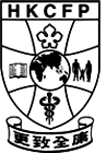
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| THE HONG KONG COLLEGE OF FAMILY PHYSICIANS |
| APPLICATION FORM FOR  CONJOINT HKCFP/RACGP FELLOWSHIP EXAMINATION |
| Year of Examination 2025 |



Photo

## PERSONAL DETAILS

## Part I.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Name: |  | | | | | ***(English)*** (Block letters, surname first) | | | | | | |
|  | |  |  | | | | | ***(Chinese)*** | | | | | | |
|  | | Date of Birth: | | |  | Age: | | |  | Sex: M / F | | | | |
|  | Currently in General Practice? | | | | | | Yes / No | | |  | | |  | |
|  | Address of Practice | | | | | |  | | |  | | |  | |
|  |  | | |  | | | | | | | | |  | |
|  |  | | |  | | | | | | | Tel. No.: | |  | |
|  | Residential Address | | | | | |  | | | |  | |  | |
|  |  | | |  | | | | | | | | |  | |
|  |  | | |  | | | | | | | Tel. No.: | |  | |
|  | Correspondence | | | | | |  | | | |  | |  | |
|  |  | | |  | | | | | | | | |  | |
|  |  | | | | | | | | | | Mobile No.#: | |  | |
| Email#: | | |  | | | | | | | | | Fax. No.: | |  |

***# Must fill in, as news concerning the examination may be announced through SMS and email.***

***^4, 5, 6 for category I candidates only.***

1. Cluster^: HKE / HKW / KC / KE / KW / NTE / NTW / Private / DH
2. Training Centre^: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of Joining the Australian College of General Practitioners (RACGP)^: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(RACGP Membership No.^: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

1. HKCFP Membership No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Note:** Category I Candidates must be the full or associate members of **both** HKCFP and RACGP at the time of application for the Examination and at the time of the Conjoint Examination.

Category II Candidates must be the full or associate members of HKCFP at the time of application for the Examination and at the time of the Fellowship Examination.

Otherwise the application will not be processed.)

1. Date of Full registration with the Hong Kong Medical Council: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MCHK No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

1. Are you a vocational trainee of the College? Yes / No

Date of commencement of training\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please attach certification of completion of the relevant period of training.

**Part II.**

1. No. of attempt for Written examination

AKT: \_\_\_\_\_\_ (Year of first attempt: \_\_\_\_\_\_\_\_\_\_ & last attempt: \_\_\_\_\_\_\_\_\_\_ )

KFP: \_\_\_\_\_\_ (Year of first attempt: \_\_\_\_\_\_\_\_\_\_ & last attempt: \_\_\_\_\_\_\_\_\_\_ )

1. No. of attempt for Clinical examination:

Clinical: \_\_\_\_\_\_ (Year of first attempt: \_\_\_\_\_\_\_\_\_\_ & last attempt: \_\_\_\_\_\_\_\_\_\_ )

1. Segments applied for this year

|  |  |
| --- | --- |
| Written Examination |  |
| * AKT segment | English Only |
| * KFP segment | English Only |
| Clinical Examination\* | English Only  Both Cantonese and English |

\* Please tick the appropriate box. Application for changing the media of language use would not be entertained once the application has been accepted.

**Part III.**

### A) QUALIFICATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Degree/Diploma Obtained | Granting Authority | Country |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

##### B) REGISTRATION

|  |  |
| --- | --- |
| Date | Registering Body |
|  |  |
|  |  |
|  |  |
|  |  |

1. **HOSPITAL EXPERIENCE (Intern & Medical Officer) - for category II candidates only**

Category I candidates use Documentation of Training form for accredited training, list only Internship and unaccredited Hospital experiences here.

|  |  |  |  |
| --- | --- | --- | --- |
| Period  (From – To) | Name of Hospital | Post | Description of Work |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Years: |  |  |  |

1. **GENERAL PRACTICE DETAILS - for category II candidates only (Please insert brief description of every item listed.)**

Category I candidates use Documentation of Training Form for accredited training, list only unaccredited experiences here.

