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FP LINKS

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

INSIDE THIS ISSUE

Issue 216 February 2022

Message from the President

The pandemic has taken a sudden twist since the end of December last year as we face the double trouble of being challenged by two variants of concern simultaneously, namely the Omicron and Delta variants, in the fifth wave of COVID-19 infections. While the infections are surging in the community, there is an overall increased risk of being infected with the virus. Therefore, in order to better protect ourselves from catching the infection, everyone should remain highly vigilant and wear a mask which is well fitted in the proper manner, especially in congested conditions. Many health organisations share information on their recommendations on the correct use of mask, and Centres for Disease Control and Prevention (CDC) is one of them (https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html). Correct use of mask is crucial to prevent getting and spreading COVID-19 infection.

Owing to Omicron's high infectivity, we should avoid visiting crowded places, if at all possible. Social activities should be minimised and we should stay home as far as practicable. We also need to adhere to maintaining social distance under all circumstances. Another important aspect of preventing one from getting the infection is to avoid having meals together, e.g. with your colleagues at work. Chatting while eating and drinking is also a potential means of spreading and getting the infection, and hence to be avoided. Please put your mask back on immediately after finishing meals. Don't forget to wash hands or use alcohol-based handrub solution for hand hygiene before and after. This applies to other activities with mask off. If one should get any COVID-19 symptoms, medical advice should be sought promptly and receive testing as soon as possible.

In addition, colleagues and friends who have already received two doses of the COVID-19 vaccine are highly recommended to receive the third dose of vaccine six months after the second dose to boost up an enhanced immune response and hence better protection against the variants of COVID-19 virus. People who have not yet received the second COVID-19 vaccine are highly encouraged to receive the vaccinations as soon as possible. Of course, those who are still pondering for the first jab should go ahead immediately, if no contraindications exist. At the time of writing, the age limits of children recommended to receive the COVID-19 vaccinations are being reviewed. Once, the new recommendations are confirmed by the experts working groups, we as family doctors are most suited to provide vaccinations effectively and efficiently to the new target age groups in the community.

In view of the challenging COVID-19 epidemic and a possible rapid surge in confirmed cases, the AsiaWorldExpo (AWE) has been reactivated to augment the capacities in managing COVID patients in the Hong Kong Infection Control Centre (HKICC) and the HA Infectious Disease Centre located at Princess Margaret Hospital. Family doctors as part of the clinical team continue to be rostered to provide support at the AWE and HKICC in looking after the COVID-19 patients.

(Continued on page 2)

Message from the President (Con't)

(Continued from page 1)

In fact, family doctors in the community are ready and most willing to contribute more towards fighting against the virus in the pandemic. We can help further in providing care to patients who have chronic diseases and use technologies like teleconsultation to support and monitor patients in need, thus relieving the already heavily burdened hospital services. Family doctors, especially private doctors, can join as Locum Doctors in Hospital Authority (HA) providing on-site medical support in the community facilities or in the hospital settings. Members from our College are encouraged to visit the website of Locum Office in HA at www.ha.org.hk/goto/locum for more information. Further enquiries can be made to HA's Locum Office at 9788 8960 by WhatsApp or email to recruitment@ha.org.hk. Thank you and please keep up your excellent work.

In order to minimise physical contacts and group gatherings, we have also reverted to using the online format to replace the face-to-face meetings for many of our College's training and educational activities since the beginning of the year until further notice. Many thanks to all our Boards and Committees, our training coordinators, as well as the College secretariat for their prompt actions to facilitate the switch in a very timely manner.

In collaboration with the Primary Healthcare Office, an online seminar of Primary Healthcare in District Health Centre (DHC) Scheme would be held on 23 February 2022. The principles of primary healthcare and DHC concepts, roles and opportunities of family doctor in DHC, care coordinators in DHC and medical social collaborations would be discussed. Speakers would include Dr. Donald LI, Dr. LAM Ching Choi, Prof. Frances WONG, Dr. LAU Ho Lim and myself. The seminar targets DHC network service providers, DHC staff, and other healthcare professionals.

Dr. David Chao at opening ceremony of Sham Shui Po DHC

The HKCFP COVID-19 information hub has been updated in our College website with some additional links. Please feel free to browse the relevant COVID-19 information through the links provided at our webpage. (https://www.hkcfp.org.hk/pages_10_2095.html)

Wishing you and your family a very happy, prosperous, and healthy Lunar New Year of the Tiger!

Together we fight 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 applications for membership in **December 2021 – January 2022**:

Associate Membership (New Application)	
Dr LI Anne Beatrice	李 沛 昕
Dr YIU Chi Ngo, Geo	姚 至 翱

Joint Announcement by the Membership Committee and Web and Computer Committee on New Function on College Website

Dear Members,

It is a Joint-Announcement by the Membership Committee and Web and Computer Committee. We are delighted to inform a new function on college website.

Upon visiting personal profile on college website (membership login is required): https://www.hkcfp.org.hk/member_profile.aspx members can now input updated personal information and submit update requests on college website. The request on updating personal information would be actioned by the Secretariat accordingly.

Please visit the following link for detailed instructions: https://www.hkcfp.org.hk/pages_101_2232.html

Dr. Maria Leung
Chairlady
Membership Committee

Dr. Matthew Luk
Chairman
Web and Computer Committee

2021 David Todd Oration on 17 December 2021

Dr. Donald Kwok-tung Li
Immediate Past President, World Organization of Family Doctors (WONCA)
Past President, Honorary Fellow, Hong Kong Academy of Medicine

Dr. Li receiving the David Todd Oration medallion from Prof. Gilberto Leung

Dr. Li delivering the David Todd Oration

FP Links has the privilege to publish the David Todd Oration delivered by Dr. Donald Li, organized in conjunction with the 28th Hong Kong Academy of Medicine Conferment Ceremony on 17 Dec 2021.

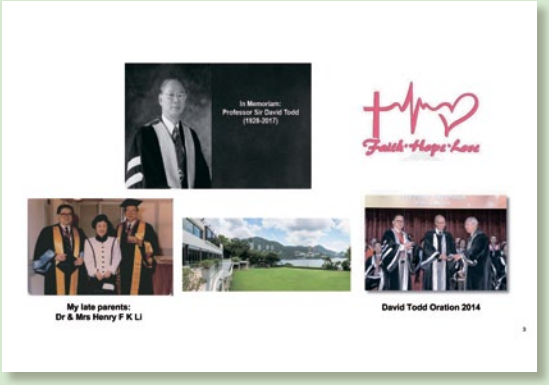
The highlights of the Oration is on Faith, Hope and Love. Building up Faith between doctors and patients, between colleagues within specialities and cross specialties, and even between health care providers and health care authorities. Hope, not only on combating COVID, but also on advances in health care technology, equity and wisdom in health care financing, and advancement in family medicine and primary health care development. Last but not least, Love yourself, Love each other and Love the community and our planet.

Let's embrace Faith, Hope and Love in our everyday life.

Faith, Hope and Love

Distinguished ladies, gentlemen, colleagues and friends, let me thank you for giving me the opportunity to talk to you today about issues of faith, hope and love in our profession. When the David Todd Oration was established in 1995, by the Hong Kong Academy of Medicine, it was done to honour our colleague, the late Sir David Todd, Founding President of the Academy. David Todd made huge contributions to the development of our Academy, while at the same time, devoting his skills to teaching, to research and to caring for and treating the sick with compassion.

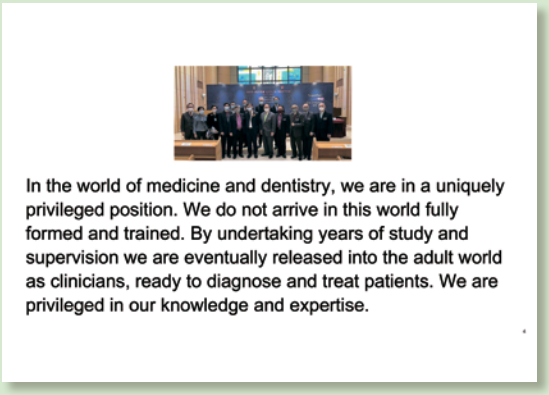
Photos of Events



I still remember learning so much from him as a medical student, being challenged during discussions on rare diagnosis of pathology of the spleen. I also have fond memories of learning so much from him during social gatherings, as he was a good friend and colleague of my late father, Dr. Henry F K Li, as they met regularly at Sir David's favourite Hong Kong Country Club. I might suggest that Sir David Todd was the epitome of what I want to talk about today.

Being invited to give this oration is a tremendous honour and I am conscious of, and humbled by, the wealth of knowledge and experience of those who have given this oration previously. When invited, there is no prescription about what the speaker might talk about or, indeed, what we might NOT speak about! So, the world was my oyster.

In the World of Medicine and Dentistry

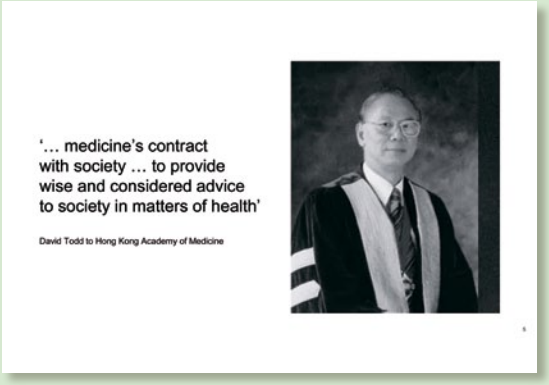


You could be forgiven for thinking, from the title, that I intend to give a quasi-religious talk. As you may know, I am the Chairman of the Sheng Kung Hui Welfare Council, one of the biggest religious organisations in Hong Kong. But fear not! The concepts of faith, hope and love are universal and apply to so many aspects of our lives.

In the world of medicine and dentistry, we are in a uniquely privileged position. We do not arrive in this world fully formed and trained. By undertaking years of study and supervision we are eventually released into the adult world as clinicians, ready to diagnose and treat patients. We are privileged in our knowledge and expertise.

For most people, their journey from child to adolescent to adult to elderly is not dramatic; individuals may encounter a series of minor illnesses, or diseases, or broken bones, along the way. For some, much less fortunate, the reality of their lives are punctuated by frequent, often difficult, encounters with our profession. But for most people, life is a series of almost imperceptible transitions. Throughout the course of our lives – all of our lives, for being a medic does not protect us from the medical challenges that life can throw – we depend on the knowledge and expertise of medicine and dentistry.

David Todd's 'Contract with Society'



In an early speech by Sir David Todd to the Academy, he talked about medicine's 'contract with society': that we should put the patient's interests above those of the clinician. He also talked about how, as clinicians, we should be setting and maintaining the standards of competency and integrity, and provide wise and considered advice to society in matters of health. So, as he saw it, our responsibility as clinicians did not start and finish with diagnosing and treating patients. Rather, being a member of our profession imposes a responsibility on us towards the wider society.

I want to use this opportunity to reflect that we, in our unique world, must have – and show – faith, hope, and love in the way we do business, in the way we honour our profession. This is not a call to be accepting, or to be 'nice'. It is a call for us to take on the challenges facing us, in terms of the relationships between specialities; in terms of our profession's relationship with the health system and with government; in terms of our relationships with our work and our patients and our families. In a world where we often spend more time with our professional colleagues than we do with our families, I urge all of us to reflect on how we honour our profession through faith, hope and love. I will talk to you from my perspective – through my eyes - as a family doctor, but I will hopefully reflect the applicability of my thoughts for all our specialties.

