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## Message from the President

The Government has announced that with effect from 10 June 2022 Monkeypox will be included as a Statutorily Notifiable Disease as specified in Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599). The Centre for Health Protection (CHP) of the Department of Health (DH) also launched the Preparedness and Response Plan for Monkeypox, setting out the relevant strategies and actions when Monkeypox may have a significant public health impact on Hong Kong. ([https://www.chp.gov.hk/files/pdf/preparedness\\_and\\_response\\_plan\\_for\\_monkeypox\\_eng.pdf](https://www.chp.gov.hk/files/pdf/preparedness_and_response_plan_for_monkeypox_eng.pdf)) Medical practitioners are required to notify the DH if they have reason to suspect any case of Monkeypox as prompt notification is important in the surveillance, prevention and control of the spread of the disease.

The World No Tobacco Day (WNTD) falls on 31 May every year, as designated by the World Health Organisation (WHO). This year's WNTD Theme is, "Tobacco: threat to our environment". The WNTD aims at highlighting the health risks associated with tobacco use and advocating effective tobacco control policy to reduce tobacco consumption. Throughout its life cycle, tobacco pollutes our planet and damages the health of all people. According to WHO, the tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 8 million people a year globally, including around 1.2 million deaths from exposure to second-hand smoke. Tobacco destroys our environment, further harming human health, through the cultivation, production, distribution, consumption, and post-consumer waste. Therefore, we have every reason to join hands

in helping smokers to quit tobacco, in saving lives and in saving our planet. (<https://www.who.int/campaigns/world-no-tobacco-day/2022>)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health has launched the "Quit in June"

campaign to call on smokers to give up smoking so as to reduce their risk of tobacco-related diseases and deaths. Furthermore, smoking is associated with an increased risk of severe COVID-19. Quitting is of great benefit to smokers of all ages and will result in immediate and long-term health benefits. (<https://www.livetobaccofree.hk/en/quit-month/about.html>) In parallel, a new toolkit for delivery of Brief Intervention on Smoking Cessation has been developed by the TACO for healthcare providers in delivering brief smoking cessation support in the daily clinical practice. (<https://www.livetobaccofree.hk/en/health/health-care-professional.html>) Let us continue to help create a tobacco-free environment!

The Hong Kong College of Obstetricians and Gynaecologists recently issued interim advice on COVID-19 vaccination in pregnant and lactating women in which it stated that based on available data women who are pregnant have an increased risk of developing severe adverse outcomes following SARS-CoV-2 infection, when compared with the non-pregnant population. It also stated that COVID-19 increases the risk of preterm birth by 2-fold and the extended perinatal



*(Continued on page 2)*

## Message from the President (Con't)

*(Continued from page 1)*

mortality by about 50%. Hence, it is recommended that women who are planning to conceive, are pregnant, or are breastfeeding should be vaccinated with COVID-19 vaccine as the rest of the population, unless contraindicated due to underlying medical reasons. It went on to report that recent studies of COVID-19 vaccination during pregnancy also suggested benefits for the infants. Transplacental transfer of SARS-CoV-2-specific antibodies was revealed following maternal vaccination in pregnancy. More details can be found from the following link. ([https://www.hkcog.org.hk/hkcog/Upload/EditorImage/20220513/20220513181416\\_7872.pdf](https://www.hkcog.org.hk/hkcog/Upload/EditorImage/20220513/20220513181416_7872.pdf))

Professor Rodger Charlton from the United Kingdom (UK) has contributed an editorial entitled

“The Impact of COVID-19 on UK Family Practice / Primary Care” in the June issue of the Hong Kong Practitioner. Professor Charlton provided an update from a practicing GP’s point of view on the various aspects of GP’s work in the UK being affected by the COVID-19 pandemic over the last two years. He particularly shared on the influence of the pandemic on clinical practice, training, and continuing professional development (CPD) with the emergence of new models of care, application of new technology in teaching, training as well as conducting CPD. Please watch out for the June issue of our College Journal.

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 **April – May 2022**:

### Associate Membership (New Application)

Dr. BUT Ho Yin, Leo	畢 皓 然
Dr. KWOK Siu Leung	郭 兆 良
Dr. WONG Stanley	黃 思 浩
Dr. YU Wing Lam	余 穎 琳

### Student Membership (New Application)

Miss CHAN Chak Yue	陳 澤 瑜
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### Transfer to NON-HKSAR Fellowship

Dr. LAM Wai Hang, Eddie	林 偉 恒
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### Withdrawal of Full Membership

Dr. MA King Wing	馬 景 榮
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## UNIVERSITY HEALTH SERVICE

### Medical Officer (Ref. 22051615-IE)

The University Health Service (UHS) of The Hong Kong Polytechnic University is a community-based Family Medicine training centre, as accredited by The Hong Kong College of Family Physicians. UHS provides primary care to students, staff members and their dependants and other eligible users. The University invites applications for the Medical Officer post in UHS. Duties: provide primary health care, health counselling, promote health education and perform administrative duties. Qualifications: registrable with The Medical Council of Hong Kong and fluency in spoken English and Cantonese. A higher qualification in Internal Medicine, Emergency Medicine and/or Family Medicine is an advantage. Doctors enrolled in vocational training in Family Medicine are also welcome. Please visit <http://www.polyu.edu.hk/uhs/en> for more information about UHS. Post specification and online application are available on PolyU’s career website (<https://jobs.polyu.edu.hk>). Application closing date: Consideration of applications will commence on 27 June 2022 until the position is filled.

