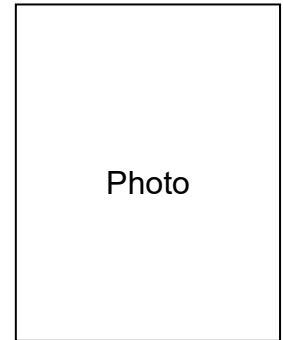




THE HONG KONG COLLEGE OF FAMILY PHYSICIANS
APPLICATION FORM FOR
CONJOINT HKCFP/RACGP FELLOWSHIP EXAMINATION
Year of Examination 2022

PERSONAL DETAILS

Part I.



1. Name: _____ (**English**) (Block letters, surname first)
_____ (**Chinese**)

2. Date of Birth: _____ Age: _____ Sex: M / F

3. Currently in General Practice? Yes / No

(i) Address of Practice

Tel. No.: _____

(ii) Residential Address

Tel. No.: _____

(iii) Correspondence

Mobile No.#: _____

Email#: _____ Fax. No.: _____

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

4. Cluster: HKE / HKW / KC / KE / KW / NTE / NTW / Private / DH

5. Training Centre: _____ (for category I candidates only)

6. HKCFP Membership No.: _____

7. Date of Joining the Australian College of General Practitioners (RACGP): _____
(RACGP Membership No.: _____)

(Note: 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. Otherwise the application will not be processed.)

8. Date of Full registration with the Hong Kong Medical Council: _____
(MCHK No.: _____)

9. 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: _____ (Year of first attempt: _____ & last attempt: _____)
2. No. of attempt for OSCE: _____ (Year of first attempt: _____ & last attempt: _____)
3. Segments applied for this year

| | |
|-----------------------|--|
| Written Examination | <input type="checkbox"/> English Only |
| Clinical Examination* | <input type="checkbox"/> English Only <input type="checkbox"/> 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 |
|------|------------------|
| | |
| | |
| | |
| | |

C) 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: | | | |

D) 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.

a. 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)

b. Present practice details (delete as necessary)

(i) Solo practice, partnership practice, locum, general OPD, health centre, hospital based, others

(ii) Number of patients seen per day

(iii) Facilities available: -

Hospital admission rights (Name of Hospital) _____

General, maternity, specialty, primary care, others _____

Do you do home visits?

(iv) Staff (please specify the categories and numbers) _____

(v) Paramedical facilities available: -

Physiotherapy, x-ray, ultrasound, others _____

(vi) Special interest (please specify) _____

(vii) Other details not listed above _____

E) OTHER PRACTICES (If not listed above, e.g. consultancies, St. John's and Red Cross activities, Auxiliary services, etc.) _____

F) ACADEMIC INVOLVEMENT AND ACHIEVEMENT (Add additional pages if necessary)

a. Education, undergraduate and post-graduate teaching experience _____

b. Research _____

c. Publications _____

d. Scholarships and prizes _____

e. Others _____

G) ADMINISTRATION EXPERIENCE

H) MEMBERSHIP AND FELLOWSHIP OF OTHER COLLEGES

(Including learned bodies and societies)

I) APCLS CERTIFICATE (Please tick)

(Note:

1. 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.
2. 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 shall only sit for written segments this year (therefore APCLS not required).

J) 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: -

(a) Uphold and promote to the best of my ability the aims and objects of the College;

(b) Observe the provisions of the Memorandum and Articles of Association and such Regulations and By-laws of the College;

- (c) 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 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:

Supportive evidence of length of general practice experience in the form of **a letter on headed notepaper** together with a **written declaration** must accompany this application

(Note: 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 may apply as Category II candidates.)

Please note:

All successful candidates applying for the award of the RACGP Fellowship will be subject to the decision of the RACGP.

Updated: Feb 2022



CONJOINT HKCFP/RACGP FELLOWSHIP EXAMINATION 2022 APPLICATION CHECKLIST

Please note that the applicant should satisfy all the required criteria for applying **Conjoint Examination 2022**. 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>.

| | |
|--|--------------------------|
| 1. FULLY COMPLETED APPLICATION FORM | <input type="checkbox"/> |
| 2. RECENT PHOTOGRAPH | <input type="checkbox"/> |
| 3. CHEQUE MADE PAYABLE TO: “HKCFP EDUCATION LTD.” | <input type="checkbox"/> |
| i. Application Fee: \$3,000 | |
| ii. Examination Fee: | |
| - Full Examination (Written + Clinical): \$33,000 | |
| - Written Examination only: \$16,500 | |
| - Clinical Examination only: \$16,500 | |
| 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. | |
| 4. SUPPORTING DOCUMENTATIONS | <input type="checkbox"/> |
| Accredited training / general practice experiences – | |
| ● CATEGORY I CANDIDATES: | |
| ➤ Written Examination - Completion of <u>at least 15 months of approved training by 31 March 2022</u> ^{#1} . | |
| ➤ Clinical Examination – Completion of <u>at least 39 months of approved training by 31 March 2022</u> ^{#1} . | |
| ^{#1} Supportive evidence: | |
| i) Current Trainee: Documentation of Training Form | |
| ii) Completed Training: Certificate of Completion of Training issued by BVTS | |
| ● CATEGORY II CANDIDATES: | |
| ➤ Written and Clinical Examinations: Being predominantly in general practice in <u>Hong Kong for not less than five years by 30 June 2022</u> ^{#2} . | |
| ^{#2} Supportive evidence: | |
| i) Certification letter on headed notepaper | |
| ii) Written Declaration | |
| 5. Evidence of ‘financial’ RACGP membership (i.e. Copy of membership card or payment receipt.) | <input type="checkbox"/> |
| 6. Evidence of full or limited registration with the Hong Kong Medical Council (i.e. Copy of the latest** Annual Practising Certificate.) ** The 2021 certificate is acceptable if the 2022 certificate is not available.) | <input type="checkbox"/> |
| 7. Pre-requisite for Clinical Examination – | <input type="checkbox"/> |
| i. APCLS Certificate issued by HKCFP, and The validity of this certificate <u>must span the time at which the application for the Examination is submitted AND the time of the Clinical Examination.</u> | |
| ii. 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 _____

2. 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 _____