



THE HONG KONG
COLLEGE OF
FAMILY PHYSICIANS

FP Links

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Message from the President

This is my last presidential message of my 4 year Presidency. I promise to be brief.

College is tasked to co-organise the 4th AMM-AMS-HKAM Tripartite Congress cum Hong Kong Primary Care Conference 2019. The Tripartite Congress only happens once in 9 years in Hong Kong with the Academies of Medicine of Malaysia and Singapore attend Hong Kong from 6th to 8th December 2019. For next year the usual time slot for our Primary Care Conference will shift from June to December. Do mark down on your diary and I promise this will be another wonderful event for the College.

I cannot help to mention the HKAM 25th Anniversary President Dinner on Saturday 7th December 2018. This routine event was brightened up by FM² (Family Medicine Music). This live band is formed by the members of Young Doctors Committee and Dr. Kenny Kung. We had ladies in red and gentleman in tuxedo singing 獅子山下, Heal the World, and 明天會更好. FM got talents in Drs. Tse Sut Yee, Chloe Chan, Kenny Kung, Yip Wing Ki, Aldo Wong, Leung Lok Hang, Fok Peter Anthony and Vincent Yiu. Admirations were all around me!



HKAM 25th Anniversary Silver Jubilee Gala Dinner

From left to right: Dr. Lau Ho Lim, Prof. Donald Li, Dr. Angus Chan, Dr. Loretta Chan, Dr. Tse Sut Yee, Dr. Mary Kwong, Dr. Stephen Foo, Dr. David Chao and Dr. William Wong



FM² at HKAM 25th Anniversary President's Dinner

From left to right
Front: Dr. Kenny Kung, Dr. Fok Peter Anthony, Dr. Leung Lok Hang, Dr. Yip Wing Ki and Dr. Tse Sut Yee
Back: Dr. Chloe Chan, Dr. Aldo Wong and Dr. Vincent Yiu

Congratulations to Dr. David VK Chao elected ipso facto as the 11th President of our beloved College! The credential of David is second to none. He has previously worked in private group practice, academic department at university and is currently the Consultant in Family Medicine at Hospital Authority. His knowledge of the different stakeholders in primary healthcare will enhance the communication and understanding of our diverse community. David is my trusted Lieutenant and he will certainly have a harder job than me. Nevertheless I have every confidence that he will do better than me!

We have a very capable Executive team. The new Executive team also consists of Dr Cecilia YM Fan, Vice-President in Education and Examination; Dr. Lau Ho Lim continuing his current Vice-Presidency in General Affairs; Prof. William CW Wong as Honorary Secretary and Dr. Billy CF Chiu as Honorary Treasurer. We also have the most youthful Council. Please welcome Drs. Ho Ka Ming, Eric Hui, Welchie Ko, Maria Leung, Li Yim Chu and Matthew Luk as new Council members and Drs. Simon Au and Chan King Hong will continue to serve the Council.

To be perfectly honest I never have the ambition or set out to be the President from the very moment I joined the Council back in 2006. I still do not feel like being the College President. I am just a team member and will continue to serve the College to the best of my ability if I am needed. Over the past four years, the complexity of our operation has increased tremendously. I have constantly received very encouraging compliments regarding the high profile of College activities in promoting Family Medicine in Hong Kong, China and beyond. The College's reputation and the perception of Family Medicine by others is better than ever. My greatest gratitude to our Chief Censor Prof. Cindy Lam, Censors Dr. Stephen Foo and Prof. Donald Li, and Immediate Past President Dr. Ruby Lee for their invaluable guidance and support. My sincere appreciation to the Executives, Council members, members of the College in making unselfish contributions in the past, present and future years to come! Nobody gets a dollar for working hard! I must also thank all the secretariat staff headed by Miss. Erica So for their dedication and hard work.

I quote what Prof. Cindy Lam has said: "College is our FM home. Nobody really leaves home. We may take a holiday to find there is no place like home."

I wish you all a warm Christmas with your loved ones and Happy New Year! Cheerio!

Dr. Angus MW CHAN
President

Young Doctors Committee (YDC) Participation at the 22nd WONCA World Conference and The Rajakumar Movement (TRM)

Dr. Chan Lam Chloe, Dr. Lam Lai Cho Eugenia, Dr. Tang Suet Chung Lawson and Dr. Tse Sut Yee

Introduction

On 16th October, 2018, Dr. Loretta Chan (Co-chairman of Young Doctors Committee) led six members of the YDC (Dr. Tse Sut Yee, Dr. Chan Lam Chloe, Dr. Lam Lai Cho Eugenia, Dr. Leung Lok Hang, Dr. Tang Suet Chung Lawson and Dr. Wong Chiu Lun Aldo) to set off to Seoul, Korea to participate in the 22nd WONCA World Conference (17th – 21st October, 2018).

The Young Doctors' preconference on 17th October kicked off an energetic day by gathering more than a hundred young family doctors around the world. There are seven WONCA regional movements, known as Young Doctors' Movements (YDMs) for young and future family doctors around the world. For Hong Kong, we belong to The Rajakumar Movement (TRM) which is the YDM of the Asia-Pacific region (APR). TRM was officially endorsed by the WONCA APR council in 2009 in the name of Dr. MK Rajakumar. There are 17 member organizations in TRM including Hong Kong. The main mission of the TRM is to promote Family Medicine among young and future doctors in the WONCA APR, through building networks for the exchange of experience and expertise. It also promotes leadership development and advancement of health care.

Young Doctor Preconference

The Young Doctors' preconference began with the opening remarks from Professor Amanda Howe and Professor Young Sik Kim, followed by a number of presentations from the representatives of Young Doctors' Movements of different countries and expert lecture "Young doctors' role in the 21st century". From these presentations and lectures, we understand that the important tasks of young doctors are to identify region-specific challenges and barriers in developing and promoting Family Medicine, as well as engaging more doctors into Family Medicine because of the shortage of Family Physicians worldwide. For example, in Africa, there is currently lack of doctors in rural practice and African young doctors are trying to engage more medical students to choose rural practice once they graduate. For TRM, international meetings and conferences have been held in places such as China, Hong Kong, Indonesia, Taiwan, Philippines, Japan and

Malaysia for young doctors to share and exchange their ideas on the difficulties their places are facing and the possible solutions.



The Workshop by TRM

This year, Dr. Loretta Chan from our College was elected treasurer of TRM. The WONCA conference created an excellent opportunity for representatives from member organizations of TRM to meet face to face. After attending TRM lunch meeting, there was a workshop named "Share Each Educational Environment and the Learning Community for Young Family Doctors in Asia Pacific Region and Other Countries" hosted by TRM. Via the meeting and workshop, we could understand more about the training and career pathway of young doctors at APR and we also discussed the future direction of TRM.



Workshop on Cultural Difference in Management

Young doctors all over the world gathered and discussed common primary care scenarios in the workshop "Hands on: How would you solve this case?" Because of the differences of healthcare systems, doctors from each country suggested quite different approaches to these scenarios. For example, Family Physicians from Australia could have around twenty minutes to manage patients with depression in the first

consultation. In contrast, the public general out-patient setting in Hong Kong would only allow six minutes for an initial triage of a depressed patient. If the patient was assessed to be low-risk and suffered from mild to moderate depression, he or she would be seen further with a longer period of time (around twenty minutes) under the Integrated Mental Health Programme by Family Physicians. Also, the patient would be managed jointly by other allied health professionals, such as clinical psychologists and medical social workers.



