

# Preparatory workshop

## Practice assessment

# In the following pages:

Candidate needs to  
prepare

Tips on good  
practice for  
Candidate

Examiner will  
assess

Consensus /  
recommendation in  
marking

# PA results in 2026 Full Exit Examination

## a. Overview

Status of the candidates	First-attempt	Re-attempt
<b>Number</b>	21	4
<b>Pass</b>	15	4
<b>Fail</b>	6	0
<b>Passing rate</b>	71.4%	100%
<b>Overall Passing Rate PA</b>	76%	

## b. Candidates' pass / fail

Pass				
EES [redacted]	EE [redacted]	EE [redacted]	EE [redacted]	EE [redacted]
EES [redacted]	EE [redacted]	EE [redacted]	EE [redacted]	EE [redacted]
EES [redacted]	EE [redacted]	EE [redacted]	EE [redacted]	EE [redacted]
EES [redacted]	EE [redacted]	EE [redacted]	EE [redacted]	

Fail	Random Check	Part CII	Part D	Part E
EE [redacted]				*
EE [redacted]			*	
EE [redacted]	*	*		
EE [redacted]	*			
EE [redacted]			*	*
EE [redacted]	*			

# **PMP report**

# PMP

PA Introductory Workshop  
20 March 2026

- What Candidate needs to prepare
- Tips on good practice
- What Examiner will assess
- Consensus in Marking

Prepare for  
Practice Management Package (PMP)  
Practice Assessment, 2027 Exit Exam


# PMP Rating Form

Please use the latest version of PMP Rating Form  
(Feb 2025)

- Practice setting (Part A)
- Clinic management (Part B)
- Pharmacy (Part C)
- Dangerous drug management (Part CII)

Feb 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	

Page 1 of 21

# PMP Appendixes

References in your PMP report preparation

The latest version of PMP Appendixes  
(**April 2025**)

April 2025

## Practice Management Package Appendixes

Appendix A	Details of Permitted Sizes and Measurement of Signboards
Appendix B	Infection control measures (patient triage, PPE)
Appendix C	Routine Environmental Cleaning
Appendix D	“Spills” Protocol
Appendix E	Disinfection
Appendix F	Sterilization
Appendix G	Private Healthcare Facilities Ordinance
Appendix H	Telemedicine
Appendix I	Waste Management
Appendix J	Needle Stick Injury and Blood / Body Substance Occupational Exposure Management Protocol
Appendix K	Handling and Disposal of Sharps
Appendix L	Procedures of Proper Dispensing
Appendix M	Vaccine Storage
Appendix N	Expired Medication Disposal
Appendix O	Dangerous Drugs Ordinance

# Attachment 1 to 11

## Hong Kong College of Family Physicians

### Exit Examination

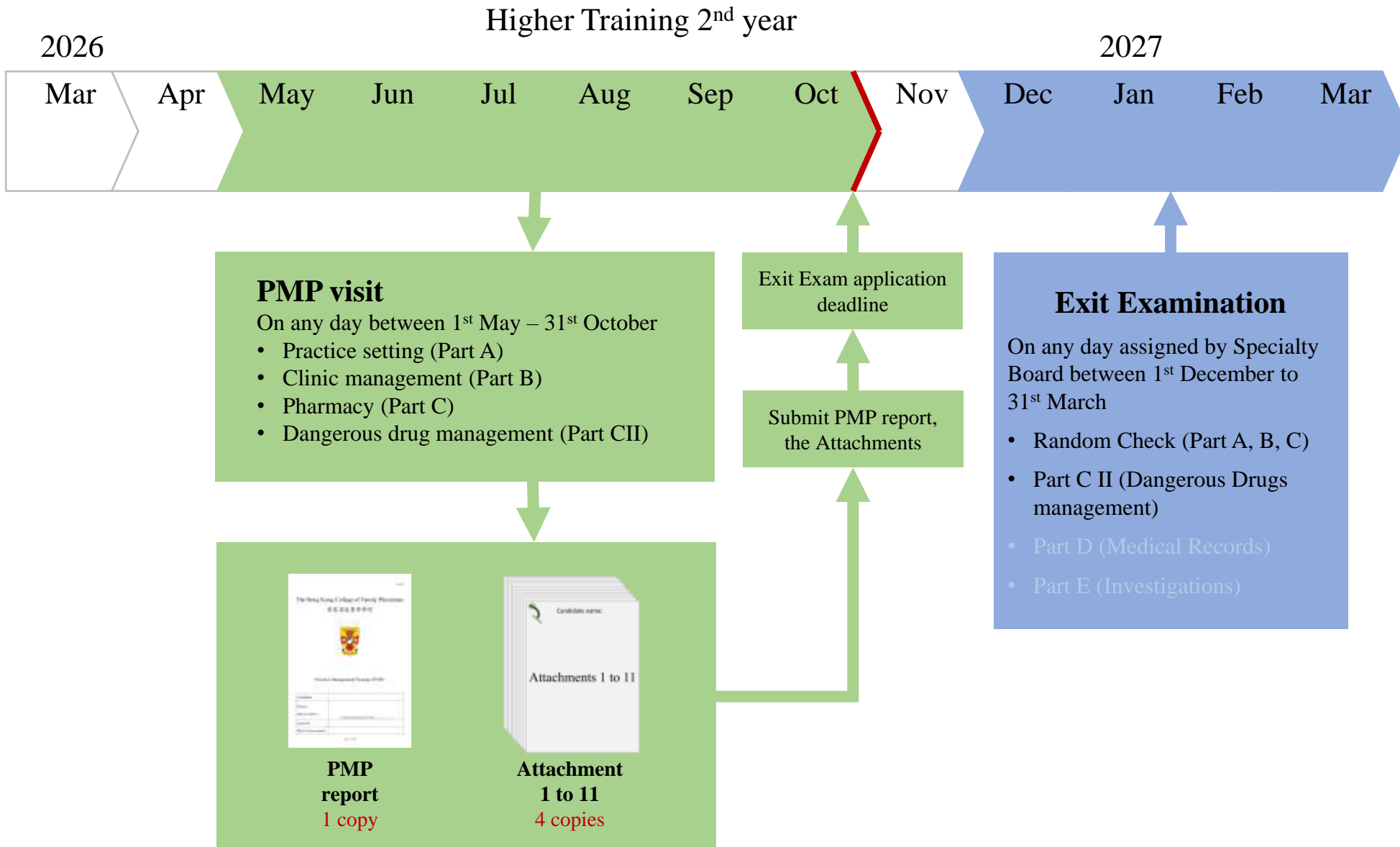
#### List of Attachments

to be submitted by candidates for Practice Assessment

Attachment	Information on	Type of practice (group/solo/public/private)
		Average no. of patients seen per week Average consultation time and average waiting time
Attachment 1	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)	

Feb 2025

# Prepare for PMP review (Random Check)



# Insight from the recent Full Exit Examination

# Insight from the recent Full Exit Examination

## Random check (PMP review)

Please "✓" when the item is present or appropriate; "X" if not present or inappropriate, "NA" if not applicable to the practice.

Part B (Clinic Management)	
Safety	
34. Needle stick injury protocol * (Attachment 11) (Appendix J)	X
35. Handling and disposal of sharps * (Appendix K)	X
36. Safe blood taking procedure	✓
37. Occupational health & safety awareness	✓

Part C (Pharmacy and Drug Labeling)	
Dispensary / Pharmacy Management	
2. Protocol to ensure accurate dispensing (Appendix L)	✓
Disposal of expired medications	
26. Proper drug disposal * (Appendix N)	X

- *not understand the needle stick injury protocol submitted*
- *not familiar with the actual practice when there is a case of needle stick injury*
- *unable to articulate the process for handling sharps noted on the floor*
- *not understand the proper procedure of disposing a drug*

# Insight from the recent Full Exit Examination

Part C (Pharmacy and Drug Labeling)	
Refrigerator for vaccine storage (Appendix M)	
17. Presence / type of refrigerator	✓
18. Max/min. thermometer *	X
20. Temperature checked and recorded daily *	✓
21. No contamination, e.g., food *	✓
23. Vaccines appropriately stored *	✓
24. Expiry date checked *	✓
25. Protocol of cold chain breach	✓

- *The treatment room vaccine refrigerator has a built-in thermometer with log and USB to measure and monitor both max and min. temperature. However, it did not have another independent thermometer to monitor / cross check the temperature accuracy.*
- *While the Pharmacy refrigerator has three systems (include an independent one) to monitor the temperature.*

# Insight from the recent Full Exit Examination

## Part C II (Dangerous Drugs management)

		Knowledge	Practice
1.	Authorized person*	✓	✓
2.	DD receptacle*	X	✓
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)	X	N/A
5.	DD register*	X	✓
<b>Overall result</b> (must pass in both knowledge and practice to have overall pass here)			
<b>Pass</b>		<b>Fail</b>	✓

- *Not understand*
  - *the correct disposal of DD*
  - *knowledge of how DD register should be amended*
- *The deficit include*
  - *the DD receptacle,*
  - *competence to handle expired DD in terms of storage, record and disposal,*
  - *the format and content of the DD Register*

# Part D

# Part D

PA Introductory Workshop  
20 March 2026

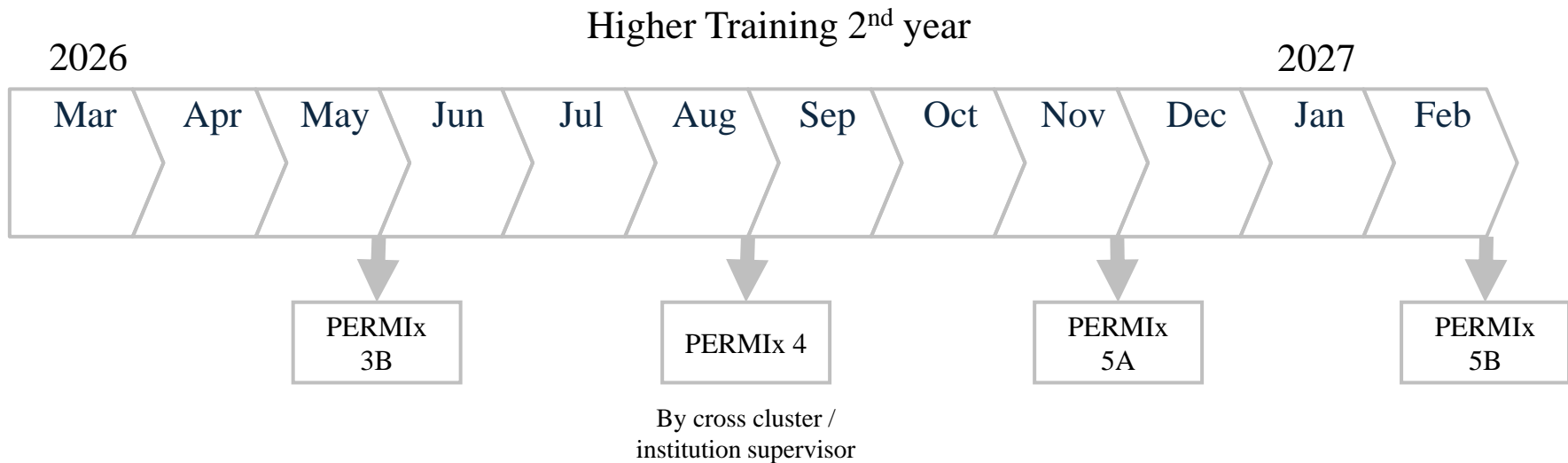
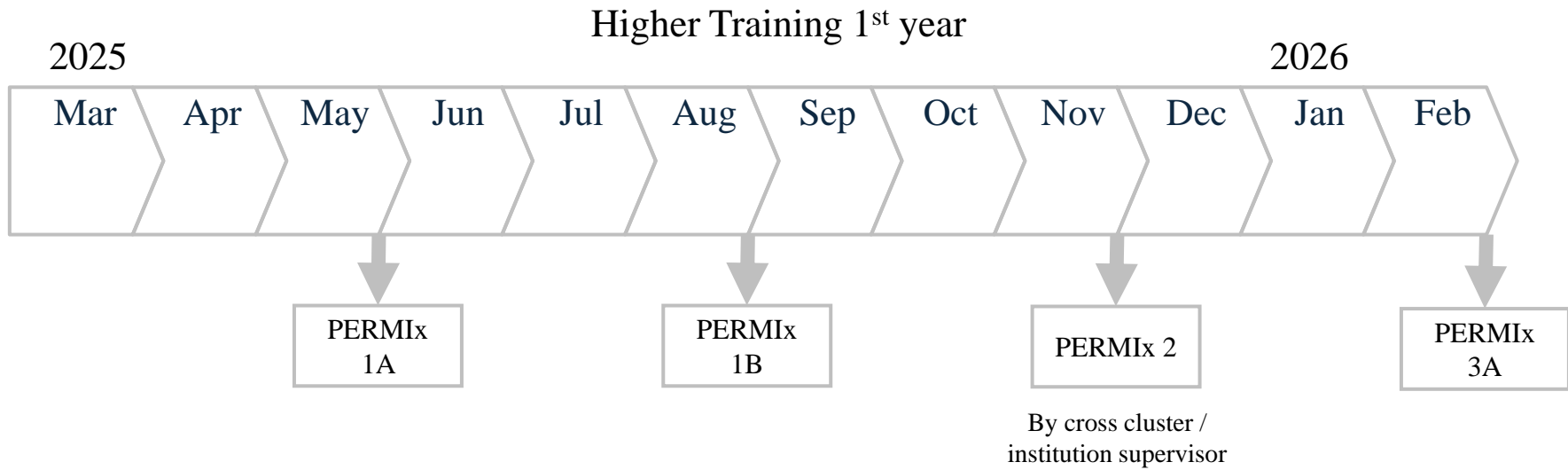
- What Candidate needs to prepare
- Tips on good practice
- What Examiner will assess
- Consensus in Marking

Prepare for

Part D (Medical Records)

Practice Assessment, 2027 Exit Exam

# PERMIx in Higher FM Training



# Prepare for Part D

**Satisfactory (or above) performance in PERMIx 3B and PERMIx 4 in BVTS Higher Training**

To understand:

**Cases collection / Attachment 12 preparation:**

- **Collect 50 Cases** in a one-week-period period
- The patients can source from more than one clinic that you are working
- The one-week can be between 20 September to 20 November 2026 (**tentative**)
- Paper / print-out the **Medical Records**
- The 50 Case-log = **Attachment 12** ,  
to be submitted on or before 21 November 2026 (**tentative**)

**Assessment format of Part D**

- D1 (legibility)
- D2 (Basic Information)
- D3 (Consultation notes)

# Satisfactory (or above) performance in PERMix 3B and PERMix 4

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



**Practice visit:  
Medical Record Review including  
Investigation (PERMix)**

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		

**PERMix Assessment Form**

Revised from Assessment 22 Questionnaire (2018) and 2019b  
Overall Format Agreement by FM Practitioners (CMA, CMO, FRCM) (2019)

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>A. Legibility</b>															
<b>1. Address / Address / Drug / Medication</b>															
<b>B. Date Information (As appropriate)</b>															
<b>Grade (please circle one)</b>															
A															
E															
N															
<b>2. Clinical Reasoning</b>															
<b>3. Investigation</b>															
<b>4. Management</b>															
<b>5. Communication</b>															
<b>6. Professionalism</b>															
<b>7. Safety</b>															
<b>8. Total (please circle one)</b>															
A															
C															

E			
N			

Overall performance	
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 have impact on patient care
N	Need attention to avoid unsafe practice

## Feedback:

### i. Basic Information

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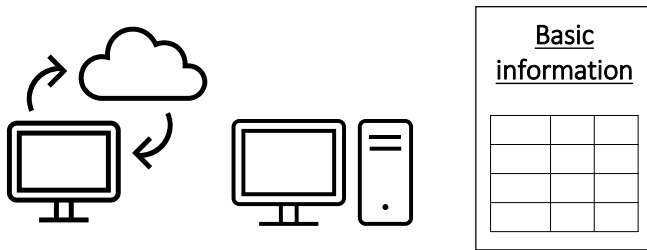


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# The medical records required for Part D (i)

The content of each medical record should include:

## i. Basic information

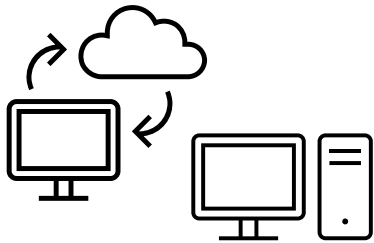


## ii. Consultation notes

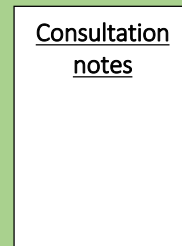
# The medical records required for Part D (ii)

## Paper based

Your Clinic's Medical Record system



Print-out



Handwritten records



Readily available upon Exit Examiners' request



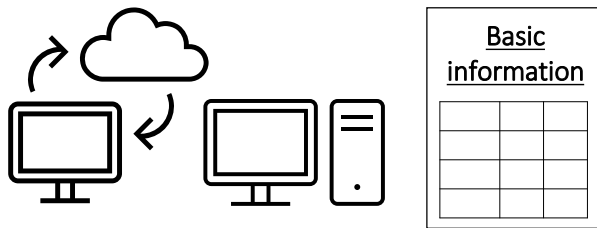
# The medical records required for Part D (iii)

## 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



# The medical records required for Part D (iv)

## Basic Information: use of templates

e.g. BP/P, Weight / Height / BMI may be in the consultation records

- 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, if necessary
- Legible!

