

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

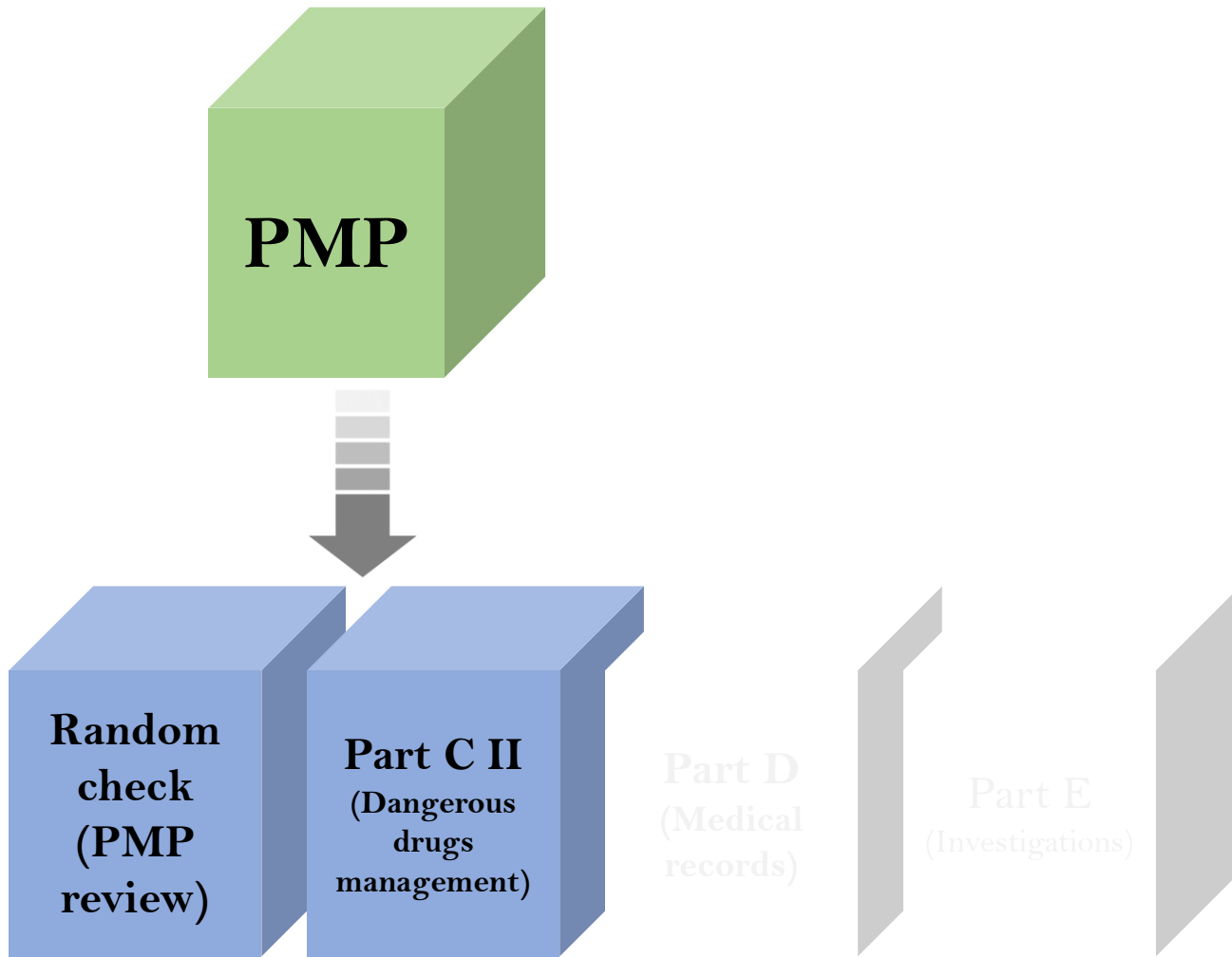
In the following pages:

Candidate needs to
prepare

Tips on good
practice for
Candidate

Examiner will
assess

Consensus /
recommendation in
marking



PMP: practice management package

Prepare for PMP review (Random Check)

Higher Training 2nd year

2026

2027

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

PMP visit

On any day between 1st May – 31st October

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

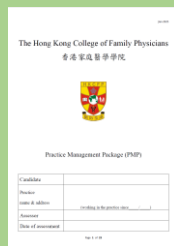
Exit Exam application
deadline

Submit PMP report,
the Attachments

Exit Examination

On any day assigned by Specialty
Board between 1st December to
31st March

- Random Check (Part A, B, C)
- Part C II (Dangerous Drugs
management)
- Part D (Medical Records)
- Part E (Investigations)



**PMP
report**
1 copy



**Attachment
1 to 11**
4 copies

PMP visit

Who	<ul style="list-style-type: none">• Candidate• Assessor: Higher FM Training Clinical Supervisor
Where	<ul style="list-style-type: none">• Candidate's clinic -- worked for at least three months• The Practice Assessment will take place
When	<ul style="list-style-type: none">• Any day between May 1 - October 31, 2026
Base on	<ul style="list-style-type: none">• PMP Rating Form• Attachment 1 to 11

PMP Rating Form will be updated periodically

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	

Feb 2025 version

- Part A Practice Setting
- Part B Clinic Management
- Part C Pharmacy and Drug Labeling
- Part C II Dangerous Drugs Management

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	

Introduction

- PMP will be updated periodically. Please pay attention to the announcement from the Specialty Board, on the latest requirements in PMP.
- This assessment form consists of the following parts:
 - Part A (Practice Setting)
 - Part B (Clinic Management)
 - Part C (Pharmacy and Drug Labeling)
 - Part C II (Dangerous Drug Management)
- For each item, **knowledge** of the candidate and **practice** in the clinic will be assessed: ✓ should be given for appropriate knowledge and practice; if not it should be marked X; if the item is not applicable to the clinic, it should be marked as NA
- **Items marked with asterisks *** are recognized as important components of family medicine practice. If any of these items is not available or up to standard, the overall grading of the respective Part will be “Fail” (grade E or N, as below).
- **Appendix (A to O):** information provided to candidate; please refer to the College Website for the details. It serves to help candidates to understand the aspects concerned; and as a reference for candidates to draft / revise their practice protocols if necessary.
- **Attachment (1 to 11):** clinic’s operation protocols / list of information. The assessor will cross-check with the practice staff on the information and implementation of the protocols.
- The assessor should give global grades on individual Parts and the overall performance. Also write comments whenever appropriate: on both positive areas and areas of deficiency that need improvement.
- **For candidates going to attempt Exit Examination:**
 - Complete all the Parts (A, B, C, and C II) with an eligible assessor (**PMP report**) and submit **the Attachments** with the Practice Management Package report (PMP Report) at Exit Examination Application.

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	

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

General Clinic Design	
11. Clinic design map (Attachment 2)	
12. Infection control measures (Appendix B)	
Patient triage	
Personal Protective Equipment	

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. Protocol for staff: Request for medical assistance in waiting area / vicinity of clinic (Attachment 4)	

Waiting Room	
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 / e-pamphlet	
34. Visual and auditory privacy *	
35. Hand washing facilities *	
36. Examination bed *	

Diagnostic equipment	
37. Diagnostic instruments other than listed below (Attachment 6)	
Correct technique of equipment uses	
38. Pediatric developmental screening tools	
Proper technique in using the tools	
Appropriate interpretation of the results	
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	

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

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

Routine Environmental Cleaning (Appendix C)	
60. Routine cleaning schedule	
61. Dilution chart of cleansing agent	
Blood and Body Substance Spills (Appendix D)	
62. Spills Protocol *	

Disinfection (Appendix E)	
63. Protocol for staff * (Attachment 8)	
64. Disinfection process *	
65. Equipment and agents *	
66. Audit on disinfection process	