The Workshop by HKCFP

The HKCFP Public Education Committee and the Young Doctors Committee coordinated to hold the workshop titled "Promoting Family Medicine – Novel Ideas" at the WONCA 2018 which occurred as one of the first parallel sessions on the first day of the main conference. The college representatives warmly welcomed the attendees to our workshop with egg waffle cookies and a business card sized magnifying glass especially designed for this event. Printed on the souvenir were the HKCFP shield and the QR code for access to our college website. The workshop began with an introductory presentation by Dr. Ho Ka Ming Ken and Dr. Loretta Chan detailing on the evolution of our college and initiatives conducted in Hong Kong. A short clip of the RTHK TV Series "My Family Doctor" was showed to demonstrate the college's collaboration with the government to promote Family Medicine. The main portion of the workshop was small group discussion in the themes of success cases, challenges and novel ways for Family Medicine promotion. We encouragingly received strong support from Prof. Chris van Weel (Past President of WONCA), Dr. Stephen Foo, our colleagues from Hong Kong as well as doctors from Australia, Japan, Brazil, Columbia, Kazakhstan, Spain, Nigeria, UK and the USA.

The attendees from the developing and developed world eagerly shared their local experiences and the facilitators ensured the issues were explored from different angles namely national and international policy, media, education, college, physicians and

patients. The thorough discussions were summarized systematically and the concluding remark of the session was "Traditional but not conservative; innovative while remaining true to our original aspiration".

With the joint effort the workshop was a success; it set great example and inspiration to the YDC to further contribute in future international conference alike.



Workshop on OGD and Colonoscopy

In these workshops, again we got to know Family Physicians from different countries with different backgrounds. In Korea, national cancer screening programme suggests yearly colonoscopy for those aged 50 or over, and gastro-endoscopy every 2 years is recommended to those aged 40 or over. Therefore, Family Physicians are encouraged to perform endoscopy for the first line screening programme. The conference committee generously provided hands-on workshop for OGD and colonoscopy for doctors who were interested in this field. The workshop consisted both lecture and practice section. After a brief introduction about the anatomy and techniques, we started practicing in the model which mimicked the realistic colonoscopy insertion and withdrawal, suction insufflation, suction and difficult maneuver techniques, and even polypectomy could be practiced.



Visit to Gyeongbokgung and Dinner Gathering with Young Doctors around the World

After the pre-conference, Young Doctor Committee organized a visit to Korean royal palace – Gyeongbokgung. It was built in 1395 and is the largest among the Five Grand Palaces built by the Joseon dynasty, the home and political seat of Korea’s kings. The palace is a magnificent example of the beautiful aesthetics of traditional Korean culture, where we experienced the traditional architecture and historical significance. After tour, we gathered together at Korean BBQ restaurant for dinner. As many of the doctors were from other countries, it’s their first time to taste the signature of Korean cuisine - the marinated beef grill, which definitely amazed our taste buds. We exchanged our opinions and ideas about the future of Family Medicine and enhanced our connection in a relaxed and joyful atmosphere.



Congratulations to Dr. Donald Li, the new President of WONCA

On the second day of the conference, we had the privilege to dine with Dr. Donald Li, Past President and Incumbent Censor of HKCFP. Our college Executives, Council members, Chairmen and members of the different boards and committees, Chiefs of Service

from Hospital Authority and Department of Health, altogether 50 delegates from Hong Kong gathered to congratulate Dr. Li’s assumption of his new role as the President of WONCA. We look forward to Dr. Li’s leadership in helping Hong Kong and the integrated economic zone develop world-class primary healthcare services.



Gala Dinner

The gala dinner was one of the most exciting elements of the conference. It took place in Sebitseom - a cultural complex built to be a landmark on the Han River in the heart of downtown Seoul. It was ranked as the world-class culinary destination by Michelin guide 2018. With the amazing sight night view and delicious food, the night was definitely unforgettable and wonderful.



Overall Gain

With the support from our College to attend WONCA, we, younger generation family doctors, have the chance to see different primary care practice around the world. Gathering ideas, sharing successes, discussing challenges and establishing friendship with family doctors all around the world in this meaningful big event are invaluable and memorable experiences for us.

Board of Vocational Training and Standards News

Reminder: Submission of Annual Checklist for Basic Training

To all Basic Trainees,

Please be reminded that all basic trainees must submit the annual checklist to the Board of Vocational Training and Standards either by registered post OR in-person on or BEFORE 31st January 2019 (Thursday). Late submission WILL NOT be accepted.

The training experience of 2018 will not be accredited if the trainee fails to submit the checklist on or before the deadline.

Should you have any enquiries, please feel free to contact Ms. Charlotte Cheung and Ms. Kathy Lai at 2871 8899.

Basic Training Subcommittee
Board of Vocational Training and Standards

Higher Training Introductory Seminar

A Higher Training Introductory Seminar will be held on 23rd February 2019 for all newly enrolled higher trainees, existing trainees and clinical supervisors. The seminar is designed to help higher trainees and supervisors to understand and get more information of our training programme.

Details of the seminar are as follows:

Speakers : Dr. Fung Hoi Tik, Heidi (Chairlady, Higher Training Subcommittee),
Dr. Lui Luen Pun, Benny (Deputy Chairman, Higher Training Subcommittee)

Date : 23rd February 2019 (Saturday)

Time : 2:30 – 4:30 p.m.

Venue : Rm 903-4, 9/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Announcement: Interruption of Training

To all Basic and Higher Trainees,

It is recommended that ALL basic and higher trainees should inform BVTS by email prior to the commencement of any form of prolonged leave for 8 weeks or more. Proper document(s) certifying the prolonged leave is needed when College have to consider any impact on the trainee's training period.

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

Board of Vocational Training and Standards

Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following application for membership in **October – November 2018**:

Associate Membership (New Application)

Dr YUE Pui Lam, David

余沛霖

WONCA World Conference 2018

Dr. Yu Yee Tak, Esther, Clinical Assistant Professor
Department of Family Medicine and Primary Care, The University of Hong Kong

My experience at the 22nd WONCA World Conference in Seoul, South Korea, was unforgettable. For the first time, the WONCA World Conference has introduced the “Distinguished Research Making Family Medicine Shine Award session” to highlight high quality, high impact primary care researches from around the globe. It was exciting and eye opening to learn from internationally renowned academic family doctors, about how they generated research questions that are important for primary care from usual clinical encounters, and most impressively, how they carefully designed the valid study methodology to answer those questions. For example, a German family doctor conducted a double blind randomized controlled trial using double placebo to test whether non-steroidal anti-inflammatory drugs (NSAID) is as effective as antibiotics in symptom control for patients presenting with uncomplicated urinary tract infection (UTI) ^[1]. Since in Germany, the most commonly used antibiotics to treat uncomplicated UTI is Fosfomycin – a powder-based formula that the patient needs to convert into an elixir, hence much effort in the early phase of the study was devoted to ensure that the placebo powder had the same colour and taste as the active treatment! The rationale that eradication of the causative bacteria in uncomplicated UTI was not necessary was also new to me. Conversely, a Swedish primary care researcher was not quite convinced of observed survival benefits of statin therapy for patients with cancer from the literature. In order to test whether these observed results were biased, she introduced a new method: She reconstructed a virtual randomized

study based on available data from observation study, to see what would happen to those patients with newly diagnosed cancer who received statin therapy within 6 months of diagnosis ^[2]. This new approach definitely opened up new directions to learn from observational clinical data.

At the same session, I was proud and honored to present the piece of work titled “Five-Year Effectiveness of the Multi-disciplinary Risk Assessment and Management Programme – Diabetes Mellitus (RAMP-DM) on Diabetes-Related Complications and Health Service Uses – A Population-Based and Propensity-Matched Cohort Study” on behalf of the Hong Kong team. The RAMP-DM represents the collaborative effort of public primary care providers in Hong Kong, including the academic team at the Department of Family Medicine and Primary Care of the HKU, the administrators at the Primary Care Division of the Hospital Authority Head Office (HAHO), the Chief Of Services and all their frontline clinical staff of the departments of Family Medicine from all seven HA clusters in Hong Kong. All the stakeholders worked together to review current best evidence on DM management, design an implementation model which best suited the local public primary care system, define roles for each of the multi-disciplinary team members, develop the programme protocol, upgrade primary care infrastructure and identify ways to ensure proper implementation and adherence. The nurse-led risk assessment and multi-disciplinary risk-guided interventions had been offered to all enrolled

DM patients from the 74 general-out-patient clinics (GOPC) in Hong Kong since 2009. After 5 years, significant reductions in mortality, cardiovascular events and secondary care service uses were observed among RAMP-DM enrollees compared to patients receiving usual GOPC care ^[3].