### The format

- Not compulsory to have all the basic information on a single electronic / paper template
- Recommend to use the usual electronic / paper medical record system at the Candidate's clinic
- **NOT RECOMMEND** to create a distinct template just for the sake of fulfilling all the listed items of the PA Rating Form

### The content

- As appropriate and as applicable
- Not mandatory to have full documentation on all the areas / fill in all the blanks on the template in every medical record
- Should have significant 'negatives' e.g. Allergy: nil known
- Inappropriate 'blanks' on the template/ table may be regard as missing information



# The medical records required for Part D (vi)

Also include the following whenever applicable:

Lab report

followed up in  
this consultation

Referral letter

issued in this  
consultation

the previous consultations'  
notes --- up to five

Consultation note  
Dr. Colleague B

Consultation note  
Candidate

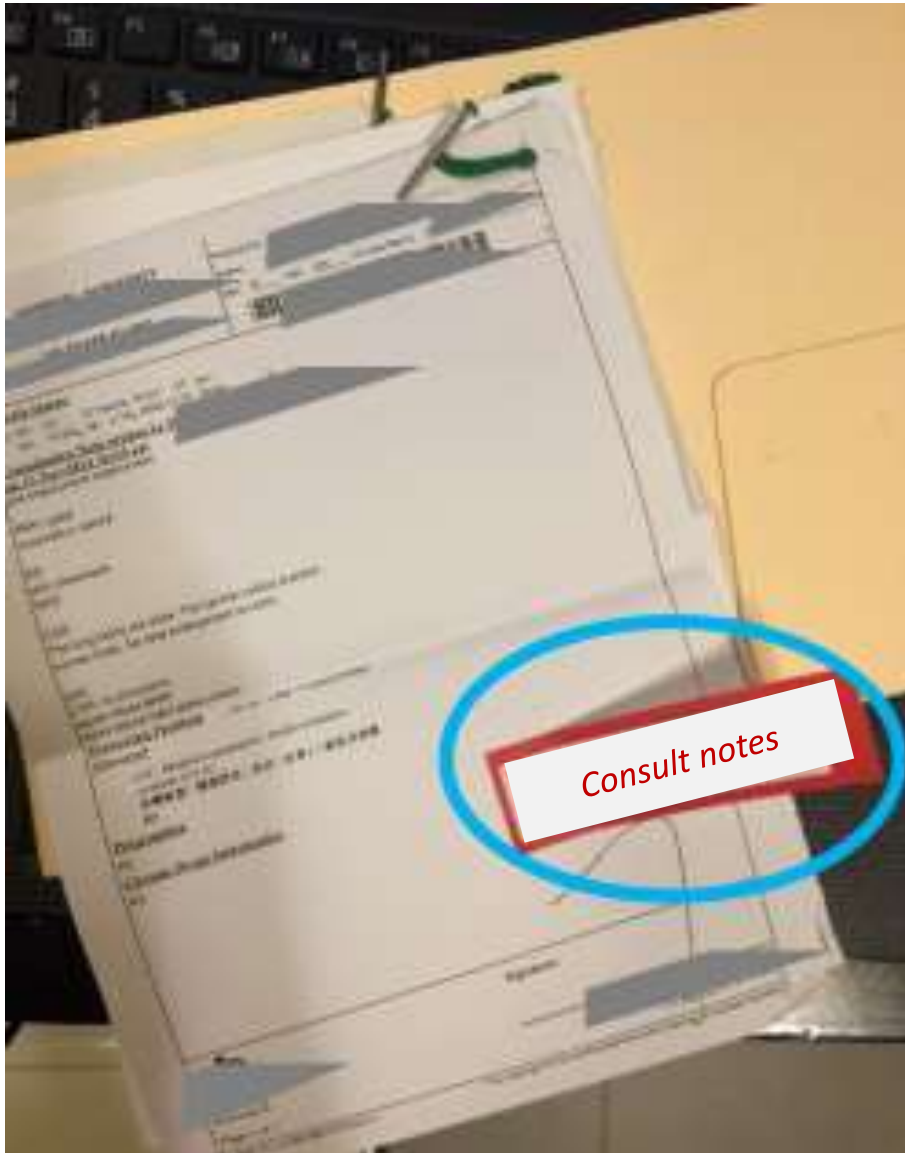
Consultation note  
Dr. Colleague A  
date: DD/MM/YYYY

Consultation note  
Dr. Candidate  
date: DD/MM/YYYY

- Will not be marked directly

- Information in the previous consultation notes e.g. Blood pressure, BMI; chronic medications usage, control of medical condition(s) under your clinic's attention may help the Assessor to mark the consultation note

# The medical records required for Part D (vii)



You can use paper flags so that the Examiners can easily identify the notes to be marked in PA

# **The medical records in Part D (viii)**

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

# The medical records in Part D (ix)



Readily retrievable and available upon the Examiners' request



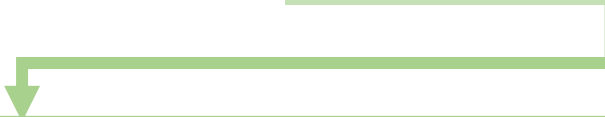
May be required to verify the genuineness e.g. through the clinic computer record system/ relevant persons

# Attachment 12

A list of the  
the 50 patients consulted you  
during the cases collection period

# Attachment 12: format

Standard format



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

HCCFP [REDACTED] East Essex 2018  
Attachment 12

Dr. [REDACTED] [REDACTED]

### Name List of 300 patients

Case	Medical Record No.	Person initials	Sex	Age	Diagnosis	Date of completion	Date of first visit/return to the office
1	[REDACTED]	LCL	F	72	Allergic dermatitis	2/3/2018	11/8/2011
2	[REDACTED]	CGJ	M	80	URI	2/3/2018	12/9/2011
3	[REDACTED]	YSE	M	38	DM	4/3/2018	9/15/2011
4	[REDACTED]	LPH	M	34	DM, HT, high lipid, URI	2/3/2018	3/3/2015
5	[REDACTED]	TLF	F	33	GERD, hypochloric	4/3/2018	10/4/2013
6	[REDACTED]	HOJ	F	39	HT	3/3/2018	10/12/2003
7	[REDACTED]	SVK	M	81	URI	5/3/2018	5/3/2018
8	[REDACTED]	YVC	F	88	URE, aphthous ulcer	3/3/2018	8/30/2003
9	[REDACTED]	CKT	M	65	HT with LVH, AF	5/3/2018	2/2/2014
10	[REDACTED]	LTV	M	58	HT	5/3/2018	15/8/2011
11	[REDACTED]	LKH	F	72	HT, high lipid	2/3/2018	18/2/2003
12	[REDACTED]	NLW	F	64	High lipid	2/3/2018	2/3/2018
13	[REDACTED]	YSP	F	51	HT with WC, IPG	3/3/2018	3/11/2013
14	[REDACTED]	CKJ	M	74	HT, BP, high lipid, IPG	3/3/2018	2/4/2014
15	[REDACTED]	DSM	F	64	HT with LVH	3/3/2018	20/9/2000
16	[REDACTED]	LHY	M	82	HT, IPG, high lipid	3/3/2018	3/10/2000
17	[REDACTED]	LYK	F	48	HT, borderline HT, obesity	5/3/2018	25/11/2014
18	[REDACTED]	HFA	M	77	DM, high lipid, HT, AF	5/3/2018	19/9/2000
19	[REDACTED]	APY	F	33	URI	5/3/2018	24/10/2011
20	[REDACTED]	ZYY	F	68	URI, OA Knee	3/3/2018	3/3/2018

# Assessment format of Part D

## **On the examination day**

The Examiners will select eight cases from the Candidate's Attachment 12

The Candidate fetch the required medical records

The Examiners will use the **PA Rating Form** to assess each of the eight records on:

- D1 (legibility)
- D2 (Basic Information)
- D3 (Consultation notes)

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

Candidate Number: EE XXXXX

## Part D (Medical Records)

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
	<b>D1. Legibility</b> (Tick if okay)							
<b>D2. Basic Information</b> <ul style="list-style-type: none"> <li>Allergy / Adverse drug reactions</li> <li>Current medication list</li> <li>Problem list (Current / Past health)</li> <li>Family history (with genogram as appropriate)</li> <li>Social history, occupation</li> <li>Height, weight, BMI, growth chart, blood pressure</li> <li>Immunization</li> <li>Tobacco &amp; alcohol use, physical activity</li> </ul>								
<b>D3. Consultation notes</b>								
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	

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

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	

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)
				[ ]



# D1 (Legibility): marking

	1	2	3	4	5	6	7	8
<i>Enter the serial number of the records (i.e., 1 – 100) chosen from the 100-Case log →</i>	8	12	23	25	35	39	41	48

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

# D1 (Legibility): marking

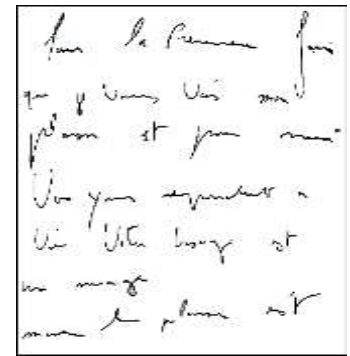
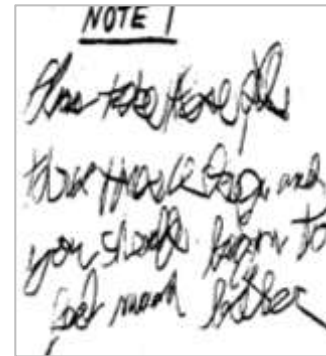
<b>D1. Legibility</b> (Tick if okay)	✓					X		
---	---	--	--	--	--	---	--	--



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

<b>D2. Basic Information</b>								
<ul style="list-style-type: none"><li>• Allergy / Adverse drug reactions</li><li>• Current medication list</li><li>• Problem list (Current / Past health)</li><li>• Family history (with genogram as appropriate)</li><li>• Social history, occupation</li><li>• Height, weight, BMI/ growth chart; blood pressure</li><li>• Immunization</li><li>• Tobacco &amp; alcohol use; physical activity</li></ul>								

Examiner would 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 in Part D2 (basic information)

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



# D3 (Consultation notes)

## Date of the consultation

### 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				12	ALLERGIC RHINITIS		
6				67	HT		
...	...	....	...	...	...	....	....
100	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

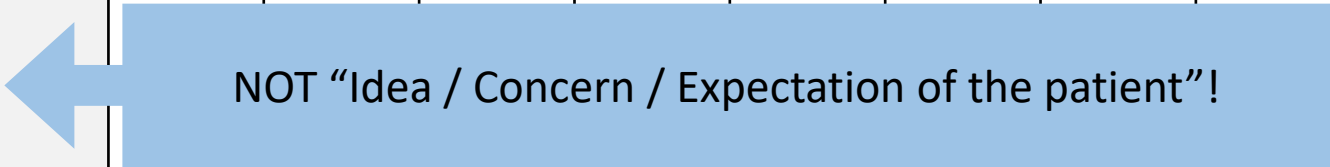


## D3 (Consultation notes): marking

<b>D3. Consultation notes</b>								
Main reason(s) of consultation								
Clinical findings								
Diagnosis/ Working diagnosis								
Management								
Anticipatory care advice (as applicable)								

Examiner would jot down the impression of each of the eight selected cases

# D3 (Consultation notes): marking

<b>D3. Consultation notes</b>								
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)

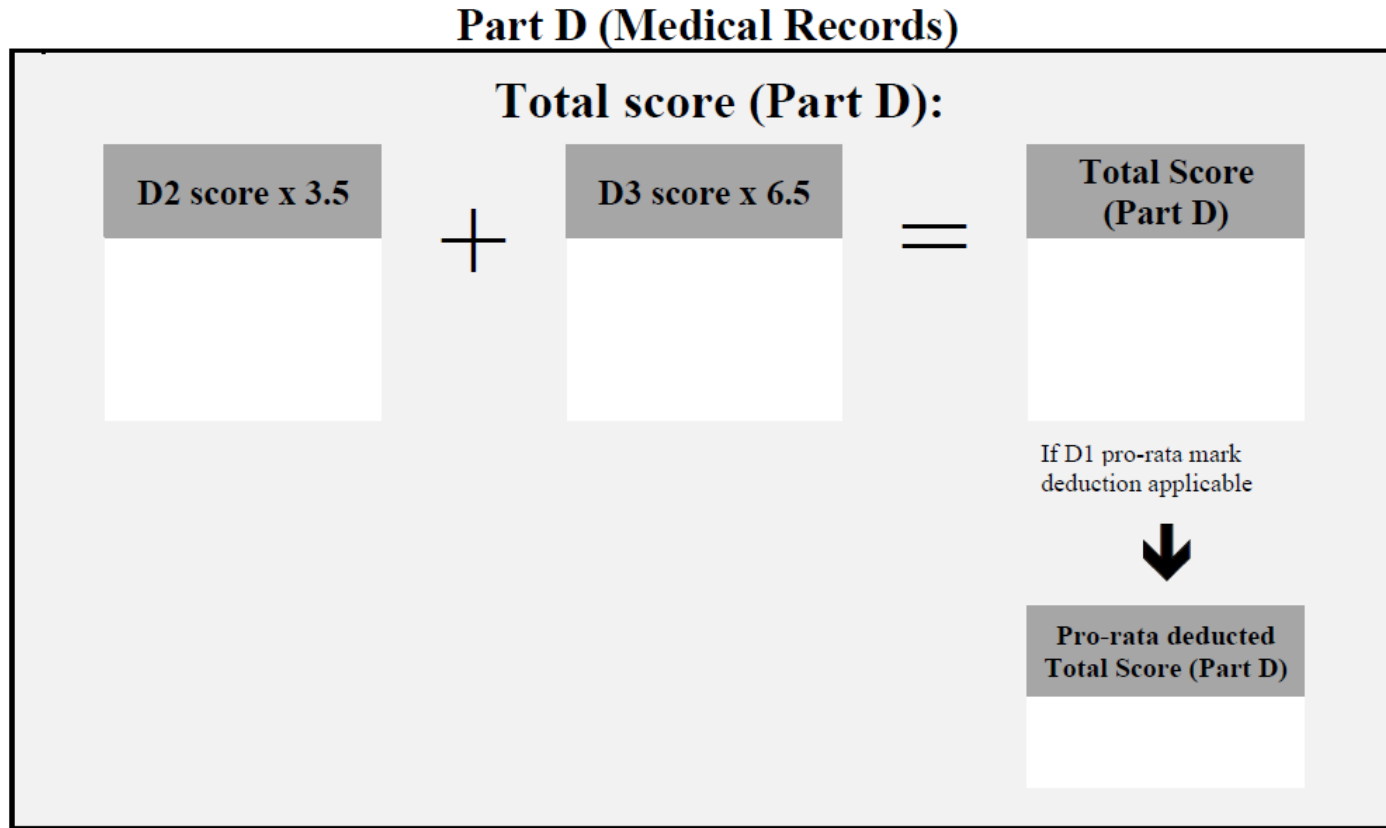


Examiner marks all the eligible medical records  
Then give a global mark in Part D3 (Consultation notes)

