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Message from the President

In July when the school holidays began, we had one of our College's Honorary Fellows and long term friend Professor Michael Kidd visiting Hong Kong. Professor Kidd is currently Professor of Global Primary Care and Future Health Systems, Nuffield Department of Primary Care Health Sciences, University of Oxford, United Kingdom, and Director, Centre for Future Health Systems, University of New South Wales, Sydney, Australia. He was invited to participate in the Policy Forum on Building a Sustainable Healthcare System for Hong Kong organised by the Chinese University of Hong Kong as well as to deliver a lecture on Global Trends in Primary Health Care Reform: Implications for Hong Kong by the University of Hong Kong. Professor Kidd shared various global experiences to provide insights towards building a resilient primary care system. He advised policymakers and healthcare practitioners to reflect from the local and international experience of COVID-19 and made recommendations on how their healthcare systems can be reformed. We had a happy gathering to catch up with Professor Kidd in between his busy schedules in Hong Kong.

The Chronic Disease Co-Care Pilot Scheme (CDCC Scheme) is the first significant project to be launched under the Primary Healthcare Blueprint, with a view to preventing worsening of chronic disease and occurrence of complication through early identification and early treatment. (<https://www.info.gov.hk/gia/general/202307/17/P2023071700891.htm>) It concerns the wellbeing of the general public and the sustainability of the healthcare system. All Hong Kong residents aged 45 or above can join the CDCC



Happy gathering (left to right): Dr. David Chao, Prof. Michael Kidd, Dr. Stephen Foo, and Dr. Donald Li

Scheme. To encourage citizens to take up primary responsibility for managing their own health, the CDCC Scheme adopts a Government-participant co-payment model. Apart from the Government's subsidies, participating citizens are also required to bear partial costs as a way to shoulder the responsibility for their own health. The introduction of the CDCC Scheme will not affect the appropriate healthcare services provided for the grassroots citizens under the public healthcare system. The Health Bureau reiterated that the public healthcare system would continue to be the basic safety net for grassroots, in particular the socially disadvantaged groups. Persons with financial difficulties (including recipients of Comprehensive Social Security Assistance and Old Age Living Allowance) will continue to enjoy the protection of the safety net under the public healthcare system comprising services provided by parties such as the Hospital Authority (HA) and the Department of Health.

(Continued on page 2)

Message from the President (Con't)

(Continued from page 1)

As mentioned by the Bureau, a crucial factor leading to the growing pressure on public healthcare services is the imbalance between primary healthcare services and the secondary and tertiary healthcare services. Enhancing primary healthcare services will help alleviate the pressure on the secondary and tertiary healthcare services in the long run. Cross-specialties collaboration and public-private partnership have yet to attain their desired level of efficiency while quite a number of non-urgent cases of relative stable condition have not been effectively triaged back to primary healthcare or family doctors for more efficient, suitable and effective follow-up. The HKCFP is in full support of enhancing the collaboration between family doctors and the hospital specialists.

The World Organisation of Family Doctors (WONCA) has long been supporting the development of Young Doctors' Movements (YDMs) in all regions. The nomination for election of a Young Doctor representative for a new term of office has recently



From left to right: Dr. Lau Ho Lim, Dr. Esther Yu, Dr. Lorna Ng, Dr. Matthew Luk, Dr. David Chao, Prof. Michael Kidd, Dr. Stephen Foo, Dr. Donald Li and Dr. Billy Chiu

been open and our Dr. Cheryl Chan of HKCFP has been nominated by our College to represent us to run for the post. Let's give Dr. Chan our full support and wish her best of luck in the election!

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 **June – July 2023**:

New Application

Associate Membership

Dr. CHENG Shun Ming	鄭 淳 銘
Dr. CHOW Ching To	周 政 陶
Dr. FUNG Lok Lam, Tiffany	馮 洛 霖
Dr. LEE Yung Ho	李 雍 豪
Dr. LO Yan Yeung, Vincent	羅 殷 揚
Dr. MAK Ian Yee Hwang	麥 懿 恒
Dr. TONG Yu Wing	唐 宇 嶸
Dr. TSE Chun Yee	謝 真 怡
Dr. WONG Wai Chuen	王 維 銓
Dr. XIONG Shing Chuen	熊 丞 荃

Student Membership

Miss CHAN Lai Yung, Macy	陳 麗 容
Mr. CHENG Sui Hou, Michael	鄭 瑞 豪
Miss CHEUNG Hoi Man	張 凱 敏
Mr. CHONG Lok Man	莊 樂 文
Miss LAM Ching Yan, Hailey	林 澄 昕
Miss LAW Hoi Yiu	羅 凱 謠
Miss NG Yuen Ching, Sammi	吳 婉 晴
Mr. TSANG Chun Hei	曾 俊 熹
Miss WONG Sen Hei	王 晨 曦
Miss YEUNG Tsz Kwan	楊 紫 君
Mr. YIP Kin Tung	葉 健 同

Non-HKSAR Membership

Dr. CHOY Sui Kui	蔡 蕓 葵
Dr. IEONG Kam Tou	楊 金 桃
Dr. LAM Yick Chuen	林 翊 全

Transferral**Associate to Non-HKSAR Membership**

Dr. PANG Ching Wai	彭 正 維
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Fellow to Non-HKSAR Fellowship

Dr. NG Ming Shing	吳 明 勝
Dr. YAU Kin Chung	邱 健 聰

Student to Associate Membership

Dr. LAU Shi Wa	劉 士 華
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Resignation**Associate Membership**

Dr. LEUNG Nai Yip, Paul	梁 乃 業
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Fellowship

Dr. YEUNG Sau Ying	楊 秀 英
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Cessation**Fellowship**

Dr. CHAN Yeuk Kei	陳 若 琪
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Termination**Affiliate Membership**

Ms. TSANG Sze Man	曾 思 敏
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Fellowship

Dr. CHAN Cheuk Wah, Lawrence	陳 灼 華
Dr. CHAN Kit Ling, Amy	陳 潔 玲
Dr. CHAN Yuk Ying, Angela	陳 玉 瑩
Dr. CHIU On Chi, Oliver	趙 安 慈
Dr. LEUNG Hung Cho	梁 雄 初

Associate Membership

Dr. CHAK Shu Kwan, Alex	翟 樹 鈞
Dr. CHAN Hoi Ho	陳 凱 浩
Dr. CHAN Hon Wai, Felix	陳 漢 威
Dr. CHAN Sin Hang, Crystal	陳 羨 珩
Dr. CHAN Yam Wo	陳 任 和
Dr. CHAN Yuk Kwong, Stephen	陳 旭 光
Dr. CHEUNG Kwok Wai, Alvin	張 國 威
Dr. CHIU Ha Ying	趙 夏 瀛
Dr. CHOI Kwok Kam	蔡 國 淦
Dr. CHU Tik Ming	朱 迪 明
Dr. CHU Yee Ting	朱 倚 靈
Dr. FOK Wai Ming, Joshua	霍 偉 明
Dr. FONG Wai	方 蕙 蕙
Dr. KHOO Hong Boo, Patrick	邱 峰 富
Dr. LAI Chi Lun	黎 智 麟
Dr. LAI Pui Ching, Joyce	黎 珮 澄
Dr. LAI Yuen Lee, Edith	黎 婉 莉
Dr. LAM Ming Yin, Alison	林 明 彥
Dr. LAM Sze Yan	林 思 恩
Dr. LEUNG Cheuk Lam, Charlie	梁 卓 琳
Dr. LI Chi	李 智 智
Dr. LI Wai Sum	李 慧 芯
Dr. LIU Shao Haei	劉 少 懷
Dr. LO Kar Yan, Joyce	羅 家 欣
Dr. LOO Anne	盧 劍 彤
Dr. MA Joshua	馬 俊 麒
Dr. MUNG Shun Yee, Agnes	蒙 順 儀
Dr. NG Man Fai, Bertram	伍 文 輝
Dr. NG Wing Kwan, Noelle	伍 詠 筠
Dr. SHUM Chun Yin, Bernard	岑 俊 彥
Dr. SIU Yuen Tung, Viviana	蕭 琬 桐
Dr. TAM Wing Pik, Eliza	譚 穎 碧
Dr. TIK Tsz Ling, Nicola	狄 子 玲
Dr. TONG Tiffany Hoi Chak	唐 愷 澤
Dr. TSANG Hing Wing	曾 慶 榮
Dr. TSE Flora Chin Ching	謝 展 晴
Dr. TSOI Tsz Ying	蔡 子 盈
Dr. WAI Yuk Chun, Veronica	韋 玉 珍
Dr. WANG Amy Yang	汪 洋 洋
Dr. WONG Chi Kwong, Jacob	王 志 剛
Dr. WONG Yin Ki, Clement	黃 彥 淇
Dr. YAM Hei Tung	任 熺 彤
Dr. YUEN Gabrielle Gaybel	袁 嘉 葆
Dr. ZHANG Xiao	章 曉 曉

Board of Vocational Training and Standards News

Basic Training Introductory Seminar

A Basic Training Introductory Seminar will be held in October 2023 for all newly enrolled basic trainees, existing trainees and clinical supervisors. The seminar is designed to help basic trainees and supervisors to understand and get more information of our training programme.

Details of the seminar are as follows:

- Speakers : Dr. Fok Peter Anthony (Chairman of Basic Training Subcommittee)
Dr. Yiu Yuk Kwan (Chairman of Board of Vocational Training and Standards)
- Date : 11 October 2023 (Wednesday)
- Time : 8:00 p.m.
- Venue : 802, 8/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai



Please fill up the registration form via scanning the QR code:

Reminder: Submission of Application for Certification of Completion of Basic Training

To those who will complete basic training,

You are advised to submit the 'Application Form for the Certification of Completion of Basic Training in Family Medicine' and the **original copy** of your training logbook to BVTs for certification of completion of training within 3 months upon the completion date.

If the training logbook is incomplete after review by BVTs, you should complete the training process within 6 months upon the completion date and the completion date of training will only be counted from the time all required documents are handed in to complete the certification and **basic training fee of next year will be charged**.

The above information has already been stated in the IMPORTANT NOTICE and the related forms are available at the college website: https://www.hkcfp.org.hk/pages_9_95.html

Basic Training Subcommittee

Reminder: Application for Recommendation for Exit Examination 2024

To all Higher Trainees,

For those who prepare to sit for the 2024 Full Exit Examination, please submit the application letter and the checklist for recommendation for Exit Examination before **29 September 2023**. Late application **WILL NOT** be entertained.

Higher Training Subcommittee

Should you have any enquiries, please contact Ms. Kathy LAI at 2871 8899 or email BVTs@hkcfp.org.hk.

Board of Vocational Training and Standards

Classified Advertisement

Accredited Private FM Centre invites Energetic Specialists for expanding group practice in TuenMun/KwaiFong. Developmental Paediatricians + Psychiatrists most welcomed. Profit Sharing ± Partnership. Send CV enquiry@adecmed.com (Amy CHAN) 9212-6654.

The Diary of a Family Doctor【家庭醫生的日常】

You made my day

譚仲豪醫生

七十歲的林先生（化名）今天回到醫院的家庭醫學專科診所進行覆診。早前因糖尿病等問題，他被轉介至這個專科診所。前後經過數次覆診，他失控的病情變得穩定，最新的化驗及臨床數值甚至已達到理想標準。我打算幫他銜接至就近住處的普通科門診進行下次覆診，並為他準備相應文件。

我認為林先生的成功歸功於他自己的努力和決心，因此我趁機讚揚了他對自己健康的付出，並表示最近的病情得以改善：「您做得非常出色，看來您在戒口和運動方面都非常認真，我為您感到高興。現時你的病情很穩定，可以從這專科診所『畢業』了，希望您未來能夠繼續保持這份堅持，我相信普通科門診的同事也會樂意為您服務，請繼續加油！」

林先生感激地回答道：「我也非常感謝您過去一年的照顧。長期病讓我一度感到徬徨困惑。從您的診症中，您很清晰地回答了我的提問，解釋了我需要怎樣做，明確地定立目標。您一直以來的鼓勵讓我不放棄自己，堅定面對病情。謝謝您。」



林先生接著表達了自己的心願：「我還想分享一個決定給您聽。我看到醫護人員一直都很用心地幫助我，我也想做些事情回饋給您們。最近我參加了大學的『無言老師』計劃，希望在他日百年歸老後能夠為社會做出貢獻，幫助下一代的醫生。大學還因此頒發給我一張『證書』呢，哈哈！（林先生拿出手機裡的照片給我看）」

我進一步詢問細節後得知，林先生參加了母校的遺體捐贈計劃，希望在他離世後，遺體能夠供醫學院作教育用途。

我回答道：「這真是一個很好的決定。在遙遠的未來，您將會教導我的學弟學妹，任重道遠。當我年老抱恙時，就輪到他們照顧我。世界就是這樣玄妙，有時候你幫助我，有時候我幫助你！」

林先生以微笑回應，眼神中充滿希望及對未來的期許。在這一刻，我感到眼眶裡有一絲暖意。我們每天都為病人的健康著想，為他們規劃生活和提供治療方案。偶爾會遇到那些願意為自己出力的病人，使期望變成實實在在的治療成效，在旁的我們也會為他們感到恩惠。萬中有一，甚至會遇到真心感恩，明白我們辛勞的病人，這就更加難能可貴。

雖然林先生口中的「無言老師」計劃聽起來輕鬆，但遺體捐贈計劃在華人社會中仍然是一個非常敏感和難以談論的話題。死亡在華人社會中仍然是一個忌諱，因此這個決定並不容易講出口。我對林先生的決定表示敬意和感謝。

是日的診症是帶有溫度的。Thank you, you made my day.

The Diary of a Family Doctor 家庭醫生的日常

Submission of articles to The Diary of a Family Doctor with up to 600 words in Chinese or 400 words in English are always welcome. Gift vouchers will be given as token of appreciation if the articles are selected for publication.
Email: FPLinks@hkcfp.org.hk



基層醫療指南

Primary Care Directory

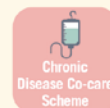
Primary Care Directory (PCD), implemented and administered by the Primary Healthcare Office of the Health Bureau, is a web-based database set up to facilitate the public to search for suitable primary care service providers according to their practice information.

The Primary Healthcare Blueprint

PCD is required for family doctors and healthcare professionals enrolling in Government-subsidised primary healthcare initiatives for standardization and assurance of quality of primary healthcare services.

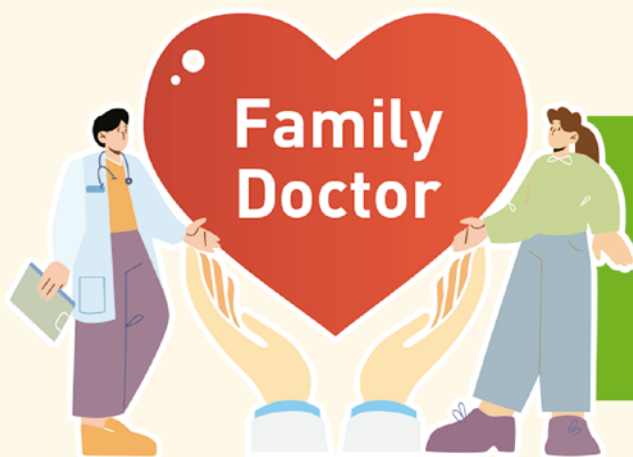


From 6 October 2023, doctors will be required to be enlisted in PCD in order to enrol in Government-subsidised Primary Healthcare (PHC) programmes



Health Bureau

The Government of the
Hong Kong Special Administrative Region
of the People's Republic of China



All members of the public to each be paired with a family doctor of their own for development of personalised care plan

Entry Requirement of PCD

- Registered medical practitioners with valid practicing certificate
- Committed to the provision of directly accessible, comprehensive, continuing and co-ordinated person-centred primary care services

You are strongly encouraged to enrol in the PCD as early as possible

Maintaining Listing in PCD

Upon successful listing in the PCD, doctors have to comply with the relevant requirement in order to maintain listing in the PCD, particularly on accumulation of adequate Continuing Medical Education (CME) points



If interested in joining the PCD, please visit our home page via the following link or scan the QR Code

www.pcdirectory.gov.hk



HKCFP Trainees Research Fund 2023 / HKCFP Research Seed Fund 2023

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

The Trainees Research Fund will be opened to all registered HKCFP trainees and is made of four awards (each up to HK\$20,000). It is envisaged it will help trainees especially (but not limited to) those doing research projects as their exit examination. Those who have funding support elsewhere will not be considered.

