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Message from the President

The World Health Organisation (WHO) has designated B.1.1.529 as a Variant of Concern and Omicron was the name given to this latest variant of COVID-19 virus towards the end of November. This variant has been demonstrated to have a large number of mutations and is the most divergent variant during the COVID-19 pandemic thus far. Concerns have been raised that Omicron may be associated with much greater transmissibility, reduction in vaccine effectiveness, and higher risk for reinfections. (<https://www.info.gov.hk/gia/general/202111/27/P2021112700808.htm?fontSize=1>) The Centre for Health Protection (CHP) also announced in late November that they have been monitoring and following up the latest development of the mutant strain closely. The Government also implemented the most stringent boarding and quarantine requirements for inbound traffic, including arranging arriving passengers from specified high risk places to stay in quarantine centre for seven days and additional testing.

Despite it is still early days before we know more about the new variant of concern, experts are advising booster jabs to help building up the defence against the Omicron as some initial data revealed that even after 2 doses of COVID-19 vaccines, the antibody levels would decline over time. As mentioned in my November message, our local government has started to do so in November already. The National Health Service (NHS) in the UK is also putting a lot of emphasis on the booster jabs, aiming to provide the third vaccination to adults in UK by the end of

the year. (<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-booster-vaccine/>) Likewise, some initial findings in Australia also demonstrated that having a booster jab increases neutralising antibodies which helps to enhance protection against the virus. (<https://www1.racgp.org.au/newsgp/clinical/omicron-a-significant-challenge-to-two-dose-vaccin>)



Therefore, for people who have not yet received the first COVID-19 vaccination, please go ahead and do so if no contraindication existed. And those who are yet to get the second one, please go ahead to do so. And for those who are in the priority groups, please get the third jab at the earliest opportunity to get better protection against the virus. Family doctors are again in the pole position to advise the people in the community and provide vaccinations when needed. Thank you and please continue with your excellent work in building the community's defence against the COVID-19 invasion.

In addition, as reminded by the WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, "Omicron is spreading at a rate we have not seen with any previous variant. I need to be very clear: vaccines alone will not get any country out of this crisis. It's not

(Continued on page 2)

Message from the President

(Continued from page 1)

vaccines instead of masks, distancing, ventilation or hand hygiene. Do it all. Do it consistently. Do it well.”

Thanks to the great work of the Hong Kong Primary Care Conference (HKPCC) Organising Committee and the College Secretariat, I am pleased to provide you with an advanced notice that our HKPCC 2022 would be held from 17th to 19th of June 2022. The Conference theme is entitled, “Committed. Versatile. Ever-growing: Primary Health Care in the Time of COVID”. There would be plenary sessions, theme-based seminars, interactive workshops and discussion forum. In addition, clinical case

competition and full and free paper competitions would be open for your active participations too. We hope to provide an inspiring platform for bringing together international and local experts in addressing present and future healthcare challenges. Please stay tuned for further conference details to be announced and disseminated through our usual College communication channels.

Please keep well and stay safe.

Dr. David V K CHAO
President



Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **October 2021 – November 2021**:

Transfer to NON-HKSAR Fellowship

Dr CHUNG Sze Pok	鍾 思 博
Dr LO Sze Mon	羅 思 敏
Dr WONG Pui Ling	王 佩 玲

Student Membership (New Application)

Mr WONG Chi Yeung	黃 志 揚
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Withdrawal of Foundation Fellow

Dr YONG Fah Chong	楊 華 彰
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Termination of Associate Membership

Dr YANG De Zhang (Formerly YEUNG Man Shun)	楊 德 彰
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The Composition of HKCFP Council 2022

Following the 44th HKCFP Annual General Meeting and the 478th Council meeting on Friday, 03 December 2021, the following Executive and Council Members were elected:

Dr. LAU Ho Lim	Vice-President (General Affairs)
Dr. HO Ka Ming	Council Member
Dr. Eric MT HUI	Council Member
Dr. Welchie WK KO	Council Member
Dr. Maria KW LEUNG	Council Member
Dr. LI Yim Chu	Council Member
Dr. Matthew MH LUK	Council Member

Congratulations. We extend our hearty welcome to the above candidates.



HKCFP Annual General Meetings proceeded under the social distancing measures



Fellows and Members attending the Annual General Meetings



Censors and Council members attending the 478th Council meeting

The Composition of the Council 2021 – 2022 is as follows:

President	Dr. David VK CHAO
Vice-President (General Affairs)	Dr. LAU Ho Lim
Vice-President (Education & Examinations)	Dr. Cecilia YM FAN
Honorary Secretary	Dr. William CW WONG
Honorary Treasurer	Dr. Billy CF CHIU
Immediate Past President	Dr. Angus MW CHAN

Council Members

Dr. Simon CL AU
 Dr. Edmond CW CHAN
 Dr. Alvin CY CHAN
 Dr. CHAN Hung Chiu
 Dr. King KH CHAN
 Dr. Ken KM HO
 Dr. Eric MT HUI
 Dr. Welchie WK KO
 Dr. Mary BL KWONG
 Dr. Maria KW LEUNG

Dr. LI Yim Chu
 Dr. Matthew MH LUK
 Dr. Lorna V NG
 Dr. NGAN Po Lun
 Dr. Wendy WS TSUI
 Dr. Marcus MS WONG
 Prof. Samuel YS WONG
 Dr. YIU Yuk Kwan
 Dr. Esther YT YU

Board of Censors

Prof. Cindy LK LAM (*Chief Censor*)
 Dr. Stephen KS FOO
 Prof. Donald KT LI

Mr. Anthony WK CHOW has been re-appointed as **Honorary Legal Advisor** and **Mr. CF CHEUNG** has been re-appointed as **Honorary Auditor**.

The Chairmen of the various Boards and Committees 2021- 2022 are as follows:

Chairmen of Various Boards

Board of Conjoint Examination	Dr. CHAN Hung Chiu
Board of Diploma in Family Medicine	Dr. Simon CL AU
Board of Education	Dr. Alvin CY CHAN
Board of Professional Development and Services	Dr. LAU Ho Lim
Board of Vocational Training & Standards	Dr. YIU Yuk Kwan
Editorial Board	Dr. David VK CHAO
Specialty Board	Dr. Wendy WS TSUI
Board of Censor	Prof. Cindy LK LAM (<i>Chief Censor</i>) Dr. Stephen KS FOO Prof. Donald KT LI

Chairmen of Various Committees

Business Management Committee	Dr. Billy CF CHIU
Education Committee (AM affairs)	Dr. Cecilia YM FAN
External Affairs Committee	Dr. David VK CHAO
Finance Committee	Dr. Billy CF CHIU
FP links Committee	Dr. Wendy WS TSUI
Hong Kong Primary Care Conference	Dr. Lorna V NG
House Management Committee	Dr. LAU Ho Lim
Internal Affairs Committee	Dr. Welchie WK KO
Membership Committee	Dr. Maria KW LEUNG
Public Education Committee	Dr. NGAN Po Lun
Quality Assurance & Accreditation Committee	Dr. King KH CHAN
Research Committee	Prof. Samuel YS WONG
Web and Computer Committee	Dr. Matthew MH LUK
Young Doctors Committee	Dr. CHAN Chi Wai (Co-Chair) Dr. Thomas MC DAO (Co-Chair)

Dr. William CW WONG
 Honorary Secretary

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 **31 January 2022 (Monday)**. Late submissions **WILL NOT** be accepted.

