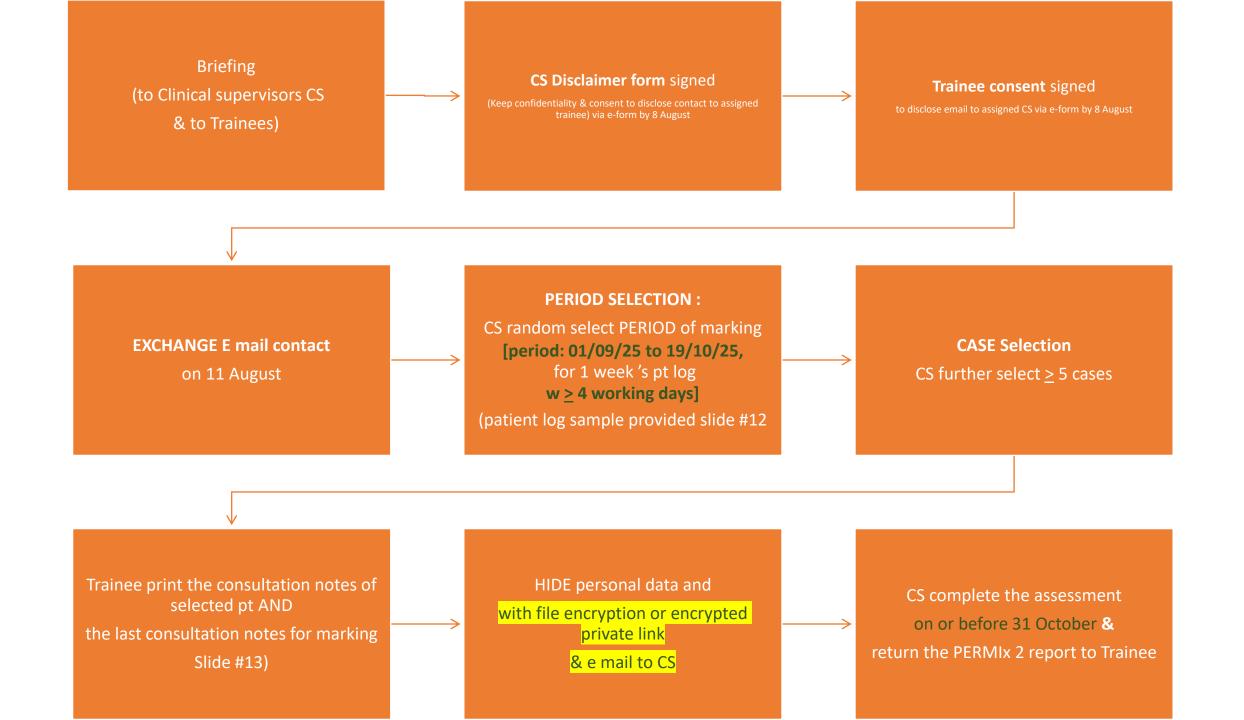
# PERMIx (2) Cross cluster/Institution Supervisor marking

Logistic & Standardization for Higher 1 2025/08/07

## Summary of OVERALL LOGISTICS



## Highlight to NOTE:

- 1. Assessment period 1/9/2025 to 19/10/2025
- 2. Completion of assessment by Clinical Supervisors (CS): 31/10/2025
- 3. PERMIx 2 is an assessment on record of normal daily consultation, as all PERMIx are (except that print out is to be assessed)
- **4. CS pls aware of standardization of marking in this ppt** (same file as 2025/5/7 supervisor briefing)
- **5. Status at online spreadsheet**: HT pls update the respective column that is marked to be filled by HT
- **6. Direct communication** can start ~ 11/8/2025 with both CS and HT completed the disclaimer form (for sharing of e mail contact)
- 7. CS and HT can communicate directly if **any supplementary** is needed for marking of printout (**Pls remark on NOTES column** of online spread sheet if add on information required)

