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Message from the President

To better prepare for a potential fourth wave of COVID-19 infections, the government has recently announced that four community testing centres are to be set up on Hong Kong Island and in Kowloon, New Territories East and New Territories West with service commencing at 8am on November 15 (Sunday), initially for three months pending further review. These testing centres will be set up at Quarry Bay, Yau Ma Tei, Sha Tin and Yuen Long. They will be open seven days a week providing self-paid testing services for the public at a more affordable price to serve general community or private purposes such as certification for travelling or work. The price of testing services will be capped at \$240. The government will also conduct testing for target groups, specified persons or other members of the public at the testing centres for public health reasons on a needs basis, and separate announcements will be issued as and when necessary. (<https://www.info.gov.hk/gia/general/202011/11/P2020111100615.htm>)

As mentioned in my email message to the College membership towards the end of October, ongoing recruitment of locum doctors by the Hospital Authority (HA) to support the operational needs at both hospitals and community facilities is one of the strategies to enhance the overall preparedness for the anticipated surge demand in winter and possible next wave of COVID-19 in Hong Kong. The HA has recently contacted us that there are new options for locum doctors (especially private doctors) to provide on-site medical support through tele-care according

to the clinical protocol for managing the COVID-19 patients in AsiaWorld-Expo (AWE). Members from our College are welcome to visit the website of Locum Office in HA at <https://www.ha.org.hk/goto/locum> for more information regarding

the Locum Doctor recruitment. After registering as Locum Doctors in HA, training will be arranged including web-based training and on-site training in AWE covering site orientation, training on clinical protocols, infection control training as well as use of Clinical Management System (CMS) for preparing those interested for working in AWE. For enquiries about Locum Doctors in HA or difficulties in applications, please feel free to contact HA's Locum Office at 2300 6675, or our HKCFP Secretariat at 2871 8899. I would also like to take this opportunity to thank you once again for responding to the recent call for joining the HA Locums.

It has been reported that negotiations are approaching the final stages for the first Air Travel Bubble (ATB) between Hong Kong and Singapore and it is hopeful that it will take effect towards the end of this month. Under the ATB, travelers between two destinations will be allowed to visit without having to undergo the mandatory 14-day quarantine or stay-at-home procedures imposed on arrivals



(Continued on page 2)

Message from the President (Con't)

(Continued from page 1)

from other destinations. They will be required to have a negative result from mutually recognised COVID-19 polymerase chain reaction tests. Both Hong Kong and Singapore are major international aviation hubs in the world and have low incidence of COVID-19 cases. Regardless of whether you are a keen traveler or not, the Hong Kong-Singapore ATB is a significant step forward. This ATB will facilitate resumption of air travel, and hence will bring benefits to the economies. It will also serve as a good pilot and example for future resumption of travel to and from other parts of the world, with the necessary safeguards in place to ensure that public health concerns are addressed.

As in the previous years, the Hong Kong Academy of Medicine and the Hospital Authority are organising a Career Talk for Interns to be held on a Saturday afternoon in November. It would be arranged via an online platform for the first time too. Many thanks

to Drs Alfred Kwong, Michelle Wong, and Edwin Chan for joining me to share with the interns on the HKCFP Family Medicine training. We are hoping to invite a few colleagues who are currently undergoing vocational training to share with the audience too.

A quick last minute reminder about the Royal Australian College of General Practitioners (RACGP) Annual Conference - GP20 to be held online from 16 – 28 November 2020, do come to participate in this annual event to exchange with GPs around the globe via the online platform. (<https://www.racgp.org.au/gp20/registration/register>)

As we are entering the final month of the year, please be reminded to renew your annual practicing certificate with the Medical Council of Hong Kong, if you have not done so already.

Please keep well and stay safe.

Dr. David V K CHAO
President

Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **September – October 2020**:

Associate Membership (New Application)

Dr CHAN Kai Lung
Dr LEE Suk Yee
Dr WAN Kwong Ha

陳 啟 龍
李 淑 儀
尹 廣 夏

Proposed amendments to the Articles of Association of the Hong Kong College of Family Physicians (CR No: 54500) (the College)

Further to the Special Resolution passed in the 40th Annual General Meeting in December 2017, the College Council has resolved to propose to the members of the College in the forthcoming Annual General Meeting the correction of typos and alterations to the Articles of Association (AOA) of the College.

The documents considered in the resolution are accessible at the College Website at http://www.hkcfp.org.hk/pages_3_1079.html (members' login is required).

Members please refer to the details of the alterations to the Articles of Association (AOA) of HKCFP for information.

Sincerely,
Dr. Maria LEUNG
Chairlady, Membership Committee

Board of Diploma in Family Medicine (DFM) News

The Board of DFM is pleased to announce that the following candidates have successfully passed the Clinical Examination of 18th Diploma Course in Family Medicine 2019-2020.

Dr. Chan Man Kei	Dr. Lam Jenks Albinus	Dr. Poon Wing Kwan	Dr. Wang Man Leung
Dr. Chan Shuk Chi	Dr. Lam Yik Tsz	Dr. So Shuk Kuen Joanna	Dr. Wong Grace Wing Eng
Dr. Chan Yau Chuen	Dr. Loh Lai Ting Taron	Dr. Tam Yat Hung	Dr. Wong Lo Lo Louise
Dr. Ko Yip Yan	Dr. Ng Ka Lai	Dr. Tsui Ka Wai	Dr. Wong Ping Kwan

Congratulations to all the successful candidates!

Dr. Au Chi Lap
Chairman
Board of DFM

Quality Assurance & Accreditation Committee News

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. Oct 2020)

We are pleased to remind you that our College members who are registered with Hong Kong Academy of Medicine (HKAM) as their MCHK CME administrator via HKCFP will 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 2021**, they must submit Registration Consent Form to College Secretariat before **18 December 2020 (Friday)**, and the processing of MCHK CME record will be facilitated accordingly.

Interested members who are currently not registered with 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 on completion of the conference.
4. Self-study: please submit details of the programme within one month on 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 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 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 to 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 > Downloads > 'Quality Assurance & Accreditation'. Please return the completed form to our College Secretariat at cmecpd@hkcfp.org.hk before the captioned deadline to facilitate the necessary arrangement. As usual, late submission may not be processed.

HKCFP Secretariat

Quality Assurance & Accreditation Committee News (Con't)

CME/CPD Compliance

Dear Colleagues,

The current QA Cycle (2020-2022) is going to be finalized by the end of this year. Please kindly check your updated report by visiting the College website at <http://www.hkcfp.org.hk/>

The committee wishes to highlight that Colleagues **must engage in ALL categories of activities** in order to fulfill the QA Certificate 2020-2022 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 CME 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 organized 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 2020-22 (QA)" for more details: http://www.hkcfp.org.hk/pages_5_81.html

To obtain CME Certificate 2020, 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 (2020-2022).

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 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 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.

For any enquiry please contact our QA&A Secretariat (Mr. John Ma) at 2871 8899 or email to cmecpd@hkcfp.org.hk at your convenience.

Yours sincerely,

Dr. King Chan
Chairman, Quality Assurance & Accreditation Committee

Quality Assurance & Accreditation Committee News (Con't)

HKCFP Additional Accreditation and Report on CME/CPD Missing Points for Year 2020

Dear Members,

The credit point score of year 2020 for HKCFP QA Programme is going to be finalized. Please kindly check your updated report by visiting the College website at <http://www.hkcfp.org.hk/>.

If you wish to apply for Additional Accreditation or you find any CME/CPD points missing from your CME report, please apply for CME accreditation by sending the application(s) on or before **28 February 2021**.

1. Application for Additional Accreditation

The application of Additional Accreditation for the **year 2020** is now open for those activities **without prior accreditation** by QA&A Committee. For Educational Activities **under items 3.7, 3.8, 3.13, 3.14 and items 5.2 to 5.6 in QA Regulation 2020-22**, please apply in writing with relevant supporting documents and \$500 administration fee (**Non-refundable**) by cheque to QA&A Committee.

Please submit the application for Additional Accreditation with relevant supporting documents at your earliest convenience. **Relevant supporting documents are mandatory for accreditation, e.g. attendance records, photocopies of events, transcripts or published articles.** Kindly note that each application will be handled independently upon receipt of the application. Submission of additional information for the application, if any, will incur new charges.

2. Application for reporting CME / CPD missing points from Pre-Accredited Activities

This application is only for the activities held **in 2020 with prior accreditation** by QA&A Committee, i.e. before the activities took place. If such credit points are missing from the CME Report, please return the **"Report on CME / CPD missing points from Pre-Accredited Activity"** together with relevant supporting documents (e.g. attendance records, photocopies of events, transcripts or published articles) to us.

Application Deadline: 28 February 2021

All forms can be downloaded at: http://www.hkcfp.org.hk/pages_5_82.html

For those applying for additional accreditation, please send a cheque payable to "HKCFP Education Ltd" **by post** to: Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Please ensure your mail items bear Sufficient Postage before posting.

