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Message from the President

Outstanding young Fellows of the Hong Kong Academy of Medicine are nominated by respective Colleges every year to be recognised for their remarkable achievements and contributions to the developments of the Academy or its Colleges. This year, the HKCFP has nominated Dr. Candy Luk and Dr. Amy Ng, our outstanding candidates of Exit Examination 2024, to meet members of the Academy Council and distinguished guests in September over a formal dinner at the Academy. Congratulations to both Dr. Luk and Dr. Ng for their great achievements again!



Congratulations to Dr. Candy Luk and Dr. Amy Ng, our outstanding candidates of Exit Examination 2024 for their great achievements. (left to right): Dr. David Chao, Dr. Candy Luk, Dr. Amy Ng and Prof. Gilberto Leung



(left to right) Prof. Martin Wong, Dr. Donald Li, Dr. Candy Luk, Dr. Amy Ng, Dr. Tse Sut Yee and Dr. David Chao

As we are approaching the winter season, the Government has recently launched the 2024/25

Seasonal Influenza Vaccination (SIV) Programmes, including the Vaccination Subsidy Scheme, the Government Vaccination Programme, the Seasonal Influenza Vaccination School Outreach Programme (SIVSOP) and the Residential Care Home Vaccination Programme to provide free or subsidised SIV for persons aged 50 or above (including the elderly living in residential care homes); adults aged 18 to 49 with underlying comorbidities; persons aged 6 months or above with immunocompromising conditions; pregnant women and healthcare workers, etc. In addition, people belonging to the aforementioned groups should receive an additional COVID-19 booster regardless of the number of doses of COVID-19 vaccines received before for dual protection. A COVID-19 vaccine can be co-administered with, or separated from, an SIV under informed consent. (<https://www.info.gov.hk/gia/general/202409/24/P2024092400250.htm>) Thanks to the dedicated family doctors in the community, we should continue to do our good work by encouraging the citizens to have the vaccinations as soon as possible.

With global population ageing as we speak, more and more patients suffering from non-communicable diseases are needing medical care and attention. Hypertension and diabetes mellitus are two examples amongst the top of the list of chronic diseases that

(Continued on page 2)



Message from the President (Con't)

(Continued from page 1)

are on the rise in all parts of the world, putting increasing service demands on health care systems, and Hong Kong is no exception to this global phenomenon.

When a person with hypertension comes for a follow-up consultation in the clinic, one of the must-dos is to obtain his/her blood pressure. A number of people would feel anxious and unsettled in less familiar environments, in this context, the clinic, let alone having the blood pressure taken by a stranger, in this case, a healthcare worker. Therefore, it is not unimaginable that the blood pressure readings so obtained might be higher than they should have been, at least in some cases. In the September issue of our College journal the Hong Kong Practitioner (HKPract), the original article "Automated office waiting-area blood pressure as a practical method to eliminate white coat effect in conventional office blood pressure measurement in Chinese older people in a clinic setting in Hong Kong" (by SP Leung) discussed an investigation into applying automatic office blood pressure measurement in the waiting area in order to remove the effects of the so called white coat effect in blood pressure measurement, and to check whether the automatic office blood pressure measurement in the waiting

area could be comparable with home blood pressure monitoring. The article highlighted some interesting findings for us to ponder upon.

The other common chronic condition that is becoming more prevalent is Diabetes Mellitus (DM). Due to the natural progression of the disease, increasingly diabetic patients would have to consider using insulin at some stage in order to achieve optimal glycaemic control. Also in the September issue of the HKPract, "Insulin therapy for Type 2 diabetes mellitus in primary care – common case scenarios and practical tips" (by DGC Ying, CXR Chen) reviewed the availability and usage of newer insulin analogues, structured risk assessment and management programmes, insulin initiation and means of intensification in the community settings. Clinical case scenarios of Type II DM patients commonly presented to family doctors in the primary care settings were discussed and explanation were given for illustrating the management of these patients as well as indications for consideration for referral to secondary care. There are useful learning points in this article.

Dr. David V K CHAO
President

Board of Conjoint Examination News

The Board of Conjoint Examination is pleased to announce that the following candidates passed the 38th Conjoint HKCFP/RACGP Fellowship Examination (Written Segment) 2024.

Dr. Cheng Shun Ming
Dr. Chui Yuen Ting Megan
Dr. Fock Hoi Hei Surena
Dr. Fung Yan Ning
Dr. Ha Kwan Tsun

Dr. Kwong Chung Man
Dr. Lam Gin Hou Alan
Dr. Lau Wai
Dr. Lee Wai Chun
Dr. Li Ting Kwan

Dr. Ma Yi Ning
Dr. Man Estelle
Dr. Tang Yeung On
Dr. Tong Tin Yan Emily
Dr. Tse Ping Yu Clarice

Dr. Wong Wei Wade
Dr. Wong Wing Kwan
Dr. Yu Xiaoxia
Dr. Yung Lok Yee Louise

Congratulations to you all !



Dr. Chan Hung Chiu
Chairman
Board of Conjoint Examination

The 47th HKCFP Annual General Meeting

The 47th Annual General Meeting (AGM) of The Hong Kong College of Family Physicians will be held on **8 December 2024, Sunday** with the following details.

Time : 5:00pm

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

Admission : All members are welcome. please register through admin@hkcfp.org.hk to facilitate related arrangement.

The 47th HKCFP Annual Dinner

The College's 47th Annual Dinner will be held on **8 December 2024, Sunday** as follows:

Time : 6:30pm Annual Dinner Reception
7:00pm Chinese-style Dinner

Venue : Run Run Shaw Hall, 1/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong

College Members, Fellows and their spouses are welcome to register for the Annual Dinner free of charge on a first come, first served basis until all the available seats are filled.

Complimentary Transportation:

Circular coach service between Wong Chuk Hang MTR Station and HKAM Jockey Club Building would be provided during the below periods. Pre-registration is required and confirmation of complimentary transportation would be sent to individual registrant at a later stage.

Time	From	To
6:30 – 7:00 pm	Wong Chuk Hang MTR Station	HKAM Jockey Club Building
According to the ending time of the dinner <i>(Estimated time will be around 10:00 pm)</i>	HKAM Jockey Club Building	Wong Chuk Hang MTR Station

Registration

To register for the **Annual Dinner** and/or **Complimentary Transportation**, please scan the QR code and complete the registration on or before **29 November 2024 (Friday)**.

Please contact the Secretariat, Ms. Yvonne Chow by email to internal@hkcfp.org.hk or call 2871 8899 for assistance.



READERSHIP DRIVE

Congratulations!

The returns from the following doctors have been selected for September 2024 issue:

Dr. CHAN Chi Wai, Dr. CHOI Yan Tak, Dr. MA Mya Khin, Dr. TSOI Wai Wang Gene, Dr. YUEN Man Ki

FP LINKS need your views about its role as the newsletter of College!

Selected returns would be published in FP Links and gift vouchers would be given as token of appreciation.

You could also access the Google form through the link, in addition to the QR code.

<https://forms.gle/KmZwgYpzB3F977Mi8>

FP Links also need your support through submissions to our various columns:

Feature / **Family Doctors Column** / **News Corner** / **The Diary of a Family Doctor** / **After Hours**.

If articles are selected for publication, Options of College Souvenirs or Gift vouchers will also be given as token of appreciation

Share your thoughts



Specialty Board News

The Specialty Board is pleased to announce that the following candidates have successfully passed the Exit Examination of HKCFP in 2024.

Dr. CHAN Kam Sheung	Dr. CHOI Yan Tak	Dr. LEUNG Nelson	Dr. SUEN Victoria Gee Kwang
Dr. CHAN Ki Fung Dickson	Dr. CHUANG Chi Kit	Dr. LI Anne Beatrice	Dr. WONG Chung Ming
Dr. CHAN Yuen Ching	Dr. CHUNG Hiu Yeung	Dr. LUK Sze Wan Candy	Dr. WONG Hin Hei Henry
Dr. CHANG Ting Ting	Dr. HO Wing Yan Olivia	Dr. MA Man Ki	Dr. WONG Wing Ning Rosanna
Dr. CHAU Yiu Shing	Dr. HUN Pek I	Dr. NG Amy Pui Pui	Dr. YAU Chi Yan
Dr. CHOI Sze Wai Michelle	Dr. LAM Kang	Dr. NG Pui Yee Beatrice	Dr. YEUNG Lok Ki
Dr. CHOW Hoi Kei Jessica	Dr. LAM Wai Yiu	Dr. PANG Sze Ching Esther	

Dr. Wendy Tsui
Chairlady, Specialty Board



Congratulations!