## Details

**PERMIx: Formative Assessment** 

2025/3/4 v

Months	Report	Ву	Exit months	3/2025 batch
1				Mar-25
2	PERMIX 1A			
3		Own supervisor		
4		Own supervisor		Jun-25
5	PERMIX 1B			
6				
7		Cross cluster/		Sep-25
8	PERMIx 2	institution		
9		supervisor		
10				Dec-25
11	PERMIx 3A	Own supervisor		
12				
13		Own supervisor	Briefing 2027	Mar-26
14	PERMIx 3B			
15				
16		Cross cluster/		Jun-26
17	PERMIx 4	institution		
18		supervisor		
19			Application &	Sep-26
20	PERMIx 5A	Own supervisor	Preparation	
21			reparation	
22		Own supervisor		Dec-26
23	PERMI 5B	+/- or Exit	Exit months	
24		Assessment		

Name of Trainee	Cluster	Cross cluster supervisor	Cluster
Dr LEE, Wan Hon, Vincent	HKE	Dr Ng Ching Luen	KW
Dr TO, Sum Yi	HKE	Dr Cheng Sai Yip, Ronald	NTW
Dr IP, Alvina	HKE	Dr Lam Wai Yiu	NTW
Dr NG, Belinda Yan To	HKU	Dr Ng Kai Man	NTW
Dr CHEUNG, Chloe Cheuk Kan	HKW	Dr Tang Kin Sze	NTW
Dr PENG, Xu	KC	Dr Fok Chun Man	HKE
Dr WONG, Anthea	KC	Dr Leung Cheuk Wing	HKE
Dr CHEUNG, Ada See Wai	KC	Dr Li Hei Lim, Felix	HKE
Dr LEE, Kin Lun	KC	Prof. Lam Tai Pong	HKU
Dr KWAN, Chun Yin	KE	Dr Wang Hua Li, Jenny	HKW
Dr WU, Sum Yi	KE	Dr Chan Pui Kwan	KC
Dr WONG, Ho Ching	KE	Dr Chen Xiao Rui Catherine	KC
Dr BIEN, Szu Hsin, Davina	KW	Dr Hung Lok Lam	KC
Dr CHAN, Ka Wing	KW	Dr Tam Wah Kit	KC
Dr HO, Ka Yan	KW	Dr Fung Hoi Tik	KE
Dr CHAN, Sze Ling	KW	Dr Luk Man Hei Matthew	KE
Dr WONG, Yin Sum	KW	Dr Wong Tseng Kwong	KE
Dr SHENG, Wei Yang	NTW	Dr Fok, Peter Anthony	KW
Dr LAM, Yat Hei	NTW	Dr Fok, Peter Anthony	KW
Dr WU, Flora	NTW	Dr Fu Sau Nga	KW
Dr WONG, Tsz Yan	NTW	Dr Kwan Sin man	KW

## For supervisor:

Pls fill in the disclaimer form (Deadline 8/8/2025)

https://forms.gle/6ygbGLmcNXK9z6nD7

Communicate with HT directly if needed through e mail

- Select week of assessment and inform trainees (can change if trainee is on leave or with working days <4 in that week)</li>
- Adhere to Criteria of medical record assessment: Clear, accurate, precise, concise and consistent
- REMEMBER NOT to mark problem solving skills in the PERMIx assessment
  - for educational purpose, can sd separate comments to trainees

#### For Trainee:

 Submit the consent via google form on or before 8/8/2025: https://forms.gle/6ygbGLmcNXK9z6nD7

- Dr Fu Sau Nga

  Not started

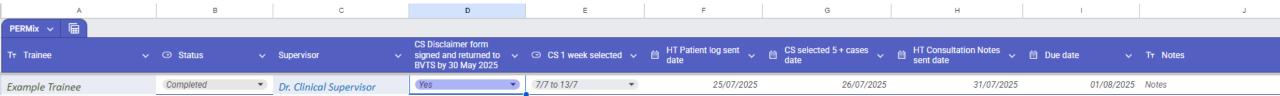
  (CS) 1 week selected

  (HT) Patient log provided

  (CS) at least 5 medicial records randomly selected

  (HT) Encrypted & Masked Consultation Notes ready

  Completed
- Update the status at online spreadsheet (year 1): (column E, F, G, H, I, J)
   https://docs.google.com/spreadsheets/d/1Yr95g4DyxG1oXa4zyTIEhr f9E-Oj00XATzqE Wgu4c/edit?gid=0#gid=0
- Column F, after agreement between Trainee and Supervisor to Status (Column E) changed to (CS) 1 week selected.



