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## Message from the President

The fourth wave of COVID-19 in Hong Kong reached its peak as we said goodbye to the challenging year of 2020. Clusters of COVID-19 outbreaks happened from time to time and there were a couple of outbreaks in public hospitals towards the end of last December due to asymptomatic patients with community-acquired infection. The needs for stopping the invisible transmission chain and enhanced infection control measures especially for vulnerable patients and frontline medical staff are most imminent. The government has also continued to conduct compulsory testing for relevant contacts of cases.

As doctors, we face pressure in our daily practice and have to make difficult decisions even when confronted with uncertainties. Dame Clare Marx, the General Medical Council (GMC) Chair, mentioned recently in her GMC website that responding to this pandemic would require us to do things differently, to be flexible, and to work right to the edge of our comfort zone, and in some cases beyond. I would like to take this opportunity to thank all of you for your professionalism and resilience in the ongoing fight against the coronavirus.

2021 has arrived with the good news that several COVID-19 vaccines may be available in Hong Kong in the near future as part of the global vaccination programme, so there may be light at the end of the tunnel. Due to the current pandemic, several new vaccines against COVID-19 have been developed for urgent use around the world, including in mainland China and several overseas countries thus far. The government has called a consultation meeting among the healthcare sector representatives and subsequently announced in the media that a central

expert panel would be in charge of the vaccination programme and they would examine the available clinical data about the new vaccines including their efficacies and side effect profiles before making recommendations on their use in Hong Kong.

Due to the different formulations of the various brands of new vaccines, their requirements for logistics, transportation and storage are not exactly the same. Government sources also mentioned in the media that tentatively the vaccinations would be provided via four main channels, including community vaccination centres to be set up in 18 districts, by private clinics, by outreaching teams for some elderly target groups, and by public clinics. Further details about the COVID-19 vaccination programmes are expected to be announced by the government soon.

The World Health Organisation (WHO) pointed out recently that the COVID-19 pandemic, as a health crisis of historic proportions, has shown us just how closely connected we all are. (<https://www.who.int/news/item/30-12-2020-covid-19-anniversary-and-looking-forward-to-2021>) We now have the opportunity to help each other along the way, from sharing vaccines fairly, to offering accurate advice, compassion and care to all who need, as one global family. We must grasp this moment together diligently. In the meantime, we must keep adhering to the tried and tested means of maintaining social distance, wearing face masks, practising hand and

*(Continued on page 2)*



## Message from the President (Con't)

*(Continued from page 1)*

environmental hygiene. These simple, yet effective measures will help reduce the potential morbidity and mortality as well as suffering in the community.

As mentioned previously, the District Health Centre (DHC) is a government initiative intending to be a key component of the public healthcare system in a bid to enhance the public's awareness of disease prevention as well as their self-health management capabilities. The government has planned to have DHCs in all 18 districts. Our College has set up a DHC taskforce and would like to ascertain our members' views on DHCs and hence a short online survey has been sent out by our Research Committee to that effect. We look forward to your help in filling in the survey and 1 CME point will be allocated to members who have completed the survey by the stated deadline.

It was with great sadness that we learned about the passing away of Dr. Cynthia Shiu Yee Chan in Canada in December last year. Dr. Chan has been a well respected Family Physician working in the Chinese University of Hong Kong and then in the Hospital Authority before returning to Canada. She has also

been contributing towards the work of our College actively throughout the years. Dr. Chan has continued to share with our colleagues in Hong Kong on several occasions even after she has returned to work in Canada by coming back to deliver talks in conferences in Hong Kong as well as in CME lectures of the College. Dr. Chan has been a role model and a mentor for many family doctors across the generations. She will surely be missed. Our thoughts are very much with Dr. Chan's family. May she rest in peace.



The Family Medicine Team of CUHK in 1994 (from left to right): Dr. David Chao, Dr. Cynthia Chan, Prof. Wes Fabb and Dr. Nang Fong Chan

Please keep well and stay safe.

Wishing you all a very healthy and happy 2021!

**Dr. David V K CHAO**  
President

## HKCFP Survey

### Family Doctors' Perception of the District Health Centre (DHC) in Hong Kong

#### Introduction to District Health Centre and our Survey

Dear Members,

The mission and vision of District Health Centres are for People to become engaged with medical professionals in the community providing quality care and will benefit from the improvement of their health and well-being. This leads to a reduction in the need for secondary and tertiary care, hospitalisation and generates wider social benefits.

Care managers and member of the Primary Healthcare team at the District Health Centres establish a Partnership with Family Doctors to complement the services offered by them. The team aims at assisting Family Doctors in the monitoring and follow up on individual self-managing health plans as well as coordinate the supportive ancillary services required to provide holistic comprehensive care to patients.

We seek your opinion on your views of the arrangement at the District Health Centres and value in your opinion as to how to enable the District Health Centres and the Primary Healthcare team to fulfill her mission and vision.

Dr. Donald KT LI  
Censor, The Hong Kong College of Family Physicians

1. Please complete the survey by Friday, 22 January 2021.
2. Please spend about 15 minutes to complete the survey.
3. 1 CME point will be given to members who have completed the survey by the deadline. Please make sure either one of your HKCFP membership ID and MCHK registration number is correctly filled in the following fields.

Your participation will be invaluable to all of us.

Professor Samuel Wong  
Chairman, Research Committee





**Dr. Cynthia Shiu Yee CHAN**  
(1952 – 2020)

I am deeply saddened to learn that Dr. Cynthia Shiu Yee Chan has passed away in Canada on 12 December 2020.

Cynthia has been my colleague and a long term friend since the 1990's when she was working as Associate Professor of the Department of Community and Family Medicine (the predecessor of the Jockey Club School of Public Health and Primary Care) at the Chinese University of Hong Kong. Subsequently, I had the great privilege to work with Cynthia again as she moved on to become Consultant in Family Medicine in the Hospital Authority to help train up the next generations of family doctors before returning to work in Canada.

Throughout her career, Cynthia has demonstrated her immense dedication to Family Medicine training and assessment, which is indeed most outstanding even to this date. She has been a great Family Medicine teacher, role model, and friend to many over the years. She has always been courteous and kind towards her patients, colleagues, friends and students alike.

During her time with us in Hong Kong, Cynthia has also contributed actively towards the Collegial activities, including being a Council Member (1992-1996) and a Member of the Board of Conjoint Examination in various capacities (1989 – 2005), namely Chairman of Conjoint Examination Committee, Chief Examiner, Oral Segment Coordinator, Management Interview Coordinator, and Examiner.

We have lost a true Family Physician, a dear friend and a mentor, who has worked tirelessly over the years to advocate for the discipline of Family Medicine.

Our most sincere condolences go to Cynthia's family.

May Cynthia rest in peace.

Dr. David V K Chao  
President  
The Hong Kong College of Family Physicians

31 December 2020

## THIRTY-FIFTH CONJOINT HKCFP/RACGP FELLOWSHIP EXAMINATION FIRST ANNOUNCEMENT

The Board of Conjoint Examination is pleased to announce the following information on the Thirty-fifth Conjoint Fellowship Examination with the Royal Australian College of General Practitioners to be held in 2021.

### (1) REQUIREMENTS AND ELIGIBILITY

All candidates **MUST** be FULL OR ASSOCIATE members of BOTH HKCFP AND RACGP\* at the time of application for the Examination and at the time of the Conjoint Examination.

(\*Documentary evidence is required with the application – including a valid RACGP number.)

**(Note :** All candidates are required to renew their RACGP membership for the year 2021/2022 before 31 July 2021. Failure to comply with the rule may result in denial of admission to the Exam.)

In addition, they must be EITHER CATEGORY I OR CATEGORY II CANDIDATES: -

- (a) **CATEGORY I CANDIDATES** are graduate doctors (FULLY OR LIMITED registered with the Hong Kong Medical Council) who are undergoing or have completed a fully approved vocational training programme as outlined in the College's Handbook for Vocational Training in Family Medicine.

After satisfactory completion of two years of approved training, Category I candidates or trainees may apply to sit the Written Examination, both the two segments of which must be taken at the same attempt. After satisfactory completion of four years of supervised training, Category I candidates may apply to sit the Clinical Examination.

**(Note:** For Category I candidates who have enrolled in the vocational training program before 31 December 2018, and who apply for the award of RACGP Fellowship before 1 March 2021, they will remain entitled to be awarded FRACGP. All other candidates are eligible to apply for the award of International Conjoint RACGP Fellowship (ICFRACGP).

All Category I candidates who are current vocational trainees and apply to sit the Written Examination **MUST** submit evidence of completion of at least 15 months of approved training by 31 March 2021, together with the application. Those current vocational trainees who apply for the Clinical Examination **MUST** submit evidence of completion of at least 39 months of approved training by 31 March 2021, together with the application. Candidates who have already completed vocational training **MUST** submit evidence of completion of vocational training, together with the application.

Part-time trainees must submit evidence of completion of their vocational training by the time of the Written Examination before they can apply to sit the examination.)

- (b) **CATEGORY II CANDIDATES** are doctors who are FULLY registered with the Hong Kong Medical Council and have been predominantly in general practice in Hong Kong for not less than **five** years by 30 June 2021.

Category II candidates may opt to only sit for the Written Examination at the first and subsequent application.

Enquiries about eligibility to sit the examination should be directed to the Chairman of the Board of Conjoint Examination.

**The eligibility of candidates of both categories is subject to the final approval of the Board of Conjoint Examination, HKCFP.**

**Application will not be processed unless all the documents are submitted with the application form.**

### (2) FORMAT AND CONTENTS

- A. Written Examination  
Applied Knowledge Test (AKT)\*, and  
Key Feature Problems (KFP)

*\*Note: Multiple Choice Questions (MCQ) has been renamed as Applied Knowledge Test (AKT) from Conjoint Exam 2018, with no major change on the exam format.*

- B. Clinical Examination  
Objective Structured Clinical Examination (OSCE)

### (3) PRE-REQUISITE FOR CLINICAL SEGMENTS

All candidates applying to sit for the Clinical Examination of the Conjoint Fellowship Examination **MUST** possess a APCLS (Advanced Primary Care Life Support) certificate issued by the HKCFP\*. The validity of this certificate must cover the time of the Clinical Examination.

**Application will not be processed unless the pre-requisite is fulfilled.**

*\*Note: In regarding the APCLS certificate issued by the HKCFP, the dates of APCLS workshops & examinations for 2021 will be confirmed in due course. Please register with our College secretariat at 2871 8899 IMMEDIATELY if you do not hold a valid APCLS certificate issued by HKCFP and intend to sit for the Conjoint Examination 2021.*

**(4) CRITERIA FOR A PASS IN THE EXAMINATION**

A candidate will be required to pass the entire Written Examination in one sitting. That is, if one fails the Written Examination, both the AKT and KFP segments have to be re-taken. Successful Written Examination result can be retained for three years (until the Clinical Examination of 2024).

The Clinical Examination can only be taken after successful attempt of the Written Examination. If one fails the Clinical Examination, all the OSCE stations have to be re-taken.

A candidate has to pass both the Written and the Clinical Examinations in order to pass the Conjoint HKCFP/RACGP Fellowship Examination.

**(5) APPLICATION AND EXAMINATION FEES**

Application forms are available from the College Secretariat at Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. You may also download the application forms from our College website, <http://www.hkcfp.org.hk>. Please note that the deadline for application is **7 April 2021 (Wednesday)**.

For both **CATEGORY I** or **CATEGORY II CANDIDATES**:

**Application Fee:** \$3,000\*

**Examination Fee:**

- Full Examination (Written + Clinical) \$32,000
- Written Examination \$16,000
- Clinical Examination \$16,000

Please make the cheque payable to **“HKCFP Education Limited”**. If a candidate applied for the Full Examination **but failed in the Written Examination, the Clinical Examination fee (\$16,000) will be refunded.**

**(6) REFUND POLICY**

If a candidate wishes to withdraw from the examination, and written notice of withdrawal is received by the College 60 days or more prior to the date of the examination, he will receive a refund of \$32,000 (for the whole examination), \$16,000 (for the written examination) or \$16,000 (for the clinical examination). The application fee of \$3,000 will not be refunded.

