SPECIALTY BOARD
Pre-Exit Exam workshop

Research Segment
28 August 2026

Professor Martin C.S. Wong

Martin C.S. Wong BMedSc (Hons), MSc (Hons), MBChB, MD (CUHK), MPH, MBA, FRACGP, FRSPH, FHKCFP, FHKCCHP, FHKAM (Family Medicine), DCH (Ire), FESC, FACC, FAcadTM, FFPH, FHKAN (Hons), FRCP (Glasgow), FRCP (Edinburgh)

Professor (Clinical), JC School of Public Health and Primary Care
Professor (by courtesy), Department of Sports Science and Physical Education
Faculty of Medicine, The Chinese University of Hong Kong
Adjunct Professor of Global Health, School of Public Health, Peking University
Adjunct Professor, School of Public Health, Peking Union Medical College
Chairman, Grant Review Board, Health Care and Medical Research Fund, Food and Health Bureau, HKSAR Government
Consultant (Honorary), Department of Family Medicine, NTEC, Hospital Authority
Specialist in Family Medicine
Editor-in-Chief, Hong Kong Medical Journal, Hong Kong Academy of Medicine

Build research capacity

Research Segment –

Assesses the candidate's ability to conduct a research project which include :

Performing a literature search and defining a research question,

Selecting the most appropriate methodology to answer the research question,

Performing appropriate analysis and interpreting the results with a discussion and conclusion

Exit Exam 2026 – Passing Rate

Total number of Candidates attempted Research	**11**
Number of Candidates PASSED overall	**11**
Passing Rate	**100%**

Guidelines on Exit Exam

Please download from our college website:

www.hkcfp.org.hk

Education & Examination → Exit Examination

Guidelines for 2026 Full Exit Exam will be available SOON~

1st Year	
Feb 1	Commence higher training
March	Preparatory workshop
Mar- June	Literature review, identify and refine research question and draft research protocol (4 months)
July 31	Deadline for submitting IRB (allow 2-3 months)
August 31	Notification of successful Research Fund applications
Oct 31	Deadline for submitting HKCFP Research Fund application
Sept - Feb	Commence data collection (6 months)

Reminder: Presentation of Research Study at Research Forum

2nd Year	
March- May	Data Analysis (3 months)
June - August	Writing full report (draft)
Aug 28	Pre-Exit Exam Workshop (TODAY!)
September	Submit to supervisor for comments
Oct- Nov	Study report revisions (final)
Early January	Submit for examination

2027F Exam Guidelines

Each candidate is required to submit:

- FOUR COPIES and a word file (.doc or .docx) of the research report;
- Supporting document(s) of Ethics Approval issued by recognized ethics committee;
- Certification by Clinical Supervisors/ Mentors (Appendix C); **AND**

From 2024 Exit Exam onwards

- **Electronic copy of raw data (e.g. experimental measurements, survey responses, interview transcripts, audio recording files) that have not been processed nor analyzed. Data on human subjects should be anonymized and de-identified.**

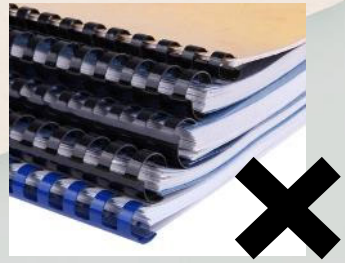
Submission Deadline: 4 January 2027

Submission of raw data

- Data hasn't been processed yet by machine nor human
- Should not put effort on raw data for submission. Raw data would not be assessed
- If in doubt, Examiners can request to check the raw data
- Raw date can be experimental measurements, survey responses, interview transcripts, audio recording files (e.g. .cvs, .xls, .docx, .pdf, .mp4)
- Data on human subjects should be anonymized and de-identified to protect confidentiality
- If necessary, seek consent from interviewees
- Subject to disqualification if failed to provide raw data
- The study should be **conducted independently** under the **supervision of your trainer**.

Submission of research report

- The names of the practice, the candidate, his/her supervisor and colleagues who have assisted in the research project should NOT be stated in the Research Report.
- The candidate has a free choice of topics for the research. The research topic chosen should be relevant to the specialty of Family Medicine and/or Primary Care.
- The date of ethics approval must be within 3 years before the application deadline of the Exit Examination.