Application Form and Supporting Documents can be submitted by post to above mentioned mailing address, **OR** by email to: cmecpd@hkcfp.org.hk

Please observe the application deadline as late application will **NOT** be processed. The QA&A Committee reserve the right to finalize the number of "Credit Points" to be awarded for each activity according to relevant supporting documents submitted for accreditation. Should you have further question(s), please contact Mr. John Ma at 2871-8899 or by email to cmecpd@hkcfp.org.hk.

Yours sincerely,

Dr. King Chan
Chairman, Quality Assurance & Accreditation Committee

Classified Advertisement

Accredited Private FM Centre invites Energetic Specialists for expanding group practice in NTW/KLN. FM, Paed., Surgeon, Gynae, Psychi welcomed. Profit Sharing ± Partnership. Send CV enquiry@adecmed.com (Amy CHAN) 9212-6654



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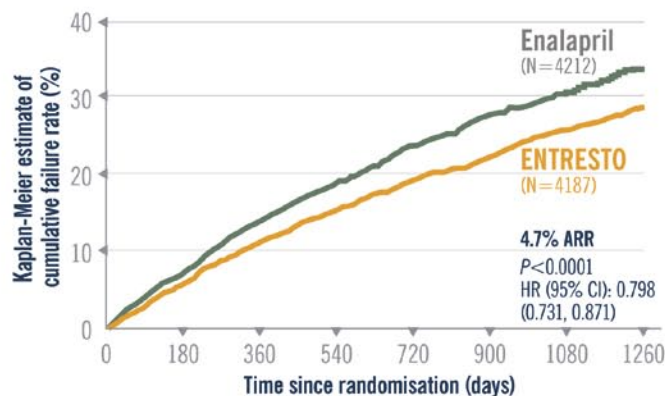
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The path to slowing disease progression starts with ENTRESTO. Improve survival by reducing the risk of HF events, and give them more time to keep doing what they love.

In the PARADIGM-HF study,

ENTRESTO reduced the risk of CV death or HF hospitalisation as a first event by 20% vs enalapril (primary end point)^{1*}



70% of patients were NYHA Class II²

By slowing disease progression, ENTRESTO helps keep HF patients out of the hospital and living longer.

In post hoc analyses of the PARADIGM-HF study,

ENTRESTO reduced the risk of sudden cardiac death in HF patients by 20% vs enalapril (P=0.0082)^{1†}

ENTRESTO reduced the risk of a primary end point event in both the most and least stable HF patients^{3‡}

ENTRESTO helped slow the clinical progression of HF vs enalapril^{4§}

- ↓ 16% fewer CV hospitalisations (P<0.001)
- ↓ 30% lower rate of ED visits (P=0.017)
- ↓ 16% less likely to require intensification of outpatient HF therapy

ARR = absolute risk reduction; EF = ejection fraction; ACE = angiotensin-converting enzyme; ARB = angiotensin receptor blocker; HF = heart failure; HFrEF = heart failure with reduced ejection fraction

*PARADIGM-HF was a multinational, randomised, double-blind, active-controlled, 2-arm event-driven trial comparing the long-term efficacy and safety of enalapril and ENTRESTO in 8442 patients in NYHA classes II-IV with chronic symptomatic HF and reduced EF (LVEF ≤ 40%). This was changed to ≤ 35% by an amendment to the protocol on 15 December, 2010. Patients were required to discontinue their existing ACE inhibitor or ARB therapy and entered a sequential single-blind run-in period during which patients received treatment with enalapril 10 mg twice daily, followed by treatment with ENTRESTO 49 mg/51 mg twice daily, increasing to 97 mg/103 mg twice daily. Patients were then randomised to the double-blind period of the study to receive either ENTRESTO 97 mg/103 mg (n=4209) or enalapril 10 mg twice daily (n=4233). Patients received treatment for up to 4.3 years, with a median duration of follow-up of 27 months; 3271 ENTRESTO patients were treated for more than 1 year.¹ †This post hoc analysis of PARADIGM-HF examined the effect of ENTRESTO compared with enalapril on mode of death in HF patients (a total of 1546 patients died, including 711 in the ENTRESTO group and 835 in the enalapril group (17% and 19.8% of total patients, respectively)). The majority of deaths were cardiovascular (80.9%; n=1251), and the majority of these CV deaths were categorised as sudden (44.8%) or HF related (25.5%).¹ ‡This post hoc analysis of PARADIGM-HF examined the risk of the primary outcome based on presence of and time from a prior HF hospitalisation as a measure of clinical stability. Patients having their most recent HF hospitalisation within 3 months of screening (n=1611) were defined as least stable, while patients who had no prior HF hospitalisation (n=3125) were defined as the most stable. Compared to patients in the enalapril group, patients in the ENTRESTO group, regardless of presence of and time from a prior HF hospitalisation, had a reduction of at least 19% in the risk of a primary end point event.^{1,3} §This post hoc analysis of PARADIGM-HF focused on prespecified measure of nonfatal clinical deterioration. In comparison with the enalapril group, fewer ENTRESTO patients required intensification of medical treatment for HF (520 for ENTRESTO vs 604 for enalapril, HR, 0.84; 95% CI, 0.74-0.94; P=0.003) or an ED visit for worsening HF (HR, 0.66; 95% CI, 0.52-0.85; P=0.001).^{1,4}

References: 1. ENTRESTO Core Data Sheet, Version 1.2. Novartis Pharmaceuticals, July 2017. 2. McMurray JJ, et al. *N Engl J Med*. 2014;371(11):993-1004. 3. Solomon SD, et al. *JACC Heart Fail*. 2016;4(10):816-822. 4. Packer M, et al. [Abstract P1705]. *Circulation*. 2015;131(1):54-61.

ENTRESTO tablets: Important note: Before prescribing, consult full prescribing information. **Presentation:** ENTRESTO 50 mg film-coated tablets Each film-coated tablet contains 24.3 mg sacubitril and 25.7 mg valsartan (as sacubitril/valsartan sodium salt complex). **ENTRESTO 100 mg film-coated tablets** Each film-coated tablet contains 48.6 mg sacubitril and 51.4 mg valsartan (as sacubitril/valsartan sodium salt complex). **ENTRESTO 200 mg film-coated tablets** Each film-coated tablet contains 97.2 mg sacubitril and 102.8 mg valsartan (as sacubitril/valsartan sodium salt complex). **Indications:** Treatment of symptomatic chronic heart failure (NYHA class I-IV) in adult patients with reduced ejection fraction to reduce the risk of cardiovascular death and hospitalisation due to heart failure. **Dosage and administration:** Adults • The recommended starting dose of ENTRESTO is 100 mg twice daily. The dose should be doubled at 2-4 weeks to the target dose of one tablet of 200 mg twice daily, as tolerated by the patient. • A starting dose of 50 mg twice daily is recommended for patients not currently taking an angiotensin-converting enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB), and should be considered for patients previously taking low doses of these agents. • **Geriatric patients:** The dose should be in line with the renal function. • **Pediatric patients:** ENTRESTO has not been studied. Use of ENTRESTO is not recommended. • **Renal impairment:** No dose adjustment is required in patients with mild renal impairment. Estimated Glomerular Filtration Rate (eGFR) 50-59 mL/min/1.73 m². A starting dose of 50 mg twice daily is recommended in patients with moderate renal impairment (eGFR 30-49 mL/min/1.73 m²). A starting dose of 50 mg twice daily and caution is recommended in patients with severe renal impairment (eGFR < 30 mL/min/1.73 m²). Not recommended for patients with end-stage renal disease. • **Hepatic impairment:** No dose adjustment is required in patients with mild hepatic impairment (Child-Pugh A classification). A starting dose of 50 mg twice daily is recommended in patients with moderate hepatic impairment (Child-Pugh B classification) or with AST/ALT values more than twice the upper limit of the normal range. In patients with severe hepatic impairment, ENTRESTO is not recommended. • **Method of administration:** For oral use. May be administered with or without food. **Contraindications:** • Hypersensitivity to the active substance, sacubitril, valsartan, or to any of the excipients. • Concomitant use with ACE inhibitors. ENTRESTO must not be administered until 36 hours after discontinuing ACE inhibitor therapy. • Known history of angioedema related to previous ACE inhibitor or ARB therapy. • Concomitant use with aldosterone in patients with diabetes mellitus or in patients with renal impairment (eGFR < 60 mL/min/1.73 m²). • Second and third trimester of pregnancy. • Hereditary or idiopathic angioedema. • Severe hepatic impairment, biliary cirrhosis and cholestasis. **Warnings and precautions:** • **Dual blockade of the Renin-Angiotensin-Aldosterone System (RAAS):** ENTRESTO must not be administered with an ACE inhibitor due to the risk of angioedema. ENTRESTO must not be initiated until 36 hours after taking the last dose of ACE inhibitor therapy. • Treatment with ENTRESTO is stopped. ACE inhibitor therapy must not be initiated until 36 hours after the last dose of ENTRESTO. • The combination of ENTRESTO with direct renin inhibitors such as aliskiren is contraindicated. This combination of ENTRESTO with aldosterone-containing products is contraindicated in patients with diabetes mellitus or in patients with renal impairment (eGFR < 60 mL/min/1.73 m²). • ENTRESTO contains valsartan, and therefore should not be co-administered with another ARB containing product. • **Hypotension:** If hypotension occurs, temporary down titration or discontinuation of ENTRESTO is recommended. Dose adjustment of diuretics, concomitant antihypertensive drugs, and treatment of other causes of hypotension (e.g. hypovolaemia) should be considered. Sodium and/or volume depletion should be corrected before starting treatment with ENTRESTO. • **Impaired renal function:** Evaluation of patients with heart failure should always include assessment of renal function. Down titration of ENTRESTO should be considered in patients who develop a clinically significant decrease in renal function. Caution should be exercised when administering ENTRESTO in patients with severe renal impairment (eGFR < 30 mL/min/1.73 m²). • **Hyperkalaemia:** Treatment should not be initiated if the serum potassium level is > 5.4 mmol/L. Medications known to raise potassium levels (e.g. potassium-sparing diuretics, potassium supplements, salt substitutes containing potassium, other agents that may lead to increased serum potassium level (e.g. heparin), non-steroidal anti-inflammatory agents (NSAIDs) including selective cyclooxygenase-2 inhibitors (COX-2 inhibitors), inhibitors of OATP1B1, OATP1B3, OAT3 (e.g. rifampin, cyclosporine), OAT1 (e.g. fentanyl, ceftriaxone) or MPR2 (e.g. riluzole), furosemide, nitrates (e.g. nitroglycerine), metformin. **Packs:** 50mg, 25's, 100mg, 28's and 56's, 200mg, 56's. Not all pack sizes may be marketed. **Legal classification:** P1S153. **Ref:** EMA Nov 2015. **FULL PRESCRIBING INFORMATION IS AVAILABLE UPON REQUEST.**

NOVARTIS

Novartis Pharmaceuticals (HK) Ltd
7/F, Citi Tower, One Bay East, 83 Hoi Bun Road,
Kwun Tong, Kowloon, Hong Kong
Tel: 2982 5222 Fax: 2577 0274

Meeting Highlights

Online Medical Humanities Seminar on 10 Oct 2020

Dr. Wong Tsz Kau, Carl, Family Physician and Dr. Lo Kit Hung, Senior Lecturer, Department of Philosophy, Chinese University of Hong Kong, delivered a lecture on "Stoicism and Family Medicine" on 10 October 2020.



Dr. Chan Suen Ho, Mark (right, Moderator) presenting souvenirs to Dr. Wong Tsz Kau, Carl (left, Speaker) and Dr. Lo Kit Hung (middle, Speaker)

Online Dermatology Seminars on Management of Common Skin Problems in General Practice on 10 Oct 2020

Dr. Ho King Man, Specialist in Dermatology & Venereology, delivered a lecture on Dermatology Training on 10 Oct 2020.



Dr. Chan Chi Wai (left, Moderator) presenting a souvenir to Dr. Ho King Man (right, Speaker)

Foot & Ankle Disease Management Workshop

Dr. Lee Wai Chun, Arthur, Physiotherapist and Dr. Chan Kwok Bill, Specialist in Orthopaedics & Traumatology, delivered a lecture on "Part 1: Hallux Valgus. Do I need surgery? What can I do?" and "Part 2: Is Sprained Ankle Really Simple?" on 18 October 2020.



Dr. Au Chi Lap (left, Moderator) presenting a souvenir to Dr. Lee Wai Chun, Arthur (right, Speaker)



Dr. Au Chi Lap (left, Moderator) presenting a souvenir to Dr. Chan Kwok Bill (right, Speaker)

Online Seminar on 15 Oct 2020 - Post European Respiratory Society Congress Update

We would like to thank Prof. Neil Christopher Barnes, Professor of Respiratory Medicine, St Bartholomew's and the London School of Medicine & Dentistry for delivering a lecture on "Post European Respiratory Society (ERS) congress update - a snippet of the key publications" on 15 October 2020.

Online Dermatology Seminars on Management of Common Skin Problems in General Practice on 24 Oct 2020

We would like to thank Dr. Chan Yung, Specialist in Dermatology & Venereology, for delivering a lecture on Dermatology Training on 24 October 2020.

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 **ORIGINAL** annual checklist to the Board of Vocational Training and Standards either by registered post or in-person on or before **29th January 2021 (Friday)**. Late submission **WILL NOT** be accepted.

The training experience of 2020 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. Tina Fung and Ms. Kathy Lai at 2871 8899.

Basic Training Subcommittee
Board of Vocational Training and Standards

Looming Threat of Influenza and SARS-CoV-2 to the Globe

Since the emergence of SARS-CoV-2 in late 2019, it has been spreading around the globe to infect tens of millions of people at an unprecedented pace and has already claimed over 1 million lives.

Apart from lives lost and impact on health care systems, it is also causing a widespread nuisance to our daily activities and social relationships, and a huge blow to the economy.

Despite multiple stringent measures adopted by countries including national lockdown, the newly confirmed case number is rising steadily and hitting a new high every day.

Since the pandemic is in place, many researches and reviews had been conducted worldwide to learn more about this new pathogen. For instance, a number of risk factors had been identified to be heightening the mortality rate e.g. hypertension, diabetes, older age etc¹. Is there any other risk factor that has not yet been figured out?

While the global attention is drawn to SARS-CoV-2, we should not forget our longstanding enemy - Influenza. Annual influenza epidemic substantially affects health care systems on earth and has resulted in an estimated 12 000 to 61 000 deaths annually since 2010 just in the US².

The adoption of non-pharmacologic interventions (NPIs), such as mandated face coverings in public and social distancing would be expected to influence the incidence of both infections to varying degrees². Heightened population-wide awareness of personal hygiene is also considered important in putting these respiratory viruses in check.



Studies have also consistently shown a pattern of decreased influenza incidence in 2019-20, though caution should be taken in interpretation because the rates of testing for non-SARS-CoV-2 respiratory viruses were greatly curtailed during the initial pandemic wave².

Still, there is a risk of co-infection with flu and SARS-CoV-2 that shouldn't be overlooked, and people would wonder – could influenza be another killing risk factor and is there a synergistic effect between these 2 culprits?

Researchers have recently conducted an analysis in an attempt to find an answer. The study reviewed data in 4 European countries (Belgium, Italy, Norway and Spain), where COVID -19 mortality peaked in March-April 2020. It found that Influenza was consistently associated with an average 2 – 2.5-fold population-level increase in SARS-CoV-2 transmission¹.

With a statistical model developed by researchers, they predict that a recent influenza infection should be an independent risk factor for subsequent SARS-CoV-2 infection. This may be partly plausible by an experimental suggestion that ACE2 receptor (the receptor of SARS-CoV-2 in respiratory epithelium) would be up-regulated by influenza infection¹.



Another key prediction is that individuals receiving flu vaccine should be at a lower risk of SARS-CoV-2 infection than those unvaccinated. It is echoed by a negative association between influenza vaccine coverage and COVID-19 mortality found in ecological studies and lower risk of the novel virus infection among flu vaccinees in a US prospective study¹.

Of course, no study is perfect without limitations. One striking defect is that the model hasn't controlled one of the major confounding factors – Age, which is obviously related to the susceptibility and lethality of both flu and SARS-CoV-2 infection. Fully asymptomatic cases are not addressed in this study either, which probably represent a large fraction of SARS-CoV-2 infections. Apart from flu, other respiratory pathogens may also interact and more research is needed in the future¹.

In the same study, evidence supported a marked impact of NPIs on reducing SARS-CoV-2 transmission below the reproduction threshold from mid-March to early June 2020¹.

In spite of the study's limitations, the importance of receiving influenza vaccines cannot be overemphasized in the midst of the SARS-CoV-2 pandemic. Not only does this reduce the flu

complication and hospitalization rate, but probably also alleviate SARS-CoV-2 transmission and COVID-19 mortality.

So, in addition to keeping up our vigilance in hygienic measures and social distancing – **Protect Beloved, Get the Flu Shot!**



Reference:

1. Influenza may facilitate the spread of SARS-CoV-2 - Matthieu Domenech de Celles, Jean-Sebastien Casalegno, Bruno Lina, Lulla Opatowski, doi: <https://doi.org/10.1101/2020.09.07.20189779>; <https://www.medrxiv.org/content/10.1101/2020.09.07.20189779v1>
2. Influenza in the COVID-19 Era - Daniel A. Solomon, Amy C. Sherman; Sanjat Kanjilal JAMA. 2020;324(13):1342-1343. doi:10.1001/jama.2020.14661

Compiled by Dr. Cheng Chun Sing, David

“The suspicious LMP” - Understand more about the office pregnancy test kits

Dr. John-Hugh Tam, Specialist in Family Medicine

Pregnancy tests are not uncommonly ordered during our consultations and sometimes results may cause confusions. Here is a case of a patient I had recently encountered that is worth sharing with everyone.

