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Message from the President

The World Family Doctor Day (WFDD), first declared by World Organisation of Family Doctors (WONCA) in 2010, falls on the 19th May annually. It is a day to celebrate the contributions of family doctors and primary care teams in the delivery of personal, comprehensive and continuing health care for all patients in healthcare systems around the globe. WONCA has announced this year's WFDD theme, "Building the Future with Family Doctors!" This has aligned with the Year of the Health and Care Workers 2021 declared by the World Health Organisation (WHO), based on four fundamental pillars, namely Building the Future with Family Doctors and Primary Care Teams, Building the Future with Family Doctors and Patients, Building the Future with Family Doctors and New Technologies, and Building the Future with Family Doctors and You! Let us join hands to thank all the family doctors around the world for their ongoing contributions towards global health!

In the first quarter of 2021, we have had a number of COVID-19 outbreak clusters involving food premises and fitness centres. And the local cases of unknown sources/links are still being reported from time to time. More recently, we have had cases with virus mutations. As we are aware, the affected individuals might only have mild or vague symptoms and go unrevealed with the possibility of onwards transmission. In view of the above, the Centre of Health Protection (CHP) is urging doctors to arrange COVID-19 test for all patients presenting with any acute symptoms, irrespective of their travel history and clinical severity. The CHP has produced Infographics for publicity of COVID-19 testing for patients. (https://www.chp.gov.hk/files/pdf/early_testing_and_detection_en.pdf)

As family doctors, we should continue to encourage people to take up the COVID-19 vaccinations at the first available opportunities in order to protect oneself, the family and the community. The CHP also reiterates that eligible patients should receive COVID-19 vaccine as soon as possible. As previously mentioned, the Department of Health issued a set of interim guidance notes on common medical diseases and COVID-19 vaccination in primary care settings to facilitate discussion with patients, and it has recently been updated. (https://www.covidvaccine.gov.hk/pdf/Guidance_Notes.pdf) Furthermore, new concise guides on COVID-19 vaccines have been issued by CHP for easy reference. (https://www.covidvaccine.gov.hk/pdf/Guidance_3_Important_Considerations_en.pdf) (https://www.covidvaccine.gov.hk/pdf/Guidance_Examples_of_Chronic_Diseases_en.pdf)



In January 2021, the Hong Kong College of Family Physicians (HKCFP) conducted an online survey on "Family Doctors' Perception of the District Health Centre (DHC) in Hong Kong", thanks to the great work of our Research Committee and the support of College Fellows and members. There were 321 respondents, of whom 133 were from the private sector. The most common reason provided by private doctors for not joining the DHC as network doctors was that DHC was unhelpful to their existing practice. However, most respondents agreed training subsidies offered by the government could act as an incentive to encourage

(Continued on page 2)

Message from the President (Con't)

(Continued from page 1)

more healthcare professionals to support primary healthcare development in Hong Kong. The Diploma in Family Medicine (DFM) (https://www.hkcfp.org.hk/pages_6_86.html) and the Certificate Course in Essential Family Medicine (CCEFM) (https://www.hkcfp.org.hk/pages_6_2064.html) are two examples of continuing professional development courses relevant to primary care practice currently open for enrolment. DHC is an important initiative to strengthen district-based primary healthcare services in Hong Kong. Hopefully, findings from the current survey, when fully analysed, would provide additional information on areas for consideration in further enhancing DHC utilisation.

One of the rare adverse events of vaccinations is anaphylaxis which refers to a severe and immediate

allergic reaction comprising clinical signs and symptoms such as hives, nausea, dizziness, hypotension, swelling, or respiratory distress. (https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_the_use_of_covid19_vaccines_inhk.pdf) The Resuscitation Council of Hong Kong has recently published a timely document on "Emergency Management of Anaphylaxis in the Vaccination Setting for Primary Care Doctors", which serves as a useful reference for doctors practising in the community setting. (<http://www.rchk.org.hk/Guideline.aspx>)

Thank you for your ongoing contributions in the fight against the virus.

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 application for membership in **March – April 2021**:

Associate Membership (New Application)

Dr HO Man Kam	何 文 錦
Dr SHUM Chun Yin, Bernard	岑 俊 彥

Dr TSO San Kong	曹 新 江
Dr YANG De Zhang	楊 德 彰

Withdrawal of Full Membership

Dr KUAN Chao Hsiang	關 朝 翔
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Specialty Board News

The Specialty Board is pleased to announce that the following candidates have successfully passed the Full Exit Examination of HKCFP in 2021.

Dr. Cheng Kwan Chui
Dr. Cheng Long Yee

Dr. Goh Winston Louis
Dr. Lee Shek Hang

Dr. Tsang Pui Lim
Dr. Yeung Ka Yu Doogie

Dr. Yip Hoi Man Vivian

Dr. Lee Shek Hang has achieved outstanding performance in all segments and will be awarded the Outstanding Candidate this year.

Congratulations!

Dr. Wendy Tsui
Chairlady, Specialty Board



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

Trust Quality,

Trust Glucophage^{metformin} XR



Glucophage XR is quality assured.

**3 kinds of strength (500mg, 750mg and 1000mg)
for more flexible dose titration.**

Abbreviated Prescribing Information

Contents: Metformin HCl **Indications:** Reduction in risk or delay onset of type 2 DM in adult, overweight patients with IGT and/or IFG, and/or increased HbA1C who are at high risk for developing overt type 2 DM and still progressing towards type 2 DM despite implement intensive lifestyle change for 3 - 6 months. Treatment of type 2 DM in adults as an adjunct to adequate diet & exercise. Monotherapy or in combination w/ other oral antidiabetic medicines or insulin. **Dosage: Adult w/ normal renal function (GFR ≥ 90 mL/min) Reduction in the risk or delay of the onset of type 2 DM** Initially one 500-mg tab once daily w/ evening meal. After 10-15 days, adjust dose based on blood glucose measurements. Max: 2,000 mg once daily. **Monotherapy in type 2 DM & combination w/ other oral antidiabetic agents** Usual starting dose: One 500-mg tab once daily, or one 1,000-mg tab once daily. After 10-15 days, adjust dose based on blood glucose measurements. Max. recommended dose for 500 mg and 1g tab is 2g daily. Max. recommended dose for 750 mg tab is 1.5g daily. **Combination with insulin** Usual starting dose is one tablet XR 500 mg or XR 1 g once daily, while insulin dosage is adjusted on the basis of blood glucose measurements. **For renal impairment patients** A GFR should be assessed before initiation of treatment and at least annually thereafter. In patients at an increased risk of further progression of renal impairment and in the elderly, renal function should be assessed more frequently, e.g., every 3 - 6 months. Total max. daily dose of 2 g for GFR 60 - 89 mL/min, consider dose reduction for declining renal function. Total max. daily dose of 2 g for GFR 45 - 59 mL/min, review any increased risk of lactic acidosis before initiating metformin, whereas starting dose is at most half of max. dose. Total max. daily dose of 1 g for GFR 30 - 44 mL/min, review any increased risk of lactic acidosis before initiating metformin, whereas starting dose is at most half of max. dose. **Pre- & Post-Prandial Advice:** Swallow whole, do not chew/crush. **Contraindications:** Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis), severe renal failure (GFR < 30mL/min), hepatic insufficiency, infectious diseases, following an IV urography or angiography, heart failure, recent MI, resp. failure, shock, persistent or severe diarrhoea, recurrent vomiting, alcoholism. Lactation. **Special Precautions:** Regular renal & blood sugar monitoring. Risk of lactic acidosis, most often occurs at acute worsening of renal function or cardiorespiratory illness or sepsis. Discontinue prior administration of iodinated contrast agents or surgery. May impair ability to drive or operate machinery in combination w/ other antidiabetic agents. Pregnancy. Elderly (for reduction of risk or delay of type 2 DM) **Adverse Reactions:** GI & taste disturbances. **Interactions:** Iodinated contrast agents, corticosteroids, NSAIDs, ACE inhibitors, diuretics, sympathomimetics, alcohol, COX II inhibitors, angiotensin II receptor antagonists, OCT1 and OCT2 inhibitor/ inducer **Presentations:** XR tab 500 mg \times 60's. 750 mg \times 30's. 1,000 mg \times 60's. **Date of version:** JUN 2018

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Website: www.merckgroup.com

Glucophage^{metformin} XR

Research Committee News

Dear Colleagues,

In order to explore Family Doctors' understanding of the District Health Centre (DHC) and to collect opinions from family doctors to enable the DHC and the primary healthcare team to fulfil their mission and vision, the Hong Kong College of Family Physicians (HKCFP) conducted an online survey "Family Doctors' Perception of the District Health Centre in Hong Kong" in January 2021.

