



HKCFP Exit Examination

Practice Assessment

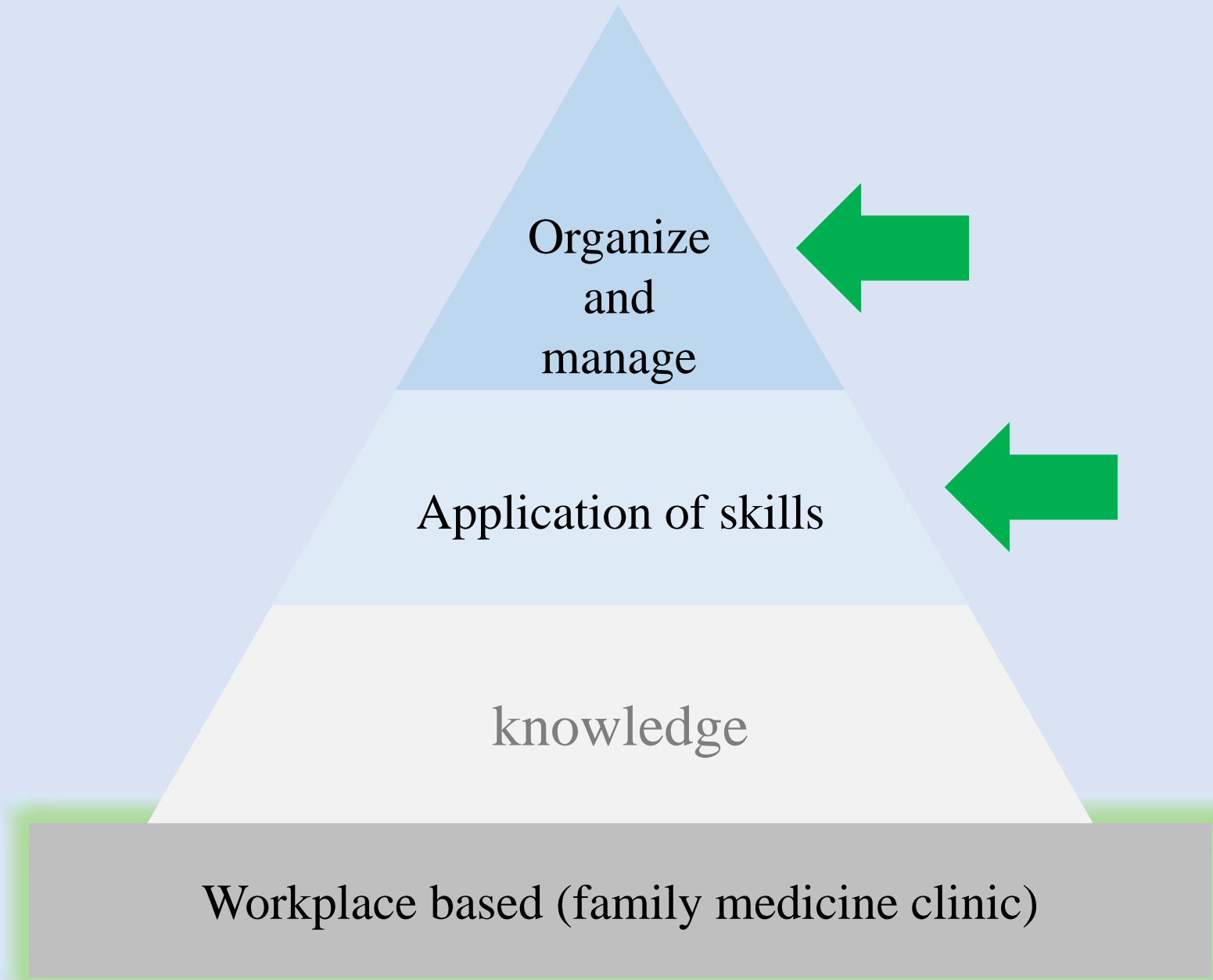
Practice Management Package

(PMP)

