

INSIDE THIS ISSUE

Issue 230 April 2023

- | | | | |
|--|--|---|--|
| <ul style="list-style-type: none"> 01 Message from the President 02 Message from the President (Con't), College News: 02 Membership Committee News 03 Together We FM Run Further 04 Specialty Board News; Meeting Highlights 05 Board of Vocational Training & Standards News; 家庭醫生的日常 | <ul style="list-style-type: none"> 06 DFM 2023-2024 08 HKCFP Certificate Course in Essential Family Medicine 2023-2024 09 HKPCC 2023 14 Feature: Across Continents: Reflections of a GP 16 News Corner: Guideline-directed Medical Therapy (GDMT) for Heart Failure | <ul style="list-style-type: none"> 17 College News: HKCFP Family Medicine Career Talk 2023 18 Learning Points from Board of Education: Online Seminar on Dermatology – The 86th Meeting on 4 March 2023 20 College News: 20 The HKCFP Awards for the Best Research and Best Trainee Research of 2022 | <ul style="list-style-type: none"> 21 HKCFP Research Fellowship 2023 23 Assessment Enhancement Course (AEC) Sharing by Category II Candidates 25 Board of Education News 28 College Calendar |
|--|--|---|--|

Message from the President

As recently announced by the Under Secretary for Health, Dr. Libby Lee, Primary Healthcare is an important integral part of the entire healthcare system, accounting for about 20% of public healthcare expenditure. In order to address the current concentration of medical resources and pressure on public hospitals, the government launched the "Primary Healthcare Blueprint" at the end of last year, proposing a series of key reform measures to strengthen primary healthcare services in Hong Kong (<https://www.info.gov.hk/gia/general/202304/13/P2023041300225.htm>).

Dr. Lee pointed out that the Government has set up District Health Centers or District Health Centers Expresses in all 18 districts in Hong Kong in 2022. Under the recommendations of the "Blueprint", the health center will gradually strengthen its role as a coordinator of primary medical services in the community and as a case manager, supporting primary medical doctors in the private sector.

At the same time, the Government is strengthening the "one person, one family doctor" system. To ensure the quality of primary healthcare services, the Government is encouraging primary healthcare service providers to register and join the "Primary Healthcare Directory" as soon as possible. Under the proposal of the "Blueprint", the current "Primary Care Directory" will be transformed into the "Primary Care Registry", which will serve as a central register covering all primary care professionals and serve as a tool for standardisation and quality assurance of primary care services.

The Government is also working hard to gradually implement the proposals in the "Blueprint" in the short, medium and long term. In 2023-24, the focus will be on implementing the three-year "Chronic Disease Co-management Pilot Scheme"



and the three-year pilot scheme to optimise the Elderly Health Care Voucher Scheme. Details will be announced in the third quarter of 2023. The Government is also actively planning to reorganise the Primary Healthcare Office under the Health Bureau into the Primary Healthcare Commission, and will announce details in due course.

The Centre for Health Protection (CHP) of the Department of Health announced in early April that according to the latest surveillance data, local seasonal influenza activity has continued to increase in the past week and exceeded the baseline thresholds, indicating that Hong Kong has entered the influenza season. All sectors of the community should heighten their vigilance and enhance personal protection measures against influenza. From the latest surveillance data, the weekly percentage of detections tested positive for seasonal influenza viruses has increased from below 1 per cent in the first week of March to 9.89 per cent in the week ending 1 April. The majority of positive detections

(Continued on page 2)

Message from the President (Con't)

(Continued from page 1)

were influenza A(H1) (around 77 per cent) and A(H3) (around 21 per cent), with very low influenza B activity. Of note, past epidemiological data showed that children and adults aged from 50 to 64 years were relatively more affected in seasons dominated by influenza A(H1). A spokesman of the CHP said that given the local seasonal influenza activity has been staying at low levels over the past three years, the immunity against influenza in the local community may be relatively weaker than that in the past. The public, particularly children, the elderly and chronic disease patients, are urged to receive seasonal influenza vaccination (SIV) as early as possible. Strict personal, hand and environmental hygiene should be observed at all times (<https://www.info.gov.hk/gia/general/202304/06/P2023040600528.htm?fontSize=1>).

The Hong Kong Academy of Medicine (HKAM) has organised a Run/Walk Challenge, themed "Health for All, Move Forward Together", in celebration of its 30th anniversary. As one of the founding Colleges of the HKAM, I represented our College and attended the

meaningful event with a team of our very own Hong Kong College of Family Physicians' runners. Through this fun sports event, Fellows and specialist trainees are encouraged to exercise for better health and fitness, both physically and mentally, which ultimately contributes to quality patient care. The event has been held successfully at West Kowloon Cultural District on 19 March 2023, providing participants with a valuable opportunity to stay motivated and connect with peers.



From left to right: Dr. Peter Anthony Fok, Dr. Ken Ho, Dr. David Chao, Dr. Ng Yeung Shing, Dr. Sharon Ho, Dr. Cheng Wai Fat, Dr. Cheung Yan Kit & Dr. Dereck Wong

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 **February – March 2023**:

New Applications

Associate Membership

Dr. CHENG Ka Tong	鄭嘉堂
Dr. KWONG Chung Man	鄺頌文
Dr. TSE Hoi Yan, Crystal	謝愷恩

Student Membership

Ms. HUNG Wai Ting	孔韋婷
Mr. SO Wing Hang, Henry	蘇永亨

Transferral

From Associate to Fellowship

Dr. CHAN Chung Po	陳聰寶
Dr. CHENG Ka Ho	鄭嘉浩

Dr. FAN Vei Chen	范偉銓
Dr. FUNG Andrew Yat Wang	馮逸弘
Dr. LAM Chun Yin, Jeffrey	林俊彥
Dr. LO King Yan, Cathy	盧敬欣
Dr. WONG Ching Keung	黃貞強
Dr. WONG Hiu Yeung	黃曉陽
Dr. YU Yi Fung	余義鋒
Dr. ZHU Yin	朱音

Transfer to Non-HKSAR Fellowship

Dr. HUI King Wai	許瓊蕙
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Resignation

Fellowship

Dr. TSE Kwok Lun, Tony	謝國麟
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Together we FM Run Further

Dr. Ng Yeung Shing, Specialist in Family Medicine



Dr. Chao leading the Running Team representing HKCFP
(Left to right: Dr. David Chao, Dr. Ken Ho, Dr. Ng Yeung Shing, Dr. Sharon Ho, Dr. Peter Anthony Fok & Dr. Cheung Yan Kit)

In celebration of the 30th anniversary of The Hong Kong Academy of Medicine, there was a Run/Walk Challenge with the theme "Health for All, Move Forward Together". Hong Kong College of Family Physician (HKCFP), as a member of the Academy, had also organized a running team to support the fun sport event.

The event was held at West Kowloon Cultural District in the early morning on 19 March 2023 (Sunday). The members of the running team come from Family Medicine Specialists working in Hospital Authority, Department of

Health and Private. Through participation in this sports event, the team of family physicians working in different settings in Hong Kong and HKCFP hope to encourage our patients, specialist trainees and fellows to exercise for better physical fitness and mental health.

On the event day, President of our College, Dr. David Chao had come to the start point to give his support to the running team members. The presence and encouragement of Dr. Chao had acted as a booster to the spirit of the running team. Although there were light rain and slippery ground surface, all of the running team members had tried their best as usual to face the challenge ahead and they encouraged each other during the whole journey. With the effort of members, all the runners could finish 5 km within 30 minutes.

Family physicians, with our emphasis on holistic care to our patients, are encouraged to keep ourselves fit and healthy. Physical Activities are always the important component to achieve physical and psychological health. The event also had provided us with valuable opportunity to connect with peer doctors of other specialties on a blissful morning. In addition, running in a team had provided good social support for our busy family physicians working in Hong Kong. With our bio-psycho-social well-being, we hope we can ultimately contribute to high quality care to our patients and primary care in Hong Kong. Together, we FM will run further.



Family Physicians participated in the event, including Dr. David Chao and Dr. Donald Li
(Left to right: Dr. David Chao, Dr. Donald Li, Dr. Ken Ho, Dr. Ng Yeung Shing, Dr. Sharon Ho, Dr. Cheung Yan Kit, Dr. Peter Anthony Fok, Dr. Cheng Wai Fat & Dr. Dereck Wong)

Specialty Board News

The Specialty Board is pleased to announce that the following candidates have successfully passed the Full Exit Examination of HKCFP in 2023.

Dr. Chan Yuen Ling
Dr. Hui Yuk Ting Candy
Dr. Lam Ching Man
Dr. Li Ming Yin

Dr. Li Minru
Dr. Mang Kit Ying
Dr. Ng Kai Man
Dr. Wong Man Ho

Dr. Wong Yu Man
Dr. Tseung Kwan Hang
Dr. Yuen Chi Hang

Dr. Lee Ying Cheung
Dr. Wong See Wai Samuel

Outstanding Candidate of Exit Exam 2023

Specialty Board is pleased announce that Dr. Wong Man Ho has achieved outstanding performance in all segments and will be awarded the Outstanding Candidate this year.

Dr. Wendy Tsui
Chairlady, Specialty Board

Congratulations!



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

Meeting Highlights

Symposium co-organized with the Hong Kong Council of Social Service (HKCSS) on 17 March 2023

Dr. Lam Ching Choi, Specialist in Paediatrics and Convenor of the Steering Committee on Primary Healthcare Development, delivered a lecture on "Medical-Social Collaboration — Insights from the Primary Healthcare Blueprint".



(From left to the right)
Dr. Alvin Chan (Moderator of Panel Discussion), Dr. Donald Li (Panelist), Mr. Chua Hoi Wai (Panelist), Dr. Ching Tak Kwan, Joyce (Panelist), Dr. Lam Ching Choi (Speaker), Dr. Lau Ho Lim (Vice-President (General Affairs), HKCFP), Dr. Pang Fei Chau (Panelist) and Mr. Fung Kai Man, David (Panelist) took a group photo on 17 March 2023.