*PolyU is an equal opportunity employer committed to diversity and inclusivity. All qualified applicants will receive consideration for employment without regard to gender, ethnicity, nationality, family status or physical or mental disabilities.*

## Board of Conjoint Examination News

### HKCFP/RACGP CONJOINT EXAM ANNOUNCEMENT

The Hong Kong College of Family Physicians (HKCFP) had recently been notified by the Royal Australian College of General Practitioners (RACGP) with respect to the status related to our HKCFP **category 2 candidates** sitting the conjoint exam:

1. These doctors have not been enrolled in a training program as a requirement to either sit the exam or be awarded Fellow of the Royal Australian College of General Practitioners (FRACGP).
2. The alternative pathway other than formal training is no longer aligned with the RACGP and Australian Medical Council position that all doctors must be on, or have completed, a training program for exam eligibility and to gain Fellowship.

Therefore, the RACGP Council of Censors had resolved that:

1. HKCFP category 2 doctors who enroll for 2022 and 2023 conjoint exams will be eligible for the International Conjoint Fellow of the Royal Australian College of General Practitioners (ICFRACGP) (but not FRACGP) provided other Fellowship requirements are met.

If they wish to work in Australia and gain medical registration as a Specialist International Medical Graduate (SIMG), they will need to apply to the Practice Experience Program Specialist Stream and the application will be dealt with on its own merit. The concession granted to the holders of the ICFRACGP via the training program will not apply. The lack of training program will be taken into consideration as it would be for any other SIMG.

2. After 2023 no HKCFP category 2 candidate will be eligible for the conjoint exams.
3. The Australian Medical Council will be notified of the issue of the HKCFP category 2 doctors.

However, up to the present moment, the HKCFP category 2 doctors are still eligible to sit for our HKCFP college exam and be awarded FHKCFP similar to previous years provided all HKCFP Fellowship requirements are met.

(N.B. For our **category 1 candidates** - those who commenced the HKCFP training program before 31<sup>st</sup> December 2018, will remain entitled to be awarded FRACGP, provided all requirements for Fellowship are met. All other candidates are eligible to apply for the award of ICFRACGP.)

Board of Conjoint Exam  
HKCFP

## Meeting Highlights

### Online Seminar on 11 May 2022

Dr. FUNG Wing Shing, Winston, Specialist in Nephrology; Associate Consultant, Nephrology/Medicine, Prince of Wale Hospital, delivered a lecture on "The New Milestone for Managing Chronic Kidney Disease".



A screenshot taken on 11 May 2022  
Dr. CHAN Kin Wai, Louis (left, Moderator) and Dr. FUNG Wing Shing, Winston (right, Speaker)

### Online Evening Seminar on 13 May 2022

Dr. LEE Chi Ho, Paul, Specialist in Endocrinology, Diabetes & Metabolism; Clinical Assistant Professor, Department of Medicine, University of Hong Kong, delivered a lecture on "SGLT2i beyond A1c: Revolutionizing the Management of Patients with Chronic Kidney Disease (CKD) in Diabetes".



A screenshot taken on 13 May 2022  
Dr. CHAN King Hong (left, Moderator) and Dr. LEE Chi Ho, Paul (right, Speaker)

## 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. May 2022)

We are pleased to remind you that our College members who are registered with Hong Kong Academy of Medicine (HKAM) as their MCHK CME administrator via HKCFP will have their associated administrative charge waived starting from January 2017. For members who would like to **register/switch** their MCHK CME Administrator to HKAM via the College (with current cycle start date 1 July only) **starting from 1<sup>st</sup> July 2022, they MUST submit Registration Consent Form** to College Secretariat before **30 June 2022 (Thursday)**.

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

1. Doctors must register under one of the CME administrator, in order to be enrolled in the MCHK CME programme (Please refer to [https://www.mchk.org.hk/english/cme/files/Frequently\\_Asked\\_Questions.pdf](https://www.mchk.org.hk/english/cme/files/Frequently_Asked_Questions.pdf)) for more details)
2. HKCFP Members are **NOT** automatically registered with Hong Kong Academy of Medicine (HKAM) via HKCFP as their MCHK CME administrator; unless Registration Consent Form is submitted for further enrolment process.  
(HKCFP Members are enrolled in HKCFP QA programme only, which is a different CME programme)
3. MCHK registrants (with current cycle start date **1 July**) will have to liaise with their current CME Administrator (HKMA, DU, DH) for the necessary procedures in relation to change of the CME Administrator.
4. 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.
5. Overseas Conferences: please submit Attendance Record within one month on completion of the conference.
6. Self-study: please submit details of the programme within one month on completion of the Self-study.
7. 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](http://www.hkcfp.org.hk) > Downloads > 'Quality Assurance & Accreditation'. Please return the completed form to our College Secretariat at [cmecpd@hkcfp.org.hk](mailto:cmecpd@hkcfp.org.hk) before the captioned deadline to facilitate the necessary arrangement. As usual, late submission may not be processed.

**HKCFP Secretariat**

## Board of Vocational Training and Standards News

### Reminder: Submission of Application for Certification of Completion of Basic Training

To those who will complete basic training,

You are advised to apply for the Certificate of Completion of Basic Training within 3 months upon the completion of four-year Basic Vocational Training. Please submit the application and training logbook to the college office during office hours. **Late submission will be charged an annual training fee.**

Should you have any enquiries, please contact Ms. Maggie CHEUNG or Ms. Kathy LAI at 2871 8899.