General Information

28 April 2023

Aim of Practice Assessment



Practice Assessment consists of Session I & II

Session I

PMP

(May to October)

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

PERM

(May to August)

- Medical Records (Part D)

PMP:

practice management package

PERM:

Pre-Exit Review of Medical records

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

Practice Management Package (PMP)

Candidate	
Practice	
Name & address	According to the practice rules
Assessment	
Date of assessment	

Attachment
1 to 11
(4 copies)

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

Pre-Exit Medical Record Review (PERM)

Candidate	
Practice name & address	According to the practice rules
Assessment	
Date of assessment	

Attachment
12
(4 copies)

Attachment
13
(4 copies)

Session II

Random check
(PMP review)

Part C II
(Dangerous Drugs
management)

Part D
(Medical Records)

Part E
(Investigations)

(December to March)

Today

Session I

PMP

(May to October)

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

PMP:
practice management package

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

Practice Management Package (PMP)

Candidate	
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Name & address	According to the practice rules
Assessment	
Date of assessment	

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(4 copies)

Session II

Random check
(PMP review)

Part C II
(Dangerous Drugs
management)

(December to March)

Today

The presentation materials are available at the College *internet website*:

[Hong Kong College of Family Physicians \(hkcfp.org.hk\)](http://hkcfp.org.hk)

(Education & Examinations > Exit Examination)

Workshop held on 3 Mar 2023

Session I

PERM

(May to August)

- Medical Records (Part D)

PERM:
Pre-Exit Review of Medical records

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

Pre-Exit Medical Record Review (PERM)

Candidate:
Previous name at entry:
Offending or other practice notes:
Assessed:
Date of assessment:
Comments:

Attachment
12
(4 copies)

Attachment
13
(4 copies)

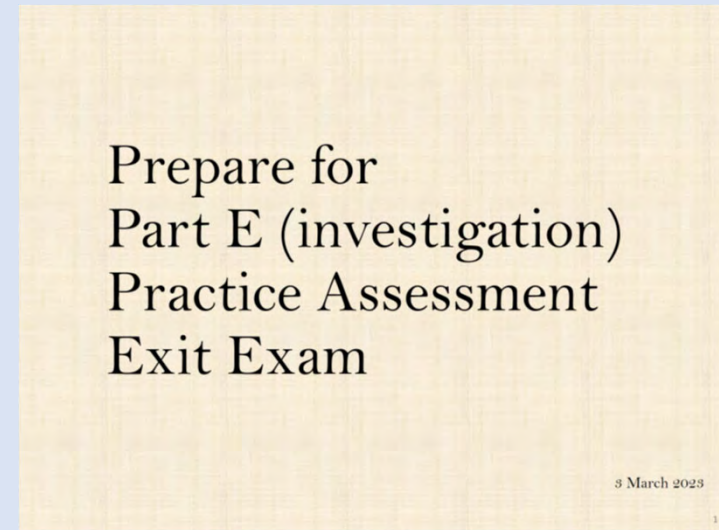
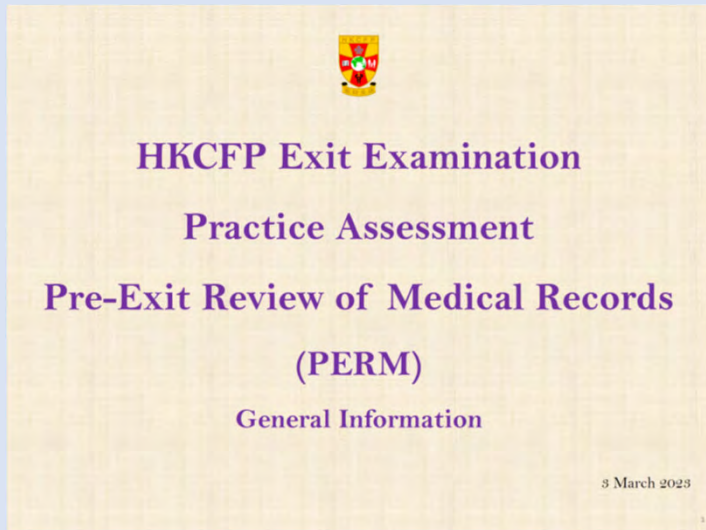
Session II

