PERMIx (2)
Cross cluster/Institution Supervisor marking

Logistic & Standardization for Higher 1

2026/08/31

(post-briefing add on)

Summary of OVERALL LOGISTICS

Briefing
(to Clinical supervisors CS
& to Trainees)

CS and Trainee consent/disclaimer form submitted
Keep confidentiality & consent to disclose contact to assigned trainee/accessor via e-form by 10-Aug

EXCHANGE E-mail contact
On 17-Aug

PERIOD SELECTION :
CS random select PERIOD of marking
[period: 31/08/26 to 01/11/26,
for 1 week 's pt log
w ≥ 4 working days]
(patient log sample provided slide #12

CASE Selection
CS further select ≥ 5 cases

Trainee print the consultation notes of selected pt AND
the last consultation notes for marking
Slide #13)

HIDE personal data and
with file encryption or encrypted private link
& email to CS

CS complete the assessment
on or before 13-Nov **&**
return the PERMIx 2 report to Trainee

Highlight to NOTE:

1. **Assessment period 31/8/2026 to 01/11/2026**
2. **Completion of assessment** by Clinical Supervisors (CS): **13/11/2026**
3. **PERMIx 2** is an assessment on **record of normal daily consultation**, as all PERMIx are (except that **print out is to be assessed**)
4. **CS pls aware of standardization of marking in this ppt** (same file as 2025/5/7 supervisor briefing)
5. **Status at online spreadsheet**: HT pls update the respective column that is marked to be filled by HT
6. **Direct communication** can start ~ 25/8/2026 with both CS and HT completed the disclaimer form (for sharing of e mail contact)
7. CS and HT can communicate directly if **any supplementary** is needed for marking of printout (**Pls remark on NOTES column** of online spread sheet if add on information required)

Details

Months	Report	By	Exit months	3/2026 batch
1	PERMIx 1A	Own supervisor		Mar-26
2				
3				
4	PERMIx 1B			Jun-26
5				
6				
7	PERMIx 2	Cross cluster/ institution supervisor		Sep-26
8				
9				
10	PERMIx 3A	Own supervisor		Dec-26
11				
12				
13	PERMIx 3B		Briefing 2028	Mar-27
14				
15				
16	PERMIx 4	Cross cluster/ institution supervisor		Jun-27
17				
18				
19	PERMIx 5A	Own supervisor	Application & Preparation	Sep-27
20				
21				
22	PERMI 5B	Own supervisor +/- or Exit Assessment	Exit months	Dec-27
23				
24				

Remarks:

PERMIX 5A & 5B skip due to exit exam preparation

T_C	T_Name	PERMi	PERMix 2 accessor_name
KC	Dr CHAN, Fung Yuen	Private	Dr Angus Chan
KC	Dr CHAN, Hue Yan, Stephanie	Private	Dr Chan Chi Wai
KC	Dr CHAN, Kwun Hung	HKE	Dr Leung Ka Fai
KC	Dr CHEUNG, Tsz Kei	HKE	Dr Wong Man Ying, Michelle
KW	Dr CHOI, Sze Yuen	KC	Dr Hui Lai Chi
HKW	Dr FUNG, Yan Ning	NTW	Dr Ng Ngai Mui
NTE	Dr HO, Ka Kei, Edward	KC	Dr Ying Gard Ching Derek
HKU	Dr HUANG, Wanshu	NTE	Dr Chow Tsz Ling
KW	Dr HUI, Tak Leung	KC	Dr Hung Lok Lam, Susanna
HKE	Dr KU, Ngai Lam	KW	Dr Cheung Mei Yee
Private	Dr LAM, Natasha Hiu Ching	KW	Dr FU Sau Nga
HKW	Dr LEE, Chun Ki	NTW	Dr Tsui Felix
KW	Dr LEE, Eric Yuk Ho	KC	Dr TAM Wah Kit
KC	Dr LEE, Ka Kei	HKE	Dr Leung Wing Mun
NTW	Dr LEE, Pak Lik, Eric	KC	Dr Choi Chuen Ming, Clarence
HKE	Dr LEUNG, Ka Man	KW	Dr Chan Wing Yi
NTE	Dr LEUNG, Wai Chung	KC	Dr Wong Sze Kei
KW	Dr MA, Hiu Tung	KC	Dr Ho Ka Ming
NTE	Dr NG, Ka Wai	KC	Dr Lau Ka Man
NTW	Dr NG, Wing Hin, Stephanie	KE	Dr Fung Hoi Tik
KW	Dr NGAI, Stanley Hiu-On	KC	Dr Ho Ka Ming
KC	Dr POON, Daniel	HKE	Dr Choi Sze Wai, Michelle
KC	Dr SUN, Dione Tinoi	HKE	Dr Leung Wan Chiu
HKE	Dr TAI, Hing Kuen	KW	Dr Yiu Cheuk Man
KW	Dr TONG, Kwan Nok	KC	Dr Chan Pui Kwan
HKE	Dr TONG, Yuk Ting, Lucy	NTE	Dr Choi Yue Kwan
KE	Dr WONG, Nicole	HKW	Dr Sy Hung Pan,Jimmy
HKE	Dr YANG, Timothy	NTE	Dr Tse Wan Ying
KC	Dr YEUNG, Chin Fung	HKU	Prof. Emily Tse
KC	Dr YEUNG, Pui Sze	HKW	Dr Cheng Chun Sing, David
Private	Dr YU, Lok Kwan	KW	Dr Yiu Yuk Kwan

