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FP LiNKS

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

INSIDE THIS ISSUE

Issue 270 August 2026

Message from the President

It has been announced recently by the Centre for Health Protection (CHP) of the Department of Health (DH) that the local seasonal influenza activity has increased further over the baseline levels, indicating that Hong Kong has entered the influenza season.(https://www.info.gov.hk/gia/general/202607/02/P2026070200749.htm) The predominant influenza viruses detected were influenza A (H3) (59 per cent), followed by influenza A (H1) (23 per cent) and influenza B (18 per cent).

In Hong Kong, the summer influenza season generally affects us between July and August. The last influenza season which started last September was relatively long, lasting until early January of this year, while the influenza season that typically occurs in the first quarter of each year did not occur this year. Based on historical surveillance data, viral activity tends to rise steadily for some time after the start of the influenza season before reaching its peak. Hence, influenza activity is expected to increase further in the coming weeks. High-risk individuals should wear surgical masks when they are in public places. The general public should also wear surgical masks when using public transport or staying in crowded places. Individuals with symptoms of respiratory infections, even if the symptoms are mild, should wear a surgical mask, refrain from going to work or school, and seek medical advice as soon as possible to reduce the risk of transmission. The CHP urged the public to remain vigilant and maintain good personal and environmental hygiene at all times.

Also, the recent activity of COVID-19 has continued to be in an upward trend according to CHP. COVID-19 activity levels generally show an upsurge approximately every six to nine months in recent years. Each upsurge is associated with changes in predominant circulating variants and a decline in community herd immunity. Recent surveillance data showed that there is an ongoing increase in the level of activity of the virus in Hong Kong. It is anticipated that overall activity will increase further in the coming weeks, marking the onset of a new periodic upsurge in COVID-19 activity.

According to CHP, COVID-19 vaccines are effective in reducing hospitalisation and death rates after infection. The CHP appeals to individuals who have not yet received their initial dose of the COVID-19 vaccine, especially young children over 6 months old and the elderly, to receive an initial dose as soon as possible. Additionally, high-risk individuals should receive a booster dose at appropriate times six months after their last vaccine dose or COVID-19 infection, whichever is later, regardless of the number of doses received previously.

The Hong Kong Academy of Medicine Jockey Club Institute for Medical Education and Development (JCIMED) is hosting a half-day Portable (Handheld) Ultrasound Training Workshop, designed to equip healthcare professionals with essential skills to perform and interpret handheld ultrasound across key clinical applications (https://www.hkam.org.hk/en/news/jcimed-portable-handheld-ultrasound-training-workshop-2) The workshop introduces participants to the basic scientific principles and practical knobology of ultrasound, familiarizes them with the applications and limitations of portable ultrasound devices, and provides hands-on experience in four selected modules, chosen from vascular, lung, abdomen, airway, and vascular access ultrasound techniques. Participants will gain practical insights into applying ultrasound skills in daily clinical practice, understanding core scanning principles, navigating commonly used portable ultrasound devices, and mastering targeted skill sets essential for clinical decision-making. I attended the last workshop in June, and I found it a very useful primer for those who are new to the field of portable ultrasound. Details can be obtained from the web link above.

Dr. David V K CHAO
President

ORGANISERS:

WONCA Asia Pacific Regional Conference 2027

Family Doctors:
The Heart of Quality Primary Healthcare

22-25 April 2027

The Xiqu Centre Hong Kong SAR,China

Call for Abstracts

Deadline

15 November 2026

Details

Enquiry: Conference Secretariat | T : +852 6663 9375 | E : submission@woncaaprc2027hk.com

HKCFP Family Medicine Boot Camp 2026

To : 2026 Newly Enrolled Basic Trainees

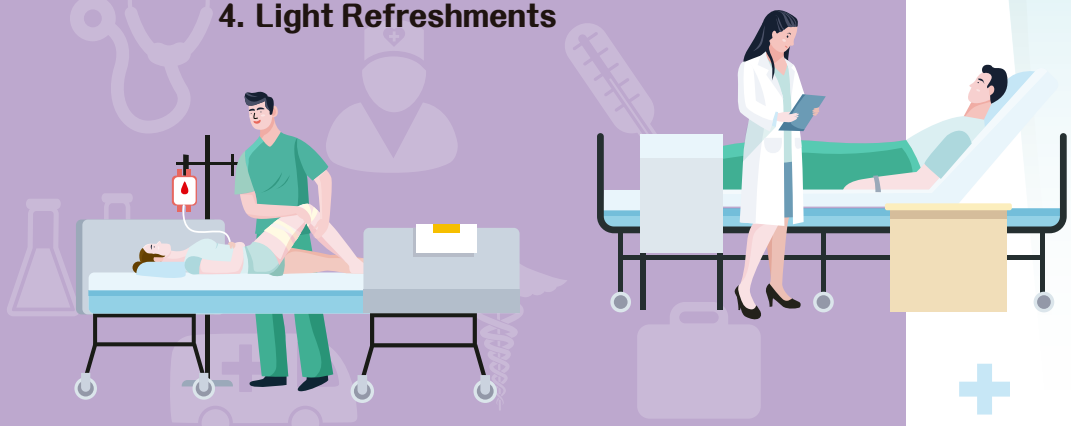
Date : 13 September 2026 (Sunday)

Time : 14:30 to 16:30

Venue : Banquet Room 1-2, 3/F, HKAM JC Building,
99 Wong Chuk Hang Road,
Aberdeen, Hong Kong

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

Content :
1. Ice-breaking Games
2. Survival Tips for FM trainees
3. Introduction to Mentorship Programme
4. Light Refreshments



PLEASE JOIN US

Register for this exciting event via scanning the QR code before 30 August 2026 (Sunday)

For enquiry, please contact Ms Nana CHOY or Ms Kathy LAI at 2871 8899 or via email at ydc@hkcfp.org.hk.

Hong Kong Primary Care Conference 2026 "Overcoming Challenges for Sustainable Primary Care: Innovation, Collaboration and Leadership" on 26 – 28 June 2026

Post conference message 2026

Dr. Lorna NG
Chairlady, HKPCC Organising Committee, HKCFP

The Hong Kong Primary Care Conference (HKPCC) 2026 successfully concluded from 26–28 June 2026, marking a significant milestone with over 1,000 delegates. This flagship annual event brought together participants not only from Hong Kong but also from across the region and beyond, including Australia, Canada, Indonesia, Japan, Macau, Malaysia, Mainland China, the Philippines, Singapore, Taiwan, Thailand, the United Kingdom, and the United States. Reflecting the growing international presence, the Hong Kong Tourism Board supported the conference with three cultural booths, offering traditional handicraft experiences for delegates to take home meaningful memories.

This year's theme, "Overcoming Challenges for Sustainable Primary Care: Innovation, Collaboration and Leadership" was brought to life through a comprehensive and engaging scientific programme. The conference featured inspiring plenary sessions, thought-provoking discussion forums—including a Putonghua session—as well as a wide range of seminars and interactive workshops.

We were honoured to be joined by three distinguished plenary speakers: Dr. Cecilia FAN, JP *(Under Secretary for Health, Health Bureau, Government of the HKSAR)*; Professor WANG Jiaji *(Distinguished Professor, School of Public Health, Guangzhou Medical University)*; and Dr. Michael WRIGHT *(President, Royal Australian College of General Practitioners)*. Their insights provided valuable perspectives on the development and future direction of primary healthcare systems in Hong Kong, the Greater Bay Area, Mainland China, and globally.

A highlight of the conference was the roundtable discussion on the role of Family Medicine and General Practice training in primary healthcare development. This session brought together esteemed regional leaders: Dr. David CHAO *(President, The Hong Kong College of Family Physicians)*; Dr. Farah Aishah Binti HAMDAN *(Family Medicine Specialist at Penampang Health Clinic)*; Professor Cindy LAM *(Emeritus Professor, Department of Family Medicine and Primary Care, School of Clinical Medicine, The University of Hong Kong)*; Professor LIANG Wannian *(Dean, College of General Practice, Southern University of Science and Technology)*; Professor WANG Yongchen *(President of the Society of General Practice of the Chinese Medical Association)*; Dr. WONG In *(President, College of Family Medicine, Macao Academy of Medicine)*; Dr. WONG Tien Hua *(President, College of Family Physicians Singapore)*; Dr. Michael WRIGHT and Professor ZHU Shanzhu *(Special President of the General Practice Branch of the Cross-Strait Medical and Health Exchange Association)*. The discussion was expertly chaired by Professor Donald LI, GBS, JP *[Past President, World Organization of Family Doctors (WONCA)]*. Their collective expertise offered valuable insights into advancing primary care across different healthcare systems.

During the conference, Dr. David CHAO also promoted the upcoming 2027 WONCA Asia Pacific Regional Conference, to be held from 22-25 April 2027 at the iconic Xiqu Centre in West Kowloon, Hong Kong. In addition, Dr. Nor Hazlin TALIB *(President of Family Medicine Specialist Association)* and the Malaysian delegation introduced WONCA APR 2028 in Sabah, Malaysia. Both presentations were well received and added further value to the programme.

In addition to our annual research competitions—including full paper, oral, poster, and clinical case presentations—we introduced speed poster presentations this year to recognise high-quality abstracts, in response to the strong number of submissions from both local and regional participants. We are pleased to highlight the diversity of this year's awardees:

Full Research Paper Awards:

- Ms. WANG Boyuan (Hong Kong) – Best Research Paper
- Dr. LAI Ge Woon (Hong Kong) – Best New Investigator

Free Paper – Oral Presentation:

- Dr. SIRIWAT Todsapon (Thailand)

Free Paper – Poster Presentations:

- Dr. AHMAD Zuraini (Malaysia)
- Ms. BALTIP Phatcharapan (Thailand)
- Mr. LYU Jiajun (Hong Kong)
- Dr. MUNUSAMY Kaniswari (Malaysia)

Clinical Case Presentation:

- Dr. CO Wilfred Alwyn (Philippines)

We also commend all delegates selected for the speed poster presentations, representing Hong Kong, Malaysia, the Philippines, and Thailand, for their outstanding contributions. As always, HKPCC continues to serve as a dynamic platform for academic exchange, collaboration, and professional networking within the primary care community.