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

Embracing the Future of Medical Education: HKCFP's Web-Based Learning Platform

In today's fast-paced medical landscape, staying updated with the latest advancements and best practices is crucial for providing high-quality patient care. Recognizing the challenges faced by our busy family physicians in balancing their professional development with demanding schedules, the college is collaborating with the Hong Kong Academy of Medicine (HKAM) to develop an online platform for our members to update their medical knowledge and to earn CME/CPD points. This new platform will offer video lectures on different topics for members to view and learn.

There are some key benefits of using the Web-Based Learning Platform.

- Asynchronous Learning:** Our platform enables our members to access educational content at any time, day or night. This flexibility ensures that learning can fit seamlessly into our members' busy schedule, whether it's during a lunch break, after hours, or on weekends.
- Convenience:** Our platform solves the hassle of travelling to physical locations for CME events. With our web-based platform, high-quality educational content is just a few clicks away, accessible from your computer.
- Learn at Your Own Pace:** Every member has their own learning style and pace. Our platform allows our members to progress through courses at a speed that suits individual needs. Our members can pause the video to jot down a few notes, or revisit the content as needed.
- Personalized Learning Paths:** Our members can choose from a diverse array of topics that align with their own interests and professional development goals.

While the development of this Web Based Learning platform is still underway, there are some preparations that we encourage our members to make so that you can try out the platform as soon as possible when the platform is ready for launch.

- If you are a Fellow of Hong Kong Academy of Medicine (HKAM), please follow the registration link provided on the eHKAM website to create your account. <https://online.hkam.org.hk/ehkam/registration>
- For members who are not Fellows of HKAM (including trainees), we will provide the account to you at a later stage, and please keep an eye on our announcement.



Stay tuned for more updates as we approach the launching date. We look forward to embarking on this exciting educational journey with you, empowering family physicians to provide the best possible care for their patients in the digital age.

Dr. Matthew Luk
Chairman
Web and Computer Committee

Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **July – September 2024**:

New Application

Associate Membership

Dr. AU-YEUNG Kelly Hoi Lee	歐陽愷莉
Dr. CHAN Wing Lam	陳穎霖
Dr. CHIN Hui Yen	陳慧燕
Dr. DENG Luo, Valeria	鄧雅心
Dr. HE Yuzhong	賀堉仲
Dr. HO Yin Yuk	何彥吁
Dr. HO Yung Yung	何蓉蓉
Dr. HUI Yan Lok	許恩樂
Dr. LAM Kwan Yee	林昆儀
Dr. LAM Tik Shan, Josefina	林迪珊
Dr. LAM Yip Hong	林業航
Dr. LAU Ho Yee	劉可兒
Dr. LAU Ngai Him	劉毅謙
Dr. LEUNG Chi Ho	梁智皓
Dr. LI Michelle Aiqi	李愛琪
Dr. MAN Marie Shelby	文逸瑜
Dr. MUI Cheng I	梅靜兒
Dr. NG Cheuk Wing, Charlene	吳卓穎
Dr. POON Chi Him	潘治謙
Dr. WAN Tsz Ya, Grace	溫旨茵
Dr. WAN Zihao	萬子豪
Dr. WONG Nicole Tsz Yan	黃子欣
Dr. WONG Yuet Hoi	黃悅愷
Dr. YEUNG Yuen Ching	楊琬晴
Dr. YIP Ching Wing	葉青穎

Student Membership

Miss YAO Xuhong	姚旭鴻
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Re-application

Associate Membership

Dr. LAM Wai Kit	林偉傑
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Reinstatement

Fellowship

Dr. LEE Hung Fai	李熊輝
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Transferral

From Student to Associate Membership

Dr. CHAN Ho Shuen	陳澔璇
Dr. CHEUNG Chi Yan	張至恩
Dr. CHEUNG Hoi Man	張凱敏
Dr. CHEUNG Tsz King	張梓敬
Dr. HO Ching Ting	何靜婷
Dr. LAW Hoi Yiu	羅凱謠
Dr. NG Cheuk Man	吳卓敏
Dr. TONG Hei Ka, Anson	湯晞伽
Dr. TSANG Wing Ting	曾穎婷

Expiration

Student Membership

Miss CHAN Ching Kwan	陳靖珺
Miss CHAN Yat Chi	陳逸芝
Mr. CHENG Sui Hou, Michael	鄭瑞豪
Mr. CHEUNG Ching To	張政韜
Mr. HUI Pak Hon	許柏瀚
Miss LAM Ching Yan, Hailey	林澄昕
Miss LAM Wai Sum, Janice	林慧心
Mr. LUI Ka Wang, Kelvin	呂嘉宏
Mr. MA Tung Wong	馬東鎧
Miss SHUM Wing Zi	岑穎孜
Mr. TSANG Chun Hei	曾俊熹
Mr. WONG Chi Yeung	黃志揚
Mr. WONG Ching Him	黃程謙
Mr. WONG Wang Chun	黃宏臻
Miss YEUNG Tsz Kwan	楊紫君
Mr. YUEN Cho Yin	袁祖賢
Mr. YUM Hin Hei, Samson	任衍熹

Meeting Highlights

Saturday Symposium on 21 September 2024

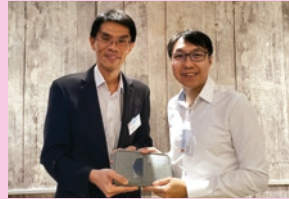
Dr. WU Enoch, Specialist in Endocrinology, Diabetes & Metabolism, delivered a lecture on "Optimizing Lipid Management for Patients with Mixed Dyslipidemia"; Dr. TSUI Tsun Miu, Specialist in General Surgery, delivered a lecture on "Management of non-alcoholic fatty liver disease from a surgeon's perspective" and Dr. CHOW Chi Wing, Specialist in Gastroenterology & Hepatology, delivered a lecture on "Diagnosis and Treatment of Helicobacter Pylori infection - Hong Kong and International Perspective".



Dr. CHAN Man Li (left, Moderator) presenting a souvenir to Dr. WU Enoch (right, Speaker).



Dr. CHAN Man Li (left, Moderator) presenting a souvenir to Dr. TSUI Tsun Miu (right, Speaker).



Dr. CHAN Man Li (left, Moderator) presenting a souvenir to Dr. CHOW Chi Wing (right, Speaker).

CME Lecture on 26 September 2024

Dr. CHENG Sze Chung, Specialist in Orthopaedics & Traumatology, delivered a lecture on "Multimodal Approach in Management of Osteoarthritis".



Dr. WONG Chiu Lun, Aldo (left, Moderator) presenting a souvenir to Dr. CHENG Sze Chung (right, Speaker).

Saturday Symposium on 28 September 2024

Prof. Per-Henrik GROOP, Department of Nephrology, University of Helsinki and Helsinki University Hospital, Finland, delivered a lecture on "The Evolving Role of SGLT2i in Chronic Kidney Disease (CKD): Time for Broader Eligibility and Earlier Initiation"; Dr. Catherine CHEN, Specialist in Family Medicine and Consultant, Department of Family Medicine & Primary Healthcare, Kowloon Central Cluster, Hospital Authority, delivered a lecture on "Management of CKD in Primary Care: Need to Implement Guideline-based Medical Therapy (GDMT)"; Dr. Maggie MA, Specialist in Nephrology and Honorary Clinical Associate Professor, Department of Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong, delivered a lecture on "Update on CKD Management in Patients with Type 2 Diabetes" and Dr. CHAN Ting Bong, Specialist in Family Medicine and Clinical Associate Professor (Honorary), The Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, delivered a lecture on "Case Sharing: Management of CKD Patients with Type 2 Diabetes".



Dr. LEUNG Wing Kit (left, Moderator) presenting a souvenir to Prof. Per-Henrik GROOP (right, Speaker).



Dr. LEUNG Wing Kit (left, Moderator) presenting a souvenir to Dr. Catherine CHEN (right, Speaker).



Dr. LEUNG Wing Kit (left, Moderator) presenting a souvenir to Dr. Maggie MA (right, Speaker).



Dr. LEUNG Wing Kit (left, Moderator) presenting a souvenir to Dr. CHAN Ting Bong (right, Speaker).

Certificate Course on Bringing Better Health to Our Community 2024

The 1st and 2nd sessions of the "Certificate Course on Bringing Better Health to Our Community 2024" co-organized with Queen Elizabeth Hospital and The Hong Kong Medical Association were held on 31 August and 28 September 2024.

Dr. LAM Yip Shun, Wilson, Associate Consultant, Department of Medicine, Queen Elizabeth Hospital, delivered the lectures on "Update on Management of Chronic Hepatitis B Infection" and Dr. WONG Man Ho, Ivan, Cardiologist Specialist, Department of Medicine, Queen Elizabeth Hospital, delivered a lecture on "Latest Advances in Management of Chronic Heart Failure" on 31 August 2024.



Dr. LI Yim Chu (right, Chief of Service, Department of FM&PHC, KC Cluster, Hospital Authority) presenting a souvenir to Dr. LAM Yip Shun, Wilson (left, Speaker).



