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## Message from the President



Left to right: Dr. David CHAO, Prof. Gilberto LEUNG, Prof. Philip LI, Mr Aaron CHENG at the HKAM Distinguished Young Fellows Dinner

Each year, Outstanding Young Fellows of the Hong Kong Academy of Medicine are nominated by respective member Colleges of the Academy to be recognised for their remarkable achievements and contributions to the developments of the Academy or its Colleges. This year, The Hong Kong College of Family Physicians has nominated Dr. WONG Sau Kuen Sophia and Dr. CHANG Hoi Yi Zoe, our outstanding candidates of Exit Examination 2025. All the Outstanding Young Fellows have been invited to receive their certificates and to meet members of the Academy Council and distinguished guests over a celebration dinner at the Academy. Congratulations to both Dr. WONG Sau Kuen Sophia and Dr. CHANG Hoi Yi Zoe for their great achievements again!

The 2025/26 Seasonal Influenza Vaccination (SIV) Programmes have been announced by The Centre for Health Protection (CHP) of the Department of Health (DH), including the SIV School Outreach Programme, the Residential Care Home Vaccination Programme and the Vaccination Subsidy Scheme (VSS), and the vaccinations would be starting from 22 September 2025 by enrolled private doctors while public vaccination clinic venues would provide vaccination from 25 September 2025. (<https://www.info.gov.hk/gia/general/202509/08/P20250908000487.htm>) (<https://www.info.gov.hk/gia/general/202509/19/P2025091900534.htm>) Not only is vaccination one of the most effective means to prevent severe cases of seasonal influenza and its complications, but it also reduces the risks of in-patient admission and mortality due to seasonal influenza, and that has been scientifically proven. Five new initiatives are introduced this year to further enhance public



Dr. David CHAO (4<sup>th</sup> from right), Prof. Rosie Young (6<sup>th</sup> from right) and Prof. Philip Li (7<sup>th</sup> from right) with guests at HKAM outstanding Fellow ceremony

(Continued on page 2)

# MESSAGE FROM THE PRESIDENT

(Continued from page 1)



Left to right: Dr. WONG Sau Kuen Sophia, Dr. David CHAO, Dr. CHANG Hoi Yi Zoe

access to seasonal influenza vaccines, that includes: expanding the eligible group; enhancing the SIV School Outreach Programme; providing recombinant influenza vaccine (RIV) for better protection of elderly living in institutions; launching a pilot scheme to procure part of the seasonal influenza vaccine for private doctors to help stabilise the supply of vaccines; and optimising information dissemination.

The local winter influenza season usually begins in January, while the summer surge occurs from July to August. Getting vaccinated well before the winter influenza season can effectively protect one's health and that of one's family. Therefore, as family doctors, we should continue to help promote the SIV programmes, apply to join the Primary Care Directory if not done already ([https://www.pcdirectory.gov.hk/primary\\_care\\_provider/enrolment.html?lang=2](https://www.pcdirectory.gov.hk/primary_care_provider/enrolment.html?lang=2)), join the VSS and provide vaccinations to the public as early as possible if there is no contraindication.

As you may be aware, the Mandatory Reporting of Child Abuse Ordinance (the Ordinance) will come into effect on 20 January 2026. The Social Welfare Department has published the Guide for Mandated Reporters ("the Guide") aiming at helping to prepare all mandated reporters to fulfill their legal responsibilities in identifying and reporting suspected cases of serious child abuse. ([https://lwfiles.mycourse.app/630f91fe70e7826017235e0f-public/publicFiles/20250718%20Guide%20for%20Mandated%20Reporters\\_Eng\\_Full%20Version.pdf](https://lwfiles.mycourse.app/630f91fe70e7826017235e0f-public/publicFiles/20250718%20Guide%20for%20Mandated%20Reporters_Eng_Full%20Version.pdf))

The Government had also set up an e-learning platform, coordinated by the Social Welfare

Department in collaboration with the relevant bureau and government departments, to provide training, reference materials and information for the relevant professionals. The Child Protection Online Training aims at enhancing the relevant professionals' capacity for early identification and handling of child abuse cases. The Child Protection Online Training is free of charge and it is conducted in Cantonese, with three subtitles [Chinese (traditional), Chinese (simplified) or English] available for selection. Please participate in the training by registering through the following website: <https://www.childprotectiontraining.hk/>



Left to right: Dr. David CHAO, Dr. WONG Sau Kuen Sophia, Dr. CHANG Hoi Yi Zoe, Prof. Philip LI



Group photo at HKAM Distinguished Young Fellows Dinner

**Dr. David V K CHAO**  
President

## HKCFP Council Meeting Attendance Summary 2024/2025

Council Members	Position	Term	2025 <small>[Dec 2024 - Sep 2025]</small>	2024 <small>[Dec 2023 - Nov 2024]</small>
Dr. David VK CHAO	President	Dec 2024-Dec 2026	9/9	10/10
Dr. LAU Ho Lim	Vice-President (General Affairs)	Dec 2023-Dec 2025	9/9	10/10
Prof. Samuel YS WONG	Vice-President (Education and Examinations)	Dec 2024-Dec 2026	9/9	7/10
Dr. Billy CF CHIU	Honorary Treasurer	Dec 2024-Dec 2026	4/9	5/10
Dr. Cecilia YM FAN	Honorary Secretary	Dec 2024-Dec 2026	8/8*	8/10
Dr. Angus MW CHAN	Immediate Past President	Dec 2024-Dec 2026	8/9	7/10
Dr. AU Chi Lap	Member	Dec 2023-Dec 2026	7/9	10/10
Dr. CHAN Hung Chiu	Member	Dec 2022-Dec 2025	8/9	10/10
Dr. CHAN King Hong	Member	Dec 2023-Dec 2026	8/9	8/10
Dr. Catherine CHEN	Member	Dec 2024-Dec 2027	9/9	n/a
Dr. Anthony P FOK	Member	Dec 2022-Dec 2025	8/9	10/10
Dr. HO Ka Ming	Member	Dec 2024-Dec 2027	9/9	10/10
Dr. KO Wai Kit	Member	Dec 2024-Dec 2025	9/9	9/10
Dr. Maria KW LEUNG	Member	Dec 2024-Dec 2027	8/9	9/10
Dr. LI Yim Chu	Member	Dec 2024-Dec 2027	9/9	10/10
Dr. Matthew MH LUK	Member	Dec 2024-Dec 2027	9/9	10/10
Dr. Lorna V NG	Member	Dec 2024-Dec 2025	7/9	8/10
Dr. NGAN Po Lun	Member	Dec 2023-Dec 2026	8/9	9/10
Dr. Wendy WS TSUI	Member	Dec 2022-Dec 2025	4/9	7/10
Dr. Marcus MS WONG	Member	Dec 2022-Dec 2025	5/9	6/10
Dr. YIU Yuk Kwan	Member	Dec 2023-Dec 2026	6/9	9/10
Dr. Esther YT YU	Member	Dec 2023-Dec 2026	8/9	10/10

\*Resigned from Council from August 2025.



# REFRESHER TRAINING COURSE FOR EXIT EXAMINERS 2025

# RTC

## 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:
28 November 2025 (Fri)	Practice Assessment (hybrid mode)	<b>Dr. LUK Kam Hung</b> (Coordinator, Practice Assessment)
5 December 2025 (Fri)	Consultation Skills Assessment <sup>#</sup> (hybrid mode)	<b>Dr. Jenny WANG</b> (Coordinator, Consultation Skills Assessment)
10 December 2025 (Wed)	Research (face-to-face)	<b>Dr. Catherine CHEN</b> (Deputy Coordinator, Research)
18 December 2025 (Thu)	Clinical Audit (face-to-face)	<b>Dr. Alfred KWONG</b> (Coordinator, Clinical Audit)

<sup>#</sup> Participants of CSA Refresher Training Course would be required to attend a video viewing session for completing the pre-course assignment on either 28 November or 5 December 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 6 November 2025

For enquiry, please contact the Board Secretariat,  
Mr. John MA or Ms. Alky YU at 2871 8899 or email to [exit@hkcfp.org.hk](mailto:exit@hkcfp.org.hk)



Enrolment & Learn more

## Specialty Board News

The Specialty Board is pleased to announce that the following candidates have successfully passed the Exit Examination of HKCFP in 2025.