On behalf of the organising committee, I would like to express my deepest appreciation to our speakers, judges, and facilitators for their invaluable contributions; our sponsors for their generous support; and our organising committee members and secretariat for their dedication and hard work. Most importantly, we extend our sincere gratitude to all delegates for their enthusiastic participation, which continues to make this conference a resounding success each year.

Chairlady of HKPCC Organising Committee, Dr. Lorna NG

Opening Ceremony

Group photos of guests before the opening ceremony

The MCs Dr. Kimberly LEE (left) and Dr. Katie PENG (right)

(From left to right) Dr. Ruby LEE, Prof. Rosie YOUNG, Dr. Stephen FOO, Dr. Libby LEE, Dr. PANG Fei Chau, Dr. Ronald LAM, JP

Group photo of VIPs and roundtable discussion guests

Group photo of VIPs, roundtable discussion guests and Council members

Group photo of officiating guests, VIPs and participants

Ribbon Cutting Ceremony

Opening Remarks by Dr. Cecilia FAN, JP, Under Secretary for Health

Opening Speech by Dr. David CHAO, President of HKCFP

Dr. David CHAO (left) presenting Best Research Paper Award certificate to Ms. WANG Boyuan (right)

Dr. David CHAO (left) presenting Best New Investigator Research Paper Award certificate to Dr. LAI Ge Woon (right)

Dr. Lorna NG (right) presenting a souvenir to Prof. Albert LEE (left, Judge of Full Research Paper Competition)

Promotional Speech by Dr. Nor Hazlin TALIB (right, Representative of WONCA Asia Pacific Regional Conference 2028 Malaysia) and Dr. Farah Aishah Binti HAMDAN (left, Malaysia delegate)

The representatives of the Hong Kong Tourism Board demonstrating different Chinese handicrafts to participants

Plenary I

Dr. LAU Ho Lim (left, Chairperson) presenting a souvenir to Dr. Cecilia FAN, JP (right, Speaker)

Plenary II

Dr. LAU Ho Lim (left, Chairperson) presenting a souvenir to Prof. WANG Jiaji (right, Speaker)

Plenary III

Prof. Samuel WONG (left, Chairperson) presenting a souvenir to Dr. Michael WRIGHT (right, Speaker)

Family Medicine Roundtable Discussion

Prof. Donald LI (5th from the right, Chairperson) presenting souvenirs to Discussants Dr. Farah Aishah Binti HAMDAN, Prof. Cindy LAM, Prof. LIANG Wannian, Prof. WANG Yongchen, Dr. David CHAO, Dr. WONG In, Dr. WONG Tien Hua, Dr. Michael WRIGHT and Prof. ZHU Shanzhu (from left to right)

PHOTO GALLERY

Discussion Forum 1

Dr. Catherine CHEN (left, Chairperson) presenting a souvenir to Dr. LAM Kuo (right, Speaker)

Dr. Catherine CHEN (left, Chairperson) presenting a souvenir to Dr. LIANG Jun (right, Speaker)

Dr. Catherine CHEN (left, Chairperson) presenting a souvenir to Dr. ZHANG Danxia (right, Speaker)

Discussion Forum 2

Dr. LAM Wing Wo (1st from the left, Chairperson) presenting souvenirs to Speakers Dr. Mike KWAN (2nd from the left), Dr. Anna CHENG (middle), Prof. Albert LEE (2nd from the right) and Ms. AU YEUNG Wing Yee (1st from the right)

Discussion Forum 3

Dr. Linda CHAN (left, Chairperson) presenting a souvenir to Dr. Adina ABDULLAH (right, Speaker)

Dr. Linda CHAN (left, Chairperson) presenting a souvenir to Dr. Alfred KWONG (right, Speaker)

Dr. Linda CHAN (left, Chairperson) presenting a souvenir to Prof. NG Chirk Jenn (right, Speaker)

Discussion Forum 4

Dr. HO Shu Wan (1st from the left, Chairperson) presenting souvenirs to Speakers Dr. Esther YU (2nd from the left), Prof. Hextan NGAN (2nd from the right) and Dr. Maria LEUNG (1st from the right)

Seminar A

Dr. Eric LEE (right, Chairperson) presenting a souvenir to Dr. Francois FONG (left, Speaker)

Seminar B

Dr. Cecilia SIT (left, Chairperson) presenting a souvenir to Prof. Carmen WONG (right, Speaker)

Seminar C

Dr. Cecilia CHEUNG (middle, Chairperson) presenting souvenirs to Speakers Dr. SO Tsz Him (left) and Dr. Eric LEE (right)

Seminar D

Dr. Catherine SZE (right, Chairperson) presenting souvenirs to Speakers Prof. Juliana CHAN (middle) and Dr. Becky MA (left)

Seminar E

Dr. Dereck WONG (right, Chairperson) presenting a souvenir to Dr. Risa OZAKI (left, Speaker)

Dr. Dereck WONG (right, Chairperson) presenting a souvenir to Dr. Yolanda LAW (left, Speaker)

Workshop 1

Dr. CHIANG Lap Kin (left, Chairperson) presenting a souvenir to Mr. HO Chin Pong (right, Speaker)

Workshop 2

Dr. Eric LEE (left, Chairperson) presenting a souvenir to Dr. Nick TSUI (right, Speaker)

Workshop 3

Dr. Yolanda LAW (right, Chairperson) presenting a souvenir to Dr. Regina SIT (left, Speaker)

Workshop 4

Dr. Kathy TSIM (right, Chairperson) presenting a souvenir to Dr. Steven LOO (left, Speaker)

Workshop 5

Dr. CHIANG Lap Kin (right, Chairperson) presenting a souvenir to Dr. AU Chi Lap (left, Speaker)

Coffee Break Symposium

Dr. Lorna NG (left, Chairperson) presenting a souvenir to Dr. CHENG Hok Fai (right, Speaker)

Clinical Case Presentation Competition

Judges of the competition, Prof. Sylvia FUNG (2nd from the left) and Dr. Gene TSOI (1st from the right) presenting the Best Presentation Award certificate to Dr. Wilfred Alwyn CO (middle), together with Chairpersons Dr. YAU Lai Mo (1st from the left) and Dr. Kathy TSIM (2nd from the right)

Full Research Paper Competition

Judge of the competition, Dr. Antonio CHUH

Dr. Lorna NG (right) presenting a souvenir to Prof. Albert LEE (left, Judge)

Free Paper – Oral Presentation Competition

Ms. Kathy CHEUNG (2nd from the left, Chairperson) presenting souvenirs to Judges of the competition, Prof. Cindy LAM (2nd from the right), Dr. Ruby LEE (1st from the left) and Prof. Samuel WONG (1st from the right)

Winner of the Best Oral Presentation Award, Dr. Todsapon SIRIWAT (middle), receiving a certificate from Judges, together with Chairperson Dr. Yolanda LAW (1st from the right)

Free Paper – Poster Presentation Competition

Judge of the competition, Dr. Esther YU

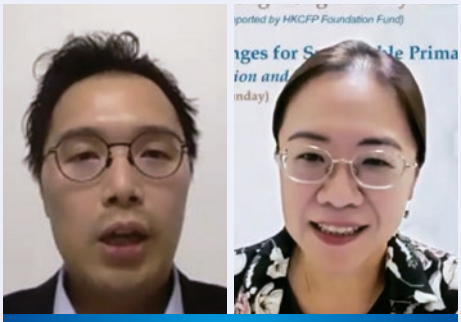
Winners of the Outstanding Poster Presentation Award (3rd to 6th from the left), Ms. Phatcharapan BALTIP, Dr. Kaniswari MUNUSAMY, Mr. LYU Jiajun and Dr. Zuraini AHMAD receiving certificates from Judge Ms. CHAN Yuk Sim (2nd from the left), together with Chairpersons Dr. Kathy TSIM (1st from the left) and Dr. YAU Lai Mo (1st from the right)

Free Paper – Speed Poster Presentation

(From left to right) Chairpersons of Speed Poster Presentation, Dr. Linda CHAN and Dr. Eric LEE

Chairperson of Speed Poster Presentation, Dr. Dereck WONG (2nd from the left) and Presenters

Sponsored Online Seminar



Dr. Ivan WONG (left, Speaker) and Dr. Cecilia SIT (right, Chairperson)

Sponsored Dinner Symposium

Dr. Catherine SZE (left, Chairperson) presenting a souvenir to Dr. Victor HUNG (right, Speaker)

Dr. YAU Lai Mo (left, Chairperson) presenting a souvenir to Dr. CHOY Chi Fung (right, Speaker)

Dr. Cecilia CHEUNG (left, Chairperson) presenting a souvenir to Dr. Herbert KWOK (right, Speaker)

Dr. HO Shu Wan (left, Chairperson) presenting souvenirs to Speakers Dr. Winston FUNG (middle) and Dr. Fanny KO (right)

Sponsored Lunch Symposium

Dr. Margaret LAM (left, Chairperson) presenting a souvenir to Prof. David LUI (right, Speaker)

Dr. Margaret LAM (left, Chairperson) presenting a souvenir to Prof. CHEUNG Ching Lung (right, Speaker)

第十三屆海峽兩岸全科醫學大會

溫廣瑜醫生，醫院管理局九龍西聯網家庭醫學及基層醫療服務部

Haven't been to China mainland for few years since outbreak of COVID-19 in 2020. I recalled that when I started involved in conducting teaching to general practitioners on mental health conditions more than 10 years ago. They let me realized the significant difference between our Hong Kong medical system and the mainland system. Being one of the speakers for 全科醫學臨床技能提升培訓班, I have the chance to meet up with many medical practitioners in China from different provinces in recent 5 years. From our sharing and discussion, they shine a light on me that the medical system in China has been changed and well developed in last 10 years. I really hope that I can have a chance to go back to have a look, to learn from their advances, to learn from their wisdom in changing the impossibilities to possible.