We want to take this opportunity to thank College members for their participation in the survey. Without their time in completing the survey, the research work would not be possible.

Attached please find a summary of the findings. A manuscript has been drafted by the research committee and our plan is to submit it to the Hong Kong Practitioner such that the findings can be disseminated to more primary care doctors. The findings will also be shared with the Food and Health Bureau.

Professor Samuel Wong
Chairman, Research Committee

Summary of findings on the online survey "Family Doctors' Perception of the District Health Centre in Hong Kong" by the Hong Kong College of Family Physicians

(Prepared by the Research Committee of the Hong Kong College of Family Physicians)

In order to explore Family Doctors' understanding of the District Health Centre (DHC) and to collect opinions from family doctors to enable the DHC and the primary healthcare team to fulfill their mission and vision, the Hong Kong College of Family Physicians (HKCFP) conducted an online survey "Family Doctors' Perception of the District Health Centre in Hong Kong" in January 2021. A total of 1706 HKCFP members were invited and 321 respondents (18.8%) provided a complete and valid response to the survey, of which 164 (52.7%) were Family Medicine (FM) Specialists and 278 (86.6%) were practicing full-time. A total of 144 (44.9%) respondents worked in private sector; 171 (53.3%) worked in public sector; 6 (1.9%) worked in both sectors. A total of 22 (7%) respondents worked in Kwai Tsing District, where the DHC was running in Hong Kong at the time of survey.

More than half of the respondents knew what DHC was (69.8%), while less than half of the doctors knew the objectives of the DHC (45.5%). Respondents thought the services DHC provided were appropriate with a mean score of 3.3 (1= Very inappropriate; 5=Very appropriate) and would recommend other medical practitioners to join the DHC as a Network Medical Practitioner (NMP) (a mean score of 3.3 with 1= definitely not recommend; 5= highly recommend). Eleven (3.4%) respondents have joined the DHC as a NMP and they worked in the private sector; no public doctors have joined the DHC. Among the 133 private doctors who have not joined the DHC, 71 (49.3%) did not consider to join. For private doctors, the most common reason of not considering to join the DHC was that DHC was unhelpful to their existing practice. For public doctors, the most common reason was that they worked in public healthcare.

Only 4 out of 321 doctors have enrolled in the Training Funding Scheme (1 was public doctor; 3 were private doctors and one of them was NMP). Among the 141 private doctors who did not enroll in the Training Funding Scheme, the main reasons were 1) they were FM conjoint fellows/ AM fellows (31.9%); 2) they were not NMP (27.7%). For the 10 NMPs who did not enroll in the funding scheme, the most common reason of not enrolling was that they were FM conjoint fellows/ AM fellows. Most doctors (92.6%) agreed training subsidies offered by the government could act as an incentive to encourage more healthcare professionals to enroll in related training to support primary healthcare development in Hong Kong.

For private doctors, the main difficulties encountered in practice when managing patients with chronic conditions were: 1) lack of financial subsidies from the government (55.9%); 2) lack of allied health support (48.3%). Respectively, 61.8% of private doctors and 82.5% of public doctors viewed the government's financial subsidy of \$250 per consultation to the NMP for diabetes mellitus (DM) or hypertension (HT) screening a reasonable amount. Most doctors (79.8%) rated DHC as useful (5-10) with a mean score of 5.8 (1= Not useful at all; 10= Very useful). They thought DHC could benefit the general public based on the following reasons: (1) DHC provided comprehensive care or higher quality services to patients and provided an alternative option for the public; (2) increased access to allied health services. Age was found to be associated with the usefulness rating of the DHC. Doctors who aged 65 or above tend to think the DHC was useful for the public. Apart from age, no statistically significant association was found between DHC usefulness and other demographic factors. Regarding to the likelihood of using DHC services (social work services, cognitive function assessment, fall prevention assessment & class), mean scores of doctors in private sector were statistically significantly lower than those of doctors in the public sector (3.8 and 4.0; 3.9 and 4.1; 3.8 and 4.0 for private and public doctors respectively).

DHC is an important initiative to strengthen district-based primary healthcare services in Hong Kong. Most primary care providers found DHC useful and findings from the current survey provide information on areas of improvement to further increase the utilization of DHC by primary care doctors.

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. May 2021)

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 members who would like to **register/switch** their MCHK CME Administrator to HKAM via the College (with current cycle start date 1 July only) **starting from 1 July 2021, they MUST submit Registration Consent Form** to College Secretariat before **30 June 2021 (Wednesday)**.

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

1. Doctors must be register under one of the CME administrator, in order to be enrolled in the MCHK CME programme (Please refer to https://www.mchk.org.hk/english/cme/files/Frequently_Asked_Questions.pdf) for more details)
2. HKCFP Members are **NOT** automatically registered with Hong Kong Academy of Medicine (HKAM) via HKCFP as their MCHK CME administrator; unless Registration Consent Form is submitted for further enrolment process.
(HKCFP Members are enrolled in HKCFP QA programme only, which is a different CME programme)
3. MCHK registrants (with current cycle start date **1 July**) will have to liaise with their current CME Administrator (HKMA, DU, DH) for the necessary procedures in relation to change of the CME Administrator.
4. 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.
5. Overseas Conferences: please submit Attendance Record within one month on completion of the conference.
6. Self-study: please submit details of the programme within one month on completion of the Self-study.
7. 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

HKCFP Family Medicine Career Talk 2021

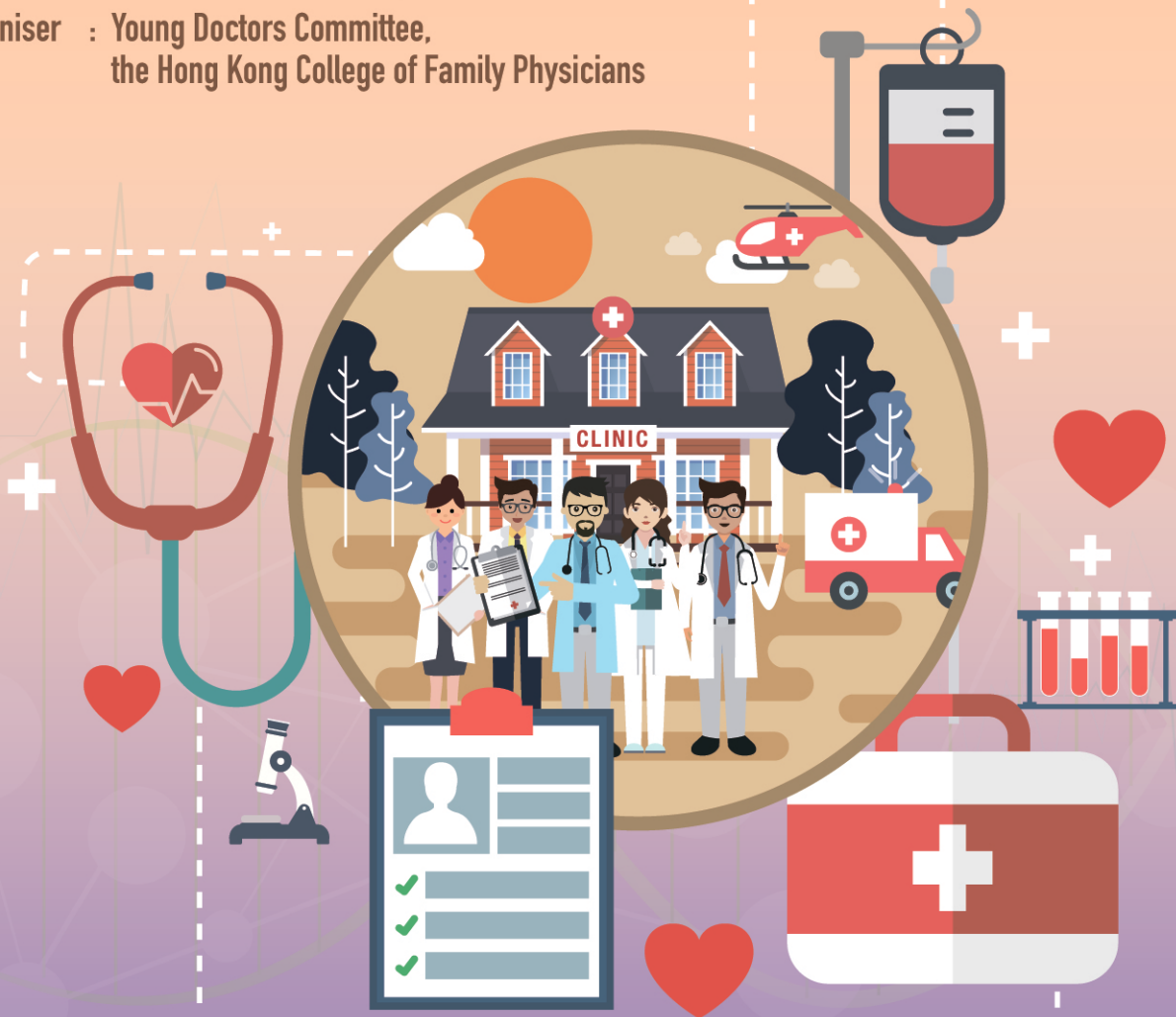


Date : 11 June 2021 (Friday)

Time : 18:30 - 21:00

Link to Zoom would be provided later.

