# 2026 Exit Examination
# Pre-examination Workshop for candidates

# Practice Assessment

**5 September 2025**

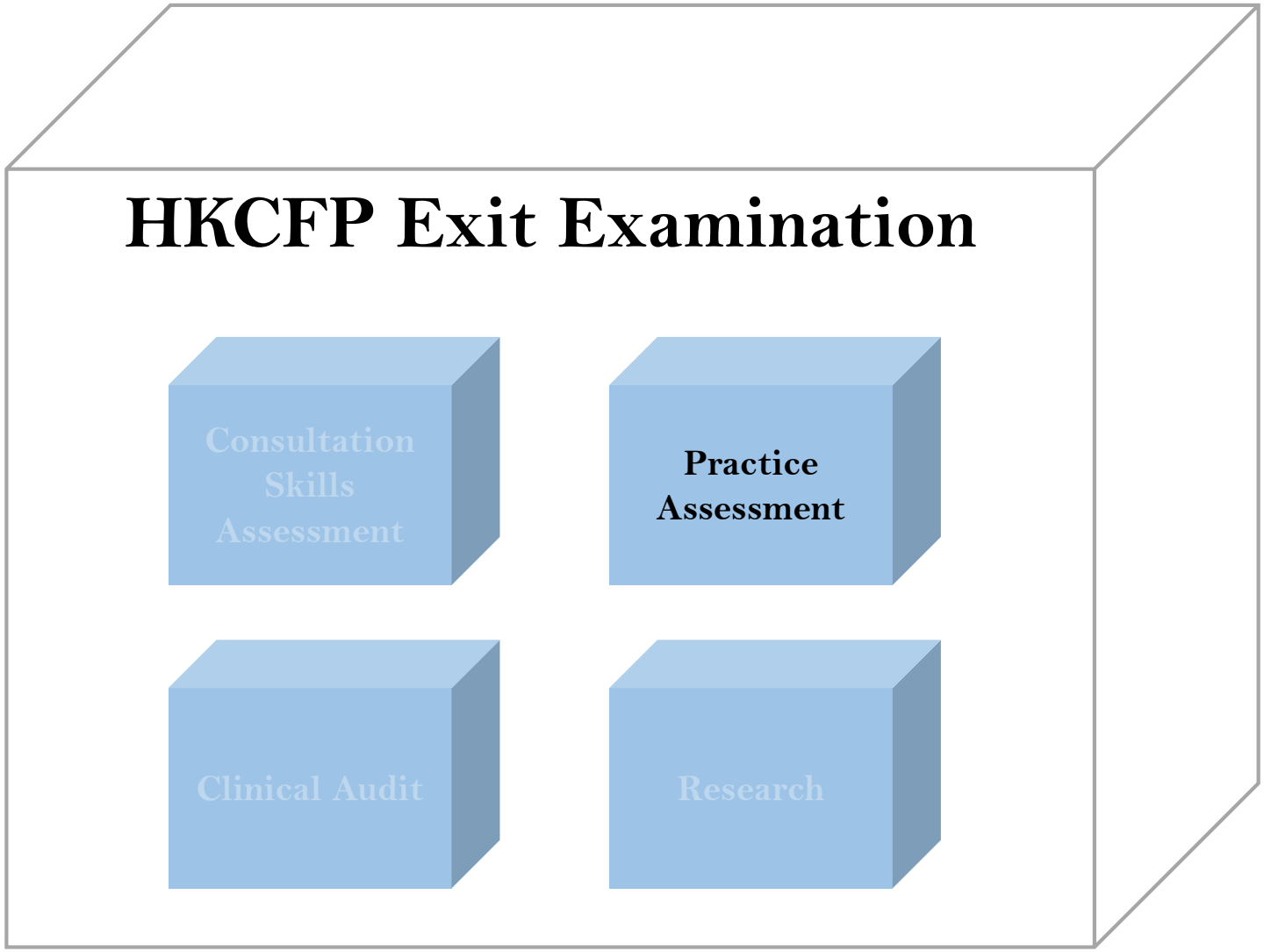
# In the following pages:

Candidate needs to prepare

Tips on good practice for Candidate

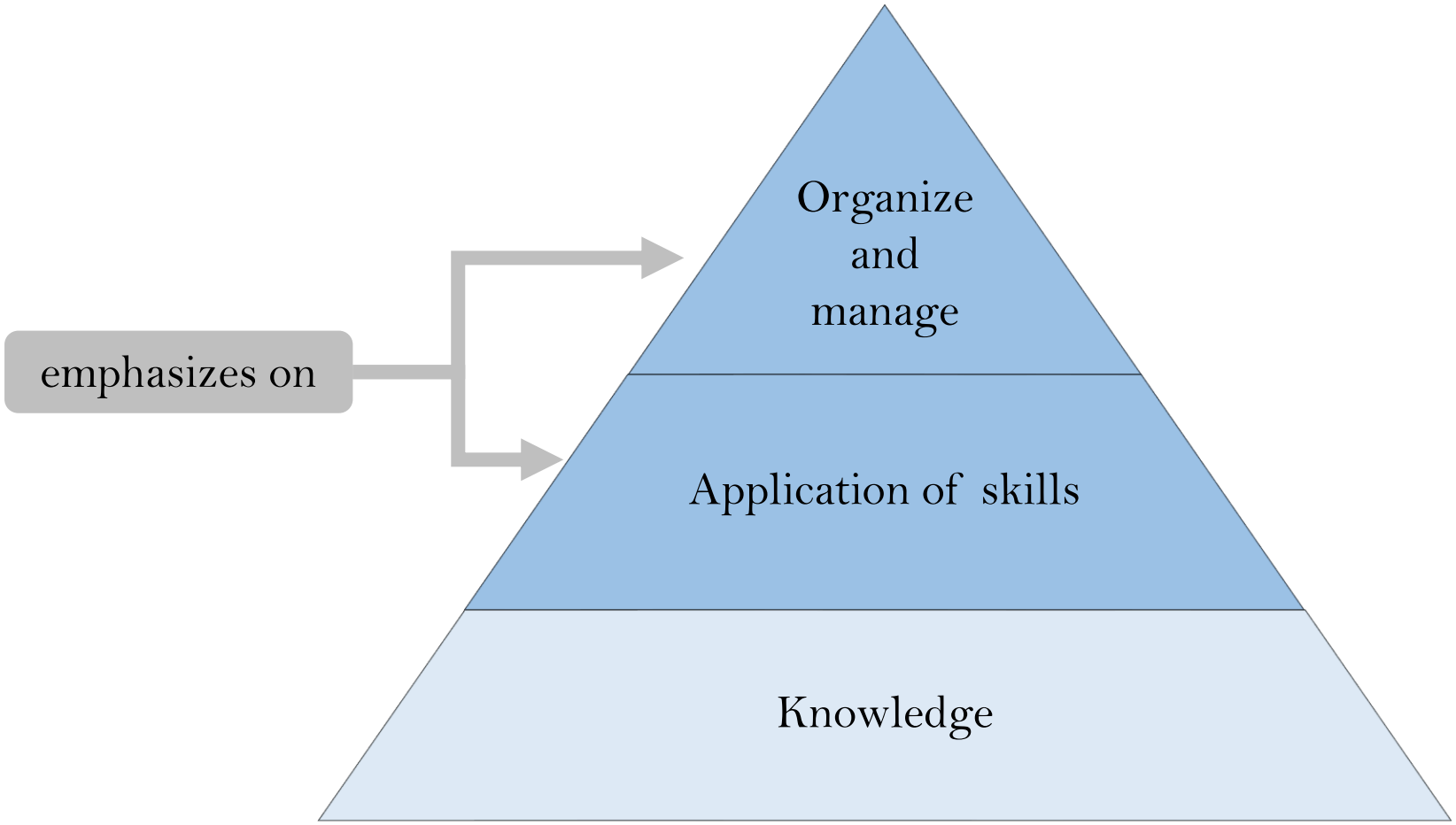
Examiner will assess

Consensus / recommendation in marking



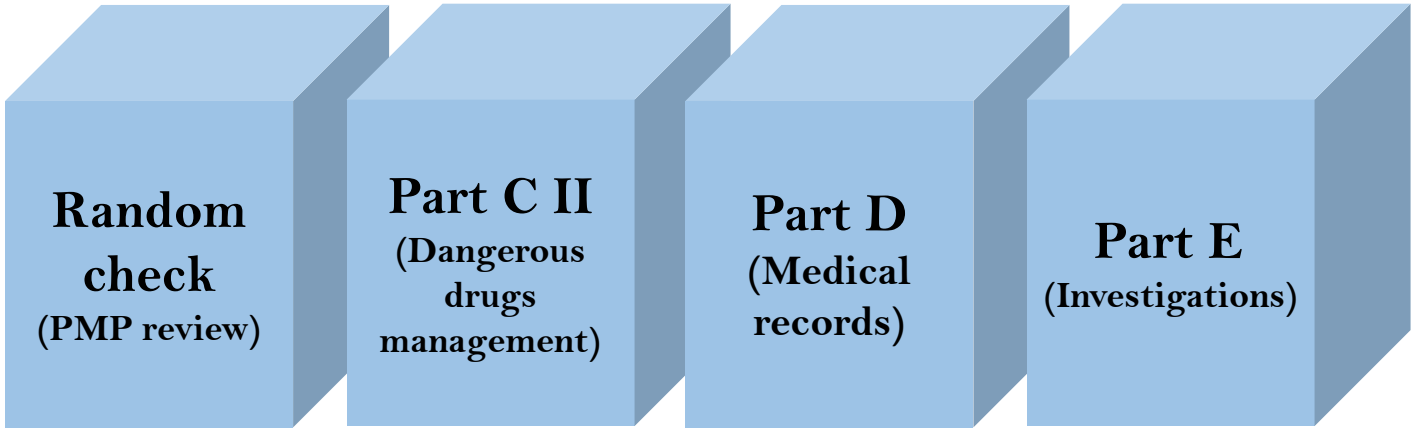

Candidate can choose to take either Clinical Audit or Research

# Practice Assessment (PA) tests the candidates:




Workplace-based (family medicine clinic)

# Practice Assessment consists of 4 Parts



Today’s workshop focus on:

- PA documents preparation
- Regulations

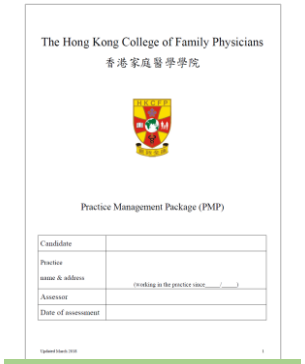
- What Candidate needs to prepare
- Tips on good practice
- What Examiner will assess
- Consensus in Marking
- Some observations, comments and recommendations in previous PA

Please refer to the presentation materials of the:
- Introductory Workshop
- Preparatory Workshop

held earlier this year

# PA Documents preparation

Submit
with the Exit Examination application
**(deadline: 3rd November 2025)**


The Hong Kong College of Family Physicians
香港家庭醫學學院

Practice Management Package (PMP)

| | |
|---|---|
| Candidate | |
| Practice name & address | (working in the practice since ___/___) |
| Assessor | |
| Date of assessment | |

PMP report

Attachment
1 to 11
(4 copies)

Attachment
13
(4 copies)

for Part E
(Investigations)

Submit
**On OR before 21st November 2025**

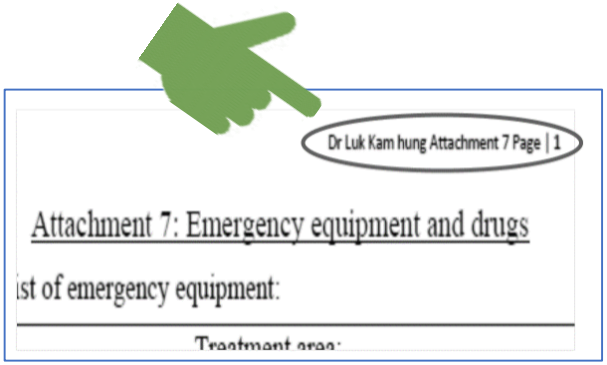
Attachment
12
(4 copies)

for Part D
(Medical Records)

# List of Attachments
# to be submitted by candidates for Practice Assessment

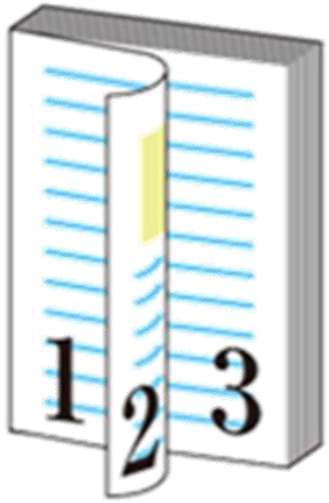
| | | |
|---|---|---|
| Attachment 1 | Information on | Type of practice(group/solo/public/private)<br>Average no. of patients seen per week<br>Average consultation time and average waiting time |
| | Name card (if available) | |
| Attachment 2 | General clinic design illustrated with diagram | |
| Attachment 3 | Prolong waiting protocol | |
| Attachment 4 | Protocol for staff: Request for medical assistance in waiting area / vicinity of clinic | |
| Attachment 5 | List of education leaflets / e-pamphlet 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 | Cases log for Part D (Medical Records) | |
| Attachment 13 | Case summaries for Part E (Investigation) | |

# Suggestion on printing and binding your PA Documents

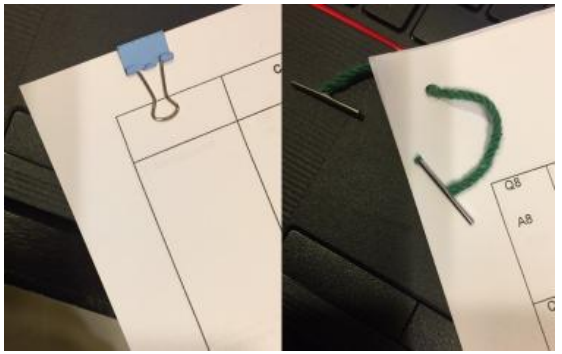



Insert header/ footer on the pages; indicating:

- Candidate number / name
- Attachment no.
- Page number




2-sided printing preferred



Detachable binding preferred

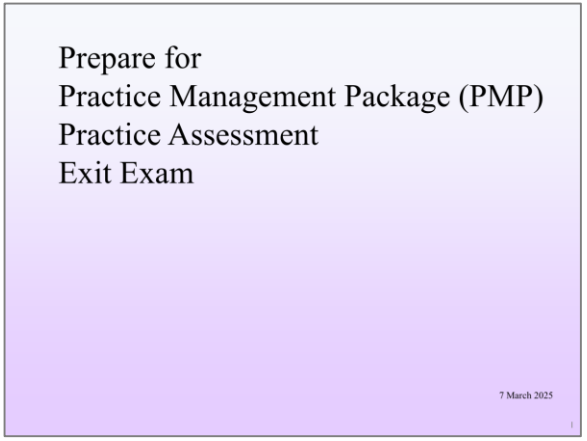
# Prepare PMP report, Attachment 1 to 11

## For Random Check (PMP review), Part CII of PA

# Prepare PMP report, Attachment 1 to 11

- What Candidate needs to prepare
- Tips on good practice
- What Examiner will assess
- Consensus in Marking
- Some observations, comments and recommendations in previous PA

Introductory Workshop




Preparatory Workshop

# Prepare PMP report, Attachment 1 to 11

**PMP Report** and 4 copies of **Attachment 1 to 11**:
**to be submitted with Exit Examination Application**
**(deadline: 3 November 2025)**


**PMP report x 1 copy**


**Attachment 1 to 11 x 4 copies**

- Attachment 1 to 11
- PMP Visit on **any day**

1 May to 31 October 2025

Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb

2025 2026

Exit Exam application

Exit Exam starts

On the day of PA:
- Random Check on Part A, B, C
- Part CII

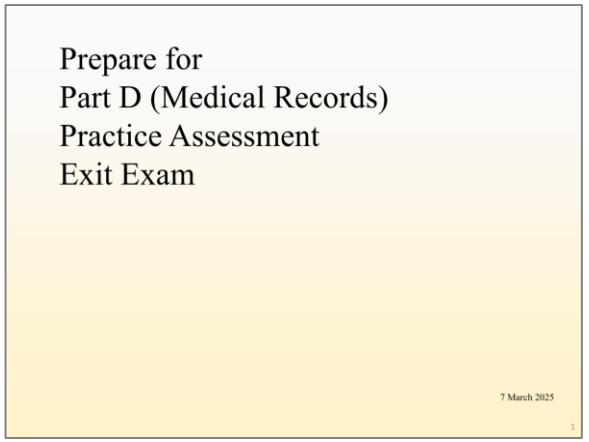
# Prepare Attachment 12

## For Part D (Medical Records) of PA

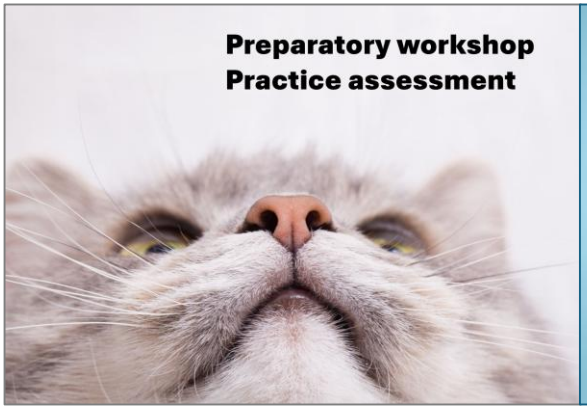
# Prepare Attachment 12

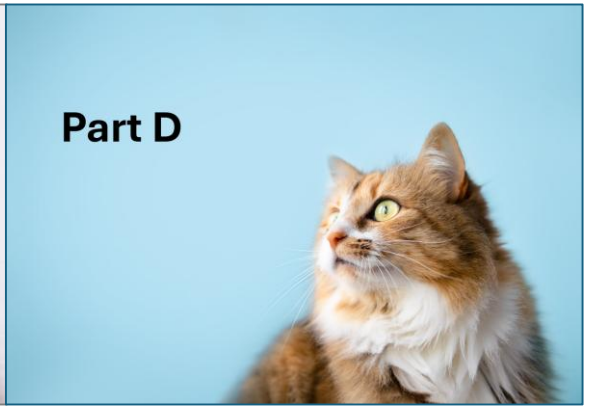
- What Candidate needs to prepare
- Tips on good practice
- What Examiner will assess
- Consensus in Marking
- Some observations, comments and recommendations in previous PA

Introductory Workshop




Preparatory Workshop

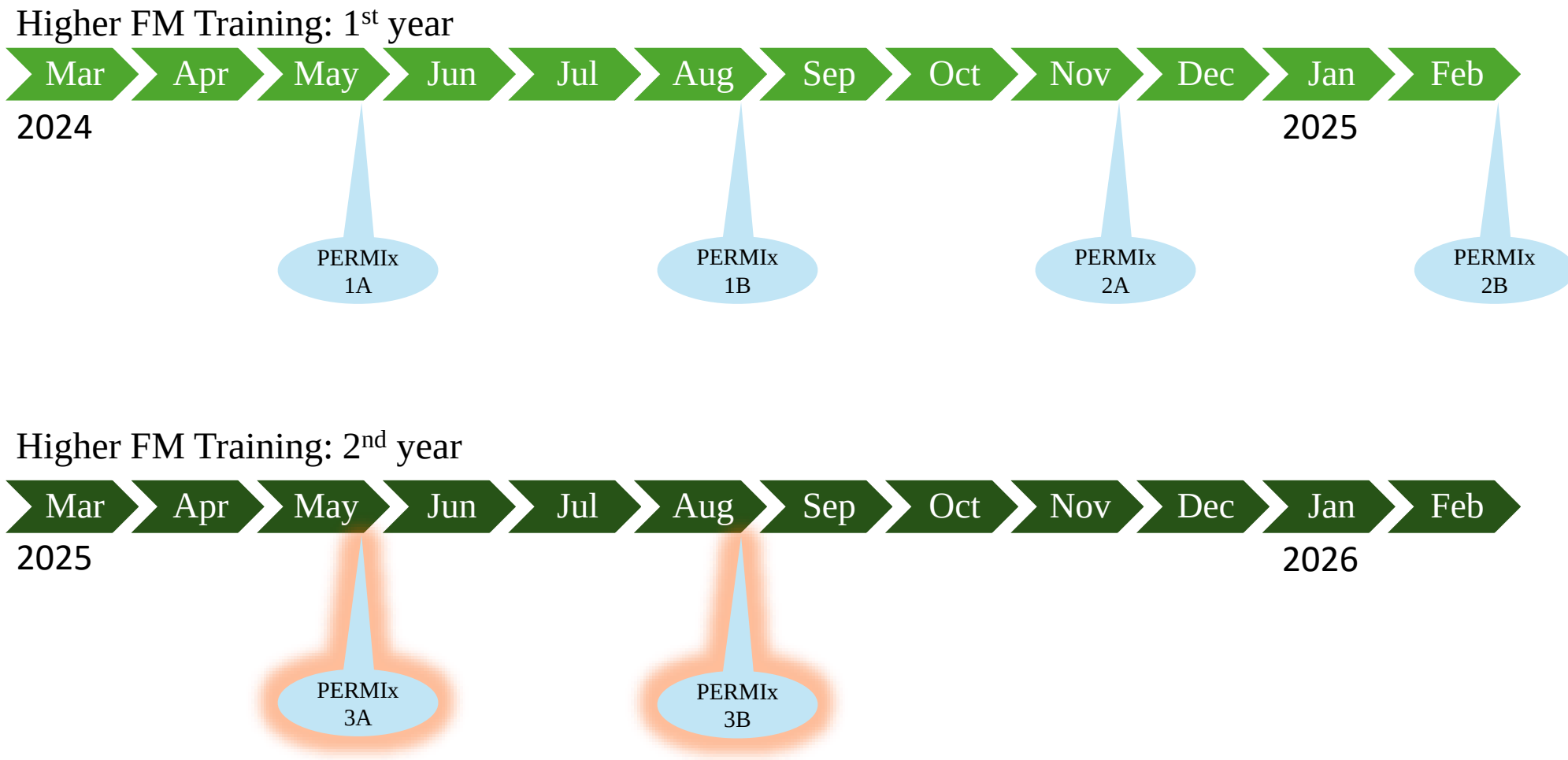


Satisfactory (or above) performance in

PERMIx 3A and 3B , BVTS Higher Training

# Satisfactory (or above) performance in PERMIx 3A and 3B in BVTS Higher Training



# Satisfactory (or above) performance in PERMIx 3A and 3B in BVTS Higher Training

The Hong Kong College of Family Physicians

香港家庭醫學學院

**Practice visit:**

**Medical Record Review including Investigation (PERMIx Report ____)**

| | | |
|---|---|---|
| Trainee | | |
| Practice name & address | (Working in the practice since____/____) | |
| Supervisor/ Assessor | | |
| Period Assessed | 1st assessment: week from | 2nd Assessment: week from |
| Date of assessment | | |
| Signature | | |



| | |
|---|---|
| A | |
| C | |
| E | |
| N | |

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

**Feedback:**

**i. Basic Information**

Assessment 1:

Assessment 2:

**ii. Consultation notes including Investigation, Anticipatory Care**

# Satisfactory (or above) performance in PERMIx 3A and 3B in BVTS Higher Training

Remember to submit
your PERMIx 3A and 3B reports
to BVTS

PERMIx 3A submission to BVTS
Deadline
15 September 2025

Recommendation to sit Exit Examination

香 港 家 庭 醫 學 學 院
The Hong Kong College of Family Physicians
Rooms 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel: (852) 2871 8899 Fax: (852) 2866 0616
E-mail: hkcfp@hkcfp.org.hk Website: www.hkcfp.org.hk
香港仔黃竹坑道99號香港醫學專科學院賽馬會大樓8樓803-4室

[redacted]

3 October 2024

Dear Dr [redacted],

**Re: Application for Recommendation for Exit Examination 2025**

I refer to your application for recommendation for the Exit Examination 2025.

I am pleased to inform you that the board agrees to recommend you to take the Exit Examination in 2025. For your application for certification of completion of higher training, please be reminded that all the requirements of the higher training must be fulfilled **before 28 February 2025.** Also please make sure that the application form and checklist for completion of higher training are completed and returned together with the original copy of your training logbook **before 28 February 2025.**

**Your application for completion of higher training will not be accepted and your training in 2024 will not be counted if you fail to submit all the documents duly.**

Please also make sure you have copies of the relevant parts as backup before you sent in your training logbook in case of accident loss.

Should you have any queries, please feel free to contact our secretariat at 2871 8899.

Thank you for your kind attention.

With Regards,

Dr. Fung Hoi Tik
Chairlady, Higher Training Subcommittee
Board of Vocational Training and Standards

INCORPORATED IN 1977 WITH LIMITED LIABILITY
MEMBER OF
THE HONG KONG ACADEMY OF MEDICINE
THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG
WORLD ORGANIZATION OF FAMILY DOCTORS

# Satisfactory (or above) performance in PERMIx 3A and 3B in BVTS Higher Training

## THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

**2026 Full Exit Examination of Vocational Training in Family Medicine**

**Application Form**

### Practice Assessment

Please indicate the practice that you prepared PMP report. Practice Assessment will take place in this venue. All the required examination material must be present in this practice on the examination date.

Date of PMP visit:

Practice name:

Address:

*(Additional examination fee will be charged for PA in remote areas. Please contact Specialty Board Secretary for further information.)*

Telephone number:

Fax number:

Practice nature *(please tick one)*:

Public ( ☐ Hospital Authority / ☐ Department of Health)

Private (☐ Hospital / ☐ Group / ☐ Solo)

Others (please specify: )

I achieved satisfactory (or above) performance in PERMIx 3A and 3B: ☐ Yes / ☐ No

Please indicate the session(s) in a usual week that you would provide consultation and services described in your PMP (e.g., dispensary, minor operations) *(tick the boxes as applicable)*.
Practice Assessment will take place with reference to your information.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| Morning | | | | | | |
| Afternoon | | | | | | |

# Attachment 12

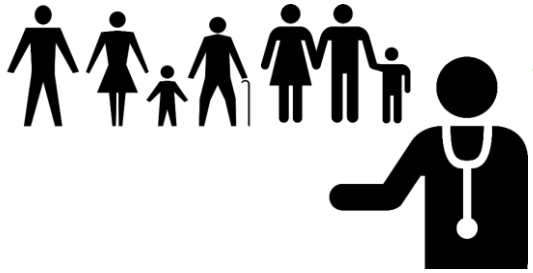
- A list of  medical records on 50 patients
- The patients were seen by you within a one-week period
- The one-week period much be within

  15 September 2025 to 20 November 2025

- The patients can be seen by you in different clinics
- To be submitted on or before 21 November 2025

**Part D**
**Case collection period**

# The patients in Attachment 12

- The patients 

Head counts
Not the repeated attendances of individual patients

- Health Screening / Medical Assessment excluded

# Attachment 12: format

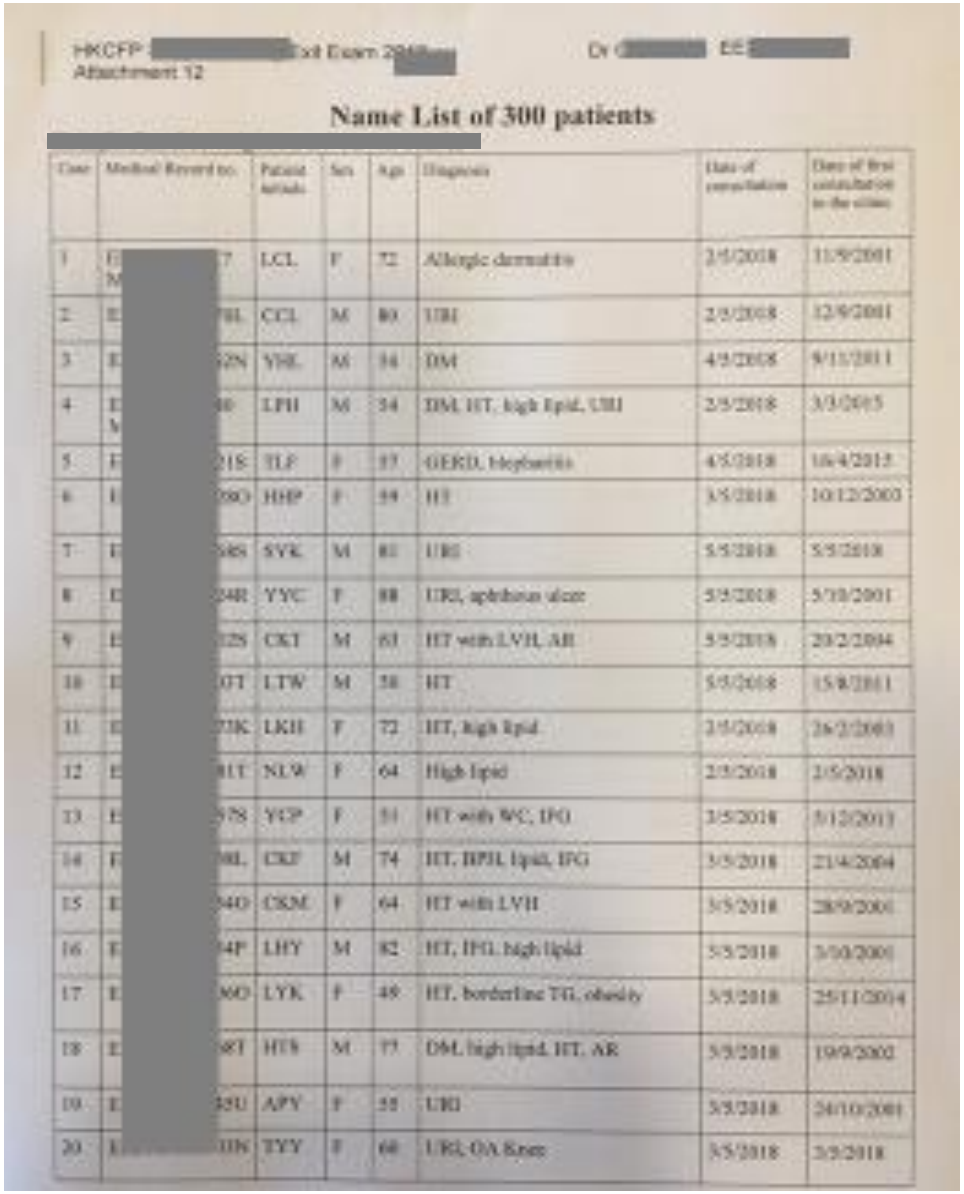
Standard format

**Sample**

| Serial no. | Patient record number | Patient initials | sex | age | diagnosis | Date of the consultation | Date of first attended the clinic |
|---|---|---|---|---|---|---|---|
| 1 | 3216 | NFK | F | 25 | URTI | 20 SEP 2022 | 18 OCT 2010 |
| 2 | 8839 | LKF | F | 46 | DEPRESSION | 20 SEP 2022 | 25 JUL 2011 |
| 3 | 292 | KPW | M | 87 | DM, HT, HYPERLIPIDEMIA | 21SEP 2022 | 18 SEP 1999 |
| 4 | 6677 | CHL | F | 12 | ALLERGIC RHINITIS | 21 SEP 2022 | 12 MAY 2011 |
| 5 | 4454 | CHC | M | 67 | HT | 21 SEP 2022 | 12 JAN 2011 |
| … | … | …. | … | … | … | …. | …. |
| 50 | 2323 | LKH | M | 38 | URTI | 24 OCT 2022 | 24 OCT 2011 |

Confidentiality: Do not include patient's name, HKID

# Sample layout of Attachment 12



HKCFP [redacted] Exit Exam 20[redacted] Dr [redacted] EE [redacted]
Attachment 12

**Name List of 300 patients**

[redacted]

| Case | Medical Record no. | Patient initials | Sex | Age | Diagnosis | Date of consultation | Date of first consultation in the clinic |
|---|---|---|---|---|---|---|---|
| 1 | [redacted] | LCL | F | 72 | Allergic dermatitis | 2/5/2018 | 11/9/2001 |
| 2 | [redacted] | CCL | M | 80 | UBI | 2/5/2018 | 12/9/2001 |
| 3 | [redacted] | YHL | M | 34 | DM | 4/5/2018 | 9/11/2011 |
| 4 | [redacted] | LPH | M | 54 | DM, HT, high lipid, UBI | 2/5/2018 | 3/3/2015 |
| 5 | [redacted] | TLF | F | 57 | GERD, Hepatitis | 4/5/2018 | 16/4/2015 |
| 6 | [redacted] | HHP | F | 59 | HT | 3/5/2018 | 10/12/2003 |
| 7 | [redacted] | SYK | M | 81 | UBI | 5/5/2018 | 5/5/2018 |
| 8 | [redacted] | YYC | F | 88 | UBI, aphthous ulcer | 5/5/2018 | 5/10/2001 |
| 9 | [redacted] | CKT | M | 63 | HT with LVH, AR | 5/5/2018 | 20/2/2004 |
| 10 | [redacted] | LTW | M | 58 | HT | 5/5/2018 | 15/8/2011 |
| 11 | [redacted] | LKH | F | 72 | HT, high lipid | 2/5/2018 | 26/2/2003 |
| 12 | [redacted] | NLW | F | 64 | High lipid | 2/5/2018 | 2/5/2018 |
| 13 | [redacted] | YCP | F | 51 | HT with WC, IFG | 3/5/2018 | 5/12/2013 |
| 14 | [redacted] | CKF | M | 74 | HT, BPH, lipid, IFG | 3/5/2018 | 23/4/2004 |
| 15 | [redacted] | CKM | F | 64 | HT with LVH | 3/5/2018 | 28/9/2001 |
| 16 | [redacted] | LHY | M | 82 | HT, IFG, high lipid | 3/5/2018 | 3/10/2001 |
| 17 | [redacted] | LYK | F | 49 | HT, borderline TG, obesity | 3/5/2018 | 25/11/2004 |
| 18 | [redacted] | HTS | M | 77 | DM, high lipid, HT, AR | 3/5/2018 | 19/9/2002 |
| 19 | [redacted] | APY | F | 55 | UBI | 3/5/2018 | 24/10/2001 |
| 20 | [redacted] | TYY | F | 60 | UBI, OA Knee | 3/5/2018 | 3/5/2018 |