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

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

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

Assessment Criteria for both funds:

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

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

Research Committee, HKCFP

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

Please indicate the research funding title e.g. “HKCFP Trainees Research Fund 2023” or “HKCFP Research Seed Fund 2023” on your research project upon submission.

Submission Deadline: 25th October 2023

Supported by HKCFP Foundation Fund

Glucagon-like Peptide (GLP-1) Receptor Agonists for Obesity Treatment

With the global spread of obesity becoming a new pandemic increasing the risk of many noncommunicable diseases, new treatments are sorely sought after. Obesity increases the risk of cardiovascular diseases and associated illnesses and cancers such as breast, prostate, colorectal and endometrial. According to the Population Health Survey (PHS) 2020-22 conducted by the Department of Health, 32.6% of persons aged 15-48 were obese and another 22% were overweight. Obesity and overweight were most common amongst females aged 65-84 (57%) and among males 45-54 (74.6%).¹ The basis of treatment involves sustainable lifestyle modifications with dietary and activity changes. The use of FDA-approved medications and in some cases bariatric surgery are required to support lifestyle efforts. Not all patients are keen for bariatric surgery which has increased mortality and risks and only patients with BMI over 40 are indicated for the procedure.

Pharmacologic options include glucagon-like peptide 1 (GLP-1) receptor agonists semaglutide (weekly injection) or liraglutide (daily injection). Others include topiramate, bupropion-naltrexone, orlistat, phentermine, benzphetamine, phendimetrazine and diethylpropion. This article will focus on the discussion of GLP-1 agonists.

Incretins are gut-derived peptide hormones that are rapidly secreted in response to a meal. The two main incretins in humans are glucose-dependent insulintropic polypeptide and glucagon-like peptide (GLP-1). They stimulate pancreatic beta cells postprandially to secrete insulin producing early satiety and delayed gastric emptying.

Liraglutide, (sold under the brand names Victoza and Saxenda) was the first GLP-1 receptor agonist approved for the treatment of obesity. It is administered as a once-daily subcutaneous injection. It is indicated for patients with or without type 2 diabetes.

Semaglutide (sold under the brand names Ozempic, Wegovy and Rybelsus) in contrast requires only weekly injections. Semaglutide leapt into the social media spotlight when Tesla founder Elon Musk attributed his secret for looking "fit, ripped and healthy" was Wegovy. Step 3 RCTs showed at week 68, the estimated mean body weight change from baseline was -16.0% for semaglutide vs -5.7% for placebo ($P < .001$). More participants treated with semaglutide vs placebo lost at least 5% of baseline body weight (86.6% vs 47.6%, respectively; $P < .001$). A higher proportion of participants in the semaglutide vs placebo group achieved weight losses of at least 10% or 15% (75.3% vs 27.0% and 55.8% vs 13.2%, respectively; $P < .001$).² But once they stop taking it, most people regained much of their weight.³

Ozempic is only indicated for adults with type 2 DM. Novo Nordisk has since developed a semaglutide drug with

a higher dosage called Wegovy specifically for obesity. It was approved for use in the United States, the United Kingdom and Europe in 2021.

Side effects include bloating, constipation, diarrhoea and injection site reactions. There is also an increased risk of gallbladder events compared to placebo. Rare side effects include pancreatitis. There is also an official box warning for thyroid C-cell tumours. This caution is based on rodent studies but as medullary thyroid carcinomas are rare, ongoing pharmacovigilance activities are ongoing to definitively rule out an association between GLP-1 RA and thyroid malignancies.⁴ Patients with a personal or family history of medullary thyroid carcinoma or MEN 2 are contraindicated for semaglutide. "Ozempic face" is a social terminology coined by media describing the sagging and aging of facial skin with increased lines and wrinkles and a hollowed out appearance associated with rapid BW loss and lipodystrophy.

Semaglutide inadvertently become a social media phenomenon for its weight-loss properties with nearly 600 million views under #Ozempic on TikTok, leading to global shortages putting diabetic patients who depend on it for glycemic control at risk. Insurance companies in the USA are starting to send warning letters to doctors and health care providers suspected for off-label prescription.

With social media playing an even bigger role in our lives, it will be no surprise when we have patients requesting prescriptions from us. As family physicians, as with any treatment, it will be our responsibility to justify the indication of each patient, to discuss possible side effects and therapeutic benefit and to manage patients expectations. Semaglutide is not a magic drug and results of all RCTs were combined with low-calorie diet and intensive behavioral therapy. If indications are not met then the medication would be purely for cosmetic purposes with possible grievous side effects.

References:

1. Report of Population Health Survey 2020-22 (Part II). Non-Communicable Disease Branch Centre for Health Protection. Department of Health 2023.
2. Wadden TA, Bailey TS, Billings LK, *et al.* Effect of subcutaneous semaglutide vs placebo as an adjunct to intensive behavioral therapy on body weight in adults with overweight or obesity: The STEP 3 randomized clinical trial. *JAMA* 2021;325:1403-1413
3. Wilding JPH, Batterham RL, Davies M, *et al.* Weight regain and cardiometabolic effects after withdrawal of semaglutide: The STEP 1 trial extension. *Diabetes Obes Metab*. 2022 Aug;24(8):1553-1564. doi: 10.1111/dom.14725
4. Smits, M. M., & Van Raalte, D. H. (2021). Safety of Semaglutide. *Frontiers in endocrinology*, 12, 645563. <https://doi.org/10.3389/fendo.2021.645563>

Compiled by Dr. Cheng Ghar Yee Judy

家庭健康全面睇講座－ 「家庭醫生何止睇病？身心社交都照顧！」

何家銘醫生(香港家庭醫學學院公眾教育委員會委員)

為提倡家庭醫學概念及家庭醫生角色的重要性，公眾教育委員會與香港浸會大學傳理與影視學院及香港小童群益會於二〇二一、二二年舉辦了家庭健康全面睇講座。講座主題是「家庭醫生何止睇病？身心社交都照顧！」。講座目標是通過一系列與兒童健康相關主題吸引本港家長參與講座，並藉講座令家長了解家庭醫生在照顧各家庭成員生理健康的需要以外，還在「兒童感染及免疫預防」、「育兒及兒童精神健康」及「兒童行為與成長發展」三方面所擔當的重要角色。是次活動分別就三個不同主題進行六場講座，由二〇二一年十一月開始至二〇二二年四月完結。講座內容分別是「認識嬰兒敏感症、傳染病及疫苗」、「兒童上網/打機成癮」和「及早識別幼兒成長發展問題、服務評估與轉介(發展遲緩/自閉症/專注力失調及過度活躍/SEN)」。

講座分別由公眾教育委員會委員霍靖醫生、何家銘醫生及林永和醫生主講。雖然活動期間二〇一九新冠疫情嚴峻，講座亦一度要改為線上模式進行，但最後亦能順利完成。



公眾教育委員會委員霍靖醫生主講



公眾教育委員會委員林永和醫生主講



公眾教育委員會委員何家銘醫生主講



香港家庭醫學學院監傳鑑蘇醫生(中間)及公眾教育委員會委員霍靖醫生(左一)分享

家庭醫生何止睇病？ 身心社交都照顧！

家庭健康全面睇講座
(實體或線上)

認識嬰兒敏感症、 傳染病及疫苗	兒童上網/打機成癮	及早識別幼兒成長發展問題、 服務評估與轉介
2021年11月27日 (星期六) 下午2時-4時 九龍土庫海濱花園G座地下	2021年12月4日 (星期六) 下午2時-4時 美孚新少年綜合服務中心 九龍深水埗東區33號 美孚新街綜合大樓四樓五樓	2022年1月29日 (星期六) 下午2時-4時 美孚新少年綜合服務中心 九龍深水埗東區33號 美孚新街綜合大樓四樓五樓
2022年3月12日 (星期六) 下午2時-4時 香港小童群益會總部 香港灣仔軒尼詩道三號一樓	2022年2月12日 (星期六) 下午2時-4時 美孚新少年綜合服務中心 九龍深水埗東區33號 美孚新街綜合大樓四樓五樓	2022年4月2日 (星期六) 下午2時-4時 美孚新少年綜合服務中心 九龍深水埗東區33號 美孚新街綜合大樓四樓五樓