Faith

In an abridged version of the Chambers dictionary, faith is defined as: 'trust or confidence; belief in the statement of another person; that which is believed; fidelity to promises; honesty; word or honour pledged'. That covers a wide range. It's a tall order! And with huge reach.

The reality is that, often unconsciously, we have faith in a whole series of things, events and actions. We have faith in other people. In our profession of medicine, we have faith that our colleagues can offer professional advice, care for and provide treatment for our patients; that their professional training will meet the needs of our patients' illnesses and diseases.

Understanding the Power of Biography

In other words, to paraphrase what my good friend and colleague Iona Heath of the Royal College of General Practitioners said recently, '... where our knowledge of biology must be combined with an understanding of the power of biography'.

Our patients have faith that we see them as whole people and not simply a set of signs, symptoms and diseases.

Health Professionals for a New Century, Lancet

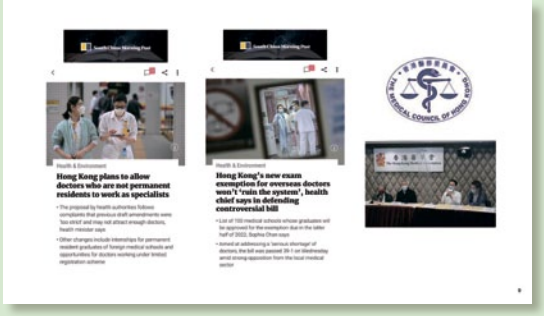
I often like to refer to the Lancet publication on Health Professionals for a New Century: "Health is about people – beyond the glittering surface of modern technology, the core space of every health system is occupied by the unique encounter between people who need services and those entrusted to deliver them. The trust is earned through a special blend of technical competence and service orientation, steered by ethical commitment and social accountability which forms the essence of professional work'.

In Hong Kong we know that it has been the tradition for students and post graduate trainees to study abroad – I did so myself as an undergraduate in Arts and Science, before returning to study medicine at HKU, and I benefitted from it. While studying abroad brings an added dimension to our experience, it also means that we don't necessarily have a fixed undergraduate cohort with whom we have gone through all of medical school and with whom we can expect to work alongside, in whatever speciality, for the rest of our careers. So, we need to have faith in our colleagues' abilities, in their commitment to good practice and their commitment to our patients.

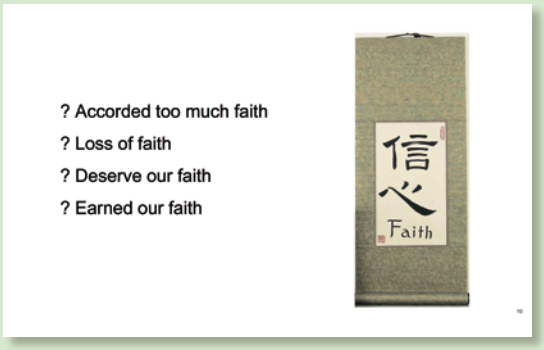
And we have to hope that that faith is reciprocated!

A Challenge to Our Faith

The recent discussions in Hong Kong about admission of foreign medical graduates to our health service is a challenge to our faith in our administration. Balancing professional autonomy and interests, with faith in a better future, with excellence through admitting more foreign graduates, requires a lot of consideration and discussion.



信心 Accorded too much faith?



Do we have too much faith that our health system is structured well enough to provide access to care for everyone who needs it, when they need it? Have we afforded the government too much faith – assuming that they know better than we do, what the structures should look like, in order to provide appropriate comprehensive health care to our population? It is all too easy for us to **lose** faith in the system if it doesn't work the way we think it should. But losing faith in the system is a rallying call, to exert our knowledge and experience and skills, to ensure that the system **deserves** our faith.

Having faith in our system is not a given. It needs to be earned. And we are part of that reform. Separating the provider and purchaser functions – as most developed countries in the world have already done – is a necessary first step to acknowledging and defining the separate and important roles of both the purchaser and provider roles, and also allows room to really determine where resources are most sensibly allocated across the primary and secondary care spectrum.

A Primary Care Authority for Hong Kong

Given my involvement in the Bauhinia Foundation research think tank, and the Steering Committee on Primary Healthcare Development in Hong Kong, as well as the experience I've gained from my global role in the World Organisation of Family Doctors, I make no apology for lobbying for a separate Hong Kong Primary Care Authority.

Again – fear not, our dear Hospital Authority and secondary care colleagues! This is not a threat to your professionalism or to your essential roles! This is simply an acknowledgement that we have allowed our health system and our patients to become too hospital focused, when we really need to work collaboratively with our patients to address most of their illnesses and diseases in the community, thus alleviating the pressure on our secondary care system. That way, the patients who really need secondary care will have easier access to the necessary services and our secondary care colleagues can use their specialist skills more effectively.

A Primary Healthcare Authority would focus on population-based, community orientated, and patient-centred care; it would advise the Government on the strategic and policy directions, health standards, statistics and information collection, especially in the context of health workforce planning, and it would ensure appropriate resource allocation.

Faith in WHO

On a much bigger scale, in the global context, how much faith should we put in the World Health Organisation? Are we right to trust the considered judgement of WHO on all issues of global health? In the recent and ongoing crisis of the pandemic, WHO got some things very wrong – but they also got many things right. Do we lose faith because of the things they got wrong? Or do we continue to have faith and help them build the expertise necessary to restore our faith in that important global agency? In my role as President of the World Organisation of Family Doctors, or WONCA, a term of office I completed at the end of November, I signed a Memorandum of Understanding with WHO to further the collaboration between our two global organisations.

MOU with WHO

We developed a joint workplan and we have regular meetings and ongoing joint activities where WHO calls on expertise from among our 500,000+ members, to advise and guide on a wide range of issues of relevance to family medicine and primary care globally. The challenges set by the Global Sustainable Development Goals are huge. In health, the goal to achieve Universal Health Coverage globally by 2030 is a huge mountain to climb. Do we have faith that it can be achieved? If we have faith or even if we haven't, how do we each contribute to making such a simple-sounding goal be achieved?

The Astana Declaration

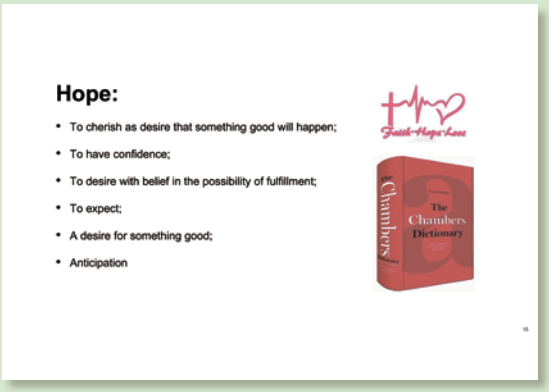
In October 2018, every nation in the world signed up to a declaration at Astana, the first commitment of which is 'to make bold political choices for health across all sectors' and to refocus efforts on primary health care to ensure that everyone, everywhere, is able to enjoy the highest possible attainable standard of health. It's a big ask, a big goal. Do we have faith that our government – and governments elsewhere - are really committed to the promises they made in October 2018?

We have to hope so!

Hope

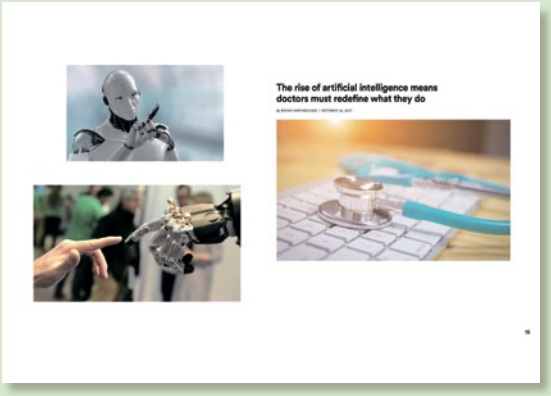
The Chambers dictionary definition of hope is 'to cherish a desire that something good will happen; to have confidence; to desire with belief in the possibility of fulfilment; to expect; a desire for something good; anticipation'. That really does sum it up.

We have to hope that our health systems can be sensibly integrated, to provide care from primary, secondary and tertiary providers. Care from the cradle to the grave – and everything in between. And, given our recent challenges with being able to see patients face to face, we have to hope for advances in telemedicine and new forms of technology.



Artificial Intelligence in Medicine

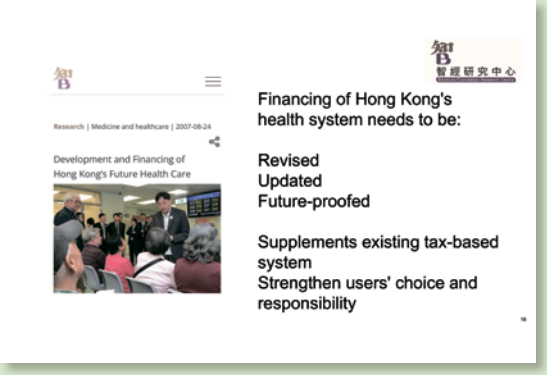
I am not advocating reliance on Artificial Intelligence but we must be open to the opportunities it affords, in bringing medicine closer to patients who need it, in a way which is meaningful and clinically beneficial. Nothing will ever replace the face-to-face consultation between a clinician and a patient. As a family doctor I would also argue that nothing can replace the continuity of care we can give to each patient – but I realise that for many hospital specialists and hospital super-specialists, their face-to-face involvement with patients will often be related to one specific episode of care rather than a continuous ongoing relationship. AI has a place in medicine and in global health care: we must find a safe and useful way for it to be made widely available and incorporated into our clinical toolkit.



COVID-19

Is it too much to hope for better financing to support preventive medicine? The pandemic showed us, should we not know, that immunisation and vaccination are the way to avoid preventable deaths. The level of global vaccination inequity for COVID-19 is huge. We are lucky that our Hong Kong government has secured vaccines for everyone but it is not enough for us to remain comfortable that our families and our patients have access to the vaccine. It is not enough for us to hope that someone, somewhere, will rise to the challenge of global vaccination. The world is easily accessible and the virus is easily transmissible and does not respect borders. Those facts mean that, in order to have hope that the pandemic may be on the wane, everyone, everywhere, needs to be fully vaccinated. How do we keep that hope alive? And how do we translate that hope into a reality?

Healthcare Financing



We know from our research at the Bauhinia Foundation Research Centre, that the financing of our health system needs to be revised, updated and future-proofed. In terms of financing, we need a system which supplements the existing tax-based system and which strengthens users' choice and responsibility, through more thoughtful and informed use of resources. We, in Hong Kong, are not alone in being challenged by increasing costs for health care, increasing demands from our patients, by our ageing population who require significantly more care than our younger population. In order to fund the level of health care needed, we have to recognise the need for solidarity: for our young, fit and healthy populations to help subsidise care, from which they also benefit - and from which they benefit more, as they grow older. Is that not the sort of society we hope for? Where we each contribute our skills and expertise – and taxes! - for as long as we can? Where we each contribute to the greater good and where we hope to benefit to the extent that we need, when we need it? How do we achieve this?

Healthcare Reform in Hong Kong

Changes such as these cannot simply be patched onto the existing system, without reinforcing the core values which underpin necessary reforms, which must include equity and accessibility; mutual care and joint responsibility; efficiency; quality; and choice.