The Case

Mrs. A is a 35 year old married lady enjoying good past health. She has past normal spontaneous delivery after an uneventful course of pregnancy several years ago. Her previous menstrual cycles were regular with 3-5 days flow every 28-30 days. In terms of contraception, the couple only relied on the use of condoms.



On 8/11/2017, she attended our clinic complained of “scanty menstrual flow” (per-vaginal spotting) associated with mild lower abdominal “cramps” without passage of tissue masses / clots on 25/10/2017. This had distinctively raised Mrs. A’s concern as the bleeding was unusually much less comparing to her last menstrual cycles.

With self-suspected pregnancy since recent imperfect use of contraception, she had self-run a home urine pregnancy test on 25/10/2017 which turned out to be negative.

Despite this negative self-test result, Mrs. A was still worried about possible pregnancy. During the visit on 8/11/2017, the date 25/10/2017 was documented as “LMP” (Last Menstrual Period) and urine pregnancy test was ordered to further rule out the chance of pregnancy.

On 9/11/2017, the lab result returned showing her urine pregnancy test was positive.

Mrs. A was “called back” and scheduled to follow-up her results 2 days afterwards and she was seen by me. Analysis of the dates aroused my suspicions due to the “too close gap” between the “LMP” and the test dates such that:

“LMP” according to past record: 25/10/2017

Test positive date : 9/11/2017 (2 weeks + 1 day since “LMP”)

This gave me some food for thought and led me to raise a clinical question.....

“How soon should we be able to obtain reliable urine pregnancy test results from our office test?”

Search of evidence¹ tells me this:

Since the office pregnancy test depends on the detection of human chorionic gonadotropin (hCG) in urine, when such pregnancy test becomes positive depends on several factors, including^{2,3}:

- ✦ Cycle length, which varies because the length of the follicular phase, and thus the timing of ovulation, varies by three to five days or more from cycle to cycle
- ✦ The hCG assay’s sensitivity (i.e., threshold for a positive test)
- ✦ The hCG assay’s combination of antibodies to hCG isoforms

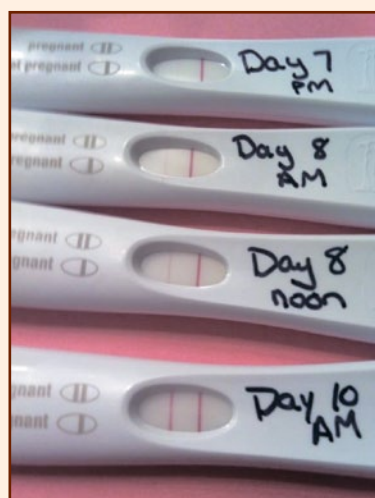


Figure 1:
How the results may vary day by day

Whilst hCG can be detected in serum and urine as early as eight days after the luteinizing hormone surge (approximately 21 to 22 days after the first day of the last menstrual period in women with 28-day cycles)⁴, with standard urine pregnancy tests used in clinical practice

having a urine hCG threshold of 20 to 50 milli-int. units/mL (on the other hand, qualitative serum pregnancy tests are much more sensitive and typically detect hCG levels of 5-10 milli-int. units/mL).

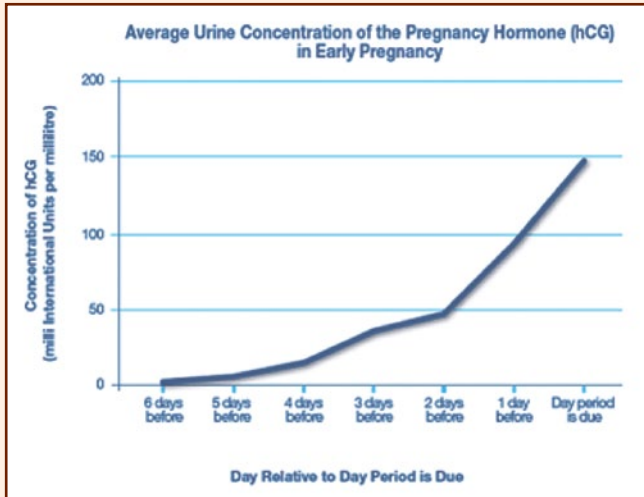


Figure 2: "Average urine concentration of hCG in early pregnancy". This chart also explains from the trend of the urine hCG concentration that, pregnancy tests are increasingly likely to be positive as the time of the expected period gets closer. [Source of graph the Clearblue website - <http://in.clearblue.com/pregnant/pregnancy-tests-and-accuracy>]

Gathering this information and correlating it back to our case, it would mean that the positive urine test results did not correlate to this lady's reported "LMP" date. Further questioning yielded her "PMP" (previous menstrual period) date being 25/9/2017. **If postulating the "PMP" as the "true LMP" date instead of the current documented "LMP", it would then correspond to 6 weeks + 3 days of gestation** on the positive test date, which would make a lot more sense in her case.

As Mrs. A still complained of ongoing lower abdominal discomfort during her last consultation, I had referred her to the nearest emergencies department for further assessment, with the aim to rule out the possible chance of ectopic pregnancy and suspected threatened abortion due to recent PV spotting. She had subsequently been assessed by the gynecologist with transvaginal scan (TVS) confirming the presence of single intrauterine fetus. Further antenatal follow-up had subsequently been arranged by the gynecologist.

Some "bring home points" from the case

- A negative pregnancy test may not completely rule out pregnancy: Office urine pregnancy test *may give false negative results if performed too soon after conception* (e.g. when ovulation, thus also the following fertilization, implantation, and first day of missed LMP occurs later than expected) as hCG concentration is

below threshold for a positive test. Whilst hCG can be detected in serum and urine *as early as eight days after the luteinizing hormone surge (approximately 21 to 22 days after the first day of the last menstrual period in women with 28-day cycles)*.

- If pregnancy is suspected despite a negative test, the test should be *repeated in one week*. Waiting for a week or two after a missed period before performing a urine pregnancy test not only minimizes false negatives, but also decreases the need to perform a serum hCG test to exclude or confirm very early pregnancy after a negative urine test.
- Always *ask and document a clear menstrual history during consultation*: Women with irregular cycles or an uncertain LMP generally should wait for at least 14 days after a sexual act before obtaining a pregnancy test.



Reference:

1. Lori A Bastian, Haywood L Brown. "Clinical manifestations and diagnosis of early pregnancy" [Available on UpToDate on <https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-early-pregnancy>]
2. Cole LA, Ladner DG, Byrn FW. The normal variabilities of the menstrual cycle. Fertil Steril 2009; 91:522.
3. Sturgeon CM, Berger P, Bidart JM, et al. Differences in recognition of the 1st WHO international reference reagents for hCG-related isoforms by diagnostic immunoassays for human chorionic gonadotropin. Clin Chem 2009; 55:1484.
4. Togas Tulandi. "Ectopic pregnancy: Clinical manifestations and diagnosis" [Available on UpToDate on <https://www.uptodate.com/contents/ectopic-pregnancy-clinical-manifestations-and-diagnosis>]

荃灣公園



我的跑步訓練

Dr. Chan Ying Ho, Roy

不知大家午飯時間，除了食飯，還做什麼呢？行街？煲劇？溫書？午睡？自從去了私人市場執業，放工比較夜，但午膳時間比較長，我便喜歡每天中午時間去做運動，荃灣公園就變成我差不多每天中午會去做運動的地方。雖然我不是專業的跑步教練，但參與長跑運動已有20多年，加上一些運動醫學的知識，今天就讓我分享下一些跑步練習的方法。

長跑練習最重要的法則就是多變化。譬如，你想參加一個10公里比賽，你不應該每天都只練習10公里，因為這樣身體很快會適應，慢慢地不會再進步。當年我曾經參加過跑會(紀嘉文先生的跑會)的訓練，跑會學員每個月都會收到一份跑步功課表，供學員跟住去練習。例如星期一休息，星期二會跑15次400米interval(間歇跑)加核心肌群訓練，星期三休息，星期四練習十公里temple run(節奏跑)，星期五休息，星期六練3公里/2公里/1公里interval，星期日練LSD(Long Slow Distance)長課。Interval training可以提升VO2Max(最大攝氧量)，temple run可以提升lactate threshold(乳酸門檻)，而LSD就可以增加長途耐力，各有不同功效。當然每個星期的訓練內容都有點不同，而且隨著愈近渣打馬拉松或其他大型目標賽事，每週的總距離會慢慢增加，直至最後數星期才慢慢減少訓練量。由於有其他私人活動和工作關係，我並不會完全跟足跑會的功課表，我喜歡加插一些到健身室鍛鍊肌肉或到荃灣公園街頭健身的時段，去代替功課表上全日