# The medical records in Attachment 12 (i)

## The format

### paper

Print-out from computer system

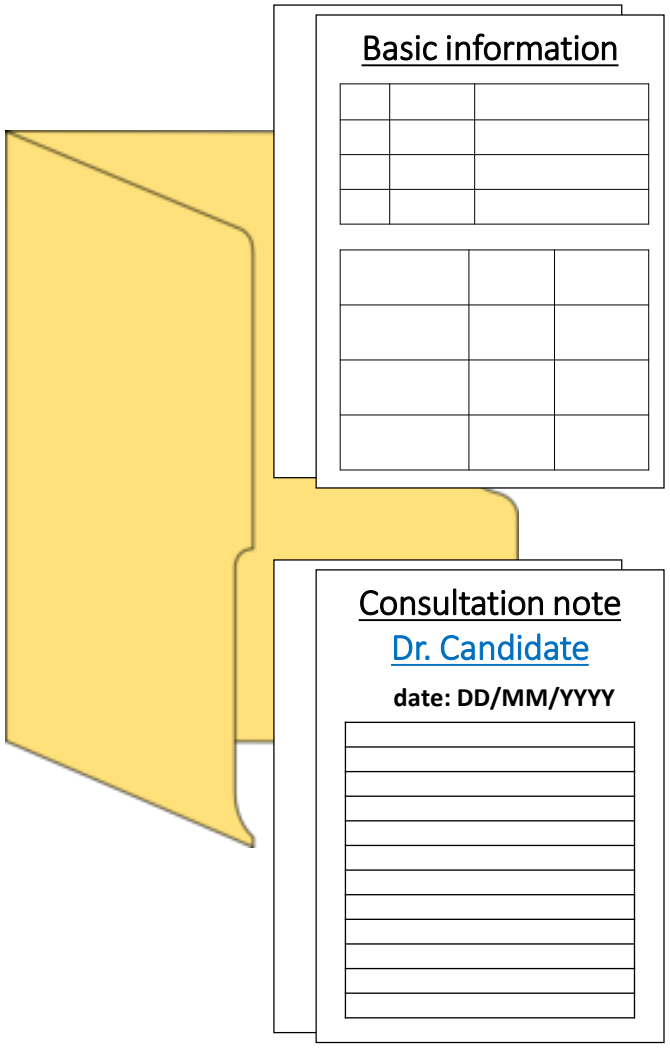
**or / with**

Handwritten records

### on the computer screen

# The medical records in Attachment 12 (ii)

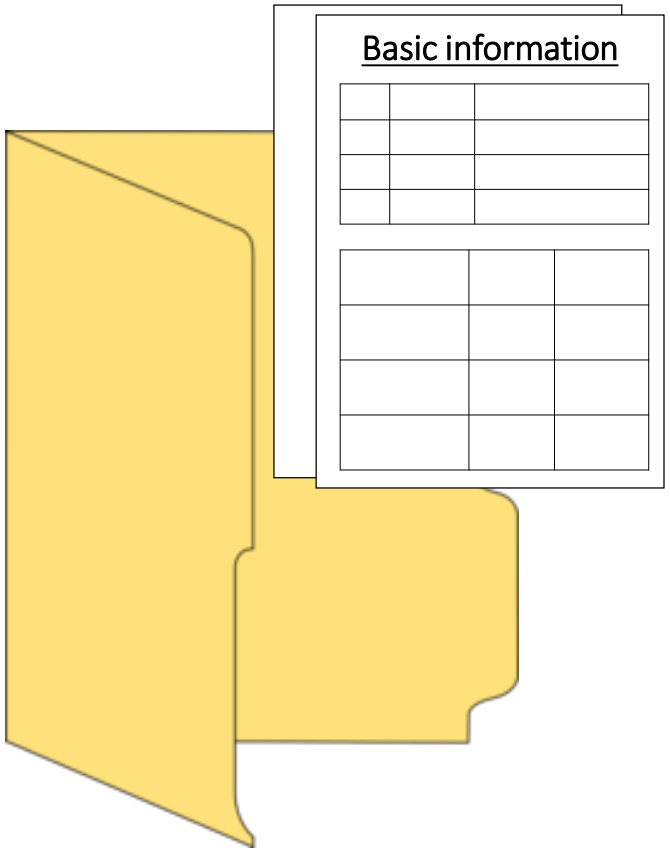
The content of each medical record presented for assessment should **at least include**:




Basic information

Consultation notes

# The medical records in Attachment 12 (iii)




## Basic information

On following areas

as appropriate and as applicable

- Allergy / Adverse drug reactions
- Current medication list
- Problem list (Current / Past health)
- Family history (with genogram as appropriate)
- Social history, occupation
- Height, weight, BMI/ growth chart, blood pressure
- Immunization
- Tobacco & alcohol use; physical activity

Please note:
It is not mandatory to have full documentation on all the areas in every record

# Basic information in PERMIx and Part D of PA

- There are differences in the format of assessment in PERMIx and Part D of PA
- Conventionally, the Part D (Medical Records) assessment is paper / print-out based
- For clinics that using computer based medical record system, suggest:
  - Make use of the existing system to fulfil the documentation of basic information as much as possible
  - **Create template / tables to supplement the documentation of basic information only if necessary**
  - **Not suggest to create a brand-new template to enter all the “Basic Information” for PA**

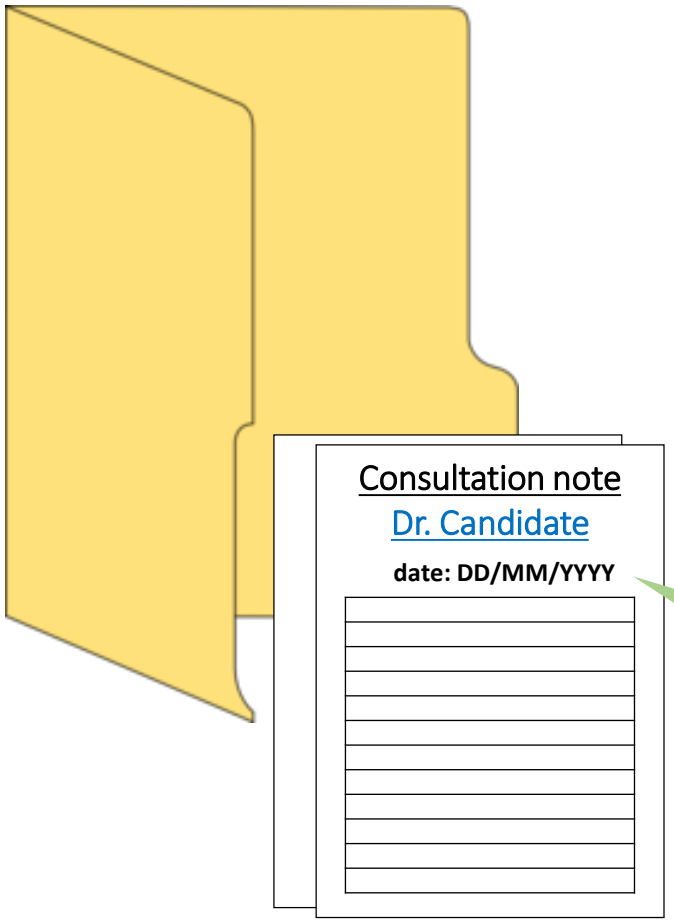
# The medical records in Attachment 12 (iv)

## Consultation notes

On following areas

as appropriate and as applicable

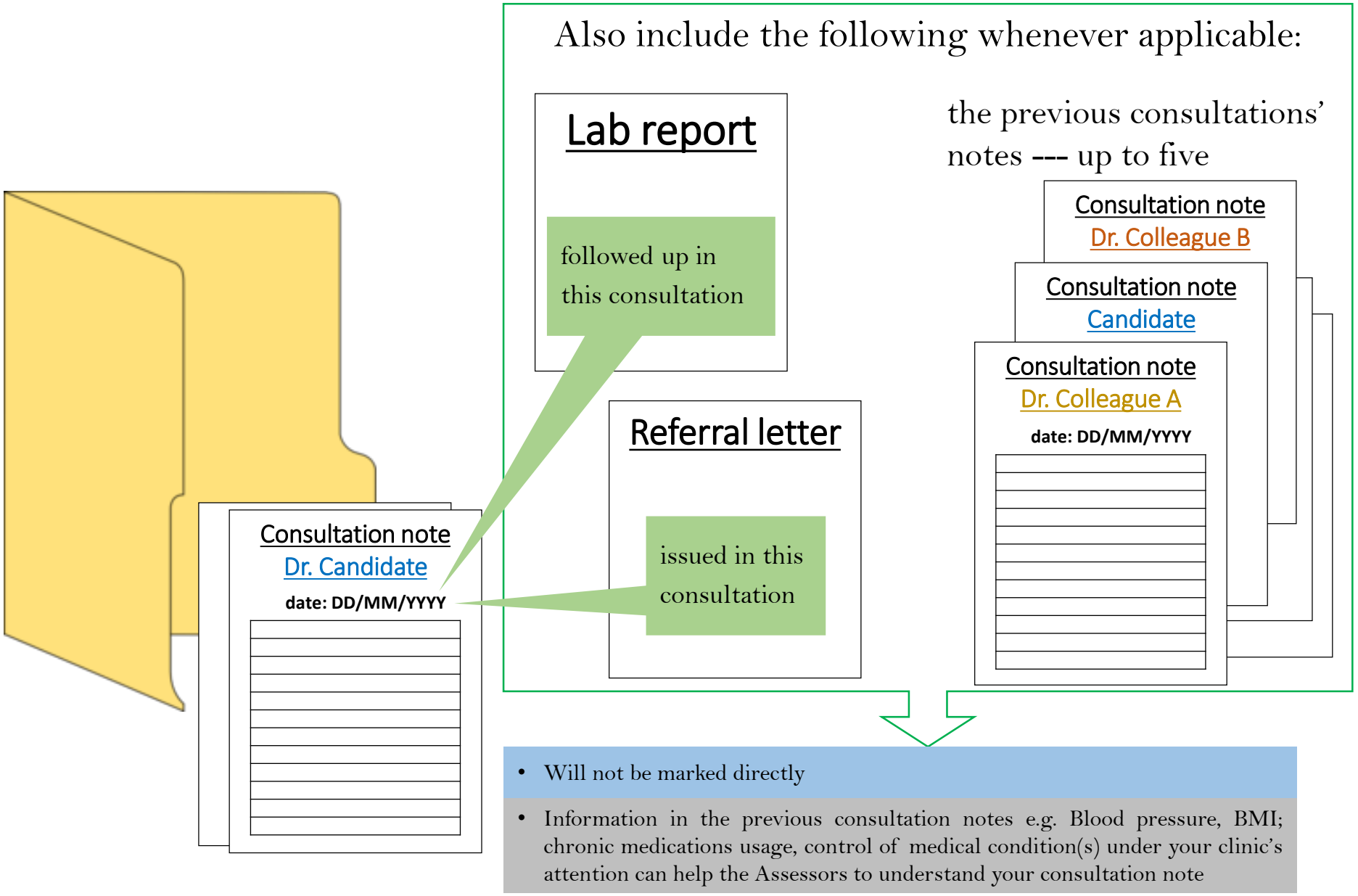
- Main reason(s) of consultation
- Clinical findings
- Diagnosis / working diagnosis
- Management
- Anticipatory care advice




Please note:
- As appropriate and as applicable
- Not mandatory in every consultation

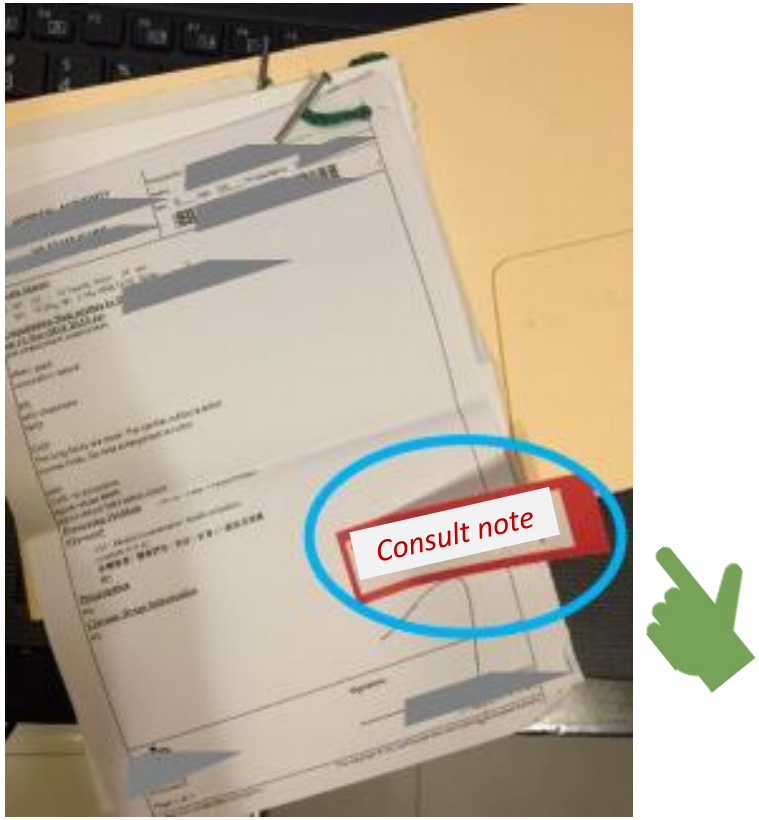
Date of the consultation: to be stated in the **Attachment 12**

# The medical records in Attachment 12 (v)



# The medical records in Attachment 12 (vi)

Suggest paper-flag the pages for Examiners



# The medical records in Part D (vii)

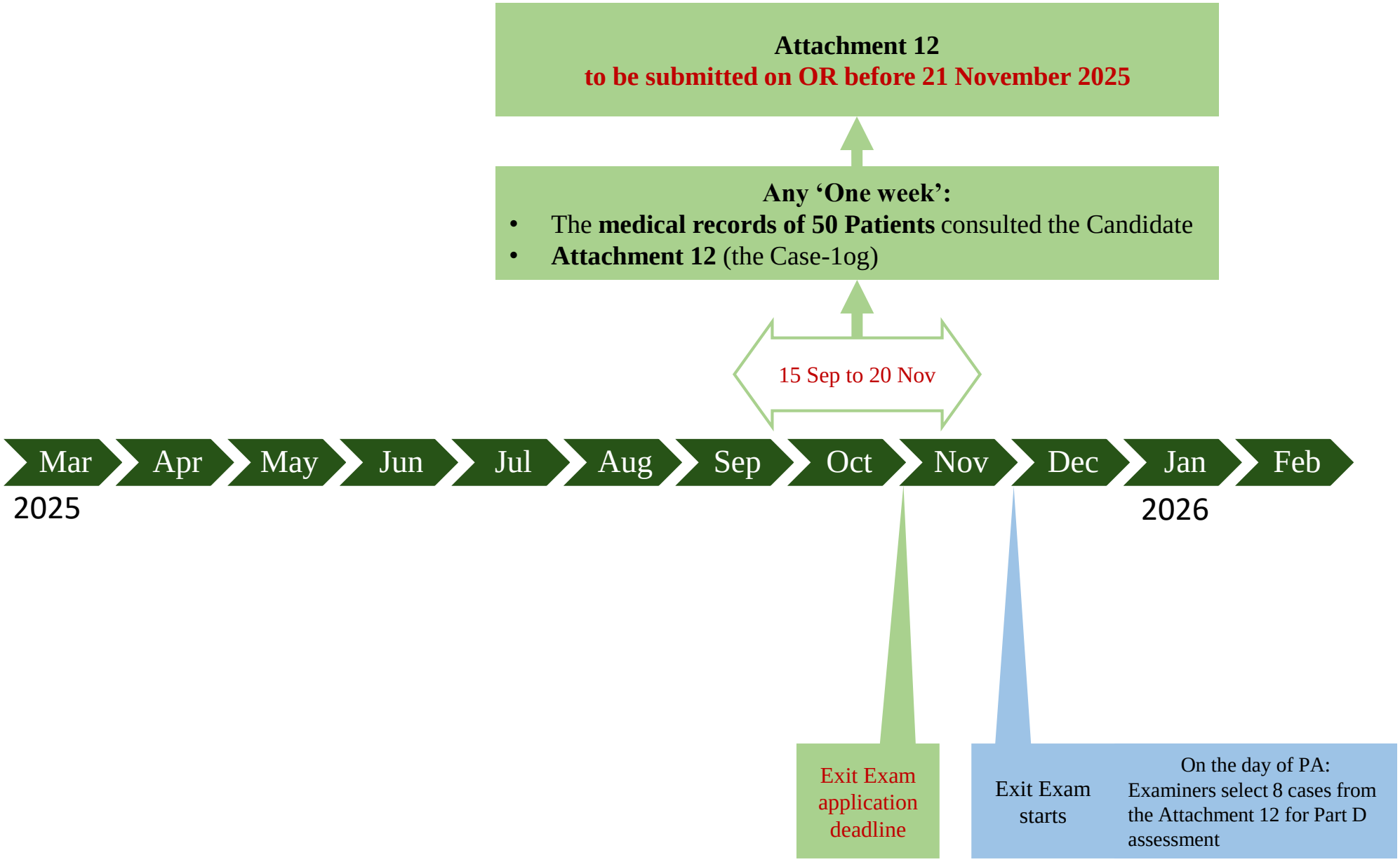
- Keep in your clinic
- To be assessed by PA examiner on the Examination Day