Dr. CHEN Xiao Rui, Catherine (left, Moderator) and Dr. LI Yim Chu (right, Chief of Service, Department of FM&PHC, KC Cluster, Hospital Authority) presenting a souvenir to Dr. WONG Man Ho, Ivan (middle, Speaker).

Interest Group in Mental Health & Psychiatry on 5 October 2024

Mr. Gabriel Chan, Educational Psychologist, Catholic Diocese of Hong Kong, delivered the lectures on "How the Educational Psychologist Helps our disturbed School Age Patients?".

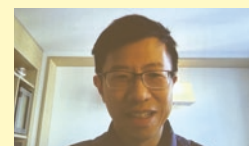


Dr. CHAN Suen Ho, Mark (left, Moderator) presenting a souvenir to Mr. Gabriel CHAN (right, Speaker).



Dr. LI Yim Chu (right, Chief of Service, Department of FM&PHC, KC Cluster, Hospital Authority) presenting a souvenir to Prof. SO Ho (left, Speaker).

Prof. SO Ho, Assistant Professor, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, delivered a lecture on "Rheumatological Diseases other than Arthritis and SLE" and Dr. Kingsley CHAN, Dermatologist, Private Practice, delivered a lecture on "Approach to Facial Dermatoses" on 28 September 2024.



A screenshot taken on 28 September 2024 Dr. Kingsley CHAN (Speaker)

Specialty Board News

2025 Full Exit Examination of Vocational Training in Family Medicine

The Specialty Board is pleased to announce the following information on the 2025 Full Exit Examination of Vocational Training in Family Medicine.

ELIGIBILITY AND REQUIREMENT

Applicants must fulfill the following criteria:

- Full or limited registration with the Hong Kong Medical Council
- Being active Fellows, or Members (Full or Associate) of the Hong Kong College of Family Physicians (HKCFP)
- Fulfill the CME / CPD requirements under HKCFP Quality Assurance Program in the preceding year
- Have a qualification in family medicine / general practice; which is recognized by the HKCFP and the Hong Kong Academy of Medicine (HKAM)
- Had completed higher training in Family Medicine; **OR expected to do so by February 28, 2025**; as certified / approved by the Board of Vocational Training and Standards (BVTs), HKCFP.

The relevant approval may take up to two months, therefore applicants are recommended to apply early to BVTs for

- + Certification of completion of higher training **OR**
 - + Recommendation to sit for Exit Examination 2025
- Active in clinical practice and able to meet the requirements of individual Exit Examination segments:
 - + Clinical Audit: the starting date must be within 3 years before the exam application deadline
 - + Research: the date of ethics approval must be within 3 years before the exam application deadline
 - + Practice Assessment: submit valid Practice Management Package (PMP) report
 - From Full Exit Examination 2019 onwards, candidates must have presented their Research or Clinical Audit proposals or completed studies at Research & Clinical Audit Forum before the application deadline of Exit Examination

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

IMPORTANT DATES

First-attempt candidate:

Deadline of Exit Examination application:	1 November 2024
Collection period for Attachment 12 and 13 (Practice Assessment)	17 September to 31 October 2024 Inclusive
Deadline of Clinical Audit Report / Research Report submission	2 January 2025
Examination periods for Practice Assessment and Consultation Skills Assessment	Period A : 2 December 2024 to 1 February 2025
	Period B : 3 February to 31 March 2025

Re-attempt candidate:

Deadline of Exit Examination application:	2 December 2024
Collection period for Attachment 12 and 13 (Practice Assessment)	21 October to 30 November 2024 Inclusive
Deadline of Clinical Audit Report / Research Report submission	2 January 2025
Examination periods for Practice Assessment and Consultation Skills Assessment	Period B : 3 February to 31 March 2025

APPLICATION & EXAMINATION FEES

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

The following documents are required when submitting the application:

- A copy of the certificate of completion of higher training, **OR** recommendation letter to sit for 2025 Exit Examination, from BVTs, HKCFP

2. A cheque of the appropriate fee made payable to **“HKCFP Education Ltd.”**, and
3. For Practice Assessment Segment (please also refer to the subsequent section of this announcement):
 - i. **FOUR COPIES** of all the required attachments (Attachment 1 to 13);
 - ii. ONE PMP Report on or before **1 November 2024 (First-attempt candidate) / 2 December 2024 (for the re-attempt candidate who has changed the practice location)**; and
 - iii. ONE PERM REPORT

Completed Application Form and the required documents should be returned to the following address:
The Specialty Board, HKCFP, Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, HK

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

Examination fees

Administrative fee	\$9,000
Clinical Audit	\$9,000
Research	\$9,000
Practice Assessment	\$11,000
Consultation Skill Assessment	\$11,000

A cheque of the appropriate fee made payable to **“HKCFP Education Ltd.”** should be enclosed with the application.
All fees paid are neither refundable nor transferable.

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

ELECTION TO FELLOWSHIP OF THE HONG KONG ACADEMY OF MEDICINE

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

FORMAT AND CONTENTS

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

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

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

OR

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

AND

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

AND

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

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

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

Yours Sincerely,

Dr. Wendy Tsui
 Chairlady, Specialty Board

REFRESHER TRAINING COURSE FOR EXIT EXAMINERS 2024



Organized by Specialty Board

(For Exam Observers, Trainee Examiners & Examiners of Exit Exam)
(Trainee Examiners & Exam Observers need to possess certificate of Refresher Training Course before promotion as Examiners)

4 SESSIONS

Dates	Segments	Panel Speakers led by:
22 November 2024 (Fri)	Practice Assessment (hybrid mode) Venue: Wanchai office	Dr. Luk Kam Hung (Coordinator, Practice Assessment)
29 November 2024 (Fri)	Consultation Skills Assessment [#] (hybrid mode) Venue: Wanchai office	Dr. Wang Hua Li, Jenny (Coordinator, Consultation Skills Assessment)
6 December 2024 (Fri)	Clinical Audit (zoom only)	Dr. Kwong Siu Kei, Alfred (Coordinator, Clinical Audit)
12 December 2024 (Thu)	Research (zoom only)	Dr. Fu Sau Nga (Deputy Coordinator, Research)

[#] Participants of CSA Refresher Training Course would be required to attend a video viewing session for completing the pre-course assignment on either 22 or 29 November 6:15 -7:00 p.m.

Time : 7:00 – 9:00p.m.

Venue : Rm 802, Duke of Windsor Social Services Building, 15 Hennessy Road, Wanchai

HIGHLIGHTS OF OUR COURSE:

- Overview on the Exit Exam Segments and interactive discussions
- Standardization of exam marking
- CME: 2 points for each session (Cat 4.4) and max. 8 points for whole course
- CPD: Up to 2 CPD points will be awarded, depending on achievement made in the pre & post- course assessment
- Invitation to mark in the coming Exit Examination
- Privilege to receive course materials and free admission to the subsequent years of Refresher Training Courses

CERTIFICATE OF ATTENDANCE:

- Awarded for 75% or more attendance of the whole course (i.e. 3 sessions)

COURSE FEES:

HK\$1,000 for whole course (4 sessions)

HK\$500 for single session

[Course fee reimbursable upon 100% attendance of the whole course / registered session(s)]

APPLICATION DEADLINE 7 NOVEMBER 2024

For enquiry, please contact the Board Secretariat,
Mr. John MA at 2871 8899 or email to exit@hkcfp.org.hk



Enrolment & Learn more

Doctors as Youtuber - Roles and Challenges

Interviewee: Dr. Teresa Wang (臨床微生物及感染學專科醫生)

Interviewers: Dr. Yeung Wai Man, Raymond and Dr. Hou Jing, Rebecca



From left to right:
Dr. Raymond Yeung, Dr. Rebecca Hou and Dr. Teresa Wang

1. 請問你由幾時開始“人類健康研究所”這個 YouTube channel？是什麼原因讓你決定做一名 YouTuber？

Dr. Wang: “人類健康研究所”成立於2021年10月25日，但這個channel其實並不是我自己開創的。整件事的原委要追溯到差不多十年前，當我train完microbiology，感覺有很多的慾求不滿。因為那時還沒有子女，先生Marcus也很支持我走出去看看，剛好當時now新聞台開始一檔名為《杏林在綫》的健康節目需要一位醫學顧問，所以我就辭職去nowTV做了五年的兼職。在沒做醫生的日子裏，我就在電視台寫稿、訪問、剪片、做voice over，並結識了一班非常有經驗又充滿熱忱的夥伴。那是我非常開心的時光。之後我重新做回醫生，而這一份情緣卻在三年前重新走向了我。