Dr. CHAN Kwan Ho

Dr. CHANG Hoi Yi

Dr. CHEN Tsz Ting

Dr. CHEUNG Kwok Chiu Stephen

Dr. CHOI Man Kit

Dr. CHOW Tsz Wang

Dr. FAN Siu Wai

Dr. FENG Longyin

Dr. FUNG Andrew Yat Wang

Dr. JIAO Fangfang

Dr. KWAN Tsz Yan

Dr. LIU Wing Yee

Dr. NG Hok Wai

Dr. NG Ka Wing

Dr. SIU Wing Yee

Dr. TAI Lik

Dr. TAM Chun Ho

Dr. WONG Ching Keung

Dr. WONG Hiu Yeung

Dr. WONG Sau Kuen

Dr. ZHANG Dingzuan

Dr. ZHU Yin

Dr. Wendy Tsui

Chairlady, Specialty Board



# Congratulations!

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

## Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **July – August 2025**:

### New Application

#### Associate Membership

Dr. BUT Yuet Ming

Dr. CHAN Cheuk Lam

Dr. CHAN Kwing Fai

Dr. CHAN Martin Chi-Hei

Dr. CHAN Tsz Wai, Jodie

Dr. CHEUNG Fu Chuen

Dr. CHEUNG Hiu Fung

Dr. CHEUNG Oi Lam, Emily

Dr. LAU Sze Wai

Dr. LEUNG Ching Lam

Dr. LI Pak Ho

Dr. LIU Lok Wan

Dr. LIU Ming Ho

Dr. LO Anna

Dr. MAK Ka Wai, Stephanie

Dr. YOUNG James Haley

Dr. ZHANG Wenhao

Dr. ZHUANG Xiaoming

畢悅茗

陳卓琳

陳炯輝

陳志鴻

陳芷慧

張富泉

張曉峯

張愛琳

劉絲緯

梁晴琳

李柏浩

廖珞蘊

廖銘豪

盧心愉

麥嘉慧

楊熙哲

張文豪

庄小鳴

### Transferral

#### From Associate to Fellowship

Dr. GE Shicong

葛世聰

#### From Student to Associate Membership

Dr. CHENG Yee Sum

鄭綺芯

Dr. CHONG Lok Man

莊樂文

Dr. LEE Hsin Yi

李信誼

Dr. TAM Timothy Tin-Yue

譚天裕

### Termination

#### Non-HKSAR Membership

Dr. NG Man Kit

吳文傑

Dr. YU Jianv

于佳女

### Expiration

#### Student Membership

Mr. CHUNG Wai Fung

鍾煒峯

Miss HUNG Wai Ting

孔韋婷

Miss LI Hei Long, Jackie

李熙朗

Mr. LING Man To

寧文韜

#### Student Membership

Mr. CHIU Tsun Fung

丘浚鋒

## Board of Vocational Training and Standards News

### Basic Training Introductory Seminar

A Basic Training Introductory Seminar will be held in October 2025 via Hybrid mode for all newly enrolled basic trainees, existing trainees and clinical supervisors. The seminar is designed to help basic trainees and supervisors to understand and get more updated information of our training programme.

Details of the seminar are as follows:

Speakers : Dr. FOK Peter Anthony (Chairman of Basic Training Subcommittee)  
Dr. YIU Yuk Kwan (Chairman of Board of Vocational Training and Standards)

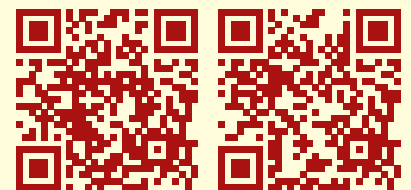
Date : **14 October 2025 (Tuesday)**

Time : 7:00 p.m. – 8:30 p.m.

Venue : **(\*for Trainees)** Room 802, 8/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai  
**(#for Supervisors)** via ZOOM webinar

Please fill up the registration form via scanning the QR code:

**(For Trainee)** **(For Supervisor)**



\* ALL trainees are only allowed to attend the seminar in-person, online option will not be available.

# To facilitate communication with clinical supervisors and as required for RACGP re-accreditation, current FM clinical supervisors and training coordinators were invited to join in through Zoom webinar link. Video recorded session would be available to clinical supervisors and training coordinators who cannot attend for special reason after the briefing.

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

To those who will complete basic training,

You are advised to submit the 'Application Form for the Certification of Completion of Basic Training in Family Medicine' and the **original copy** of your training logbook to BVTs for certification of completion of training within 3 months upon the completion date.

If the training logbook is incomplete after review by BVTs, you should complete the training process within 6 months upon the completion date and the completion date of training will only be counted from the time all required documents are handed in to complete the certification and **basic training fee of next year will be charged**.

Basic Training Subcommittee

### Reminder: Application for Recommendation for Exit Examination 2026

To those who prepare to sit for the 2026 Full Exit Examination,

Please submit the application letter and the 'Checklist for Recommendation for Exit Examination' on or before **30 September 2025**. Late applications **WILL NOT** be entertained.

Higher Training Subcommittee

The above information has already been stated in the IMPORTANT NOTICE and the related forms are available at the College website: [https://www.hkcfp.org.hk/pages\\_9\\_95.html](https://www.hkcfp.org.hk/pages_9_95.html)

Should you have any inquiries, please contact Ms. Hannah LOK or Ms. Kathy LAI at 2871 8899 or email at [BVTs@hkcfp.org.hk](mailto:BVTs@hkcfp.org.hk).

Board of Vocational Training and Standards

## HKCFP Trainees Research Fund 2025 / HKCFP Research Seed Fund 2025

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

The Trainees Research Fund will be opened to all registered HKCFP trainees and is made of four awards (each up to HK\$20,000). It is envisaged it will help trainees especially (but not limited to) those doing research projects as their exit examination. Those who have funding support elsewhere will not be considered.

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

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

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

### Assessment Criteria for both funds:

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

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

Research Committee, HKCFP

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

Please indicate the research funding title e.g. “HKCFP Trainees Research Fund 2025” or “HKCFP Research Seed Fund 2025” on your research project upon submission.

**Submission Deadline: 31<sup>th</sup> October 2025**

Supported by HKCFP Foundation Fund



## Internal Affairs Committee News

### HKCFP Photography Club – Landscape Photography Lecture

Our photography club is delighted to carry out a long-awaited activity for our members. We are honoured to have a famous landscape photographer, Mr. Carlo YUEN, to give us a talk in taking good photos of the landscape of Hong Kong. After the welcome speech by Dr. Welchie KO, Carlo showed us a lot of good photos which show the beauty of Hong Kong landscape. Besides, as a weather expert, he also shared his tips to predict weather conditions so as to help us to have a higher chance to get good photos. All members enjoyed the talk and Carlo was very friendly in replying our members' questions on photography.

Last but not the least, we would like to thank Nikon HK for sponsoring this talk and the souvenirs for our members. Hopefully, we could organize more activities for our members in the near future.

Dr. Peter NG  
Chairman  
HKCFP Photography Club  
Internal Affairs Committee



Dr. Welchie KO presented a souvenir to our speaker, Mr. Carlo YUEN.



Dr. Welchie KO presented a souvenir to Nikon representative.



Mr. Carlo YUEN shared the photo with our members.



Group photo taken on the day.