Part D
(Medical Records)

Part E
(Investigations)

(December to March)

Workshop held on 3 March 2023



The presentation materials are available at the College *internet website*:

[Hong Kong College of Family Physicians \(hkcfp.org.hk\)](http://hkcfp.org.hk)

(Education & Examinations > Exit Examination)

Pre-Exit Workshop

August

Exit Examination (PA) Regulations

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	According to the practice return
Assessment	
Date of assessment	

Attachment
1 to 11
(4 copies)

PERM report

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

Pre-Exit Medical Record Review (PERM)

Candidate	
Practice return at address	
Assessment	
Date of assessment	
Comments	

Attachment
12
(4 copies)

Attachment
13
(4 copies)

Session II

Random check
(PMP review)

Part C II
(Dangerous Drugs
management)

Part D
(Medical Records)

Part E
(Investigations)

(December to March)

Prepare Practice Management Package (PMP) Report

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



Practice Management Package (PMP)

Candidate	<i>You</i>
Practice name & address	<div></div> (working in the practice since ____ / ____)
Assessor	<div></div>
Date of assessment	<div></div>

Updated

HKCFP
Higher Training
Assessment Tool

- Worked in the practice for at least three months
- The same as the Session II

Higher FM training
clinical supervisor

Any day between May 1, 2023
and Oct 31, 2023

Use the latest version

Marking principle

Part A (Practice setting)

Accessibility and availability	
1. Ease of accessibility from main street	✓
2. Transportation	✓
3. Stair / lift	✓
4. Public car park	✓
5. Elderly / handicapped facilities	✗
6. Practice hours displayed	✓
7. Name card of doctor(s) (Attachment 1)	✓
8. Follow up card	✓
9. Home visits	NA

Visibility

10. Sign Board comply with law requirement (Appendix A)	
--	--

Marking Principle

- Knowledge of the candidate
- Actual Practice in the clinic

Clinical
Supervisor



Please pay attention to updates in:

- Evidence based practice
- Local legislation

Appendix

Part A (Practice setting)

Accessibility and availability	
1. Ease of accessibility from main street	✓
2. Transportation	✓
3. Stair / lift	✓
4. Public car park	✓
5. Elderly / handicapped facilities	✗
6. Practice hours displayed	✓
7. Name card of doctor(s) (Attachment 1)	✓
8. Follow up card	✓
9. Home visits	NA

Visibility	
10. Sign Board comply with law requirement (Appendix A)	