Basic Training Subcommittee  
Board of Vocational Training and Standards

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

### 《心跳》

冼銘全醫生

60歲男士，回來覆診高血脂和脂肪肝。檢查顯示血壓正常，唯見心跳率偏慢，每分鐘只有44下。翻查紀錄，原來一直都偏慢。

**我**：「你今日心跳有啲慢，不過我見一直都差唔多。」

**男士**：「係呀，十幾年都係咁啦，我日日都有寫低嘅。」（他拿出厚厚的紀錄…這麼多年，每天都有寫下，真的十分在意。）

**我**：「有冇覺得咩唔舒服？」

**男士**：「冇。我經常去私家做心電圖，心臟掃描過都話冇事，但咁耐都慢，我洗唔洗再睇吓心臟專科？」

最近驗血，甲狀腺素正常。

**我**：「以前多唔多運動？」

**男士**：「一直都好鍾意運動，幾十年每日游水，退咗休之後更加提升左運動量。不過心跳仍然好慢。另外呢幾日左邊有啲好痕嘅紅疹，左邊係心臟嗰，會唔會同心臟有關㗎？可唔可以轉介我去心臟專科？」

檢查其實已經好足夠，因為一直有運動，心肺功能強健，心臟不用跳太多已令身體供血充足，這種心跳慢實屬可喜。左胸皮膚上的是濕疹，和心臟當然無關。

**我**：「其實我真係唔擔心你心臟有事，但你好在意個心跳，個人顯得好焦慮。最近有冇咩壓力？」

**男士頓了一頓**：「係有啲負擔嘅。我應承自己，三個仔女我每人比一間屋佢哋，所以我要繼續投資，唔可以俾自己冇事。」

**我**：「你三個仔女知道你有呢個打算，有啲咩反應？」

**男士**：「佢哋個個叫我唔好咁緊張，退休就退休啎。」

**我**：「假如你啲仔女真係每人有一層樓，係你送嘅，但佢哋見到你失去左自己，有焦慮症要食藥，佢哋一世內疚。千萬家財但洗唔去一身內疚，你又點睇？」

**男士**：「我啲朋友都係咁勸我……」

**我**：「好明顯你啲仔女想你開心自在，佢哋先會安心成長，幾大嘅單位都幫唔到啲仔女成長。你應該諗清楚，你係要應承自己，定係應承啲仔女。」

**男士**：「我真係要再認真再諗諗……」

男士沒有再要求轉介心臟科。我在想，如果轉介，應該救不了這個人，這個家吧。

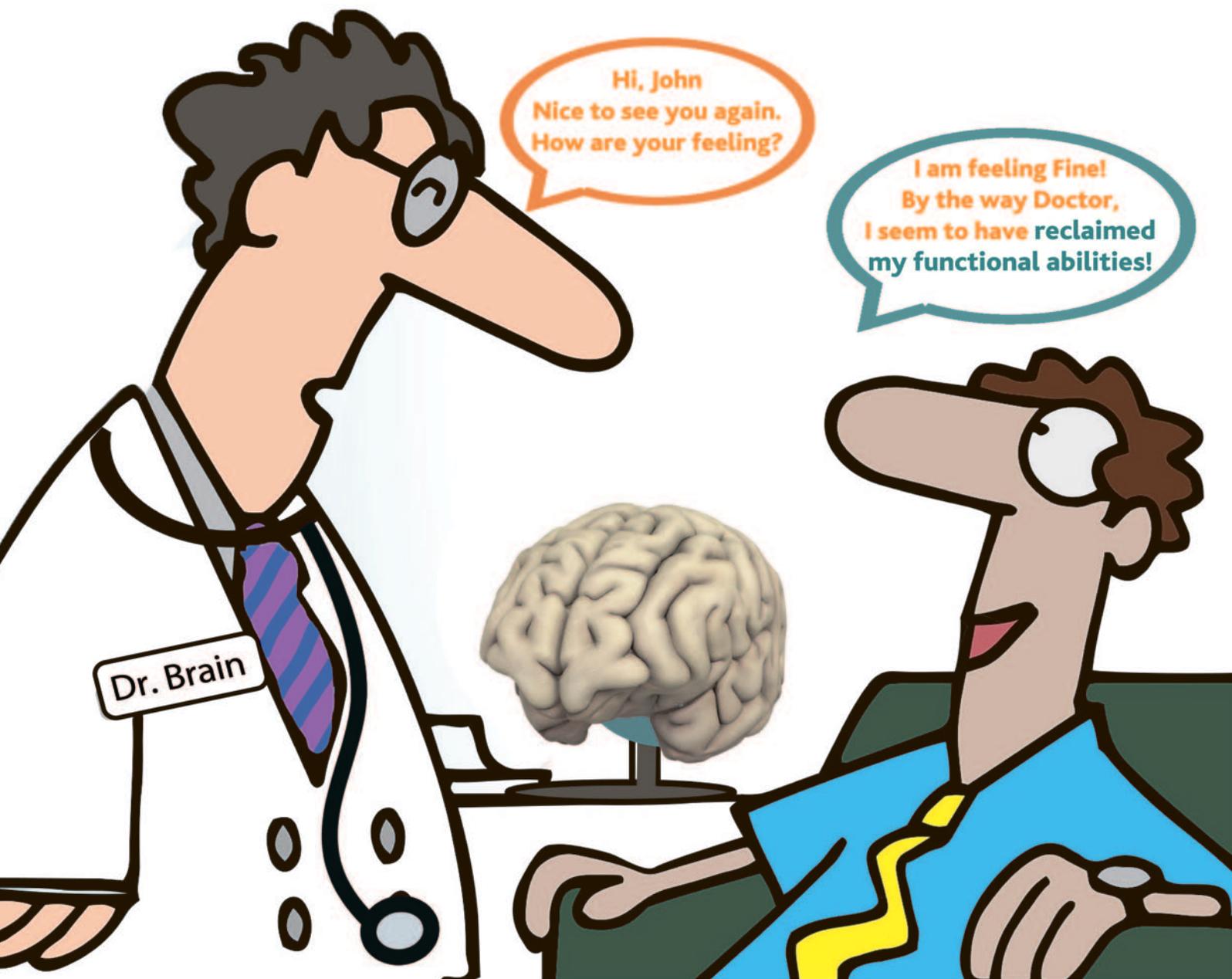
### The Diary of a Family Doctor 家庭醫生的日常

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](mailto:FPLinks@hkcfp.org.hk)