Format of the research report

A standard format with an **Introduction** giving background and objectives; **Method** giving details of Subjects, Study Design and Measurements, Interventions, Outcomes, and Statistical Methods; **Results; Discussion; Conclusions; References**; and **Acknowledgements**.

The text should be **between 2,500 and 4,000 words** in length, excluding the abstract, references and acknowledgements.

Graphs and tables should be limited to 6 and **references between 15 - 30.**

An Abstract of up to 250 words should be set out under the headings of **Objective, Design, Subjects, Main Outcome Measures, Results, and Conclusions.** Up to five keywords should be listed below the abstract.

Abbreviations should be spelt in full when first used.

References should preferably conform to the Vancouver style as used in the Hong Kong Practitioner, the official journal of the HKCFP, and must be clearly numbered in the correct order in the text. The same referencing style should be used throughout the research report. Journal titles should be abbreviated to Index Medicus Style. Up to three authors and/or editors should be listed. If there are more than three, the first three and "*et al*" should be listed.

All study instrument and/or questionnaire should be attached as part of the appendices

The candidates are recommended to include sufficient information in their research reports. References can be made to the website of the British Medical Journal on the various guidelines according to the different study designs. (**http://www.bmj.com/about-bmj/resources-authors/article-submission/article-requirements)**. These guidelines are for reference only, and candidates do not need to complete or submit the guidelines.

SUGGESTED READING / REFERENCES

1. *Grant S. Fletcher. Clinical Epidemiology – The Essentials. 6th Edition, 2021*

2. *Geoffrey R. Norman and David L. Streiner, Biostatistics: The Bare Essentials, 4th Edition. Shelton, Connecticut : People's Medical Publishing House-USA, 2014*

3. *Felicity Goodyear-Smith, Robert Mash. How To Do Primary Care Research. 1st Edition, ISBN 9781138499584. Published August 16, 2018 by CRC Press*

4. *Harvey Motulsky. Intuitive Biostatistics, Fourth Edition, Published: 15 November 2017, ISBN: 9780190643560*

5. *Rosaline S. Barbour, Introducing qualitative research. A student's Guide by Rosaline Barbour. 2019 SAGE Publications Inc.*

6. *Leon Gordis, Epidemiology, 3rd Edition. Philadelphia: Elsevier Saunders 2013.*

7. *Sample size calculation. Centre for Clinical Research and Biostatistics, the Chinese University of Hong Kong. Available at: https://www2.ccrb.cuhk.edu.hk/web/?page_id=1016*

Ethics Approval for Research Study

- MUST seek Ethics Approval from a recognized Ethics Committee before starting your study.
  - HA, DH or universities.
- Candidates are required to submit the supporting document(s) when submission of Research Report.
  - Be disqualified if failed to do

Assessment Criteria

- The research topic and question(s), their relevance and importance to the candidate's practice and family medicine, critical review of background literature and objectives of the research,
- Appropriate research methodology: sampling method, outcome measures, data collection, analysis of results and use of appropriate statistical tests,
- Interpretation and discussion on the results, their relationship with existing literature, their strengths and limitations, and impact of the research to the practice of Family Medicine and community care.
- Overall presentation and adequacy/appropriateness of the reference list.
- A score of 65% or above is the standard for a pass.

Research Segment Evaluation Form

Rating Form on Research Segment

Standards for allocation of marks

The following descriptions of performance are to be used as yardsticks of levels of achievement.

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

- **Sample Size Calculation**
  show your understanding
- **Publishability**
- **Originality**
  new knowledge / uniqueness
- **Plagiarism**
  zero tolerance
  plagiarism checker

What is Plagiarism?

- *FP Links April 2026 issue*
- *Written by Dr Eric KP LEE*

RESEARCH MADE EASY

Plagiarism: A Serious Offence in Medicine and Academia

Dr. Eric K P LEE
Clinical Associate Professor, JCSPHPC, The Chinese University of Hong Kong
Member, Research Segment Subcommittee, Specialty Board

What is plagiarism?

Plagiarism occurs when someone presents another person's ideas, words, data, or work as their own without proper acknowledgement. This includes copying text verbatim without quotation and citation, paraphrasing ideas without crediting the original source, submitting work written by someone else, re using one's own previously submitted work without adequate acknowledgement (i.e. self plagiarism), or providing incomplete or inaccurate citations. All forms of plagiarism, including "accidental" ones, misrepresent authorship and constitute academic dishonesty.