## Family Medicine Career Talk 2025

Dr. FUNG Yan Ning, Elaine  
Young Doctors Committee member

The Hong Kong College of Family Physicians' Young Doctors Committee organised a Career Talk on 13 June 2025, aimed at medical students, house officers, and international medical graduates interested in pursuing residency in family medicine. A new format was adopted to leverage social media platforms to enhance information accessibility, allow residency programme Chiefs of Service and Training Coordinators to interact directly with prospective residents, and enable the Primary Healthcare Commission to discuss future transformations of family medicine practice in Hong Kong. Participants left not only equipped with practical application tips but also inspired to join the field of family medicine to serve patients holistically, both within and outside the walls of clinics.



Dr. Esther YU (left) and Dr. Chloe CHAN (right) opening

Dr. Esther YU from the Primary Healthcare Commission and Dr. Chloe CHAN, co-chair of Career Talk 2025, opened the session by sharing the exciting future developments in family medicine in Hong Kong. Primary healthcare will become an increasingly important part of local health services, as it offers the most accessible, continuous, and holistic care for patients through a financially sustainable service platform. This is especially vital as healthcare needs are expected to rise rapidly, given that Hong Kong has become a super-aged society—one in five residents is aged 65 or older—and by 2043, one in three residents is projected to be over 65. There is political support to expand the primary healthcare workforce and ensure quality through increasingly rigorous clinical training requirements. A residency in family medicine provides a solid clinical foundation and training in clinic operational management, preparing doctors to become family physicians in this growing field.

Family medicine residents, Dr. Nadia TAI and Dr. Jerry WOO, shared details about basic and higher training programmes organized by The Hong Kong College of Family Physicians, along with information on the HKCFP/RACGP Conjoint Examination and Exit Examination. These assessments continue to evolve to better reflect the clinical competencies needed in everyday practice. The training has broadened its scope to encourage residents to engage with their local communities through community health talks and to pursue special interests such as palliative care, dermatology, and point-of-care ultrasound.



Dr. Jerry WOO (left) and Dr. Nadia TAI (right) sharing

A series of video interviews were conducted with nine mid-career family medicine doctors to explore their experiences and career pathways in Hong Kong. Many physicians, including those in leadership and health policy roles, emphasised their joy in journeying with patients.

Helping patients involves managing clinical uncertainties and diagnostic challenges, addressing family conflicts, addiction, and mental illness, and supporting patients through terminal illnesses. Family medicine practice extends beyond the confines of our clinic – through collaboration with tertiary centres to review complex cases, provide clinical support to residential care home residents during the COVID pandemic, and volunteer in low-resource countries. There are new opportunities for post-specialist development in clinical special interests, and opportunities for international research collaboration are increasing. Dr. Welchie KO reminds us that a good family physician begins with having a pure heart – our patients will feel it, and you will always find a way to help them.

You can watch their interviews below. Feel free to share them with prospective family medicine doctors as well!

## Academia





Dr. Amy Ng

Research | International medical graduates





Dr. Eric Lee

Research | Holistic care

## Non-governmental organizations / volunteer





Dr. Garry Fong

International medical volunteer | Holistic care





Dr. Joyce Ching

International medical volunteer | Community health

## Private sector





Dr. Aldo Wong

Solo practice | Family medicine residency





Dr. Cheryl Chan

Private hospital practice | Global connections

## Public sector





Dr. David Cheng

Special interests | Multidisciplinary collaborations








Dr. Welchie Ko

Public outpatient clinics | Residential care homes

## Health policy

Dr. Esther Yu

Journey with terminal patients | Primary healthcare policy



Chiefs of Service or Training Coordinators from each hospital cluster addressed questions through a panel discussion. They emphasised that they often select residency candidates who show a strong passion for family medicine and who have reached that decision through reading, clinical attachments, and personal reflection. Residency offers broad clinical exposure via hospital rotations, mentoring on consultation skills, and training in clinic administrative management. All these are vital assets for future family physicians, whether they intend to work in the public, private, or NGO sectors. The field of family medicine has developed rapidly over the past twenty years – from focusing on treating episodic illnesses, to managing chronic diseases, and now to preventive care. This is an exciting time to pursue a career in family medicine.



A panel discussion with HA Seniors: (from left to right) Dr. Ken HO, Dr. Edwin CHAN, Dr. Welchie KO, Dr. Marcus WONG, Dr. Maria LEUNG and Dr. FOK Peter Anthony

The HKCFP Career Talk 2025 attracted the highest number of attendees in recent years. Even after the formal programme, participants remaining for nearly an hour to network, seek advice, and share aspirations. We are energized by the enthusiasm and insights of our young doctors.

The HKCFP Young Doctors' Committee look forward to organising our next event on 6 September 2025, the Orientation Boot Camp, for incoming residents.



The group photo of participants.



## 老人醫學走到居家離世－梁萬福醫生專訪

蔡雄宇醫生（家庭醫學專科醫生）

無論貧窮或富有，身份多麼卑微或尊貴，人都無法逃離死亡。臨終前有許多的老友記進出醫院，除了對他們身體是沉重的打擊，對照顧者帶來壓力，對政府及社會增添醫療開支。中國人常說見步行步，這心態去面對家人突然死亡，家人會怪責無用不能阻止患病死亡，亦後悔不能及早盡孝，那份留在逝者家人的哀傷到自己蓋棺離世的時候可能仍未釋懷。

根據政府統計處的資料顯示，2022年有近六萬三千人死亡，當中有超過三成人死於肺炎或者其他呼吸系統疾病，腫瘤佔死亡率高達兩成半，而第三位是心臟或循環系統疾病，佔一成七。約九成的病人於醫管局的醫院離世，剩下的一成人在院舍中離世。比起英國2023年的統計，只有約四成人在醫院離世，居家離世的接近三成。推算於2046年每年會高達九萬二千人死亡，這個數字不單反映死亡率增加，更代表九萬二千個哀傷的家庭。

在香港居家離世合法嗎？根據香港法例，若有醫生證明病人患有末期病症，例如末期癌症、末期的心臟、呼吸或者腎衰竭等不可逆轉的情況，醫生在病人臨終期間有為病人面診就可以簽署死亡證書。如果病人沒有證明患上末期病症，醫生則需要最少每14日面診一次。主診醫生之後會上門簽發死亡證明書，家人需要在24小時內前往死亡登記處辦理死亡登記，而遺體必須於48小時內移到一個合法存放的地方例如殮房及殯儀館。如果沒有提前安排，當病人在家中離世時，救護人員在送往急症室的途中可能會施行不必要的心肺復甦。到達急症室後，警方須依法介入調查，並轉交死因裁判官決定是否需要解剖。家屬因此無辜承受不必要的壓力。

在公立醫院，靈實醫院舒緩治療科曾與聯合醫院急症室合作，從2011年到2019年期間，招募了總共53名病人，他們的心願是居家離世，有家人支持，最少有一名全時間的照顧者，當中所有病人全部都有預設照顧計劃，四成人已簽署預設醫療指示，結果最終只有30名病人能順利在家離世，其他病人因為病徵不受控例如氣喘、發燒等問題入院，或者因為家屬希望病人病情轉差時在醫院照護，所以不能實踐居家離世，可見在公立醫院即使舒緩治療科要為病人實行居家離世實在困難重重。

在私人市場，要居家離世亦有許多的困難，首先要有樂意全時間照顧病人的照顧者，家中要有合適的環境及配套例如可以放置醫療用床，抽痰機，製氧機，血壓計等等，更可能要添置洗傷口用的敷料，預防壓瘡的護墊，減低哽塞要加入液體的凝固粉等等。還有剛才提及到的醫生上門診症費，殮房或殯儀館的安放費用等等，一般窮困的家庭又怎能夠應付這龐大的開支呢？

有幸訪問到梁萬福醫生<sup>(註1)</sup>，他不單是養和醫院長者中心主任，在醫管局2015年退休前是基督教聯合醫院老人科的主管，更是「好好準備變老1,2」的作者。梁萬福醫生在港大醫學院時已經參與老人的義務工作，亦因此立志成為老人科醫生。梁醫生積極發展聯合醫院老人科服務，由老人康復病房發展到涵蓋急性老人科、復康、日間、及社區外展服務。他亦積極關注本港的安老服務質素，創立香港老年學學院，以培訓本港安老服務的專業及前線員工，並且推動院舍的臨終照顧服務，直到現在居家離世他仍是身體力行，親自為病人上門診症及幫助有需要的病人完成居家離世的心願。