For supervisor:

- Pls fill in the disclaimer form (Deadline 10/8/2026)

https://forms.gle/6ygbGLmcNXK9z6nD7

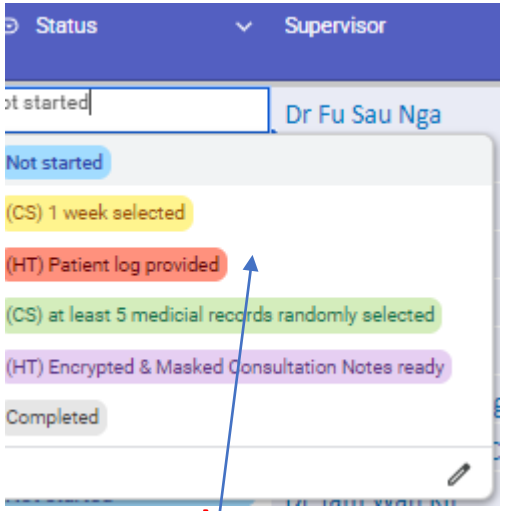
Communicate with HT directly if needed through email

- Select week of assessment and inform trainees (can change if trainee is on leave or with working days <4 in that week)

- **Adhere to Criteria of medical record assessment**: Clear, update, precise, concise and consistent

- **REMEMBER NOT to mark problem solving skills** in the PERMIx assessment
  - for educational purpose, can sd separate comments to trainees

For Trainee:



- Submit the consent via google form on or before 10/8/2026: https://forms.gle/6ygbGLmcNXK9z6nD7

- Update the status at online spreadsheet (year 1): (column F, G, H, I, J, K) https://docs.google.com/spreadsheets/d/1Yr95g4DyxG1oXa4zyTIEhr_f9E-Oj00XATzqE_Wgu4c/edit?gid=0#gid=0
- Column C & E, after agreement between Trainee and Supervisor to Status (Column F) changed to (CS) 1 week selected.

Trainee	Cluster	Trainee consent submitted to BVTS	Supervisor	CS Disclaimer form signed and returned to BVTS	Status (fill by trainee)	CS 1 week selected (fill by trainee)	HT Patient log sent date (fill by trainee)	CS selected 5 + cases date (fill by trainee)	HT Consultation Notes sent date (fill by trainee)	Date of receive the completed PERMIx 3B report from CS (fill by trainee)	BVTS confirmed received the completed PERMIx 3B report from HT (fill by BVTS)
Example Trainee		☑	Dr. Clinical Supervisor	☑	Completed	7/7 to 13/7	25/07/2025	26/07/2025	31/07/2025	01/08/2025	☑

- Contact the College Sec if any difficulty encounter

Logistics/Forms (details)

The Hong Kong College of Family Physicians

香港家庭醫學學院

Practice visit:

Medical Record Review including

Investigation (PERMIx Report ____)

Trainee	
Practice name & address	(Working in the practice since____/____)

Supervisor/ Assessor		
Period Assessed	1st assessment: week from	2nd Assessment: week from
Date of assessment		
Signature		

- Version May 2025

Introduction

Medical Record and Investigation Review is part of the Practice Visit during the training period. Reviewing this through random sampling can help trainees to maintain the standard through daily practice.

Assessors should be Trainee's Clinical Supervisor in higher training or a cross cluster supervisors or PA examiner if necessary.

Process:

1. Trainee's record OVERALL framework should have **layout appropriate** for input, easy retrieval and alert on significant findings as needed and relevant to Family Medicine Practice.
2. It will be done **every 3 monthly**.
3. Can choose consultation in different clinic or session that trainee is working.
4. Assessors/Supervisors will choose **any 1 week** for assessment during the period. During the week, trainee needs to work for at least **4 normal working days.**
5. Trainee will be informed of the week of random sampling. Trainee needs to
   a. Prepare related **Consecutive consultation log** as instructed by supervisors.
   b. **Put *on cases with** Anticipatory Care done for that visit
   c. **FOR WALK IN Pt, Put ##on cases with** Investigation *(exclude POCT)* ordered for that visit
6. Assessors need to:
   a. Randomly select at least 5 medical records from the case log to mark every 3 monthly *(Assessment 1: Case 1-5, Assessment 2: Case 6-10)*
   b. Use the PERMIx Assessment Form
   c. Assessors are advised to choose more for random checking if needed especially as part of the education process
   d. Give feedback (with documentation) to the Trainee *after each assessment*
   e. For every 3-6 monthly, a consolidated report will be compiled according to the PERMIx Formative Assessment schedule
   f. Need to include at least 1 records (out of 5 records) with investigations for assessment
7. Trainee need to return the SCAN copy of the completed and signed assessment form to BVTS secretariat.
   Trainee need to keep related consultation log for College's checking until completion of training.

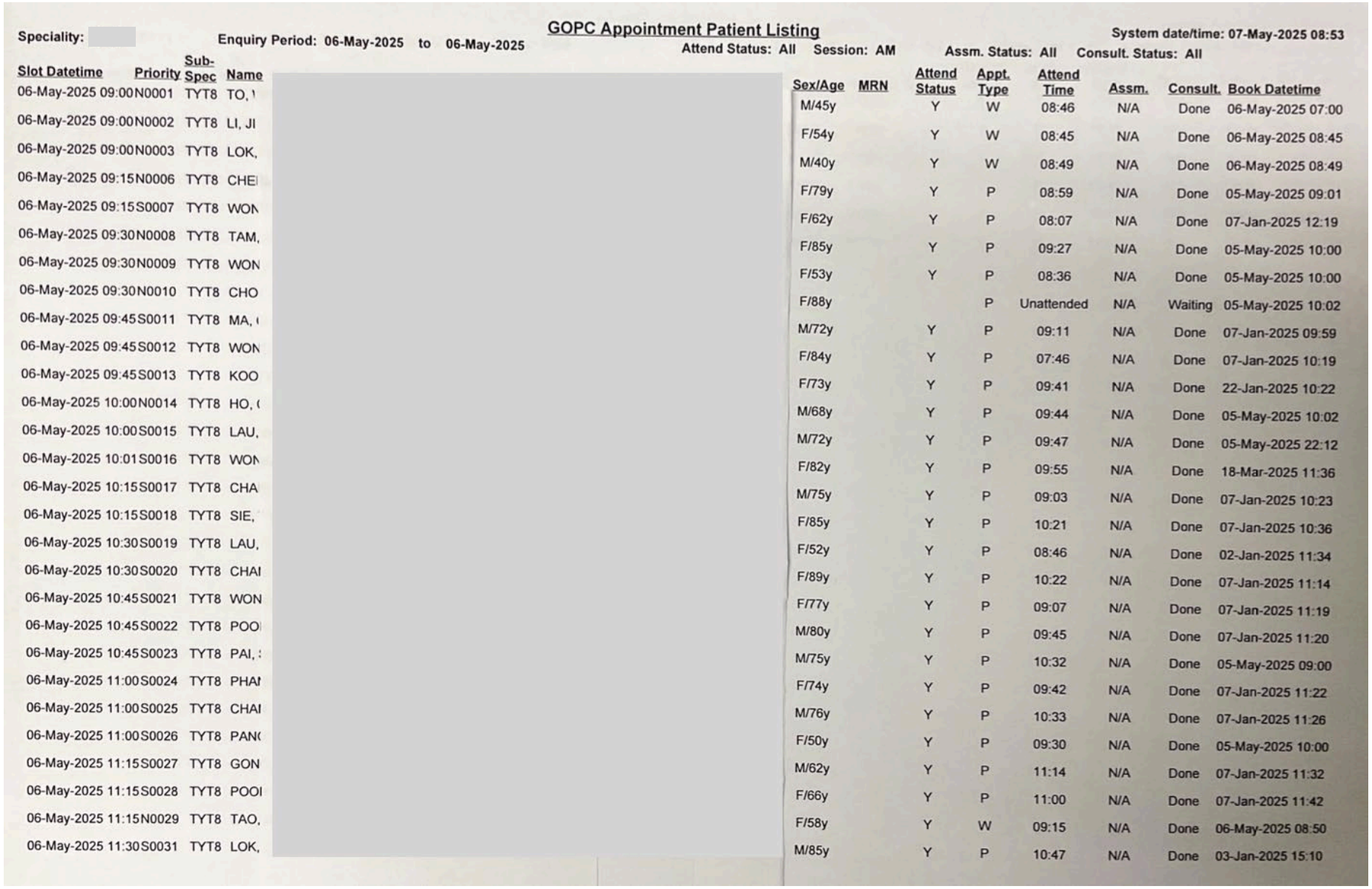
- Consecutive 1wk (at least 4 normal working day of trainee during the wk)
- Random sampling
- ≥ 5 record
- at least 1 with Ix (##)

- Patient log list sample 

- Patient record PRINT OUT will be marked (+ print last consultation note for reference)

- Format sent to cross cluster supervisor
  - Hide all patient identifier & encrypted 

Patient log sample



GOPC Appointment Patient Listing

Speciality: [redacted] Enquiry Period: 06-May-2025 to 06-May-2025 Attend Status: All Session: AM Assm. Status: All Consult. Status: All System date/time: 07-May-2025 08:53

Slot Datetime	Priority	Sub-Spec	Name	Sex/Age	MRN	Attend Status	Appt. Type	Attend Time	Assm.	Consult.	Book Datetime
06-May-2025 09:00	N0001	TYT8	TO,	M/45y		Y	W	08:46	N/A	Done	06-May-2025 07:00
06-May-2025 09:00	N0002	TYT8	LI, JI	F/54y		Y	W	08:45	N/A	Done	06-May-2025 08:45
06-May-2025 09:00	N0003	TYT8	LOK,	M/40y		Y	W	08:49	N/A	Done	06-May-2025 08:49
06-May-2025 09:15	N0006	TYT8	CHE	F/79y		Y	P	08:59	N/A	Done	05-May-2025 09:01
06-May-2025 09:15	S0007	TYT8	WON	F/62y		Y	P	08:07	N/A	Done	07-Jan-2025 12:19
06-May-2025 09:30	N0008	TYT8	TAM,	F/85y		Y	P	09:27	N/A	Done	05-May-2025 10:00
06-May-2025 09:30	N0009	TYT8	WON	F/53y		Y	P	08:36	N/A	Done	05-May-2025 10:00
06-May-2025 09:30	N0010	TYT8	CHO	F/88y			P	Unattended	N/A	Waiting	05-May-2025 10:02
06-May-2025 09:45	S0011	TYT8	MA,	M/72y		Y	P	09:11	N/A	Done	07-Jan-2025 09:59
06-May-2025 09:45	S0012	TYT8	WON	F/84y		Y	P	07:46	N/A	Done	07-Jan-2025 10:19
06-May-2025 09:45	S0013	TYT8	KOO	F/73y		Y	P	09:41	N/A	Done	22-Jan-2025 10:22
06-May-2025 10:00	N0014	TYT8	HO,	M/68y		Y	P	09:44	N/A	Done	05-May-2025 10:02
06-May-2025 10:00	S0015	TYT8	LAU,	M/72y		Y	P	09:47	N/A	Done	05-May-2025 22:12
06-May-2025 10:01	S0016	TYT8	WON	F/82y		Y	P	09:55	N/A	Done	18-Mar-2025 11:36
06-May-2025 10:15	S0017	TYT8	CHA	M/75y		Y	P	09:03	N/A	Done	07-Jan-2025 10:23
06-May-2025 10:15	S0018	TYT8	SIE,	F/85y		Y	P	10:21	N/A	Done	07-Jan-2025 10:36
06-May-2025 10:30	S0019	TYT8	LAU,	F/52y		Y	P	08:46	N/A	Done	02-Jan-2025 11:34
06-May-2025 10:30	S0020	TYT8	CHAI	F/89y		Y	P	10:22	N/A	Done	07-Jan-2025 11:14
06-May-2025 10:45	S0021	TYT8	WON	F/77y		Y	P	09:07	N/A	Done	07-Jan-2025 11:19
06-May-2025 10:45	S0022	TYT8	POO	M/80y		Y	P	09:45	N/A	Done	07-Jan-2025 11:20
06-May-2025 10:45	S0023	TYT8	PAI,	M/75y		Y	P	10:32	N/A	Done	05-May-2025 09:00
06-May-2025 11:00	S0024	TYT8	PHA	F/74y		Y	P	09:42	N/A	Done	07-Jan-2025 11:22
06-May-2025 11:00	S0025	TYT8	CHAI	M/76y		Y	P	10:33	N/A	Done	07-Jan-2025 11:26
06-May-2025 11:00	S0026	TYT8	PAN	F/50y		Y	P	09:30	N/A	Done	05-May-2025 10:00
06-May-2025 11:15	S0027	TYT8	GON	M/62y		Y	P	11:14	N/A	Done	07-Jan-2025 11:32
06-May-2025 11:15	S0028	TYT8	POO	F/66y		Y	P	11:00	N/A	Done	07-Jan-2025 11:42
06-May-2025 11:15	N0029	TYT8	TAO,	F/58y		Y	W	09:15	N/A	Done	06-May-2025 08:50
06-May-2025 11:30	S0031	TYT8	LOK,	M/85y		Y	P	10:47	N/A	Done	03-Jan-2025 15:10

