GUIDELINES ON
2017 SUPPLEMENTARY EXIT EXAMINATION
HONG KONG COLLEGE OF FAMILY PHYSICIANS

OVERVIEW

The Hong Kong Academy of Medicine (HKAM) requires all constituent specialty Colleges to hold six years of supervised specialist training, an intermediate examination, and a final examination for their trainees individually or jointly with an established Royal College. Passing the final examination is a prerequisite to Fellowship of HKAM.

With respect to this, the Hong Kong College of Family Physicians (HKCFP) conducts a six-year vocational training programme (four years of basic training and two years of higher training); an intermediate examination (Conjoint HKCFP/RACGP Fellowship Examination); and a final examination (Exit Examination)

The Specialty Board of HKCFP is responsible for conducting the Exit Examination.

This guideline will focus on the **Supplementary Exit** examination: only candidates attempted the previous Full / Supplementary Exit examination(s) are eligible to enroll.

ELIGIBILITY AND REQUIREMENT

Applicants must fulfill the following criteria:

a. Full registration with the Hong Kong Medical Council
b. Being active Fellows, Full or Associate Members of the Hong Kong College of Family Physicians (HKCFP)
c. Fulfill the CME / CPD requirements under HKCFP Quality Assurance Program in the preceding year
d. Have a qualification in family medicine / general practice; which is recognized by the HKCFP and the Hong Kong Academy of Medicine (HKAM)
e. Had completed higher training in Family Medicine; **OR expected to do so by February 28, 2017;** as certified/ approved by the Board of Vocational Training and Standards (BVTS), HKCFP.
   The relevant approval may take up to two months, therefore applicants are recommended to apply early to BVTS for
   - Certification of completion of higher training **OR**
   - Recommendation to sit for Exit Examination 2017
f. Active in clinical practice and able to meet the following requirements in individual Examination segments:
   - Clinical Audit: the starting date must be within 3 years before the exam application deadline
   - Research: the date of ethics approval must be within 3 years before the exam application deadline
   - Practice Assessment: submit valid Practice Management Package (PMP) reports
g. Had attempted but failed in the previous Full / Supplementary Exit examination(s)

Details of each of the Examination segments will be listed in the subsequent sections.

Eligibility to enroll in Exit Examination is subject to the final approval of the Specialty Board, HKCFP. Application will be processed only if all the required documents are submitted with the examination application form.

DATES

For Re-attempt candidate ONLY:

Deadline of Application:	**4 May 2017**
Deadline of submission of required attachment(s) for Practice Assessment Segment:	**16 June 2017**
Deadline for submission of Clinical Audit Report or Research Report:	**11 August 2017**
Practice Assessment and Consultation Skills Assessment Examination Periods:	**3 July to 16 September 2017**

APPLICATION & EXAMINATION FEES

Application forms can be obtained from the College Secretariat, HKCFP or downloaded at the College website http://www.hkcfp.org.hk/pages_6_88.html

Following documents are required when submitting the application:

1. A cheque of the appropriate fee made payable to "***HKCFP Education Ltd.***", and
2. For Practice Assessment Segment (please also refer to the subsequent section of this guideline):
   i. **FOUR COPIES** of the all required attachment(s); and
   ii. ONE PMP Reports on or before **16 June 2017 (IF the practice location has been changed)**

Completed Application Form and the requirement documents should be returned to the following address: ***The Specialty Board, HKCFP, Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, HK***

Late application will not be accepted.

Examination fee:

Administrative fee	$9040
Clinical Audit	$4450
Research	$4450
Practice Assessment	$7500
Consultation Skill Assessment	$7500

A cheque of the appropriate fee made payable to **"*HKCFP Education Ltd.***" should be enclosed with the application. **All fees paid are neither refundable nor transferable.**

Incomplete and ineligible applications will be rejected. An administration fee of HK$500 will be charged for these unsuccessful applications.

ELECTION TO FELLOWSHIP OF THE HONG KONG ACADEMY OF MEDICINE

Candidates should aware that passing the Exit Examination does not equate to election to Fellowship of the Hong Kong Academy of Medicine. Please refer to the Hong Kong Academy of Medicine Fellowship Handbook or consult the Specialty Board, HKCFP on the criteria for election to Fellowship of the Hong Kong Academy of Medicine (Family Medicine).

FORMAT AND CONTENTS

Exit Examination consists of three segments. **Candidates are required to take all the three segments at their first attempt of the Examination. Non-compliance is subject to disqualification.**

Candidate can choose to attempt *either* Clinical Audit *or* Research segment.

- **Clinical Audit:** assesses the candidate's knowledge, skills and attitudes in critical appraisal of information, self-audit, quality assurance and continuous professional improvement

OR

- **Research:** assesses the candidate's ability to conduct a research project which includes: performing a literature search and defining a research question, selecting the most appropriate methodology to answer the research question, performing appropriate analysis and interpreting the results with a discussion and conclusion

AND

- **Practice Assessment:** assesses the candidate's knowledge, application of skills and ability to organize and manage an independent family medicine practice

AND

- **Consultation Skills Assessment:** assesses the candidate's knowledge, skills and attitude in communication, problem solving, working with families and management in different types of family medicine consultations

The details of the format and examination criteria of each segment are described in the subsequent sections.

CLINICAL AUDIT

Each candidate is required to submit **FOUR COPIES** of the clinical audit report done on his/her own practice on or before **11 August 2017** together with the certification by clinical supervisors ***(Appendix A).*** The clinical audit report must be the original work of the candidate, and has never been submitted to or published by any journal. The candidate must be the principal investigator of the audit project. The same project cannot be submitted by any other Candidate. The names of the practice and the candidate should not be stated in the Clinical Audit report.

The clinical audit project should be carried out systematically. The candidate has a free choice of topics for the audit. There are three main components of care, one or more of which can be audited:

1. Structure : The resources and personnel available e.g. the composition of staff, the use of special equipment, use of physical space, etc.
2. Process : What happens in your practice, e.g. the process of delivery of care like investigations, referral patterns, quality of records, the consultation process, physical examination, psychosocial orientation, management plan,etc.
3. Outcome : The results of care, e.g. effectiveness of resources utilized, disease control, reducing home accidents, financial savings, etc.

The audit should include some aspects of process and outcome of care. Results of Phases I and II of the audit cycles should be combined in a single table.

The starting date of clinical audit must be <u>within 3 years</u> before the application deadline of Exit Examination. Also, it is required that the audit topic should not have been done in the candidate's practice in the preceding 5 years, and at least one audit criterion is outcome-based.

ASSESSMENT CRITERIA

The audit report will be marked independently by at least two examiners appointed by the Specialty Board according to the following areas as shown in the clinical audit report evaluation form (***Appendix B***):

1. Completion of the audit cycle is **ESSENTIAL,**
2. The audit topic and question, their relevance and importance to the candidate's practice and family medicine, critical review of background literature and objectives of the audit,

3a. Setting explicit criteria and standards supported by evidence,

3b. Data collection and analysis: sampling method, outcome measures, data collection, analysis of results and use of appropriate statistical tests,

3c. **At least one of the criteria is outcome-based**. The outcome criteria must be included and should be clearly stated in the audit report.

4. Discussion on the results and changes made, and impact of the audit on patient care,
5. Overall presentation and adequacy of reference list.

A score of 65% or above is the standard for a pass.