I'm so glad that I have the chance to join the 第十三屆海峽兩岸全科醫學大會 in Changsha in this March, which is a place I never step on before. It was a new and eye opening experience to me about the development of our country in every aspect. I learn the development of various primary care projects from various speakers. From project design, how to recruit patients for the new service, how to engage patients, how to improve the care experience of patients, how to make every step easy and simple by using new IT technology. The advancement of these hardware development really enlightened me a lot. I've learned that their patient journey has been well improved by development of AI technology. Once registered, every time when patient attended the clinic. It is not necessary to do the registration themselves, instead they have been identified by face detection technique, their patient journey would be directed to each step once they go into the clinic. After the registration has been completed, they are diverted to waiting areas of different services based on their respective service type. Integration of AI and technology to different industries is the future trend, but seeing and learning how these was being applied in China really inspired me a lot. Not only delivering clinical care, the development of systems in providing a comprehensive primary health care was also a major advancement, including the system of patient tracing, reminder, arrangement of annual comprehensive check ups, from infancy to elderly in a single primary care practice. The emphasis on preventive health care in our Mainland primary health care practice even gave us a reference model for our primary health care service development.

會場合照（左起：李詩悅醫生、溫廣瑜醫生、王華力醫生、何家銘醫生、陳曉瑞醫生、王恒輝醫生、彭旭醫生、香港家庭醫學學院總經理蘇薇女士）

The arrangement of immediate bilingual translation by AI impressed me very much as well. The accuracy of the translation was high, despite the pronunciation of some speakers was not accurate and some speakers had strong accent in their language.

Besides learning from other speakers in the conference, I'm so glad that I have a chance to share my experiences on elderly depression in one of the workshop. This was an invaluable experience to me and gave me a chance to practice my Mandarin and to correct my pronunciation. In preparing the talk, I spent some time thorough, studying the topic of elderly depression. This gave me a chance to review the challenges faced by elderly nowadays, their psychological concern and problems, and what we can help as a primary care physician.

老人抑鬱症專題探究

Another reap of attending non-local conference is social networking. I know several good friends after the conference. We share our experience, interesting stories, our lives and our hobbies. These memories and laughter will always stay in my heart.

Besides learning new things and making new friends, Changsha was a fascinating city. This was a very good chance to experience the other side of the country, experience the momentum of the city. The traditional folk performance in the official ceremony was a wonderful performance, let me taste the traditional folk performance and feel the welcoming and passion of local people. Changsha is a comfortable all-inclusive city. You can enjoy city tour, historical sites, modern shopping mall and visit galleries. There are beautiful and delicious restaurants every where with a wide variety of cuisines. Despite food are being spicy, we can request to reduce the amount of spicy condiment in most restaurants. The local spicy fried black and white tofu are exceptionally memorable to me. You will still recall the unique taste even a long time has passed.

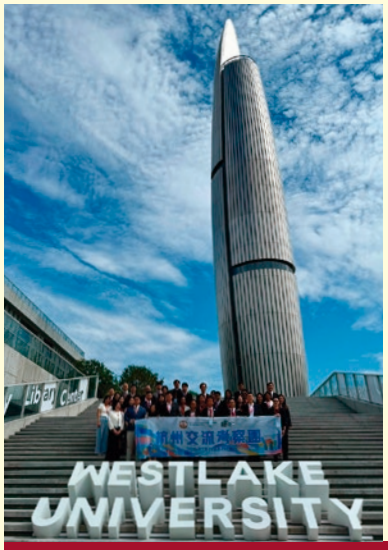
餐廳環境逍遙優美，適合促膝長談

市中心繁榮昌盛

In conclusion, this was a fascinating conference and experience to us. It's not only we teach our Mainland primary practitioner, but actually we should learn from them, learn the good side of their experience and advancement to enrich our vision and inspiration, to bring new insights to help promote and develop our future Hong Kong primary care.

杭州交流考察團

陳素懷醫生，家庭醫學專科醫生



參觀西湖大學

我十分榮幸於今年七月代表香港家庭醫學學院，參與由香港醫學專科學院年青院士分會舉辦的杭州交流考察團。在醫專主席李錦滔教授的帶領下，我們來自十五個醫學專科的年青院士展開為期六天的考察行程，涵蓋醫學科研、臨床服務、智慧科技與人文探索，收穫豐厚，獲益良多。

行程首站，我們考察西湖大學，並與該校師生作短暫交流。西湖大學成立僅約十年，已迅速發展成具規模的國際化學府，令人讚嘆。他們的醫學院課程除臨床醫學外，更規定學生必須完成三年科研訓練，令我深刻體會到國家在培育頂尖醫療人才方面的遠見卓識。

參觀阿里巴巴總部是此行的一大亮點。我們深入了解這家全球領先企業的發展歷程，親身感受其數據驅動的企業生態，從雲計算、智慧物流調度到醫療健康領域的人工智能應用，深刻體會科技如何重塑產業格局。

走訪浙江省衛健委，更令我眼界大開。他們善用數字化手段規劃都市醫療服務，透過大數據持續改善急救服務，令全省緊急召喚醫療服務平均可於十分鐘內提供適切治療，令人印象深刻。其中「安診兒」平台大幅提升了市民獲取醫療資訊及就診的便利性，而「浙里智醫」系統在臨床輔助決策方面有效提升診斷精準度與質控水平；在醫院管理上則優化資源配置與流程效率。這種以科技推動醫療的思路，對香港醫療服務優化極具參考價值。

參觀阿里巴巴

我們亦有幸參觀兩所全國頂尖三甲醫院：浙江省人民醫院及浙江大學醫學院附屬第一醫院。浙江省人民醫院設有規模龐大的培訓中心，令我印象深刻；而浙大一院更是宏偉壯觀，擁有多個院區，共約五千張病床，在多個專科領域均有卓越成就。兩院在規劃上充分運用高端科技與人工智能，輔助診斷、治療及培訓醫療人員，值得香港借鑒，亦令我反思香港在醫學人才培訓方面的優化空間。期待日後能與浙江的醫療專業團隊再度合作交流。

此外，我們亦參觀人工智能小鎮及「城市大腦」，親眼目睹大數據與AI融入城市規劃及公共衛生監測，令人大開眼界。杭州國家版本館與李叔同弘一法師紀念館的參訪，亦為此行增添文化厚度。行程最後一站，我們乘船暢遊西湖，欣賞秀麗湖光山色，為這次交流之旅劃上完美句點。

這次行程令我深切感受到國家在醫學科技上的雄厚實力。我期望將此行所見所學融入日常實踐，持續推動香港家庭醫學的發展，並致力優化基層醫療服務。

到訪浙江省人民醫院

到訪浙大一院

到訪杭州國家版本館

遊覽西湖

HKCFP Trainees Research Fund 2026 / HKCFP Research Seed Fund 2026

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 2026"** or **"HKCFP Research Seed Fund 2026"** on your research project upon submission.

Submission Deadline: 30th October 2026

Supported by HKCFP Foundation Fund

Board of Vocational Training and Standards News

Basic Training Introductory Seminar

A Basic Training Introductory Seminar will be held in October 2026 via Hybrid mode 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 updated 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 : **14 October 2026 (Wednesday)**

Time : 7:00 p.m. – 8:30 p.m.

Venue : **(*for Trainees)** Room 802, 8/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai
(#for Supervisors) via ZOOM webinar

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

(For Trainee) **(For Supervisor)**

* ALL trainees are only allowed to attend the seminar in-person, online option will not be available.

\# To facilitate communication with clinical supervisors and as required for RACGP re-accreditation, current FM clinical supervisors and training coordinators are invited to join in through Zoom webinar link. Video recorded session would be available to clinical supervisors and training coordinators who cannot attend for special reason after the briefing.

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**.

Basic Training Subcommittee

Reminder: Application for Recommendation for Exit Examination 2027

To those who prepare to sit for the 2027 Full Exit Examination,

Please submit the application letter and the 'Checklist for Recommendation for Exit Examination' on or before **30 September 2026 (Wednesday)**. Late applications **WILL NOT** be entertained.

Higher Training Subcommittee

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

Should you have any inquiries, please contact Ms. Hannah LOK or Ms. Kathy LAI at 2871 8899 or email at BVTS@hkcfp.org.hk.

Board of Vocational Training and Standards

Primary Palliative Care

Dr. Tsai Hung Yu
FM specialist, KWC FM & PHC

Mr Chan, a 60-year-old gentleman, comes to your clinic for chronic follow up on hypertension. He complains of insomnia for 2 months. You found that his mother's death preceded his insomnia. Mr Chan quit his job 1 year ago in order to take care his mother who had end stage heart failure and multiple comorbidities. She was repeatedly admitted to hospital for edema, dyspnea, hypoglycemia and fall in recent 1 year. Mr Chan received a call suddenly from hospital saying his mother was in critical condition and he failed to decide immediately whether to have resuscitation if his mother's condition continued to deteriorate. He was totally shocked and felt unexpected. His other 3 siblings were in Australia and before he could reach them, he received a call saying his mother was undergoing cardiopulmonary resuscitation(CPR) and should come to hospital in no time. Before Mr Chan's arrival, his mother succumbed.

Mr Chan has recurrent bad dreams afterwards as he knew there were multiple ribs fracture and bruise over chest wall during CPR. He has self-blame and guilt towards his mother's suffering and pain during her last journey.

As a family physician, you have met many people like Mr Chan and his mother. You may have seen Mr Chan for his tension headache and carer stress. You may have given symptomatic relief for his mother's ankle edema and upper respiratory infection before. You met them at different stages and primary care doctors have an indispensable role to facilitate end of life discussion.

With early discussion on advanced care planning, you can reduce pain and suffering from resuscitation and grief from family members. Most importantly, you can respect patient autonomy and avoid painful decision making by Mr Chan on continuing resuscitation or not. As a relative, guilt and sorrow will always arise no matter whether you say "yes" or "no" to CPR because we don't know the patient's own values and wishes. Even the closest relative can never be a good enough representative.