Speciality: Enquiry Period: 10-Jul-2025 to 10-Jul-2025

GOPC Appointment Patient Listing

Attend Status: All Session: PM Assm. Status: All Consult. Status: Done

System date/time: 10-Jul-2025 16:39

Slot Datetime	Priority	Sub-Spec	Name	Chi Name	Episode	HKID	Sex/Age	MRN	Attend Status	Appt. Type	Attend Time	Assm.	Consult.	Book Datetime
10-Jul-2025 14:00	N0001	HKC3	H				F/29y		Y	W	13:33	N/A	Done	10-Jul-2025 12:43
10-Jul-2025 14:15	N0004	HKC3	H				F/77y		Y	P	14:02	N/A	Done	09-Jul-2025 14:03
10-Jul-2025 14:15	S0005	HKC3	LA				F/70y		Y	P	13:45	N/A	Done	06-Mar-2025 14:22
10-Jul-2025 14:15	S0006	HKC3	CI				F/78y		Y	P	14:04	N/A	Done	06-Mar-2025 14:27
10-Jul-2025 14:15	S0007	HKC3	LI				F/74y		Y	P	14:10	N/A	Done	06-Mar-2025 15:24
10-Jul-2025 14:30	S0009	HKC3	W				F/83y		Y	P	14:09	N/A	Done	09-Jul-2025 16:31
10-Jul-2025 14:45	N0010	HKC3	LA				M/61y		Y	P	15:22	N/A	Done	09-Jul-2025 15:24
10-Jul-2025 14:45	S0011	HKC3	AI				F/86y		Y	P	12:45	N/A	Done	06-Mar-2025 14:37
10-Jul-2025 14:45	S0012	HKC3	KO				F/54y		Y	P	14:06	N/A	Done	06-Mar-2025 15:16
10-Jul-2025 14:45	S0013	HKC3	TA				M/[illegible]4y		Y	P	14:57	N/A	Done	06-Mar-2025 15:20
10-Jul-2025 15:00	S0014	HKC3	RU				F/[illegible]0y		Y	P	14:55	N/A	Done	06-Mar-2025 15:49
10-Jul-2025 15:00	S0015	HKC3	NO				F/56y		Y	P	14:50	N/A	Done	09-Jul-2025 14:46
10-Jul-2025 15:01	S0016	HKC3	LE				F/73y		Y	P	14:53	N/A	Done	27-Mar-2025 15:35
10-Jul-2025 15:15	S0017	HKC3	WI				F/75y		Y	P	14:53	N/A	Done	06-Mar-2025 16:17
10-Jul-2025 15:15	S0018	HKC3	FA				F/75y		Y	P	14:47	N/A	Done	06-Mar-2025 16:19
10-Jul-2025 15:15	S0019	HKC3	MA				F/69y		Y	P	14:50	N/A	Done	13-Mar-2025 15:27
10-Jul-2025 15:45	S0022	HKC3	CH				M/60y		Y	P	15:38	N/A	Done	13-Mar-2025 16:33
10-Jul-2025 15:47	S0023	HKC3	TC				M/85y		Y	P	15:13	N/A	Done	08-Jul-2025 14:07
10-Jul-2025 16:00	~~N0024~~	~~HKC3~~	~~HC~~				F/61y		Y	P	16:10	N/A	Don	
10-Jul-2025 16:00	S0025	HKC3	YI				M/60y		Y	P	15:54	N/A	Do	
10-Jul-2025 16:15	~~N0026~~	~~HKC3~~	~~LI~~				F/70y		Y	P	15:45	N/A	Do	
10-Jul-2025 16:15	N0027	HKC3	MA				M/38y		Y	W	16:13	N/A	Do	