原來這班朋友有經營非牟利健康頻道，後來因為跟合作人有一些分歧，就決定另外物色人選繼續履行初心。當他們找到我的時候，我剛剛好離開了公立機構，而我先生讓我思考三個問題：“有乜野你必須要做的？有乜野你擅長做的？有乜野你鍾意做的？”我很清楚，工作賺錢是我必須做的，做醫生是我擅長的，而做電視台和傳媒是我真心喜歡的。所以我就接受了他們的邀請，做“人類健康研究所”這個YouTube channel。

2. 在短短兩年時間裏，你的頻道有超過十萬的 subscribers 和九百萬的 viewers，相比你自己的預期，有何感想？

Dr. Wang: 其實我自己沒有太高的預期，即使最初瀏覽量和訂閱者都沒有大幅度增長的時候，我都抱著平常心，很感謝有這個平台讓我做自己喜歡的事情。只是周圍慢慢開始多了很多的聲音，覺得為什麼不加字幕啊，為什麼不投資多一些啊，為什麼要做這麼長啊……但我的團隊是非常堅持的。因為他們很瞭解YouTube的運作，也清楚如何獵獲受眾，所以他們讓我只要跟他們的設計慢慢累積就行了。當然間中都有些片會比較火，比如新冠期間講戴口罩、covid-19和高血壓等等。最近我錄了一段關於necrotizing fasciitis的片，之後就有日本爆“食肉菌”的新聞，於是我們立刻就推出了更新。正因為這條片，我們就突破了十萬subscribers，所以也算非常好彩。

3. “人類健康研究所”通常一週更新兩次，請問你如何選擇更新題目和內容？

Dr. Wang: 通常情況是一週出兩條片，偶爾有些特別熱門話題，可能需要出三條片。我的團隊會將Google search或者其他social media的健康相關搜索詞前十名單定期更新交給我，我就以此為參考決定下一個主題。不過有些是永恆不變的，比如血壓高，濕疹和糖尿病，這三者永遠都會出現在“十大”裏面。而且通過不同主題的瀏覽數，讓我們大概可以推測出我們channel的受眾應該是相信西方醫學的成熟人群。這些信息對我們制定題目和內容都有所幫助。

4. 這幾年的健康話題幾乎覆蓋了所有醫學專業，請問在邀請不同專科醫生時有什麼技巧嗎？你有遇到過什麼困難嗎？

Dr. Wang: 在頻道最早期開始的時候，由於知名度低，在邀請嘉賓時也曾經歷過一些質疑和困難，但現在隨著越來越多人認識這個channel，而且我們表達方法比較輕鬆，有些朋友甚至會主動提出上來節目chit-chat。不過我們的宗旨是提供全面正確的健康訊息，不賣藥品廣告也不賣醫生廣告，受邀醫生也都是志願性質，沒有任何報酬。

5. 在將專業知識帶給普通觀眾的時候，有什麼訣竅令話題通俗易懂又有趣生動嗎？

Dr. Wang: 這種功夫應該不在我這裏，而在嘉賓那裏。但我會嘗試用 layman 的角度去發問，讓觀眾感覺我幫他們把自己的問題問出來了，而他們也得到了他們想要的答案。這或許就是這個 channel 能收穫這麼多觀眾的原因吧。

6. 請問您如何平衡工作、家庭和視訊製作？你的時間管理秘訣是什麼？

Dr. Wang: 首先這個 Channel 不是我自己一個人經營的，如果只是自己一手一腳做，我會忙死。其次，如果不是跟舊日結識的這班朋友一起，我也未必會開始這件事。再者，如果不是有一個專業的團隊在背後支持，堅持不懈，靜待花開，我可能早就放棄了。不過，拍片其實問題不大，寫問題對於我來講也不是很難，反而跟嘉賓約時間是最艱難的地方。

關於我個人生活、工作和時間管理方面，就真的要多謝我先生 Marcus！以前 Marcus 經常追問我：“你到底返唔返嚟食飯呀？”，到現在他說：“我都知你返唔到嚟喇！”。現在我分給子女的時間確實少了，但他們都很遷就我，Marcus 除了幫小朋友跟進功課之外，在週末如果我太忙不能陪伴小朋友，Marcus 都會騰空與他們玩耍、安排課外活動、車出車入……非常 supportive 和體諒。如果沒有這個老公，我便處理不到這麼多事情，所以他真的很好啊！

7. 有什麼需要考慮的醫療法律問題嗎？邀請嘉賓並製作公開播放的 YouTube 時應注意哪些事項？

Dr. Wang: 其實 Medical Council 對於使用 Social Media 有相關指引，例如：在 Facebook 可以登什麼、擺什麼；如果我自己作為一個嘉賓，我就只能夠講 microbiology 方面的話題，但如果我邀請其他嘉賓，我就是一個主持人，那麼我就可以問嘉賓相關專科的問題，由他們講解。

醫療法律這方面，真的要小心，但我始終相信只要謹記自己的初衷，堅持不摻雜任何商業元素，就不會行差踏錯！我們團隊有做新聞的經驗，也是以做新聞的標準去經營我們的 channel，因此我們沒有與任何商品、商業服務有關連，沒有收 sponsorship，更不會幫藥廠賣廣告。用醫生身分去經營 YouTube 影片，必須謹守這些標準。

8. 完成這些出色的工作後，您有何感受？整體來說您感到滿意嗎？您未來的方向是什麼？您會考慮加入更多平台，如 Facebook、Instagram、TikTok、WeChat 或 小紅書嗎？

Dr. Wang: 對於現在的情況，我都算滿意，不過我覺得還有一些欠缺，就是我們的團隊很想做一個“人類健康研究所”同名網頁，因為除了影片之外，也希望有一些文字的記錄可以讓觀眾參考，每次出新片的時候，都可以有簡單文字在網頁內 update，例如，一錄完就馬上寫一篇千字文去 Summarize 所討論的內容，這些我現在還未能做到。因為我覺得醫學的事是很嚴謹的，我不太相信自己以外的人，如有出錯的風險，那還不如緩一緩。我希望能將正確的資訊帶給人。

至於加入其他平台，我們都有考慮過，但現在很多都是以 shorts 的形式推廣，我們 chit-chat 的節目，比較難剪到一條只得 30 秒的短片還可以成功吸睛。而小紅書的內容以娛樂、吃喝玩樂等為主。所以暫時我們還是繼續做好目前的事情。

9. 您有沒有與全球其他類似的醫生 YouTuber 有交流，他們的經驗和做法與在香港的有何不同？

Dr. Wang: 沒有呀！其實香港醫療頻道不算多，比較出名的有 Dr. Rex 醫學幼稚園、健康·旦。其他頻道的受眾不多，可能他們不夠堅持，所以只做了一段短時間便沒有繼續做下去。外國方面，單單台灣就已經有很多人製作不同的醫療頻道，而且出片頻密，這和香港很不同，也許因為香港生活節奏太快、資訊太多，因此看 YouTube 來獲取醫療資訊對香港人未必是首選；而台灣的生活就比較慢，加上可能當地的綜藝節目沒那麼吸引，有助於台灣醫療頻道能百花齊放。

10. 對於考慮製作像您這樣的 YouTube 影片的 FM 醫生，您有什麼建議嗎？

Dr. Wang: 我認為最緊要是堅持，即是不要以為做一、兩集就馬上會有人收看，如果想成功就不可以輕易放棄。風格方面這問題是很個人的，譬如 Dr. Rex 會一邊畫圖一邊解說，讓觀眾更容易明白一些比較複雜的理論。所以各人的方法都可以不同，而我和我的團隊就因為想節省成本，所以就玩 chit-chat。至於何時可以看見成效，要視乎你怎樣定義什麼是成效，的而且確 view 數和 subscriber 的人數累積上升是一個客觀的指標，但對我來說，能夠將正確的醫療資訊給予受眾，已經是成效。

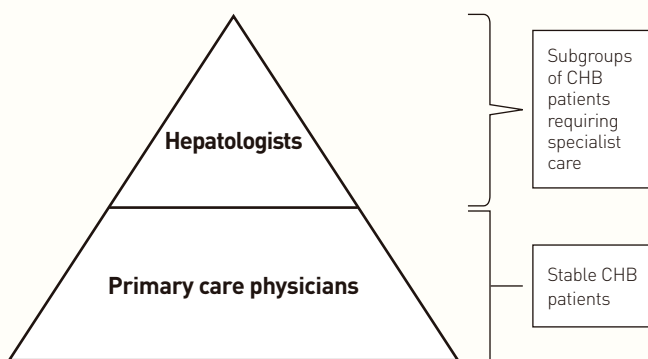
Management of Adult Patients with Chronic Hepatitis B in Primary Care

HBV infection in Hong Kong

Despite the universal newborn vaccination in Hong Kong since 1988 having resulted in substantial decline in incidence of Hepatitis B Virus (HBV) infection in the younger generation, the Population Health Survey 2020-22 conducted by the Department of Health (DH) gauged the prevalence of hepatitis B surface antigen (HBsAg) at 6.2% among the population aged 15 to 84 in Hong Kong.