Steering Committee on Primary Healthcare Development

In order to manage the financial – and clinical – burden on our health system, we need to focus and invest more in our primary care system. Reinforcement of preventive medicine, access to good diagnostic tools, treatment and care of common illnesses and diseases, as well as maintaining health standards for people suffering from chronic conditions and those increasing numbers of older people with multi-morbidities, will help alleviate the pressures on secondary care. I am happy to see our government finally recognise the importance of Primary Healthcare and have set up a Steering Committee to develop primary care in Hong Kong as well as set up District Health Centres in the 18 districts of Hong Kong.

District Health Centre Scheme

And of course, all of the elements of primary care that I have just noted make up family medicine. But this reinforcement of the primary care system needs to be well organised, with engagement of Family Doctors leading a Primary Healthcare team. Medical Social Integration is a popular slogan that sounds attractive but true integration requires mutual understanding and respect and collaboration.

Disaster Preparedness and Response

And, in the context of natural or man-made disasters and reduction of risks to our communities and our lives, it is not enough simply to hope that we can weather the inevitable storms. I hope for recognition of - and action to support – disaster preparedness and disaster risk reduction. Each of us, in our own communities (whether professional communities or where we live) can offer our expertise to prepare for inevitable disasters that might befall us and help to mitigate the effects of those on our communities. Those communities are our patients – and we can help to alleviate or mitigate the risks that we all share. I am greatly indebted to the Hong Kong Jockey Club for their support of the Hong Kong Jockey Club Disaster Preparedness and Response Institute, set up here at the Academy. A lot of work in building public resilience towards emergencies has been done over the past few years, which we hope our government can now support into the future.

Planetary Health

Disasters we can prepare for. But it's already too late to prepare for the ravages which climate change and planetary health will bestow upon us. The best we can hope for in this context is to work to alleviate the harm that planetary and climate change is already doing and will continue to do to our patients and ourselves. In October this year, I was proud to speak at the launch of the Sao Paolo Declaration on Planetary Health, a global multi-stakeholder call to action. One of the central tenets of the Sao Paolo Declaration states that 'every person, in every place, from every calling, has a role to play in safeguarding the health of the planet and people for future generations'.

We have to work more effectively to support our patients to make the shift in their own lives towards optimising the health and wellbeing of themselves and the planet. We recognise that the changes required are not achievable in the short -term – but we know they are achievable. So, instead of them being aspirations or hopes, we need to move towards practical achievement of goals. We need to 'operationalise' rather than plan for the long term. We need to act together and encourage our colleagues across all the sectors to work with us.

My Hope - A Family Doctor for Everyone

My personal hope, as a family doctor in practice for over 40 years is, of course, for everyone to have a family doctor. I am hopeful of recognition of the specialty of Family Medicine and the status of Family Doctors, GPs, whatever you choose to call us, by patients and the public. I was recently asked by our chief executive why the Primary Care system is still progressing slowly, as patients continue to flock to hospitals for care, rather than to their family doctors? My answer was that the health seeking behaviour of patients is directly linked to healthcare financing. Patients still think General Practitioners / GPs are untrained specialists. I hope that, with the establishment of a Primary Care Authority, resources will be allocated to training high quality family doctors who will gain the trust of patients. When every person is registered with a family doctor in Hong Kong, the speciality of family medicine will finally be properly be established and we can make much greater strides to provide comprehensive primary care to our population.

I Love Family Medicine

Some of you may have been here in the audience and may remember when, in December 2013, Margaret Chan, who was then Director General of WHO and a good friend, and who is here tonight in the audience, announced to Hong Kong Academy members on this very stage:

'Let me be clear: I. LOVE. FAMILY MEDICINE'. I hope you don't mind me repeating her assertion!

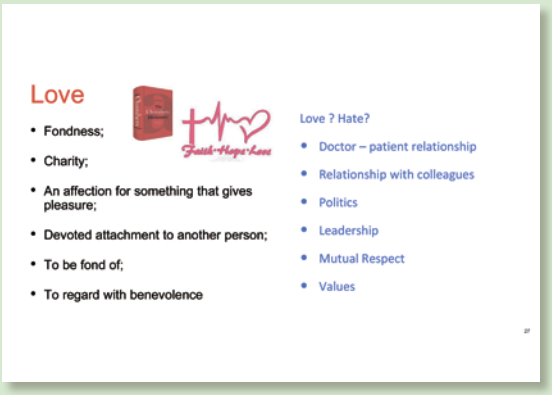
Margaret Chan went on to say ... "Out of the ashes built up by highly specialised, dehumanised, and commercialised medical care, family medicine rises like a phoenix, and takes flight, spreading its comprehensive spectrum of light, with the promise of a rainbow".

Maybe a little bit dramatic? But you get the picture. In her role as Director General of WHO she saw and understood the necessity of transforming health systems to focus first and foremost on delivery of comprehensive primary care. And she understood the risks health systems run, by being completely hospital-centric – in terms of loss of restricted health gain, and inefficient use of both human and financial resources.

Training Family Medicine in China

I have spent a lot of time over the past 20 years training family doctors and in helping to develop primary care in our Motherland. I am happy to report that much progress has been made and now the concept of Family Medicine is accepted, with significant post graduate training programmes underway. Progress has been made to the extent that some clinics are starting to undergo international accreditation of their practices and standards of care. The safety and standards of care being established in the Motherland are quite comparable to many Western countries. It has indeed been a very rewarding experience and my hope is that Hong Kong will continue to contribute to the training of Family Medicine in the Mainland.

Love



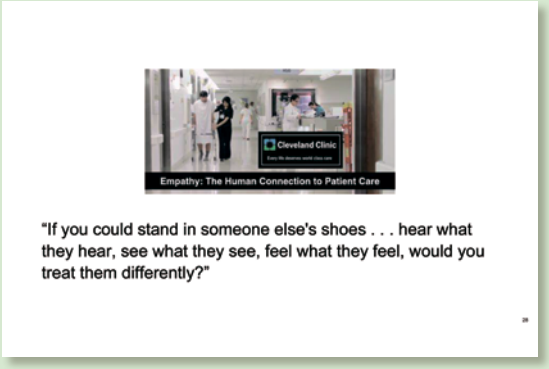
And what do we mean by love? Our friend, the Chambers dictionary, defines love as 'fondness; charity; an affection for something that gives pleasure; devoted attachment to another person; to be fond of; to regard with benevolence'. There is lots of scope for love in our profession: it's not all clinical and sterile. We need to love our own selves enough to create and maintain a reasonable work / life balance – enough to give ourselves time to reflect and to recharge our batteries. We are not machines. We need to take time to nurture ourselves, through hobbies and activities outside of our clinical lives.

As we consider our patients, there is an understandable love / hate relationship between patients and their doctors. Nobody actually WANTS to be unwell, to need clinical intervention. Some patients bitterly resent their dependence on trained medical professionals. Some patients are a bit overly enthusiastic about offering gifts and social invitations. Some may not recognise the professional barriers needed between doctor and patient, separating the professional from the personal. Indeed, those professional barriers are critical if and when a patient's clinical condition cannot be managed, so that we can help the patient come to terms with a poor prognosis or a new disability. But we wouldn't be in our profession if we didn't have a yearning to make lives better through our clinical knowledge. That, by itself, shows that we have a love for our patients and for our profession.

And we need to show our love for our colleagues through our relationships. Let's face it, sometimes we spend more time with colleagues that we do with our families! Those relationships are important and we often take them for granted. By treating our colleagues with benevolence and respect in our everyday actions shows that we extend our love to them. I have witnessed many changes in our relationships amongst colleagues which are influenced by politics, leadership, mutual respect, values. The past few years have indeed been challenging. Yet the love of our profession is manifested in the fact that we continue to do it: we wouldn't be doing it, if we didn't have some affection for it.

Empathy

I am privileged to teach our medical students at the Hong Kong University and I deliver the first lecture on Medical Professionalism to them during their first week in class. I always show them the video made by The Cleveland Clinic Empathy Video : "If you could stand in someone else's shoes . . . hear what they hear, see what they see, feel what they feel, would you treat them differently?"



I see that as a challenge to our empathy and our humanity – which are not skills or traits we are taught in medical school or which we are encouraged to develop.

The compassion and respect for our colleagues has to be extended to include our patients, while also dealing with the increasingly significant reduction in our society of faith in science. As we come through the worst pandemic that any of us have ever witnessed, faith in science is at a low ebb – just when it is needed most. How do we rebuild that faith and how do we encourage our patients to have faith in the science rather than the misinformation which spreads so much quicker?

With each of the thoughts I've shared under faith, hope and love, the concepts cannot simply stand there. We have a responsibility to do something about them. This is a call to action for our professions, working together, across specialties, between primary and secondary care, to offer our individual expertise; to share our knowledge; to provide advice. So, this isn't a rallying call to 'be nice'. It's a rallying call for all of our professional colleagues to get involved in wider health issues, in policy development, in structural changes to the health sector that we live, love, and work in.

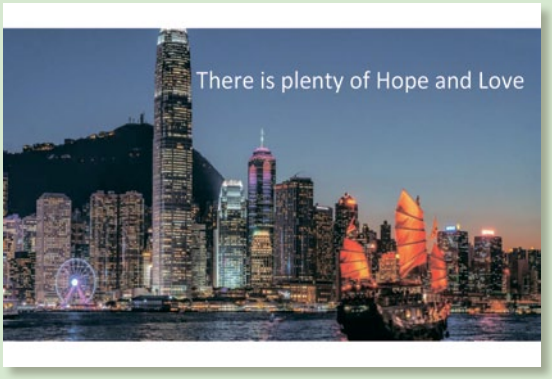
Faith Hope and Love, Love is the Greatest

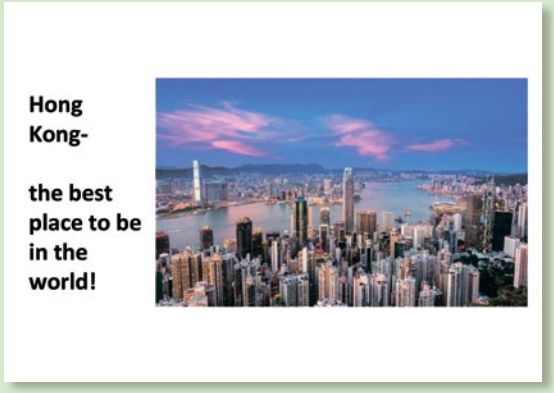
Referring to the title of my talk, 'Faith, Hope and Love', St Paul in his letter to the Corinthians says ' .... And now these three remain: faith, hope and love; but the greatest of these is love.

I wouldn't presume to disagree with a respected Christian apostle.

I Love Hong Kong

But, in closing, I would say that despite some doubts in faith, there is plenty of hope and love: especially my love for my family, my good friends, my professional work, my colleagues and most of all **I LOVE Hong Kong. A place where I was born and the best place to be in the world!!**





Board of Vocational Training and Standards News

Reminder: Submission of Annual Checklist / Logbook for Completion of Higher Training

To all Higher Trainees,

Please be reminded that all Higher 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 **28th February 2022 (Monday)**. Late submissions **WILL NOT** be accepted.

The training experience of 2021 will not be accredited if the trainee fails to submit the checklist on or before the deadline.

