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Message from the President



Dr. David CHAO delivering welcome
speech at Annual Dinner

The 48th Hong Kong College of Family Physicians (HKCFP) annual dinner has been held recently at the Hong Kong Academy of Medicine Building. It has been postponed

from the usual date in December due to the Tai Po fire and we thanked the College members who had responded rapidly to the call for assistance to provide medical care to those affected. The annual dinner was well attended

by more than 200 College Fellows and Members, including new Conjoint Fellows, Academy Fellows and graduates of Diploma in Family Medicine, and some bringing their spouses along. The evening was full of enjoyable programmes, including singing performances by HKCFP's FM Harmony and College Council. As in previous years, the grand lucky draws and bingo brought anticipations and excitements to the participants, and the evening was complimented by great food and excellent company. I would like to take this opportunity to thank all who have been involved in organising and actively participating in this tremendous event. Looking forward to another great gathering in the next annual dinner!



Council Members on stage



Singing performance by HKCFP's FM Harmony, College Council Members, guests and College staff

(Continued on page 2)

MESSAGE FROM THE PRESIDENT

(Continued from page 1)



1st row : Dr. Esther YU, Dr. David CHAO, Dr. Welchie KO
 2nd row : Ms. Nana CHOY, Ms. Minny FUNG, Ms. Iris IP, Ms. Alky YU,
 Ms. Erica SO, Ms. Kathy LAI, Ms. Katie LAM, Ms. Carol PANG
 3rd row : Ms. Hannah LOK, Ms. Teresa LIU, Ms. Corrine TO, Ms. Windy LAU
 4th row : Mr. Galeo TSANG, Mr. Roy LEUNG, Mr. John MA



(From left to right) Dr. Wells CHANG, Dr. Louis CHAN, Dr. Aldo WONG, Dr. Chloe CHAN, Dr. David CHAO, Dr. LI Ting Kwan, Dr. Queenie CHAN, Dr. Wanmie LEUNG and Dr. Welchie KO

During the Chinese New Year period, I paid an informal visit to the Irish College of General Practitioners (ICGP) at the Hogan Place Office in Dublin, Ireland. I was warmly hosted by the President of the ICGP, Dr. Nuala O' CONNOR, and their senior College colleagues who have shared with me the ICGP's great work in recent years especially in revamping their training programme and membership examinations/assessment. We also discussed issues related to training resources and means to further enhance the key role of family doctors in serving the community.



Dr. David CHAO visiting Irish College of General Practitioners (ICGP) at the Hogan Place Office in Dublin
 Dr. David CHAO (left) with Dr. Nuala O' CONNOR, President of ICGP (right)



Dr. David CHAO (right) presenting souvenirs to Dr. Nuala O' CONNOR, President of ICGP (middle), with Prof. Claire COLLINS, Chief Operations Officer of ICGP (left)



ICGP souvenir being presented to Dr. David CHAO
 (From left to right) Prof. Claire COLLINS (Chief Operations Officer), Ms. Helen McVEIGH (Director Strategic Development and Standards), Dr. Nuala O' CONNOR (President of ICGP), Dr. David CHAO (President of HKCFP), Ms. Niamh KILLEEN (IT Manager), Mr. Brian O' MALLEY (Executive Director of Training & Assessment)

(Continued from page 2)

The College Council hosted a welcome dinner for Dr. Viviana MARTINEZ-BIANCHI, President of World Organisation of Family Doctors (WONCA) and her husband Dr. Greg BIANCHI, and Dr. Harris LYGIDAKIS, the Chief Executive Officer (CEO) of WONCA on their first visit to Hong Kong! Dr. MARTINEZ-BIANCHI and Dr. LYGIDAKIS were on their way to Changsha, the capital city of Hunan province, for the 13th Cross-straits Medicine Exchange Association General Practice Conference, transiting through Hong Kong. After that, they would be attending the WONCA Asia Pacific Regional Conference 2026 to be hosted by the Philippine Academy of Family Physicians at Iloilo, Philippines from 25th - 27th March, 2026. Prof. Donald LI would be the Wes Fabb Orator at the conference too. We are very grateful towards WONCA President and CEO in supporting the HKCFP to host next year's WONCA Asia Pacific Regional Conference from 22nd to 25th April 2027 in Hong Kong.



Dr. Viviana MARTINEZBIANCHI (left) with Dr. David CHAO (right)



Dr. David CHAO (left) with Dr. Harris LYGIDAKIS (right)



[From left to right] Dr. Greg BIANCHI, Dr. Viviana MARTINEZ-BIANCHI, Dr. David CHAO, Dr. Harris LYGIDAKIS and Prof. Donald LI



Welcome dinner for Dr. Viviana MARTINEZ-BIANCHI, Dr. Greg BIANCHI, Dr. Harris LYGIDAKIS with College Council

The HKCFP has published an official document on “Core Competencies of Family Doctors in Hong Kong” In the March 2026 issue of the College Journal, The Hong Kong Practitioner. This important document highlights the central role and function of family doctors, the expected competencies at each training milestone of family medicine, and the detailed descriptions of the six core competency domains. Many thanks to the expert group headed by Prof. Samuel WONG for their dedicated work in compiling this timely document.

Dr. David V K CHAO
President

The Hong Kong College of Family Physicians' (HKCFP's) Prize

*In 1981, the College agreed to donate an annual sum for an indefinite period to establish a Prize, the "The Hong Kong College of **General Practitioners Prizes**", to be awarded to either an individual medical student or a group of medical students who has/ have demonstrated special interest and skill in an approved investigation into aspects of general practice.*

Following the transfer of the administrative responsibility of this prize to the Head of the General Practice Unit, Department of Medicine in 1990, the College agreed to award an additional prize for the best community-based research work.

*The Prize was renamed the "The Hong Kong College of **Family Physicians Prizes**" in July 1997, following the change of the College's title.*

The Department of Family Medicine and Primary Care of the University of Hong Kong will nominate the most distinguished student in the Specialty Clerkship in Family Medicine and Community Care each year. After consulting The Hong Kong College of Family Physicians, they will recommend the student for the Prize to the Faculty.

Dr. KAN Ka Chun Andy, the awardee of the HKCFP's Prize (2024-25), has written a thank-you letter to Our College.

Dear Hong Kong College of Family Physicians,

As the recipient of the Hong Kong College of Family Physicians' Prize (Family Medicine), I would like to express my sincere gratitude to you for your generosity. It is my honour to be awarded this prestigious award.

The past 6 years as a medical student at the University of Hong Kong have been an inspiring journey of academic pursuit. The pre-clinical years were fruitful and enjoyable, learning about various body structures and functions in great detail. With early clinical exposure through problem-based learnings, clinical skills sessions, and a system-based organisation of curriculum, the clinical relevance of the basic science knowledge could be well-appreciated.

During the Enrichment Year as a Master of Research in Medicine Student, I have been given freedom to develop and carry out my research in immunodeficiency, which the research findings could impact future practice in clinical immunology. Standing on the shoulders of giants at HKUMed, I have seen the wonderful world of academic medicine. I am grateful for the guidance and support from my supervisors as well as the opportunities to deliver oral presentations on my research findings in overseas international conferences, including the European Academy of Allergy and Clinical Immunology (EAACI) Congress 2023 in Hamburg, Germany, and the Asia Pacific Association of Allergy, Asthma and Clinical Immunology (APAAACI) 2023 Congress in Singapore.

The clinical years were an exemplification of striving for excellence. I am grateful for the teachings from all professors and seniors on both the arts and sciences of clinical medicine. Throughout the clinical clerkships, I recognised how a physician's clinical acumen, knowledge and skills are important in delivering the best care to the patients, which motivated me to always seek improvement. The attachment at the Sok Kwu Wan General Outpatient Clinic in Lamma Island was particularly memorable; the close doctor-patient relationship was impressive; and notably, I had the opportunity to observe and assist the management of an injured hiker requiring immediate helicopter transport to hospital.

Outside academics, I have been actively involved in Pop Music. I am the Band Leader, Lead Vocalist and Lead Guitarist of Medici Band, a rock/pop band formed by students and graduates of HKUMed. Writing and playing music together with seniors and fellow medical students to express our thoughts, feelings and attitudes, as well as to promote health education, were definitely one of the most wonderful memories of my medical school life.

I am committed to serve the community with my strengths and abilities. Thus, it is always my aspiration to be a physician-scientist, managing patients in clinical settings and at the same time engaging in medical research. Although the journey to be a successful physician-scientist is long and tough, I will keep striving for excellence and do my best to be a conscious, compassionate, competent and committed clinician, and be a man for and with others.

Yours faithfully,

Dr. KAN Ka Chun Andy
MBBS VI (in the year 2024-25)



This photo was taken during the Primary Healthcare Summit 2024 Faculty Dinner, with Prof. CS LAU, Dean of Medicine, HKU, who is also my research supervisor.



This photo was taken during my attachment at the Sok Kwu Wan General Outpatient Clinic in Lamma Island, with Dr. Raymond YEUNG, Consultant in Family Medicine, HKEC. (I am the second person from the right)



This photo with Prof. William WONG, Chairperson of the Department of Family Medicine and Primary Care, was taken during the Congregation.



The Hong Kong College of Family Physicians YOUNG DOCTORS COMMITTEE



YDC is recruiting subcommittee members for:

- Career Talk
- Boot Camp
- Mentor-Mentee Programme
- Social Activities (e.g. Hiking)
- Voluntary Service (e.g. X'mas Caroling)
- Music Performance (FM Harmony)

Please scan the QR code and contact Kathy/ Nana at 2871 8899 or email: YDC@hkcfp.org.hk for enquiry.



Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **January – March 2026**:

New Application

Associate Membership

Dr. CHAN Ying, Jenny	陳 英
Dr. HO In Kwan, Angell	何 妍 君
Dr. LEE Ka Lam	李 嘉 林
Dr. LEUNG Hong Ki	梁 康 琪
Dr. XU Chunyan	許 春 燕

Dr. NGAI Stanley Hiu-On	倪 曉 安
Dr. TAI Hing Kuen	戴 鑫 權
Dr. TONG Yuk Ting, Lucy	唐 毓 婷
Dr. YEUNG Chin Fung	楊 展 峯
Dr. YEUNG Pui Sze	楊 珮 詩
Dr. YU Lok Kwan	余 洛 鈞

Transferral

From Associate to Fellowship

Dr. CHAN Fung Yuen	陳 峰 源
Dr. CHAN Kwun Hung	陳 冠 雄
Dr. CHAN Hue Yan, Stephanie	陳 曉 忻
Dr. CHEUNG Ka Nam	張 嘉 楠
Dr. CHOI Sze Yuen	蔡 思 遠
Dr. FUNG Yan Ning	馮 欣 寧
Dr. HUI Tak Leung	許 德 亮
Dr. KU Ngai Lam	古 艾 琳
Dr. LAM Lai Cho, Eugenia	林 澧 瓊
Dr. LEE Chun Ki	李 雋 麒
Dr. LEE Eric Yuk Ho	李 旭 皓
Dr. LEE Pak Lik, Eric	李 伯 力
Dr. LEUNG Wai Chung	梁 慧 中
Dr. MA Hiu Tung	馬 曉 彤
Dr. NG Kwan Chun	吳 君 駿
Dr. NG Wing Hin, Stephanie	吳 詠 軒

Re-application

Associate Membership

Dr. WONG Ling Ngan	黃 凌 雁
Dr. YAN Dominic Wai Man	忻 維 民

Re-instatement

Fellowship

Dr. LO King Yan, Cathy	盧 敬 欣
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Resignation

Non-HKSAR Fellowship

Dr. LO Sze Mon	羅 思 敏
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Termination

Associate Membership

Dr. TANG Fai Yu	鄧 輝 宇
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Fellowship

Dr. TSUI Hing Sing, Robert	徐 興 盛
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Board of Vocational Training and Standards News

The Hong Kong Primary Care Conference 2026 will be held from **26 - 28 June 2026 (Friday - Sunday)** and online registration is now open.

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

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

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

Please contact Ms. Hannah Lok or Ms. Kathy Lai at 2871 8899 for details.

Board of Vocational Training and Standards

HKCFP CERTIFICATE COURSE IN ESSENTIAL FAMILY MEDICINE 2026-2027

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

1. OBJECTIVES:

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

2. SYLLABUS:

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

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

3. AWARDS/CREDITS:

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

4. COURSE CONTENT:

Segment I – Essentials of Family Medicine (Structured Seminars)

Objectives:

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

Contents:

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

Segment II – Problem Solving and Clinical Updates

Objectives:

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

Contents:

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

Segment III – Practical Family Medicine (Practical Workshops)

Objectives:

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

Contents:

One compulsory and one elective Practical Workshops in selected areas including Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine

5. ADMISSION REQUIREMENTS:

Registered Medical Practitioner with Bachelor's degree in Medicine.

6. TEACHING STAFF:

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

7. TEACHING MEDIUM:

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

8. COURSE FEES:

Administration fee for application	HK\$ 2,000			
<i>plus</i>				
Enrolment for the complete Certificate Course	HK\$ 26,000	for members	HK\$ 52,000	for Non-members
Or				
Enrolment for individual session:				
Single session from Segment I and Segment II	HK\$ 2,000	for members	HK\$ 3,900	for Non-members
Single Session from Segment III	HK\$ 2,500	for members	HK\$ 5,000	for Non-members

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

9. APPLICATION PROCEDURES:

Application are now open.

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

- Photocopy of the current Annual Practising Certificate;
- A recent photo of the applicant (passport size);
- A signed "Disclaimer of Liability";
- An administration fee for application of HK\$2,000 by crossed cheque payable to "HKCFP Education Limited". This fee is non-refundable;
- A Course Fee in appropriate amount by crossed cheque payable to "HKCFP Education Limited". This fee is non-transferable and non-refundable.

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

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

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

Application Deadline: 30 June 2026

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

Diploma in Family Medicine (HKCFP) 2026-2027

The Board is pleased to announce that the Diploma Course in Family Medicine (DFM) organized by The Hong Kong College of Family Physicians will commence in August 2026.

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

Details of the course are as follows:

1. Objectives:

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

2. Syllabus:

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

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

Module I – Principles of Family Medicine (Distance Learning)

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

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

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

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

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

*Module IV - Clinical Updates (Updates and FM Clinical Skills Enhancements)

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

*Module V - Practical Family Medicine (Practical Workshops)

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

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

3. Articulations:

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

4. *Schedule:

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

August to October 2026	Module I
October to December 2026	Module II
August 2026 to April 2027	Module III, IV & V
April 2027	Final Examination

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

5. Admission Requirement:

Registered Medical Practitioner with Bachelor's Degree in Medicine.

6. Teaching Staff:

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

7. Teaching Medium:

English

(Cantonese may be used in some seminars, workshops and FM clinical skills enhancements)

8. Course Fees:

Whole course:

HK\$47,000 for members of HKCFP

HK\$94,000 for non-members

(A discount of HK\$3,000 for early bird applications on or before 31 May 2026)

Individual Modules:	Members	Non-members
Module I (Distance Learning – Principles of Family Medicine)	\$6,000	\$12,000
Module II (Distance Learning – Common Problems in Family Medicine)	\$6,000	\$12,000
Module III (Structured Lectures & Seminars)	\$6,100	\$12,200
Module IV (Updates & FM Clinical Skills Enhancements)	\$5,800	\$11,600
Module V (Practical Workshops)	\$7,600	\$15,200
Examination	\$13,600	\$27,200
Administration Fee	\$5,000	\$10,000

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

9. Awards/Credits:

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

10. Application Procedure:

Applications are now open.

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

- A photocopy of the current Annual Practising Certificate;
- A recent photo of the applicant (passport size);
- A signed "Disclaimer of Liability";
- An administration fee for application of HK\$2,000 by crossed cheque payable to "HKCFP Education Limited". This fee is non-refundable;
- A Course Fee of HK\$47,000 (or HK\$94,000 for non-members) by crossed cheque payable to "HKCFP Education Limited". This fee is non-transferable and non-refundable.

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

Information and application forms can be obtained from the College or can be downloaded at the College website (<http://www.hkcfp.org.hk>). Members who were not admitted in the course in 2025 have to send in their application again if they want to study the course this year. Please contact the College secretariat, Ms. Alky Yu at 2871 8899 for any queries.

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

11. Application Deadline: 30 June 2026

Comments From Former DFM Graduates

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

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



APCLS Training Workshop



Women's Health Workshop



Orthopaedic Injection Workshop



Musculoskeletal Workshop

THE 40TH CONJOINT HKCFP/RACGP FELLOWSHIP EXAMINATION FINAL ANNOUNCEMENT

The Board of Conjoint Examination is pleased to announce the following information on the 40th Conjoint Fellowship Examination with the Royal Australian College of General Practitioners to be held in 2026.

(1) REQUIREMENTS AND ELIGIBILITY

CATEGORIES OF CANDIDATES:

(a) CATEGORY I CANDIDATES MUST be FULL OR ASSOCIATE members of BOTH HKCFP AND RACGP* at the time of application for the Examination and at the time of the Conjoint Examination. (*Documentary evidence is required with the application – including a valid RACGP number. All candidates are required to have renewed their RACGP membership for the year 2026/2027 on or before 31 July 2026. Failure to comply with the above may result in denial of admission to the Examination.)

CATEGORY I CANDIDATES are graduate doctors (FULLY OR LIMITED registered with the Hong Kong Medical Council) who are undergoing or have completed a fully approved vocational training programme as outlined in the HKCFP College Handbook for Vocational Training in Family Medicine.

After satisfactory completion of two years of approved training, Category I candidates or trainees may apply to sit the Written Examination. The two segments can be taken separately in any order, or at the same attempt. After satisfactory completion of four years of supervised training, Category I candidates may apply to sit the Clinical Examination.

[Note: All Category I candidates who are current vocational trainees and apply to sit the Written Examination **MUST** submit evidence of completion of at least 15 months of approved training by 31 March 2026, together with the application. Those current vocational trainees who apply for the Clinical Examination **MUST** submit evidence of completion of at least 39 months of approved training by 31 March 2026, together with the application. Candidates who have already completed vocational training **MUST** submit evidence of completion of vocational training, together with the application.

Part-time trainees **MUST** submit evidence of completion of their vocational training by the time of the Written Examination before they can apply to sit the examination.)

Please Note:

For Category I candidates who have enrolled in the vocational training program before 31 December 2018, they will remain eligible to apply for the FRACGP before 1 March 2027, provided all requirements for Fellowship are met. All other candidates are eligible to apply for the award of International Conjoint RACGP Fellowship (ICFRACGP).

All successful candidates applying for the award of the RACGP Fellowship will be subject to the decision of the RACGP.

(b) CATEGORY II CANDIDATES are doctors who

1. are FULLY registered with the Hong Kong Medical Council,
2. have been predominantly in general practice in Hong Kong for not less than **five** years by 30 June 2026, provided that the experiences are within the most recent 10 years,
3. must be FULL OR ASSOCIATE members of HKCFP at the time of application for the Examination and at the time of the Fellowship Examination.
4. had enrolled and passed the Diploma in Family Medicine course organized by the HKCFP, or other equivalent subject to the approval of the Board of DFM, HKCFP.
5. had fulfilled the CME/CPD requirements by obtaining both 30 CME points and 10 CPD points accredited by the HKCFP each in the 2 consecutive years (i.e. 2024-2025).

Please Note:

Starting from 2024, Category II candidates, who are eligible to sit for our college exam, will only be awarded FHKCFP upon passing the exam, provided all HKCFP Fellowship requirements are met.

The eligibility of candidates of both categories is subject to the final approval of the Board of Conjoint Examination, HKCFP.

Application will not be processed unless all the required documents are submitted with the application form.

(2) FORMAT AND CONTENTS

- A.** Written Examination consists of
 - (i) Applied Knowledge Test (AKT), and
 - (ii) Key Feature Problems (KFP)
- B.** Clinical Examination
Clinical Competency Examination (CCE)

(3) PRE-REQUISITE FOR CLINICAL SEGMENTS

All candidates applying to sit for the Clinical Examination of the Conjoint Fellowship Examination **MUST** possess an APCLS (Advanced Primary Care Life Support) certificate issued by the HKCFP*. The validity of this certificate must span the time at which the application for the Examination is made **AND** the time of the Clinical Examination.

Application will not be processed unless the pre-requisite is fulfilled.