備註：每場講座由香港家庭醫學學院醫生代主講。
凡出席三個不同主題講座及完成有關講座問卷可獲由香港浸大、香港家庭醫學學院及香港小童群益會合辦證書。

主辦機構：
香港浸會大學
香港傳理與影視學院
香港家庭醫學學院
香港小童群益會

立即掃QR Code
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名額有限，先到先得，額滿即止。
查詢熱線：2421 6316 查詢電郵：ppc@hkfmm.edu.hk

家庭健康全面睇講座海報－「家庭醫生何止睇病？身心社交都照顧！」



公眾教育委員會委員李艷珠醫生（中間）及何家銘醫生（左一）分享



公眾教育委員會主席顏寶倫醫生（左二）及委員林永和醫生（中間）分享



（由左至右）公眾教育委員會霍靖醫生、李穎信醫生、顏寶倫醫生、何家銘醫生

除了講座外，公眾教育委員會與香港浸會大學傳理與影視學院還分別製作了兩段視頻於講座播放，希望令家長更加認識家庭醫學概念及家庭醫生的角色。兩段視頻分別是家庭醫生解說型視頻 (Explainer video) 及家庭醫生戲劇視頻 (Drama video)。視頻內容主要是介紹家庭醫生角色，令觀眾了解「乜嘢係家庭醫生？」、「點解要搵家庭醫生？」及「點樣實踐家庭醫學概念？」而公眾教育委員會委員陳穎欣醫生更為家庭醫生戲劇視頻擔當女主角。

香港浸會大學傳理與影視學院在是次活動，會向完成了三個不同主題講座的家長進行問卷調查，並會與沒有參加講座的家長進行相同問卷再作對照。



Family Doctor Explainer Video (Chinese Subtitle)

家庭醫生解說型視頻 (Explainer video)



家庭醫生戲劇視頻 (Drama video) 公眾教育委員會委員陳穎欣醫生

問卷調查總共訪問了46位家長。調查統計發現，參加了講座的家長在講座後對家庭醫生的認識有所加深 ($p < 0.001$)。在對擁有固定家庭醫生的態度方面，參加了講座的家長認為有固定的家庭醫生，對照顧小朋友精神健康問題，例如讀書壓力是有用的 ($p < 0.01$)。而兩個組別的家長亦認為家庭醫生對幫助調解家庭關係，例如父母間的育兒意見分歧是有作用的（參加講座組別 $p < 0.001$ ；沒有參加講座組別 $p < 0.016$ ），及對照顧小朋友的社交問題，例如被同學排擠是有價值的（參加講座組別 $p < 0.001$ ；沒有參加講座組別 $p < 0.001$ ）。在能跟從家庭醫生醫療模式的效能方面，參加了講座家長認為當有需要時，他們能夠讓家中每位成員到訪固定的家庭醫生 ($p < 0.01$)。另外，如果他們希望的話，他們的家庭是有能力有固定的家庭醫生的（例如知識、時間、金錢） ($p < 0.05$)。而兩個組別的家長亦認為即使病情沒有立刻好轉，他們有信心能繼續信任固定的家庭醫生，再次到訪（參加講座組別 $p < 0.01$ ；沒有參加講座組別 $p < 0.01$ ）。另一方面，對沒有固定家庭醫生的家長，參加了講座的家長亦會打算為他們和家人物色固定的家庭醫生 ($p < 0.01$)。

總括而言，是次講座能令家長有顯著改變，特別是令家長明白到家庭醫生不單止照顧生理疾病，還兼顧心理及社交問題。

Using ultrasound to detect gastrointestinal tumor: 2 case reports

Dr. Shek Hon Wing, Dr. Kwok Yuen Na Tina, Dr. Chan Kin Wai

Department of Family Medicine and Primary Health Care, Kowloon West Cluster, Hospital Authority

Introduction

The gold standard diagnostic modalities for luminal gastrointestinal (GI) tract diseases is GI endoscopy. For mural GI lesion, endoscopic ultrasound, CT scan or MRI play an important role in diagnosis. Traditionally the use of transabdominal ultrasound has limitation in diagnosing GI lesion. It is because the gas inside the GI tract produces a strong artefact. On the other hand using ultrasound as the first diagnostic imaging modality has an advantage of making timely diagnosis, avoiding invasive, unnecessary costly procedures. With increasing advances in USG technology, the modern USG can reduce the gas artefact and improve GI tract image resolution. Mastering the USG skill by turning patient position and graded compression, can also minimize gas artefact. These factors improve the accuracy of Point-of-Care Ultrasound (POCUS) to pick up GI lesions in the primary care clinic setting.

Case 1

A 79-year-old lady with diabetes mellitus, hypertension and obesity was noted to have static mildly elevated ALT since 2015. The latest ALT level was 59 U/L. HbsAg and antiHCV was negative while AFP was normal. She was referred from a GOPC colleague to the point-of-care ultrasound session on 25/11/2022. When she was seen on 9/2/2023, she complained of epigastric pain for one year. The pain was precipitated by increased food intake and was improved with famotidine or gasteel. She denied vomiting, dysphagia, jaundice, tea colour urine, tarry stool, appetite loss nor weight loss. On physical examination, there was no pallor nor jaundice. The abdomen was soft and non-tender without palpable mass.

On bedside ultrasound, there was slightly increased echogenicity of the liver. A heterogenous lesion with hypoechoic and hyperechoic component, measuring 4.6cm(TS)x3.5cm(AP) x 4.5cm(CC), was noted below left lobe of liver (See images 1-3). It was negative for Doppler signal. An exophytic growth from left lobe or from stomach was suspected. The rest of examination of gallbladder, common bile duct, pancreas and spleen was unremarkable. There was no free fluid in Morrison's pouch. The clinical impression was suspected liver mass at left lobe or gastric mass. She was referred for private CT abdomen with contrast.

CT abdomen with contrast on 14/2/2023 showed a lobulated contrast enhancing mass (3.8cm x 2.8cm x 5.5cm in size) between the stomach and the lateral border of the left hepatic lobe. Differential diagnoses included tumour of the stomach wall and less likely to be a pedunculated liver tumour. Gastrointestinal stromal tumour needed to be considered although other tumour

pathology cannot be excluded. No regional or significant para-aortic lymphadenopathy or ascites was present. She was referred to surgical clinic.

She was assessed in surgical clinic on 15/3/2023. She was arranged OGD next day. OGD showed a vague bulge at lesser curvature at distal body of stomach.

Laparoscopic wedge resection of lesion of stomach and laparoscopic lysis of peritoneal adhesion was done on 2/5/2023 with findings:

- 7cm exophytic gastrointestinal stromal tumour (GIST) from lesser curvature of mid-body of stomach
- Adhesions over upper abdomen

The pathology result showed a 7x5x3cm GIST at low risk (3.6%) of progressive disease (Miettinen and Lasota 2006) with complete excision.

She was referred to oncology to assess for any need of adjuvant therapy with imatinib. The oncology appointment was scheduled on 9/8/2023.

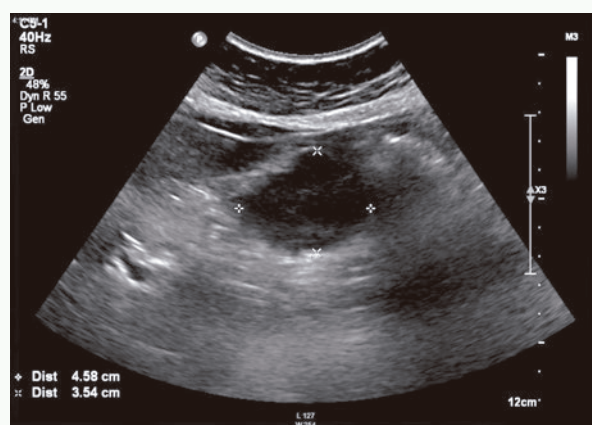


Image 1: This is the transverse view of the lesion. It showed a heterogenous lesion with hypoechoic and hyperechoic component near to the edge of the lateral segment of the left lobe of liver (marked by star).