# The medical records in Attachment 12 (viii)

Readily retrievable and available upon the Examiners' request

May be required to verify the genuineness e.g. through the clinic computer record system/ relevant persons

# Prepare Attachment 12



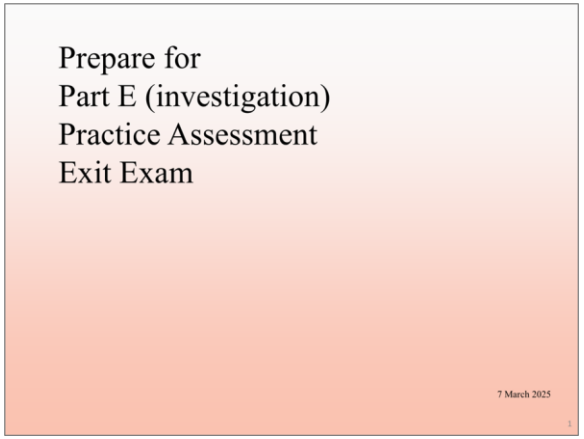
# Prepare Attachment 13

## For Part E (Investigations) of PA

# Prepare Attachment 13

- What Candidate needs to prepare
- Tips on good practice
- What Examiner will assess
- Consensus in Marking
- Some observations, comments and recommendations in previous PA

Introductory Workshop




Preparatory Workshop

# Attachment 13

- Case summaries and a summary Table of ten patients
- The ten patients
  - were seen and had investigations ordered by you
  - had the investigation results followed up by you

    between 15 September 2025 and 31 October 2025
  - can be seen by you in different clinics
  - cannot be those you submitted for Attachment 12 (Part D)

Part E
Case collection period

# The date you first see the patients and order investigations

**Can be**

any date before the Exit Exam application deadline (~ *1st working day of November*)

i.e. could consult you and had investigations ordered on a date before the start of Part E Case collection period

# Follow up of the investigations

## Must be

15 September - 31 October 2025

- **within the cases collection period**
- **documented by the candidate** on the medical records

## Can be

in the form of:

- Face to face consultations ; *if not feasible*,
- Telephone / electronic communications

# Types of cases can be submitted for PA (Part E)

## For individual case

## Can be

- Patient's complaint(s) in episodic/ regular visit
- Monitoring of existing / chronic medical condition

## **Cannot be**, **only**, for following situation:

- Health screening / Medical assessment
- Monitoring of potential side effects of medication / treatment in asymptomatic patients,
  *e.g. RFT after using ACEI; Blood liver enzymes after statins; CBP to screen neutropenia on carbimazole*
- where consensus among assessors (PA Examiners) that investigation is not necessary,

**the current example**:
*Urine routine microscopy / culture in female uncomplicated cystitis*

# Types of cases can be submitted for PA (Part E)

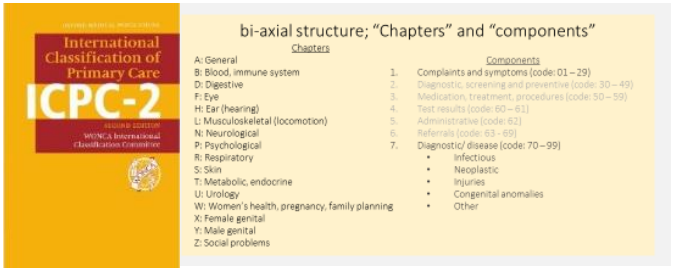
## Cases must be a mix of clinical problems (i)

Must

follow the regulations listed below:

## For each case

- give **one** ICPC-2 code to the Provisional diagnosis / main condition that necessitate the investigation(s); e.g. T90, R74
- show the code on your Case Summaries and the Summary Table (Attachment 13)




Coding according to the 'body / system' as possible

# Types of cases can be submitted for PA (Part E)

## Cases must be a mix of clinical problems (ii)

Must

follow the regulations listed below:

### Among the ten cases

- No more than two cases should be the same **ICPC - 2 "Chapter" (the alphabet)**
- No more than one T-90 (type II diabetes mellitus) is allowed
- No more than one K-86 (uncomplicated hypertension) is allowed

# Please carefully choose the cases and give appropriate ICPC coding

- Unsuitable case(s)
- Non-compliance with the ICPC-coding requirements

**Penalty!**

Pro-rata deduction of Part E total Score

- Examiners will not routinely assess the accuracy of the ICPC-2 coding given in the ten cases
- Unless special situation occurs

# Non-compliance with ICPC coding requirement (i)

**10 investigation list**

| Case | Provisional diagnosis / chief condition requiring investigations | ICPC-2 code | Investigation performed: |
|---|---|---|---|
| 1 | Bronchitis | R78 | NPS for respiratory virus |
| 2 | Fish bone ingestion | D79 | Xray neck |
| 3 | Cystitis | U71 | MSU |
| 4 | Small joint pain | L20 | Blood test |
| 5 | Fever | A03 | NPS for respiratory virus |
| 6 | Pregnancy | W78 | PT test |
| 7 | Fractuer little toe | L17 | Xray |
| 8 | Kidney stone | U14 | Urogram |
| 9 | Colitis | D06 | USG abd |
| 10 | Appandicitis | D88 | CT abd |

Three Cases coded the same ICPC-2 'Chapter' (D);
→ Pro-rata deduction of total mark of Part E

# Non-compliance with ICPC coding requirement (ii)

| Case | Provisional diagnosis / chief condition requiring investigations | ICPC-2 code | Investigation performed: |
|---|---|---|---|
| 1 | Hyperthyroidism | T85 | Thyroid function test (TSH and free T4) |
| 2 | Left little finger injury | L76 | X-ray left little finger |
| 3 | Hypokalaemia | A91 | Renal fun |
| 4 | Vulvar itchy , provisional diagnosis was Genital candidiasis | X72 | high vagi endocerv |
| 5 | Increased vaginal discharge | X14 | high vagi endocerv |
| 6 | Low back pain | L03 | X-ray lum |
| 7 | Finger nodule | S04 | X-ray left |
| 8 | Impaired liver function | D97 | Blood for GGT, HBs |
| 9 | Proteinuria hypokalaemia | U98 A91 | Mid-strea microscopy and culture, renal function test, urine microalbumin |
| 10 | Left hand injury | A80 | X-ray left hand and thumb |

- These two Cases were considered the same ICPC-2 'Chapter' (either L or A)
- In the presence of Case 3 (A91) and Case 6 (L03);
- → Pro-rata deduction of total mark of Part E

# The result of investigations: need to be verified and documented

1. Verified by independent, accredited professionals/ specialists, e.g.

| Type of test(s) | accredited professionals/ specialists |
|---|---|
| Echocardiogram, Exercise ECG, Holter ECG | Cardiologist |
| Plain X-ray, Ultrasound scan, CT, MRI | Radiologist |
| Polysomnography | Respiratory medicine specialist |
| Laboratory tests | Registered medical laboratory technologists (MLTs) |

Some exceptions (based on the consensus from previous Exit Exam) are **regarded as acceptable in the Part E**:

- Resting ECG
- 24 hr Home BP Monitoring
- Plain Chest X-ray (PA view): if the report not available

2. Integral part of the clinic's medical records system
   - The results are readily integrated in the clinic's usual medical record system
   - Readily retrievable / printable by other authorized health care team members

# Point of Care Tests (POCT)

**Must**

follow the regulations listed below:

Cases using point of care tests (POCT) ONLY,

except ECG,

are not eligible for Part E exam

# Some examples of Point of care tests (POCT) in primary care settings:

| Type of POCT | Example | Results format | Remarks |
|---|---|---|---|
| A. Strip-based tests | Urine pregnancy test<br>Urine dipstick analyses<br>Detection of stool occult blood<br>Detection of infectious agents in swab material | Simple visualization / readout from the test strip | Helpful in the diagnosis and management of patients<br>**However, not considered suitable for Part E assessment** |
| B. Unit-use analyzer (Single-use test strips + Reader) | Glucometers | Readout from the analyzer / device | |
| | HemoCue Hb 301 System | Printout | |
| C. Bench-top analyzer | Spectrophotometry: e.g. Reflotron | Printout | |
| D. Spirometry | Portable / handheld device | Readout from the device / Printout | |
| E. Imaging | Point of care Ultrasound scan | Printout / Video recording | |
| F. ECG | Portable ECG machine | Printout | **Acceptable in Part E** |

# Carefully choose the Cases

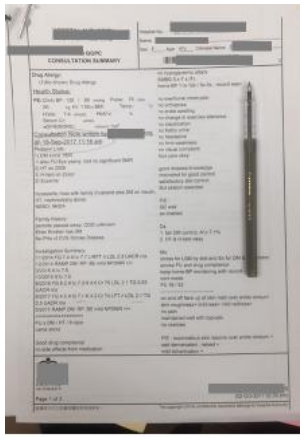
Choose cases that show your competency , not weakness


**Looking for Cases that have the potential to submit for PA (Part E) now**

# The medical records required for Part E (i)

## The format

**paper**



Print-out from computer system

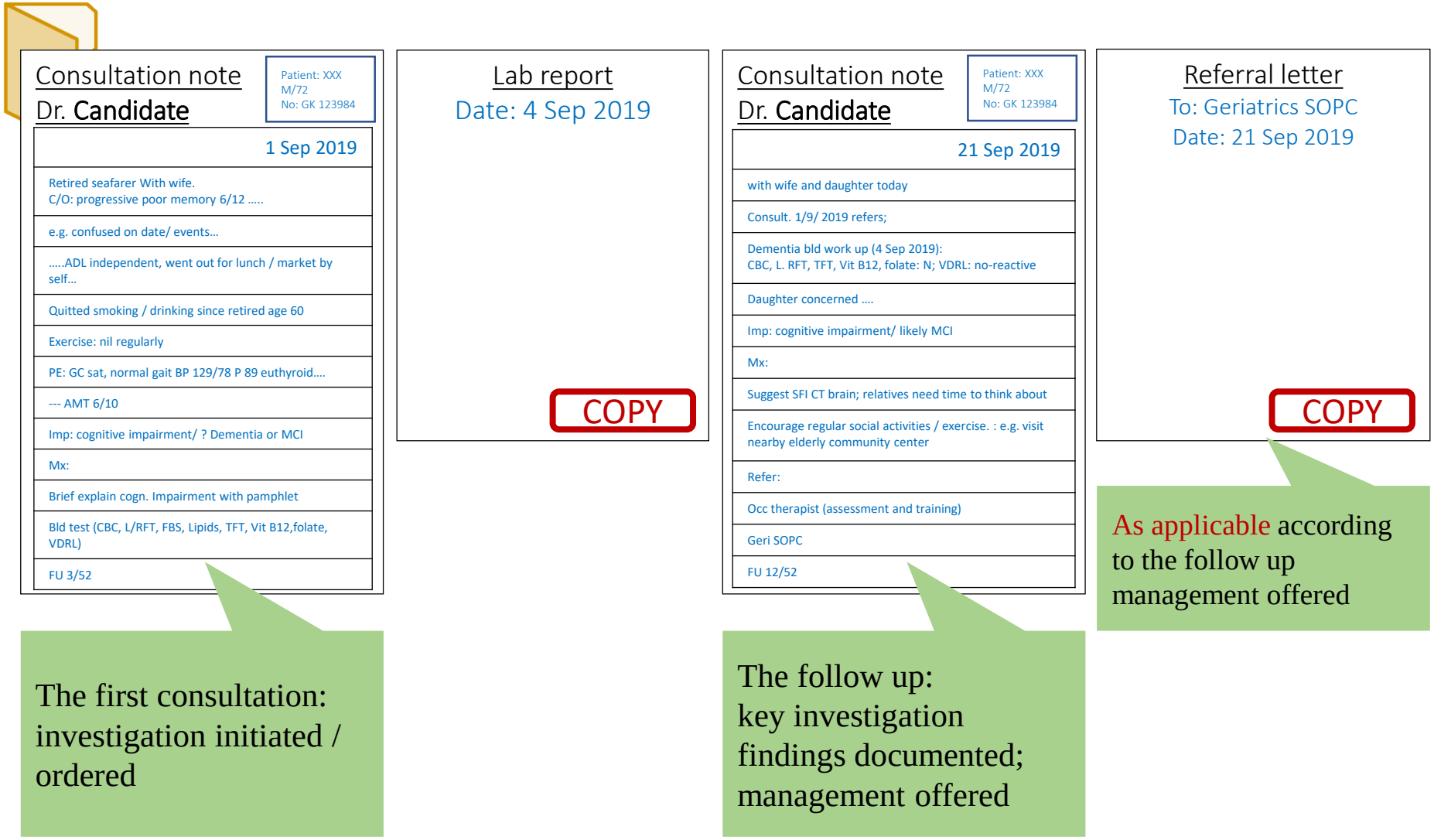
**or**

Handwritten records

**on the computer screen**

# The medical records required for Part E (ii)

The content of each medical record for assessment should at least include:




*Please note: the consultation notes content are simulated and not implying a standard of pass or fail in the Exam*

# The medical records required for Part E (iii)

About the investigation reports:

Lab report
Date: 4 Sep 2019

COPY

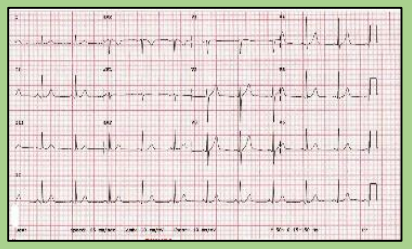
Copy of investigation reports, e.g.