CME Lecture on "From Diagnosis to Complication Management: Cardiovascular Renal Metabolism (CVRM) Perspective" on 26 March 2023

Dr. Wong Cheuk Lik, Specialist in Endocrinology, Diabetes & Metabolism, delivered a lecture on "NTproBNP: Uncovering the Heart Failure Risk in T2DM Patients".

Dr. Chan Kin Wai, Louis (left, Moderator) presenting a souvenir to Dr. Wong Cheuk Lik (right, Speaker).



Dr. Yuen Sze Kit, Specialist in Nephrology, delivered a lecture on "Early Renal Screening – Practical Tips on Kidney Disease Management in Primary Care".

Dr. Chan Kin Wai, Louis (left, Moderator) presenting a souvenir to Dr. Yuen Sze Kit (right, Speaker).



Dr. Peter Lin, Director, Primary Care Initiatives, Canadian Heart Research Centre, Ontario, Canada, delivered a lecture on "Treatment in Cardio-Renal Disease".

Dr. Chen Xiao Rui, Catherine (left, Moderator) presenting a souvenir to Dr. Peter Lin (right, Speaker).



Dr. Fan Yue Yan, Katherine, Chief of Service and Consultant (Cardiac Medicine Unit), Grantham Hospital, delivered a lecture on "The New Updates in Heart Failure Treatment".

Dr. Chen Xiao Rui, Catherine (left, Moderator) presenting a souvenir to Dr. Fan Yue Yan, Katherine (right, Speaker).



Dr. Fung Wing Shing, Winston, Specialist in Nephrology, delivered a lecture on "Balancing RAASi Therapy and Potassium Levels".

Dr. Chen Xiao Rui, Catherine (left, Moderator) presenting a souvenir to Dr. Fung Wing Shing, Winston (right, Speaker).



Dr. Ng Kei Yan, Andrew, Specialist in Cardiology, delivered a lecture on "Walk Through DAPT Treatment for ACS Patients in the Light of New Local Data".

Dr. Chen Xiao Rui, Catherine (left, Moderator) presenting a souvenir to Dr. Ng Kei Yan, Andrew (right, Speaker).



Online Medical Humanities Seminar on 1 April 2023

Prof. Albert Lee, Emeritus Professor, JC School of Public Health and Primary Care, The Chinese University of Hong Kong, delivered a lecture on "The future of family medicine /general practice, can humanity and administrative hurdles coexist to help our patients? Thoughts after nearly 40 years of GP/Academic practice". We would also like to thank Dr. Tsang Chiu Yee, Luke to be the panel discussant.



Dr. Chan Suen Ho, Mark (middle, Moderator) presenting a souvenir to Dr. Tsang Chiu Yee, Luke (left, Panel Discussant) and Prof. Albert Lee (right, Speaker).

Board of Vocational Training and Standards News

The Hong Kong Primary Care Conference 2023 will be held from 23 - 25 June 2023.

All basic trainees are required to attend at least TWO Hong Kong Primary Care Conference organized by the Hong Kong College of Family Physicians in the four-year training programme.

All higher trainees are required to attend at least ONE Hong Kong Primary Care Conference in the **two-year training programme**; OR, at least TWO Hong Kong Primary Care conference in the **three-year training programme**.

The above information has already been mentioned in Trainee's logbook.

Please contact Ms. Maggie Cheung or Ms. Kathy Lai at 2871 8899 for details.

Board of Vocational Training and Standards

The Diary of a Family Doctor【家庭醫生的日常】

陪伴

冼銘全醫生

58歲女士，皮膚痕癢常常復發，2018年到現在多次求診。她同時有消化不良，胃漲和胃氣，常靠藥物舒緩。

我喜歡觀察病人在診症過程的態度。這女士是那種很想做好自己、表現自己的人，對答認真專注，但感覺背後藏着不少壓力。

看了皮膚，原來是疱疹病毒(Herpes Simplex疱疹一型)。病毒會潛藏身體，在免疫力差的時候走出來。這就充滿了情緒因素的味道，很想知道她經歷過甚麼。

我：「平時瞓覺點呀？」

女士：「一直都瞓得唔好。」

我：「最近有咩壓力？」

女士：「唔止最近啦。」她道出了自己的重擔。女士的母親去年過世，她仍感難受。丈夫罹患乳癌（雖然男士發病比率不高，還是偶有遇見），並有甲狀腺問題，情緒很差，常對她發脾氣。這一切都默默承受。

我：「呢啲日子真係唔容易。乜嘢令你一直忍耐？」

女士：「我從老遠嫁過嚟，唔想啲親戚以為我過橋抽板，我係唔會離開佢（丈夫）嘅。」既然她有自己方向，只好提醒及陪伴病人走過。

我：「妳嘅壓力令到身體放鬆唔到，進入唔到睡眠嘅循環，因而影響免疫系統運作。免疫力偏低，潛藏喺身體嘅病毒就出嚟攻擊妳；胃漲、胃氣，亦都係因為壓力導致交感神經系統活躍，影響消化。其實呢啲都係身體向妳發出提醒，希望妳盡快改變。所以請妳快啲回應身體，多學習放鬆，多做運動，照顧好自己，先可以照顧好家人。」

我介紹了簡單的「靜觀」方法，希望她透過練習集中，達到放鬆的效果。也處方了抗病毒的藥膏。

最後我道：

「百忍不一定成金，但對身體就好”甘”。要讓情緒出來，讓眼淚出來。」

她始終忍著淚水，向我道謝。

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

Diploma in Family Medicine (HKCFP) 2023 - 2024

The Board is pleased to announce that the Diploma Course in Family Medicine (DFM) organized by The Hong Kong College of Family Physicians will commence in July 2023.

The course consists of FIVE modules. Modules I & II will be delivered by Local Distance Learning. Modules III, IV & V consist of lectures, seminars, tutorials, workshops and clinical attachments. The whole course requires ONE year of part-time study.

Details of the course are as follows:

1. Objectives:

- To provide knowledgeable, pragmatic and structured teaching in Family Medicine for medical practitioners
- To encourage professional development of practising medical practitioners and to provide an intermediate step to fellowship qualifications in Family Medicine
- To improve standards and quality in the practice of Family Medicine

2. *Syllabus:

The course consists of FIVE compulsory modules. Doctors who have graduated from the course are expected to have acquired:

- Current concepts about nature of Family Medicine
- Knowledge and skills in consultation, counselling and problem solving
- Knowledge and skills in common practice procedures and emergency care required for good quality family practice
- Understandings towards the role of Family Doctors as gatekeepers of the health-care system and in providing cost-effective primary care to the community

Module I – Principles of Family Medicine (Distance Learning)

Aims:	1. Learn concepts of Family Medicine 2. Understand the role of a Family Doctor and scope of Family Medicine
Contents:	Definition of Family Physicians, Family Physicians' Functions, Core Values of Family Medicine, Consultation, Future of Family Medicine

Module II – Common Problems in Family Medicine (Distance Learning)

Aims:	1. Enhance consultation, communication and problem solving skills 2. Understand the diagnostic formulation process in Family Medicine
Contents:	Four clinical scenarios. Each clinical scenario is further divided into several questions covering different areas in general practice

*Module III – Essentials of Family Medicine (Structured Seminars and Tutorials)

Aims:	1. Strengthen knowledge in Family Medicine 2. Understand the potential growth of Family Medicine 3. Develop research and teaching skills in Family Medicine
Contents:	Practice Management, Care of Elderly, Chronic Disease Management, Anticipatory Care, Clinical Audit & Research, Mental Health, Musculo-skeletal Problems, Evidence Based Medicine & Critical Appraisal

*Module IV – Clinical Updates (Updates and Clinical Attachment)

Aims:	Acquire in-depth knowledge and practical skills in selected specialties
Contents:	<u>THREE</u> update seminars plus ONE attachment in selected specialty

*Module V – Practical Family Medicine (Practical Workshops)

Aims:	Enhance practical and communication skills in Family Medicine by Practical Workshops in selected areas including CPR, Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine
Contents:	Four compulsory and two elective Practical Workshops in selected areas including Advanced Primary Care Life Support (APCLS), Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine

**Modules III – V would be scheduled on Saturday and Sunday afternoons.*

3. Articulations:

The Course allows (up to a fixed maximum percentage of the Course units) articulations or cross recognition of previous Family Medicine training programmes that provide learning units equivalent to that of the above syllabus. Participants who wish to apply for such articulations have to submit evidence of relevant training together with their applications. The granting of articulations is however, completely at the discretion and decision of the Board of DFM.

4. *Schedule:

The whole course requires ONE year of part-time study.

July to October 2023	Module I
October to December 2023	Module II
July 2023 to April 2024	Module III, IV & V
May 2024	Final Examination

**The schedule might be affected due to unexpected circumstances and the format might change to online platform if necessary. Announcement would further be made in case there is a change of schedule and/or format.*

5. Admission Requirement:

Registered Medical Practitioner with Bachelor's Degree in Medicine.

6. Teaching Staff:

A panel of experienced academic medical professionals in Family Medicine, hospital specialists and experienced Fellows or Trainers of HKCFP will be invited to teach in the programme.

7. Teaching Medium:

English

(Cantonese may be used in some seminars, workshops and clinical attachments)

8. Course Fees:

Whole course:

HK\$42,000 for members of HKCFP

HK\$84,000 for non-members

(A discount of HK\$5,000 for early bird applications on or before 31 May 2023)

Individual Modules:	Members	Non-members
Module I (Distance Learning – Principles of Family Medicine)	\$5,300	\$10,600
Module II (Distance Learning – Common Problems in Family Medicine)	\$5,300	\$10,600
Module III (Structured Lectures & Seminars)	\$5,400	\$10,800
Module IV (Updates & Clinical Attachment)	\$5,300	\$10,600
Module V (Practical Workshops)	\$6,800	\$13,600
Examination	\$13,000	\$26,000
Administration Fee	\$5,000	\$10,000

All fees must be paid upon application and before commencement of the course. Fees paid are NON-TRANSFERABLE and NON-REFUNDABLE.