Bridging the Gap: Integrating Primary care and Palliative Care

In preparation for the enactment of the Advance Decision on Life-Sustaining Treatment (ADSLT) Ordinance in May 2026, the Primary Healthcare Commission (PHCC) had commissioned The Hong Kong College of Family Physicians (HKCFP) to organize an Advance Medical Directive (AMD) seminar on 28 March (Saturday), aiming to enhance primary care doctors' knowledge and practical understanding of Advance Care Planning (ACP) and AMD within the legislative framework of the forthcoming ordinance, through knowledge sharing by specialists and illustration of real-life primary care scenarios. There were around 300 doctors joining the webinar. We are delighted that we receive overwhelmingly positive feedback from the participants, which is really encouraging. The session brought together a multidisciplinary panel of experts to unpack the practicalities of the newly enacted ordinance, ensuring primary care physicians across all public and private sectors are equipped to honor patient autonomy.

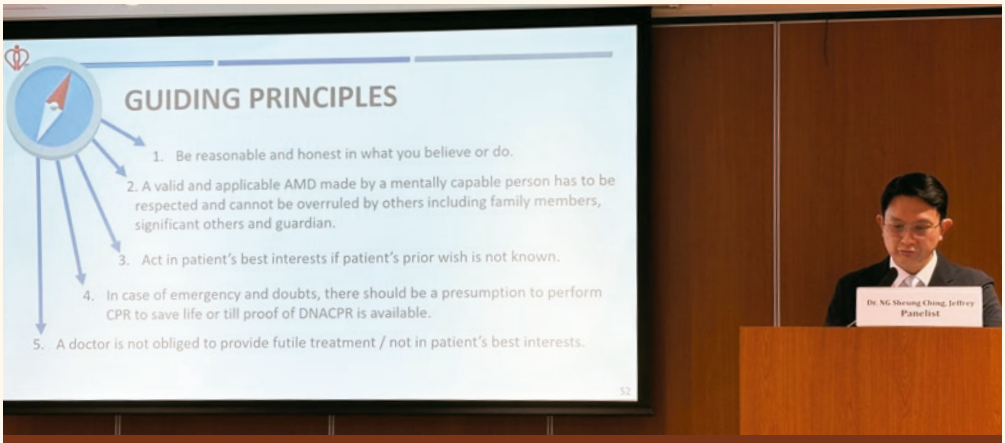
Dr. Alvin CHAN (Moderator and Panelist): Family Medicine specialist

(from left to right) Dr. Jess LEUNG, Dr. Jeffrey NG, Dr. YIU Yuk Kwan, Dr. Alvin CHAN, Dr. CHOW Kam Fai

1. Navigating the Legal Framework and End-of-life Decision Making

The webinar opened with Dr. Jeffrey Ng Sheung Ching, a Palliative Medicine Specialist, who provided a deep dive into Advance Medical Directives (AMD) and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders under the ADSLT Ordinance. Dr. Ng clarified the clinical triggers for these documents, emphasizing how the legal framework provides a clearer pathway for clinicians to respect a patient's "right to choose" during the final

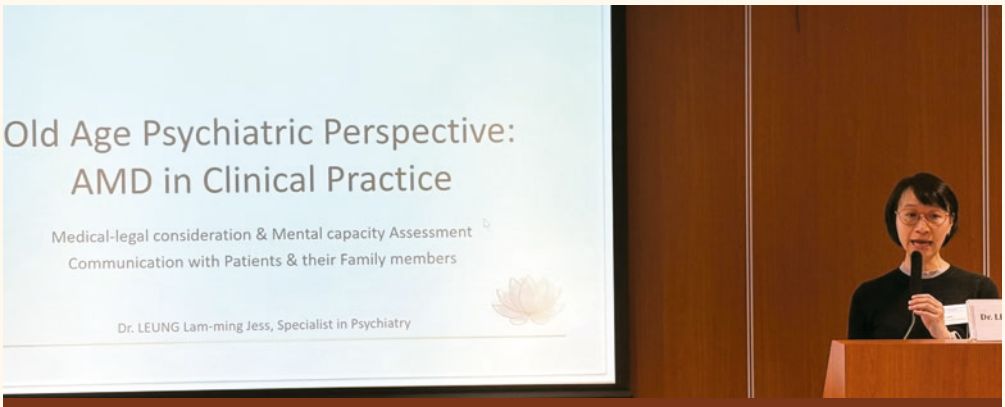
stages of life. A valid and applicable AMD made by a mentally capable person has to be respected and cannot be overruled by others including significant others and any guardian. AMD is applicable when the patient enters 3 preconditions without unanticipated circumstances. The 3 preconditions comprise being terminally ill, persistent vegetative state and other specific end stage irreversible conditions. It is important for primary care doctors to recognise and acknowledge emotions with empathy instead of confrontation, which helps in easing the tension by our communications skills.



Dr. NG Sheung Ching, Jeffrey (Panelist): Palliative care specialist

2. The Intersection of Mind and Law

Shifting to the psychogeriatric perspective, Dr. Jess Leung Lam Ming addressed the complexities of mental capacity assessments. Her session highlighted the legal concept of mental capacity and witnessing doctors in AMD are presumed to have evaluated and confirmed the mental capacity before signing. Mental capacity is task-specific and time-specific and 4 core components include "understanding", "appreciation", "reasoning" and "expressing a choice". Primary care doctors should beware of 4 red flags including presence of cognitive impairment, family disagreement, conflict or coercion, acute medical or psychiatric illness and presence of unusual or unexpected decisions. Finally primary care doctors should document clearly.



Dr. LEUNG Lam Ming, Jess (Panelist): Psychiatry specialist

3. Primary Care: The Frontline of ACP

Dr. YIU Yuk Kwan (Panelist) : Family medicine specialist

The core of the webinar focused on the practical application of Advance Care Planning (ACP) in the community. Dr. Yiu Yuk Kwan, Dr. Alvin Chan, and Dr. Chow Kam Fai utilized five diverse case scenarios to demonstrate that palliative care is not exclusive to hospitals. ACP is an ongoing communication process involving patients, family members and health care providers. Primary care

doctors should consider starting ACP discussion when a patient has a life limiting condition, transition to palliative care, significant disease progression or even patients with cognitive impairment before becoming dementia,etc. ACP should be done before AMD and primary care doctors can identify patients in their practice who may benefit from ACP discussion.

Dr. CHOW Kam Fai (Panelist) : Family medicine specialist

4. Hands-On Practicum: From Theory to Practice

Hands on practice on simulated patients for signing AMD

The event concluded with an intensive on-site Practicum. Using the AMD Model Forms (Short and Long forms), sixteen participants engaged in a high-fidelity simulation, rotating between the roles of "doctor" and "patient." participants practiced the physical documentation process, navigating the specific requirements of the new ordinance in a controlled environment.

In summary, ACP is not about death but it is about respecting autonomy, dignity and values. Primary care doctors have an indispensable role to be good facilitators in end-of-life discussion.

Presentation of souvenirs to guest speakers

"Submissions of articles to Feature / Family Doctors Column / Young Doctors Column with up to 1200 words are always welcome. Options of College Souvenirs or Gift vouchers will be given as a token of appreciation if the articles are selected for publication. Email: FPLinks@hkcfp.org.hk"

From PCOS to PMOS

The rational of renaming

Polycystic ovarian syndrome (PCOS) has recently been renamed as "polyendocrine metabolic ovarian syndrome" (PMOS). A consensus paper published in The Lancet in June 2026 explained the rationale behind the change.

PCOS has long been primarily perceived as a gynaecological or ovarian disorder. However, research shows that PCOS involves multiple endocrine disturbances – including insulin, androgen, neuroendocrine and ovarian hormonal pathways. Therefore, the term PCOS is misleading, as it overlooks the diverse endocrine and metabolic features and may lead to delayed diagnosis and fragmented care.

Family physicians play an important role as the coordinators of a patient's reproductive, metabolic, cardiovascular, and psychological health. Key points of PMOS follow.

Diagnosis

The diagnostic criteria echo the traditional Rotterdam criteria. For adults aged ≥20 years, at least two of the following criteria should be present:

(1) oligo-anovulation (irregular menses)

(2) clinical (acne, alopecia or hirsutism) or biochemical hyperandrogenism (elevated total testosterone)

(3) polycystic ovaries on ultrasound or elevated anti-Müllerian hormone (AMH).

Evaluation after diagnosis

As implied by the name PMOS, additional evaluation is required to assess cardiometabolic risk, reproductive health, and screening for mood disorders.

Cardiovascular: Women with PMOS are at increased risk of obesity, type 2 diabetes, hypertension and dyslipidaemia. Blood pressure (BP), BMI, fasting lipid profile and oral glucose tolerance test (OGTT) are suggested at initial diagnosis. BP, BMI and OGTT should be rescreened thereafter.

Mood disorders: PMOS is associated with psychological conditions such as depression, anxiety and eating disorders. Patient Health Questionnaire (PHQ)-9 and the Generalized Anxiety Disorder 7 (GAD-7) anxiety scale can be used to screen for depression and anxiety disorders, respectively.

Treatment

Treatment of PMOS depends on patient's life goals (for example, desire for pregnancy, menstrual regulation or management of cosmetic symptoms).) Weight loss is the first-line intervention for most women with obesity, as it can restore ovulatory cycles and improve metabolic risk.

For women with PMOS who do not plan pregnancy, combined estrogen-progestrin oral contraceptive therapy is suggested for cycle regulation, endometrial protection, contraception and management of hyperandrogenic symptoms.

Conclusion

PMOS affects an estimated 1 in 8 women worldwide and has multisystem health impacts. The new name underscores the need for holistic care.

Reference:

1. Global Name Change Consortium; Teede HJ, Khomami MB, et al. Polyendocrine metabolic ovarian syndrome, the new name for polycystic ovary syndrome: a multistep global consensus process. Lancet. 2026;407(10545).
2. Barbieri RL, Ehrmann DA. Diagnosis of polycystic ovary syndrome in adults. UpToDate. Last updated May 2026.