CT scan Report

Ultrasound scan report

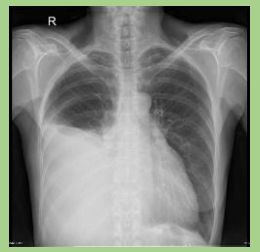
X-ray report

DEXA report



24 hr Home BP Monitoring Results summary

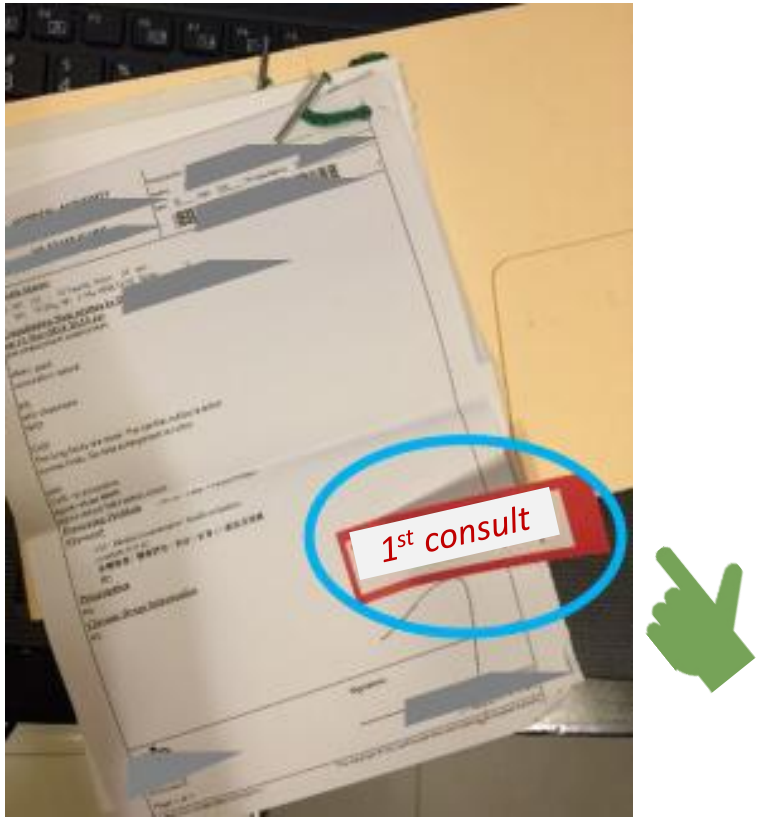
For chest X-Ray: if report not available



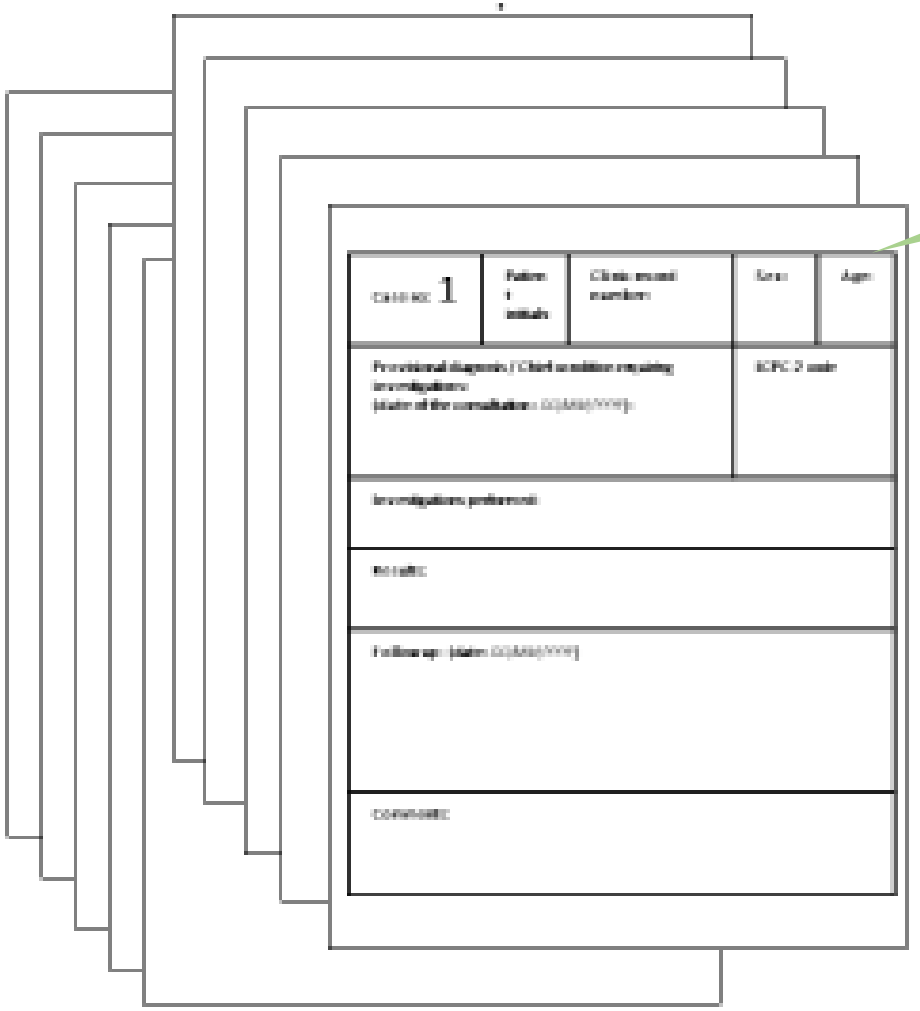
OR

# The medical records required for Part E (iv)

Suggestions paper flags the pages for Examiners



# Attachment 13: Case summary



Standard format

Confidentiality:
Do not include
patient's name, HKID

sample

# Sample Case Summary for each patient (Attachment 13)

| Case No: *6* | Patient initials*: LKH* | Clinic record number: *GOSY 1810XY21* | Sex: *M* | Age: *83* |
|---|---|---|---|---|

Provisional diagnosis / Chief condition requiring investigations:
(date of the consultation: *DD/MM/YYYY*):
*Weight loss, ? Bowel pathology*
*C/O Weight loss 6 to 7 Ib in last 3/12*
*B O change from daily to once every 3/7*
*PE GC sat, mild pallor, abd soft non-tender / no mass….PR: empty no mass felt*

- Concise summary from the medical record
- Less than 300 words #

ICPC-2 code
*T08 (weight loss)*

- Appropriate coding
- Also put down description of the code

Investigations performed:
*CBC, CEA, thyroid function (TSH), stool Occult blood X 3*

Results:
*CBC: Hb 9.8 (low), WBC 4.8, Platelet count 345, CEA 2.0 (ref < 3.0), TSH normal, Stool OB +ve X 1*

# Section(s) grossly exceed the words limit may be blocked and cannot be seen by Examiners

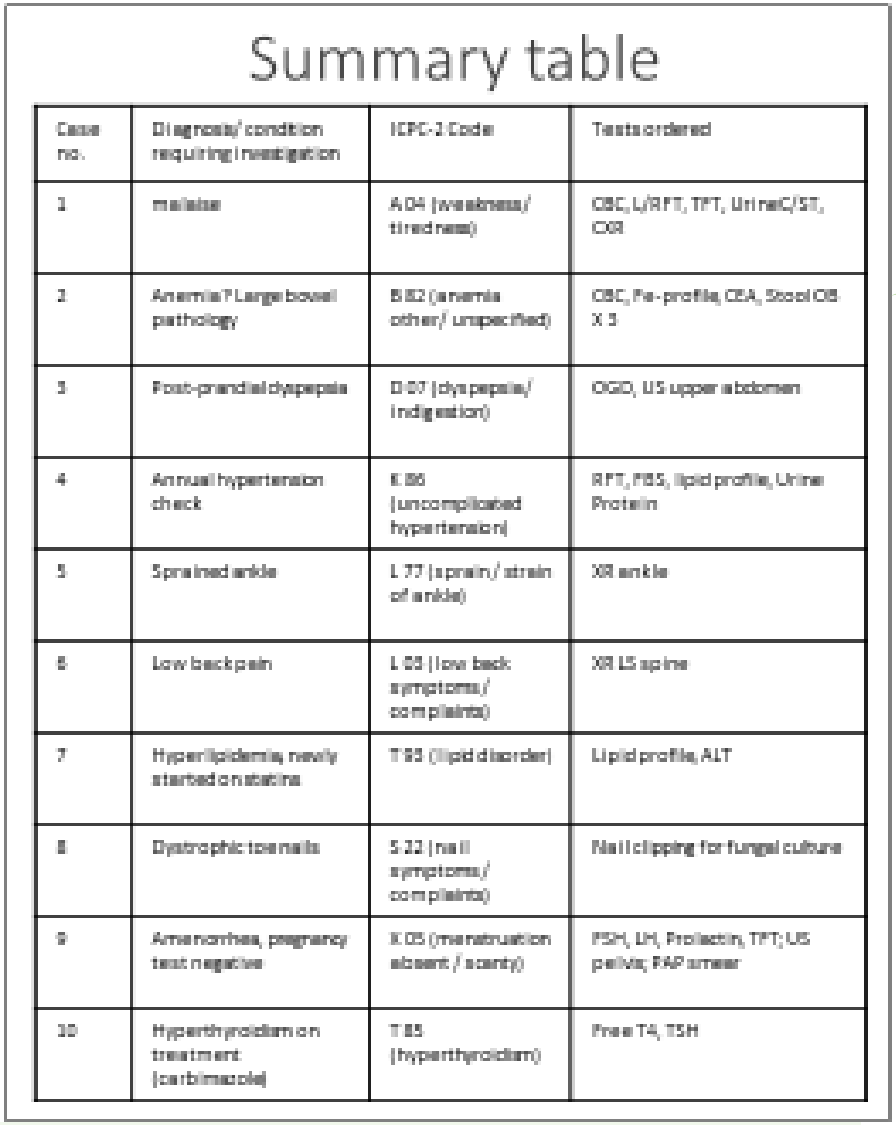
Follow up: (date: *DD/MM/YYYY*)
*Results informed*
*Discussed with patient and daughter…*
*Mx: referral to Surgical SOPC (seek early appointment)*

- Concise summary from the medical record
- Less than 300 words #

Comments:

- Optional; marks will not be deducted for leaving this section blank
- For discussion on investigation justification, limitations of the performance, area of improvement, possible remedial actions
- *clinic protocols, departmental guidelines, literature references, expert opinions; or general summary from the medical record*: to be avoided here
- Less than 300 words #

# Attachment 13: Summary Table



## Summary table

| Case no. | Diagnosis/ condition requiring investigation | ICPC-2 Code | Tests ordered |
|---|---|---|---|
| 1 | malaise | A04 (weakness/ tiredness) | CBC, L/RFT, TPT, UrinalC/ST, CXR |
| 2 | Anaemia? Large bowel pathology | B82 (anaemia other/ unspecified) | CBC, Fe-profile, CEA, Stool OB X 3 |
| 3 | Post-prandial dyspepsia | D07 (dyspepsia/ indigestion) | OGD, US upper abdomen |
| 4 | Annual hypertension check | K86 (uncomplicated hypertension) | RFT, FBS, lipid profile, Urine Protein |
| 5 | Sprained ankle | L77 (sprain/ strain of ankle) | XR ankle |
| 6 | Low back pain | L03 (low back symptoms/ complaints) | XR LS spine |
| 7 | Hyperlipidemia, newly started on statins | T93 (lipid disorder) | Lipid profile, ALT |
| 8 | Dystrophic toe nails | S22 (nail symptoms/ complaints) | Nail clipping for fungal culture |
| 9 | Amenorrhea, pregnancy test negative | X05 (menstruation absent / scanty) | FSH, LH, Prolactin, TPT; US pelvis; PAP smear |
| 10 | Hyperthyroidism on treatment (carbimazole) | T85 (hyperthyroidism) | Free T4, TSH |

Standard format

Confidentiality:
Do not include
patient's name, HKID

sample

# Sample Summary table (Attachment 13)

## Summary table

| Case no. | Diagnosis/ condition requiring investigation | ICPC-2 Code | Tests ordered |
|---|---|---|---|
| 1 | malaise | A 04 (weakness / tiredness) | CBC, L/RFT, TFT, Urine C/ST, CXR |
| 2 | Anemia ? Large bowel pathology | B 82 (anemia other/ unspecified) | CBC, Fe-profile, CEA, Stool OB X 3 |
| 3 | Post-prandial dyspepsia | D 07 (dyspepsia / indigestion) | OGD, US upper abdomen |
| 4 | Annual hypertension check | K 86 (uncomplicated hypertension) | RFT, FBS, lipid profile, Urine Protein |
| 5 | Sprained ankle | L 77 (sprain / strain of ankle) | XR ankle |
| 6 | Low back pain | L 03 (low back symptoms / complaints) | XR LS spine |
| 7 | Hyperlipidemia, newly started on statins | T 93 (lipid disorder) | Lipid profile , ALT |
| 8 | Dystrophic toe nails | S 22 (nail symptoms / complaints) | Nail clipping for fungal culture |
| 9 | Amenorrhea, pregnancy test negative | X 05 (menstruation absent / scanty) | FSH, LH, Prolactin, TFT; US pelvis; PAP smear |
| 10 | Hyperthyroidism on treatment (carbimazole) | T 85 (hyperthyroidism) | Free T4, TSH |

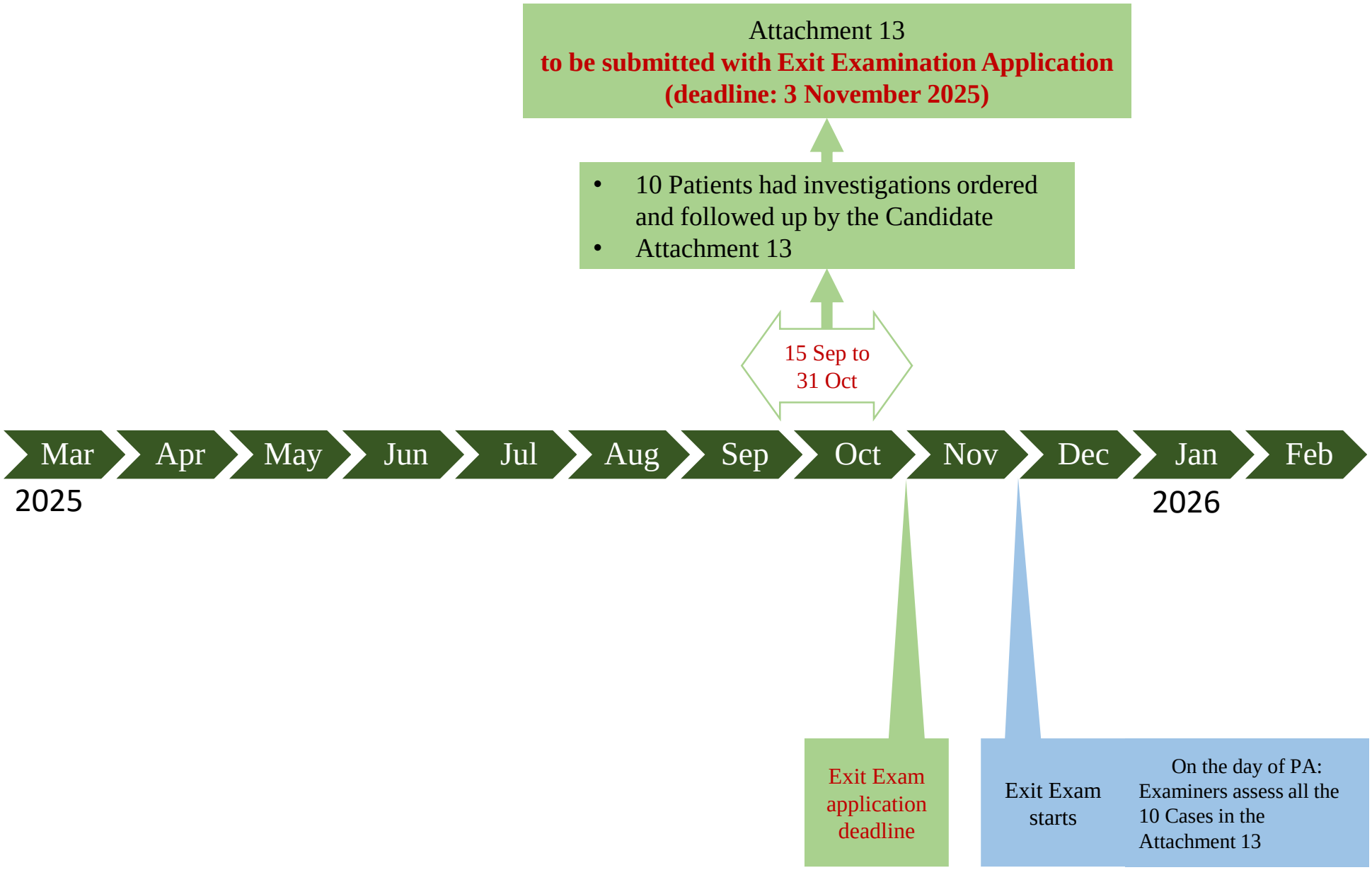
Monitoring of possible side effects of medication/ treatment in asymptomatic patients **added**

**OK**

Health screening **added**

**OK**

# Prepare Attachment 13



# Exam Day

# Exam Date arrangement

Will be within either:

Period A **OR** Period B

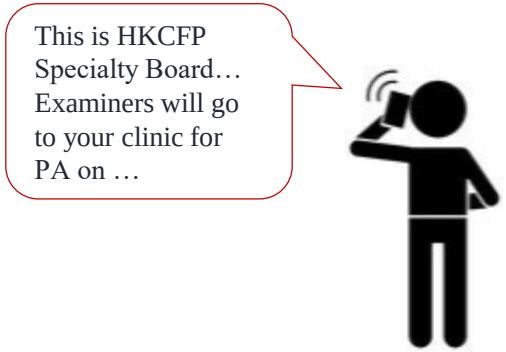
| Dec | Jan | Feb | Mar |
|---|---|---|---|
| | | | |

Exact dates of each period: please refer to the updated Exam Announcement

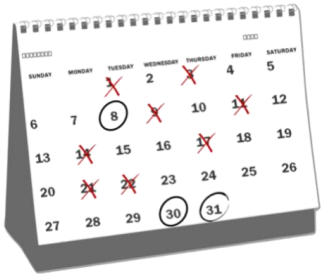
No exam on public holidays


Candidates will be notified of the Examination period:


Candidate will be informed **2 working days before** the exam day

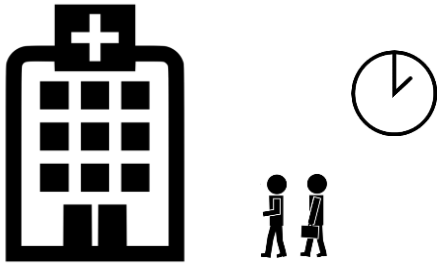



Exam date once confirmed cannot be changed



Your cooperation appreciated!