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



# Part D (Medical Records): total score



Mark distribution:

D2 (Basic information): 35%

D3 (Consultation notes): 65%

Passing mark: Total score  $\geq 65\%$

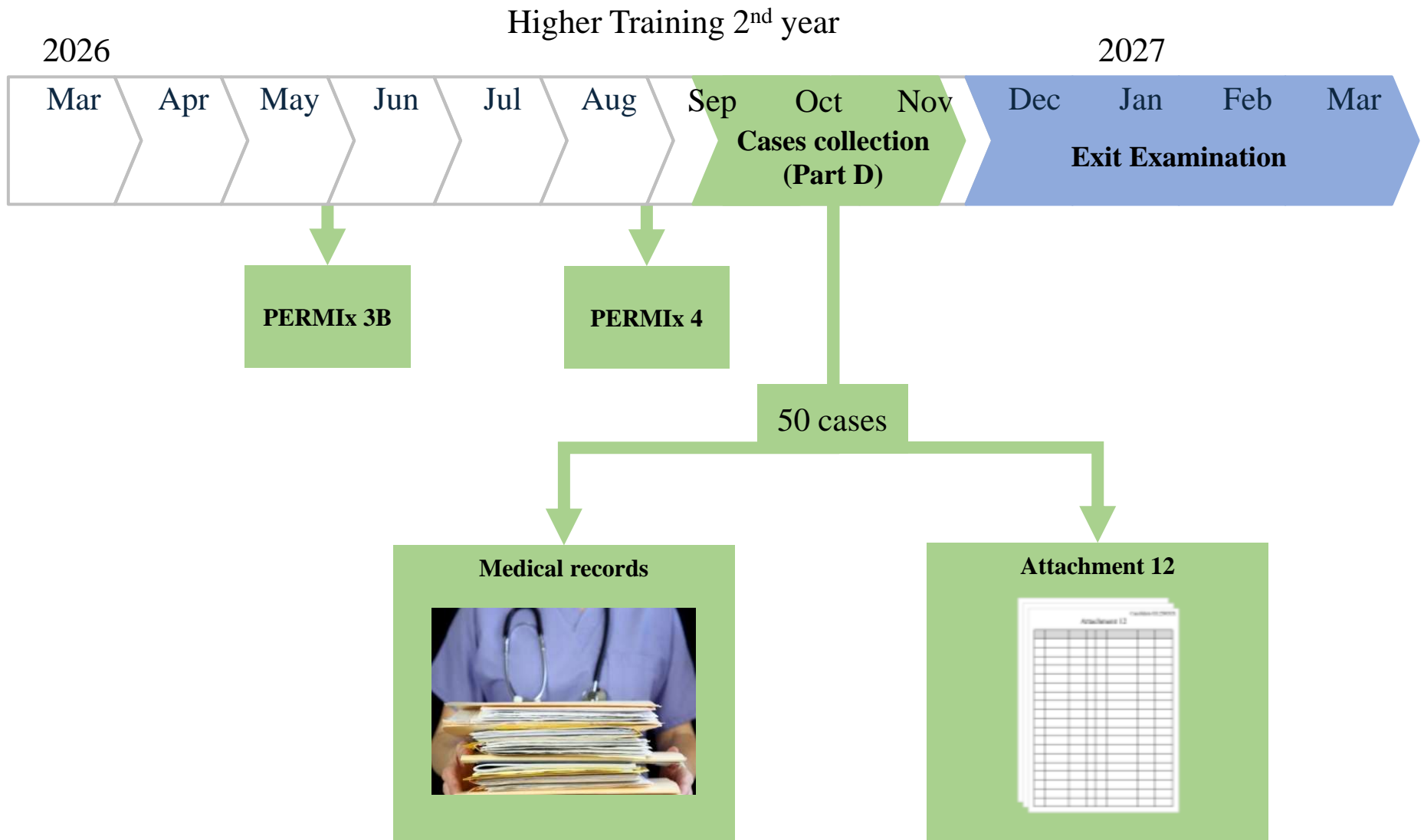
## Feedback on Part D (Medical records)

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

<b>Overall performance on D2 (Basic information): area(s) need attention / improvement</b>	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:		

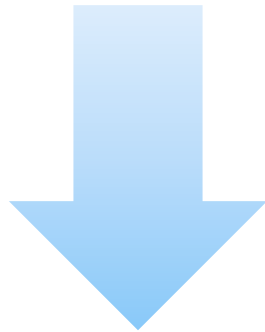
<b>Overall performance on D3 (Consultation notes): area(s) need attention / improvement</b>	If applicable please ✓; higher priority ✓✓, etc.	remarks
• Main reason(s) of consultation unclear		
• Insufficient documentation of clinical findings		
• Diagnosis/ Working diagnosis unclear		
• Suboptimal management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

# Prepare for Part D (Medical Records)



# Insight from the Assessors

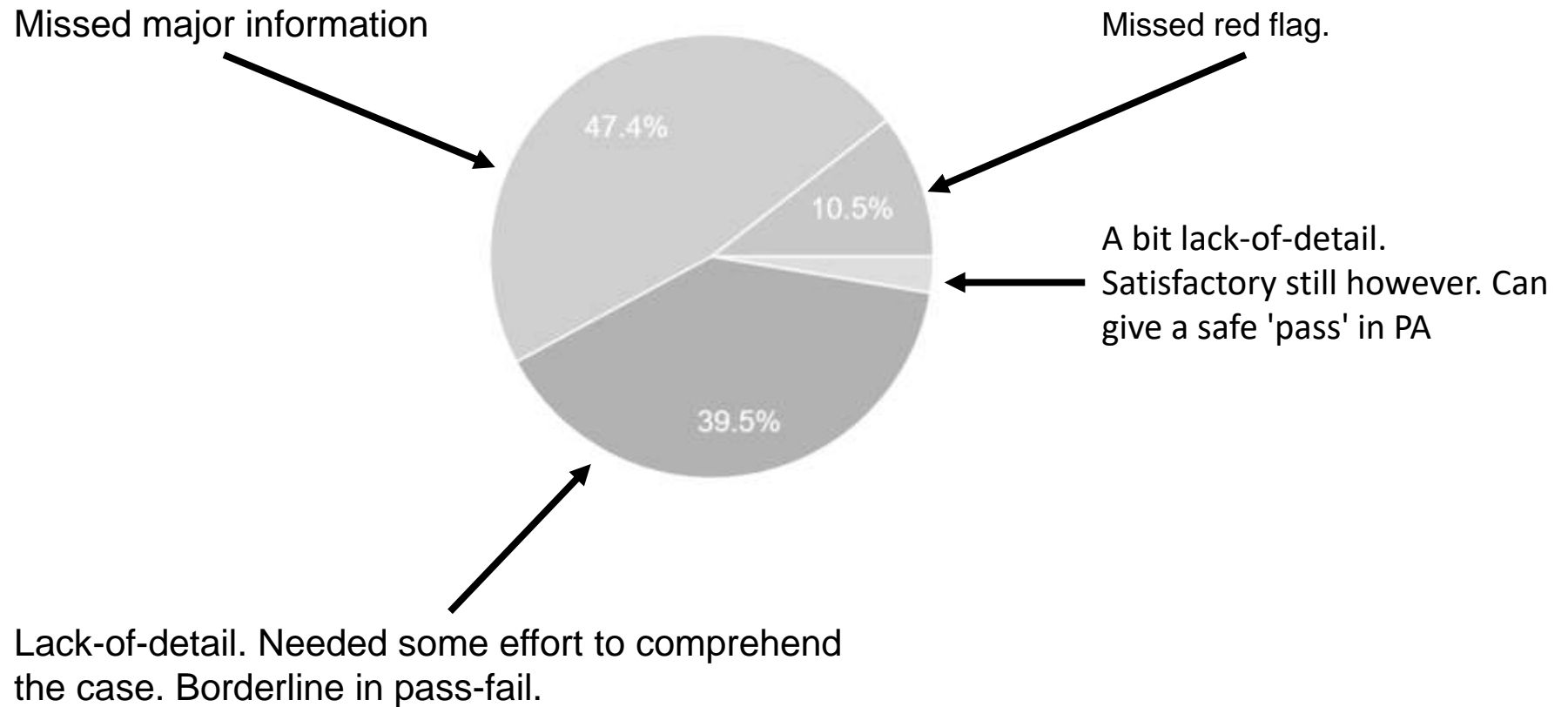
The following five cases were reviewed by 38 Assessors



<p>Family Medicine Centre CONSULTATION SUMMARY</p>	<p>Name: _____ Sex: F Age: 58y Chinese Name: _____ _____</p>
3	
<p>Drug Allergy: (1)ANALGESIC BALM [METHYL SALICYLATE COMPOUND]</p>	
<p>Consultation Note written by <u>Dr. A</u> on _____</p>	
<p><u>08-Aug-2017 02:58 pm</u></p>	
<p>trivial LBP sprain 2 weeks ago, ride on toy car racing, her car hit by another one at the back no LL weakness/ numbness also URTI sx. no fever, RN+ PE mild tender lower LS spine</p>	
<p>Imp: LBP, URI</p>	
<p>advise mobilization exercise</p>	
<p><b>Presenting Problem</b> (□ = Job; * = New; ⊕ = Active)</p>	
<p>Episodic</p>	
<p>R74 - Acute upper respiratory infection 急性上呼吸系統感染</p>	
<p>L02 - Symptom relating to back 背部症狀</p>	
<p><b>Prescription on 08-Aug-2017</b></p>	
<ol style="list-style-type: none"> <li>1. PARACETAMOL tablet oral : 500 mg q6h prn (100%) for 2 weeks</li> <li>2. DEQUALINIUM CHLORIDE (DEQUADIN) lozenge buccal : 250 microgram(s) qid prn (100%) for 4 days **single use**</li> <li>3. CHLORPHENIRAMINE MALEATE tablet oral : 4 mg tid prn (100%) for 4 days</li> <li>4. HYPROMELLOSE eye drops 10ml ophthalmic : 1 drop(s) bd prn (100%) [both eyes] for 1 weeks</li> </ol>	
<p><b>Future Appointment(s) as at 26-Sep-2020</b></p>	
<p>Nil</p>	