# Restore Patients' Functioning from Depression



## BRINTELIX® (VORTIOXETINE) - ABBREVIATED PRESCRIBING INFORMATION

**Brintellix® Active Substance:** Vortioxetine Hydrobromide. **Presentation:** Film-coated tablets 5mg, 10mg and 20mg. **Indication:** Treatment of major depressive episodes in adults. **Dosage:** Adults: starting and recommended dose is 10mg, once-daily, taken with or without food. Elderly ≥65 years: Starting dose 5mg. Children and adolescents (<18 years): should not be used. **Discontinuation:** Patients can abruptly stop taking the medicinal product without the need for a gradual reduction in dose. **Contraindications:** Hypersensitivity to vortioxetine or to any of the excipients. Combination with MAO-inhibitors. Should not be used during pregnancy or lactation unless clearly needed and after careful consideration of the risk/benefit. **Special warnings and precautions:** Depression is associated with an increased risk of suicidal thoughts, self-harm and suicide. It is a general clinical experience that the risk of suicide may increase in the early stages of recovery. Close supervision of high-risk patients should accompany drug therapy. Patients (and caregivers) should be alerted about the need to monitor for any clinical worsening, suicidal behavior or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present. Should be introduced cautiously in patients who have a history of seizure or in patients with unstable epilepsy. Patients should be monitored for the emergence of signs and symptoms of Serotonin Syndrome or Neuroleptic Malignant Syndrome. Should be used with caution in patients with a history of mania/hypomania and should be discontinued in any patient entering a manic phase. Patients treated with antidepressants, including vortioxetine, may also experience feelings of aggression, anger, agitation and irritability. Patient's condition and disease status should be closely monitored. There have been reports of cutaneous bleeding abnormalities with the use of SSRIs/SNRIs. Hyponatraemia has been reported rarely with the use of SSRIs/SNRIs. Mydriasis has been reported in association with use of antidepressants, including vortioxetine. This mydriatic effect has the potential to narrow the eye angle resulting in increased intraocular pressure and angle-closure glaucoma. Caution should be exercised for patients with renal or hepatic impairment. **Interactions:** Caution is advised when taken in combination with MAO-inhibitors, serotonergic medicinal products, products lowering the seizure threshold, lithium, tryptophan, St. John's Wort, oral anticoagulants or antiplatelet agents, and products predominantly metabolised by the enzymes CYP2D6, CYP3A4, CYP2C9, and Cytochrome P450. There have been reports of false positive results in urine enzyme immunoassays for methadone in patients who have taken vortioxetine. **Undesirable effects:** Very common: Nausea. Common: abnormal dreams, dizziness, diarrhoea, constipation, vomiting, pruritus, including pruritus generalised. Uncommon: flushing, night sweats. Rare: Mydriasis (which may lead to acute narrow angle glaucoma). Not known: Anaphylactic reaction, Hyponatraemia, Insomnia, Serotonin Syndrome, Haemorrhage (including contusion, ecchymosis, epistaxis, gastrointestinal or vaginal bleeding), Angioedema, Urticaria, Agitation, Aggression, Rash. **Overdose:** Symptomatic treatment. The most frequently reported symptoms were nausea and vomiting for overdoses of up to 80 mg and seizure and serotonin syndrome for overdoses above 80 mg. **Legal category:** POM. **Marketing Authorisation Holder:** Lundbeck HK Limited, Suite 4303, Central Plaza, 18 Harbour Road, Wanchai, Hong Kong. **Revision Date:** Jan 2021 based on HK SmPC, dated Sep 2020. **Full prescribing information is available upon request.**



**Lundbeck HK Limited**  
Suite 4303, Central Plaza,  
18 Harbour Road, Wanchai, Hong Kong  
Tel: 2244 8888 [www.lundbeck.com](http://www.lundbeck.com)

Thanks to



## HKCFP Trainees Research Fund 2022 / HKCFP Research Seed Fund 2022

The Research Committee of HKCFP is pleased to continue to offer the two research funds, The Trainees Research Fund and the Research Seed Fund.

The Trainees Research Fund will be opened to all registered HKCFP trainees and is made of four awards (each up to HK\$10,000). It is envisaged it will help trainees especially (but not limited to) those doing research projects as their exit examination. Those who have funding support elsewhere will not be considered.

The Research Seed Fund is open to all HKCFP members when a maximum of HK\$25,000 award will be made to the successful applicant to assist the conduction of a research project.

Winners of the award will receive 50% of the approved grant up front and the remainder 50% upon completion of the project.

**\*\*Please note that each applicant can only apply either one of the above Funds\*\***

### **Assessment Criteria for both funds:**

1. Academic rigor of the research project (e.g. originality, methodology, organisation and presentation);
2. Relevance and impact to family medicine & primary care (e.g. importance of the topic and the impact of the findings on the practice or development of the discipline); and
3. Overall budget

Each research project submitted will be assessed according to the above assessment criteria set by the selection panel. Please send your submission to:

Research Committee, HKCFP

803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong  
by post or by email: [research@hkcfp.org.hk](mailto:research@hkcfp.org.hk)

Please indicate the research funding title e.g. “HKCFP Trainees Research Fund 2022” or “HKCFP Research Seed Fund 2022” on your research project upon submission.

**Submission Deadline: 26<sup>th</sup> October 2022**

Supported by HKCFP Foundation Fund

## Tele-health Hub – Sharing by a Family Physician Locum Doctor

Dr. LEUNG Lok Hang Will, Specialist in Family Medicine, FP Links Section Editor

Dr. PAU Wai Man Raymond, Specialist in Family Medicine

At the previous issue of FP Links News Corner, the Tele-health Hub of the Hospital Authority (HA) newly established during the COVID-19 fifth wave in supporting COVID-19 positive individuals in the community was introduced.

It was an endeavouring mission to set up a brand-new service model within a very short period of time, from setting up the physical location at Queen Elizabeth Hospital (QEH), formulation of service model and workflow, recruitment and training of new Locum Doctors, to service commencement in a matter of days, involving multiple clinical, administrative, technical and external stakeholders in order to provide community support for referrals from the HA Hotline and other channels such as the Isolation Care Monitoring System.