Contact the College Sec if any difficulty encounter

## Logistics/Forms (details)

### The Hong Kong College of Family Physicians

#### 香港家庭醫學學院



## Practice visit: Medical Record Review including Investigation (PERMIx Report \_\_\_\_)

Trainee								
Practice name & address	(Working in the practice since/)							
Supervisor/ Assessor								
Period Assessed	1st assessment: week from	2 <sup>nd</sup> Assessment: week from						
Date of assessment								
Signature								

Version May 2025

#### Introduction

Medical Record and Investigation Review is part of the Practice Visit during the training period. Reviewing this through random sampling can help trainees to maintain the standard through daily practice.

Assessors should be Trainee's Clinical Supervisor in higher training or a cross cluster supervisors or PA examiner if necessary.

#### Process:

- Trainee's record <u>OVERALL framework</u> should have layout appropriate for input, easy retrieval and alert on significant findings as needed and relevant to Family Medicine Practice.
- 2. It will be done every 3 monthly.
- 3. Can choose consultation in different clinic or session that trainee is working.
- 4. Assessors/Supervisors will choose any 1 week for assessment during the period. During the week, trainee needs to work for at least 4 normal working days.
- 5. Trainee will be informed of the week of random sampling. Trainee needs to
  - a. Prepare related Consecutive consultation log as instructed by supervisors.
  - b. Put \*on cases with Anticipatory Care done for that visit
  - c. FOR WALK IN Pt, Put ##on cases with Investigation (exclude POCT) ordered for that visit
- 6. Assessors need to:
  - a. Randomly select at least 5 medical records from the case log to mark every 3 monthly (Assessment 1: Case 1-5, Assessment 2: Case 6-10)
  - b. Use the PERMIx Assessment Form
  - Assessors are advised to choose more for random checking if needed especially as part of the education process
  - d. Give feedback (with documentation) to the Trainee after each assessment
  - e. For every 3-6 monthly, a consolidated report will be compiled according to the PERMIx Formative Assessment schedule
  - f. Need to include at least 1 records (out of 5 records) with investigations for assessment
- Trainee need to return the SCAN copy of the completed and signed assessment form to BVTS secretariat.

Trainee need to keep related consultation log for College's checking until completion of training.

- Consecutive 1wk (at least 4 normal working day of trainee during the wk)
- Random sampling
- > 5 record
- at least 1 with lx (##)
- Patient log list sample



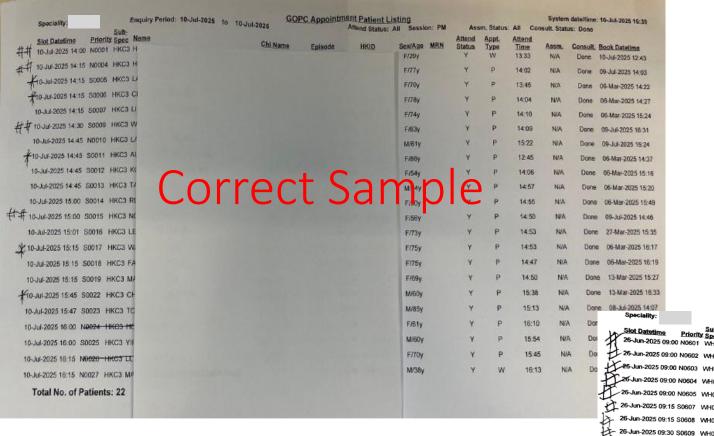
 Patient record PRINT OUT will be marked (+ print last consultation note for reference)

- Format sent to cross cluster supervisor
  - Hide all patient identifier & encrypted