Compiled by Dr. SIU Pui Yi

"Submissions of articles to News Corner with up to 500 words are always welcome.
Options of College Souvenirs or 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"

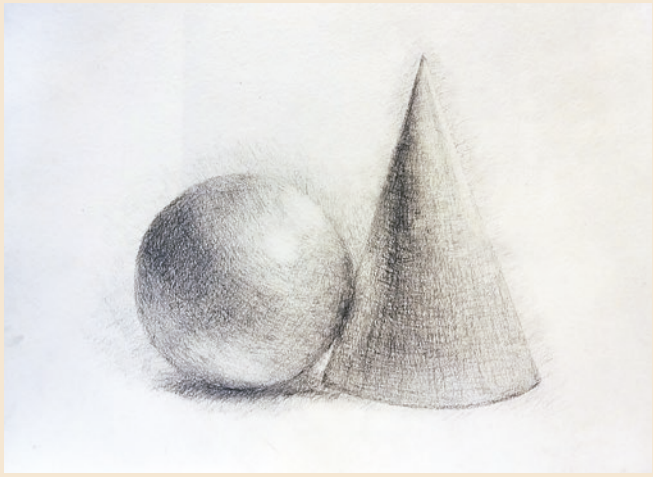
DRAWING

Dr. Loretta CHAN

2020年的疫造就了一個契機，一個讓我重拾畫筆的機會，從此踏上寫實素描之旅。

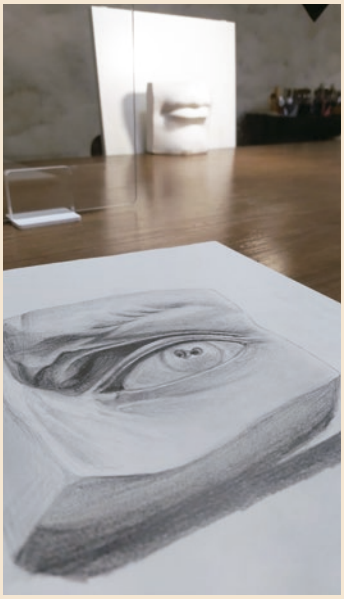
記得上小學的時候，每逢暑假都會參加繪畫班學素描，初中時更曾參加國畫班，但升上中四沒有修讀美術科，自此以後也鮮有拿起畫筆。但2020年新冠疫情爆發，各地都實施旅遊限制，就連朋友聚會也因為各項社交距離措施而減少，週末閒賦在家的我萌生了「咁得閒不如搵啲嘢學下」的念頭。這時剛好留意到一個寵物素描課程，於是我的繪畫之旅就由此展開。

重拾畫筆就真的由基礎開始，由畫燈光照射下的球體和柱體，再到木顏色畫寵物，之後轉用乾粉彩畫出超寫實寵物素描，然後又回到寫意的寵物水彩。我用同一幅細妹狗狗的照片，以三種不同的繪畫方式呈現，之後又為同事朋友的寵物畫肖像。






畫寵物一段時間之後，好想再挑戰一下自己，膽粗粗報了一個為期33週的人像班。今次由畫石膏眼、耳、口、鼻開始，再到鉛筆人像、木顏色人像、乾粉彩人像素描，最後到一張紙畫兩個人的人像素描。跟畫寵物時一樣，畫過了超寫實的素描以後，我又上了水彩人像課。







大家可能會覺得我畫遍了寵物和人像，又學習了不同的媒介呈現，以為我的奇妙旅程就要在此結束？還遠呢，有趣的是，經過五年多不斷追求迫真的寫實創作，我想嘗試另一種風格：似顏繪(Caricature)，一門以誇張與幽默筆觸捕捉人物特徵的藝術，所以希望當我再努力一陣子後，可以再和大家分享我的似顏繪之旅。

"Submissions of articles to After Hours with up to 500 words are always welcome. Options of College Souvenirs or Gift vouchers will be given as a token of appreciation if the articles are selected for publication. Email: FPLinks@hkcfp.org.hk"

Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **June – July 2026**:

NEW APPLICATION

Associate Membership

Dr. AU Ka Yi, Cary	歐 加 兒
Dr. CHAN Ho Ching	陳 浩 程
Dr. CHAN Sui Yi	陳 瑞 怡
Dr. CHAN Tsz Chin, Keely	陳 紫 千
Dr. CHEUNG Chiu Hoi	張 超 海
Dr. CHIK Ying Chi	戚 凝 芝
Dr. CHIU Hiu Fung	趙 曉 風
Dr. CHUNG King Ngai	鍾 景 毅
Dr. KHAN Abdull Samad	簡 立 德
Dr. KONG Pak Hei	江 柏 熹
Dr. LAM Peggy Pui Kei	林 沛 其
Dr. LEE Chun Yin	李 俊 彥
Dr. LEUNG Pik Yee, Emily	梁 璧 而
Dr. LEUNG Soddy Sau Yu	梁 秀 瑜
Dr. LI Shiqi	李 施 琪
Dr. LIN Siyan	林 思 延
Dr. LONG Yudong	龍 宇 棟
Dr. MAK Ka Hin, Karen	麥 嘉 騫
Dr. MAK Ka Pok	麥 嘉 博
Dr. NGAI Oona Wing Yan	倪 穎 欣
Dr. OR Cheuk Hei	柯 卓 希
Dr. PANG Vincent	彭 榮 信
Dr. TANG Ya	唐 雅
Dr. TANG Yuk Heng	鄧 鈺 衡
Dr. TSANG Yee Mei	曾 綺 薇
Dr. WATT Anson Cheuk-Yin	屈 卓 延
Dr. WONG Cho Wai, Cherry	王 楚 蕙
Dr. WONG Mei Wa	黃 美 華
Dr. WONG Suet Ying	黃 雪 盈
Dr. WONG Wai Yee	黃 惠 儀
Dr. XIA Wa Yan	夏 華 仁
Dr. YEUNG Ka Tsun, Dennis	楊 家 俊

Non-HKSAR Membership

Dr. MAK Sao Chi	麥 秀 芝
Dr. SO Helen Kin Ling	蘇 建 綾

Student Membership

Ms. CHAN Cheuk Wing	陳 卓 詠
Mr. CHAN Chun Hei	陳 駿 禧
Ms. CHAN Hiu Lam, Annie	陳 曉 林
Ms. CHAN Ian Cheng	陳 恩 晴
Ms. CHAN Ka Kiu	陳 嘉 翹
Ms. CHAN Sze Yu	陳 思 諭
Ms. CHAN Tsz Ning	陳 芷 寧
Ms. CHENG Yuen Ting	鄭 婉 婷
Mr. HUI Ting Hang	許 廷 鏗
Mr. LAM Choi Ching	林 在 正
Mr. MAK Kwan Yui	麥 君 睿
Ms. NG Cheuk Yu	吳 卓 榆
Ms. PAU Cheuk Yuet	鮑 卓 悅
Ms. TSANG Nok Yi	曾 諾 怡
Mr. YIP Kwo Fung	葉 果 豐

RE-APPLICATION

Associate Membership

Dr. LAM Wing Sze	林 穎 思
Dr. LI Chi	李 智
Dr. WONG Man Ho	王 文 灝

TRANSFERRAL

From Student to Associate Membership

Dr. SO Wing Hang, Henry	蘇 永 亨

RESIGNATION

Associate Membership

Dr. CHAN Wing Lam	陳 穎 霖
Dr. HUI Ki Fat	許 其 發
Dr. KUNG Garry	龔 敬 然
Dr. LOO Wai Ho	盧 偉 浩
Dr. LU Xiao Tong	盧 曉 彤
Dr. NGAI Ching Yee	魏 菁 儀
Dr. PONG Hoi Lum, Hollie	龐 凱 琳
Dr. YUNG Sui Yin, Ruth	余 緒 燕

CESSATION

Full Membership

Dr. WONG Wai Man	黃 惠 民

TERMINATION

Associate Membership

Dr. CHAN Cheuk Yin	陳 焯 妍
Dr. CHAN Shuk Chi	陳 淑 姿
Dr. CHAN Wing See, Ada	陳 穎 詩
Dr. CHAN Yee Man	陳 綺 文
Dr. CHENG Ching Shui	鄭 清 穗
Dr. CHENG Chung Tat, Jacky	鄭 忠 達
Dr. CHEUNG Yu Fung	張 宇 峰
Dr. CHO Cheuk Ying	曹 卓 盈
Dr. FAN Pui Kay, Kenneth	范 沛 基
Dr. KWOK Wai Lun	郭 偉 麟
Dr. LAI Yuen Lee, Edith	黎 婉 莉
Dr. LAM Lap	林 立
Dr. LAM Tik Shan, Josefina	林 迪 珊
Dr. LEE Angela Wai Kay	李 瑋 琪
Dr. LEE Tung Keung	李 棟 強
Dr. LI Shun Hoi	李 舜 開
Dr. LIU Wing Lam, Vivian	廖 穎 霖
Dr. MAN Marie Shelby	文 逸 瑜
Dr. NG Chui Shan	吳 翠 珊
Dr. NG On Li	吳 安 妮
Dr. NGAN Hiu Ting	顏 曉 婷
Dr. O Sun Yin	柯 晨 苒
Dr. POON Lai Wa	潘 麗 華
Dr. SYED Alan	陳 韋 銘
Dr. TSE Hoi Yan, Crystal	謝 愷 恩
Dr. WONG Chi Kwan	黃 智 軍
Dr. WONG Terrick Ka Tsun	黃 嘉 俊

Fellowship

Dr. KWAN Ho Yin, Patrick	關 浩 然
Dr. POON Lai Ping	潘 麗 冰
Dr. TANG Man Leung, Thomas	鄧 文 量
Dr. TSUI Ka Chun	徐 家 俊

Full Membership

Dr. KONG Wing Ming	江 永 明

Non-HKSAR Fellowship

Dr. CHAN Chi Hung	陳 志 紅

Non-HKSAR Membership

Dr. CHANG PIVE Sok Cheng	陳 標 淑 貞
Dr. LEI Sao Kuan	李 秀 君
Dr. LEONG Wai Sam	梁 偉 森
Dr. LO Benjamin Yiung Lu	羅 英 儒
Dr. MA Yu Yan, Charmaine	馬 如 茵
Dr. WU Junming	吳 均 明
Dr. YAM Wai Cheong	任 偉 祥
Dr. ZHANG Dahao	張 達 豪
Dr. ZHANG Yuanyuan	張 媛 媛

READERSHIP DRIVE

Congratulations! The returns from the following doctors have been selected for July 2026 issue:

Dr. LEUNG Chi Wah, Dr. NGAI Bernard, Dr. TUNG Po Yin

FP LiNKS need your views about its role as the newsletter of College!