In addition, I made an oral presentation titled “Cost-effectiveness of the Multi-disciplinary Risk Assessment and Management Programme for Primary Care Patients with Hypertension (RAMP-HT)”. The RAMP-HT, a parallel programme to RAMP-DM that is targeted for HK primary



Meeting the leading primary care researcher Prof. Richard Hobbs from the University of Oxford

care patients with hypertension, was launched in 2011. After 5 years, similar impact has been observed among RAMP-HT participants, who had significantly fewer cardiovascular events, renal failure and deaths compared to usual care patients. As a result of reduced complications, healthcare service utilization and cost were significantly less among the RAMP-HT participants. Therefore, despite the additionally incurred cost of setting up and running the RAMP-HT, the RAMP-HT had been cost-saving from the healthcare providers' perspective.

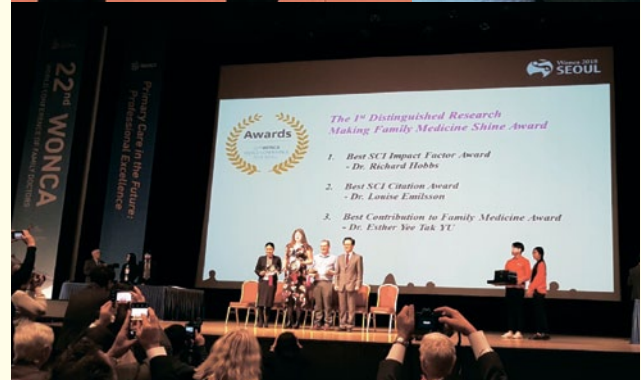
These two programmes attracted attention of many international scholars; most were interested in how the programme design compliments the public primary care services in Hong Kong and how to implement all the various components of this multidisciplinary programme. There were keen discussions on the different healthcare systems and patients' preferences in different countries. All agreed that a usual primary care consultation of less than 5 minutes for HT or DM management was probably the reason for the poor outcomes of the usual care group; 5 minutes were just not enough to cover all the necessary components of HT/DM care, not to mention if the patient developed new problems. Conversely, the availability of allied health professionals in the primary care setting and a powerful common electronic medical record system/platform were keys to success of the RAMP-DM and RAMP-HT.



Sharing the impact of the RAMP-DM and RAMP-HT of Hong Kong with an international audience

To my surprise, the RAMP-DM paper was further awarded the "Best Contribution to Family Medicine Award" among the distinguished papers. This award affirmed the role and power of family doctors in reducing global health burden of chronic diseases in facing the aging population and highlighted the importance of multi-disciplinary team care. I was

presented a traditional Korean musical instrument – a "gong", as the award or better said "a souvenir", to remind me and all of us how family doctors can make huge impact not only in the academic world "among the top journals" but more importantly, in global health and patients' wellbeing.



The RAMP-DM paper published in *Diabetes Care* was awarded the 1st Distinguished Research Making Family Medicine Shine Award and Best Contribution to Family Medicine Award

References:

1. Gágyor Ildikó, Bleidorn Jutta, Kochen Michael M, Schmiemann Guido, Wegscheider Karl, Hummers-Pradier Eva et al. **Ibuprofen versus fosfomycin for uncomplicated urinary tract infection in women: randomised controlled trial.** *BMJ* 2015; 351 :h6544
2. Emilsson L, García-Albéniz X, Logan RW, Caniglia EC, Kalager M, Hernán MA. **Examining Bias in Studies of Statin Treatment and Survival in Patients With Cancer.** *JAMA Oncol.* 2018;4(1):63-70. doi:10.1001/jamaoncol.2017.2752
3. Wan EYF, Fung CSC, Jiao FF et al. **Five-Year Effectiveness of the Multidisciplinary Risk Assessment and Management Program for Primary Care Patients With Type 2 Diabetes Mellitus (RAMP-DM) on DM-Related Complications and Health Service Uses—A Population-Based and Propensity-Matched Cohort Study** *Diabetes Care* Oct 2017, dc170426; DOI: 10.2337/dc17-0426

The HKCFP Award for the Best Research of 2018

The Research Committee of the Hong Kong College of Family Physicians is calling for The Award for The Best Research of the Year 2018. All members and fellows of the College are invited to participate and submit their research papers to the Research Committee for selection. The Award will be presented at the Conferment Ceremony in 2019.

Entry and assessment criteria are listed below:

Entry Criteria:

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 be 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.*

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 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 CrystalYung@hkcfp.org.hk

DEADLINE OF SUBMISSION: 29th March, 2019

Supported by HKCFP Foundation Fund

HKCFP Research Fellowship 2019

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 or equivalent degree 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 potential 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: **29th April, 2019**. 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 CrystalYung@hkcfp.org.hk

Supported by HKCFP Foundation Fund

Meeting Highlights

CME Lecture on 27 October 2018

Dr. Chow Chun Chung, Specialist in Endocrinology, Diabetes & Metabolism, delivered a lecture on “Door opening to a Bright Light: Evolving concepts of Dyslipidemia, Diabetes, and Cardiovascular Disease”; Dr. Lee Wai Luen, Specialist in Cardiology, delivered a lecture on “Dyslipidemia and Intervention Disparities: A Dual Approach to Reduce Cardiovascular Events” and Dr. Wong Ka Sing, Specialist in Neurology, delivered a lecture on “Targeting Treatment for Dyslipidemia in Stroke Cases: Goals, Guidelines and Grades of Recommendation” on 27 October 2018 respectively.



Dr. Fong Ting (left, Moderator) and Dr. Mary Kwong (right, Council Member) presenting a souvenir to Dr. Chow Chun Chung (middle, Speaker)



Dr. Fong Ting (left, Moderator) and Dr. Mary Kwong (right, Council Member) presenting a souvenir to Dr. Lee Wai Luen (middle, Speaker)



Dr. Fong Ting (left, Moderator) and Dr. Mary Kwong (right, Council Member) presenting a souvenir to Dr. Wong Ka Sing (middle, Speaker)

CME Dinner Lecture on 3 November 2018

Prof. Martin Dawes, Head of Family Practice, Faculty of Medicine, University of British Columbia, Canada, delivered a lecture on “Choosing Wisely: A Revolution in the Prescribing Process” on 3 November 2018.