## Patient log sample

Enquiry Period: 06-May-2025 to 06-May-2025	GOPC Appointment Patient Listing Attend Status: All Session	n: AM	Ass	m. State	us: All Cor	sult. Stat		: 07-May-2025 08:5
Sub-   Slot Datetime	Sex/Age M/45y	MRN	Attend Status Y	Appt. Type W	Attend Time	Assm.		. Book Datetime
6-May-2025 09:00 N0002 TYT8 LI, JI					08:46	N/A	Done	06-May-2025 07:0
6-May-2025 09:00 N0003 TYT8 LOK,	F/54y		Y	W	08:45	N/A	Done	06-May-2025 08:4
6-May-2025 09:15N0006 TYT8 CHE	M/40y		Y	W	08:49	N/A	Done	06-May-2025 08:4
6-May-2025 09:15S0007 TYT8 WON	F/79y		Y	Р	08:59	N/A	Done	05-May-2025 09:0
6-May-2025 09:30 N0008 TYT8 TAM,	F/62y		Y	Р	08:07	N/A	Done	07-Jan-2025 12:19
6-May-2025 09:30 N0009 TYT8 WON	F/85y		Y	Р	09:27	N/A	Done	05-May-2025 10:0
6-May-2025 09:30N0010 TYT8 CHO	F/53y		Y	Р	08:36	N/A	Done	05-May-2025 10:0
6-May-2025 09:45S0011 TYT8 MA, (	F/88y			P	Unattended	N/A	Waiting	05-May-2025 10:0
6-May-2025 09:45S0012 TYT8 WON	M/72y		Y	Р	09:11	N/A	Done	07-Jan-2025 09:59
6-May-2025 09:45S0013 TYT8 KOO	F/84y		Y	Р	07:46	N/A	Done	07-Jan-2025 10:19
6-May-2025 10:00N0014 TYT8 HO, (	F/73y		Y	Р	09:41	N/A	Done	22-Jan-2025 10:22
	M/68y		Υ	Р	09:44	N/A	Done	05-May-2025 10:0
6-May-2025 10:00 S0015 TYT8 LAU,	M/72y		Y	Р	09:47	N/A	Done	05-May-2025 22:1
06-May-2025 10:01S0016 TYT8 WON	F/82y		Υ	Р	09:55	N/A	Done	18-Mar-2025 11:36
06-May-2025 10:15S0017 TYT8 CHA	M/75y		Y	Р	09:03	N/A	Done	07-Jan-2025 10:23
06-May-2025 10:15S0018 TYT8 SIE,	F/85y		Y	Р	10:21	N/A	Done	07-Jan-2025 10:36
06-May-2025 10:30 S0019 TYT8 LAU,	F/52y		Y	Р	08:46	N/A	Done	02-Jan-2025 11:34
06-May-2025 10:30 S0020 TYT8 CHAI	F/89y		Y	Р	10:22	N/A	Done	07-Jan-2025 11:14
06-May-2025 10:45\\$0021 TYT8 WON	F/77y		Y	Р	09:07	N/A	Done	07-Jan-2025 11:19
06-May-2025 10:45S0022 TYT8 POO	M/80y		Y	Р	09:45	N/A	Done	07-Jan-2025 11:20
06-May-2025 10:45S0023 TYT8 PAI,	M/75y		Y	Р	10:32	N/A	Done	05-May-2025 09:00
06-May-2025 11:00 S0024 TYT8 PHAI	F/74y		Y	Р	09:42	N/A	Done	07-Jan-2025 11:22
06-May-2025 11:00 S0025 TYT8 CHAI	M/76y		Y	Р	10:33	N/A	Done	07-Jan-2025 11:26
06-May-2025 11:00 S0026 TYT8 PANC	F/50y		Y	Р	09:30	N/A	Done	05-May-2025 10:00
06-May-2025 11:15S0027 TYT8 GON	M/62y		Y	Р	11:14	N/A	Done (	07-Jan-2025 11:32
06-May-2025 11:15S0028 TYT8 POOI	F/66y		Y	Р	11:00	N/A	Done (	07-Jan-2025 11:42
06-May-2025 11:15N0029 TYT8 TAO,	F/58y		Y	w	09:15	N/A	Done (	06-May-2025 08:50
06-May-2025 11:30 S0031 TYT8 LOK,	M/85y		Y	P	10:47	N/A	Done I	03-Jan-2025 15:10