Share your thoughts

Selected returns would be published in FP Links and gift vouchers would be given as token of appreciation.

You can also access the Google form through the link, in addition to the QR code.
https://forms.gle/KmZwgYpzB3F977Mi8

FP Links also need your support through submissions to our various columns:

Feature / **Family Doctors Column** / **News Corner** / **The Diary of a Family Doctor** / **After Hours**.

If articles are selected for publication, Options of College Souvenirs or Gift vouchers will also be given as token of appreciation

The Diary of a Family Doctor【家庭醫生的日常】

尋找失去的伴侶

吳曉青醫生

家庭醫生經常會接觸到病人和他們的家人，和他們一起為家人的健康而合作。每個家庭都有自己的故事，帶給我一次次不同的經歷，這樣的參與對於我來說也經常是一種啟示。父母是每個家庭的最重要的支柱，深刻的影響著家庭的每一個成員。

那天的工作很辛苦，有些頭暈腦脹，最後一個病人了，我的心情好像看到曙光的那一刻。一對母女出現在面前，焦慮的女兒帶著她80歲的母親。最近女兒發現她記憶力減退，表現出明顯的緊張，轉介到IMHP，抽血檢查要等到下個星期。母親小學沒有畢業，計數七加七加七加七再加七，都很快；年月日都沒有問題；可以自己買菜做飯。講到這裏，女兒開始激動了，說母親經常只是用公仔麵當一餐飯，讓我不要信她。要了解一個人的行為，就要了解家庭的狀況。婆婆有兩個孩子，兒子是哥哥，女兒是妹妹。女兒八歲的時候，先生就因為意外而離開了他們。母親非常的難過，含辛茹苦地養大子女。母親告訴我她現在一個人住，沒有人照顧她。她的眼圈開始紅了，兒子已經不和她聯繫五年了。我看向了女兒，女兒大聲的說：“不要信她，我每個星期最少去看她兩次，我有一間洗衣店要打理，我和先生為了照顧母親已經開始爭吵。哥哥這樣對她，母親還是覺得兒子最重要，媽媽還是覺得自己很孤單，這樣非常不公平”。她兒子變成這樣都是因為結婚後，那個不好的兒媳。問題好像從母親那裏，歸咎到她的兒媳了。這樣的情況是經常發生的，一般家庭都習慣把問題放在某個人身上，但其實很少只是個人問題。了解下來，原來先生離世之後，兒子一直陪伴著母親身邊，表面上很乖，其實是滿足了母親失去伴侶后的精神寄託，代替了部分父親的角色，母親對兒子也有著更多的期望。直到兒子結婚，這樣的平衡被打破了。兩位性格相似女士無法互相包容，兒媳發現先生其實心理上有兩個伴侶。五年前，孫女出世後，這樣矛盾爆發了。在太太的二選一的警告下，兒子的一家人搬了出去，選擇和母親不再聯繫。我又問女兒，為什麼你和你先生也為了母親吵起來了。原來她先生也覺得她除了工作和母親，不再關注其他人。我意味深長地問她知道原因嗎？她眼睛一亮，難道媽咪在找另外一個伴侶，替代失去兒子，替代失去的先生。實際上，家庭裏經常發生這樣的事情，當失去(也可以是心理上失去)一個成員的時候，會尋找另外一個人來代替，但這樣的代替經常會扭曲家庭成員成長的道路，讓問題更加複雜，甚至在家庭內部一代一代傳染下去。之後我還告訴女兒，其實她某種程度上要多謝她的哥哥，因為他吸引了失去丈夫的母親的注意力，他自己成為母親的伴侶，變相保護了她，讓她在自己的道路上有了相對自由的選擇。

這是一個典型的bereavement個案，父親角色的缺失，深刻地影響著每一個家庭成員很多年。最後，女兒很肯定地告訴我，她知道自己應該怎麼做了。

看到這，你是否想知道結局？童話故事裏，白馬王子救了公主，他們幸福地結婚了，然後呢？然後呢！但有時沒有結局的故事才是完美的故事。誰知道呢，人生的道路，取捨從來不是容易的，有些已經未必可以改變，但至少多些角度知道Why。作為家庭醫生，我們只是在這一段特定的時間裏，陪伴著他們走一程，也尊重他們自己的選擇。

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. Options of College Souvenirs or Gift vouchers will be given as token of appreciation if the articles are selected for publication.

Email: FPLinks@hkcfp.org.hk

Online Seminar on Dermatology – The 95th Meeting on 4 July 2026

Dr. HUEN Jason Chiusan, Dr. LAM Gin Hou, Alan, Dr. MAN Wai Ying, Dr. MAN Estelle, Dr. TSE Ping Yu Clarice and Dr. WONG Wing Shan

Theme : Trainees Dermatology Cases Presentation

Moderator : Dr. LAM Wing Wo, Board of Education

Summary of presented cases

1. Case presented by Dr. HUEN Jason Chiusan

This case reports a 66-year-old man with diabetes mellitus, hypertension, and hyperlipidaemia who developed a progressive pruritic erythematous eruption involving both feet and lower legs after repeated self-application of multiple over-the-counter combination topical agents. The eruption initially arose over the feet and subsequently extended proximally, with increasing pruritus, erythema, and scaling despite treatment. Clinical examination demonstrated bilateral lower-limb erythema with a well-demarcated scaly margin and active erythematous border, raising suspicion for dermatophytosis complicated by superimposed contact dermatitis. Following cessation of all topical preparations, the diffuse inflammatory eruption improved substantially. Residual interdigital and plantar scaling at follow-up unmasked the underlying diagnosis of tinea pedis, for which topical clotrimazole was prescribed. This case illustrates how topical corticosteroid and antibiotic-containing combination preparations may modify the morphology of dermatophyte infection, obscure the primary diagnosis, and precipitate secondary inflammatory reactions, including allergic contact dermatitis and steroid-modified tinea.

Clinical deterioration after empiric topical therapy should prompt reconsideration of the diagnosis rather than assumption of refractory fungal infection alone. Potent corticosteroidcontaining preparations may induce tinea incognito, while topical antibiotics such as neomycin are recognised sensitisers capable of provoking delayed hypersensitivity reactions. Withdrawal of all non-essential topical agents may be both diagnostically clarifying and therapeutically beneficial. Persistent interdigital and plantar desquamation after resolution of diffuse inflammation is a valuable clinical clue to residual tinea pedis. Careful treatment history, recognition of steroid misuse, and early mycological confirmation are central to avoiding delayed diagnosis and inappropriate escalation of therapy.

2. Case presented by Dr. LAM Gin Hou, Alan

This is a 75 year old lady with multiple co-morbidities, who presented with few weeks history of painful blistering rash. The rash started over the back and slowly involved other areas. The blisters/ bullae typically rupture within 1 to 2 days after initial formation. The rash was progressive and eventually oral mucosa was affected, causing severe pain upon swallowing and affected her appetite and oral intake few days before seeing doctor. There was no new contact history, new medication or recent viral illness. On physical examination, patient was afebrile and not septic-looking. There were a few intact small blisters over the back, most of the other bullae/ blisters ruptured leaving areas of erosions with erythematous bases. All lesions were not infected without pus-like discharge seen. There were erosions on lips and oral mucosa of patient, with some old blood and crusts noted. Nikolsky sign was positive on this patient. Given the impression of Pemphigus Vulgaris, patient was referred early to Dermatologist, blood tests were performed showing positive Anti-skin and Anti-Desmoglein 1 & 3 antibodies, she was subsequently treated with oral prednisolone and potent topical steroids. She responded well to the treatment and upon next follow up in the FMC, her skin lesions have nearly all resolved.

3. Case presented by Dr. MAN Wai Ying

71-year-old Mr. Chin complained of left temporal scalp hair loss for three months. There was no pain or itchiness. No rash was observed. He was a retired security guard. He had hypertension on atenolol. He was a non-smoker, non-drinker. His mood was stable and denied any recent stress.

On physical examination, there was a patch of 5cmx5cm non-scarring hair loss at left temporal region. There was no rash or scaling. The provisional diagnosis was alopecia areata. Betnovate ointment was given for treatment. He was followed up in 3 months' time. The patch of hair loss has enlarged to 12cmx10cm, with multiple smaller patches of hair loss measuring around 3cmx3cm at other part of the scalp. Blood test including thyroid function test, autoimmune markers and syphilis serology was performed. All results came back normal. Betnovate ointment was continued. He was followed up several

times afterwards. The major area of hair loss eventually shrunk to 3cmx3cm, and other patches of hair loss became 2cm in diameters after 1 year.

Alopecia areata is an autoimmune disease that affect hair follicles causing non-scarring hair loss. Most common presentation is well-demarcated patchy hair loss. Nail changes occur in 10 to 40 percent of patients suffering this condition. Lifetime incidence is around 2%. It is more common in non-white population. It occurs equally in male and female. First time occurrence can be in any age but peak in 20s and 30s. Other autoimmune conditions e.g., thyroid disease, vitiligo, psoriasis, diabetes mellitus and atopy, may be more commonly observed in patients with alopecia areata.