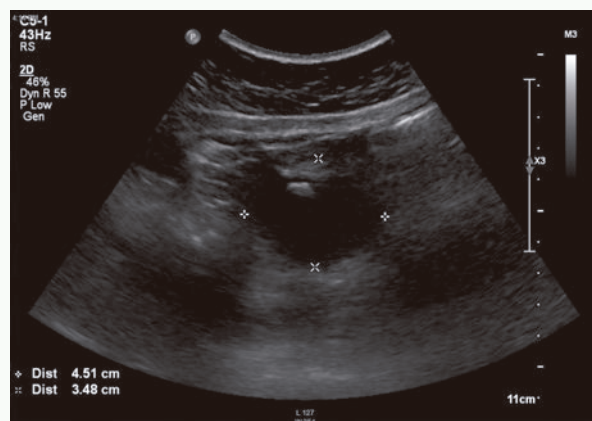


Image 2: This is the longitudinal view of the lesion. It showed a heterogenous lesion with hypoechoic and hyperechoic component.

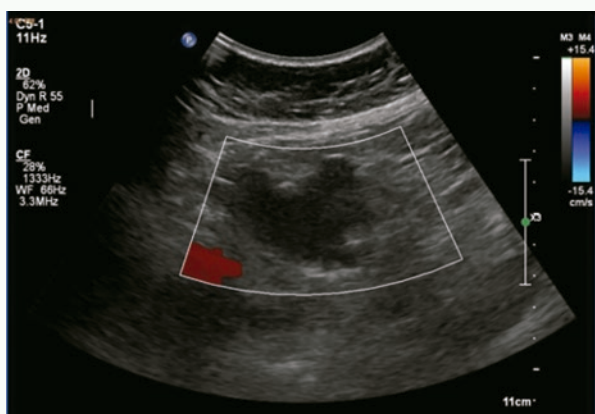
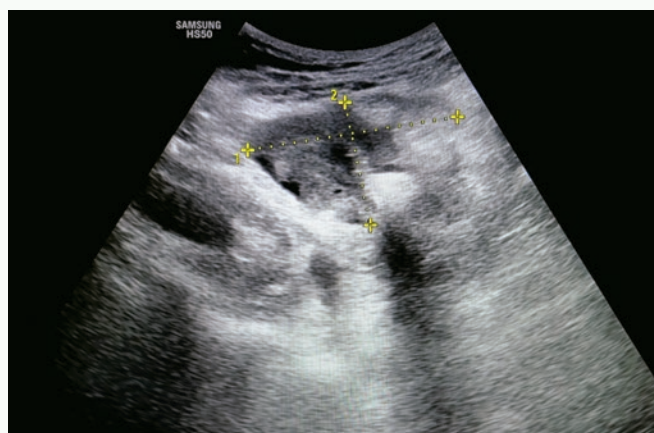


Image 3: This is another longitudinal view of the lesion. The lesion is negative for Doppler signal.

Case 2

Mr. Kam, 55-year-old gentleman, was being followed up in GOPC for DM and hyperlipidemia. He noted that there was a lower abdominal mass which was painful for 1 week. He had no fever. He got normal bowel opening. He didn't suffer from abnormal urinary symptoms. His body weight was static. On physical examination, there was a vague mass palpable over lower abdominal region (just left side to the midline of suprapubic area). The first impression of the mass was like one pack of the abdominal "chocolate" – rectus abdominis. Therefore, it was not obviously detectable if not lying flat with comparison made with another side (could feel the relaxed muscle tone and the size of muscle was not that bulky). The size of the mass was ~5cm in diameter, firm in consistency and immobile. It was mildly tender without guarding or rebound tenderness. What differentials would you think at this moment?

As there was a USG machine recently available in Mui Wo clinic, I thought it may at least help to delineate the extent of the mass.



POCUS finding: a triangular mass with round edge (size: 5.97 x 3.49cm). It generally appeared hypoechoic and heterogenous. It was located behind muscle layer. There was one round shaped hyperechoic lesion (1.41 x 1.25cm) embedded inside with posterior acoustic shadow.

From what it appeared to me, the mass didn't appear as an abscess. The patient was not toxic and the pain was not intense. My thoughts at that juncture that the mass was likely malignant. Patient didn't consider the option of private CT scan. He was then referred to Surgical Department with high priority. He was also reminded to A&E in case the pain increased further.

He returned to clinic 1 week later. He complained that the lower abdominal pain had increased over the past 3 days. The pain was aggravated by cough, defaecation or breathing when lying down in supine position. The Surgical appointment was still pending. He was arranged early blood test (CBP, RLFT, HbA1C).

CBP showed Hb 7 (baseline 13-14) WBC 4, Plt 495. RLFT insignificant.

He was called back to A&E directly. He was then admitted into Surgical Unit.

BS USG showed:

- Multiple bilobar hyperechoic nodules, largest size up to 3.9 x 3.6cm at left lobe, second largest size up to 2.4 x 2.4cm adjacent to IVC
- A 2.8 x 1.2cm irregular hypoechoic mass at left suprapubic region, muscular layer, no doppler flow/bowel content

AXR showed no dilated bowel.

Urgent CT A+P + triphasic CT liver was arranged.



Report showed: large sigmoid tumour (at least 7.4 x 6.6cm APxW) with exophytic component, which may be part of the tumour or concealed perforation, though the former is favoured. Local metastatic lymph nodes and liver metastasis. Equivocal paraaortic lymph nodes.

CEA was 875.

Private PET scan showed: compatible with sigmoid cancer with serosal involvement, adjacent LN met up to

L4 and suspicious localized peritoneal metastases and local invasion to adjacent left rectus abdominis muscle and several hepatic metastases. No evidence of lung/ brain/ bone met.

Private colonoscopy report: scope up to 18cm, stenotic circumferential tumour, scope cannot pass through. 1mm rectal polyp removed. Pathology showed: 1) sigmoid tumour: adenocarcinoma, 2) rectal polyp: tubular adenoma with low grade dysplasia.

Multidisciplinary meeting reviewed potentially resectable liver metastasis. Plan for chemotherapy first. Separate OT sessions for major hepatic resection and sigmoidectomy.

Discussion:

It is not uncommon to see patients presenting with a vague mass on certain part of their body, particularly the abdomen. During examination, we may encounter situations where the mass is not palpable or only vaguely palpable despite patients' insistence. POCUS may help to at least detect if a mass was genuinely present, although the exact nature may not be definitely delineated in every case. It can also help to guide the treatment plan. If the image favours an abscess, he would be referred to A&E directly for urgent intervention. As the likely impression was colon malignancy in this case, further investigations like CT and colonoscopy should be considered.

There are some USG features that can help us to differentiate between benign and malignant GI lesion. Normally bowel wall will give 5 layers of alternating hyperechoic and hypoechoic appearances: the gut signature. These layers, from innermost to outermost, are :1. Superficial mucosa: hyperechoic. 2. Muscularis mucosa: hypoechoic. 3. Submucosa: hyperechoic. 4. Muscularis propira: hypoechoic. 5. Serosa: hyperechoic.

For benign lesion usually the 5 layers of gut signature is preserved. If the lesion is malignant, the gut signature will be breached and all 5 layers may not be visualized.

Some typical USG features are tell-tale sign of important lesions. The Pseudokidney sign, which presents as a hypoechoic mass with a hyperechoic centre¹. The Pseudokidney sign, also called the rosette sign, is demonstrated by segmental hypoechoic bowel wall thickening (due to edema) with a central irregular hyperechoic lumen (due to air and mesentery). The term "Pseudokidney" came about as the lesion appears sonographically as a mass with a reniform appearance. It should be noted that although the pseudokidney sign was first described in colon carcinoma, it has also been described in many other entities such as intussusception, necrotising enterocolitis, volvulus, lymphoma and

inflammatory bowel disease. Nonetheless, the detection of a pseudokidney points towards a serious intestinal pathology which accelerates the decision to proceed with endoscopic evaluation.

Ultrasonographic diagnosis of a colorectal cancer was based on a large lesion inside the colon with partial obstruction, causing proximal colon dilatation with a distal colon collapse. Because normal bowel loop is compressible, an incompressible lesion within the colon or extending outside the colonic wall is suggestive of a colorectal cancer. In the diagnosis of obstructing colorectal cancers with bowel distension, ultrasonography demonstrated a sensitivity of 92.8% and a specificity of 98.8. The study found that about a fifth of patients with abdominal distension had colorectal cancer and that more than 80% of these were advanced cancers. This suggests that patients with abdominal distension need prompt abdominal examination to rule out the possibility of colorectal cancer. Findings indicate that ultrasonography is a sensitive tool for diagnosing colorectal cancer in patients presenting with abdominal distension. But there are also some limitations. Firstly, abdominal distension will increase the gas artefact and decrease the sensitivity. Secondly, colorectal cancer in the middle and lower third of the rectum can be missed because ultrasound cannot penetrate bone.