Total No. of Patients: 22

Correct Sample

Speciality: Enquiry Period: 26-Jun-2025 to 26-Jun-2025

GOPC Appointment Patient Listing

Attend Status: All Session: AM Assm. Status: All Consult. Status: Waiting

System date/time: 26-Jun-2025 09:02

Slot Datetime	Priority	Sub-Spec	Name	Chi Name	Episode	HKID	Sex/Age	MRN	Attend Status	Appt. Type	Attend Time	Assm.	Consult.	Book Datetime
26-Jun-2025 09:00	N0601	WH06		葉			F/37y		Y	W	07:01	N/A	Waiting	26-Jun-2025 07:00
26-Jun-2025 09:00	N0602	WH06		張			F/39y		Y	W	08:56	N/A	Waiting	26-Jun-2025 07:01
26-Jun-2025 09:00	N0603	WH06		鍾			M/49y		Y	W	08:44	N/A	Waiting	26-Jun-2025 08:44
26-Jun-2025 09:00	N0604	WH06		林			M/60y		Y	W	08:45	N/A	Waiting	26-Jun-2025 08:45
26-Jun-2025 09:00	N0605	WH06		戴			M/45y		Y	W	08:47	N/A	Waiting	26-Jun-2025 08:47
26-Jun-2025 09:15	S0607	WH06		潘			F/63y		Y	P	07:16	N/A	Waiting	06-Feb-2025 09:30
26-Jun-2025 09:15	S0608	WH06		周			M/58y		Y	P	08:59	N/A	Waiting	06-Feb-2025 09:38
26-Jun-2025 09:30	S0609	WH06		韋			F/67y			P	——	N/A	Waiting	06-Feb-2025 09:47
26-Jun-2025 09:30	S0610	WH06		林			F/[illegible]5y			P	——	N/A	Waiting	06-Feb-2025 09:51
26-Jun-2025 09:30	S0611	WH06		黃			M/82y		Y	P	09:02	N/A	Waiting	06-Feb-2025 10:03
26-Jun-2025 09:45	S0612	WH06		楊			F/69y		Y	P	08:48	N/A	Waiting	06-Feb-2025 10:17
26-Jun-2025 09:45	S0613	WH06		張			F/67y			P	——	N/A	Waiting	06-Feb-2025 10:23
26-Jun-2025 09:45	S0614	WH06		陳			M/50y			P	——	N/A	Waiting	06-Feb-2025 10:30
26-Jun-2025 10:00	S0615	WH06		李			M/73y			P	——	N/A	Waiting	06-Feb-2025 10:38
26-Jun-2025 10:00	S0616	WH06		趙			M/79y			P	——	N/A	Waiting	06-Feb-2025 10:44
26-Jun-2025 10:00	S0617	WH06		李			M/71y			P	——	N/A	Waiting	06-Feb-2025 10:48
~~26-Jun-2025 10:15~~	~~S0618~~	~~WH06~~		區			~~F/50y~~			~~P~~	~~——~~	~~N/A~~	~~Waiting~~	~~06-Feb-2025 10:56~~
26-Jun-2025 10:15	S0619	WH06		陳			F/70y			P	——	N/A	Waiting	06-Feb-2025 11:02
26-Jun-2025 10:15	N0620	WH06		黃			F/59y			P	——	N/A	Waiting	20-Feb-2025 10:07
26-Jun-2025 10:30	S0621	WH06		劉			M/67y			P	——	N/A	Waiting	29-May-2025 10:02
26-Jun-2025 10:30	S0622	WH06		鄭			F/65y			P	——	N/A	Waiting	06-Feb-2025 11:22
26-Jun-2025 10:30	S0623	WH06		蕭			F/66y			P	——	N/A	Waiting	06-Feb-2025 11:28
26-Jun-2025 10:45	S0624	WH06		張			F/66y			P	——	N/A	Waiting	06-Feb-2025 11:33
26-Jun-2025 10:45	S0625	WH06		何			F/49y			P	——	N/A	Waiting	06-Feb-2025 11:39
26-Jun-2025 10:45	N0626	WH06		馮			M/66y			P	——	N/A	Waiting	20-Feb-2025 10:27
26-Jun-2025 11:00	S0627	WH06		梁			F/61y			P	——	N/A	Waiting	06-Feb-2025 11:44
26-Jun-2025 11:00	S0628	WH06		陳			M/74y			P	——	N/A	Waiting	06-Feb-2025 11:50
~~26-Jun-2025 11:00~~	~~S0629~~	~~WH06~~		陳			M/57y			P	——	N/A	Waiting	06-Feb-2025 11:56

Incorrect sample

Patient list selected and communication log

PermIx 2 Dr Assessor: Dr Date:

	Date	Session	Case no	Surname	Sex/Age	Walk in (W)/ Chronic (FU)	Special notes
1	6/23/2025	AM	S0617	許	F/49	W	
2	6/23/2025	AM	N0634	袁	F/7m	W	
3	6/23/2025	PM	N0613	許	M/18m	W	
4	6/24/2025	PM	S0613	黃	F/77	FU	
5	6/25/2025	PM	S0614	張	F/42	W	#
6	6/25/2025	PM	S0625	張	M/57	W	#
7	6/26/2025	AM	S0616	趙	M/79	FU	
8	6/26/2025	PM	S0615	布	M/45	FU	
9	6/27/2025	AM	N0620	黎	F/17	W	

Remarks: Clarification with Trainee

1. 24/7 e mail clarification on whether all patient are having investigation as all patients are having # in 1st submission:

26/7 e mail return from Dr Chan with updated list with remark (only w # and no *)

Consultation notes PRINT OUT will be marked

- PRINT OUT:
  - Consultation note of the selected patient on that date **AND**
  - the Last Consultation note attending the same clinic (for reference and will NOT be marked)
- HIDE all patient identifier (leave surname and age)
- ENCRYPT the file with secure password
- Email to CS

Attention:

Trainees are required to **print out** the selected record **as it is documented on the date of consultation.**

If in doubt, cross-cluster supervisors can report to the Board and if proven to be a case of forgery, trainees will have straight fail in the PERMix.