Examiners will usually visit on **Mondays - Fridays (daytime) or Saturdays (morning)** with reference to the Candidate's clinic hours



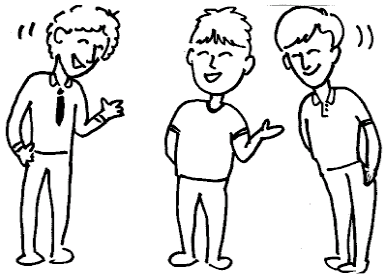
**Three PA Examiners**

will be arranged

to visit the candidate's clinic

# When Examiners arrive

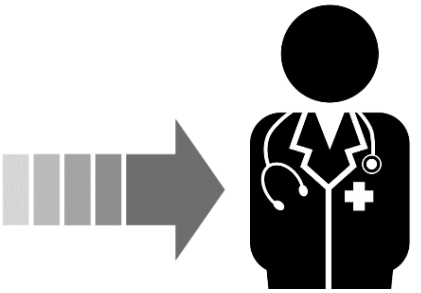
## Introduction



In addition to the three PA Examiners, other delegates may be present, such as:

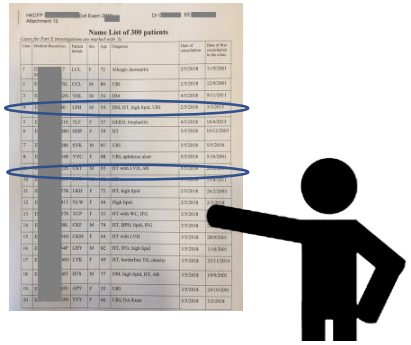
- Trainee examiner
- Observing examiner
- Exam observer
- QA examiner


**Identification and assurance of confidentiality**



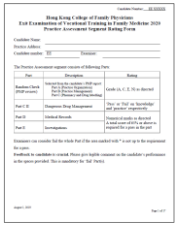
Candidate

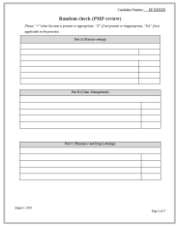
## Examiners choose eight records from the Attachment 12




Candidate (clinic staff can help) fetches the records

# Clinic inspection with the candidate (Random check and Part C II)





Examiners mark according to the
PA Rating Form

Same as PMP visit
candidate answers and demonstrates

Examiners give marks independently

Examiners may cross check candidate's answers with the clinic staff if needed

# Random check (PMP Review)

# Random Check (PMP review)

- Selected items from your PMP report , and
- the relevant Attachment(s) you submitted

The Hong Kong College of Family Physicians
香港家庭醫學學院

Practice Management Package (PMP)

| | |
|---|---|
| Candidate | |
| Practice name & address | (working in the practice since____/____) |
| Assessor | |
| Date of assessment | |

Updated April 2018 1

Items and relevant Attachment(s) selected from:

1. *Parts A or/ and B; AND*
2. *Part C*

Making sheet (PA rating form)

| Please mark the box: | Description |
|---|---|
| ✓ | 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 Random check

| Part A (Practice setting) | |
|---|---|
| Reception | |
| 20. Emergency handling protocol **(Attachment 4)** | |
| Diagnostic equipment | |
| 39. Glucometer | |
| Correct technique of use | |
| Validation of glucometer | |
| **49. Snellen chart *** | |
| Correct measurement of visual acuity | |
| **52. Dressings sets *** | |

| Part C (Pharmacy and Drug Labeling) | |
|---|---|
| Dispensary / Pharmacy Management | |
| 2. Protocol to ensure accurate dispensing (Appendix I) | |
| Stock | |
| **5. Proper storage *** | |
| Drug labels | |
| **7. Always label drugs *** | |
| **8. Chinese or English version *** | |
| **9. Clarity / legibility *** | |
| **10.Name of patient *** | |
| **11.Name of drugs generic/brand *** | |
| **12.Date *** | |
| **13.Instructions *** | |
| **14.Precautions *** | |
| **15.One drug per bag *** | |
| **16.Doctor name / code (traceable) *** | |

# Passing Random Check (PMP review)

Candidate Number: EE XXXXX

## Random Check (PMP review)

| Grade *(please tick one)* | | | Description |
|---|---|---|---|
| **Pass** | **A** | | *Mastery of most components and capability* |
| | **C** | | *Satisfactory standard in most components* |
| **Fail** | **E** | | *Demonstrates several major omissions and/or defects (or deficiency in area with *)* |
| | **N** | | *Unsafe practice* |

# Part C II
# (Dangerous drugs management)

# Part C II (Dangerous Drugs management)

Part C II of your PMP report

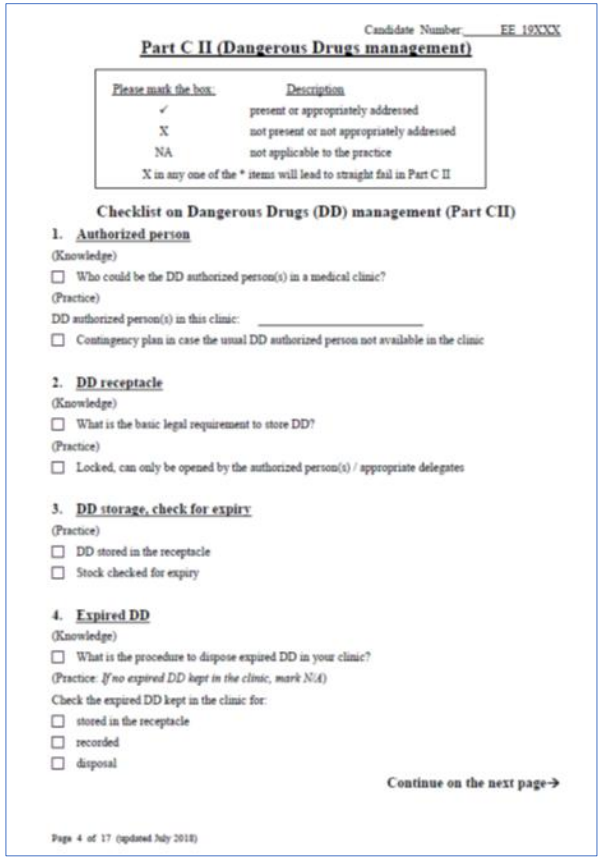
The Hong Kong College of Family Physicians
香港家庭醫學學院

Practice Management Package (PMP)

| | |
|---|---|
| Candidate | |
| Practice name & address | (working in the practice since____/____) |
| Assessor | |
| Date of assessment | |

Updated April 2018 1

Making sheet (PA rating form)



Candidate Number:_____EE_19XXX

**Part C II (Dangerous Drugs management)**

| Please mark the box: | Description |
|---|---|
| ✓ | 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

**Checklist on Dangerous Drugs (DD) management (Part CII)**

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**

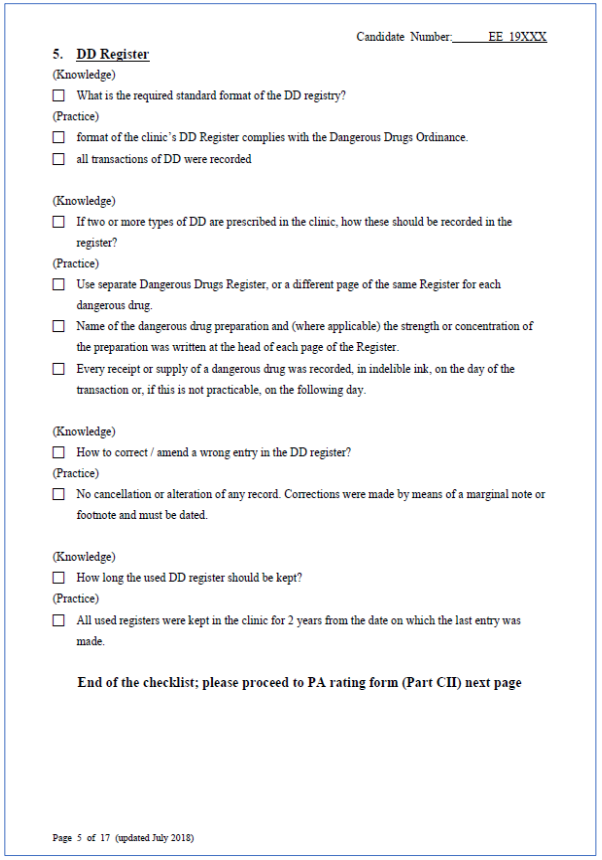
(Practice)
☐ DD stored in the receptacle
☐ Stock checked for expiry

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→**

Page 4 of 17 (updated July 2018)



Candidate Number:_____EE_19XXX

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 indelible ink, 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**

Page 5 of 17 (updated July 2018)

# Passing Part C II (Dangerous drugs management)

Candidate Number: EE XXXXX

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

## Part C II (Dangerous Drugs management)

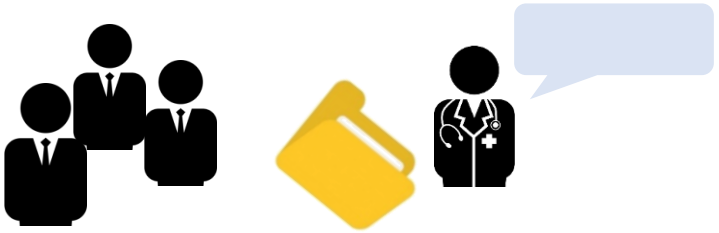
| | | Knowledge | Practice |
|---|---|---|---|
| 1. | **Authorized person*** | | |
| 2. | **DD receptacle*** | | |
| 3. | **DD: storage, check for expiry*** | N/A | |
| 4. | **Expired DD: storage, record, disposal*** (if DD in the clinic not expired → ask 'Knowledge'; 'Practice' mark N/A) | | |
| 5. | **DD register*** | | |

**Overall result**

(must pass in both knowledge and practice to have overall pass here)

| **Pass** | | **Fail** | |
|---|---|---|---|

# Assess Medical Records (Part D and Part E)



candidate can show the basic layout of the medical records before start marking

Prepare a room of adequate audio-visual privacy, for Examiners to assess your records


Assess the records in the room provided

Examiners mark independently

# Part D
# (Medical records)

# Part D (Medical Records) Rating Form (i)

Candidate Number: EE XXXXX

**Part D (Medical Records)**

| *Enter the serial number of the records (i.e., 1 – 100) chosen from the 100-Case log →* | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| **D1. Legibility** (Tick if okay) | | | | | | | | |
| **D2. Basic Information** | | | | | | | | |
| • Allergy / Adverse drug reactions<br>• Current medication list<br>• Problem list (Current / Past health)<br>• Family history (with genogram as appropriate)<br>• Social history, occupation<br>• Height, weight, BMI/ growth chart; blood pressure<br>• Immunization<br>• Tobacco & alcohol use; physical activity | | | | | | | | |
| **D3. Consultation notes** | | | | | | | | |
| Main reason(s) of consultation | | | | | | | | |
| Clinical findings | | | | | | | | |
| Diagnosis/ Working diagnosis | | | | | | | | |
| Management | | | | | | | | |
| Anticipatory care advice (as applicable) | | | | | | | | |



Candidate Number: EE XXXXX

**Part D (Medical Records)**

| **D2. Basic Information score** (circle one only) | |
|---|---|
| 9 | |
| 8.5 | **Accurate and legible with precise and concise details** |
| 8 | |
| 7.5 | **Accurate and legible with sufficient details** |
| 7 | |
| 6.5 | **Accurate and legible with adequate information for realizing the basic information without major omissions** |
| 6 | |
| 5.5 | **Legible but missing some major details** |
| 5 | |
| 4.5 | **Contain illegible information i.e. information overload, redundant or irrelevant information breakdown effective communication between medical professionals. OR some major findings were wrongly recorded** |
| 4 | |



Candidate Number: EE XXXXX

**Part D (Medical Records)**

| **D3. Consultation notes score** (circle one only) | |
|---|---|
| 9 | |
| 8.5 | **Accurate and legible with precise and concise details, with a relevant past medical / social history of an appropriate length** |
| 8 | |
| 7.5 | **Accurate and legible with sufficient details, with a relevant past medical / social history** |
| 7 | |
| 6.5 | **Accurate and legible with adequate information for realizing the whole consultations without major omissions** |
| 6 | |
| 5.5 | **Legible for the consultations but missing some major details** |
| 5 | |
| 4.5 | **Contain illegible information i.e. information overload, redundant or irrelevant information breakdown effective communication between medical professionals. OR some major findings were wrongly recorded** |
| 4 | |

# Part D (Medical Records) Rating Form (ii)

Candidate Number: EE XXXXX

**Part D (Medical Records)**

**Total score (Part D):**

| D2 score x 3.5 | + | D3 score x 6.5 | = | Total Score (Part D) |
|---|---|---|---|---|
| | | | | |

If D1 pro-rata mark deduction applicable

↓

**Pro-rata deducted Total Score (Part D)**



Candidate Number: EE XXXXX

Feedback on Part D (Medical records)

***Written comment:***

- ***please quote the Case serial number (i.e. case 1 --- 100)***
- ***mandatory if you rate 'fail' (below 65%) in Part D***



Candidate Number: EE XXXXX

Feedback on Part D (Medical records)

- ***please tick the area(s) need attention / improvement according to the overall performance***
- ***mandatory if you rate fail (below 65%) in Part D***

| **Overall performance on D2 (Basic information): area(s) need attention / improvement** | If applicable please ✓; higher priority ✓✓, etc. | remarks |
|---|---|---|
| • Insufficient positive / significant negative information | | |
| • Inaccurate / inconsistent with other part(s) of the record | | |
| • Information not updated | | |
| • Documentation: length not appropriate OR unclear | | |
| • Others: | | |

| **Overall performance on D3 (Consultation notes): area(s) need attention / improvement** | If applicable please ✓; higher priority ✓✓, etc. | remarks |
|---|---|---|
| • Main reason(s) of consultation unclear | | |
| • Insufficient documentation of clinical findings | | |
| • Diagnosis/ Working diagnosis unclear | | |
| • Suboptimal management | | |
| • Lack of / inappropriate anticipatory care advice | | |
| • Documentation: length not appropriate OR unclear | | |
| • Others: | | |

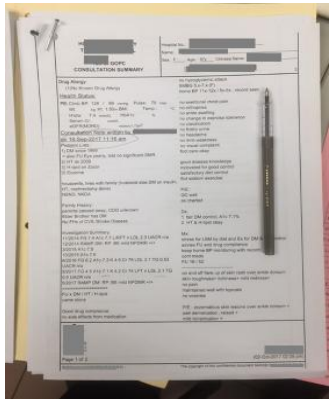
# D1 (Legibility): marking

| *Enter the serial number of the records (i.e., 1 – 100) chosen from the 100-Case log →* | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| | 8 | 12 | 23 | 25 | 35 | 46 | 48 | 50 |

the Serial no. of the records i.e. 1 to 50 of the Attachment 12

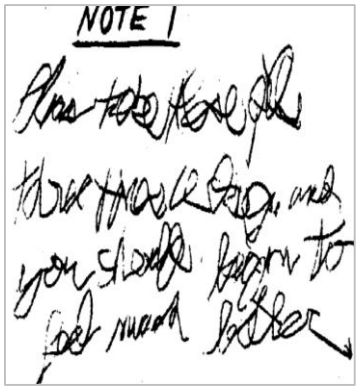
# D1 (Legibility): marking

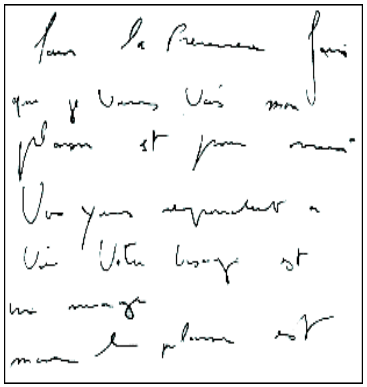
| **D1. Legibility**<br>**(Tick if okay)** | √ | | | | | X | | |
|---|---|---|---|---|---|---|---|---|