No refund will be given if the written notice of withdrawal is received by the College within 60 days of the date of the examination.

All fees paid are not transferable to subsequent examinations.

**(7) IMPORTANT DATES**

- |                            |  |
|----------------------------|--|
| • 7 April 2021 (Wednesday) | Closing Date for Applications                    |
| • 15 August 2021 (Sunday)  | Conjoint Examination – Written Examination (KFP) |
| • 22 August 2021 (Sunday)  | Conjoint Examination – Written Examination (AKT) |
| • [Date to be confirmed]   | Conjoint Examination – OSCE                      |

**(8) ELECTION TO FELLOWSHIP**

Members should be aware that passing the Conjoint Fellowship Examination does NOT equate with election to the Fellowship of either the Hong Kong College of Family Physicians or the Royal Australian College of General Practitioners. Those wishing to apply for Fellowship of either or both College(s) should ensure that they satisfy the requirements of the College(s) concerned.

Entry forms for Fellowship, Membership and Associateship of the Hong Kong College of Family Physicians and the Royal Australian College of General Practitioners are available from both College website ([www.hkcfp.org.hk](http://www.hkcfp.org.hk) / [www.racgp.org.au](http://www.racgp.org.au)). You may also contact the HKCFP Secretariat, Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. Tel: 2871 8899, Fax: 2866 0616.



Dr. Chan Hung Chiu  
Chairman  
Board of Conjoint Examination

## Board of Conjoint Examination News

### Successful Candidates List

The Board of Conjoint Examination is pleased to announce that the following candidates have passed the clinical segment of the 34<sup>th</sup> Conjoint Examination 2020.

Dr. Bien Szu Hsin, Davina	Dr. Lam Ching Man	Dr. Tsai Hung Yu	Dr. Yau Chi Yan
Dr. Chan Yuen Ching	Dr. Li Minru	Dr. Wong Chiu Lun	Dr. Yip Pui Leung
Dr. Chan Yuen Ling	Dr. Lo Wei	Dr. Wong Man Ho	
Dr. Chiu Yuen Man	Dr. Ng Kai Man	Dr. Wong Wing Ning, Rosanna	
Dr. Hui Yuk Ting, Candy	Dr. Ng Pui Yee, Beatrice	Dr. Wong Yu Man	

Congratulations to you all !

### Dr. Peter CY Lee Best Candidate Award 2020

Dr. Ng Kai Man, who had passed the Conjoint HKCFP/RACGP Fellowship Examination at one setting and achieved the best overall performance, will be awarded the Dr. Peter CY Lee Best Candidate Award 2020.

Congratulations to Dr. Ng!

## Our Heartfelt Thanks to all Examiners & Case-writers

### Examiners

The Board of Conjoint Examination would like to take this opportunity to thank all the following examiners for their active participation in various segments of the Conjoint Examination this year.

Dr. Ai Hiu Fay Dawn	Dr. Chao Vai Kiong David	Dr. Ho Kam Wai
Dr. Au Tai Kwan Eva	Dr. Chau Kai Man	Dr. Ho Kin Sang
Dr. Au Yeung Shiu Hing	Dr. Cheng Michael	Dr. Ho Yiu Keung Steven
Dr. Bien Tse Fang Barry	Dr. Cheuk Christina	Dr. Hui King Wai
Dr. Chan Chung Yuk Alvin	Dr. Cheung Hard King	Dr. Hui Kwun Sue Wilson
Dr. Chan Hung Chiu	Dr. Cheung Man Ha	Dr. Hui Ming Tung Eric
Dr. Chan Hung Wai Patrick	Dr. Cheung Mei Yee	Dr. Hung Lok Lam Susanna
Dr. Chan Ka Lok Carroll	Dr. Cheung Pui Shan Cindy	Dr. Hung Wai Yin
Dr. Chan Kin Ling	Dr. Cheung Sze Man	Dr. Ip Pang Fei
Dr. Chan King Hong	Dr. Cheung Wai Keung Paul	Dr. Ip Sui Wah
Dr. Chan Kit Chi Kitty	Dr. Cheung Yau Ling Florence	Dr. Kam Sze Man Silvia
Dr. Chan Kwok Wai	Dr. Cheung Ying Man	Dr. Kan Chi Ho
Dr. Chan Laam	Dr. Ching Kam Wing	Dr. Ko Wai Kit
Dr. Chan Man Hung	Dr. Choi Chuen Ming Clarence	Dr. Kong Che Wan
Dr. Chan Man Li	Dr. Chui Siu Hang Billy	Dr. Kong Yim Fai Albert
Dr. Chan Mei Tak	Dr. Chung Tze Nang John	Dr. Kung Kenny
Dr. Chan Ming Wai Angus	Dr. Dao Man Chi	Dr. Kwan Sin Man
Dr. Chan Sze Luen David	Dr. Fan Wai Man Anita	Dr. Kwok Chung Hon Michael
Dr. Chan Wan Wai	Dr. Fan Yuen Man Cecilia	Dr. Kwong Bi Lok Mary
Dr. Chan Wan Yee Winnie	Dr. Fang Oi Sze Elsie	Dr. Lam Chi Yuen Johnny
Dr. Chan Wing Yan	Dr. Fok Peter Anthony	Dr. Lam Hiu Lam
Dr. Chan Yin Hang	Dr. Foo Kam So Stephen	Dr. Lam Hon Man
Dr. Chan Ying Ho Andrew	Dr. Fung Yuk Kwan	Prof. Lam Lo Kuen Cindy
Dr. Chan Yuen Yan	Dr. Ho Ka Ming	Dr. Lam Paul

Dr. Lam Tak Man Catherine  
 Dr. Lam Wing Kwun  
 Dr. Lam Wing Wo  
 Dr. Lau Ho Lim  
 Dr. Lau Kam Tong  
 Dr. Lau Kin Sang Kinson  
 Dr. Lau Po Shan  
 Dr. Lau Tai Wai  
 Prof. Lee Albert  
 Dr. Lee Chun Kit Tony  
 Dr. Lee Kai Yuen  
 Dr. Lee Man Kei  
 Dr. Lee Siu Yin Ruby  
 Dr. Leung Gin Pang  
 Dr. Leung Kwan Wa Maria  
 Dr. Leung May Heng Sandy  
 Dr. Leung Tsi Mei Violet  
 Dr. Leung Wing Kit  
 Dr. Li Yim Chu  
 Dr. Liang Jun  
 Dr. Lo Chun Hung Raymond  
 Dr. Lo Sze Mon Dana  
 Dr. Lui Luen Pun Benny  
 Dr. Ng Ching Luen  
 Dr. Ng Mei Po  
 Dr. Ng Mei Yee

Dr. Ng Ventura Lorna  
 Dr. Ngai Bernard  
 Dr. Ngai Ka Ho  
 Dr. Ngan Sze Yuen  
 Dr. Or Ka Yan  
 Dr. Pang Siu Leung  
 Dr. Shek Chun Chiu  
 Dr. Shuen Chuen Kwok Mariana  
 Dr. Sin Ka Ling  
 Dr. Siu Pui Yi  
 Dr. So Ching Yee Gloria  
 Dr. Tam Ho Shan  
 Dr. Tam John Hugh  
 Dr. Tam Ka Wae Tammy  
 Dr. Tam Kit Ping  
 Dr. Tam Wah Kit  
 Dr. To Kit Yuk Dorothy  
 Dr. Tong Leon George  
 Dr. Tong Po Hei  
 Dr. Tse Hing Choi  
 Dr. Tse Kwok Ki Keith  
 Dr. Tse Sut Yee  
 Dr. Tse Tung Wing George  
 Dr. Tsim Koon Lan  
 Dr. Tsoi Lai To Sammy  
 Dr. Tsoi Wai Wang Gene

Dr. Tsui Felix  
 Dr. Tsui Hoi Yee  
 Dr. Tsui Wing Sze Wendy  
 Dr. Wan King Tung  
 Dr. Wong Chak Tong  
 Dr. Wong Chi Kwong Roger  
 Dr. Wong Chi Lung  
 Dr. Wong Fai Ying  
 Dr. Wong Kwok Ho  
 Dr. Wong Man Kin  
 Dr. Wong Mong Sze Marcus  
 Dr. Wong Nai Ming  
 Dr. Wong Oi Yee Amy  
 Dr. Wong Pak Hoi  
 Dr. Wong Pak Kin  
 Dr. Wong Suk Ching  
 Dr. Wu Tsz Yuen  
 Dr. Yau Lai Mo  
 Dr. Yeung To Ling Solomon  
 Dr. Yeung Wai Man  
 Dr. Yip Wing Ki  
 Dr. Yiu Ming Pong  
 Dr. Yiu Yuk Kwan  
 Dr. Yuen Fu Lam  
 Dr. Yuen Shiu Man

### Case- writers

We would like to particularly thank the following examiners for their contributions in writing up examination questions and cases in various segments of the Conjoint Examination this year.

Dr. Chan Man Hung  
 Dr. Chan Wan Yee Winnie  
 Dr. Chan Wing Yan  
 Dr. Chan Yin Hang  
 Dr. Cheng Michael  
 Dr. Cheung Hard King  
 Dr. Chui Siu Hang Billy  
 Dr. Fan Yuen Man Cecilia  
 Dr. Ho Ka Ming  
 Dr. Ip Pang Fei  
 Dr. Kwan Sin Man

Dr. Lam Tak Man Catherine  
 Dr. Lam Wing Kwun  
 Dr. Lau Ho Lim  
 Dr. Lau Kam Tong  
 Dr. Lau Kin Sang Kinson  
 Dr. Lee Chun Kit Tony  
 Dr. Leung Kwan Wa Maria  
 Dr. Leung Wing Kit  
 Dr. Siu Pui Yi  
 Dr. So Ching Yee Gloria  
 Dr. Tam Ho Shan

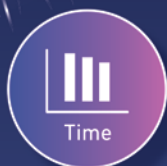
Dr. Tse Sut Yee  
 Dr. Tsim Koon Lan  
 Dr. Tsoi Lai To Sammy  
 Dr. Wan King Tung  
 Dr. Wong Chak Tong  
 Dr. Wong Chi Kwong Roger  
 Dr. Wong Chi Lung  
 Dr. Wong Fai Ying  
 Dr. Wong Man Kin  
 Dr. Yau Lai Mo  
 Dr. Yip Wing Ki

The Board of Conjoint Examination is also extremely grateful for all their contributions and continual support throughout these years.



Dr. Chan Hung Chiu  
 Chairman  
 Board of Conjoint Examination

# Your Trustable Partner with Years of Experience and Confidence<sup>1</sup>



Effective HbA<sub>1c</sub> reduction<sup>2</sup>



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Award-winning SoloSTAR<sup>®</sup> pen<sup>5</sup>



HbA<sub>1c</sub>=glycated haemoglobin. NPH=neutral protamine Hagedorn insulin.

**References:** 1. Drug Office, Department of Health. Available at: <https://www.drugoffice.gov.hk/eps/drug/productDetail/en/consumer/122821>. Accessed: 8 Jun 2020. 2. Davies M, Storms F, Shutler S, et al. Diabetes Care. 2005;28:1282-8. 3. Mullins P, Sharplin P, Yki-Jarvinen H, et al. Clin Ther. 2007;29:1607-19. 4. Lantus<sup>®</sup> Hong Kong prescribing information. 5. Sanofi-aventis. Sanofi-aventis' SoloSTAR<sup>®</sup> insulin pen for Lantus and Apidra receives the prestigious GOOD DESIGN Award. [Press release], 2008 Feb 14.

