

30th
1987-2016

Anniversary of
Conjoint HKCFP/RACGP Fellowship Examination



HONG KONG COLLEGE OF FAMILY PHYSICIANS



THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

CONJOINT HKCFP/RACGP FELLOWSHIP EXAMINATION

30th Anniversary Booklet

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MESSAGE FROM PRESIDENT OF HKCFP

Dr. Angus MW CHAN

I am overjoyed to learn we have reached the 30th Anniversary of the Conjoint Examination. The College is one of the oldest medical academic colleges in Hong Kong and we are one of the pioneers in organizing local postgraduate examination.

The two major tasks of the College are education and examination of Family Physicians in Hong Kong. Each year I always look forward to the Conjoint Examination where I will meet old pals from both Hong Kong and Australia for reunion but it is also the place to enhance my yearly learning. It offers the unique opportunity to the autumn harvest of all the hard work from both examiners and candidates. There are joys and there are tears in this one big Family.

We are indebted to the Royal Australian College of General Practitioners for her never failing support. Throughout the years, the censors from RACGP have provided us not just the quality assurance, feedback but the everlasting friendship that we always cherish. I offer my biggest thanks to Drs Jan Radford, Jennie Kendrick, Mark Miller, Chris Hughes and Kaye Atkinson.

Thirty years may not be ancient and the Conjoint Examination has evolved into the most well organized and sophisticated examination to the envy of others. Congratulations to Dr Chan Hung Chiu and his hard working and reliable team! Their adrenaline surge will never go unnoticed.

I have only laid down and cemented a small brick and The Great Wall construction is still ongoing. I have to salute all the examiners who have contributed tremendously and persistently over the past thirty years. You have made the College successful and proud!

MESSAGE FROM CHAIRMAN OF BOARD OF CONJOINT EXAMINATION

Dr. CHAN Hung Chiu



Dr. Peter C Y Lee (right) presenting the HKCGP fellowship certificate to Dr. Chan Hung Chiu (left)



Dr. Eric Fisher (right) presenting the RACGP fellowship certificate to Dr. Chan Hung Chiu (left).

2016 is a special year for the Hong Kong College of Family Physicians (HKCFP).

It is the 30th year that the College, working in collaboration with the Royal Australian College of General Practitioners Australian (RACGP), has organized the Conjoint HKCFP/RACGP Fellowship Examination.

My hearty congratulations on the 30th Anniversary of the Conjoint HKCFP/RACGP Fellowship Examinations!

Back in 1986, it was soon after I passed the Fellowship Examination organized by the Hong Kong College of General Practitioners (the last of the three yearly "grandfather" Fellowship Examination of the then HKCGP) did I realize that the first Conjoint HKCFP/RACGP Fellowship Examination would be organized the very next year! Although I had obtained the FHKCGP qualification, I still had to go through all the segments as required by the Conjoint Exam without any exemption. At that time, apart from the pre-exam course organized by the College and conducted by Dr. Wes Fabb, the external examiner from Australia, we hardly had any structured General Practice learning program, not to say any vocational training. As a solo practicing general practitioner, I studied by my own only after my lengthy office hours without much guidance. I could still remember the so many late nights and weekends that I spent on books and journals in preparation for the exam. Luckily I passed, with four other candidates, namely, Dr. Keith KW Chan, Dr. Chan Sui Po, Dr. Hayles H W Wai, and Dr. Wun Yuk Tsan.

The first conferment ceremony took place in the Hong Kong City Hall. The ceremony was grand and impressive, attended by so many academia, medical professionals, government officials, representatives from the RACGP, overseas and local prominent guests and dignitaries, and many others. I was soon recruited to become a member of the Panel of Examiners of the Conjoint Exam. With much honour, I remain in the panel ever since.

Just after few years time, the standard of our College examination was promptly acknowledged. In 1990, the FHKCFP (formerly FHKCGP) was officially recognized by the Medical Council of Hong Kong (MCHK) as a quotable higher qualification in Hong Kong. In fact, HKCFP (formerly HKCGP) was the first local academic college in Hong Kong granting recognizable postgraduate medical qualification.

Starting from the early days, the format of our exam had been similar to that of the RACGP. The old format examination, consisting of Written Segment (Multiple Choice Questions (MCQ), Modified Essay Questions (MEQ), and Clinical Interpretation) and Clinical Segment (Diagnostic Interview (DI), Management Interview (MI), Physical Examination (PE), and Case Commentary & Oral), had been used all through the early years from 1987 until 2004, while the new format exam (the current one) was introduced since 2003. In February 2004, I, together with Dr. Luk Wan, were assigned to represent the HKCFP to go to the RACGP headquarter in Melbourne and to attend the 2-day meeting of the Board of Censors of RACGP, chaired by Dr. Beth Jane, the Censor in Chief. The meeting was attended by various Faculty Censors of the RACGP. After the meeting, we had the opportunity to discuss and try hand-on writing up case scenarios, followed by actual role-playing try-out with some case writers of the RACGP. From this trip, we really learnt much more about the practicalities of the new format of Objective Structured Clinical Examination (OSCE), which was so helpful for the later planning of our own examination in Hong Kong.

Workload for the Board of Conjoint Examination (BCE) in the following years was tremendous. We had to run both the old format and new format examination simultaneously in 2003 and 2004 (the overlapping transitional period) before we could completely move on to the new format examination. Moreover, as the intake of Family Medicine trainee by Hospital Authority (HA) gradually increased in the subsequent years, we faced the problem of the surge of candidates applying for the examination. The total candidates from 2003 till 2008 reached our record high of almost 200 each year. Though we did not have much problem to handle larger number of candidates in the written examination, we faced quite a lot of technical difficulties in the clinical segment, including the numbers of available examiners and role players, the availability of suitable examination venue, the recruitment of clerical support for handling the examination materials, and so on. An important event that I could still remember well during that period is the incidence of the allegation of leakage of College clinical examination materials in the year 2006. It did create turmoil in the College so much so that an independent enquiry was set up to look into the matter. Although no evidence of shortcomings with regards to the processes involved in handling examination materials was found, our procedure of the handling examination papers was soon modified to become a more central process for development of marking scheme with the presentation of OSCE examination materials to the examiners only on the day of examination. This unique practice, which is still currently used, had proven to be effective to improve the confidentiality of the Conjoint Exam.

I am proud to be in the first batch of successful candidates of the First Conjoint Exam; I am proud to be in the panel of examiners since then; I am proud to be the Chairman of the BCE since 2004; and I am proud to be able to witness and participate in the development of the examination all through these 30 years!

I must thank all my predecessors for their hard works in the early years of examination development. And on behalf of the great team of the BCE, I thank all the past and present examiners throughout these years. They have dedicated so much of their time and effort to the development of the Conjoint Exam. I am grateful with their trust and patience with the BCE in the evolution of the Conjoint Exam.

Happy 30th Anniversary, Conjoint HKCFP/RACGP Exam!!

Dr. CHAN Hung Chiu

Chairman of Board of Conjoint Examination since 2004

Member of panel of Examiner since the 2nd Conjoint Examination in 1988

Successful candidate of 1st Conjoint Examination, 1987 (the 1st batch of Fellows of the HKCGP and RACGP)

Remarks: Starting from 2005 the Conjoint Exam has been completely changed from the old format to a new format. During the transition period, both old and new formats were adopted in 2003 and 2004.

- Old Format: Consists of MCQ, MEQ, CI, Oral, DI, PE and MI
- New Format of Written Segment: MCQ and KFP
- New Format of Clinical Segment: OSCE, which consisting of 14 stations

STRUCTURE OF BOARD OF CONJOINT EXAMINATION

Chairman	Dr. CHAN Hung Chiu
Chief Examiner	Dr. IP Pang Fei
KFP Segment Coordinator	Dr. LAU Ho Lim
Deputy KFP Segment Coordinator	Dr. Kinson K S LAU
MCQ Segment Coordinator	Dr. Kenny KUNG
Deputy MCQ Segment Coordinator	Dr. Cecilia K L SIN
OSCE Segment Coordinator	Dr. Billy S H CHUI
Deputy OSCE Segment Coordinator	Dr. Loretta W Y CHAN
Members	Dr. Barry T F BIEN Dr. Winnie W Y CHAN
Secretarial Staff	Ms. Crystal YUNG Ms. Charlotte CHEUNG



From left to right:

(1st row) Dr. Billy S H Chui, Dr. Ip Pang Fei, Dr. Stephen K S Foo, Prof. Cindy L K Lam,
Dr. Chan Hung Chiu, Dr. Lau Ho Lim

(2nd row) Ms. Crystal Yung, Dr. Cecilia K L Sin, Dr. Winnie W Y Chan, Dr. Loretta W Y Chan,
Dr. Kinson K S Lau, Ms. Charlotte Cheung

MESSAGE FROM BOARD OF CONJOINT EXAMINATION

Dr. IP Pang Fei



Dr. Natalis C L Yuen (right) presenting the HKCGP fellowship certificate to Dr. Ip Pang Fei (left).



Dr. Clarke Munro (right) presenting the RACGP fellowship certificate to Dr. Ip Pang Fei (left).

I sat for the second Conjoint HKCGP/RACGP Fellowship Examination in 1988, eighteen years after my medical graduation and nine years after I started practising as a private paediatrician. As I saw quite a number of adult and elderly patients in my clinic - mostly being the family members of my paediatric patients - I decided to pursue further my studies in general practice (as what family medicine was called in those days) and preparations were made to sit for the Conjoint Examination.

There was a pre-examination course conducted by Dr. Lindsey Knight, Censor-in-Chief of the RACGP and one of our external examiners (the other Australian examiner was Dr. Wes Fabb), but otherwise all preparations were done by the individuals on his own.