For the application for certification of completion of higher training, please make sure that the application form and checklist for completion of higher training are completed and returned together with the original copy of your training logbook on or before **28th February 2022 (Monday)**.

Should you have any enquiries regarding vocational training, please feel free to contact Ms. Maggie Cheung and Ms. Kathy Lai at 2871 8899 or email to BVTS@hkcfp.org.hk.

Higher Training Subcommittee
Board of Vocational Training and Standards

The Diary of a Family Doctor【家庭醫生的日常】

《另類勸導》

洗銘全醫生

要推動病人改變，有時還得進入病人的痛。

58歲女士，一直有覆診高血壓和糖尿病。糖尿控制向來不佳，已接受4款口服藥物，服藥按時但從不願意「打針」（胰島素注射），同事轉介過來處理。兒子和女兒陪伴女士進來，兩位都很開朗健談。

問到飲食，子女齊聲說女士不太戒口，喜歡甜食。女士從進來已是緊皺着眉。

我問兒子和女兒：「媽媽平時有咩壓力？」

女兒：「佢個個都擔心嘅！」

我：「即係逢佢認識嘅人類佢都掛心？」

兒子和女兒一起拍掌認同。

我：「點解媽媽咁多擔心？」

兒子：「因為佢係媽媽囉……」

我：「有冇啲深層次啲嘅答案？」

兩姊弟默然。

我轉向女士：「妳自己有幾多兄弟姊妹？」

女士在家中排行最大，但很記得小時候她媽媽對她很差，她發誓自己要做個好媽媽，盡一生嘅能力去照顧好家庭，亦要求自己肩負再下一代，照顧兩位孫兒，不容有失。女士一邊說着，一邊流淚，顯然壓力極大。我遞上了紙巾。她很在意其他家人的感受，卻失去了自己。他的難受也不敢跟家人表達，食物成了她最大的安慰。

我一邊替這個家庭演繹着，赫然發覺那個高大的兒子已蹲在我身旁，像在聽老師說教；那邊廂，女兒也在抽泣。他們當然擔心媽媽，但一直無奈。

我提醒女士，是時候嘗試放低以前的陰影，去注視和尋找自己，多發展新的興趣，一來讓自己開心，也讓子女放心和發展自己。家庭成員要有適合的心靈空間，才算是一個健康家庭。太近，太愛，都是張力。

他們拭過眼淚，我重申注視自己就是要控制好糖尿，也成功開出了胰島素，讓護士指導女士注射的技巧。望着他們離開的身影，感覺能處理女士血糖的，不只是藥物，也是他們家庭自身的力量。高超的科學，也要配合人的心，才能治人。

The Diary of a Family Doctor
家庭醫生的日常

We Welcome articles on interaction with patients in your daily practice.
Submissions up to 400 words in English or 600 words in Chinese are always welcome.
Email: FPLinks@hkcfp.org.hk

Quality Assurance & Accreditation Committee News

HKCFP Additional Accreditation and Report on CME/CPD Missing Points for Year 2021

Dear Members,

The credit point score of year 2021 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 2022**.

1. **Application for Additional Accreditation**

   The application of Additional Accreditation for the **year 2021** 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 CMECPD missing points from Pre-Accredited Activities**

   This application is only for the activities held **in 2021 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 CMECPD 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 2022

   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 applications will **NOT** be processed. The QA&A Committee reserves 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 or Ms. Iris Ip at 2871-8899 or by email to cmecpd@hkcfp.org.hk.

Yours sincerely,

Dr. King Chan
Chairman, Quality Assurance & Accreditation Committee

THIRTY-SIXTH CONJOINT HKCFP/RACGP FELLOWSHIP EXAMINATION
SECOND ANNOUNCEMENT

The Board of Conjoint Examination is pleased to announce the following information on the Thirty-sixth Conjoint Fellowship Examination with the Royal Australian College of General Practitioners to be held in 2022.

(1) REQUIREMENTS AND ELIGIBILITY

All candidates **MUST** be FULL OR ASSOCIATE members of BOTH HKCFP AND RACGP* at the time of application for the Examination and at the time of the Conjoint Examination.

(*Documentary evidence is required with the application – including a valid RACGP number.)

(**Note** : All candidates are required to have renewed their RACGP membership for the year 2022/2023 on or before 31 July 2022. Failure to comply with the above may result in denial of admission to the Examination.)

In addition, they must be EITHER CATEGORY I OR CATEGORY II CANDIDATES: -

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

After satisfactory completion of two years of approved training, Category I candidates or trainees may apply to sit the Written Examination, both the two segments of which must be taken at the same attempt. After satisfactory completion of four years of supervised training, Category I candidates may apply to sit the Clinical Examination.

(**Note:** All Category I candidates who are current vocational trainees and apply to sit the Written Examination **MUST** submit evidence of completion of at least 15 months of approved training by 31 March 2022, together with the application. Those current vocational trainees who apply for the Clinical Examination **MUST** submit evidence of completion of at least 39 months of approved training by 31 March 2022, together with the application. Candidates who have already completed vocational training **MUST** submit evidence of completion of vocational training, together with the application.

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

(b) **CATEGORY II CANDIDATES** are doctors who are FULLY registered with the Hong Kong Medical Council and have been predominantly in general practice in Hong Kong for not less than **five** years by 30 June 2022, provided that the experiences should be within the most recent 10 years.

Category II candidates may opt to only sit for the Written Examination at the first and subsequent application.

(**Please note:** All successful candidates applying for the award of the RACGP Fellowship will be subject to the decision of the RACGP.)

Enquiries about eligibility to sit the examination should be directed to the Chairman of the Board of Conjoint Examination.

The eligibility of candidates of both Categories I and II is subject to the final approval of the Board of Conjoint Examination, HKCFP.

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

(2) FORMAT AND CONTENTS

A. Written Examination
Applied Knowledge Test (AKT)*, and
Key Feature Problems (KFP)
**Note: Multiple Choice Questions (MCQ) has been renamed as Applied Knowledge Test (AKT) from Conjoint Exam 2018, with no major change on the exam format.*

B. Clinical Examination
Objective Structured Clinical Examination (OSCE)

(3) PRE-REQUISITE FOR CLINICAL SEGMENTS

All candidates applying to sit for the Clinical Examination of the Conjoint Fellowship Examination MUST possess a Advanced Primary Care Life Support (APCLS) certificate issued by the HKCFP*. The validity of this certificate must cover the time of the Clinical Examination.

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

*Note: In regarding the APCLS certificate issued by the HKCFP, the dates of APCLS training and examination workshops for 2022 will be held on 27 March tentatively. Details regarding the workshops/examinations can be referred to the News of Board of Education in FP Links. Please register if you do not hold a valid APCLS certificate issued by HKCFP and intend to sit for the Conjoint Examination 2022. *(Kindly note that the schedule of APCLS session might be affected due to COVID-19. Announcement would further be made in case there is a change of schedule.)*

(4) CRITERIA FOR A PASS IN THE EXAMINATION

A candidate will be required to pass the entire Written Examination in one sitting. That is, if one fails the Written Examination, both the AKT and KFP segments have to be re-taken. Successful Written Examination result can be retained for three years (until the Clinical Examination of 2025).

The Clinical Examination can only be taken after successful attempt of the Written Examination. If one fails the Clinical Examination, all the OSCE stations have to be re-taken.

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

(5) APPLICATION AND EXAMINATION FEES

Application forms are available from the College Secretariat at Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. You may also download the application forms from our College website, http://www.hkcfp.org.hk. Please note that the deadline for application is **7 April 2022 (Thursday)**.

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

Application Fee:	$3,000*
Examination Fee:	
• Full Examination (Written + Clinical)	$33,000
• Written Examination	$16,500
• Clinical Examination	$16,500

Please make the cheque payable to ***"HKCFP Education Limited"***. If a candidate applied for the Full Examination **but failed in the Written Examination, the Clinical Examination fee ($16,500) would be refunded**.

(6) REFUND POLICY

If a candidate wishes to withdraw from the examination, and written notice of withdrawal is received by the College 60 days or more prior to the date of the examination, he will receive a refund of $33,000 (for the whole examination), $16,500 (for the written examination) or $16,500 (for the clinical examination). The application fee of $3,000 will not be refunded.

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

All fees paid are not transferable to subsequent examinations.

(7) IMPORTANT DATES

• 7 April 2022 (Thursday)	Closing Date for Applications
• 21 August 2022 (Sunday) (tentative)	Conjoint Examination – Written Examination (KFP)
• 28 August 2022 (Sunday) (tentative)	Conjoint Examination – Written Examination (AKT)
• (Date to be confirmed)	Conjoint Examination – OSCE

(8) ELECTION TO FELLOWSHIP

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

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

Dr. Chan Hung Chiu
Chairman
Board of Conjoint Examination

Rapid Antigen Test for Coronavirus Disease 2019 (COVID-19)

Dr. John-Hugh Tam (Specialist in Family Medicine)

With the COVID pandemic in progress, many of us have by now had an experience of using the rapid antigen test (also known as RAT or antigen-detecting rapid diagnostic tests or Ag-RDTs) for COVID-19, either during our patient care process or personally as part of the screening (e.g. for health workers under Hospital Authority in General Out-Patient Clinics as well as the Emergency Departments, RAT had once been required for staff during the 5th wave of COVID pandemic in Hong Kong).

Whilst these kind of tests do not come in cheap, they are not without limitations. I have looked up some related information to help ourselves understand more on this topic.

What is RAT?

Rapid antigen tests (also known as the lateral flow tests or LFTs) are designed to directly detect SARS-CoV-2 virus proteins (antigens) in respiratory specimens. There are different manufactured tests currently available on the market. Most of them require nasal or nasopharyngeal swab samples or deep throat saliva samples.

RAT works by detection of viral antigen proteins from the sample, i.e. in case of a swab stick test, the viral proteins are usually first made available by mixing the swab content with an extraction buffer or reagent solution, then presenting the solution to a paper test strip enclosed in a plastic casing. Through binding of the antigen proteins to specific antibodies that are fixed to a paper strip, a visually detectable signal would be generated for interpretation. The test is easy to perform and the testing results are usually available within 30 minutes.

Things we many need to understand & consider

In terms of SARS-CoV-2 virus detection, the gold standard viral detection tests would be the nucleic acid amplification tests (NAATs) or molecular tests, i.e. most commonly in form of the reverse transcription polymerase chain reaction (RT-PCR) test. There are also other forms of molecular tests such as CRISPR, isothermal nucleic acid amplification, digital polymerase chain reaction, microarray analysis, and next-generation sequencing.

As an adjunct to NAATs, RAT are designed to screen individuals with COVID infection (either symptomatic or asymptomatic) at a point-of-care fashion. The World Health Organisation (WHO) recommends that SARS-CoV-2 RAT that meet the minimum performance requirements of ≥80% sensitivity and ≥97% specificity compared to a NAAT reference assay can be used to diagnose SARS-CoV-2 in suspected COVID-19 cases. Whilst numerous of RAT test brands are currently available on the market, their performance may vary and we need to be careful during the selection of these products, for example as recommended by WHO:

1. The quality of available data to validate the tests
2. The reported test performance, i.e. high specificity to minimise false-positive results, and high sensitivity to minimise the chance to miss out positive cases
3. Manufacturing quality and regulatory status, i.e. the product had undergone a vigorous or transparent regulatory review
4. Shipping and storage conditions and shelf-life
5. Specimen collection requirements and the clarity of instruction for use, i.e. the ease of use to ensure the test accuracy can be maintained
6. The cost of the test, etc.