*Note: In regarding the APCLS certificate issued by the HKCFP, the dates of APCLS workshops & examinations for 2026 have been announced. If you do not hold a valid APCLS certificate issued by HKCFP and intend to sit for the Conjoint Examination 2026, please register AS EARLY AS POSSIBLE.

(4) CRITERIA FOR A PASS IN THE EXAMINATION

A candidate must pass **both** the AKT **and** KFP segments in the Written Examination before one can proceed to the Clinical Competency Examination. Candidates who failed in one segment will be required to re-attempt only the failed segment. Successful Written Examination result can be retained for three years (counting from whenever the first segment is passed). If one fails to pass both segments in three years, one has to retake both segments.

The Clinical Competency Examination can only be taken after passing both segments of the Written Examination. If one fails the Clinical Competency Examination, all the clinical stations have to be re-taken.

A candidate has to pass both the Written and the Clinical Examinations in order to pass the Conjoint HKCFP/RACGP Fellowship Examination.

(5) APPLICATION AND EXAMINATION FEES

Application forms are available at the College website, <http://www.hkcfp.org.hk>. Please note that the deadline for application is **9 April 2026 (Thursday)**.

For both **CATEGORY I** or **CATEGORY II CANDIDATES**:

Application Fee	:	\$3,000 (Non-refundable)	
Examination Fee	:	- Full Examination (Written + Clinical)	\$48,000
		- Written Examination	
		• AKT	\$12,000
		• KFP	\$12,000
		- Clinical Examination	\$24,000

Please make the cheque payable to **"HKCFP Education Limited"**. If a candidate applied for the Full Examination **but failed in the Written Examination, s/he will be automatically withdrawn from the Clinical Examination, and the Clinical Examination fee (\$24,000) would be refunded.**

(6) REFUND POLICY

If a candidate wishes to withdraw from the examination, and written notice of withdrawal is received by the College 60 days or more prior to the date of the examination, he will receive a refund of \$48,000 (for the whole examination), \$12,000 (for AKT), \$12,000 (for KFP) or \$24,000 (for the clinical examination). The application fee of \$3,000 will not be refunded.

No refund will be given if the written notice of withdrawal is received by the College within 60 days of the date of the examination.

All fees paid are not transferable to subsequent examinations.

(7) IMPORTANT DATES

- | | |
|---------------------------|-------------------------------|
| • 9 April 2026 (Thursday) | Closing Date for Applications |
| • 16 August 2026 (Sunday) | Written Examination (KFP) |
| • 23 August 2026 (Sunday) | Written Examination (AKT) |
| • Date to be confirmed | Clinical Examination (CCE) |

(8) ELECTION TO FELLOWSHIP

Members should be aware that passing the Conjoint Fellowship Examination does NOT equate with election to Fellowship of either the Hong Kong College of Family Physicians or the Royal Australian College of General Practitioners. Those wishing to apply for Fellowship of either or both College(s) should ensure that they satisfy all the requirements of the College(s) concerned.

Entry forms for the application of Fellowship, Membership and Associateship of the Hong Kong College of Family Physicians and the Royal Australian College of General Practitioners are available from both College website (www.hkcfp.org.hk / www.racgp.org.au). You may also contact the HKCFP Secretariat, Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. Tel: 2871 8899, Fax: 2866 0616.

Dr. David VK CHAO
Co-Chairman
Board of Conjoint Examination

Dr. Welchie WK KO
Co-Chairman
Board of Conjoint Examination

The HKCFP Awards for the Best Research and Best Trainee Research of 2025

The Research Committee of the Hong Kong College of Family Physicians is calling for The Award for The Best Research of the Year 2025. All members and fellows of the College are invited to participate and submit their research papers to the Research Committee for selection.

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

Both the abovementioned Awards will be presented at the Conferment Ceremony in 2026.

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

Entry and assessment criteria are listed below.

Entry Criteria:

For Best Research Paper:

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

For Best Trainee Research Paper:

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

Assessment Criteria:

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

Each research project submitted will be assessed according to the seven criteria listed above by a selection panel. Each criterion may attract a different weighting to be decided by the selection panel. Please indicate the research award that you applied for, i.e. “The HKCFP Award for the Best Research of 2025” or “The HKCFP Award for the Best Trainee Research of 2025”, on your research project upon submission, and send your submission either

By post to Research Committee, HKCFP, Rm 803-4, 8/F, HKAM Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong;

Or, **by email** to research@hkcfp.org.hk

DEADLINE OF SUBMISSION: 27 March 2026

Supported by HKCFP Foundation Fund

HKCFP Research Fellowship 2026

Introduction

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

Eligibility

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

Selection criteria

Application will be judged on*:

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

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

How to apply

1. Application form, terms and conditions of the Fellowship can be downloaded from www.hkcfp.org.hk or obtained from the College Secretariat, HKCFP at Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. Tel: 2871 8899 Fax: 2866 0616
2. Applicants must submit:
 - The completed application form;
 - The signed terms and conditions of the HKCFP Research Fellowship;
 - Curriculum vitae from the principal investigator;
 - Curriculum vitae from the co-investigator(s) (no more than two pages) AND,
 - Curriculum vitae from the supervisor.
3. Applications close on: **27 March 2026**. Late applications will not be accepted.
4. Applications can be either sent:

By post to Research Committee, The Hong Kong College of Family Physicians, Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong;

Or, **by email** to research@hkcfp.org.hk

Supported by HKCFP Foundation Fund

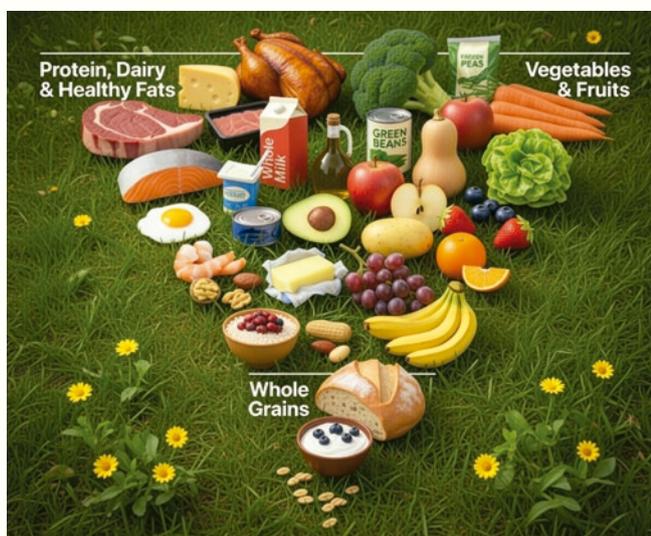
The 2026 US Dietary “Reset” - Implications for us in Hong Kong?

Introduction

The recent unveiling of the “2025–2030 Dietary Guidelines for Americans” marks a radical departure from traditional nutritional orthodoxy, replacing the grain-heavy foundation of old with an inverted model prioritising “real food” matrix.^{1,2} For the family physicians in Hong Kong, while these are technically foreign guidelines, their release is highly pertinent. Our local population grapples with similar escalations in chronic conditions like diabetes and obesity, often exacerbated by a highly “Westernised” urban diet. By transitioning from caloric quantity to nutrient quality—specifically through the lens of protein density and the reduction of ultra-processed foods—this “historic reset” offers a provocative framework for us to re-examine our own clinical advice in a local context.⁴

Deconstructing the Inverted Pyramid: A Shift in Macro-Priorities

The most visible change is the transition of the food pyramid to an inverted triangle. In this new hierarchy, the widest portion—and thus the primary recommendation—comprises high-quality proteins, full-fat dairy, and healthy fats, while grains are relegated to the narrowest point at the bottom.^{2,3}



“The New Pyramid” – A re-drawn illustration inspired by <https://realfood.gov/>

For those of us practicing in Hong Kong, where the rice bowl has long been our cultural baseline, this US shift is significant. The 2026 guidelines argue that the high glycemic load of refined grains, even when not labelled as “added sugar”, has been a primary driver of insulin resistance. By prioritising proteins and fats, the new model seeks to leverage the higher satiety index of these macronutrients to combat the overconsumption of energy-dense, nutrient-poor carbohydrates.⁵

The Protein Mandate: Addressing the Sarcopenia Gap

The guidelines now advocate for a protein intake of 1.2 to 1.6g per kilogram of body weight.⁵ This is notably higher than previous international standards. From a clinical perspective in Hong Kong, this is particularly relevant to our ageing demographic. Sarcopenia is an under-diagnosed precursor to frailty in our elderly patients.⁶

While the US guidelines lean heavily on beef and dairy, we can translate this to our local context by emphasizing “real” protein sources common in the Cantonese diet—such as steamed whole fish, lean meat, and soy-based proteins like tofu—while steering patients away from processed “dim sum” meats or preserved sausages (“lap cheong”), etc. which fall under the newly restricted “highly processed” category.¹

The Full-Fat Dairy Controversy: A New Consensus?

Perhaps the most discussed update among primary care peers is the revive of full-fat dairy.² For decades, we have dutifully advised our hyperlipidaemic patients to opt for skimmed milk. However, the 2026 guidelines acknowledge that the “food matrix” of whole dairy provides bioactive peptides and improves the absorption of fat-soluble vitamins, without necessarily increasing cardiovascular risk, provided total saturated fat remains within 10% of daily calories.

In Hong Kong, where dairy is not as deeply ingrained as in the West, this allows us to refocus. Instead of recommending “low-fat” versions that often also contain added flavourings and sugars, we might instead encourage modest portions of “real” full-fat yogurt or milk, focusing on the satiating effect and the absence of artificial additives.³

The War on Ultra-Processed Foods (UPF)

The US guidelines now explicitly link UPFs—characterised by artificial additives, emulsifiers, and refined carbs—to 32 health conditions, including cardiovascular disease and certain malignancies. This is a vital distinction for the Hong Kong family physicians. Our patients often live in a state of “nutritional poverty in the midst of caloric plenty”, relying on convenience-store meals and highly processed snacks during long working hours.