HBV infection accounts for the majority of liver-related morbidity and mortality. WHO estimates that globally there are an estimated 257 million persons with hepatitis B and every year 900 000 people succumb to hepatitis B-related deaths. The Asia-Pacific region bears a high burden of HBV but we haven't had a local management guideline until September 2023. This time the guideline includes primary care physicians to fight against the disease together with specialists. (Figure 1)

Figure 1 Stratification of CHB patients



Highlight of guideline for primary care physician

- ✧ To check if patient is chronic hepatitis B (CHB)
 - CHB is defined by the persistence of serum HBsAg beyond six months. In doubt of acute or chronic infection, anti-HBc and anti-HBs should be checked as **Table 1**.
- ✧ Elevated ALT
 - It is defined as > upper limit of normal (ULN), ie 35U/L for males & 25U/L for females. It needs to pay attention in interpretation of laboratory result as the reference range may not be set at this level.
- ✧ For assessment of liver fibrosis and cirrhosis
 - AST and platelet count can be ordered to assess liver fibrosis (Fibrosis-4 index) and AST-to-platelet ratio index (APRI). APRI has been validated for the diagnosis of both significant fibrosis and cirrhosis. WHO recommended APRI as the preferred non-invasive test to assess the presence of cirrhosis in resource-limited settings.
- ✧ Interval of blood test / radiological test monitoring for stable CHB patients

Since there was no guideline in the past to guide us on interval of disease monitoring for stable asymptomatic CHB patients, the interval of blood and

Table 1 Interpretation of serology tests for HBV infection¹

HBsAg	Anti-HBc	Anti-HBs	Interpretation	Suggested action
+	+	-	HBV infection	Repeat testing: chronic hepatitis B confirmed if HBsAg remains positive after 6 months
-	+	+/-	Past HBV infection, resolved	No further management unless cirrhotic, immunocompromised or undergoing immunosuppressive therapy
-	-	+	Not infected; immune to HBV	No further testing
-	-	-	Not infected; non-immune to HBV	Vaccination

Management of Adult Patients with Chronic Hepatitis B (CHB) in Primary Care - Summary

Initial assessment and triage of CHB patients

Initial Assessment

- History
- Physical examination
- Baseline blood tests
- Non-invasive tests for liver fibrosis (e.g. AST-to-platelet ratio (APRI), Fibrosis-4 index (FIB-4) and transient elastography)
- Consider liver ultrasonography (USG)

Counselling

- Reinforce the importance of lifelong monitoring
- Promote a healthy diet and lifestyle
- Advise on preventive measures against HBV transmission



Indications for antiviral treatment

- CHB patients with advanced fibrosis (liver stiffness measurement (LSM) > 9 kPa), cirrhosis, decompensated liver disease, or HCC; and detectable HBV DNA
- CHB patients with elevated ALT (> upper limit of normal (ULN) [i.e. 35 U/L for males and 25 U/L for females]) and HBV DNA > 2000 IU/mL, regardless of HBeAg status
- Pre-emptive treatment for patients on anti-cancer chemotherapy or immunosuppressive therapy at risk of hepatitis B reactivation
- Transplant patients with hepatitis B infection
- Pregnant women with HBV DNA > 200,000 IU/mL

Subgroups of CHB patients requiring hepatology care

- Patients with complications of CHB
- Patients with concurrent liver conditions
- Patients with liver lesions
- Populations with specific management needs and indications for antiviral
 - Co-infection with HCV or HIV
 - Pregnant women with high viral load
 - Patients on immunosuppressive therapy at risk of HBV reactivation

Please refer to Management of Adult Patients with Chronic Hepatitis B in Primary Care (September 2023) for details, which is accessible at www.hepatitis.gov.hk.

Monitoring of CHB patients

Regular monitoring is **necessary** for all patients with CHB, which consists of the following:

Clinical assessment

- Signs and symptoms of decompensation

Laboratory investigations

Test	Testing interval	Remarks
Liver function test (LFT)	Every 6 months	Every 3 – 6 months for HBeAg+ patients not yet on treatment
Alpha-fetoprotein (AFP)	Every 6 months	
HBV DNA	Every 6 - 12 months	Every 6 months during the 1st year of treatment, then yearly
APRI	Yearly	Derived from complete blood count test and AST from LFT
HBeAg and anti-HBe (for HBeAg+ve patients)	Yearly until HBeAg seroconversion	
HBeAg (for HBeAg+ve patients)	Yearly	
Renal function test (RFT), including eGFR (for patients on treatment)	Every 6 months	With serum phosphate if on tenofovir

- Evaluate **need for antiviral treatment** if not yet on treatment

- Start treatment if fulfill indications

- **Monitor adherence** if on treatment

- **Review need for specialist referral**

- Consider periodic **non-invasive test** for assessment of **liver fibrosis** (e.g. transient elastography)

- Recommend **hepatocellular carcinoma (HCC) surveillance** with **USG** in patients at increased risk

Note: Adjust monitoring interval according to stage of disease and need for antiviral

HCC surveillance

Risk factors

- Patients with cirrhosis
- Men over 40 years of age
- Patients with family history of HCC
- Women over 50 years of age

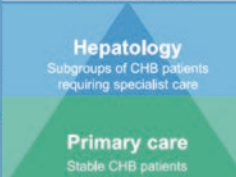
Modalities

- AFP should be performed every 6 months; **and**
- USG of the liver, preferably every 6 months, should be recommended

Other criteria for referral from primary care to hepatology

- Unexplained deranged liver function
- Severe acute hepatitis / acute-on-chronic liver failure
- Virological breakthrough in patients receiving antiviral treatment
- Abnormal AFP

Stratification of CHB patients & bidirectional referral



Criteria for referral from hepatology to primary care

- CHB patients with **stable liver conditions over the past year**
 - Absence of symptoms and signs of advanced liver disease **and**
 - Normal ALT and AFP, or stably elevated ALT (< 3x ULN) after exclusion of other causes **and**
 - No change in antiviral medication **and**
 - Absence of advanced fibrosis (LSM < 9 kPa) with fibrosis assessment within 3 years

radiological tests, if done, varies from 3 monthly to annually. For a portion of HBV patient, they may not have had regular blood screening or USG done before they present to doctor with advanced disease.

- We can now refer to Management of Adult Patients with CHB in primary care- Summary on Interval of blood test / radiological test monitoring for CHB patient with different risks.

How the new guideline affects our work?

- ✧ Awareness in disease management
 - Lectures were conducted to promote management of HBV. Primary care doctors are more aware to screen for CHB patient and indications for antiviral treatment and to offer referral according to the guideline.
 - With long waiting time at HA radiological investigation, more GOPC doctors are aware to discuss with patients on private investigations namely USG and transient elastography (fibrosan).

- ✧ And overwhelming number of referrals were received at Family Medicine Specialist Clinic (FMSC) assigned for management of CHB for population at Kowloon City and Yau Tsim Mong area. We can start antiviral treatment for those patients with indications. We are happy to share some workload from our medical specialists in taking care of those stable CHB patients.

Reference:

1. <https://www.hepatitis.gov.hk>
2. Certificate course on Bring Better Health to Our Community 2024, lecture on 31 Aug 2024

Compiled by Dr. Dorothy Law

The Diary of a Family Doctor【家庭醫生的日常】

當摯親要說再見時…

譚仲豪醫生

年近80歲的婆婆與女兒今早回到診所覆診長期病。婆婆過去曾是醫院的病房助理，一直在病房工作直到退休。

婆婆表示：「人生真的變幻無常。我是大家庭中的老大，家裡排行第六的弟弟，前兩週因突發心臟病『走了』，他比我小十幾歲，一切都來得太突然了。」聽到婆婆的話，陪伴的女兒眉頭微微皺起，眼神流露出擔憂和難過。她立即走到婆婆身旁給予擁抱，讓她感受到自己的支持。

婆婆接著說：「不過我算看得開了。以前在病房工作時，我見過不少生離死別的時刻。我也曾常協助護士在病房進行最後的遺體清潔和處理（即所謂的Last Office），所以這些事情我早已司空見慣了。弟弟離世的那一天，我在醫院見了他最後一面，他的容貌看起來很安詳。雖然我會有不捨的時刻，我會想起我們兄弟姐妹過往相處的時光。」