Organiser : Young Doctors Committee,
the Hong Kong College of Family Physicians



Content:

- Training & Development of Family Medicine in Hong Kong
- Life and career path of family physicians in different settings
- "Q&A session" and "Tips to apply Family Medicine training post"

Registration:

- Free-of-charge
- Please scan the QR code to register via Google form

For other enquiry,
please contact Ms. Erica So or Ms. Kathy Lai
through email YDC@hkcfp.org.hk or
telephone at 2871 8899.

Board of Vocational Training and Standards News

The Hong Kong Primary Care Conference 2021 will be held again as a digital conference online from **30 July - 1 August 2021**.

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

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

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

Please contact Ms. Tina Fung or Ms. Kathy Lai at 2871 8899 for details.

Board of Vocational Training and Standards

Meeting Highlights

Online Seminar on 13 April 2021

We would like to thank Dr. Chan Yung Davis, Specialist in Dermatology & Venerology, for delivering a lecture on "Treatment of External Genital wart".

Online Seminar on 17 April 2021 co-organized with Hong Kong Society of Infectious Diseases (HKSID)

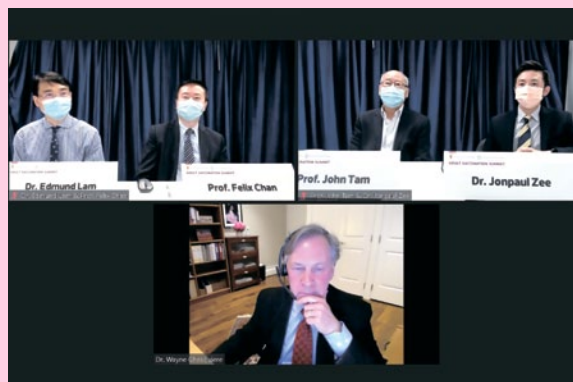
Prof. John Tam, Visiting Professor, Department of Applied Biology and Chemical Technology, The Hong Kong Polytechnic University, HK, delivered a lecture on "Burden of Pertussis in Adults & Older adults and the Value of Prevention".

Dr. Wayne Ghesquiere, Infectious Diseases and Internal Medicine Consultant, Royal Jubilee Hospital and Victoria General Hospital, Victoria, Canada, delivered a lecture on "Herpes Zoster Vaccination: New Advancement and Recommendations".

We would also like to thank Prof. Chan Hon Wai Felix, Specialist in Geriatric Medicine and Honorary Clinical Professor of the University of Hong Kong, to be the panel discussant.



Dr. Lam Wing Wo (1st from the left, Co-moderator) and Dr. Jonpaul Zee (1st from the right, Co-moderator) presenting souvenirs to Prof. Chan Hon Wai Felix (2nd from the left, Panel Discussant) and Prof. John Tam (2nd from the right, Speaker) on behalf of HKCFP and HKSID.



Panel discussion

Online Seminar on 28 April 2021

We would like to thank Prof. Jan Steffel, Vice Chairman and Professor of Cardiology, University Hospital Zurich, Switzerland, for delivering a lecture on "Updates on ESC2020 Guideline and the EHRA2021 Practical Guide of AF Management".

Online Seminar on 29 April 2021

We would like to thank Dr. Sunny H Wong, Institute of Digestive Disease, Faculty of Medicine, The Chinese University of Hong Kong, for delivering a lecture on "Recent Breakthrough in Gut Microbiome based non-invasive Colorectal Cancer Screening".

Advanced Primary Care Life Support (APCLS) Training and Examination Workshop 2021

Advanced Primary Care Life Support (APCLS) Training and Examination Workshop was held on 11 April 2021.



Dr. Chan Hung Wai Patrick (right, Moderator) presenting a souvenir to Dr. Leung Chin San (left, Speaker).

HKCFP Trainees Research Fund 2021 / HKCFP Research Seed Fund 2021

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

The Trainees Research Fund will be opened to all registered HKCFP trainees and is made of four awards (each up to HK\$10,000). It is envisaged it will help trainees especially (but not limited to) those doing research projects at their exit examinations. Those who have funding support elsewhere will not be considered.

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

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

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

Assessment Criteria for both funds:

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

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

Research Committee, HKCFP

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

Please indicate the research funding title e.g. “**HKCFP Trainees Research Fund 2021**” or “**HKCFP Research Seed Fund 2021**” on your research project upon submission.

Submission Deadline: 27th October 2021

Supported by HKCFP Foundation Fund



**Hong Kong
Primary Care
Conference**

The Hong Kong College
of Family Physicians

OUR FINEST HOUR: STRIDE THROUGH THE STORM

2021

30 JUL - 01 AUG
(FRI - SUN)

DIGITAL CONFERENCE



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

Hong Kong Primary Care Conference 2021

"Our Finest Hour: Stride Through The Storm"

30 July – 1 August 2021 (Friday – Sunday)



For more
conference
details:

Scientific Programme at-a-glance

Date Time	30 July 2021 (Friday)		
19:30 - 20:30	<i>Sponsored seminar 1</i>	<i>Sponsored seminar 2</i>	<i>Sponsored seminar 3</i>
Date Time	31 July 2021 (Saturday)		
12:30 - 13:00	<i>Sponsored seminar 4</i>	<i>Sponsored seminar 5</i>	<i>Sponsored seminar 6</i>
13:10 - 13:30	ePoster and eBooth Exhibition		
13:30 - 13:50	Opening Ceremony		
13:50 - 14:35	Plenary I (Prof. WU Hao) Community-based Prevention and Control		
14:40 - 15:25	Plenary II (Prof. Ivan F.N. HUNG) COVID-19 Pandemic and Vaccines in Hong Kong		
15:30 - 16:15	Plenary III (Prof. Philip H. EVANS) Rising to the Challenge of COVID-19: A UK Primary Care Perspective on COVID-19 Research and Vaccine Delivery		
16:20 - 16:30	ePoster and eBooth Exhibition		
16:30 - 17:45	Seminar A Mental Health Considerations during the COVID-19 Pandemic	Seminar B Application in Telemedicine - Public Health Care System	Free Paper - Oral Presentation Part I
17:50 - 18:20	<i>Sponsored seminar 7</i>	<i>Sponsored seminar 8</i>	
Date Time	1 August 2021 (Sunday)		
9:00 - 9:30	<i>Sponsored seminar 9</i>	<i>Sponsored seminar 10</i>	<i>Sponsored seminar 11</i>
9:35 - 10:50	Clinical Case Presentation Competition	Seminar C Update in Telemedicine from a Medico-Legal Point of View	Workshop 1 Motivational Interviewing in Brief Consultation: Slow down to Speed up Health Behavioral Change
10:55 - 12:10	Seminar D Clinical Update on Rheumatology for Family Physicians	Seminar E Self-care for Primary Care Providers	Free Paper - Oral Presentation Part II
12:15 - 13:00	Plenary IV (Dr. Karen TU) International Consortium of Primary Care Big Data Researchers INTRePID: Studying the Pandemic Impact on Primary Care around the World		
13:05 - 14:20	Asia-Pacific Research Forum	Seminar F The Gaps in Clinical Management of Psoriasis in the Biologics Era	Workshop 2 An Overview of Foot Assessment and Orthotic Treatment
14:25 - 14:55		<i>Sponsored seminar 12</i>	<i>Sponsored seminar 13</i>

ePoster and eBooth Exhibition

ePoster and eBooth Exhibition

Disclaimer

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

(Supported by HKCFP Foundation Fund)



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

Hong Kong Primary Care Conference 2021 “Our Finest Hour: Stride Through The Storm”

30 July – 1 August 2021 (Friday – Sunday)

Registration Information

Online
Registration



Registration Deadline: 12 July 2021 (Monday)

A) Conference Registration Registration to the conference is required.		Member: HK\$200 Non-member: HK\$1000
B) Workshop Registration First come first served. Please prepare a separate cheque(s). Cheques will be returned to unsuccessful registrants. <ul style="list-style-type: none"> CPD application for workshop participants in progress. 		
1 August 2021 (Sunday)	09:35 Workshop 1: I Motivational Interviewing in Brief Consultation: 10:50 Slow down to Speed up Health Behavioral Change	HK\$500
	13:05 Workshop 2: I An Overview of Foot Assessment and Orthotic 14:20 Treatment	HK\$500

Payment Method

- Pay by cheque**
 - Please send completed registration form with crossed cheque(s) payable to “HKCFP Education Ltd” to the Conference Secretariat.
 - Please use SEPARATE cheques for payment of conference, workshop(s) registration fees, etc.
- Pay by PayPal**
 - Payment information will be sent within 5 working days after your submission of registration.
- Pay by Tele-transfer**
 - For overseas delegates only.
 - Payment information will be sent within 5 working days after your submission of registration.
 - All bank charges and related transaction fees should be borne by the remitter of the funds.

