

2025/3/4 version

香 港 家 庭 醫 學 學 院

The Hong Kong College of Family Physicians

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Trainee Name: _____

Checklist for Recommendation for Exit Examination

Checking items and content	
Completed 18 months of training before 31 August	Yes /No
Practice Visits (6 months intervals)	Yes /No
PERMIx Report (3-6 months intervals)	Yes /No
Consultation Skills Review with at least 4 videotaped consultation once 6 months intervals	Yes /No
Assessment by Supervisors (annually)	Yes /No
Self-Directed Education (at least 40 hours per 6 months)	Yes /No
Critical Appraisal Exercises (at least 20 hours per 6 months)	Yes /No
Balanced pre-approved Structured Educational Program (Confirmation by course organizer) (at least 40 hours/ year, at least 20 sessions/ year) (at least 6 hours/ 2-month)	Yes /No
CONSULTATION SKILLS REVIEW (Sessions) Detail Documentation	Yes /No
Feedback by Supervisor (Overall) (6 monthly)	Yes /No
Learning portfolio kept (6 monthly)	Yes /No
Activity log and Case log for competence excel sheet completed up to date	Yes/No

Other comments / Recommendation:

The trainee *is* / *is not* recommended for sitting the Exit Examination

Signature of Clinical Supervisor

Dr. ____

Name in block letters

Date: