

GUIDELINES ON 2021 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 these, the Hong Kong College of Family Physicians (HKCFP) conducts a six-year vocational training programme (including basic training and higher training); an intermediate examination (Conjoint HKCFP/RACGP Fellowship Examination); and a final examination (Exit Examination of Vocational Training).

The Specialty Board of HKCFP is responsible for conducting the Exit Examination of Vocational Training (Exit Examination). Aim of the Exit Examination is to test if candidates have achieved the objectives at the required standards at the end of their family medicine training.

This guideline serves as the main reference for candidates going to take the Exit Examination.

ELIGIBILITY AND REQUIREMENT

Applicants must fulfill the following criteria:

- a. Full or limited registration with the Hong Kong Medical Council
- b. Being active Fellows, or Members (Full or Associate) 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, 2021**; 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 2021
- f. Active in clinical practice and able to meet the requirements of individual Exit 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) report
 - g. From Full Exit Examination 2019 onwards, candidates must have presented their Research or Clinical Audit proposals or completed studies at Research & Clinical Audit Forum before the application deadline of Exit Examination.

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.

IMPORTANT DATES

First-attempt candidate:

Deadline of Exit Examination application:	2 November 2020
Collection period for Attachment 12 and 13 (Practice Assessment)	16 September to 31 October 2020 Inclusive
Deadline of Clinical Audit Report / Research Report submission	4 January 2021
Examination periods for Practice Assessment and Consultation Skills Assessment	Period A: 1 December 2020 to 31 January 2021
	Period B: 1 February 2021 to 31 March 2021

Re-attempt candidate:

Deadline of Exit Examination application:	1 December 2020
Collection period for Attachment 12 and 13 (Practice Assessment)	19 October to 30 November 2020 Inclusive
Deadline of Clinical Audit Report / Research Report submission	4 January 2021
Examination periods for Practice Assessment and Consultation Skills Assessment	Period B: 1 February 2021 to 31 March 2021

Examination will not be conducted in the following periods:

- **24 to 27 December 2020**
- **12 to 16 February 2021**

APPLICATION & EXAMINATION FEES

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

Following documents are required when submitting the application:

1. A copy of the certificate of completion of higher training, **OR** recommendation letter to sit for 2020 Exit Examination, from BVTS, HKCFP
2. A cheque of the appropriate fee made payable to “*HKCFP Education Ltd.*”, and
3. For Practice Assessment Segment (please also refer to the subsequent section of this guideline):
 - i. **FOUR COPIES** of the all required attachments (Attachment 1 to 13); and
 - ii. **ONE PMP Report** on or before **2 November 2020 (First-attempt candidate) / 1 December 2020 (for the re-attempt candidate who has changed the practice location)**

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

Candidates are recommended to submit application early. Late application will not be accepted.

Examination fees

Administrative fee	\$9000
Clinical Audit	\$7000
Research	\$7000
Practice Assessment	\$9500
Consultation Skill Assessment	\$9500

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 or 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 Exit 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 and a word file (.doc or .docx)** of the clinical audit report done on his/her own practice on or before **4 January 2021** 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 within 3 years 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. The same referencing style should be used throughout the audit report.
6. 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. *Primary Care Office, Department of Health. Clinical Audit – Examples on Diabetes and Hypertension Audit Making Use of the Reference Frameworks. 2015 Available from: https://www.pco.gov.hk/english/resource/files/Clinical_Audit.pdf*
3. *National Institute of Clinical Excellence, Principles of Best Practice in Clinical Audit. London: NICE, 2002. (ISBN 1-85775-976-1)*
4. *Clinical Governance Support Team, A Practical Handbook for Clinical Audit. 2004*
5. *Clinical governance and re-validation: the role of clinical audit, Education in Pathology. 2002;117:47-50*
6. *Jones T., Cawthorn S.; What is Clinical Audit?. Evidence Based Medicine, Hayward Medical Communications, 2002*
7. *How to choose and prioritise audit topics, UHBristol Clinical Audit Department. 2010*
8. *How to do clinical audit - a brief guide, UBHT Clinical Audit Central Office. 2005*
9. *How to collect audit data, UBHT Clinical Audit Central Office. 2005*
10. *How to analyse audit data, UBHT Clinical Audit Central Office. 2005*
11. *How to get your audit published, UBHT Clinical Audit Central Office. 2005*

RESEARCH

Each candidate is required to submit:

1. **FOUR COPIES and a word file (.doc or .docx)** 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 **4 January 2021**

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, his/her supervisor and colleagues who have assisted in the research project **should NOT be stated** in the Research Report.