SUGGESTED READING

1. Fraser RC, Lakhani M, Baker R (Eds). Evidence-Based Audit in General Practice: from Principles to Practice. Butterworth-Heinemann, 1998.
2. Audit Protocols from Clinical Governance Research and Development Unit, Department of Health Sciences, University of Leicester.

RESEARCH

Each candidate is required to submit:

1. **FOUR COPIES** of the research report;
2. Supporting document(s) of Ethics Approval issued by recognized ethics committee; AND
3. Certification by Clinical Supervisors/ Mentors (***Appendix C***), on or before **11 August 2017**

The research report must be the original work of the candidate. The candidate must be the principal investigator of the research project and the same project cannot be submitted by any other candidate. The names of the practice, the candidate and his/her supervisor **should NOT be stated** in the Research Report.

The candidate has a free choice of topics for the research.

The ethics approval for the Research Study must have been sought from a recognized ethic committee. The date of ethics approval must be within 3 years before the application deadline of Exit Examination.

FORMAT OF THE RESEARCH REPORT

1. A standard format with an **Introduction** giving background and objectives; **Method** giving details of Subjects, Study Design and Measurements, Interventions, Outcomes, and Statistical Methods; **Results; Discussion; Conclusions; References**; and **Acknowledgements**.

2. The text should be between 2,000 and 3,000 words in length, excluding the abstract, references and acknowledgements.

3. Graphs and tables should be limited to 6 and references to 40.

4. An Abstract of up to 250 words should be set out under the headings of **Objective, Design, Subjects, Main Outcome Measures, Results, and Conclusions.** Up to five keywords should be listed below the abstract.

5. Abbreviations should be spelt in full when first used.

6. References should preferably conform to the Vancouver style as used in the Hong Kong Practitioner, the official journal of the HKCFP, and must be clearly numbered in the correct order in the text. Journal titles should be abbreviated to Index Medicus Style. Up to three authors and/or editors up to three should be listed. If there are more than three, the first three and et al should be listed.

7. All study instrument and/or questionnaire should be attached as part of the appendices

8. The candidates are recommended to include sufficient information in their research reports. References can be made to the website of the British Medical Journal on the various guidelines according to the different study designs. (**http://www.bmj.com/about-bmj/resources-authors/article-submission/article-requirements**). These guidelines are for reference only, and candidates do not need to complete or submit the guidelines.

ASSESSMENT CRITERIA

The research report will be marked independently by at least two examiners appointed by the Specialty Board according to the following areas as shown in the research report evaluation form (***Appendix D***):

1. The research topic and question, their relevance and importance to the candidate's practice and family medicine, critical review of background literature and objectives of the research,
2. Appropriate research methodology: sampling method, outcome measures, data collection, analysis of results and use of appropriate statistical tests,
3. Interpretation and discussion on the results, and impact of the research,
4. Overall presentation and adequacy of reference list.

A score of 65% or above is the standard for a pass.

SUGGESTED READING

1. Du V Florey C. Sample size for beginners. BMJ 1993; 306:1181-1184.
2. Hulley. et al. Designing clinical research: an epidemiologic approach / by Stephen B., Philadelphia: Lippincott Williams & Wilkins, c2001. 2nd Edition (ISBN: 0781722187)
3. Underwood P et al. Defining the question. Aus Fam Phy 1998; 27: 173-175.

PRACTICE ASSESSMENT

First attempt Candidate are required to submit **FOUR COPIES** of required attachments **on or before 16 June 2017 (for Re-attempt candidates).**

Practice Assessment is an assessment of the candidate's practice management skills, the standard of the candidate's practice as well as the candidate's knowledge and understanding of the medical practice. It divides into Session I and Session II:

Session I	Part A	Practice Organization
	Part B	Practice Management
	Part C	Pharmacy and Drug Labeling
Session II	Random check	
	Part C II	Dangerous Drug Management
	Part D	Medical Records
	Part E	Investigations

Session I:

Two valid Practice Management Package (PMP) reports and written answers to a set of "List of Questions" should be submitted at the application for Exit Examination. Please refer to previous candidate workshops; or contact our Board Secretary for the relevant requirements.

Session II:

Random Check:

A selected section from the Session I, will be carried out at the on-site assessment (Session II). Candidate may be asked on the "List of Questions"

Part CII (Dangerous Drug Management):

Both the candidate's knowledge and site of dangerous drug management will be assessed (security, dangerous drugs registry, expiry date checking). The main reference would be based on the Dangerous Drug Ordinance (summary can be found in Appendix L of Practice Management Package).

Part D (Medical Records):

- Provide **a list of 300 patients (Attachment 12),** who have been attended by the candidate, within a specified period (usually the 6 weeks after Supplementary Exit Exam application deadline) i.e. **from 5 May, 2017 to 16 June 2017 inclusive for re-attempt candidate**.
- The list should be in a standard format (please refer to the sample). It should not include patient's full names or ID numbers.
- Health screening and locum cases should be **excluded**.
- The medical records listed in Attachment 12 should be available for examination at Session II upon request.
- Only hand-written / true print out copy from electronic medical records are accepted. These hard copies of the records should include: basic information, anticipatory care information in the latest 12 months, the latest consultation done by the candidate (nearest to the date of Session II), and the previous 5 consultations (by the candidate or other doctors).

Part E (Investigations):

- Provide a table and clinical summaries of ten different patients (**Attachment 13)**, whom had investigations initiated and followed up (doctor-patient consultation, documented telephone or electronic communications) by the candidate.
- The **follow-up** must be occurred within a specified period (usually the 6 weeks after Supplementary Exit Exam application deadline) i.e. **from 5 May, 2017 to 16 June 2017 inclusive for re-attempt candidate**.
- The cases may or may not be part of the 300 cases of medical records of Part D/ Attachment 12.
- The cases should consist of a **variety of clinical situations**, as shown by:
  - providing, in each of the ten cases, an appropriate ICPC code (second edition, ICPC-2) on the provisional diagnosis / condition that lead to the investigation, in the Attachment 13;
  - no more than two cases belong to the same ICPC-2 "Chapter" (the alphabet);
  - health screening, and cases involve investigation to monitor for medication side effects in asymptomatic patients only: are excluded;

  otherwise mark would be deducted pro-rata.
- The ten cases summaries should be in a standard format (please refer to the sample). Follow up and Comment (optional) should be less than 300 words respectively.
- The summary table should be in a standard format (please refer to the sample)
- Marking will be based on the candidate's clinic records in the following weighting:
  - E1: Documentation on indication of the investigation: 10%
  - E2: Justification of the investigation: 45%
  - E3: Results documentation: carry no marks; investigation report copies must be present and the results have to be documented in the medical records; otherwise no marks will be given in E4 (Follow up) of the concerned cases; the E4 marks would then be deducted pro-rata.
  - E4: Follow up: 45%
- Appropriate 'Comment' in the case summary of Attachment 13 can lead to mark adjustment.
- Mark would be deducted pro rata/ fail if there is significant discrepancy between Attachment 13 and the respective medical record.