The examination was a long process, with three written papers (MCQ, MEQ and CI) and five clinical segments (DI, MI, PE, Case Commentary and Oral). Thirteen candidates sat for the written segment and seven passed; as four of them were vocational trainees, only three candidates were eligible to sit for the clinical examination. Two managed to pass the whole examination – me and Dr. Wong Hung Wai. (Dr. Wong later served as a Chairman of the Board of Examinations of the College)

The clinical examination was held over two consecutive days in the General Practice Unit of the Department of Community Medicine and Family Medicine of the Chinese University of Hong Kong (CUHK) at Lek Yuen Health Centre. A couple of cases still impressed me. At that time real patients were invited for the DI and PE stations. One of my case was an elderly gentleman with Parkinsonism, hypertension and chronic obstructive lung disease recently having a stroke resulting in a left hemiparesis. So the physical findings included a man with a mask face, spastic hemiparesis on the left side and cogwheel rigidity and tremor on the right side. Thanks to this co-operative patient I got all the physical signs correctly elicited. I guess

today it is unlikely that one will ever encounter such good physical signs in the PE stations. Another case for the management interview was a woman who saw the candidate a few days ago with fever and told to be suffering from a viral infection but was subsequently admitted into a government hospital diagnosed with severe typhoid fever. Her daughter came to see the candidate to demand for an explanation for the wrong initial diagnosis. The role player was Dr. (now Professor) Cindy Lam. I think her performance as an angry and anxious daughter was much better than any professional actress!

The conferment ceremony was held on 5th March 1989 at the Sheraton Hotel. The arrangement was no different from the conferment ceremonies today, attended by many prominent guests and dignitaries. That year witnessed the inauguration of the first "Dr. Sun Yat Sun Oration" to commemorate the founder of modern China who himself was a general practitioner. The oration entitled "The Human Face of Medicine" was delivered by the late Dr. Peter C.Y. Lee, immediate past and founding President of the College. After the ceremony Dr. Stephen Foo, the then Chairman of the Board of Examinations, greeted me and Dr. Wong Hung Wai and said, "See, our College is spending a lot of time and manpower in organizing this ceremony just for the two of you!". Thanks to Dr. Foo and the College, we immediately accepted their invitation to be trainee examiners in the 1989 examination.

My wife attended the conferment ceremony with my son who at that time was only three years old. Whenever he saw me on the stage receiving the conferment he was so excited and kept on shouting "papapa" aloud despite my wife covering up his mouth with her palm. And starting from the conferment ceremony of 1990 onwards there was a line on the invitation card stating "Please do not bring children under the age six into the ceremony".

Dr. IP Pang Fei

Chief Examiner, Board of Conjoint Examination, 2000-2005 & from 2007 onwards

Clinical Interpretation Coordinator of Board of Examination, 1993-1999

Member of panel of Examiner since the 3th Conjoint Examination in 1989

Successful candidate of 2nd Conjoint Examination, 1988

MESSAGE FROM BOARD OF CONJOINT EXAMINATION

Dr. LAU Ho Lim



Dr. Stephen K S Foo (right) presenting the HKCGP fellowship certificate to Dr. Lau Ho Lim (left).



Dr. Colin Owens (right) presenting the RACGP fellowship certificate to Dr. Lau Ho Lim (left).

It would be a Herculean task to recount in several hundred words all the happy and less than happy events in the past 21 years when my life was actively involved with the Conjoint Fellowship Examination. Suffice it to say that it is my passion for the intricacies of assessment methods in family medicine in general and with this Examination in particular that drives me to allow my life to be intertwined with it.

It all started in 1995 when I sat the Conjoint Fellowship Examination co-organised by the then Hong Kong College of General Practitioners, before her name was changed to the present Hong Kong College of Family Physicians in 1997, and The Royal Australian College of General Practitioners, as a Category II candidate when my private practice had just reached its sixth year satisfying the entrance requirements. I enrolled in the Diploma of Family Medicine course organised by the Chinese University of Hong Kong the year before the examination, an especially fruitful experience in terms of knowledge and friendship. Fond memories they really are.

Back in those days, the Conjoint Examination was still conducted in the "old" format, in that there were three written papers (Multiple Choice Questions, Modified Essay Questions and Clinical Interpretation) and five clinical segments (Diagnostic Interview, Management Interview, Physical Examination, Case Commentary and Oral Examination). Candidates have to get at least 55 marks out of a hundred in all segments in order to pass. If they fail, they have to re-sit those segments below 65 marks. This complicated examination format and pass-fail system might be one of the causes of the notoriety that this Conjoint Examination was daunting for the majority of candidates. This unwelcome impression has since been around the medical community although it has become an unfortunate misconception in the past ten years when the pass rate has been reasonable and healthy.

I am indebted to Dr Cynthia Chan who invited me to become an examiner in 1998 after I passed the Conjoint Examination in 1995. From then on, my involvement in this examination has grown deeper and deeper: as Coordinator in Diagnostic Interview in 2000, as Coordinator in Modified Essay Questions in 2002 till this segment's last year in 2004, as Chief Examiner in 2006, and a long relationship with Key Features Problems since its inception in 2003 till now. I was fortunate to witness the change of the "old" examination format to the "new" one in 2003, a change which introduced updated assessment methods to the Conjoint Examination, namely the Key Features Problems (KFP) and Objective Structured Clinical Examination (OSCE). This substantial change has undoubtedly met with challenges but it has also brought in new insights in the scoring system – that of a standard setting rather than a fixed preset pass mark.

The KFP format of assessment was pioneered by Dr Gordon Page and Dr Georges Bordage in Canada in the late 1990s. It was first used by the Canadian Medical Council, and later was introduced into the RACGP Fellowship Examination by Prof Liz Farmer from whom I had the fortune to learn the necessary techniques and pitfalls in writing KFP cases. From my discussion with Prof Dale Dauphinee, who has perpetuated the use of KFP in assessment in North America, in a recent workshop, we can be assured that this format of assessment in our Conjoint Examination is in the forefront of current assessment methods as the use of KFP in assessment in medicine will become more prevalent and widespread in undergraduate and postgraduate medical education.

On reflection, the Conjoint Examination has provided a valuable opportunity for a Category II candidate like me to improve on his medical knowledge and clinical skills, to gain professional recognition in Hong Kong and Australia, and to further his career if needed. Although many colleagues in the medical community still harboured a misconception that this examination is a devil, I would respectfully disagree. With solid evidence, I consider it a blessing instead.

On a more personal note, I cherish this intellectual exercise every year, the excellent team spirit in the Board of Conjoint Examination and the contribution of all examiners, especially the Board Chairman and the Chief Examiner, from whom I have learned so much over the years.

Dr. LAU Ho Lim

KFP Coordinator of Board of Conjoint Examination, 2003-2014 and from 2016 onwards

KFP Deputy Coordinator of Board of Conjoint Examination, 2015

Chief Examiner of Board of Conjoint Examination, 2006

MEQ Coordinator of Board of Conjoint Examination, 2002-2004

Diagnostic Interview Coordinator of Board of Conjoint Examination, 2000

Member of panel of Examiner of the Conjoint Examination since 1998

Successful candidate of 9th Conjoint Examination, 1995

MESSAGE FROM BOARD OF CENSORS

Prof. Cindy L K Lam



(From left to right) Dr. Stephen K S Foo, Dr. Donald K T Li,
Dr. Maryse Badawy, Prof. Cindy L K Lam



Dr. John TN Chung (left) presenting the Dr. Sun Yat Sen
Oration Gold Medallion to Prof. Cindy L K Lam (right).

Fond Memories of the Management Interview (MI) Station of the Conjoint HKCFP/RACGP Fellowship Examination 1987- 2004

The first Conjoint HKCGP/RACGP Fellowship Examination was held in 1987 in the very old format of long cases, short cases, and voce viva on the practice log diary. It was restructured to the OSCE format to assure better validity and reliability in 2003. The early OSCE consisted of Diagnostic Interview (DI), Management Interview (MI), and Physical Examination (PE) stations. My favorite was the MI station that tested the candidate's competence in providing whole-person, comprehensive and continuing management of patients with more complex problems. To prepare for the MI station, many candidates used a 3x3 grid (九宮格) to remind themselves of the coverage of physical, social and psychological problems, the patient, the illness and the family, and the immediate, intermediate and long-term management. Examiners had to role-play the patient who could be an extremely angry patient or a very depressed crying one. We all practised very hard. In one of the pre-examination training workshops on a Sunday when I could not find a baby-sitter, I brought along my 3-year-old son and I happened to play the role of the mother of a child patient, some candidates were impressed by the 'realness' of the role-play and asked whether they had to interview my child. We reassured the candidates that the child was not part of the role-play in the actual examination! The Conjoint Exam has become a legend of our College in which every fellow has a share of the history.

Prof. Cindy L K Lam

*Chief Censor of The Hong Kong College of Family Physicians since 2007
Member of panel of Examiner since the 1st Conjoint Examination in 1987*

MESSAGE FROM BOARD OF CENSORS

Dr. Donald K T Li



Dr. Donald K T Li (left) and Prof. Cindy L K Lam (right)



HKCGP Refresher Course (From left to right)

Dr. Maxwell Tse, Dr. Donald K T Li, Prof. Hamish Barber

The HKCFP is one of the 15 constituent specialty colleges of the Hong Kong Academy of Medicine (HKAM), the statutory body in Hong Kong responsible for the postgraduate training and standards of all specialists in Hong Kong. Our aim is to ensure the highest standards of health care delivery, ensure that our fellows apply knowledge, skills and technology to benefit the patient in the best way, seek continual improvement for optimal doctor-patient engagement and maintain our mission and passion to keep Hong Kong people healthy.

This involves training and assessment. The assessment of Family Physicians is through the Board of Examination of the HKCFP. The process of assessment is continuous and also through conducting examinations. HKCFP was established in 1977 and a grandfather examination to admit members commenced in 1984.