The training experience of 2021 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 **28 February 2022 (Monday)**. Late submissions **WILL NOT** be accepted.

The training experience of 2021 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 **28 February 2022 (Monday)**.

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 **28 February 2022 (Monday)** 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 **18 February 2022 (Friday)** for all newly enrolled higher trainees, existing trainees and clinical supervisors. The seminar is designed to help higher trainees and supervisors 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 : 18 February 2022 (Friday)

Time : 7:00 p.m.

Venue : 802, 8/F Duke of Windsor Building, 15 Hennessy Road, Wan Chai

For registration, please fill in the form via scanning the QR code.



Higher Training Subcommittee

Should you have any enquiries regarding vocational training, please feel free to contact Ms. Maggie Cheung and Ms. Kathy Lai at 2871 8899 or email to BVTS@hkcfp.org.hk.

Board of Vocational Training & Standards, HKCFP

Quality Assurance & Accreditation Committee News

Important news

Please ignore this message if you are a HKAM Fellow, or have already chosen HKAM via College as your MCHK CME administrator.

Dear College Members,

RE: MCHK CME Programme for Practicing Doctors who are not taking CME Programme for Specialists *(Ver. Oct 2021)*

For College members who are new registrants or those who would like to switch their MCHK CME Administrator to Hong Kong Academy of Medicine (HKAM) via College (with current cycle start date 1 January) **starting from 1 January 2022**, they must submit Registration Consent Form to College Secretariat before **22 December 2021 (Wednesday)**, and the processing of MCHK CME record will be facilitated accordingly.

Interested members who are currently not registered with HKAM should note the following:

1. MCHK registrants will have to liaise with their current CME Administrator (HKMA, DU, DH) for the necessary procedures in relation to change of the CME Administrator.
2. Change of CME Administrator from 'other CME Administrator' to 'HKAM via HKCFP' can be arranged after **ONE Cycle Year of programme has completed**, given that HKAM was not the administrator of your previous MCHK CME Cycle.
3. Overseas Conferences: please submit Attendance Record within one month on completion of the conference.
4. Self-study: please submit details of the programme within one month on completion of the Self-study.
5. Retrospective submission cannot be accredited outside the said time frame. In case of any discrepancy of accredited CME Points between HKCFP and 'other Administrators', the HKCFP has the final decision on the final accredited CME Points.

As our College is required to report the CME Points to HKAM every 6 months, MCHK CME registrants **MUST** sign on the respective MCHK CME attendance record sheet for CME record purposes. **To help the College Secretariat to distinguish College members from others, please identify yourself by entering your HKCFP membership number or simply putting "HKCFP" in the column of HKAM.** MCHK CME record may not be updated if one fails to update MCHK CME Administrator in a timely fashion.

The above arrangement is for our College members only. The required Registration Consent Form can be downloaded at www.hkcfp.org.hk > Downloads > 'Quality Assurance & Accreditation'. Please return the completed form to our College Secretariat at cmecpd@hkcfp.org.hk before the captioned deadline to facilitate the necessary arrangement. As usual, late submission may not be processed.

HKCFP Secretariat

Quality Assurance & Accreditation Committee News (Con't)

HKCFP Additional Accreditation and Report on CME/CPD Missing Points for Year 2021

Dear Members,

The credit point score of year 2021 for HKCFP QA Programme is going to be finalized. Please kindly check your updated report by visiting the College website at <http://www.hkcfp.org.hk/>.

If you wish to apply for Additional Accreditation or you find any CME/CPD points missing from your CME report, please apply for CME accreditation by sending the application(s) on or before **28 February 2022**.

1. Application for Additional Accreditation

The application of Additional Accreditation for the **year 2021** is now open for those activities **without prior accreditation** by QA&A Committee. For Educational Activities **under items 3.7, 3.8, 3.13, 3.14 and items 5.2 to 5.6 in QA Regulation 2020-22**, please apply in writing with relevant supporting documents and \$500 administration fee (**Non-refundable**) by cheque to QA&A Committee.

Please submit the application for Additional Accreditation with relevant supporting documents at your earliest convenience. **Relevant supporting documents are mandatory for accreditation, e.g. attendance records, photocopies of events, transcripts or published article.** Kindly note that each application will be handled independently upon receipt of the application. Submission of additional information for the application, if any, will incur new charges.

2. Application for reporting CME / CPD missing points from Pre-Accredited Activities

This application is only for the activities held in 2021 with prior accreditation by QA&A Committee, i.e. before the activities took place. If such credit points are missing from the CME Report, please return the **“Report on CMECPD missing points from Pre-Accredited Activity”** together with relevant supporting documents (e.g. attendance records, photocopies of events, transcripts or published articles) to us.

Application Deadline: 28 February 2022

All forms can be downloaded at: http://www.hkcfp.org.hk/pages_5_82.html

For those applying for additional accreditation, please send a cheque payable to “HKCFP Education Ltd” **by post** to: Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Please ensure your mail items bear sufficient postage before posting.

Application Form and Supporting Documents can be submitted by post to above mentioned mailing address, **OR** by email to: cmecpd@hkcfp.org.hk

Please observe the application deadline as late application will **NOT** be processed. The QA&A Committee reserves the right to finalize the number of Credit Points to be awarded for each activity according to relevant supporting documents submitted for accreditation. Should you have further question(s), please contact Mr. John Ma and Ms. Iris Ip at 2871-8899 or by email to cmecpd@hkcfp.org.hk.