The candidate has a free choice of topics for the research. The research topic chosen should be relevant to the specialty of Family Medicine and/or Primary Care.

The ethics approval for the Research Study must have been sought from a recognized ethics committee. The date of ethics approval must be within 3 years before the application deadline of the 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. The same referencing style should be used throughout the research report. Journal titles should be abbreviated to Index Medicus Style. Up to three authors and/or editors 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 three 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(s), 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, their relationship with existing literature, their strengths and limitations, and impact of the research to the practice of Family Medicine and community care.
4. Overall presentation and adequacy/appropriateness of the reference list.

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

SUGGESTED READING

1. *Robert H. Fletcher, Suzanne W. Fletcher, Grant S. Fletcher. Clinical Epidemiology – The Essentials. 5th Edition Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins, 2014*
2. *Geoffrey R. Norman and David L. Streiner, Biostatistics: The Bare Essentials, 4th Edition. Shelton, Connecticut : People's Medical Publishing House-USA, 2014*
3. *Peter Norton , Moira Stewart, Martin Bass etal Research methods for primary care vol 1 1991 Sage publications*
4. *Leon Gordis, Epidemiology. W B Saunders, 4th Edition, 2008 Robert*
5. *H. Fletcher, Suzanne W. Fletcher, Edward H. Wagner. Clinical Epidemiology – The Essentials. 5th Edition, 2005*
6. *Leon Gordis, Epidemiology, 3rd Edition. Philadelphia: Elsevier Saunders 2013*
7. *Marcello Pagano, Kimberlee Gauvreau, Principles of Biostatistics, 2nd Edition. Australia; Pacific Grove, CA: Duxbury, 2000*
8. *Rosaline S. Barbour, Introducing qualitative research. A student's Guide by Rosaline Barbour. 2nd edition. 2014 SAGE Publications Inc.*

PRACTICE ASSESSMENT

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 consists of Session I and II:

Session I (PMP report with Clinical supervisor)	Part A	Practice Organization
	Part B	Practice Management
	Part C	Pharmacy and Drug Labeling
	Part C II	Dangerous Drug Management
Session II (Assessment by Examiners)	Random check	(based on the candidate's Session I)
	Part C II	Dangerous Drug Management
	Part D	Medical Records
	Part E	Investigations

First attempt Candidate should submit

- **ONE** valid PMP report and
- **FOUR COPIES** of required Attachments

on or before 2 November 2020 (for First attempt candidates) / **1 December 2020** (for Re-attempt candidates).

Session I:

ONE valid Practice Management Package (PMP) report 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:

Examiners will assess section(s) selected from the candidate's PMP report and related Attachment(s).

Part CII (Dangerous Drug Management):

Both the candidate's knowledge and the clinic site of dangerous drug management will be assessed. The assessment criteria are based on the Dangerous Drug Ordinance (please refer to Appendix L of Practice Management Package).

Part D (Medical Records):

- Candidate need to provide a list of 300 patients (**Attachment 12**), whom have consulted the candidate, within the specified period: **from 16 September to 31 October 2020 inclusive** (for first attempt candidate); or **19 October to 30 November 2020 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 medical assessment should be **excluded**.
- The medical records listed in Attachment 12 should be available for examination at Session II upon request.
- About the medical records: hand-written medical records / print-out from the electronic system; which should at least include
 - basic information,
 - anticipatory care in the latest 12 months,
 - the consultation done by the candidate (**as stated in the Attachment 12**), and
 - the previous 5 consultations (by the candidate or other doctors) as applicable
- Marking will be based on the candidate's clinic records:
 - D1 (Legibility): all records must be legible;
 - D2 (Basic information): 35%
 - D3 (Anticipatory / preventive care in recent 12 months): 15%
 - D4: (Consultation notes): 50%
- Marks would be deducted pro rata for non-compliance on relevant requirements.