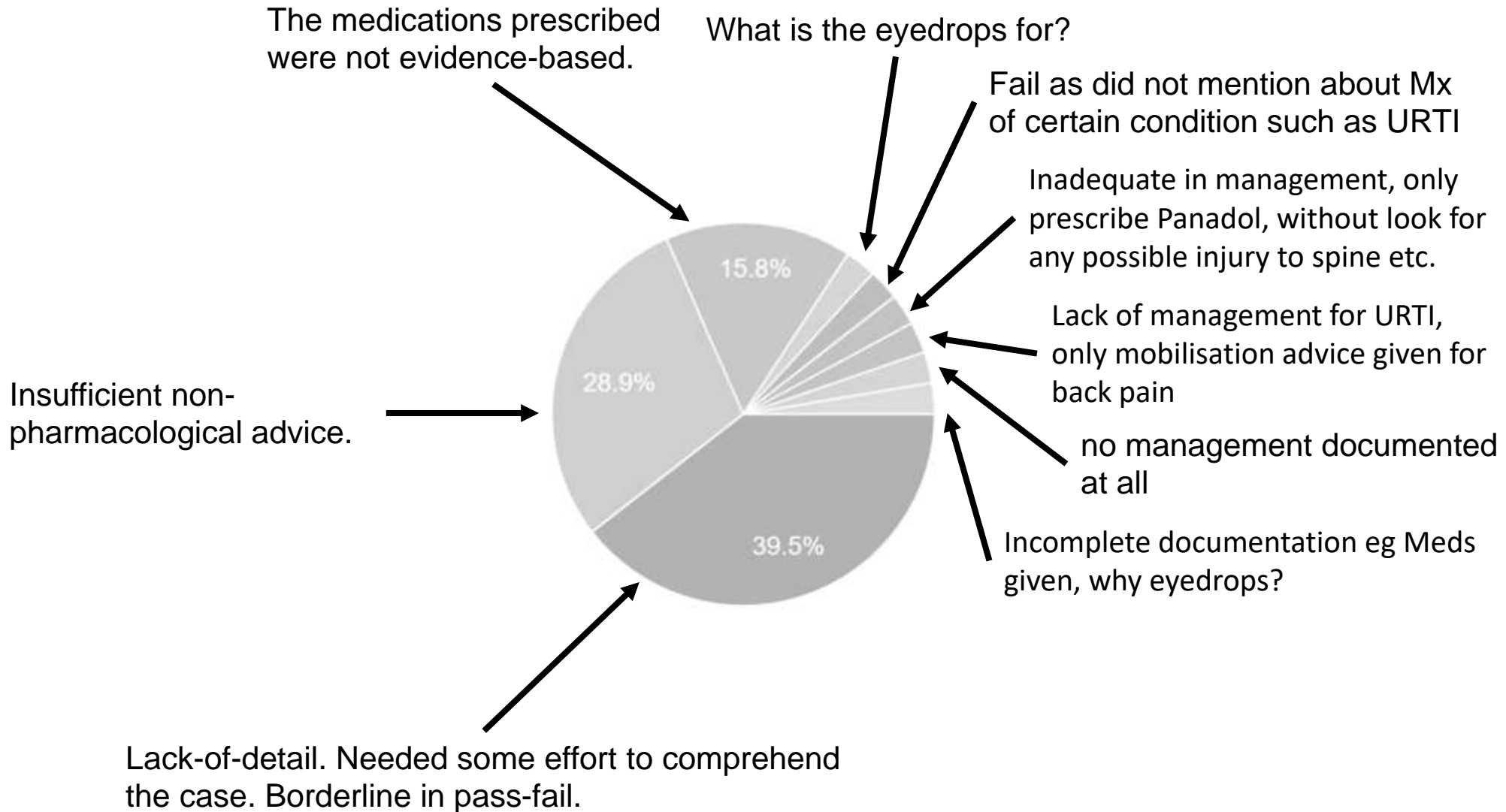
# Case A

## Impression about the clinical findings



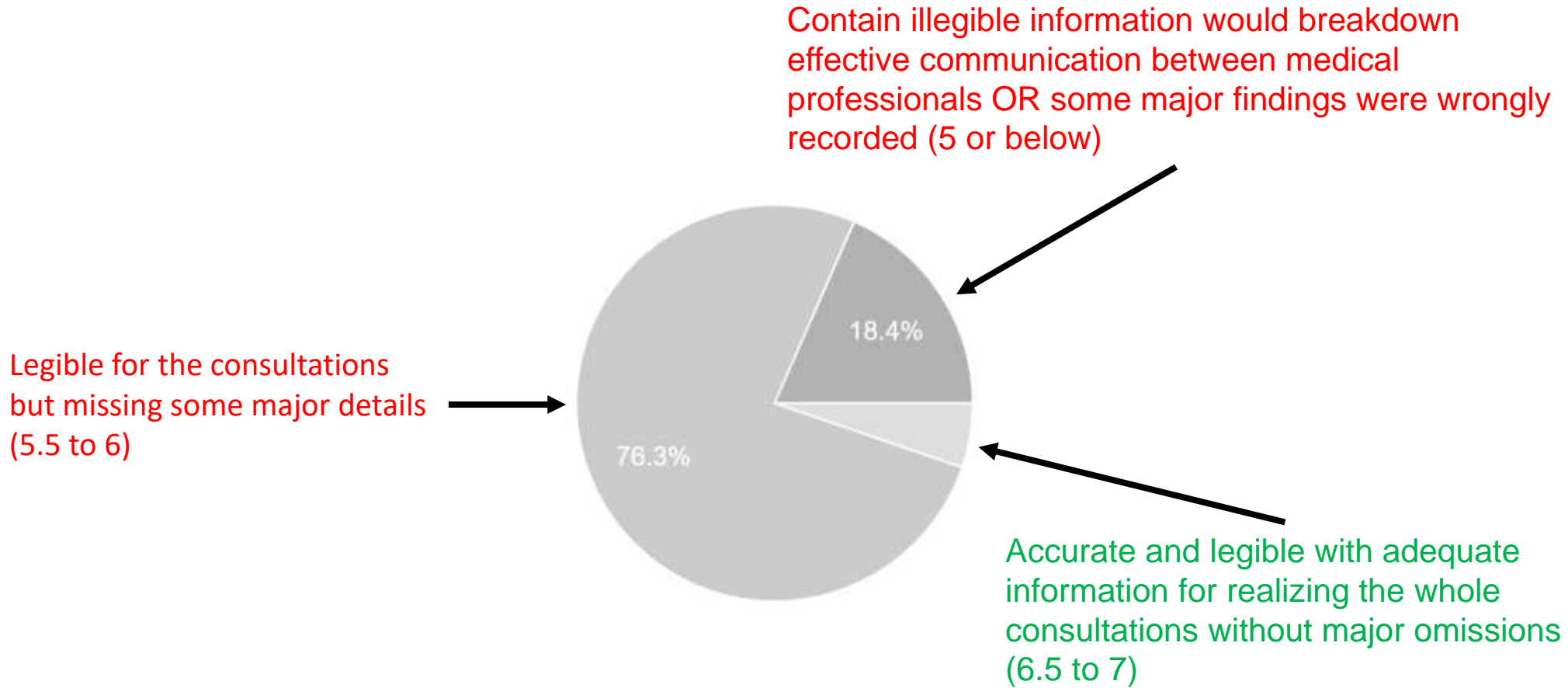
# Case A

## Impression about the management



# Case A

## Grade the consultation notes (D3)



<p>Family Medicine Centre CONSULTATION SUMMARY</p>	<p>Name: _____ Sex: F Age: 58y Chinese Name: _____</p>
<p>Drug Allergy:</p>	
<p>(1)ANALGESIC BALM [METHYL SALICYLATE COMPOUND]</p>	
<p>Consultation Note written by <u>Dr. A</u> on</p>	
<p>08-Aug-2017 02:58 pm</p>	
<p>trivial LBP sprain 2 weeks ago, ride on toy car racing, her car hit by another one at the back no LL weakness/ numbness also URTI sx. no fever, RN+ PE mild tender lower LS spine</p>	
<p>Imp: LBP, URI</p>	
<p>advise mobilization exercise</p>	
<p><b>Presenting Problem</b> (□ = Job; * = New; ⊙ = Active)</p>	
<p>Episodic</p>	
<p>R74 - Acute upper respiratory infection 急性上呼吸系統感染</p>	
<p>L02 - Symptom relating to back 背部症狀</p>	
<p><b>Prescription on 08-Aug-2017</b></p>	
<ol style="list-style-type: none"> <li>1. PARACETAMOL tablet oral : 500 mg q6h prn (100%) for 2 weeks</li> <li>2. DEQUALINIUM CHLORIDE (DEQUADIN) lozenge buccal : 250 microgram(s) qid prn (100%) for 4 days **single use**</li> <li>3. CHLORPHENIRAMINE MALEATE tablet oral : 4 mg tid prn (100%) for 4 days</li> <li>4. HYPROMELLOSE eye drops 10ml ophthalmic : 1 drop(s) bd prn (100%) [both eyes] for 1 weeks</li> </ol>	
<p><b>Future Appointment(s) as at 26-Sep-2020</b></p>	
<p>Nil</p>	

95% of the assessors  
would consider 'fail'

<p>Name: [REDACTED]          Sex: M Age: 35y Chinese Name: [REDACTED]  <b>CONSULTATION SUMMARY</b></p>	<p>Name: [REDACTED]          Sex: M Age: 35y Chinese Name: [REDACTED]  <b>CONSULTATION SUMMARY</b></p>
--	--

**Drug Allergy:**  
 (1) No Known Drug Allergy

**Health Status:**  
 PE: Clinic BP: 126 / 76 mmHg Pulse: 72 beats/min  
 Wt: 81.00kg Ht: 1.73m BMI: 27.06 Temp.: 36.5 °C

**Consultation Note written by [REDACTED] on 19-Sep-2024 09:05 am**

**Active problem list:**  
 Depression FU psychiatry  
 Obesity

**Inactive problem list:** Nil

**NKDA**  
 Non-smoker, Non-drinker  
 Occupation: Social worker in Hostel for Severely Mentally Handicapped Persons  
 Lives with wife

For other clinical information including social history and family history please refer to patient summary

c/o cough for 2/7, with whitish sputum  
 mild sore throat, no dysphagia  
 mild runny nose with clear discharge  
 No SOB  
 No diarrhea / vomiting / abdominal pain  
 No fever, chills or rigors  
 No recent travel  
 No sick contact, no clustering of symptoms  
 RAT for COVID-19 today -ve, but +ve to influenza A  
 No previous influenza vaccination before

**I:** influenza A  
**C:** Transmission to others in hostel  
**E:** Sx Rx and SL

**PE**  
 GC well, not in distress  
 Temp 36.5 degree C  
 Throat: Mildly congested, no tonsillar exudates  
 Chest clear no creps

**Impression:** Influenza A

**Mx**  
 Explained condition  
 advise adequate rest and fluid intake, Vit C  
 advise good ventilation and mask wearing at confined space  
 advise hand hygiene  
 advise influenza vaccine after recovery  
 Sx Rx prn, SE explained  
 Discussed for use of Tamiflu to influenza A, pros and cons discussed, agreed  
 Alarming sx told, seek urgent medical attention if any  
 Sick leave  
 FU PRN

**AA:** 20/20/20 rule explained after consecutive use of display screen equipment,

**Presenting Problem** (0 = Job; \* = New)  
 Episodic  
 R80 - Influenza A  
 甲型流行性感冒

**Obesity**  
 T82 - Obesity  
 肥胖

**Active Problem** (0 = Job; \* = New)  
 Obesity  
 19-Sep-2024 T82-Obesity  
 肥胖

**Prescription on 19-Sep-2024**

5. COCILLANA COMPOUND syrup  
 oral : 10 ml tds prn (100%) for 4 days \*\*single use\*\*

**Future Appointment(s) as at 23-Sep-2025**  
 Nil

**Letters Printed**  
 Medical Certificate: Leave from 19-Sep-2024 to 20-Sep-2024

1. OSELTAMIVIR PHOSPHATE (TAMIFLU) capsule  
 oral : 75 mg bd for 5 days \*\*single use\*\*  
 \*\*\* > 40 kg

2. PARACETAMOL tablet  
 oral : 500 mg qid prn (100%) for 4 days

3. CHLORPHENIRAMINE MALEATE tablet  
 oral : 4 mg tds prn (100%) for 4 days

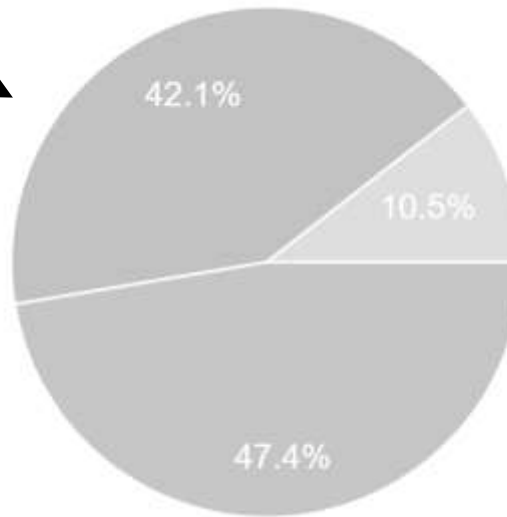
4. DEQUALINIUM CHLORIDE (DEQUADIN) lozenge  
 buccal : 250 microgram(s) tds prn (100%) for 3 days \*\*single use\*\*

## Case B

# Impression about the clinical findings

A bit over-commissioned.  
Satisfactory still however.  
Can give a safe 'pass' in PA

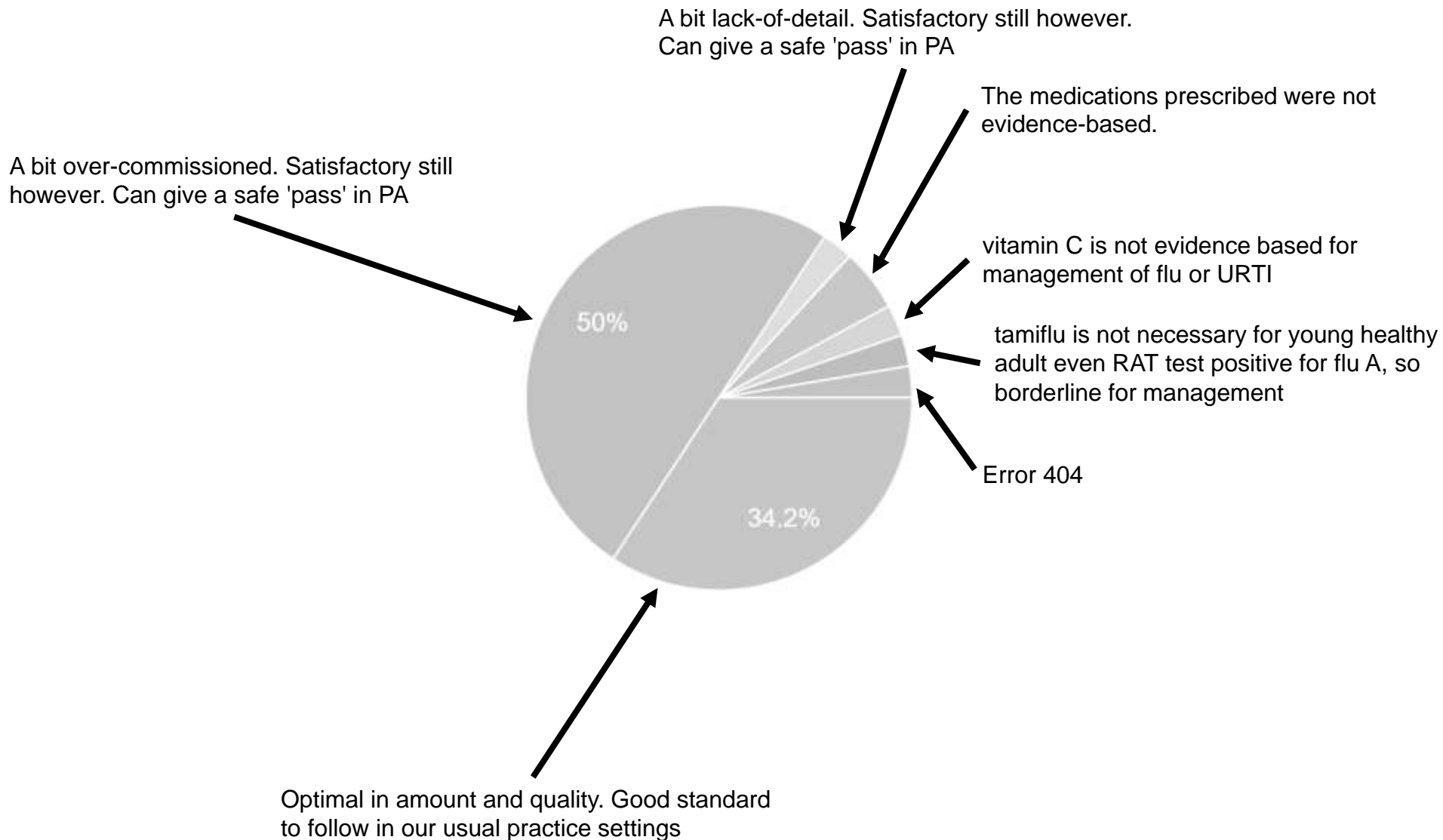
A bit lack-of-detail. Satisfactory still  
however. Can give a safe 'pass' in PA



Optimal in amount and quality. Good  
standard to follow in our usual practice  
settings

# Case B

## Impression about the management



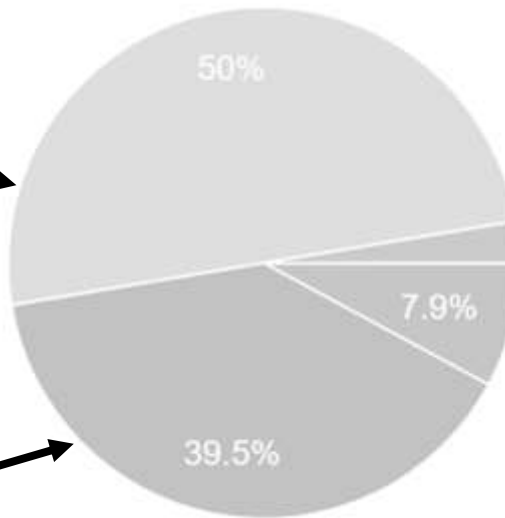
## Case B

## Grade the consultation notes (D3)

Accurate and legible with adequate information for realizing the whole consultations without major omissions (6.5 to 7)



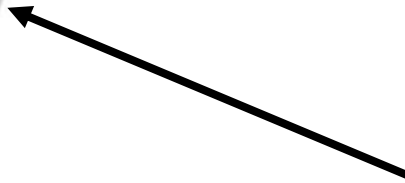
Legible for the consultations but missing some major details (5.5 to 6)



Accurate and legible with sufficient details, with a relevant past medical / social history (7.5 to 8)