ASSESSMENT PROCESS & CRITERIA

1. Two examiners appointed by the Specialty Board, who may be accompanied by a trainee examiner and/or observing examiner, will visit the candidate's practice in any day during the examination period.
2. Candidate will be notified of the examiners' visit **two working days** in advance. Once notified, the date will not be changed.
3. Examiners on arrival will identify themselves with a letter issued by HKCFP, which is signed to assure confidentiality for contacting Candidate' patient information (***Appendix E***).
4. Marks will be allocated on a global scale for each part on the Practice Assessment rating form independently by the examiners (***Appendix F)***.
5. The candidate and the practice staff should be present in the practice during the assessment. Candidates are expected to answer examiners questions in person. Examiners may cross check with the practice staff. The assessment may take up to three hours.
6. A third examiner will be sent to candidate's practice on a separate day in case there is marking discrepancy. The third examiner will assess the same material seen by the previous two examiners (for example, the 'random check'; the latest consultation records by the candidate).
7. Overall pass in Practice Assessment: pass Session I AND passing marks (65% or above) in **all parts** of the Session II. Candidate need to reattempt failed individual part(s) only at the reattempts.

Attachment 12, standard format:

Case no	Medical record no.	Patient initials	sex	age	diagnosis	Date of the consultation	Date of first consultation in the clinic
1							
2							
3							
4							
…							
300							
Case also in Part E (investigations) are marked with *							

Attachment 13, individual case summary, standard format:

Case no: *(1 to 10)*	Patient initials:	Medical record no.:	Sex:	Age:
Provisional diagnosis / chief condition requiring investigations: (date of the consultation: *DD/ MM/ YYYY*)		ICPC-2 code: *(only the most relevant one, also put down the description of the code)*		
Investigation performed:				
Results:				
Follow up: (date: *DD/MM/ YYYY*) *less than 300 words*				
Comments: *optional; less than 300 words*				

Attachment 13, summary table, standard format:

Case	Provisional diagnosis / chief condition requiring investigations	ICPC-2 code	Investigation performed:
1			
…			
10			

CONSULTATION SKILLS ASSESSMENT

The consultation skills assessment is based on the modified Leicester Assessment Package (LAP) which was developed by Professor Robin C Fraser to assess the consultation competence in General Practice through video recorded consultations.

ASSESSMENT PROCESS

The examination period for preparing the video and relevant documents is seven calendar days during which there are at least four working days. Candidate will be notified of the examination period **two working days in advance. Once notified, the date of assessment will not be changed.** Three examination signboards (***Appendix G***) and examination related documents will be sent to Candidate by email or to be collected from the College after 4:00p.m. **one working day before the examination period**. Examination period will be written on the signboards. All signboards would have a unique code for individual candidate in each assessment.

Candidate can prepare the consultation videos in either three 2-hour sessions (with at least six cases per session) or two 3-hour sessions (with at least nine cases per session) in the assigned examination period. Minimum of **18 cases** are required to be recorded within 6 net hours for examiner to assess. Net consultation time, **including completion of consultation note,** will be counted. ***(Appendix H)*** Video recording should be **continuous** within one session. Candidate should record the sessions **in chronological order as written in the signboards**. Candidate will be subject to **disqualification** if failure to do so.

The consultation process should proceed as written in steps to follow (***Appendix I***). Candidate should indicate and record clearly the signboard provided by the Specialty Board at the beginning of each session. Candidate should seek written consent (***Appendix J***) from their patients before each consultation and present a summary of the patient's significant past information before starting the interview. Significant past information should include the past health, relevant recent investigation findings, significant social history, date and the reason for the last consultation and whether current consultation is a planned follow-up or not. Then candidate can proceed to consultation process including history taking, physical examination and management. After finishing the consultation, Candidate is required to give the problem list and hypothesis of the case, the physical examination findings and the explanation on the management plan being chosen.

The candidate should encrypt the videos (refer to "VeraCrypt" User Guide provided) by the encryption code given before submission. Candidate should submit the encrypted video files, consultation log and relevant documents (***Appendix K***) on or before 5:30 p.m. of the last working day in their assigned examination period. The College Secretariat will check the quality of the videos by using the Board's computers upon submission. Candidate should ensure the sound and visual quality of video is good enough for assessment. If the video quality is not suitable for assessment by examiners, **the candidate may be disqualified.**

Total 6 cases will be selected for assessment. At least three examiners appointed by the Specialty Board will mark the cases. Each case will be marked individually. An overall score will be made independently by the examiners. Specialty Board will arrange re-assessment to the selected cases for making the final decision in case there is marking discrepancy.
A tabulated summary for arrangement of CSA process (***Appendix L***) is made for your easy reference.

ASSESSMENT CRITERIA

The consultation skills assessment criteria (***Appendix M***) from LAP are adopted. The passing standard of this assessment is 65% when candidate consistently demonstrates capability in almost all components to a high standard and a satisfactory standard in all, with **duration of most consultation appropriate. (*Appendix N*)**

Remarks:

1. Physical Examination will NOT be marked. However, if the candidate is not able to perform physical examination sensitively, the examiner could deduct the marks in the part of Behaviour/Relationship with patient.
2. To ensure the sound and visual quality is good for assessment, candidate is **required** to submit a demo video **within 2 weeks after the deadline of application** with the same camera and setting both in recording the demo and real exam, as reference for the Specialty Board.

SUGGESTED READING

1. Fraser RC. Clinical Method: A General Practice Approach (3rd Ed). Butterworth-Heinemann, 1999
2. Fraser RC. Assessment of Consultation Competence in General Practice, The Leicester Assessment Package (LAP)

APPENDICES

Appendix G: Sign Board sample
Appendix H: Rules for recording consultations
Appendix I: Steps to follow during video recording consultations in CSA
Appendix J: Consent Form
Appendix K: Documents to be submitted and Consultation log sample format
Appendix L: Tabulated Summary of CSA process
Appendix M: Consultation Skills Assessment Criteria
Appendix N: Standards for Allocation of Marks

APPLICATION FOR EXEMPTION DURING THE EXAMINATION PERIOD

Candidates are expected to:

- Submit relevant documents and examination materials (e.g. application form, clinical audit report, research report, documents for practice assessment) on time;
- Present in the Practice Assessment Session II (Examiners' visit) on the date as informed;
- Record the required video for Consultation Skills Assessment in the period as informed.

Non-compliance will be regarded as not taking / attempting the respective segment(s).

Exemption for examination will not be granted unless in very special circumstances. Candidates should apply by writing to Specialty Board **when submitting the Exit examination application,** with appropriate documentary proof. Each case will be considered at the discretion of the Board. The approved exemption is not a precedent for the future applications.

TROPICAL CYCLONE OR RAINSTORM WARNING

Examination will be cancelled if, within four hours before the appointed time of the examination, Tropical Cyclone Warning Signal No.8 or above is hoisted or remains in force or Rainstorm Black Warning is issued or remains in force. The examination will be re-arranged as soon as possible.

If Tropical Cyclone Warning Signal No.8 or above is hoisted or Rainstorm Black Warning is issued while an examination is in progress, the examination will be continued if circumstances allowed until the examination finished, or the examiner(s) appointed by the Specialty Board will decide whether to adjourn or continue with the examination.

PRE-EXIT EXAM WORKSHOP FOR CANDIDATES

A workshop for candidates who are going to attempt the coming Full Exit Examination will be held in August of each year. Contemporary changes and requirements, of each segment of the coming Exit Examination, will be announced. Specialty Board urges all potential Exit Exam candidates to attend the workshop.

CRITERIA FOR A PASS IN THE EXIT EXAMINATION

A candidate must score a minimum of 65% in each of the three segments to pass the whole Exit Examination.

Each successful segment of the Exit Examination can be retained for a maximum of FIVE years if a score of $\geq$65% is achieved in that segment.

Unsuccessful segments can be retaken in subsequent supplementary or full Exit Examination.

A candidate must pass all the three segments before being certified overall pass in the Exit Examination.