or	Speciality:  Slot Datetime Priority Speciality	- Name	GOF 26-Jun-2025	C Appoint	ment Patient L Attend Status:	<u>isting</u> All Session: AM	Ass	m. Status:	: All Cor	System	date/time: 26-Jun-2025 09:02 s: Waiting
Doi -	26-Jun-2025 09:00 N0601 WHO 26-Jun-2025 09:00 N0602 WHO	06	Chi Name 葉 張	Episode	HKID	Sex/Age MRN F/37y	Attend Status Y	Appt. Type W	Attend Time 07:01	Assm. N/A	Consult. Book Datetime Waiting 26-Jun-2025 07:00
Do 1	26-Jun-2025 09:00 N0603 WHO	06	鍾			F/39y	Υ	w	08:56	N/A	Waiting 26-Jun-2025 07:01
1	26 Jun-2025 09:00 N0604 WHO	6	林			M/49y	Υ	w	08:44	N/A	Waiting 26-Jun-2025 08:44
Ł	26-Jun-2025 09:00 N0605 WH06	6	東北			M/60y	Y	w	08:45	N/A	Waiting 26-Jun-2025 08:45
ŧ	26-Jun-2025 09:15 S0607 WH06	6	潘			M/45y	Y	w	08:47	N/A	Waiting 26-Jun-2025 08:47
- Þ	26-Jun-2025 09:15 S0608 WH06	3	周			F/63y	Y	P	07:16	N/A	Waiting 06-Feb-2025 09:30
Ł	26-Jun-2025 09:30 S0609 WH06	3	/ <b>미</b>			M/58y	Υ	P	08:59	N/A	Waiting 06-Feb-2025 09:38
+	26-Jun-2025 09:30 S0610 WH06	3	年			F/67y		Р		N/A	Waiting 06-Feb-2025 09:47
4	26-Jun-2025 09:30 S0611 WH06	Inco	rrac	T	ca	65y	116	P		N/A	Waiting 06-Feb-2025 09:51
X	26-Jun-2025 09:45 S0612 WH06		更し	ノし	<b>3 a</b>	N /82y	Υ	<b>—</b> P	09:02	N/A	Waiting 06-Feb-2025 10:03
t	26-Jun-2025 09:45 S0613 WH06					F/69y	Υ	P	08:48	N/A	Waiting 06-Feb-2025 10:17
Ł	26-Jun-2025 09:45 S0614 WH06	3	張			F/67y		P		N/A	Waiting 06-Feb-2025 10:23
7	26-Jun-2025 10:00 S0615 WH06	3	陳			M/50y		Р		N/A	Waiting 06-Feb-2025 10:30
۲	P 26-Jun-2025 10:00 S0616 WH06	s <b>⊁</b>	李			M/73y		Р		N/A	Waiting 06-Feb-2025 10:38
Ė	26-Jun-2025 10:00 S0617 WH06	/ /	趙			M/79y		Р		N/A	Waiting 06-Feb-2025 10:44
杏	26-Jun-2025 10:15 S0618 WHO		李 —————			M/71y		Р		N/A	Waiting 06-Feb-2025 10:48
ł	26-Jun-2025 10:15 S0619 WHO		品			<del> F/50y</del>		-		N/A	Waiting 06 Feb 2025 19:65
,	26-Jun-2025 10:15 N0620 WHO		陳			F/70y		Р		N/A	Waiting 06-Feb-2025 11:02
ľ	26-Jun-2025 10:30 S0621 WHO		黄			F/59y		Р		N/A	Waiting 20-Feb-2025 10:07
~	26-Jun-2025 10:30 S0622 WHO		劉			M/67y		Р	-	N/A	Waiting 29-May-2025 10:02
í	26-Jun-2025 10:30 S0623 WHO		鄭			F/65y		Р		N/A	Waiting 06-Feb-2025 11:22
5	26-Jun-2025 10:45 S0624 WHO		蕭			F/66y		Р		N/A	Waiting 06-Feb-2025 11:28
ď	26-Jun-2025 10:45 S0625 WH06	7	張			F/66y		Р		N/A	Waiting 06-Feb-2025 11:33
-,	2-26-Jun-2025 10:45 N0626 WH06	4-	何			F/49y		Р		N/A	Waiting 06-Feb-2025 11:39
	26-Jun-2025 11:00 S0627 WH06		馮			M/66y		Р		N/A	Waiting 20-Feb-2025 10:27
	,		梁			F/61y		Р		N/A	Waiting 06-Feb-2025 11:44
7.	26-Jun-2025 11:00 S0628 WH06		陳			M/74y		Р		N/A	Waiting 06-Feb-2025 11:50
	<del>26 Jun-2025 11:</del> 00 S0629 WH06		陳			M/57y		_		N/A	
										14/1	Waiting 06-Feb 2025 11:56