休息的日子或部份練跑的日子。有時我亦喜歡在健身室的跑步機上，練跑斜坡interval，這樣除了有助提高下肢肌肉力量，提升VO2Max外，亦因為跑斜路需要抬腿，可改善跑姿。

除了練跑之外，核心肌肉的訓練也很重要，沒有穩定的核心，身體便不能發揮力量。我不太建議傳統的核心肌肉運動，例如sit up(仰臥起坐)或crunch(捲腹)，因為這些運動只練到表層的腹肌，卻練不到最深層同最重要的核心肌肉(例如腹橫肌)。另外一點要強調的，就是我們的核心肌肉主要功能不是移動軀體，而是穩定軀體，即是訓練“anti-flexion”、“anti-extension”、“anti-lateral flexion”或“anti-rotation”等等……例如在跑步時，我們要鎖緊核心肌肉去穩定身軀，抵抗手腳擺動帶來的搖晃，從而讓手腳在穩定的身體上擺動，令手腳力量發揮得更加好。所以跑步者的核心運動訓練需要強調身軀的穩定性，尤其“anti-rotation”最重要。那些傳統移動軀幹的核心肌肉運動(例如捲腹)所帶來的好處，未必能夠轉化在長跑運動上。

核心肌肉運動中，我很喜歡跪姿撐體bird dog(圖1)，這運動的特性就是由於手腳同時伸出及擺動，對身體構成不穩定性，所以需要運用核心肌肉去穩住身軀去抵抗手腳的擺動，是很好的核心肌肉訓練。另外一個我很喜歡的訓練，就是前後腳站立(圖2)，雙手拿著一個輕磅的啞鈴，前後擺動，要使用核心肌肉穩住身軀。這個直立式



圖 1 跪姿撐體



圖 3 死蟲

圖 2 站立擺動啞鈴



的訓練更加貼近跑步運動時的姿勢，能夠同時鍛鍊上半身，核心及下肢臀部的肌肉，是一個很好的跑步功能性訓練，大家不妨試一試。

還有一些我很喜歡的肌肉訓練，例如死蟲dead bug(圖3)也是一個很好的鍛鍊深層肌群穩定性的訓練。單腳蹲Single leg squat(圖4)可鍛鍊下肢肌肉及身體冠狀面frontal plane的穩定性，如果赤腳做單腳蹲更可以同時鍛鍊腳掌小肌肉，增加本體感覺，提升做運動時身體的穩定性。橋式Bridge可鍛鍊背部及下肢後方的肌肉，是跑者必須要訓練的肌肉，我喜歡單腳做(圖5)，或在健身球上做。不過正如我最初提過，運動鍛鍊最緊要多變化，就算大家做齊上述所提及過的訓練，也是不夠的。要多嘗試不同的訓練，才達到最佳效果。

篇幅所限，不能詳細說明訓練方法。如果大家想進一步提升自己的跑步成績，不妨去參加跑會，找專業長跑教練去指導跑步技巧及鍛煉方法，及請教專業S&C(肌力及體能訓練)教練去提升體能。當然也不要忘記做一些放鬆肌肉筋膜的運動，注意休息，祝大家長跑長有！

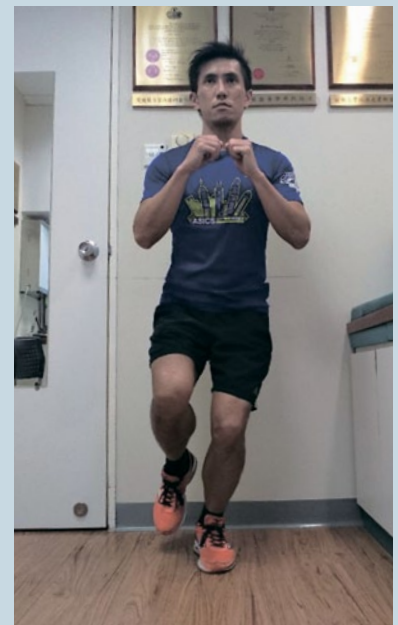


圖 4 單腳蹲



圖 5 橋式

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS BOARD OF EDUCATION

Activities are supported by HKCFP Foundation Fund.

Private Video Recording is not allowed.

40th Annual Refresher Course 2020 (Online)

In light of the COVID-19 situation, please note the 40th Annual Refresher Course (ARC) will be held **online via zoom Webinar platform** from 22 November to 13 December 2020. There will be six weekday online lectures and four Sunday online lectures.

As the course will go online this year, please note the following updated arrangement for CME accreditation:

- ✦ **1 CME** point will be awarded for each weekday online lecture and **3 CME** points for each Sunday online lecture according to Category 4.5 (MCHK CME pending).
- ✦ Participants are required to attend a minimum of 75% of the length of each online lecture and complete a post-lecture survey within 7 days from the lecture date for HKCFP & MCHK accreditation.
- ✦ The link to the MCQs will be sent to participants for each session of the Refresher Course if available, i.e. there are a maximum of 10 sets of MCQs. The MCQ answers have to be submitted **latest by 31 December 2020 (Thursday)**. Member will be awarded **1 extra HKCFP CME point** for scoring of over 60% for each set of MCQs.
- ✦ Up to 2 CPD points (Continuous Professional Development) will also be awarded for each session (subject to submission of satisfactory report of Professional Development Log); a maximum of two points can be scored for each session.

The ARC, a traditional annual event of the College, has been running for a quarter of a century. Those who have attended 70% or more of all the sessions of the Refresher Course will be awarded an "e-Certificate of Attendance". Members who have attended the ARC for ten consecutive years or more will be awarded one free admission for the whole course. Subsequently, members can enjoy another free admission after every five consecutive years of paid ARC attendance. Please call the College Secretariat to confirm your previous enrollment.

Registration is now open. As the number of seats are limited, it will be offered on a first come, first served basis. **Please also note that admission fees are non-refundable nor transferable.** Ten free registrations for each online lecture will be offered to student members who wish to apply for free registration, please call Ms. Katie Lam at 2871 8899 or by email to education@hkcfp.org.hk.

Sunday Online Lectures

Time : 2:00 p.m. – 4:30 p.m. Lectures and Discussion

Date	Topics and speakers	Speakers	Moderators
22 Nov (Sun)	Angina, Heart Failure & Hypertension 1. New Updates in Heart Failure Management 2. Diagnostic and Therapeutic Considerations to Tailored Treatments Based on Underlying Ischemic Mechanisms 3. Hypertension Management: Beyond figures, what's move we can get? <i>Sponsored by Servier Hong Kong Limited</i>	1. Dr. Chan Leung Kwai, Jason <i>Specialist in Cardiology</i> 2. Cheung Chi Yeung, Dick <i>Specialist in Cardiology</i> 3. Dr. Chan Kit <i>Specialist in Cardiology</i>	Dr. Anthony Ho
29 Nov (Sun)	Hemorrhoidal Disease and Depression Management 1. What helps hemorrhoids go away? Hemorrhoidal Disease Management 2. Full Functional Recovery - A New Depression Treatment Approach <i>Sponsored by Servier Hong Kong Limited</i>	1. Dr. Jeremy Yip <i>Specialist in General Surgery</i> 2. Dr. Nip Wai <i>Specialist in Psychiatry</i>	Dr. Kathy Tsim
6 Dec (Sun)	Asthma 1. All that wheezes is not asthma 2. Asthma in daily practice <i>Sponsored by AstraZeneca HK Limited</i>	1. Dr. Wong King Ying <i>Specialist in Respiratory Medicine</i> 2. Dr. Wong King Yan Matthew <i>Specialist in Respiratory Medicine</i>	Dr. Anthony Ho
13 Dec (Sun)	DM and Cardiovascular 1. DM Management 2. TBC <i>Sponsored by AstraZeneca HK Limited</i>	1. Dr. Lee Chi Ho, Paul <i>Specialist in Endocrinology, Diabetes & Metabolism</i> 2. TBC	Dr. Lorna Ng