One of the most important elements in grounding a solid foundation of the Tele-health Hub operation was the availability of a dedicated team of Locum Doctors from various fields with diversified expertise, including Family Medicine Specialists, Physicians, Surgeons, Paediatricians, Gynaecologists, Ophthalmologists, Pathologists, General Practitioners etc., most of them were newly recruited by HA during the COVID-19 fifth wave from the private sector, universities and retired Doctor pool.

At the current issue, Family Medicine Specialist Dr. Raymond PAU, who served at the Tele-health Hub from the beginning of its operation, is sharing his experiences and thoughts: -

The fifth wave of COVID-19 epidemic has hit Hong Kong like a tsunami. In a matter of weeks, the total number of COVID-19 positive cases had exceeded half a million. The emergency services were overwhelmed, and the HKSAR's medical service has been stretched to the limit. I was honoured to be invited to participate in the Tele-Health Hub service, newly set up to help patients who are infected and undergoing isolation at home.

At the beginning of the Service, there are a large number of patients who needed medical support with overwhelmed bookings at Designated Clinics and other healthcare facilities. Patients were also frustrated by the long waiting time of the emergency services including the ambulance or other supporting services. Most patients were in desperate states because of a lack of means on medical help. That desperation was compounded by a knowledge gap on facts about COVID-19 infection. From the calls I had handled, it was obviously observed that the COVID-19 infected individuals in the community were quite helpless and did not know what to do. I believed the introduction of the hotline and Tele-health Hub did help patients to understand more about this infection, in addition to offering them health advice and social help, Tele-health Hub Locum Doctors were also able to provide reassurance to patients with minor symptoms in easing the fear and helplessness the callers experienced during community isolation. Most patients really appreciated our effort, especially elderly patients and parents with younger children.

Let me share a case which I encountered during my service at the Tele-health Hub: there was a family of seven including young children and elderly living in a 150 square feet council

flat and all but one of them were infected. They were lacking of medications and running short of basic food, necessities and sanitising materials. In addition to the health advice as a Doctor I could offer, we were able to refer the caller to the Red Cross service for essential food items and basic necessities such as prevention kits, in bridging over to the time of Designated Clinic appointments via designated taxi fleet.

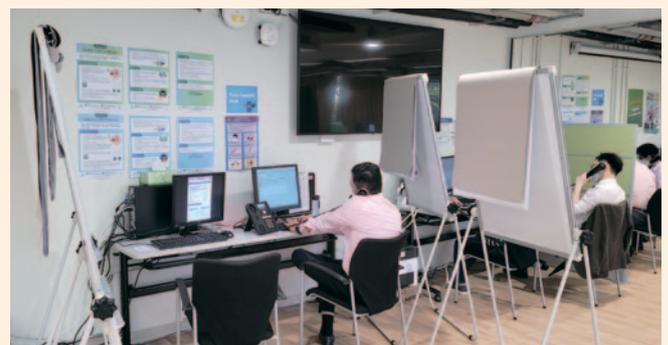
Serving at the Tele-health Hub as a Family Physician did enlighten me a deep insight of the problems the General Public was facing, particularly during the crisis period. I am grateful to be able to contribute my small effort to help to ease this daunting epidemic situation through participating at the newly established and adequately supported Tele-health Hub.



Dr. Raymond PAU and Dr. Will LEUNG at the HA Tele-health Hub



Training and peer support session for Locum Doctors



Locum Doctors delivering tele-health services at QEH

## Update on De-Prescribing Proton Pump Inhibitors

Proton pump inhibitors (PPIs) are among the most frequently used medications in the world. PPIs are indicated for a variety of gastrointestinal disorders including treatment of peptic ulcer and gastroesophageal reflux disease, as well as prevention of gastroduodenal ulcer associated with NSAID and aspirin use. PPIs are generally safe. However, studies have found that long-term PPI use is associated with a number of adverse events, such as vitamin B12 deficiency, bone fractures, clostridium difficile infection, chronic kidney disease and dementia; although there is no direct evidence of a causal relationship. A clinical practice update was published by the American Gastroenterological Association recently to address the issue of de-prescribing PPIs.

### Review indications for PPI use

Family physicians have important role in revisions of PPI use since we provide continuing care for patients. All patients taking a PPI should have a regular review of the ongoing indications for use and documentation of that indication. De-prescribing should be considered when there is no definite indication for chronic PPI. For example, non-erosive reflux disease and functional dyspepsia with no sustained response to PPI therapy.

### Indications for long-term PPI use

Patients with definite indications for long-term PPI use should not be considered for de-prescribing:

- Barrett's esophagus
- Clinically significant (LA Classification grade C/D) erosive esophagitis
- Esophageal strictures from GERD
- Zollinger-Ellison syndrome
- Eosinophilic esophagitis
- Gastroprotection in users of aspirin/ NSAID at high risk for GI bleeding
- Prevention of progression of idiopathic pulmonary fibrosis

Conditional indications for long-term PPI use:

- PPI-responsive endoscopy-negative reflux disease, with recurrence on PPI cessation

- PPI-responsive functional dyspepsia, with recurrence on PPI cessation
- PPI-responsive upper airway symptoms ascribed to laryngopharyngeal reflux, with recurrence on PPI cessation
- Refractory steatorrhea in chronic pancreatic insufficiency with enzyme replacement
- Secondary prevention of gastric and duodenal peptic ulcers with no concomitant antiplatelet

Most patients with an indication for chronic PPI use who take twice-daily dosing should be considered for step down to once-daily PPI. Higher dose PPIs raise the costs of care and have been greatly linked to complications like community-acquired pneumonia, hip fracture and clostridium difficile infection.

### Consideration for de-prescribing PPIs

The decision to discontinue PPIs should be based entirely on the lack of indication for PPI use, and not because of concern for PPI-associated adverse events (PAAEs). The presence of PAAE or a history of PAAE in a current PPI user is not an independent indication for PPI withdrawal. De-prescribing of PPIs in patients with definite indications on the ground of worries about the uncommon risks may lead to both recurrent symptoms and serious complications.