Under dermatoscope, exclamation mark hair, broken hairs, yellow and black dots could be observed. Hair pull test could be done to confirm the diagnosis. To perform the test, 50 to 60 hair fibers are grasped close to the skin surface and tugged from the proximal to the distal end. The easy extraction of more than six hair fibers suggests the presence of active hair loss. In doubtful cases, skin biopsy could be done to confirm the diagnosis, usually by a 4mm punch biopsy. "Bee-swarm pattern" could be seen which indicates a dense lymphocytic infiltrate surrounding anagen hair follicles.

To treat alopecia areata, topical potent steroid was commonly used for mild to moderate disease. Other topicals like minoxidil solution and anthralin (dithranol) cream or ointment could be used. Intralesional steroid injection e.g. triamcinolone could be considered in more severe cases. For extensive disease, topical immunotherapy, systemic corticosteroids and oral JAK inhibitors are the mainstream of treatment.

Last but not least, 30% to 50% of patients experience spontaneous hair regrowth within the first 6 to 12 months in mid diseases. 14% to 25% of patients would worsen and lifetime recurrence rate is up to 85%. Therefore, patient education and expectation management is very important is cases of alopecia areata.

4. Case presented by Dr. MAN Estelle

This case is a 65-year-old male presented with multiple, slowly progressive, light brown to black, wart-like lesions on his face that had been present for years. He was told that these lesions were wart and came for removal of the lesions. On physical examination, the lesions showed a characteristic "stuck-on" appearance, resembling melted candle wax, with a warty, keratotic surface. Based on these classic clinical findings, a diagnosis of seborrheic keratosis was made.

The presentation highlights that seborrheic keratosis is a common, benign epidermal tumor, with a prevalence nearing 100% in individuals over 60. It is typically asymptomatic and slowly growing. Important differentials include viral warts, melanoma, pigmented basal cell carcinoma, and actinic keratosis. While diagnosis is often clinical, dermoscopy can be supportive. Biopsy Management primarily involves reassurance about its benign nature. Treatment is only necessary for symptomatic lesions, functional impairment, or cosmetic concerns. Options include liquid nitrogen cryotherapy (first-line), electrodesiccation and curettage, or ablative laser therapy.

5. Case presented by Dr. TSE Ping Yu Clarice

This is a case of a 37 year old woman who presented with a 6 day history of multiple erythematous, pruritic and painful rashes involving several body sites. The eruption began on the dorsum of both feet and then progressed to the thighs, upper arms and the entire trunk. There was no facial involvement and no mucosal symptoms. She denied identifiable triggers such as new medications, suspicious foods, or visits to country parks, and she had no fever or symptoms suggesting a localized infection or joint pain. Her only recent travel was to the USA and France one month earlier. She also reported a recent history of mild cold sores (last episode weeks prior) that resolved spontaneously.

Examination showed stable vital signs and generalized erythema with targetoid lesions consisting of about three distinct zones, involving approximately 90% of total body surface area. Lesions were pruritic and blanchable, without exfoliation/desquamation and without vesicles. There were no signs of cellulitis or active infection.

Investigations showed normal CBC and liver/renal/other routine labs, with mildly elevated ESR and CRP. Autoimmune markers (ANA/ENA/ANCA/RF) and complement levels were normal, and infectious testing for hepatitis B, HIV and HSV was negative. Empiric IV antihistamine and hydrocortisone were started along with IV antibiotics, after which the rash gradually resolved. Skin biopsy showed scattered apoptotic keratinocytes; early erythema multiforme (EM) could not be excluded.

Dermatology concluded the presentation was clinically most compatible with erythema multiforme, most likely triggered by herpes simplex virus, given the prior cold sores despite no active lesions. Treatment was then conservative: taper off IV steroids/antihistamines, use topical steroid for residual itch, and symptomatic oral antihistamine. The case highlighted EM as typically immune-mediated and self-limiting, with diagnosis largely clinical and supportive management.

6. Case presented by Dr. WONG Wing Shan

This is a case of a 57-year-old hostel resident who presented with a 6 month history of itchy annular rashes over the anterior and posterior trunk, upper limbs, and bilateral axillae. He had a past medical history of Kennedy's disease, hypertension on amlodipine, impaired fasting glucose, and hyperlipidemia. The rash was unresponsive to topical clotrimazole. There were no systemic or infective symptoms. Examination showed multiple erythematous annular rashes with active borders, central clearing and some fine scalings. Nails and the rest of the skin were normal. The provisional diagnosis was tinea corporis, and skin scraping for fungal microscopy and culture was arranged.

Given the extensive involvement, failure of topical therapy, and his communal living environment, oral antifungal treatment was initiated after counseling on side effects and confirming normal baseline liver function. He received oral terbinafine 250 mg daily for 2 weeks. At 3 week follow up, the rashes had improved.

Tinea corporis is a dermatophyte infection of body skin excluding the feet, groin, face, scalp, and beard. It is commonly caused by Trichophyton species, especially T. rubrum, or Microsporum species. Risk factors include diabetes, immunodeficiency, hyperhidrosis, crowded living conditions, sharing of personal items, and contact with infected pets. Diagnosis is mainly clinical, supported by dermoscopy or skin scraping when needed. Differentials include discoid eczema, psoriasis, pityriasis, and seborrheic dermatitis.

Management includes maintaining dry skin, wearing loose clothing, avoiding sharing of personal items, and treating infected contacts. Topical antifungals are first-line for localized disease, while oral agents such as terbinafine or itraconazole are indicated for extensive or refractory cases. With appropriate treatment and source control, cure is achievable, though reinfection may occur if risk factors persist.

A group photo taken on 4 July 2026
(From left to right)
Dr. LAM Gin Hou, Alan, Dr. MAN Estelle, Dr. MAN Wai Ying, Dr. LAM Wing Wo (moderator), Dr. WONG Wing Shan, Dr. TSE Ping Yu Clarice and Dr. HUEN Jason Chiusan

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

Meeting Highlights

Certificate Course on Management of Common Skin Problems in General Practice

1st session on 11 July 2026

Dr. LEE Tze Yuen, Specialist in Dermatology & Venereology, delivered a lecture on "Psoriasis and psoriasiform disorders", "Bullous disorders of the skin" and "Hair, nail, sebaceous, sweat and apocrine glands problems".

Dr. HO King Yip, Anthony (left, Moderator) presenting a souvenir to Dr. LEE Tze Yuen (right, Speaker).

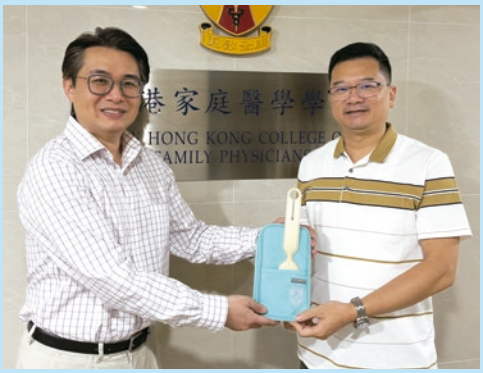
2nd session on 18 July 2026

Dr. LUK Chi Kong, David, Specialist in Paediatrics, delivered a lecture on "Common Paediatric skin problems", "Pigmentary disorders", "Common clinic procedures" and "Introduction to phototherapy and laser treatment".

Dr. LAM Wing Wo (right, Moderator) presenting a souvenir to Dr. LUK Chi Kong, David (left, Speaker).

3rd session on 25 July 2026

Dr. AU Chi Sum, Specialist in Dermatology & Venereology, delivered a lecture on "Benign skin lumps and conditions", "Common skin cancers" and "Cutaneous manifestation of systemic diseases".



Dr. CHAN Chi Wai, Edmond (right, Moderator) presenting a souvenir to Dr. AU Chi Sum (left, Speaker).

Sunday Symposium on 19 July 2026

Dr. CHEUNG Kwok Wai, General Practitioner, delivered a lecture on "From CGM Data to Patient Engagement" and Dr. WONG Cheuk Lik, Specialist in Endocrinology, Diabetes and Metabolism, delivered a lecture on "Translating AGP into Clinical Decisions".

Dr. LAU Ho Lim (left, Vice-President (General Affairs)) presenting a souvenir to Dr. CHEUNG Kwok Wai (right, Speaker).

Dr. CHAN King Hong (left, Chairman of Board of Education) and Dr. HUI Lai Chi (right, Moderator) presenting a souvenir to Dr. WONG Cheuk Lik (middle, Speaker).

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

伊利沙伯醫院 QUEEN ELIZABETH HOSPITAL

香港醫學會 The Hong Kong Medical Association

Certificate Course on Bringing Better Health to Our Community 2026

Co-organized with
Queen Elizabeth Hospital, The Hong Kong College of Family Physicians and The Hong Kong Medical Association

Dates : 29 August 2026, 19 September 2026, 31 October 2026, 28 November 2026

Time : 1:00pm - 2:00pm Light Refreshment
2:00pm - 4:00 pm Lecture & Discussion

Venue : Lecture Theatre, G/F, Block M, Queen Elizabeth Hospital

Course Fee : Free

Accreditation : pending

Certification : Certificate will be awarded to participants who have fulfilled the attendance requirement for 3 sessions or more

Programme Schedule

Dates	Time	Topics	Speakers
29 August 2026 (Sat)	2:00 | 4:00 pm	**Management of Menstrual Problem**	**Dr. WONG Yin Yan, Ivy** *Obstetrics & Gynaecology Specialist* *Private Practice*
		Update on Management of Hyperlipidaemia	**Dr. CHUI Shing Fung** *Consultant, Department of Medicine,* *Queen Elizabeth Hospital*
19 September 2026 (Sat)	2:00 | 4:00 pm	**Update on Management of Fatty Liver**	**Dr. LIU Hin Wai, Henry** *Associate Consultant, Department of Medicine,* *Queen Elizabeth Hospital*
		Update on Management of Eczema	**Dr. IP Fong Cheng, Francis** *Consultant Dermatologist i/c, Social Hygiene Service,* *Centre for Health Protection, Department of Health*
31 October 2026 (Sat)	2:00 | 4:00 pm	**Update on Antibiotic Guidance Notes in Community Setting: Part I (CAP, AECOPD and Common Skin Infections)**	**Dr. LUI Chung Yan, Grace** *Consultant, Department of Medicine,* *Prince of Wales Hospital*
		Update on Antibiotic Guidance Notes in Community Setting: Part II (AOM, Acute Pharyngitis, ARS and Uncomplicated UTI)	**Dr. CHEN Xiao Rui, Catherine** *Consultant, Department of Family Medicine and Primary Health Care, Kowloon Central Cluster*
28 November 2026 (Sat)	2:00 | 4:00 pm	**Elderly Health Service**	**Dr. TAM Wah Kit** *Associate Consultant, Department of Family Medicine and Primary Health Care,* *Kowloon Central Cluster*
		Occupational Therapy: Fall Prevention	**Ms. CHEUNG On Ki, Angie** *Advanced Practice Occupational Therapist,* *Department of Occupational Therapy, Queen Elizabeth Hospital*
		Nursing: Continence Care	**Ms. LAI Fung Sim, Phoebe** *Nurse Consultant,* *Primary Healthcare, Kowloon Central Cluster*

Registration will be first come first served. Please scan the QR code to complete the registration.