**Prescribing information:**

**Presentation:** 100 IU/ml Insulin glargine solution for injection. **Indications** For the treatment of adults, adolescents and children aged 2 years and above with diabetes mellitus. **Dosage** Once daily (at the same time every day), with adjusted individual dosage. **Administration** Subcutaneous injection. Lantus is NOT INTENDED FOR INTRAVENOUS USE since it could result in severe hypoglycaemia. **Contraindications** Hypersensitivity to insulin glargine or to any of the excipients. **Precautions** Lantus has not been studied in children below the age of 2 years. Elderly: progressive deterioration of renal function may lead to a steady decrease in insulin requirements. Renal impairment: insulin requirements may be diminished due to reduced insulin metabolism. Hepatic impairment: insulin requirement may be diminished due to reduced capacity for gluconeogenesis and reduced insulin metabolism. Hypoglycaemia. Intercurrent illness. Combination of Lantus with pioglitazone. **Fertility, pregnancy and lactation** Animal studies do not indicate direct harmful effects with respect to fertility and reproductive toxicity. The use of Lantus may be considered during pregnancy if clinical needed. It is unknown whether insulin glargine is excreted in human milk. **Overdose** Insulin overdose may lead to severe and sometimes long-term and life-threatening hypoglycaemia. Mild episodes of hypoglycaemia can usually be treated with oral carbohydrates. More severe episodes with coma, seizure or neurologic impairment may be treated with glucagon (intramuscular or subcutaneous) or concentrated glucose solution (intravenous). **Interactions** Effects enhanced by oral antidiabetics, ACEI, disopyramide, fibrates, fluoxetine, MAOIs, pentoxifylline, propoxyphene, salicylates, sulfonamide antibiotics. Effects reduced by corticosteroids, danazol, diazoxide, diuretics, glucagons, isoniazid, oestrogens and progestogens, phenothiazine derivatives, somatropin, sympathomimetics, or thyroid hormones, atypical antipsychotics and protease inhibitors. Beta-blockers, clonidine, lithium or alcohol may either potentiate or weaken the effects of insulin. Pentamidine may cause hypoglycaemia, followed by hyperglycaemia. The signs of adrenergic counter-regulation may be reduced or absent under the influence of sympatholytic medicinal products such as Beta-blockers, clonidine, guanethidine and reserpine. **Undesirable effects** Hypoglycaemia, Lipohypertrophy, Injection site reactions, Lipoatrophy, Allergic reactions, Visual impairment, Retinopathy, Oedema, Dysgeusia, Myalgia. **Storage:** Before first use: Store in a refrigerator (2°C - 8°C). Do not freeze. After first use: Store below 30°C. Use within 28 days. Away from direct heat or light. Preparations Lantus SoloStar 5 x 3ml (300IU) pre-filled pens. Lantus Vial One 10ml (1000IU) vial per box. **Legal Classification:** Part 1 Poison. **Full prescribing information is available upon request.** API-HK-GLA-17.03

**Sanofi Hong Kong Limited**

1/F & SECTION 212 on 2/F, AXA SOUTHSIDE, 38 WONG CHUK HANG ROAD,  
WONG CHUK HANG, HONG KONG  
Tel: (852) 2506 8333 Fax: (852) 2506 2537

## Board of Vocational Training and Standards News

### Reminder: Submission of Annual Checklist for Basic Training

To all Basic Trainees,

Please be reminded that all basic trainees must submit the **ORIGINAL** annual checklist to the Board of Vocational Training and Standards either by registered post or in-person on or before **29 January 2021 (Friday)**. Late submissions **WILL NOT** be accepted.

The training experience of 2020 will not be accredited if the trainee fails to submit the checklist on or before the deadline.

Basic Training Subcommittee

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

To all Higher Trainees,

Please be reminded that all Higher trainees must submit the **ORIGINAL** annual checklist to the Board of Vocational Training and Standards either by registered post or in-person on or before **26 February 2021 (Friday)**. Late submissions **WILL NOT** be accepted.

The training experience of 2020 will not be accredited if the trainee fails to submit the checklist on or before the deadline.

For the application for certification of completion of higher training, please make sure that the application form and checklist for completion of higher training are completed and returned together with the original copy of your training logbook on or before **26 February 2021 (Friday)**.

Higher Training Subcommittee

### Reminder: Enrolment of Higher Training

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

For those who prepare to sit for the Exit Examination in 2023, please submit the application for higher training on or before **26 February 2021 (Friday)** in order to meet the requirement for sitting the Exit Examination. The application form can be downloaded from the College website.

### Higher Training Introductory Seminar

A Higher Training Introductory Seminar will be held on 26 February 2021 (Friday) for all newly enrolled higher trainees, existing trainees and clinical supervisors. The seminar is designed to help higher trainees and supervisors to understand and get more information of our Higher training programme.

Details of the seminar are as follows:

Speakers : Dr. Fung Hoi Tik, Heidi (Chairlady, Higher Training Subcommittee) &  
Dr. Lui Luen Pun, Benny (Deputy Chairman, Higher Training Subcommittee)  
Date : 26 February 2021 (Friday)  
Time : 7:00 p.m.  
Venue : 802, 8/F Duke of Windsor Building, 15 Hennessy Road, Wan Chai

In case of the escalating situation of COVID-19 in February, the seminar would be rescheduled or changed to online platform. Further announcements will be made in due course.

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

For registration, please fill up the form via scanning the QR code below:



Higher Training Subcommittee

Should you have any enquiries regarding vocational training, please feel free to contact Ms. Tina Fung and Ms. Kathy Lai at 2871 8899 or email to [BVTs@hkcfp.org.hk](mailto:BVTs@hkcfp.org.hk).

Board of Vocational Training & Standards, HKCFP



**Hong Kong  
Primary Care  
Conference**  
The Hong Kong College  
of Family Physicians

# **Hong Kong Primary Care Conference 2021**

## **“Our Finest Hour: Stride Through The Storm”**

**30 July – 1 August 2021 (Friday – Sunday)**

On behalf of the Hong Kong College of Family Physicians and Hong Kong Primary Care Conference 2021 Organizing Committee, we are delighted to announce our annual signature event that will be held online from 30 July – 1 August 2021.

As the world including Hong Kong continues to grapple with the COVID-19 pandemic, a robust primary health care is all the more needed to provide a critical first line of defense and response to keep the community safe and healthy. This year's theme, “Our Finest Hour – Stride through the Storm” highlights the emergence of an even stronger primary health care. Throughout this pandemic our primary health providers can be seen as part of the cornerstone of the global response and recovery from this invisible enemy. We are part of the most inclusive, effective and efficient taskforce which has been deployed to safeguard the health of our people and communities.

Amidst the COVID-19 challenges with its issues of social distancing and infection control concerns, our 2020 HKPCC digital conference has proven to be a successful platform in bringing together over 700 participants from the primary care community. Our 2021 program is no exception when it comes to providing an educational and inspiring experience for our delegates. It will continue as a fertile milieu for bringing together international and local experts, family physicians, nurses and other primary care providers to promote collaborative and networking opportunities. Our program will offer a range of live and on-demand sessions with plenary and seminar speakers, including evaluation of the challenges of COVID-19, clinical updates, research education and many more diverse yet interesting topics.

I am confident that this digital conference will continue to surprise and excite you all!

Sincerely yours,

Dr. Lorna Ng  
Chairlady, Organizing Committee  
Hong Kong Primary Care Conference 2021



**Hong Kong  
Primary Care  
Conference**  
The Hong Kong College  
of Family Physicians

# Hong Kong Primary Care Conference 2021

## “Our Finest Hour: Stride Through The Storm”

30 July – 1 August 2021 (Friday – Sunday)

## Full Research Paper Competition

We cordially invite your participation in the **Full Research Paper Competition** of the HKPCC 2021. The Competition is a long-standing tradition of the College's Annual Conference to promote and recognize well-designed and innovative research which bears potential impact on clinical practice or development of primary care. This year, we will have TWO Awards:

### AWARDS

#### Best Research Paper Award

#### Best Novice Research Paper Award

The HKPCC 2021 Organizing Committee will invite renowned scholars as judges to review the participating papers. Both winners will receive a **Certificate of Award** and will be invited to present their research papers at the conference.

### ELIGIBILITY AND AUTHOR GUIDELINES

For **Best Research Paper Competition**: the first author of the paper must meet ALL of the following conditions:

- (1) The author must register at the Conference;
- (2) The author completes the majority of the research and writing for the paper;
- (3) The author has not used the paper to apply for other awards.
- (4) The paper had not been awarded in other competitions in the past.
- (5) If the paper has already been published, it must be published after 1 January 2019.

For **Best Novice Research Paper Award**: the first author of the paper must meet ALL of the following conditions:

- (1) The author must register at the Conference;
- (2) The author completes the majority of the research and writing for the paper;
- (3) The author has not used the paper to apply for other awards.
- (4) The paper had not been awarded in other competitions in the past.
- (5) If the paper has already been published, it must be published after 1 January 2019.
- (6) The first author must not have published any other research paper in any scientific journal as first author before (for example, The Hong Kong Practitioner, Hong Kong Medical Journal or other academic journals).

The participating paper should be a full-length article. It should include a structured abstract of no more than 250 words. The text should contain at least 2,000 words, organized as **INTRODUCTION, METHODOLOGY, RESULTS and DISCUSSION**. It should consist of no more than 6 illustrations (tables/figures). Only electronic versions are accepted. The full paper should be typed in 12-point size in Microsoft Word format.

### AWARD SELECTION CRITERION

Each paper will be evaluated against the following criteria:

- (1) Academic rigor of the paper (e.g. originality, methodology, organization and presentation).
- (2) Relevance and impact to primary care (e.g. importance of the topic and the impact of the findings on the practice or development of primary care).

The panel reserves the right not to grant an award for the year.

### HOW TO SUBMIT

Please **download the Full Research Paper Submission Form from College's Website** <http://www.hkcfp.org.hk>.

**By Email** – Attach the full research paper with the completed “Full Research Paper Submission Form” and send to [hkpcc@hkcfp.org.hk](mailto:hkpcc@hkcfp.org.hk). All entries will be acknowledged on receipt.

For enquiries, please do not hesitate to contact our Conference secretariat, Ms. Suki Lung or Ms. Crystal Yung, at 2871 8899 or by email [hkpcc@hkcfp.org.hk](mailto:hkpcc@hkcfp.org.hk).

### SUBMISSION DEADLINE

**14 April 2021 (Wednesday)**

*“We look forward to receiving your research articles!”*



**Hong Kong  
Primary Care  
Conference**  
The Hong Kong College  
of Family Physicians

# Hong Kong Primary Care Conference 2021

## “Our Finest Hour: Stride Through The Storm”

30 July – 1 August 2021 (Friday – Sunday)

## Free Paper Competition

Apart from the Full Paper Competition, we also have the **Free Paper Competition** which sees many pioneering research ideas, pilot studies and thought-provoking case studies, commentaries and stimulating discussions. The Free Paper Competition is one of the highlights of the HKPCC and can be in the form of an **ORAL presentation** or **POSTER presentation**. We look forward to your active participation in the Free Paper Competition.

### AWARDS

**Best Oral Presentation Award.**

**Outstanding Poster Presentation Award.**

Both the winners will receive a **Certificate of Award**.

### Author Guidelines

- The presentation of the free paper can be in the form of an **ORAL presentation** or **POSTER presentation**. (The details of oral or poster presentation will be announced later.)
- Electronic version is preferred for abstracts. Abstract should be typed in 12-point size in Microsoft Word format. Handwritten abstracts will NOT be accepted.
- The abstract must not exceed 300 words, and should be organized as follows: **TITLE, AUTHOR(S), INTRODUCTION, METHOD, RESULTS and CONCLUSION**. Commentaries and discussion papers need not follow the above format apart from the TITLE and AUTHOR(S).
- Authors' full names and affiliations must be specified. Surnames should be printed in bold.
- All abstracts must be submitted in English. All accepted abstracts must be presented in English.

### ELIGIBILITY REQUIREMENTS

To be eligible for participation in the free paper presentation, **the first author of the paper must meet ALL of the following conditions:**

- (1) The author (and the presenting author if applicable) must register at the Conference.
- (2) The author completes the majority of the research and writing for the paper.
- (3) The author has not submitted the same paper\* to other conference at the same time period.
- (4) The paper has not been granted any award(s) in the past.
- (5) Only **ONE** designated presenter can present the accepted abstract. Co-authors are welcome to register and attend the session of the conference.
- (6) The Organizing Committee has the right of final decision on the acceptance of an abstract.

\* If the paper has been granted any award(s) in the past, the paper can be submitted for poster presentation only and will be automatically excluded from award competition.

