

The Hong Kong College of Family Physicians

香港家庭醫學學院



Practice Management Package (PMP)

Candidate:	
Practice name and address:	(Candidate started working in the practice since: _____/_____/_____)
Assessor:	
Date of assessment:	

This assessment form consists of following parts:

Part A (Practice Setting)

Part B (Clinic Management)

Part C (Pharmacy and Drug Labeling)

Part C II (Dangerous Drug Management)

For each item, the assessor can give:

✓ if present and appropriate,

X if not present or inappropriate,

NA if not applicable to the practice.

Items marked with asterisks * are recognized as important components of a family medicine practice. If any of these items is not available or up to standard, the overall grading of the respective Part will be “**Fail**” (grade E or N, as below).

Appendix (A to L): information provided to candidate; please refer to the College Website for the details. It serves to help candidate to understand the concerned aspects; and as a reference for candidates to draft / revise their practice protocols if necessary.

Attachment (1 to 11): clinic’s operation protocols / list of information. Assessor will cross check with the practice staff on the information and implementation of the protocols. Candidates are required to submit their Attachments with the Practice Management Package report (**PMP Report**) at Exit Examination Application.

Assessor should give:

global grades for every part’s and the overall performance;

written comments whenever appropriate: on both positive areas, and area(s) of deficiency that need improvement.

For candidates going to attempt Exit Examination:

Complete **Part A, B, C** with eligible assessors (**PMP report**). Please note the updated requirement on PMP report from Specialty Board, HKCFP.

Part C II: optional for PMP report completion. This will be assessed in Session II of Practice Assessment, Exit Examination.

PART A (PRACTICE SETTING)

Accessibility	
1. Ease of accessibility from main street	<input type="checkbox"/>
2. Transportation	<input type="checkbox"/>
3. Stair / lift	<input type="checkbox"/>
4. Public car park	<input type="checkbox"/>
5. Elderly / handicapped facilities	<input type="checkbox"/>
Availability	
6. Practice hours displayed	<input type="checkbox"/>
7. Name card of doctor(s) (Attachment 1)	<input type="checkbox"/>
8. Follow up card	<input type="checkbox"/>
9. Home visits	<input type="checkbox"/>
Visibility	
10. Sign Board comply with law requirement (Appendix A)	<input type="checkbox"/>
General Clinic Design	
11. Clinic design map (Attachment 2)	<input type="checkbox"/>
12. Set up / measures to prevent communicable diseases	<input type="checkbox"/>
Reception	
13. Presence of staff	<input type="checkbox"/>
14. Attitude of staff	<input type="checkbox"/>
15. Telephone calls handling	<input type="checkbox"/>
16. Registration and insurance documents displayed	<input type="checkbox"/>
17. Fee schedule displayed	<input type="checkbox"/>
18. Name(s) of doctor(s) on duty displayed	<input type="checkbox"/>
19. Prolong waiting protocol (Attachment 3)	<input type="checkbox"/>
20. Emergency handling protocol (Attachment 4)	<input type="checkbox"/>
Waiting Room	
21. Cleanliness + tidiness	<input type="checkbox"/>
22. Reading materials	<input type="checkbox"/>
23. Notice board	<input type="checkbox"/>
24. Telephone	<input type="checkbox"/>
25. Seating arrangement	<input type="checkbox"/>
26. Ventilation	<input type="checkbox"/>