Part E (Investigations):

- Candidate need to provide standard formatted clinical summaries of ten different patients and a summary table (**Attachment 13**), whom had investigations initiated and followed up (doctor-patient consultation, documented telephone or electronic communications) by the candidate.
- The Attachment 13 should not include patient's full names or ID numbers.
- The **follow-up** must have been occurred in the specified period: **from 16 September to 31 October 2019 inclusive** (for first attempt candidate); or **16 October to 30 November 2020 inclusive** (for re-attempt candidate).
- The ten cases can be part of the 300 cases of medical records of Part D/ Attachment 12.
- The ten 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);
 - no more than one case of 'T90' (type II diabetes mellitus) is included
 - no more than one case of 'K86' (uncomplicated hypertension) is included
 - cases solely for health screening, or monitor medication side effects in asymptomatic patients are **excluded**
- Marking will be based on the candidate's clinic records:
 - E1 (Documentation on indication of the investigation): appropriate documentation must be present;
 - E2 (Justification of the investigation): 50%
 - E3 (Results documentation): the investigation report copies must be present; and the results must be documented in the medical records;
 - E4 (Follow up): 50%
- Mark adjustment may be considered for appropriate 'Comment' in the case summary of Attachment 13
- Marks would be deducted pro rata for non-compliance on relevant requirements.

ASSESSMENT PROCESS & CRITERIA

1. Specialty Board will send two Examiners to the candidate's practice in any day during the designated examination period. Trainee examiners / delegates from the Specialty Board may be present.
2. Candidate will be notified of the examiners' visit **two working days** in advance. Once notified, the date will not be changed.
3. Examiners will identify themselves and assure confidentiality for contacting Candidate' patient information (*Appendix E*).
4. The candidate and the practice staff should be present 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.
5. The Examiners will mark independently according to the Practice Assessment rating form (*Appendix F*).
6. In case of significant marking discrepancy, a third examiner will be sent to assess the same material seen by the previous two examiners.
7. Overall pass in Practice Assessment:
 - pass in PMP report and,
 - passing grades in Random check, Part C II and,
 - passing marks (65% or above) in Part D and Part E.

Unsuccessful candidates need to take all the failed part(s) as one set whenever they re-attempt PA.

List of Attachments in Practice Assessment:

- Attachment 1** Name card - back and front (if applicable) plus information on: Type of practice (group/solo/public/private), average no. of patients seen per week, average consultation time and average waiting time
- Attachment 2** General clinic design illustrated with diagram
- Attachment 3** Prolong waiting protocol
- Attachment 4** Emergency case handling protocol
- Attachment 5** List of education leaflets commonly used by the candidate
- Attachment 6** Other diagnostic equipment and treatment facilities (*not listed in the PMP*)
- Attachment 7** Emergency equipment and drugs
- Attachment 8** Disinfection and sterilization protocol
- Attachment 9** Routine and urgent appointment protocol
- Attachment 10** Data access protocol
- Attachment 11** Needle stick injury protocol

Attachment 12 (standard format):

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

Attachment 13, summary table (standard format):

Case	Provisional diagnosis / chief condition requiring investigations	ICPC-2 code	Investigation performed:
1			
2			
...			
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 **one week in advance**. **Once notified, the date of assessment will not be changed.** Confirmation call, 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. Each signboard would have a unique code for individual candidate in each assessment.