### AWARD SELECTION CRITERIA

For the **Best Oral Presentation Award**, each oral presentation will be evaluated against the following criteria:

- (1) Quality and thoroughness of research methods used to generate findings;
- (2) Quality of visual presentation if applied;
- (3) Relevance, innovation and impact to primary care.

For the **Outstanding Poster Presentation Award(s)**, each poster will be evaluated against the following criteria:

- (1) Quality of visual presentation (poster layout);
- (2) Quality and thoroughness of research methods used to generate findings;
- (3) Relevance, innovation and impact to primary care.

### HOW TO SUBMIT

Please **download the Abstract Submission Form from College's Website** <http://www.hkcfp.org.hk>.

**By Email** – Attach the abstract with the completed “Abstract Submission Form” and send to [hkpcc@hkcfp.org.hk](mailto:hkpcc@hkcfp.org.hk).  
*All entries will be acknowledged on receipt.*

For enquiry, *please do not hesitate to contact our Conference secretariat, Ms. Suki Lung or Ms. Crystal Yung, at 2871 8899 or by email* [hkpcc@hkcfp.org.hk](mailto:hkpcc@hkcfp.org.hk).

### SUBMISSION DEADLINE

**14 April 2021 (Wednesday)**



**Hong Kong  
Primary Care  
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The Hong Kong College  
of Family Physicians

# Hong Kong Primary Care Conference 2021

## “Our Finest Hour: Stride Through The Storm”

30 July – 1 August 2021 (Friday – Sunday)

## Clinical Case Presentation Competition

Following on from the success of the previous years' HKPCC Clinical Case Presentation Competition, the Organizing Committee of the upcoming HKPCC 2021 is honored to organize the competition again this year!

The Presentation can be in the form of individual or group presentation with up to 5 people per group. The details of the competition are listed as below. We look forward to your active participation in the Clinical Case Presentation Competition.

### COMPETITION OUTLINE

- (1) Target participants: Doctors, nurses, physiotherapists, clinical psychologists, occupational therapists, dieticians, podiatrists and any other allied health professionals.
- (2) Presentation materials: Any kind of clinical cases relevant to primary care.
- (3) Presentation format: In the form of individual presentation, role-play, drama or any other possible format for 15 minutes. Either individual or group presentation with up to 5 people per group is acceptable.
- (4) The Organizing Committee has the right of final decision on the acceptance of the cases for the presentation.

### AWARDS

The Best Presentation Award winner will receive a **Certificate of Award**.

### ELIGIBILITY REQUIREMENTS

To be eligible for participation in the Clinical Case Presentation Competition, the presenter must meet ALL the following conditions:

- (1) The presenter must register at the Conference.
- (2) The presentation should be the original work of the participants.
- (3) The candidates should have submitted their presentation proposals prior to the Conference.

### AWARD SELECTION CRITERIA

Each presentation proposal should state the theme, outline of presentation, format (e.g. role-play, drama, video), language and rundown.

Each presentation will be evaluated against the following criteria -

- (1) Quality of presentation.
- (2) Content of presentation: Relevance and impact to primary care, presentation skills and time management, enhancement to patient care in daily practice and useful take home message.

### HOW TO SUBMIT

- **The entry form can be downloaded from our College Website:** <http://www.hkcfp.org.hk>.
- **By Email** - Attach the completed entry form and a presentation proposal and send to "[hkpcc@hkcfp.org.hk](mailto:hkpcc@hkcfp.org.hk)" All entries will be acknowledged on receipt.
- The presentation needs to be submitted prior to the Conference secretariat **on or before 15 July 2021 (Thursday)**.
- If you have any questions concerning the "Clinical Case Presentation", please contact our conference secretariat, Ms. Suki Lung or Ms. Crystal Yung, at 2871 8899 or by email [hkpcc@hkcfp.org.hk](mailto:hkpcc@hkcfp.org.hk).

### ENTRY FORM, PRESENTATION PROPOSAL SUBMISSION DEADLINE

**14 April 2021 (Wednesday)**

### PRESENTATION MATERIAL SUBMISSION DEADLINE

**15 July 2021 (Thursday)**

## Combating the 4<sup>th</sup> wave of COVID-19 in Hong Kong: A Conjoint Effort by Public and Private Doctors

Dr. LEUNG Lok Hang, Will  
Specialist in Family Medicine, Member of the FP Links Committee

In response to the service demand for local COVID-19 situation and an anticipated surge of service demand in winter, Hospital Authority (HA) had ongoing recruitment of Locum Doctors to support the operational needs at both hospitals, as well as Community Treatment Facilities (CTF). Locum Doctors, upon enrollment and training, would be matched for job assignments to provide medical service for HA.

Locum Doctors, matched for CTF assignments, served an important role in providing on-site medical support through tele-care according to the clinical protocol for managing the COVID-19 patients in Asia-world Expo (AWE) which has been reactivated since 25 November 2020. With promulgation through various channels such as the HA official platforms, professional bodies such as the Hong Kong College of Family Physicians (HKCFP) and the Hong Kong Medical Association (HKMA), as well as various media channels, the responses from private doctors were promising in taking up roles as Locum Doctors. Over a hundred of duty sessions were matched for the first two weeks of Locum Doctor duty assignments with support from Primary Care Physicians, Family Medicine Specialists, Physicians,

Surgeons as well as Infectious Disease Specialists and many more doctors from private sectors.

At the current issue of FP Links, we are honoured to have Dr. Steven HO, Specialist in Family Medicine, who served as a Locum Doctor both at General Out-patient Clinic (GOPC) and AWE CTF, to share his valuable experience with Family Physicians peers.

If you are interested to join HA as a Locum Doctor, please visit [www.ha.org.hk/goto/locum](http://www.ha.org.hk/goto/locum)



HA Training Session for Locum Doctors

## A Meaningful Job at AsiaWorld-Expo: Beyond the Call of Duty for COVID-19

Dr. HO Yiu Keung, Steven (Specialist in Family Medicine)

Driven by the vocational sense of service, in September 2020, I, like many colleagues, participated as Team Leader of the Universal Community Testing Program (UCTP), of the Civil Service Bureau. With successive waves of COVID-19 pandemic, both the HKMA and the HKCFP in October 2020 appealed to medical practitioners to provide on-site medical support through tele-care according to Clinical Management Protocol for COVID-19, for managing the COVID Confirmed Cases at AWE CTF of HA.

AWE was originally designed as Arena, Exhibition and for Expo activities. The HKSAR in very short space of time transformed AWE into a Community Treatment Facility

with capacity of over a thousand beds. The target patients and service objectives at CTF are to receive and manage preliminary positive, triage confirmed cases (from community), and those stable stepped-down cases from acute hospitals. On 31 October 2020, I participated in the first Orientation Round at AWE, led by Dr. Larry Lee (Consultant I/C of AWE CTF) and Dr. Polk Wan (Associate Consultant, Accident & Emergency Department, North Lantau Hospital), together with other senior colleagues from HA. I was impressed by the layout of Central Command, beds arrangements, and health care support facilities including daily vital monitoring [riding on e smarthhealth service platform], Chest X-ray (CXR), lab

specimen logistics networks. They are indeed compact and efficient. There are also on-site IT, Admin, Allied Health and Supporting Teams who are very helpful.



Dr. Larry LEE (middle), Dr. Polk WAN (3<sup>rd</sup> from right) and Dr. Will LEUNG (3<sup>rd</sup> from left) with Locum Doctors

I started work at AWE on 30 November 2020. I was overwhelmed by both the hardware and software aspects, more importantly the caring team spirits behind the management. On 2 December 2020, I WhatsApp to Dr. Larry Lee saying "it has been an honour for me to have the opportunity to work at AWE...". Our daily Tele Medicine ward round include using CMS to review daily recorded vitals, such as SpO2 %, CXR, investigation results such as Deep Throat Saliva (DTS) RT-PCR SARS-CoV-2, and SARS-CoV-2 IgG antibody.

All doctors will regularly phone up the patients, to attend to their presenting symptoms and concerns. **I found the most worthwhile and rewarding aspects of my job in the care of COVID Confirmed Cases are the 3 CCCs of to Communicate with, to Comfort and stay Companion with patients through the lonely and difficult times at AWE.** We have patients who arrived straight from the Airport but with no relatives nor friends in HK. AWE also has a mental health direct hotline, operated by psychiatric nurse and supported by psychiatrist.

There is a team of tele-care clinicians providing medical care through a well-structured Clinical Management Protocol. We carry out daily check-list monitoring. On-site clinicians are supported by a daily Infectious Disease Physician rounds, as several patients may need to be transferred out to acute hospital for further care. Many will meet the discharge criteria – including two serial DTS tested negative taken 24 hours apart, or Positive SARS-CoV-2 IgG. Patients are delighted and feel thankful to pick up the phone and be advised that they can be discharged home, being able to meet their family members. As a clinician, I also have the immense sense of gratification, to have the opportunity to take good care of this cohort group of patients in HK.



HA Locum Office Mr. Ken CHOK (1<sup>st</sup> from left) and Ms. Karen WA (1<sup>st</sup> from right) with Locum Doctors

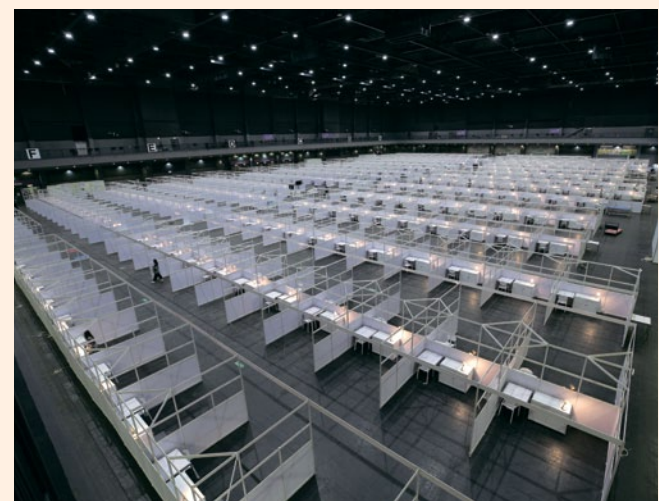
The HA AWE CTF received a recognition in December 2020 from International Hospital Federation (IHF) for being recognized at the "BEYOND THE CALL OF DUTY for COVID-19 Response Recognition Programme, for proactively responding with Outstanding and Innovative action in facing the COVID-19 Pandemic. I am proud to be a member of the HA AWE CTF team, serving people of HK community at this difficult time, to be a companion and a carer of each individual, supporting them through this rare but memorable life event.



Dr. Steven Ho (left) and Dr. Will LEUNG (right) at AWE CTF



AWE CTF's recognition by the International Hospital Federation (IHF)



AWE CTF

## Ketogenic diet – a recipe for weight reduction?

Nearly half of the Hong Kong population are overweight or obese. Body weight control has become a hot topic among the health care professionals as well as the general public. In contrast to the traditional low-fat diet recommended by most health authorities, ketogenic (keto, 生酮) diet is gaining popularity in weight reduction.

### What is keto diet?

A keto diet is high in fat (which provides 90% of calories), moderate in protein and very low in carbohydrates. It is a diet that causes the body to release ketones into the bloodstream. Grains, which constitute to a large proportion in the classic healthy food pyramid, is minimized or even eliminated in the keto diet. Beans and most fruits are also avoided.

### How does it work?

Our body prefer to use blood sugar, which comes from carbohydrates, as the main source of energy. When the body is deprived of carbohydrates (less than 50g intake per day) for two to four days, we start breaking down stored fat into ketones. Once the stage of ketosis is reached, most cells will use ketone bodies to generate energy until we consume carbohydrates again. The process of breaking down stored fat as a source of energy induces weight loss. Keto diet also decreased food intake by regulating appetite and hunger. In one study, obese patients lost 6.34 kg on average with a 4-week ketogenic diet.

### What are the potential benefits?

Keto diet is a valid treatment option for medication-refractory epilepsy. The neuroprotective effects of keto diet in Alzheimer's and Parkinson's disease have been reported. Recently, some studies found that ketogenic diet could significantly decrease body weight, improve glycemic control and reduce cholesterol levels.