9. Awards/Credits:

- A Diploma in Family Medicine issued by HKCFP will be awarded to candidates who have satisfied all the requirements and have passed all the required assessments and the Final Examination.
- The Diploma is a **Quotable Qualification** of the Medical Council of Hong Kong.
- Up to 50 CME and 10 CPD credit points will also be awarded to candidates upon satisfactory completion of the Course by the QA & A Committee of HKCFP.

10. Application Procedure:

Applications are now open.

A completed application form must be returned to The Hong Kong College of Family Physicians with the following:

- Photocopy of the current Annual Practising Certificate;
- A recent photo of the applicant (passport size);
- A signed "Disclaimer of Liability";
- An administration fee for application of HK\$1,000 by crossed cheque payable to "HKCFP Education Limited". This fee is non-refundable;
- A Course Fee of HK\$42,000 (or HK\$84,000 for non-members) by crossed cheque payable to "HKCFP Education Limited". This fee is non-transferable and non-refundable.

Every successful applicant will be notified by an official letter of admission.

Information and application forms can be obtained from the College or can be downloaded at the College website (<http://www.hkcfp.org.hk>). Members who were not admitted in the course in 2022 have to send in their application again if they want to study the course this year. Please contact the College secretariat, Ms. Alky Yu at 2871 8899 for any queries.

The eligibility of candidates is subject to the final approval of the Board of Diploma in Family Medicine.

11. Application Deadline: 30 June 2023

Comments From Former DFM Graduates

- "The Content is useful in daily practice. I can have hands-on practical skills. I can polish my communication skills during the lectures & workshops."
- "I can understand the role of Family Physicians as gatekeepers of health-care system and better know about their role in the society. I also acquire the skills on critical appraisal."
- "There are sessions of clinical updates for updating knowledge. Module I, II & III could help improve my knowledge. Module I, II & III could improve my understanding of Family Medicine. The sessions in consultation are invaluable in improving my communication skills."

**Course syllabus and schedule may be subject to change without prior notification*



APCLS Training Workshop



Women's Health Workshop



Orthopaedic Injection Workshop



Musculoskeletal Workshop

HKCFP CERTIFICATE COURSE IN ESSENTIAL FAMILY MEDICINE 2023-2024

The HKCFP Certificate Course in Essential Family Medicine (CCEFM) is designed to meet the training needs of practicing primary care doctors who would like to refresh or update their clinical knowledge and skills relevant to Family Medicine practice. The curriculum of this course also forms part of the well-established HKCFP Diploma in Family Medicine (DFM) course. Our teaching faculty are experienced clinicians working in primary care, in secondary care and in academia. The course has been designed to enhance the course participants' competencies in daily Family Medicine practice in the community.

1. OBJECTIVES:

- To provide knowledgeable, pragmatic and structured training in Family Medicine for medical practitioners
- To encourage professional development of practising medical practitioners
- To improve standards and quality in Family Medicine practice by adopting holistic patient-centered care via an integrated care approach

2. SYLLABUS:

The CCEFM consists of THREE segments, including Modules III, IV (FM attachment + Update) and parts of Module V in the Diploma in Family Medicine (DFM). Doctors who have graduated from the CCEFM are expected to have acquired the following essential concepts and course contents:

- The role of Family Doctors particular in providing cost-effective primary care to the community
- The essential knowledge and skills on common problems encountered in Family Medicine
- Enhancement in the consultation and problem solving skills
- Acquiring the knowledge and skills in common practice procedures related to family practice

3. AWARDS/CREDITS:

- After completion of all the components and course requirements (max. within TWO years), a certificate will be awarded to the successful candidates
- The completed modules and credits can be accredited towards the quotable HKCFP DFM course, if the candidates would like to enroll into DFM course subsequently
- 25 CME and 5 CPD credit points will also be awarded by HKCFP.

4. COURSE CONTENT:

Segment I – Essentials of Family Medicine (Structured Seminars)

Objectives:

- ◆ Strengthen knowledge in Family Medicine
- ◆ Understand the potential growth of Family Medicine
- ◆ Enable evidence-based Family Medicine practice

Contents:

Anticipatory Care, Elderly Care and related issues, Chronic Disease Management, Common Musculoskeletal Problems, Evidence Based Medicine & Critical Appraisal, Mental Health, Practice Management; and Clinical Audit, Research & Teaching in Family Medicine.

Segment II – Problem Solving and Clinical Updates

Objectives:

- ◆ Acquire in-depth knowledge by clinical scenario/simulated cases in our daily Family Medicine practice
- ◆ Transfer the practical skills and hand-on experience by interactive learning methods led by Family Medicine Fellows

Contents:

A site visit plus scenario based training including Diagnostic Challenges on Common Symptoms, Problem-based Learning on Chronic Disease, Motivational Interviewing, Child Health, Women's Health, Aging and End-of-Life and Common Musculoskeletal Problems.

Segment III – Practical Family Medicine (Practical Workshops)

Objectives:

- ◆ Enhance practical and communication skills in Family Medicine by practical workshops in selected areas
- ◆ Transfer the practical skills and hand-on experience by interactive learning methods led by Family Medicine Fellows

Contents:

Consultation Skills and Orthopaedics Injection

5. ADMISSION REQUIREMENTS:

Registered Medical Practitioner with Bachelor's degree in Medicine.

6. TEACHING STAFF:

A panel of experienced academic medical professionals in Family Medicine, hospital specialists and experienced Fellows or Trainers of HKCFP will be invited to teach in the programme.

7. TEACHING MEDIUM:

English (Cantonese may be used in some sessions in the course)

8. COURSE FEES:

Administration fee for application	HK\$ 1,000		
plus			
Enrolment for the complete Certificate Course	HK\$ 24,000	for members	HK\$ 48,000 for Non-members
Or			
Enrolment for individual session:			
Single session from Segment I and Segment II	HK\$ 1,900	for members	HK\$ 3,800 for Non-members
Single Session from Segment III	HK\$ 2,400	for members	HK\$ 4,800 for Non-members

All fees must be paid upon application and before commencement of the course. ALL fees paid are NON-TRANSFERABLE and NON-REFUNDABLE.

9. APPLICATION PROCEDURES:

Application are now open.

A completed application form must be returned to The Hong Kong College of Family Physicians with the following:

- Photocopy of the current Annual Practising Certificate;
- A recent photo of the applicant (passport size);
- A signed "Disclaimer of Liability";
- An administration fee for application of HK\$1,000 by crossed cheque payable to "HKCFP Education Limited". This fee is non-refundable;
- A Course Fee in appropriate amount by crossed cheque payable to "HKCFP Education Limited". This fee is non-transferable and non-refundable.

Successful applicants will be notified by an official letter of admission after the application deadline.

The eligibility of candidates is subject to the final approval of the Board of Diploma in Family Medicine.

Information and application forms can be obtained from the College or can be downloaded at the College Website (<http://www.hkcfp.org.hk>). Please contact the College secretariat, Ms. Alky Yu by email to dfm@hkcfp.org.hk for any enquiries.

Application Deadline: 30 June 2023

**Course syllabus and schedule may be subject to change without prior notification*



**Hong Kong
Primary Care
Conference**

**The Hong Kong College
of Family Physicians**

Hong Kong Primary Care Conference 2023

Flourishing Primary Care: Family Doctor for Everyone

**23 - 25
June 2023**
(Fri – Sun)



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

Hong Kong Primary Care Conference 2023

“Flourishing Primary Care: Family Doctor for Everyone”

23rd - 25th June 2023 (Friday - Sunday)

Scientific Programme at-a-glance

More
conference
details:



E-promotional
booklet:



Date	23 June 2023 (Friday)				
Time	Zoom Webinars			Face-to-face Workshop	
	ROOM-1	ROOM-2	ROOM-3	ROOM-4	ROOM-5
19:00 - 19:30				Workshop 1 Multi-modality Psychological Approach and Intervention in Insomnia <i>Dr. Amy P.L. KWOK</i>	
19:30 - 20:15	Sponsored seminar 1	Sponsored seminar 2	Sponsored seminar 3		
20:15 - 20:30					

Date	24 June 2023 (Saturday)				
Time	Zoom Webinars			Face-to-face Workshop	
	ROOM-1	ROOM-2	ROOM-3	ROOM-4	ROOM-5
13:00 - 13:45	Sponsored seminar 4	Sponsored seminar 5	Sponsored seminar 6		
14:05 - 14:25	e-Poster and Exhibition Booth Viewing				
14:30 - 15:00	Opening Ceremony				
15:00 - 15:45	Plenary I Worst Time or Right Time for Primary Healthcare <i>Dr. PANG Fei Chau</i>				
15:45 - 16:45	Plenary Discussion Forum Primary Care Development: Role of Family Doctors <i>Dr. David V.K. CHAO, Prof. Cindy L.K. LAM, Prof. Donald K.T. LI, Dr. PANG Fei Chau & Prof. Samuel Y.S. WONG</i>				
16:50 - 18:05	Seminar A Wearable Technology and Its Use in Primary Care <i>Prof. Kelvin K.F. TSOI</i>	Seminar B Preventive Care and Service Provisions for LGBT Population in Hong Kong <i>Dr. Angela W.Y. NG & Mr. Jerome M.L. YAU</i>	Seminar C Update on Immunology and Allergy <i>Dr. Alson W.M. CHAN & Ms. Sabrina W.S. MOK</i>	Workshop 2 Introductory Workshop: Hands-on Point-of-care Ultrasound (POCUS) for Doctors <i>Dr. Thomas DAO</i>	
18:10 - 18:50	Seminar D Innovations in Service Delivery: Tips in Teleconsultation Delivery, Barriers/Limitations on Teleconsultation <i>Dr. Anthony K.Y. HO</i>	Seminar E Updates on Vaccines and Infectious Diseases <i>Dr. Jonpaul S.T. ZEE</i>	Seminar F The Vulnerable Group under Remote Learning during COVID: Kids with SEN <i>Ms. Frances S.M. CHAN & Ms. Queenie K.Y. LIU</i>		
18:50 - 19:25					
19:30 - 21:00	Dinner Symposium				

Hybrid section, Pre-registration is required and first-come-first-served.

