone Turnover:** In clinical trials treatment with Prolia resulted in significant suppression of bone remodeling as evidenced by markers of bone turnover and bone histomorphometry. **Osteonecrosis of the external auditory canal:** Osteonecrosis of the external auditory canal has been reported with denosumab. Possible risk factors include steroid use and chemotherapy and/or local risk factors such as infection or trauma. **INTERACTIONS** In subjects with postmenopausal osteoporosis, Prolia 160 mg subcutaneous injection did not affect the pharmacokinetics of midazolam, which is metabolized by cytochrome P450 3A4 (CYP3A4), indicating that it should not affect the pharmacokinetics of drugs metabolized by this enzyme in this population. **PREGNANCY AND LACTATION** **Pregnancy:** Category X. **Breast-feeding:** It is not known whether Prolia is excreted into human milk. **PEDIATRIC, GERIATRIC AND RENAL IMPAIRMENT** **Pediatric:** Prolia is not recommended in pediatric patients. **Geriatric:** No overall differences in safety or efficacy were observed in clinical studies between elderly patients and younger patients and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. **Renal Impairment:** No dose adjustment is necessary in patients with renal impairment. **UNDESIRABLE EFFECTS** The most common adverse reactions reported with Prolia in patients with postmenopausal osteoporosis are back pain, pain in extremity, musculoskeletal pain, hypercholesterolemia, and cystitis. The most common adverse reactions reported with Prolia in men with osteoporosis are back pain, arthralgia, and nasopharyngitis. The most common (per patient incidence ≥ 10%) adverse reactions reported with Prolia in patients with bone loss receiving androgen deprivation therapy for prostate cancer or adjuvant aromatase inhibitor therapy for breast cancer are arthralgia and back pain. Pain in extremity and musculoskeletal pain have also been reported in clinical trials. The most common adverse reactions leading to discontinuation of Prolia in patients with postmenopausal osteoporosis are back pain and constipation. **OVERDOSE** There is no experience with overdose with Prolia. Abbreviated Prescribing Information Version: HKPROPI01

Reference: 1. Henry G Bone, Rachel B Wagman, Maria L Brandi, et al. *The Lancet Diabetes & Endocrinology* 2017;7(Vol 5):513-523.

Please read the full prescribing information prior to administration and full prescribing information is available upon request. This material is for the reference and use by healthcare professionals only. For medical enquiries and adverse event reporting, please contact Medical Information at 800961142 (English only). Prolia® and 博力加® are registered trademarks owned or licensed by Amgen Inc., its subsidiaries, or affiliates.

The Board of Education is pleased to let you know that there would be some online seminars to be conducted via the GoToWebinar platform in the coming months with the details below:

Online Seminars

Dates and Time	Topics	Speaker(s)	Moderator(s)
7 Nov (Sat) 2:00 – 4:00 p.m.	Skin care and new treatment options for atopic dermatitis <i>Organized by Interest Group in Dermatology</i> <i>Sponsored by Ego Pharmaceuticals Hong Kong Limited</i>	Dr. Chan Yung <i>Specialist in Dermatology & Venereology</i>	Dr. Lam Wing Wo <i>The Hong Kong College of Family Physicians</i>

QR Code for registration

7 Nov 2020 (Sat)



Accreditation : 7 Nov : 2 CME Point HKCFP (Cat. 4.3)
2 CME Point MCHK (pending)

Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

Online Monthly Video Session

Dates and Time	Topics	Speakers
30 Oct (Fri) 2:30 – 3:30 p.m.	Knee Osteoarthritis	Dr. Ho Ka Ki, Leo <i>Specialist in Orthopaedics & Traumatology</i>
27 Nov (Fri) 2:30 – 3:30 p.m.	Approach to Chest Pain in Primary Care and Management Update on Angina	Dr. Ho Kwok Tung, Gordon <i>Specialist in Cardiology</i>

QR Code for registration

30 Oct 2020 (Fri)

27 Nov 2020 (Fri)



Accreditation : 1 CME Point HKCFP (Cat. 4.2)
1 CME Point MCHK (pending)

Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

***CME points would be given for self-study at online recorded CME lectures only if participating doctors have not attended the same live CME lectures and completed the relevant quiz.**

Admission Fee : Member Free
(for all online seminars) Non-member HK\$ 100.00 for each session

For non-members, please contact the secretariat for registration details. All fees received are non-refundable nor transferable.

Registration Method : Please register via the registration link to be sent by email later or scan the QR code above. For enquiry about registration, please contact Ms. Katie Lam by email to education@hkcfp.org.hk or call 2871 8899. Thank you.