梁醫生分享到他在發展老人外展服務的起源，十分觸動我心。他看到不少院舍的長者在專科門診輪候期間因血壓低要收進病房搶救，是緣於長期臥床的長者如送來覆診是坐輪椅、發生姿勢性血壓低。目睹這狀況讓梁醫生燃起了派老人科醫生到院舍診症的念頭，為的就是要避免一個一個悲劇的重演。一般醫生會覺得這是專科門診以及醫院日常會遇到的事，不曾考慮會有任何改變，只是周而復始地把病人送入院以及快快出院。不過梁醫生卻憑着他滿腔的熱誠及幫助病人的心，克服了重重障礙，不怕犧牲，到今日有許多的院舍都有外展醫生的服務，為的就是希望減少病人的痛苦。我在家庭醫學專學訓練時會到醫院內科做半年駐院醫生，當時會見到許多老人臥在床上苦不堪言，因為怕跌倒而要在床上解決大小二便，住上一個月後就變成坐輪椅，肌肉更加流失，沒有出院就沒有自己可以行路的希望，之後更加容易跌倒。這些事在醫護看來是無奈但阻止不了的事。梁醫生卻看到病人的需要，一步步從不可能中默默預備及付出，為病人帶來盼望。

梁醫生在老人科病房巡房的時候，觀察到有許多病人好可憐，陳伯被送往急症室已心跳停頓，心外壓搶救後恢復心跳，在急症室插喉後用呼吸機維持呼吸，送上病房繼續維持生命。陳伯插喉後沒有意識亦不能對話，生命質素跌至零分。陳伯床邊從來無人探訪，因為他老人家年紀老邁，在港的兄弟姊妹都已離世，子女孫兒都在外國生活，這病床在探訪時間顯得特別冷冰冰。老人家這樣活着彷彿只在等候死亡的來臨，這樣的生活會開心嗎？這位悲慘的老人只是冰山的一角，到死的一刻仍脫離不了孤單及空虛。梁醫生見到這些事，就希望幫助老人能夠“好死”，他知道自然死亡就是最好的死亡，可以居家離世更令病人及家屬免卻不少進出醫院的煩惱，亦能為整個家庭帶來安慰。梁醫生在醫管局退休後一直去實現居家離世的夢想，為安老院的職員，醫護提供訓練，自己港九新界上門面診，幫助病人在人生臨終的一段路活得有尊嚴及有價值。

面對重重的難關，梁醫生對家庭醫生有什麼建議，去讓舒緩治療及至居家離世在香港變得可行呢？梁醫生覺得家庭醫生需要做的就是先行者的角色去為病人執行居家離世，最好是全港十八區都有家庭醫生可以負責，這樣就可以證明給其他家庭醫生知道這事不是空談而是確實可行，亦可以運用社區的資源去幫助病人預備在家照顧，為家人及病人提供心靈，財政及照顧上的實際支援。

梁醫生亦提議院舍外展醫生，在老人院這個地方有護士的支援，讓醫生有信心可以先在院舍幫助病人由面診到證實死亡，取得實踐經驗，然後可以逐步將經驗擴展至替社區人士提供居處離世的服務。感謝梁醫生為外展醫生及至家庭醫生提供培訓以及可以在院舍實踐的機會，讓家庭醫學在舒緩治療及居家離世又邁進一大步。梁醫生亦答應協助家庭醫生舒緩治療的課程，以推動家庭醫生擴展舒緩治療的領域。死亡令人恐懼，正正因為害怕，人更要正視及面對，好好預備。盼望老人家臨終預備迎接的是金色年華而不是落寞待棄。

### 《To cure sometimes; To relief often; To comfort always.》



左一：梁萬福醫生（老人科專科醫生）左二：麥德華醫生（院舍外展醫生）  
右三：姚玉筠醫生（家庭醫學顧問醫生）右二：蔡雄宇醫生（公營門診家庭醫生）  
右一：盧宛聰醫生（私人執業醫生）

（註1）走訪安寧照護/舒緩治療臨床服務是家庭醫學舒緩治療的實用證書課程的內容之一

姚醫生的團隊在2024-2025年創辦了首屆家庭醫學舒緩治療的實用證書課程，盧醫生，蔡醫生及麥醫生都是首屆的學生，來年的課程已於2025年9月開始，希望有更多有心有力的醫生一起開拓家庭醫生幫助病人迎接病人的金色年華。

## Updates in Osteoporosis Management

Osteoporotic fractures are becoming an increasing burden due to increasing life expectancy and our aging population. In Hong Kong, one in four women  $\geq 65$  years old suffer from osteoporosis.<sup>1</sup> The incidence of hip fracture in Hong Kong women was 324 per 100000<sup>2</sup>, placing Hong Kong in the high-incidence category (defined as  $>300$  per 100000), ranking number 23 among all 63 countries regions in the world. Hip fracture patients experience a high mortality and morbidity risk with 40% unable to walk independently, 80% restricted in other activities of daily living, and 33% totally dependent or transferred to a nursing home. Up to 20-24% of patients die in the first year after a hip fracture.<sup>3</sup>

Dual-energy X-ray absorptiometry (DXA) remains the gold standard for diagnosis of osteoporosis. Regional studies in Asia consistently demonstrated that the prevalence of osteoporosis would be considerably overestimated if the NHANES III database (the third United States National Health and Nutrition Examination Survey which is a reference database derived from Caucasian women aged 20-29 years) was employed as the reference to determine the T-score. The Osteoporosis Society of Hong Kong (OSHK) recommends that the determination of BMD T-score from a DXA scan should be based on a local or Asian database. The OSHK recommends universal DXA screening for all men aged  $\geq 70$  years and women aged  $\geq 65$  years. Patients with additional risk factors should be screened earlier.

### Diabetes and Osteoporosis

Diabetic patients are particularly vulnerable to osteoporosis and its comorbidities such that the American Diabetic Association (ADA) devoted a new section on bone health in the latest 2024 yearly update advocating osteoporosis screening in older diabetic patients.<sup>4</sup> Diabetic bone disease (DBD) which describes osteoporosis and bone fragility risks related to diabetes is a serious but under-managed complication of diabetes. The duration of

DM<sup>5</sup> and glycemic control<sup>6</sup> was linearly associated with fracture risk. The risk of hypoglycemia also understandably increases fall and thus fracture risk. To further complicate things, BMD was found to be discordant in T1D and T2D. When compared to people without diabetes, BMD was lower in T1D subjects but BMD was comparable to or even higher in T2D subjects.<sup>7</sup> This Phenomenon, known as the 'diabetic paradox of bone fragility', suggests that diabetic patients have higher bone fragility despite a higher BMD. ADA recommended anti-osteoporosis drugs to be considered for diabetics who have low BMD with T-score  $\leq -2.0$  or have experienced fragility fractures.<sup>8</sup>

### Novel Bone-Forming Drug

Romosozumab is a novel bone-forming drug approved by the FDA in April 2019 for treatment of postmenopausal women with osteoporosis at high risk of fractures. It is a humanised immunoglobulin G2 monoclonal antibody against the glycoprotein, sclerostin, which is secreted by osteocytes to inhibit the Wnt signalling pathway involved in the process of bone formation.<sup>9</sup> In the phase 3 FRAME study, the romosozumab-to-denosumab group achieved a significant improvement in BMD at the spine (13.1% vs 0.4% at 12 months and 16.6% vs 5.0% at 24 months;  $P<0.001$ ), femoral neck (5.5% vs 0.3% at 12 months and 7.3% vs 2.3% at 24 months;  $P<0.001$ ), and total hip (6.0% vs 0.3% at 12 months and 8.5% vs 3.2% at 24 months;  $P<0.001$ ) when compared to the placebo-to-denosumab group. Significant 73% and 75% RR reductions in new vertebral fractures were observed in the romosozumab-to-denosumab group at 12 and 24 months, respectively. Romosozumab also significantly reduced the risk of all clinical fractures by 36% at 12 months.<sup>10</sup> In the FRAME study, when comparing BMD gain with romosozumab to that of denosumab in the FREEDOM and FREEDOM Extension study, 1 year of romosozumab treatment produced BMD gains at the spine and total hip comparable to those achieved with 4.5 and 3 years of continuous



denosumab treatment, respectively. The 2-year gain in BMD (1 year of romosozumab followed by 1 year of denosumab therapy) approximated the effect of 7 years of continuous denosumab treatment at both the spine and total hip.<sup>10</sup>