Time flies, I was one of the four from HKCFP who went to Melbourne in 1987 to learn about the RACGP examination in preparation for a Conjoint HKCGP/RACGP Fellowship Examination. It was quite an experience as I was given the responsibility to set up the clinical interpretation segment of the examination. The examination seminar in Melbourne was quite memorable, engaging in discussions of clinical problems I had little knowledge (such as rare infections) yet at the same time able to show off how much I knew about Hepatitis B (a rare infection in Australia).

The Conjoint Exam is designed to evaluate the competence of the candidates in regard to their knowledge, skills and attitudes in General Practice/Family Medicine. A good understanding of the principles and methods of Family Medicine is essential. Skills in problem solving, communication, practice management, physical examination, and office procedures are to be tested. Commitments of continuous, comprehensive, co-ordinated, patient-centred, and anticipatory care are expected from candidates. The Conjoint Exam in the early days were very generic with components such as diagnostic and management interviews requiring a lot of skillful role players. We are now at the forefront employing efficient methods such as OSCE format.

I congratulate the Board of Examination for making many evolutionary changes whilst maintaining the highest quality. Realising the difference in patient culture and expectations, language and disease patterns, epidemiology in Hong Kong, our examination now is extremely effective in assessing knowledge, skills and attitude of family physicians. The examination is applauded by many and recognised as one of the most efficient and successful International examinations.

The challenge however, continues to meet evaluation objectives in the assessment of competence in family medicine, especially family doctors at the commencement of independent practice. Whilst Communication Skills with patients and colleagues, Clinical Reasoning Skills, Procedure Skills are more readily evaluated, Patient-Centred approach and Professionalism are areas that require continuous development.

I wish the Board of Examination every success in their work and wish to acknowledge all the dedicated fellows who have made selfless contributions and sacrifices to support our examination. I also pay tribute to our forefathers and seniors especially the late Peter C Y Lee, for his vision and effort in the establishment of family medicine in Hong Kong.

Dr. Donald K T LI

Censor of The Hong Kong College of Family Physicians since 2008

Member of panel of Examiner since the 1st Conjoint Examination in 1987

Clinical Interpretation Coordinator of Board of Examination, 1987-1990

MESSAGE FROM BOARD OF CENSORS

Dr. Stephen K S FOO



Dr. Stephen K S Foo (left) and Prof. Cindy L K Lam (right)



14th WONCA World Conference in 1995, hosted by HKCGP

"See how all this rubbish in the referral letters? These are from general practitioners (GPs). See whether you want to be GPs in future?"

We were medical students of HKU doing senior clerkships at Sai Ying Pun Surgical Specialists Outpatient Unit, some 50 years ago. This was the comment from the lecturer. The comment ran lightly as it was very natural that GPs were 'rubbish'. None of us cared about this as we aimed at main specialties when we graduated and only second grade doctors would pick up general practice as the career. In fact, you had no choice at that time as specialists training opportunities were so rare.

I was one of those aiming at training in specialists units after graduation. By hook or crook, I joined in the stream of general practice in private after working for a few years in the government hospital. Then I remembered the comments by the lecturer in surgery and asked "Am I joining the 'Rubbish' doctor list?" Not satisfied that general practice was looked down upon by other specialists, few of us thought of means to elevate general practice status. To gain respect from others, a certain standard in your discipline has to be set and that standard to be recognised worldwide. Hence the HKCGP was established and the Conjoint Fellowship Examination with RACGP set in.

The College was formed in 1977 and seeing the importance of setting some assessment of standards in this discipline, the College Council started to think of some form of assessment for local GPs. While membership of the College was open to all GPs, requirement to join a local examination as designed by the Board of Examination in 1984, of which I was assigned Chairman, needed some special consideration in order to maintain some minimal standard. The requirement to join the local examination was that any local GP with 10 years of working experience with accumulation of 400 credit points in the CME activities of the College. Also they had to obtain evidence to attend the refresher course in the past 3 years before the examination. To encourage GPs to join the examination, we designed a very simple format

of viva of 2 sessions each lasting for 30 minutes. The first session involved a test of medical knowledge and second one on soft side of general practice like handling of confidentiality, bereavement, crisis management, etc. Remembered we had no training at all in that period and self learning was the only motive to upgrade oneself. Luckily, our College had very robust Continuing Medical Education (CME) activities including the famous Annual Refresher Course (ARC) commencing in 1981. The ARC was a 2 weeks course, containing 10 sessions, in lunch hours, held towards end of the year in Holiday Inn or Sheraton Hotel. World famous family medicine dignitaries were invited to come to Hong Kong as speakers. Topics were very much family medicine orientated. The College would cover the airfares and accommodation charges with a small honorarium. Through the series of ARC, candidates were able to learn the concept and principle of family medicine, as well as updates in the clinical practice of family medicine. Famous family physicians like Prof. Hamish Barber Norie-Miller Chair, University of Glasgow, Prof. Neil Carson, Founding Professor in the Department of General Practice, Monash University. Australia, Dr. MK Rajakumar, Founding President of Academy of Family Physicians of Malaysia and later the World Organization of Family Doctors (WONCA) President, had been invited. Later they all acted as external examiners of our local examinations which ran from 1984 to 1986.

The three years of local examinations took place at the Wan Chai College Premises, each session conducted by one pair of external and local examiners. Local examiners included senior members of the profession including Dr. Peter Lee, Founding President of the HKCGP, Dr. Henry Li, Chairman of the Interim Council of the College and Dr. Natalis CL Yuen, President of the Hong Kong Medical Association and previous Vice-president of the College. The Censor of the College supervising the standard of local examinations was Prof. David Todd, Professor of Medicine, HKU.

In the first year, 29 candidates joined the examination of whom 15 passed the examination. Similar examination took place in 1985 and 1986 and a total of 61 GPs satisfied the requirements and were elected Fellows of the HKCGP, which name has been changed to the HKCFP in 1997.

Dr. Peter Lee was elected WONCA Regional Vice President of the Asia-Pacific Region in 1983 and he had successfully led the HK College to bid hosting the WONCA Regional Conference of Asia Pacific Region in HK from 5-9 September 1987. The venue was City Hall. This was an important event in the development of the College as this activity would bring the College to international arena. Many international renowned family physicians, Presidents of colleges of the WONCA Asia –Pacific Region, local academics of both HKU and CUHK, senior government officials especially from Department of Medical and Health and local medical bodies were invited to join this occasion. This was a memorable occasion in the history of the College examination, as in this event, successful candidates of the three years of local examination were conferred Fellowship of the HKCGP. The Fellowship was not a quotable qualification of MCHK. However, the presence of so many international renowned family physicians to witness the first Conferment Ceremony of the College added weight to the Fellowship of local examinations which eventually led their recognition.



WONCA Asia Pacific Region in 1987, hosted by HKCGP
Dr. Peter C Y Lee (left), Dr. Lee Chi Shu (right)



Dr. Peter C Y Lee being interviewed by reporters on WONCA Asia Pacific Regional Conference in 1987 in Hong Kong, to stress the importance of Family Medicine development in Hong Kong.

In the last year of the local Fellowship examination in 1986, Dr. Peter Lee thought in order that the local Fellowship Examination to have international recognition, influence from overseas colleges was important. In that era of medical profession, Hong Kong being a British colony, it was just natural that the first country to approach for help was Britain. In that year, the World WONCA Conference was held in London at Barbican Centre. Dr. Lee, accompanied by me, approached the President of the Royal College of General Practitioners (RCGP) to explore the feasibility to set up a conjoint examination with RCGP. The President said that was not the best time to organize an examination with the RCGP and suggested HK to set up a centre for the Member of RCGP Examination, in order that colleges from British Commonwealth countries were able to join the examination in Hong Kong. Our College would administer the process of the examination. We felt disappointed and declined the offer.

The next thing we did was to approach the President of the RACGP for feasibility to a conjoint examination sometime in future. He was friendly, listening to the process of our local examination and more importantly he expressed his wish that our College should have a standard in general practice with appropriate assessment. He promised to arrange officials from the RACGP to observe our third local fellowship examination in October of the same year, i.e., 1986, to see our standard of organisation of the examination before further move. We were excited and on returning home, we paid extra attention in arranging the examination as we had special guests this time. In that last examination, the external examiners were Professor Neil Carson and Dr. Rajakumar. The official observers from the RACGP were Dr. Wesley Fabb who was then the National Director of Training of the RACGP and Dr. Lindsey Knight, a State Censor of the RACGP.

After the examination, I, as Chairman of the Board of Examination, invited all external examiners and the official observers to have dinner in the Peak restaurant for a casual meeting to see the views of the Australian representatives on chance of the conjoint examination. Professor Neil Carson, though from Australia, was only the external examiner for this examination and he was not in a position to comment on our discussion. The same with Dr. Rajakumar who was an observer in our meeting. Dr. Wes Fabb, impressed by our running of the examination, was in favour of proposing to have conjoint examination with RACGP. However, Dr. Lindsey Knight

said our College was not ready, meaning not up to the standard he required, and suggested to observe for a few years before the conjoint examination realized. He did not decline the proposal of having a conjoint examination. I never realized they had not discussed the issue beforehand and did not come to a conclusion before attending the dinner.

After all our guests left Hong Kong, at the friendly suggestion of Dr. Wes Fabb, I wrote a letter to Dr. Clarke Munro, the Chief Censor of the RACGP, explaining our wish to have a Conjoint Exam which would help to upgrade the standard of general practice in HK. To our surprise, we received a very encouraging letter from Dr. Clarke Munro who said he had got approval from the Council of RACGP and gave the green light to have a conjoint examination the next year, i.e., 1987. He further suggested he would come over to HK to help our preparation of the examination but we had to let him know our examination content and format whether they were accepted by the RACGP.