婆婆儘管說話時仍掛著微笑，但眼角仍流露出一絲哀傷。

回憶自己作為醫生也曾被叫到病房確認患者死亡——到病房向家屬說明來意，接著為病者做最後檢查，檢查瞳孔反射、聽心跳、看心電圖等等，最後再正式向家屬宣佈「某君於某年某月某日在某個時刻離世」。隨後再撰寫相關病歷以及《死因醫學證明書》，整個程序會以莊嚴平靜的心情完結。工作歸工作，當自己面對親人離世時，除了理性，腦海還附帶著個人情感和回憶，感受定必格外沉重。以自己為例，即使過了多年，每當想起最親愛的人已不在身邊，心裡仍會感到有點戚戚然，偶爾仍會在夢中見到在天國的她，仍會渴望對她說一句



「我現在活得很好，不用擔心。無論妳走到多遠，我仍然會偶然惦念着妳」。

老一輩的華人通常性格會比較內斂，而婆婆在診症中突然與醫生分享內心感受，當中一定已付出了不少勇氣，也顯示了婆婆對我們

診所團隊的信任。聽畢婆婆的經歷，我也感同身受，忍不住回應她：「我真為您和家人感到難過。失去所疼愛的人，即使曾經在醫院工作過，也一定很不容易承受。我能感受到您內心的悲傷和不捨。我也曾經歷過這樣的時刻，即使保持了專業和理性，內心也無法完全擺脫悲傷和思念。我能理解您現在的複雜心情。」

我續說：「希望隨著時間的流逝，您會慢慢走出這段艱難的日子。請不要害怕在家人朋友面前表達自己的情感，他們一定會給您支持和理解。如果您未來還需要我們幫助，請務必告訴我們。最後，多謝你今日與我分享您的感受。」

在此刻，婆婆似乎抒發了情緒，感受到被理解和接納。她輕嘆一口氣，緊握住女兒的手，眼神也恢復了平靜。

雖然我們是醫護人員，我們工

作結束後仍只是平常人。雖然我明白「生老病死」是人生的必經階段，離世了的摯愛永遠仍會存在的心中佔一重要席位。祝願婆婆能夠早日走出傷痛。

The Diary of a Family Doctor 家庭醫生的日常

Submission of articles to The Diary of a Family Doctor with up to 600 words in Chinese or 400 words in English are always welcome. Options of College Souvenirs or Gift vouchers will be given as token of appreciation if the articles are selected for publication.

Email: FPLinks@hkcfp.org.hk

Online Seminar on Dermatology – The 91st Meeting on 7 September 2024

Dr. LAM Ka Wing Kevin, Dr. LAM Yat Hei, Dr. NG Sin Yu, Dr. TO Sum Yi, Dr. WONG Ching Sze, Dr. WONG Ho Ching, Dr. WONG Yin Sum and Dr. WOO Tiffany

Theme : Trainees Dermatology Cases Presentation

Moderator : Dr. LAM Wing Wo, Board of Education

Summary of presented cases

1. Case presented by Dr. LAM Ka Wing Kevin

This case is a 40-year-old woman named Jane who presents with a six-month history of persistent facial redness, primarily affecting her cheeks and nose. She reports that her symptoms, including redness, burning, and stinging sensations, have progressively worsened. The redness often flares up after exposure to certain triggers, such as hot beverages, spicy food, sun exposure, stress, and alcohol. She has also developed small red bumps and pustules on her cheeks, which she initially thought were acne, but these did not improve with over-the-counter treatments. Recently, she has noticed visible small blood vessels (telangiectasia) on her cheeks. Despite these symptoms, she denies any itching or pain, and there is no involvement of other body areas or joints.

On physical examination, Jane exhibits erythema on her cheeks, nose, and chin, along with small papules and pustules. Telangiectasia is noted, but there are no signs of phymatous changes, comedones, or scalp involvement. The diagnosis is papulopustular rosacea, a subtype characterized by redness, papules, and pustules.

Management includes lifestyle modifications, such as avoiding known triggers and using sun protection and fragrance-free skin products. Pharmacological treatment involves topical metronidazole 0.75% gel and topical brimonidine 0.33% gel to control redness and flushing. Follow-up is scheduled in 6 to 8 weeks to assess the response to treatment.

2. Case presented by Dr. LAM Yat Hei

The case presentation is on seborrheic keratosis. A 71-year-old gentleman presented to General Out-Patient Clinic for a slowly enlarging hyperpigmented raised lesion on his left cheek for 3 years. The lesion was not itchy nor painful. He did not smoke or drink. He had hypertension and hyperlipidaemia with good control. He did not take over-the-counter or herbal medications. There was no personal or family history of skin cancer.

On physical examination, a 2x2cm raised regular blackish mass with well-demarcated border and wart-like rough surface was noted on his left cheek.

It was non-tender. There was no lymphadenopathy. Examination of the oral cavity was unrevealing. The patient was very worried about having a skin cancer given the appearance of the lesion.

Differential diagnoses included seborrheic keratosis, actinic keratosis, wart and malignant skin cancer (namely squamous cell carcinoma, basal cell carcinoma and malignant melanoma). Provisional diagnosis was seborrheic keratosis given the classical appearance. Education of malignant features was given to the patient. Upon follow-up 3 months later, the lesion showed no interval changes. Patient was reassured after explanation with visual aids. If dermoscopy is available, one could appreciate features like milia-like cyst, comedo-like openings, gyri and sulci.

Regarding management, conservative management remains the mainstay. Definitive treatment includes cryotherapy, electrodesiccation or laser. Family physicians shall take the chance to educate the patients on skin health and protective measures as well.

3. Case presented by Dr. NG Sin Yu

This is a case of 23-year-old female with right ear pain and reduced hearing for more than a month. There was right ear itchiness and otorrhea but no tinnitus. She saw ENT and was diagnosed as acute otitis externa with ofloxacin ear drops given. Right ear pain and hearing improved but otorrhea and itchiness persisted. She then saw a GP, given neomycin cream for pinna infection. There was persistent yellowish discharge from pinna and the area of redness over pinna enlarged over the week. There was yellowish crust which resulted in discharge if scraped off. For past medical history, she had eczema and allergic rhinitis.

Differential diagnoses include infection: extension of otitis externa to pinna, cellulitis and impetigo. It can also be contact dermatitis or eczema.

The diagnosis was allergic contact dermatitis (ACD) to neomycin. ACD is a type IV delayed hypersensitivity reaction. It takes 2-3 days to develop. Presentation of ACD includes erythematous, indurated, scaly plaques. Vesicles and bullae may be seen in severe cases. Edema may be prominent. Neomycin is an aminoglycoside. It was the Contact Allergen of the Year for 2010 by the American Contact Dermatitis Society (ACDS). The North American Contact Dermatitis Group patch test results for 2007-2008

found 10.1% of the patients tested had reaction to neomycin. Prolonged or repeated use may cause an inflamed, weepy rash. Individuals that suffer from atopic dermatitis may be more sensitive to neomycin. While atopic dermatitis is often treated with topical combination preparations of neomycin and corticosteroids, it is only when the original condition doesn't improve or the condition becomes worse then neomycin sensitivity is suspected. Sometimes the appearance of the superimposed neomycin allergy may be modified by the corticosteroid, thus making the diagnosis difficult. Patch testing is the investigation of choice to confirm the diagnosis. Management of ACD involves stopping neomycin, use of topical corticosteroid and emollients and advise patients to avoid antibiotics that can cross-react with neomycin e.g. bacitracin, gentamicin, streptomycin and tobramycin. For treatment of otitis externa in neomycin-sensitive patients, ofloxacin ear drops can be used.

4. Case presented by Dr. TO Sum Yi

Ms T, a 54 years old lady, came for follow up for hypothyroidism due to Hashimoto thyroiditis and was on regular thyroxine replacement. She volunteered hair loss and wish to know whether it is related to her thyroid status. She started to have on off patchy alopecia more than 10 years ago. She had seen private for scalp steroid injection in the past with fair response. It was previously static but she noticed worsening hair loss over past one year after experiencing stress with her mother being hospitalized. She progressed from patchy alopecia to complete alopecia over scalp in 1 month with loss of eyebrows, axillary hair and groin hair. She now is followed up in private dermatologist with diagnosis of alopecia universalis and is on dupilumab injection. She copes with wearing wig outdoors.

Approach to alopecia including classifying the condition into diffuse vs patchy alopecia, scarring vs non-scarring alopecia with common differential diagnoses was discussed. Pathogenesis, association with autoimmune conditions and clinical features of alopecia areata were explored. Diagnosis of alopecia areata is clinical. Management options depend on severity and includes intralesional steroid injection, topical high potent steroid, oral JAK inhibitor, short course oral steroid, topical immunotherapy and systemic biologics. Psychosocial impact of the condition on the patient is also explored and should be appropriately managed.

5. Case presented by Dr. WONG Ching Sze

A 42-year-old lady with good past health presented with persistent generalised itchy rash for 3 weeks.