Yours sincerely,

Dr. King Chan
Chairman, Quality Assurance & Accreditation Committee

Quality Assurance & Accreditation Committee News (Con't)

CME/CPD Compliance

Dear Colleagues,

As cycle year 2021 is going to be finalized, please kindly check your updated report by visiting the College website at <http://www.hkcfp.org.hk/>

The committee wishes to highlight that Colleagues **must engage in ALL categories of activities** in order to fulfill the QA Certificate 2020-2022 criteria, briefly summarized as follows:

- (1) A minimum of 90 points in total, including **at least 30 CPD points**
- (2) A maximum of 45 credit points will be counted for each category of educational activities
- (3) Participants must engage in **ALL** categories of activities
- (4) Maximum point set for Subcategories (3.01, 3.02, 3.03a-c, 3.04, 3.09, 3.10)

For Point (2) and (3) above, the 'categories' are referring to

- i) Category 3, related to CPD activities,
- ii) Category 4, related to activities organized by our College alone, and
- iii) Category 5, related to pre-accredited activities organized by other professional institutions themselves or in collaboration with our College. Examples of this category include accredited educational events by the Hong Kong Medical Association, The Universities, the Hospital Authority, and the Primary Care Office / Department of Health.

To obtain CME Certificate 2021, Members should obtain at least 30 Credit Points in either CME or CPD or both. In particular, **HKAM Fellows** are required to obtain the minimum of 90 points, including **at least 15 CPD points** in a 3-year cycle (2020-2022).

Another point to highlight is the various ways to gain CPD points, please refer to the table summarized by QA committee at: <https://www.hkcfp.org.hk//upload/Documents/QA/Way%20to%20Obtain%20CPD%20Point%20%282021%20ver%29.pdf>

Please see the "Regulations for Award of Quality Assurance 2020-22 (QA)" for more details: http://www.hkcfp.org.hk/pages_5_81.html

Requirements to obtain HKCFP CME for attending online CME events:

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

For any enquiry please contact our QA&A Secretariat (Mr. John Ma or Ms. Iris Ip) at 2871 8899 or email to cmecpd@hkcfp.org.hk at your convenience.

Yours sincerely,

Dr. King Chan
Chairman, Quality Assurance & Accreditation Committee

The Diary of a Family Doctor 【家庭醫生的日常】

洗銘全醫生

《矛盾》

51歲女士，有鼻敏感、消化不良 (dyspepsia) 病史，來看掉髮。

女士：「甩頭髮用咗好耐，試過好多坊間嘅方法都唔得。」

我：「最近仲有啲咩唔舒服？」

女士：「耐唔中肚痛同肚瀉幾日，又有食過嘢唔乾淨嘅嘢，真係古怪！」體重、胃口也很正常。

檢查發現頭髮少許稀疏，頭皮沒有感染或免疫系統的元素。

答案其實呼之欲出。

我：「最近有咩壓力？」

女士：「唉，做嘢果度好大問題。」她是船務公司的一個副主任。

「Director (主任) 逼我走，President (大老闆) 安慰我，話我係三朝元老，有一定嘅位置，會睇住我。但朝早一換衫番工，就好驚，好驚見到公司D人…」

我：「難怪你會難受。咁平時你用咩方法放鬆自己？」

女士：「冇嘍，瞓下覺啦，煲下劇咁囉。」

我：「你大老闆算好叻，知妳為公司搏左幾十年，識安慰妳。但妳身體為妳搏左幾十年，妳有無安慰過佢？」

女士茫然。掉髮、腸胃焦慮，情緒是常見原因。我們每天都不其然在意地位、別人的眼光，卻不在意身體忠誠地不離不棄每天提醒。身體的聲音，就是我們最不喜歡的「病癥」。很多時候情緒是「因」，病癥是「果」。只著重用藥物蓋過病癥，想身體「收聲」，卻不處理病因「焦慮」，實在是本末倒置，人生一大矛盾也。

我勸女士學習放鬆，指導了腹式呼吸法，著她每天修練，加點運動，就算急步走走也好。處理好「因」，何來怕「果」。

The Diary of a Family Doctor 家庭醫生的日常

We Welcome articles on
interaction with patients in
your daily practice.
Submissions up to 400 words
in English or 600 words in
Chinese are always welcome.
Email: FPLinks@hkcfp.org.hk

Meeting Highlights

Online Certificate Course on Palliative Care for Primary Care Doctors

The 3rd to 5th session of Online Certificate Course on Palliative Care for Primary Care Doctors co-organized with the Hong Kong Society of Palliative Medicine (HKSPM) were held on 7, 14 and 21 November 2021.

Dr. Chen Wai Tsan, Tracy, Specialist in Palliative Medicine, delivered a lecture on “Psychological & Spiritual Needs” and Dr. Cheng Hon Wai, Benjamin, Specialist in Palliative Medicine, delivered a lecture on “End Stage Renal Disease (ESRD)” & “Neurodegenerative Diseases, Frailty & Dementia” on 7 November 2021 respectively.



Dr. Cheng Hon Wai, Benjamin (left, Speaker), Dr. Chan Chung On (middle, Moderator) and Dr. Chen Wai Tsan, Tracy (right, Speaker) took a group photo.

Dr. Chan Chung On, Specialist in Palliative Medicine, delivered a lecture on “End Stage Heart Failure (ESHF)” & “Advanced COPD” and Dr. Lau Kin Sang, Johnny, Specialist in Clinical Oncology, delivered a lecture on “Advanced Cancer – Palliative Oncological Treatment & Adverse Reaction” on 14 November 2021 respectively.



Dr. Lau Kin Sang, Johnny (left, Speaker), Dr. Soong Sung, Inda (middle, Moderator) and Dr. Chan Chung On (right, Speaker) took a group photo.

Dr. Kwok Oi Ling, Annie, Specialist in Palliative Medicine, delivered a lecture on “ACP Discussion & Ethical Issues” and Dr. Ng Sheung Ching, Jeffrey, Specialist in Palliative Medicine with Dr. Chen Wai Tsan, Tracy, Specialist in Palliative Medicine delivered a lecture on “Last Days of Life in the Community” on 21 November 2021 respectively.



Dr. Kwok Oi Ling, Annie (left, Speaker), Dr. Cheng Hon Wai, Benjamin (2nd from the left, Moderator), Dr. Chen Wai Tsan, Tracy (2nd from the right, Speaker) and Dr. Ng Sheung Ching, Jeffrey (right, Speaker) took a group photo.

Online Dermatology Seminar on 6 November 2021

Dr. Hau Kwun Cheung, Specialist in Dermatology & Venereology, delivered a lecture on “Herpes Zoster and New Vaccine Development”.



Dr. Lam Wing Wo (left, Moderator) presenting a souvenir to Dr. Hau Kwun Cheung (right, Speaker).

Online Seminar on 12 November 2021

Dr. Chan Man Ha, Anita, Specialist in Periodontology, delivered a lecture on “Smoking Cessation and Oral Health”.



Dr. Tse Sut Yee (right, Moderator) presenting a souvenir to Dr. Chan Man Ha, Anita (left, Speaker).

Online Seminar on 9 November 2021

We would like to thank Dr. Lee Tze Yuen, Specialist in Dermatology & Venereology, for delivering a lecture on “Management of Acne and Acne Scars”.