At the invitation of Dr. Clarke Munro, our College sent a delegation of 4 members to attend the examination seminar of the RACGP at Melbourne to gather more information in preparing for our first conjoint examination in 1987. They were Dr. Maxell Tse, Dr. Paul Lam, Dr. Donald T K Li and Dr. Kitty K C Chan.

There was less than one year for us to prepare all this. Dr. Natalis C L Yuen was assigned this important task of collecting examination content and format from overseas colleges to see where should we stand. Of course the standard of reference must be from RACGP. All along, the RACGP never asked what we should do and never dictated our examination content and format. At last, we proposed to adopt the same format of Fellowship examination of RACGP. We had a total of 8 segments, including clinical ones of DI, MI, Case Commentaries, and Case History. Written components included MCQ, MEQ, Clinical Interpretation and Log Diary. Thanks to many of our colleagues who had helped in formulating the content of our conjoint examination. Different members were assigned to be responsible of different examination segments. They were the first batch of coordinators including:

MCQ	Dr. Maxwell Tse
MEQ	Dr. Paul Lam
Clinical Interpretation	Dr. Donald KT Li
Case Commentaries	Dr. John T N Chung
DI	Dr. Maxwell Tse
MI	Dr. Kitty K C Chan
Log Diary	Dr. Paul C H Siu
Case History	Dr. Natalis C L Yuen

The next thing we needed to discuss was who were eligible to take this Conjoint Exam.

We designed two categories of candidates. Category I candidates must have completed vocational training programmes organized by the College. Category II candidates must have been predominantly in general practice for not less than five years.

As the College had not yet provided formal training to local doctors, the participants of the first Conjoint Exam were all Category II candidates.

Then we had to design the passing marks for the examination. Council had approved that candidates had to obtain a minimum mark of 55% in every segment of the examination and a minimum of 65% of the total marks of the whole examination in order to pass in the examination. Of course all of our resolutions on the examination had to be approved by the RACGP.

Prior to the examination, at the invitation of the College, Dr. Wesley Fabb conducted a workshop on fellowship examination from 7- 12 March 1987. It was well attended. Local members had an idea of the conjoint nature of the examination. From 22 -29 March 1987, we invited Dr. Clark Munro, Chief Censor of the RACGP, to talk about the technique in preparation of the examination with video demonstrations produced by the RACGP.

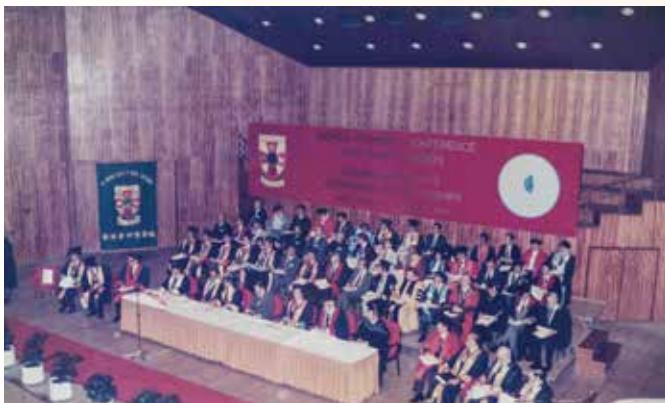
The Conjoint Exam commenced on 7 June 1987. The written segments of the examination was held at the Hong Kong Federation of Medical Societies. The clinical segments was held at the General Practice Unit of HKU at the Violet Peel Health Centre. It took us three days from 29-31 August 1987 to finish the clinical sessions.

As it was a conjoint examination, examiners from the RACGP had to be involved. The RACGP were represented by Dr. Wesley Fabb, Director of the Examination Research and Development Centre and Dr. Clarke Munro, Chief Censor. Local examiners included Dr. Freddie Y T Lau, Dr. E M Stevenson, Dr. Kitty K C Chan, Dr. Paul Lam, Dr. Angela W Y Ng, Dr. Paul C H Siu, Dr. J F Mackay and Dr. Maxwell Tse.

In the first Conjoint Exam, 15 candidates participated of whom 6 passed the written one and were eligible to sit for the clinical segments. 5 passed the Conjoint Exam and they were:

- Dr. Chan Hung Chiu
- Dr. Keith KW Chan
- Dr. Chan Sui Po
- Dr. Hayles H W Wai
- Dr. Wun Yuk Tsan

These were the first batch of Fellows of the HKCGP and the RACGP.



*1st Conferment of Fellowship of HKCGP and RACGP in 1987 at City Hall on occasion of the WONCA Asia Pacific Regional Conference.
This conferment covers all successful candidates from 1984-1986 of the 3 local Fellowship Examination of HKCGP.*

stressing the significance of the first Conjoint HKCGP/RACGP Fellowship Examination in front of the world dignitaries in family medicine, senior local government officials in health department and medical academicians.

The start of the first Conjoint Exam with the smooth organization of examination process, the arrangement of the first conferment ceremony and the applause from various medical sectors had bolstered our Council to gather more confidence in running the future Conjoint Exams.

The second Conjoint Exam took place in 1988. The Chief Censor of the RACGP, Dr. Lindsey Knight was invited to conduct a pre-examination course and workshop for local candidates in March 1988.

13 candidates joined this examination. The written segments was held at the Hong Kong Federation of Medical Societies as in previous year. Date of written part was on 12 June 1988. 7 passed the written part and were eligible to join the clinic sessions on 24-25 September 1987 which was held at the General Practice Unit of the Department of Community and Family Medicine of the CUHK at the Lek Yuen Health Centre. Of these 7 candidates, 4 were vocational trainees but they had not completed the vocational training and were not eligible for the clinical segments of the examination. Of the 3 remaining candidates, 2 passed the clinical segments fulfilling the requirement to be conferred fellowship of the HKCGP and RACGP. They were:

- Dr. Wong Hung Wai
- Dr. Ip Pang Fei

Conferment of the fellowship of the HKCGP and the RACGP took place on 6 September 1987 at City Hall with Dr. Eric Fisher, President of the RACGP and Dr. Peter Lee, President of the HKCGP, officiating at the Ceremony. This was also the occasion of the opening ceremony of the Regional WONCA Conference of Asia-Pacific Region hosted by the HKCGP when Dr. Eddie Chan was the Regional vice-president of the WONCA Asia-Pacific Region.

Dr. Peter Lee made it a grand show

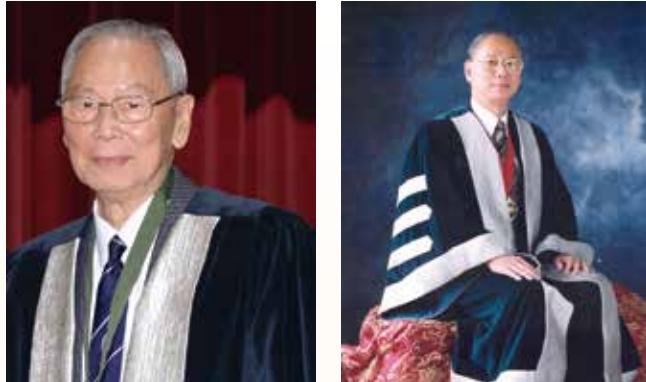


*Promotion of WONCA Asia Pacific Regional Conference 1987 at London, United Kingdom (From left to right)
Back row: Dr. Rajakumar, Ms. Kit Hong, Dr. Stephen KS Foo
Front row: Dr. Osmund, Dr. Peter CY Lee, Dr. Chan Tat, Prof. Cindy L K Lam*

Representing the RACGP to supervise the second Conjoint Exam were Dr. Wesley Fabb and Dr. Lindsey Knight.

Conferment of fellowship took place at Sheraton Hotel on occasion of the Spring party of the College on 5 March 1989. Dr. Natalis C L Yuen, president of HKCFP and Dr. Clarke Munro, previous Chief Censor of the RACGP officiated at the conferment ceremony.

At this juncture, I must mention Prof. David Todd. He has been the most respectable medical figure of the local medical profession. He was the professor of internal medicine, an expert in Haematology in HKU. Later when Prof. AJS McFadzen retired in 1974, he succeeded to be the Chair of Medicine until he retired in 1997. Being the classmate and good friend of Dr. Peter Lee, he was invited to be the Chief Censor of the College and was responsible to supervise the local fellowship examination and the first two Conjoint Exam. He retired as Chief censor of the College in 1988.



*Prof. Sir David Todd,
Censor of HKCGP in 1978-1985 and Chief Censor of HKCGP 1986-1988*

During the early formation of the College, Prof. Todd had been instrumental in helping to maintain the standard in the process of the fellowship examination. He gave a lot of advice and encouragement in our preparation. He was most stringent in endorsing the examination results. I remember, in one evening, the Board of Examination was hosting the meeting to endorse results of candidates of the first local examination in 1984, at the Robert Black College of HKU. Prof. Todd scrutinised the result of each candidate and insisted no rider should be added to bring the failed candidates to a borderline pass. No compromise was to be made. Hence we had the less than 50% passing rate in this examination. I remember during the heat of discussion on whether any leniency should be allowed for candidates of this first local examination, in order to attract more local members to join the future examinations, Prof. Todd was insistent to say 'no' and the meeting lasted till 2 am next morning. This was a memorable event in the history of development of the College examination.

Later Prof. Todd was elected the founding President of the HKAM in 1992. Then I was president of the HKCGP. Prof. Todd was convinced that the discipline of general practice should be part of the Academy and through a long process of negotiations and struggles among stakeholders of other clinical disciplines, our college was admitted as the 11th foundation college of the HKAM. I have to thank Prof. Todd for his guidance in this important battle which laid the future in the development of our college.