The rash spread from thigh to chest, back and face. She was admitted to the hospital where she was given systemic steroids and piriton. However, the rash worsened after her discharge. She had a cough a few days before the rash started. There was no fever or joint pain. There was also no history of new drug / food intake. This is a case of Pityriasis rosea, which typically relapses after routine use of oral steroids. Classically, it presents with a herald patch, a 2-5 cm oval salmon-pink plaque with peripheral scales over chest, back or abdomen. The herald patch is followed by a secondary rash 2 weeks later, with smaller scaly oval red patches resembling a Christmas tree over chest, back, neck and thighs. Interestingly up to 69% of patients develop flu-like symptoms before the rash, probably due to its potential association with HHV-6/7 infection. Some other reported triggers include vaccines and drugs (eg ACEI, hydrochlorothiazide, NSAID etc). Despite causing much anxiety in patients due to its rapid progression and large areas involved, pityriasis rosea is a self-limiting condition. It resolves in 6-10 weeks with rare complications or recurrence. The mainstay of treatment aims to control pruritus which is severe in 25% of patients. Moisturizing creams and bathing oil are advised. Oral anti-histamine and medium potency topical steroids can be considered to speed up clearance. Sunlight protection is also advised to reduce prolonged skin discoloration.

6. Case presented by Dr. WONG Ho Ching

This is a case of a 16-year-old boy suffering from bilateral hands and feet itchy rash with vesicles and peeling for 2 weeks. The rashes were symmetrical and there was no pain.

Physical examination revealed tiny vesicles on the dorsal and lateral aspects of bilateral fingers and desquamation over bilateral toes. A diagnosis of dyshidrotic eczema was made based on the characteristic lesions and clinical course.

Dyshidrotic eczema happens more commonly in young adults and in females. The exact cause is unknown but risk factors such as history of atopic dermatitis, exposure to contact allergens, exposure to contact irritants, dermatophyte infection at a distant site, hyperhidrosis, smoking and exposure to ultraviolet radiation can be found in some patients. Dyshidrotic eczema is a clinical diagnosis and further investigation is rarely needed unless in a refractory case. Other differential diagnoses to be kept in mind include allergic contact dermatitis, bullous tinea, irritant contact dermatitis, atopic hand dermatitis, herpes simplex infection, palmoplantar pustulosis and autoimmune bullous diseases, etc. Patients with this disease should be advised to avoid irritants or exacerbating factors. For mild to moderate

disease, super high-potency or high-potency topical corticosteroids can be given. For refractory cases, further diagnostic evaluation is needed to rule out other differential diagnoses.

7. Case presented by Dr. WONG Yin Sum

This case is a 60-year-old gentleman presented with itchy rash over back and bilateral lower limbs for 3 months. The rash was circular and oval in shape, with well-defined border and mild scaling. There was no discharge. Empirical diagnosis of discoid eczema was made. Possible differential diagnosis includes tinea corporis and plaque psoriasis. Other less likely differential diagnosis includes pityriasis rosea, asteatotic eczema, stasis dermatitis, lichen aureus, fixed drug eruption, erythema annulare, bullous pemphigoid, impetigo and mycosis fungoides.

Discoid eczema can be classified into exudative type and dry type. The cause is not well known but can be precipitated by localized injury such as scratching or insect bite. Some may be associated with *Staphylococcus aureus* infection. Treatment of discoid eczema includes non-pharmacological measures such as avoiding minor skin injuries or allergens, and pharmacological treatment. High or ultrahigh potent topical steroids can be used. Topical calcineurin inhibitors such as tacrolimus can also be considered. More resistant cases may require phototherapy, intralesional steroids, oral steroids or immunosuppressants. Dupilumab, a monoclonal antibody targeting interleukin, is a newer treatment option.

This case illustrated various differential diagnoses for itchy circular rash. The clinical features and different treatment options of discoid eczema were also discussed.

8. Case presented by Dr. WOO Tiffany

This is a case of a 80-year-old gentleman with skin rash for 6 months. It was gradually progressive

and spread to involve his bilateral forearms, shins and trunk. It was very itchy, but not painful. There were no scaling, discharge, or vesicles. He had no fever. There were no prior chemical contact or insect bite. Upon physical examination, there were multiple hyperpigmented or flesh-coloured papules forming plaques. There were scratch marks with superficial wounds, but no discharge or ulceration. The symptoms had improved with topical emollient and steroid. The differential diagnoses included lichen simplex chronicus, hypertrophic lichen planus, prurigo nodularis, and pretibial myxedema. The diagnosis was lichen amyloidosis. It is the most common type of primary localized cutaneous amyloidosis, which is skin-limited with no potential for visceral involvement, and is benign. It is the most common type of cutaneous amyloidosis in Chinese people. It usually arises in adulthood, most frequently at 50 to 60 years old. Most cases are sporadic. The mechanism of amyloid production and deposition is not well understood, but the cycle of chronic pruritus and scratching may contribute to it. Lichen amyloidosis is a chronic pruritic condition with discrete, skin-colored to hyperpigmented, scaly, domed papules that coalesce to form persistent plaques with a rippled appearance which are most commonly found on the extensor surfaces. They are initially unilateral but may progress to symmetrical involvement. Some patients may have overlapping features of macular amyloidosis as well, which are hyperpigmented thin plaques, often containing "rippled" linear gray-tan streaks. Diagnosis of lichen amyloidosis is clinical, and skin biopsy can also help. Management is aimed to improve associated symptoms and cosmesis, but no treatment has been shown to be consistently effective or curative. First line therapy include avoid scratching or rubbing, potent topical or intralesional steroid, and topical keratolytic agents. Second line therapy include topical tacrolimus, various physical interventions and systemic medications.



Group Photo taken on 7 September 2024

(From left to right)
Dr. WONG Ching Sze,
Dr. WOO Tiffany,
Dr. TO Sum Yi,
Dr. NG Sin Yu,
Dr. WONG Ho Ching,
Dr. WONG Yin Sum,
Dr. LAM Yat Hei,
Dr. LAM Ka Wing, Kevin
and Dr. LAM Wing Wo

BOARD OF EDUCATION NEWS

- Activities are supported by HKCFP Foundation Fund.
- Please wear a surgical mask if you have respiratory tract infection and confirm that you are afebrile before coming to the meeting.
- Please observe appropriate dress code to the hotel for the Scientific Meeting.

Online Events

Date and Time	Topic	Speaker
31 October (Thu) 2:00 – 3:00 p.m.	Latest Atopic Dermatitis Management - What is Achievable Today? <i>Sponsored by AbbVie Limited</i>	Dr. CHANG Mee, Mimi <i>Specialist in Dermatology and Venereology</i>
12 November (Tue) 2:00 – 3:00 p.m.	From Guesswork to Precision: Overcoming Primary Care Challenges with Evidence-Based Tools <i>Sponsored by Wolters Kluwer</i>	Mr. Alan WONG <i>Registered Pharmacist Honorary Professional Consultant, School of Pharmacy, The Chinese University of Hong Kong</i> Dr. Kenny KUNG <i>Specialist in Family Medicine</i>

Face to Face Events

Date and Time	Venue	Topic	Speakers
3 November (Sun) 2:00 – 3:30 p.m. (Light refreshment will be served from 1:30 p.m.)	Room 802, Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai	HKCFP Visiting Professor Lecture: The Role of Family Medicine in Future Primary Healthcare	Prof. Michael KIDD <i>Professor, Nuffield Department of Primary Health Care Sciences, University of Oxford, UK</i>
9 November (Sat) 2:00 – 4:00 p.m. (Lunch will be served from 1:00 p.m.)	Chalet Room, Lower Lobby, the Langham Hong Kong, 8 Peking Road, Tsim Sha Tsui, Kowloon	Arising Challenges of Airway Disease: Cough Variant Asthma and Chronic Obstructive Pulmonary Disease (COPD) 1. GOLD Recommendation of Triple Therapy, what is the Role of ICS in COPD? 2. Uncovering the Hidden Dangers in Asthma - What is Cough Variant Asthma? <i>Sponsored by AstraZeneca Hong Kong Limited</i>	1. Dr. Richard RUSSELL <i>Consultant Physician at Lynton New Forest Hospital, UK; Founding Editor of the International Journal of COPD</i> 2. Prof. Guy BRUSSELLE <i>Head of the Department of Respiratory Medicine, Ghent University Hospital; Professor of Medicine, Ghent University, Belgium</i>

Hybrid Events

Date and Time	Venue	Topic	Speakers
6 November (Wed) 2:00 – 3:00 p.m. (Lunch will be served from 1:00 p.m.)	Shanghai Room I, Level 8, Cordis Hong Kong, 555 Shanghai Street, Mongkok	The Importance of Long-Term Management of Peripheral Neuropathy <i>Sponsored by Procter & Gamble HK Limited</i>	Dr. TSANG Man Wo <i>Specialist in Endocrinology, Metabolism and Diabetes</i>
8 November (Fri) 7:30 – 8:30 p.m. (Registration start at 7:00 p.m.)	Kowloon Room, Mezzanine Floor, Kowloon Shangri-La, Hong Kong	Exploring Best Practices in Effective Migraine Diagnosis and Treatment <i>Sponsored by Pfizer Corporation Hong Kong Limited</i>	Dr. Stewart J TEPPER MD <i>Professor, Neurology, Geisel School of Medicine at Dartmouth, Hanover, New Hampshire, USA</i>