Dr. Yu Yee Tak, Esther (right, Moderator), presenting a souvenir to Prof. Martin Dawes (left, Speaker)

Update Course in Urogynaecology co-organized by the Hong Kong Urogynaecology Association (HKUGA) on 24 November 2018



Dr. Lau Wing See, Bea (left, Moderator), presenting a souvenir to Dr. Lee Kai Wan (right, Speaker)



Dr. Lau Wing See, Bea (left, Moderator), presenting a souvenir to Dr. Cheung Yau Kar, Rachel (right, Speaker)



Dr. Lau Wing See, Bea (middle, Moderator), presenting a souvenir to Ms. Anny Tong Wai Mei (left, Speaker) and Ms. Ivy Yiu Po Chu (right, Speaker)

Dr. Lee Kai Wan, Specialist in Urogynaecology, Consultant of Department of Obstetrics & Gynaecology, Princess Margaret Hospital, delivered a lecture on “Pelvic Organ Prolapse: Conservative Treatment”; Dr. Cheung Yau Kar, Rachel, Specialist in Obstetrics & Gynaecology, Consultant of



Dr. Lau Wing See, Bea (left, Moderator), presenting a souvenir to Dr. Cheon Willy Cecilia (right, Speaker)



Dr. Lau Wing See, Bea (left, Moderator), presenting a souvenir to Dr. Go Wing Wa (right, Speaker)



Dr. Lau Wing See, Bea (left, Moderator), presenting a souvenir to Dr. Ma Wai Sze Paulin (right, Speaker)

Department of Obstetrics & Gynaecology, Prince of Wales Hospital, delivered a lecture on “Pelvic Organ Prolapse: Surgical Treatment”; Ms. Anny Tong Wai Mei and Ms. Ivy Yiu Po Chu, Continence Nurse Advisor, delivered a lecture on “Pelvic Floor Exercise and Bladder Training”; Dr. Cheon Willy Cecilia, Specialist in Obstetrics & Gynaecology,

Consultant of Department of Obstetrics & Gynaecology, Queen Elizabeth Hospital, delivered a lecture on “Overactive Bladder”; Dr. Go Wing Wa, Specialist in Obstetrics & Gynaecology, Consultant of Department of Obstetrics & Gynaecology, United Christian Hospital, delivered a lecture on “Urinary Stress Incontinence” and Dr. Ma Wai Sze Paulin, Specialist in Obstetrics & Gynaecology, Consultant of Department of Obstetrics & Gynaecology, Queen Mary Hospital, delivered a lecture on “Recurrent Urinary Tract Infection” on 24 November 2018.

Annual Refresher Course 2018

The 1st, 2nd and 3rd session of the Annual Refresher Course were held on 25 November, 27 November, 29 November respectively.

Dr. Chan Wai Kwong, Andy, Specialist in Cardiology, delivered a lecture on “Different International Hypertension Guideline: Which One to Follow?” and Dr. Chow Chun Chung, Francis, Specialist in Endocrinology, Diabetes & Metabolism, delivered a lecture on “Pre-diabetes: Why and How Should We Treat?” on 25 November 2018.



Dr. Hung Wai Yin (left, moderator) and Dr. Mary Kwong (right, Council Member), presenting a souvenir to Dr. Chan Wai Kwong, Andy (middle, Speaker)



Group photo of (from left to right) Dr. Robert Tsui, Dr. Lau Ho Lim, Dr. Chow Chun Chung, Francis (Speaker), Dr. Mary Kwong, Dr. Hung Wai Yin and Dr. Alvin Chan

Dr. Leung Ngan Ho, Theresa, Specialist in Paediatric Respiratory Medicine, delivered a lecture on “Approach to a child with snoring in primary care setting” on 27 November 2018.



Dr. Au Yeung Shiu Hing (left, Moderator), presenting a souvenir to Dr. Leung Ngan Ho, Theresa (right, Speaker)

Dr. Chan Pak Hei, Michael, Specialist in Cardiology, delivered a lecture on “Intensifying Blood Pressure Control - How? How low?” on 29 November 2018.



Dr. Lau Wai Yee, Aster (right, Moderator), presenting a souvenir to Dr. Chan Pak Hei, Michael (left, Speaker)

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Point-of-Care Ultrasound – A Second Stethoscope for Family Physicians

Dr. Dao Man Chi, Thomas, Dr. Chan Ying Ho, Andrew, Dr. Chan Kin Wai, Louis and Dr. Chan Chung Yuk, Alvin

Introduction

Stethoscope has been a valuable tool for clinical diagnosis for a long time. It is a symbolic representation of our medical profession. Inspection, palpation, percussion and auscultation are the key steps of a traditional physical examination. Medical equipment becomes handier as technology advances. With the miniaturization of ultrasound technology, ultrasound machines had become more portable, more affordable and more user-friendly. Ultrasound is a real-time, non-invasive, cost-effective diagnostic tool to supplement traditional physical examination. It allows the clinicians not only to listen, but also to see through some of the organs. In fact, these handy USG machines are becoming the “stethoscope of the future”⁽¹⁾. The application of point-of-care ultrasound (POCUS) has been commonly used by the emergency physicians for more than 20 years, and similarly by many other specialties like our surgical, and internal physician colleagues. With more complex clinical presentation of our patients in primary care nowadays, POCUS has a great role to play in our daily patient encounters⁽²⁾. POCUS in primary care is diverse, such as assessment of symptoms (e.g. biliary and ureteric colic), confirmation of physical signs (vaguely palpable abdominal mass), evaluation of common laboratory abnormalities (liver and renal function impairment), and evaluation of cardiac functions and valvular abnormalities. Besides its diagnostic value, it could also assist in some investigation procedures (fine needle aspiration) and treatments (guided injections for tendons and joints). Here we share a few cases of how bedside ultrasound can help patients that we commonly encounter in primary care practice.

Case 1 – Back pain (by Dr. Dao Man Chi, Thomas)

Mr. Ng was a 65-year-old retired businessman with good past health. He was a non-smoker and non-drinker. He complained of on and off back pain since 2 months ago. His back pain was localized to the lower lumbar spine and was mechanical in nature. The pain occasionally radiated to right thigh. There was no fever and neurological symptoms. He denied any injury or back sprain. He attended the Accident and Emergency Department twice with X-ray of lumbar and sacral spine done last month, the report showed degenerative

changes and collapse of L4 and L5 vertebral bodies (**Fig 1 and 2**). He was discharged home with some nonsteroidal anti-inflammatory drugs.



Fig 1



Fig 2

Anteroposterior view (Fig 1) and lateral view (Fig 2) of lumbar-sacral spine

He attended my clinic in the general outpatient clinic (GOPC) subsequently, complaining of similar back pain which did not improved with analgesics. Furthermore, he also had some weight loss of few pounds over the past few months. He did not have any respiratory or gastrointestinal symptoms. Significant family history including two of his elder brothers died of carcinoma of lung.

Initial physical examination showed there was mild tenderness over his right paraspinal muscle. Straight leg raising was up to 80 degrees on both sides. Blood tests were arranged for him which showed elevated alkaline phosphatase (ALP) up to 252, normal alanine aminotransferase (ALT), bilirubin, calcium level, complete blood count, thyroid hormone and fasting glucose. He was called back for evaluation. On his second GOPC consultation, additional physical examination was performed which showed a palpable liver edge. Bedside ultrasound of abdomen was done for the hepatomegaly, which showed:

2 heterogenous liver mass noted over the right lobe (**Fig 3 and 4**), 8.2cm and 3.3cm respectively, there was a rim of hypoechoic halo in both lesions, which suggested malignancy. There were also multiple

simple liver cysts, the largest one measured 4.7cm (**Fig 5**). Gallbladder, portal veins, biliary tracts, pancreas, spleen and kidneys were unremarkable. There was no free fluid detected.



Fig 3



Fig 4



Fig 5

He was then urgently referred to the specialist clinic for further management. However, before his scheduled appointment, he reattended the Accident and Emergency Department for severe back pain. Upon admission, urgent CT showed a 2.6cm soft tissue density mass in right upper lobe of lung. There was a 9.2cm contrast enhancing mass at segment 5/6 and another 3.7cm in segment 8. There were also lytic lesions in left acetabulum, pubis and ischium, L2-L5 vertebral bodies. PET-CT scan suggested overall picture of carcinoma of lung with liver and bony metastasis and he was referred to oncologist for further management.

Case 2 - epigastric pain (by Dr. Chan Ying Ho, Andrew)

Mr. TSS, 64 years old. He has known history of diabetes, hypertension. He complained of on and off epigastric pain after food which radiates to back for 1 month. The physical examination was unremarkable.

Bedside ultrasound of the upper abdomen with special focus on gall bladder (GB) and pancreas was done:



Fig 6



Fig 7



Fig 8

The USG GB (**Fig 6, 7**) showed normal wall thickness with dense echogenic shadowing, suggestive of impacted gallstones, with wall-echo-shadow sign. There was no sonographic murphy sign. The common bile duct was unremarkable and not shown here. Pancreas (**Fig 8**) was unremarkable with no ductal dilatation or mass. Liver, kidney and spleen were unremarkable and USG findings were not shown here.