Candidate can prepare the consultation videos in separated sessions. For example, a 2-hour session must include at least six cases. A minimum number of **cases** is required to be recorded within net hours for examiners 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 why 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 **on or before 14 November 2020** with the same camera and setting both in recording the demo and real exam, as reference for the Specialty Board.
3. Candidates will be subject to disqualification if failure to follow the instructions listed in the Consultation Skill Assessment segment of the Exam Guideline
4. All examination materials may be selected for quality assurance or teaching propose related to the subsequent Exit Exam without further notification to the candidate.

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 have 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) and subject to disqualification.

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. Any 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

There are two Candidate Workshops each year. The focus and content of these two Workshops are different. Requirements and updates of each segment of the coming Exit Examination will be announced. **All candidates are strongly recommended to attend both Workshops before applying to sit the Exit Examination.**

CRITERIA FOR A PASS IN THE EXIT EXAMINATION

Pass in each of the Exit Examination Segments is valid for five years.

Unsuccessful candidates can retake the failed Segment(s) in subsequent supplementary or full Exit Examination.

Candidate must have valid passes in all the three Segments (Clinical Audit or Research, Practice Assessment, and Consultation Skill Assessment) in order to pass the Exit Examination.

All examination materials, being properties of the Specialty Board, will be destroyed after completion of the examination process (including quality assurance and examiners standardization).

CONDUCT IN THE EXAMINATION

Specialty Board would investigate on suspected dishonest or unprofessional acts during the Exit Examination. The candidates and relevant parties may be invited during this process. The investigation results may be referred to relevant authorities, academic and professional organizations for follow up.

Examples considered as unacceptable acts include: plagiarism; fabricate data in the Clinical Audit / Research / Practice Assessment; unnecessary pre-recording screening on patients in Consultation Skill Assessment.

At discretion of the Specialty Board, the concerned candidate may be disqualified in the respective / all the Segment(s); or may not be allowed to re-attempt the Exit Examination for a specified period.

REVIEW OF EXAMINATION RESULTS

The Specialty Board has made great effort to ensure the validity and reliability of markings. All examiners are requested to declare conflict of interest. At least two examiners would mark each candidate independently in each segment. The markings will be crosschecked by the Board for clerical or mathematical error.

1. The review is a check for errors in the assessment process, such as the calculation or collation of marks or grades.
2. Review will not be considered solely on the grounds that the candidate wishes to challenge the academic judgment of the examiners or where the candidate did not understand or was unaware of the Exit Examination regulations.
3. Written request for review should be made to the Chairperson of 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. Fees paid are neither refundable nor transferable. Incomplete information or failed payment will not be processed.
4. The Chairperson and delegate(s) will investigate the alleged error. The respective Segment coordinators, examiners and administrative staff will be called in.
5. The result of review can be:
 - (a) against the candidate; or
 - (b) an error in the Examination process had occurred; accordingly the candidate will be given:
 - (i) mark/ grade adjustments;
 - (ii) an opportunity to sit a subsequent scheduled examination;
 - (iii) no change in the markings if the error is judged not affecting the candidate’s performance / results.
6. The candidate will be informed on the result of the review.

POST EXAMINATION EVALUATION

Exit Examination is an educational process. Chairperson of the Specialty Board will invite candidates to attend Post Examination Evaluation Workshop, usually held 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 completion of the examination process (including quality assurance and examiners standardization). Most candidates attended the session found it helpful.

Hong Kong College of Family Physicians
2021 Full Exit Examination of Vocational Training in Family Medicine
Preparation at-a-glance

Preparation

<u>To obtain (from BVTS):</u> Certificate on Completion of Higher Training OR Recommendation to Sit Exit Examination	<u>Attend the latest:</u> Spring (in March / April) AND Summer (in August) Exam Workshops	<u>Research/ Clinical Audit:</u> Work on completing the study and prepare report Present at Research/Clinical Audit Forum	<u>Consultation Skills Assessment:</u> Familiar with the required recording setting Submit demo video file	<u>Practice Assessment:</u> One PMP report, 4 copies of Attachments 1 to 11 4 copies of Attachment 12 & Attachment 13 in specified periods
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Submit Exam application (Deadline: 2 November 2020)