A Letter from a Family Physician Who Stretched to Australia

Dr. Chau Ka Vai, Chris (Fellow of Hong Kong College of Family Physicians)

Hi everyone,

Wish you well. I am Chris and have been practising in Australia (AU) for three plus years now. I write to share some of my observations in AU; how is life like? Anything special and what have I learned? I hope you enjoy reading it.



"Smile and Rest" the motto in my consultation room

Background

Like many of you, I graduated from a med school in Hong Kong (HK) and have worked for many years. Before leaving HK for AU, I was a doctor working in GOPC, HK West Cluster. In 2018, I had an opportunity to work in AU. I took the chance to explore changes in life, partly because I would like to see if concepts of "C" that I learned in the Primary Care Office are actualized in AU; they are the first point of contact, the coordinated care, the continuity of care and the comprehensive care. I arrived AU in 2018 and my family joined me the following year.



My family

Culture and Environment Shift

The clinic where I practise is not a big one while the cozy environment and friendly colleagues are important. More

than ninety-five percent of my patients are non-Chinese. Language is not a major issue but I need to catch up with local slangs such as "Good Day = Good morning" "Mate = Friend" "Tea = Dinner". Needless to say, I try to get familiar with their accent and favorite sports, for example, Australian Football. With time, it is not difficult to tune in. Lifestyle is not the same. Australians like doing exercise a lot and they strive for good work-life balance.

Seeing more Caucasians, the disease profile of my patients is obviously different from that in HK. I don't think I have seen that many cases of skin cancers, food allergy, inflammatory bowel diseases, connective tissue diseases, and sports injury in previous years of my practice.

The health belief of my patients here is also different as compared to that in HK. From my impression, their ownership of health is relatively stronger. They are more ready and eager to discuss and understand their duties and rights as a patient. By doing so, the care responsibility is shared with the patients. I also have an impression that they incline to be as independent as possible even within a family. One of the reasons is that people do not usually reside closely to their immediate family members.

In general, Australians tend to use medications cautiously and some actively decline medications which they do not think are really needed. They usually do not go to see doctors for minor ailments such as flu while they are more ready to take rest. Employers are usually understanding and allow for sick leave with no problem. They quite believe rest is the remedy for many illnesses. This common health belief has laid down good grounds for promoting good primary health care in AU.

There are areas for improvement though especially in infectious disease concept. Use of face mask in Australia is still on its learning curve. However, following the pandemic of COVID, both face mask wearing and vaccination acceptance rates are climbing significantly. At the time I am writing this letter (end of October 2021), the vaccination rate of double-dose has reached 80% in Victoria and New South Wales states.

System and Infrastructure

The GP system is basically a private one while patients attending GP clinics are entitled to be financially supported by the Government for each consultation. Clinics can charge patients at a private rate which is more than the amount subsidized by the government, ended up with a gap fee to be paid by patients. They can have private insurance to cover this extra cost or they can pay out of their pocket for this gap fee. Clinics can choose to charge patients public fee only or with extra fee. This is so much different from that of HK. In addition, if doctors are a fellow of RACGP after passing the fellowship examination, they can charge for each patient at a fellow rate which is higher than that of a non-fellow.

Almost every patient in AU has one regular GP. They accept this concept very well. From the time they were still in their moms' tommy, a regular GP normally saw their parents and followed on the journey after they were born. The same GP normally accompanies them throughout their childhood, adolescence and adulthood. Continuity of care is established from the very beginning of life.

Another salient difference in health system is the referral system. Referral to specialist must be made through a GP who is a care provider and coordinator. There is usually a need of explanation and follow-up care following major health events, for example, a major surgery or myocardial infarction.

Besides, the relatively high accessibility and affordability of essential investigations including blood tests and imaging services have facilitated comprehensive care of patients by GP. These services are provided by private laboratories and imaging centres while the fees are largely subsidized by the government (for most CT scans, they are free of charge or more than 60% subsidized depending on patient's financial status). Diagnosis can be made quicker and more accurate. Results are accessible by various health sectors whether public or private as well as patients themselves. Following which, the role of a GP as a gateway to secondary and tertiary care is made feasible. Health reports after admission and discharge summaries from hospitals are sent directly to GP for better coordinated and continuity of care.

Satisfaction and Responsibility

Job satisfaction as a GP in AU is not low. I can spend more time (15 min for standard and 30 min for long consultations) with my patients to build rapport and provide care. Besides actualizing the concepts of family medicine, I also learn to exercise more the doctors' authority to protect the rights of my patients. Obviously, we need to bear more responsibility as we are accountable for not only treatment of disease but other facets of their life including their work capacity, and process of application of driving license and parking permit. I have to admit I have not worked as a private doctor in HK previously. Therefore, I may be not able to make a fair comparison on this situation in HK and AU.

Discrimination and Respect

Some colleagues and friends in HK asked me whether discrimination in AU is serious. I often quote this example. I recalled there was an elderly patient who had infection after excision of her skin cancer lesion. She blamed it was due to the "Asian bug" that I passed onto her although infection is a known complication in her very fragile skin condition. I remember after my thorough explanation and continuous care, she gradually understood. She is now one of my very loyal patients. I believe respect is built on trust and perseverance of a caring heart. Skills and knowledge are proof of our professional standard wherever we come from; they form a shield against discrimination if there is any.

Life and Family Adaptation

Working overseas together with family needs substantial

preparation. Education is pretty straight forward and like many others, my kids find it not difficult to adapt to schools in AU. Car driving is a must in AU for your accessibility and mobility while Yum Cha in restaurants depends very much on which city we reside. Prepacked dim sum may help satisfy our seity desire at times. With help from social media channels, we are still connected to our friends and relatives in HK easily but the travel at the midst of present pandemic circumstances is difficult indeed.

High taxation rates are true and we need to have careful planning and financing. As a GP, tax rates can be as high as 35 to 40% depending on actual incomes. There are also taxes on various matters such as all profits and sales. However, expenses in housing and vehicles are relatively cheaper.

One may know that Australians stress on work-life balance a lot. I still have long hours of work sometimes as I spend times with patients. Time for writing reports and paperwork is still required. Yet, it is all up to our own way of practice and choice. Going for hiking, surfing, swimming, riding bike and doing exercise are very popular in AU. Spending weekends with family and friends are really enjoyable.



Bike ride on a holiday near a river

Warm advice and blessings

Living and working overseas are challenging. It is about changes and adaptation which involve a lot of giving and taking as well as many new commitments. The decision is not easy but I take it gracefully. I must say that the above sharing is based on my limited personal experiences as a GP working at a clinic in AU. Anyhow, I think a GP has a life-long learning journey and exploration wherever we are; this requires the same enthusiasm and temperaments in our profession no matter what.