Mr. T was referred to surgical colleagues and laparoscopic cholecystectomy was subsequently performed, intraoperative findings were shown as below (**Fig 9**):



Fig 9

Case 3 – epigastric pain (by Dr. Chan Kin Wai, Louis)

Madam Choi is a 66 years old lady. She was an orphan born in Mainland China and lived in an orphanage in the rural area during her childhood. She was later adopted by a fisherman family.

She presented with epigastric pain for 6 months. She also had acid reflux and belching. There was no fever, no loss of appetite or weight loss. She had no history of any abdominal or chest injury. She was referred from General Outpatient Clinic and triaged to the Family Medicine Specialist Clinic for further management.

On physical examination, there was no pallor, no supraclavicular lymph node palpable and the abdomen was soft with no abdominal mass.

Bedside ultrasound was performed (**Fig 10**) and the most alarming finding was a 5cm complex splenic cyst, with mixed solid echo inside the cyst. Blood investigation showed Hb 13.8g/dL, WBC $6.8 \times 10^9/L$ with normal eosinophil count. Liver and renal function test were normal.



Fig 10

The patient was referred for a private USG (**Fig 11**) which confirmed a complex cyst (size 4.7 x 3.8 x4.5 cm) in the spleen, with internal hyperechoic soft tissue nodules seen at the inferior aspect. Differential diagnosis included a post-traumatic pseudocyst or an infective cyst such as hydatid cyst or a dermoid tumor.

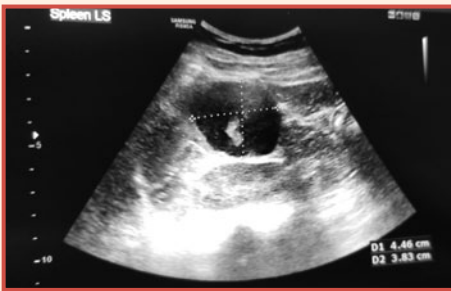


Fig 11

Contrast CT scan was further performed:

A 3.8 x 4.9 x 4.3cm well defined isodense lesion was found in the spleen. It contained tiny arterially enhancing foci and increase enhancement was seen in portovenous phase with delayed washout in delayed phase. Apart from the differential diagnoses given by the ultrasound report, it gave another 2 differential diagnoses of vascular tumour, hemangioma and hamartoma and suggested for excisional biopsy for definitive diagnosis.



Fig 12

OGD was also performed later which showed gastritis change only.

She was assessed by the hospital specialist after these imaging findings. Finally, a PET CT scan was performed which showed hypermetabolic activity in the splenic lesion and suspicious to be malignant. (**Fig 13**) The diagnosis of the splenic lesion was likely to be lymphoma or metastasis though no primary can be demonstrated in the PET CT scan. At the time of writing, the hospital specialist colleagues are planning for a splenectomy.

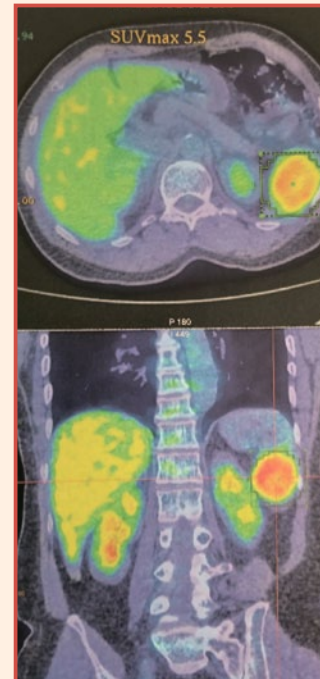


Fig 13

Case 4 – fever (by Dr. Chan Chung Yuk, Alvin)

A 35 years old lady presented with fever for 2 days, headache, a bit of cough and some sore throat, but no runny nose. She also had some abdominal pain, vomiting for 3 times already on the day of attendance, and still nauseated, but no diarrhea. She had some chills and rigors too. Further history revealed that she had dysuria with turbid urine for 2 days as well.

On examination, the temperature was 39.3C, the blood pressure was 110/70 mmHg, pulse was 110 beats/minute, regular, abdomen was soft but there was left loin tenderness. The throat / chest examination was unremarkable.

By this time, the likely differential diagnoses for the lady included influenza like illness, urinary tract infection, and gastroenteritis.

Urine dipstick test was done and showed WBC 3+, nitrite 2+, RBC 3+.

Hence the diagnosis for the high fever, and loin pain would likely be urinary tract infection with upper tract involvement. A bedside USG was done which showed no evidence of hydronephrosis, and there was no abnormal mass lesion too in the left kidney (**Fig 14**). The right kidney (**Fig 15**) was also shown here too for comparison. In the real time scanning, there was no obvious difference between the 2 in terms of size (left kidney was 10.6cm, right 10.35cm), and the cortico-medullary differentiation was similar in both kidneys.



Fig 14



Fig 15

The diagnostic impression was uncomplicated pyelonephritis, and the mid-stream urine was sent for culture and sensitivity test. An intramuscular injection of Ceftriaxone was given, together with a course of antibiotics. The patient was instructed to go to emergency department in case of increasing loin pain.

Upon phone follow up the next day, the fever was in downward trend and the chills subsided. The patient was completely well few days later. The mid-stream urine culture later was found to have E.coli and was sensitive to the antibiotics prescribed.

Discussion

With these case illustrations, one can understand that the point of care USG can readily supplement our physical examination, aid in the diagnostic process, help in persuading patient for further advanced imaging, and ultimately facilitate / change our management.

In Case one, the bedside USG can help the clinician to “see though” the liver once the clinician detected hepatomegaly. This indeed helped to pick up the liver masses and subsequently confirmed to be liver metastases. In Case two, it showed that USG is an essential tool in the investigation of upper abdominal pain. Once the multiple impacted gall stones were picked up, without associated features of acute cholecystitis, subsequent management could be discussed with the patient. In Case three, again, it showed that simple bedside USG could aid

in our diagnosis which served as a basis to persuade our patient for further imaging which is especially important in public setting. We all know that public specialist out-patient clinic (SOPC) waiting time is very long, with a more precise findings / diagnosis, this could facilitate a more prompt access to the SOPC. Indeed, fortunately the patient in this case had her malignant condition uncovered earlier by the author who took the trouble to do the POCUS (of course, that was an unfortunate diagnosis to her ultimately). In Case four, the POCUS helped to rule out complicated pyelonephritis which requires immediate hospital treatment. Hence, patient could be managed in out-patient setting instead. Not only prompt treatment could be given right away, but also that the patient need not to be sent to our busy public accident and emergency department!

Indeed, POCUS has many clinical applications, and USG is certainly more sensitive than our pairs of hands in picking up a number of pathologies⁽³⁾.

USG machine is not a fancy equipment any more, the skills for use and application in our primary care setting is not too difficult to be acquired. There are ultrasound courses available locally and overseas to train those who are interested. In fact, in the US, curriculum guidelines have been developed on POCUS by family medicine residents⁽⁴⁾. We hope the readers could appreciate that POCUS can greatly facilitate our daily care for our patients.