With retirement of Prof. Todd as Chief censor of the College in 1989, we were pleased to appoint Dr. Clarke Munro as our Chief censor and Chief examiner. Dr. Clarke Munro was then working in HKU as a lecturer of the General Practice Unit of HKU. Before his arrival, Dr. Cindy Lam had been the head of the unit and both Dr. Clarke Munro and Dr. Cindy Lam had contributed tremendously in upgrading our examination process and the principles of assessment.

Since Dr. Clarke Munro was with us in Hong Kong, we did not invite any RACGP censors to conduct pre-examination course and workshop for local candidates of the 3rd conjoint examination. Instead we utilized local family doctors to conduct the workshop. Those who had contributed in this exercise included Dr. Clarke Munro, Dr. Chan Sui Po, Dr. Keith K W Chan, Dr. Wun Yuk Tsan, Dr. Paul C H Siu. Dr. Cindy Lam and Dr. Cynthia Chan.

15 candidates were eligible for the third Conjoint Exam of whom 5 were vocational trainees.

List of successful candidates included

- Dr. Barry T F Bien
- Dr. Ng Chun Bor
- Dr. Shek Chun Chiu
- Dr. EM Stevenson
- Dr. Tong Siu Man



Successful candidates of 3rd Conjoint HKCFP/RACGP Fellowship Examination in 1989



Fellowship certificate presented by Dr. Natalis C L Yuen

From 1998 onwards, competence in Cardio-pulmonary Resuscitation (CPR) had been a pre-requisite for a pass in the examination. The Board of Education was responsible for the CPR training and assessment.

The fourth Conjoint Exam took place in 1990 with the RACGP represented by Dr. Wesley Fabb and Dr. Lindsey Knight. 19 candidates, including 4 vocational trainees, joined the examination. Passing list included

- Dr. Florence Cheung
- Dr. John T N Chung
- Dr. Andrew K K Ip
- Dr. Lam Yung Chee
- Dr. Glenn K L Lee
- Dr. Gilbert C S Lui



Successful candidates of 4th Conjoint HKCFP/RACGP Fellowship Examination in 1990

Dr. Peter Lee was appointed Chief Censor and Dr. Chan Nang Fong the Chief examiner.

In 1991 at the fifth conjoint examination, Physical Examination (PE) was made a separate clinical segment. Real patients were used. For Diagnostic Interview (DI), role players were used. Dr. Maryse Badaway was appointed coordinator of this segment.



The successful candidates were conferred FHKCFP and FRACGP on March 22 1992 by Professor Natalis Yuen, our President and Dr. Tony Buhagiar, President of the RACGP.

Visiting examiners from the RACGP were Dr. Lindsey Knight, Censor-in-Chief and Dr. John Turnbull, Censor of South Australian Faculty of the RACGP. With the help of Dr. Ian Marshall, Director of the University Health Service (UHS), HKU, the clinical segments of MI and DI were held at the University Health Centre, HKU.

I had been holding office as the first Chairman of the Board of Examination from 1984 when the College started the local examination for three consecutive years. When we started to have the Conjoint HKCGP/RACGP Fellowship Examination from 1987, I was the Chairman for five Conjoint Exams. In 1992, when I was elected President of the College, Dr. Ian Marshall was appointed Chairman of the Board.

Thanks to Dr. Chan Hung Chiu, who is currently Chairman of BCE, a list of office bearers of the examination with number of candidates, and result of examinations over the past years till 2004 was compiled. From 2004 onwards, the OSCE format had replaced the old one in clinical assessment.

This year, the College is running the 30th Conjoint Exam. Our examination has been regarded as one of the most efficient and successful international examinations. The success is due to the high spirit of cooperation with selfless dedication among all members of the Board, coordinators, examiners and the very effective team of secretariat staff of the college over the past years. I salute to them for their contribution. Last but not the least, I pay my highest tribute to the late Dr. Peter Lee for his vision to establish the College, to form the system of examination, to bring international influence to help raising the standard of family medicine in Hong Kong. His dedication and contribution in advancement of general practice around the world had made him President of WONCA from 1992 to 1995. This was a distinct honour, not only to Dr. Lee but also to the HKCFP. The successful holding of the WONCA World Conference in Hong Kong in 1995, through the marvellous effort of Dr. Lee had paved the way for the development of family medicine in Hong Kong. We must not forget Dr. Lee, the hero and grandfather of the family medicine when we have achieved the present status with recognition of family medicine as a specialty discipline in Hong Kong.

Dr. Stephen K S FOO

Censor of The Hong Kong College of Family Physicians since 2007

Member of panel of Examiner since the 1st Conjoint Examination in 1987

Chairman of Board of Examination, 1984-1991

MESSAGE FROM EXTERNAL EXAMINERS (RACGP)

Dr. Chris HUGHES



Welcoming Dinner for External Examiners of RACGP of Conjoint FHKCFP/FRACGP Examination 2016

From left to right:

(1st row) Dr. Mary B L Kwong, Dr. Angus M W Chan, Dr. Chris Hughes, Dr. Kaye Atkinson,

Dr. Morton Rawlin, Dr. Stephen K S Foo

(2nd row) Dr. Sin Ka Ling, Dr. Loretta W Y Chan, Dr. Winnie W Y Chan, Dr. Billy S H Chui,

Dr. Chan Hung Chiu, Dr. Ip Pang Fei, Dr. Kinson K S Lau, Dr. Kenny Kung

Back in 2010 I was invited by the then RACGP Censor in Chief Jennie Kendrick to assist her in the Conjoint FHKCFP/FRACGP Examination.

It had long been the custom to have 2 senior examiners or Censors to Quality Assure (QA) the Hong Kong exam modelled on the FRACGP some 23 years earlier.

The then Rural Faculty Censor Tim Mooney, who attended with Censor in Chief Jan Radford some years earlier, had told me that 2 of the cases were normally conducted in Cantonese, certainly not the first language of an Australian born Tasmanian GP! He had been quite surprised how, despite the language barrier, the Cantonese cases were of great interest to us as exercises in the observation of body language and its relevance to assessment in an exam setting.

He had also remembered the frequent meal breaks and opportunities to share ideas with other examiners throughout the day. Some examiners in Australian OSCE cycles can only manage a cup of tea on their way to the next candidate!

I had last been in Hong Kong in 1983 on route to India and Western Europe. My impressions from that time were those of high population density, even higher buildings, great hospitality and an engaging fusion of Eastern and Western Culture.

Jenny Kendrick and I arrived early, after a long flight from Sydney on the Saturday of the Exam weekend. We caught a taxi to Kowloon and collected our exam information package from hotel reception. I remember being particularly impressed by the clarity and detail of our instructions. Nothing had been left to chance. We were truly well prepared!

Ruby Lee, at that time the recently appointed HKCFP President, had invited us to dinner that evening. I wondered if I would be able to stay awake after such a tiring flight.

I need not have worried. Jenny and I had the most wonderful night with Ruby, her husband and their delightful daughters.

The next day we arrived early in the morning at the examination venue. Upon our arrival we were involved in the case workshop with the case leaders and their teams of examiners. The busy day of assessment followed.

My overall impressions of the day were:

- Disciplined & confident conduct of the examination
- Everyone knew their roles well
- Appropriate cases that were well prepared
- Acceptable marking standards by well-trained examiners
- Candidates performing at a comparable level with Australian FRACGP candidates

We finished the day dining at the Hong Kong Jockey Club.

In all the experience was quite reassuring that the Hong Kong Conjoint Exam was well managed, and accurately assessed to an Australian standard.

We continue to travel to Hong Kong every October. Those that represent the RACGP may change from time to time but the warmth of our welcome and the high standard of the Conjoint HKCFP/RACGP Fellowship Examination continues unabated.

Dr. Chris HUGHES

Censor of Royal Australian College of General Practitioners, 2011-2012 and 2014-2015

MESSAGE FROM EXTERNAL EXAMINERS (RACGP)

Dr. Jennie KENDRICK



*Exchange of gifts between HKCFP and RACGP
Dr. Jennie Kendrick (left), Dr. Ruby S Y Lee (right)*



Dr. Angus Chan (right) presenting HKCFP Honorary Fellowship to Dr. Jennie Kendrick (left)



Successful HKCFP/RACGP fellows taking group photo with Dr. Jennie Kendrick (4th from right) and Dr. Stephen K S Foo (1st from right)

It is my pleasure to contribute to the HKCFP booklet to celebrate the 30 Year anniversary of the Conjoint HKCFP/RACGP Fellowship Examination.

I first attended the Conjoint Exam as a QA examiner from the RACGP in 2007 and had the privilege of participating as QA examiner since then for a 7 year period until the end of my term as Censor in Chief for the RACGP.

What stood out for me in my interaction with the HKCFP was the collegiality and strong sense of commitment to the ideals of quality Family Medicine as a discipline and a dedication to producing an examination that was valid, reliable and fair.

I valued the experience and gained much through my involvement. Many of the same family physicians return year after year as examiners and I came to know many of the examiners at the HKCFP as well as I know those at the RACGP. The clinical exam always ran seamlessly and the scheduled breaks provided a wonderful opportunity to exchange ideas on assessment standards and Family Medicine Training.

The HKCFP has been gracious in sharing its experience in assessment for Family Medicine with other countries in the region and it was a wonderful opportunity to discuss our discipline with colleagues from those countries visiting to observe the Conjoint Exam.

In addition to participating in the examination, I was also part of the accreditation team for the HKCFP Family Medicine Training Program on two occasions. It was enlightening and valuable to be able to observe a variety of different Family Medicine training facilities in Hong Kong and to meet and hear from a range of trainees and supervisors.

It was interesting to learn first-hand of the impact of a different health system on the delivery of Family Medicine and to compare the challenges for Family Medicine faced by both Australia and Hong Kong many of which were similar and many that differed. While there is a commonality of purpose and ideal for the discipline of Family Medicine by both the HCKFP and RACGP, the differing health systems means the delivery models differ and we can continue to learn from each other as the discipline evolves for the future.