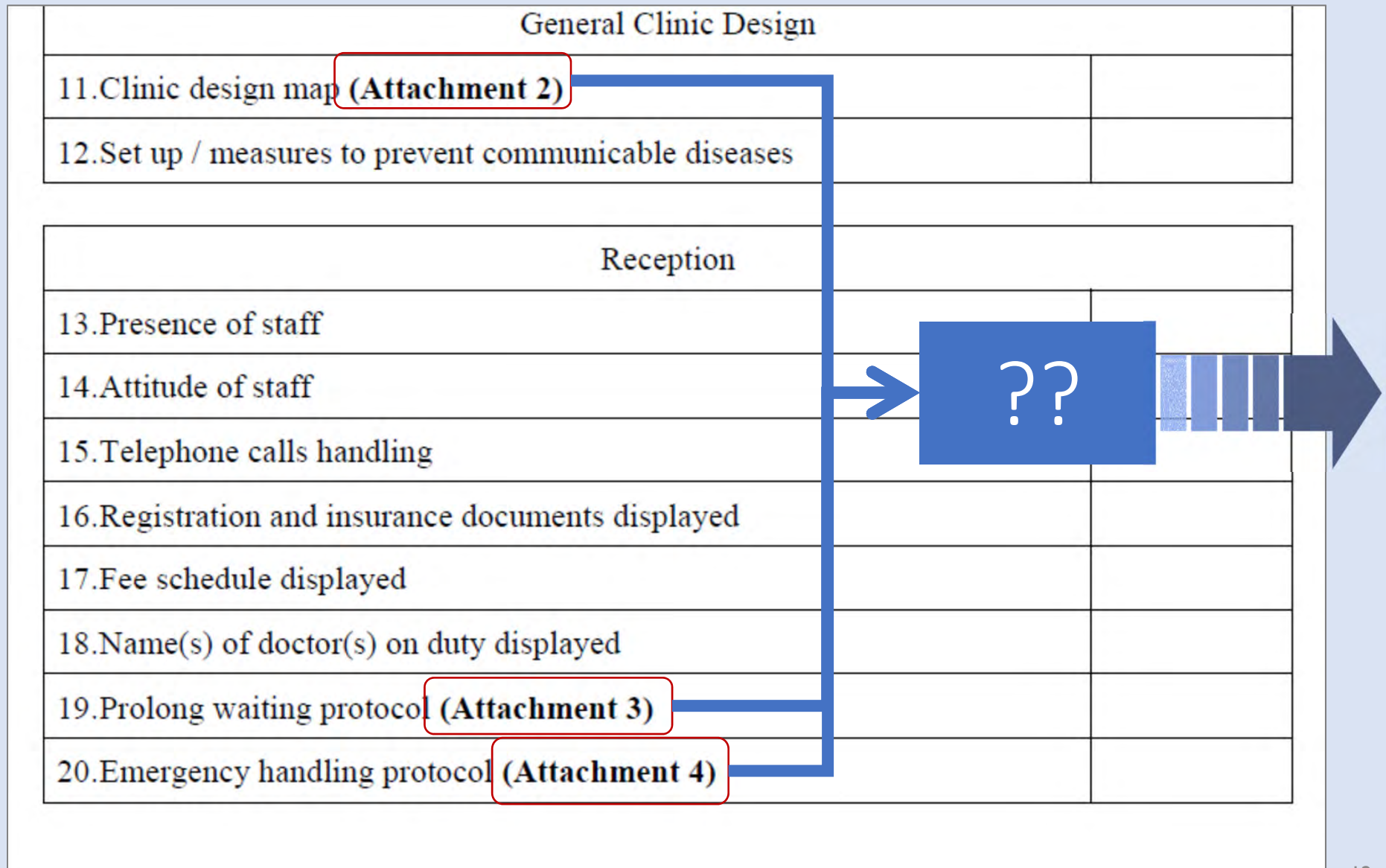
Appendix:

- Available at HKCFP website
- Information helps candidates to prepare PMP report

Please pay attention to updates in:

- Evidence based practice
- Local legislation

Attachments



Attachments

HONG KONG COLLEGE OF FAMILY PHYSICIANS
EXIT EXAMINATION OF
VOCATIONAL TRAINING IN FAMILY MEDICINE

LIST OF ATTACHMENTS

- The attachments should be arranged numerically in a DOUBLE-SIZED A4 format.
- Please Keep It Short and Simple (KISS) including flow charts and diagrams except attachments 8, 12 and 13.

Part A Practice Organization:

- Attachment 1: Name card - back and front (if applicable) plus information on :
Type of practice (group/solo/public/private), average no. of patients seen per week, average consultation time and average waiting time
- Attachment 2: General clinic design illustrated with diagram
- Attachment 3: Prolong waiting protocol
- Attachment 4: Emergency case handling protocol
- Attachment 5: List of education leaflets commonly used by the candidate
- Attachment 6: Other diagnostic equipments and treatment facilities
- Attachment 7: Emergency equipment and drugs

Part B Practice Management:

- Attachment 8: Disinfection and sterilization protocol
- Attachment 9: Routine and urgent appointment protocol
- Attachment 10: Data access protocol
- Attachment 11: Needle stick injury protocol

Part D Records:

- Attachment 12: A list of 300 records
(refer to Introduction of Practice Assessment for requirements)

Part E Investigations:

- Attachment 13: A list of 10 investigations
(refer to Examination Guidelines for requirements)

Attachments 1 to 11

- Your clinic's information, operation protocols; etc
- *Have to be PRACTICAL*
- to be shown to your assessor in the Session I

Prepare them now!