The new recommendation for a zero-tolerance policy on added sugars for children under ten is a landmark stance.^{3,4} In a city where sugar-sweetened beverages are ubiquitous, we can use this US-led evidence to support more rigorous counselling for parents, emphasising that “natural sugars” in whole fruit are protected by fibre and

are not metabolically equivalent to the sugars found in juice or snacks.⁴



Gut Health and the Microbiome in Primary Care

The 2026 guidelines are the first to formally integrate the gut microbiome into dietary advice, recommending fermented and high-fibre “real” foods to support the gut-brain axis.³ This aligns with emerging research linking gut dysbiosis to the rising rates of anxiety and mood disorders we see in our clinics. By moving away from sterile, highly processed foods, we are not just treating the metabolism, but potentially the patient’s psychological resilience.

Alcohol: From “Moderate” to “Cautionary”

Clinically, we have often cited the “one to two drinks a day” rule as acceptable. The 2026 update moves away from these specific “safe” quotas, citing a clearer link between even low-level alcohol consumption and oncogenesis.⁵ This suggests our role as physicians should shift toward a “less is better” harm-reduction approach, acknowledging that the social role of alcohol does not negate its physiological risks.

Applying Foreign Guidelines to a Local Patient Base

As Hong Kong doctors, we need to understand the 2026 US Dietary Guidelines as a signal of a global shift toward Metabolic Health over Caloric Balance. While we should not blindly adopt Western portion sizes, the underlying principles—reducing UPFs, prioritising quality protein, and embracing whole-food fats—are universally applicable.



In reality, examples of our local “Real Food” advice for our patients may include *sensible portions of*:

- ✓ *Protein*: Fresh fish, poultry, beans and legumes instead of processed meat, spam or canned meat.
- ✓ *Vegetables and Fruits*: Prioritising whole, seasonal greens over canned or preserved varieties.
- ✓ *Fats*: Embracing the natural fats in nuts, seeds, and fresh meats while avoiding seed oils used in deep-frying.
- ✓ *Whole Grains*: Unpolished (brown) rice instead of white rice, choosing brown (whole grain) bread instead of white bread.

Summary

The 2025–2030 US Dietary Guidelines represent a “historic reset” that prioritises the biological integrity of food over industrial convenience.¹ By flipping the food pyramid, the guidelines provide a robust, evidence-based argument for the “food-first” management of chronic disease.⁴ For family physicians in Hong Kong, this international shift provides the scientific backing to challenge outdated unanimously “low-fat” dogmas and helps us guide our patients back to a balanced diet of “real food”—a simple yet powerful intervention in our fight against the burgeoning epidemic of metabolic syndrome.

Reference:

1. Kennedy, R. F., Jr., & Rollins, B. (2026). Kennedy, Rollins unveil historic reset of U.S. nutrition policy, put real food back at center of health. U.S. Department of Agriculture. <https://www.usda.gov/about-usda/news/press-releases/2026/01/07/kennedy-rollins-unveil-historic-reset-us-nutrition-policy-put-real-food-back-center-health>
2. Nestle, M. (2026). New dietary guidelines flip the food pyramid. Science News. <https://www.sciencenews.org/article/new-dietary-guidelines-food-pyramid>
3. CBS News. (2026). RFK Jr.’s new food pyramid emphasizes protein, healthy fats. Here’s what to know about the dietary guidelines. CBS News. <https://www.cbsnews.com/news/dietary-guidelines-rfk-jr-sugar-processed-foods-gut-health/>
4. U.S. Department of Health and Human Services. (2026). Fact sheet: Historic reset of federal nutrition policy. U.S. Department of Health and Human Services. <https://www.hhs.gov/press-room/fact-sheet-historic-reset-federal-nutrition-policy.html>
5. NBC News. (2026). US dietary guidelines emphasize protein, dairy, fat under RFK Jr. NBC News. <https://www.nbcnews.com/health/health-news/us-dietary-guidelines-protein-dairy-fat-rfk-jr-rcna252656>
6. Ho, AWH at al., Prevalence of pre-sarcopenia and sarcopenia in Hong Kong Chinese geriatric patients with hip fracture and its correlation with different factors. Hong Kong Med J 2016 Feb;22(1):23–9 | Epub 18 Dec 2015. Available on <https://www.hkmj.org/abstracts/v22n1/23.htm>

Compiled by Dr. John-Hugh Tam

Occupational Medicine Series (2): Knowing more about Occupational Medicine as a specialty and an interest – Interview with Dr. Marcus Wong

Dr. Marcus Wong, Hong Kong East Cluster Occupational Health Centre Director / Hong Kong East Cluster Chief-of-service (Family Medicine and Primary Health Care)

Compiled by: Dr. Catherine Ng, Family Medicine Specialist, Hong Kong West Cluster, Hospital Authority
Dr. David Cheng, Family Medicine Specialist, Hong Kong West Cluster, Hospital Authority

In the last issue, there has been an overview of the Occupational Medicine (OM) service in Hospital Authority. This following article is Dr. Wong's sharing on specialist training and the fun of practising OM day in day out.



Investigation of Injury-on-duty Case

What is the general training pathway to becoming an Occupational and Environmental Medicine (OEM) specialist?

Occupational and Environmental Medicine (OEM) is a recognized specialty under the Hong Kong College of Community Medicine (HKCCM) of the Hong Kong Academy of Medicine (HKAM). The specialist training programme is divided into Basic Training and Higher Training.

Basic Training focuses on acquiring foundational knowledge and competencies in Occupational Medicine. For doctors who are already HKAM Fellows in other specialties, a substantial portion of the basic training may be exempted, allowing them to complete this stage in a shorter time. Completion of an OEM diploma course may also help equip trainees with the relevant knowledge required for basic training.

After completing basic training, candidates may sit for the Part I (written) examination. Upon passing Part I, they are eligible to proceed to higher training.

Higher Training requires at least three years of full-time training in an accredited Occupational Medicine training centre or clinic, or through approved staff clinic duties, to fulfil the training requirements.

Upon completion of higher training, candidates may attempt the Part II examination, which is conducted in the format of OSCE stations using real patients. Candidates are informed of their results on-site. Successful candidates will then immediately proceed to a viva-style Exit Examination, during which they are assessed on cases and clinical encounters documented in their training logbook. A specialist in OEM is born after passing this final step!

What advantages does a FM doctor have when pursuing OEM specialist qualification?

FM doctors often have a strong head start when moving into OEM because FM training provides broad, consistent exposure to a wide range of medical conditions and a holistic understanding of health across different settings.

For example, in a case of occupational asthma, a well-trained FM specialist is already familiar with diagnosing and managing asthma, so they can focus more quickly on identifying the work related triggers and occupational factors. In contrast, doctors from non medical specialties may need more time initially to identify and manage the underlying medical condition itself.

That said, Occupational Medicine does involve areas that may not be covered in depth during FM training. These include topics such as physical and chemical workplace hazards, as well as more advanced training in

epidemiology, research methods, and critical appraisal of medical literature.

What's unique and interesting about Occupational and Environmental Medicine (OEM), and how is it different from Family Medicine (FM)?

One of the most interesting things about OEM, compared with Family Medicine, is that you often get the chance to fix the system, not just treat the individual. Your work can end up helping not just one patient, but an entire workplace.

Take an example of an IOD or occupational disease. In Family Medicine, the focus is mainly on the individual patient — managing the medical condition, supporting them psychologically, and guiding their rehabilitation. In OEM, you can go a step further. You work with a multidisciplinary team, the employer, and sometimes safety or facilities staff to look for the root cause of the injury. From there, you can recommend hazard control measures, help prevent similar injuries from happening again, and provide on site support during the return to work process.

Workplace visits are also a big part of OEM. These may be done together with occupational therapists, facilities management, or other teams to spot environmental or workflow issues and suggest practical improvements. The goal isn't just recovery for one injured worker, but prevention for everyone doing similar work.

Another key difference is the nature of the doctor–patient relationship. Unlike FM, OEM cases may not involve long term follow up over many years. OEM tends to focus on intensive intervention during a critical “golden period”, aiming to maximize recovery and reduce the risk of future injuries. This brings a different, but equally rewarding, sense of professional satisfaction.

And one more nice thing about OEM: time. Consultations are usually less rushed than in many clinical settings, giving you more space to explore cases in depth, communicate with different stakeholders, and collaborate on management plans.

What kind of personality or traits suit Occupational and Environmental Medicine (OEM)?

If you enjoy improving systems rather than just fixing one case at a time, then OEM might be a great fit for you. In OEM, your work often benefits not only the individual patient in front of you, but also many others working in the same environment.

Being comfortable working with multiple stakeholders is also important. An OM doctor regularly collaborates with people such as work supervisors, Human Resources (HR), physiotherapists, occupational therapists, facilities management teams, and technical staff. Not everyone will be immediately cooperative, so having the patience and communication skills to negotiate, align different interests, and gently push for change is a big plus.

Patience and curiosity are also important elements. OEM often involves digging deep into how and why an injury happened — looking closely at work processes, the physical environment, posture, equipment, and available support tools. A systematic, step by step approach to problem solving is essential. Some people love this detective style work, while others may find it frustrating or slow.

On the other hand, if what you enjoy most is long term personal interactions and building close doctor–patient relationships, Family Medicine may feel more satisfying. OEM offers fulfillment in a different way — through prevention, system change, and making workplaces safer for many.



Staff Health Workshop: Narcissus

What sparked your interest in becoming an OEM specialist?

It really started with a single patient encounter. During one clinic session, a middle aged patient with asthma came to see me because her symptoms just weren't responding well to the usual treatment. As we talked more, a pattern began to emerge — the symptoms always flared up while the patient was dissolving bleaching tablets at work.

I asked the patient to monitor her peak flow at work, and sure enough, there was a noticeable dip during working hours, but no issues at all during holidays. As a Family Medicine doctor, the options at that point were fairly limited. I could advise wearing

the provided protective gear and stepping up asthma treatment, but the real problem — exposure to bleaching chemicals at work — was still there. Eventually, the patient changed jobs and workplaces, and I didn't see her again.

Looking back, I often think that if I had OEM training at the time, I could have done much more. I would have asked detailed questions about workplace ventilation, the type and adequacy of PPE, and who was responsible for occupational safety. I could have worked with OSH team for hazard assessment and control. If issues were identified, I could have followed up with site visits, discussions, and practical improvements with related parties. That way, not only could the patient have been better protected, but their colleagues in the same workplace as well.