Despite being easy to perform and more convenient to use, we have to understand that RAT is less accurate than the molecular tests and detects presence of viral proteins only when sufficient concentration of viral antigen is present in the respiratory tract, i.e. when the virus is actively replicating, such as during acute or early infection. Available published data in 2021 suggest that infected individuals 2-3 days prior to onset of symptoms and first 5-7 days of illness have the highest viral loads and therefore are most likely to contribute to onward transmission, and many RAT can detect > 90% of cases with the high viral loads e.g. Ct < 25-30 seen in these early days following onset of symptoms. Literature also mentioned the accuracy of these tests may further drop in asymptomatic individuals, as well as when the screening was performed by the public instead of medical professionals.

How to put RAT into practical use?

As recommended by WHO, "clinical discretion considering epidemiological context, clinical history and presentation and available testing resources should determine if negative Ag-RDT results require confirmatory testing with NAAT or repeat testing with Ag-RDTs (within 48hrs) if NAAT is not readily available. Note that the safe management of patients with Ag-RDT-positive and negative results will depend on the test's performance and the community prevalence of SARS-CoV-2. The prevalence of infection (according to the reference standard) must be estimated based on surveillance, since this influences the positive and negative predictive values (PPV and NPV, respectively)." All these factors should be adequately counselled with our patients in case we are performing RAT for clinical use.

Furthermore, despite RAT being easier to perform than NAAT, they still demand manufacturer-recommended procedures to be strictly followed (e.g. the correct sample collection method, using the correct reagent, biosafety during sample collection) to ensure safety of use and accuracy of the test.

We should also keep ourselves updated with the evidence as the pandemic is evolving, the clinical presentation may evolve with the emergence of virus variants. There were also concerns raised by the WHO guidance report concerning variants and mutations in the viral genome, such as the possibility of "diagnostic escape mutants" that may affect the RAT performance, and we should always keep updated with the latest evidence and recommendations during our practice.

Reference:

1. Information from coronavirus.gov.hk : https://www.coronavirus.gov.hk/pdf/RapAgTest_FAQ_ENG.pdf
2. World Health Organisation. "Antigen-detection in the diagnosis of SARS-CoV-2 infection. Interim guidance 6 October 2021". Available on https://www.who.int/publications/i/item/antigen-detection-in-the-diagnosis-of-sars-cov-2infection-using-rapid-immunoassays
3. Cevik M, Tate M, Lloyd O, Maraolo AE, Schafers J, Ho A. SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis. Lancet Microbe. 2021 Jan 1;2(1):e13–22.
4. Michael J. Mina; Tim E. Peto; Marta García-Fiñana; Malcolm G. Semple; Iain E Buchan (17 February 2021). "Clarifying the evidence on SARS-CoV-2 antigen rapid tests in public health responses to COVID-19". The Lancet. 397 (10283): 1425–27. doi:10.1016/S0140-6736(21)00425-6. PMC 8049601. PMID 33609444.

POCUS Urology series: Urinary bladder and prostate

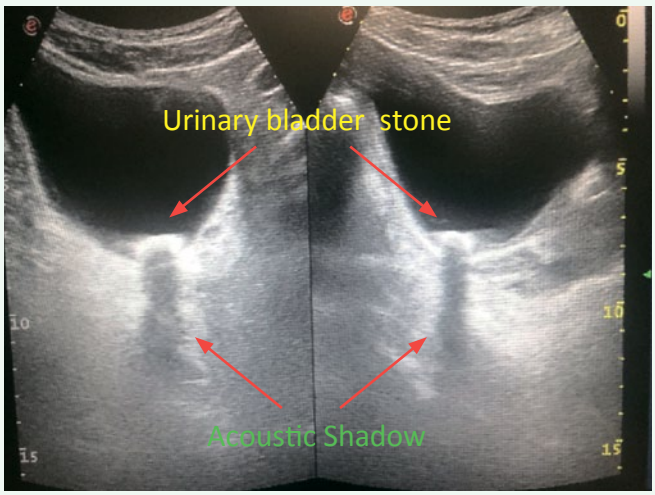
Dr. Kwok Yuk Lun, Associate Consultant, Department of Family Medicine and Primary Health Care, Kowloon West Cluster

Introduction

To complete our urological series in the POCUS corner, we present two cases, one with pathology in urinary bladder and another one in prostate. Both of them presented with LUTS and were seen in our Family Medicine Specialist Clinic. These case examples show how POCUS help us to pick up the pathology accurately.

Case 1

A 65 years old man was referred from private doctor for assessment of lower urinary tract symptoms (LUTS). He came to the Family Medicine Specialist Clinic (urology) for pre-consultation assessment by uroflowmetry and transrectal ultrasound of prostate (TRUS). During the assessment, a hyperechoic mass was noted in the urinary bladder. It measured 1.75cm x 0.56cm x 1.09 cm with posterior acoustic shadow. It was mobile and changed with the posture of the patient. The rest of the urinary bladder was unremarkable. The findings were highly suggestive of a urinary bladder stone. TRUS of the prostate showed that the prostate was mildly enlarged with a size of 26.8ml. On further questioning, the patient had LUTS for several months. He complained of dysuria upon initial stream and also after voiding. The daytime urinary frequency was every 30 minutes to 1+ hour. He had urgency with urge incontinence. He also had some voiding LUTS. He had no known history of urinary stones. The clinical impression was benign prostatic hypertrophy complicated by bladder stone. He was referred to the department of urology of Princess Margaret Hospital. After consultation by the urologist, the patient was offered cystolithotripsy + TURP.

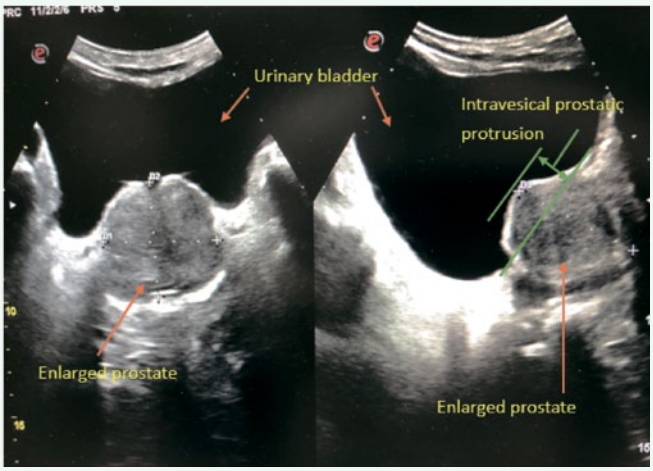


Take home message:

LUTS is a common complaint. While LUTS may be commonly caused by BPH and can be managed effectively in primary care, other differential diagnosis including bladder stone needs to be considered as well, especially in patient with predominantly storage symptoms. The finding of urinary bladder stone by bedside USG enables us to identify this problem early and refer promptly for further management.

Case 2

A 73-year-old man was referred from Department of Medicine for assessment of lower urinary tract symptoms (LUTS). He had LUTS for 4 years, including voiding symptoms (fair stream, urinary hesistancy and intermittency) and mild storage symptoms (nocturia 2-3 times / night and urgency). There was also post-micturition dribbling. Physical examination showed that the prostate was about 4 finger breadth in width with median groove preserved. There was no nodule palpable. A bedside USG was performed, which showed that there was a midline mass protruding at the base of the urinary bladder. The mass had smooth contour and was continuous with the prostate. The size of the prostate was measured to be 53.6ml. The USG finding was suggestive of an enlarged prostate with intravesical protrusion. He was subsequently treated with tamsulosin and oxybutynin with improvement of symptoms.



Take home message:

An enlarged prostate protruding into the urinary bladder may sometimes mimic a bladder tumour. It is found in the midline of the urinary bladder in transverse scan and is continuous with the prostate with smooth contour. Intravesical prostatic protrusion (IPP) can be graded at the sagittal scan. The degree of IPP may negatively correlate with the success of medical treatment of BPH.

Recombinant Zoster Vaccine, what you need to know?

After the era of COVID19, all of us have been bombarded with vaccination information. However, have you noticed this new one just arrived in Hong Kong? 95-98% of Hong Kong population adults had past infection of zoster according to the Centre for Health Protection. In other words, many of our local population could benefit from this vaccine.

Shingles vaccination is the only way to protect against shingles and postherpetic neuralgia (PHN), the most common complication from shingles. Centers for Disease Control and Prevention (CDC) recommends that healthy adults 50 years and older get two doses of the shingles vaccine called Recombinant Zoster Vaccine, to prevent shingles and the complications from the disease.

Recombinant Zoster Vaccine provides strong protection against shingles and PHN. Two doses of Recombinant Zoster Vaccine is more than 90% effective at preventing shingles and PHN. Protection stays above 85% for at least the first four years after you get vaccinated.

Healthy adults 50 years and older should get two doses of Recombinant Zoster Vaccine, separated by 2 to 6 months. A patient should get Recombinant Zoster Vaccine even if in the past he or she

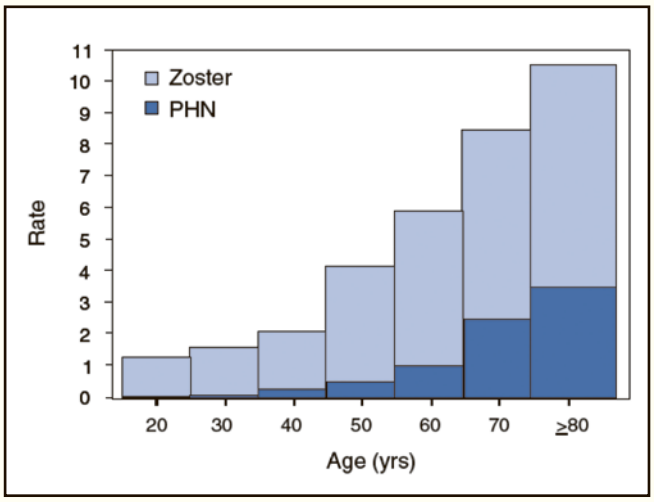
- had shingles
- received Zoster Vaccine Live
- is not sure if he or she has had chickenpox before

There is no maximum age for getting Recombinant Zoster Vaccine.

A patient should not get Recombinant Zoster Vaccine if he or she:

- have ever had a severe allergic reaction to any component of the vaccine or after a dose of Recombinant Zoster Vaccine
- is tested negative for immunity to varicella zoster virus. If a patient tests negative, he or she should get chickenpox vaccine.
- currently has shingles
- currently is pregnant or breastfeeding. Women who are pregnant or breastfeeding should wait to get Recombinant Zoster Vaccine.

Zoster Vaccine Live, the existing shingles vaccine, reduced the risk of shingles by 51% and the risk of post-herpetic neuralgia by 67% based on a large study of more than 38,000 adults aged 60 years or older. Protection from shingles vaccine lasts about 5 years. Therefore, people received Zoster Vaccine Live could have Recombinant Zoster Vaccine vaccination at least 8 weeks apart.