Sterilization (Appendix F)	
67. Presence / type of sterilizer	
68. Satisfactorily sterilized equipment *	
<i>(if sterilized equipment used in the clinic)</i>	
Routines of expiry checking	
Correct storage of sterilized equipment	
69. 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	

Licensing of healthcare facilities / clinics (Private)	
70. Appropriate licensing / exemption sought (Appendix G)	

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)

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

Investigations / Results	
17. Log book of investigations ordered and proceeded *	
18. Investigation results screening	
19. Identification and / or signature of liable staff	
20. Action recorded	
21. Results turn back and 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 groups	
31. Telemedicine (Appendix H)	
32. Others (please attach)	

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

Part C (Pharmacy and Drug Labeling)

Dispensary / Pharmacy Management	
1. Organization of dispensary / pharmacy	
2. Protocol to ensure accurate dispensing (Appendix L)	
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 M)	
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 N)	

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 not available in the clinic

DD receptacle

(Knowledge)

What is the basic legal requirement to store DD?

(Practice)

- Locked, can only be opened by the authorized person(s) / appropriate delegates

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 →

DD Register

(Knowledge)

What is the required standard format of the DD registry?

(Practice)

- Format of the clinic's DD Register complies with the Dangerous Drugs Ordinance.
 All transactions of DD were recorded

(Knowledge)

If two or more types of DD are prescribed in the clinic, how these should be recorded in the register?

(Practice)

- Use separate Dangerous Drugs Register, or a different page of the same Register for each dangerous drug.
 Name of the dangerous drug preparation and (where applicable) the strength or concentration of the preparation was written at the head of each page of the Register.
 Every receipt or supply of a dangerous drug was recorded in ink, or otherwise so as to be indelible, on the day of the transaction or, if this is not practicable, on the following day.

(Knowledge)

How to correct / amend a wrong entry in the DD register?

(Practice)

- No cancellation or alteration of any record. Corrections were made by means of a marginal note or footnote and must be dated.
 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 should the used DD register 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 PMP rating form (Part CII) →

Quick reference for examiners / 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.

Quick reference for both
examiners and candidates

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)	
General Clinic Design	
11. Clinic design map (Attachment 2)	

- Candidate explain or demonstrate the actual practice in the clinic

- Reasonable practice from the peer's point of view
- Evidence based practice
- Local guidelines
- Local legislation



Clinical Supervisor

An example:

Licensing of healthcare facilities / clinics (Private)	
70. Appropriate licensing / exemption sought (Appendix G)	

Candidates:

- expected to
 - Know the type of licensing that their clinic should hold
 - explain that appropriate licensing / exemption (if applicable) had been sought
- NOT expected to
 - discuss various types of licensing / exemption
 - recite the legal clauses of the Private Healthcare Facilities Ordinance

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'

Appendixes

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	

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

Appendixes

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

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April 2025 version

Appendixes

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

- Not golden standard / guidelines / encyclopedic reference

Please also pay attention to updates in:

- Evidence based practice
- Local guidelines
- Local legislation

Attachments

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)**

Attachments

Hong Kong College of Family Physicians
Exit Examination
List of Attachments
to be submitted by candidates for Practice Assessment

Attachment 1	Information on	Type of practice(group/solo/public/private) Average no. of patients seen per week Average consultation time and average waiting time
	Name card (if available)	
Attachment 2	General clinic design illustrated with diagram	
Attachment 3	Prolong waiting protocol	
Attachment 4	Protocol for staff: Request for medical assistance in waiting area / vicinity of clinic	
Attachment 5	List of education leaflets / e-pamphlet commonly used by the candidate	
Attachment 6	Other diagnostic equipment and treatment facilities (not listed in the PMP)	
Attachment 7	Emergency equipment and drugs	
Attachment 8	Disinfection and sterilization protocol	
Attachment 9	Routine and urgent appointment protocol	
Attachment 10	Data access protocol	
Attachment 11	Needle stick injury protocol	
Attachment 12	Cases log for Part D (Medical Records)	
Attachment 13	Case summaries for Part E (Investigation)	