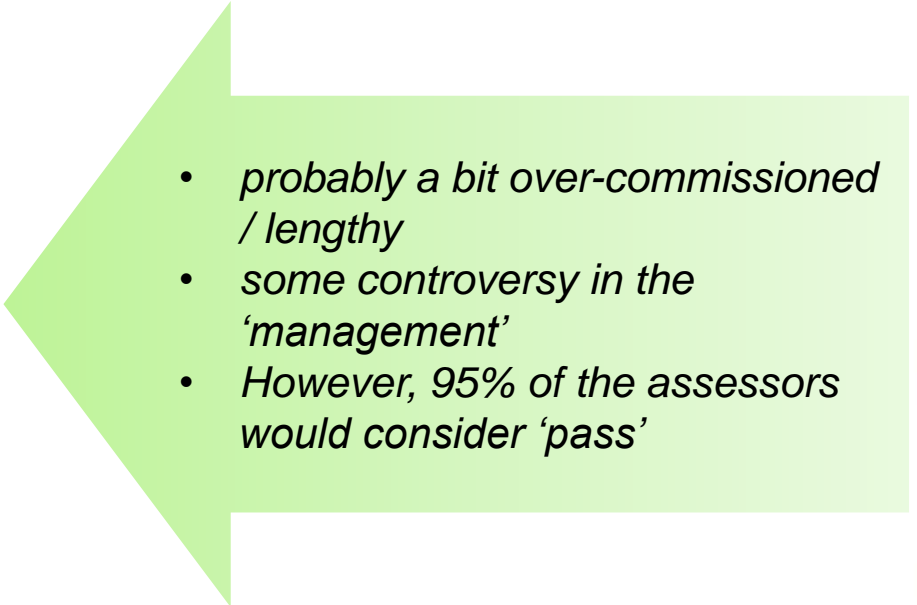


Accurate and legible with precise and concise details, with a relevant past medical / social history of an appropriate length (8.5 or above)



# Case B

episodic, M/ 35, URTI

<p>CONSULTATION SUMMARY</p>	<p>Name: [REDACTED] Sex: M Age: 35y Chinese Name: [REDACTED]</p>	<p>CONSULTATION SUMMARY</p>	<p>Name: [REDACTED] Sex: M Age: 35y Chinese Name: [REDACTED]</p>
<p><b>Drug Allergy:</b> (1) No Known Drug Allergy</p> <p><b>Health Status:</b> PE: Clinic BP: 126 / 76 mmHg Pulse: 72 beats/min Wt: 81.00kg Ht: 1.73m BMI: 27.06 Temp: 36.5 °C</p> <p><b>Consultation Note written by [REDACTED] on 19-Sep-2024 09:05 am</b></p> <p><b>Active problem list:</b> Depression FU psychiatry Obesity</p> <p><b>Inactive problem list:</b> Nil</p> <p><b>NKDA</b> Non-smoker, Non-drinker Occupation: Social worker in Hostel for Severely Mentally Handicapped Persons Lives with wife</p> <p>For other clinical information including social history and family history please refer to patient summary</p> <p>c/o cough for 2/7, with whitish sputum mild sore throat, no dysphagia mild runny nose with clear discharge No SOB No diarrhea / vomiting / abdominal pain No fever, chills or rigors No recent travel No sick contact, no clustering of symptoms RAT for COVID-19 today -ve, but +ve to influenza A No previous influenza vaccination before</p> <p><b>I:</b> influenza A <b>C:</b> Transmission to others in hostel <b>E:</b> Sx Rx and SL</p> <p><b>PE</b> GC well, not in distress Temp 36.5 degree C Throat: Mildly congested, no tonsillar exudates Chest clear no creps</p>	<p><b>Impression:</b> Influenza A</p> <p><b>Mx</b> Explained condition advise adequate rest and fluid intake, Vit C advise good ventilation and mask wearing at confined space advise hand hygiene advise influenza vaccine after recovery Sx Rx prn, SE explained Discussed for use of Tamiflu to influenza A, pros and cons discussed, agreed Alarming sx told, seek urgent medical attention if any Sick leave FU PRN</p> <p><b>AA:</b> 20/20/20 rule explained after consecutive use of display screen equipment,</p> <p><b>Presenting Problem</b> (0 = Job; * = New) Episodic R80 - Influenza A 甲型流行性感冒</p> <p><b>Obesity</b> T82 - Obesity 肥胖</p> <p><b>Active Problem</b> (0 = Job; * = New) Obesity 19-Sep-2024 T82-Obesity 肥胖</p> <p><b>Prescription on 19-Sep-2024</b></p> <ol style="list-style-type: none"> <li>OSELTAMIVIR PHOSPHATE (TAMIFLU) capsule oral : 75 mg bd for 5 days **single use** *** &gt; 40 kg</li> <li>PARACETAMOL tablet oral : 500 mg qid prn (100%) for 4 days</li> <li>CHLORPHENIRAMINE MALEATE tablet oral : 4 mg tds prn (100%) for 4 days</li> <li>DEQUALINIUM CHLORIDE (DEQUADIN) lozenge buccal : 250 microgram(s) tds prn (100%) for 3 days **single use**</li> </ol>	<p>5. COCILLANA COMPOUND syrup oral : 10 ml tds prn (100%) for 4 days **single use**</p> <p><b>Future Appointment(s) as at 23-Sep-2025</b> Nil</p> <p><b>Letters Printed</b> Medical Certificate: Leave from 19-Sep-2024 to 20-Sep-2024</p>	 <ul style="list-style-type: none"> <li>probably a bit over-commissioned / lengthy</li> <li>some controversy in the 'management'</li> <li>However, 95% of the assessors would consider 'pass'</li> </ul>

# Case C

## Case C: chronic FU, F/68, DM, HT, Lipids, hypothyroidism

**Drug Allergy:**  
(1)VOLTAREN [DICLOFENAC SODIUM]

**Alert:**  
(1)CPE: (2)Patient actually can tolerate ketorolac without any complaint.

**Health Status:**  
PE: Clinic BP: 117 / 56 mmHg Pulse: 99 beats/min  
Wt: 67.40kg Ht: 1.58m BMI:27.00 ↑ Temp: °C

**Consultation Note written by DR. [REDACTED] on 24-Jan-2025 10:03 am**

FU  
DM, HT, dyslipidaemia  
hyperthyroidism

on PTU from 11/2022 - (not prefer RAI)

Hx of  
allergic rhinitis

admitted to QMH Medical x 2 in Nov 2024  
Chest pain: pending Holter, Treadmill  
HT urgency, CXR: ?RUL shadow ; increased Plendil dose to 5 mg BD, pending CT thorax

Dec 2024  
CBC n

Jan 2025  
TFT n  
anti-TSHR 3.5 (h)

PE  
GC sat  
BP as charted  
Hstix 7.2 (2 hr pp)

stable

Mx  
patient indecisive about RAI  
keep present Rx  
TFT add to RAMP HT Apr 2024

FU 4/12

**Presenting Problem** (C = Job; \* = New)  
Type II diabetes mellitus  
T90 - Type II diabetes mellitus  
非胰島素依賴型糖尿病

Hyperthyroidism  
T85 - Hyperthyroidism  
甲狀腺機能亢進

**Active Problem** (C = Job; \* = New)  
Hypertension, uncomplicated  
04-Oct-2024 K86-Hypertension, uncomplicated  
無併發症高血壓病

Type II diabetes mellitus  
24-Jan-2025 T90-Type II diabetes mellitus  
非胰島素依賴型糖尿病

Disorder of lipid metabolism  
04-Oct-2024 T93-Disorder of lipid metabolism  
脂代謝失調

Allergic rhinitis  
04-Oct-2024 R97-Allergic rhinitis  
過敏性鼻炎

Hyperthyroidism  
24-Jan-2025 T85-Hyperthyroidism  
甲狀腺機能亢進

**Prescription on 24-Jan-2025**

1. FELODIPINE extended release tablet  
oral : 5 mg bd for 18 weeks
2. LISINOPRIL tablet  
oral : 10 mg daily for 18 weeks
3. METFORMIN HCL tablet  
oral : 250 mg daily for 18 weeks
4. PROPYL THIOURACIL (PTU) tablet  
oral : 50 mg daily for 18 weeks
5. SIMVASTATIN (ZOCOR) tablet  
oral : 40 mg nocte for 18 weeks

**Future Appointment(s) as at 26-Feb-2025**  
22-APR-2025 02:45 PM Exercise ECG Test ACU  
K17D

**Future Appointment(s) as at 26-Feb-2025**

- 25-APR-2025 09:15 AM Blood Taking (Annual)
- 25-APR-2025 09:30 AM Optometrist Service: Diabetes
- 16-MAY-2025 09:30 AM Doctor Consultation
- 29-MAY-2025 02:15 PM Nurse Service: Diabetes
- 29-MAY-2025 02:15 PM 付款後請到診所登記處報到
- 07-JUL-2025 09:30 AM Team 2 Ward Follow Up B2
- 05-AUG-2025 09:15 AM Holter(24 hrs ECG) ACU K17D

**Investigation Request(s) Created on 24-Jan-2025**

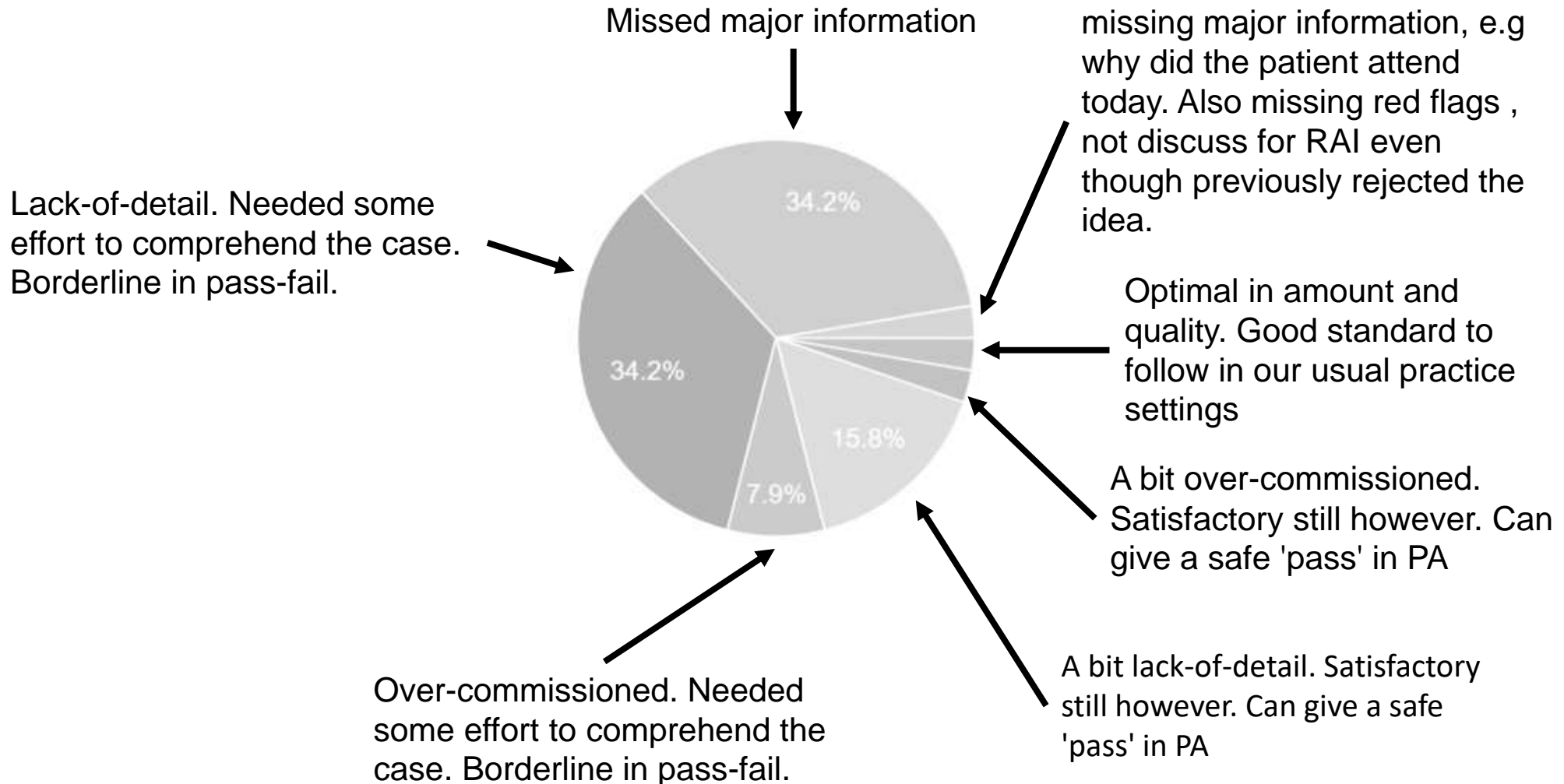
Request Date	Investigation
24-Jan-2025	Thyroid function Test (TSH+FT4)

**LAB Request**

24-Jan-2025 Thyroid function Test (TSH+FT4)

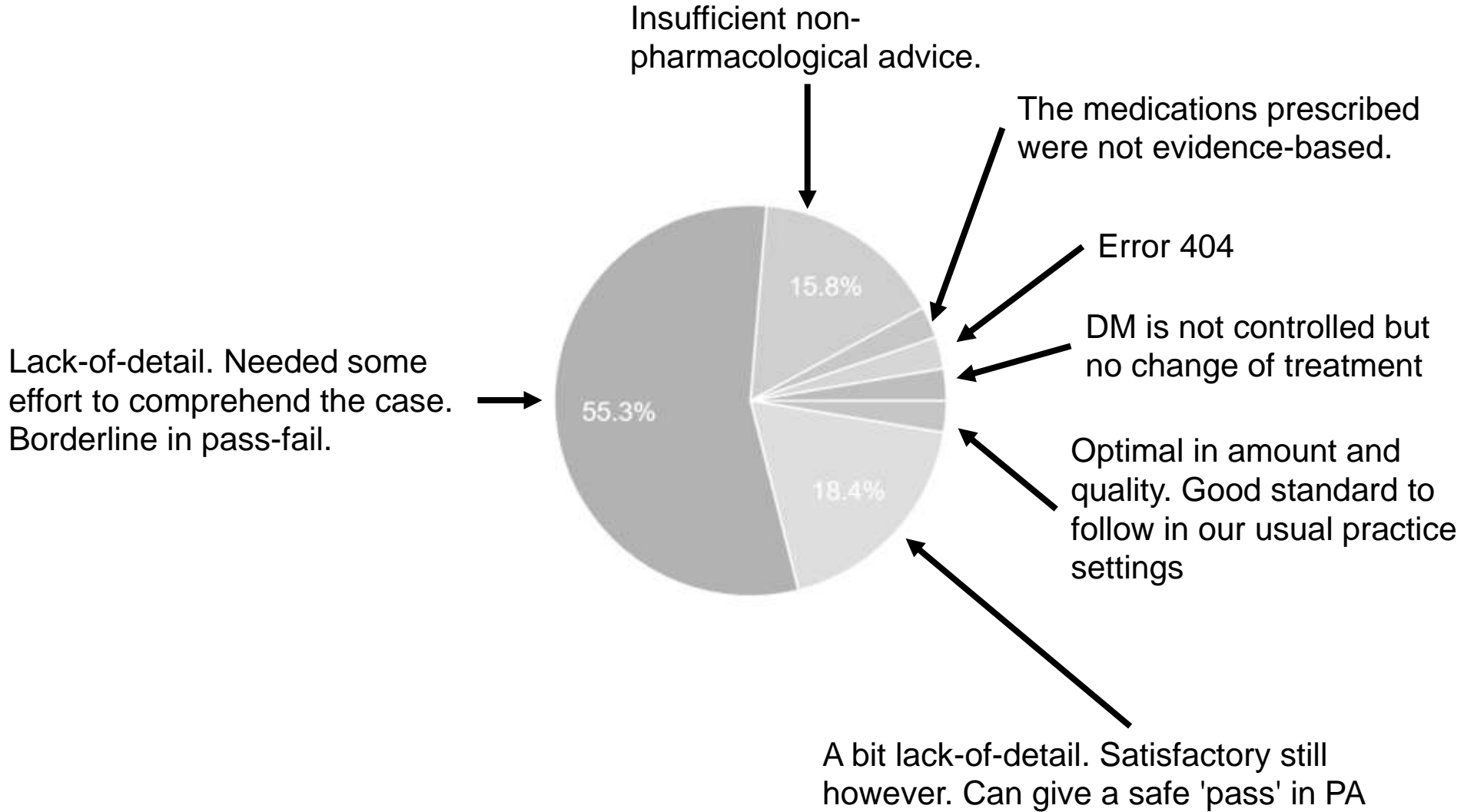
# Case C

## Impression about the clinical findings:



# Case C

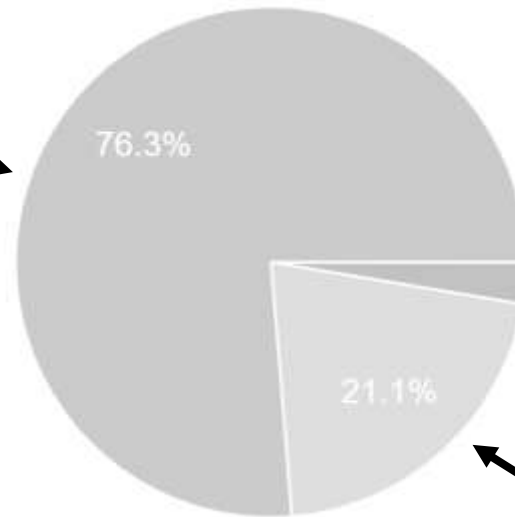
## Impression about the management:



## Case C

## Grade the consultation notes (D3)

Legible for the consultations but missing some major details (5.5 to 6)



Accurate and legible with sufficient details, with a relevant past medical / social history (7.5 to 8)

Accurate and legible with adequate information for realizing the whole consultations without major omissions (6.5 to 7)

# Case C

## Case C: chronic FU, F/68, DM, HT, Lipids, hypothyroidism

Sex: F Age: 68y

**GOPC**  
**CONSULTATION SUMMARY**

51

**Drug Allergy:**  
(1)VOLTAREN [DICLOFENAC SODIUM]

**Alert:**  
(1)CPE: (2)Patient actually can tolerate ketorolac without any complaint.

**Health Status:**  
PE: Clinic BP: 117 / 56 mmHg Pulse: 99 beats/min  
Wt: 67.40kg Ht: 1.58m BMI:27.00 ↑ Temp: °C

**Consultation Note written by DR. [REDACTED]**  
on 24-Jan-2025 10:03 am

FU  
DM, HT, dyslipidaemia  
hyperthyroidism

on PTU from 11/2022 - (not prefer RAI)

Hx of  
allergic rhinitis

admitted to QMH Medical x 2 in Nov 2024  
Chest pain: pending Holter, Treadmill  
HT urgency, CXR: ?RUL shadow ; increased Plendil dose to 5 mg BD, pending CT thorax

Dec 2024  
CBC n

Jan 2025  
TFT n  
anti-TSHR 3.5 (h)

PE  
GC sat  
BP as charted  
Hstix 7.2 (2 hr pp)

stable

Mx  
patient indecisive about RAI  
keep present Rx  
TFT add to RAMP HT Apr 2024

FU 4/12

**Presenting Problem** (© = Job; \* = New)  
Type II diabetes mellitus  
T90 - Type II diabetes mellitus  
非胰島素依賴型糖尿病  
Hyperthyroidism  
T85 - Hyperthyroidism  
甲狀腺機能亢進

**Active Problem** (© = Job; \* = New)  
Hypertension, uncomplicated  
04-Oct-2024 K86-Hypertension, uncomplicated  
無併發症高血壓病  
Type II diabetes mellitus  
24-Jan-2025 T90-Type II diabetes mellitus  
非胰島素依賴型糖尿病  
Disorder of lipid metabolism  
04-Oct-2024 T93-Disorder of lipid metabolism  
脂代謝失調  
Allergic rhinitis  
04-Oct-2024 R97-Allergic rhinitis  
過敏性鼻炎  
Hyperthyroidism  
24-Jan-2025 T85-Hyperthyroidism  
甲狀腺機能亢進

**Prescription on 24-Jan-2025**

1. FELODIPINE extended release tablet  
oral ; 5 mg bd for 18 weeks
2. LISINAPRIL tablet  
oral ; 10 mg daily for 18 weeks
3. METFORMIN HCL tablet  
oral ; 250 mg daily for 18 weeks
4. PROPYL THIOURACIL (PTU) tablet  
oral ; 50 mg daily for 18 weeks
5. SIMVASTATIN (ZOCOR) tablet  
oral ; 40 mg nocte for 18 weeks

**Future Appointment(s) as at 26-Feb-2025**  
22-APR-2025 02:45 PM Exercise ECG Test ACU  
K17D

Sex: F Age: 68y

**GOPC**  
**CONSULTATION SUMMARY**

51

**Future Appointment(s) as at 26-Feb-2025**

25-APR-2025 09:15 AM Blood Taking (Annual)  
25-APR-2025 09:30 AM Optometrist Service:  
Diabetes  
16-MAY-2025 09:30 AM Doctor Consultation  
29-MAY-2025 02:15 PM Nurse Service: Diabetes  
29-MAY-2025 02:15 PM 付款後請到診所登記處報到  
07-JUL-2025 09:30 AM Team 2 Ward Follow Up B2  
05-AUG-2025 09:15 AM Holter(24 hrs ECG) ACU  
K17D

**Investigation Request(s) Created on 24-Jan-2025**

Request Date	Investigation
24-Jan-2025	Thyroid function Test (TSH+FT4)

**LAB Request**

• missing major information or lack of details

• 76% of the assessors would consider 'fail'

### Family Medicine Centre CONSULTATION SUMMARY

Name: [REDACTED]  
Sex: M Age: 49y Chinese Name: [REDACTED]  
[REDACTED] 27

**Drug Allergy:**  
(1) No Known Drug Allergy

**Health Status:**

PE: Clinic BP: 129 / 75 mmHg Pulse: 83 /min  
Wt: 82.60kg Ht: 1.72m BMI: 27.92 Temp: °C

**Consultation Note written by Dr. A on 30-Sep-2020 02:17 pm**

NKDA  
non-drinker  
smoker 20+ cig/x 30year, ↓ to 1-2 cig/day since 25/8/2020, currently FU SCCC  
job: transportation supervisor

FU  
HT, since 2014  
DM since 2014 with microalbuminuria/DMR  
Obesity

1/2020 RAMP  
LE mild NPDR, BE increased cup-disc ratio  
currently FU eye AHNH

1/2020 A1c 7.5, LDL 1.2, RFT normal, uACR 5.9  
6/2020 7.4

1 metformin to 750mg bd since 3/2020  
BP 129/75 p83  
no Home BP available  
Home Hstix by recall:  
fasting 6.x  
PP -8  
BMI 27.9  
good drug compliance  
tolerates med, no chronic cough or diarrhea  
no hypoglycaemic symptom  
no change of body weight/polydipsia/polyuria  
no chest pain/blurring of vision/intermittent claudication  
lack of exercise  
diet: aware low salt food, avoid sweet food

Imp:  
HT, under control

DM with microalbuminuria/DMR, suboptimal A1c control obesity

**Mx:**  
- Suggest DM diet with low salt and low fat diet  
- Encourage exercise at moderate intensity for >=30min, at least 5times per week  
- Appreciate patient's good meds compliance  
- Suggest quit smoking  
- Suggest weight reduction, discuss refer to dietician for further advice to weight reduction and DM control but patient declines as want to avoid hospital attendance during COVID-19 pandemic  
- Suggest Home hlix and Home BP with record  
- Suggest adjust anti-DM med but patient want to try lifestyle modification  
- Continue current medication  
- Blood test for A1c 2 weeks before next visit  
- Observe home BP, home hstix, hypoglycaemic symptoms and any side effect of medication  
- Suggest revisit via IVAS for symptoms, book FU 14 week  
- Attendance certificate

**Anticipatory care:**  
Never received seasonal influenza vaccine  
advise on seasonal influenza vaccine 2020/2021 for prevention of influenza and its associated complications.  
patient shows understanding and will consider about it.

**Presenting Problem** (P = Job; \* = New; @ = Active)

- ⊙ Hypertension, uncomplicated  
K86 - Hypertension, uncomplicated  
無併發症高血壓病
- ⊙ Type II diabetes mellitus  
T90 - Type II diabetes mellitus  
非胰島素依賴型糖尿病
- ⊙ Microalbuminuria  
U98 - Microalbuminuria

### Family Medicine Centre CONSULTATION SUMMARY

Sex: M Age: 49y Chinese Name: [REDACTED]  
[REDACTED] 27

**Presenting Problem** (P = Job; \* = New; @ = Active)

- ⊙ Diabetic retinopathy  
F83 - Diabetic retinopathy  
糖尿病視網膜病
- ⊙ Obesity  
T82 - Obesity  
肥胖

**Active Problem** (P = Job; \* = New)

- Type II diabetes mellitus  
30-Sep-2020 T90-Type II diabetes mellitus  
非胰島素依賴型糖尿病
- Hypertension, uncomplicated  
30-Sep-2020 K86-Hypertension, uncomplicated  
無併發症高血壓病
- Microalbuminuria  
30-Sep-2020 U98-Microalbuminuria
- Diabetic retinopathy  
30-Sep-2020 F83-Diabetic retinopathy  
糖尿病視網膜病
- Obesity  
30-Sep-2020 T82-Obesity  
肥胖

**Prescription on 30-Sep-2020**

1. LISINAPRIL (ZESTRIL) tablet  
oral : 10 mg daily for 14 weeks
2. METFORMIN HCL tablet  
oral : 750 mg bd for 14 weeks  
\*\*\* step up 18/3/20

**Future Appointment(s) as at 07-Nov-2020**

- 24-NOV-2020 04:00 PM SCCC - Phone FU
- 06-JAN-2021 02:00 PM Doctor Consultation
- 05-FEB-2021 02:00 PM Optical Coherence Tomography
- 10-SEP-2021 08:30 AM INTEGRATED EYE CLINIC

**Letters Printed**

Attendance Certificate: In afternoon on 30-Sep-2020

**Investigation Request(s) Created on 30-Sep-2020**

Request Date Investigation  
**LAB Request**  
30-Sep-2020 Haemoglobin A1c, blood

## Case D

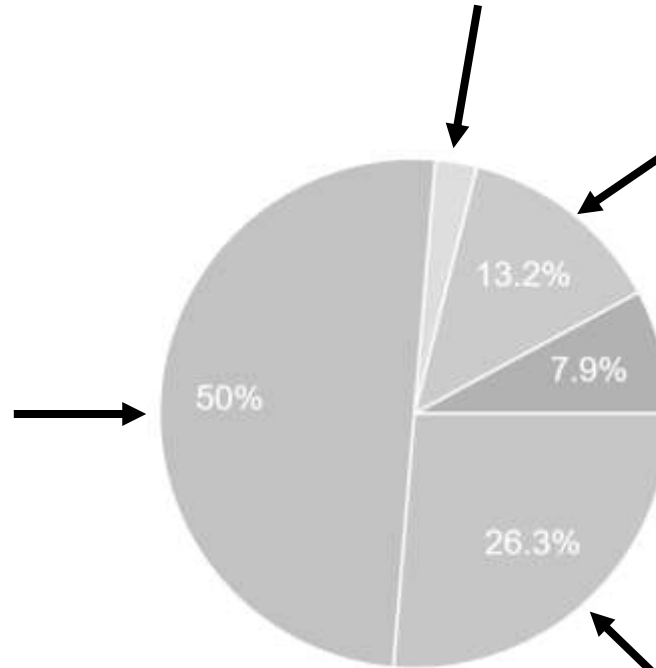
### Impression about the clinical findings:

A bit lack-of-detail. Satisfactory still however. Can give a safe 'pass' in PA

Over-commissioned. Needed some effort to comprehend the case. Borderline in pass-fail.

Lack-of-detail. Needed some effort to comprehend the case. Borderline in pass-fail.

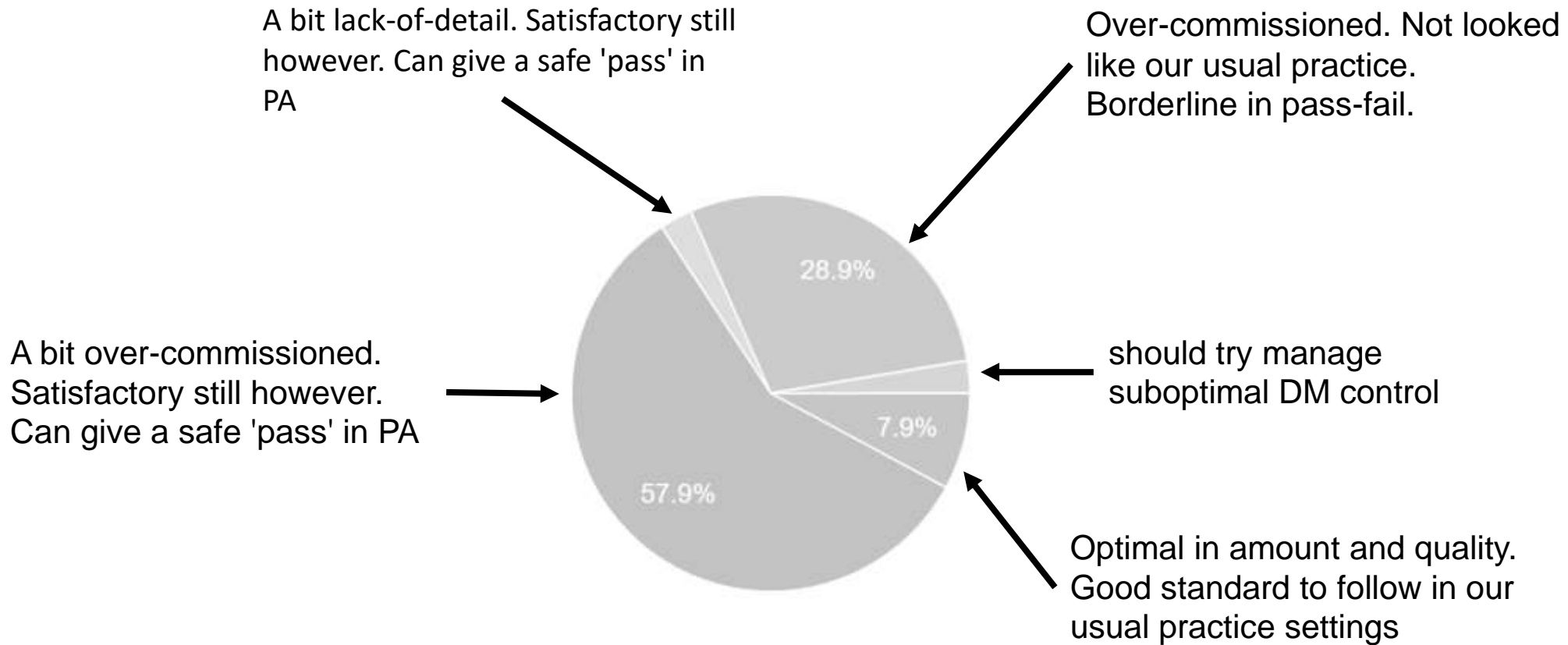
A bit over-commissioned. Satisfactory still however. Can give a safe 'pass' in PA