Shingles and Postherpatic Neuralgia† Rates

*by Age, United States

*per 1,000 person-years

† Defined as pain for 30 days or longer

Source:
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5705a1.htm

References

https://www.cdc.gov/vaccines/vpd/shingles/public/shingrix/index.html
https://www.chp.gov.hk/en/statistics/data/10/641/701/3691.html

Complied by Dr. Tsui Hiu Fa

"Submissions of articles to News Corner with up to 500 words are always welcome.
Gift vouchers will be given as a token of appreciation for good works if the articles are selected for publication. Email: FPLinks@hkcfp.org.hk"

23rd WONCA World Conference of Family Doctors (WONCA 2021) Young Doctors' Movements Pre-conference Workshop: Digital Health Solutions in Chronic Disease Management: Pearls and Perils

Dr. Chan Lam, Chloe
Fellow of The Hong Kong College of Family Physicians
Fellow of The Royal Australian College of General Practitioners
Honorary Clinical Assistant Professor, Department of Family Medicine and Primary Care, The University of Hong Kong

Due to the COVID-19 pandemic, the 23rd WONCA Scientific World Conference (Abu Dhabi) was postpone to November 2021 and was fully online. This was the first virtual WONCA world conference and provided easy access to all scientific sessions, lead by renowned experts, e-poster presentations and industry symposiums. It was fully web-based, simply needed a device with audio (desktop, laptop, tablet, phone) and a stable internet connection. The platform remained open 24/7 for delegates to access the content from all time zones, and all live sessions were available on-demand within 24 hrs after the virtual conference up to 30 days after the conference. The virtual conference also provided networking opportunities with peers and colleagues along with access to the virtual industry exhibition. Needless to say, it was undoubtedly a giant success and provided a great opportunity to broaden the learning and engagement within our family medicine community at this important time.

The virtual hall of WONCA 2021

In September 2018 WONCA Executive endorsed the Young Doctors' Movement. The WONCA regional movements for young and future family doctors are going from strength to strength. The first group formed, in 2005, was the Vasco da Gama Movement in Europe. This was followed by Asia Pacific's Rajakumar Movement, the Iberoamericana-CMIF region's Waynakay Movement, the South Asia region Spice Route Movement, the AfriWon in the WONCA Africa region; the Al Razi movement, the East Mediterranean region and the North America group, Polaris.

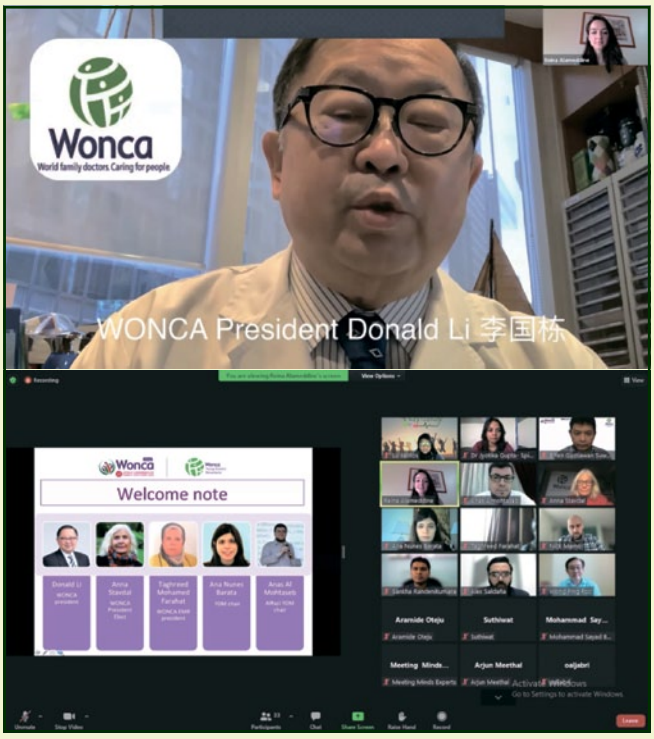
On 24th Nov, four YDM workshops in preconference hosted by different reginal groups.

Workshop 1: Digital health solution in Chronic Disease Management. Hosted by Rajakumar and Spice Route.

Workshop 2: Digital Presence in the 21th Century: A Family Medicine Perspective. Hosted by Al Razi, Polaris, and Afriwon

Workshop 3: Arabic Language& Glimpse on the traditional medical practice. Hosted by Al Razi.

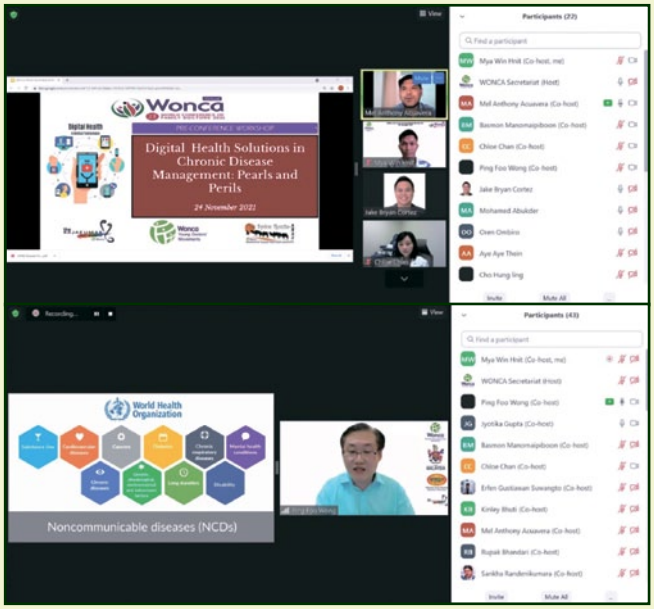
Workshop 4: Emotioanl intelligence as a core skill for Family Doctors. Hosted by VDGM and Waynakay.



WONCA President Dr. Donald Li delivered welcoming speech at YDM pre-conference workshops.

As a member of YMD Rajkumar Movements, I joined the workshop "Digital Health Solutions in Chronic Disease Management: Pearls and Perils" as a facilitator. e-health

became popular since 2000. It was first used by industry leaders and marketing people (e-commerce, e-business, e-solutions). Now its merging field in the intersection of healthcare and digital technologies, attracted lots of attention in the past decade in many countries around the world especially during COVID pandemic.



Dr. Ping Fu Wong gave a lecture about e-health in non-communicable disease management.

There was a 15mins short lecture given by Dr Ping Fu Wong, the chair of Rajakumar Movement, about the e-health system in non-communicable disease management during the COVID-19 pandemic in Malaysia. He mentioned an interesting concepts about 10e' in e-health:

Efficiency: One of the promises of e-health is to increase efficiency in health care, thereby decreasing costs.

Enhancing: Increasing efficiency involves not only reducing costs, but at the same time improving quality of care.

Evidence based: e-health interventions should be evidence-based in a sense that their effectiveness and efficiency should not be assumed but proven by rigorous scientific evaluation.

Empowerment: of consumers and patients - by making the knowledge bases of medicine and personal electronic records accessible to consumers over the Internet, e-health opens new avenues for patient-centered medicine, and enables evidence-based patient choice.

Encouragement: of a new relationship between the patient and health professional, towards a true partnership, where decisions are made in a shared manner.

Education: of physicians through online sources (continuing medical education) and consumers (health education, tailored preventive information for consumers).

Enabling: information exchange and communication in a standardized way between health care establishments.

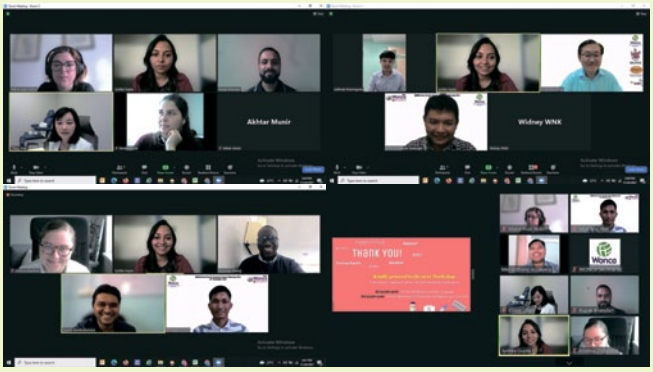
Extending: the scope of health care beyond its conventional boundaries. e-health enables consumers to easily obtain health services online from global providers.

Ethics: e-health involves new forms of patient-physician interaction and poses new challenges and threats to ethical issues such as online professional practice, informed consent, privacy and equity issues.

Equity: to make health care more equitable is one of the promises of e-health, but at the same time there is a considerable threat on equitable access for all.

The short lection was followed by small groups discussions and big group sharing synthesis. There's no double that e-health plays an important role in strengthening health systems and public health, increasing equity in access to health services, and in working towards universal health coverage. At the same time, the participants also expressed some concerns of e-health, one being low income / underprivilege patients or patients from remote rural regions who couldn't afford the communication tools in telemedicine and were usually short of technology support. Also it's not suitable for non-verbal communications, one could not perform physical examination, patients could not get medication at the same time etc. Dr Maria Joao Nobre raised an interesting point that some patients would not consider phone consultation as a formal consultation. They would complaint about no follow up despite of receiving phone calls from doctors every month. The rapport building through telemediation seemed not quite effective and patient education is still a long way to go.

The work shop attracted more than 50 participants and we ended with brilliant ideas and lots of laughter. It was such an unforgettable experience and I feel so honoured to be part of the YMDs. So looking forward to the next WONCA conference!



Pictures of group discussions

The HKCFP Awards for the Best Research and Best Trainee Research of 2021

The Research Committee of the Hong Kong College of Family Physicians is calling for The Award for The Best Research of the Year 2021. All members and fellows of the College are invited to participate and submit their research papers to the Research Committee for selection.

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

Both the abovementioned Awards will be presented at the Conferment Ceremony in 2022.

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

Entry and assessment criteria are listed below.

Entry Criteria:

For Best Research Paper:

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

For Best Trainee Research Paper:

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

Assessment Criteria:

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

Each research project submitted will be assessed according to the seven criteria listed above by a selection panel. Each criterion may attract a different weighting to be decided by the selection panel. Please indicate the research award that you applied for, i.e. "The HKCFP Award for the Best Research of 2021" or "The HKCFP Award for the Best Trainee Research of 2021", on your research project upon submission, and send your submission either

By post to Research Committee, HKCFP, Rm 803-4, 8/F, HKAM Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Or, **by email** to research@hkcfp.org.hk

DEADLINE OF SUBMISSION: 31 March 2022

Supported by HKCFP Foundation Fund

HKCFP Research Fellowship 2022

Introduction

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

Eligibility

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

Selection criteria

Application will be judged on*:

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

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

How to apply

1. Application form, terms and conditions of the Fellowship can be downloaded from www.hkcfp.org.hk or obtained from the College Secretariat, HKCFP at Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. Tel: 2871 8899 Fax: 2866 0616
2. Applicants must submit:
   - The completed application form;
   - The signed terms and conditions of the HKCFP Research Fellowship;
   - Curriculum vitae from the principal investigator;
   - Curriculum vitae from the co-investigator(s) (no more than two pages) AND,
   - Curriculum vitae from the supervisor.
3. Applications close on: **31 March 2022**. Late applications will not be accepted.
4. Applications can be either sent:
   By post to Research Committee, The Hong Kong College of Family Physicians, Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong;
   Or, **by email** to research@hkcfp.org.hk

Supported by HKCFP Foundation Fund

Hong Kong Primary Care Conference 2022
"Committed. Versatile. Ever-growing: Primary Healthcare in the Time of COVID"

17 - 19 June 2022

On behalf of the Hong Kong College of Family Physicians, the members of the Organizing Committee and myself, we are very proud to announce the "13th Hong Kong Primary Healthcare Conference" under the overarching theme of: "Committed. Versatile. Ever-growing: Primary Care in the Time of COVID" which will be held online from 17th to 19th of June 2022.