Notes :

- In case of over-subscription, the organiser reserves the right of final decision to accept registration.
- The link to join the webinar **SHOULD NOT** be shared with others as it is unique to each individual who has completed prior enrolment procedures. If additional attendee(s) is/are found using the same unique link to join the webinar with you, all attendees joining the lecture via your unique link would be dismissed. You can only login with one device at a time.
- CME point(s) would only be given to those on the pre-registration list and attended the lecture.
- Members who have attended less than 3/4 of the length of the webinar may not be able to receive CME. Final decision would be subject to the approval of the related Board / Committee.
- Please be reminded to complete and submit the *MCQs or survey after the session for HKCFP and MCHK CME point(s) accreditation. (*MCQs/ True or False Questions; 50% or above of correct answers are required)**
- Please be reminded to check the system requirements beforehand to avoid any connection issues.
- Due to copyright issue, please note private recording of the lecture is prohibited.
- Registration will be closed 3 days prior to the event.



Certificate Course: Sunday Update for Primary Care Doctors

Sponsored by GlaxoSmithKline Limited

The Board of Education is pleased to announce that a series of Sunday Update for Primary Care doctors would be held from Sep – November 2020. The online seminars will be conducted via the GoToWebinar platform with the details below:

Dates and Time	Topics	Speakers
20 Sep (Sun) 2:00 – 4:00 p.m.	Advancement in Paediatric Vaccines	Dr. Yu Chak Man <i>Specialist in Paediatrics</i>
	Life Course Immunization	Prof. Tam Siu-lun, John <i>Adjunct Professor, Department of Applied Biology and Chemical Technology, The Hong Kong Polytechnic University, HK.</i>
4 Oct (Sun) 2:00 – 4:00 p.m.	A New Take on Fundamentals of Asthma Control	Dr. Chan Lee, Veronica <i>Specialist in Respiratory Medicine</i>
8 Nov (Sun) 2:00 – 4:00 p.m.	Combined Allergic Rhinitis and Asthma Syndrome (CARAS): Synergy in controlling asthma & improving AR symptoms	Dr. Chau Kin Wai <i>Specialist in Paediatric Respiratory Medicine</i>
15 Nov (Sun) 2:00 – 4:00 p.m.	Benign Prostate Hyperplasia (BPH) Management: Improving Patient Outcomes with Early intervention	TBC <i>TBC</i>

QR Code for registration

20 Sep 2020 (Sun)	4 Oct 2020 (Sun)	8 Nov 2020 (Sun)	15 Nov 2020 (Sun)

Accreditation : 2 CME Point HKCFP (Cat. 4.3)
2 CME Point MCHK (pending)

Certificate : For those who have attended 3 sessions or more would be given a “Certificate of Attendance”.

Admission Fee : Member Free
Non-member HK\$ 100.00 for each session

For non-members, please contact the secretariat for registration. All fees received are non-refundable nor transferable.

Please register via the registration link to be sent by email later or scan the QR code above. For enquiry, please contact Ms. Katie Lam by email to education@hkcfp.org.hk or call 2871 8899. Thank you.

Notes:

- In case of over-subscription, the organiser reserves the right of final decision to accept registration.
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- Please be reminded to complete and submit the *MCQs or survey after the session for HKCFP and MCHK CME point(s) accreditation. (*MCQs/ True or False Questions; 50% or above of correct answers are required)**
- Please be reminded to check the system requirements beforehand to avoid any connection issues.
- Due to copyright issue, please note private recording of the lecture is prohibited.
- Registration will be closed 3 days prior to the event.