1. Type of General Practice

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period  (From – To) | Length of Experience  (Years & Months) | Venue | Type of Practice  (Locum, Partner, solo practice, OPD, etc) | Nature of Practice  (Part-time/ Full-time) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total Years: |  |  |  |
| Description of practice: (Please use a separate page if space is not enough) | | | | |

1. Present practice details (delete as necessary)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Solo practice, partnership practice, locum, general OPD, health centre, hospital based, others | | | | | | |
|  |  | | | | | |
| 1. Number of patients seen per day | | | | | | |
|  |  | | | | | |
| 1. Facilities available: - | | | | | | |
| Hospital admission rights (Name of Hospital) | | | | |  | |
| General, maternity, specialty, primary care, others | | | | | |  |
| Do you do home visits? | | | | | | |
|  |  | | | | | |
| 1. Staff (please specify the categories and numbers) | | | | | |  |
| 1. Paramedical facilities available: - | | | | | | |
| Physiotherapy, x-ray, ultrasound, others | | | |  | | |
| 1. Special interest (please specify) | | |  | | | |
|  |  | | | | | |
| 1. Other details not listed above | |  | | | | |
|  |  | | | | | |

|  |  |  |
| --- | --- | --- |
|  | **OTHER PRACTICES** (If not listed above, e.g. consultancies, St. John’s and Red Cross | |
| activities, Auxiliary services, etc.) | |  |
|  |  | |

1. **ACADEMIC INVOLVEMENT AND ACHIEVEMENT** (Add additional pages if necessary)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Education, undergraduate and post-graduate teaching experience | | | | |  |
|  |  | | | | | |
|  | Research | |  | | | |
|  |  | | | | | |
|  | Publications | | |  | | |
|  |  | | | | | |
|  | Scholarships and prizes | | | |  | |
|  |  | | | | | |
|  | Others |  | | | | |
|  |  | | | | | |

# ADMINISTRATION EXPERIENCE

|  |
| --- |
|  |
|  |

**H) MEMBERSHIP AND FELLOWSHIP OF OTHER COLLEGES**

(Including learned bodies and societies)

|  |
| --- |
|  |
|  |

1. **APCLS CERTIFICATE (Please tick)**

###### *(Note:*

###### *All candidates applying to sit for the Clinical Examination of the Conjoint Fellowship Examination MUST possess an APCLS (Advance Primary Care Life Support) certificate issued by the HKCFP. The validity of this certificate must cover the time of the Clinical Examination.*

###### *For applying the APCLS workshop / examination organized by HKCFP, please contact the College secretariat at 2871 8899.)*

❑ I now possess a valid APCLS Certificate issued by HKCFP which expires on \_\_\_\_\_\_\_\_\_\_\_\_.

(Please note that the APCLS certificate should still be valid at the time of Clinical Examination.)

❑ I do not have a valid APCLS Certificate at this moment, but I’m going to register / have registered the APCLS workshop this year.

❑ I shall only sit for written segments this year (therefore APCLS not required).

1. **DECLARATION (required by the Hong Kong College of Family Physicians)**

I understand that the examination application is subject to the final approval of the Board of Conjoint Examination. I hereby agree that I would abide by the rules and regulations set by the Board of Conjoint Examination / Board of Censors; and

I hereby give an undertaking that, on admission to the Fellowship of The Hong Kong College of Family Physicians, I will: -

1. Uphold and promote to the best of my ability the aims and objectives of the College;
2. Observe the provisions of the Memorandum and Articles of Association and such Regulations and By-laws of the College;
3. Undertake and continue approved postgraduate study while I remain in active general practice.

I hereby enclose a cheque of HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**payable to HKCFP Education Ltd**.) as payment for the application of the FHKCFP/FRACGP Fellowship Examination. I have read the refund policy and understand all fees paid are not transferable to subsequent examinations.

***NOTE:*** *Members should be aware that passing the Conjoint Fellowship Examination does NOT equate with election to the Fellowship of either the Hong Kong College of Family Physicians or the Royal Australian College of General Practitioners. Those wishing to apply for Fellowship of either or both College(s) should ensure that they satisfy the requirements of the College(s) concerned, including the QA & A requirement.*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Block Letters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CATEGORY I CANDIDATES:** Must provide **Supportive Training Evidence** to state that candidate has fulfilled the required period of training as stated in the announcement.

**CATEGORY II CANDIDATES:** Doctors who are fully registered with the Hong Kong Medical Council and have been predominantly in general / family practice in **Hong Kong** for **not less than five years** by the time of the Conjoint Examination, provided that the experiences are within the most recent 10 years, may apply as Category II candidates.