27. Toilet facilities	<input type="checkbox"/>
28. Health education materials	<input type="checkbox"/>
Consultation Room	
29. Seats for accompanying person	<input type="checkbox"/>
30. Lighting	<input type="checkbox"/>
31. Changing area / screen	<input type="checkbox"/>
32. Communication with clinic staff	<input type="checkbox"/>
33. Education leaflets (Attachment 5)	<input type="checkbox"/>
Different categories of leaflets	<input type="checkbox"/>
34. Visual and auditory privacy *	<input type="checkbox"/>
35. Hand washing facilities *	<input type="checkbox"/>
36. Examination bed *	<input type="checkbox"/>
Diagnostic equipment	
37. Diagnostic instruments other than listed below (Attachment 6)	<input type="checkbox"/>
Correct technique of equipment use	<input type="checkbox"/>
38. Pediatric developmental screening tools	<input type="checkbox"/>
Proper technique in using the tools	<input type="checkbox"/>
Appropriate interpretation of the results	<input type="checkbox"/>
39. Glucometer	<input type="checkbox"/>
Correct technique of use	<input type="checkbox"/>
Validation of glucometer	<input type="checkbox"/>
40. Blood pressure measuring devices	<input type="checkbox"/>
Correct technique of use of sphygmomanometer	<input type="checkbox"/>
Availability and appropriate use of different sizes of cuffs	<input type="checkbox"/>
41. Thermometer	<input type="checkbox"/>
42. ECG	<input type="checkbox"/>
Correct technique of use	<input type="checkbox"/>
Maintenance of ECG machine	<input type="checkbox"/>
43. Urine dipsticks	<input type="checkbox"/>
Correct use of different urine dipstick tests	<input type="checkbox"/>
44. Vaginal speculum *	<input type="checkbox"/>
Different sizes available	<input type="checkbox"/>
45. Adult weight scale & height measurement *	<input type="checkbox"/>
46. Baby weight scale & height measurement	<input type="checkbox"/>

47. Proctoscope *	<input type="checkbox"/>
48. Peak flow meter *	<input type="checkbox"/>
Peak flow rate normogram and its use	<input type="checkbox"/>
49. Snellen chart *	<input type="checkbox"/>
Correct measurement of visual acuity	<input type="checkbox"/>
Treatment Area / Minor Procedure & Operation	
50. Suturing sets	<input type="checkbox"/>
51. Cautery	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>
Occupational safety	<input type="checkbox"/>
52. Dressings sets *	<input type="checkbox"/>
53. Minor procedure / operation	<input type="checkbox"/>
Equipment	<input type="checkbox"/>
Patient's consent kept	<input type="checkbox"/>
Procedure explanation leaflets	<input type="checkbox"/>
54. Others (Attachment 6)	<input type="checkbox"/>
Emergency Care	
55. Resuscitation chart displayed	<input type="checkbox"/>
Updated regularly	<input type="checkbox"/>
56. Emergency drugs * (Attachment 7)	<input type="checkbox"/>
Variability	<input type="checkbox"/>
Emergency medication dosage chart	<input type="checkbox"/>
57. Emergency drugs expiry checking *	<input type="checkbox"/>
Log Book	<input type="checkbox"/>
Identification of liable person	<input type="checkbox"/>
58. Emergency equipment* (Attachment 7)	<input type="checkbox"/>
Variability	<input type="checkbox"/>
Equipment List	<input type="checkbox"/>
Log Book of Expiry checking	<input type="checkbox"/>
Identification of liable person	<input type="checkbox"/>
59. Emergency protocols *	<input type="checkbox"/>
Applicability	<input type="checkbox"/>
Job description of clinic staff during emergency	<input type="checkbox"/>
60. Regular drill / training on emergency handling	<input type="checkbox"/>

Routine Environmental Cleaning (Appendix B)	
61. Routine cleaning schedule	<input type="checkbox"/>
62. Dilution chart of cleansing agent	<input type="checkbox"/>
Blood and Body Substance Spills (Appendix C)	
63. Spills Protocol *	<input type="checkbox"/>
Disinfection (Appendix D)	
64. Protocol for staff * (Attachment 8)	<input type="checkbox"/>
65. Disinfection process *	<input type="checkbox"/>
66. Equipment and agents *	<input type="checkbox"/>
67. Audit on disinfection process	<input type="checkbox"/>
Sterilization (Appendix E)	
68. Presence / type of sterilizer	<input type="checkbox"/>
69. Satisfactorily sterilized equipment * <i>(if sterilized equipment used in the clinic)</i>	<input type="checkbox"/>
Routines of expiry checking	<input type="checkbox"/>
Correct storage of sterilized equipment	<input type="checkbox"/>
70. Sterilization process * <i>(check knowledge on this if no sterilizer in practice)</i>	<input type="checkbox"/>
Regular monitoring of sterilization process <i>(physical, chemical and biological tests)</i>	<input type="checkbox"/>
Maintenance of sterilizer	<input type="checkbox"/>
Valid license	<input type="checkbox"/>