### What are the possible side effects?

*Common:*

- Gastrointestinal symptoms: diarrhea, constipation, nausea, vomiting

- Metabolic: dyslipidemia, hypoglycemia
- Bone disease: osteopenia, osteoporosis, fracture
- Laboratory abnormalities: hyperuricemia, hypoproteinemia, hypomagnesemia, Hyponatremia, hepatitis, metabolic acidosis
- Nephrolithiasis
- Carnitine or selenium deficiency

*Uncommon*

- Cardiac abnormalities: cardiomyopathy, prolonged QTc
- Pancreatitis

### Discussion

Very low carbohydrate diet was shown to be effective for short-term weight loss. However, further studies are needed to assess the long-term sustainability, safety, and clinically important endpoints such as obesity-related mortality and morbidity before justifying keto diet as a proper obesity treatment.

Diet programmes may lead to fast and dramatic weight loss, but a common problem is poor long-term adherence and weight regain. Patients should be counselled on the importance of adopting a healthy, longstanding approach to eating. Sustained compliance to a healthy diet, together with regular exercise, is the key to successful weight management.

### Reference:


1. Kossoff EHW. Ketogenic dietary therapies for the treatment of epilepsy. UpToDate. Apr 2020.
2. Impact of a ketogenic diet on metabolic parameters in patients with obesity or overweight and with or without type 2 diabetes: a meta-analysis of randomized controlled trials. Choi YJ. *Nutrients*. 2020 Jul; 12(7):2005.
3. Do ketogenic diets really suppress appetite? A systematic review and meta-analysis. *Obes Rev*. 2015 Jan;16(1):64-76
4. Perreault L. Obesity in adults: Dietary therapy. UpToDate. Jul 2020.

**Complied by Dr. Siu Pui Yi, Natalie**

## perindopril    indapamide    amlodipine

# YOUR POWER TO CONTROL CV EVENTS

**Perindopril**  
**↓ 20%**  
(P=0.0003)  
**CV mortality, nonfatal MI  
& resuscitated cardiac  
arrest<sup>1</sup>**  
(N=13 655)

Perindopril /Indapamide  
 **9%**  
 (P=0.041)  
 Major macrovascular or  
 microvascular event<sup>3</sup>  
 (N=11 140)

Perindopril /Amlodipine  
**↓ 24%**  
 (P=0.0001)  
 CV Mortality<sup>2</sup>  
 (N=19 257)

**Indapamide**  
**↓39%**  
(P=0.05)  
**Fatal stroke<sup>4</sup>**  
(N=3 845)

Perindopril /Indapamide  
↓ **28%**  
(P<0.0001)  
Total stroke<sup>s</sup>  
(N=6 105)

CI=confidence interval, CV=cardiovascular, h=hour, MI=myocardial infarction, NNT=number needed to treat.

**References:** 1. Fox KM. European trial on reduction of cardiac events with Perindopril in stable coronary Artery disease investigators. *Lancet*. 2003;362:782-8. 2. Dahlöf B, Sever P, Poulter NR, et al: ASCOT Investigators. *Lancet*. 2005;366:895-903. 3. Chalmers J, Joshi R, Kengne AP, et al: *J Hypertens* Suppl. 2008;26:S11-5. 4. Beckwith NS, Peters R, Fletcher AE, et al: HVTY Study Group. *N Engl J Med*. 2008;358:1887-96. 5. PROGRESS Collaborative Group. *Lancet*. 2001;358:1033-41. 6. Triplimit Hong Kong Prescribing Information. 7. Hernández R, Armas-Hernández MJ, Chourio JA, et al. *Blood Press Monit*. 2001;6:467-57. 8. Bansal S, Chaturvedi DK, Bameed D, et al. *Indian Heart J*. 2001;53:635-9.

**COMPOSITION\*** Triplixam 7mg/5mg/2.5mg film-coated tablets contains 7 mg perindopril

arginine (per)5 mg/midopride (mido)2.5 mg of indapamide (ind). **INDICATIONS:** Substitution therapy for treatment of essential hypertension, in adult patients already controlled with perindopril/indapamide fixed dose combination and indapamide, taken at the same dose level. **DOSEAGE AND ADMINISTRATION:** One film-coated tablet per day, preferably in the morning and before a meal. The fixed dose combination is not suitable for initial therapy. If a change of the dosology is required, titration should be done with the individual components. **Renal impairment:** contraindicated in patients with severe renal impairment (C<sub>cr</sub> below 30 mL/min). **Monitor creatinine and potassium.** Etorb: can be treated when renal function is normal or only minimally impaired. Monitor creatinine and

**CONTRAINDICATIONS:** Hypersensitivity to the active substances, to other sulfonamides or to dithyopyridine derivatives, any other ACE-inhibitor or to any of the excipients. Severe renal impairment. Concomitant treatment with other ACE-inhibitors. Concomitant treatment with an inhibitor therapy (see Warnings). Hereditary/idiopathic angioedema. Second and third trimesters of pregnancy (see Warnings and Pregnancy and lactation sections). Lactation (see Pregnancy and lactation section). Hepatic encephalopathy. Severe hepatic impairment. Hypokalaemia. Severe hypotension. Shock, including cardiogenic shock. Severe renal impairment. Severe heart failure. Severe aortic stenosis. Aortic regurgitation. Haemodynamically unstable heart failure after acute myocardial infarction. Concomitant use of Topiramate with alkali-containing products in patients with diabetes mellitus or renal impairment (pKa = 6.0;  $\text{Km} = 150 \text{ mg/L}$ , 7.3m) (see Interaction section), concomitant use with sodium/vitamin supplements (see WARNINGS and INTERACTIONS), extracranial treatment of intracranial hypertension (see WARNINGS and INTERACTIONS), concomitant treatment with a significant blood loss (renal artery stenosis or stenosis of the artery to a single functioning kidney).

**Warnings:** See WARNINGS. Special warnings: Photosensitivity: stop treatment if severe photosensitivity develops. Intestinal angiodysplasia: stop treatment and monitor until complete resolution of symptoms. Angiodysplasias associated with laryngeal oedema may be fatal. Concomitant use of mTOR inhibitors (eg, sirolimus, everolimus, temsirolimus) in patients may be at increased risk for angioedema (ie, swelling of the airways or tongue with or without respiratory impairment). Combination with sacubitril/valsartan (contraindicated due to the increased risk of angioedema). Sacubitril/valsartan must not be initiated until 36 hours after taking the last dose of perindopril therapy. Perindopril therapy must be discontinued before starting sacubitril/valsartan. ACE inhibitors have been reported to cause other NPE inhibitors (ie, nifedipine) and ACE inhibitors may also increase the risk of angioedema. *Anaphylactoid reactions* (acute decompensation, temporary withdrawal).

**Neutropenia/agranulocytosis/thrombocytopenia/anemia:** caution if collagen vascular disease, immunosuppressant therapy, treatment with allopurinol or procainamide, or combination of these complicating factors, especially if pre-existing impaired renal function. Monitoring of white blood cell counts. **Dual blockade of the**

**renin-angiotensin-aldosterone system (RAAS):** ACE-inhibitors and angiotensin II receptor blockers should not be used concomitantly in patients with diabetic nephropathy. **Primary aldosteronism:** use not recommended in patients with primary hyperaldosteronism (not responding to drugs acting through inhibition of the renin-angiotensin system). **Pregnancy:** no initiation during pregnancy, stop treatment and start alternative therapy if appropriate.

**Renal function:** In certain hypertensive patients without pre-existing apparent renal lesions, and for whom renal blood tests show renal insufficiency, stop treatment and restart at a low dose or with one constituent only. Monitoring of potassium and creatinine, after two weeks of treatment and then every two months during therapeutic stability period. If bilateral renal artery stenosis is suspected by physical exam and angiography, stop all antihypertensive drugs.

artery stenosis or single functioning kidney: not recommended. Risk of arterial hypotension and/or renal insufficiency (in cases of cardiac insufficiency, water and electrolyte depletion in patients with low blood pressure, renal artery stenosis, congestive heart failure or cirrhosis with oedema and ascites): start treatment at low doses and increase progressively. *Kidney transplantation*: not recommended. *Renovascular hypertension*:

increased risk of hypotension and renal insufficiency in patient with bilateral renal artery stenosis or stenosis of the artery to a single functioning kidney. Diuretics may be a contributory factor. Loss of renal function may occur (minor changes in serum creatinine, even in patients with unilateral renal artery stenosis). **Hepatic encephalopathy:** stop treatment. **Hepatic impairment:** rarely, ACE inhibitors have been associated with

**Precautions for use:** Hypertensive crisis: safety and efficacy not established. Patients with cardiac failure: use with caution. Hydration and water and sodium restriction: Risk

cardiac failure: use with caution. hypotension and water and sodium depletion: risk of sudden hypotension in presence of pre-existing sodium depletion (in particular if renal artery stenosis): Monitoring of plasma electrolytes, re-establish blood volume and pressure, restart treatment at a reduced dose or with only one of the constituents. Sodium levels: More frequent monitoring in elderly and cirrhotic patients. Aortic or mitral valve stenosis: therapeutic monitoring of fluid and electrolyte balance. After renal valve stenosis: therapeutic monitoring of fluid and electrolyte balance.

**stenosis / hypertrophic cardiomyopathy:** Caution if obstruction in the outflow tract of the left ventricle. **Black people:** higher incidence of angiodema and apparently less effective in lowering blood pressure than in non-blacks. **Dry cough.** **Surgery / anaesthesia:** stop treatment one day before surgery. **Diabetic patients:** If insulin dependent diabetes mellitus start treatment under medical supervision with reduced initial dose; monitor blood glucose.

Hyperkalaemia: Monitoring of serum potassium if renal insufficiency, worsening of renal function, age (> 70 years), diabetes mellitus, intercurrent events, in particular dehydration, acute cardiac decompensation, metabolic acidosis and concomitant use of potassium-sparing diuretics, potassium supplements or potassium salts, or other drugs.

associated with increases in serum potassium. **Hypokalaemia:** high risk for elderly and/or malnourished subjects, cirrhotic patients with oedema and ascites, coronary patients, patients with renal failure or heart failure, long QT interval: monitoring of serum potassium. May favor the onset of torsades de pointes, which may be fatal. **Calcium levels:** hypocalcaemia: also treatment before inoculating the parathyroid function. *Use and*

**INTERACTION(S)\*** Contraindicated: alicikiren in diabetic or impaired renal patients; extracorporeal treatments, sacubitril/valsartan. *Not recommended:* alicikiren (in elderly patients), estramustine, co-trimoxazole (trimethoprim/sulfamethoxazole).

potassium-sparing drugs (triamterene, amiloride), potassium salts, lithium, dantrolene (infusion). **Precautions for use:** torsades de pointes inducing drugs, amphotericin B (if oral), glucocorticoids and mineralocorticoids (systemic route), tetracosactide, stimulant laxatives, antidiabetic agents (insulin, hypoglycaemic agents), baclofen  
non-potassium-sparing diuretics, potassium-sparing diuretics (spironone)

spiroinolactone), non-steroidal anti-inflammatory medicinal products (NSAIDs) including aspirin  $\geq 3$  g/day, raccadobril, mTOR inhibitors (sirolimus, everolimus, temsirolimus), CYP3A4 inducers, CYP3A4 inhibitors, digitalis preparations, allopurinol. *Requiring some care:* antihypertensive agents (such as beta-blockers)/vasodilators/micramine-like antidepressants/neuroleptics, clozapine (involuntarily), suxamethonium, succinylcholine, valproic acid.

metformin, tricyclic antidepressants and psychotics/anesthetics, sympathomimetics, corticosteroids/tetracyclides, alpha-blockers (prazosin, alfuzosin, doxazosin, tamsulosin, terazosin), mTOR inhibitors, amifostine, gold, iodinated contrast media, calcium (salts), tacrolimus, ciclosporine, grapefruit or grapefruit juice. **PREGNANCY AND BREASTFEEDING:** Contraindicated during the second and third trimesters of pregnancy.