Attachments 1 to 11:

- Information, operation protocols, etc. about the candidate's clinic
- **Actually used / practiced in the clinic**
- To be shown to the assessor at PMP visit
- Keep them short and simple as applicable
- **Review and prepare now!**

Attachments 12 and 13:

- To be compiled in a specified period
- **For Part D: please refer to update in the next Workshop**
- **For Part E: ~ mid September to end of October (~ 6 weeks)**

Feb 2025

Feb 2025 version

List of Attachments required in PMP

Attachments 1 to 11

Attachment 1	Information on	Type of practice(group/solo/public/private) Average no. of patients seen per week Average consultation time and average waiting time
	Name card (if available)	
Attachment 2	General clinic design illustrated with diagram	
Attachment 3	Prolong waiting protocol	
Attachment 4	Protocol for staff: Request for medical assistance in waiting area / vicinity of clinic	
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Attachment 9	Routine and urgent appointment protocol	
Attachment 10	Data access protocol	
Attachment 11	Needle stick injury protocol	

Grading


For Part A, B, C, CII, and the Overall

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>

Submitting PMP report & Attachment 1 to 11

06-001

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

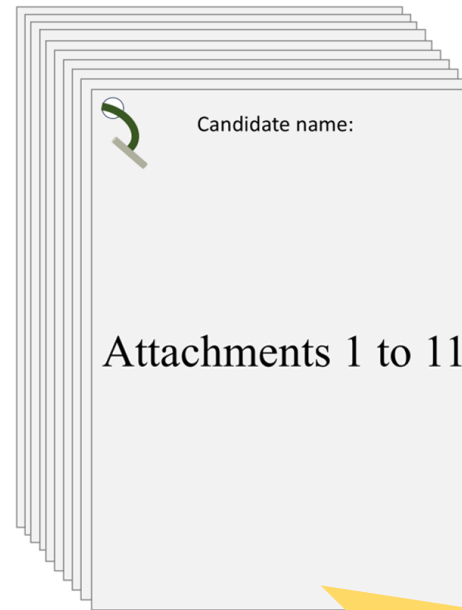


Practice Management Package (PMP)

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

Page 1 of 01

1 copy



4 copies

- Keep the content short and simple
- A4 size
- Double-side printing preferred
- If an Attachment has multiple pages, can staple

- Individual Attachments should be readily detachable,
∴ some (NOT all) of the Attachments will be selected and distributed to Examiners for Random Check (PMP review) in PA

Submitting PMP report & Attachment 1 to 11

- To be submitted with the Exit Examination Application (the deadline usually on the 1st working day of November)

- Prerequisite to proceed PA Segment
- Random check (PMP review) will be based on the candidate's PMP report and Attachment 1 to 11

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)

Examples of feedback on Candidates' performance at PA

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
- Inadequate knowledge on the audit of disinfection: claimed audit performed on disinfection process, but a formal audit record is found in the nurse station.
- Sluice room floor is wet, slippery.
- Sluice room garbage bin: located just below the ventilating fan, not covered --- risk of spreading infections, but candidate failed to comment this deficiency on the site.
- diluted chloride solution was kept in the bucket, looks a bit dangerous.

Sterilization:

- Record of regular expiry check not dated, just 'checked and correct'.
- Don't know when to check the expiry date of sterilized equipment.

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.
- Vaccine refrigerator in the Treatment Room only depend on the built-in thermometer for temperature monitoring. Not having another independent thermometer.
- 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
- Expired medications pending disposal were left in an unlabeled box in the pharmacy' floor.

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 successful candidate(s) in your clinic
- At the Exam 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 for an item in the clinic
 - Flip back and forth the clinic menu as if never read it before

Enquires:
Specialty Board, HKCFP (Alky / John)