(The Board of Education, HKCFP, is planning to organize some training on ultrasound, if the readers are interested, please email to the author: alvincychan@yahoo.com)

Reference

1. Sarah M. Schumacher et al. Point of Care Ultrasound by Primary Care Physicians and Geriatricians: Old Adults, New Technology, Potential Benefits and Burdens. *Journal of Gerontology & Geriatric Research*. January 03, 2012
2. Mihai Iacob. Evidence at the Point of Care Ultrasonography in Family Medicine. *The World Book of Family Medicine – Iberoamericana Edition 2016*. WONCA Europe.
3. Paul Bornemann et al. Point-of-care ultrasound: Coming soon to primary care? *The Journal of Family Practice*. Vol. 67, No.2, Feb 2018
4. Point of Care Ultrasound - Recommended Curriculum Guidelines for Family Medicine Residents. American Academy of Family Physicians. https://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint290D_POCUS.pdf

The Nasal Spray Flu Vaccine & A New Oral Drug for Flu

The Nasal Spray Flu Vaccine

The Nasal Spray flu vaccine (FluMist Quadrivalent) for the 2018-2019 season is a live attenuated vaccine. It contains 4 influenza viruses: an influenza A (H1N1) virus, an influenza A (H3N2) virus and two influenza B viruses. The main advantage of the nasal spray is that it's painless. There is no preference for any influenza vaccine over another.

Who can be receive the nasal spray flu vaccine?

- Non-pregnant individuals, 2-49 years old

Who should not receive the nasal spray flu vaccine?

- Children younger than 2 years old
- Adults over 50 years old
- Pregnant women
- Children 2-4 years old having asthma or history of wheezing in the past 12 months
- Children 2 to 17 years old receiving aspirin or salicylate-containing medications
- People with history of severe allergic reaction to any component of the vaccine or to a previous dose of any influenza vaccine
- People with immunosuppression
- People taken influenza antiviral drugs within the previous 48 hours
- People who care for severely immunocompromised persons with require a protected environment (or otherwise avoid contact with those persons for 7 days after getting the nasal spray vaccine)

Precautions to use

- Asthma in people aged 5 years and older
- Other medical conditions that put people at higher risk of serious flu complications e.g. lung disease, heart disease except isolated hypertension, kidney or liver disorders, neurologic/ neuromuscular / metabolic disorders
- Moderate or severe acute illness with or without fever
- Guillain-Barre Syndrome within 6 weeks following a previous dose of influenza vaccine

Is breastfeeding a contraindication?

- No. Breastfeeding is not a contraindication for the nasal spray vaccine.

What are the side effects?

- Runny nose, wheezing, headache, vomiting, muscle aches, fever, sore throat, cough. Usually mild and short-lived.

How about NSAIDs?

On 24 October 2018 the U.S. Food and Drug Administration (FDA) approved Xofluza (Baloxavir Marboxil) for the treatment of acute uncomplicated influenza. This is the first new antiviral flu treatment approved by the FDA in nearly 20 years.

Nature: one-time dose treatment

Drug mechanism: inhibits influenza-specific polymerase acidic endonuclease to prevent viral replication

Indications: Patients 12 years of age and older who have flu symptoms for no more than 48 hours

The efficacy of Xofluza was demonstrated in two randomized controlled clinical trials of 1832 patients where participants were assigned to receive either Xofluza, a placebo, or another antiviral flu treatment within 48 hours of experiencing flu symptoms. In both trials, patients treated with Xofluza had a shorter time to alleviation of symptoms compared with patients who took the placebo. In the second trial, there was no difference in the time to alleviation of symptoms between subjects who received Xofluza and those who received the other flu treatment.

The most common adverse reactions in patients taking Xofluza included diarrhea and bronchitis.

Reference

1. Centres for Disease Control and Prevention <http://www.cdc.gov/flu>
2. Food and Drug Administration <https://www.fda.gov/NewsEvents/Newroom>
3. Xofluza (Prescribing Information), South San Francisco, CA: Genentech USA, Inc., 2018

Compiled by Dr. Sin Ming Chuen

HKCFP Photography Club News

HKCFP Photography Club - Astrophotography Lecture

"Your camera does not see what you see; it sees much more than the naked eye."

HKCFP Photography Club is excited to announce that an Astrophotography lecture on Star Trails and the Milkyway by Mr. Huey Pang (彭栩怡先生) will be the prelude to a series of photo events in year 2019!

Mr. Huey Pang is a scholar enthusiastic about the promotion of astronomy in the academic sector. He is currently the Chairman of the local astronomical organisation "Astrolink". Mr. Pang has devoted himself to astronomy education for 20 years. During this time, he devoted himself to the promotion of astronomy in the academic circle. He has worked as an astronomy instructor in more than 100 public organisations, primary and secondary schools. He receives high regards from teachers and officials therein, as well as high respect from the media. In addition, Mr. Pang is also a speaker for the Hong Kong Space Museum Lecture Series. He also hosts various large-scale astronomical events for the Hong Kong Space Museum and various public organisations. He is currently a tutor for astrophotography courses at Nikon School, Hong Kong.



[Photo credits: Dr. Natalie MW Yuen (left) and Mr. Huey Pang (middle & right)]

Date: 12 January 2019 (Saturday)

Time: 14:30 - 16:00

Venue: Nikon School, Suite 1001, 10/F Cityplaza One, 1111 King's Road, Taikoo Shing, HK

Speaker: Mr. Huey Pang

The lecture is generously sponsored by Nikon Hong Kong. Souvenirs will be given out and the latest Nikon mirrorless cameras and lenses will be available for members to try hands-on at 14:00.

Interested members please enrol with Ms. Windy Lau at windylau@hkcfp.org.hk / 28718899. A maximum of 30 participants are welcomed.

Quality Assurance & Accreditation Committee News

CME/CPD Compliance

Dear Colleagues,

With the credit point score of 2018 QA&A Programme to be finalized by the end of this year, the committee wishes to highlight that colleagues **must engage in ALL categories of activities** in order to fulfill the QA Certificate 2017-2019 criteria, briefly summarized as follows:

- (1) A minimum of 90 points in total, including **at least 30 CPD points**.
- (2) A maximum of 45 credit points will be counted for each category of educational activities
- (3) Participants must engage in **ALL** categories of activities

For Point (2) and (3) above, the 'categories' are referring to

- i) Category 3, related to CPD activities,
- ii) Category 4, related to activities organized by our College alone, and
- iii) Category 5, related to pre-accredited activities organized by other professional institutions themselves or in collaboration with our College. Examples of this category include accredited educational events by the Hong Kong Medical Association, The Universities, the Hospital Authority, and the Primary Care Office / Department of Health.

Please see the "Regulations for Award of Quality Assurance 2017-19 (QA)" for more details: http://www.hkcfp.org.hk/pages_5_81.html

To obtain CME Certificate 2018, members should obtain at least 30 Credit Points in either CME or CPD, or both. In particular, **HKAM Fellows** are required to obtain a minimum of 90 points, including **at least 15 CPD points** in a 3-year cycle (2017-2019).

Another point to highlight is the various ways to gain CPD points, listed below for your reference:

1. Continuous Professional Development (CPD) Logs
 - I. Self-appraisal activities on lectures, seminars and workshops organized by the Board of Education (For activities that are applicable to submit CPD Log, Corresponding Sentence **"Up to 2 CPD Points (Subject to Submission of Satisfactory report of Professional Development Log)"** will be included in the Board of Education News published in FP links)
 - II. Specify journal article published in the HK Practitioner or HK Medical Journal (**HK Practitioner**: Update Article, Original Article, Discussion Paper, Internet; **HK Medical Journal**: Original Article, Review Article, Medical Practice)
 - III. Evidence Based Practice (EBP) report corresponding to a journal article published in the HK Practitioner, the HK Medical Journal, or in an indexed or refereed Medical Journal
 - IV. Practice Audit, Review and Appraisal; include Clinical Audit, Evidence-Based Medical Protocol and Preventive Care Audit
 - V. Structured Learning Activities, such as Portfolio For Self Learning Plan
2. Activities related to Teaching, Educational Development and Research
 - I. Teaching / Tutoring medical students in Family Medicine
 - II. Clinical supervisor of vocational trainees in Family Medicine
 - III. Acting as examiner for the Conjoint HKCFP / RACGP Fellowship Examination or HKCFP Exit Examination
 - IV. Being a CPR instructor or tutor of the Assessment Enhancement Course organized by the College
 - V. Being a moderator or speaker
 - VI. Being a chairperson / speaker of pre-approved small discussion group(s)
 - VII. Research work related to the field of General Practice / Family Medicine
 - VIII. Publishing Journal articles, books or thesis
3. Activities related to Professional Development, such as demonstration of competence in Family Medicine by completing a course of study and passing the Conjoint HKCFP/RACGP Fellowship Examination, Specialty Board Exit Examination, the basic life support (CPR) assessment organized by the College, Diploma examinations organized by the College; passing professional examination (Membership / Fellowship, etc) or academic examination (Diploma / Master Degree, etc) relevant to General Practice/Family Medicine.
4. Activities related to Quality Development, including participation in a quality assurance activities, exercise, workshop or clinical attachment organized by the College. Active Learning Mode (ALM) has been introduced since 2016 to facilitate active learning at selected seminars involving skill and knowledge transfer, and participants may gain CPD points when assessment criteria by pre- and post- activity MCQs are fulfilled.