In summary, when facing the challenge of patients presenting with vague abdominal mass in our daily practice, detailed physical examination together with the assistance of POCUS can give us more diagnostic cues for further management.

References:

1. Chen, W. C., Teh, R., & Qurishi, A. [2022]. Point-of-Care Ultrasound for the Diagnosis of Colon Cancer. *POCUS Journal*, 7(2), 190–192.
2. Shyr-Chyr Chen, Zui-Shen Yen, Hsiu-Po Wang, Chien-Chang Lee, Chiung-Yuan Hsu, Wen-Jone Chen, Chien-Yao Hsu, Hong-Shiee Lai, Fang-Yue Lin and Wei-Jao Chen. Ultrasonography in diagnosing colorectal cancers in patients presenting with abdominal distension. *Med J Aust* 2006; 184 (12): 614–616
3. Yu X, Yang Y, Li J. Application of ultrasound in the diagnosis of gastrointestinal tumors. *European Journal of Inflammation*. 2020;18.

Meeting Highlights

CME Lecture on 18 July 2023

Dr. Yeung Yuk Nam, Raymond, Specialist in Orthopaedics and Traumatology, delivered a lecture on "Knee pain "in and out".



Dr. Au Yeung Shiu Hing (left, Moderator) presenting a souvenir to Dr. Yeung Yuk Nam, Raymond (right, Speaker).

Hybrid CME Lecture on 27 July 2023

Dr. WANG Kin Fong, Teresa, Specialist in Clinical Microbiology and Infection, delivered a lecture on "The future of COVID-19 management in Primary Care: knowing who, when and how".



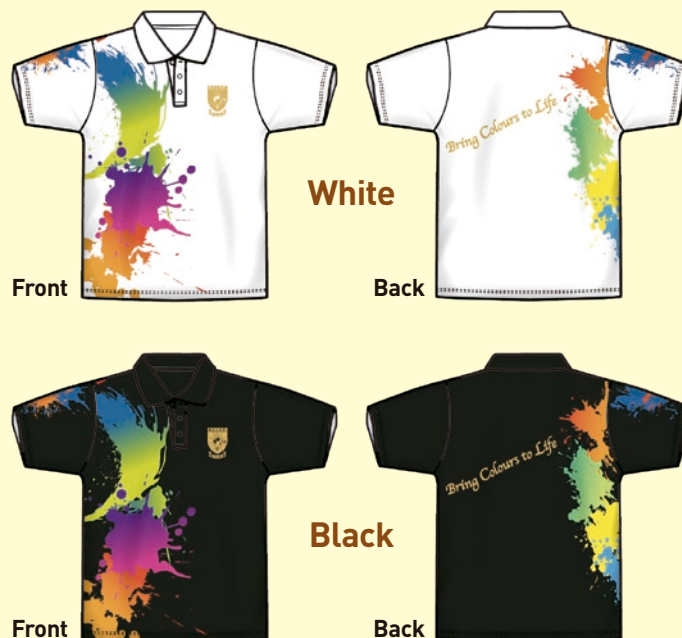
Dr. Lam Wing Wo (left, Moderator) presenting a souvenir to Dr. WANG Kin Fong, Teresa (right, Speaker).

Order of HKCFP Polo Shirt

Dear members,

We are excited to announce that our College is going to have another piece of clothing with our College logo, in addition to the College tie and scarf.

The College polo shirt is meant to enhance a sense of belonging and identity of our members, as well as to promote a climate of collegiality when members wear it in College events for which a casual dress code is in place. The "Bring Colours to Life" motto printed on the polo shirt and its colourful design represent our common wish for everyone to enjoy a colourful and vibrant life, full of happiness and fulfillment. It is also the aim of every family doctor. The polo shirt is made of high-quality polyester fabric and it comes in two colors: Black and White, and is available in various sizes.



The College Secretariat is now collecting orders for the College polo shirts, the first batch is expected to arrive in late September. As some sizes are **NOT** available after the **PRE-ORDER** period, please remember to place your order asap before the pre-order deadline (28 August 2023) to get the preferred size for you & your family members, and enjoy the pre-order discount.

Interested members please download the form from the College website at https://www.hkcfp.org.hk/pages_9_99.html or by scanning the QR code, and send it back to us by email to place your order.

Download
the order form:



Organized by:



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



香港紓緩醫學學會
HONG KONG SOCIETY OF PALLIATIVE MEDICINE

Certificate Course on Palliative Care for Primary Care Doctors 2023

The Hong Kong College of Family Physicians (HKCFP) and the Hong Kong Society of Palliative Medicine (HKSPM) are going to organise a "Certificate Course on Palliative Care for Primary Care Doctors 2023". The objectives of the course are to promote the role of family physicians in the provision of palliative care in the community, to equip family physicians with the knowledge and resources in offering palliative care to their patients and to facilitate the collaboration between palliative care specialists and family physicians.

The training course consists of 5 2-hour sessions. Each session will have 2 short lectures followed by workshop of the same topics with the details below:

- Date** : 14 October, 28 October, 11 November, 25 November and 9 December 2023 (All Saturdays)
- Time** : 2:30 – 4:30pm **Lecture and Discussion**
- Venue** : Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai, Hong Kong
- Format** : Face-to-face event. Each session consists of 2 short lectures, followed by workshop of the same topics.
- Accreditation** : 2 CME Point HKCFP (Cat. 5.2) for each session, max. 10 CME for whole course
2 CME Point MCHK (pending) for each session, max. 10 CME for whole course
- Certificate** : Those who have attended 4 sessions or more and have fulfilled the attendance requirement would be given an "e-Certificate of Attendance" jointly issued by HKCFP & HKSPM.
- Admission Fee** : HKCFP Member : HK\$1,200.00 for the whole course and priority would be given to HKCFP members
Non-member : HK\$2,400.00 for the whole course
For non-members, please contact the secretariat for registration. All fees received are non-refundable nor transferable.
- Payment Method** : 1. By cheque made payable to "HKCFP Education Limited"; or
2. By FPS (For local transaction only. Can pay through Alipay or through online banking. Secretarial staff would further email you once the e-debit note with payment details is ready.)
- Capacity** : 40 participants (min: 20 participants)
- Language** : Lecture and workshops will be conducted in both Cantonese and English.
- Registration** : Please register by scanning the QR code. For enquiry, please contact Ms. Katie Lam by email to education@hkcfp.org.hk or call 2871 8899. Thank you.

Registration QR Code



Registration Deadline : 5 October 2023 (Thursday)