Attachments 12 and 13:

- For Session II
- To be compiled in a specified period (~ mid September to end of October)

Refer to Candidate's Workshop in the coming August for details

Items marked with *

Consultation Room	
29.Seats for accompanying person	
30.Lighting	
31.Changing area / screen	
32.Communication with clinic staff	
33.Education leaflets (Attachment 5)	
Different categories of leaflets	
34.Visual and auditory privacy *	✓
35.Hand washing facilities *	
36.Examination bed *	✗

Mandatory for passing the respective Part (A / B / C) of the PMP

The whole Part (A / B / C) of the PMP will be marked 'fail'

Practice Management Package (PMP)

Part A (Practice setting)

Part A (Practice setting)

Sample

Accessibility and availability

1. Ease of accessibility from main street	
2. Transportation	
3. Stair / lift	
4. Public car park	
5. Elderly / handicapped facilities	
6. Practice hours displayed	
7. Name card of doctor(s) (Attachment 1)	
8. Follow up card	
9. Home visits	

Visibility

10. Sign Board comply with law requirement (Appendix A)	
--	--

General Clinic Design

11. Clinic design map (Attachment 2)	
12. Set up / measures to prevent communicable diseases	

Reception

13. Presence of staff	
14. Attitude of staff	
15. Telephone calls handling	
16. Registration and insurance documents displayed	
17. Fee schedule displayed	
18. Name(s) of doctor(s) on duty displayed	
19. Prolong waiting protocol (Attachment 3)	
20. Emergency handling protocol (Attachment 4)	

Updated March 2018

3

Waiting Room

Sample

21. Cleanliness + tidiness	
22. Reading materials	
23. Notice board	
24. Telephone	
25. Seating arrangement	
26. Ventilation	
27. Toilet facilities	
28. Health education materials	

Consultation Room

29. Seats for accompanying person	
30. Lighting	
31. Changing area / screen	
32. Communication with clinic staff	
33. Education leaflets (Attachment 5)	
Different categories of leaflets	
34. Visual and auditory privacy *	
35. Hand washing facilities *	
36. Examination bed *	

Updated March 2018

4

Practice Management Package (PMP)

Part A (Practice setting)

Sample

Diagnostic equipment	
37. Diagnostic instruments other than listed below (Attachment 6)	
Correct technique of equipment uses	
38. Pediatric developmental screening tools	
Correct use	
39. Glucometer	
Correct technique of use	
Validation of glucometer	
40. Blood pressure measuring devices	
Correct technique of use of sphygmomanometer	
Availability and appropriate use of different sizes of cuffs	
41. Thermometer	
42. ECG	
Correct technique of use	
Maintenance of ECG machine	
43. Urine dipsticks	
Correct use of different urine dipstick tests	
44. Vaginal speculum *	
Different sizes available	
45. Adult weight scale & height measurement *	
46. Baby weight scale & height measurement	
47. Proctoscope *	
48. Peak flow meter *	
Peak flow rate normogram and its use	
49. Snellen chart *	
Correct measurement of visual acuity	

Sample

Treatment Area / Minor Procedure & Operation	
50. Suturing sets	
51. Cautery	
Maintenance	
Occupational safety	
52. Dressings sets *	
53. Minor procedure / operation	
Equipment	
Patient's consent kept	
Procedure explanation leaflets	
54. Others (Attachment 6)	

Practice Management Package (PMP)