**BREASTFEEDING\*** Contraindicated during the second and third trimesters of pregnancy and lactation. Not recommended during the first trimester of pregnancy. **FERTILITY\*** Reversible biochemical changes of spermatozoa in some patients treated by calcium channel blockers. **DRIVE & USE MACHINES\*** May be impaired due to low blood pressure that may occur in some patients, especially at the start of treatment. **UNDESIRABLE**

**EFFECTS\*** Very common: oedema. Common: hypersensitivity, dizziness, headache, paraesthesia, vertigo, somnolence, dyspnoea, visual impairment, diplopia, tinnitus, palpitations, flushing, hypotension (and effects related to hypotension), cough, dysnoea, abdominal pain, constipation, diarrhoea, dyspepsia, nausea, vomiting, change of bowel habit, pruritus, rash, rash maculo-papular, muscle spasms, ankle swelling, asthenia

fatigue. Uncommon: rhinitis, eosinophilia, hypersensitivity, hypoglycaemia, hyperkalaemia reversible on discontinuation, hyponatraemia, insomnia, mood altered (including anxiety), depression, sleep disorder, hypoaesthesia, tremor, syncope, tachycardia, arrhythmia (including bradycardia, ventricular tachycardia and atrial fibrillation), vasculitis, bronchospasm, dry mouth, urticaria, angioedema, alopecia, purpura, skin discoloration.

hyperhidrosis, exanthema, photosensitivity reaction, pemphigoid, arthralgia, myalgia, back pain, micturition disorder, nocturia, polyuria, renal failure, erectile dysfunction, gynecomastia, pain, chest pain, malaise, oedema peripheral, pyrexia, weight increased, weight decreased, blood urea increased, blood creatinine increased, fluid, fluid confusion, stop, blood bilirubin increased, haematocrit increased, neutrophils increased, iron, iron

statin, blood bilirubin increased, hepatic enzyme increased, ptosis/aggravation. Very rare agranulocytosis, aplastic anaemia, pancytopenia, leukopenia, neutropenia, haemolytic anaemia, thrombocytopenia, hyperglycaemia, hypercalcaemia, hypotension, neuropathy, peripheral stroke possibly secondary to excessive hypotension in high-risk patients angina pectoris, myocardial infarction, possibly secondary to excessive hypotension in high risk

patients, eosinophilic pneumonia, gingival hyperplasia, pancreatitis, gastritis, hepatitis, jaundice, hepatic function abnormal, erythema multiforme, Stevens-Johnson Syndrome, exfoliative dermatitis, toxic epidermal necrolysis, Quincke's oedema, acute renal failure, haemoglobin decreased and haematocrit decreased. *Not known:* Potassium depletion with hypokalaemia, particularly serious in certain high risk populations, extrapyramidal disorders

(extrapyramidal syndrome), myopia, vision blurred, torsades de pointes (potentially fatal) possibility of onset of hepatic encephalopathy in case of hepatic insufficiency, possible worsening of pre-existing systemic lupus erythematosus, electrocardiogram QT prolonged, blood glucose increased, blood uric acid increased, raynaud's phenomenon. Syndrome of inappropriate antidiuretic hormone secretion (SIADH) can be considered as a very rare side effect.

Perindopril is an inhibitor of the angiotensin converting enzyme (ACE inhibitor) which converts angiotensin I to angiotensin II. Amlodipine is a calcium ion influx inhibitor of the dihydropyridine group (slow channel blocker or calcium ion antagonist) and inhibits the transmembrane influx of calcium ions into cardiac and vascular smooth muscle.

transmembrane influx of calcium ions into cardiac and vascular smooth muscle. Indapamide is a sulfonamide derivative with an indole ring, pharmacologically related to the thiazide group of diuretics. **PRESENTATION\*** Box of 10, 30, 60, 90, 100 film-coated tablets of Triplixem 7mg/5mg/2.5mg. **LES LABORATOIRES SERVIER**, 50 rue Carnot, 92284 Suresnes cedex France. [www.servier.com](http://www.servier.com)

\* For complete information, please refer to the Summary of Product Characteristics for your country.



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## The HKCFP Award for the Best Research of 2020

The Research Committee of the Hong Kong College of Family Physicians is calling for The Award for The Best Research of the Year 2020. All members and fellows of the College are invited to participate and submit their research papers to the Research Committee for selection. The Award will be presented at the Conferment Ceremony in 2021.

**Entry and assessment criteria are listed below:**

### **Entry Criteria:**

- 1. The principal investigator has to be a Member or a Fellow of the Hong Kong College of Family Physicians.*
- 2. The research must be original work of the investigator(s).*
- 3. The research should have been conducted in Hong Kong.*
- 4. The research must have been completed.*
- 5. The paper should be presented under the standard headings of Abstract, Introduction, Methodology, Results, Discussion and Conclusion. References should be listed in full at the end in Vancouver format.*

### **Assessment Criteria:**

- 1. How relevant are the topic and findings to Family Medicine?*
- 2. How original is the research?*
- 3. How well is the research designed?*
- 4. How well are the results analyzed and presented?*
- 5. How appropriate are the discussion and conclusion(s) drawn?*
- 6. How useful are the results for patient care in the discipline of Family Medicine?*
- 7. How much effort is required to complete the research study?*

Each research project submitted will be assessed according to the seven criteria listed above by a selection panel. Each criterion may attract a different weighting to be decided by the selection panel. Please send your submission either:

**By post** to Research Committee, HKCFP, Rm 803-4, 8/F, HKAM Jockey Club Building,  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong;

Or, **by email** to [CrystalYung@hkcfp.org.hk](mailto:CrystalYung@hkcfp.org.hk)

**DEADLINE OF SUBMISSION: 31 March 2021**

*Supported by HKCFP Foundation Fund*

## HKCFP Research Fellowship 2021

### Introduction

---

The HKCFP Research Fellowship was established by the Hong Kong College of Family Physicians to promote research in Family Medicine. The Grant is up to the value of HK\$ 100,000. Applicants are expected to have regular contact with a nominated supervisor with Master or equivalent degree or above.

### Eligibility

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Applicants for the HKCFP Research Fellowship must be an active Fellow, Full Member or Associate Member of the HKCFP. New and emerging researchers are particularly encouraged to apply. However, full-time academic staff of Universities would not be eligible to apply.

### Selection criteria

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Application will be judged on\*:

- Training potential of applicants
- Relevance to family medicine and community health
- Quality
- Value for money
- Completeness (incomplete or late applications will not be assessed further)

*\* Please note that new researchers and those at an early stage of their research careers are defined as those who have not led a major research project or have fewer than 5 years of research experience.*

### How to apply

---

1. Application form, terms and conditions of the Fellowship can be downloaded from [www.hkcfp.org.hk](http://www.hkcfp.org.hk) or obtained from the College Secretariat, HKCFP at Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. Tel: 2871 8899 Fax: 2866 0616
2. Applicants must submit:
  - The completed application form;
  - The signed terms and conditions of the HKCFP Research Fellowship;
  - Curriculum vitae from the principal investigator;
  - Curriculum vitae from the co-investigator(s) (no more than two pages) AND,
  - Curriculum vitae from the supervisor.
3. Applications close on: **31 March 2021**. Late applications will not be accepted.
4. Applications can be either sent:
 

**By post** to Research Committee, The Hong Kong College of Family Physicians, Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong; Or, **by email** to [CrystalYung@hkcfp.org.hk](mailto:CrystalYung@hkcfp.org.hk)

*Supported by HKCFP Foundation Fund*

## Meeting Highlights

### Online Dermatology Training Seminar on Management of Common Skin Problems in General Practice

19<sup>th</sup> December 2020

We would like to thank Dr. Luk Chi Kong, David, Specialist in Paediatrics for delivering the dermatology seminar.



Dr. Kwong Hon Kei (left, Moderator) presenting a souvenir to Dr. Luk Chi Kong, David (right, Speaker)

### Online 40<sup>th</sup> Annual Refresher Course 2020

8<sup>th</sup> session on 8 December 2020

Dr. Tai Kei Yan, Specialist in Orthopaedics & Traumatology, delivered a lecture on "Ten Common Orthopaedic Disorders".



Dr. Yvonne Lo, (right, Moderator) presenting a souvenir to Dr. Tai Kei Yan (left, Speaker)

9<sup>th</sup> session on 11 December 2020

Dr. Yap Yat Hin, Desmond, Specialist in Nephrology, delivered a lecture on "Hyperuricemia in Chronic Kidney Disease - The Impact on Disease Course and Management".

10<sup>th</sup> session on 13 December 2020

The last session of ARC 2020 was held on 13 December 2020. We would like to thank Dr. Chan Wai Kwong Andy, Specialist in Cardiology, for delivering a lecture on "Advance in Individualization of Antiplatelet Therapy"; and Dr. Lee Chi Ho Paul, Specialist in Endocrinology, Diabetes & Metabolism, for delivering a lecture on "New Era of SGLT2i: Looking beyond A1c in Cardio-renal Disease Management".



Dr. Lorna Ng (left, Moderator) presenting a souvenir to Dr. Lee Chi Ho, Paul (right, Speaker)

## Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following application for membership in **November 2020**:

### Student Membership (New Application)

Miss LI Sze Wai

李詩慧

## FP Links Committee News

### Time to Go Green

The Hong Kong College of Family Physicians always encourages the use of the electronic copy to replace printed copy in order to reduce paper consumption. Since 2009, all issues of Family Physicians Links (FP Links) have been accessible from college website [http://www.hkcfp.org.hk/fplinks\\_40.html](http://www.hkcfp.org.hk/fplinks_40.html)

To be in line with the College's Go Green policy, College members would be recommended to obtain our FP Links ONLINE from now on.

Members who would like to stop receiving physical copies of FP Links in future, please scan the QR code and unsubscribe from our hard copy database. Mailing of FP Links will be discontinued from the following month (i.e. February) onwards.

Please join us together in reducing paper consumption and helping conserve natural resources!

For enquiries, please contact the College Secretary Mavis at 2871 8899.

HKCFP Secretariat

The Hong Kong College of Family Physicians

Address : Rooms 803-4, HKAM Jockey Club Building,  
99 Wong Chuk Hang Road, Aberdeen

Email : [membership@hkcfp.org.hk](mailto:membership@hkcfp.org.hk)

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## Interest Group in Dermatology – The 77<sup>th</sup> Meeting on 7 November 2020

Dr. CHOW Tsz Wang, Dr. SHEN Yu Wei, Dr. TAI Lik and Dr. ZHAO Haifeng

**Theme : Skin care and new treatment options for atopic dermatitis**

**Speaker : Dr. CHAN Yung**  
*Specialist in Dermatology and Venerology*

**Moderator : Dr. LAM Wing Wo**  
*Board of Education*

### Learning points

Atopic eczema is a common and chronic relapsing, pruritic inflammatory skin condition that can affect all age groups. It affects up to 20% of children and 3% of adults worldwide and has a strong genetic risk.

The UK diagnostic criteria for atopic eczema is an itchy skin condition plus 3 or more of the following:

- onset below age of 2
- history of skin crease involvement (including cheeks in children under 10 years old)
- personal history of other atopic disease (or history of any atopic disease in a first degree relative in children under 4 years old)
- visible flexural dermatitis (or dermatitis of cheeks/forehead and outer limbs in children under 4 years old)

The management of atopic eczema includes patient education, skin care, topical or systemic medications and phototherapy.

Skin care includes: Emollients (eg, glycol and glyceryl stearate, soy sterols); Occlusive agents (eg, petrolatum, dimethicone, mineral oil); Humectants (eg, glycerol, lactic acid, urea).

Other ingredients:

1. Ceramides: play a vital role in epidermal barrier function. Reduced levels of Ceramides are observed in people with psoriasis, eczema, and other dry skin conditions. For topical ceramide products to have a positive effect on the barrier function of compromised skin they must be delivered in the correct 3:1:1 ratio with cholesterol and free fatty acids.
2. Tars: can provide long-term success, longer remissions and less rebound dermatitis. There are three common tars, coal tar, pine tar, and ichthamol, which can be used in psoriasis, dermatitis and pruritis.