Please kindly login to the College website <http://www.hkcfp.org.hk/> to check on your latest CME/CPD report. You can also download all the relevant forms from our website: http://www.hkcfp.org.hk/pages_5_84.html. For more details, please refer to the "The Regulation for Award of Quality Assurance 2017-2019" at http://www.hkcfp.org.hk/pages_5_81.html or contact our QA&A Secretariat (Mr. John Ma or Ms. Natalie Ho) at 2871 8899 or email to cmecpd@hkcfp.org.hk at your convenience.

Thank you.

Dr. King Chan
Chairman, Quality Assurance & Accreditation Committee

Quality Assurance & Accreditation Committee News (Con't)

Important news

Please ignore this message if you are a HKAM Fellow, or have already chosen HKAM via College as your MCHK CME administrator.

Dear College Members,

**RE: MCHK CME Programme for Practicing Doctors
who are not taking CME Programme for Specialists**
(Ver. 10 September 2018)

We are pleased to remind you that our College members who register with the Hong Kong Academy of Medicine (HKAM) as their MCHK CME administrator via HKCFP have their associated administrative charge waived starting from January 2017. For new registrants or those who would like to switch their MCHK CME Administrator to HKAM via the College (with the cycle starting in January) **starting from 1st January 2019**, submission of the Registration Consent Form to College Secretariat before **21st December 2018 (Friday)** is necessary, and the processing of MCHK CME record will be facilitated accordingly.

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

1. MCHK registrants will have to liaise with their current CME Administrator (HKMA, DU, DH) for the necessary procedures in relation to change of the CME Administrator.
2. Change of CME Administrator from 'other CME Administrator' to 'HKAM via HKCFP' can be arranged after **ONE Cycle Year of programme has completed**, given that HKAM was not the administrator of your previous MCHK CME Cycle.
3. Overseas Conferences: please submit Attendance Record within one month of completion of the conference.
4. Self-study: please submit details of the programme within one month of completion of the Self-study.
5. Retrospective submission cannot be accredited outside the said time frame. In case of any discrepancy of accredited CME Points between the HKCFP and 'other Administrators', the HKCFP has the final decision on the final accredited CME Points.

As our College is required to report the CME Points to the HKAM every 6 months, MCHK CME registrants MUST sign on the respective MCHK CME attendance record sheet for CME record purposes. **To help the College Secretariat distinguish College members from others, please identify yourself by entering your HKCFP membership number or simply putting "HKCFP" in the column of HKAM.** MCHK CME record may not be updated if one fails to update MCHK CME Administrator in a timely fashion.

The above arrangement is for our College members only. The required Registration Consent Form can be downloaded at www.hkcfp.org.hk > Download > 'Quality Assurance & Accreditation'. Please return the completed form to our College Secretariat by email to cmecpd@hkcfp.org.hk before the captioned deadline to facilitate the necessary arrangement. As usual, late submission may not be processed.

HKCFP Secretariat

- 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 wear an appropriate dress code to the hotel for the Scientific Meeting.
- Private video recording is not allowed. Members, who wish to review the lecture, please contact our Secretariat.

5 January 2019

Saturday

Board of Education Interest Group in Dermatology

Aim	To form a regular platform for interactive sharing and discussion of interesting dermatological cases commonly seen in our daily practice	
Theme	Eczema Treatment for Primary Care – Topical Role in Holistic Approach	
Speaker	Dr. Wu Wai Fuk Specialist in Dermatology and Venereology	
Coordinator & Chairman	Dr. Lam Wing Wo The Hong Kong College of Family Physicians	
Time	1:00 p.m. - 2:00 p.m. Lunch	
	2:00 p.m. - 3:30 p.m. Lecture	(Part A)
	3:30 p.m. - 4:00 p.m. Discussion	(Part B)
Venue	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	
Admission	Members	Free
Fee	Non-members	HK\$ 300.00
	HKAM Registrants	HK\$ 150.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CPD points HKCFP (Cat. 3.15) 2 CME points MCHK	
Language	Lecture will be conducted in English and Cantonese.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	
Note	Participants are encouraged to present own cases for discussion. Please forward your cases to the Coordinator via the College secretariat 2 weeks prior to meeting. Participants are expected to take an active role in discussion during the workshop. Participants will be awarded CME for attendance in Part A of workshop and CPD for Part B.	

Register Online

17 January 2019

Thursday

Redefining HIV Treatment Management Beyond Viral Suppression

	Dr. Corklin Steinhart <i>Head, Global Medical Directors, ViiV Healthcare</i>	
Chairman	TBC The Hong Kong College of Family Physicians	
Time	6:30 p.m. - 7:00 p.m. Registration	
	7:00 p.m. - 8:00 p.m. Lecture and Discussion	
	8:00 p.m. - 9:30 p.m. Dinner	
Venue	Sung Room, 4/F, Sheraton Hong Kong Hotel & Towers, 20 Nathan Road, Tsim Sha Tsui, Kowloon	
Admission	College Fellow, Full or Associate Members	Free (\$50 Enrollment deposit is required)
Fee	Other Categories of Members	HK\$ 450.00
	Non-Members	HK\$ 550.00
	All fees received are non-refundable and non-transferable.	
Accreditation	1 CME point HKCFP (Cat. 4.3) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.	

Register Online

Sponsored by **GlaxoSmithKline Limited**

HKCFP would like to thank HKMA for supporting this educational activity.

Sponsored by **Leo Pharma**

Monthly Video Viewing Session

Monthly video viewing sessions will be scheduled on the last Friday of each month at 2:30 - 3:30 p.m. at 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

December's session:

Date	28 December 2018 (Friday)	
Time	2:30 p.m. - 3:30 p.m.	
Topic	"Nutrition & Cognition (Can Nutritional Interventions Delay or Prevent Alzheimer's?)" by A/Prof. Michael Woodward	
Admission	Free for Members	
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	

Register Online

January's session:

Date	25 January 2019 (Friday)	
Time	2:30 p.m. - 3:30 p.m.	
Topic	"Start right in hypertension management for reducing cardiovascular events" by Prof. Claudio Borghi	
Admission	Free for Members	
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	

Register Online

Community Education Programme

Open and free to all members

HKCFP CME points accreditation (Cat 5.2)

Date/Time/CME	Venue	Topic/Speaker/Co-organizer	Registration
12 January 2019 2:15 - 4:15 pm	Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon	Home physiotherapy Ms. Dora Fung PT(II), OLMH	Ms. Clara Tsang Tel: 2354 2440