END

Supplementary Information slide

Standardization of marking on

Basic information as appropriate

Same as briefing in
1) for all higher trainees introduction workshop
(run in March of each year for Higher 1)

2) Supervisor on PERMIx 3B on 2025/5/7

Basic information

PERMIx Assessment Form

Record type Assessed: ☐ Electronic ☐Hard copy ☐Both

Overall Format Appropriate to FM Practice ☐Yes ☐No, DO NOT PROCEED if No

Assessment 1: Case 1 to _____; Assessment 2: Case _____ to _____

Assessment 1 or 2 (pls input)															
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**
Pls input Serial No (Refer to Appendix 2)															
0. Legibility															
i. Allergy / Adverse drug reactions															
ii. Basic Information (As appropriate)															
	Can include Current medication list, Problem list (Current / Past health), Family history of significant illness, Genogram, Social history, occupation, basic parameters like Blood pressure/BMI, Growth chart, immunization status, tobacco and alcohol use as appropriate														
Grade (please ✓ one)															
A															
C															
E															
N															

Overall performance on Basic Information: area(s) need attention / improvement	Assessment 1 If applicable, please ✓; higher priority ✓✓, etc.	Assessment 2: If applicable, please ✓; higher priority ✓✓, etc.
• Information not updated		
• Inaccurate / inconsistent with other part(s) of the record		
• Documentation: unclear		
• Documentation: length not appropriate		
• Others:		

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

Can include……AS appropriate

- Problem list (Current / Past health): with e.g. in following slides
- Current medication list (prescribed in same clinic for chronic condn)
- Family history of significant illness
- Genogram
- Social history, occupation
- Basic parameters like Blood pressure/BMI, Growth chart, immunization status
- Tobacco and alcohol use

- Consultation notes on 12/7/2024
- M/67
- Fu x HT, IFG, obesity
- CS ~ 1ppd
- Social drinker
- Lives w wife

- - PRB pending Sur 7/2023
- - OA knee Fu Ortho

- 1/2021
- FG 5.2 Hba1c 5.7
- eGFR 81
- TC 4.3 HDL 1.6 LDL 2.3 TG 0.9

- 1/2023
- FG 5.7 Hba1c 6.1
- eGFR 65, uPCR 0.05mg/mg
- TC 5.5 HDL 1.3 LDL 3.2 TG 2.0 + Lipitor

- 8/2023
- FG 5.6 Hba1c 5.9
- eGFR 65, uPCR 0.08mg/mg
- ALT n
- TC 3.6 HDL 1.6 LDL 1.4 TG 1.2
- =======

- Good compliance
- No exertional chest pain
- HBP (arm) recall 12x-13x/8x

- Imp: HT, IFG, hyperlipid

- Mx
- Rept med
- book 16/52

- Dx not update
- PMHx not update
- Lengthy old blood results

SAMPLE
M/67
FU x HT, IFG, hyperlipid, obesity
CS ~ 1ppd
Social drinker
Lives w wife

- Ca colon with OT, FU Sur
- OA knee FU Ortho

8/2023
FG 5.6 Hba1c 5.9
eGFR 65, uPCR 0.08mg/mg
ALT n
TC 3.6 HDL 1.6 LDL 1.4 TG 1.2
=======

Good compliance
No exertional chest pain
HBP (arm) recall 12x-13x/8x

Imp: HT, IFG, hyperlipid

Mx
Rept med
book 16/52

- Consultation on 10/7/2024
- Fu x DM, HT, hyperlipid, gout, fatty liver (USG 5/2018)
- 12/2011 HbsAg –ve; 5/2012 antiHCV –ve
- ECG 10/10/2013 SR, HR 64bpm, no ischaemic change
- EP 10/2020: no retinopathy
- 12/2020
- A1c 6.8 FG 8.1
- eGFR 56 uACR n
- TG 1.5 TC 4.2 HDL 1.4 LDL 2.2
- 6/2021
- A1c 7.4 eGFR 57
- 5/2023
- Hba1c 7.6 FG 9.0
- eGFR 59, uACR n
- TC 4.2 HDL 1.4 LDL 2.2 TG 1.4 ALT 29
- ======