Why is plagiarism harmful?

Plagiarism is a form of intellectual theft and a serious breach of professional ethics. In academic and medical settings, it undermines integrity, erodes trust between students, teachers, clinicians, and researchers, and compromises the credibility of scientific work. For students and doctor trainees, plagiarism bypasses the learning process entirely, creates a false sense of competence, and may ultimately result in unearned or misleading academic or professional credentials or qualifications. Widespread plagiarism ultimately stifles the development of new ideas and undermines the advancement of research and new knowledge.

International standards reinforce its seriousness - the International Committee of Medical Journal Editors (ICMJE) considers plagiarism a violation of authorship and scientific integrity, while Committee on Publication Ethics (COPE) distinguishes between minor plagiarism (e.g., a few uncited sentences) and major plagiarism (e.g. copying substantial portions of text or ideas).[1]

How is plagiarism detected?

Although hints of plagiarism (e.g. inconsistencies in writing and referencing style) can sometimes be noticed manually, it is most commonly identified using specialised detection software such as Turnitin, SafeAssign, Scribbr, and, in Hong Kong, VeriGuide. These systems compare submitted work against vast databases of websites, published literature, and previous student submissions. They also analyse sentence structure, enabling detection of both direct copying and poorly executed paraphrasing. A similarity index is typically generated by these program - Although there is no universal "safe" threshold, similarity above roughly 15–25% often prompts manual review to decide whether plagiarism is present.

What are the consequences?

Because plagiarism is a breach of integrity rather than a simple academic mistake, consequences can be severe. Students and trainees may receive a zero on an assignment, fail a course, or in serious cases be suspended or dismissed from their programme. Records of misconduct may affect future applications for training or postgraduate opportunities.

In clinical and professional settings, any form of dishonesty (including plagiarism) raises concerns about an individual's suitability to practise and may trigger formal fitness-to-practise investigations. For medical doctors, and doctors-in-training, plagiarism can therefore have far-reaching consequences. These may include failure of the affected assignment or training rotation, removal from training programmes, and disciplinary action by medical councils—up to and including suspension or permanent removal from the medical register. Additional repercussions may involve termination of employment, reputational damage within the profession, and in some cases mandatory remediation or professionalism training. A well-documented example occurred in the UK in 2016, when psychiatrist Dr. Aliveni Ramanujam was permanently struck off the medical register for repeated plagiarism and dishonesty in both academic work and clinical documentation.[2]

How to avoid plagiarism?

A simple guiding principle applies: if an idea, phrase, or sentence did not originate from you, give proper credit. When paraphrasing, read the source, set it aside, and rewrite the idea in your own sentence structure before citing it. Use quotation marks whenever wording is reproduced exactly. Avoid "patchwriting," where copied fragments are lightly edited and stitched together, and never reuse your own previous work without explicit permission and acknowledgement. Remember that images, figures, tables, and diagrams also require proper citation, and in many cases copyright permission. Using essay writing services or "paper mills" is strictly prohibited.

Be especially cautious when using AI tools such as ChatGPT or Grammarly: AI generated text may contain fabricated references, incorrect paraphrases, or unattributed source material. Submitting such text without verification is considered academic misconduct.

Finally, always screen your work using tools such as VeriGuide before submission. If your writing may resemble work by senior colleagues that is not publicly available, you may upload those documents to the system to avoid inadvertent similarity.

For a more detailed description of plagiarism, the readers may visit a dedicated webpage of the University of Oxford (https://www.ox.ac.uk/students/academic/guidance/skills/plagiarism).

Reference:

1. COPE Council. COPE Flowcharts and infographics — Plagiarism in a published article — English. https://doi.org/10.24318/cope.2019.2.2
2. Dyer, Clare. "Psychiatrist Struck off for Repeated Plagiarism." BMJ 2016; 354 doi: https://doi.org/10.1136/bmj.i4872

Use of AI-generated outputs for Exit Exam is NOT allowed

- Written report must represent the trainee's own work. Contents produced solely by the generative AI tools would not be accepted as submission.

- Trainees are required to critically examine the output (if any) generated from the generative AI tools, with the contents checked for accuracy and screened for discrepancies.

- Academic honesty and integrity should be upheld without compromise. Improper use of generative AI tools may lead to disciplinary actions or other consequences as determined by the Academy and College.

Thank you