Weekday Online Lectures

Time : 2:00 p.m. – 3:00 p.m. Lectures and Discussion

Date	Topics and speakers	Speakers and	Moderators
24 Nov (Tue)	Growth Hormones How can we help a short child? <i>Sponsored by Merck Pharmaceuticals Hong Kong Limited</i>	Dr. Yau Ho Chung <i>Specialist in Paediatrics</i>	Dr. Tong Siu Man
26 Nov (Thu)	Hypertension Management in "Difficult Hypertension" <i>Sponsored by Merck Pharmaceuticals Hong Kong Limited</i>	Dr. Cheung Shing Him, Gary <i>Specialist in Cardiology</i>	Dr. Au-Yeung Shiu Hing
1 Dec (Tue)	Neurology Common Neurological Problems in Primary Care <i>Sponsored by Pfizer Upjohn Hong Kong Limited</i>	Dr. Chu Yim Pui, Jonathan <i>Specialist in Neurology</i>	Dr. Yvonne Lo
3 Dec (Thu)	Osteoporosis Closing Treatment Gaps in Osteoporosis: Identifying and Managing Osteoporosis in Primary Care <i>Sponsored by Amgen Hong Kong Limited</i>	Dr. Lui Tak Wai, David <i>Specialist in Endocrinology, Diabetes & Metabolism</i>	TBC
8 Dec (Tue)	Orthopaedic Disorders Ten Common Orthopaedic Disorders <i>Sponsored by Pfizer Upjohn Hong Kong Limited</i>	Dr. Tai Hei Yan <i>Specialist in Orthopaedics & Traumatology</i>	Dr. Yvonne Lo
11 Dec (Fri)	Gout Hyperuricemia in Chronic Kidney Disease – The Impact on Disease Course and Management <i>Sponsored by Astellas Hong Kong Limited</i>	Dr. Yap Yat Hin, Desmond <i>Specialist in Nephrology</i>	Dr. Robert Tsui

Registration Fees

Whole Course (6 weekday & 4 Sundays online lectures):

College Members : HK\$300.00
Non-members : HK\$600.00

Single online lecture:

College Members : HK\$ 50.00
Non-members : HK\$ 100.00

Remarks: Topic(s) is/are subject to change without prior notice. Online lectures will be conducted in English

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

40th Annual Refresher Course (Online)

22 November – 13 December 2020

Fax: 2866 0616 / Email: education@hkcfp.org.hk / Tel: 2871 8899

Dear Sir / Madam,

I am a Member/ Non-Member* of the Hong Kong College of Family Physicians. (*please delete as appropriate)



Please scan the QR code in order to complete the registration at zoom webinar by filling in the required information and select

the date(s) you would like to join. If you would like to join the full course, please select all dates.

*****Discount will be given to members joining 6 sessions or more***.** Members are strongly recommended to register for full course if they would like to join 6 sessions or more at initial registration. **Subsequent registration will follow the normal fee.**

REPLY SLIP

Registration Fee

	Full Course		Each online lecture	No. of sessions
Member	\$300.00	<input type="checkbox"/>	\$50.00	_____
Non-Member	\$600.00	<input type="checkbox"/>	\$100.00	_____

Payment Method:

☐ **By cheque:** Please return this reply slip together with cheque to the secretariat for administrative purpose. Cheque should be made payable to "HKCFP Foundation Fund" and return to the secretarial office address below for processing:
"Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, HK"

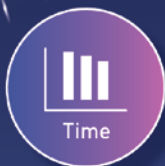
☐ **By PayPal:** The e-debit note with the PayPal link would be provided by the Secretarial staff once ready.

Name: _____ Member ID: _____ Cheque No (if applicable): _____

Email: _____ Mobile: _____ Date: _____

- Notes:**
1. Confirmation would be sent upon completion of registration online and receipt of registration fee.
 2. In case of over-subscription, the organiser reserves the right of final decision to accept registration.
 3. The link to join the online lecture **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 have attended the lecture.
 4. **Please note you can just attend ONE CME activity at a time. If it's found that you attending more than one CME activity simultaneously by the CME administrator later, you may NOT be able to receive the CME point(s).**
 5. 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.
 6. **Please be reminded to complete and submit the post-lecture survey after the session for HKCFP and MCHK CME point(s) accreditation; and to complete the MCQs if available for the extra HKCFP CME point. (*MCQs/ True or False Question; 60% or above of correct answers are required)**
 7. Please be reminded to check the system requirements beforehand to avoid any connection issues.
 8. Due to copyright issue, please note private recording of the lecture is prohibited.

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Award-winning SoloSTAR[®] pen⁵



HbA_{1c}=glycated haemoglobin. NPH=neutral protamine Hagedorn insulin.

References: 1. Drug Office, Department of Health. Available at: <https://www.drugoffice.gov.hk/eps/drug/productDetail/en/consumer/122821>. Accessed: 8 Jun 2020. 2. Davies M, Storms F, Shutler S, et al. Diabetes Care. 2005;28:1282-8. 3. Mullins P, Sharpin P, Yki-Jarvinen H, et al. Clin Ther. 2007;29:1607-19. 4. Lantus[®] Hong Kong prescribing information. 5. Sanofi-aventis. Sanofi-aventis' SoloSTAR[®] insulin pen for Lantus and Apidra receives the prestigious GOOD DESIGN Award. [Press release]. 2008 Feb 14.

Prescribing information:

Presentation: 100 IU/ml Insulin glargine solution for injection. **Indications** For the treatment of adults, adolescents and children aged 2 years and above with diabetes mellitus. **Dosage** Once daily (at the same time every day), with adjusted individual dosage. **Administration** Subcutaneous injection. Lantus is NOT INTENDED FOR INTRAVENOUS USE since it could result in severe hypoglycaemia. **Contraindications** Hypersensitivity to insulin glargine or to any of the excipients. **Precautions** Lantus has not been studied in children below the age of 2 years. Elderly: progressive deterioration of renal function may lead to a steady decrease in insulin requirements. Renal impairment: insulin requirements may be diminished due to reduced insulin metabolism. Hepatic impairment: insulin requirement may be diminished due to reduced capacity for gluconeogenesis and reduced insulin metabolism. Hypoglycaemia. Intercurrent illness. Combination of Lantus with pioglitazone. **Fertility, pregnancy and lactation** Animal studies do not indicate direct harmful effects with respect to fertility and reproductive toxicity. The use of Lantus may be considered during pregnancy if clinical needed. It is unknown whether insulin glargine is excreted in human milk. **Overdose** Insulin overdose may lead to severe and sometimes long-term and life-threatening hypoglycaemia. Mild episodes of hypoglycaemia can usually be treated with oral carbohydrates. More severe episodes with coma, seizure or neurologic impairment may be treated with glucagon (intramuscular or subcutaneous) or concentrated glucose solution (intravenous). **Interactions** Effects enhanced by oral antidiabetics, ACEI, disopyramide, fibrates, fluoxetine, MAOIs, pentoxifylline, propoxyphene, salicylates, sulfonamide antibiotics. Effects reduced by corticosteroids, danazol, diazoxide, diuretics, glucagons, isoniazid, oestrogens and progestogens, phenothiazine derivatives, somatropin, sympathomimetics, or thyroid hormones, atypical antipsychotics and protease inhibitors. Beta-blockers, clonidine, lithium or alcohol may either potentiate or weaken the effects of insulin. Pentamidine may cause hypoglycaemia, followed by hyperglycaemia. The signs of adrenergic counter-regulation may be reduced or absent under the influence of sympatholytic medicinal products such as Beta-blockers, clonidine, guanethidine and reserpine. **Undesirable effects** Hypoglycaemia, Lipohypertrophy, Injection site reactions, Lipatrophy, Allergic reactions, Visual impairment, Retinopathy, Oedema, Dysgeusia, Myalgia. **Storage:** Before first use: Store in a refrigerator (2°C - 8°C). Do not freeze. After first use: Store below 30°C. Use within 28 days. Away from direct heat or light. Preparations Lantus SoloStar 5 x 3ml (300IU) pre-filled pens. Lantus Vial One 10ml (1000IU) vial per box. **Legal Classification:** Part 1 Poison. **Full prescribing information is available upon request.** API-HK-GLA-17.03

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The Board of Education is pleased to let you know that there would be one online seminar to be conducted via the GoToWebinar platform in the coming month with the details below:

Online Seminar			
Date and Time	Topic	Speakers	Moderator
5 Dec (Sat) 2:00 – 4:00 p.m.	End of Life Care - Decision Making Issues for a Frail Elderly <i>Organized by Interest Group in Mental Health & Psychiatry</i> Lecture will be conducted in Cantonese.	Dr. Lau Kwan Chung, Jonathan <i>Specialist in Family Medicine</i> Dr. Welgent Chu <i>Registered Medical Practitioner & Social Worker</i>	Dr. Chan Suen Ho, Mark <i>The Hong Kong College of Family Physicians</i>

Remarks: Small group discussion will be carried out during the session. Audio function should be available.

QR Code for registration

5 Dec 2020 (Sat)




Accreditation : 5 Dec
 2 CME Point HKCFP (Cat. 4.3)
 2 CME Point MCHK (pending)
Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

Online Monthly Video Session		
Dates and Time	Topics	Speakers
27 Nov (Fri) 2:30 – 3:30 p.m.	Approach to Chest Pain in Primary Care and Management Update on Angina	Dr. Ho Kwok Tung, Gordon <i>Specialist in Cardiology</i>

QR Code for registration

27 Nov 2020 (Fri)



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. Katie Lam by email to education@hkcfp.org.hk or call 2871 8899. Thank you.