All examination materials, being properties of the Specialty Board, will be destroyed after completion of the examination process.

CONDUCT IN THE EXAMINATION

Candidates are expected to behave honestly and professionally throughout the Exit Examination. On any doubts of dishonest and unprofessional acts in the Exit Examination, Specialty Board would invite candidates and relevant parties to help the investigation. The investigation results may be referred to relevant authorities, academic and professional organizations for follow up.

Examples considered as unacceptable behavior include: plagiarism, falsifying data in the Clinical Audit / Research / Practice Assessment; surrogate colleague to perform doctor's consultation on patients prior to their video recording in the Consultation Skill Assessment.

At the discretion of the Specialty Board, the concerned candidate may be disqualified in the respective, or all examination segment(s); and / or not allowed to take part in the Exit Examination for a specified period of time.

REVIEW OF EXAMINATION RESULTS

The Specialty Board has made great effort to ensure the validity and reliability of markings in the Exit Examination. Each candidate is marked by at least two examiners independently in each segment. The marks are double-checked by College secretariat and the coordinator of each segment for clerical or mathematical error. All examiners are requested to declare conflict of interest.

1. Candidates can request a review of the examination results if they believe that there has been an administrative or procedural error during the Examination.
2. Candidates can write with their reasons to the Chairperson, Specialty Board **within the 14 calendar days** of the examination results being published. An administration fee of HK$1,000 for each segment (cheque made payable to the "***HKCFP Education Ltd.***"), should be sent together to Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong. Incomplete information and documents will not be considered. Fees paid are neither refundable nor transferable.
3. Once received the request from a candidate, the Chairperson or his/her delegate will review the candidate's request to determine *if it complies with the criteria outlined in clause 1*.
4. If the candidate's request meets the criteria in clause 1, the Chairman or his/her delegate will continue with the review procedure.
5. The next step in the review procedure is consultation. The Chairman or his/her delegate will investigate the administrative or procedural error alleged by the candidate. The candidate must have included in the initial request for review any documentary evidence of the alleged administrative or procedural error. The Chairman or his/her delegate will discuss the alleged errors with the segment coordinator, examiners and the examination administrative staff.
6. The Chairman or his/her delegate may, after consultation in accordance with clause 5:
   (a) decide against the candidate; or
   (b) if the Chairman or his/her delegate is satisfied that there has been an error in administration or procedure, the Chairman or his/her delegate may give the candidate:
      (i) a correction of the candidate's mark that has been caused by an administrative error;
      (ii) an opportunity to sit a subsequent scheduled examination;
      (iii) no action if the error is judged not to have affected the candidate's performance.
7. The Chairman or his/her delegate will give the candidate written notice of the decision promptly after the review process is complete. The notice will specify the decision and the reasons for the decision.

POST EXAMINATION EVALUATION

Exit Examination is an educational process. Chairperson of the Specialty Board will invite candidates to attend Post Examination Evaluation Workshop, usually within the two months after the Examination. The evaluation is conducted on an individual basis. Priority is given to unsuccessful candidates.

At the session, the Chairperson, Segment coordinators, or Delegates of Segment coordinators will feedback the candidate on the areas of weakness with suggestions for making improvement. **The session is not a channel for examination result appeal.** Comments and expectations from the candidate are always welcomed and taken seriously; in improving the conduct of subsequent Exit Examinations. Examination materials will be destroyed after the feedback session. Most candidates attended the session found it useful.

Hong Kong College of Family Physicians
2017 Supplementary Exit Examination of Vocational Training in Family Medicine
Preparation at-a-glance

Before exam application deadline

From BVTS: Certificate on Completion of Higher Training OR Recommendation to Sit Exit Examination	Attend: Pre-examination Workshop (August)	Prepare Research OR Clinical Audit report	Consultation Skills Assessment: Submit demo video file	Prepare Practice Assessment: • 2 PMP reports • Attachments 1 to 11 • Answer "List of Questions" • Attachment 12 • Attachment 13

Submit Exam application (Deadline: **4 May 2017**)

Copy of: Certificate on Completion of Higher Training OR Recommendation to Sit Exit Examination	Application form: State your practice details for PA and CSA	Examination fee	Practice Assessment: • 2 PMP reports • Answer "List of Questions • 4 copies of Attachments 1 to 13

Submit Clinical Audit OR Research report (Deadline: **11 August 2017**)

Clinical Audit 4 copies Certification by clinical supervisor	Research 4 copies Certification by clinical supervisor Document of ethics approval

Examination

Exam Period : 3 July 2017 to 16 September 2017

Clinical Audit / Research Examiners assess the submitted reports	Consultation Skills Assessment Record video in specified period Submit with required document	Practice Assessment Examiner visit (Session II)

Examination result announcement

Post exam evaluation

Appendix A

HONG KONG COLLEGE OF FAMILY PHYSICIANS
EXIT EXAMINATION OF
VOCATIONAL TRAINING IN FAMILY MEDICINE

Clinical Audit Report

Certification by Clinical Supervisor

I hereby certify that this clinical audit is the original work of Dr. _____ and the audit topic have not been done in the practice in the preceding 5 years, and I have read through the original data of this audit.

Date: _____ Signature: _____

Name in Block Letters: _____

Appendix B

Exit Examination 2017 Clinical Audit Report
Evaluation Form

Notes on Marking:

Sections 2 to 5 consist of a number of components each. Please give your score from 0 to 10 for each component. These component scores serve to provide a reference range for allocating a mark to the global "section score", which does not need to be the arithmetical average of the component scores, but should be within the range of the component scores.

Section 1a. Is this a clinical audit?

☐ Yes – please continue evaluation
☐ No – audit report rejected, thank you.

Section 1b. Has the audit cycle been completed?

☐ Yes – please continue evaluation
☐ No – audit report rejected, thank you.

Section 1c. At least one of the criteria is outcome-based?

☐ Yes – please continue evaluation
☐ No – audit report rejected, thank you.

Section 2. Evaluation of the background of the audit project

2.1 Are the audit questions and aim *clearly stated and appropriate*?

0-1-2-3-4-5-6-7-8-9-10

2.2 Is there an *adequate* explanation on the objectives of the auditing activity?

0-1-2-3-4-5-6-7-8-9-10

2.3 Is there a *good justification* for the choice of the audit topic *in the candidate's practice*?

0-1-2-3-4-5-6-7-8-9-10

2.4 Is the audit topic *important to the candidate's practice and general practice/family medicine*?

0-1-2-3-4-5-6-7-8-9-10

2.5 Is there an *adequate review* of the relevant background literature?

0-1-2-3-4-5-6-7-8-9-10

Section 2: Global Score = (_____)

Comments: _____

_____

_____

Section 3. **Evaluation of the methodology of the audit project**

3 a. Criteria and Standard Setting

3a.1 Have *explicit criteria* been identified?

0-1-2-3-4-5-6-7-8-9-10

3a.2 Are the criteria *relevant and adequate*?

0-1-2-3-4-5-6-7-8-9-10

3a.3 Are the criteria based on *research evidence* and/or *professional consensus*?

0-1-2-3-4-5-6-7-8-9-10

3a.4 Have *explicit and appropriate standards* been set for each criterion?

0-1-2-3-4-5-6-7-8-9-10

Section 3a: Global Score = (_____)

Comments: _____

_____

_____

3 b Data collection and analysis

3b.1 Are the data collection methods *clearly described*?

0-1-2-3-4-5-6-7-8-9-10

3b.2 Are the data collection methods *appropriate*?