That encounter really struck with me. It made me realize that I wanted to do more than just manage symptoms — I wanted to change the environment contributing to the illness. That was what led me to pursue Occupational and Environmental Medicine. I started with a diploma, then completed a master's degree, and eventually entered OEM specialist training. Looking back now, it feels like a very natural journey.

Could you share an interesting or inspirational case from your OM practice?

One case that really stayed with me involved a nurse who had suffered a coccyx fracture and was struggling to return to work because of persistent pain. By that stage, the orthopaedic team felt there was little more they could offer. When I assessed her, it was clear that she wasn't malingering at all — she was genuinely motivated to recover, even though she was starting to feel quite hopeless.

We decided to take a stepwise rehabilitation approach. Physiotherapists focused on sacroiliac joint management, while occupational therapists worked on work capacity hardening and functional training. We also spent time reinforcing her motivation and commitment to doing home exercises regularly. At the same time, a designated case manager carried out a workplace site visit and suggested practical improvements — things like adjusting work positions to avoid awkward postures, sitting patients out more often to make nursing care easier, and tweaking workflow arrangements. The pain team was also involved to optimise her pain control.

Initially, her supervisor wasn't particularly enthusiastic. But over time, seeing the coordinated efforts from so many professionals — and the patient's own determination — made a real difference. The supervisor became much more supportive. The nurse eventually returned to half day, less physically demanding duties, and as her condition improved, she gradually resumed near full duties, with only a few exceptions such as CPR. It was a great example of how teamwork in OEM can maximize rehabilitation potential and help someone return close to their original level of function.

Another memorable experience involved noticing a cluster of sprain injuries occurring in the same department over a period of time. The work involved manual handling and transferring objects. A site visit with occupational safety and health officers revealed that workers were frequently throwing objects to their intended positions. This wasn't due to poor practice — it turned out there were environmental constraints that made safer handling difficult. Once the environment was modified, the need to throw objects was eliminated, and the injuries stopped happening altogether.

A similar situation occurred in another workplace where there was a rising number of slip and fall incidents. After a joint site visit with management, we discovered that oil was leaking from an anti door slam device on a door hinge. Once the faulty equipment was replaced and the hazard removed, there were no further incidents.

These cases really highlight what makes OEM rewarding — identifying root causes, making practical changes, and preventing injuries not just for one person, but for many others as well.

How do you think about OM practice after reading these 2 articles? Do you feel more interested in the specialty and want to give it a try? Don't hesitate to learn more and it may mark another important milestone in your career.



Staff Health Workshop: Pilates with Mini Fitness Ball



**Hong Kong
Primary Care
Conference**

The Hong Kong College
of Family Physicians

Hong Kong Primary Care Conference 2026
**Overcoming Challenges for
Sustainable Primary Care:**
Innovation, Collaboration and Leadership
26 – 28 June 2026 (Friday – Sunday)



(Supported by HKCFP Foundation Fund)



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

Hong Kong Primary Care Conference 2026

“Overcoming Challenges for Sustainable Primary Care: Innovation, Collaboration and Leadership”

26 – 28 June 2026 (Friday – Sunday)

More
conference
details:



Scientific Programme at-a-glance

Date	26 June 2026 (Friday) Pre-conference				
19:00 - 19:30					
19:30 - 20:30	Sponsored online seminar 1	Sponsored online seminar 2	Sponsored online seminar 3	Workshop 1 Non-Pharmacological Therapies in Traditional Chinese Medicine: An Overall Introduction and Hands-on Practice <i>Mr. HO Chin Pong</i>	Workshop 2 A Virtual Reality of Choice: A Practical Workshop on Advance Medical Directives (AMDs) and Clinical Scenarios <i>Dr. Nick TSUI</i>
Date	27 June 2026 (Saturday) Day 1				
13:45 - 14:30	Registration and Welcome Drinks				
14:30 - 15:00	Opening Ceremony				
15:00 - 15:45	Plenary I				
15:50 - 16:30	Plenary II (Putonghua session 普通話會場) The Development and Future Direction of Primary Healthcare System in the Greater Bay Area/Mainland China 大灣區 / 中國內地基層醫療體制的發展及未來方向 <i>Prof. WANG Jia Ji</i>				
16:30 - 17:00	Coffee Break & Poster Presentation (Part 1)				
17:00 - 18:15	Discussion Forum 1 (Putonghua session 普通話會場) Greater Bay Area Healthcare System: Collaboration & Implication on Medical Education & Training to Primary Care Providers 大灣區基層醫療：協作及其對基層醫療服務提供者於醫學教育與培訓的影響	Discussion Forum 2 Safeguarding of Vulnerable Patients - Medical, Legal and Social Aspects	Workshop 3 Ultrasound-guided Joint Injection <i>Dr. Regina W.S. SIT</i>	Workshop 4 Cryotherapy for Common Dermatology Lesion <i>Dr. Steven K.F. LOO</i>	
18:15 - 18:30					
18:30 - 19:00	Seminar A Sexual Health Updates <i>Dr. Francois Y. FONG</i>	Seminar B Lifestyle Medicine <i>Prof. Carmen WONG</i>			
19:05 - 20:35	Sponsored Dinner Symposium				
Date	28 June 2026 (Sunday) Day 2				
08:30 - 09:00	Registration				
09:00 - 09:30	Seminar C Managing Chronic Diseases: Current Insights and Effects of Cancer Medications <i>Dr. Eric K.P. LEE & Dr. SO Tsz Him</i>	Seminar D Precision Medicine <i>Prof. Juliana C.N. CHAN & Dr. Becky M.Y. MA</i>	Seminar E Osteoporosis Screening, Management Cutoff and Dental Assessment before Treatment <i>Dr Yolanda Y.H. LAW & Dr Risa OZAKI</i>	Free Paper - Oral Presentation (Part 1)	
09:30 - 09:45					
09:45 - 10:00					
10:00 - 10:30	Coffee Break & Poster Presentation (Part 2)				
10:30 - 11:45	Discussion Forum 3 AI in Medical Practice in Asia Pacific Region <i>Dr. Adina Binti ABDULLAH, Dr. Alfred S.K. KWONG & Prof. NG Chirk Jenn</i>	Discussion Forum 4 Updates on Preventive Care <i>Dr. Maria K.W. LEUNG, Prof. Hextan Y.S. NGAN & Dr. Esther Y.T. YU</i>	Clinical Case Presentation Competition and Awards Presentation of Outstanding Poster Presentation Award	Free Paper - Oral Presentation (Part 2) & Full Research Paper Awards Presentation*	Workshop 5 Hands-on Workshops on Upper Back Pain Commonly Seen by Family Physicians <i>Dr. AU Chi Lap</i>
11:50 - 12:30	Plenary III				
12:35 - 14:05	Sponsored Lunch Symposium				

*The winner of the Best Research Paper Award will present his/ her work during this session (11:30 - 11:45).

Disclaimer

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



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

Hong Kong Primary Care Conference 2026

“Overcoming Challenges for Sustainable Primary Care: Innovation, Collaboration and Leadership”

26 – 28 June 2026 (Friday – Sunday)

Registration is now open.
For registration details:



Registration Information

Online Registration Deadline: 14 June 2026 (Sunday)

A) Conference Registration (required)

	Early Bird Rate (until 30 April 2026)	Regular Rate (until 14 June 2026)	On-site Rate (from 15 June 2026)
HKCFP Members (excl. student members):	HK\$360	HK\$480	HK\$600
Non-members:	HK\$1,125	HK\$1,500	HK\$1,875
Students (incl. student members):	HK\$150	HK\$200	HK\$250

- On-site registration will be available at the registration counter, G/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong on 27 - 28 June 2026 (Saturday - Sunday).
- For on-site registrants, complimentary conference souvenirs will be given subject to stock availability.

B) Conference – General

- **Dinner Symposium: Saturday, 27 June 2026, 19:05 – 20:35**
- **Lunch Symposium: Sunday, 28 June 2026, 12:35 – 14:05**

(For details of symposium deposit, please visit <https://www.hkpcc.org.hk/registration>.)

Enrolment deposit*:

HK\$50 per symposium

C) Workshop Registration

First-come-first-served.

- CME/CPD application for workshop participants in progress.

26 June 2026 (Friday)	19:00 20:30	Workshop 1 Non-Pharmacological Therapies in Traditional Chinese Medicine: An Overall Introduction and Hands-on Practice	HK\$700
	19:00 20:30	Workshop 2 A Virtual Reality of Choice: A Practical Workshop on Advance Medical Directives (AMDs) and Clinical Scenarios	HK\$700
27 June 2026 (Saturday)	17:00 18:30	Workshop 3 Ultrasound-guided Joint Injection	HK\$700
	17:00 18:30	Workshop 4 Cryotherapy for Common Dermatology Lesion	HK\$700
28 June 2026 (Sunday)	09:30 11:45	Workshop 5 Hands-on Workshops on Upper Back Pain Commonly Seen by Family Physicians	HK\$700

Payment Method

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

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

Refund Policies

Withdrawal and Refund Policy:

- Withdrawal of Registration **on or before 15 May 2026**: A full refund will be provided, minus any bank charges and related transaction fees.
- Withdrawal of registration **after 15 May 2026**: **No refunds** will be issued.
- Refund Processing: All refunds will be processed within **8 weeks after the conference**.

*Symposium Deposit:

- Registrants will be charged **a deposit of HK\$50** per individual symposium.
- The deposit will be refunded at the symposium registration counter to attendees who successfully participate.
- For absent registrants, the deposit will be contributed to HKCFP as an administration fee.

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



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

Hong Kong Primary Care Conference 2026 “Overcoming Challenges for Sustainable Primary Care: Innovation, Collaboration and Leadership”

26 – 28 June 2026 (Friday – Sunday)

Full Research Paper Competition

We cordially invite your participation in the **Full Research Paper Competition** of the HKPCC 2026. The Competition is a long-standing tradition of the College’s Annual Conference to promote and recognise well-designed and innovative research which bears potential impact on clinical practice or development of primary care. This year, we will have TWO Awards:

AWARDS

Best Research Paper Award

Best New Investigator Research Paper Award

The HKPCC 2026 Organising Committee will invite renowned scholars as judges to review the participating papers. Both winners will receive a **Certificate of Award** and will be invited to present their research papers at the Conference.