Topical steroids are the mainstay of anti-inflammatory therapy for active and preventive treatment of atopic dermatitis relapses. For acute flares, use of topical steroids is recommended every day for up to several weeks at a time until the inflammatory lesions are significantly improved. Intermittent use of mid potent topical steroid as maintenance therapy (1–2 times per week for up to 40 weeks) on areas that commonly flare is recommended to help prevent relapses. Wet-wrap therapy is another choice for significant flares or recalcitrant cases. The duration of wet-wrap therapy is usually from several days to 2 weeks.

Topical calcineurin inhibitors (TCIs) is second line therapy for patients over the age of 2 who have not responded adequately to topical steroid. There are two types of TCIs. 0.1% tacrolimus (Protopic) is used for moderate to severe eczema, while 0.03% Tacrolimus and 1% pimecrolimus (Elidel) are used for mild to moderate eczema. TCIs can be applied to sensitive areas including the face, anogenital, and skin folds. They should not be used in immunocompromised patients or applied over acute infected area. If signs and symptoms of atopic dermatitis do not improve within 6 weeks, patients should be re-examined.

Crisaborole is a novel PDE-4 inhibitor approved by FDA for the treatment of patients aged 3-month and older with mild-to-moderate atopic dermatitis. The network meta-analysis showed crisaborole was superior to pimecrolimus and comparable to tacrolimus 0.1% or 0.03%.

IL-4 antagonist has now been approved for patients above 6 years old, with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription or when topical therapy are not advisable. As an example, Dupilumab has shown its effects to improve the pruritus, symptoms of anxiety and depression. Usually, Dupilumab is given with loading dosage of 600mg, then 300mg every other week.

There are four types for contact dermatitis: Allergic contact dermatitis, irritant contact dermatitis, systemic contact dermatitis, and photo-contact dermatitis. Allergic contact dermatitis differs from irritant contact dermatitis in acute onset after first exposure, presenting decrescendo phenomenon. Red swollen, or ulcerative lesion with boundaries, in contrast of vesicles with ill defined margins are always found. For systemic contact dermatitis, the allergen is exposed in a systemic routine, while photocontact dermatitis happens after certain chemicals contact then sun exposure.

Allergy tests are indicated for patients of specific groups of people for upper mentioned diseases, or certain allergic diseases. It includes skin patch test, skin prick test, and specific IgE test.



Group photo of trainees and coordinator  
(from left to right) Dr. Zhao Haifeng, Dr. Tai Lik, Dr. Shen Yu Wei, Dr. Chow Tsz Wang and Dr. Lam Wing Wo (Coordinator)

## Advanced Primary Care Life Support (APCLS) Training and Examination Workshop 2021

As required by the Royal Australian College of General Practitioners (RACGP), CPR training course needs to have advance component on airway management, neck support and automated external defibrillation (AED) on top of basic life support. In order to align with our Sister College (RACGP) and in achievement of reciprocal recognition in Conjoint Fellowship Examination and Quality Assurance Certificate, the CPR Subcommittee of the Board of Education is pleased to announce that an enhanced CPR course, the Advanced Primary Care Life Support (APCLS) had been launched in 2017.

APCLS course materials have been endorsed by HKCFP Council in 2015 and the Resuscitation Council of Hong Kong (RCHK) in 2016. The course aims to widen the scope of our existing CPR training course by adding several important elements: use of automated external defibrillator (AED), use of airways adjuncts and dealing with initial trauma care through use of neck support.

Tentatively, 2 APCLS Training and Examination Workshops will be held in 2021 **(27 – 28 February & 20 – 21 March 2021)**.

As no one is guaranteed to pass in the first attempt, members who plan to sit for the 2021 Conjoint Examination are strongly advised to register in our APCLS session. Members are reminded that a valid HKCFP APCLS Certificate is a pre-requisite for enrolment of the Conjoint Examination. Members who plan to sit for the 2021 Conjoint Examination are also reminded to check the validity of their HKCFP APCLS Certificate to make sure that it is valid at the time of application and also at the time Clinical Examination. HKCFP APCLS certificates are valid for 2 years.

**Please note the schedule of APCLS sessions might be affected due to COVID-19. Announcement would further be made in case there is a change of schedule.**

**27 – 28 February / 20 – 21 March 2021  
Saturday and Sunday**

### APCLS Training and Examination Workshop

Time	2:00 p.m. - 6:00 p.m.
Venue	8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Talks	1. Advanced Primary Care Life Support-Principles and Techniques 2. Advances in CPR and use of Automated External Defibrillator (AED) 3. Use of Airway Insertion and Cervical Injury Management 4. Updates in Guidelines
Training	Hands-on training, supervised by HKCFP APCLS Instructors
Accreditation	3 CME Points HKCFP (Cat. 4.4) 3 CPD Points HKCFP (Cat. 3.11) for passing the APCLS Examination
Co-organizer	Resuscitation Council of Hong Kong

Admission Fee:

#### Members and Non-members

(Attend Training and Examination Workshop) **HK\$900.00**

#### Members with expired APCLS certificate issued by HKCFP

(Attend Training and Examination Workshop) **HK\$500.00**

Successful candidates will be awarded an APCLS Certificate which is valid for 2 years, which is also accredited by the Resuscitation Council of Hong Kong. Please contact Ms. Katie Lam at 2871 8899 for registration on/ before **19 February (Friday) for the February session and 12 March (Friday) for the March session.**

#### LATE APPLICATIONS WILL NOT BE ENTERTAINED.

**Please take note of some of the infection controls measures as below:**

- College staff shall check your temperature upon arrival and participants are required to complete & submit a health declaration form before entering the training venues.
- Please note participants **with fever ( $\geq 38^{\circ}\text{C}$ )** and/or any respiratory symptoms are **not allowed** to take part in the event named above and should seek medical attention promptly.

#### \*REMARKS:

1. You are not allowed to take the APCLS training workshop and examination during your pregnancy.
2. Priority will be given to candidates, who had taken the Conjoint HKCFP/RACGP Fellowship Examination and DFM Examination in 2020, and for those who have applied to sit for the Conjoint HKCFP/RACGP Fellowship Examination in 2021 and the Diploma of Family Medicine Examination (2020-21).



**Men and family members of NPC patients are advised to stay alert**

## A silent killer NASOPHARYNGEAL CARCINOMA

### Take2 Prophecy Test for NPC

- **Research & Development** | Invented by a world-class research team of the Chinese University of Hong Kong <sup>5,6</sup>
- **Test Accuracy** | Demonstrates high accuracy (>97% sensitivity) and low false-positive rate at 0.7% <sup>6</sup>
- **Non-Invasiveness** | Requires blood sample only
- **Clinical Application** | Enables early diagnosis, and hence results in a better prognosis <sup>5</sup>
- **World-Leading Technology** | Applies patented Next Generation Sequencing-based genetics technologies <sup>6</sup>

### Risk Factors of NPC

- Men or women who live in the southern part of China and Southeast Asia <sup>1</sup>
- Aged over 40 <sup>2</sup>
- Smoking <sup>1</sup>
- Having a diet rich in salt-cured fish and meats <sup>1</sup>
- Frequent exposure to other carcinogens <sup>1</sup>
- Frequent exposure to formaldehyde or chemicals <sup>4</sup>
- Family history of NPC <sup>3</sup>
- Infection with Epstein-Barr virus <sup>1</sup>

### Early Detection. Timely Protection.

#### Our Screening Tetralogy:



Positive result: Follow-up with Ear, Nose & Throat Specialists  
Negative result: Perform regular health check-ups

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References:  
1. Chua MLK, Wee JTS, Hui EP, Chan ATC. Nasopharyngeal carcinoma. The Lancet. 2016;387(10022):1012-1024. doi:10.1016/s0140-6736(15)00055-0. 2. Li K, Lin GZ, Shen JC, Zhou Q. Time Trends of Nasopharyngeal Carcinoma in Urban Guangzhou over a 12-Year Period (2000-2011): Declines in Both Incidence and Mortality. Asian Pacific Journal of Cancer Prevention. 2014;15(22):9899-9903. doi:10.7314/apjcp.2014.15.22.9899. 3. Ng WT, Choi CW, Lee MCH, Chan SH, Yau TK, Lee AWM. Familial nasopharyngeal carcinoma in Hong Kong: epidemiology and implication in screening. Fam Cancer. 2009;8(2):103-108. doi:10.1007/s10689-008-9213-9. 4. Vaughan TL, Stewart PA, Teschke K, et al. Occupational exposure to formaldehyde and wood dust and nasopharyngeal carcinoma. Occup Environ Med. 2000;57(6):376-384. doi:10.1136/oem.57.6.376. 5. Chan KCA, Woo JKS, King A, et al. Analysis of Plasma Epstein-Barr Virus DNA to Screen for Nasopharyngeal Cancer. N Engl J Med. 2017;377(6):513-522. doi:10.1056/NEJMoa1701717. 6. Lam WKJ, Jiang P, Chan KCA, et al. Sequencing-based counting and size profiling of plasma Epstein-Barr virus DNA enhance population screening of nasopharyngeal carcinoma. Proc Natl Acad Sci U S A. 2018;115(22):E5115-E5124. doi:10.1073/pnas.1804184115.

Disclaimer:  
(A) Patients who have had organ transplant, currently have cancer or autoimmune diseases, and those currently receiving systemic glucocorticoid or immunosuppressive treatment are not recommended for NPC screening using our test.  
(B) Please consult healthcare professionals.

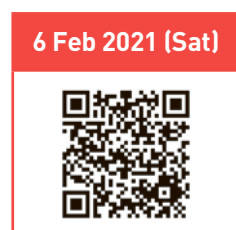
# BOARD OF EDUCATION NEWS

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

## Online Seminar

Date and Time	Topic	Speakers
6 Feb (Sat) 2:00 – 4:00 p.m.	<b>Online Mental Health Seminar: COVID-19 and Mental health impact on Family, Adolescent and Children</b> <i>Organized by Interest Group in Mental Health &amp; Psychiatry</i>	<b>Dr. Chan Suen Ho, Mark</b> <i>General Practitioner and Honorary Clinical Associate Professor, CUHK</i>

### QR Code for registration



**Accreditation :** 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

Date and Time	Topic
29 Jan (Fri) 2:30 – 3:30 p.m.	<b>“Prediabetes: Why &amp; How should we Treat?” by Dr. Chow Chun Chung, Francis</b>
26 Feb (Fri) 2:30 – 3:30 p.m.	<b>“Approach to a child with snoring in primary care setting” by Dr. Leung Ngan Ho, Theresa</b>

### QR Code for registration



**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.**

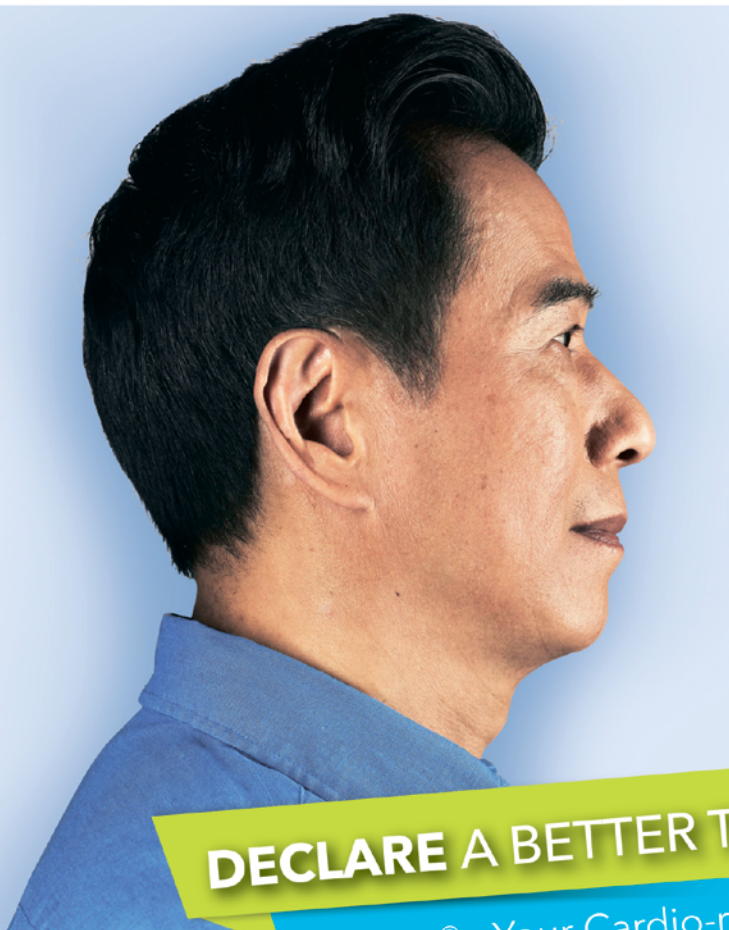
**Admission Fee :** Member Free  
(for all online seminars) Non-member HK\$ 100.00 for each session  
*For non-members, please contact the secretariat for registration details. All fees received are non-refundable nor transferable.*

**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](mailto: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.
- Please note you can just attend **ONE** CME activity at a time. If it's found you are attending more than one CME activity simultaneously by the CME administrator later, you may NOT be able to receive the CME point(s).
- Members who have attended less than 75% of the length of the online lecture 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.