## Patient list selected and communication log

	Permlx 2 Dr				Assessor: Dr		Date:
	Date	Session	Case no	Surname	Sex/Age	Walk in (W)/ Chronic (FU)	Special notes
1	6/23/2025	AM	S0617	許	F/49	w	
2	6/23/2025	AM	N0634	袁	F/7m	W	
3	6/23/2025	PM	N0613	許	M/18m	W	
4	6/24/2025	PM	S0613	黄	F/77	FU	
5	6/25/2025	PM	S0614	張	F/42	W	#
6	6/25/2025	PM	S0625	張	M/57	W	#
7	6/26/2025	AM	S0616	趙	M/79	FU	
8	6/26/2025	PM	S0615	布	M/45	FU	

F/17

Remarks: Clarification with Trainee

AM

6/27/2025

1. 24/7 e mail clarification on whether all patient are having investigation as all patients are having # in 1st submission:

N0620

### Consultation notes PRINT OUT will be marked

- PRINT OUT:
  - Consultation note of the selected patient on that date AND
  - the Last Consultation note attending the same clinic (for reference and will NOT be marked)
- HIDE all patient identifier (leave surname and age)
- ENCRYPT the file with secure password
- E mail to CS

#### **Attention:**

Trainees are required to **print out** the selected record **as it is documented on the date of consultation.** 

If in doubt, cross-cluster supervisors can report to the Board and if proven to be a case of forgery, trainees will have straight fail in the PERMix.

## END

## Supplementary Information slide

## Standardization of marking on

## Basic information as appropriate

Same as briefing in

- 1) for all higher trainees introduction workshop (run in March of each year for Higher 1)
- 2) Supervisor on PERMIx 3B on 2025/5/7

## Basic information

#### **PERMIX** Assessment Form

Record type Assessed:  $\square$  Electronic  $\square$ Hard copy  $\square$ Both

Overall Format Appropriate to FM Practice 

Yes 

No, DO NOT PROCEED if No

Assessment 1: Case 1 to \_\_\_\_\_; Assessment 2: Case \_\_\_\_\_ to \_\_\_\_

Assessment 1 or 2 (pls input)															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Pls input Serial No (Refer to Appendix 2)															
0. Legibility															
i. Allergy / Adverse drug reactions															
ii. Basic Information (As															
appropriate)	of si Bloo	gnific	ant ill	ness, (	Genog	ram, S	ocial l	history	, occu	pation	ı, basi	c para	meters	like	•
Grade (please ✓ one)															
A															
C															
E															
N															

	Overall performance on Basic Information: area(s) need attention / improvement	Assessment 1 If applicable, please ✓; higher priority ✓✓, etc.	Assessment 2: If applicable, please ✓; higher priority ✓ ✓, etc.
٠	Information not updated		
•	Inaccurate / inconsistent with other part(s) of the record		
•	Documentation: unclear		
•	Documentation: length not appropriate		
٠	Others:		

Overall performance: Clear, update, precise, consistent and concise								
Grade (please circle one)								
A	Very good to Outstanding, mastery of most components and capability							
C	Satisfactory to good in most components							
E	Need to overcome some omissions / defects that may have impact on patient care							
N	Illegible or Major Wrong information which significantly affect patient management or medical communication							