Date	25 June 2023 (Sunday)				
Time	Zoom Webinars			Face-to-face Workshop	
	ROOM-1	ROOM-2	ROOM-3	ROOM-4	ROOM-5
09:30 - 09:45				Workshop 3 Lactation Consultation Hands-on Demonstration on Hand Expressions, Latching Positions for Effective Milk Transfer, How to Use the Milk Pumps and Utilities <i>Dr. Sharon S.W. HO & Ms. Connie M.Y. YIP</i>	
09:45 - 11:00	Seminar G Novel Preventive Care in Primary Care <i>Prof. Martin C.S. WONG & Prof. Jason C.S. YAM</i>	Clinical Case Presentation Competition	Seminar H Medical-Social Collaboration - Fight against Cannabis and Other Drugs <i>Dr. Kenneth S.W. CHAN & Ms. CHAN Wing Hin</i>		
11:05 - 11:50	Sponsored seminar 7	Sponsored seminar 8	Sponsored seminar 9		
11:55 - 12:25	Full Research Paper Awards Presentation*				
12:30 - 13:15		Sponsored seminar 10	Sponsored seminar 11		Workshop 4 Fall Prevention from What You Eat to What You Do: Assessment to Isometric and Dynamic Resistance Training <i>Dr. CHAN Ying Ho & Ms. Sally S.P. POON</i>
13:15 - 14:00	Free Paper - Oral Presentation				
14:00 - 14:30					
14:35 - 15:20	Plenary II Primary Care Landscape in Singapore and New Developments <i>Prof. Jose Maria VALDERAS</i>				

*The winner of the Best Research Paper Award will present his/her work during this session (11:55am - 12:25pm)

Disclaimer

Whilst every attempt will be made to ensure all aspects of the conference mentioned will take place as scheduled, the Organizing Committee reserves the right to make changes to the programme without notice as and when deemed necessary prior to the Conference



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

Hong Kong Primary Care Conference 2023 “Flourishing Primary Care: Family Doctor for Everyone”

23rd - 25th June 2023 (Friday - Sunday)

Registration Information

Registration is now open.
For registration details:



Registration Deadline: 8 June 2023 (Thursday)

A) Conference Registration Registration to the conference is required.			Member: HK\$200 Non-member: HK\$1000
B) Conference – General 23 – 25 June 2023 (Friday – Sunday) <ul style="list-style-type: none">• Pre-conference: Friday, 23 June 2023: Online• Conference Day 1 Saturday, 24 June 2023<ul style="list-style-type: none">– 13:00 to 14:30: Online– 14:30 to 19:30*: Hybrid conference– 19:30 to 21:00*: Hybrid Dinner Symposium• Conference Day 2 Sunday, 25 June 2023: Online (*Onsite seats are limited & first-come-first-served.)			
C) Workshop Registration All workshops will be conducted on face-to-face mode. First-come-first-served. Please prepare a separate cheque(s). Cheques will be returned to unsuccessful registrants. <ul style="list-style-type: none">• CPD application for workshop participants in progress.			
23 June 2023 (Friday)	19:00 20:30	Workshop 1 Multi-modality Psychological Approach and Intervention in Insomnia	HK\$500
24 June 2023 (Saturday)	16:50 18:50	Workshop 2 Introductory Workshop: Hands-on Point-of-care Ultrasound (POCUS) for Doctors	HK\$500
25 June 2023 (Sunday)	09:30 11:00	Workshop 3 Lactation Consultation Hands-on Demonstration on Hand Expressions, Latching Positions for Effective Milk Transfer, How to Use the Milk Pumps and Utilities	HK\$500
	12:30 14:00	Workshop 4 Fall Prevention from What You Eat to What You Do: Assessment to Isometric and Dynamic Resistance Training	HK\$500

Payment Method

- Credit Card
- Cheque
- Tele-transfer: for overseas delegates only.
- FPS (轉數快): for local transaction only.

For details of payment method, please visit <https://www.hkpcc.org.hk/registration-fee-and-policies>.

Refund Policy

- Withdrawal of registration **on or before 9 May 2023: Full refund** after deduction of all bank charges and related transaction fees.
- Withdrawal of registration **after 9 May 2023: No refund** will be accepted.
- All refunds, including unsuccessful workshop registration etc. would be arranged within 8 weeks after the Conference. All bank charges and related transaction fees if any would be deducted from the amount of the refund payment.

For inquiries, please contact the Conference Secretariat at (852) 2871 8899 or via email to hkpcc@hkcfp.org.hk.



基層醫療指南

Primary Care Directory

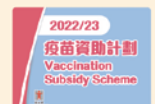
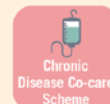
Primary Care Directory (PCD), implemented and administered by the Primary Healthcare Office of the Health Bureau, is a web-based database set up to facilitate the public to search for suitable primary care service providers according to their practice information.

The Primary Healthcare Blueprint

PCD is required for family doctors and healthcare professionals enrolling in Government-subsidised primary healthcare initiatives for standardization and assurance of quality of primary healthcare services.

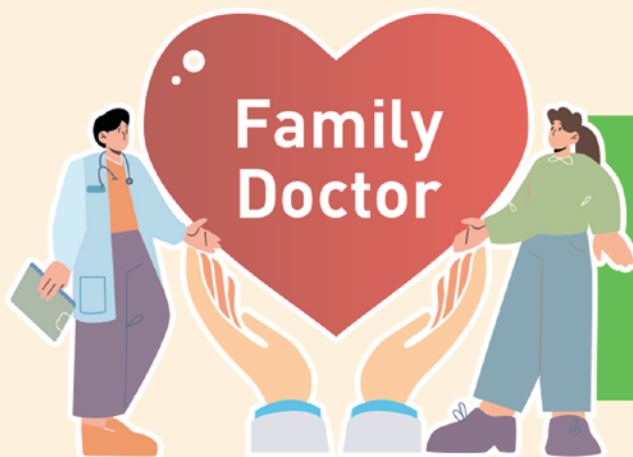


From 6 October 2023, doctors will be required to be enlisted in PCD in order to enrol in Government-subsidised Primary Healthcare (PHC) programmes



Health Bureau

The Government of the
Hong Kong Special Administrative Region
of the People's Republic of China



All members of the public to each be paired with a family doctor of their own for development of personalised care plan

Entry Requirement of PCD

- Registered medical practitioners with valid practicing certificate
- Committed to the provision of directly accessible, comprehensive, continuing and co-ordinated person-centred primary care services

You are strongly encouraged to enrol in the PCD as early as possible

Maintaining Listing in PCD

Upon successful listing in the PCD, doctors have to comply with the relevant requirement in order to maintain listing in the PCD, particularly on accumulation of adequate Continuing Medical Education (CME) points



If interested in joining the PCD, please visit our home page via the following link or scan the QR Code

www.pcdirectory.gov.hk



Across Continents: Reflections of a GP

Dr. Anne Beatrice Li (Higher Trainee, Hong Kong West Cluster)

"Oh doctor, by the way, I have been feeling dizzy for the past 3 weeks..."

My heart skipped a beat as I nodded, listening to Mr. Chan* as he continued.

"It happened suddenly when I sat down at home to watch TV. I tried to get up but was unsteady on my feet. I went to a private GP and he gave me some tablets for motion sickness but I did not feel any better. I just thought I would let you know since I am here."

I watched as the 80-year-old gentleman stumbled through a series of neurological exams. Although he felt bad for taking up extra time for what would have been a routine follow up appointment for hypertension, diabetes and hypercholesterolemia, he was clearly worried and struggling. As I picked up the phone asking how to forward the patient to the stroke team, my senior colleague told me I should just send the patient to the Emergency Department.

A month later, Mr. Chan sent me a card detailing how he had an MRI brain scan querying cerebellar stroke within hours of reaching the Emergency Department and that he was now under regular follow up with the Neurology team. He was impressed by the healthcare system in Hong Kong. So was I.

Working as a family physician in Hong Kong over the past year has prompted me to explore and reflect on the differences between practicing in Hong Kong and in the UK (where I was trained). The roles GP play within

the primary healthcare system and their scope of work directly contribute to the way resources are managed and the continuity of care patients receive.

Day-to-day workload

Family physicians in Hong Kong see 50-70 patients per day at general outpatient clinics. In the short span of 5 minutes (average consultation time), doctors are expected to review chronic conditions and pick up acute pathology. They can titrate insulin, have a chat about your mood and lifestyle while noticing a tremor in your hand and recognise that you may have Parkinson's. They can be reviewing your blood pressure reading and note that you are tachycardic, only to find out you are in fast AF after ordering an ECG. The proficiency of Hong Kong family physicians in managing both acute and chronic conditions expeditiously poses a stark contrast to the system I was used to. In the UK, GPs are mainly responsible for providing acute care whereas chronic conditions are managed separately by Advanced Nurse Practitioners. A typical day for GPs is split between seeing 30-40 patients at the clinic and conducting 1-2 home visits. Unlike the UK, the system in Hong Kong demands more breadth in diagnostic acuity and a higher level of observational skills from doctors who need to communicate efficiently. Accordingly, what I have adjusted to after a year of practice is striking a balance between optimising consultation time and maximising the pace in making clinical judgment.



Figure 1. A typical GP consultation room in the UK

Role of a GP

In addition to diagnosing acute and chronic conditions, Hong Kong family physicians are adept at performing cryotherapy, steroid injections and other complex procedures. Before referring patients to secondary care for specialist input, they would administer comprehensive care by ordering investigations as indicated, prescribing medications and performing minor procedures as necessary.