Structured Education Programmes

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

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
2 January 2019 (Wed)			
2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Family Life Cycle: Family Physician's Role and Challenges in Each Cycle Dr. Jiao Fangfang & Dr. Chuang Chi Kit	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	What Makes a Competent Family Physician Dr. Hun Pek I	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Update on Management of HT Dr. Wong Chun Ming, Tom & Dr. Lai Ho Yeung, Kelvin	Ms Polly Tai Tel: 3949 3430
5:00 – 7:00 p.m.	Multi-function Room, NAHC clinic, G/F, Tsan Yuk Hospital	Common Eye Problems in Children Dr. Julie Lok	Ms. Cherry Wong Tel: 2589 2337
3 January 2019 (Thu)			
4:30 – 6:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Using Family Medicine Approach on Medically Unexplained Symptoms/ Chronic Pain Dr. Zhang Dingzuan & Dr. Wong Fai Ying	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Sharing of Experience in WONCA Dr. Lo Ka Man, Michelle	Ms W L Kwong Tel: 2595 6941
9 January 2019 (Wed)			
2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Alternative Medicine and Traditional Chinese Medicine in Community Dr. Hui Sau Wie, Alice & Dr. Chan Kam Sheung	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Introduction of Evidence-based Medicine Dr. Wong Kar Shing	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Lecture Theatre, 8/F, Ambulatory Care Block, Tseung Kwan O Hospital	New Model of Primary Care Prof. Rodger Chalton (BA, Mphil, MD, FRCGP, FRNZCGP)	Ms Polly Tai Tel: 3949 3430
5:00 – 7:00 p.m.	Multi-function Room, NAHC clinic, G/F, Tsan Yuk Hospital	Update in Diabetes and Hyperlipidemia Management Dr. Joanne Lam	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	CME and CPD Dr. Kong Ka Ming, Andrew	Ms. Carmen Kwong Tel: 2632 4371
10 January 2019 (Thu)			
4:30 – 6:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Interesting Case Sharing Dr. Yung Hiu Ting & Dr. Yip Chun Kong	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Common Symptom Complaint: Dizziness Dr. Yuen Man Ki, Vivian	Ms W L Kwong Tel: 2595 6941
16 January 2019 (Wed)			
2:00 – 5:00 p.m.	Room 7, 8/F, Yau Ma Tei GOPC	Consultation Enhancement (Physical Examination: Ear and Video Consultation) Dr. Siu Wing Yee & Dr. Fan Yuen Shan, Patricia	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Approach to Substance Use Disorder in Primary Care Dr. Lam Kang	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Conference Room 3, 8/F, Ambulatory Care Block, Tseung Kwan O Hospital	Quality Assurance, CME, CPD Dr. Li Wing Chi, Gigi & Dr. Chen Tsz Ting	Ms Polly Tai Tel: 3949 3430
17 January 2019 (Thu)			
4:30 – 6:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Common Scenario: Evidence Based Management of Chronic Cough Dr. Fan Siu Wai & Dr. Ho Shu Wan	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Handling of Metabolic Syndrome in Primary Care Setting Dr. Choi Sze Wai, Michelle	Ms W L Kwong Tel: 2595 6941
23 January 2019 (Wed)			
2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Approach to Joint Pain and Common Joint Conditions in Family Practice Dr. Lee Wing Lam & Dr. Lai Ka Ho	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	GOPC Manual Dr. Chang Ting Ting	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Common Symptoms in Orthopaedics (Trigger Finger, Wrist Pain, Other Overuse Syndromes) Dr. Wong Sze Man & Dr. Lee Tsz Ching, Yolanda	Ms Polly Tai Tel: 3949 3430
5:00 – 7:00 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Video Review: Consultation Skills @ LAP Dr. Sze Hon Ho	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Critical Appraisal Dr. Poon Wing Kwan	Ms. Carmen Kwong Tel: 2632 4371

24 January 2019 (Thu)

4:30 – 6:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Living Will, Advanced Directive & Guardianship Board Dr. Chan Chi Ho & Dr. Ho Tsz Bun	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Allied Health Talk: The Orthotic Intervention for Patients Commonly Seen in GOPC Dr. Leung Ka Fai	Ms W L Kwong Tel: 2595 6941

30 January 2019 (Wed)

2:00 – 5:00 p.m.	Conference Room 3, G/F, Block M, Queen Elizabeth Hospital	Update of Management of Common Cardiac Arrhythmia (AF, SVT, Bradyarrhythmia) Dr. Cheung Yuen Yan, Kathy & Dr. Ng Ka Wing	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	How to Prepare Part 1 Conjoint Examination Dr. Ng Kai Man	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	Update on Management of Cerebrovascular Accidents Dr. Ma Yuen Ying, Tammy & Dr. Chau Yiu Shing	Ms Polly Tai Tel: 3949 3430
5:00 – 7:00 p.m.	Multi-function Room, NAHC clinic, G/F, Tsan Yuk Hospital	Introduction of Critical Incident Psychological Service & Conflict Resolution Dr. Rosita Wong	Ms. Cherry Wong Tel: 2589 2337
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Consultation Skills Model Dr. Ng Yui Wing, Joanne	Ms. Carmen Kwong Tel: 2632 4371

31 January 2019 (Thu)

4:30 – 6:00 p.m.	SB1034, 1/F, Special Block, Tuen Mun Hospital	Clinical Approach to Sleep Disorders Dr. Chung Chak Hang & Dr. Lee Sik Kwan	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2 nd Floor, Pamela Youde Nethersole Eastern Hospital	Allied Health Talk: Dietary Management of Chronic Illness - Diabetes Mellitus Dr. Leung Ka Fai	Ms W L Kwong Tel: 2595 6941



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Wishing you all

***Merry Christmas &
Happy New Year***

The FP Links Committee



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9 Dec 1:00 – 4:30 p.m. Annual Refresher Course	10	11 1:00 – 3:30 p.m. Annual Refresher Course 7:00 – 9:00 p.m. Refresher Course for Exit Examiners 2018 (PA Segment)	12 1:00 – 3:30 p.m. CME lecture 2:15 – 7:30 p.m. Structured Education Programme	13 2:15 – 7:00 p.m. Structured Education Programme	14	15 2:00 – 4:00 p.m. Interest Group in Medical Humanities 2:30 – 5:00 p.m. DFM Module IV
16 1:00 – 4:30 p.m. Annual Refresher Course 5:00 p.m. Annual General Meeting 7:00 p.m. Annual Dinner	17 7:00 – 9:00 p.m. Refresher Course for Exit Examiners 2018 (Research Segment)	18 7:00 – 9:00 p.m. Refresher Course for Exit Examiners 2018 (Clinical Audit Segment)	19 2:15 – 7:30 p.m. Structured Education Programme 7:00 – 9:00 p.m. Refresher Course for Exit Examiners 2018 (CSA Segment)	20 2:15 – 7:00 p.m. Structured Education Programme	21	22
23	24	25	26	27 2:15 – 7:00 p.m. Structured Education Programme	28 2:30 – 3:30 p.m. Video Session	29
30	31	1 Jan	2 2:15 – 7:30 p.m. Structured Education Programme	3 2:15 – 7:00 p.m. Structured Education Programme	4	5 1:00 – 4:00 p.m. Interest Group in Dermatology 2:30 – 5:30 p.m. DFM Module III - EBM & Critical Appraisal
6	7	8	9 2:15 – 7:30 p.m. Structured Education Programme	10 2:15 – 7:00 p.m. Structured Education Programme	11	12 2:30 – 5:30 p.m. DFM Module III - Sexual Health & Genomic Medicine
13	14	15	16 2:15 – 7:30 p.m. Structured Education Programme	17 2:15 – 7:00 p.m. Structured Education Programme 6:30 – 9:30 p.m. CME Dinner Lecture 8:30 p.m. Council Meeting	18	19 2:30 – 5:30 p.m. DFM Module V - Research & Teaching in FM
20	21	22	23 2:15 – 7:30 p.m. Structured Education Programme	24 2:15 – 7:00 p.m. Structured Education Programme	25 2:30 – 3:30 p.m. Video Session	26 2:30 – 5:30 p.m. DFM Module V - Consultation Skills Workshop II

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


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