This year's conference takes its theme from the COVID-19 pandemic that, for almost two years now, has shocked the world and will continue to affect how we conduct our daily lives. People with chronic diseases are not only susceptible to complications and death from the COVID-19, but also from disruptions in their regular care routines. Furthermore, the lives of those who have not been infected have also been deeply affected by the collateral damage this virus causes. As primary care is the fundamental pillar and the "front door" to the health system of most people, there is a need to further enhance a comprehensive primary health care system. I quote excerpts from the keynote speech of WONCA Immediate Past President Prof. Donald Li in his opening speech at the 2021 World WONCA Conference, "there can be no Universal Health Care without comprehensive Primary Health Care (PHC). There can be no comprehensive PHC without Family Medicine." Thus, we as Family physicians and primary care providers, should continue to stay committed, be versatile and work together ever more to meet the challenges now and in the years to come.

As always, our hallmark conference, held online for the past 2 years, has continue to enthral our participants with its well-curated program. Our program will retain the well-received structure with various theme-based seminars, plenary sessions, interactive workshops and interesting discussion forum. This annual event offers an inspiring platform for bringing together international and local experts, family physicians, nurses and primary care professionals to promote collaborative and networking opportunities in addressing present and future challenges. Last but not least, I cordially invite you to submit cases to our signature clinical case competition, as well as abstracts to our full and free paper competitions. So please stay tuned for further details.

I strongly believe that you will undoubtedly have a fruitful and enjoyable learning experience in the forthcoming conference.

Dr. Lorna Ng
Chairlady, Organizing Committee
Hong Kong Primary Care Conference 2022

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

Hong Kong Primary Care Conference 2022
"Committed. Versatile. Ever-growing: Primary Healthcare in the Time of COVID"

17 - 19 June 2022

Full Research Paper Competition

We cordially invite your participation in the **Full Research Paper Competition** of the HKPCC 2022. The Competition is a long-standing tradition of the College's Annual Conference to promote and recognize well-designed and innovative research which bears potential impact on clinical practice or development of primary care. This year, we will have TWO Awards:

AWARDS

Best Research Paper Award
Best Novice Research Paper Award

The HKPCC 2022 Organizing Committee will invite renowned scholars as judges to review the participating papers. Both winners will receive **a Certificate of Award** and will be invited to present their research papers at the conference.

Free Paper Competition

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

AWARDS

Best Oral Presentation Award.
Outstanding Poster Presentation Award.
Both the winners will receive **a Certificate of Award**.

Clinical Case Presentation Competition

Following on from the success of the previous years' HKPCC Clinical Case Presentation Competition, the Organizing Committee of the upcoming HKPCC 2022 is honored to organize the competition again this year!

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

AWARDS

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

QR Codes for further details

Full Research Paper Competition	Free Paper Competition	Clinical Case Presentation Competition

For enquiry, *please do not hesitate to contact our conference secretariat, Ms. Agnes Kwong or Ms. Crystal Yung, at 2871 8899 or by email* hkpcc@hkcfp.org.hk.

COMPETITION SUBMISSION DEADLINE

17 March 2022 (Thursday)

"We look forward to receiving your work!"

Online Seminar on Dermatology – The 82nd Meeting on 8 January 2022

Dr. Chan Fung Yuen, Dr. Ng Hok Wai, Dr. Ng Ka Wing, Dr. Noh Young Ah, Dr. Yu Yi Fung and Dr. Zhu Yin

Theme : Trainees Dermatology Cases Presentation

Moderator : Dr. Lam Wing Wo, Board of Education

Summary of presented cases

1. Case presented by Dr. Chan Fung Yuen

A 12-year-old boy was presented with generalized red spots over bilateral arms for a few days. The rash was neither itchy nor painful. He had no fever or joint pain. He was not on traditional Chinese medicine or Over-the-counter drug. Physical examination showed symmetrical multiple erythematous, keratotic papules over extensor aspects of bilateral forearm. A diagnosis of Keratosis Pilaris was made based on the characteristic lesions and age. Keratosis pilaris typically occurs in children or adolescents, which is a common form of dry skin characterized by hair follicles plugged by scale. It is often seen in association with atopic dermatitis and ichthyosis vulgaris. It usually manifests with small, rough, follicular papules or pustules. The rash commonly distribute over extensor aspects of proximal arms and thighs. The face, trunk and buttocks may also be affected. Keratosis pilaris mostly is asymptomatic and improves with age. Exacerbation during the winter months is common, likely due to xerosis or friction from thick clothing. The diagnosis is usually made clinically. General skin care measures preventing excessive skin dryness is first-line therapy. Topical retinoids may be used as a second-line therapy for patients who fail to respond to emollients and keratolytics. Short courses of topical corticosteroids may be used in conjunction with other topical agents if there is prominent inflammation.

2. Case presented by Dr. Ng Hok Wai

The case was a 45-year-old male presented with facial rash for over 1 year. There was intermittent redness over the nose and bilateral cheek region associated with flushing, itchiness and burning sensation. It was aggravated by hot drinks, spicy food and hot weather. In general, the severity of rash worsened over the year. There was no eye symptom, joint pain, nail or hair change. On physical examination, there was centro-facial erythema over the nose and cheeks. Multiple monomorphic facial papules and pustules were present but there were no comedones. The skin appeared dry with telangiectasia. There was no ocular involvement. This patient was diagnosed to have rosacea in view of the typical clinical features.

He sought advice from multiple private general practitioners. He was once given topical metronidazole gel but only partial improvement of rash was noted. In view of moderate rosacea with suboptimal response to topical treatment, a course of oral doxycycline was prescribed to him. The rash resolved at 8 weeks and doxycycline was ceased at that time. Apart from the pharmacological treatment, lifestyle measures such as avoiding aggravating factors and applying sunscreen were advised to him to reduce the chance of recurrence.

3. Case presented by Dr. Ng Ka Wing

The case was a 30-year-old pregnant lady in 34th week of gestation, complaining of progressive facial hyperpigmentation since after second trimester of this pregnancy. It was not painful nor itchy. There were irregular, brownish patches distributed over her nose, cheeks, chin. The impression for her condition was Melasma. General advice including sun protection was given, and she was advised to come back if symptoms persist after delivery.

Melasma is an acquired hyperpigmentation skin disorder. It can be chronic, or recurring. Although it does not cause physical debilitation, it can have a severe impact on quality of life due to its visibility. Risk factors include genetics, sun exposure, hormones (e.g. hormonal treatment, pregnancy), medications, cosmetics etc. Diagnosis can be made based on the clinical appearance. Wood's lamp and dermoscopy may also be helpful in assessing the condition.

In most cases, a multimodality approach of treatment is required, incorporating photo-protection, skin lighteners, exfoliants, antioxidants, and resurfacing procedures etc. Lifestyle measures are important to prevent relapse of the condition.

(Disclaimer: All advice and sharing in the meeting are personal opinions and bear no legal responsibility. All patients' identities are kept confidential.)

4. Case presented by Dr. Noh Young Ah

The case was a 39-year-old lady Ms. A who was 6 weeks postpartum with history of streptococcal pharyngitis 4 weeks ago. She presented with painful erythematous rash over bilateral shins for 2 weeks. Upon physical examination, there were multiple discrete indurated tender erythematous nodules of 3-4cm over pretibial areas. Diagnosis of erythema nodosum was made based on clinical history and characteristic lesions. Other differential diagnoses including necrobiosis lipoidica, erythema induratum and cutaneous polyarteritis nodosa were briefly mentioned with their salient features discussed. Triggers associated with erythema nodosum, laboratory investigations and treatment modalities were discussed as well. Ms. A was given symptomatic treatment with nonsteroidal anti-inflammatory drugs and reported almost complete resolution of her rash on follow-up after 2 weeks.

5. Case presented by Dr. Yu Yi Fung

A 36 years-old lady with good past health presented to our clinic for facial skin rash for 6 months. She is a non-smoker and non-drinker.

She first presented with facial skin rash since 5/2021. She didn't seek medical advice and got topical hydrocortisone from her friends, which resulted in quick resolution of the facial skin initially. However, symptoms recurred again and again, topical hydrocortisone became less effective to clear the skin rash.

She attended our clinic in 11/2021 for facial skin rash around perioral region with mild stinging and burning sensations. Physical examination showed cluster of multiple erythematous papules with mild scaling in perioral region. Vermilion border of the lip, perinasal and periocular region is spared.

Diagnosis of perioral dermatitis was made in view of the presence of the classical features of perioral dermatitis, which include multiple small erythematous papules, papulovesicles in cluster with or without scaling. It most commonly distributes in perioral region, but sometimes perinasal or periocular region may be involved. Vermilion border of lip is usually speared. The rash may be accompanied by stinging or burning sensation. It usually resolves without scarring. It has variable disease course, ranging from resolution of symptoms within months without pharmacological treatment to persistent symptoms for several years. The etiology is not well understood, but topical steroid is frequently reported to be associated.

"Zero therapy" is the choice of treatment. Patients are advised to stop topical steroid, cosmetic products. Flare up of disease is expected after termination of topical steroid. Condition may improve within 2-3 months without active treatment. For patients who are keen for active pharmacological treatment, topical therapy with calcineurin inhibitor, metronidazole or erythromycin could be used in mild disease. Oral treatment with tetracycline or erythromycin could be used in moderate to severe cases.

6. Case presented by Dr. Zhu Yin

The case was an 87-year-old gentleman who presented with a facial lump for a few months. He had a past medical history of right lacrimal gland MALT (mucosa-associated lymphoid tissue) lymphoma, which was given radical radiotherapy 5 years ago. Physical examination showed a 1.5cm x 1.5cm pink dome-shaped hard nodule over the right preauricular area, with blackish keratin plug on the top. No cervical lymph nodes were palpable. An excision of the skin lump was performed one week later, and the histology was reported to be consistent with a diagnosis of well-differentiated squamous cell carcinoma (SCC). In view of the closed distance of the tumour to the margins, a further wide local excision was arranged nearly 3 months later, with no malignancy found histologically. No adjuvant therapy was needed as suggested by the oncologists. Cutaneous SCC is a common malignant, nonmelanoma skin cancer of keratinized epidermal keratinocytes. Sun-exposed sites are the most common locations. Risk factors for cutaneous SCC include age > 50 years, fair skin, smoking, chronic exposure to ultraviolet (UV) light or other types of radiation, immunosuppression, or a family or personal history of nonmelanoma skin cancer. Invasiveness of cutaneous SCC often correlates with the level of tumor differentiation. Well-differentiated lesions usually appear as indurated or firm, hyperkeratotic papules, plaques or nodules. Management is guided by risk of recurrence and metastases, which is determined by location, size, histopathological features, lymphatic or vascular involvement, primary or recurrent tumour, etc. Surgical excision is the preferred treatment for most cutaneous SCC.