Refund Policy

- Withdrawal of registration **on or before 15 June 2021: Full refund** after deduction of all bank charges and related transaction fees
- Withdrawal of registration **after 15 June 2021: No refund** will be accepted.
- All refunds, including unsuccessful workshop registration, etc. would be arranged within 8 weeks after the Conference. All bank charges and related transaction fees if any would be deducted from the amount of the refund payment.

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

Working as a GP in Australia

Dr. Fung Siu Cheung, Colman

It is a pleasure to share with my FM colleagues regarding working as a GP in Australia. Time flies and I have been working as a GP in Australia for 3 years. One of the triggers of motivating me to work in a completely new environment is the inspirational experience when I attended a GP conference in Tasmania many years ago. I was very impressed by the status and diversity of roles of GP in Australia, and I was also impressed by having one of the best wagyu dishes in the dinner symposium during the conference.



The last clinic I worked in Hong Kong was on a Main Street on Hong Kong Island. The first clinic I work in Australia is on a Main Street in Victoria State!

Thanks to the previous conjoint arrangement between the RACGP and HKCFP, I obtained my FRACGP when I passed the conjoint examination. By having that, one can proceed to register with AHPRA (Australian Health Practitioner Regulation Agency), which is the national organisation responsible for implementing the National Registration and Accreditation Scheme across Australia. Every health professional needs to register with AHPRA before he / she can practise. There are a few online job agencies who can help GPs to find job. One point to note is that Australia has a 10-year moratorium, which is an Australian Government policy that requires overseas trained doctors and foreign graduates of accredited medical schools to practise in an area where there is a shortage of doctors for a minimum of 10 years from the date of their first medical registration in Australia. That means, you need to work in a Distribution Priority Area (DPA), and that usually means a more remote area. The DPA identifies areas where there is shortage of medical practitioners. It may keep changing but it usually gets

only outer and outer in the territory. GP can only get a valid Provide number if he/she works in a DPA. GP also needs to apply a prescriber number before he/she can prescribe medications.

The health system in Australia, including the prescription system, is completely different to that in Hong Kong. Some of the medications are also different. Patients with Medicare card are eligible to have a GP consultation under bulk-bill without the need to pay extra out-of-pocket fee. However, some GPs would charge a bit of out-of-pocket fee (private billing).

I worked in the academic setting as well as public setting in Hong Kong before, hence working in the private setting in Australia is really a challenge to me, not just the case varieties, but also the language and cultural issues. There are many unexpected scenarios during my early days of practice. I still remember a mother suddenly breastfed her newborn in the middle of a consultation. While I was thinking of asking a chaperone to come in, I realized that it may be unprofessional if she was behaving naturally. Language wise, as I need to work in the DPA post, most of my patients are English-speaking and many of them have the Australian accent and speak in Australian slang, which sometimes can be difficult to understand. As far as I remember, I had one encounter which I really could not understand what he said, and I had to direct him to another colleague.

Although I was being taught about communication skills back in my University days and I had taught to the medical students both in HKU and CUHK back in my days of teaching about the importance of communication skills, I devotedly appreciate the beauty of good communication when I need to apply it using my second language every day. It helps me, a native Cantonese-speaking GP, to survive in a clinical setting where there are many native English-speaking GPs in the locality. Knowledge would be similar amongst the GPs, but how to develop a good rapport is the key to build up the patient load here. In the early days of my work, I was just seeing around 10 patients per day, but as time passes, I am seeing around 30-40 patients per day now. The proportion of consultations for chronic diseases like diabetes was comparatively less than that when I worked in GOPC, but there are more patients with mental health issues and chronic pain issues here. There are also new entities of consultation that I had little chance and

time to do in Hong Kong before, like counselling, biopsy, suturing, ear syringing, health assessment, antenatal care, suboxone prescription, etc. The work nature of a GP in Australia is all-rounded and job satisfaction increases further when patient decided to come back to see me again for whatever health issues, like a female patient comes back for cervical screening even though there are other female GPs available.

The COVID-19 pandemic changes the practice here in Victoria as well. After SARS we used to wear surgical masks during consultation in Hong Kong. I felt very uncomfortable on the first few days working in Australia because no other GPs wore mask when they were seeing patients. After I got used to not wearing mask during consultation, the COVID-19 pandemic emerged, and I put my mask back on in the early stage but some of the clinic staff held different opinion. Mask wearing was really not the norm before COVID-19. Victoria had some period of lockdown and curfew during the pandemic. GPs, classified as essential workers, still needed to go to clinic to provide clinical services and provide care to patients during lockdown. Telehealth consultation services also started to run and act as an option for people who were unable to come or advised not to come to the clinic for face-to-face consultation. The telehealth consultation services are still in implementation even though Victoria has its COVID-19 situation under good control and the COVID-19 vaccination programme started to launch. Here, the initial plan is that GP clinics are provided mainly with the Astra Zeneca COVID-19 vaccine and basically there is not much choice for people to choose which vaccine they want to have, unlike Hong Kong. However, with the recent changes in the recommendations from the health authority, the proposed national vaccination campaign is expected to be facing a lot of challenges.



One can experience four seasons' weather within a single day here in Melbourne. Rainbow is one of my favourite things here that can be seen often. Rainbow represents Hope!

I understand that some readers may be thinking of working in places other than Hong Kong. I had talked to a few colleagues who had worked in Australia before I made my decision. It is always good to heed the seniors' advice. In the last 1 to 2 years, I had a few old colleagues who had asked me about working in Australia, but after I had explained to them about the difference in income between working as a GP in Australia and working as a FM in Hong Kong, I did not hear from them further. It is totally understandable, and this is one area you really need to consider seriously. In spite of this, I did welcome one of my best FM friends recently and she has just started working as a GP here in Victoria.

Passing the English test is one of the criteria if one wants to live in Australia. If you decided to try working in an English-speaking country, you must be very competent in your English because most likely you will be using English throughout your consultation, as well as communicating with other colleagues.

Acknowledgement

It is a blessing that HKCFP had a conjoint examination with RACGP in the previous years and we can work as a GP in Australia. One needs to take examinations if they are in some other specialties. I would like to thank all the HKCFP seniors who helped to establish the Conjoint examination. I would also like to thank all those seniors and colleagues who had given me invaluable advice on working in Australia and taught me the importance of communication skills. I would also like to thank the editorial board of FP Links to allow me to write a piece of article to share. I am happy to help if anyone wants to contact me for further information.



Examples of the differences between Australia and Hong Kong. 1. Prescribing and dispensing are separated here in Australia. Hence many clinics are attached to a pharmacy, just like my clinic above. 2. Australia has a hot Christmas in summer while Hong Kong has a cold Christmas in winter!

Thrombotic Events Associated with COVID-19 Vaccinations

AstraZeneca (Vaxzevria®)

There have been recent reports of haemorrhage, blood clots and thrombocytopenia following administration of COVID-19 vaccines that have raised concerns over the safety of genetic vaccines for people with pre-existing coagulation disorders or those on certain medications. This has led to the temporary suspension of the AstraZeneca COVID vaccine in a number of European countries.¹

On 11 March 2021, Denmark was the first European country that suspended the use of the COVID-19 vaccine from AstraZeneca (Vaxzevria®) due to the possible link between very rare cases of unusual blood clots, bleeding, thrombocytopenia and the AstraZeneca vaccine. Since then, the Danish vaccination effort has continued with the vaccines from Pfizer/BioNTech and Moderna.²

Eight other European countries: Norway, Iceland, Austria, Estonia, Lithuania, Luxembourg, Italy and Latvia have also suspended use of AstraZeneca's vaccine.