### Can include......AS appropriate

- Problem list (Current / Past health): with e.g. in following slides
- Current medication list (prescribed in same clinic for chronic condn)
- Family history of significant illness
- Genogram
- Social history, occupation
- Basic parameters like Blood pressure/BMI, Growth chart, immunization status
- Tobacco and alcohol use

- Consultation notes on 12/7/2024
- M/67
- Fu x HT, IFG, obesity
- CS ~ 1ppd
- Social drinker
- Lives w wife
- PRB pending Sur 7/2023
- - OA knee Fu Ortho
- 1/2021
- FG 5.2 Hba1c 5.7
- eGFR 81
- TC 4.3 HDL 1.6 LDL 2.3 TG 0.9
- 1/2023
- FG 5.7 Hba1c 6.1
- eGFR 65, uPCR 0.05mg/mg
- TC 5.5 HDL 1.3 LDL 3.2 TG 2.0 + Lipitor

- 8/2023
- FG 5.6 Hba1c 5.9
- eGFR 65, uPCR 0.08mg/mg
- ALT n
- TC 3.6 HDL 1.6 LDL 1.4 TG 1.2
- =====
- Good compliance
- No exertional chest pain
- HBP (arm) recall 12x-13x/8x
- Imp: HT, IFG, hyperlipid
- Mx
- Rept med
- book 16/52
  - Dx not update
  - PMHx not update
  - Lengthy old blood results

**SAMPLE** Good compliance

M/67 No exertional chest pain

FU x HT, IFG, hyperlipid, HBP (arm) recall 12x-13x/8x

obesity

CS ~ 1ppd Imp: HT, IFG, hyperlipid

Social drinker

Lives w wife Mx

Rept med

- Ca colon with OT, FU Sur book 16/52
- OA knee FU Ortho

8/2023

FG 5.6 Hba1c 5.9

eGFR 65, uPCR 0.08mg/mg

ALT n

TC 3.6 HDL 1.6 LDL 1.4 TG

1.2

======

- Consultation on 10/7/2024
- 5/2023
- Fu x DM, HT, hyperlipid, gout, Hba1c 7.6 FG 9.0 fatty liver (USG 5/2018)
- 12/2011 HbsAg –ve; 5/2012 antiHCV -ve
- eGFR 59, uACR n
- TC 4.2 HDL 1.4 LDL 2.2 TG 1.4 **ALT 29**
- ECG 10/10/2013 SR, HR 64bpm, no ischaemic change
- EP 10/2020: no retinopathy
- 12/2020
- A1c 6.8 FG 8.1
- eGFR 56 uACR n
- TG 1.5 TC 4.2 HDL 1.4 LDL 2.2
- 6/2021
- A1c 7.4 eGFR 57

- Dx not update
- Lengthy old blood results

#### **SAMPLE**

FU x DM, HT, CKD, hyperlipid, gout, fatty liver (USG 5/2018) 12/2011 HbsAg –ve, 5/2012 antiHCV –ve