0-1-2-3-4-5-6-7-8-9-10

3b.3 Has the *sampling frame* been adequately described?

0-1-2-3-4-5-6-7-8-9-10

3b.4 Is the *study populations/number of events /response rate* adequate?

0-1-2-3-4-5-6-7-8-9-10

3b.5 Are the *methods of analysis* appropriate?

0-1-2-3-4-5-6-7-8-9-10

3b.6 Are the data *compared directly* with the identified criteria?

0-1-2-3-4-5-6-7-8-9-10

Section 3b: Global Score = (_____)

Comments: _____

_____

_____

Section 4 Evaluation of the impact of the audit

4.1 Were the deficiencies in care/service in the first cycle identified and explained?

0-1-2-3-4-5-6-7-8-9-10

4.2 Is there a *clear description* of how changes were agreed and implemented?

0-1-2-3-4-5-6-7-8-9-10

4.3 Were convincing reasons provided for *changes* in care and/or services made?

0-1-2-3-4-5-6-7-8-9-10

4.4 Did the changes lead to *definite improvements* in the standards of care? If changes were not introduced or did not lead to improvement, is a *convincing explanation* provided?

0-1-2-3-4-5-6-7-8-9-10

4.5 Did the audit have a significant impact on patient care?

0-1-2-3-4-5-6-7-8-9-10

Section 4: Global Score = (_____)

Comments: _____

_____

_____

Section 5 Evaluation of the presentation of the audit

5.1 Are the results *appropriately presented*?

0-1-2-3-4-5-6-7-8-9-10

5.2 Is the writing *easy to understand*?

0-1-2-3-4-5-6-7-8-9-10

5.3 Is there an *adequate list of references*?

0-1-2-3-4-5-6-7-8-9-10

5.4 Does the report contain a *succinct summary* of the *key issues and conclusions*?

0-1-2-3-4-5-6-7-8-9-10

Section 5: Global Score = (_____)

Comments: _____

_____

_____

Summary Mark Sheet

Section	Maximum Mark	Global Score	Factor	Actual Marks
2. Background	20		x 2	
3 a. Standard Setting	20		x 2	
3 b. Data Collection and Analysis	20		x 2	
4. Impact of audit	30		x 3	
5. Presentation	10		x 1	
TOTAL	100			**%**

Overall Comments:

*******End******

Examiner's Full Name: _____

Signature: _____

HONG KONG COLLEGE OF FAMILY PHYSICIANS
EXIT EXAMINATION OF VOCATIONAL TRAINING IN FAMILY MEDICINE

Research Report

Certification by Clinical Supervisor/ Mentor

I hereby certify that this research project is the original work of Dr._____ and, I have read through the original data of this Research Report.

Signature: _____

Name in Block Letters: _____

Date: _____

APPENDIX D

The Hong Kong College of Family Physicians
2017 Exit Examination of Vocational Training in Family Medicine

Standards for allocation of marks

The following descriptions of performance are to be used as yardsticks of levels of achievement.

Marks	Criteria
85 % or above	Consistently demonstrates mastery of all components: the criterion performance. (Outstanding)
75 – 84 %	Consistently demonstrates mastery of most components and capability in all. (Good to Very Good)
65 – 74 %	Consistently demonstrates capability in almost all components to a high standard and a satisfactory standard in all. (Average to Good)
55 – 64 %	Demonstrates capability in some components to a satisfactory standard but with omissions and/or defects in other components.
45 – 54 %	Demonstrates inadequacies in several components but no major omissions or defects.
44 % or below	Demonstrates several major omissions and/or serious defects; clearly unacceptable standard overall.

Exit Examination 2017 Research Report Evaluation Form

Has the study been approved by a recognized ethics committee? ☐ **Yes** ☐ **No** ☐ **Not applicable**

Section 1 Background

Assessment Consideration
■ Is the research question important & relevant to family medicine/ primary care? ■ Are the aim(s), objective(s), research question **and/ or** hypotheses stated clearly? ■ Is there a clear rationale provided to support the research study through an adequate, up-to-date critical review of the relevant international and local literature? E.g. what was already known in this research area, and what knowledge gap did the study try to fill? ■ Is the literature review referenced appropriately?

Section 1: Global Score (0 – 10) = (_____)
Comments:

Section 2 Methodology

Assessment Consideration
■ **Is the study design appropriate for answering the research question/ testing the research hypothesis? ■ What is the rationale for choosing the study design? ■ **Are the research methods described clearly and appropriate, including instruments and tools used for collecting data? ■ **Are the outcome and other relevant variables measured clearly defined? ■ **Are the sampling frame and methods and sample size appropriate to answer the research question? ■ Are the methods of analysis including statistical tests or qualitative data analysis described and appropriate? ■ Are confounders/bias/limitations accounted for? ***** The statement may not be applicable for marking Qualitative Research Paper.***

Section 2: Global Score (0 – 10) = (_____)
Comments:

Section 3 Result

Assessment Consideration
■ **Are relevant results addressing the research question, objectives and hypotheses presented? ■ Are the results organized in an easy to read and understandable manner? ■ **Are the text descriptions of the results supported by tables, graphs and/or quotations (in qualitative studies)? ■ Are the results presented appropriately using tables, graphs or quotations (in qualitative studies)? E.g. Not simply cut and paste SPSS analysis output ***** The statement may not be applicable for marking Qualitative Research Paper.***

Section 3: Global Score (0 – 10) = (_____)
Comments:

_____

_____

Section 4 Discussion & Conclusion

Assessment Consideration
■ Are the results justified & explained appropriately? ■ **Do the results substantiate or refute the specific objectives/ research questions? ■ How are the results compared to findings from other studies and are reasons for the differences discussed? ■ Has the candidate discussed the potential application and implication of the results to influence practice/policy? ■ Is any potential future research area being recommended? ■ Are the limitations +/- strength and potential biases of the study described? ■ Does the report contain a succinct summary of the key issues in the conclusion? ***** The statement may not be applicable for marking Qualitative Research Paper.***

Section 4: Global Score (0 – 10) = (_____)
Comments:

_____

_____

Section 5 Presentation

Assessment Consideration
■ Is the report written in reasonable good and clear English? ■ Is information displayed appropriately and accurately using tables, figures and graphs? ■ Are the references presented in an acceptable format used by international refereed journals (e.g. Vancouver style)? ■ Is the report properly presented and structured with different sections appropriately labeled? ■ Is acknowledgement made appropriately?

Section 5: Global Score (0 – 10) = (_____)
Comments:

_____

_____

Summary Mark Sheet

Section	Maximum Mark	Global Score	Factor	Actual Marks
Background	20		x 2	
Methodology	30		x 3	
Result	20		x 2	
Discussion & conclusion	20		x 2	
Presentation	10		x 1	
TOTAL	100	---	---	**%**

For FAIL candidate ONLY:

Can this research paper be revised and submit in coming supplementary Exit Exam?
(please click the box as appropriate)

☐ **Yes– Thank you.**

☐ **No – Recommend to do another topic or attempt Clinical Audit Segment in coming Exit Exam.**

Overall Comments:

_____

_____

_____

Examiner's Full Name: _____

Signature: _____

APPENDIX E

香 港 家 庭 醫 學 學 院
The Hong Kong College of Family Physicians
Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.
Tel: (852) 2528 6618 Fax: (852) 2866 0616
E-mail: hkcfp@hkcfp.org.hk Website: www.hkcfp.org.hk
香港仔黃竹坑道99號香港醫學專科學院賽馬會大樓8樓803-4室

IDENTIFICATION AND ASSURANCE OF CONFIDENTIALITY FOR THE PRACTICE ASSESSMENT

Dear **(Name of Candidate)**,

This is to certify that **(Name of Examiner)** is the Examiner of your Practice Assessment Segment of the Supplementary Exit Examination 2017 on **(Date of Examination)**.