A combination of thrombosis and thrombocytopenia, in some cases accompanied by bleeding, has been observed very rarely following vaccination with Vaxzevria®. This include severe cases presenting as venous thrombosis, including unusual sites such as cerebral venous sinus thrombosis, splanchnic vein thrombosis, as well as arterial thrombosis, concomitant with thrombocytopenia. So far, the reported cases occurred after administration of the first dose of Vaxzevria®. The majority of these cases occurred within the first fourteen days following vaccination and occurred mostly in women under 60 years of age with fatal outcomes in some cases.³

The European Medicines Agency (EMA) safety committee, Pharmacovigilance Risk Assessment Committee (PRAC), carried out an in-depth review of 62 cases of cerebral venous sinus thrombosis (CVST) and 24 cases of splanchnic vein thrombosis reported in the EU drug safety database (EudraVigilance) as of 22 March 2021, 18 of which were fatal.³ The cases came mainly from spontaneous reporting systems of the European Economic Area (EEA) and the UK, where around 25 million people had received the vaccine. As of 4 April 2021, a total of 169 cases of CVST and 53 cases of splanchnic vein thrombosis were reported to EudraVigilance with around 34 million people had been vaccinated in the EEA and UK by this date.

The more recent data did not change the PRAC's recommendations.⁴

The investigation has also included a related literature review and an observed to expected analysis conducted with EudraVigilance case reports. Following input from experts, it is thought that the vaccine may trigger an immune response leading to an atypical heparin-induced-thrombocytopenia like disorder (aHIT). It is considered likely that the syndrome, which resembles aHIT, concerns a severe autoantibody against Platelet Factor-4 (PF4) which exhibits a high binding affinity. It was hypothesised that the antibody itself may change the structure of PF4, similar to what has been shown for aHIT. It was noted that high titres of anti-PF4 antibodies were observed in all patients whose biomaterial was analysed, which contributes to this hypothesis.³

As a summary, the EMA issued the following statements to health professional³:

- A causal relationship between the vaccination with Vaxzevria and the occurrence of thrombosis in combination with thrombocytopenia is considered plausible.
- Although such adverse reactions are very rare, they exceeded what would be expected in the general population.
- No specific risk factors have been identified at this stage.
- Healthcare professionals should be alert to the signs and symptoms of thromboembolism and/or thrombocytopenia and inform vaccinees accordingly.
- The use of this vaccine should be in accordance with official national recommendations.
- The benefits of the vaccine continue to outweigh the risks for people who receive it. The vaccine is effective at preventing COVID-19 and reducing hospitalisations and deaths.

Physicians should be aware of the following signs and symptoms in vaccinees if they develop:

- symptoms of blood clots such as shortness of breath, chest pain, leg swelling, persistent abdominal pain
- neurological symptoms such as severe and persistent headaches and blurred vision
- petechiae beyond the site of vaccination after a few days.

On the other hand, interim findings from Scotland's national prospective cohort study⁵ investigating first-dose mass COVID-19 vaccination roll out and COVID-19 hospital admissions in Scotland reported that: the first dose of the Pfizer-BioNtech BNT162b2 mRNA vaccine was associated with a vaccine effect of 91% [95% CI 85–94] for reduced COVID-19 hospital admission at 28–34 days post-vaccination; whilst vaccine effect at the same time interval for the Oxford-AstraZeneca ChAdOx1 vaccine was 88% [95% CI 75–94]. The analysis included 1 331 993 individuals vaccinated between Dec 8 2020 and Feb 15, 2021. An impressive 78.6% of adults aged 80 years and older, 85.9% of adults aged 65–79 years and 13.9% of adults aged 18–64 years had received at least one dose of either COVID-19 vaccine within the study period.

Johnson & Johnson (Janssen)

A combination of thrombosis and thrombocytopenia, in some cases accompanied by bleeding, has been observed very rarely following vaccination with COVID-19 Vaccine Janssen. This includes severe cases of venous thrombosis at unusual sites such as cerebral venous sinus thrombosis, splanchnic vein thrombosis, as well as arterial thrombosis concomitant with thrombocytopenia with fatal outcomes reported. These cases occurred within the first three weeks following vaccination, and mostly in women under 60 years of age. A causal relationship with the vaccine is considered plausible. But no specific risk have been identified.

Testing for anti-platelet factor (PF) 4-antibodies was positive or strongly positive in several of the cases with concomitant thrombosis and thrombocytopenia. However the exact pathophysiological mechanism for the occurrence of these thrombotic events is not defined yet. Based on the current evidence, the PRAC has recommended an update to the product information to reflect the current knowledge of this safety issue.⁶

CDC and the U.S. Food and Drug Administration (FDA) recommend use of Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 Vaccine resume in the United States, after a temporary pause effective 23 April 2021.⁷

With the many uncertainties and confounding news surrounding COVID-19 vaccines, as family physicians evidence based medicine is still the best tool to rely on when advising our patients.

Reference:

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5. Vasileiou E, Simpson CR, Shi T, et al. Interim findings from first-dose mass COVID-19 vaccination roll-out and COVID-19 hospital admissions in Scotland: a national prospective cohort study. *Lancet* 2021; published online April 23. [https://doi.org/10.1016/S0140-6736\(21\)00677-2](https://doi.org/10.1016/S0140-6736(21)00677-2)
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Complied by Dr. Cheng Ghar Yee Judy

Diploma in Family Medicine (HKCFP) 2021 - 2022

The Board is pleased to announce that the Diploma Course in Family Medicine (DFM) organized by The Hong Kong College of Family Physicians will commence in July 2021.

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

Details of the course are as follows:

1. Objectives:

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

2. *Syllabus:

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

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

Module I – Principles of Family Medicine (Distance Learning)

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

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

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

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

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

Module IV - Clinical Updates (Updates and Clinical Attachment)

Aims:	Acquire in-depth knowledge and practical skills in selected specialties
Contents:	THREE update seminars plus ONE attachment in selected specialty

Module V - Practical Family Medicine (Practical Workshops)

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

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

3. Articulations:

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

4. *Schedule:

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

July to September 2021	Module I
October to November 2021	Module II
July 2021 to May 2022	Module III, IV & V
May 2022	Final Examination

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

5. Admission Requirement:

Medical Practitioner with Bachelor's Degree in Medicine.

6. Teaching Staff:

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

7. Teaching Medium:

English

(Cantonese may be used in some seminars, workshops and clinical attachments)

8. Course Fees:

Whole course:

Administration fee for application: HK\$1,000

HK\$38,000 for members of HKCFP

HK\$76,000 for non-members

(A discount of HK\$5,000 for early bird applications on or before 31 May 2021)

Individual Modules:	Members	Non-members
Module I (Distance Learning – Principles of Family Medicine)	\$4,900	\$9,800
Module II (Distance Learning – Common Problems in Family Medicine)	\$4,900	\$9,800
Module III (Structured Lectures & Seminars)	\$4,800	\$9,600
Module IV (Updates & Clinical Attachment)	\$4,800	\$9,600
Module V (Practical Workshops)	\$6,200	\$12,400
Examination	\$11,800	\$23,600
Administration Fee	\$5,000	\$10,000

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

9. Awards/Credits:

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

10. Application Procedure:**Application is now open.**

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

- i) Photocopy of the current Annual Practising Certificate;
- ii) A recent photo of the applicant (passport size);
- iii) A signed "Disclaimer of Liability";
- iv) An administration fee for application of HK\$1,000 by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable;
- v) A Course Fee of HK\$38,000 (or HK\$76,000 for non-members) by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-transferable and non-refundable.

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

Information and application forms can be obtained from the College or can be downloaded at the College website (<http://www.hkcfp.org.hk>). Members who were not admitted in the course in 2020 have to send in their application again if they want to study the course this year. Please contact the College secretariat, Ms. Alky Yu at 2871 8899 for any queries.

11. Application Deadline: 30 June 2021**Comments From Former DFM Graduates**

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

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



APCLS Training Workshop



Women's Health Workshop



Orthopaedic Injection Workshop



Musculoskeletal Workshop

HKCFP CERTIFICATE COURSE IN ESSENTIAL FAMILY MEDICINE 2021-2022

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

1. OBJECTIVES:

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

2. SYLLABUS:

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

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

3. AWARDS/CREDITS:

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

4. COURSE CONTENT:

Segment I – Essentials of Family Medicine (Structured Seminars)

Objectives:

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

Contents:

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

Segment II – Problem Solving and Clinical Updates

Objectives:

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

Contents:

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

Segment III – Practical Family Medicine (Practical Workshops)

Objectives:

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

Contents:

Consultation Skills and Orthopaedics Injection

5. ADMISSION REQUIREMENTS:

Medical Practitioner with Bachelor's degree in Medicine.