Optimal in amount and quality. Good standard to follow in our usual practice settings

## Case D

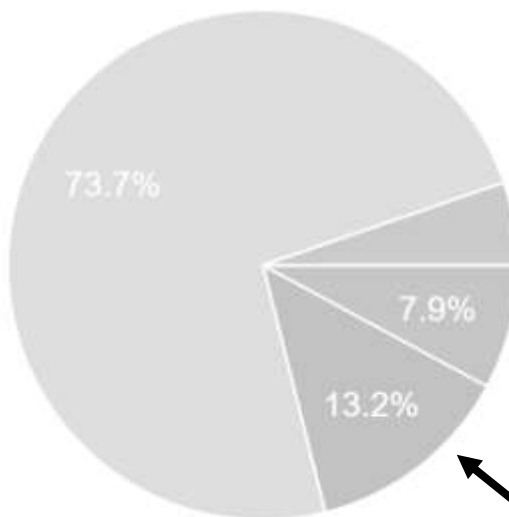
### Impression about the management:



## Case D

## Grade the consultation notes (D3)

Accurate and legible with adequate information for realizing the whole consultations without major omissions (6.5 to 7)



Legible for the consultations but missing some major details (5.5 to 6)

Accurate and legible with precise and concise details, with a relevant past medical / social history of an appropriate length (8.5 or above)

Accurate and legible with sufficient details, with a relevant past medical / social history (7.5 to 8)

# Case D

## Case D: chronic FU, M/49, DM, HT

### Family Medicine Centre CONSULTATION SUMMARY

Name: [Redacted]  
Sex: M Age: 49y Chinese Name: [Redacted]  
[Redacted] 27

**Drug Allergy:**  
(1) No Known Drug Allergy

**Health Status:**  
PE: Clinic BP: 129 / 75 mmHg Pulse: 83 /min  
Wt: 82.60kg Ht: 1.72m BMI: 27.92 Temp: °C

**Consultation Note written by Dr. A on 30-Sep-2020 02:17 pm**  
NKDA  
non-drinker  
smoker 20+ cig/x 30year, ↓ to 1-2 cig/day since 25/8/2020, currently FU SCCC  
job: transportation supervisor

FU  
HT, since 2014  
DM since 2014 with microalbuminuria/DMR  
Obesity

1/2020 RAMP  
LE mild NPDR, BE increased cup-disc ratio  
currently FU eye AHNH

1/2020 A1c 7.5, LDL 1.2, RFT normal, uACR 5.9  
6/2020 7.4

1 metformin to 750mg bd since 3/2020  
BP 129/75 p83  
no Home BP available  
Home Hstix by recall:  
fasting 6.x  
PP -8  
BMI 27.9  
good drug compliance  
tolerates med, no chronic cough or diarrhea  
no hypoglycaemic symptom  
no change of body weight/polydipsia/polyuria  
no chest pain/blurring of vision/intermittent claudication  
lack of exercise  
diet: aware low salt food, avoid sweet food

Imp:  
HT, under control

DM with microalbuminuria/DMR, suboptimal A1c control obesity

**Mx:**  
- Suggest DM diet with low salt and low fat diet  
- Encourage exercise at moderate intensity for >=30min, at least 5times per week  
- Appreciate patient's good meds compliance  
- Suggest quit smoking  
- Suggest weight reduction, discuss refer to dietican for further advice to weight reduction and DM control but patient declines as want to avoid hospital attendance during COVID-19 pandemic  
- Suggest Home hlix and Home BP with record  
- Suggest adjust anti-DM med but patient want to try lifestyle modification  
- Continue current medication  
- Blood test for A1c 2 weeks before next visit  
- Observe home BP, home hstix, hypoglycaemic symptoms and any side effect of medication  
- Suggest revisit via IVAS for symptoms, book FU 14 week  
- Attendance certificate

**Anticipatory care:**  
Never received seasonal influenza vaccine  
advise on seasonal influenza vaccine 2020/2021 for prevention of influenza and its associated complications.  
patient shows understanding and will consider about it.

**Presenting Problem** (P = Job; \* = New; @ = Active)

- ⊙ Hypertension, uncomplicated  
K86 - Hypertension, uncomplicated  
無併發症高血壓病
- ⊙ Type II diabetes mellitus  
T90 - Type II diabetes mellitus  
非胰島素依賴型糖尿病
- ⊙ Microalbuminuria  
U98 - Microalbuminuria

### Family Medicine Centre CONSULTATION SUMMARY

Sex: M Age: 49y Chinese Name: [Redacted]  
[Redacted] 27

**Presenting Problem** (P = Job; \* = New; @ = Active)

- ⊙ Diabetic retinopathy  
F83 - Diabetic retinopathy  
糖尿病視網膜病
- ⊙ Obesity  
T82 - Obesity  
肥胖

**Active Problem** (P = Job; \* = New)

- Type II diabetes mellitus  
30-Sep-2020 T90-Type II diabetes mellitus  
非胰島素依賴型糖尿病
- Hypertension, uncomplicated  
30-Sep-2020 K86-Hypertension, uncomplicated  
無併發症高血壓病
- Microalbuminuria  
30-Sep-2020 U98-Microalbuminuria
- Diabetic retinopathy  
30-Sep-2020 F83-Diabetic retinopathy  
糖尿病視網膜病
- Obesity  
30-Sep-2020 T82-Obesity  
肥胖

**Prescription on 30-Sep-2020**

1. LISINAPRIL (ZESTRIL) tablet  
oral: 10 mg daily for 14 weeks
2. METFORMIN HCL tablet  
oral: 750 mg bd for 14 weeks  
\*\*\* step up 18/3/20

**Future Appointment(s) as at 07-Nov-2020**

- 24-NOV-2020 04:00 PM SCCP - Phone FU
- 06-JAN-2021 02:00 PM Doctor Consultation
- 05-FEB-2021 02:00 PM Optical Coherence Tomography
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**Letters Printed**

Attendance Certificate: In afternoon on 30-Sep-2020

**Investigation Request(s) Created on 30-Sep-2020**

Request Date Investigation  
**LAB Request**  
30-Sep-2020 Haemoglobin A1c, blood

- About half of the assessors considered a bit over-commissioned / lengthy
- However, 95% of the assessors would still consider 'pass'

# Case E

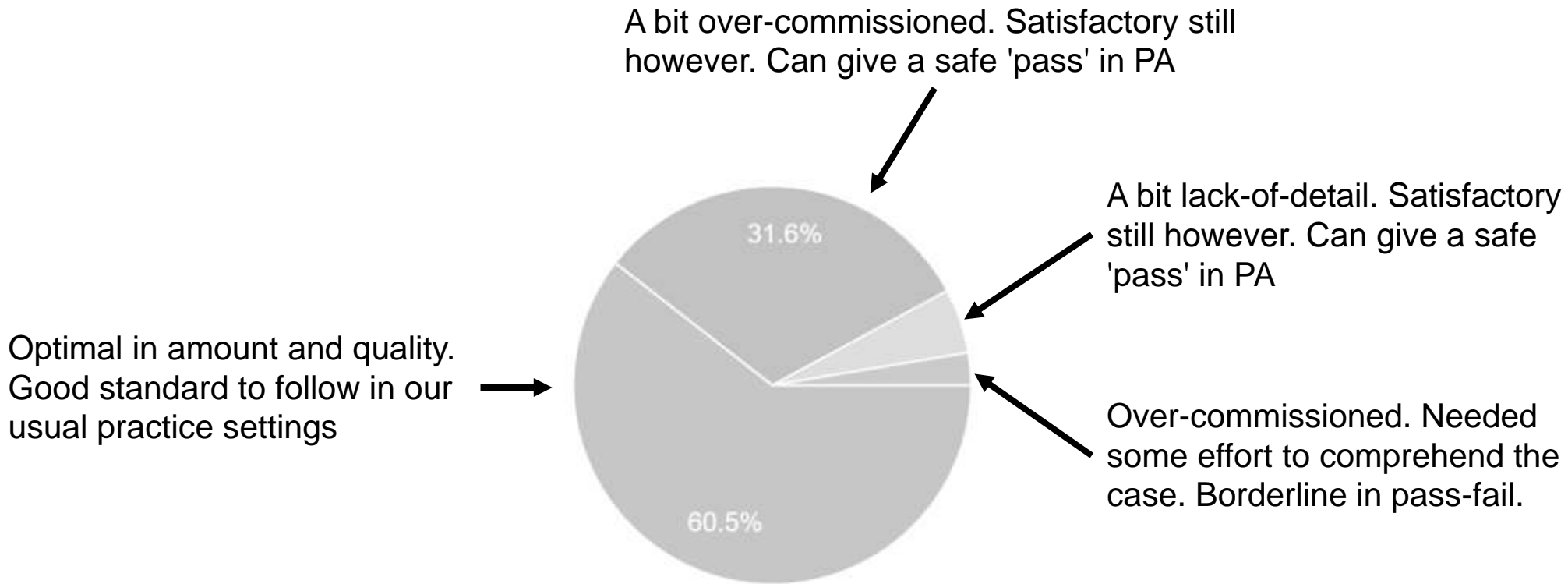
## Case E: chronic FU, F/42, Panic disorder

<p>Family Medicine Centre CONSULTATION SUMMARY</p>		<p>Sex: F Age: 42y Chinese Name: [REDACTED]</p>
<p><b>Drug Allergy:</b> (1)SEA FOOD AND BEEF; (2)No Known Drug Allergy</p>		<p>No muscle tension/cramp attack No sweating/palpitation/chest discomfort/faint Deny feeling of losing control or going crazy No avoidant behavior</p>
<p><b>Health Status:</b> PE: Clinic BP: 114 / 73 mmHg Pulse: 82 /min Wt: 55.40kg Ht: 1.51m BMI:24.30 † Temp.: °C</p>		<p>Appetite ok, no weight change No suicidal ideation No low mood No anhedonia No obsession/compulsion No abnormal perception/belief</p>
<p><b>Consultation Note written by Dr. A on 16-Sep-2020 03:50 pm</b> NKDA non-smoker non-drinker Previous clerical work in Church, just stop since 12/2019 lives with husband 43 y/o, and 2 children ( daughter 21, son 16-year-old) good relationship</p>		<p>Function: cope with house work well lack of exercise No use of OTC/TCM/illicit drug LMP 21/8/2020, not heavy flow BP normal as charted BMI 24.3</p>
<p>FU panic disorder since 2008 on seroxat since 2008, on maintenance dose refer out from Psy since 7/2014</p>		<p>MMSE: mood euthymic speech relevant &amp; coherent good eye contact no AH/VH no suicidal idea</p>
<p>other PMHx: multiple cyst on both breasts FU surgical breast clinic with husband today</p>		<p>Imp: Panic disorder, stable on maintenance SSRI</p>
<p>try ↓ seroxat 5mg daily since last visit 6/2020 better sleep pattern from 10-20 hours per day to currently 10-12 hours per day good compliance to med, tolerate med well felt better after quit job as less stress since 12/2019, more relax relationship good with family members less going outdoor recently due to COVID-19 outbreak likes to join in various course via internet class</p>		<p>Mx: -Sleep hygiene advised, avoid over sleep -Acknowledge her effort to cope with her disease -Advice practice stress management and relaxation techniques. For example, yoga, deep breathing and progressive muscle relaxation. Explained aerobic activity may have a calming effect for her. -As she is obese and no regular exercise, advise daily exercise for 30min at moderate intensity, consider to reduce oral calories intake -Observe symptoms, revisit prn via IVAS for any problem -Book FU 14/52</p>
<p>↓ panic attack than before, just irregular attack 1-2 times per month: present as unpredictable onset of mild shortness of breath, 4 limbs tingling --&gt; spontaneously subside within one minute She knows that's due to her panic disorder ; and try to distract herself when attack</p>		<p>anticipatory care: pap smear 2 year ago and told normal result , but actually</p>

<p>Family Medicine Centre CONSULTATION SUMMARY</p>		<p>Name: [REDACTED] Sex: F Age: 42y Chinese Name: [REDACTED]</p>
<p>she has no idea about the timing of next pap smear. introduce the pap smear screening should be :screening at 3-yearly intervals, after 2 consecutive normal annual test result</p>		<p>28</p>
<p>She shows appreciation about the information</p>		<p>(○ = Job; * = New; ⊕ = Active)</p>
<p><b>Presenting Problem</b></p>		<p>⊕ Panic disorder</p>
<p>P74 - Panic disorder 驚恐障礙</p>		<p>(○ = Job; * = New)</p>
<p><b>Active Problem</b></p>		<p>Panic disorder</p>
<p>16-Sep-2020 P74-Panic disorder 驚恐障礙</p>		<p>(○ = Job; * = New)</p>
<p><b>Prescription on 16-Sep-2020</b></p>		<p>1. PAROXETINE HCL (SEROXAT) tablet oral : 5 mg daily for 14 weeks *** step down 6/2020</p>
<p><b>Future Appointment(s) as at 24-Nov-2020</b></p>		<p>23-DEC-2020 03:30 PM Doctor Consultation</p>

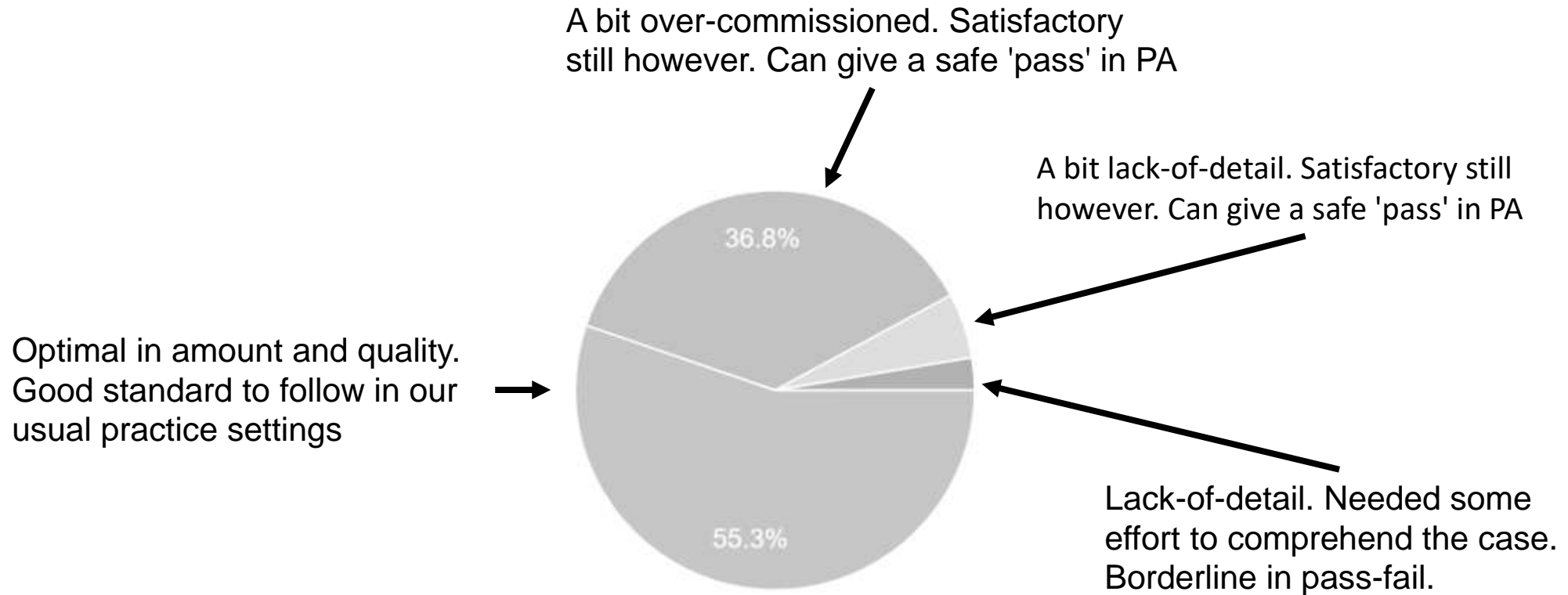
## Case E

### Impression about the clinical findings:



# Case E

## Impression about the management:

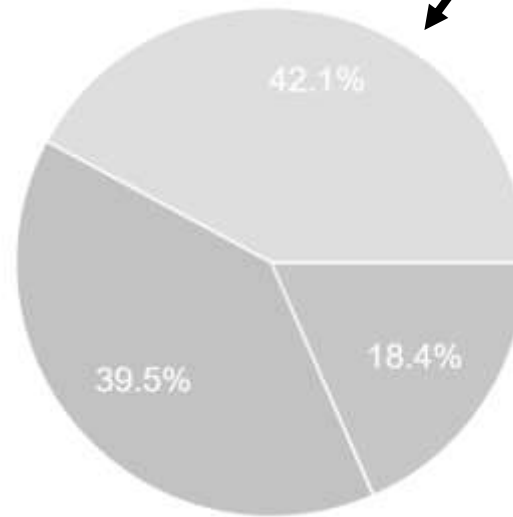


## Case E

### Grade the consultation notes (D3)

Accurate and legible with adequate information for realizing the whole consultations without major omissions (6.5 to 7)