Yours sincerely,

___(Segment Coordinator's Signature)___
Coordinator, Practice Assessment Segment
Specialty Board, HKCFP

****

ASSURANCE OF CONFIDENTIALITY BY EXAMINER

I confirm that I shall keep all information that I have observed during the practice assessment strictly confidential. The information will only be used for the practice assessment purpose.

_(Examiner's Signature)_____

_(Name of Examiner)_____

_(Date of Examination)_____

APPENDIX F

HONG KONG COLLEGE OF FAMILY PHYSICIANS
EXIT EXAMINATION OF VOCATIONAL TRAINING IN FAMILY MEDICINE 2017
PRACTICE ASSESSMENT RATING FORM

CANDIDATE NAME: Dr. _____

PRACTICE ADDRESS: _____

CANDIDATE NO: EE _____ EXAMINER: _____

The assessment consists of five parts:

Part A	**Practice Organization (Session I)**
Part B	**Practice Management (Session I)**
Part C	**I: Pharmacy and Drug Labeling (Session I)**
	II: Dangerous Drug Management (Session II)
Part D	**Records (Session II)**
Part E	**Investigations (Session II)**

Session I will be assessed based on 2 Practice Management Package (PMP) reports and on site assessment.

For Session II, a score of 0 – 10 is given to the various components of each part of P.A. A **global mark** (not an addition or average of the scores of the various components) is then given to each part according to the following criteria. The candidate is expected to score at least **65%** in each part to pass this P.A. segment. Ample space is provided for comments.

Standards for allocation of marks:

The following descriptions of performance are to be used as yardsticks of levels of achievement.

Marks	Criteria
85 % or above	Consistently demonstrates mastery of all components: the criterion performance.
75 – 84 %	Consistently demonstrates mastery of most components and capability in all.
65 – 74 %	Consistently demonstrates capability in almost all components to a high standard and a satisfactory standard in all.
55 – 64 %	Demonstrates capability in most components to a satisfactory standard
45 – 54 %	Demonstrates inadequacies in several components but no major omissions or defects.
44 % or below	Demonstrates several major omissions and/or serious defects; clearly unacceptable standard overall.

***Examiners can consider failing a part of the P.A. segment if the assessment of an item with an"*" is not satisfactory.**

SESSION II

PART C II PHARMACY: Dangerous Drug management

Authorized person

- ☐ registered doctors, dentists and veterinary surgeons
- ☐ registered pharmacists or approved persons employed at prescribed hospitals specified in the Second Schedule to the Dangerous Drugs Ordinance
- ☐ persons in charge of certain laboratories

Storage

- ☐ D.D. was kept in a locked receptacle
- ☐ The receptacle can only be opened by the person authorized

Record-keeping

- ☐ A "Dangerous Drugs Register" in which all transactions of dangerous drugs were recorded.
- ☐ The format of the Register complies to that fixed by the Ordinance. (Refer to “First Schedule – Form of Register” below)
- ☐ A separate Dangerous Drugs Register, or a different page of the same Register for each dangerous drug.
- ☐ The name of the dangerous drug preparation and (where applicable) the strength or concentration of the preparation was written at the head of each page of the Register.
- ☐ Every receipt or supply of a dangerous drug was recorded, in indelible ink, on the day of the transaction or, if this is not practicable, on the following day.
- ☐ No cancellation or alteration of any record. Corrections were made by means of a marginal note or footnote and must be dated.
- ☐ If a registered doctor, dentist or veterinary surgeon practices in more than one clinic from which dangerous drugs are supplied, a separate set of registers must be kept and used in each clinic.
- ☐ All used registers were kept in the clinic for 2 years from the date on which the last entry was made.

Disposal

- ☐ All overdue DD should be disposed appropriately

FIRST SCHEDULE

FORM OF REGISTER

Date of receipt/ supply	Name and address of person* or firm from whom received/to whom supplied	Patient's identity card number#	Amount		Invoice No.	Balance
			received	supplied		

* Cross reference of the person to whom supplied may be made in which case only the reference number of the person's treatment record needs to be given.

\# For a patient who is not resident in Hong Kong, the reference number of any proof of identity, other than an identity card, specified in section 17B(1) of the Immigration Ordinance (Cap. 115) shall be inserted.

(Also mark the 'Checklist on the Storage and Record-keeping of Dangerous Drugs')

C1.	*** Dangerous Drugs**	**Candidate performance**
C1.1	- security	☐
C1.2	- register	☐
C1.3	- expiry date checked	☐

☑- *when item present or appropriate*
N/A - *when item not appropriate*

Knowledge: *(Please tick one)*

☐ Pass

☐ Fail

Site Assessment: *(Please tick one)*

☐ Pass

☐ Fail

Overall grade on Part CII *(please tick one)*: ☐ **Pass** (both are passed) ☐ **Fail**

Examiner feedback on part CII (dangerous drugs management)

Determine pass or fail (mandatory for fail candidate):

_____

_____

_____

_____

_____

Other comments:

_____

_____

_____

_____

_____

PART D MEDICAL RECORDS (Attachment 12)

(Allow the candidate to show the layout of medical record)

D1. *Legibility ☐ Yes ☐ No *(Please tick one)*

	1	2	3	4	5	6	7	8	9	10
Please enter the record number (1-300) chosen										

D2. Basic Information		1	2	3	4	5	6	7	8	9	10
D2.1	personal, social history, occupation, smoking, alcohol & drugs										
D2.2	problem list (inactive/active)										
D2.3	current medication list										
D2.4	allergy										
D2.5	family history of significant illnesses										
D2.6	genogram										
D2.7	childhood immunization and developmental history										
D2.8	vaccination										

D2 score: _____ out of 10

D3. Latest 12 months' anticipatory care		1	2	3	4	5	6	7	8	9	10
D3.1	Blood pressure, weight, height, B.M.I.										
D3.2	well women, men, elderly checks										
D3.3	smoking, alcohol, exercise										
D3.4	others (e.g. substance abuse)										
D3.5	relevant actions and review										

D3 score: _____ out of 10

D4. Latest Consultation by the candidate		1	2	3	4	5	6	7	8	9	10
	Date of the latest consultation										
D4.1	clinical history										
D4.2	relevant positive and negative findings										
D4.3	working diagnoses										
D4.4	drug usage										
D4.5	other management										

D4 score: _____ out of 10

Part D total score:

D2 x 3.5 _____ + D3 x 1.5 _____ + D4 x 5 _____ = _____%

Examiner feedback on Part D (medical records)

Determine pass or fail (mandatory for fail candidate)

D2 (Basic information):

_____

_____

_____

_____

_____

_____

D3 (Latest 12 months' anticipatory care):

_____

_____

_____

_____

_____

_____

D4 (Latest consultation by the candidate):

_____

_____

_____

_____

_____

_____

Other comments:

_____

_____

_____

PART E INVESTIGATIONS

- Please note the cases requirements / exclusions from the College Workshops and Examination Guidelines
- Only assess the medical records and 'comment' (if present) on Attachment 13