Here attached a link for those colleagues who are interested to know more about the licensing system in Australia. I wish everyone good health and fruitful career.

<https://www.medicalboard.gov.au/Registration/International-Medical-Graduates.aspx>

With my blessings from afar,

Chris

The Need for COVID Vaccine Booster Shots?

The Hong Kong Government recently announced that immunocompromised patients and people with a higher risk of infection can receive a COVID-19 vaccine booster shot on or after November 11. After the announcement of this news, some patients came to me and ask whether it is necessary for them to get the third dose as they received two shots of COVID vaccine already. To answer this question, let's take a look at some latest research evidence.

1. Cohort study of Covid-19 vaccine effectiveness among healthcare workers in Finland, December 2020 - October 2021

Eero Poukka et al.

A recent Cohort study was done on 427,905 healthcare workers (HCW) in Finland. This study aimed to assess whether the shield against COVID-19 weakens in HCWs after mRNA vaccine or adenovirus (AdV) vaccine during the first 10 months of vaccination drive in Finland.

At least 90% of the HCWs received at least one dose of vaccine by the end of follow-up. Two dose of mRNA vaccine (either BioNTech or Moderna) was received by 315,413 (74%) HCWs while adenovirus vector vaccine (AdV, AstraZeneca) was received by 14,760 (3%) HCWs. Heterologous combination vaccine was given to 30,548 (7%) HCWs.

The results showed that:

- 3,874 HCWs got infected with SARS-CoV-2 in the unvaccinated group, while 1,757 HCWs were infected in the vaccinated group.
- After 14-90 days of the second dose, vaccine effectiveness against infection was 82% for mRNA vaccine, 89% for AdV vaccine, and 80% for the combination vaccine series.
- However, after 91-180 days from the second dose, effectiveness decreased to 62% for mRNA vaccines, 63% for AdV vaccine, and 62% for the combination vaccine.
- There were 220 cases of COVID-19 related hospitalization in the unvaccinated group compared to 35 cases in the vaccinated group. During the first 10 months of the vaccination drive, it was found that all vaccines were 88% or more effective against hospitalization.

2. Effectiveness of mRNA BNT162b2 COVID-19 vaccine up to 6 months in a large integrated health system in the USA: a retrospective cohort study

Sara Y Tartof et al.

In this retrospective cohort study, health records of individuals (≥ 12 years) who were members of a health-care organization in USA were analyzed. 3 436 957 patients were included in this study. It aimed to assess BNT vaccine effectiveness against SARS-CoV-2 infections and COVID-19-related hospital admissions for up to 6 months.

The results showed that:

- For fully vaccinated individuals, effectiveness against SARS-CoV-2 infections was 73% [95% CI 72-74] and

against COVID-19-related hospital admissions was 90% [89-92].

- Effectiveness against infections declined from 88% [95% CI 86-89] during the first month after full vaccination to 47% [43-51] after 5 months.
 - Vaccine effectiveness against delta variant infections was high during the first month after full vaccination [93% [95% CI 85-97]] but declined to 53% [39-65] after 4 months.
 - Effectiveness against other (non-delta) variants the first month after full vaccination was also high at 97% [95% CI 95-99], but waned to 67% [45-80] at 4-5 months.
 - Vaccine effectiveness against hospital admissions for infections with the delta variant for all ages was high overall [93% [95% CI 84-96]] up to 6 months.
3. A booster dose is immunogenic and will be needed for older adults who have completed two doses vaccination with CoronaVac: a randomised, double-blind, placebo-controlled, phase 1/2 clinical trial

Minjie Li et al.

This study was conducted on healthy elderly patients in China. In phase 1 trial, 68 patients were included and randomized into three groups (21 in the 3 μ g group, 23 in the 6 μ g group, and 24 in the placebo group). Participants were given two doses Sinovac vaccine 28 days apart and followed up 6 months after the second dose. Neutralizing antibody titres six months or more after the second dose were examined in all participants. In phase 2 trial, 350 participants were included and randomized into 4 groups (85 in the 1.5 μ g group, 90 in the 3 μ g, 81 in the 6 μ g group, and 47 in the placebo group). A third dose was given to 303 participants to assess their immune responses.

It was found that neutralizing antibody titres dropped below the seropositive cutoff of 8 at 6 months after the primary vaccination in all vaccine groups in the phase 1 trial. The corresponding to seropositivity decreases from over 90% on day 28 after the second dose to 11.76%- 21.52% at six months.

A third dose given 8 months or more after the second dose significantly increased neutralizing antibody levels. In the 3 μ g group (the licensed formulation), neutralizing antibody titres increased to 305 [95%CI 215.3-432.0] on day 7 following the third dose, an approximately 7-fold increase compared with the titres level at 28 days after the second dose.

In conclusion, the protection against SARS-CoV-2 infection was high at the early stage after the second dose. However, the efficacy decreased gradually after 3 months. Further, the protection against COVID -19 hospitalization was strong beyond 6 months, even in the face of widespread dissemination of the delta variant. The reduction in vaccine effectiveness over time is probably primarily due to waning immunity with time rather than the delta variant escaping vaccine protection.

Compiled by Dr. Wong Hang Fai, Ricky

Online Seminar on Dermatology –The 81st Meeting on 6 November 2021

Dr. Fung Andrew Yat Wang, Dr. Jiao Fangfang, Dr. Li Janice Chun Ying and Dr. Mak Ho Yin

Theme : Herpes Zoster and New Vaccine Development

Speaker : Dr. HAU Kwun Cheung
Specialist in Dermatology & Venereology

Moderator : Dr. Lam Wing Wo, Board of Education

Learning points

Dr. Hau emphasized herpes zoster (HZ) vaccine is important because HZ and its complications were debilitating, the burden of shingles increased sharply in people older than 50 years, while antiviral treatment could not reduce the incidence of HZ. Traditional live zoster vaccine (LZV) loss protection after 8 years and are contraindicated in immunosuppressed patients, who suffer from more severe symptoms and frequent complications once infected. New recombinant Zoster Vaccine (RZV) maintain 90% efficacy 7 years post vaccinated and is safe in immunosuppressed patients.

Why is it important to vaccinate adults beyond 50's for zoster?

In Hong Kong, 98% adults are at risk for HZ. One in three people will develop shingles in their lifetime due to varicella zoster virus. Acute herpes zoster presented with painful unilateral, vesicular rash. The pain can be "excruciating". Complications of HZ include post-herpetic neuralgia (PHN), herpes zoster ophthalmicus (HZO), cardiovascular and cerebrovascular events, hearing loss, scarring, etc. PHN pain affects up to 30% of patients with shingles and can persist for more than 3 months. HZO affects up to 25% of patients and may lead to vision loss in rare cases.