6. TEACHING STAFF:

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

7. TEACHING MEDIUM:

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

8. COURSE FEES:

Administration fee for application	HK\$ 1,000		
plus			
Enrol for the complete Certificate Course	HK\$ 22,000	for members	HK\$ 44,000 for Non-members
Or			
Enrol for individual session:			
Single session from Segment I and Segment II	HK\$ 1,700	for members	HK\$ 3,400 for Non-members
Single Session from Segment III	HK\$ 2,200	for members	HK\$ 4,400 for Non-members

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

9. APPLICATION PROCEDURES:

Application is now open.

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

- Photocopy of the current Annual Practising Certificate;
- A recent photo of the applicant (passport size);
- A signed "Disclaimer of Liability";
- An administration fee for application of HK\$1,000 by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable;
- A Course Fee in appropriate amount by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-transferable and non-refundable.

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

Information and application forms can be obtained from the College or can be downloaded at the College Website (<http://www.hkcfp.org.hk>). Please contact the College secretariat, Ms. Alky Yu at 2871 8899 for any queries.

Application Deadline: 30 June 2021

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

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Reference: 1. CONCOR[®] AMLO Hong Kong Prescribing Information, July 2019.

Products: C: Bisoprolol fumarate 5 mg, amlodipine 5 mg I: Treatment of HTN as substitution therapy in patients adequately controlled w/ bisoprolol & amlodipine given concurrently at the same dose level as in the combination, but as separate tab. D: 1 tab daily. A: Taken in morning w/ or w/o food, w/o chewing C: Hypersensitivity to amlodipine, dihydropyridine derivatives, bisoprolol. **Amlodipine:** Severe hypotension; shock (including cardiogenic shock); obstruction of the outflow tract of the left ventricle (eg, high grade aortic stenosis); haemodynamically unstable heart failure after acute MI. **Bisoprolol:** Acute heart failure or during episodes of heart failure decompensation requiring IV inotropic therapy; cardiogenic shock; 2nd or 3rd degree AV block (w/o a pacemaker); sick sinus syndrome; SA block; symptomatic bradycardia; symptomatic hypotension; severe bronchial asthma; severe forms of peripheral arterial occlusive disease & severe forms of Raynaud's syndrome; untreated phaeochromocytoma; metabolic acidosis. **SP:** Amlodipine: Patients w/ cardiac failure; impaired hepatic function. Elderly. **Bisoprolol:** Abrupt cessation of therapy may lead to temporary deterioration of heart disease especially in patients suffering from ischaemic heart disease. Patients w/ HTN or angina associated w/ heart failure. DM w/ large fluctuations in blood glucose values; strict fasting/diet; concomitant desensitisation therapy; 1st degree AV block; Prinzmetal's angina; peripheral arterial occlusive disease; psoriasis or history of psoriasis; patients undergoing general anaesthesia; obstructive airway diseases. Symptoms of hyperthyroidism may be masked. In patients w/ phaeochromocytoma, bisoprolol must not be administered until after α -receptor blockade. Minor or moderate influence on the ability to drive & use machines. Not recommended during pregnancy & breastfeeding. **AR:** Amlodipine: Oedema. Somnolence, dizziness, headache; visual disturbances (including diplopia); palpitations; flushing; dyspnoea; abdominal pain, nausea, dyspepsia, altered bowel habits; ankle swelling, muscle cramps; fatigue, asthenia. **Bisoprolol:** Dizziness, headache; feeling of coldness & numbness in the extremities; GI complaints eg, nausea, vomiting, diarrhoea, constipation; fatigue. **INT:** Amlodipine: Increased exposure w/ strong or moderate CYP3A4 inhibitors (eg, indinavir, saquinavir, ritonavir, fluconazole, itraconazole, erythromycin, clarithromycin, verapamil, diltiazem). Potential reduced plasma conc w/ CYP3A4 inducers (eg, rifampicin, St. John's Wort). Increased bioavailability w/ grapefruit or grapefruit juice. Due to risk of hyperkalemia, avoid co-administration w/ dantrolene (infusion). Additive BP-lowering effects w/ other antihypertensives. Risk of increased tacrolimus blood levels. Variable trough conc increases of cyclosporine in renal transplant patients. Increased exposure of simvastatin. Bisoprolol: Negative influence on contractility, AV conduction & BP w/ Ca antagonists of verapamil type & to a lesser extent of diltiazem type. Reduction of heart rate, cardiac output & vasodilation w/ centrally-acting antihypertensives (eg, clonidine, methyldopa, moxonidine, rimelidine). Increased risk of hypotension & increased risk of further deterioration of the ventricular pump function in patients w/ heart failure w/ Ca antagonists of dihydropyridine type eg, nifedipine. Potentiated effect on AV conduction time & negative inotropic effect w/ class I antiarrhythmics. Potentiated effect on AV conduction time w/ class III antiarrhythmics. Increased AV conduction time & risk of bradycardia w/ parasympathomimetic drugs. Possible additive systemic effects w/ topical β -blocker prep. Intensification of blood sugar lowering effects of insulin & oral antidiabetic agents. Attenuation of reflex tachycardia & increased risk of hypotension w/ anaesthetic agents. Reduction of heart rate, increased AV conduction time w/ digitalis glycosides. Reduced hypotensive effect w/ NSAIDs. Combination of bisoprolol w/ β -sympathomimetics may reduce effect of both agents. May unmask α -adrenoceptor-mediated vasoconstrictor effects of sympathomimetics that activate both β - & α -adrenoceptors (eg, norepinephrine, epinephrine). Increased risk of hypotension w/ other antihypertensives & other drugs w/ BP-lowering potential (eg, TCAs, barbiturates, phenothiazines). Increased risk of bradycardia w/ mefloquine. Enhanced hypotensive effects & risk of hypertensive crisis w/ MAOIs (except MAO-B inhibitors). **P/P:** Tab 30's. **Validity Code:** Jul 2019

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ASSESSMENT ENHANCEMENT COURSE (AEC) FOR FAMILY PHYSICIANS 2021

Please note the schedule of AEC sessions might be affected due to the outbreak of COVID-19 and the format might change to online platform if necessary. Announcement would further be made in case there is a change of schedule and/or format. Thanks.

Organizer	: Assessment Enhancement Sub-committee, Board of Education, HKCFP
Tutors	: Family Medicine Specialists, Fellows of HKCFP and RACGP
Supervisors	: Dr. Chan Chi Wai
Co-ordinator	: Dr. Lai Sheung Siu
Objectives	: <ol style="list-style-type: none"> 1. To improve clinical knowledge, problem solving and consultation skills through different workshops 2. To improve physical examination technique and clinic procedural skills through hands-on experience 3. To provide opportunity for inter-professional communication and social network expansion through self-help groups 4. To improve time management through simulated examination
Venue	: HKCFP Wan Chai office, Duke of Windsor Social Service Building and HKAM Jockey Club Building
Date	: 5 months' course starting from April 2021
Course Structure	: The course will consist of 4 main components: <ol style="list-style-type: none"> 1. Seminars 2. Workshops 3. Self-help Group Support 4. Mock Exam Seminars and Workshops will be arranged on Saturday afternoons (2:30 p.m. to 5:30 p.m.)
Accreditation	: Up to 15 CME points (Category 4.4) & 5 CPD points (Category 3.15) for the whole course
Course Fee	: Members : HK\$3,400 (Whole course) HK\$950 (Spot admission for each seminar or workshop only) All cheques payable to "HKCFP Education Ltd" All Fees received are non-refundable and non-transferable.
Capacity	: 50 doctors maximum
Enrolment	: Enrolment is now open. Registration form is available at College website: http://www.hkcfp.org.hk/pages_9_463.html . Please return the completed application and the cheque to the Secretariat for processing. Please contact the Secretariat, Ms. Teresa Liu or Ms. Windy Lau by email to education@hkcfp.org.hk or call 2871 8899 for details. Successful applications will be informed by email later.
Disclaimer	: All cases and answers are suggested by our tutors only. They are not standard answers for examination.
Remarks	: <ol style="list-style-type: none"> 1. Post-AEC training course (optional) will be organized for category 2 candidates who have enrolled in AEC if there is sufficient enrolment. 2. Please note the schedule of AEC sessions might be affected due to the outbreak of COVID-19 and the format might change to online platform if necessary. Announcement would be made in case there is a change of schedule and/or format.