In 2015 I was delighted to be conferred an Honorary Fellowship of the HKCFP which gives a tangible sense of ongoing connection with the College and its Fellows that I value.

Congratulations on the 30th Anniversary of the Conjoint HKCFP/RACGP Fellowship Examination!

Dr. Jennie KENDRICK

Censor-in-Chief of Royal Australian College of General Practitioners, 2010-2014

MESSAGE FROM EXTERNAL EXAMINERS (RACGP)

Dr. Jan RADFORD



23rd HKCFP/RACGP Fellowship Conferment in 2010



22nd HKCFP/RACGP Fellowship Conferment in 2009



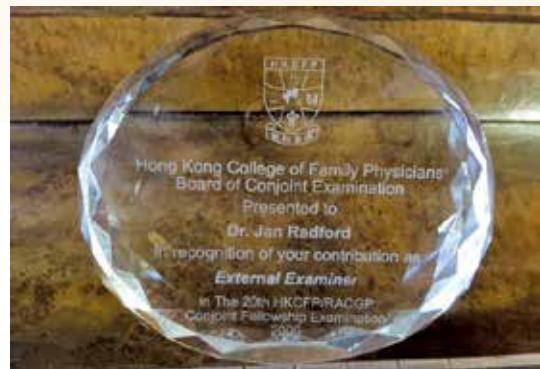
WONCA Asia Pacific Region in 2009
(From left to right) Dr. Goh Lik Gan, Dr. Jan Radford, Dr. Andrew KK Ip

I wish the HKCFP all the best at this time and hope the Conjoint Exam continues to thrive over the decades to come. I also hope the value of the work of family physicians in Hong Kong is increasingly appreciated by the Hong Kong healthcare system.

I was Censor-in-chief of the RACGP from 2006 until 2010 and therefore had the honour of attending the annual Conjoint Fellowship OSCE examination in Hong Kong as an external examiner. My role was to ensure the standard setting and content of the Hong Kong examination matched that of the RACGP's delivered in Australia. In fact, I found that the Hong Kong examination was always of a higher standard. The examination was also delivered with rigour and provided ideas for the operationalisation of the Australian-based assessment too. I also reviewed the written examination offered to candidates.

Despite Hong Kong and Australian Fellows working in different health care systems I was always struck by the common humanity exemplified in the OSCE cases presented. For example, at that time two cases were conducted in Cantonese. Sitting beside a Hong Kong colleague who translated the exchange in writing for me revealed the universality of depressive disorder and the clinical, especially, communication skills required of the candidate to pass the station.

I note many of the Hong Kong Fellows I met over the years are still involved with their College. I particularly wish to send my regards to Prof. Cindy Lam as Chief Censor. I must also highlight the hospitality shown to me by my Hong Kong College colleagues. It was exceptional and something I shall cherish always. I also still hold dear my cut-glass memento of the 20th anniversary of the Conjoint Exam.

**Dr. Jan RADFORD**

Censor-in-Chief of Royal Australian College of General Practitioners, 2006-2009

MESSAGE FROM EXAMINERS

Dr. Dawn H F Ai



Dr. John TN Chung (right) presenting the HKCFP fellowship certificate to Dr. Dawn H F Ai (left)



Prof. Michael Kidd (right) presenting the RACGP fellowship certificate to Dr. Dawn H F Ai (left)

I sat and passed my Conjoint Exam in 2004. Although many years have elapsed I could still recall the many hours of hard work that I spent in preparation for this examination. At the time I was already a mother with a young child, it was an extremely stressful and difficult period for me balancing work, studying for examination and fulfilling the role of motherhood.

We were the first batch of candidates who sat for the new format of OSCE clinical exam. Lacking previous experience and advice from our predecessors, we were an anxious bunch not knowing much what to expect. 8 minutes for a short case and 19 minutes for a long case, stop clocks and watches soon became our timekeeping companions.

Needless to say a good command of clinical knowledge and skills was a prerequisite for passing this examination, it was equally important to master the examination techniques of being able to deliver the vast quantity of clinical information in a timely manner. Thus in my humble opinion the only key to success is: practice, practice and more practice. Forming study groups was vitally essential, and there were other pre-examination courses offered e.g. the Assessment Enhancement Course which proved to be very helpful too.

I was very lucky to be involved in a study group at Our Lady of Maryknoll Hospital. Being an overseas graduate I undertook most of my hospital based training in the United Kingdom (UK). Upon my return to Hong Kong, I was amongst the very few Category 1 trainees who received community based training in the private setting. I was indebted to Dr. Winnie W Y Chan (Family Medicine Coordinator, OLMH) and Dr. Kitty K C Chan (former Director of University Health Service, University of Hong Kong) for allowing me to participate in their small group teaching. At OLMH I was privileged to have worked with my study group teammates, namely Dr. Chan Chi Wai, Dr. Leung Gin Pang, Dr. Catherine T M Lam and Dr. Shek Hon Wing. Every week we would meet, taking turns to prepare for medical topics, doing role-plays for clinical scenarios. There were fond memories of us sharing joy, frustration, anxiety and laughter together. Without this mutual support for one another I would not have been able to get through.

The actual OSCE went smoothly as far as I could remember. As a candidate it was nerve wrecking hearing the different bells ringing and waiting for your turns. Switching from one station to another was also rather tiring too but our inconvenience was kept to a minimum. It was not until I myself became an examiner that I truly appreciated the amount of hard work and efforts that had to be put in by all involved members of the College in preparation for this exam.

This year marks the 30th Anniversary of the Conjoint HKCFP/RACGP Fellowship Examination and I congratulate the College on its success in organizing this event. Every year we welcome new Fellows who then become our new blood as they train to become examiners. I trust that our Conjoint Exam will continue to flourish with its immense regenerating potential.

Dr. Dawn H F Al

Best candidate of the first new format of Conjoint Examination in 2004

Member of panel of Examiner of the Conjoint Examination since 2006

MESSAGE FROM EXAMINERS

Dr. Kitty K C CHAN



WONCA Asia Pacific Region in 1987, hosted by HKCGP
(From left to right) Dr. Maxwell Tse, Dr. Kitty K C Chan, Dr. Clarke Munro, Dr. Osmund

"30 years of being an examiner..."

Over 30 years ago, the concept of "GP" being not just a doctor who sees minor ailments, but a medical practitioner providing "total personal care", being the leader and coordinator of a team providing such care; being a doctor not just concerned about our patients' physical health, but the psychological as well as social health; was rather new to me. Though being a GP, "primary health care" was not one of the subjects in my medical training. However, this concept was really attractive to me and fit into my ideal of being a "good" doctor.

I was first in contact with this concept when I accompanied my husband to live in the UK in year 1980-1981. During that year, I had the opportunity of experiencing and studying about the kind of "primary health care" practiced in the UK. I also took the specialist exam. for General Practitioners in UK.

Armed with the MRCGP, I met with a group of enthusiastic "pioneers" for good primary care in Hong Kong, who were also planning to develop general practice training aiming at introducing a more professional attitude in this field.

I was among the very first group planning and administering the Conjoint HKCFP/RACGP Fellowship Examination. In year 1986, I was sent by the College to attend the examiners' training session of the RACGP in Melbourne. It was a 3 days' session. I was very impressed by the serious attitude of the attending examiners. They came from different areas of the country, stayed there for those few days and participated fully in the 3 full days' training. I attended their discussion groups for DI and MI in which they role played on the prepared cases and discussed on the marking scheme. This helped us to set up the format for our initial examination.

Since 1987, the commencement of the first Conjoint Fellowship Examination, I was appointed coordinator for the MI examination. There were two MI cases, each lasting 30 minutes. In the DI segment, there were one long and two short DI cases, lasting 30 minutes and 15 minutes each. In those years, the coordinator was responsible for the writing up of the examination cases, the training of examiners and the implementation of that examination segment. Of the two cases prepared, one of them usually involved a rather "emotional" element, e.g. a disclosure of a "serious disease" diagnosis to a very unprepared patient, an explanation of a doctor's medical misconduct, an occurrence of a disastrous medical event, etc. I volunteered to be the role playing examiner, and was remarked as "excellent" performance. Sometimes, the "emotional outbursts" at that time was really a shock to the candidate and a good test of his/her ability to handle such "unexpected" and "emotional laden" incidences. I think a "good" doctor should be equipped with such kind of skill.

During those years, there were large and small group practices. The large group practices helped to improve marking consensus among the examiners. Small group practices took place in individual doctors' offices and helped the fine tuning of the case content and the role player's performance. These practices allowed doctors to have plenty of opportunities to discuss case management. These practices, I believe, not only helped the examination, but also improved the examiners' own professional skills. (At least, I myself learned a lot regarding clinical management during this period of being an examiner.)

In the marking form, there were 10-12 items assessed in each case. Rapport and communication was the first item to be assessed and the role-playing examiner's impression in this area was very important. The last item was to answer the question: "Would you like this doctor to be your own family doctor?". The examiner was allowed to mark according to his own "gut feeling" in these two questions. The other 8-10 areas were marked according to the "contents" the candidate exhibited during the "interview". In order to reduce discrepancies among examiners and to increase the element of "objectivity" in the markings, the panel decided certain "significant" points for gaining marks in each of those areas.

As expected, candidates were more and more catered towards practising "the skill to gain more marks" by running through a list of questions and trying hard to draw out quick answers from the "patient" within the limited time. Many a time we just felt the behavior of the candidates so unnatural that the role playing patient was being "used" as an "information giving machine" rather than a human being. It also seemed that examiners were bound by the rule of the examination to give the "marks" as designated by the "system". However, my general impression was those candidates who managed to attain overall pass in the examination were those who behaved more naturally and exhibited a reasonable performance anyway. So, somehow, the collective overall result of this examination did have some validity to select doctors who were following the general principles required of a "good" family physician.