Part A:

Grade (circle one only)		Description
Pass	A	<i>Mastery of most components and capability</i>
	C	<i>Satisfactory standard in most components</i>
Fail	E	<i>Demonstrates several major omissions and / or defects (Area with * with deficiency)</i>
	N	<i>Unsafe practice</i>

Comments:

Assessor please "✓" the box when the item is present or appropriate; "X" if not present or inappropriate, "NA" if not applicable to the practice.

PART B (CLINIC MANAGEMENT)

Appointment and Registration	
1. Routine appointment protocol (Attachment 9)	<input type="checkbox"/>
2. Urgent appointment protocol (Attachment 9)	<input type="checkbox"/>
3. Registration: manual / computerized	<input type="checkbox"/>
4. Computerized record retrieval system	<input type="checkbox"/>
5. Age / sex register	<input type="checkbox"/>
6. Disease register	<input type="checkbox"/>
7. Recall system	<input type="checkbox"/>
Appointment cases	<input type="checkbox"/>
Others (e.g. Pap smear screening)	<input type="checkbox"/>
Accounting	
8. Daily account kept	<input type="checkbox"/>
9. Proper receipts & copy kept	<input type="checkbox"/>
Administration & Risk Management	
10. Adverse incident report system & follow-up	<input type="checkbox"/>
11. Complaint handling system	<input type="checkbox"/>
12. Data access protocol (Attachment 10)	<input type="checkbox"/>
Medical Record Keeping / Office	
13. Security (manual / computerized)	<input type="checkbox"/>
14. Record filing system	<input type="checkbox"/>
15. Record retrieval efficiency	<input type="checkbox"/>
16. Confidentiality of record	<input type="checkbox"/>
Investigations / Results	
17. Log book of investigations ordered and results received *	<input type="checkbox"/>
18. Investigation results screening	<input type="checkbox"/>
19. Identification and / or signature of liable staff	<input type="checkbox"/>
20. Action recorded	<input type="checkbox"/>
21. Call-back system *	<input type="checkbox"/>

Sick Leave	
22. Security of sick leave certificate *	<input type="checkbox"/>
23. Record / Copy of sick leave certificate issued *	<input type="checkbox"/>
Supporting services	
24. Radiology / laboratory service	<input type="checkbox"/>
25. Physiotherapy service	<input type="checkbox"/>
26. Occupational therapy service	<input type="checkbox"/>
27. Specialist referral	<input type="checkbox"/>
28. Community nurse service	<input type="checkbox"/>
29. Social worker services	<input type="checkbox"/>
30. List of non-government organizations and self-help groups	<input type="checkbox"/>
31. Others (please attach)	<input type="checkbox"/>
Safety	
32. Disposal of medical waste * (Appendix F)	<input type="checkbox"/>
33. Needle stick injury protocol * (Attachment 11) (Appendix G)	<input type="checkbox"/>
34. Handling and disposal of sharps * (Appendix H)	<input type="checkbox"/>
35. Safe blood taking procedure	<input type="checkbox"/>
36. Occupational health & safety awareness	<input type="checkbox"/>
Staffing	
37. Written job description	<input type="checkbox"/>
38. In house training	<input type="checkbox"/>
Training record	<input type="checkbox"/>
39. Staff appraisal	<input type="checkbox"/>
40. Staff meetings	<input type="checkbox"/>
Record of meeting minutes	<input type="checkbox"/>
Medical Education Resources	
41. Medical education meeting at the practice	<input type="checkbox"/>
Meeting record	<input type="checkbox"/>
42. Medical references / books	<input type="checkbox"/>