Globally, the burden of zoster increases with people's age. The steepest elevation happens beyond 50 years old, while the peak incidence of shingles is around 70 to 80 years old. This epidemiology correlates with the decrease in age-related decline in individual's immunity, especially the cellular immunity, that increases the risks of shingles.

Treatment options toward complications, such as PHN, are very limited, and this often leads to patient dissatisfaction. It is therefore essential to prevent shingles with the use of vaccination.

Clinical profiles and recommendations of Herpes zoster vaccines

Currently, 2 types of herpes zoster vaccines are available in the market - Live Zoster vaccine (LZV) and Recombinant Zoster Vaccine (RZV). They can reduce risk of herpes

zoster and post-herpetic neuralgia in adults aged 50 years or above. LZV is a live attenuated varicella-zoster vaccine which is administered by subcutaneous route. It is contraindicated in immunocompromised patients. RZV is a new vaccine that was developed recently. It is composed of glycoprotein E antigen and AS01B adjuvant system. It is given by intramuscular route and 2 doses have to be administered within a 2-6 months interval. The contraindication of RZV is hypersensitivity to the active substances or excipients in the vaccine. According to clinical trials, the efficacy of RZV is superior compared to LZV in all age groups, especially in older patients who are 80 years or above. The average efficacy of LZV against herpes zoster at aged 60 or above is around 50% over 3 years. It drops significantly to 18% in elderly who are 80 or above. In contrast, the mean efficacy of RZV is 97% in age 50 or above and still remains at around 91% in age 80 or above. Furthermore, the effect of RZV lasts longer compared to LZV. The vaccine efficacy of LZV is significant only in the first 8 years, whereas the effect of RZV can sustain for more than 7 years. RZV can be co-administered with influenza, pneumococcal and dTpa vaccine. In general, RZV is safe to administer, with a similar risk profile compared to placebo in clinical trials. The common adverse reactions of RZV are local reactions including pain, redness and swelling over injection sites with a mean symptom duration of 3 days or less. Systemic reactions of RZV include fatigue, fever, myalgia and headache.

In the end, Dr Hau talked about national recommendation of herpes zoster vaccines from the United States Centers for Disease Control and Prevention (USCDC), Canada National Advisory Committee on Immunization (NACI) and Australia Technical Advisory Group on Immunization (ATAGI). To prevent herpes zoster infection and associated complications, it is preferred to offer Shingrix (Zoster Vaccine Recombinant/RZV) over zoster vaccine (ZVL) for immunocompetent adults aged 50 years and above. Those who previously received ZVL should be offered RZV, after a period of time (at least 8 weeks suggested by US CDC and 1 year by ATAGI). Adults who had a history of herpes zoster infection should receive RZV, 1 year after the infective episode. For immunocompromised adults, RZV should be used instead of ZVL.

Summary of presented cases

Case presentation of Dr. Fung Andrew Yat Wang

Mr. Chan, a 53 years old construction worker, complained of on-and-off itchy discoloured skin patches over his upper chest, proximal arms and back for 1-2 months.

Initially few dots of skin decoloration were seen. These small dots gradually increased in size and later joined up to form larger patches. They are itchy but not painful. No ulcer, bleeding, vesicle or discharge was noted. Dated back to previous history, this presentation happened almost every summer, except 2 years ago when he had to travel to Australia to visit his relatives. He was treated by GP with some cream every time when he was symptomatic, and his condition showed improvement. He mentioned that he required to carry heavy metals and machine for hours daily and his clothes were always sweated. He had a maternal aunt, who was diagnosed of vitiligo. Otherwise, there was no family history of skin cancer. Physical examination revealed multiple whitish or light brown hypopigmented macules and patches over his back, upper chest and bilateral proximal arms. He was diagnosed of pityriasis versicolor and prescribed antifungal cream.

Pityriasis versicolor, sometimes also called tinea versicolor, is associated with superficial overgrowth of lipophilic fungi *Malassezia*. Predisposing factors include sweating, warm seasons, hyperhidrosis, oily skin and etc. *Malassezia*, when changed from yeast to hyphae form, produces dicarboxylic acid, which inhibits tyrosinase in epidermal melanocytes and eventually causes hypomelanosis. Clinical features such as sharp margined macules, in round or oval shapes are well illustrated in cases of pityriasis versicolor. They can be light brown, pale white, sized variably, commonly distributed over upper trunk, upper arms, neck, abdomen, axillae, groins, thigh and genitalia. Further investigations such as direct microscopic examination, wood's lamp examination or skin biopsy can be done, although pityriasis versicolor can mostly be diagnosed clinically. Treatment includes selenium sulfide shampoo, topical azole cream or shampoo, and terbinafine solution. If topicals failed, oral medication such as fluconazole or itraconazole can be considered.

Case presentation of Dr. Jiao Fangfang

Miss. Wong is a 30-year-old lady with history of type 2 diabetes and hidradenitis suppurativa. She attended for flare up of hidradenitis suppurativa (HS). She presented with multiple painful nodules and pustles over bilateral axillary and groin. HS is a chronic suppurative, inflammatory and scarring skin condition distributed over axillary, groin, perineal, perianal, inframammary area and newly formed folds of fat. The first lesions are painful, deep-seated inflamed nodules, which often progress into abscess. Recurrent abscess will form sinus tracts and scar. The initial treatment is topical clindamycin alone or in junction with oral tetracyclines for one to three months. Patients with HS are at increased risk for metabolic syndrome, diabetes, hyperlipidemia, polycystic ovarian disease etc. Therefore, evaluation and management of concurrent medical conditions are important.

Case presentation of Dr. Li Janice Chun Ying

A 88 year old lady was presented with painful rashes over left buttock and anterior thigh for 2 days. She had no fever, no history of trauma and no contact history. Physical examination showed multiple vesicles and bulla in clusters, involving the L2 and L3 dermatomes. Differential diagnoses include herpes zoster, bullous pemphigus and bullous impetigo, with the top differential of herpes zoster due to dermatomal distribution of rash. She was given acyclovir and panadol. Patient was followed up a week later. The skin lesions were healed but she still suffered from pain over the same area. She was prescribed amitriptyline for better pain control.



Herpes zoster is a localised, blistering and painful dermatological condition caused by reactivation of varicella-zoster-virus. Treatment for herpes zoster consists of general and specific measures. General measures include pain relief and protective ointment for skin. Specific treatment for herpes zoster is antiviral medication. Choices of antivirals include acyclovir, valacyclovir and famciclovir. Antiviral therapy is indicated for immunocompetent patients who present within 72

hours of appearance of rash. However, all patients who are immunocompromised, those with severe shingles or herpes zoster ophthalmicus should receive antiviral therapy irrespective of duration of rash.