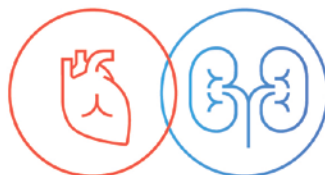
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CV death or hospitalisation for HF\*

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**↓47%**

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\* HF alone was a separate, nominally significant exploratory endpoint in the DECLARE trial – the primary endpoint composite of CV death/HF was driven by HF.

† Nominally significant, prespecified exploratory outcome.

ASCVD=atherosclerotic cardiovascular disease. CV=cardiovascular. CVOT=cardiovascular outcome trial. HF=hospitalisation for heart failure. HF=heart failure. SGLT2i=sodium-glucose cotransporter 2 inhibitors. T2DM=type 2 diabetes mellitus.

Reference: 1. Wiviott SD, et al. N Engl J Med 2019;380:347-57.

**Abridged Prescribing Information (API)**

**FORXIGA® (dapagliflozin)**

**Composition:** Dapagliflozin propanediol monohydrate film coated tablet, 5 mg or 10 mg. **Therapeutic Indications:** For the treatment of insufficiently controlled type 2 diabetes mellitus in adults as an adjunct to diet and exercise, either as monotherapy when metformin is considered inappropriate due to intolerance, or in addition to other medicinal products for the treatment of type 2 diabetes. **Dosage and Administration:** Recommended dose is 10 mg to be taken orally once daily at any time of day with or without food. Tablets are to be swallowed whole. In patients with severe hepatic impairment, a starting dose of 5 mg is recommended. **Contraindications:** Hypersensitivity to the active substance or to any of its excipients. **Warnings and Precautions:** Renal function, risk of volume depletion and/or hypotension should be taken into account in patients. Dosage of insulin and sulphonylurea (SU) may need to be readjusted to reduce the risk of hypoglycaemia. May add to the diuretic effect of thiazide and loop diuretics and may increase the risk of dehydration and hypotension. Use with caution in patients with increased risk of diabetic ketoacidosis; on anti-hypertensive therapy with a history of hypotension; elderly (≥ 65 years). Treatment should be temporarily interrupted when volume depleted; when treating pyelonephritis or urosepsis; in patients who are hospitalized for major surgical procedures or acute serious medical illnesses, until ketone values are normal. Should not be initiated in patients with a GFR < 60 ml/min; with type 1 diabetes; with hereditary problems of galactose intolerance, the total lactase deficiency, or glucose-galactose malabsorption. Discontinue if GFR is persistently below 45 ml/min; if suspected or diagnosed diabetic ketoacidosis; if Fournier's gangrene is suspected; when pregnancy is detected; while breast-feeding. Limited or no data in cardiac failure; pregnancy; and paediatric population. **Adverse Reactions:** Very common: hypoglycaemia when used with SU or insulin. Common: vulvovaginitis, balanitis and related genital infections, urinary tract infection, dizziness, rash, back pain, dysuria, polyuria, dyslipidaemia, decreased creatinine renal clearance (during initial treatment), and increased haematocrit. Uncommon: Fungal infection, volume depletion, thirst, constipation, dry mouth, nocturia, vulvovaginal and genital pruritus, increased blood creatinine (during initial treatment), increased blood urea, and decreased weight. Rare: diabetic ketoacidosis. Very rare: necrotising fasciitis of the perineum (Fournier's gangrene), angioedema. Not known: acute kidney injury. **Drug Interactions:** Coadministration with rifampicin may reduce dapagliflozin systemic exposure; coadministration with mefenamic acid may increase dapagliflozin systemic exposure. Monitoring glycaemic control with 1,5-AG assay is not recommended in patients taking SGLT2 inhibitors. **Storage:** Store below 30 °C. **Local prescribing information is available upon request. API.HK.FOR.0720**

Please contact HKPatientSafety@astrazeneca.com for reporting of Individual Case Safety Report (ICSR) to AstraZeneca Hong Kong Limited.

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## Structured Education Programmes

Free to members

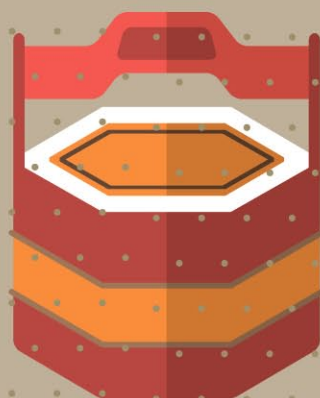
HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
<b>03 Feb 2021 (Wed)</b>			
2:00 – 5:00 p.m.	Video Conferencing at: Room 7 & Room 19, 8/F, YMT GOPC, EK GOPC (new block 1/F Room 10) and Multifunction Room, FALKK	<b>Child &amp; Adolescent psychological problems</b> Dr. Lo Chak Yui & Dr. Hung Pui Shan	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	<b>Update Management of Endocrine Disease with Cases Sharing- Thyroid Disorder</b> Dr. Yu Yi fung	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F HMB, Tseung Kwan O Hospital	<b>Consultation process, models of consultation</b> Dr. Ma Man Ki & Dr. Wong Chung Ming	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	<b>Update in cancer screening</b> Dr. Fung Yat Wang Andrew & Intern	Mr. Alex Kwok Tel: 5569 6405
5:00 – 7:00 p.m.	ZOOM - Videoconference	<b>Updates in childhood immunisation/vaccination</b> Dr. Cheung Cheuk Kan	Ms. Cherry Wong Tel: 2589 2342
<b>04 Feb 2021 (Thu)</b>			
4:00 – 6:00 p.m.	Videoconference & Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>Management of Depression in Patients with End Stage Illness</b> Dr. Chiu Kwan Ki & Dr. Wong Fai Ying	Ms. Eliza Chan Tel: 2468 6813
<b>10 Feb 2021 (Wed)</b>			
2:00 – 5:00 p.m.	Video Conferencing at: Room 7 & Room 19, 8/F, YMT GOPC, EK GOPC (new block 1/F Room 10) and Multifunction Room, FALKK	<b>Management of common musculoskeletal complaints</b> Dr. Zhu Yin & Dr. Law Wing Sze	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	<b>Clinical Approach to Patients with Suicidal Ideation</b> Dr. Sheng Wei Yang & Dr. Hung Fung	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F HMB, Tseung Kwan O Hospital	<b>Approach to patients with poorly differentiated symptoms</b> Dr. Chan Ki Fung Dickson & Dr. Wong Bo Hang	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	<b>FM model in chronic disease management</b> Dr. Chau Chuen, Queena & Dr. Chu Pui Ling, Candice	Mr. Alex Kwok Tel: 5569 6405
5:00 – 7:00 p.m.	ZOOM - Videoconference	<b>Trainee Feedback Meeting</b> Dr. Chou Chun Wing, Stephen	Ms. Cherry Wong Tel: 2589 2342
<b>11 Feb 2021 (Thu)</b>			
4:00 – 6:00 p.m.	Videoconference & Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>Update Management of Urological Disease - LUTS and Urological Stone Diseases</b> Dr. Lam Wai Yiu & Dr. Cheuk Tat Sang	Ms. Eliza Chan Tel: 2468 6813
<b>17 FEB 2021 (Wed)</b>			
2:00 – 5:00 p.m.	Video Conferencing at: Room 7 & Room 19, 8/F, YMT GOPC, EK GOPC (new block 1/F Room 10) and Multifunction Room, FALKK	<b>Practice management</b> Dr. Chan Kam Sheung & Dr. Kelly Sara Jane	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	<b>Ways to Prevent Cardiovascular Disease - How would you Recommend Weight Control</b> Dr. Tsang Lai Ting	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F HMB, Tseung Kwan O Hospital	<b>Common symptoms in Geriatrics (incontinence/ instability/ fall)</b> Dr. Chang Hsu Wei & Dr. Ma Ka Yee	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	<b>Review on ECG abnormalities in primary care</b> Dr. Choi Man Kit, York & Dr. Chu Pui Ling, Candice	Mr. Alex Kwok Tel: 5569 6405
5:00 – 7:00 p.m.	ZOOM - Videoconference	<b>Common symptoms complaint-headache</b> Dr. Kwan Tsz Yan	Ms. Cherry Wong Tel: 2589 2342
<b>18 FEB 2021 (Thu)</b>			
4:00 – 6:00 p.m.	Videoconference & Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>HPV Vaccine, Updates?</b> Dr. CHAN Chi Ho & Dr. TONG Ka Hung	Ms. Eliza Chan Tel: 2468 6813
<b>24 FEB 2021 (Wed)</b>			
2:00 – 5:00 p.m.	Video Conferencing at: Room 7 & Room 19, 8/F, YMT GOPC, EK GOPC (new block 1/F Room 10) and Multifunction Room, FALKK	<b>1) Review of functional food &amp; dietary supplement (And dietary advice to chronic disease)</b> Dr. Tso Sau Lin <b>2) Consultation Enhancement (Video consultation)</b> Dr. Hui Alice Sau Wei & Dr. Cheung Ada Sze Wai	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	<b>Sexual Violence Case Management</b> Dr. Lam Sze Yan	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F HMB, Tseung Kwan O Hospital	<b>1) Update on management of Parkinsonism</b> Dr. Fung Wai Yee <b>2) KEC DM Case Conference</b> Ms. Maisy Mok (Nurse Consultant - Diabetes)	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	<b>Introduction to district health centers</b> Dr. Lai Sheung Shiu	Mr. Alex Kwok Tel: 5569 6405
<b>25 FEB 2021 (Thu)</b>			
4:00 – 6:00 p.m.	Videoconference & Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>Vaccination in Pregnancy</b> Dr. Chan Ching & Dr. Yim Chi Ling	Ms. Eliza Chan Tel: 2468 6813

香港家庭醫學學院

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# COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
17 <b>Jan</b>	18	19	20 2:00 – 7:30 p.m. Structured Education Programme	21 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	22	23
24	25	26	27 2:00 – 7:30 p.m. Structured Education Programme	28 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	29 2:30 – 3:30 p.m. Video Session	30 2:30 – 5:30 p.m. DFM Module III Seminar
31	1 <b>Feb</b>	2	3 2:00 – 7:30 p.m. Structured Education Programme	4 4:00 – 6:00 p.m. Structured Education Programme	5	6 2:00 – 4:00 p.m. Interest Group in Mental Health 2:30 – 5:30 p.m. DFM Consultation Skills Workshop II
7	8	9	10 2:00 – 7:30 p.m. Structured Education Programme	11 4:00 – 6:00 p.m. Structured Education Programme	12	13
14	15	16	17 2:00 – 7:30 p.m. Structured Education Programme	18 4:00 – 6:00 p.m. Structured Education Programme	19	20
21	22	23 9:00 p.m. Board of Conjoint Examination Meeting	24 2:00 – 7:30 p.m. Structured Education Programme	25 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	26 2:30 – 3:30 p.m. Video Session 7:00 p.m. Higher Training Introductory Seminar	27 2:00 – 6:00 p.m. APCLS Training Workshop

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

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### Contact and Advertisement Enquiry

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