Free Paper Competition (Oral/ Poster)

Apart from the Full Paper Competition, we also have the **Free Paper Competition** which sees many pioneering research ideas, pilot studies and thought-provoking case studies, commentaries and stimulating discussions. The Free Paper Competition is one of the highlights of the HKPCC and can be in the form of **ORAL** presentation or **POSTER** presentation. We look forward to your active participation in the Free Paper Competition.

AWARDS

Best Oral Presentation Award

Outstanding Poster Presentation Award

Each winner will receive a **Certificate of Award**.

Clinical Case Presentation Competition

Following on from the success of the previous years’ HKPCC Clinical Case Presentation Competition, the Organising Committee of the upcoming HKPCC 2026 is honored to organise the competition again this year!

The Presentation can be in the form of individual or group presentation with up to 5 people per group. The details of the competition are listed as below. We look forward to your active participation in the Clinical Case Presentation Competition.

AWARD

The Best Presentation Award winner will receive a **Certificate of Award**.

QR Codes for further competition details:

Full Research Paper Competition	Free Paper Competition (Oral/ Poster)	Clinical Case Presentation Competition
		

For enquiries, please do not hesitate to contact our Conference Secretariat, Ms. Carol Pang or Ms. Nana Choy, at 2871 8899 or by email hkpcc@hkcfp.org.hk.

EXTENDED SUBMISSION DEADLINE

~~16 March 2026 (Monday)~~ ➔ **8 April 2026 (Wednesday)**

“We look forward to receiving your research articles!”

The Diary of a Family Doctor【家庭醫生的日常】

《為自己做过甚麼?》

冼銘全醫生

43歲女士，上次來看體重下降，腹痛，同事安排了驗血、大便隱血、小便測試，她也到私家接受了腹部和盆腔超聲波，今天回來覆診。

她一進來便遞上超聲波報告，立刻詢問抽血結果。我解釋所有抽血、大小便化驗正常，超聲波除了一個很細小的膽囊瘰肉，沒有問題。

她續說：「我兩個月瘦咗10磅喎，肚痛，食嘢唔食嘢都痛，半夜翻翻吓兩隻手痺，全身針拮咁，仲痾多咗夜尿。」說話快，焦慮至極。」

我：「第一次見，我想問返啲基本資料先。妳做咩工作?」

女士：「文職。」

我：「屋企而家同邊個住㗎?」

女士：「媽媽。」

我：「最近屋企有無咩問題?」

女士：「無。」

我：「呢排工作有冇咩壓力?」

女士在思索…「最近半年係多咗好多嘢做，做唔切。我一開工已經好快咁做㗎啦。醫生你話冇事?我個肝個腎…」

與病人相處要計算一下輕和重。這位女士需要一下重擊。

我：「妳眼目成日向住工作同埋其他人。我想知呢43年嚟，妳為自己做过啲乜嘢?」

女士崩潰，淚水一下湧出，哭得有點淒厲。

我給她遞了紙巾。接着的半分鐘，我只用鍵盤聲托着她的啜泣。

淚水過後才有轉機。

我：「身體幾個系統都要求妳集中返嚟自己身上，請妳好好讓身體休息，學習安靜同放鬆。」

臨走她再三道謝，整個人變輕鬆了。她承諾重新檢視作息。我也鼓勵她多做放鬆練習。沒有開藥，因淚水已給她治好一切。

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

Meeting Highlights

Ultrasound Workshop on Hepatobiliary and Kidneys on 28 February 2026

Dr. CHENG Lik Fai, Rickie, Specialist in Interventional Radiology and Chief of Service, Department of Radiology, Princess Margaret Hospital, Kowloon West Cluster, Hospital Authority, delivered a lecture on "How to Perform a USG on Hepatobiliary System and Kidneys"; Dr. POON Ka Yan, Clara, Specialist in Nephrology and Associate Consultant, Department of Medicine, Princess Margaret Hospital, Kowloon West Cluster, Hospital Authority, delivered a lecture on "Integrating POCUS into Clinical Management of Chronic Kidney Disease"; Dr. CHAN Kin Wai, Louis, Specialist in Family Medicine and Consultant, Department of Family Medicine and Primary Health Care, Kowloon West Cluster, Hospital Authority, delivered a lecture on "Application of POCUS in General Practice: Indication and Subsequent Management".



From left to right
Dr. POON Ka Yan, Clara (Speaker), Dr. CHEUNG Wing Wo (Tutor), Dr. CHAN Kin Wai, Louis (Speaker & Moderator), Dr. CHENG Lik Fai, Rickie (Speaker), Dr. TAM Ho Shan, Brenda (Tutor), Dr. WONG Yuk Shan, Wenice (Tutor), and Dr. LEE Sum, Samuel (Tutor)

Online Seminar on Dermatology – The 94th Meeting on 10 January 2026

Dr. FUNG Yan Ning, Dr. HO Han Chung Gary, Dr. LEE Chun Ki, Dr. LEUNG Wai Chung, Dr. LIM Foon Lian, Dr. TONG Tin Yan Emily, Dr. TSO San Kong and Dr. YEUNG Chin Fung

Theme : Trainees Dermatology Cases Presentation

Moderator : Dr. LAM Wing Wo, Board of Education

Summary of presented cases

1. Case presented by Dr. FUNG Yan Ning

Mr. Lam is an 88-year-old gentleman who presented with painful bullous lesions on his chest for 3 months, which spread to his neck and back. He also developed a non-healing erosion of the glans penis for 1 month, oral ulcers for 1 week, and ipsilateral conjunctival injection for 3 days. He has no prior history of bullous or autoimmune diseases. There have been no recent changes to his medications.

A computed tomography scan was performed to screen for an underlying malignancy and identified a 2.8 cm pancreatic intraductal papillary mucinous neoplasm. A 5 mm peri-lesional punch biopsy from the thigh showed linear IgG deposition along the dermo-epidermal junction on DIF, supporting a histological diagnosis of bullous pemphigoid. Immunoblot testing confirmed the presence of anti-p200 autoantibodies, with negative results for anti-skin antibodies and antibodies against BP180, BP230, laminin 332 and type VII collagen, suggesting a diagnosis of anti-p200 pemphigoid.

The patient was initially diagnosed clinically with pemphigus vulgaris, then histologically with bullous pemphigoid, and ultimately immunologically with anti-p200 pemphigoid. He was prescribed low-dose oral prednisolone, oral doxycycline, and topical clobetasol. However, he experienced clinical recurrence. He is currently on low-dose oral prednisolone and mycophenolate mofetil for maintenance treatment.

This is the first reported case of anti-P200 pemphigoid in Hong Kong. There are four diagnostic pillars for autoimmune bullous diseases (AIBD), including clinical phenotype, histopathological findings, direct immunofluorescence, and detection of serum autoantibodies. All four diagnostic pillars are essential to avoid an erroneous presumptive diagnosis of bullous pemphigoid in AIBDs, particularly in patients who do not meet the clinical phenotype of bullous pemphigoid, such as in this case, where there is prominent mucosal involvement. The various AIBDs, including bullous pemphigoid, mucous membrane pemphigoid, epidermolysis bullosa acquisita, linear IgA bullous dermatosis, anti-p200 pemphigoid, and paraneoplastic pemphigus, have varying treatment and prognostic implications.

2. Case presented by Dr. HO Han Chung Gary

This case is a 60-year-old retired carpenter with a 3-month history of a small lump over the volar pulp of the left middle finger. Physical examination showed a 0.4 cm well-demarcated, rough, hyperkeratotic papule over left middle finger pulp with dot vessels, with mild tenderness. There was no history of recent trauma, and the lesion led to mild functional discomfort when gripping objects and some reduction in self-esteem, though mood and sleep remained fair. The clinical appearance was typical of a common viral wart (verruca vulgaris), and active treatment was considered appropriate given the pain, functional impact on hand use, cosmetic concern, and psychosocial effect, rather than opting for simple watchful waiting.

Initial management involved topical keratolytic therapy, containing salicylic and lactic acid, but the wart persisted after about three months, indicating inadequate response. Then cryotherapy was arranged with liquid nitrogen, using three 40 seconds cycles per session at roughly monthly intervals, after discussion and consent. The patient experienced procedure-related pain lasting about five days after the first session, which then subsided, and the lesion gradually reduced from 4 mm to 2 mm before complete resolution by around the fourth month, with high patient satisfaction. In summary, effective wart management hinges on clear patient communication, understanding their expectations, and addressing psychosocial impacts to guide tailored treatment choices.

3. Case presented by Dr. LEE Chun Ki

This is a case of a 58-year-old ambulance man complaining of an itchy rash over his forehead. It is precipitated by sweating over his forehead during outdoor work. Physical examination revealed erythematous papules and pustules over forehead and scalp, with the absence of comedones. A clinical diagnosis of Malassezia folliculitis was made and the patient was prescribed a course of Clotrimazole cream. He returned in 4 weeks with an improvement in rash and itchiness.

Malassezia folliculitis refers to the infection of the pilosebaceous unit by Malassezia yeasts. They are normal inhabitants of the human skin surface, but can turn pathogenic under certain conditions. Risk factors include hot humid climate, high sebum production and excessive sweating. It is most

commonly seen in adolescent and young adult males. It presents as intensely pruritic, 1 to 2 mm, monomorphic follicular papules and pustules, usually found on the face, upper back and chest. Differential diagnoses include acne vulgaris and bacterial folliculitis. Comedones are commonly found in acne vulgaris while pustules can be seen in bacterial folliculitis. Both are more responsive to topical antibiotics than *Malassezia* folliculitis.

Malassezia folliculitis can be diagnosed clinically, or by skin scraping to confirm the presence of yeasts. Topical antifungals (e.g. clotrimazole, ketoconazole) are usually effective and ongoing maintenance therapy is useful to prevent recurrence.

4. Case presented by Dr. LEUNG Wai Chung

This is a case of a 71 years old man presented with 2 days history of erythematous vesicular rash affecting his right lower back, abdomen, groin and lateral thigh. The vesicles merged and formed bullae, with no pain, itchiness, numbness, paresthesia, discharge, bleeding or wound. The vesicles merge and form bullae, without rupturing or pustule formation. There was no involvement of mucous membranes or other skin areas. He denied any new food, skin product, soap or laundry product. On further questioning, he had been started on prednisolone 30mg daily by medical for suspected IgG4 disease 2 weeks prior.