As the examination evolved to OSCE format, the time used for the DI segment was reduced and there were only two long cases (19 minutes) to test the candidate. To ensure strict confidence of the examination material, most of the examiners were not involved with the case writing. After my resignation from the coordinator, I am further away from the determination of the case setting and marking scheme. Now everything was pre-determined. We were given the case on the day of examination and instructed to follow the marking scheme as decided. In one sense, it is much "easier" to be an examiner. We are not required to input any of our idea, knowledge, experience, attitude of handling the case. We are just part of the row of machinery to produce a product called "Family Physician".

Under this system, the examination is very "structured": the format, the case content, the marking scheme. In order to fit this time constraint of 8 minutes per case, the Examination Board cannot set too complicated cases, otherwise there will not be enough time. If the candidate can run through the list of questions, go through the appropriate differential diagnosis, make an appropriate diagnosis by exclusion and inclusion, plus a polite attitude, and, most importantly, able to complete all these within the set time, one would probably pass.

However, I still think what kind of "specialist doctor" is this examination system producing? Doctors who can finish every case within 8 minutes? What about the ability to be patient-centred, to interact with patients according to his/her real concern, to handle complicated cases, to handle emotional cases? I still think the important essence of a family doctor: the ability to understand the patient's inner feelings, with their verbal and non-verbal expressions, to dig out all the important physical, psychological and social issues and to manage appropriately, should be assessed. These abilities are an important but difficult aspect to measure. How can this examination assess this aspect is something we should keep on to pursue.

Dr. Kitty K C CHAN

Member of panel of Examiner since the 1st Conjoint Examination in 1987

Management Interview Coordinator of Board of Examination, 1987-1988 & 1992

Diagnostic Interview Coordinator of Board of Examination, 1994-1998 & 2004-2006

MESSAGE FROM EXAMINERS

Dr. CHAN Kwok Wai



Dr. Eric Fisher (right) presenting the RACGP fellowship certificate to Dr. Chan Kwok Wai (left).

Thirty years is not a short time and yet I can still remember the days when I took my Conjoint HKCGP/RACGP Fellowship Examination in 1987. It was the first Conjoint Exam between the RACGP and the HKCFP. The format of the examination was similar to today's examination structure. It was divided into two parts, the written and the clinical. The written segment consisted of MCQ and MEQ; the latter was similar to today's KFP, but in essay format. The clinical segment consisted of a viva, a role-played long case, and a few short cases on real patients. The written took place at the Hong Kong Federation of Medical Societies and the clinical examination was conducted at the General Practice Unit of HKU at the Violet Peel Health Centre, which at that time was running in container-converted cubicles. The short cases were not remarkable. What impressed me so much was the long case, which I could still recall vividly 30 years later because it was still among the most difficult cases that I encounter in my clinical years. From the moment when the "patient" stepped into the examination room, the sad look on her face told me that I was going to have a case of depression. Having well prepared for depression, I said to myself that I would be OK. It was not until I started the consultation by saying "What can I help you?" then I knew the case was not simple. The lady sitting right in front of me responded with no words, but tears. Open-ended questions were not answered. Closed-ended questions were replied with isolated words in weeping. The whole history taking was done very slowly allowing time for ventilation and empathy. It took me nearly 30 minutes, half the examination time, before I could build the scenario from the piecemeal information I gathered: a patient with post-partum depression after her first baby, not supporting husband, not enough collateral support and suicidal attempt. I explained these to the patient but was confronted by more severe weeping. I was totally at lost. Thinking that the patient was at risk and that it might not be safe enough for me to manage her by myself, I spent the next 10 minutes or so trying to convince her that she might need to consult a psychiatrist and a referral to social workers. This time the response from the patient was even more dramatic, silence. By this time, I have not only a depressed patient, but also a doctor in anxiety with pounding heart and sweaty hands. I could hear the clock beating on the wall. The examination would end in less than 15 minutes and I was at nowhere. At that time, I

thought to myself that I was left not much choice, but to treat this patient myself. Having told the patient this option really broke the ice and I began to see daylight from the patient's face. Quickly pouring out all what I could remember about post-partum depression in the remaining 15 minutes and also finished the examination. Luckily, I passed the examination and this examination taught me that as Family Physician, we have to manage patients in their contexts and formulate management plans that are acceptable to them.

Dr. CHAN Kwok Wai

Member of panel of Examiner since the 2nd Conjoint Examination in 1988

Successful candidate of 1st Conjoint Examination, 1987 (the 1st batch of Fellows of the HKCGP and RACGP)

MESSAGE FROM EXAMINERS

Dr. Cynthia S Y CHAN



39th HKCFP Annual Dinner 2016

(From left to right) Dr. Loretta W Y Chan, Dr. Cynthia S Y Chan, Prof. Cindy L K Lam

"Those Were the Years!"

Congratulations on the 30th anniversary of the Conjoint HKCFP/RACGP Fellowship Examination!

In 1986, I first came to Hong Kong to teach Family Medicine. Being a Canadian graduate, my medical license and certification in Family Practice was not recognized by the MCHK. I had to take the Licentiate Examination of MCHK and the RACGP Fellowship Examination. The College was kind enough to administer the written segment in Hong Kong and then I flew to Sydney to take the oral and clinical segments. However, even though I only had deemed registration in Hong Kong as a result of my university affiliation, the then HKCGP graciously accepted me into the fold once I passed my FRACGP. I was appointed as a MI examiner the next year, and became the MI coordinator. At that time, both MIs were conducted in English as the Australian examiners had to monitor our standard. Yet most of the doctors here conversed with their patients in Cantonese. Thus examining this important communication skill entirely in a "foreign language" seemed artificial and at odds with the purpose of the examination: measuring how candidates perform in practice. We quickly proposed to give candidates an option to conduct one of the two MIs in Cantonese. The RACGP is to be commended for tailor-making the examination to fit the local context, and confidently entrusted us with maintaining a high standard even though they did not understand Cantonese.

Later on, I took on the position of Chief Examiner and then Chairman of the Conjoint Exam Committee for a number of years. This gave me the precious opportunity to help plan the exam constructs, materials and timetable, review and analyze the marking schemes and ratings, work with dedicated examiners and observe how hard they practised their roles and work at standardization of marking. I was also privileged to sample how different examiners

and candidates perform in various segments throughout the entire examination period, as an overall monitor for standardization between teams of examiners of the same case. I would say the examiners were just as stressed before the examination as the candidates: they had to worry about remembering their roles and the marking scheme, while the coordinators had to worry over whether everyone came on time, and ensure the smooth running of the examination. After the examination, the work was not yet over. While candidates took a sigh of relief that the "ordeal" was over, markers and coordinators busily worked at getting the results ready for the important final examiners meeting with the RACGP external examiners, before announcing the results.

As the number of candidates increased, we began employing role-playing "actors" in addition to role-playing examiners. The layman actors were very keen and excited that they could have a role in helping to examine and educate doctors.

Changing into OSCE format was another huge challenge, with its meticulous marking checklist and standardization. Time management during the day of the examination had to be clock-work exact, and examiners were given less time to mark. I would like to thank the many coordinators and the entire College secretariat for their help in making the examinations run so smoothly in the past years. Over the 18 years that I was involved with the Conjoint Exam, I have only witnessed a few cases of examiners or candidates not showing up. We have not had anything too drastic happen, such as a patient experiencing angina during one of our student examinations while I taught at the CUHK. I vaguely remember one candidate might have had chest pain the day before the exam and had to postpone the examination till the next year. It was regrettable that there were rumours about possible leakage of examination materials in my final year as an examiner before I went back to Canada. I only acted as an Observing External Examiner to validate the standard of the examination and had no prior knowledge or input into the case materials then. Even though I believe prior knowledge does not predict better performance for a clinical exam, and that the bright trainees that year did not have any privileged information; nevertheless, any public examination has to be seen to be fair and beyond repute. All examiners are aware that it is an honour to be an examiner of the College and are bound by their honour to keep examination materials confidential.

As the positions of Family Medicine residency increased, there were many well-prepared trainees who passed the examination with flying colours. But I also witnessed how some practice-eligible candidates matured and improved after several attempts at the examination. I highly value the effort these colleagues had put in to improve their practice and believe that the examination is a great motivator for learning the important principles and refining the skills in Family Practice. Many successful candidates became examiners themselves and are still active in various HKCFP activities. I value their great role model of humble lifelong learning. Once they joined the larger family of Family Medicine, they continue to engage in improving not only their own practice but also the standards of Family Practice in Hong Kong.

I am proud to have been part of the pioneering movement of Family Medicine in Hong Kong, via education, training and examination. I salute you all! Even now as a never-smoker stage IV lung cancer patient, I still reap the benefits of advice and counsel from many former graduates and colleagues in Hong Kong: doctors well trained with high standard of medical practice. God bless you all! Keep up your good spirits and good work!!

Dr. Cynthia Chan has been a family doctor for over 35 years.

Publications & Presentations on the Fellowship Examination:

Chan CSY. Preparing for the conjoint examination. **The Hong Kong Practitioner**, 2000; 22:321-323.

Chan CSY. Modifying the conjoint examination to match the new developments in training and assessment. **The Hong Kong Practitioner**, 2001; 23: 185-187.

The First Guangdong Scientific Conference on Family medicine and Second Guangdong-Hong Kong Scientific Conference on Family Medicine 1996;

Fellowship examination in general practice/family medicine. Proceedings, 9-10.

Capital University of Medical Sciences, Beijing, November 24-28, 1997:

- a. Competencies required for family medicine/general practice examinations
- b. Objectives and Methods of examination
- c. Developing checklists for rating in examinations

Kaoshiung University, Taiwan 14-16 March 2003. International conference of clinical skills assessment.