### Approach to de-prescribing PPIs

When de-prescribing PPIs, either dose tapering or abrupt discontinuation can be considered. Patients who discontinue long-term PPI therapy should be advised that they may develop transient upper GI symptoms due to rebound acid hypersecretion. However, they do not have to resume regular PPIs immediately. Utilization of on-demand PPIs, H2 blockers, or neutralizing antacids may be helpful for controlling symptoms.

### References

1. Targownik LE, Fisher DA, Saini SD. Clinical Practice Update. AGA Clinical Practice Update on De-Prescribing of Proton Pump Inhibitors: Expert Review. *Gastroenterology* 2022;162:1334-1342.
2. Nehra AK, Alexander JA, Loftus CG. Proton Pump Inhibitors: Review of Emerging Concerns. *Mayo Clin Proc.* February 2018;93(2):240-246.

**Compiled by Dr. Siu Pui Yi**

# ABOUT GUNPLA MODELLING (Part II)

Dr. Ngai Ho Yin, Allen

## Steps in Gunpla Modelling and Equipment Needed

Now I am going to briefly introduce some basic steps in model building and equipment needed.

No. of Sequence	Steps	Equipment Needed
1.	Assemble Trial	Modeller's knife, nipper
2.	Polishing	Different numbers of sandpapers, e.g. 320, 400, 600, 800, 1000, 1500, 2000
2.	Dissemble, Modification, details addition, panel line craving	Plastic board, putty, panel-line cravers, option parts, etc.
3.	Surfacer spraying	Surfacer spray can or liquid-based surfacer for airbrush (0.5mm airbrush is required)
4.	Color-spraying and painting	0.2mm, 0.3mm and 0.5mm airbrushed, air-compressor, painting booth, paint
5.	Line marking	enamel paint, lighter-oil
6.	Applying water decals	mark softer, mark setter
7.	Topcoat spraying	Topcoat spray can or liquid-based topcoat for airbrush



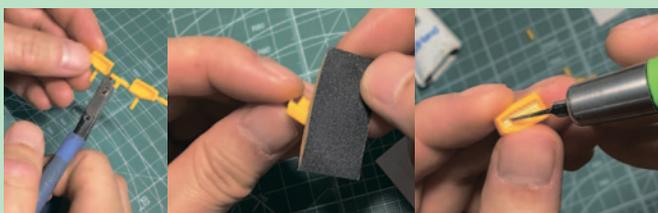
Most of my frequently used modelling equipment



Assemble trial finished, with all parts polished and lines deepened already



My color-spraying set-up including air-brush, air-compressor and booth



Unpackaging. Cut out the parts from the frame and assemble. At the same time, I almost always do the polishing work and deepening the lines using panel line-chisels



Modifications and fine-detail: I replaced the original plastic thrusters with option metal parts as an example here. In this step, I needed to cut out some parts and drilled appropriate holes for accommodating the slightly large option parts



Disassembling the model. Then I used clippers to hold the parts on foam stands for spraying surfacer and colors using different size of airbrushes ranging from 0.2mm, 0.3mm & 0.5mm



Applying water decals. I usually apply Mr. Mark Softer to soften the decal after application so the decal boundary will be less obvious after finish



Using masking tapes to mask regions that need a different colour-spray using airbrush



Final steps: assembling



Line marking using enamel paint. Use cotton wool sticks to soak with lighter oil to remove color that are painted out-of-boundary



Final work

## Inspiration: Commitment and Never Give Up

In the old days, I had to buy a lot of modelling books and attend private classes to learn modelling techniques. Nowadays, we can find a lot of videos in the internet teaching us about the steps I mentioned above. Here I don't want to spend words on those steps in details. Instead, I want to stress that you will need a lot of time and practice to improve your skills once you start learning. You will make a lot of errors. You will experience frustrations when you encounter big problems near the end of finishing your model that you have already spent for a month! Even though, I enjoy the process of gunplay-building. It's because you will have great satisfaction when you see your skills improving and your models closer to perfection day by day. This is no different from any other hobbies, sports activities and even medical procedural skills that you want to learn. Here, I am talking about the importance of commitment. Once we have committed to learn something and we want to have some degree of achievement in that field, we should never give up. We should be patient, continuously learn through mistakes and improve ourselves.

The following photos belong to some of my work:



1/100 MG Gundam RX-78-2 ver 2.0  
Modelled by Dr. Allen Ngai



1/100 MG Char's Zaku ver 2.0  
Modelled by Dr. Allen Ngai



1/144 HGUC revive Hyakushiki  
Modelled by Dr. Allen Ngai



1/100 MG Sinanju ver Ka.  
Modelled by Dr. Allen Ngai



1/100 MG Zeta Gundam ver 2.0  
Modelled by Dr. Allen Ngai



1/100 MG Nu Gundam ver Ka.  
Modelled by Dr. Allen Ngai



1/100 MG Unicorn Gundam ver  
Modelled by Dr. Allen Ngai



1/144 RG Gundam RX-78-2  
Modelled by Dr. Allen Ngai

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

## Online Seminars

Date and Time	Topics	Speakers	Moderators
25 June (Sat) 2:00 – 3:00 p.m.	<b>Online Dermatology Seminar: Outbreak within outbreak - how did the covid epidemic cause a dermatology outbreak</b> Co-organized with the Hong Kong Paediatric and Adolescent Dermatology Society (HKPADS) Sponsored by Pfizer Corporation Hong Kong Limited	<b>Dr. LUK Chi Kong, David</b> Specialist in Paediatrics President, Hong Kong Paediatric & Adolescent Dermatology Society Consultant, Department of Paediatrics & Adolescent Medicine, United Christian Hospital	<b>Dr. HON Kam Lun, Ellis</b> Specialist in Paediatrics Vice President, Hong Kong Paediatric & Adolescent Dermatology Society
8 July (Fri) 2:00 – 3:00 p.m.	<b>Online Seminar: Management of Infertility in Primary Care</b> Sponsored by Merck Pharmaceutical (HK) Limited	<b>Dr. NG Yuet Tao Dorothy</b> Specialist in Obstetrics & Gynaecology	<b>Dr. Lo Yuen Chung, Yvonne</b>
15 July (Fri) 2:00 – 3:00 p.m.	<b>Online Seminar: Advancing the Management of Myelofibrosis for Primary Care Doctors</b> Sponsored by Novartis Pharmaceuticals (HK) Limited	<b>Dr. CHAN Man Hong Helen</b> Specialist in Haematology and Haematological Oncology	<b>Dr. Chan Ka Shing, Ricky</b>