On physical examination, the patient was afebrile with stable vitals. Erythematous rash with vesicles and bullae was noted over his right lower back, right lower abdomen, right groin, right lateral thigh. The rash did not cross midline and was not found over the rest of the body. There was no wound, tenderness, numbness, paresthesia, burning sensation, discharge, bleeding. There were no signs of superimposed infection or mucosal involvement.

The diagnosis is disseminated herpes zoster in view of characteristic vesicular rash with dermatomal distribution with extensive involvement of multiple dermatomes in the background of immunocompromised state due to steroid use.

The patient was admitted for in-hospital monitoring and isolation. The diagnosis was confirmed by PCR of the vesicular fluid and he was started on oral and topical acyclovir for 10 days in total. To prevent future recurrence and post-herpetic neuralgia during use of immunosuppressants, the patient is recommended to receive herpes zoster vaccine (Shringrix) after recovery.

5. Case presented by Dr. LIM Foon Lian

This case was a 21-month-old girl who is a resident in a Children's Residential Home presented with multiple papulovesicular rashes over bilateral fingers for 3 days. The rash was mainly on the

dorsal aspects of fingers, especially on the knuckles (interphalangeal joints). The rash was not painful or itchy. She had no vesicular rash over other parts of the body, including the mouth and the feet. She had no fever, oral ulcer, neurologic, respiratory, urinary or GI symptoms. There was no history of exposure to topical agents. She was active and the feeding was well. Her immunization was up to date. No other children in the residential home presented with similar lesion. Atypical hand, foot and mouth disease was suspected. Therefore, she was admitted to the hospital for isolation. The investigation during the hospitalization showed that EV (enterovirus) and RV (rhinovirus) were detected in the NPS (nasopharyngeal swab) and throat swab, but EV RNA in the rectal swab was not detected. She was managed conservatively and was discharged after 5 days when all vesicles were dried up. She was admitted again 3 weeks later for the recurrence of multiple vesicular rashes over bilateral fingers. Again, there were no other symptoms and signs in this episode. The investigation in this admission only showed that Coronavirus HKU1 and RSV (respiratory syncytial virus) were detected in the NPS and throat swab. Rectal swab for EV RNA was negative again. The DNA of Herpes simplex virus type 1 and type 2, and Varicella zoster virus were not detected by the PCR of the vesicular fluid. She was isolated again for the suspicion of atypical hand, foot and mouth disease. She was discharged after 4 days when all vesicles were dried up. She subsequently had 3 similar episodes in the following 3 months. Each episode was lasting around one week. In view of multiple recurrence of the lesions without spreading to other children, pompholyx was the possible differential diagnosis. She was treated with steroid cream without isolation in the residential home.

6. Case presented by Dr. TONG Tin Yan Emily

68-year-old Ms. Wong with lung adenocarcinoma was on double immunotherapies since 4/2025. She presented with itchy rash over her bilateral wrists and ankles since 5/2025, initially diagnosed as dermatitis, treated with topical steroids with fair response. She presented to the clinic with a 2-day history of itchy and painful large blisters on the bilateral hand dorsum in 7/2025, which increased in size and number, extending to her forearms. She had no systemic symptoms or fever. On examination, there were a mixture of erosions and intact bullae over bilateral hands, wrists and forearms. There was no other mucosal involvement. The clinical impression was bullous pemphigoid BP. She was urgently referred to the dermatologist.

Baseline blood tests arranged by the dermatologist were normal. Inflammatory markers were not elevated. Anti-dermal-epidermal junction antibody

for BP was positive, while anti-epidermal intercellular substance antibody and anti-desmoglein 1 & 3 antibody for pemphigus were negative. Skin biopsy was not performed as no good site was available. It was clinically compatible with immunotherapy-induced BP. She started on a titrating course of oral prednisolone and doxycycline, and dermovate cream.

BP is characterized by autoantibodies against basement membrane components BP180 and BP230. It may have a prodromal phase of pruritic, eczematous, or urticaria-like lesions. The main morphology is tense bullae that eventually resolves without scarring. Diagnosis involves clinical assessment, skin biopsy, and blood tests. Treatment includes super potent topical corticosteroids, oral prednisone 0.5-1mg/kg/day, and corticosteroid-sparing therapies (e.g. oral doxycycline).

Drug-induced BP can occur several days to over a year after starting the inciting drug. Drugs with strong associations include gliptins, loop diuretics, penicillins, and immunotherapies. It has the same presentation as classic BP. Its management involves prompt discontinuation of the suspected drug and the same treatment as classic BP.

7. Case presented by Dr. TSO San Kong

This case involves a 76-year-old male with a history of trigeminal neuralgia treated with carbamazepine. Despite testing negative for the HLA-B*1502 allele (a known genetic risk factor in some populations), the patient developed a generalized itchy erythematous rash approximately two months after starting the medication. Initial outpatient management for suspected fungal infection and topical treatments provided only transient relief. The rash recurred and progressed to a diffuse, red, swollen, and desquamating eruption involving the limbs, trunk, and scalp, raising strong clinical suspicion for Stevens-Johnson Syndrome (SJS) as a severe adverse drug reaction to carbamazepine.

Carbamazepine was discontinued, and the patient was admitted for specialist workup. His condition improved with a course of oral steroids. Following review, carbamazepine was formally listed as an allergy, and alternative neuropathic pain management was arranged through neurology referral. This case underscores that while pharmacogenetic screening (e.g., for HLA-B*1502) is crucial for risk stratification, SJS/TEN can still occur in allele-negative individuals. It highlights the importance of maintaining a high index of suspicion for severe cutaneous adverse reactions (SCARs) in any patient developing a rash after starting a high-risk medication like carbamazepine, necessitating immediate drug cessation and prompt specialist referral.

8. Case presented by Dr. YEUNG Chin Fung

A 66-year-old woman with hypertension and hyperlipidemia, but no dermatological history, presented at a general outpatient clinic with asymptomatic skin lesions on her right thumb and index finger—no pain or bleeding. She'd tried topical verruform with suboptimal results. Exam revealed 3mm hyperkeratotic nodules with dotted vessels on the thumb's distal palmar side and index's middle palmar side, classic for common warts caused by HPV.

Warts like these are benign growths from viral infections, spreading via contact or cuts, common in family practice among adults and kids. Diagnosis relies on visual cues: rough texture, black specks (thrombosed vessels), and skin line disruption. Many resolve spontaneously, but persistent ones frustrate patients.

Initial watchful waiting or simple treatments like salicylic acid suit mild cases. Here, cryotherapy was arranged. At the first session, lesions had grown—thumb to 6mm, index to 4mm—highlighting potential progression despite topicals.

Cryotherapy involves freezing warts with liquid nitrogen to induce cell death and an immune response, proving effective in 50-70% of cases after a few sessions. The procedure starts with paring down excess skin, then applying the cold until a frost halo appears, which patients often describe as a stinging burn. Blisters typically form, leading to healing over several weeks. Patients should keep the area clean, use pain relief as needed, and watch for side effects like soreness or pigment changes. If warts persist, consider referral to dermatology or alternatives like imiquimod. Prevention through good hygiene and HPV vaccines helps reduce spread.



A group photo taken on 10 January 2026

(From left to right)

1st row: Dr. TSO San Kong, Dr. YEUNG Chin Fung, Dr. LEE Chun Ki, Dr. FUNG Yan Ning, Dr. TONG Tin Yan Emily, Dr. LEUNG Wai Chung

2nd row: Dr. HO Han Chung Gary, Dr. LAM Wing Wo (Moderator), Dr. LIM Foon Lian



Advance Medical Directive (AMD) Seminar for Primary Care Doctors

Organized by The Hong Kong College of Family Physicians &
Commissioned by Primary Healthcare Commission



香港家庭醫學學院
The Hong Kong College of Family Physicians

In preparation for the enactment of the Advance Decision on Life-sustaining Treatment Ordinance in May 2026, this CME seminar aims to enhance primary care doctors' knowledge and practical understanding of Advance Care Planning (ACP) and Advance Medical Directive (AMD) within the legislative framework of the forthcoming ordinance, through knowledge sharing by specialists and illustration of real-life case scenarios.

- Date** : 28 March 2026 (Saturday)
- Time** : 3:00 – 6:00pm Lectures & Panel Discussion
- Target Participants** : Primary care doctors, family doctors, particularly doctors listed in the Primary Care Directory.
- Format** : Hybrid (**Online: Zoom webinar**; **On-site*: HKAM**)
- Venue for on-site participation** : James Kung Meeting Room, 2/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong
**On-site attendance is limited to the first 20 registrants on a first-come, first-served basis. An extended practicum exercise on AMD (20 minutes) will be offered to participants attending on-site right after the event.*

Programme Rundown:

Time	Topics	Speakers
3:00 – 4:15pm	Part 1: Navigation of AMD under the forthcoming Advance Decision on Life-sustaining Treatment Ordinance: Key principles and related requirements AMD related medical-legal consideration and mental capacity assessment and related documentation	Dr. NG Sheung Ching, Jeffrey <i>Specialist in Palliative Medicine</i> Dr. LEUNG Lam Ming, Jess <i>Specialist in Psychiatry</i>
4:15 – 4:20pm	Break	
4:20 – 5:40pm	Part 2: Common scenarios and challenges of Advance Care Plan and Advance Medical directive in Primary Care: How to approach, how to initiate discussion appropriately and legal perspective with special relevance to primary care	Dr. CHAN Chung Yuk, Alvin <i>Specialist in Family Medicine</i> Dr. CHOW Kam Fai <i>Specialist in Family Medicine</i> Dr. YIU Yuk Kwan <i>Specialist in Family Medicine</i>
5:40 – 6:00pm	Discussion and Q & A	All speakers
6:00 – 6:20pm	Practicum on signing of AMD (for on-site participants)	All speakers

- Accreditation** : 3 CME Point HKCFP (Cat. 5.2)
3 CME Point MCHK (pending)
- Language** : Lectures and discussion will be conducted in English.

Registration
QR Code

Attendance Requirement#:	Participants attending in online mode , are required to:	Participants attending in face-to-face mode , are required to:
	(1) attend a minimum of 75% of the length of each online lecture, (2) complete a post-lecture evaluation within 7 days from the lecture date for HKCFP & MCHK accreditation.	(1) sign the attendance sheets on the spot.