C/O:
RN 3/7
ST
Not much cough
No fever
……
P/E:
GC sat
Normal hydration
ENT: red throat, no pus
Chest clear, AE good bilat.
….;

Examiners proceed to assess the medical record



the whole case will not be marked
pro-rata mark deduction in Part D total score

# D2 (Basic Information): marking

| **D2. Basic Information** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| • Allergy / Adverse drug reactions<br>• Current medication list<br>• Problem list (Current / Past health)<br>• Family history (with genogram as appropriate)<br>• Social history, occupation<br>• Height, weight, BMI/ growth chart; blood pressure<br>• Immunization<br>• Tobacco & alcohol use; physical activity | | | | | | | | |

Examiners jot down the impression of each of the eight selected cases

# Marking Scale for D2 (Basic information)

Examiner marks all the eligible medical records
Then give a global mark

| D2. Basic Information score (circle one only) | |
|---|---|
| 9 | |
| 8.5 | **Accurate and legible with precise and concise details** |
| 8 | |
| 7.5 | **Accurate and legible with sufficient details** |
| 7 | |
| 6.5 | **Accurate and legible with adequate information for realizing the basic information without major omissions** |
| 6 | |
| 5.5 | **Legible but missing some major details** |
| 5 | |
| 4.5 | **Contain illegible information i.e. information overload, redundant or irrelevant information breakdown effective communication between medical professionals. OR some major findings were wrongly recorded** |
| 4 | |



# D3 (Consultation notes)
# Date of the consultation

**Sample**

Attachment 12

| Serial no. | Patient record number | Patient initials | sex | age | diagnosis | Date of the consultation | Date of first attended the clinic |
|---|---|---|---|---|---|---|---|
| 1 | 3216 | NFK | F | 25 | URTI | 20 May 2022 | 18 OCT 2010 |
| 2 | 8839 | LKF | F | 46 | DEPRESSION | 20 May 2022 | 25 JUL 2011 |
| 3 | 292 | KPW | M | 87 | DM, HT, HYPERLIPIDEMIA | 21 May 2022 | 18 SEP 1999 |
| 4 | 9932 | STKM | F | 1 | URTI | 21 May 2022 | 6 AUG 2011 |
| 5 | 6677 | CHL | F | 12 | ALLERGIC RHINITIS | 21 May 2022 | 12 MAY 2011 |
| 6 | | | | 67 | HT | | |
| ... | | | | ... | ... | | |
| 50 | 2323 | LKH | M | 38 | URTI | 29 June 2022 | 24 OCT 2011 |

If the assessor choose to assess this record

This consultation notes would be selected for assessment

# D3 (Consultation notes): marking

| **D3. Consultation notes** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Main reason(s) of consultation | | | | | | | | |
| Clinical findings | | | | | | | | |
| Diagnosis/ Working diagnosis | | | | | | | | |
| Management | | | | | | | | |
| Anticipatory care advice (as applicable) | | | | | | | | |

Examiners jot down the impression of each of the eight selected cases

# D3 (Consultation notes): marking

| **D3. Consultation notes** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Main reason(s) of consultation | NOT “Idea / Concern / Expectation of the patient”! | | | | | | | |
| Clinical findings | | | | | | | | |
| Diagnosis/ Working diagnosis | | | | | | | | |
| Management | | | | | | | | |
| Anticipatory care advice (as applicable) | | | | | | | | |

# Marking Scale for D3 (Consultation notes)

Examiner marks all the eligible medical records
Then give a global mark

| D3. Consultation notes score (circle one only) | |
|---|---|
| 9 | |
| 8.5 | **Accurate and legible with precise and concise details, with a relevant past medical / social history of an appropriate length** |
| 8 | |
| 7.5 | **Accurate and legible with sufficient details, with a relevant past medical / social history** |
| 7 | |
| 6.5 | **Accurate and legible with adequate information for realizing the whole consultations without major omissions** |
| 6 | |
| 5.5 | **Legible for the consultations but missing some major details** |
| 5 | |
| 4.5 | **Contain illegible information i.e. information overload, redundant or irrelevant information breakdown effective communication between medical professionals. OR some major findings were wrongly recorded** |
| 4 | |



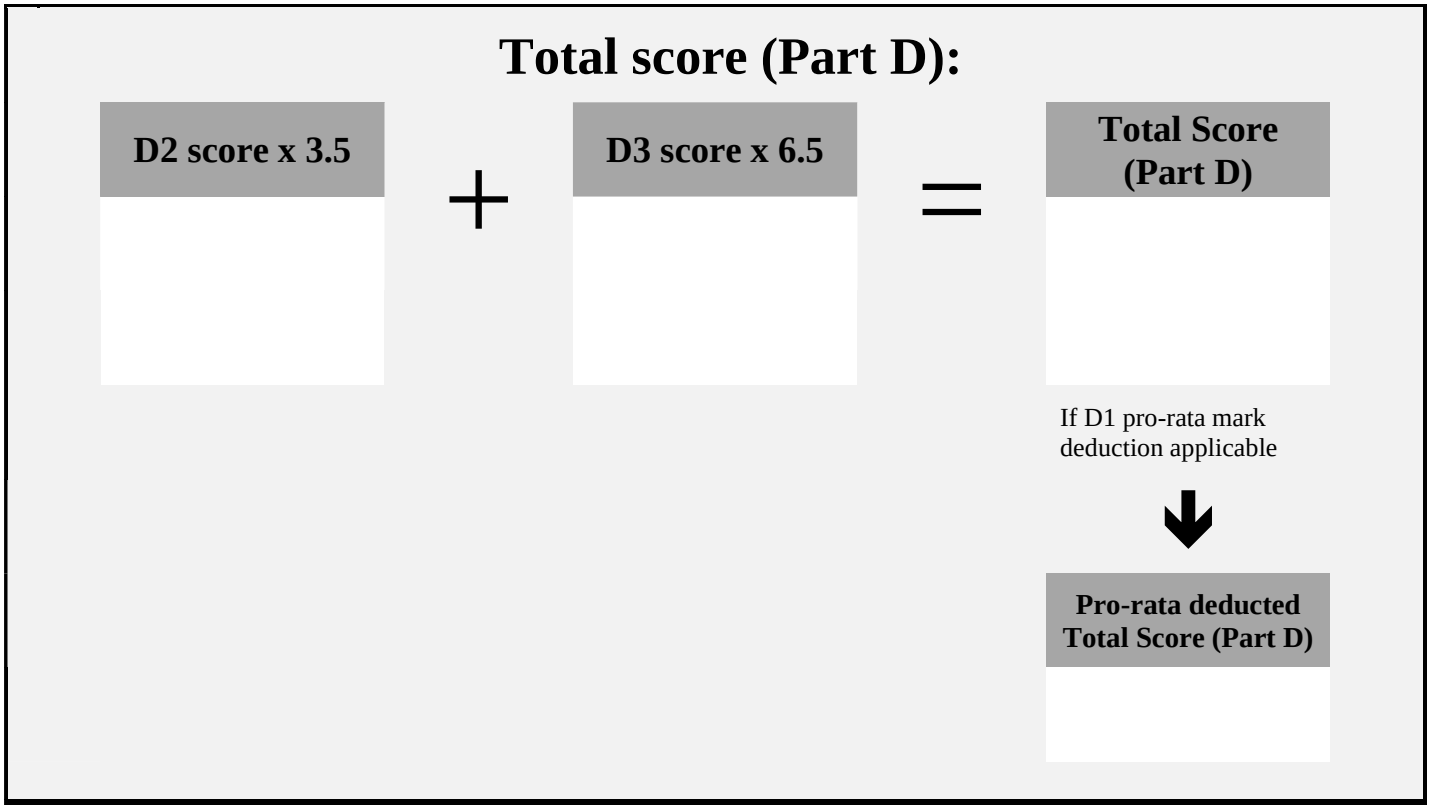
# Part D (Medical Records): total score

Mark distribution:

D2 (Basic information): 35%

D3 (Consultation notes): 65%

Passing mark: Total score ≥ 65%



# Feedback on Part D (Medical records)

- ***please tick the area(s) need attention / improvement according to the overall performance***
- ***mandatory if you rate fail (below 65%) in Part D***

| **Overall performance on D2 (Basic information): area(s) need attention / improvement** | If applicable please ✓; higher priority ✓✓, etc. | remarks |
|---|---|---|
| • Insufficient positive / significant negative information | | |
| • Inaccurate / inconsistent with other part(s) of the record | | |
| • Information not updated | | |
| • Documentation: length not appropriate OR unclear | | |
| • Others: | | |

| **Overall performance on D3 (Consultation notes): area(s) need attention / improvement** | If applicable please ✓; higher priority ✓✓, etc. | remarks |
|---|---|---|
| • Main reason(s) of consultation unclear | | |
| • Insufficient documentation of clinical findings | | |
| • Diagnosis/ Working diagnosis unclear | | |
| • Suboptimal management | | |
| • Lack of / inappropriate anticipatory care advice | | |
| • Documentation: length not appropriate OR unclear | | |
| • Others: | | |

# Part E
# (Investigations)

# Part E (Investigations) Rating Form (i)

Candidate Number: EE XXXXX

**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 | | | | | | | | | | |

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.



Candidate Number: EE XXXXX

| **E2. Justification score** | |
|---|---|
| circle one mark ONLY ↓ | References: |
| 9 | |
| 8.5 | **The investigations were targeted to the clinical findings, performed at appropriate time, the medical record was precise; provided effective patient care** |
| 8 | |
| 7.5 | **The investigations were targeted to the clinical findings, performed at appropriate time** |
| 7 | |
| 6.5 | **The investigations were in line with the clinical findings, likely solving the presenting problem** |
| 6 | **The investigations were not in line with the clinical findings, not likely solving the presenting problem** |
| 5.5 | **The investigations did not consider significant clinical findings appropriately** |
| 5 | |
| 4.5 | **The investigations OR the management of clinical condition(s) did not consider red flags appropriately** |
| 4 | **The medical record was disorganized, impairing the communication with other health care workers** |



Candidate Number: EE XXXXX

| **E4. Follow up score** | |
|---|---|
| circle one mark ONLY ↓ | References: |
| 9 | |
| 8.5 | **The follow up was targeted to the clinical findings and the investigation results, performed at appropriate time, the medical record was precise; provided effective patient care** |
| 8 | |
| 7.5 | **The follow up was targeted to the clinical findings and the investigation results, performed at appropriate time** |
| 7 | |
| 6.5 | **The follow up was in-line with the clinical findings and the investigation results** |
| 6 | **The follow up was not in line with the clinical findings OR the investigation results** |
| 5.5 | **The follow up did not consider significant investigation results appropriately** |
| 5 | |
| 4.5 | **The follow up of investigation results OR the management of clinical condition(s) did not consider red flags appropriately** |
| 4 | **The medical record was disorganized, impairing the communication with other health care workers** |

# Part E (Investigations) Rating Form (ii)

Candidate Number: EE XXXXX

**Total score (Part E):**

| E2 score x 5 | + | E4 score x 5 | = | Total Score (Part E) |
|---|---|---|---|---|
| | | | | |

If E3 pro-rata mark deduction applicable, please enter the adjusted mark

If E1 pro-rata mark deduction applicable

**Pro-rata deducted score (Part E)**



Candidate Number: EE XXXXX

Feedback on Part E (Investigations)

- ***please quote the Case number (i.e. case 1 --- 10)***
- ***mandatory if you rate 'fail' (below 65%) in Part E***



Candidate Number: EE XXXXX

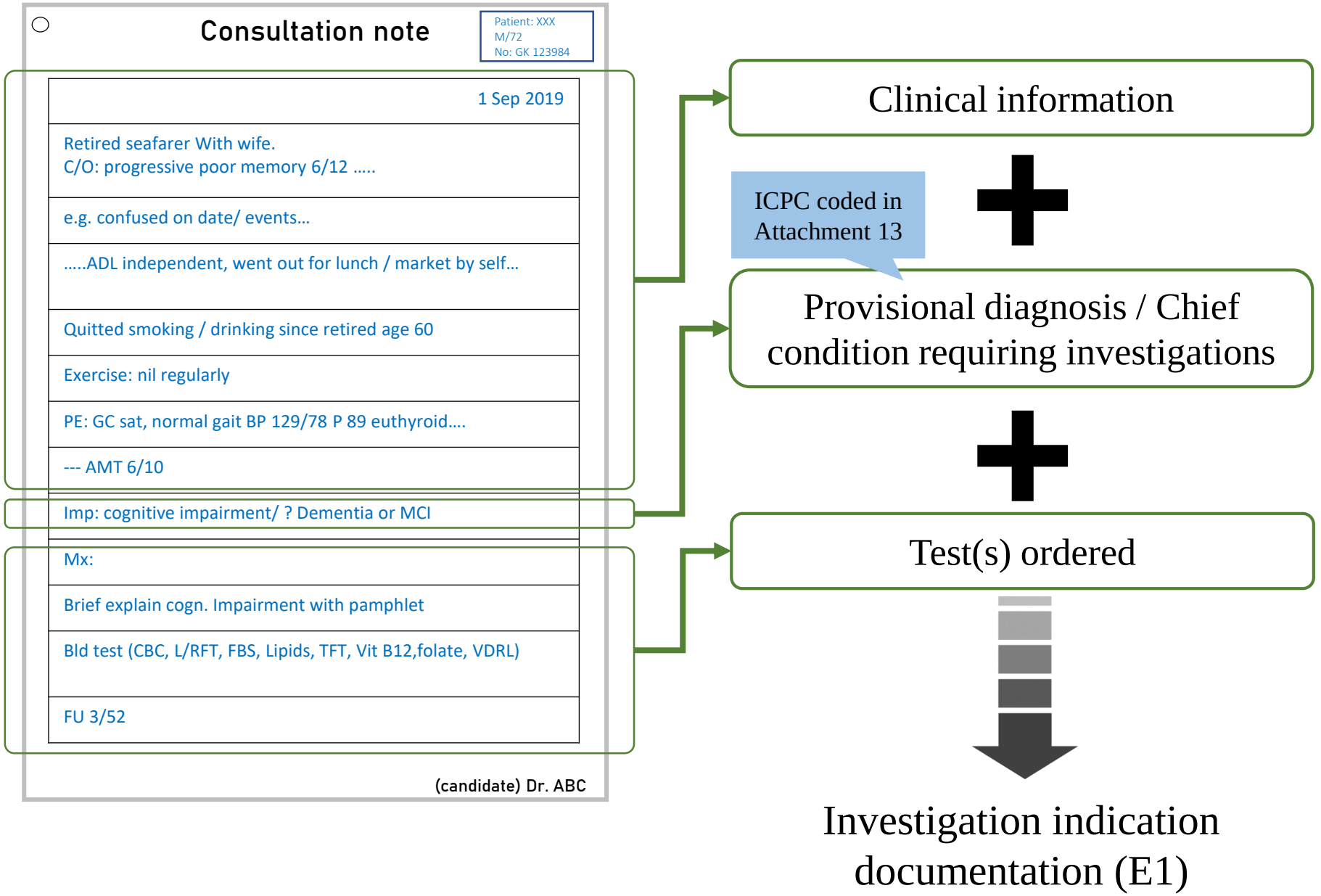
Feedback on Part E (Investigations)

- ***please tick the area(s) need attention / improvement according to the overall performance***
- ***mandatory if you rate fail (below 65%) in Part E***

| **Overall performance on E2 (Justification): area(s) need attention / improvement** | If applicable please ✓; higher priority ✓✓, etc. | remarks |
|---|---|---|
| • Insufficient clinical information | | |
| • Inappropriate working diagnosis | | |
| • The investigation not guiding the management | | |
| • Not choosing appropriate test(s) | | |
| • Test(s) not done at appropriate time | | |
| • Documentation: length not appropriate OR unclear | | |
| • Others: | | |

| **Overall performance on E4 (Follow up): area(s) need attention / improvement** | If applicable please ✓; higher priority ✓✓, etc. | remarks |
|---|---|---|
| • Follow up not done at appropriate time | | |
| • Key findings documentation unclear | | |
| • Not offering appropriate management according to the investigation results | | |
| • Documentation: length not appropriate OR unclear | | |
| • Others: | | |

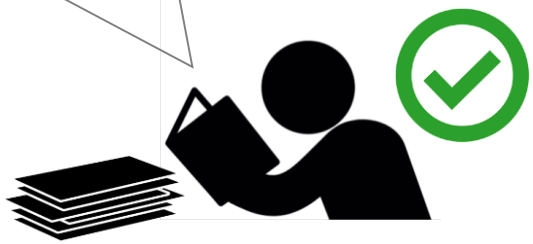
# E1 (Investigation indication documentation)




*Please note: the consultation note content are simulated and not implying a standard of pass or fail in the Exam*