"The assessment of clinical skills using Objective Structured Clinical Examinations: Examples from Hong Kong"

Dr. Cynthia S Y CHAN

Member of panel of Examiner of the Conjoint Examination since 1989

Chairman of Conjoint Examination Committee, 2000-2004

Chief Examiner of Board of Examination, 1996-1999

Oral Segment Coordinator, 1991-1994

Management Interview Coordinator of Board of Examination, 1989

MESSAGE FROM EXAMINERS

Dr. Paul LAM



College premise, at 8/F of Duke of Windsor Building in Wan Chai

*(From left to right) Back row: Dr. Edward Wu, Dr. Natalis CL Yuen, Dr. Paul Lam, Dr. Frank Chan, Dr. Freddie Lau
Front row: Dr. Chan Tat, Dr. Rajakumar, Dr. Peter C Y Lee, Dr. Stephen K S Foo*

“Food for Thought.”

In the early years of the Conjoint Exam, I came across a very good candidate who answered every question thrown at him. In fact, he was answering even before the questions were completed and he cut the role playing examiner short. The visiting external commented he would fail him because family physicians allow the patient to say what he wants to say. But the rating form was, and still is, only allows you to mark a few points down for not behaving like a family doctor.

In the briefing before the oral segment, examiners were told to use the prompt question provided if they need to use it. There was this candidate who remarked that he could not understand the prompt question and ask the examiner to rephrase it. The examiner just repeated the question and the candidate just gave a wild shot at it. On looking back, I sympathise with the candidate as the question was poorly and badly worded.

The following happens at almost every briefing session before the real exam. New examiners asked if the answers given by the candidates in, say question 1, really fitted question 2, does the candidate get any credit for it. I think the best answer is when you buy a mark 6 lottery and the numbers do not match the winning numbers this time, but they match the numbers that came up in a subsequent draw, do you think you can get a dividend?

Dr. Paul LAM

*Member of panel of Examiner since the 1st Conjoint Examination in 1987
MEQ Coordinator of Board of Examination, 1987-1988*

MESSAGE FROM EXAMINERS

Dr. Paul C H SIU



Dr. Paul C H Siu (left) and Dr. Peter C Y Lee (right)



Conjoint HKCFP/RACGP Fellowship Examination 2016
- Examiners' Training Workshop & On-site Rehearsal for
OSCE at Our Lady of Maryknoll Hospital

Memories are beautiful experiences that highlight one's life with glamour. They consist of gradual accumulation of significant information within one's life time and these information increase with age. They can be as small as attending a nice meal or as grandiose as your wedding, or coming of the first born. A person who has lost the faculty of memory carries a dull and meaningless life. Recalling ones memory is always a pleasurable experience and helps you to retrieve minor details that may have eluded ones memory as years goes by. One recent recall of my memory is the establishment of the first Conjoint HKCGP/ RACGP Fellowship Examination and I hope to share such experience with you.

The year is 1987. After numerous negotiations and lobbings with various sister Colleges of WONCA through the dedicated efforts of our Founder President, Dr. Peter C Y Lee, the first Conjoint Exam was finally set in action. We are grateful that RACGP is willing to join with us in such an effort. This means that doctors who have passed this examination are entitled to hold Fellowship status from both Colleges (i.e. HKCGP and RACGP). The whole examination consisted of two parts. Part one was the written segment, consisting of three segments, namely the MCQ, MEQ and Clinical Interpretation. Part two also involved three segments, the DI, MI and Oral examination. 15 candidates sat for the Part I in 1987, five candidates managed to reach Part II. They were Dr. Peter H C Chan, Dr. Chan Sui Po, Dr. Keith K K Chan, Dr. Wai Heung Wah, and Dr. Wun Yuk Tsan. I was lucky enough to be appointed as one of the role playing examiners in the MI segment of the examination. There were two Australian external examiners, Dr. Wesley Fabb and Dr. Clark Munro. Later, they both became academics teaching our medical students in the discipline of Family Medicine via the University of Hong Kong.

The Part II examination was conducted on three consecutive afternoons in late August of 1987. It was a fair and sunny afternoon. I played the role of a construction worker with chronic chest conditions (COAD), wearing a checkered shirt and blue jeans with a pack of camel cigarette in my shirt pocket. I was a bit nervous and excited. I kept reminding my role as a patient and

acted as innocent as ever. The examination ran smoothly and on time. All five doctors finally passed the Part II examination with flying colors. The pass rate was 100 percent for the Part II.

As years went by, the Conjoint Exam became more refined. More doctors applied to take the examination. More Fellows joined as examiners and more examiner trainings were given. The contents of the examination became more structured. Writing of clinical cases became more detailed, Guidelines were well written for each case with appropriate marks allocated accordingly. Standardization of assessment became more complicated. Although senior examiners may feel restrictive in their marking, it will be easier for junior examiners to handle the assessment, thus our markings became more consistent at the end.

During the years as an examiner, I have observed several commonly encountered errors among junior examiners. They fail to use the full range of marking in their scoring sheet. In the past, we use percentage marking and the passing mark is 65% with 55% minimum in each segment. Most doctors tend to give marks ranging from 45 to 70% as they tend to concentrate on the significance of PASS and FAIL. Even in today's marking scheme, the extremes of marking FAIL BADLY or EXCELLENT are seldomly used. Thus it is extremely difficult to identify the top performer and those who really need help in their training. It will be interesting to record the examination process of an excellent performer for future reference and they can be used as demo in the future. A real poor performer also needs identification as their training may be in problem. Repeated attempts to sit another examination do not help him to pass in the future. They may need major changes in their training protocol to modify their consultation behavior to help him to become an effective Family Physicians.

Another commonly encountered error is the problems of "prompting". We all wish our candidates to pass the examination. However, too frequent prompting does deprive our candidates in scoring marks, as prompting does not carry any marks. Junior examiners tend to volunteer clinical information too rapidly and instead of helping the candidate, you actually minimize their chances of scoring. Lapse of silence during consultation may be helpful to allow candidates to relax and rethink what they have missed.

Thirty years have passed and our new batch of family doctors have significantly improved. They have incorporated the holistic concepts of Family Medicine into their practices. The improved doctor patient communication and understanding have added "trust" into their relationship. Patients are more willing to discuss their problems and worries with their physicians and accept their advice, thus improving their health seeking behavior. We hope family practice will become the core of primary care consultations in the future of Hong Kong.

Dr. Paul C H SIU

*Member of panel of Examiner since the 1st Conjoint Examination in 1987
Oral Coordinator of Board of Examination, 1989-1990*

MESSAGE FROM EXAMINERS

Dr. Hayles H W WAI



Dr. Eric Fisher (right) presenting the RACGP fellowship certificate to Dr. Hayles H W Wai (left).

Congratulation to the 30th Anniversary of our College Conjoint Examination.

I recalled as a young primary care doctor in the early years of our College (previously named HKCGP) fellowship inception, I managed to get through in 1984 in the first year of the three yearly specially organized "grand-father fellowship examinations". In 1987, I sat again for the first Conjoint Exam, which was already pretty well organized at its early format, and fortunately got through along with 4 other colleagues, satisfying my own ego and getting an additional Australian fellowship. We have to pay tribute to all those involved in bringing success to those formative examinations, specially to our Australian counterpart (I remembered Prof Neil Carson and Dr. Clarke Munro was the external examiners at my two examinations).

Our Conjoint Exam has developed well in the past 30 years, both in the content and methodology, and has become a prototype for examinations of some fellow-colleges, thanks to the effort of all involved.

Getting through the Conjoint Exam nowadays is not an easy job. One could rightly argue that a primary care doctor do not need in depth knowledge if he knows a timely referral. It is also true that at this age of knowledge explosion one anyway have to externalise our knowledge storage system by using web browsers, etc. It still pays if we are equipped with better knowledge to make a timely correct on spot clinical management decision, both for the benefit of the patients and to our own satisfaction.

Wish all those coming for the future examination all the success, and those who have gone through have good chance to utilize the knowledge they acquired.

Dr. Hayles H W WAI

Member of panel of Examiner since the 2nd Conjoint Examination in 1988

Successful candidate of 1st Conjoint Examination, 1987 (the 1st batch of Fellows of the HKCGP and RACGP)

MESSAGE FROM EXAMINERS

Dr. WUN Yuk Tsan



*1st batch of fellows of the HKCGP and the RACGP
(From left to right) Dr. Wun Yuk Tsan, Dr. Hayles H W Wai, Dr. Chan Hung Chiu*

Thirty years, what a long time! Please bear with this old man's small-talk. I took the First Conjoint Exam, was asked to be a trainee examiner in the Second, and have been an examiner since the Third. I passed the Conjoint Exam with certain luck. After drawing lots, I did not have to do an antenatal abdominal examination in the PE Segment. Real patients were involved in the Conjoint Exam that time and I had not done any antenatal examination since medical school.

While I was the Chief Examiner, I ensured that I could get through the majority of the Exam questions before they were finalized. The clinical questions were rehearsed and changes were made if necessary. I still remember vividly such a rehearsal with Dr. Betty Kwan role-playing a MI station. I covered only the "superficial" part of the drafted answers, disregarding the core problem. Dr. Kwan was kind enough not to comment if I would have passed that station, and I would not complain if I got a fail (hopefully a borderline).

I have witnessed many changes in the Conjoint Exam throughout these 30 years. I am fully convinced that every change is an improvement.

Dr. WUN Yuk Tsan

Member of panel of Examiner since the 2nd Conjoint Examination in 1988

Chairman of Board of Examination, 1996

Chief Examiner of Board of Examination, 1993- 1995

MEQ Coordinator of Board of Examination, 1989-1992

Successful candidate of 1st Conjoint Examination, 1987 (the 1st batch of Fellows of the HKCGP and RACGP)

HONG KONG COLLEGE OF FAMILY PHYSICIANS