Certificate : An “e-Certificate of Attendance” will be given to those who have fulfilled the attendance requirement[#] stated above.

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

Remarks:

- 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.



香港家庭醫學學院
The Hong Kong College of Family Physicians



香港耳鼻喉科醫學院
THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

Certificate Course in ENT for Primary Care Doctors 2026

Jointly organized by The Hong Kong College of Family Physicians &
The Hong Kong College of Otorhinolaryngologists

The Hong Kong College of Family Physicians (HKCFP) and the The Hong Kong College of Otorhinolaryngologists (HKCORL) are going to co-organize a “Certificate Course in ENT for Primary Care Doctors 2026” from April to June 2026. The course will provide a very valuable opportunity for Family Physicians & General Practitioners in HK to update themselves on management of various common ENT conditions with the objectives below:

- To provide updated information of common ENT conditions
- The approach for common complaints
- When should patients be referred to specialists, and how can primary care physicians could facilitate the management
- How to continue co-care patients

Date : 18 April, 25 April, 16 May and 6 June 2026 (All Saturdays)

Time : 2:30 – 4:40pm Lecture and Discussion

Venue : Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai, Hong Kong

Course Programme

Dates	Theme	Topics	Speakers
18 April 2026 (Sat)	Ear	<ul style="list-style-type: none"> ◆ Acute Ear Problems ◆ Chronic Ear Problems ◆ Management of a dizzy patient 	Dr. Ronald Ying-kit CHUI Dr. Horace CHENG Dr. Alvin Po-ngai CHU
25 April 2026 (Sat)	Nose	<ul style="list-style-type: none"> ◆ Management of Blocked and Runny Nose ◆ Management of Bleeding Nose ◆ Management of Painful Nose 	Dr. Clavin Chee-fung LAI Dr. Darren Jia-xiong YAP Dr. Fergus Kai-chuen WONG
16 May 2026 (Sat)	Throat	<ul style="list-style-type: none"> ◆ Snoring & Sore Throat ◆ Hoarseness ◆ Globus and Swallowing Disorders 	Dr. Zion Wing-hei TO Dr. Kwan-ling CHEUNG Dr. Ronald LAI
6 June 2026 (Sat)	Head & Neck	<ul style="list-style-type: none"> ◆ Neck Mass ◆ Salivary Gland Diseases ◆ Update on NPC Screening and Diagnosis 	Dr. Zenon Wing-chi YEUNG Dr. Siu-kwan NG Dr. Eddy Wai-yeung WONG

Accreditation : 2 CME Points HKCFP (Cat. 5.2) for each session, max. 8 CME for whole course
2 CME points HKCORL (Cat. 2) for each session, max. 8 CME for whole course
2 CME Points MCHK (pending) for each session, max. 8 CME for whole course

Capacity : 50 participants

Certificate : For those who have attended 3 sessions or more would be given an “e-Certificate of Attendance”.

Language : Lecture will be conducted in both Cantonese and English.

Admission Fee : Member of HKCFP & HKCORL : HK\$1,400.00 for whole course*
Non-Member : HK\$2,800.00 for whole course
*Priority will be given to HKCFP & HKCORL members.

Payment Method : > **By cheque**
Cheque should be made payable to “HKCFP Education Limited” and return to the secretarial office address below for process:

(All fees received are non-refundable and non-transferable.)

The Hong Kong College of Family Physicians
Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, HK

> **By FPS (For local transaction only)**
Secretarial staff would further email you once the e-debit note with payment details is ready.

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

Remarks:

1. In case of over-subscription, the organiser reserves the right of final decision to accept registration.
2. Confirmation would be sent upon completion of online registration and receipt of the course fee.
3. Due to copyright issue, please note private recording of the lecture is PROHIBITED.

Registration
QR Code



- 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 Monthly Video Sessions

Dates and Time	Topics
27 March 2026 (Fri) 2:30 – 3:30 p.m.	“Evaluating Point of Care Tests for Guiding Antimicrobial Prescribing in Primary Care” by Prof. Chris BUTLER
24 April 2026 (Fri) 2:30 – 3:30 p.m.	“Update Management on Psychogeriatric Problems in Primary Care” by Dr. LAI Chi Lun

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.

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FP LINKS

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Selected returns would be published in FP Links and gift vouchers would be given as token of appreciation. You can also access the Google form through the link, in addition to the QR code.
<https://forms.gle/KmZwgYpzB3F977Mi8>

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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

Structured Education Programmes

Free for members

HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
Wednesday, 01 April 2026			
14:30 - 17:00	1/F, Health Education Room, Tin Shui Wai (Tin Yip Road) Family Medicine Integrated Centre	Update in Management of Hypertension Dr. LI Pak Ho, Dr. HWA Adrian Yinchun	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Introduction to Cognitive Behavioral Therapy and Psychotherapy Dr. HE Yuzhong, Dr. NG Cheuk Man	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	Emergency of ENT Problems Dr. NG Wai Chung, Ben, Dr. KWOK Sum Yi, Claris, Dr. YAU Cheuk Ling, Cherry	Ms. LiLi YUNG Tel: 5569 6405
Thursday, 02 April 2026			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Advancing Palliative Care: A Family Physician's Role in Hong Kong's Palliative Services Dr. SHENG Wei Yang, Dr. LAM Yat Hei	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 08 April 2026			
14:30 - 17:00	SB1032, 1/F, Special Block, Tuen Mun Hospital	Occupational Health & OSH at Primary Care Clinic Dr. YU Cheng Yann, Dr. CHAN See In	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Approach to Laboratory Results (Microbiology) Dr. YIP Ching Wing, Dr. ZHANG Wenhao, Fred	Ms. Emily LAU Tel: 3506 8610
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Body Check and Health Screening Dr. LO Ching On	Ms. Cherry WONG Tel: 2589 2337
Thursday, 09 April 2026			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Clinical Approach to Numbness in Primary Care Dr. YU Yi Fung, Dr. HUN Pek I	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 15 April 2026			
14:30 - 17:00	Rm5019, 5/F, Rehab Block, Tuen Mun Hospital	Right Drug, Right Patient: Professional Ethic Issue for Medication Prescription Dr. BUT Yuet Ming, Dr. XU Chunyan	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Consultation Enhancement (Physical Examination: CVS and Video Consultation) Dr. WONG Ho Sum, Dr. KOO Ho Tun	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	Management of Thyroid Disease Dr. TANG Yeung On, Dr. WONG Tsz Yan, Nicole, Dr. LEE Ka Long, Aaron	Ms. LiLi YUNG Tel: 5569 6405
Thursday, 16 April 2026			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Enhancing Consultations in Primary Care: Effective Approaches to Managing Post-traumatic Stress Disorder Dr. TANG Hoi Yan, Dr. CHAN Ham	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 22 April 2026			
14:30 - 17:00	Rm5019, 5/F, Rehab Block, Tuen Mun Hospital	Updated Development of Family Medicine in the Community Dr. CHAN Ho Shuen	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Introduction to Conjoint Fellowship Examination (Part II) Dr. TAM Wah Kit	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	Update of the Public Health Care System in Hong Kong Dr. HO Ka Wa, Joe, Dr. CHONG Lok Man, Dr. YOUNG James Haley	Ms. LiLi YUNG Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	QMH Stroke Center and Management of Acute Stroke in Primary Care Settings Dr. TSE Mona Man Yu	Ms. Cherry WONG Tel: 2589 2337
Thursday, 23 April 2026			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Applying Family Medicine Principles for Chronic Disease Management in the Primary Care Dr. LEE Pak Lik, Dr. YAP Tsun Hee	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 29 April 2026			
14:30 - 17:00	1/F, Health Education Room, Tin Shui Wai (Tin Yip Road) Family Medicine Integrated Centre	Integrating Anticipatory Care into Consultations: Proactive Approaches in General Practice Dr. CHEUNG Hoi Man	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Health Care Delivery System in U.S.A./Canada Dr. SIN Tak Yee, 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	Office Procedure (Suturing, I&D, Steroid Injection, Skin Scraping, Ear Syringing, Banding) Dr. NG Tze King, Peter, Dr. ZHENG QiQi, Dr. DENG Luo, Valeria	Ms. LiLi YUNG Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Professional Development - World WONCA Conference Dr. KWAN Tsz Yan	Ms. Cherry WONG Tel: 2589 2337
Thursday, 30 April 2026			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Geriatric Emergencies in Primary Care Dr. GAN Lu, Dr. JOR Hon Man	Ms. Eliza CHAN Tel: 2468 6813

The background is a warm, light orange color. It is decorated with several stylized Easter eggs in various colors (purple, yellow, red, pink, green, blue) and patterns (leaves, hearts, stripes, zig-zags). There are also white line-art illustrations of rabbits in different poses (sitting, jumping, standing) and small white flowers and sprigs of leaves scattered throughout.

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thank all
readers, contributors, sponsors and
the College Secretariat for their
tremendous support.

Wishing you all

HAPPY
Easter

The FP Links Committee

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29 Mar 2:00 – 5:30 p.m. DFM Pre Exam Workshop 1	30	31	1 Apr 2:30 – 7:00 p.m. Structured Education Programme	2 4:00 – 6:00 p.m. Structured Education Programme	3	4
5	6	7	8 2:30 – 7:00 p.m. Structured Education Programme	9 4:00 – 6:00 p.m. Structured Education Programme	10 8:00 p.m. Specialty Board Meeting	11
12 9:00 – 5:00 p.m. Photography Club Outdoor activity	13	14	15 2:30 – 7:00 p.m. Structured Education Programme	16 4:00 – 6:00 p.m. Structured Education Programme	17	18 2:30 – 4:40 p.m. Certificate Course in ENT
19 2:00 – 5:30 p.m. DFM Pre Exam Workshop 2	20	21 8:00 – 10:00 p.m. Board of Conjoint Exam Meeting	22 2:30 – 7:00 p.m. Structured Education Programme	23 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	24 2:30 – 3:30 p.m. Online Video Session	25 2:30 – 4:40 p.m. Certificate Course in ENT
26	27	28	29 2:30 – 7:00 p.m. Structured Education Programme	30 4:00 – 6:00 p.m. Structured Education Programme	1 May	2

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

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