Romosozumab is administered every month at 210mg subcutaneously for 12 months. Follow up transition to antiresorptive treatment includes denosumab or oral/iv bisphosphonates. Most common side effects were local injection site reaction. The FRAME study reported two cases of osteonecrosis of the jaw and one case of atypical femur fracture in romosozumab-treated patients.<sup>10</sup> In the ARCH study, there were more adjudicated serious cardiovascular events (2.5%) in the romosozumab group than the alendronate group (1.9%) at 12 months.<sup>11</sup> In comparison, there was no difference in CVD events between the romosozumab and placebo group in the FRAME study.<sup>10</sup> Romosozumab is contraindicated in patients with history of myocardial infarction or stroke, hypocalcaemia, or hypersensitivity to romosozumab.<sup>12</sup> Elimination of romosozumab occurs via proteolysis by the liver or reticuloendothelial system. Renal elimination of romosozumab is minimal and no dose adjustment is required in patients with renal impairment.<sup>12</sup>

According to the 2024 OSHK guidelines<sup>13</sup>, patients are advised to start bone forming drugs such as romosozumab or teriparatide if:

- patients have a recent major osteoporotic fracture in the past 2 years
- presence of two or more osteoporotic fractures
- a BMD T-score  $\leq$  -3.0
- fractures despite being on antiresorptive therapy

On a final note, lifestyle modifications including weight bearing exercises, fall precaution, a well balanced diet with adequate calcium and vitamin D intake, avoidance of excessive alcohol and smoking cessation all remain important pillar stones in the prevention and management of osteoporosis.

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**Compiled by Dr. Judy CHENG**

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

### 《孩子・鏡子》

冼銘全醫生

八歲男孩，由媽媽陪同進來看感冒。電腦記錄男孩有專注力不足及過度活躍症，正接受藥物治療。

男孩有點「坐唔定」。我為他進行肺部聽診時，他有點想掙脫。

**媽 媽** (對孩子猛吼)：「你乖啲，俾我好過啲得唔得？」

孩子稍為安靜。我完成聽診後，男孩逕自爬到體檢床上躺下，望着天花。

**我對男孩說**：「頭先媽媽想教你安靜啲係咪呀？」男孩繼續東張西望。

**我**：「你聽完又唔係好開心㗎。好啦，我而家俾個機會你你教返媽媽一樣嘢，你會教佢乜嘢？」

**男 孩**：「我教佢安靜囉，佢成日好鬼嘈。」

**我**：「咁你會點樣教媽媽呀？」

**男 孩**：「我…我寫兩張紙俾佢，兩張「「安靜」」，一張貼喺房，一張貼喺廁所！」

**我**：「哦，咁使唔使寫張俾爸爸？」

**男 孩**：「爸爸喺屋企唔多講嘢嘅。」

大概可以見到這個家庭的互動。

**媽 媽**：「咁喺屋企兩兄弟嘈，係咪唔使叫佢哋收聲？」男孩有一個弟弟，今年六歲。

**我對媽媽說**：「其實小朋友嘅行為問題，好多時嚟自屋企人嘅情緒同氣氛。小朋友喺一面鏡子，反映大人嘅行為。大人處理好自己嘅情緒，夫妻關係和睦，小朋友就會安心，做返自己，安靜落嚟。」

**我隨即轉向男孩**：「不如咁啦，我叫媽媽喺屋企安靜自己，你又喺屋企安靜自己，咁樣好唔好呀？」

**男孩立刻給我一個OK手勢，很興奮的說**：「好啊，我同細佬比賽一星期，睇吓邊個安靜啲。」然後走到媽媽身邊，摟著她。

**我對媽媽說**：

「喺屋企可以試吓學我咁樣，先關注小朋友嘅情緒，理解佢哋諗乜嘢。唔使咁用力。」媽媽摟著孩子，向我合什，眼角早有淚光。

### 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.

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## READERSHIP DRIVE

**Congratulations!** The returns from the following doctors have been selected for August 2025 issue:

Dr. CHEN Tien Chiang, Dr. CHENG Tik Man Sharon, Dr. CHEUK Hiu Ying, Dr. SO Fong Tat and Dr. YU Yi Fung

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## Online Seminar on Dermatology – The 93<sup>rd</sup> Meeting on 26 July 2025

Dr. KWOK Siu Leung, Dr. LEE Eric Yuk Ho, Dr. MA Hiu Tung, Dr. NG Ka Wai, Dr. NGAI Stanley Hiu On and Dr. TAI Hing Kuen

**Theme : Trainees Dermatology Cases Presentation**

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

### Summary of presented cases

#### 1. Case presented by Dr. KWOK Siu Leung

This is a case of psoriasis. A 65-year-old gentleman, smoker and with past medical history of hypertension, came to our clinic on 13/2/2025. He said he attended private dermatologist few years ago and received some treatment. However, he could not afford it now. He complained about flare up of rash since November in 2024 after his retirement. The rash was itchy. On physical examination, there were multiple erythematous plaques with sharply defined margins over bilateral legs, gluteal cleft and bilateral elbow extensor area. There was mild post-inflammatory hyperpigmentation and scaling. Mometasone furoate 0.1%, salicylic acid and urea cream were prescribed. He was seen again on 2/4/2025. The rash improved with less itchiness and less scaling.

Psoriasis is a common skin disorder. Risk factors include genetic factors, smoking, obesity, alcoholism and certain medications. Chronic plaque psoriasis accounts for 70% of psoriasis patients. Usually, patients present with symmetrical distributed plaques with erythematous changes and sharp margins. Locations are usually scalp, elbow extensor areas, knees and gluteal cleft. Pruritus is a common symptom. Psoriatic arthritis is a common associated condition, which includes small joints pain and dactylitis. Mainstay of treatment of chronic plaque psoriasis includes high potency topical corticosteroid. For facial area, we usually start with low potency topical corticosteroids. Topical vitamin D and calcineurin inhibitors are alternatives. For more extensive disease or rashes not responsive to topical treatment, biologic agents or phototherapy can be considered. Biologic agents neutralize specific inflammatory factors, such as etanercept (TNF-alpha inhibitor) or adalimumab (TNF-alpha inhibitor).

#### 2. Case presented by Dr. LEE Eric Yuk Ho

This case presents a 74-year-old female with a serious finger infection requiring surgical

management. The patient developed swelling and pustular discharge in her left index finger over one week, initially with fever and rigors. The infection subsequently spread to her middle and ring fingers. She had no recent trauma, animal bites, or environmental exposures. Physical examination revealed swelling with multiple pustules on the finger pulps, but importantly, no Kanavel's signs indicating flexor tendon sheath involvement.

Laboratory results showed elevated inflammatory markers (WCC 15.6, CRP 26). Wound cultures grew *Staphylococcus aureus* and *Streptococcus pyogenes* - the two most common cellulitis pathogens. X-rays excluded osteomyelitis and gas formation. The patient was admitted for IV Augmentin and underwent incision and drainage with ribbon gauze packing. Following clinical improvement (WCC decreased to 14), she transitioned to oral cephalexin and was discharged with occupational therapy referral and daily dressing changes.