Part B:

Grade (circle one only)		Description
Pass	A	<i>Mastery of most components and capability</i>
	C	<i>Satisfactory standard in most components</i>
Fail	E	<i>Demonstrates several major omissions and / or defects (Area with * with deficiency)</i>
	N	<i>Unsafe practice</i>

Comments:

Assessor please “✓” the box when the item is present or appropriate; “X” if not present or inappropriate, “NA” if not applicable to the practice.

PART C (PHARMACY AND DRUG LABELING)

Dispensary / Pharmacy Management	
1. Organization of dispensary / pharmacy	<input type="checkbox"/>
2. Protocol to ensure accurate dispensing (Appendix I)	<input type="checkbox"/>
Stock	
3. Clear labels	<input type="checkbox"/>
4. Stock control	<input type="checkbox"/>
5. Proper storage *	<input type="checkbox"/>
6. Expiry date records *	<input type="checkbox"/>
Drug labels	
7. Always label drugs *	<input type="checkbox"/>
8. Chinese or English version *	<input type="checkbox"/>
9. Clarity / legibility *	<input type="checkbox"/>
10. Name of patient *	<input type="checkbox"/>
11. Name of drugs generic/brand *	<input type="checkbox"/>
12. Date *	<input type="checkbox"/>
13. Instructions *	<input type="checkbox"/>
14. Precautions *	<input type="checkbox"/>
15. One drug per bag *	<input type="checkbox"/>
16. Doctor name / code (traceable) *	<input type="checkbox"/>
Refrigerator for vaccine storage (Appendix J)	
17. Presence / type of refrigerator	<input type="checkbox"/>
18. Max/min. thermometer *	<input type="checkbox"/>
19. Temperature stabilization *	<input type="checkbox"/>
20. Temperature checked and recorded daily *	<input type="checkbox"/>
21. No contamination, e.g., food *	<input type="checkbox"/>
22. Types of vaccine available	<input type="checkbox"/>
23. Vaccines appropriately stored *	<input type="checkbox"/>
24. Expiry date checked *	<input type="checkbox"/>
25. Protocol of cold chain breach	<input type="checkbox"/>
Disposal of expired medications	
26. Proper drug disposal * (Appendix K)	<input type="checkbox"/>

PART C II (DANGEROUS DRUG MANAGEMENT)

Optional for completing Session I / PMP report

Dangerous Drugs (Appendix L)	
27. Presence of statutory authorized person *	<input type="checkbox"/>
28. Security *	<input type="checkbox"/>
(a locked receptacle that can only be opened by authorized person)	<input type="checkbox"/>
29. Prescriptions comply with law requirement *	<input type="checkbox"/>
30. Separate Dangerous Drugs register *	<input type="checkbox"/>
31. Format of register comply with law requirement *	<input type="checkbox"/>
32. Preservation of documents comply with law requirement *	<input type="checkbox"/>
33. Expiry date of dangerous drugs checked *	<input type="checkbox"/>

Part C:

Grade (circle one only)		Description
Pass	A	<i>Mastery of most components and capability</i>
	C	<i>Satisfactory standard in most components</i>
Fail	E	<i>Demonstrates several major omissions and / or defects (Area with * with deficiency)</i>
	N	<i>Unsafe practice</i>

Comments:

Overall:

Grade (circle one only)		Description
Pass	A	<i>Mastery of most components and capability</i>
	C	<i>Satisfactory standard in most components</i>
Fail	E	<i>Demonstrates several major omissions and / or defects (Area with * with deficiency)</i>
	N	<i>Unsafe practice</i>

Comments:

Name of Assessor:	
Signature:	
Date:	