Assessment Enhancement Course 2021 Timetable for Workshop

Date	Topics	Venue
24 April 2021 (Sat) 2:30 – 5:30 p.m.	Introduction	Room 802, Duke of Windsor Social Service Building, Wan Chai, Hong Kong
22 May 2021 (Sat) 2:30 – 5:30 p.m.	Approach to Physical Complaints	
26 June 2021 (Sat) 2:30 – 5:30 p.m.	Viva Practice: Enhance Interprofessional Communication	
24 July 2021 (Sat) 2:30 – 5:30 p.m.	Problem Solving Skills	
21 August 2021 (Sat) 2:30 – 5:30 p.m.	Proper Physical Examination & Common Clinic Procedures	
25 September 2021 (Sat) 2:30 – 6:00 p.m.	Mock Exam	HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong

BOARD OF EDUCATION NEWS

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

Online Seminar			
Date and Time	Topic	Speakers	Moderators
5 June (Sat) 2:00 – 4:00 p.m.	The Important Influence of Dr. Irvin Yalom on Family Physicians <i>Organized by the Interest Group in Mental Health</i>	Dr. Cheung Kit Ying, Andy <i>Specialist in Family Medicine</i> Dr. Lum Chor Ming, Christopher <i>Specialist in Geriatric Medicine</i>	Dr. Chan Suen Ho, Mark
9 June (Wed) 2:00 – 3:00 p.m.	Novel Clinical Management for Major Depressive Disorder (MDD) <i>Sponsored by Servier Hong Kong Limited</i>	Dr. Chong King Yee <i>Specialist in Psychiatry</i>	Dr. Au Yeung Shiu Hing
12 June (Sat) 2:00 – 4:00 p.m.	Mental Health and Counselling at Times of COVID-19 <i>Organized by the Interest Group in Counselling</i>	Dr. Ho King Yip, Anthony <i>Specialist in Family Medicine</i>	
19 June (Sat) 2:00 – 3:00 p.m.	Treatment Intensification and Simplification with Fixed Ratio Combination of Basal Insulin and GLP-1 RA for T2DM <i>Sponsored by Sanofi Hong Kong Limited</i>	Dr. Chung Chi Tung, Steve <i>Specialist in Endocrinology, Diabetes & Metabolism</i>	Dr. Chan Man Li

QR Code for registration

5 June 2021 (Sat)	9 June 2021 (Wed)	12 June 2021 (Sat)	19 June 2021 (Sat)
			

Accreditation : 5 June and 12 June: 2 CME Point HKCFP (Cat. 4.3)
2 CME Point MCHK (pending)
9 June and 19 June: 1 CME Point HKCFP (Cat. 4.3)
1 CME Point MCHK (pending)
Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

Online Monthly Video Session

Date and Time	Topic
28 May (Fri) 2:30 – 3:30 p.m.	"Management of Atrial Fibrillation in Primary Care" by Dr. Chan Chi Kin, William
25 June (Fri) 2:30 – 3:30 p.m.	"Update on the Management of Diabetes" by Dr. Enoch Wu

QR Code for registration

28 May 2021 (Fri)	25 June 2021 (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.

Structured Education Programmes

Free to members

HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
02 Jun 2021 (Wed)			
2:00 – 5:00 p.m.	[Video Conference] Rooms 7 & 19, 8/F, YMT GOPC & Lecture Theatre, 10/F, YCK, KWH	Consultation Enhancement (Physical examination: CVS and Video consultation) Dr. Chuang Chi Kit & Dr. Law Wing Sze	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Can Mammogram Prevent Breast Cancer? Dr. Tsang Lai Ting	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F HMB, Tseung Kwan O Hospital	Clinical Audit Dr. Chen Tsz Ting & Dr. Lam Ka Wing Kevin	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Quality Improvement for GP Dr. Yiu Sze Wa Sarah & Dr. Wong Jiu Yeung	Mr. Alex Kwok Tel: 5569 6405
5:00 – 7:00 p.m.	[Video Conference] ZOOM	Occupational Safety and Health in GOPC Dr. Kwan Tsz Yan	Ms. Cherry Wong Tel: 2589 2342
03 Jun 2021 (Thu)			
4:00 – 6:00 p.m.	[Video Conference] Activities Room, 3/F, Yan Oi GOPC	What Is a Smart Hospital and Its Development in Hong Kong? Dr. Yu Yi Fung & Dr. Chan Ka Ho	Ms. Eliza Chan Tel: 2468 6813
9 Jun 2021 (Wed)			
2:00 – 5:00 p.m.	[Video Conference] Room 7 & Room 19, 8/F, Yau Ma Tei GOPC & Room 10, 1/F, New block, East Kowloon GOPC & Multifunction Room, Shun Tak Fraternal Association Leung Kau Kui GOPC	1) Introduction to Conjoint Fellowship Examination (part I) Dr. Tam Wah Kit 2) Approach to Loss of Consciousness and the Emergency Care Dr. Zhu Yin	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Approach to Vaginal Discharge Dr. Wong Adrian Brian	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F HMB, Tseung Kwan O Hospital	Common Symptoms in Orthopaedics (Knee Pain, Ankle Pain, Hip Pain) Dr. Wong Ho Ching & Dr. Cheung Jessica	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Update of Psychiatric Drugs Dr. Choi Man Kit York & Dr. Lee Jerrold	Mr. Alex Kwok Tel: 5569 6405
5:00 – 7:00 p.m.	[Video Conference] ZOOM	Common Symptom Complaint- Dizziness Dr. Cheung Cheuk Kan	Ms. Cherry Wong Tel: 2589 2342
10 Jun 2021 (Thu)			
4:00 – 6:00 p.m.	[Video Conference] Activities Room, 3/F, Yan Oi General Out-patient Clinic	Appointment, Call Back and Reminder System in Daily Practice Dr. Wan Kwong Ha & Dr. Chan Yin Yue	Ms. Eliza Chan Tel: 2468 6813
16 Jun 2021 (Wed)			
2:00 – 5:00 p.m.	[Video Conference] Room 7 & Room 19, 8/F, Yau Ma Tei GOPC & Lecture Theatre, 10/F, YCK, Kwong Wah Hospital	Health Maintenance Organisation (HMO) in Hong Kong Dr. Lo Chak Yui & Dr. Kelly Sara Jane	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Community Resources for Women's Health Dr. Woo Tiffany & Dr. Wu Flora	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F HMB, Tseung Kwan O Hospital	Principles of Professional Ethics, Code of Professional Conduct Dr. Leung Eunice Hilching & Dr. Huang Wanshu	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
5:00 – 7:00 p.m.	[Video Conference] Zoom	Handling Bereavement in Family Medicine Dr. Liu Wing Yee, Natasha	Ms. Cherry Wong Tel: 2589 2342
17 Jun 2021 (Thu)			
4:00 – 6:00 p.m.	[Video Conference] Activities Room, 3/F, Yan Oi General Out-patient Clinic	Frauds and Misconduct in Scientific Research Dr. Chiu Kwan Ki & Dr. Lo Cheuk Wai	Ms. Eliza Chan Tel: 2468 6813
23 Jun 2021 (Wed)			
2:00 – 5:00 p.m.	[Video Conference] Room 7 & Room 19, 8/F, Yau Ma Tei GOPC & Room 10, 1/F, New block, East Kowloon GOPC & Multifunction Room, Shun Tak Fraternal Association Leung Kau Kui GOPC	Common Symptoms in ENT Dr. Tso Sau Lin & Dr. Hung Pui Shan	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Private Healthcare Facilities Ordinance Dr. Leung Sau Chun	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Lecture Theatre, 8/F ACB, Tseung Kwan O Hospital	Medical Tourism in HK & in the World Dr. Luk Sze Wan Candy & Dr. Kwan Chun Yin	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Update of Chronic Kidney Disease Dr. Wong Chun Kit Arthur	Mr. Alex Kwok Tel: 5569 6405
5:00 – 7:00 p.m.	Lecture room, 5/F, Tsan Yuk Hospital	Nurse-Led Clinic Review: Wound Clinic Dr. Lai Sum Yin	Ms. Cherry Wong Tel: 2589 2342
24 Jun 2021 (Thu)			
4:00 – 6:00 p.m.	[Video Conference] Activities Room, 3/F, Yan Oi General Out-patient Clinic	Applying FM Principles in the Management of the Common Chronic Diseases Dr. Ng Kai Man & Dr. Yung Hiu Ting	Ms. Eliza Chan Tel: 2468 6813
30 Jun 2021 (Wed)			
2:00 – 5:00 p.m.	[Video Conference] Room 7 & Room 19, 8/F, Yau Ma Tei GOPC & Room 10, 1/F, New block, East Kowloon GOPC & Multifunction Room, Shun Tak Fraternal Association Leung Kau Kui GOPC	Drug Abuse Dr. Chan Kam Sheung & Dr. Sun Dione Tinoi	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	What Is Critical Appraisal? Why Is It Important in Primary Care and Professional Development? Dr. Wu Flora	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F HMB, Tseung Kwan O Hospital	1) Shared Care and Referral System Dr. Wu Sum Yi 2) KEC DM Case Conference Ms. Maisy Mok	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Community Resource for Elderly Care Dr. Tang Chun Ming	Mr. Alex Kwok Tel: 5569 6405
5:00 – 7:00 p.m.	[Video Conference] ZOOM	Health Care System in China Dr. Hou Baijing Prudence	Ms. Cherry Wong Tel: 2589 2342

AIM HIGH ACHIEVE HIGH



What **saizen**[®] can provide for your patients :



A height gain of
47.5 cm
over 7 years^{*1}

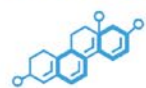


A final height corresponding
the height of their
parents^{†2}



Favorable
long-term
safety^{‡1,2}

Indications of Saizen^{®4} :



**Growth Hormone
Deficiency (GHD)**



**Short Children Born Small
for Gestational Age (SGA)**



**Turner Syndrome
(TS)**



**Chronic Kidney
Disease (CKD)**



**Adult Growth Hormone
Deficiency (AGHD)**

^{*} In this open-label study, a total of 67 children aged 4 to 15 years with organic or idiopathic GHD were treated with Saizen[®] at a dose of 0.5 IU three times per week for an average of 64.4 months (range: 1.2-140.9 months). Growth from baseline was 47.5 ± 8.5 cm (range: 27.2-62.6 cm) over 7 years¹.