Cellulitis is a bacterial infection of the dermis and subcutaneous tissue causing redness, swelling, and tenderness. Most cases result from *Streptococcus pyogenes* (2/3) or *Staphylococcus aureus* (1/3). Risk factors include diabetes, immunocompromise, and skin barrier disruption. Kanavel's signs (tenderness along flexor sheath, fusiform swelling, finger flexion at rest, and pain with passive extension) indicate flexor tendon sheath infection requiring urgent surgical intervention.

Complications can include sepsis, necrotizing fasciitis, and osteomyelitis. This case demonstrates the importance of prompt recognition, appropriate cultures, antibiotic therapy, and surgical drainage when indicated for complicated skin and soft tissue infections.

#### 3. Case presented by Dr. MA Hiu Tung

This case is about a 60 years old lady who came to GOPC complaining of itchy skin rash over bilateral lower limbs for few years. She complaint of multiple brownish small papules over anterior shin with great itchiness. There was no pain, bleeding, discharge or vesicles.

There was no other skin rash noted. On physical examination, bilateral lower limb anterior shin showed multiple small brownish itchy keratotic



papules. The diagnosis is lichen amyloidosis. Topical synalar 0.025% cream was prescribed and referral to dermatology was made.

Primary cutaneous amyloidosis (PCA) is a group of skin conditions featured by extracellular deposition of heterogenic amyloid protein in previously normal skin, without internal organ involvement. It is distinct and unrelated to systemic amyloidosis. PCA can be subclassified into lichen amyloidosis, macular amyloidosis, biphasic and nodular amyloidosis. Lichen amyloidosis is highly prevalent in the South China region and Southeast Asia. It is characterised by 2-3mm discrete red to dark brown keratotic papules commonly on the anterior shins with intense itching. Both lichen and macular amyloidosis have a benign behaviour and do not spread to other body parts or internal organs, while nodular amyloidosis have potential to progress to systemic amyloidosis in about 10% of cases. The differential diagnosis for lichen amyloidosis can be nodular prurigo, hypertrophic lichen planus, lichen simplex chronicus, pretibial pruritic papular dermatitis etc.

Management includes moisturiser, emollient use and avoid scratching. Potent or super-potent topical steroids, keratolytic agents, topical calcineurin inhibitors and retinoids can be used.

Intralesional steroid injection or cryosurgery can be offered if topicals are not effective. For extensive lesions unresponsive to topical treatments, we can consider oral retinoids. Physical treatments include PUVA and narrow band UVB, laser therapy, dermabrasion, or excision. Regarding the prognosis, PCA is often resistant to therapy and tends to be chronic and recurrent. The itchiness and cosmetic changes have an impact on quality of life and treatments focus on managing symptoms like itching and improving skin's appearance.

#### 4. Case presented by Dr. NG Ka Wai

A 71-year-old man presented with persistent right middle fingernail abnormalities, despite a resolved episode of paronychia treated with topical and oral antibiotics two weeks earlier. He reported gradual nail thickening and dark discoloration for years, with recent green discoloration over three months. He denied pain, trauma, rash, or prolonged water exposure. Physical examination revealed green discoloration of the distal nail, subungual hyperkeratosis, onycholysis, and nail plate splitting. Onychomycosis with secondary green nail syndrome due to *Pseudomonas aeruginosa*

was diagnosed. *Fusarium* species were identified in the fungal culture. Treatment included topical ofloxacin drops, white vinegar soaks, and amorolfine nail lacquer applied weekly. At the two-week follow-up, the green discoloration had significantly improved. The patient was advised to continue treatment and maintain nail hygiene.

Onychomycosis is a chronic fungal nail infection primarily caused by dermatophytes, such as *Trichophyton rubrum*. It can also be caused by nondermatophyte molds and yeasts. Risk factors include tinea pedis, psoriasis, diabetes, immunosuppression, trauma, poor nail grooming, and smoking. Clinical features include nail discoloration, subungual hyperkeratosis, onycholysis, nail plate splitting, and nail plate destruction. Complications involve pain, psychosocial distress, recurrent cutaneous fungal infections, and cellulitis. Diagnosis is confirmed by microscopy, fungal culture, histopathology, or PCR. Management includes behavioral measures such as keeping nails dry, wearing shoes in public, and avoiding shared unsterilized nail manicure equipment. Pharmacological treatments include topical efinaconazole and amorolfine, or oral terbinafine and itraconazole.

Green nail syndrome, caused by *Pseudomonas aeruginosa*, presents with green discoloration. Risk factors include chronic onycholytic nails and moisture exposure. It is treated with topical fluoroquinolones or aminoglycosides, and antiseptic soaks, with oral fluoroquinolones as a second-line treatment. Underlying conditions like onychomycosis and psoriatic nails should be addressed. Prolonged water exposure should be minimized, and thorough drying after washing is essential.

#### 5. Case presented by Dr. NGAI Stanley Hiu On

This is a case of a 16-year-old male student who presented with a rash on his four limbs for two days, which also involved the upper chest, periumbilical region, and finger webs, but spared the face and neck. The rash was itchy, especially at night, but not painful. There were no vesicles, discharge, or history of eczema, and no similar rashes in the past. The patient's family had recently completed home renovations five weeks ago. Otherwise, there were no obvious triggers noted. Physical examination revealed mainly erythematous papular rash on the sites mentioned above with excoriation marks. There were no definite skin burrows.

# LEARNING POINTS FROM BOARD OF EDUCATION

The differential diagnoses included scabies, atopic dermatitis, and contact dermatitis. Scabies was considered the most likely diagnosis due to the widespread itching that worsened at night, characteristic distribution, and the timing of symptoms related to the recent home renovation.

Scabies is a widespread skin infestation caused by the mite *Sarcoptes scabiei*, which is primarily transmitted through direct, prolonged skin-to-skin contact. The infestation leads to intense itching, especially at night, and is characterized by a rash that often involves the finger webs and intertriginous regions while sparing the face and neck. The diagnosis of scabies is confirmed by identifying the mite, eggs, or fecal pellets through microscopic examination, but a presumptive diagnosis by clinical means is often used as mite count in classic scabies is low.

Management of scabies involves eradicating the infestation with topical permethrin or oral ivermectin. Topical permethrin is applied to the entire body from the neck down and left on for 8-14 hours before being washed off. Treatment may be repeated after two weeks. It is also crucial to treat close contacts and implement environmental measures such as washing clothing and bedding used within the past three days to prevent re-infestation.

## 6. Case presented by Dr. TAI Hing Kuen

This case features a 57-year-old gentleman, who was a heavy smoker and ex-drinker, presented with chronic

rash for over 10 years. The rash initially appeared over bilateral posterior elbow. It later spread, involving bilateral posterior shoulders, lower back and hands, sparing the face. The rash was mildly itchy and not painful. He noted silvery scales falling off from the rash. The rash has no relation to sun exposure, drug or food intake. Over the years, he purchased over-the-counter topical steroid medication and saw partial improvement of the rash. Meanwhile, his toenails also had gradual discoloration over time. There was no joint pain or fever.

On examination, multiple salmon coloured, symmetrical, well-demarcated, erythematous thickened plaques with overlying silver scales were noted over extensor surface, neck and back. Over 5% of his total body surface area was involved. Bilateral toenails were thickened with greyish discolouration. The nail clipping returned to be negative for fungal elements. He was diagnosed with chronic plaque psoriasis.

Management of this case includes detailed explanation, reassurance, smoking and drinking cessation and pharmacological treatment. He was prescribed with high-potency topical steroid, topical coal tar preparation, oral antihistamine and emollients. He was referred to dermatology to consider phototherapy and systemic treatment. Follow-up was scheduled at 4 weeks to review his disease control.