For enquiry, please contact Ms. Crocus LAN at 3506-8143

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.
3. **Registration will be closed 3 days prior to the event.**

- 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 ensure appropriate dress code to the hotel for the Scientific Meeting.

Online Monthly Video Sessions

Dates and Time	Topics
28 August 2026 (Fri) 2:30 – 3:30 p.m.	**"Treating Osteoporosis from Diagnosis to Long Term Management" by Dr. WONG Sze Hung**

QR Codes for registration

28 August 2026 (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. Minny FUNG by email to education@hkcfp.org.hk or call 2871 8899. Thank you.

Notes :

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 you are found 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.

Structured Education Programmes

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

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
Wednesday, 02 September 2026			
14:30 - 17:00	Rm7047, 7/F, Rehab Block, Tuen Mun Hospital	**Dangerous Drug Management** Dr. CHAN Lai Yung	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	**Emergency Equipment in Primary Care** Dr. NG Yuen Shan, Dr. CHAN Hoi Lam, Letty	Ms. Emily LAU Tel: 3506 8610
15:15 - 17:15	Lecture Room, 2/F, Ngau Tau Kok Jockey Club Clinic, 60 Ting On Street, Ngau Tau Kok, Kowloon	**Difference Between Hospital & General Practice** Dr. LAM Cynthia	Ms. Milky CHAN Tel: 2753 8109
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	**Consultation Skill: Breaking Bad News, Handling of Violent Patient** Dr. CHENG Wai Man, Alice, Dr. DENG Luo, Valeria, Dr. LAI Hei Lam, Helen	Ms. LiLi YUNG Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hosptial Road, Hong Kong	**Dermatology Case Sharing in Primary Healthcare** Dr. CHEUNG Chi Hong, David	Ms. Cherry WONG Tel: 2589 2337
Thursday, 03 September 2026			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	**Navigating Clinical Uncertainty: Trust, Safety, and Communication** Dr. FUNG Hoi Yin, Dr. LAU Lai Na	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 09 September 2026			
14:30 - 17:00	Rm7047, 7/F, Rehab Block, Tuen Mun Hospital	**Managing Anemia in Primary Care – Beyond Iron Deficiency** Dr. TAM Tsz On	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	**Approach to Patients with Poorly Differentiated Symptoms** Dr. LAU Kwan Ho, Dr. MAK Hollam, Harry	Ms. Emily LAU Tel: 3506 8610
15:15 - 17:15	Lecture Room, 2/F, Ngau Tau Kok Jockey Club Clinic, 60 Ting On Street, Ngau Tau Kok, Kowloon	**Drug Incidence in Primary Care** Dr. MAK Hoi Yan, Clement	Ms. Milky CHAN Tel: 2753 8109
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	**Small Practice Clinic Management (Including New Ordinance)** Dr. TONG Hei Ka, Anson, Dr. WONG Tsz Yan, Nicole, Dr. KWOK Sum Yi, Claris	Ms. LiLi YUNG Tel: 5569 6405
Thursday, 10 September 2026			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	**Acute Kidney Injury and Electrolyte Emergencies** Dr. LEE Chi Lung, Dr. NG Mei Po	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 16 September 2026			
14:30 - 17:00	Rm 5019, 5/F, Rehab Block, Tuen Mun Hospital	**Community Resources for Men's Health** Dr. HWA Adrian Yinchun	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	**Consultation Enhancement (Physical Examination: Hand & Wrist and Video Consultation)** Dr. PANNU Prubdial Singh, Dr. LAU Tsz Ying	Ms. Emily LAU Tel: 3506 8610
15:15 - 17:15	Lecture Room, 2/F, Ngau Tau Kok Jockey Club Clinic, 60 Ting On Street, Ngau Tau Kok, Kowloon	**Different Consultation Models** Dr. CHAN Justin Yik-pun	Ms. Milky CHAN Tel: 2753 8109
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	**Common ENT Complaints (Epistaxis, Allergic Rhinitis, Dizziness, Hearing Loss)** Dr. LEE Ka Long, Aaron, Dr. CHOW Chau Yi, Charlie, Dr. TANG Yeung On	Ms. LiLi YUNG Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hosptial Road, Hong Kong	**Sharing on Certificate Course on Clinical Ophthalmology 2026** Dr. FUNG Yan Ning, Elaine	Ms. Cherry WONG Tel: 2589 2337
Thursday, 17 September 2026			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	**Complaints Management in HA Family Medicine Clinic and Case Sharing** Dr. CHUNG Wing, Dr. JOR Hon Man	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 23 September 2026			
14:30 - 17:00	Rm7047, 7/F, Rehab Block, Tuen Mun Hospital	**Palpitations and Acute Tachyarrhythmias** Dr. CHAN See In, Dr. MI Yuqi	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	**Sexually Transmitted Disease (Including High Risk Sexual Behaviour and Community Resources)** Dr. LAI Siu Tung, Dr. WONG Hong Ching, Janice	Ms. Emily LAU Tel: 3506 8610
15:15 - 17:15	Lecture Room, 2/F, Ngau Tau Kok Jockey Club Clinic, 60 Ting On Street, Ngau Tau Kok, Kowloon	**Updates Management of Hyperlipdiaemia and IHD** Dr. FAN Yu Yan, Sally	Ms. Milky CHAN Tel: 2753 8109
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	**Update of Chronic Dermatological Disease (Eczema and Psoriasis)** Dr. YOUNG James Haley, Dr. LEE Sheung Yim, Sharon, Dr. POON Chi Him	Ms. LiLi YUNG Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hosptial Road, Hong Kong	**Psychological and Psychiatric Symptoms in Elderly** Dr. TONG Tin Yan, Emily	Ms. Cherry WONG Tel: 2589 2337
Thursday, 24 September 2026			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	**Primary Care in the Greater Bay Area and Cross-Border Healthcare Delivery** Dr. KUM Chung Hang, Dr. HUN Pek I	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 30 September 2026			
14:30 - 17:00	SB1032, 1/F, Special Block, Tuen Mun Hospital	**Accreditation in Primary Care: Preparing a Clinic for International or HKCFP Quality Standards** Dr. HO In Kwan, Dr. WONG Wai Yee	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	**Approach to Laboratory Results (Chemical Pathology)** Dr. WONG Yuet Hei, Dr. WONG Yin Tung, Alex	Ms. Emily LAU Tel: 3506 8610
15:15 - 17:15	Lecture Room, 2/F, Ngau Tau Kok Jockey Club Clinic, 60 Ting On Street, Ngau Tau Kok, Kowloon	**Community Resources for Women Health** Dr. CHEN Shaokai	Ms. Milky CHAN Tel: 2753 8109
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	**Drug Incidents in GOPC** Dr. LO Ching On	Ms. LiLi YUNG Tel: 5569 6405

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
23 Aug *9:30 a.m. – 1:00 p.m.* *HKCFP Conjoint Exam - AKT Segment*	24	25 *6:00 – 8:00 p.m.* *Exit Exam Research Forum*	26 *2:30 – 7:00 p.m.* Structured Education Programme	27 *4:00 – 6:00 p.m.* Structured Education Programme	28 *2:30 – 3:30 p.m.* *Online Video Session* *7:00 – 9:00 p.m.* *Exit Exam Pre-Exam Workshop*	29 *2:00 – 4:00 p.m.* *Certificate Course on Bringing Better Health to Our Community 2026* *2:30 – 5:30 p.m.* *DFM Module IV Seminar*
30	31	1 Sep	2 *2:30 – 7:00 p.m.* Structured Education Programme	3 *4:00 – 6:00 p.m.* Structured Education Programme	4	5 *2:30 – 5:30 p.m.* *DFM Module IV – Structured Seminar*
6	7	8	9 *2:30 – 7:00 p.m.* Structured Education Programme	10 *4:00 – 6:00 p.m.* Structured Education Programme *8:00 p.m. – 10:00 p.m.* *Board of Conjoint Exam Meeting*	11	12 *2:30 – 5:30 p.m.* *DFM Module III – Structured Seminar*
13 *2:30 p.m. – 4:30 p.m.* *HKCFP Family Medicine Boot Camp*	14	15	16 *2:30 – 7:00 p.m.* Structured Education Programme	17 *4:00 – 6:00 p.m.* Structured Education Programme *8:30 p.m.* *HKCFP Council Meeting*	18 *6:00 – 8:00 p.m.* *Exit Exam Clinical Audit Forum*	19 *2:00 – 4:00 p.m.* *Certificate Course on Bringing Better Health to Our Community 2026* *2:30 – 5:30 p.m.* *DFM Module III – Structured Seminar*
20	21	22	23 *2:30 – 7:00 p.m.* Structured Education Programme	24 *4:00 – 6:00 p.m.* Structured Education Programme	25	26
27	28	29	30 *2:30 – 7:00 p.m.* Structured Education Programme	1 Oct	2	3 *2:30 – 5:30 p.m.* *DFM Module II - Tutorial Session*

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

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