- Notes :**
- In case of over-subscription, the organiser reserves the right of final decision to accept registration.
 - The link to join the webinar **SHOULD NOT** be shared with others as it is unique to each individual who has completed prior enrolment procedures. If additional attendee(s) is/are found using the same unique link to join the webinar with you, all attendees joining the lecture via your unique link would be dismissed. You can only login with one device at a time. CME point(s) would only be given to those on the pre-registration list and attended the lecture.
 - Please note you can just attend **ONE** CME activity at a time. If it's 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.

6:00 am

7:00 am

Coffee on the run 8:10 am

Relvar – superior asthma control vs. budesonide/formeterol and other BD ICS/LABAs in everyday clinical practice*^{1,2}

Long-lasting molecules^{4,5}
Once daily dosing³
Easy to use device⁶

Asthma control that takes the lead in a **24-hour world**

+25% more patients on Relvar has improved asthma control versus BD ICS/LABAs¹

For Healthcare Professionals only. Images used are for illustrative purposes only. If symptoms arise in the period between doses, an inhaled, short-acting beta₂-agonist should be taken for immediate relief. PM-HK-FFV-ADVT-190001 (05/2021) Date of preparation: 30/05/2019
Relvar Ellipta was developed in collaboration with **INNOVIVA**
Trade marks are owned by or licensed to the GSK group of companies. © 2019 GSK group of companies or its licensor.



RELVAR ELLIPTA
fluticasone furoate/vilanterol

References: 1. Woodcock A, Vestbo J, Bakker ND, New J, Gibson JM, McCorkindale S, *et al.* Effectiveness of fluticasone furoate plus vilanterol on asthma control in clinical practice: an open label, parallel-group, randomised controlled trial. *Lancet* 2017; 390:2247–2255. 2. Svendsen H, Jones R, Bosanquet N, Jacques L, Lay-Flurrie J, Leather DA, *et al.* Patient-reported outcomes with initiation of fluticasone furoate/vilanterol versus continuing usual care in the asthma Salford Lung Study. *Respiratory Medicine* 2018; 141:198–206. 3. Relvar (fluticasone furoate/vilanterol) Hong Kong prescribing information (HK032018GDS09v2/EMA201803) 4. Bardsley G, Daley-Yates P, Baines A, Kempford R, Williams M, Mallon T, *et al.* Anti-inflammatory duration of action of fluticasone furoate/vilanterol trifenatate in asthma: a cross-over randomised controlled trial. *Respir Res* 2018; 19:133. 5. Braithwaite I, Williams M, Power S, Pilcher J, Weatherall M, Baines A, *et al.* Randomised, double blind, placebo-controlled, cross-over single dose study of the bronchodilator duration of action of combination fluticasone furoate/vilanterol inhaler in adult asthma. *Respir Med* 2016; 119:115–121. 6. Svendsen H, Jacques L, Goldfrad C, Bleecker ER. Ease of use of the ELLIPTA dry powder inhaler: data from three randomised controlled trials in patients with asthma. *Prim Care Respir Med* 2014; 24:14019.

NAME OF THE PRODUCT RELVAR ELLIPTA **QUALITATIVE AND QUANTITATIVE COMPOSITION** Pre-dispensed dose of 100 mcg or 200mcg of fluticasone furoate and 25 mcg vilanterol (as trifenatate). Inhalation powder. **INDICATIONS** Asthma Relvar Ellipta 100/25mcg & 200/25mcg is indicated for the regular treatment of asthma in adults and adolescents aged 12 years and older where use of a combination medicinal product (long-acting beta₂-agonist and inhaled corticosteroid) is appropriate. • patients not adequately controlled with inhaled corticosteroids and "as needed" inhaled short acting beta₂-agonists. • patients already adequately controlled on both inhaled corticosteroid and long-acting beta₂-agonist. **DOSAGE AND ADMINISTRATION** Asthma Adults and adolescents aged 12 years and over: One inhalation of Relvar Ellipta 100/25mcg or 200/25mcg once daily. Patients usually experience an improvement in lung function within 15 minutes of inhaling Relvar Ellipta. A starting dose of Relvar Ellipta 100/25mcg should be considered for adults and adolescents 12 years and over who require a low to mid dose of inhaled corticosteroid in combination with a long-acting beta₂-agonist. If patients are inadequately controlled on Relvar Ellipta 100/25mcg, the dose can be increased to Relvar Ellipta 200/25mcg, which may provide additional improvement in asthma control. The maximum recommended dose is Relvar Ellipta 200/25mcg once daily. Children aged under 12 years: The safety and efficacy of Relvar Ellipta in children under 12 years of age has not yet been established in the indication for asthma. Elderly patients (>65 years) & renal impairment No dose adjustment. Relvar Ellipta is for inhalation use only. After inhalation, the patient should rinse their mouth with water without swallowing. Patients should be made aware that Relvar Ellipta must be used regularly, even when asymptomatic. Patients should be regularly reassessed by a healthcare professional so that the strength of Relvar Ellipta they are receiving remains optimal and is only changed on medical advice. **CONTRAINDICATIONS** Hypersensitivity to the active substances or to any of the excipients. **WARNINGS AND PRECAUTIONS** Deterioration of disease Fluticasone furoate/vilanterol should not be used to treat acute asthma symptoms or an acute exacerbation in COPD, for which a short-acting bronchodilator is required. Increasing use of short-acting bronchodilators to relieve symptoms indicates deterioration of control and patients should be reviewed by a physician. Patients should not stop therapy with fluticasone furoate/vilanterol in asthma or COPD, without physician supervision since symptoms may recur after discontinuation. Asthma-related adverse events and exacerbations may occur during treatment with fluticasone furoate/vilanterol. Patients should be asked to continue treatment but to seek medical advice if asthma symptoms remain uncontrolled or worsen after initiation of treatment with Relvar Ellipta. **Paradoxical bronchospasm** Paradoxical bronchospasm may occur with an immediate increase in wheezing after dosing. This should

be treated immediately with a short-acting inhaled bronchodilator. Relvar Ellipta should be discontinued immediately, the patient assessed and alternative therapy instituted if necessary. **Cardiovascular effects** Cardiovascular effects, such as cardiac arrhythmias e.g. supraventricular tachycardia and extrasystoles may be seen with sympathomimetic medicinal products including Relvar Ellipta. Therefore fluticasone furoate/vilanterol should be used with caution in patients with severe cardiovascular disease, or heart rhythm abnormalities, thyrotoxicosis, uncorrected hypokalaemia or patients predisposed to low levels of serum potassium. **Systemic corticosteroid effects** Systemic effects may occur with any inhaled corticosteroid, particularly at high doses prescribed for long periods. These effects are much less likely to occur than with oral corticosteroids. Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, decrease in bone mineral density, growth retardation in children and adolescents, cataract and glaucoma and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children). Fluticasone furoate/vilanterol should be administered with caution in patients with pulmonary tuberculosis or in patients with chronic or untreated infections. The incidence of pneumonia in patients with asthma was common at the higher dose. The incidence of pneumonia in patients with asthma taking Relvar Ellipta 200/25mcg was numerically higher compared with those receiving Relvar Ellipta 100/25mcg or placebo. No risk factors were identified. **INTERACTIONS** Interaction with beta-blockers Beta-adrenergic blockers may weaken or antagonise the effect of beta-adrenergic agonists. Concurrent use of both non-selective and selective beta₂-adrenergic blockers should be avoided unless there are compelling reasons for their use. **Interaction with CYP3A4 inhibitors** Caution is advised when co-administering with strong CYP 3A4 inhibitors as there is potential for increased systemic exposure to both fluticasone furoate and vilanterol. Co-administration should be avoided unless the benefit outweighs the increased risk of systemic corticosteroid side effects, in which case patients should be monitored for systemic corticosteroid side effects. **PREGNANCY AND LACTATION** Pregnancy Administration of fluticasone furoate/vilanterol to pregnant women should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus. **Breast-feeding** A decision must be made whether to discontinue breast-feeding or to discontinue fluticasone furoate/vilanterol therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. **ADVERSE REACTIONS** Pneumonia, upper respiratory tract infection, bronchitis, influenza, candidiasis of mouth and throat, headache, extrasystoles, nasopharyngitis, oropharyngeal pain, sinusitis, pharyngitis, rhinitis, cough, dysphonia, abdominal pain, arthralgia, back pain, fractures, muscle spasms, pyrexia.

OVERDOSE There is no specific treatment for an overdose with fluticasone furoate/vilanterol. If overdose occurs, the patient should be treated supportively with appropriate monitoring as necessary. Further management should be as clinically indicated or as recommended by the national poisons centre, where available. Abbreviated Prescribing Information based on Relvar Ellipta Hong Kong Prescribing Information HK032018GDS09v2/EMA201803.