Course Programme

Dates and Time	Topics	Content	Speakers	Moderator & Tutors
14 Oct 2023 (Sat) 2:30 - 4:30 pm	Basic Palliative Care Concept	Palliative Care Development and Available Services in HK PC Principles & Prognostication	Dr. CHEN Wai Tsan, Tracy <i>Specialist in Palliative Medicine</i>	Dr. NG Sheung Ching, Jeffrey <i>Specialist in Palliative Medicine</i>
	Symptom Management in Palliative Care (Part 1)	(1) Symptom Assessment and Approach to Symptom Management (2) Common Cancer Symptoms & Management	Dr. HO Chun Wing, Jerry <i>Specialist in Palliative Medicine</i>	Tutors Dr. CHEN Wai Tsan, Tracy Dr. HO Chun Wing, Jerry Dr. LEUNG Ling Yan, Clare
28 Oct 2023 (Sat) 2:30 - 4:30 pm	Symptom Management in Palliative Care (Part 2)	Common Cancer Symptoms & Management	Dr. LEUNG Ling Yan, Clare <i>Specialist in Palliative Medicine</i>	Dr. CHENG Hon Wai, Benjamin <i>Specialist in Palliative Medicine</i>
	Psychological & Spiritual Needs	Psycho-spiritual Needs and Assessment in advanced diseases: Depression, Anxiety, Delirium, Existential Distress	Dr. CHAN Lut Ming <i>Specialist in Palliative Medicine</i>	Tutors Dr. LEUNG Ling Yan, Clare Dr. CHAN Lut Ming Dr. LUI Cheuk Yu, Louisa
11 Nov 2023 (Sat) 2:30 - 4:30 pm	Legal issues	Legal issues on End-of-life care	Ms. Olivia LEUNG <i>Solicitor</i>	Dr. CHEN Wai Tsan, Tracy <i>Specialist in Palliative Medicine</i>
	Advance Care Planning (ACP) and Advance Directive (AD)	ACP and AD – from psychogeriatric perspective	Dr. LEUNG Lam Ming Jess <i>Specialist in Psychiatry</i>	Dr. NG Sheung Ching, Jeffrey <i>Specialist in Palliative Medicine</i>
25 Nov 2023 (Sat) 2:30 - 4:30 pm	Symptom Management in Non-cancer Palliative Care	(1) Symptoms & Management in patients with End-stage Renal Disease (2) Symptoms & Management in Neurodegenerative Diseases, Frailty & Dementia	Dr. CHENG Hon Wai, Benjamin <i>Specialist in Palliative Medicine</i>	Dr. HO Chun Wing, Jerry <i>Specialist in Palliative Medicine</i>
		(1) Symptoms & Management in patients with Advanced COPD (2) Symptoms & Management in patients with Advanced CHF	Dr. CHAN Chung On <i>Specialist in Palliative Medicine</i>	Tutors Dr. CHENG Hon Wai, Benjamin Dr. CHAN Chung On Dr. CHAN Lut Ming
9 Dec 2023 (Sat) 2:30 - 4:30 pm	Advanced Cancer – Palliative Oncological Treatment & Adverse Reactions	Common Palliative Oncological Treatment: Its Adverse Reactions & Management	Dr. LAU Kin Sang, Johnny <i>Specialist in Clinical Oncology</i>	Dr. CHEN Wai Tsan, Tracy <i>Specialist in Palliative Medicine</i>
	Last Days of Life in the Community	Care of Dying Patients at Home	Dr. NG Sheung Ching, Jeffrey <i>Specialist in Palliative Medicine</i>	Tutors Dr. LAU Kin Sang, Johnny Dr. NG Sheung Ching, Jeffrey Dr. LUI Cheuk Yu, Louisa

Notes : 1. In case of over-subscription, the organiser reserves the right of final decision to accept registration.
2. Due to copyright issue, please note private recording of the lecture is **PROHIBITED**.

- Activities are supported by HKCFP Foundation Fund.
- Please wear a surgical mask if you have respiratory tract infection and confirm that you are afebrile before coming to the meeting.
- Please wear an appropriate dress code to the hotel for the Scientific Meeting.
- Private video recording is not allowed. Members, who wish to review the lecture, please contact our Secretariat.

Online Seminars

Date and Time	Topics	Speakers	Moderators
2 Sept (Sat) 2:00 – 3:30 p.m.	Online Dermatology Seminar: Trainees Dermatology Cases Presentation <i>Organized by Interest Group in Dermatology</i>	FM Trainees	Dr. LAM Wing Wo
22 Sept (Fri) 2:00 – 3:00 p.m.	Online Seminar: Update on Heart Failure with Reduced Ejection Fraction (HFrEF) 2023 and revisit of beta blocker <i>Sponsored by Merck Pharmaceutical (HK) Limited</i>	Dr. CHAN Lip Kiong <i>Specialist in Cardiology</i>	TBC
27 Sept (Wed) 2:00 – 3:00 p.m.	Online Seminar: Updates in Management of Subfertility <i>Sponsored by Merck Pharmaceutical (HK) Limited</i>	Dr. CHOW Man Kei, Anita <i>Specialist in Obstetrics & Gynaecology</i>	TBC

Face to Face Seminar

Date and Time	Venue	Topic	Speakers and Moderators
10 Sept (Sun) 10:00a.m. – 12:45 p.m. (Registration starts at 9:30 a.m.)	Ming Room, Level 4, Sheraton Hong Kong Hotel & Towers, 20 Nathan Road, Kowloon	Sunday Symposium for Primary Care Doctors Lecture 1 : Atrial Fibrillation Insight from RCT and RWE: Translating the scientific data into clinical practice for AF patients Lecture 2 : Respiratory Updates on GOLD 2023: What are the latest guidelines suggestions on COPD treatment? Lecture 3 : Pulmonary Fibrosis Idiopathic vs Progressive Pulmonary Fibrosis: How should we identify them? Lecture 4 : Diabetes Mellitus and Diabetic Kidney Disease Optimizing the outcomes of diabetes patients with kidney disease Lecture 5 : Heart Failure SGLT2 Inhibitors – Wonder drugs in heart failure and beyond? <i>Sponsored by Boehringer Ingelheim (Hong Kong) Ltd</i>	Speakers: 1. Dr. Richard LI <i>Specialist in Neurology & Internal Medicine</i> 2. Dr. WONG King Yan, Matthew <i>Specialist in Respiratory Medicine</i> 3. Dr. TAM Chi Chun, Terence <i>Specialist in Respiratory Medicine</i> 4. Dr. CHAN Chun Kau, Gordon <i>Specialist in Nephrology</i> 5. Dr. WONG Ka Lam <i>Specialist in Cardiology</i> Moderators: Dr. CHEN Xiao Rui, Catherine Dr. OR Ka Yan

QR Code for registration



Admission Fee:

For 10 Sept event

College Fellow, Full, or Associate Members:

Complimentary
(\$50 Enrollment deposit is required)

Other Categories of Members:

Non – members:

HK\$ 550.00
HK\$ 650.00

For non-members, please contact the secretariat for registration details. All fees received are non-refundable nor transferable.

Accreditation : 2 Sept	: 2 CME Points HKCFP [Cat. 4.3] 2 CME Points MCHK (pending)	Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)
10 Sept	: 3 CME Points HKCFP [Cat. 4.4] 3 CME Points MCHK (pending)	Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)
22 & 27 Sept	: 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 Sessions

Dates and Time	Topics
25 August (Fri) 2:30 – 3:30 p.m.	"Closing Treatment Gaps in Osteoporosis: Identifying and Managing Osteoporosis in Primary Care" by Dr. Lui Tak Wai, David

QR Codes for registration

25 August 2023 (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)
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***CME points would be given for self-study at online recorded CME lectures only if participating doctors have not attended the same live CME lectures and completed the relevant quiz.**

Admission Fee	: Member Free
(For all online seminars)	: Non-member HK\$ 100.00 for each session

For non-members, please contact the secretariat for registration details. All fees received are non-refundable nor transferable.

Registration Method	: Please register via the registration link to be sent by email later or scan the QR code above. For enquiry about registration, please contact Ms. Katie Lam by email to education@hkcfp.org.hk or call 2871 8899. Thank you.
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Notes :

Online Events
<ol style="list-style-type: none"> In case of over-subscription, the organizer reserves the right of final decision to accept registration. The link to join the webinar SHOULD NOT be shared with others as it is unique to each individual who has completed prior enrolment procedures. If additional attendee(s) is/are found using the same unique link to join the webinar with you, all attendees joining the lecture via your unique link would be dismissed. You can only login with one device at a time. CME point(s) would only be given to those on the pre-registration list and attended the lecture. Please note you can just attend ONE CME activity at a time. If found you are attending more than one CME activity simultaneously by the CME administrator later, you may NOT be able to receive the CME point(s). Members who have attended less than 75% of the length of the online lecture may not be able to receive CME. Final decision would be subject to the approval of the related Board / Committee. Please be reminded to complete and submit the *MCQs or survey after the session for HKCFP and MCHK CME point(s) accreditation. (*MCQs/ True or False Questions; 50% or above of correct answers are required) Please be reminded to check the system requirements beforehand to avoid any connection issues. Due to copyright issue, please note private recording of the lecture is prohibited. Registration will be closed 3 days prior to the event.