A group photo taken on 26 July 2025

(From left to right) Dr. LEE Eric Yuk Ho, Dr. MA Hiu Tung, Dr. NGAI Stanley Hiu On, Dr. LAM Wing Wo (Moderator), Dr. KWOK Siu Leung, Dr. TAI Hing Kuen and Dr. NG Ka Wai



## Certificate Course on Bringing Better Health to Our Community 2025

Co-organized with

Queen Elizabeth Hospital, The Hong Kong College of Family Physicians and The Hong Kong Medical Association

Dates : 30 August 2025, 27 September 2025, 25 October 2025, 29 November 2025  
 Time : 1:00pm - 2:00pm Light Refreshment  
 2:00pm - 4:00 pm Lecture & Discussion  
 Venue : Lecture Theatre, G/F, Block M, Queen Elizabeth Hospital  
 Course Fee : Free  
 Accreditation : pending  
 Certification : Certificate will be awarded to participants who have fulfilled the attendance requirement for 3 sessions or more

### Programme Schedule

Dates	Time	Topics	Speakers
30 August 2025 (Sat)	2:00   4:00 pm	Update on Management of DM and Obesity	<b>Dr. Annette Ka Yee CHAN</b> Associate Consultant, Department of Medicine, Endocrine Team, Queen Elizabeth Hospital
		Women's Health Service	<b>Dr. Susanna Lok Lam HUNG</b> Associate Consultant, Department of Family Medicine and Primary Health Care, Kowloon Central Cluster
27 September 2025 (Sat)	2:00   4:00 pm	Management of Chronic Stable Coronary Artery Disease	<b>Dr. Jake Yin Kei YEUNG</b> Resident Specialist, Department of Medicine, Cardiac Team, Queen Elizabeth Hospital
		How to Reduce Our Risks in Primary Care - Challenges in Interprofessional Communication and Spotlights of Potential Risks in Primary Care Setting	<b>Dr. Sara JAMIESON</b> Medicolegal Consultant, Medical Protection Society
25 October 2025 (Sat)	2:00   4:00 pm	Diagnosis and Management of Dementia in Primary Care Setting	<b>Dr. Andrew Chung Ho LEE</b> Resident, Department of Medicine, Geriatrics Team, Queen Elizabeth Hospital
		Occupational Therapy - Cognitive Assessment and Management	<b>Ms. Carol Kam Yan HUI</b> Advanced Practice Occupational Therapist, Department of Occupational Therapy, Queen Elizabeth Hospital
29 November 2025 (Sat)	2:00   4:00 pm	Management of Hip Pain and Low Back Pain in Primary Care Setting	<b>Dr. Aaran Heng Chi LEUNG</b> Associate Consultant, Department of Orthopaedics & Traumatology, Queen Elizabeth Hospital
		Physiotherapy - Hip Pain and Low Back Pain	<b>Mr. Ray Tsz Kit CHOW</b> Senior Physiotherapist, Department of Physiotherapy, Queen Elizabeth Hospital

Registration will be first come first served. Please scan the QR code to complete the registration.

For enquiry, please contact Ms. Crocus LAN at 3506-8143

- Notes :
- In case of over-subscription, the organiser reserves the right of final decision to accept registration.
  - Due to copyright issue, please note private recording of the lecture is prohibited.
  - Registration will be closed 3 days prior to the event.





- 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 ensure appropriate dress code to the hotel for the Scientific Meeting.

## Face-to-face Events

Date and Time	Venue	Topics	Speakers	Moderators
11 October (Sat) 2:00 – 4:00 p.m.	HKCFP Wan Chai office, Room 802, Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai	<b>Mandatory Reporting for Suspected Child Abuse Cases – What a Family Doctor Should Know</b> 1. Multidisciplinary Co-operation for Protecting Children from Maltreatment 2. Mandatory Reporting on Suspected Child Abuse: Practical Aspects for Health Care Professionals 3. Practical Approach and Strategic Intervention for Handling Suspected Child Abuse Cases <i>Please note that the presentation would be conducted in Cantonese.</i> <b>***Doctors enrolled are recommended to complete the "Child Protection Online Course" provided by the Government before attending the lecture.</b>	1. <b>Dr. KWAN Yat Wah, Mike</b> <i>Specialist in Paediatric Immunology, Allergy and Infectious Diseases</i> 2. <b>Dr. CHENG Wai Fun, Anna</b> <i>Specialist in Paediatrics; Member of the Interdepartmental Task Force on Mandatory Reporting on Suspected Child Abuse</i> 3. <b>Ms. Irene YEUNG</b> <i>Social Worker Officer, United Christian Hospital</i>	<b>Dr. LAM Wing Wo</b>
22 October (Wed) 2:00 – 3:00 p.m. (Registration will be started from 1:00 p.m.)	Shanghai Room I, Level 8, Cordis Hotel, 555 Shanghai Street, Mongkok, Kowloon	<b>Endoscopic Spine Surgery</b> <i>Sponsored by Hisamitsu Pharmaceutical (Hong Kong) Co., Limited</i>	<b>Dr. Alex CHOW</b> <i>Specialist in Orthopaedics and Traumatology</i>	<b>Dr. CHAN Kiu Pak Kilpatrick</b>
23 October (Thu) 7:00 – 8:00 p.m. (Registration will be started from 6:30 p.m.)	Star Room, Level 42, Cordis Hotel, 555 Shanghai Street, Mongkok, Kowloon	<b>Role of GLP-1RAs in Cardio-Renal Protection in T2DM Patients and Case Sharing</b> <i>Sponsored by Novo Nordisk Hong Kong Limited</i>	<b>Prof. Johannes MANN</b> <i>Professor, Medicine at the University of Erlangen-Nürnberg and Head, KfH Kidney Center, Munich, Germany</i>	<b>Dr. NG VENTURA Lorna</b>
25 October (Sat) 2:00 – 4:00 p.m. (Registration will be started from 1:00 p.m.)	Shantung Room, Level 8, Cordis Hotel, 555 Shanghai Street, Mongkok, Kowloon	<b>Integrated Diabetes Care: From Early Complication Detection to Advanced CKM Management</b> 1. From Risk to Resilience: Practical Early Detection of Diabetes Complications for Better Patient Outcomes 2. Cardio Kidney Metabolic Syndrome: A Paradigm Shift in Type 2 Diabetes Management <i>Sponsored by Boehringer Ingelheim (Hong Kong) Ltd.</i>	1. <b>Dr. NG Man Yuk</b> <i>Specialist in Endocrinology, Diabetes &amp; Metabolism; Consultant, Department of Medicine &amp; Geriatric, Tuen Mun Hospital, Hospital Authority</i> 2. <b>Dr. Alice CHENG</b> <i>Endocrinologist; Associate Professor, University of Toronto, Ontario, Canada</i>	<b>Dr. CHAN Yin Hang</b>

### QR Code for registration



### Admission Fee:

<b>11 October 2025 (Sat)</b> College Members: Non – members:	Complimentary HK\$ 350.00
<b>22 October 2025 (Wed)</b> College Fellow, Full, or Associate Members: Other Categories of Members: Non – members:	Complimentary *(\$50 Enrollment deposit is required) HK\$ 650.00 HK\$ 750.00
<b>23 October 2025 (Thu) &amp; 25 October 2025 (Sat)</b> College Fellow, Full, or Associate Members: Other Categories of Members: Non – members:	Complimentary *(\$50 Enrollment deposit is required) HK\$ 750.00 HK\$ 850.00

*\* 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 :** 11 & 25 Oct : 2 CME Points HKCFP [Cat.4.3]  
2 CME Points MCHK (pending)  
Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

22 & 23 Oct : 1 CME Point HKCFP [Cat.4.3]  
1 CME Point MCHK (pending)  
Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

## Online Monthly Video Sessions

Dates and Time	Topics
26 September 2025 (Fri) 2:30 – 3:30 p.m.	<b>"Management of Patients with Acute and Chronic Pain (Part 1)" by Dr. Donovan WONG</b>
31 October 2025 (Fri) 2:30 – 3:30 p.m.	<b>"Latest Update on Meningococcal Disease" by Dr. TAM Yat Cheung</b>