Case number	1	2	3	4	5	6	7	8	9	10
E1: Documentation on indication of the investigation: 10%										

E1 score: _____ out of 10

E2: Justification of the investigation: 45%										

E2 score: _____ out of 10

E3: Results documentation: Prerequisite to proceed marking E4										

E4: Follow up: 45%										

E4 score: _____ out of 10

Part E total score:

E1 x 1_____ + E2 x 4.5_____ + E4 x 4.5_____ = _____%

<u>Examiner feedback on Part E (Investigations)</u>

Determine pass or fail (mandatory for fail candidate):

Please note if the candidate had

- **Met the requirement in results documentation (E3)**
- **'comment' in Attachment 13 leading to marks adjustment**

E1 (Documentation on indication of the investigation)

_____

_____

_____

E2 (Justification of the investigation)

_____

_____

_____

_____

(Continue on next page if needed)

Examiner feedback on Part E (Investigations) *(continue)*

_____

_____

_____

_____

_____

_____

E4 (Follow up)

_____

_____

_____

_____

_____

_____

Other comments:

_____

_____

_____

==========

Score Summary:

Session II	Marks (%)	Pass/ Fail
Random check	**Not required**	
CII (DD Management)	**Not required**	
D (Medical records)		
E (Investigations)		

Examiner: _____ Signature: _____

Date: _____

Appendix G- Sign Board Sample

Sign Board Sample: Security code: **A987654Z**

Consultation Skill Assessment Segment
HKCFP Supplementary Exit Examination 2017

1st Video recording session

Name : **ABC**

Candidate number : **XXXXXXXXX**

Assigned Examination period: **From 3 July 2017**
To 9 July 2017

Appendix H- Rules for recording consultations

- Dates of video recording: The examination period will include 7 calendar days in which at least 4 are working days.
- Candidate can arrange either Two 3-hour sessions (included at least 9 cases in each session) or Three 2-hour sessions (included at least 6 cases in each session) during the examination period
- Candidate should record the sessions **in chronological order as written in the signboards**. Candidate will be subject to disqualification if failure to do so.
- Net consultation time **including completion of consultation note** will be counted. (Waiting time between patients is excluded).
- Candidate should ensure the consultation note is ready upon completion of each consultation. Candidate is suggested to EITHER:
  1. Print and display the completed consultation note clearly in front of the camera; OR
  2. Make sure the printing time of consultation note correlates with the time indicated in the consultation log summary. [for computer consultation notes]
  Marks may be deducted if the candidate fails to do so and the examiner is highly suspicious that the medical record was prepared out of the net consultation time. .
- The candidate may be subject to disqualification **if not being able to have 18 cases** consented for the examination in the examination period without a sound reason. For each 2-hour session, the 6th case should be started within 120 minutes of net time while for each 3-hour session, the 9th case should be started within 180 minutes of net time. Otherwise, candidate should notify College with justifiable explanations or else, may be disqualified if failed to do so.
- The consent forms for refused cases should be submitted with the examination documents.
- If the patient has signed the consent form initially but refuses during consultation, candidate should cover the camera and mute the sound recording or bring the video recorder out of the consultation room without actually stopping the machine. That case will not be counted.
- If there is time left after finishing 18 cases (i.e.net consultation time is less than 6 hours), the candidate is **advised** to fully utilize the remaining time to record more cases in the video log.
- It is not necessary to record extra consultation only if the remaining time is less than ten minutes in that session.
- The candidate is responsible to copy the recorded cases to an encrypted **USB flash drive / Memory card / external hard disk** for submission (Encryption software "VeraCrypt" (updated version) and the user guide will be included in the examination package). The filename should be set as the candidate number and the password should be set as the "security code" on the signboard.
- **The candidate is responsible for the sound and visual quality of the recorded cases. If the quality of the videos affects the assessment process, the Board has the right to reject assessment and disqualify the candidate.** The candidate must use the approved video file formats to record and save their videos. Formats apart from the list will not be marked. **[Approved video file formats include**: MPEG; MPG; MP4; MOD; VOB; AVI; MTS; M2TS (subject to review before the exam)]
- The candidate must submit the demo video within 2 weeks after deadline of application, using the same camera and setting as in the real exam.

Appendix I- Steps to follow during video-recording consultations in Consultation Skill Assessment

Steps to follow

While starting a new video session:

- Indicate and record the signboard provided by College (at least 5 seconds) in the video for validation

While starting a new case:

- State the case number e.g. "This is case 1"
- Give a summary of the patient's significant past medical history. This should include the date and the reason for the last consultation and to state whether the current consultation is a planned follow-up or not.

[START THE CONSULTATION]

After finishing the consultation, the candidate needs to answer the following 3 questions in the video:

1. List out the problems and / or the hypotheses on the diagnosis of the patient with reasons
2. The physical examinations being carried out with reasons and findings. *(If PE has not been performed, please state" PE has not been done in this case" and provide the reasons as appropriate.)*
3. The reasons for choosing the management plan.

Candidate is only required to state the question number before addressing each point. To save time, there is no need to read out the whole question listed

REMARKS: Candidate is suggested to display the completed consultation note clearly in front of the camera in order to ensure the consultation note is ready upon completion of each consultation

[END OF CONSULTATION]

Start another consultation cycle e.g. "This is case 2"

Remark: The case number should be continuous across the sessions. **Sessions must be recorded in chronological order as shown in the signboards.**

Appendix J- Consent Form

授權書

本人 _____ 同意 / 不同意自己 / 家人_____在 _____醫務所接受診治的過程會被錄影，並明白此舉將只會被香港家庭醫學學院之考官用作家庭醫生在其專業考試的評核用途和本人所有的個人資料將會絕對保密，影片將於考試過程完成後兩星期內銷毀。

證人姓名: _____ (正楷)　病人/監護人姓名: _____ (正楷)

簽署: _____　簽署: _____

日期: _____

Authorization

I _____ agree / disagree to be video recorded during the consultation process of myself / my relative _____ at the clinic of _____. I understand that this will only be used by examiners appointed by the Hong Kong College of Family Physicians (HKCFP) for assessment of family doctors during their professional examination and all my personal information will be kept strictly confidential. The videos will be destroyed within two weeks after completion of the examination process.

Name of Witness: _____ (Block Letter)　Name of Patient/ Guardian: _____ (Block Letter)

Signature: _____　Signature: _____

Date: _____

Note: Please make enough copies for your assessment.

Appendix K- Documents to be submitted and Consultation Log Sample Format

* **Relevant documents** to be submitted :

i. 4 copies of each Consultation note including current and the previous consultation (***Only current consultation note will be mark record keeping)***

ii. One copy of Patient's consent

iii. One copy of Consultation Log

- All the patient's names and ID should be deleted / covered in the Consultation notes
- All consent forms for refused patients have to be submitted
- All the documents of each case should be in one folder (one case one folder)

Consultation Log
(CSA Segment)

Case No.	**Age**	**Sex** (M/F)	**Problem list**	**Consultation time** (mins)	**Consent for Video** (Y/N)	**Video Time frame**
Sample	64	M	Follow up for DM, URTI	12 mins	Y	(File001.avi) 00:08:13 to 00:20:47

Remarks: File name should be clearly stated if consultations are scattered in more than one file.