Structured Education Programmes

Free for members

HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
Wednesday, 06 September 2023			
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Navigating Patient Non-compliance: Strategies for Effective Consultation and Improved Outcomes Dr. Wan Kwong Ha & Dr. Lau Shi Wa	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Consultation Enhancement (Physical Examination: Eye and Video Consultation) Dr. Wong Anthea & Dr. Ho Han Chung, Gary	Ms. Emily Lau Tel: 3506 8610
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Practice management - Diagnostic Equipment in Family Medicine Practice Dr. Chloe Leung	Ms. Cherry Wong Tel: 2589 2337
17:30 - 19:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Primary Health Care Blueprint and the Way Forward Part 2 Dr. Ng Ka Wai, Will & Dr. Ge Shicong, George	Ms. Nicole Ng Tel: 5569 6405
Thursday, 07 September 2023			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Dermatological Emergencies in General Practice Dr. Sheng Wei Yang & Dr. Wong Tsz Yan	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 13 September 2023			
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Antibiotic Stewardship Program in Primary Care Dr. Kwong Chung Man & Dr. Lo Yu Chee	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Lecture Theatre, G/F, Block M, QEH	Community resource: Cancer and Terminally Ill Patient Dr. Ng Chi Ho & Dr. Lau Kwan Ho, Marco	Ms. Emily Lau Tel: 3506 8610
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Clinical Approach to Gynaecological Problems Presented with Pelvic Pain Dr. Paulin Ma	Ms. Cherry Wong Tel: 2589 2337
17:30 - 19:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Adolescent Sexual Development and Sexual Identification Problem Dr. Lui Yin Mei, Catherine & Dr. Chu Pui Ling, Candice	Ms. Nicole Ng Tel: 5569 6405
Thursday, 14 September 2023			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Travel Health Services in the Community Dr. Chan Ching & Dr. Kum Chung Hang	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 20 September 2023			
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Research Ethics in Primary Care Dr. Cheng Ka Tong & Dr. Lam Hor Yee	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Health Care Delivery System in European Countries Dr. Cheung Tsz Kei, Jennifer & Dr. Lau Tsz Ying, Yumi	Ms. Emily Lau Tel: 3506 8610
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Common Symptom Complaints - Urinary Symptoms and Protocol Sharing Dr. Jackie Lee	Ms. Cherry Wong Tel: 2589 2337
17:30 - 19:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Common Child Learning Difficulties Problem (ASD, ADHD, SEN) Dr. Tong Hiu Tung, Christy & Dr. Jerrold Lee	Ms. Nicole Ng Tel: 5569 6405
Thursday, 21 September 2023			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Prolong Waiting Protocol and Complaints Management in Primary Care Dr. Lam Yat Hei & Dr. Chang Ting Ting	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 27 September 2023			
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Urological Emergencies in General Practice Dr. Ng Wing Hin & Dr. Wang Siqi	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Practice Management (Clinical Waste Management, Needle Stick Injury & Handling/Disposal of Sharps) Dr. Cheung Ada See Wai & Dr. Wong Yuet Hei, Jacob	Ms. Emily Lau Tel: 3506 8610
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Interpretation and Management of Abnormal CXR Dr. David Lam	Ms. Cherry Wong Tel: 2589 2337
17:30 - 19:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Management of Abnormal Tumour Markers Dr. Tang Yeung On & Dr. Chow Chun Fung, Ray	Ms. Nicole Ng Tel: 5569 6405
Thursday, 28 September 2023			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Exploring the Spectrum of Medical Insurance in Hong Kong: A Guide to Understanding and Choosing the Right Coverage Dr. Hun Pek I & Dr. Lam Wai Yiu	Ms. Eliza Chan Tel: 2468 6813

FP Links Committee Announcement

Taking Go Green to next level

Dear College Members,

Since 2009, an increasing number of members have opted to discontinue receiving printed copies of FP Links. FP Links Committee would like to thank the members who have supported the "Go Green" initiative.

To drive the initiative forward, from January 2024, subscription will be changed to electronic versions automatically for all college members unless notified otherwise. All issues of Family Physicians Links (FP Links) are accessible from our college website http://www.hkcfp.org.hk/fplinks_40.html.

Members who would like to receive printed copies of FP Links after 1 January 2024, please complete and return the reply slip or e-form by scanning the QR code.

Thank you for joining us together in reducing paper consumption and helping conserve natural resources!

The Hong Kong College of Family Physicians

Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen

Email: FPLinks@hkcfp.org.hk

Phone: 28718899

Read FP Links online:



To subscribe Hard-copy:



~~~~~ Reply Slip ~~~~~

To: FP Links Committee

Surname _____

Given name _____

Membership ID : FP _____

Your contact phone number : _____

☐ I would like to keep receiving the **printed copies** of FP Links after 1 January 2024

If members would like to update the email address or other membership data, please contact Membership Committee by email to membership@hkcfp.org.hk

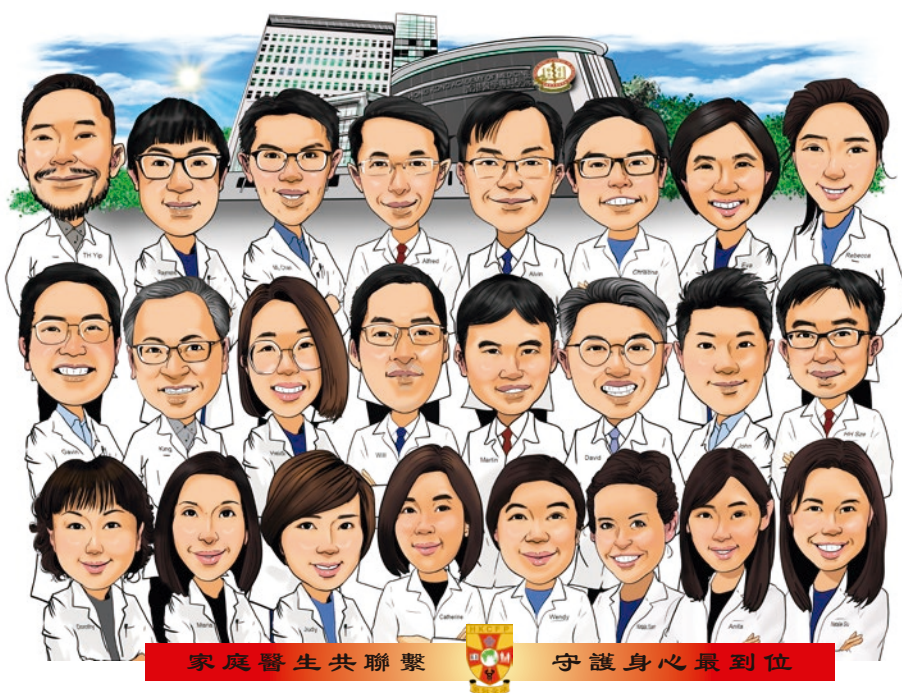
Signature

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27 Aug 2:00 – 6:00 p.m. YDC Orientation Boot Camp	28	29	30 2:30 – 7:00 p.m. Structured Education Programme	31 4:00 – 6:00 p.m. Structured Education Programme 7:15 – 9:15 p.m. Dinner Symposium	1 Sep	2 2:00 – 3:30 p.m. Interest Group in Dermatology
3	4	5	6 2:30 – 7:00 p.m. Structured Education Programme	7 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	8	9 2:30 – 5:30 p.m. DFM FM Clinical Skills Enhancement
10 10:00 a.m. – 12:45 p.m. Sunday Symposium	11	12	13 2:30 – 7:00 p.m. Structured Education Programme	14 4:00 – 6:00 p.m. Structured Education Programme	15	16 2:00 – 4:00 p.m. Certificate Course on Brining Better Health to Our Community 2023 2:30 – 5:30 p.m. DFM Counselling Skills Workshop
17	18	19	20 2:30 – 7:00 p.m. Structured Education Programme	21 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	22 2:00 – 3:00 p.m. Online Seminar	23 2:30 – 6:00 p.m. Assessment Enhancement Course Mock Exam 2:30 – 5:30 p.m. DFM Musculoskeletal Workshop
24	25	26	27 2:00 – 3:00 p.m. Online Seminar 2:30 – 7:00 p.m. Structured Education Programme	28 4:00 – 6:00 p.m. Structured Education Programme 8:00 p.m. Specialty Board Meeting	29	30
1 Oct	2	3	4 2:30 – 7:00 p.m. Structured Education Programme	5 4:00 – 6:00 p.m. Structured Education Programme	6	7

FP LINKS EDITORIAL BOARD

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



FP LINKS EDITORIAL BOARD

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Contact and Advertisement Enquiry

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2871 8899



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