Post-herpetic neuralgia is the most common complication of shingles and the risk increases with age. It is defined as persistent neuropathic pain in the same area for a month or more since onset of herpes zoster. The recommended first line treatments are Paracetamol and NSAIDs. For those who fail to respond to first line treatment, amitriptyline, pregabalin or gabapentin, transcutaneous electrical nerve stimulation, topical anaesthetic or capsaicin can be prescribed.

Case presentation of Dr. Mak Ho Yin

Atypical and less common presentation of zoster infection.



Before treatment



After Treatment

Madam Chan was a 62 years old lady attending GOPC for follow up for her diabetes of 6 years.

She complained of a itchy and painful rash over her right elbow.

The rash started 2 days ago, and it was preceded by another two days of localised redness and itchiness. She reported that she was uncertain if there was

insect or mosquito bites prior to symptom onset, but she was otherwise certain she did not have any new medications or foods before. Initially she presented the redness and itchiness to a private doctor, from which she was prescribed with calamine topical. The symptoms progressed and several bullous lesions developed over her right elbow. The rest of her body was free from new cutaneous lesions. She has no fever, joint pain, or symptoms of any viral illness lately. She has diabetes with latest HbA1c of 7.1%, and there is no other significant personal or familial medical history. No known rheumatological disorders were reported.

The diagnosis was not immediately obvious as only mild erythema was observed before emergence of blisters or bullae. The bullous lesions pointed towards several differential diagnoses, including bullous pemphigoid, bullous impetigo, chronic eczema, contact dermatitis, and herpes zoster.

The patient reported that she had another similar episode 5 to 6 years before, but it was from another arm and responded to oral acyclovir.

On physical examination, there were 3 clusters of bullous lesions distributed along Right C8 dermatome. No other body areas involved.

A course of oral acyclovir was given, with a follow up session arranged at 1 week. Upon her follow up, no new lesions were seen. It was noted that the rash already crusted, and left behind post-inflammatory hyperpigmentation. Mild pain persisted, but there was no signs of secondary bacterial infection.

For most zoster, the diagnosis remained by clinical. However, for atypical or less common presentation, the above case demonstrated that a history review could help in narrowing the potential causes. In case of diagnostic challenge, clinicians could consider confirmatory tests including PCR testing, direct fluorescent antibody and viral culture.



From left to right: Dr. Jiao Fangfang, Dr. Li Janice Chun Ying, Dr. Fung Andrew Yat Wang, Dr. Mak Ho Yin, Dr. Hau Kwun Cheung (Speaker) and Dr. Lam Wing Wo (Moderator)

BOARD OF EDUCATION NEWS

The Board of Education is pleased to let you know that there would be some online seminars (via zoom webinar platform) and on-site events in the coming months with the details below:

CME Events			
Date and Time	Format and Venues	Topics	Speakers and Moderators
8 Jan (Sat) 2:00 – 3:00 p.m.	Online	Trainees Dermatology Cases Presentation <i>Organized by the Interest Group in Dermatology</i>	FM Trainees Moderator: Dr. Lam Wing Wo
15 Jan (Sat) 2:30 – 5:30 p.m. Part A: 2:30 – 3:30 p.m. Part B: 3:30 – 5:30 p.m.	Hybrid *Only lecture (part A) is available online Address: Function Room 1 & 2, 2/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, HK	POCUS Use for Patients with Heart Failure / SOB and Hands-on Echo Scanning <i>Organized by the Interest Group in POCUS</i> Sponsored by Pacific Medical System Limited	Prof. Lee Pui Wai, Alex <i>Specialist in Cardiology; Professor, Department of Medicine & Therapeutics; Director, Echocardiography Laboratory; Director, Laboratory for Cardiac Imaging and 3D Printing, the Chinese University of Hong Kong</i> Moderator: Dr. Dao Man Chi
29 Jan (Sat) 2:00 – 4:00 p.m. Part A: 2:00 – 3:30 p.m. Part B: 3:30 – 4:00 p.m.	On-site Address: Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai, Hong Kong	Evidenced-based Management of Knee Pain in Primary Care, Patellar Mobilization and Prolotherapy <i>Organized by the Interest Group in Neuro-musculoskeletal Medicine</i>	Dr. Sit Wing Shan, Regina <i>Specialist in Family Medicine; Associate Professor (Family Medicine), JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong</i> Moderator: Dr. Au Chi Lap

QR Codes for registration

8 Jan 2022 (Sat)	15 Jan 2022 (Sat)	29 Jan 2022 (Sat)
		

Accreditation :

Dates	Format	CME	CPD
8 Jan (Sat):	Online	1 CME Point HKCFP (Cat. 4.3) 1 CME Point MCHK (pending)	Up to 2 CPD Points <i>(Subject to submission of satisfactory report of Professional Development Log)</i>
15 Jan (Sat):	Online (lecture only)	1 CME Point HKCFP (Cat. 4.3)	No CPD log would be accepted for this session.
	On-site	3 CME Points HKCFP (Cat. 4.3) 3 CME Points MCHK (pending)	2 CPD Points HKCFP (Cat. 3.15) for active participation*
29 Jan (Sat):	On-site	2 CME Points HKCFP (Cat. 4.3) 2 CME Points MCHK (pending)	2 CPD Points HKCFP (Cat. 3.15) for active participation*

Participants are expected to take an active role in the session. Participants will be awarded CME for attending the lecture (Part A) and CPD for attending Part B (hands-on).

Admission Fee:

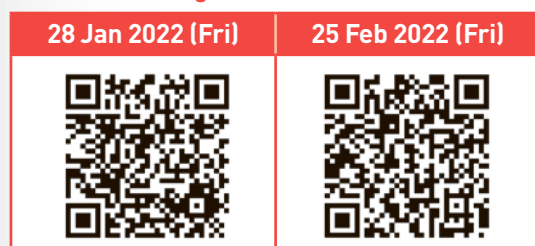
	Online (8 Jan 2022) / On-site event (29 Jan 2022)	Hybrid Event (15 Jan 2022)
Member	Free	Online (lecture only): Free On-site (lecture & hands-on): HK\$100.00
Non - member	HK\$ 100.00 for each session	HK\$500.00

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

Online Monthly Video Sessions

Date and Time	Topic
28 Jan (Fri) 2:30 – 3:30 p.m.	“Closing Treatment Gaps in Osteoporosis: Identifying and Managing Osteoporosis in Primary Care” by Dr. Lui Tak Wai, David
25 Feb (Fri) 2:30 – 3:30 p.m.	“Early Diagnosis of Nasopharyngeal Carcinoma” by Dr. Woo Kong Sang, John

QR Codes 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 or call 2871 8899. Thank you.