<u>Copy of:</u> Certificate on Completion of Higher Training OR Recommendation to Sit Exit Examination	<u>Application Form:</u> State your practice details for PA and CSA	<u>Examination fee</u>	<u>Practice Assessment:</u> One PMP report 4 copies of Attachments 1 to 13
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Submit Clinical Audit OR Research report (Deadline: 4 January 2021)

<u>Clinical Audit</u> 4 copies and a word file of the report with Certification by clinical supervisor	<u>Research</u> 4 copies and a word file of the report with Certification by clinical supervisor & Document of ethics approval
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Examination

(Period A: 1 December 2020 to 31 January 2021; Period B: 1 February 2021 to 31 March 2021)

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

Post exam evaluation

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 the original data of this
audit.

Date: _____

Signature: _____

Name in Block Letters: _____

Exit Examination 2021 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 the original data of this Research Report.

Signature: _____

Name in Block Letters: _____

Date: _____

**The Hong Kong College of Family Physicians
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.

<u>Criteria</u>	
85 % or above	Consistently demonstrates outstanding performance in all components. (Outstanding)
75 – 84 %	Consistently demonstrates mastery of most components and capability in all. (Very Good)
65 – 74 %	Consistently demonstrates capability in most components to a professional standard. (Average to Good)
55 – 64 %	Demonstrates capability in some components to a satisfactory standard but with omissions and/ or defects in other components that have impact on patient care / the study carried out.
45 – 54 %	Demonstrates inadequacies in several components with major omissions or defects.
44 % or below	Demonstrates serious defects; clearly unacceptable standard overall.

Exit Examination 2021, Research Report Evaluation Form

Please type in the yellow fields.

Section 1 Background

Assessment Consideration

- Has the research report adequately addressed the relevance of the present study to Family Medicine /Primary Care?
- Are the aim(s), objective(s), research question **and/ or** hypotheses clearly stated?
- Is there a clear rationale provided to support the research study through an adequate, up-to-date 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? The sources of literature review, including international literatures, should be appropriately described.
- Is the literature review referenced appropriately?
- Is the hypothesis (if relevant) appropriate to address the research question (s)?

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? Is it suitable for the research question(s)?
- ***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 (e.g. t-test, chi-square) or qualitative data analysis described in an appropriate manner? (marks will be deducted if not available)
If applicable, is the measuring instrument (e.g. survey) validated?
- Are calculations of sample size shown in the research report?
If the sample size is not large enough, has this been addressed in the Discussion section as a limitation?

*** 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 important findings in tables and/or graphs precisely highlighted in the text?
- 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?
- Are the possible reasons of the findings explained and 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, APA, etc)?
- Is the report properly presented and structured with different sections via appropriate labeling?
- Is acknowledgement to relevant parties involved in the study 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:

(For FAIL candidate, please list the major reason(s) of fail and/or fatal mistake(s) in this research report. It is MANDATORY.

[]

Examiner's Full Name: []

Would you give consent to the trainee examiner to review your comments on this rating form in an anonymous manner?

- Yes
 No

-- THE END --



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**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 Full Exit Examination 2021 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 be used for the examination purpose only.

(Examiner's Signature)

(Name of Examiner)

(Date of Examination)

Hong Kong College of Family Physicians

Exit Examination of Vocational Training in Family Medicine 2021

Practice Assessment Segment Rating Form

Candidate Name: _____

Practice Address: _____

Candidate number: EE

Examiner: _____

The Practice Assessment segment consists of following Parts:

Part	Description	Rating
Random Check (PMP review)	Selected from the candidate's PMP report: Part A (Practice Organization) Part B (Practice Management) Part C (Pharmacy and Drug labelling)	Grade (A, C, E, N) as directed
Part C II	Dangerous Drug Management	'Pass' or 'Fail' on 'knowledge' and 'practice' respectively
Part D	Medical Records	Numerical marks as directed A total score of 65% or above is required for a pass in the part
Part E	Investigations	

Examiners can consider fail the whole Part if the area marked with * is not up to the requirement for a pass.