On the other hand, while GPs in the UK share the same primary role of delivering acute care, they are also in charge of coordinating support for patients within the community and triaging patients for referrals to specialists. An integrated holistic approach to care also means that UK doctors would address peripheral needs of their patients, including those of their caretakers.

To illustrate, if Mr. Chan's case had taken place in the UK, i.e. a patient presented with sudden onset dizziness and could not walk in a straight line, he would be offered a home visit. If stroke was suspected after initial assessment and he was out of the golden timeframe for tPA, a GP would make multiple calls: first, to a Consultant Neurologist at the nearest hospital to arrange admission to the Stroke Unit for further assessment; then to the ambulance team to arrange transportation; and finally to a Care Coordinator to devise an immediate care plan for the patient's family if required (e.g. if he had an elderly wife who was dependent on him for daily living activities). Care Coordinators are experienced health care professionals in the UK who are familiar with the primary care system and can liaise with other allied professionals (such as district nurses, physiotherapists, OTs, dieticians, palliative care nurses, social prescribers) to coordinate care for patients and families within the community.

In practice, Mr. Chan's case was managed differently in Hong Kong. As the attending family physician, I made a clinical diagnosis, referred Mr. Chan straight away to A&E and trusted that the hospital team would be able to take over with the brief summary included in my referral letter. As may be seen, there is heavy dependence in Hong Kong on frontline family physicians given the limited communication between primary and secondary teams due to time constraints. Despite the differences in management approach, primary care physicians nevertheless continue to serve as advocates for their patients.

Continuity of care

In my current everyday practice, patients would bring up signs and symptoms of various acute pathology during routine appointments. With regular reviews every quarter, doctors can pick up subtle cues and differences. The continuity of care in the Hong Kong healthcare system has



Figure 2. GP bag for home visits usually contains diagnostic equipment, medications and prescription pads

enabled patients to build strong rapport with their family physicians. In contrast, UK GPs see their patients less frequently. Thus, doctors rely on patients or their family members to present any acute problems and observations over time. It is also very common for GPs to extend care to the patients' families: doing childhood immunisations for babies, providing contraception for teenagers, looking after mentally stressed adults while caring for elderly grandparents who struggle with mobility.

Overall, my experience this past year has equipped me with additional practical skills and encouraged me to develop better time management. The enhanced exposure to chronic conditions also helped refine my knowledge and allowed me to witness the impact of such illnesses on people's lives. While I miss chatting with new parents at 6-week baby checks and holding hands with a patient's family as I deliver bad news on a palliative care home visit, I now have the opportunity to interact with a different sector of the community. As I learn to work in a different way and develop new skills, I am constantly reminded of the heart of family medicine – providing care from cradle to grave and saving lives, one at a time.

** Names have been changed to protect patient's confidentiality*

Guideline-directed medical therapy (GDMT) for heart failure

Diseases of heart ranked the third among the leading causes of death in Hong Kong in 2021. Primary care physicians have important role in prevention, risk factors modification and therapeutic intervention to reduce symptoms, morbidity and mortality of heart failure (HF).

Primary prevention for patients at-risk for HF

Patients with hypertension, diabetes mellitus (DM), obesity and atherosclerotic cardiovascular disease (CVD) are at risk for HF. Besides healthy lifestyle, GDMT is suggested to prevent HF. The treatment goal of blood pressure <130/80 mmHg is recommended for those with CVD risk ≥10%. In patients with DM and CVD without HF, multiple studies have shown that sodium-glucose cotransporter-2 inhibitors (SGLT2i) have improved survival and reduced HF hospitalisations.

Preventing clinical HF in patients with pre-HF

Patients with pre-HF are those with either structural heart disease (e.g. reduced left ventricular ejection fraction LVEF or valvular heart disease), evidence of increased filling pressures or increased level of B-type natriuretic peptide.

In patients with LVEF ≤40%, angiotensin-converting enzyme inhibitors (ACEi) is recommended to prevent symptomatic HF and decrease mortality. Angiotensin II receptor blockers (ARB) should be used if ACEi is not tolerated.

In patients with history of myocardial infarction (MI) or acute coronary syndrome (ACS), statins and evidence-based beta blockers are suggested to lower the risk of HF.

It should be noted that thiazolidinediones should be avoided in patients with LVEF <50% because they increase the risk of HF and hospitalisations. Nondihydropyridine calcium channel blockers are myocardial depressants, which are generally not tolerated in HF.

Pharmacological treatment for HF with reduced ejection fraction (HFrEF)

In patients with HFrEF and New York Heart Association (NYHA) class II to III symptoms, angiotensin receptor-

neprilysin inhibitors (ARNi) are recommended to reduce morbidity and mortality. ACEi (or ARB if ACEi not tolerated) is beneficial when the use of ARNi is not feasible. ARNi should not be administered concomitantly with ACEi. If ACEi is switched to ARNi or vice versa, there should be at least 36 hours between ACEi and ARNi doses.

In addition, beta-blockers and SGLT2i are recommended to reduce mortality and hospitalization, irrespective of the presence of DM.

Mineralocorticoid receptor antagonist (MRA) is suggested if eGFR is >30mL/min/1.73m² and serum potassium is less than 5 mEq/L.

If the initial doses of these medications are well tolerated, gradual up-titration to the specific target dose is suggested.

Advanced HF

Some patients with chronic HF may continue to progress and develop severe symptoms despite maximal pharmacological therapy. Referral to HF specialty care is recommended if there are clinical features of advanced HF, for example, refractory clinical congestion and repeated hospital admissions. GDMT should be continued, initiated and further optimized during in-patient care and post-discharge follow up.

Take home messages

GDMT for HFrEF encompasses four medication classes: SGLT2i, ARNi/ ACEi/ ARB, beta blockers and MRA.

Reference:

1. Leading cause of all deaths. https://www.healthyhk.gov.hk/phisweb/en/chart_detail/22/ [Accessed on 25 Feb 2023]
2. 2022 AHA/ ACC/ HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/ American Heart Association Joint Committee on Clinical Practice Guidelines.

Compiled by Dr. Siu Pui Yi

HKCFP Family Medicine Career Talk 2023



Scan to register:



Date : 29 May 2023 (Monday)

Time : 18:30 – 21:00 (onsite) / 18:30 – 20:30 (Zoom)

Refreshment will be provided to on-site participants

Link to Zoom will be provided to registered participants by email in due course.

Venue : 8/F, Duke of Windsor Social Services Building, Wan Chai (Hybrid)

Organiser : Young Doctors Committee,
the Hong Kong College of Family Physicians



Content:

- Family Medicine Vocational Training in Hong Kong
- Life and career path of family physicians in different settings
- “Q&A session” and “Tips on securing a training post in Family Medicine”

Registration:

- Free-of-charge
- Please scan the QR code to register via Google form
- For onsite participation, registrants must submit the registration form by 2 May 2023

For other enquiry,
please contact Ms. Nana Choy or Ms. Kathy Lai
through email YDC@hkcfp.org.hk or
telephone at 2871 8899.

Online Seminar on Dermatology – The 86th Meeting on 4 March 2023

Dr. CHAU Chuen, Dr. LAM Ka Wai, Dr. LEUNG Ching, Dr. LIU Ka Yee, Dr. SHENG Wei Yang and Dr. Flora WU

Theme : Trainees Dermatology Cases Presentation

Moderator : Dr. LAM Wing Wo, Board of Education

Summary of presented cases

1. Case presented by Dr. CHAU Chuen

This is a 59-year-old lady diagnosed with acute spontaneous urticaria. She is a non-smoker, non-drinker with no known drug allergy. She has an adverse drug reaction to zestril causing cough and Lipitor causing headache and myalgia. The chief complaint was skin itchiness and rash at the back and neck for 4 weeks. The rash is transient, disappearing after a few hours to half a day. Central swelling, surrounding edema and variable size of rash noted. The rash usually appears after bathing with hot water, when the weather is hot or at changing room temperature. Patient has also been diagnosed with Herpes Zoster over lower chest over 1 month ago given oral Acyclovir and topicals by private doctor.

On physical examination, she was afebrile without dyspnea or wheezing. There was no goitre, rash or dermatographism. The rash was polymorphic indurated plaques with central pallor and edema with an erythematous flare.

Diagnosis is clinical. Laboratory tests are generally not indicated for acute spontaneous urticaria while investigations can be chosen according to clinical suspicion of underlying cause. Common causes include bacterial infections like strep throat, sinusitis, viral infection including rhinovirus, rotavirus, herpes, food allergens like peanuts, seafoods, milk, drugs like penicillins, NSAIDs, Aspirin, Beta lactams, insect bite or sting as well as inhalants or occupational exposure. Differential diagnosis include viral exanthems, insect bites, contact dermatitis or erythema multiforme.

Mainstay of treatment of acute urticaria is identifying and eliminating any underlying cause or trigger. It is suggested to discontinue triggering drugs, avoid physical stimulus or exposures, eliminate infectious triggers and avoid allergens. Prescription of oral second-generation H1-antihistamines as first-line therapy is advised. If unresponsive to second-generation H1-antihistamines in standard dosing, consider up-dosing up to 4-fold standard dosing. Also, addition of first-generation antihistamine at bedtime may be considered in adults who have not achieved symptom control with higher-dose second-generation antihistamines. Effective antihistamine regimens should be continued 4-6 weeks, then tapered off. In severe cases, we may add oral corticosteroids such as

prednisolone (0.5-1 mg/kg/day) for 3-10 days to control symptoms of acute urticaria.

Referral to dermatologist should be made for patients with anaphylaxis, persistent urticaria not well controlled with antihistamines, urticaria lasting more than 6 weeks or change in rash appearances suspicious of underlying illness.