- Dx not update
- Lengthy old blood results

SAMPLE
FU x DM, HT, CKD, hyperlipid, gout, fatty liver (USG 5/2018)
12/2011 HbsAg –ve, 5/2012 antiHCV –ve

EP 10/2020 No retinopathy

ECG 10/2013 SR, HR 64 bpm, no ischaemic change

5/2023
Hba1c 7.6 FG 9.0
eGFR 59 static, uACR n
TC 4.2 HDL 1.4 LDL 2.2 TG 1.4
ALT 29
=======

- Consultation notes 30/12/2023
- Fu x DM (11/2016), HT, hyperlipid
- dLFT, USG hepatic lesion Fu Sur
- ADP 2.3, HbsAg –ve
- Private CT 1/2019
- Isodense lesion at segment III of iver, with peripheral enhancement in arterial phase and becomes isdense with adjacent liver parenchyma
- MADD Fu Psy
- Social drinker, herbal tea drinker
- FHx: father, 2 siblings with DM
- 1/2019 step up MF to 1g BD
- 3/2019
- ALT 72 <- 43
- TC 6.2 HDL 1.4 LDL 3.4 TG 3.1
- FBS 8.2 Hba1c 7.0
- Cr 57 eGFR >90
- uACR 0.9
- 3/2018 EP no retinopathy
- 8/2019
- TC 5.6 HDL 1.3 LDL 3.1 TG 2.6 LFT n
- 8/2019 add Zocor 10mg
- Admitted EMW 1/2020 for dizziness
- ECG SR, no ST changes
- Trop I <10.0, CBP, RFT n
- CTB: no haemorrhage, anterior horn hypodensities esp the R side unlikely infarct
- XR C spine: mild degenerative changes
- XR T spine: mild degenerative changes
- CXR clear
- 5/2020
- FBS 8.4 Hba1c 6.4
- TC 4.3 HDL 1.7 LDL 2.1 TG 1.1
- Cr 56 eGFR >90 uACR 1.4
- DMCS no DM neuropathy
- 6/2020 EP: no DMR
- 5/2021
- FBS 11.5 Hba1c 6.6
- TC 4.5 HDL 1.7 LDL 2.1 TG 1.8
- eGFR >90, ALT n, uACR n
- 11/2021 step up Norvasc to 7.5mg
- 4/2022
- EP: bil R1, repeat 1 year
- 5/2022
- Hba1c 6.5 FBS 6.6
- eGFR >90 ALT 25
- TC 4.0 HDL 1.7 LDL 1.3 TG 2.1
- 10/2022 private CTCA
- Calcified plaques scattered along proximal and mid RCA and mid LAD, both < 50% diameter stenosis
- 8/2023 EP: no retinopathy
- 9/2023
- Hba1c 6.3 FBS 5.7
- eGFR 80, uACR 1.1
- ALT n
- TC 3.7 HDL 1.8 LDL 1.5 LDL 0.8
- ========

- Dx not update
- PMHx not update
- Unclear documentation
- Lengthy old Ix results

SAMPLE

Fu x DM (11/2016), HT, hyperlipid, mild CAD

10/2022 private CTCA: calcified plaques scattered along proximal and mid RCA and LAD, causing <50% diameter stenosis cc Med 10/2021 not for aspirin

1/2018 HbsAg -ve

Fatty liver with focal fatty sparing cc Sur 6/2022

Social drinker

- abn ECG (referred by Psy 5/2023) pending Med 1/2024

- MADD FU Psy

- Change bowel habit Fu Sur

8/2023 EP: no retinopathy, recheck 1-2 years

9/2023

Hba1c 6.3 FBS 5.7

eGFR 80, uACR 1.1

ALT n

TC 3.7 HDL 1.8 LDL 1.5 TG 0.8

======

Basic information as appropriate for children

YVH F/4yr

Drug Allergy
(1) No Known Drug Allergy

Health Status
Wt 16.6kg Ht 1.07m BMI 14.5 T 36.6

Consultation note written by Dr ___ on 24-Jan-2025 12:35 PM
IVAS

GPH
Immunization up to date

Live with parents, only child
Carer: mother

BW/Ht: along 50th percentile

With Mother

RN, ST, Cough for 5 days
Fever up to 39 degree C 5 days ago, ↓trend
Vomiting 1x on D1 fever, no more then
No SOB
TOCC -ve
RAT not done

More PERMIx Marking Examples

https://www.hkcfp.org.hk/Upload/Documents/BVTS/Trial%20Run_Higher2025/ref/VTS_HT_REVAMP_Higher%20Training%20Introductory%20-%20Permix%20sample%20(20250507).pdf

Thank you