[†] In this observational study, 77 prepubertal, short children born SGA were treated with Saizen[®] at a dose of 0.1 U/kg daily. The children were followed either in the National Registry of GH treatment or in GH treatment trials that were conducted in non-GHD short children. At the start of puberty, 29 children in trials of GH treatment in GHD and/or short children (TR 68-177 and TR 288-383) were randomized within each trial to a daily Saizen[®] dose of 0.1 U/kg or 0.2 U/kg².

[‡] Extensive clinical experience indicates that the risks of adverse effects from human growth hormone during treatment (e.g., occurrences of intracranial hypertension, glucose intolerance, or a slipped capital femoral epiphysis) are low³.

AGHD=adult growth hormone deficiency; CKD=chronic kidney disease; GHD=growth hormone deficiency; SGA=small for gestational age; TS=Turner syndrome.

Saizen[®] abbreviated prescribing information (version date: 7 Nov 2018)

Presentation Saizen[®] SAIZEN 5.50 mg/ml solution for injection. Each cartridge contains 1.03 ml solution (5.66 mg somatropin). SAIZEN 8 mg/ml solution for injection. Each cartridge contains either 1.5 ml solution (12 mg somatropin), or 2.5 ml solution (20 mg somatropin). Somatropin (recombinant human growth hormone derived from mammalian cell) indications and Dosage: 1/ Growth deficiency due to proven inadequate secretion of endogenous growth hormone 0.7 - 1.0 mg/m²/day or 0.025 - 0.035 mg/kg/day; 2/ Growth deficiency in patients with gonadal dysgenesis (Turner's syndrome) confirmed by chromosomal analysis 1.4 mg/m²/day or 0.045 - 0.05 mg/kg/day; 3/ Growth retardation due to chronic renal insufficiency in prepubertal children 1.4 mg/m²/day approx equal to 0.045 - 0.050 mg/kg/day; 4/ Short stature in children as a result of intra-uterine growth retardation (SGA - Small for Gestational Age) 0.005 - 0.007 mg/kg/day or 1 - 2 mg/m²/day; 5/ Growth hormone (GH) deficiency in adulthood initially 0.15 - 0.3 mg by day. Adjust stepwise. Max. 1.0 mg/day. All doses to be administered at bedtime. Contraindications: Known hypersensitivity to somatropin or to any of the excipients; Fructose intolerance; presence of an active tumour and/or active intracranial lesions, or suspected progression or recurrence of an underlying intracranial lesion; critically ill patients with complications following open-heart or abdominal surgery, presence of multiple trauma or acute respiratory insufficiency or similar events; proliferative or pre-proliferative diabetic retinopathy; pregnancy, lactation. In children with chronic kidney disease, treatment with somatropin must be stopped at the time of renal transplantation; Growth promotion in children with closed epiphyses. Down's syndrome, Bloom's syndrome, Fanconi anaemia. Warnings and Precautions: Patients w/ GH deficiency secondary to an intracranial lesion should be examined at regular intervals for progression or relapse of disease. Possible hypothyroidism: During growth hormone therapy must be treated with thyroid hormone, in order to achieve an adequate therapeutic effect. Monitor for symptoms of benign intracranial HTN. DM or w/ a family history of this disease. Increase risk of dislocation of the femoral epiphysis. Intra- or extracranial neoplasia in tumours. Examine regularly for possible progression of renal osteodystrophy in patient w/ chronic renal insufficiency. Measure insulinemia, glycemia & IGF-1 levels in children born SGA before start of treatment & periodically thereafter. Examine regularly for possible signs of Scheerermann's disease in patient w/ Turner's syndrome. Patients w/ confirmed growth hormone deficiency who fail to respond to treatment w/ Saizen should undergo screening for antibodies to human growth hormone & thyroid function. Not for long-term therapy for paediatric patients w/ growth failure caused by Prader-Willi syndrome unless been diagnosed w/ growth hormone deficiency. Caution in use of growth hormone substitution therapy in patients w/ acute critical illness. Side Effects: Injection site reactions, local lipodystrophy, paraesthesia, hyposensitivity, arthralgia, myalgia, carpal tunnel syndrome, bone pain, rigidity, oedema, insulin resistance. Drug Interactions: Concomitant corticosteroid therapy can reduce the effect of somatropin. Efficacy influenced by gonadotropins, oestrogens, androgens & anabolic agents. Somatropin can increase clearance of substances metabolized by CYP3A4 (sex hormones, corticosteroids, anticonvulsants, ciclosporin). Special Storage Instruction: For Saizen Liquid, no reconstitution required. Store in refrigerator 2-8°C in the original package to protect from light. After first injection, Saizen cartridge, the assigned subinjector or subunit pen injector containing Saizen cartridge has to be stored in refrigerator (2-8°C) for a maximum of 28 days, of which up to 7 consecutive days can be outside of a refrigerator at max. 25°C. When stored outside of refrigerator for up to 7 consecutive days, Saizen cartridge must be returned to refrigerator and used within 28 days after first injection. Any remaining ampoules should be discarded after 28 days. Do not freeze.

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References:
1. Berro BB, et al. Endocrine 2001;15:43-49. 2. Dahlgrén J, et al. Pediatr Res 2005;57:216-222. 3. Allan DB and Cutler L. N Engl J Med 2013;369:1220-1228. 4. Saizen[®] Hong Kong prescribing information.

HK-SAI-00029 Mar. 2021

saizen[®]

Merck Pharmaceutical (HK) Ltd.
11/F, Elite Centre, 22 Hung To Road, Kwun Tong, Kowloon, Hong Kong
Tel: 2170 7700 Fax: 2345 2040

MERCK

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
23 May	24	25	26	27 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Exam Meeting	28 2:30 – 3:30 p.m. Video Session	29
30	31	1 Jun	2 2:00 – 7:30 p.m. Structured Education Programme	3 4:00 – 6:00 p.m. Structured Education Programme	4	5 2:00 – 4:00 p.m. Interest Group in Mental Health
6	7	8	9 2:00 – 3:00 p.m. Online CME Lecture 2:00 – 7:30 p.m. Structured Education Programme	10 4:00 – 6:00 p.m. Structured Education Programme	11 6:30 p.m. HKCFP 2021 FM Career Talk	12 2:00 – 4:00 p.m. Interest Group in Counseling
13	14	15	16 2:00 – 7:30 p.m. Structured Education Programme	17 4:00 – 6:00 p.m. Structured Education Programme	18	19 2:00 – 3:00 p.m. Online CME Lecture
20	21	22	23 2:00 – 7:30 p.m. Structured Education Programme	24 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	25 2:30 – 3:30 p.m. Video Session	26 2:30 – 5:30 p.m. Assessment Enhancement Course
27	28	29 9:00 p.m. Board of Conjoint Exam Meeting	30 2:00 – 7:30 p.m. Structured Education Programme	1 Jul	2	3 2:00 – 4:00 p.m. Interest Group in Dermatology

Red : Education Programmes by Board of Education

Green : Community & Structured Education Programmes

Purple : College Activities

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2nd row (from left to right): Dr. Maria Leung, Dr. Heidi Fung, Dr. Cheuk Christina, Dr. Leung Lok Hang, Prof. Martin Wong and Dr. Tam John Hugh

Front row (from left to right): Dr. Law Tung Chi, Dr. Tsui Hiu Fa, Dr. Judy Cheng, Dr. Catherine Ng, Dr. Wendy Tsui, Dr. Natalie Yuen, Dr. Anita Fan and Dr. Natalie Siu

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