### QR Code for registration



#### Accreditation :

25 June	: 1 CME Point HKCFP (Cat. 5.2)	1 CME Point MCHK (pending)
8 & 15 July	: 1 CME Point HKCFP (Cat. 4.3)	1 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
24 June (Fri) 2:30 – 3:30 p.m.	<b>“Grab Your AIR – New Approach to Asthma Management” by Dr. Miu Ting Yat</b> <i>The presentation would be in Chinese</i>
29 July (Fri) 2:30 – 3:30 p.m.	<b>“What is the cut-off for treatment in the era of prediabetes?” by Dr. Yuen Mae Ann, Michele</b>

### QR Code for registration



Accreditation	: 1 CME Point HKCFP (Cat. 4.2)	1 CME Point MCHK (pending)
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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 (For all online seminars)	: Member	Free
	: 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 :	On-site Events	Online Events
	<ol style="list-style-type: none"> <li>All participants are required to fill-in all required information in the registration form and indicate their COVID-19 vaccination status. All information provided will be kept confidential and will not be disclosed to other parties.</li> <li>All participants must use the “LeaveHomeSafe” mobile application (LHS) before entering the venue.</li> <li>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.</li> <li>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.</li> <li>All participants are required to put on surgical masks properly throughout the event. Please bring sufficient surgical masks for replacement if necessary.</li> <li>Please maintain good personal hygiene and use the alcohol handrub available on-site if needed.</li> </ol>	<ol style="list-style-type: none"> <li>In case of over-subscription, the organizer reserves the right of final decision to accept registration.</li> <li>The link to join the webinar <b>SHOULD NOT</b> 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.</li> <li>Please note you can just attend <b>ONE</b> 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).</li> <li>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.</li> <li><b>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)</b></li> <li>Please be reminded to check the system requirements beforehand to avoid any connection issues.</li> <li>Due to copyright issue, please note private recording of the lecture is prohibited.</li> <li>Registration will be closed 3 days prior to the event.</li> </ol>

**forxiga.**  
(dapagliflozin)

# BRING PROTECTION TO LIFE IN CKD

THE ONLY SGLT2i

Now Approved for Chronic Kidney Disease Treatment\*<sup>1,11,1</sup>

INITIATE TREATMENT<sup>55</sup>

GFR  
**≥ 25**



**For broad range<sup>††</sup> of CKD patients, TREAT EARLY WITH FORXIGA NOW**



↓ 39%

**Composite of CKD progression<sup>†</sup>, ESKD, and renal or CV death<sup>‡</sup> vs placebo (NNT=19 patients)**

(HR 0.61; 95% CI, 0.51, 0.72; p<0.001)<sup>2</sup>



↓ 31%

**All-cause mortality vs placebo**

(HR 0.69; 95% CI, 0.53, 0.88; p=0.004)<sup>2</sup>



↓ 29%

**Composite of CV death or hHF vs placebo**

(HR 0.71; 95% CI, 0.55, 0.92; p=0.009)<sup>2</sup>



**Slowed eGFR deterioration**

(Between-group change/year in mean eGFR (chronic slope): 1.9 mL/min/1.73 m<sup>2</sup> (FORXIGA/placebo)<sup>2</sup>



**Consistent Efficacy<sup>§</sup>**

Regardless of T2D status<sup>3</sup>, baseline eGFR<sup>§,2</sup>, CKD stage<sup>\*\*</sup> and aetiology<sup>††,3,4</sup>



**Simple and well tolerated**

Consistent safety shown in patients with CKD, with or without T2D<sup>2,3</sup>. Similar hypoglycaemia rates<sup>§</sup> and less frequent AKI-related SAEs vs placebo<sup>3,5</sup>

\* FORXIGA is indicated for the treatment of chronic kidney disease in adult patients with or without T2D.

<sup>†</sup> ≥50% sustained decline in eGFR.

<sup>‡</sup> There were comparable rates of the individual component of CV death vs placebo (3.0% vs 3.7%; HR 0.81; 95% CI, 0.58, 1.12).

<sup>§</sup> Primary composite endpoint of ≥50% sustained decline in eGFR, reaching ESKD, and renal or CV death. ESKD is defined as the need for maintenance dialysis for at least 28 days and renal transplantation or sustained eGFR <15 mL/min/1.73m<sup>2</sup> for at least 28 days.

<sup>¶</sup> Baseline eGFR categories: <45 mL/min/1.73m<sup>2</sup> and ≥45 mL/min/1.73m<sup>2</sup>.

<sup>\*\*</sup> Observed only in T2D patients.

<sup>††</sup> CKD stage groups: Stage 4 and Stage 2/3.

<sup>‡‡</sup> Diabetic nephropathy, glomerulonephritis, ischaemic or hypertensive CKD, or CKD of other or unknown cause.

<sup>§§</sup> In patients with severe hepatic impairment, a starting dose of 5 mg is recommended. If well tolerated, the dose may be increased to 10 mg.

<sup>¶¶</sup> In DAPA-CKD, patients may continue on FORXIGA 10 mg once daily if eGFR falls below 25 mL/min/1.73m<sup>2</sup>.

<sup>\*\*</sup> Due to limited experience, it is not recommended to initiate treatment with dapagliflozin in patients with GFR <25 mL/min.