Feedback to candidate is crucial. Please give legible comment on the candidate's performance in the spaces provided. This is mandatory for 'fail' Part(s).

SESSION II

Part C II (Dangerous Drugs management)

Checklist on Dangerous Drugs (DD) management

<u>Please mark the box:</u>	<u>Description</u>
✓	present or appropriately addressed
X	not present or not appropriately addressed
NA	not applicable to the practice

X in any one of the * items will lead to straight fail in Part C II

1. Authorized person

(Knowledge)

Who could be the DD authorized person(s) in a medical clinic?

(Practice)

DD authorized person(s) in this clinic: _____

Contingency plan in case the usual DD authorized person not available in the clinic

2. DD receptacle

(Knowledge)

What is the basic legal requirement to store DD?

(Practice)

Locked, can only be opened by the authorized person(s) / appropriate delegates

3. DD storage, check for expiry

(Practice)

DD stored in the receptacle

Stock checked for expiry

4. Expired DD

(Knowledge)

What is the procedure to dispose expired DD in your clinic?

(Practice: If no expired DD kept in the clinic, mark N/A)

Check the expired DD kept in the clinic for:

stored in the receptacle

recorded

disposal

Continue on the next page→

5. DD Register

(Knowledge)

- What is the required standard format of the DD registry?

(Practice)

- format of the clinic's DD Register complies with the Dangerous Drugs Ordinance.
 all transactions of DD were recorded

(Knowledge)

- If two or more types of DD are prescribed in the clinic, how these should be recorded in the register?

(Practice)

- Use separate Dangerous Drugs Register, or a different page of the same Register for each dangerous drug.
 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 ink, or otherwise so as to be indelible, on the day of the transaction or, if this is not practicable, on the following day.

(Knowledge)

- How to correct / amend a wrong entry in the DD register?

(Practice)

- No cancellation or alteration of any record. Corrections were made by means of a marginal note or footnote and must be dated.

(Knowledge)

- How long the used DD register should be kept?

(Practice)

- All used registers were kept in the clinic for 2 years from the date on which the last entry was made.

End of the checklist; please proceed to PA rating form (Part CII) next page

Please mark and comment according to the “Checklist on Dangerous Drugs (DD) Management”

Part C II (Dangerous Drugs management)

		Knowledge	Practice
1.	Authorized person*		
2.	DD receptacle*		
3.	DD: storage, check for expiry*	N/A	
4.	Expired DD: storage, record, disposal* (if DD in the clinic not expired → ask ‘Knowledge’; ‘Practice’ mark N/A)		
5.	DD register*		
Overall result (must pass in both knowledge and practice to have overall pass here)			
Pass		Fail	

Feedback on Part CII (Dangerous Drugs Management)

Quick reference for examiners / candidates

DD Authorized persons could be:

- 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

Required format of the DD register:

FIRST SCHEDULE
FORM OF REGISTER

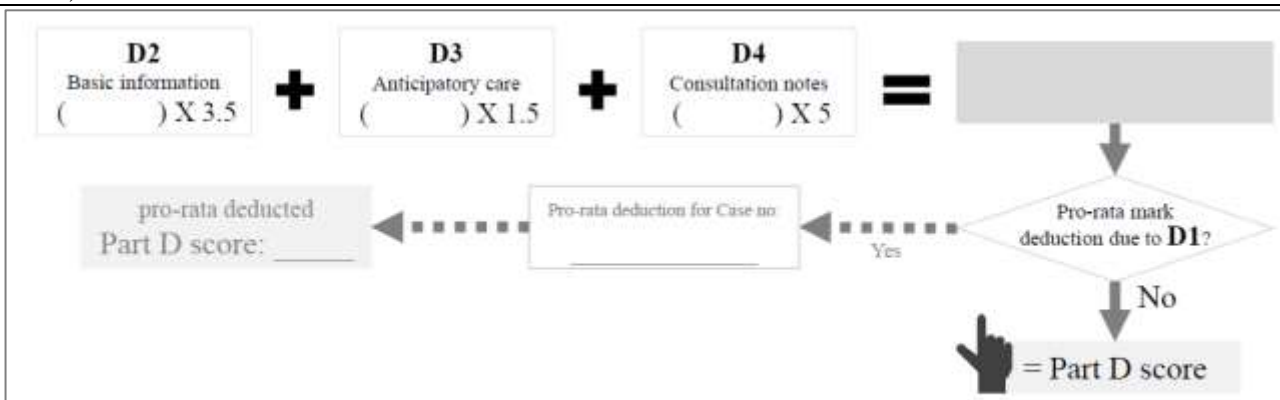
Date of receipt/ supply	Name and address of person* or firm from whom received/to whom supplied	Patient's identity card number#	Amount		Invoice No.	Balance
			received	supplied		