Application of Category II candidates must be accompanied by:

Supportiveevidence of length of general practice experience in the form of **a letter on headed notepaper** together with **a written declaration,** and**,**

**A certificate of completion of Diploma in Family Medicine (DFM) organized by the HKCFP** (or other equivalent diploma subject to the approval of the Board of DFM, HKCFP)

***Please note:***

***Starting from 2024, Category II candidates, who are eligible to sit for our college exam, will only be awarded FHKCFP upon passing the exam, provided all HKCFP Fellowship requirements are met.***

Updated: Jan 2025

**CONJOINT HKCFP/RACGP FELLOWSHIP EXAMINATION 2025**

**APPLICATION CHECKLIST**

*Please note that the applicant should satisfy all the required criteria for applying* ***Conjoint Examination 2025****. The checklist as highlighted below is for reference only. Detailed criteria should be referred to the “Requirements and Eligibility for applying Conjoint Examination” as published in both the FP Links and the College Website* [*http://www.hkcfp.org.hk*](http://www.hkcfp.org.hk)*.* *Please note that the deadline for application is 10 April 2025 (Thursday).*

|  |  |
| --- | --- |
| 1. **FULLY COMPLETED APPLICATION FORM** | 🞏 |
| 1. **RECENT PHOTOGRAPH** | 🞏 |
| 1. **CHEQUE MADE PAYABLE TO: “HKCFP EDUCATION LTD.”**    1. Application Fee: $3,000    2. Examination Fee:       * Full Examination (Written + Clinical): $42,000       * Written Examination:   AKT only: $10,500  KFP only: $10,500   * + - Clinical Examination only: $21,000   Any applicant who is found not to meet the eligibility requirements will be automatically withdrawn from the examination segment, the examination fee and application fee will be fully refunded. | 🞏 |
| 1. **SUPPORTING DOCUMENTATIONS**   **Accredited training / general practice experiences / supporting certifications –**   * + - **CATEGORY I CANDIDATES:**        * Written Examination - Completion of at least 15 months of approved training by 31 March 2025#1.       * Clinical Examination – Completion of at least 39 months of approved training by 31 March 2025#1.   *#1 Supportive evidence:*   1. *Current Trainee: Documentation of Training Form* 2. *Completed Training: Certificate of Completion of Training issued by BVTS*    * + **CATEGORY II CANDIDATES:**        - Written and Clinical Examinations: Being predominantly in general practice in Hong Kong for not less than five years by 30 June 2025, provided that the experiences are within the most recent 10 years*#2.*        - CME/CPD requirements: obtained both 30 CME points and 10 CPD points accredited by the HKCFP each in the two consecutive years by 30 June 2025*#2*.        - Completed Diploma in Family Medicine (DFM): Certificate of Completion of DFM organized by the HKCFP, or other equivalent subject to the approval of the Board of DFM, HKCFP   *#2 Supportive evidence:*   1. *Certification letter on headed notepaper* 2. *Written Declaration* 3. *The latest HKCFP CME reports for ‘two consecutive years’ checked by internal* | 🞏 |
| 1. **Evidence of ‘financial’ RACGP membership**   **(i.e. Copy of membership card** or **payment receipt.)** | 🞏 |
| 1. **Evidence of full or limited registration with the Hong Kong Medical Council**   **(i.e. Copy of the latest*\*\** Annual Practising Certificate.)**  *\*\* The 2024 certificate is acceptable if the 2025 certificate is not available.)* | 🞏 |
| 1. **Pre-requisite for Clinical Examination –**    1. APCLS Certificate issued by HKCFP, and   The validity of this certificate must span the time at which the application for the Examination is submitted AND the time of the Clinical Examination.   * 1. No APCLS is required (for candidates applying for the Written Examination only). | 🞏 |

**FOR OFFICE USE ONLY**

Candidate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checked and Approved by Membership Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Checked and Approved by Vocational Training and Standards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Checked and Approved by Board of Conjoint Examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Fee Paid \_\_\_\_\_\_\_\_\_\_\_\_ Receipt No. \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ Hon. Treasurer \_\_\_\_\_\_\_\_\_\_\_\_

**- \*\*\* -**

**RECOMMENDATIONS** (Delete as appropriate)

1. By Board of Conjoint Examination

Recommended for Election as Fellow / Deferred / Not Recommended

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. By Board of Censors

Recommended for Election as Fellow / Deferred / Not Recommended

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**- \*\*\* -**

**DECISION OF COLLEGE COUNCIL**

Elected as Fellow of College / Deferred / Not Elected

Minutes of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Council Meeting

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**- \*\*\* -**

**ENTRY INTO THE COLLEGE REGISTER**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_