2. Case presented by Dr. LAM Ka Wai

A 54-year-old male who had good past health, presented with itchy rash over both upper and lower eyelids for few weeks. There was no pain and swelling. He was working at petrol station. He denied any OTC topical cream or chemicals applied over the eyelids. On physical examination, there was erythema with scaling over bilateral upper and lower eyelids.

There was no tenderness, swelling, vesicle and sign of secondary infection. The most likely diagnosis was periorbital dermatitis.

He was given topical hydrocortisone and vaseline.

Periorbital dermatitis is a common skin disease which associated with atopic dermatitis, contact dermatitis or seborrheic dermatitis. Allergens included metal, fragrance and preservatives contained in cosmetics and topical agents in prescription eye preparations. Common airborne irritants included pollens, dust and dander. Patient usually complained of periorbital skin redness, itchiness, scaling and burning sensation. On physical examination, periorbital dermatitis may involve unilateral or bilateral eyelid. Rash may present with papule, papulopustule or papulovesicle. Diagnosis is made clinically. Treatment is mainly to avoid the irritants and allergens. Low potency topical corticosteroid (hydrocortisone cream) is the first line treatment for periorbital dermatitis. Topical calcineurin inhibitor is the alternative if not responded to topical corticosteroid.

3. Case presented by Dr. LEUNG Ching

The 50-year-old male patient presented with three dark pigments on bilateral cheeks since 2 months ago. Size of lesions varied a few mm to 1cm. The size was not changing significantly. The color was dark brown. It was not itchy and not painful. There was no bleeding, discharge, scaling, no other skin lesions, fever or weight loss. There was no history of injury or insect bite. He had frequent sun exposure during work. He was a truck driver. The family history was unremarkable. He was not taking any suspicious medications. Physical examination showed multiple flat, relatively well-circumscribed patches over bilateral cheeks. They were round in shape, dark brown in color and size

varied a few mm to 1 cm. There was no other skin rash. There was no cervical LN enlargement. The clinical diagnosis was solar lentigo. The differential diagnoses were lentigo maligna, lentigo maligna melanoma, seborrheic keratosis, pigmented actinic keratosis, melanocytic naevi, etc. He was referred to dermatology for dermoscopy and skin biopsy if uncertain to confirm diagnosis. Treatment will be conservative by laser therapy or cryotherapy. Preventive therapies will be sun protection and use of sunscreen. The patient would be followed up closely to monitor his condition.

4. Case presented by Dr. LIU Ka Yee

Ms Chung, a 21-year-old female patient, presented with acne over cheeks, forehead, back and chest for 6 years. She was noted to be morbidly obese with BMI of 45. On further questioning, she also had oligoamenorrhea for few years. Her menstrual interval ranged from 1-3 months. Her acne was graded moderate severity. Oral doxycycline was offered but declined, so topical benzoyl peroxide cream and Adapalene gel were given with partial effect. Blood tests found mildly increased testosterone level. She was referred to O&G for suspected polycystic ovarian syndrome. And she was also under the care of Medical SOPD, and work up for other endocrine diseases including Cushing syndrome and late onset congenital adrenal hyperplasia, and testosterone secreting tumour, which all can be secondary causes of acne, were done. The learning points of this case are grading method of acne, treatment according to the grading and we should bare in mind other secondary causes of acne.

5. Case presented by Dr. SHENG Wei Yang

Ms Lee, a 55-year-old lady, has hypertension and regular follow up in our clinic. She is currently taking Betaloc 50mg BD and her blood pressure is well controlled. During follow up, she also complained of insidious onset of intense itchiness at vulval area for 2 months. She wanted to get some topical medication.

It was the first episode of her vulval itchiness. There was no urinary symptom, vaginal discharge or bleeding. She has been sexually inactive for many years. Ms Lee found it very embarrassing to scratch in public.

The provisional diagnosis was lichen sclerosus. Lichen sclerosus is not an uncommon chronic inflammatory skin disorder. It most often affects genital and perianal areas. Lichen sclerosus presents as white crinkled or thickened patches of skin that tend to scar. It primarily involves the non-hair bearing, inner areas of the vulva, but never involves vaginal mucosa. It can be extremely itchy and irritated by urine. Sexual intercourse can be very uncomfortable. It often affects female over 50 years old. It is more common in female than in male and can co-exist with other skin condition like psoriasis and vitiligo. People with lichen sclerosus may have personal or family history of autoimmune disease.

The cause of lichen sclerosus can be may include genetic, hormonal, irritant, traumatic, and infectious components. The complications include infection, squamous cell carcinoma.

Lichen sclerosus can be diagnosed by clinical appearance. Skin biopsy is recommended and dermatoscopy may provide further clues. General advice for lichen sclerosus include wash gently with non-soap cleanser, try to avoid tight clothing, avoid activities which can aggravate symptoms.

Ultrapotent topical steroid is often prescribed. The itchiness usually settles within a few days but it may take several months to years for the skin to return normal. When lichen sclerosus is severe and does not respond to topical medication, other option of treatment can be tried. These options include intralesional or systemic steroids, oral retinoids or methotrexate.

6. Case presented by Dr. Flora WU

Mr. Wong is a 40-year-old gentleman suffering from multiple papulopustular eruptions over face for 3 weeks. He had a past medical history of childhood eczema. He was treated with topical hydrocortisone in the past for eczema. However, this time the rash did not subside with topical steroids.

He was diagnosed as rosacea of papulopustular subtype, rash was characterised by central facial involvement and worse with alcohol intake. Differential diagnosis of facial rashes, pathophysiology were introduced to audience. Diagnostic and management modalities of rosacea based on 2017 global ROSacea COnsensus (ROSCO) panel were also included in the presentation. As family physicians, it is important for us to provided lifestyle advice to patients with rosacea, the nature of which is chronically relapsing.



Photo taken on 4 March 2023

(From left to right)

Dr. LAM Wing Wo (Moderator), Dr. LIU Ka Yee, Dr. CHAU Chuen, Dr. LEUNG Ching, Dr. LAM Ka Wai and Dr. SHENG Wei Yang

The HKCFP Awards for the Best Research and Best Trainee Research of 2022

The Research Committee of the Hong Kong College of Family Physicians is calling for The Award for The Best Research of the Year 2022. All members and fellows of the College are invited to participate and submit their research papers to the Research Committee for selection.

Following 'The HKCFP Award for the Best Research', the Research Committee is pleased to organize an additional award, 'The HKCFP Award for the Best Trainee Research', specifically for the current trainees of HKCFP or within 3 years of completion of vocational training.

Both the abovementioned Awards will be presented at the Conferment Ceremony in 2023.

*****Please note that each applicant can only apply for one of the above Awards*****

Entry and assessment criteria are listed below:

Entry Criteria:

For Best Research Paper:

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

For Best Trainee Research Paper:

1. The principal investigator has to be a trainee of the Hong Kong College of Family Physicians, or within 3 years of completion of vocational training.
2. For higher trainees who are submitting their Exit Examination research project for this award, they must have submitted their project to the Specialty Board and have passed the research segment of the Exit Examination.
3. The research must be original work of the investigator(s).
4. The research should have been conducted in Hong Kong.
5. The research must have been completed.
6. The paper should be presented under the standard headings of Abstract, Introduction, Methodology, Results, Discussion and Conclusion. References should be listed in full at the end in Vancouver format.

Assessment Criteria:

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

Each research project submitted will be assessed according to the seven criteria listed above by a selection panel. Each criterion may attract a different weighting to be decided by the selection panel. Please indicate the research award that you applied for, i.e. "The HKCFP Award for the Best Research of 2022" or "The HKCFP Award for the Best Trainee Research of 2022", on your research project upon submission, and send your submission either

By post to Research Committee, HKCFP, Rm 803-4, 8/F, HKAM Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong;
Or, **by email** to research@hkcfp.org.hk

DEADLINE OF SUBMISSION: ~~30 March 2023~~ → **26 April 2023 (Wednesday)**

Supported by HKCFP Foundation Fund

HKCFP Research Fellowship 2023

Introduction

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

Eligibility

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

Selection criteria

Application will be judged on*:

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

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

How to apply

1. Application form, terms and conditions of the Fellowship can be downloaded from www.hkcfp.org.hk or obtained from the College Secretariat, HKCFP at Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. Tel: 2871 8899 Fax: 2866 0616
2. Applicants must submit:
 - The completed application form;
 - The signed terms and conditions of the HKCFP Research Fellowship;
 - Curriculum vitae from the principal investigator;
 - Curriculum vitae from the co-investigator(s) (no more than two pages) AND,
 - Curriculum vitae from the supervisor.
3. Applications close on: **30 March 2023 → 26 April 2023 (Wednesday)**.
Late applications will not be accepted.
4. Applications can be either sent:
By post to Research Committee, The Hong Kong College of Family Physicians, Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong; Or, **by email** to research@hkcfp.org.hk

Supported by HKCFP Foundation Fund



香 港 大 學

THE UNIVERSITY OF HONG KONG

Applications are invited for appointment as **Non-Tenure Track Clinical Associate Professor/Clinical Assistant Professor in the Department of Family Medicine and Primary Care, School of Clinical Medicine** (Ref.: 519819), to commence as soon as possible, on a four-year fixed-term basis, with the possibility of renewal.

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

Applicants should possess a primary medical qualification registrable with the Medical Council of Hong Kong and a higher qualification in general practice/family medicine, and preferably a FHKAM (Family Medicine) or equivalent specialist qualification. They should demonstrate excellence in clinical services; have a strong commitment and experience in undergraduate teaching; and exhibit the capacity and potential in research. They should also be fluent in both English and Cantonese although teaching, research and professional activities are conducted in English.

The appointee is expected to participate in the planning and delivery of undergraduate and postgraduate medical education programmes in Family Medicine; conduct clinical research; develop and provide clinical services in primary care in the HKUMed affiliated hospitals and clinics including the HKU-Shenzhen Hospital; and contribute to administrative duties in the Department, Faculty and University. Information about the post can be obtained from Professor Cindy Lam at cklam@hku.hk. Applicants who have responded to the previous advertisement (Ref.: 517449) need not re-apply.