Accurate and legible with sufficient details, with a relevant past medical / social history (7.5 to 8)



Accurate and legible with precise and concise details, with a relevant past medical / social history of an appropriate length (8.5 or above)

# Case E

## Case E: chronic FU, F/42, Panic disorder

Family Medicine Centre CONSULTATION SUMMARY	
Sex: F Age: 42y Chinese Name: [REDACTED]	28
<b>Drug Allergy:</b> (1)SEA FOOD AND BEEF; (2)No Known Drug Allergy	No muscle tension/cramp attack No sweating/palpitation/chest discomfort/faint Deny feeling of losing control or going crazy No avoidant behavior
<b>Health Status:</b> PE: Clinic BP: 114 / 73 mmHg Pulse: 82 /min Wt: 55.40kg Ht: 1.51m BMI:24.30 † Temp.: °C	Appetite ok, no weight change No suicidal ideation No low mood No anhedonia No obsession/compulsion No abnormal perception/belief
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FU panic disorder since 2008 on seroxat since 2008, on maintenance dose refer out from Psy since 7/2014	MMSE: mood euthymic speech relevant & coherent good eye contact no AH/VH no suicidal idea
other PMHx: multiple cyst on both breasts FU surgical breast clinic with husband today	Imp: Panic disorder, stable on maintenance SSRI
try ↓ seroxat 5mg daily since last visit 6/2020 better sleep pattern from 10-20 hours per day to currently 10-12 hours per day good compliance to med, tolerate med well felt better after quit job as less stress since 12/2019, more relax relationship good with family members less going outdoor recently due to COVID-19 outbreak likes to join in various course via internet class	Mx: -Sleep hygiene advised, avoid over sleep -Acknowledge her effort to cope with her disease -Advice practice stress management and relaxation techniques. For example, yoga, deep breathing and progressive muscle relaxation. Explained aerobic activity may have a calming effect for her. -As she is obese and no regular exercise, advise daily exercise for 30min at moderate intensity, consider to reduce oral calories intake -Observe symptoms, revisit prn via IVAS for any problem -Book FU 14/52
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Family Medicine Centre CONSULTATION SUMMARY	
Sex: F Age: 42y Chinese Name: [REDACTED]	28
she has no idea about the timing of next pap smear. introduce the pap smear screening should be :screening at 3-yearly intervals, after 2 consecutive normal annual test result	
She shows appreciation about the information	
<b>Presenting Problem</b> (C = Job; * = New; @ = Active)	
Ⓐ Panic disorder	
P74 - Panic disorder	
驚恐障礙	
<b>Active Problem</b> (C = Job; * = New)	
Panic disorder	
16-Sep-2020 P74-Panic disorder	
驚恐障礙	
<b>Prescription on 16-Sep-2020</b>	
1. PAROXETINE HCL (SEROXAT) tablet oral : 5 mg daily for 14 weeks *** step down 6/2020	
<b>Future Appointment(s) as at 24-Nov-2020</b>	
23-DEC-2020 03:30 PM Doctor Consultation	

- 55 - 60% of assessors considered optimal in amount and quality
- About 30% of assessors considered a bit over-commissioned / lengthy
- All the assessors would consider 'pass'

# Part E

# Part E

PA Introductory Workshop  
20 March 2026

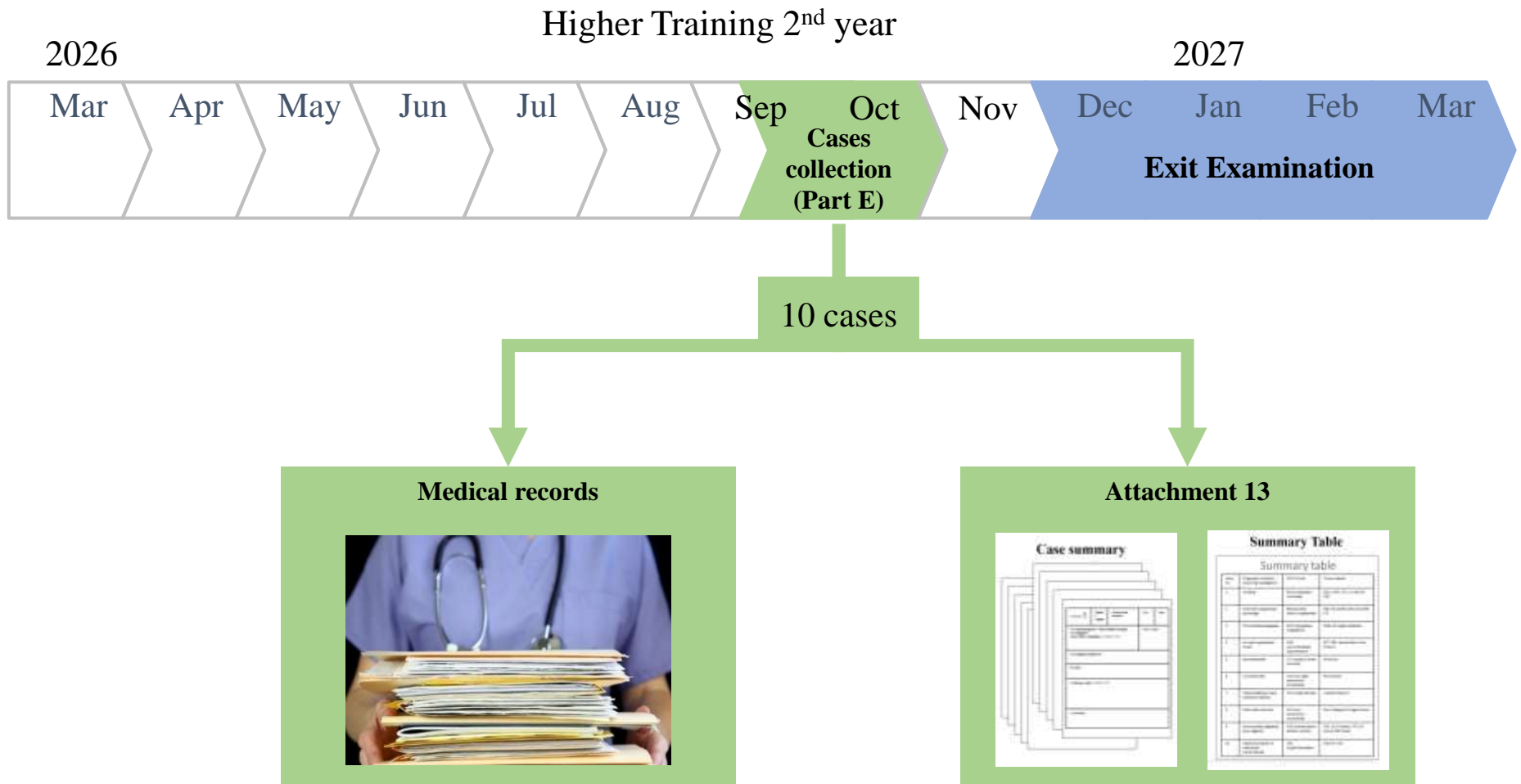
- What Candidate needs to prepare
- Tips on good practice
- What Examiner will assess
- Consensus in Marking

Prepare for

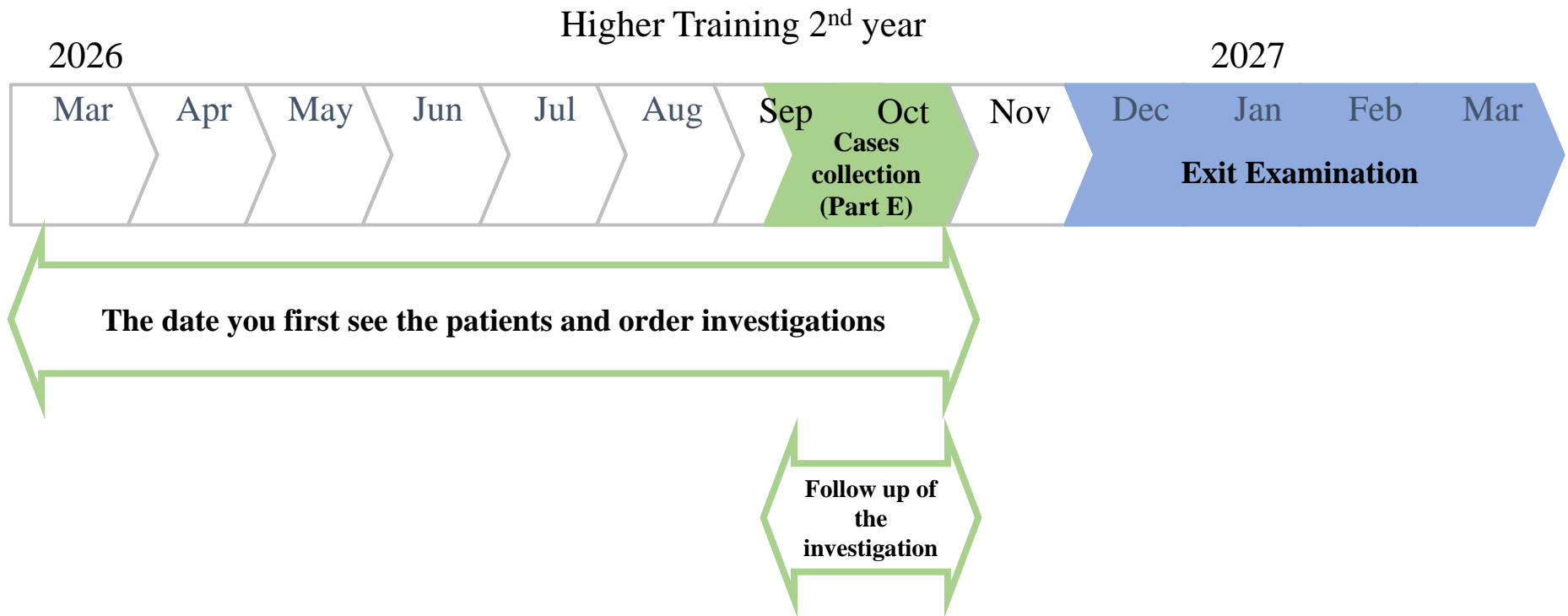
Part E (Investigations)

Practice Assessment, 2027 Exit Exam

# Prepare for Part E (Investigations)



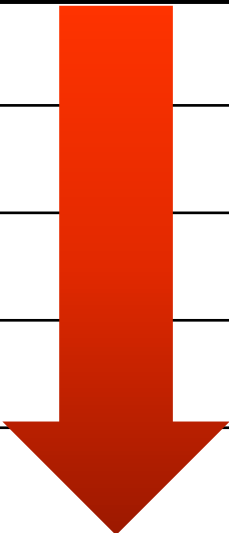
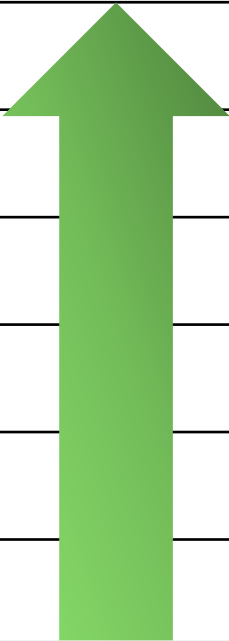
# Prepare for Part E (Investigations)



**Can start looking for Cases that have the potential for PA (Part E) now**

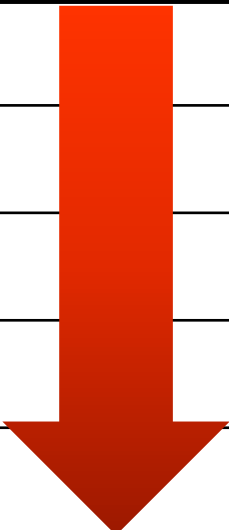
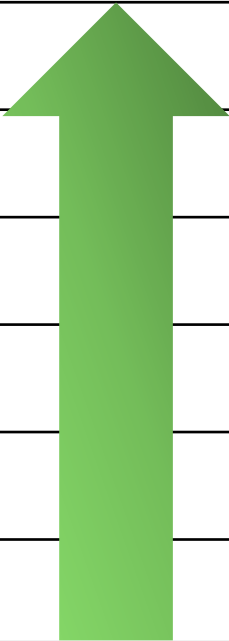
1. Everyday practice:
  - a. rational use of investigations (justification)
  - b. appropriate follow up on the investigation results & patients
2. Familiarize with ICPC-2 coding
3. Practice write up short cases summaries

## E2. Justification Performance



	<b>The investigations were targeted to the clinical findings, performed at appropriate time, the medical record was precise; provided effective patient care</b>
	<b>The investigations were targeted to the clinical findings, performed at appropriate time</b>
	<b>The investigations were in line with the clinical findings, likely solving the presenting problem</b>
	<b>The investigations were not in line with the clinical findings, not likely solving the presenting problem</b>
	<b>The investigations did not consider significant clinical findings appropriately</b>
	<b>The investigations OR the management of clinical condition(s) did not consider red flags appropriately</b>
	<b>The medical record was disorganized, impairing the communication with other health care workers</b>

## E4. Follow up Performance



	<b>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</b>
	<b>The follow up was targeted to the clinical findings and the investigation results, performed at appropriate time</b>
	<b>The follow up was in-line with the clinical findings and the investigation results</b>
	<b>The follow up was not in line with the clinical findings OR the investigation results</b>
	<b>The follow up did not consider significant investigation results appropriately</b>
	<b>The follow up of investigation results OR the management of clinical condition(s) did not consider red flags appropriately</b>
	<b>The medical record was disorganized, impairing the communication with other health care workers</b>

**Thanks**