### 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](mailto:education@hkcfp.org.hk) or call 2871 8899. Thank you.

### Notes :

- In case of over-subscription, the organiser reserves the right of final decision to accept registration.
- The link to join the webinar **SHOULD NOT** be shared with others as it is unique to each individual who has completed prior enrolment procedures. If additional attendee(s) is/are found using the same unique link to join the webinar with you, all attendees joining the lecture via your unique link would be dismissed. You can only login with one device at a time. CME point(s) would only be given to those on the pre-registration list and attended the lecture.
- Please note you can just attend **ONE** CME activity at a time. If found 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 3/4 of the length of the webinar 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 Question; 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
<b>Thursday, 02 October 2025</b>			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>Clinical Approach to Common Ear Complaints in Primary Care</b> Dr. CHAN Cheuk Yin, Dr. LEE Kar Fai	Ms. Eliza CHAN Tel: 2468 6813
<b>Wednesday, 08 October 2025</b>			
14:30 - 17:00	Rm5019, 5/F, Rehab Block, Tuen Mun Hospital	<b>Mastery of Practical Procedures in Primary Care Clinic and Family Medical Specialist Clinic &amp; Future Development</b> Dr. LEUNG Hei Tung	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	<b>Update on Management of Chronic Disease (COAD, Asthma)</b> Dr. NG Cheuk Man, Dr. CHEUNG Fu Chuen, Johnny	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	<b>Emergency in Sport Medicine</b> Dr. TANG Yeung On, Dr. CHAN Hei Wai, Venus, Dr. LUI Yin Mei, Catherine	Ms. LiLi YUNG Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hosptial Road, Hong Kong	<b>Antenatal Care and Early Pregnancy Complications</b> Dr. LAI Kit Yan, Francesca	Ms. Cherry WONG Tel: 2589 2337
<b>Thursday, 09 October 2025</b>			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>Applying Family Medicine Principles to Manage Psychological Disorders in the Primary Care</b> Dr. LEE Wai Chun, Dr. NG Mei Po	Ms. Eliza CHAN Tel: 2468 6813
<b>Wednesday, 15 October 2025</b>			
14:30 - 17:00	SB1032, 1/F, Special Block, Tuen Mun Hospital	<b>The Role of Pharmacies in Healthcare Delivery Systems</b> Dr. LEE Chi Lung, Dr. BUT Yuet Ming	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	<b>Shared Care, Referral System and Difference Between Primary and Secondary Care</b> Dr. SIN Tak Yee, Dr. CHAN Tsz Wai, Jodie	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	<b>End of Life and Advance Directive</b> Dr. POON Chi Him, Dr. ZHANG Guilian, Aviva, Dr. LEE Sheung Yim, Sharon	Ms. LiLi YUNG Tel: 5569 6405
<b>Thursday, 16 October 2025</b>			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>Challenges of Providing Ethical Care in Demanding Encounters</b> Dr. LI Yuet Keung, Dr. WONG Tsz Yan	Ms. Eliza CHAN Tel: 2468 6813
<b>Wednesday, 22 October 2025</b>			
14:30 - 17:00	SB1036, 1/F, Special Block, Tuen Mun Hospital	<b>Clinical Approach to Dizziness and Vertigo in Primary Care</b> Dr. WANG Siqi, Dr. YU Cheng Yan	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	<b>Work Stress &amp; Burnout (Medical and Non-medical)</b> Dr. YIP Ching Wing, Dr. CHAN Ming Chak, Angus	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	<b>Incidents in the Clinic (e.g. Needle Prick Injury, Patient Violence)</b> Dr. POON Chi Him, Dr. NG Wai Chung, Dr. HO Ka Wa, Joe	Ms. LiLi YUNG Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hosptial Road, Hong Kong	<b>Emergency Care in Primary Healthcare</b> Dr. YAU Kwan Ming, Jeremy	Ms. Cherry WONG Tel: 2589 2337
<b>Thursday, 23 October 2025</b>			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>Dermoscopy in Primary Care: Non-melanocytic Lesions</b> Dr. SHENG Wei Yang, Dr. ZHANG Dingzuan	Ms. Eliza CHAN Tel: 2468 6813
<b>Thursday, 30 October 2025</b>			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	<b>What are Psychiatric Emergencies which may Encounter in Primary Care Setting and How to Manage</b> Dr. CHAN Ho Shuen, Dr. SUNG Cheuk Chung	Ms. Eliza CHAN Tel: 2468 6813

The background is a vibrant blue night sky filled with small white stars. Several glowing yellow lanterns float in the air. A large, bright yellow full moon is the central focus. In the foreground, there are stylized pink lotus flowers and green lily pads. In the middle ground, there are blue mountains and a body of water. On the water, a small boat carries two white rabbits, and a group of children are walking on the shore holding lanterns.

The FP Links Committee  
would like to thank all  
readers, contributors, sponsors  
and

the College Secretariat for  
their tremendous support.

Wishing you all

**HAPPY MID-AUTUMN FESTIVAL**

The FP Links Committee



# COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>28</b> <b>Sep</b> <b>2:00 – 4:00 p.m.</b> Certificate Course in Ophthalmology for Primary Care Doctors 2025	29	30	<b>1</b> <b>Oct</b>	2  <b>4:00 – 6:00 p.m.</b> Structured Education Programme	3	4
<b>5</b> <b>2:00 – 5:00 p.m.</b> Conjoint - Clinical Competency Examination (Rehearsal)	6	7	8  <b>2:30 – 7:00 p.m.</b> Structured Education Programme	9  <b>4:00 – 6:00 p.m.</b> Structured Education Programme	10	11  <b>2:00 – 4:00 p.m.</b> Saturday Symposium
<b>12</b> <b>2:00 – 4:00 p.m.</b> Certificate Course in Ophthalmology for Primary Care Doctors 2025	13	14  <b>7:00 – 8:30 p.m.</b> BVTS Basic Training Introductory Seminar (Hybrid)	15  <b>2:30 – 7:00 p.m.</b> Structured Education Programme	16  <b>4:00 – 6:00 p.m.</b> Structured Education Programme <b>8:30 – 11:30 p.m.</b> HKCFP Council Meeting	17	18  <b>2:30 – 6:30 p.m.</b> DFM MSK Workshop 1 & Module II Tutorial Session
<b>19</b>  <b>2:00 – 4:00 p.m.</b> Certificate Course in Ophthalmology for Primary Care Doctors 2025	20	21	22  <b>1:00 – 3:00 p.m.</b> CME Lecture <b>2:30 – 7:00 p.m.</b> Structured Education Programme	23  <b>4:00 – 6:00 p.m.</b> Structured Education Programme <b>6:30 – 8:00 p.m.</b> CME Lecture	24	25  <b>1:00 – 4:00 p.m.</b> Saturday Symposium <b>2:00 – 4:00 p.m.</b> Certificate Course on Brining Better Health to Our Community 2025 <b>2:30 – 5:30 p.m.</b> DFM Module III Structured Seminar
26	27	28	29	30  <b>4:00 – 6:00 p.m.</b> Structured Education Programme	31  <b>2:30 – 3:30 p.m.</b> Online Video Session	1 <b>Nov</b>  <b>2:30 – 5:30 p.m.</b> DFM Counseling Skills Workshop
2  Conjoint - Clinical Competency Examination	3	4	5  <b>2:30 – 7:00 p.m.</b> Structured Education Programme	6  <b>4:00 – 6:00 p.m.</b> Structured Education Programme	7	8  <b>2:30 – 5:30 p.m.</b> Structured Seminar

## FP LINKS EDITORIAL BOARD

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

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家庭醫生共聯繫 守護身心最到位

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 3<sup>rd</sup> row (from left to right) : Dr. Dorothy Law, Dr. Heidi Fung, Dr. Christina Cheuk, Dr. Tam John Hugh, Dr. Rebecca Hou, Dr. Yip Tze Hung, Dr. Cheryl Chan  
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#### Contact and Advertisement Enquiry

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