EP 10/2020 No retinopathy

ECG 10/2013 SR, HR 64 bpm, no ischaemic change

5/2023 Hba1c 7.6 FG 9.0

eGFR 59 static, uACR n TC 4.2 HDL 1.4 LDL 2.2 TG 1.4

**ALT 29** 

•	Consultation notes 30/12/2023						
•	Fu x DM (11/2016), HT, hyperlipid	•	8/2019 add Zocor 10mg	•	4/2022		
•	dLFT, USG hepatic lesion Fu Sur			•	EP: bil R1, repeat 1 year		
•	ADP 2.3, HbsAg –ve	•	Admitted EMW 1/2020 for dizziness	•	5/2022		
•	Private CT 1/2019	•	ECG SR, no ST changes	•	Hba1c 6.5 FBS 6.6		
•	Isodense lesion at segment III of iver, with peripheral enhancement in	•	Trop I <10.0, CBP, RFT n	•	eGFR >90 ALT 25		
	arterial phase and becomes isdense with adjacent liver parenchyma	•	CTB: no haemorrhage, anterior horn hypodensities esp the R side unlikely infarct	•	TC 4.0 HDL 1.7 LDL 1.3 TG 2.1		
•	MADD Fu Psy	•	XR C spine: mild degenerative changes	•	10/2022 private CTCA		
•	Social drinker, herbal tea drinker	•	XR T spine: mild degenerative changes	•	Calcified plaques scattered along proximal and mid RCA and mid LAD, both < 50% diameter stenosis		
	Film father 2 ciblings with DNA	•	CXR clear				
•	FHx: father, 2 siblings with DM			•	8/2023 EP: no retinopathy		
	1/2019 step up MF to 1g BD	•	5/2020	•	9/2023		
	1/2013 Step up Mir to 1g bb	• FBS 8.4 Hba1c 6.4		•	Hba1c 6.3 FBS 5.7		
	3/2019	•	TC 4.3 HDL 1.7 LDL 2.1 TG 1.1	•	eGFR 80, uACR 1.1		
	ALT 72 <- 43	•	Cr 56 eGFR >90 uACR 1.4	•	ALT n		
	TC 6.2 HDL 1.4 LDL 3.4 TG 3.1	•	DMCS no DM neuropathy	•	TC 3.7 HDL 1.8 LDL 1.5 LDL 0.8		
	FBS 8.2 Hba1c 7.0	•	6/2020 EP: no DMR	•	======		
•	Cr 57 eGFR >90						
		•	5/2021		Dy not undate		
•	uACR 0.9	•	FBS 11.5 Hba1c 6.6		- Dx not update		
•	3/2018 EP no retinopathy	•	TC 4.5 HDL 1.7 LDL 2.1 TG 1.8		- PMHx not update		
		•	eGFR >90, ALT n, uACR n		- Unclear		
•	8/2019						
•	TC 5.6 HDL 1.3 LDL 3.1 TG 2.6 LFT n	•	11/2021 step up Norvasc to 7.5mg		documentation  - Lengthy old Ix		

results

#### **SAMPLE**

Fu x DM (11/2016), HT, hyperlipid, mild CAD

10/2022 private CTCA: calcified plaques scattered along proximal and mid RCA and LAD, causing <50% diameter stenosis cc Med 10/2021 not for aspirin

1/2018 HbsAg -ve

Fatty liver with focal fatty sparing cc Sur 6/2022

Social drinker

- abn ECG (referred by Psy 5/2023) pending Med 1/2024
- MADD FU Psy
- Change bowel habit Fu Sur

8/2023 EP: no retinopathy, recheck 1-2 years

9/2023

Hba1c 6.3 FBS 5.7

eGFR 80, uACR 1.1

ALT n

TC 3.7 HDL 1.8 LDL 1.5 TG 0.8

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## Basic information as appropriate for children

1. ... . . . .

#### YVH F/4yr Drug Allergy (1) No Known Drug Allergy Health Status Wt 16.6kg Ht 1.07m BMI 14.5 T 36.6 Consultation note written by Dr on 24-Jan-2025 12:35 PM **IVAS GPH** Immunization up to date Live with parents, only child Carer: mother BW/Ht: along 50th percentile With Mother RN, ST, Cough for 5 days Fever up to 39 degree C 5 days ago, ↓trend Vomiting 1x on D1 fever, no more then No SOB TOCC -ye. RAT not done

## Reminder

#### LAI Kathy

REMINDER: BVTS - Higher training to ALL HIGHER one trainees (call for submission deadline 31/8/2025)

To Cc BVTS

To Higher one trainees and supervisors:

Dear Higher one trainees,

The Higher Training Introductory Seminar 2025 video is now available at HKAM eLMS, please login to eLMS by using your eHKAM ID and click the URL: https://lms.hkam.org.hk/enroll/KN99Y8 for self-enrol.

For month 1st - 7th submission, please be reminded to submit the following documents to BVTS@hkcfp.org.hk on or before 31/8/2025:

- Learning Portfolio
- 2. PERMix
- 3. Activity log and Competency case log (excel format)
- 4. Elective application

For CSR video, please keep one copy with encryption your own and submit upon request by the College.

Thanks for your attention to this.

Bcc: Cluster Training coordinators