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

The University only accepts online application for the above post. Applicants should apply online at the University's career site (<https://jobs.hku.hk>) and upload an up-to-date curriculum vitae including a publication list highlighting their best papers. Review of applications will start from May 1, 2023 and continue until **June 30, 2023** or until the post is filled, whichever is earlier.

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

Assessment Enhancement Course (AEC) Sharing by Category II Candidates

Sharing by Dr. Chan Ka Shing, Ricky

The general impression for a GP to join the Conjoint fellowship examination is very challenging and seems "mission impossible". Apparently, there was a higher failure rate in Cat. 2 candidates (GP) than that in Cat. 1 and more frustrations during preparation. In fact, if we go in the right direction to prepare for the examination, there shouldn't be any difference with other candidates. Indeed, we were able to achieve more than 70% of passing rate in my study group in the last two years. So, I would like to share some of my experiences in this article.

First of all, a highly motivated attitude to get it passed is most important. This is a source of energy to prompt you to keep studying when you are tired and frustrated, as well as being able to sacrifice some of your usual privileges. In other words, the personal backup support for us needs to be strong enough to help us to get through, such as family, finance (because you may have to close your clinic earlier), and your clinic assistant. A new and good balanced physical, psychosocial and spiritual level is also very important.

I have been a GP for more than 20 years, and haven't attended the examination hall for almost 15 years. Therefore, in such an inexperienced situation, a good strategy to prepare for the examination is necessary. For this, I would recommend you to enroll in the DFM program of our college, take reference of the curriculum of postgraduate FM training and read the recommended textbooks. The DFM program was decided for GP who want to sharpen their clinical skills and as a stepstone for the Conjoint Fellowship Examination if they want to. This is a very useful program which covers some important fields of the conjoint exam but we rarely encountered in general practice such as statistics, practice research or EBM. Besides, you will have a quotable qualification if you pass the assessment (which is similar to the format of Conjoint examination) and CME/CPD scores for application of fellowship. Textbooks I usually use would be J. Murtagh's General Practice and Oxford Handbook of General Practice.

Thirdly, you should have a great resource of updated knowledge and materials for examination (preferably

recent 3 years). The list here is basic: updated journals of AJGP, AFP, CHECK program, our college journals and newsletter, all CME lectures and annual refresher course, online or book format of AKT and KFP questions, and 'regurgitated past papers' as reference before the examination. Also, be vigilant of medical field related news in the last 2-3 years.

Ultimately, the AEC course is a must, because the purpose of the AEC course is to help all candidates prepare for the OSCE examination. The quality of teaching, contents, tutors and assistance are fantastic. For Cat. 2 candidates, it serves three more important functions: 1. To form study group(s). 2. To know more tutors and invite them to come to study groups. 3. To estimate the general level of other candidates. For the study group, this is the soul of our preparation for both written and OSCE part of the examination. Group mates should have similar targets and levels, and be able to pay for the same effort to study. In addition to studying, we shared our sweet and bitter hand in hand, and became good companions and friends forever! Basically, a group of 4 who come from different sectors is perfect, because more input could broaden our views for the examination in which the examiners also come from different sectors of primary health care. When attending the AEC course, I would like to recommend that you prepare and practice the contents of the next AEC lesson before attending, you will gain far better. Finally, the slogan "Practice makes perfect" stays true all the time! Please train and study more by practicing those past AEC cases, and even learn how to write cases. The techniques you acquire will become a reflex of your medical practice, and they will help your clinical skills that you never thought of!

Lastly, I would like to take this opportunity to thank my dearest study mates with whom I couldn't get a pass without them, as well as tutors who helped us continuously and generously, and I express my sincere gratitude to them. Also thanks to examiners, AEC tutors, DFM teachers, and helpful secretaries from our college. For the coming Cat. 2 candidates, please do attend AEC course and keep yourself and the group spirit! I hope we may meet and share in person in the near future.

Sharing by Dr. Wong Tat Ming, Ronald

I took the Part 1 and 2 exams in 2022. I hope sharing my own experience on what worked for me will help with your preparation, but I don't think there is a perfect method that suits every candidate. Your unique experience, strengths, weaknesses as well as circumstances will determine how to maximise your odds. Whatever your reasons for taking this exam, you need to realise that it is a major commitment and will demand wholehearted participation, a lot of time, effort and sacrifice. "Do or do not. There is no try."

Get hold of past papers and map out the syllabus early on. Seven months feels like a lot of time in the beginning, but as soon as you map out the vastness of the territory to be covered, you will realise there is in fact not that much time. This awareness will enable you to prioritise and 'study smart'. For Part 1 I subscribed to Pastest and BMJ On Exam but there are other good platforms. These will help identify your knowledge gaps and include links to high yield references. AJGP and AAFP are the most valuable free resources. I recommend access to up-to-date, a drug reference and journals. Consider subscribing to an online library e.g. university library membership. When studying past papers, don't just memorise the individual questions and answers but study 'around' the related topics. Start with the most recent papers then work backwards 5 years studying these in detail. 'Model answers' can be wrong so always verify using the most updated sources. Older papers can help to identify patterns and trends but beware that the answers may be outdated. Consider forming a study group to share the workload, but if you don't want study group meetings to drag on for hours, every member has to come well prepared. In the study process you will accumulate a large amount of information - plan ahead how you will store and organise it and how to facilitate your future revision. Many prefer the cloud with the advantage of saving articles, links and images. Hand-written mind maps are the most effective for my learning, and I store these in loose-leaf binders that I can rewrite, add on and re-organise as I study a topic. When writing notes include the source (e.g. GINA 2022) so you're sure it's up to date and you can go back to the primary source when needed.

If you're taking Part 1 and 2 together, your part 1 preparation will overlap with the AEC and OSCE training of your buddies who are only taking Part 2. It is intimidating to see them progress rapidly in their OSCE skills. Set realistic goals for your OSCE training during this period, learning as much as possible during the AEC sessions, but maintain your focus on Part 1. If you don't pass Part 1, you'll never get to Part 2. Many candidates, myself

included, felt defeated right after the Part 1 exam. But there is not much time between the Part 1 and 2 exams, so it's important to be able to recover quickly and start intensive OSCE training ASAP while waiting for the Part 1 results. (More about resilience below.)

For OSCE training, again there is no perfect 'one size fits all' framework. During practice, important insights are gained by participating as a candidate, examiner and observer. Start by imitating the 'successful' candidates, but ultimately you need to develop your own system that leverages on your strengths and shields your weaknesses. Time limits and marking schemes are key features of OSCE, so your aim is to optimise your time allocation for different point earning tasks, which will differ for the various question formats. Be disciplined and stick to your plan. For example, if you have exhausted the allotted time for history taking, move on to physical exam even if you haven't got the diagnosis, to allow sufficient time to earn points from the subsequent sections. Sometimes the diagnosis is not revealed until the final investigation!

A few suggestions on developing resilience and support systems:

- You need a study group to share resources, knowledge and skills, but also for encouragement and constructive criticism.
- You will encounter a lot of failures during OSCE training. A growth mindset and appreciation of criticism is essential. Leave your ego outside the door!
- Anxiety will impair your performance. Especially in the exam situation when you feel you've done poorly in one of the cases, the negative thoughts and emotions will carry on to subsequent cases. Practice relaxation techniques such as mindful breathing exercises so you will be able to calm down and bring your focus back to the present moment.
- You'll be spending long hours sitting at the desk. Schedule time for exercise, such as a yoga routine to strengthen your neck and back and running to boost your mood.
- Your family's support and understanding is very important. Besides sacrificing much family time together, you need their help to create protected time and space for focused studying.

To all those taking the exam, I wish you all the best, and that you will not only gain skills and knowledge, but also resilience and friendship along the way.

ASSESSMENT ENHANCEMENT COURSE (AEC) FOR FAMILY PHYSICIANS 2023

- Organizer** : Assessment Enhancement Sub-committee, Board of Education, HKCFP
- Tutors** : Family Medicine Specialists, Fellows of HKCFP and RACGP
- Co-ordinator** : **Dr. Lai Sheung Siu**
- Objectives** :
 1. To improve clinical knowledge, problem solving and consultation skills through different workshops
 2. To improve physical examination technique and clinic procedural skills through hands-on experience
 3. To provide opportunity for inter-professional communication and social network expansion through self-help groups
 4. To improve time management through simulated examination
- Venue** : HKCFP Wan Chai office, Duke of Windsor Social Service Building and HKAM Jockey Club Building
- Date** : 6 months' course starting from April 2023
- Course Structure** : The course will consist of 4 main components:
 1. Seminars
 2. Workshops
 3. Self-help Group Support
 4. Mock Exam
 Seminars and Workshops will be arranged on Saturday afternoons (2:30 p.m. to 5:30 p.m.)
- Accreditation** : Up to 15 CME points (Category 4.4) & 5 CPD points (Category 3.15) for the whole course
- Course Fee** : Members : HK\$4,000 (Whole course)
 HK\$1,000 (Spot admission for each seminar or workshop only)
 All cheques payable to **"HKCFP Education Ltd"**
 All Fees received are non-refundable and non-transferable.
- Capacity** : 50 doctors maximum
- Enrolment** : Enrolment is now open. Application form is available at College website:
http://www.hkcfp.org.hk/pages_9_463.html
 Please return the completed application form and the cheque to the Secretariat for processing. Please contact the Secretariat, Ms. Teresa Liu or Ms. Windy Lau by email to education@hkcfp.org.hk or call 2871 8899 for details. Successful applications will be informed by email later.
- Disclaimer** : All cases and answers are suggested by our tutors only. They are not standard answers for examination.
- Remarks** :
 1. Post-AEC training course (optional) will be organized for category 2 candidates who have enrolled in AEC if there is sufficient enrolment.
 2. **Announcement will be made in case there is a change of schedule and/or format.**

Assessment Enhancement Course 2023 Timetable for Workshop


Date	Topics	Venue
29 April 2023 (Sat) 2:30 – 5:30 p.m.	Introduction	Room 802, Duke of Windsor Social Service Building, Wan Chai, Hong Kong
27 May 2023 (Sat) 2:30 – 5:30 p.m.	Approach to Physical Complaints	
17 June 2023 (Sat) 2:30 – 5:30 p.m.	Viva Practice: Enhance Interprofessional Communication	
22 July 2023 (Sat) 2:30 – 5:30 p.m.	Problem Solving Skills	
26 August 2023 (Sat) 2:30 – 5:30 p.m.	Proper Physical Examination & Common Clinic Procedures	
23 September 2023 (Sat) 2:30 – 6:00 p.m.	Mock Exam	HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong

BOARD OF EDUCATION NEWS

The Board of Education is pleased to announce the following online seminars to be conducted via the Zoom webinar platform in the coming months with the details below:

Hybrid Event			
Date and Time	Topic	Speaker	Venue
25 April (Tue) 7:00 – 9:30 p.m.	COVID-19 Symposium: From Prevention to Clinical Management 1. What do we know about the inactivated COVID-19 Vaccine? 2. Overview on COVID-19 pandemic and lessons learnt from Hong Kong Studies 3. COVID-19 Infections in Children and Adolescents and Management of the Complications <i>Sponsored by Sinovac Biotech (Hong Kong) Limited</i>	Prof. Alexis M. Kalergis <i>Professor, The schools of Biological Sciences and Medicine, Pontificia Universidad Católica de Chile, Santiago, Chile</i> Dr. Chu Wai Sing, Daniel <i>Specialist in Family Medicine</i> Dr. Kwan Yat Wah, Mike <i>Specialist in Paediatric Immunology, Allergy and Infectious Diseases</i>	Ballroom A, 2/F, The Langham Hotel, 8 Peking Road, Tsim Sha Tsui, Kowloon

QR Code for registration

25 April 2023 (Tue)	Accreditation :
	25 Apr : 2 CME Points HKCFP (Cat. 4.3) 2 CME Points MCHK (pending) <i>Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)</i>

Admission Fee:

College Fellows, Full & Associate Members: Complimentary (HK\$50.00 enrollment deposit is required, made payable to "HKCFP Education Limited")
 Other Categories of Members : HK\$600.00
 Non-member : HK\$700.00
All fees received are non-refundable and non-transferable.

Registration: On-site registration will be first come first served. Please reserve your seat as soon as possible.

Activities are supported by HKCFP Foundation Fund.

Please wear a surgical mask if you have any respiratory tract infection and confirm that you are afebrile before coming to the meeting.



Please wear an appropriate dress code to the hotel for the scientific meeting.

Private Video Recording is not allowed.

Online Monthly Video Sessions

Dates and Time	Topics
28 April (Fri) 2:30 – 3:30 p.m.	"Legal issues on End-of-Life (EOL) care, Home Death and signing of Advance Directives (AD)" by Ms. Angelina Luk
30 June (Fri) 2:30 – 3:30 p.m.	"The European Society of Cardiology (ESC) Update and Resistant Hypertension" BY Dr. Hung Yu Tak

QR Codes for registration

28 April 2023 (Fri)	30 June 2023 (Fri)
	
Accreditation : 1 CME Point HKCFP (Cat. 4.2) 1 CME Point MCHK (pending) <i>Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)</i>	

***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 :	Online Events
1. In case of over-subscription, the organizer reserves the right of final decision to accept registration. 2. 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. 3. Please note you can just attend ONE CME activity at a time. If 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). 4. 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. 5. 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) 6. Please be reminded to check the system requirements beforehand to avoid any connection issues. 7. Due to copyright issue, please note private recording of the lecture is prohibited. 8. Registration will be closed 3 days prior to the event.	

Structured Education Programmes

Free for members

HKCFP 2 CME points accreditation (Cat 4.3)

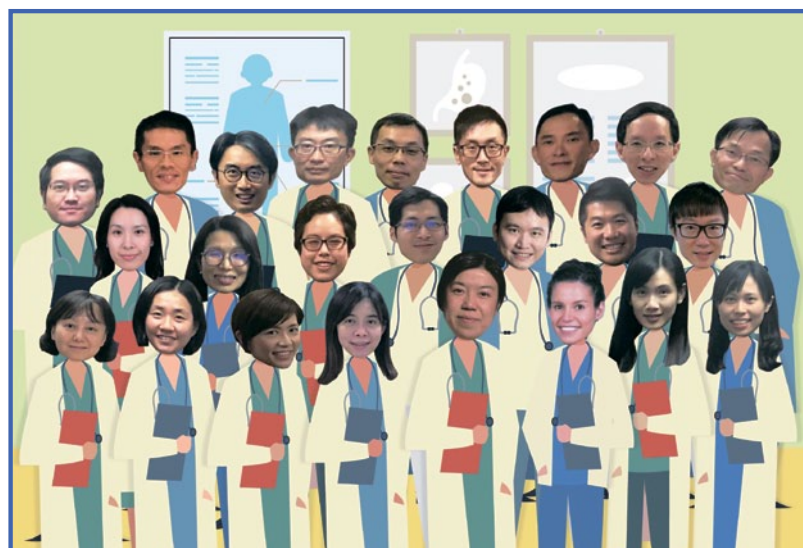
Date/Time/CME	Venue	Topic/Speaker(s)	Registration
Wednesday, 03 May 2023			
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Point of Care Ultrasound in Primary Care Dr. Cheng Ka Tong	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Common Symptoms in O&G and Common Symptoms in Paediatrics Dr. Sun Dione Tinoi & Dr. Ng Kwan Chun	Ms. Emily Lau Tel: 3506 8610
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Post-natal Care Dr. So Man Ying, Sabrina & Dr. Yung Lok Yee, Louise	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	Practice Management: Pharmacy Setting, Drug and Vaccine Storage, Dispensing and Dangerous Drugs Handling (With Site Visit) Dr. Rosita Wong	Ms. Cherry Wong Tel: 2589 2342
Thursday, 04 May 2023			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Community Resources for Sex Health Dr. Tang Kin Sze & Dr. Tsang Lai Ting	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 10 May 2023			
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Early Pregnancy Complications and Management in Primary Care Dr. Lee Pak Lik	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Lecture Theatre, G/F, Block M, QEH	Management of Sleeping Disorder and Eating Disorder Dr. Peng Xu & Dr. Chan Jin Hay, Jeremy	Ms. Emily Lau Tel: 3506 8610
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	E-therapy in Primary Care Dr. Chan Hei Wai, Venus & Dr. Leung Wai Chung, Rachel	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	Vague Symptoms Handling, MUPS Dr. Alex Leung	Ms. Cherry Wong Tel: 2589 2342
Thursday, 11 May 2023			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Early Pregnancy Complications and Management in Primary Care Dr. Wong Fai Ying & Dr. Tong Ka Hung	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 17 May 2023			
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	How to Prepare Part 1 Conjoint Examination Dr. Lam Yat Hei	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Palliative Care for Terminal Illnesses and Management of Pain Dr. Chan Kwun Hung & Dr. Poon Daniel	Ms. Emily Lau Tel: 3506 8610
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Paediatric Emergency Dr. So Man Ying, Sabrina & Dr. Tang Yeung On	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	Dietetic Services on DM and Weight Reduction Dr. Vivien Yu	Ms. Cherry Wong Tel: 2589 2342
Thursday, 18 May 2023			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Practical Procedures in Primary Care Clinic & Future Development Dr. Sze Chung Fai & Dr. Tsang Kam Wah	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 24 May 2023			
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Update Management of Hepatological Disease Including Autoimmune Hepatitis, Hepatitis C and Fatty Liver Dr. Chan Hoi Ho	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Consultation Enhancement (Physical Examination: Lower Limb Neurological and Video Consultation) Dr. Mak Shen Rong, Sharon & Dr. Yu Xiaoxia	Ms. Emily Lau Tel: 3506 8610
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Common Ulcer Condition Dr. Tong Hiu Tung, Christy & Dr. Ng Ka Wai, Will	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	Journal Club All trainees	Ms. Cherry Wong Tel: 2589 2342
Thursday, 25 May 2023			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	National Health Service in UK Dr. Jor Hon Man & Dr. Chung Pak Yin	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 31 May 2023			
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Smoking Cessation Dr. Yam Hei Tung	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Approach to Abnormal ECGs Dr. Lam Hiu Ching, Natasha & Dr. Or Sui Kei, Alison	Ms. Emily Lau Tel: 3506 8610
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	Practice Management: Emergency Protocols, Equipment & CPR Dr. Emily Tong	Ms. Cherry Wong Tel: 2589 2342

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30 Apr	1 May	2	3 2:30 – 7:00 p.m. Structured Education Programme	4 4:00 – 6:00 p.m. Structured Education Programme	5	6
7	8	9	10 2:30 – 7:00 p.m. Structured Education Programme	11 4:00 – 6:00 p.m. Structured Education Programme	12	13
14	15	16	17 2:30 – 7:00 p.m. Structured Education Programme	18 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	19	20 3:00 – 5:00 p.m. DFM Written Exam
21 DFM Clinical Exam	22	23	24 2:30 – 7:00 p.m. Structured Education Programme	25 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	26	27 2:30 – 5:30 p.m. Assessment Enhancement Course
28	29 6:30 – 9:30 p.m. HKCFP 2023 FM Career Talk	30	31 2:30 – 7:00 p.m. Structured Education Programme	1 Jun 4:00 – 6:00 p.m. Structured Education Programme	2	3 2:00 – 4:00 p.m. Interest Group in Medical Humanities
4	5	6	7 2:30 – 7:00 p.m. Structured Education Programme	8 4:00 – 6:00 p.m. Structured Education Programme	9	10

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

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