QR Code for registration



Admission Fee:

Date	Category	Fee
31 October 2024 (Thu)	College Members:	Complimentary
	Non – members:	HK\$ 300.00
3 November 2024 (Sun)	College Members:	Complimentary
	Non – members:	HK\$ 300.00
6 November 2024 (Wed)	College Fellow, Full, or Associate Members:	Complimentary
	Other Categories of Members:	*(\$50 Enrollment deposit is required)
	Non – members:	HK\$ 650.00 HK\$ 750.00
8 November 2024 (Fri)	College Fellow, Full, or Associate Members:	Complimentary
	Other Categories of Members:	*(\$50 Enrollment deposit is required)
	Non – members:	HK\$ 750.00 HK\$ 850.00
9 November 2024 (Sat)	College Fellow, Full, or Associate Members:	Complimentary
	Other Categories of Members:	*(\$50 Enrollment deposit is required)
	Non – members:	HK\$ 750.00 HK\$ 850.00
12 November 2024 (Tue)	College Members:	Complimentary
	Non – members:	HK\$ 300.00

* Enrollment deposit of HK\$50.00 per lecture is needed for CME event held in hotel. Cheque should be made payable to "HKCFP Education Limited" and send to the Secretariat Office at "Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong". The cheque would be returned to registered members upon registration on the day. **Pre-registration is required and subject to receipt of enrollment deposit cheque in order to confirm the registration.**
For non-members, please contact the secretariat for registration details. All fees received are non-refundable nor transferable.

Accreditation	31 October	3 November	6 November	8 November	9 November	12 November
	1 CME Point HKCFP (Cat. 4.3) 1 CME Point MCHK (pending)	2 CME Points HKCFP (Cat. 4.3) 2 CME Points MCHK (pending)	1 CME Point HKCFP (Cat. 4.3) 1 CME Point MCHK (pending)	1 CME Point HKCFP (Cat. 4.3) 1 CME Point MCHK (pending)	2 CME Points HKCFP (Cat. 4.4) 2 CME Points MCHK (pending)	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)	Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)	Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)	Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)	Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)	Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

Online Monthly Video Sessions

Dates and Time	Topics
25 October 2024 (Fri) 2:30 – 3:30pm	"Hemorrhoidal Disease: A Common Issue with Effective Treatment Strategies" by Dr. Cheuk Cheung Yan, Edmond
29 November 2024 (Fri) 2:30 – 3:30pm	"Headache You Don't Want to Miss" by Dr. FOK Wai Ming

QR Codes for registration



Accreditation : 1 CME Point HKCFP [Cat. 4.2]
1 CME Point MCHK (pending)
Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

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

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

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

Notes :	Online Events
	<ol style="list-style-type: none"> In case of over-subscription, the organizer reserves the right of final decision to accept registration. The link to join the webinar SHOULD NOT be shared with others as it is unique to each individual who has completed prior enrolment procedures. If additional attendee(s) is/are found using the same unique link to join the webinar with you, all attendees joining the lecture via your unique link would be dismissed. You can only login with one device at a time. CME point(s) would only be given to those on the pre-registration list and attended the lecture. Please note you can just attend ONE CME activity at a time. If found you are attending more than one CME activity simultaneously by the CME administrator later, you may NOT be able to receive the CME point(s). Members who have attended less than 75% of the length of the online lecture may not be able to receive CME. Final decision would be subject to the approval of the related Board / Committee. Please be reminded to complete and submit the *MCQs or survey after the session for HKCFP and MCHK CME point(s) accreditation. (*MCQs/ True or False Questions; 50% or above of correct answers are required) Please be reminded to check the system requirements beforehand to avoid any connection issues. Due to copyright issue, please note private recording of the lecture is prohibited. Registration will be closed 3 days prior to the event.

Structured Education Programmes

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

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
Wednesday, 06 November 2024			
14:30 - 17:00	Rm 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Application of Artificial Intelligent and Big Data in Primary Health Care Dr. LAU Shi Wa	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Practice Management (Clinical Waste Management, Needle Stick Injury & Handling/ Disposal of Sharps) Dr. POON Daniel, Dr. WONG Wei Wade	Ms. Emily LAU Tel: 3506 8610
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Menopausal Health Dr. NG Shu Man Carmen	Ms. Cherry WONG Tel: 2589 2337
Thursday, 07 November 2024			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Dermoscopy in Primary Care: Melanocytic Lesions Dr. CHAN Cho Shan, Dr. LAM Wai Yiu	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 13 November 2024			
14:30 - 17:00	Rm 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Advanced Incidents Reporting System of Hospital Authority Dr. TAM Chin Yui, Dr. TAM Tsz On	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Approach to Laboratory Results (Haematopathology) Dr. NG Kwan Chun, Dr. ZHANG Wenhao	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	OSH in Clinic Setting Dr. CHAN Hei Wai Venus, Dr. YUNG Lok Yee Louise	Ms. LiLi YUNG Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Ophthalmology for Primary Health Care Doctors 2024 Dr. FUNG Yan Ning Elaine	Ms. Cherry WONG Tel: 2589 2337
Thursday, 14 November 2024			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Confidentiality in Healthcare: Strategies for Secure Medical Consultations Dr. LEE Pak Lik, Dr. SZE Chung Fai	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 20 November 2024			
14:30 - 17:00	Rm 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Open Disclosure and Apology Ordinance Dr. CHAN Cheuk Yin	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Consultation Enhancement (Physical Examination: Cranial Nerve and Video Consultation) Dr. HE Yuzhong, Dr. OR Ego	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	Household Poisoning Management Dr. MAN Marie Shelby, Dr. NG Ka Wai Will	Ms. LiLi YUNG Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Professional Development- Journal Club Presentation All Trainees	Ms. Cherry WONG Tel: 2589 2337
Thursday, 21 November 2024			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Community Resources for End of Life Care Dr. LEUNG Hei Tung, Dr. CHAN Ham	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 27 November 2024			
14:30 - 17:00	Rm 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Clinical Approach to Different Types of Anxiety Disorder Dr. CHAN Ho Shuen	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Role of Family Physician in Preventive Medicine Dr. YEUNG Pui Sze, Dr. WONG Ho Sum, Dick	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	Consultation Model Dr. LEUNG Wai Chung Rachel, Dr. CHAN Wing Lam Kelly	Ms. LiLi YUNG Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Handling Complaint Cases in Consultations Dr. YAU Kwan Ming Jeremy	Ms. Cherry WONG Tel: 2589 2337
Thursday, 28 November 2024			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Sharing of Commissioned Training 2024 Dr. WAN Kwong Ha, Dr. TSANG Kam Wah	Ms. Eliza CHAN Tel: 2468 6813

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27 Oct Conjoint - Clinical Competency Examination	28 1:00 – 3:00 p.m. CME Lecture	29	30 2:30 – 7:00 p.m. Structured Education Programme	31 2:00 – 3:00 p.m. Online CME Lecture 4:00 – 6:00 p.m. Structured Education Programme	1 Nov	2 2:30 – 5:30 p.m. DFM Structured Seminar
3 2:00 – 3:30 p.m. CME Lecture	4	5	6 2:00 – 3:00 p.m. CME Lecture 2:30 – 7:00 p.m. Structured Education Programme	7 4:00 – 6:00 p.m. Structured Education Programme 7:30 p.m. Board of Vocational Training and Standards Meeting	8 7:30 – 8:30 p.m. CME Lecture	9 2:00 – 4:00 p.m. CME Lecture
10	11	12 2:00 – 3:00 p.m. Online CME Lecture	13 2:30 – 7:00 p.m. Structured Education Programme	14 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	15	16 2:30 – 5:00 p.m. DFM MSK Workshop II
17	18	19	20 2:30 – 7:00 p.m. Structured Education Programme	21 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	22	23 2:30 – 5:00 p.m. DFM Structured Seminar
24	25	26	27 2:30 – 7:00 p.m. Structured Education Programme	28 4:00 – 6:00 p.m. Structured Education Programme	29 2:30 – 3:30 p.m. Video Session	30 2:30 – 5:30 p.m. DFM FM Clinical Skills Enhancement
1 Dec	2	3	4 2:30 – 7:00 p.m. Structured Education Programme	5 4:00 – 6:00 p.m. Structured Education Programme	6	7

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

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FP LINKS EDITORIAL BOARD 2024

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