* 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.

Part D (Medical Records)

<i>Enter the serial number of the records (i.e. 1 – 300) chosen from the Attachment 12 →</i>	1	2	3	4	5	6	7	8	9	10		
D1 (Legibility)* tick if legible												
D2 (Basic Information)												
Allergy / Adverse drug reactions												
Current medication list												
Problem list (Current / Past health)												
Family history (with Genogram in appropriate case)												
Social history, occupation												
D3 (Anticipatory / preventive care in recent 12 months)												
Height, weight, BMI/ growth chart; blood pressure												
Immunization												
Tobacco & alcohol use; physical activity												
Other age & gender appropriate advice												
Relevant action and review												
D4 (Consultation notes)												
Date of the consultation												
Main reason(s) of consultation												
Clinical findings												
Diagnosis/ Working diagnosis												
Management												
D2 score <i>(circle one)</i>	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5
D3 score <i>(circle one)</i>	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5
D4 score <i>(circle one)</i>	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5



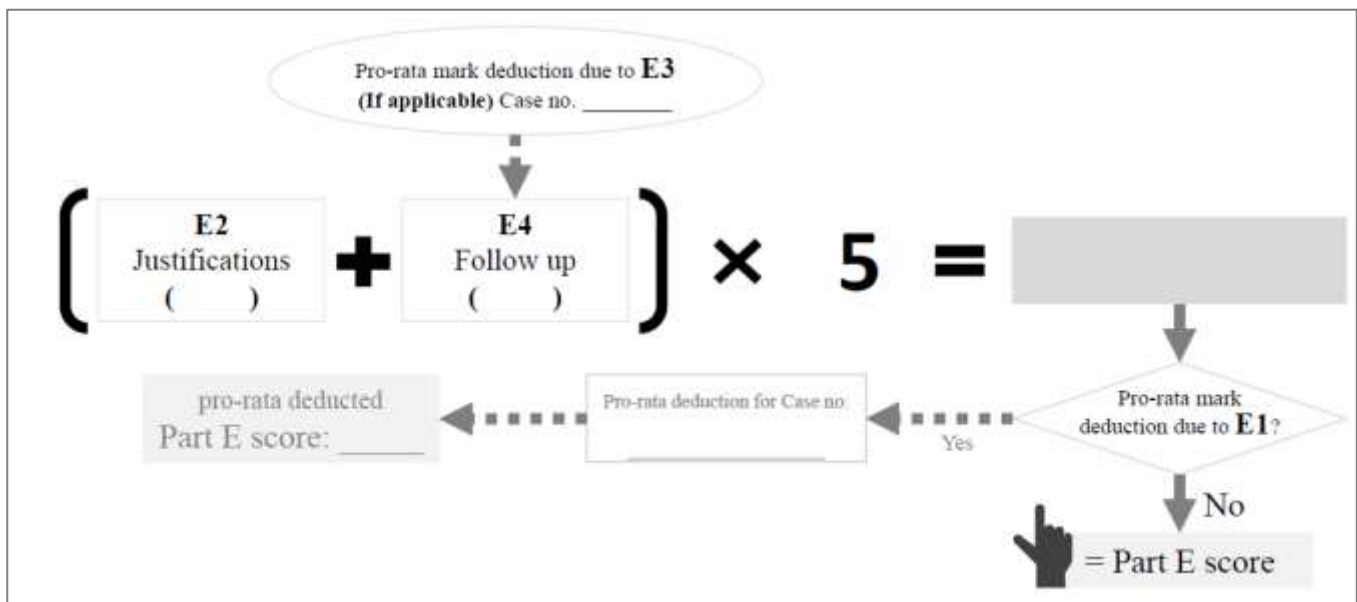
Part E (Investigations)