# E1 (Investigation indication documentation): marking

Indication(s) of the investigation documented in record

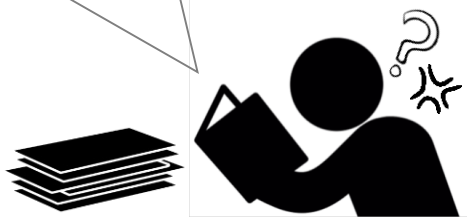


**Part E (Investigations)**

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

→ Examiners proceed to assess the record

Indication(s) of the investigation **cannot be found** in the record

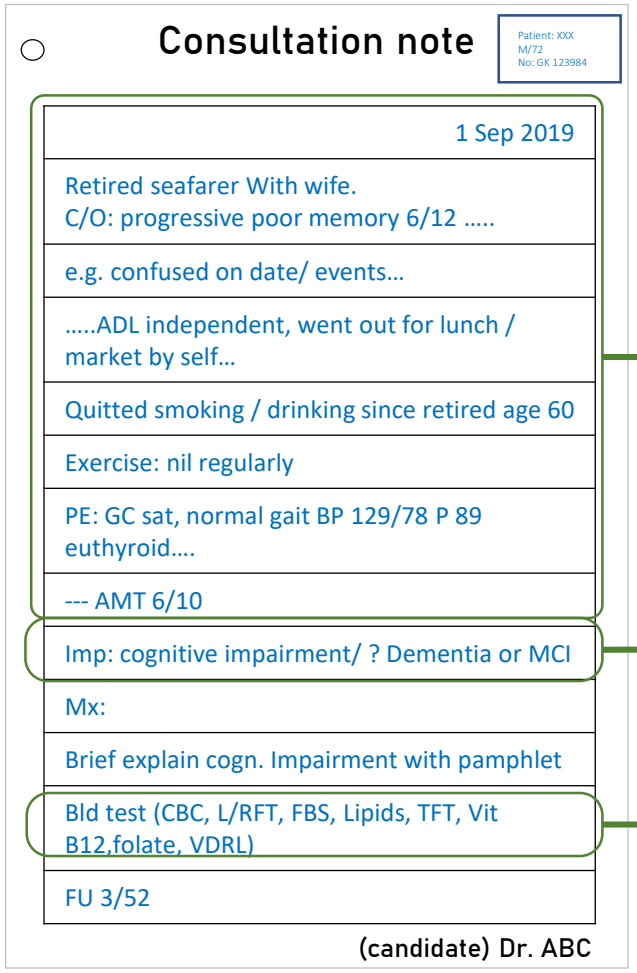


**Part E (Investigations)**

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

→ the whole case will not be assessed
→ pro-rata mark deduction in Part E total score

# E2 (Justification)



Consultation note

Patient: XXX
M/72
No: GK 123984

| |
|---|
| 1 Sep 2019 |
| Retired seafarer With wife.<br>C/O: progressive poor memory 6/12 ….. |
| e.g. confused on date/ events… |
| …..ADL independent, went out for lunch / market by self… |
| Quitted smoking / drinking since retired age 60 |
| Exercise: nil regularly |
| PE: GC sat, normal gait BP 129/78 P 89 euthyroid…. |
| --- AMT 6/10 |
| Imp: cognitive impairment/ ? Dementia or MCI |
| Mx: |
| Brief explain cogn. Impairment with pamphlet |
| Bld test (CBC, L/RFT, FBS, Lipids, TFT, Vit B12,folate, VDRL) |
| FU 3/52 |

(candidate) Dr. ABC

Marking of E2 (Justification)
is the **Examiner's judgement** on the records :

- Clinical information
- Provisional diagnosis / Chief condition requiring investigations
- Test(s) ordered

*Please note: the consultation note content are simulated and not implying a standard of pass or fail in the Exam*

# Marking Scale for E2 (Justification)

New in 2026

Examiner marks all the eligible medical records
Then give a global mark

| E2. Justification score | |
|---|---|
| circle one mark ONLY ↓ | References: |
| 9 | |
| 8.5 | **The investigations were targeted to the clinical findings, performed at appropriate time, the medical record was precise; provided effective patient care** |
| 8 | |
| 7.5 | **The investigations were targeted to the clinical findings, performed at appropriate time** |
| 7 | |
| 6.5 | **The investigations were in line with the clinical findings, likely solving the presenting problem** |
| 6 | **The investigations were not in line with the clinical findings, not likely solving the presenting problem** |
| 5.5 | **The investigations did not consider significant clinical findings appropriately** |
| 5 | |
| 4.5 | **The investigations OR the management of clinical condition(s) did not consider red flags appropriately** |
| 4 | **The medical record was disorganized, impairing the communication with other health care workers** |



# E3 (Results documentation)

**Consultation note**

Patient: XXX
M/72
No: GK 123984

| |
|---|
| 21 Sep 2019 |
| with wife and daughter today |
| Consult. 1/9/ 2019 refers; |
| Dementia bld work up (4 Sep 2019):<br>CBC, L. RFT, TFT, Vit B12, folate: N; VDRL: no-reactive |
| Daughter concerned …. |
| Imp: cognitive impairment/ likely MCI |
| Mx: |
| Suggest SFI CT brain; relatives need time to think about |
| Encourage regular social activities / exercise.<br>: e.g. visit nearby elderly community center |
| Refer: |
| Occ therapist (assessment and training) |
| Geri SOPC |
| FU 12/52 |
| |

(candidate) Dr. ABC

*Please note: the consultation note content are simulated and not implying a standard of pass or fail in the Exam*

Investigation results/ findings

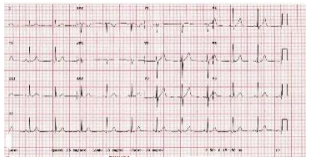
+

Copy of the investigation reports, e.g.

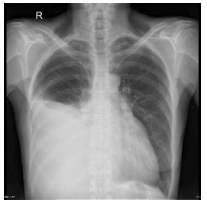
X-ray report

CT scan

Ultrasound scan

For chest X-Ray: : if report not available



film

OR

Present for Examiner's inspection

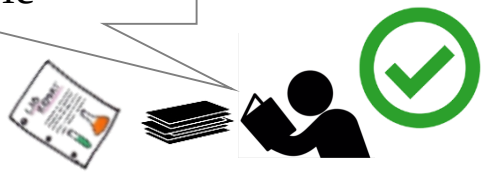
Results documentation (E3)

# E3 (Results documentation): marking

- The investigation results documented in the medical record
  AND
- The investigation/ laboratory report (copy) available

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **E3.** Results documentation | ✓ | | | | | | | | | |
| **E4.** Follow up | ↓ | | | | | | | | | |

→ Examiners proceed to assess the record, E4 (follow up)



- The investigation results **NOT** documented in the medical record
  OR
- The investigation/ laboratory report (copy) **NOT** available

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **E3.** Results documentation | X | | | | | | | | | |
| **E4.** Follow up | X | | | | | | | | | |

→ "Follow up" of the case will not be assessed
→ pro-rata mark deduction in E4 (follow up) score

# E4 (follow up)

**Consultation note**

Patient: XXX
M/72
No: GK 123984

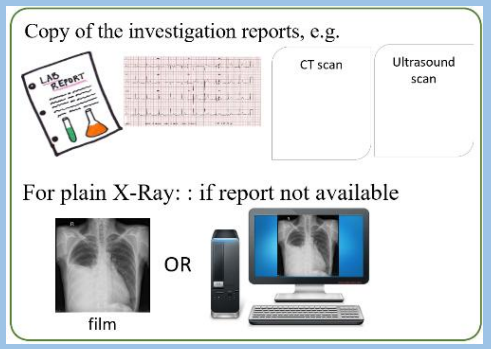
| |
|---|
| 21 Sep 2019 |
| with wife and daughter today |
| Consult. 1/9/ 2019 refers; |
| Dementia bld work up (4 Sep 2019):<br>CBC, L. RFT, TFT, Vit B12, folate: N; VDRL: no-reactive |
| Daughter concerned …. |
| Imp: cognitive impairment/ likely MCI |
| Mx: |
| Suggest SFI CT brain; relatives need time to think about |
| Encourage regular social activities / exercise.<br>: e.g. visit nearby elderly community center |
| Refer: |
| Occ therapist (assessment and training) |
| Geri SOPC |
| FU 12/52 |
| |

(candidate) Dr. ABC

Marking of E4 (follow up)
is the **Examiner's judgement** on the records:

Investigation results/ findings:

Documented in the Medical record &




Diagnosis

Management

Other clinical information elicited (if any)

*Please note: the consultation note content are simulated and not implying a standard of pass or fail in the Exam*

# Marking Scale for E4 (follow up)

New in 2026

Examiner marks all the eligible medical records
Then give a global mark

| E4. Follow up score | |
|---|---|
| circle one mark ONLY ↓ | References: |
| 9 | |
| 8.5 | **The follow up was targeted to the clinical findings and the investigation results, performed at appropriate time, the medical record was precise; provided effective patient care** |
| 8 | |
| 7.5 | **The follow up was targeted to the clinical findings and the investigation results, performed at appropriate time** |
| 7 | |
| 6.5 | **The follow up was in-line with the clinical findings and the investigation results** |
| 6 | **The follow up was not in line with the clinical findings OR the investigation results** |
| 5.5 | **The follow up did not consider significant investigation results appropriately** |
| 5 | |
| 4.5 | **The follow up of investigation results OR the management of clinical condition(s) did not consider red flags appropriately** |
| 4 | **The medical record was disorganized, impairing the communication with other health care workers** |



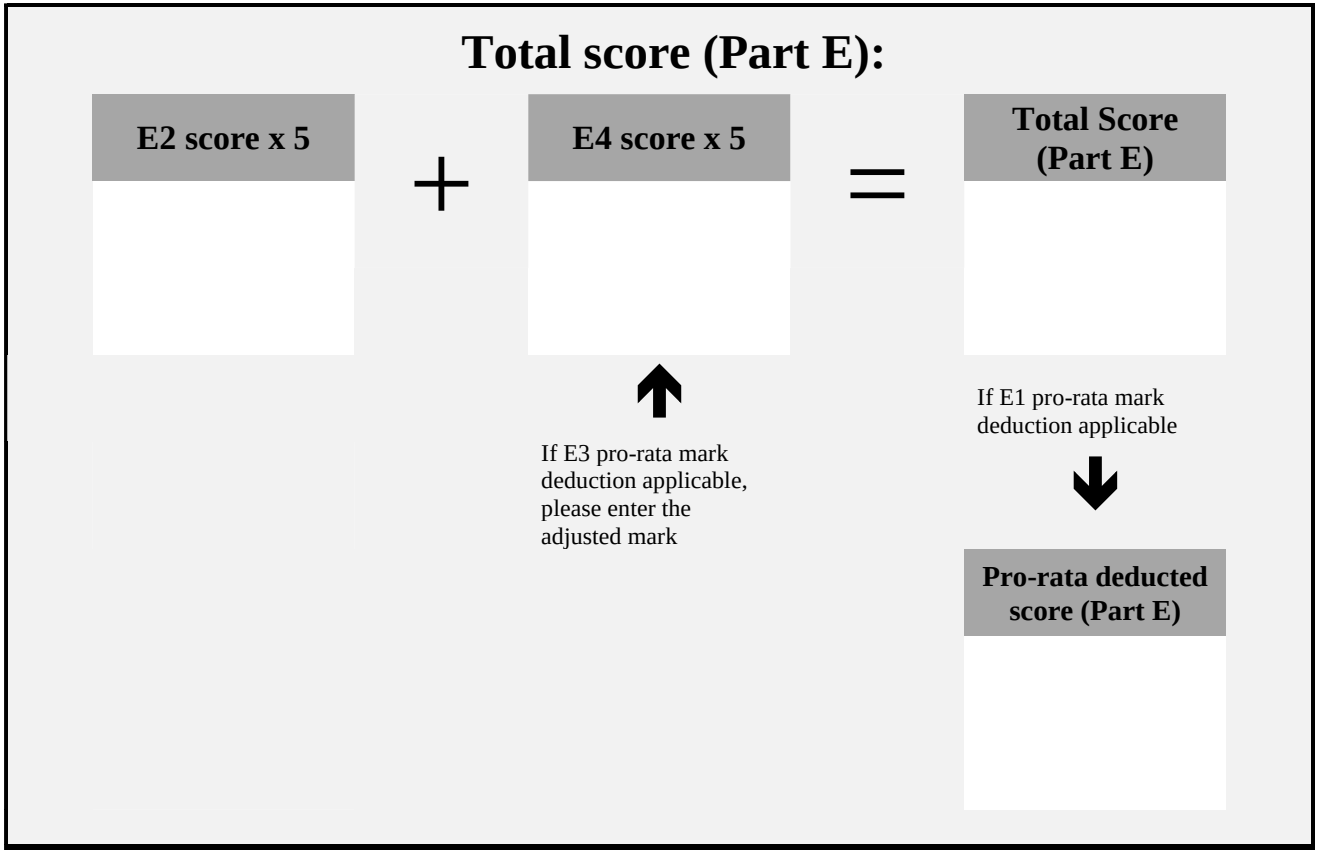
# Part E (Investigation): total score

Mark distribution:

E2 (Justification): 50%

E4 (Follow up): 50%

Passing mark Total score ≥ 65%



# Feedback on Part E (Investigations)

- ***please tick the area(s) need attention / improvement according to the overall performance***
- ***mandatory if you rate fail (below 65%) in Part E***

| **Overall performance on E2 (Justification): area(s) need attention / improvement** | If applicable please ✓; higher priority ✓✓, etc. | remarks |
|---|---|---|
| • Insufficient clinical information | | |
| • Inappropriate working diagnosis | | |
| • The investigation not guiding the management | | |
| • Not choosing appropriate test(s) | | |
| • Test(s) not done at appropriate time | | |
| • Documentation: length not appropriate OR unclear | | |
| • Others: | | |

| **Overall performance on E4 (Follow up): area(s) need attention / improvement** | If applicable please ✓; higher priority ✓✓, etc. | remarks |
|---|---|---|
| • Follow up not done at appropriate time | | |
| • Key findings documentation unclear | | |
| • Not offering appropriate management according to the investigation results | | |
| • Documentation: length not appropriate OR unclear | | |
| • Others: | | |

# When the Exam ends

- The Examiners will call you back
- Please check with the Examiners that all the medical records had returned to you
- Confirm by signing on the note provided

This is to confirm that all the medical records used in Practice Assessment today had returned to me.
Date
Candidate:
Signature:

# Pass / Fail

**When Pass-fail discrepancy among Examiners' marking occur in**

# Random check, Part C II:

'Pass' = two or all the Examiners give passing grade

# When Pass-fail discrepancy among Examiners' marking occur in

# Part D, Part E:

Average of the three Examiners' Total Score will be considered:

| Examiner 1 | Examiner 2 | Examiner 3 | Average of the Total Score | Pass / Fail |
|---|---|---|---|---|
| Pass | Pass | Pass | *Not applicable* | **Pass** |
| Pass | Fail | Pass | Pass | **Pass** |
| Pass | Fail | Fail | Pass | by 4th Examiner |
| Pass | Pass | Fail | Fail | by 4th Examiner |
| Pass | Fail | Fail | Fail | **Fail** |
| Fail | Fail | Fail | *Not applicable* | **Fail** |

# 4th Examiner

- The 4th Examiner may go to your clinic **in either Period A or Period B**
- 2-working-day notice in advance
- assesses the same set of materials seen by the previous three PA Examiners


All Candidate

- must keep all the examination materials seen by the previous PA Examiners; at least until the end of Period B

# QA Examiner

- The QA Examiner may go to your clinic
  - **With the other PA Examiners**
  - **OR in a separate date (either in Period A or Period B)**
- 2 or more working days notice in advance
- assesses the same set of materials seen by the PA Examiners
- Quality Assurance purpose
- Randomly selected, not based on the performance or the Exam results of the Candidates
- Not affect the Candidates' Exam results

# From PA to passing the Exit Examination

| Random check | Part CII | Part D | Part E |
|---|---|---|---|
| Grade ‘A’ or ‘C’ | Pass in both Knowledge & Practice | Score 65 % or above | Score 65 % or above |

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Pass in Practice Assessment

Pass in Consultation Skill Assessment

\+ Pass in Research/ Clinical Audit

**Fail in PA:**
All the failed Part(s) need to be re-attempted as a whole set

**Pass in PA:**
Valid for five years; same as other Segments of Exit Examination

Candidate must have valid passes in all three Segments (CSA + PA + Research / Clinical Audit) at the same time to pass the Exit Examination

Pass in Exit Examination

Enquiry

Specialty Board secretary:

alkyyu@hkcfp.org.hk

Tel: 2528 6618 (Alky or John)