Structured Education Programmes

Free to members
HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
4 Nov 2020 (Wed)			
2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Management & set up of pharmacy Dr. Chan Fung Yuen & Dr. Zhu Yin	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Trust: The Keystone of the Doctor-Patient Relationship Dr. Leung Sau Chun & Dr. Wan Kwong Ha	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Immunisation Dr. Chang Hsu Wei & Dr. Ma Ka Yee	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital (Videoconference)	Emergency care in burn injury Dr. Patrick Leung	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Introduction to Lap Dr. Fan Wei Chen & Dr. Lau Sin Mei	Mr. Alex Kwok Tel: 5569 6405
5 Nov 2020 (Thu)			
4:00 – 6:00 p.m.	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Is Patient Autonomy Unlimited? Dr. Yap Tsun Hee & Dr. Lee Sik Kwan	Ms. Eliza Chan Tel: 2468 6813
11 Nov 2020 (Wed)			
2:00 – 5:00 p.m.	Room 7, 8/F, Yau Ma Tei Jockey Club General Out-patient Clinic	Common symptoms in Dermatology (2) (pigmented skin lesion, hair and nail problem) Dr. Mak Shen Rong, Sharon & Dr. Yu Kwun Nam	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Clinical Approach to Anxiety Disorder with Case Illustrations Dr. Lam Sze Yan	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Contraception Dr. Ma Man Ki & Dr. Huang Wanshu	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital (Videoconference)	Interesting case review Dr. Ngai Ka Ho	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	CSA video review Dr. Lee Man Mei	Mr. Alex Kwok Tel: 5569 6405
12 Nov 2020 (Thu)			
4:00 – 6:00 p.m.	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Introduction and Criteria of Community Resources for Patients Suffering from Major Psychiatric Illness and their Families Dr. Leung Hor Yee & Dr. Yung Hiu Ting	Ms. Eliza Chan Tel: 2468 6813
18 Nov 2020 (Wed)			
2:00 – 5:00 p.m.	Room 7, 8/F, Yau Ma Tei Jockey Club General Out-patient Clinic	Informed Consent Dr. Lee Kin Lun Community resource : Physiotherapist Ms. Luk Lai Mei, May	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Vaccine: What is not Covered in Government Vaccination Program in Children? Should We Recommend it? Dr. Chan King Hang	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	Health care delivery system in HK Dr. Chan Ki Fung, Dickson & Dr. Leung Lai Ting	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital (Videoconference)	The Red book: Hong Kong Medical Council's Professional Code and Conduct Dr. Chole Leung	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Management of chronic disease: update of practical management of atrial fibrillation Dr. Chung Hiu Yeung & Dr. Choi Man Kit	Mr. Alex Kwok Tel: 5569 6405
19 Nov 2020 (Thu)			
4:00 – 6:00 p.m.	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Updates in Osteoporosis Dr. Chan Chi Ho & Dr. Lam Wai Yiu	Ms. Eliza Chan Tel: 2468 6813
25 Nov 2020 (Wed)			
2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Bowel Cancers Screening Dr. Jiao Fangfang & Dr. Sun Dione Tinoi	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Update Management of CV Disease Including IHD and AF Dr. Chiu Kwan Ki	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Alternative Medicine Dr. Wong Chung Ming & Dr. Fung Wai Yee	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital (Videoconference)	Common Symptoms Complaints- Weight Change Dr. Alex Leung	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Burn Out in Health Care Worker Dr. Chung Hiu Yeung & Dr. Choi Man Kit	Mr. Alex Kwok Tel: 5569 6405
26 Nov 2020 (Thu)			
4:00 – 6:00 p.m.	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Women Health Service in Hong Kong Dr. Lam Kang & Dr. Tang Hoi Yan	Ms. Eliza Chan Tel: 2468 6813

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
18 Oct 2:00 – 4:00 p.m. Orthopaedic Workshop	19	20	21 2:00 – 7:30 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	22 4:00 – 6:00 p.m. Structured Education Programme 6:30 p.m. Post Exit Exam Evaluation Workshop	23	24 2:30 – 6:30 p.m. DFM – Module III Update Seminar & Module II Tutorial Session
25 2:00 – 4:00 p.m. Online Certificate Course for GPs	26	27	28 2:00 – 7:30 p.m. Structured Education Programme	29 4:00 – 6:00 p.m. Structured Education Programme	30 2:30 – 3:30 p.m. Video Session	31 2:30 – 5:30 p.m. DFM – Musculoskeletal Workshop
1 Nov Conjoint OSCE Exam	2	3	4 2:00 – 7:30 p.m. Structured Education Programme	5 4:00 – 6:00 p.m. Structured Education Programme	6	7 2:00 – 4:00 p.m. Interest Group in Dermatology 2:30 – 5:00 p.m. DFM Module IV
8 2:00 – 4:00 p.m. Online Certificate Course for GPs	9 7:00 – 8:30 p.m. Exit Exam CSA Information Seminar for candidates	10	11 2:00 – 7:30 p.m. Structured Education Programme	12 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	13	14 2:15 – 4:15 p.m. Interest Group in EBM 2:30 – 5:00 p.m. DFM – Module III Update Seminar
15 2:00 – 4:00 p.m. Online Certificate Course for GPs	16	17 8:30 p.m. HKCFP Council Meeting	18 2:00 – 7:30 p.m. Structured Education Programme 7:00 – 9:00 p.m. Exit Exam - Refresher Training Course for Examiners 2020 (PA)	19 4:00 – 6:00 p.m. Structured Education Programme 7:00 – 8:00 p.m. Online CME Lecture	20	21 2:30 – 5:00 p.m. DFM Module IV
22 2:00 – 4:30 p.m. Annual Refresher Course	23	24 2:00 – 3:30 p.m. Annual Refresher Course 7:00 – 9:00 p.m. Exit Exam - Refresher Training Course for Examiners 2020 (CSA)	25 2:00 – 7:30 p.m. Structured Education Programme	26 4:00 – 6:00 p.m. Structured Education Programme 2:00 – 3:30 p.m. Annual Refresher Course	27 2:30 – 3:30 p.m. Video Session	28

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Red : Education Programmes by Board of Education
Green : Community & Structured Education Programmes
Purple : College Activities



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2nd row (from left to right): Dr. Maria Leung, Dr. Heidi Fung, Dr. Cheuk Christina, Dr. Leung Lok Hang, Prof. Martin Wong and Dr. Tam John Hugh
Front row (from left to right): Dr. Law Tung Chi, Dr. Tsui Hiu Fa, Dr. Judy Cheng, Dr. Catherine Ng, Dr. Wendy Tsui, Dr. Natalie Yuen, Dr. Anita Fan and Dr. Natalie Siu

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