Part A (Practice setting)

Sample

Emergency Care	
55. Resuscitation chart displayed	
Updated regularly	
56. Emergency drugs * (Attachment 7)	
Variability	
Emergency medication dosage chart	
57. Emergency drugs expiry checking *	
Log Book	
Identification of liable person	
58. Emergency equipment* (Attachment 7)	
Variability	
Equipment List	
Log Book of Expiry checking	
Identification of liable person	
59. Emergency protocols *	
Applicability	
Job description of clinic staff during emergency	
60. Regular drill / training on emergency handling	

Sample

Routine Environmental Cleaning (Appendix B)	
61. Routine cleaning schedule	
62. Dilution chart of cleansing agent	
Blood and Body Substance Spills (Appendix C)	
63. Spills Protocol *	
Disinfection (Appendix D)	
64. Protocol for staff * (Attachment 8)	
65. Disinfection process *	
66. Equipment and agents *	
67. Audit on disinfection process	
Sterilization (Appendix E)	
68. Presence / type of sterilizer	
69. Satisfactorily sterilized equipment *	
<i>(if sterilized equipment used in the clinic)</i>	
Routines of expiry checking	
Correct storage of sterilized equipment	
70. Sterilization process *	
<i>(check knowledge on this if no sterilizer in practice)</i>	
Regular monitoring of sterilization process	
<i>(physical, chemical, and biological tests)</i>	
Maintenance of sterilizer	
Valid license	

Grading and comment by assessor

Clinical
Supervisor



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

Comments:

Part B (Clinic Management): marking principle same as Part A

Sample

Part B (Clinic Management)

Appointment and Registration

1. Routine appointment protocol (**Attachment 9**)
2. Urgent appointment protocol (**Attachment 9**)
3. Registration: manual / computerized
4. Computerized record retrieval system
5. Age / sex register
6. Disease register
7. Recall system
- Appointment cases
- Others (e.g. Pap smear screening)

Accounting

8. Daily account kept
9. Proper receipts & copy kept

Administration & Risk Management

10. Adverse incident report system & follow-up
11. Complaint handling system
12. Data access protocol (**Attachment 10**)

Medical Record Keeping

13. Security (manual / computerized)
14. Record filing system
15. Record retrieval efficiency
16. Confidentiality of record

Updated March 2018

Sample

Investigations / Referrals

17. Log book of investigations ordered and results recorded
18. Investigation results screening
19. Identification and / or signature of liable staff
20. Action recorded
21. Call-back system *

Sick Leave

22. Security of sick leave certificate *
23. Record / Copy of sick leave certificate issued *

Supporting services

24. Radiology / laboratory service
25. Physiotherapy service
26. Occupational therapy service
27. Specialist referral
28. Community nurse service
29. Social worker services
30. List of non-government organizations and self-help
31. Others (please attach)

Safety

32. Disposal of medical waste * (**Appendix F**)
33. Needle stick injury protocol * (**Attachment 11**)
34. Handling and disposal of sharps * (**Appendix H**)
35. Safe blood taking procedure
36. Occupational health & safety awareness

Updated March 2018

Sample

Staffing

37. Written job description
38. In house training
- Training record
39. Staff appraisal
40. Staff meetings
- Record of meeting minutes

Medical Education Resources

41. Medical education meeting at the practice
- Meeting record
42. Medical references / books

Part B (Clinic Management)

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

Comments:

Updated March 2018

12

Part C (Pharmacy and Drug Labeling)

marking principle same as Part A

Part C (Pharmacy and Drug Labeling)

Sample

Dispensary / Pharmacy Management	
1. Organization of dispensary / pharmacy	
2. Protocol to ensure accurate dispensing (Appendix I)	
Stock	
3. Clear labels	
4. Stock control	
5. Proper storage *	
6. Expiry date records *	

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) *	

Refrigerator for vaccine storage (Appendix J)