Appendix K- Documents to be submitted and Consultation Log Sample Format

Example of filled Consultation log

Case No.	Age	Sex (M/F)	Problem list	Consultation time (mins)	Consent for Video (Y/N)	Video Time frame
Sample	**64**	**M**	**Follow up for DM, URTI**	**12 mins**	**Y**	**00:08:13 to 00:20:47**
1	57	F	Follow up for HT, IHD	15 mins	Y	(File001.avi) 00:00:00 to 00:15:00
	83	F		11 mins	N	
2	7	M	Upper respiratory tract infection	14 mins	Y	00:30:16 – 00:44:50
3	76	M	Follow up for DM, knee pain	24 mins	Y	00:51:10 – 01:15:09
4	34	M	Back pain	20 mins	Y	01:20:00 – 01:40: 11
	9	F		9 mins	N	
5	32	F	Follow up for DM, Depression	25 mins	Y	01:53:12 – 02:18:32
6	41	F	Skin rash	16 mins	Y	02:31:12 – 02:47:32
			Session 1	**Net time 114 mins**		
7	88	M	Follow up for Old CVA, IHD, HT	19 mins	Y	(File002.avi) 00:00:00 – 00:19:23
8	57	M	Follow up for hypothyroidism	10 mins	Y	00:24:24 – 00:34:55
9	59	F	Loin pain	25 mins	Y	00:36:23-01:01:22

Appendix K- Documents to be submitted and Consultation Log Sample Format

Case No.	Age	Sex (M/F)	Problem list	Consultation time (mins)	Consent for Video (Y/N)	Video Time frame
10	8	F	Allergic rhinitis	8 mins	Y	01:03:12- 01:11:22
11	22	F	Follow up for asthma	12 mins	Y	01:14:00 – 01:26:12
12	55	M	Follow up for HT	15 mins	Y	01:30:11- 01:45:23
13	69	F	Follow up for DM, IHD, HT	25 mins	Y	01:50:10 – 02:15:21
			Session 2	**Net time 114 mins**		
14	22	M	Upper respiratory tract infection	14 mins	Y	(File003.avi) 00:01:10- 00:15:10
15	39	M	Sprained ankle	15 mins	Y	00:16:20 – 00:31:21
	67	F		22 mins	N	
16	87	F	Follow up for DM, HT	19 mins	Y	01:12:32 – 01:31:33
17	66	F	Back pain	21 mins	Y	01:33:00-01:54:21
18	78	M	Blurring vision	30 mins	Y	01:55:24 – 02:12:14 02:59:15 – 03:12:28 (interrupted by checking visual acuity in Nursing station)
19	77	M	Career stress	32 mins	Y	02:27:11- 02:40:00
Cont. 19						(File004.avi) 00:00:00 – 00:19:01
20			**Session 3**	**Net time 131 mins**		

Appendix L- Tabulated summary of CSA process

Format	Video-recorded consultations
Submission of Demo Video	Candidate should submit a demo video file for quality check (Within 2 weeks after the deadline of application). Same setting and video recorder should be used for real examination. For re-attempting candidate, demo video should be submitted only if different setting or video recorder is used from the previous examination.
Notification of Examination	Candidate will be notified of the examination **two working days in advance.** Once notified, the date of assessment will not be changed. Three examination signboards will be sent to candidate by E-mail or collected from College *after 4 pm one day before* the examination period
Examination Format	Either 2 three-hour sessions or 3 two-hour sessions can be recorded during the examination period. Sessions should be recorded in order.
Case Load	**At least 18 cases** should be recorded in 6 hours (~ 3 cases per net hour).
Submission of Videos	Video files, consultation log, consultation notes and consent forms of patients have to be submitted to the college by 5:30 pm on the last day of the examination period.
Checking of Videos	All videos will be checked by college staff upon submission.
Assessment Method	Total 6 cases will be selected for assessment
Re-assessment	Specialty Board will arrange re-assessment to the selected cases for making the final decision if there is marking discrepancy.

Appendix M- Consultation Skills Assessment Criteria

- **INTERVIEWING /HISTORY TAKING (Relative weighting: 20%)**

  Introduces self to patients; puts patients at ease; allows patients to elaborate presenting problem fully; listens attentively; seeks clarification of words used by patients as appropriate; phrases questions simply and clearly; uses silence appropriately; recognizes patients' verbal and non-verbal cues; identifies patients' reasons for consultation; elicits relevant and specific information from patients and/or their records to help distinguish between working diagnoses; considers physical, social and psychological factors as appropriate; exhibits well-organized approach to information gathering.

- **PHYSICAL EXAMINATION (Relative weighting: N.A.)**

  Performs examination and elicits physical signs correctly and sensitively; uses the instruments commonly used in family practice in a competent and sensitive manner.

- **PATIENT MANAGEMENT (Relative weighting: 20%)**

  Formulates management plans appropriate to findings and circumstances in collaboration with patients; makes discriminating use of investigations, referral and drug therapy; is prepared to use time appropriately; demonstrates understanding of the importance of reassurance and explanation and uses clear and understandable language; checks patients' level of understanding; arranges appropriate follow-up; attempts to modify help-seeking behavior of patients as appropriate.

- **PROBLEM SOLVING (Relative weighting: 20%)**

  Generates appropriate working diagnoses or identifies problem(s) depending on circumstances; seeks relevant and discriminating physical signs to help confirm or refute working diagnoses; correctly interprets and applies information obtained from patient records, physical examination and investigations; is capable of applying knowledge of basic, behavioural and clinical sciences to the identification, management and solution of patients' problems; is capable of recognizing limits of personal competence and acting accordingly.

- **BEHAVIOUR/RELATIONSHIP WITH PATIENTS (Relative weighting: 10%)**

  Maintains friendly but professional relationship with patients with due regard to the ethics of medical practice; conveys sensitivity to the needs of patients; demonstrates an awareness that the patient's attitude to the doctor (and vice versa) affects management and achievement of levels of co-operation and compliance.

- **ANTICIPATORY CARE (Relative weighting: 10%)**

  Acts on appropriate opportunities for health promotion and disease prevention; provides sufficient explanation to patients for preventive initiatives taken; sensitively attempts to enlist the co-operation of patients to promote change to healthier life-styles.

- **RECORD KEEPING (Relative weighting: 10%)**

  Makes accurate, legible and appropriate record of every doctor-patient contact and referral. The minimum information recorded should include date of consultation, relevant history and examination findings, any measurement carried out (e.g. BP, peak flow, weight, etc.), the diagnosis/problem (preferably "boxed"), outline of management plan, investigations ordered and follow-up arrangements. If a prescription is issued, the name(s) of drug(s), doses, quantity provided and special precautions intimated to the patient should be recorded.

Appendix N- Standards for Allocation of Marks

HONG KONG COLLEGE OF FAMILY PHYSICIANS
EXIT EXAMINATION OF VOCATIONAL TRAINING IN FAMILY MEDICINE
CONSULTATION SKILLS ASSESSMENT

STANDARDS FOR ALLOCATION OF MARKS

Extracted from Leicester Assessment Package
by Professor Robin C Fraser, United Kingdom

Marks	Criteria
85% or above	Consistently demonstrates mastery of all components: the criterion performance.
75% - 84%	Consistently demonstrates mastery of most components and capability in all.
65% - 74%	Consistently demonstrates capability in almost all components to a high standard and a satisfactory standard in all. Duration of most consultations appropriate.
55% - 64%	Demonstrates capability in some components to a satisfactory standard but with omissions and/or defects in other components
45% - 54%	Demonstrates inadequacies in several components but no major omissions or defects.
44% or below	Demonstrates several major omissions and/or serious defects; clearly unacceptable standard overall.