Notes :	On-site Events	Online Events
	<ol style="list-style-type: none"> All participants are required to fill-in all required information in the registration and indicate their COVID-19 vaccination status. All information provided will be kept confidential and will not be disclosed to other parties. All participants must use the "LeaveHomeSafe" mobile application (LHS) before entering the venue. All participants are required to fill-in all information as stated on the health declaration form. The form would be sent later upon successful registration. On-site temperature check for each participant would be done before entering the venue. Participants with symptoms of fever (higher than 38°C) and/or respiratory symptoms (e.g. cough, shortness of breath etc.) are not allowed to take part in the event and should seek medical attention promptly. All participants are required to put on surgical masks properly throughout the event. Please bring sufficient surgical masks for replacement if necessary. Please maintain good personal hygiene and use the alcohol handrub available on-site if needed. 	<ol style="list-style-type: none"> In case of over-subscription, the organizer 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.

Structured Education Programmes

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

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
Wednesday, 05 January 2022			
14:00 - 17:00	Conference Room 2, G/F, Block M, Queen Elizabeth Hospital	Family Life Cycle: Family Physician's Role and Challenges in Each Cycle Dr. Lee Kin Lun & Dr. Law Wing Sze	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Gate Keeping and Professional Communication Dr. Wan Kwong Ha	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Auditorium, Tseung Kwan O Hospital	Common Symptoms in Medicine (Part III) (Shortness of Breath, Cough) Dr. Chow Wing Man & Dr. Wong Ho Ching	Ms Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Family Life Cycle Dr. Ng Hok Wai, Vincent & Dr. Lau Sin Mei, Mimi	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	Video Review: Consultation Skills@ LAP Dr. Sze Hon Ho	Ms. Cherry Wong Tel: 2589 2337

Thursday, 06 January 2022

16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Applying Family Medicine Principles in Caring for Patients with Cancer - from Screening to Terminal Care Dr. Chan Chi Ho & Dr. Lo Cheuk Wai	Ms. Eliza Chan Tel: 2468 6813
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Wednesday, 12 January 2022

14:00 - 17:00	Conference Room 2, G/F, Block M, Queen Elizabeth Hospital	Evidence-Based Health Screening Dr. Yu Xiaoxia & Dr. Yeung Pui Sze	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	How to Handle Angry Patients in the Consultation Dr. Chiu Kwan Ki	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Auditorium, Tseung Kwan O Hospital	Role of Family Doctors in Continuity of Care of Patients with Chronic Diseases Dr. Chung Yi On & Dr. Wong Ching Sze	Ms. Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Allergy and Anaphylaxis in Primary Care Setting Dr. Yiu Sze Wa, Sarah & Dr. Chau Chuen, Queena	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	Anticipatory Care in a Family Medicine Consultation Dr. Liu Wing Yee	Ms. Cherry Wong Tel: 2589 2337

Thursday, 13 January 2022

16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Motivational Interviewing for Diet, Exercise and Weight Change Dr. Chang Ting Ting & Dr. Chan Yuen Ching	Ms. Eliza Chan Tel: 2468 6813
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Wednesday, 19 January 2022

14:00 - 17:00	Conference Room 2, G/F, Block M, Queen Elizabeth Hospital	Bereavement & Emergency Care for Psychological Crisis Dr. Cheung Ada See Wai & Dr. Lam Hiu Ching, Natasha	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Vaccine Interactions and Suggestion of Vaccine Schedule in FM Setting Dr. Woo Tiffany	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Auditorium, Tseung Kwan O Hospital	Emergency Procedures in General Practice Dr. Fung Wai Yee & Dr. Wong Nicole	Ms. Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Management of Hepatitis and Fatty Liver Dr. Wong Hiu Yeung, Leo & Dr. Chu Pui Ling, Candice	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	Nerve Conduction Study Dr. Wong Wing Sze	Ms. Cherry Wong Tel: 2589 2337

Thursday, 20 January 2022

16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Evidence Based Medicine - Management of Atypical Mycobacterium Infection in Primary Care Setting Dr. Lam Sze Yan & Dr. Sung Cheuk Chung	Ms. Eliza Chan Tel: 2468 6813
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Wednesday, 26 January 2022

14:00 - 17:00	Conference Room 2, G/F, Block M, Queen Elizabeth Hospital	Infection Control in General Practice Dr. Mak Shen Rong, Sharon & Dr. Yiu Chi Ngo, Geo	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Ethical Dilemma about Managing Clinical Uncertainty Dr. Lam Yat Hei	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Auditorium, Tseung Kwan O Hospital	Approach to Abnormal Laboratory Results in Asymptomatic Patients Part II (Microscopic Haematuria, Proteinuria, Anaemia) Dr. Chen Tsz Ting & Dr. Lui Tsz Yin	Ms. Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Visit to DHC Dr. Lai Sheung Shiu	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	Stress Management and Strategies to Avoid Burn Out Dr. Wong Wing Sze	Ms. Cherry Wong Tel: 2589 2337

Thursday, 27 January 2022

16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Application of Mediation on Complaint Management in Hong Kong Dr. Ko Pak Long & Dr. Chan Ka Ho	Ms. Eliza Chan Tel: 2468 6813
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The FP Links Editorial Board would like to thank all readers, contributors, sponsors and the College Secretariat for their tremendous support to the FP Links throughout the year.

Wishing you all

***Merry Christmas &
Happy New Year***



The FP Links Committee

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26 Dec	27	28	29 2:00 – 7:30 p.m. Structured Education Programme	30 4:00 – 6:00 p.m. Structured Education Programme	31	1 Jan
2	3	4	5 2:00 – 7:30 p.m. Structured Education Programme	6 4:00 – 6:00 p.m. Structured Education Programme	7	8 2:00 – 3:00 p.m. Online Dermatology Seminar 2:30 – 5:00 p.m. DFM FM Clinical Skills Enhancement
9	10	11	12 2:00 – 7:30 p.m. Structured Education Programme	13 4:00 – 6:00 p.m. Structured Education Programme	14	15 2:00 – 5:00 p.m. Interest Group in Ultrasound 2:30 – 5:00 p.m. DFM FM Clinical Skills Enhancement
16	17	18	19 2:00 – 7:30 p.m. Structured Education Programme	20 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	21	22 2:30 – 5:30 p.m. DFM Musculoskeletal Workshop
23	24	25	26 2:00 – 7:30 p.m. Structured Education Programme	27 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	28 2:30 – 3:30 p.m. Video Session	29 2:00 – 4:00 p.m. Interest Group in Musculoskeletal
30	31	1 Feb	2	3	4	5 2:00 – 4:00 p.m. Interest Group in Mental Health 2:30 – 5:30 p.m. DFM Module III Seminar

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



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