Case number	1	2	3	4	5	6	7	8	9	10
E1 Investigation indication documentation										
E2 Justification										
E3. Results documentation										
E4. Follow up										

E2 score <i>(circle one)</i>	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5
E4 score <i>(circle one)</i>	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5

Please note:

- E1 (Investigation indication documentation): IF NOT shown in the record →
 - cross the box; no need to mark the concerned case, apply pro-rata deduction to ‘total score in Part E’
- E3 (Results documentation): IF report copy NOT available OR result NOT recorded in the ‘follow up’ medical notes →
 - cross the box; no need to mark E4 of the concerned case; apply pro-rata deduction to ‘E4 score’
- Assessment should be based on the medical records; but can consider score adjustment if the candidate offers appropriate additional information in the ‘Comment’ section, Attachment 13.



Examiner feedback on Part E (Investigations)

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 Full Exit Examination 2021

1st Video recording session

Name : **ABC**

Candidate number : **XXXXXXXXXX**

Assigned Examination period: **From 3 December 2020**
to 9 December 2020

Appendix H- Rules for recording consultations

- Dates of video recording: The examination period will be instructed by examination board.
- The video recording could be arranged in separate sessions (*For example, a 2-hour session should include at least 6 cases*) 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 required cases** consented for the examination in the assigned period without a sound reason. For each 2-hour session, the 6th case should be started within 120 minutes of net time. Otherwise, candidate should consider to record consultations again with better time management within the assigned examination period. If the overtime issue was not addressed before submitting videos for assessment, the time (in terms of minutes) exceeding overall net time would be subtracted from the last selected exam case. *For example, if the 6th case of session one is started at 125 minutes (5 minutes overtime), 5 minutes would be subtracted from the last selected exam case. That means, if the last selected exam case takes 23 minutes, only the first 18 minutes would be marked by examiners)*
- 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.
- The candidate is responsible to copy the recorded cases to an encrypted **USB flash drive / Memory card (MicroSD would not be accepted) / external hard disk** for submission (Encryption software “**VeraCrypt**” 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 on or before 14 November 2020, 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 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 marked for 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)	Up to 4 Best Performed cases chosen by candidate (put a ✓)	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)	Up to 4 Best Performed cases chosen by candidate (put a ✓)	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
10	8	F	Allergic rhinitis	8 mins	Y		01:03:12- 01:11:22

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)	Up to 4 Best Performed cases chosen by candidate (put a ✓)	Video Time frame
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			

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. 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 one week in advance . Once notified, the date of assessment will not be changed. Confirmation call, examination signboards and related documents will be sent to candidate by E-mail or collected from College <i>after 4 pm one working day before</i> the examination period.
Examination Format	Consultation videos could be prepared in separate sessions during the examination period. Sessions should be recorded in order.
Case Load	<u>A minimum number of cases is required to be recorded for examiners to assess. For example, a 2-hour session should include at least 6 cases</u>
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

<u>Criteria</u>	
85 % or above	Consistently demonstrates outstanding performance in all components. (Outstanding)
75 – 84 %	Consistently demonstrates mastery of most components and capability in all. (Very Good)
65 – 74 %	Consistently demonstrates capability in most components to a professional standard. (Average to Good)
55 – 64 %	Demonstrates capability in some components to a satisfactory standard but with omissions and/ or defects in other components that have impact on patient care.
45 – 54 %	Demonstrates inadequacies in several components with major omissions or defects.
44 % or below	Demonstrates serious defects; clearly unacceptable standard overall.