AKI, acute kidney injury; CI, confidence interval; CKD, chronic kidney disease; CV, cardiovascular; eGFR, estimated glomerular filtration rate; ESKD, end-stage kidney disease; HF, heart failure; hHF, hospitalization for heart failure; HR, hazard ratio; SAE, serious adverse event; SGLT2i, sodium-glucose co-transporter-2 inhibitor; T2D, type 2 diabetes; UACr, urine albumin-creatinine ratio.

References: 1. FORXIGA Hong Kong Prescribing Information. 2. Heerspink HJL, et al. N Engl J Med. 2020;383:1436-1446. 3. Wheeler DC, et al. Lancet Diabetes Endocrinol. 2021;9:22-31. 4. Chertow GM, et al. J Am Soc Nephrol. 2021;32:2352-2361. 5. Heerspink HJL, et al. Kidney Int. 2021;50085-25382/100865-6.

Abbreviated Prescribing Information (API)

**FORXIGA (dapagliflozin)**  
Composition: Dapagliflozin propandiol 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. For the treatment of asymptomatic chronic heart failure with reduced ejection fraction. For the treatment of chronic kidney disease. **Dosage and Administration:** Type 2 diabetes mellitus: 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. Heart Failure: Recommended dose is 10 mg to be taken orally once daily. Chronic Kidney Disease: Recommended dose is 10 mg to be taken orally once daily. 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 sulphonylureas (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; an 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 type 1 diabetes; hereditary problems of galactose intolerance, total lactase deficiency, or glucose-galactose malabsorption. Additional glucose lowering treatment should be considered for glycaemic control improvement if GFR is persistently below 45 mL/min for the treatment of diabetes; no dose adjustment is required based on renal function for the treatment of heart failure and chronic kidney disease. Due to limited experience, it is not recommended to initiate treatment with dapagliflozin in patients with GFR < 25 mL/min. Discontinue if suspected or diagnosed diabetic ketoacidosis; if Fourrier's gangrene is suspected, when pregnancy is detected, while breast-feeding. Limited or no data in cardiac failure NYHA class IV; 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 uric acid, and decreased weight. Rare: diabetic ketoacidosis (when used in type 2 diabetes). Very rare: necrotising fasciitis of the perineum (Fournier's gangrene), angioedema. Not known: acute kidney injury. **Drug Interactions:** Co-administration with rifampicin may reduce dapagliflozin systemic exposure; co-administration with metformin may increase dapagliflozin systemic exposure. Monitoring glycaemic control with 1,5-AO assay is not recommended in patients taking SGLT2 inhibitors. **Storage:** Store below 30 °C. **Local prescribing information is available upon request. API HK FOR.1221**

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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>Wednesday, 06 July 2022</b>			
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	<b>Vocational Training Program for Family Medicine in Hong Kong</b> Dr. Lam Sze Yan	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	<b>1. Introduction of FM</b> Dr. Ho Ka Ming, Ken <b>2. Introduction of International Classification of Primary Care (ICPC) Coding</b> Dr. Mak Shen Rong, Sharon	Ms. Emily Lau Tel: 3506 8610
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	<b>Introduction to FM Training</b> Dr. Lee Man Kei	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	<b>Updates in Childhood Immunisation</b> Dr. Liu Wing Yee, Natasha	Ms. Cherry Wong Tel: 2589 2342
<b>Thursday, 07 July 2022</b>			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>The Family Medicine Principles and Smoking Cessation</b> Dr. Chan Cho Shan & Dr. Vincci Kwok	Ms. Eliza Chan Tel: 2468 6813
<b>Thursday, 14 July 2022</b>			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>How to Handling Patients with Somatic Symptom Disorder in the Daily Consultation</b> Dr. Tsang Yee Wing & Dr. Leung Hor Yee	Ms. Eliza Chan Tel: 2468 6813
<b>Thursday, 21 July 2022</b>			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>Complaints of Hair, Nail and Mucosal Membrane, Clinical Approach with Cases Illustration</b> Dr. Lam Yat Hei & Dr. Hun Pek I	Ms. Eliza Chan Tel: 2468 6813
<b>Wednesday, 27 July 2022</b>			
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	<b>Legal and Ethical Issue of Medical Advertisement</b> Dr. Wan Kwong Ha	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	<b>Medical Statistics and Modeling</b> Professor Shelly Tse	Ms. Emily Lau Tel: 3506 8610
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	<b>Menopause and Andropause</b> Dr. Wong Hiu Yeung, Leo	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	<b>MPS - Case Demonstration; Common Pitfalls in Daily Practice</b> Dr. Wong Wing Sze	Ms. Cherry Wong Tel: 2589 2342
<b>Thursday, 28 July 2022</b>			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>Child Relationship Problems and How to Handle</b> Dr. Tang Hoi Yan & Dr. Ng Ngai Mui	Ms. Eliza Chan Tel: 2468 6813

# COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26 <i>Jun</i>  2:00 – 5:30 p.m. DFM Pre Exam Workshop II	27	28	29  2:00 – 7:30 p.m. Structured Education Programme	30  4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	1 <i>Jul</i>	2
3	4	5	6  2:00 – 7:30 p.m. Structured Education Programme	7  4:00 – 6:00 p.m. Structured Education Programme	8  2:00 – 3:00 p.m. Online Seminar	9  3:00 – 5:00 p.m. DFM Written Exam
10  DFM Clinical Exam	11	12	13  2:00 – 7:30 p.m. Structured Education Programme	14  4:00 – 6:00 p.m. Structured Education Programme	15  2:00 – 3:00 p.m. Online Seminar	16
17  3:00 – 6:00 p.m. Conjoint Exam - 1 <sup>st</sup> OSCE Examiner workshop	18	19  9:00 p.m. Board of DFM Meeting	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 8:30 p.m. DFM 2022-23 Introductory Session	30

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

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