Please read the full prescribing information prior to administration.
Full prescribing information is available on request from GlaxoSmithKline Ltd, 23/F, Tower 6, The Gateway, 9 Canton Road, Tsimshatsui, Kowloon, Hong Kong or Avenida Infante D. Henrique, no.43-53A, Edif. Macau Square 21 andar C, Macau. For adverse events report, please call GlaxoSmithKline Limited at (852) 9046 2498 or (853) 6366 7071

Safety Profile of Relvar Ellipta Inhalation Powder, Pre-dispensed 100 mcg / 25 mcg and 200 mcg / 25 mcg (100/200 mcg fluticasone furoate and 25 mcg vilanterol)

- Hypersensitivity to the active substances or to any of the excipients is contraindicated to Relvar
- Relvar should not be used to treat acute asthma symptoms, for which a short-acting bronchodilator is required
- Relvar should be used with caution in patients with severe cardiovascular disease, pulmonary tuberculosis or in patients with chronic or untreated infections
- Systemic effects may occur with any inhaled corticosteroids, particularly at high doses prescribed for long periods. Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, growth retardation in children and adolescents and decrease in bone mineral density
- Patients should not stop therapy with Relvar in asthma without physician supervision

Adverse effects observed with Relvar in clinical studies and post-marketing		
Frequency Category	Number of Subjects	Adverse reaction(s)
Very common	≥1/10	Headache, nasopharyngitis
Common	≥1/100 to <1/10	Pharyngitis, rhinitis, candidiasis of mouth and throat, pneumonia, arthralgia, pyrexia
Uncommon	≥1/1,000 to <1/100	Extrasystoles
Rare	≥1/10,000 to <1/1,000	Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticarial. Palpitations

Structured Education Programmes

Free to members

HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
02 DEC 2020 (Wed)			
2:00 – 5:00 p.m.	Room 7, 8/F, Yau Ma Tei Jockey Club General Out-patient Clinic	Consultation Enhancement (Physical Exam: Elbow & Video consultation) Dr. Hung Pui Shan & Dr. Lam Hiu Ching, Natasha	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Cervical Cancer Screening and Prevention Dr. Wong Adrian Brian	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	Postnatal care and breastfeeding Dr. Luk Sze Wan Candy & Dr. Kwan Chun Yin	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital (Videoconference)	Travel Medicine Dr. Fan Pang Yung	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	CSA video review Dr. Fan Vei Chen & Dr. Lau Sin Mei	Mr. Alex Kwok Tel: 5569 6405
3 Dec 2020 (Thu)			
4:00 – 6:00 p.m.	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Role of Family Physicians in Handling Female Sexual Problem and its Service in Hong Kong Dr Ng Ngai Mui & Dr. Lau Lai Na	Ms. Eliza Chan Tel: 2468 6813
09 Dec 2020 (Wed)			
2:00 – 5:00 p.m.	Room 7, 8/F, Yau Ma Tei Jockey Club General Out-patient Clinic	Common symptoms in O&G and Common symptoms in Paediatrics Dr. Hui Alice Sau Wei & Dr. Wong Anthea	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Approach to Pigmented Skin Lesion and Use of Dermoscopy in Primary Care Dr. Woo Tiffany	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	Update on management of DM Dr. Chau Yiu Shing & Dr. Wu Sum Yi	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital (Videoconference)	Journal Club All trainees	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	Emergency dermatological condition Dr. Ng Hok Wai Vincent & Dr. Lau Sin Mei	Mr. Alex Kwok Tel: 5569 6405
10 Dec 2020 (Thu)			
4:00 – 6:00 p.m.	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Bereavement & Emergency Care for Psychological Crisis Dr. WU Flora & Dr. NG Mei Po	Ms. Eliza Chan Tel: 2468 6813
16 Dec 2020 (Wed)			
2:00 – 5:00 p.m.	Room 7, 8/F, Yau Ma Tei Jockey Club General Out-patient Clinic	Update of management of Osteoporosis Dr. Ng Ka Wing & Dr. Cheung Ada Sze Wai	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Dental Emergency Dr. Lam Yat Hei	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	Euthanasia, organ transplantation Dr. Cheung Jessica & Dr. Lam Ka Wing Kevin	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital (Videoconference)	Allied Health Talk: Occupational Therapy Dr. David Cheung	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	Community Resources for Special Educational Needs Dr. Li Kwok Ho Eric & Dr. Leung Wai Yan	Mr. Alex Kwok Tel: 5569 6405
17 Dec 2020 (Thu)			
4:00 – 6:00 p.m.	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Application of Telemedicine and Things Need to Consider when Used in Primary Care Dr. Leung Ching & Dr. Sung Cheuk Chung	Ms. Eliza Chan Tel: 2468 6813
23 Dec 2020 (Wed)			
2:00 – 5:00 p.m.	Conference Room 2, 6/F, Block M, Queen Elizabeth Hospital	Burns and Smoke Inhalation Injuries Dr. Chau Kei Wai & Dr. Chan Kwun Hung	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Hot topics in General Practice / Family Medicine Dr. Leung Sau Chun & Dr. Wan Kwong Ha	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	Travel medicine Dr. Wong Ching Sze & Dr. Chen Tsz Ting	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital (Videoconference)	Promoting smoking cessation in general practice Dr. Natasha Liu	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	Weight Change in Primary Care Setting Dr. Ng Hok Wai Vincent & Dr. Chu Pui Ling Candice	Mr. Alex Kwok Tel: 5569 6405
24 Dec 2020 (Thu)			
4:00 – 6:00 p.m.	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Quality Improvement for General Practice Dr. Yap Tsun Hee & Dr. Sze Chung Fai	Ms. Eliza Chan Tel: 2468 6813
30 Dec 2020 (Wed)			
2:00 – 5:00 p.m.	Conference Room 2, 6/F, Block M, Queen Elizabeth Hospital	Introduction to Conjoint Fellowship Examination (part II) Dr. Tam Wah Kit	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Practical Procedures in Primary Care Clinic Dr. Yu Yi fung	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Lecture Theatre, 6/F, Block K, United Christian Hospital	Patient education and empowerment Dr. Wong Ho Ching & Dr. Ho Sze Ho	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital (Videoconference)	Common Symptoms Complaints-Vaginal Discharge Dr. Alex Leung	Ms. Cherry Wong Tel: 2589 2337
31 Dec 2020 (Thu)			
4:00 – 6:00 p.m.	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Dangerous Drug Management: Ordinance, Storage, Dispensing and Disposal Dr. Chan Yin Yue & Dr. Tong Ka Hung	Ms. Eliza Chan Tel: 2468 6813

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
15 Nov 2:00 – 4:00 p.m. Online Certificate Course for GPs	16	17	18 2:00 – 7:30 p.m. Structured Education Programme 7:00 – 9:00 p.m. Exit Exam - Refresher Training Course for Examiners 2020 (IPA)	19 4:00 – 6:00 p.m. Structured Education Programme 7:00 – 8:00 p.m. Online CME Lecture	20	21 2:30 – 5:00 p.m. DFM Module IV 2:15 – 5:15 p.m. Dermatology Seminar (online)
22 2:00 – 4:30 p.m. Annual Refresher Course	23	24 2:00 – 3:30 p.m. Annual Refresher Course 7:00 – 9:00 p.m. Exit Exam - Refresher Training Course for Examiners 2020 (CSA)	25 2:00 – 7:30 p.m. Structured Education Programme	26 4:00 – 6:00 p.m. Structured Education Programme 2:00 – 3:30 p.m. Annual Refresher Course	27 2:30 – 3:30 p.m. Video Session	28 2:15 – 5:15 p.m. Dermatology Seminar (online) 2:30 – 5:30 p.m. DFM Module III Update Seminar
29 2:00 – 4:30 p.m. Annual Refresher Course	30	1 Dec 2:00 – 3:30 p.m. Annual Refresher Course	2 2:00 – 7:30 p.m. Structured Education Programme	3 2:00 – 3:30 p.m. Annual Refresher Course 4:00 – 6:00 p.m. Structured Education Programme 7:00 – 9:00 p.m. Exit Exam - Refresher Training Course for Examiners (Clinical Audit)	4	5 2:00 – 4:00 p.m. Interest Group in Mental Health 2:30 – 5:30 p.m. DFM Module III Update Seminar
6 11:00 a.m. HKCFP Annual General Meeting 12:00 p.m. HKCFP Council Meeting 2:00 – 4:30 p.m. Annual Refresher Course	7	8 2:00 – 4:30 p.m. Annual Refresher Course 7:00 – 9:00 p.m. Exit Exam - Refresher Training Course for Examiners (Research)	9 2:00 – 7:30 p.m. Structured Education Programme	10 4:00 – 6:00 p.m. Structured Education Programme	11	12 2:30 – 4:30 p.m. Interest Group in Counselling 2:30 – 5:00 p.m. DFM Module IV
13 2:00 – 4:30 p.m. Annual Refresher Course	14	15	16 2:00 – 7:30 p.m. Structured Education Programme	17 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	18	19 2:15 – 5:15 p.m. Interest Group in Counselling 2:30 – 5:00 p.m. DFM Module IV

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

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