Sample

17. Presence / type of refrigerator	
18. Max/min. thermometer *	
19. Temperature stabilization *	
20. Temperature checked and recorded daily *	
21. No contamination, e.g., food *	
22. Types of vaccine available	
23. Vaccines appropriately stored *	
24. Expiry date checked *	
25. Protocol of cold chain breach	

Disposal of expired medications

26. Proper drug disposal * (Appendix K)	
---	--

Part C (Pharmacy and Drug Labeling)

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

Comments:

Part C II (Dangerous Drugs Management): Checklist

Part C II (Dangerous Drugs management)

Checklist

Please tick the boxes as appropriate

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 is unavailable

DD receptacle

(Knowledge)

What is the basic legal requirement to store DD?

(Practice)

☐ Locked, can only be opened by the authorized person

DD storage, check for expiry

(Practice)

☐ DD stored in the receptacle

☐ Stock checked for expiry

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)

Expired DD kept in the clinic? If yes, check:

☐ stored in the receptacle

☐ recorded

☐ disposal

Continue on the next page →

Updated April 2019

Sample

15

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

DD register, or a different page of the same Register for

DD and (where applicable) the strength or

written at the head of each page of the Register.

DD was recorded, in indelible ink, or otherwise

DD register?

DD register. Corrections were made by means of a

dated.

☐ If a registered doctor, dentist or veterinary surgeon practices in more than one clinic from which dangerous drugs are supplied, a separate set of registers must be kept and used in each clinic

(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 mark the FMP rating form (Part CII) →

Updated April 2019

Sample

16

Part C II (Dangerous Drugs Management)

Quick reference for assessors / candidates

DD Authorized persons could be:

- Registered doctors, dentists, and veterinary surgeons
- Registered pharmacists or approved persons employed at prescribed hospitals specified in the Second Schedule to the Dangerous Drugs Ordinance
- Persons in charge of certain laboratories

Required format of the DD register:

FIRST SCHEDULE
FORM OF REGISTER

Date of receipt/ supply	Name and address of person* or firm from whom received/to whom supplied	Patient's identity card number#	Amount		Invoice No.	Balance
			received	supplied		

* Cross reference of the person to whom supplied may be made in which case only the reference number of the person's treatment record needs to be given.

For a patient who is not resident in Hong Kong, the reference number of any proof of identity, other than an identity card, specified in section 17B(1) of the Immigration Ordinance (Cap. 115) shall be inserted.

Part C II (Dangerous Drugs Management)

Part C II (Dangerous Drugs management)

According to your assessment with the checklist, please:

“✓” the item is present or appropriate; “X” if not present or inappropriate, “NA” if not applicable in the item(s)

Dangerous Drugs* (Appendix L)

		Knowledge	Practice
1.	Authorized person*		
2.	DD receptacle*		
3.	DD: storage, check for expiry*	N/A	
4.	Expired DD: storage, record, disposal* (if no expired DD in the clinic → ask knowledge; site mark N/A)		
5.	DD register*		

Part C II (Dangerous Drugs Management)

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

Comments:

Sample

Completing Practice Management Package (PMP) Report

Overall result of the assessment

Grade (please tick one)			Description
Pass	A	<input type="checkbox"/>	<i>Mastery of most components and capability</i>
	C	<input type="checkbox"/>	<i>Satisfactory standard in most components</i>
Fail	E	<input type="checkbox"/>	<i>Demonstrates several major omissions and/or defects (or deficiency in area with *)</i>
	N	<input type="checkbox"/>	<i>Unsafe practice</i>

Comments:

Name of Assessor:	
Signature:	
Date:	

Pass grade in:

- Part A, B, C, CII
- Overall

PMP report

Clinical supervisor's
verification

Submitting PMP report

- To be submitted with the Exit Examination Application (the deadline usually on the 1st working day of November)
- Prerequisite to proceed Session II of PA Segment
- Random check (PMP review) in Session II will be based on your PMP report



Examples of feedback on Candidates' performance at PA

Snellen chart:

- Chart mounted too high up, difficult for elderly or child
- Not familiar with the use of the chart
- Don't know the meaning of 20/20 , 20/200 !
- How to do 'finger counting'
- The role of pinhole; how it could improve VA?