ASSESSMENT ENHANCEMENT COURSE (AEC) FOR FAMILY PHYSICIANS 2022

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

Supervisor : **Dr. Chan Chi Wai**

Co-ordinator : **Dr. Lai Sheung Siu**

Objectives :
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 2022

Course Structure : The course will consist of 4 main components:
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 :
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 2022
Timetable for Workshop

Date	Topics	Venue
23 April 2022 (Sat) 2:30 – 5:30 p.m.	Introduction	Room 802, Duke of Windsor Social Service Building, Wan Chai, Hong Kong
21 May 2022 (Sat) 2:30 – 5:30 p.m.	Approach to Physical Complaints	
11 June 2022 (Sat) 2:30 – 5:30 p.m.	Viva Practice: Enhance Interprofessional Communication	
16 July 2022 (Sat) 2:30 – 5:30 p.m.	Problem Solving Skills	
13 August 2022 (Sat) 2:30 – 5:30 p.m.	Proper Physical Examination & Common Clinic Procedures	
4 September 2022 (Sun) 2:30 – 6:00 p.m.	Mock Exam	HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong

The Board of Education is pleased to let you know that there would be some online seminars to be conducted via the Zoom webinar platform in the coming months with the details below:

Online Seminars

Date and Time	Topics	Speakers	Moderators
5 Mar (Sat) 2:00 – 3:00 p.m.	**Online Dermatology Seminar: Overview of Treatment Options for Mild to Moderate Atopic Dermatitis in Children** *Co-organized with the Hong Kong Hong Kong Paediatric and Adolescent Dermatology Society (HKPADS)* *Sponsored by Pfizer Corporation Hong Kong Limited*	**Dr. Luk Chi Kong, David** *Specialist in Paediatrics* *President, Hong Kong Paediatric & Adolescent Dermatology Society* *Consultant, Department of Paediatrics & Adolescent Medicine, United Christian Hospital*	**Dr. Lam Wing Wo**
18 Mar (Fri) 2:00 – 3:00 p.m.	**Multimodal Approach to Pain Management** *Sponsored by A. Menarini Hong Kong Limited*	**Dr. YIP Wai Man** *Specialist in Geriatric Medicine*	**Dr. Au Yeung Shiu Hing**
24 Mar (Thu) 7:00 – 8:00 p.m.	**Out of Box Solution for Joint Inflammatory Management: Omega-3 Fatty Acids and Inflammatory Control** *Sponsored by P & G Health*	**Dr. Changhai Ding** *Professor and Director of Clinical Research Centre, Zhujiang Hospital at Southern Medical University, China* *Adjunct Professor at University of Tasmania, Australia*	**Dr. Ho King Yip, Anthony**

QR Code for registration

5 Mar 2022 (Sat)	18 Mar 2022 (Fri)	24 Mar 2022 (Thu)

Accreditation : 5 Mar : 1 CME Point HKCFP (Cat. 5.2)
1 CME Point MCHK (pending)
18 Mar & 24 Mar : 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
25 Feb (Fri) 2:30 – 3:30 p.m.	**"Early Diagnosis of Nasopharyngeal Carcinoma" by Dr. Woo Kong Sang, John**
25 Mar (Fri) 2:30 – 3:30 p.m.	**"Skin Care and New Treatment Options for Atopic Dermatitis" by Dr. Chan Yung**

QR Code for registration

25 Feb 2022 (Fri)	25 Mar 2022 (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 (For all online seminars) : Member Free
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 :

On-site Events

1. All participants are required to fill-in all required information in the registration form and indicate their COVID-19 vaccination status. All information provided will be kept confidential and will not be disclosed to other parties.
2. All participants must use the "LeaveHomeSafe" mobile application (LHS) before entering the venue.
3. All participants are required to fill-in all information as stated on the health declaration form. The form would be sent later upon successful registration.
4. On-site temperature check for each participant would be done before entering the venue. Participants with symptoms of fever (higher than 38Đ) and/or respiratory symptoms (e.g. cough, shortness of breath etc.) are not allowed to take part in the event and should seek medical attention promptly.
5. All participants are required to put on surgical masks properly throughout the event. Please bring sufficient surgical masks for replacement if necessary.
6. Please maintain good personal hygiene and use the alcohol handrub available on-site if needed.

Online Events

1. In case of over-subscription, the organizer reserves the right of final decision to accept registration.
2. 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.
3. 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).
4. 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.
5. **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)**
6. Please be reminded to check the system requirements beforehand to avoid any connection issues.
7. Due to copyright issue, please note private recording of the lecture is prohibited.
8. Registration will be closed 3 days prior to the event.

Meeting Highlights

Online Point-of-care Ultrasound Seminar on 15 January 2022

Prof. Lee Pui Wai, Alex, Specialist in Cardiology; Professor, Department of Medicine & Therapeutics; Director, Echocardiography Laboratory; Director, Laboratory for Cardiac Imaging and 3D Printing, the Chinese University of Hong Kong, delivered a lecture on "POCUS use for patients with Heart Failure / SOB".

A screenshot taken on 15 January 2022
Dr. Dao Man Chi (left, Moderator) and Prof. Lee Pui Wai, Alex (right, Speaker)

Structured Education Programmes

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

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
Wednesday, 02 March 2022			
14:00 - 17:00	Conference Room 2, G/F, Block M, QEH	**Consultation Enhancement (Physical Examination: Back and Video Consultation)** Dr. Ho Ka Ming, Ken	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	**Approach to Breast Lump in Women** Dr. Ng Wing Hin	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Room 21, Kwun Tong Community Health Centre	**Principles and Local Community Resources of Elderly Health Care** Dr. Ho Sze Ho & Dr. Kwan Chun Yin	Ms Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	**Common Urological Symptom (Luts, Abnormal Urine Result, Sterile Pyuria)** Dr. Leung Ka Wing, Karen & Dr. So Man Ying, Sabrina	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	**Updates in Management of Dementia and Parkinsonism** Dr. James Luk & Dr. Shea Yat Fung	Ms. Cherry Wong Tel: 2589 2337
Thursday, 03 March 2022			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	**Role of Family Doctor in Handling Infertility** Dr. Sheng Wei Yang & Dr. Lee Sik Kwan	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 09 March 2022			
14:00 - 17:00	Conference Room 2, G/F, Block M, QEH	**Contraception, HRT, Pap Smear (Overview & Update)** Dr. Or Sui Kei, Alison	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	**Community Resources for Screening and Anticipatory Care** Dr. Lam Yat Hei	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Room 21, Kwun Tong Community Health Centre	**Management of Sleep Disorders** Dr. Ip Wai Ting, Laren & Dr. Lam Ka Wai	Ms Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	**Community Resources for Child and Elderly Abuse** Dr. Leung Wai Chung, Rachel & Dr. But Lucille Caitlin	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	**Anti Drug Abuse Service** Dr. Desmond Ho	Ms. Cherry Wong Tel: 2589 2337

Thursday, 10 March 2022			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	**Dietitian, P&O and Podiatry Service in the Community** Dr. Chan Ching & Dr. Tang Hoi Yan	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 16 March 2022			
14:00 - 17:00	Conference Room 2, G/F, Block M, QEH	**Approach to Abnormal Laboratory Results (Chemical Pathology)** Dr. Peng Xu	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	**How to Prepare Part 1 Conjoint Examination** Dr. Yu Yi Fung	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Room 21, Kwun Tong Community Health Centre	**Update on Management of Chronic Hepatitis B & C & HCC Surveillance** Dr. Li Wing Chi, Gigi & Dr. Lam Ka Wing, Kevin	Ms Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	**Care of Patient with Thyroid Problems in FM** Dr. Choi Man Kit & Dr. Lee Jerrold	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	**Clinical Approach to Red Eye** Dr. Julie Lok	Ms. Cherry Wong Tel: 2589 2337
Thursday, 17 March 2022			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	**Emergency Care in Road Traffic Accidents** Dr. Tsang Lai Ting & Dr. Tang Kin Sze	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 23 March 2022			
14:00 - 17:00	Conference Room 2, G/F, Block M, QEH	**Community Resource: Family Dysfunction (Violence, Extra-marital Affairs) & Parenting** Dr. Joshua Ma	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	**Emergency Metabolic Problems** Dr. Lee Pak Lik	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Room 21, Kwun Tong Community Health Centre	**Principles of Family Medicine** Dr. Wong Bo Hang & Dr. Ma Ka Yee	Ms Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	**Practice Visit to Podiatry Department** Dr. Cheung Yuen Kui, Edgar	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	**Knowing the Professional Bodies in Medical Ethics: MPS and Medical Council** Dr. Natasha Liu	Ms. Cherry Wong Tel: 2589 2337
Thursday, 24 March 2022			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	**Self-directed Learning for Family Physicians** Dr. Yap Tsun Hee & Dr. Wong Fai Ying	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 30 March 2022			
14:00 - 17:00	Conference Room 2, G/F, Block M, QEH	**Approach to Management of Thyrotoxicosis & Goitre/ Thyroid Nodule** Dr. Anthea Wong	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Room 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	**GOPC Operation Manual** Dr. Wan Kwong Ha	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Room 21, Kwun Tong Community Health Centre	**Update on Use of Antibiotic in General Practice Part I (Respiratory Tract and ENT Infections)** Dr. Wong Ho Ching & Dr. Wong Ching Sze	Ms Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	**Better Patient Communication Part 1** Dr. Wong Kwok Hoi & Dr. So Man Ying, Sabrina & Dr. Tong Hiu Tung, Christy	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	**Updates in Methods of Contraception** Dr. Grace Wong	Ms. Cherry Wong Tel: 2589 2337
Thursday, 31 March 2022			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	**Cleaning, Disinfection and Sterilization in a Clinic** Dr. Chan Cho Shan & Dr. Feng Longyin	Ms. Eliza Chan Tel: 2468 6813

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27 Feb	28	1 Mar	2 *2:00 – 7:30 p.m.* Structured Education Programme	3 *4:00 – 6:00 p.m.* Structured Education Programme	4	5 *2:00 - 3:00 p.m.* *Dermatology Seminar* *2:30 - 5:30 p.m.* *DFM Musculoskeletal Workshop*
6	7	8	9 *2:00 – 7:30 p.m.* Structured Education Programme	10 *4:00 – 6:00 p.m.* Structured Education Programme	11	12 *2:30 – 5:30 p.m.* *DFM Module III Seminar*
13	14	15	16 *2:00 – 7:30 p.m.* Structured Education Programme	17 *4:00 – 6:00 p.m.* Structured Education Programme	18 *2:00 - 3:00 p.m.* *Online CME Lecture*	19 *2:30 – 5:30 p.m.* *DFM Consultation Skills Workshop II*
20	21	22	23 *2:00 – 7:30 p.m.* Structured Education Programme *8:30 p.m.* *HKCFP Council Meeting*	24 *7:00 - 8:00 p.m.* *Online CME Lecture* *4:00 – 6:00 p.m.* Structured Education Programme	25 *2:30 - 3:30 p.m.* *Video Session*	26
27 *11:00 a.m. - 6:30 p.m.* *APCLS Workshop & Examination*	28	29	30 *2:00 – 7:30 p.m.* Structured Education Programme	31 *4:00 – 6:00 p.m.* Structured Education Programme *9:00 p.m.* *Board of Conjoint Examination Meeting*	1 Apr	2 *2:00 – 4:00 p.m.* *Interest Group in Mental Health*
3 *2:00 – 5:30 p.m.* *DFM Pre-Exam Workshop I*	4	5	6 *2:00 – 7:30 p.m.* Structured Education Programme	7 *4:00 – 6:00 p.m.* Structured Education Programme	8	9

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

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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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