Glucometer

- Not familiar with the validation with High-low solution

Dressing set

- Not well familiar the storage arrangement (which ones to be used first)

Disinfection:

- Outdated protocol, stated using Alcohol and hypochlorite of instruments in clinic. Confirmed with nurse in charge that hypochlorite was not in use.
- The protocol should be placed / posted in where the disinfectant prepared for easy reference
- Nil periodic audit about the disinfection process

Sterilization:

- Record of regular expiry check not dated, just 'checked and correct'.

Examples of feedback on Candidates' performance at PA

Protocols (e.g. needle stick injury) not posted, just the candidate keep the hard copies or has electronic copy

Needle Stick Injury protocol

- not updated. still stated 2007.
- Protocol not shown at treatment room, so staff may not be easy in looking for it
- Some knowledge gap on
 - when to give HB immunoglobulin, HIV post-exposure prophylaxis
 - How the source blood will be handled / processed

Occupational health

- Expired protocol and guidelines found in the OH folder

Emergency protocol:

- Not familiar with the hypoglycemia management in the protocol

Pediatric resuscitation chart not displaced

CPR drill was 18 months ago

Can't tell us what's Part A chemical or Non Part A chemical wastes clearly to us.

Examples of feedback on Candidates' performance at PA

Pharmacy:

- Not well understand the location code system
- Not familiar with 'tall-man naming' to avoid drugs with similar spellings
- Not familiar with '3-check'
- No humidity monitoring in the pharmacy
- Don't know how to operate refrigerator to demonstrate the max. and min. temperature.
- Don't know exactly how many types of vaccines in the refrigerator.
- Have difficulties to show us the record of expiratory date of the vaccine.
- Disposal of drug – can't explain clearly to us

Examples of feedback on Candidates' performance at PA

DD (dangerous drugs)

- The DD receptacle (in a drawer set) is not safe; the drawer above the DD receptacle can be easily taken out and DD can be reached without unlocking the DD receptacle
- Not clearly tell the contingency plan in case the usual authorized person absent from duty
- DD registry: no invoice number
- Expired DD:
 - no regular physical check; DD with expiry in 2017, 2019 (Exam year 2022) were still kept in the DD receptacle
 - Not familiar with the disposal procedure of expired DD
- A DD receptacle key was placed in a store room key box (suppose to be used by relieving pharmacist). Danger of taken away by other persons
- Candidate cannot answer:
 - Whom and how to keep the key
 - Contingency plan if the authorized person SL or not a/v
 - How to dispose DD
- Not known as registered chemical waste producer before DD disposal
- There are 2 DD cupboards at clinic. One DD cupboard key hold by nurse. Not known about contingency plan and safety about the key handling
- Not known how expired DD be recorded
- DD drugs are not placed in the receptacle according to label

Some tips



- Study well
 - Instrument, set-up, facilities, clinic operation / workflows listed in PMP
 - Familiar, and **able to tell** your assessors on
 - ❖ How the items work
 - ❖ Service record keeping as appropriate
- if you discover some PMP items not well in place:
 - Try to amend, improve them:
discuss with your clinical supervisor / clinic in-charge
 - At the Exam: if you can discuss sensibly with the examiner about the
'not-well-in-place' PMP items → can 'pass'
(Except the essential ones marked * on the PMP)

Some tips



- Relying solely on the (copies of) materials used by previous candidate(s) in your clinic
- At Session II (Random Check, Part C II):
 - Hesitancy in answering questions
 - Needed your clinic staff to give lots of supplementary information to the PA Examiners
 - Search around as if looking for a lost item in the clinic
 - Flip back and forth the clinic menu as if never read it before

Enquires:
Specialty Board, HKCFP (Alky / John)

Thank you