

2025/5/7 FU briefing

Main focus:

A) Recap on changes of Exit 2026 related to PERMlx

B) PERMlx Cross cluster/Institution Supervisor marking

-Logistic

-Standardization

C) PERMlx 4A & 4B for Higher 2 Highlight

A. Recap on 2025/4/25 Briefing

- 1) 2026 Exit: PA segment Requirement
- 2) PERMIX modification

1) 2026 Exit: PA segment Requirement

***Candidate need to have

-satisfactory performance at PERMlx 3A and 3B in higher training.

2) PERMlx modification

-for improve objectivity and validity (For further modification of future PA assessment

PERMlx 3B will be done with Cross cluster/institution marking

PERMlx: Formative Assessment				2025/4/25v
Months	2024 Batch	By	Exit months	Schedule
1	PERMlx 1A	Own supervisor		Mar-24
2				
3				
4	PERMlx 1B			Jun-24
5				
6				
7	PERMlx 2A	Own supervisor		Sep-24
8				
9				
10	PERMlx 2B	Own supervisor		Dec-24
11				
12				
13	PERMlx 3A		Briefing 2026	Mar-25
14			Briefing 2026	
15				
16	PERMlx 3B	Cross cluster/ institution supervisor		Jun-25
17				
18				
19	PERMlx 4A	NO NEED for supervisor report (Skip for exit preparation)	Application & Preparation	Sep-25
20				
21				
22	PERMlx 4B	Own supervisor +/- or Exit Assessment*	Exit months	Dec-25
23				
24				
* 100 cases report in Training logbook:				
Use PERMlx 4A 50 cases for PA submission + 50 consecutive cases from PERMlx 4B				
Pls refer to updated format of log in separate sheet				

Trainees		Supervisors	
Dr TAI, Lok Yin, Nadia	HKE	Dr Luk Wan	KW
Dr HOU, Baijing	HKW	Dr Lee Kit Yan	KW
Dr CHAU, Kei Wai	KC	Dr Ng Yui Wing	NTE
Dr HO, Ka Ki	KC	Dr Chan Ting Bong	NTE
Dr LO, Chak Yui	KC	Dr Cheuk Christina	NTE
Dr NOH, Young Ah	KC	Dr Wong Man Kin	NTW
Dr TSO, Sau Lin	KC	Dr Tsui Felix	NTW
Dr YU, Kwun Nam	KC	Dr Lee Hoi Ying	NTW
Dr CHOW, Wing Man	KE	Dr Judy Cheng	PRIVATE
Dr LUI, Tsz Yin	KE	Dr Li Hei Lim, Felix	HKE
Dr HUI, Ka Ling Karen	KW	Dr Chou Chun Wing, Stephen	HKW
Dr LAI, Ge Woon, Gevon	KW	Dr Chen Xiao Rui, Catherine	KC
Dr LAM, Chi Hang	KW	Dr Tam Wah Kit	KC
Dr LI, Shiyue	KW	Dr Ying Gard Ching Derek	KC
Dr LIU, Ka Yee	KW	Dr Chan Pui Kwan	KC
Dr NG, Carrie Chi Wing	KW	Dr Wong Sze Kei	KC
Dr WONG, Calvin Alexander	KW	Dr Ho Ka Ming	KC
Dr WONG, Chun Hun, Jonathan	KW	Dr Fung Hoi Tik	KE
Dr WOO, Long Yiu	KW	Dr Luk Man Hei Matthew	KE
Dr LEE, Jerrold	NTE	Dr Luk Wan	KW
Dr LI, Kwok Ho	NTE	Dr Chan Chi Wai	KW
Dr LOW, Wai Ming, Pearl	NTE	Dr Wan Kwong Yu	KW
Dr CHAN, Cho Shan, Erica	NTW	Dr Fu Sau Nga	KW
Dr CHAN, King Hang	NTW	Dr Yiu Yuk Kwan	KW
Dr YAP, Jon-Alvan Tsun Hee	NTW	Dr Chu Lai Shan	KW
Dr LAM, Wing Ching, Nicole	PRIVATE	Dr Cheung Kwok Leung	KW

B. Cross Cluster/Institution Supervisor marking

i) Logistics

ii) Standardization of marking/
expected standard in PERMIX

D2 Background information (Mainly)

D3 Consultation notes

B. Cross Cluster/Institution Supervisor marking

i) Logistics



ii) Standardization of marking/
expected standard in PERMIX

D2 Background information (Mainly)

D3 Consultation notes

Summary of logistics:

Time: Jun to 1st week[^] Aug 2025 (any 1 week)

- 1) PERMlx 3A and 3B need to submit separate report
- 2) Coordination from BVTs 
- 3) Supervisors sign **disclaimer** for keeping material confidential, just for this assessment purpose and destroy after use)
- 4) Supervisor random select 1 week: BVTs confirm with trainee's schedule with at least 4 working days in the period
*****BVTs will exchange contact of related trainee and trainer.**
From Step 5 onwards, Supervisors and Trainee will directly communicate and cc e mail to BVTs only
- 5) Trainee: prepare **patient log list** (hide all personal data) of the week → to assigned supervisor 
- 6) Supervisor select ≥ 5 random cases, at least one w lx (##)
- 7) Inform trainee to **print 'Consultation note' of that day + immediate last consultation, ensure confidentiality:**
 - Hide all patient and clinic identifier
 - Encrypt with password of the file (For access and for printing)
- 8) Supervisors mark on print out copy of medical record
 - If any clarification needed, encourage direct communication with trainee
 - If additional print out of pt information is required, need written request and cc to BVTs
 - Marking can be in electronic version of PERMlx
 - Written comments are highly ENCOURAGE to give written comments for training purpose
 - **DO NOT mark on problem solving**
- 9) Refer to Samples of standardized marking
- 10) FOR Failed cases, suggest to request more sample from the 1 week pt log

[^]To allow time for marking and timely return to Specialty board

The Hong Kong College of Family Physicians

香港家庭醫學學院



- PERMlx 3A and 3B be put in **separate** report

Practice visit:

Medical Record Review including

Investigation (PERMlx Report ____)

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

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

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)
- Random sampling
- ≥ 5 record
- at least 1 with 1x (##)
- Patient log list sample
- Patient record sent to cross cluster supervisor (Ensure confidentiality)
 - Supervisors disclaimer need to be signed
 - Encrypt
 - Hide all patient identifier

Patient log sample

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

Disclaimer (Sample)

Disclaimer

I understand that this is a random sampling assessment and the medical records will only be used by Trainee's Clinical Supervisor in higher training or a cross cluster supervisor or PA examiner (if necessary) appointed by the Hong Kong College of Family Physicians (HKCFP) for assessment.

All patients' personal information will be kept strictly confidential. The medical records will be destroyed after completion of the vocational training process.

Name of Assessors: _____
(Block Letter)

Trainee: _____

Signature: _____

1st / 2nd assessment:
Period Assessed: _____ week from

Date of assessment: _____

Note: Please make enough copies for your assessment.

B. Cross Cluster/Institution Supervisor marking

i) Logistics

ii) Standardization of marking/
expected standard in PERMIX

D2 Background information (Mainly)

D3 Consultation notes

Overall grading

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

Basic information as
appropriate

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: 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

T

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:		

Can include.....AS appropriate

- Problem list (Current / Past health)
 - Include previous investigation documentation (like annual assessment result)
- Current medication list
- Family history of significant illness
- Genogram
- Social history, occupation
- Basic parameters like Blood pressure/BMI, Growth chart, immunization status
- Tobacco and alcohol use

Examples on expected standard

Samples from 2025/3 Higher Training introduction

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

- 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

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

- Dx not update
- Lengthy old blood results

- 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
 - =====

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 liver, with peripheral enhancement in arterial phase and becomes isodense 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)

Must Have: Body weight

Past health and basic parameter
AS APPROPRIATE

**Social hx/
Genogram in written format**
AS APPROPRIATE

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

Consultation notes marking

Refer to 2025/3 Higher Training Briefing :

PERMlx sample from Fok Jing, updated 2025/5/7

iii. Consultation notes (for presenting problem) (Pls input Serial No)															
History															
Physical Examination															
Diagnosis/Working diagnosis/Problem List															
Management															
Investigation (if av)															
Anticipatory care advice as appropriate (if av)															
Grade (please ✓ one)															

Updated March 2025

A	
C	
E	
N	

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

Important points to note (For supervisors cross cluster)

- DO NOT MARK on problem solving
- Can clarify directly with trainee
 - if unsure
 - If cannot find needed related information
- Document your discussion and findings
- Trainees can explain and supplement if needed, with further printing (Also need to ensure patient confidentiality)
- If failed or marginal, suggest to have additional sampling of the same PERMIx week

C) PERMix 4A & 4B for Higher 2 Highlight

For Higher 2 taking 2026 Exit Examination

- PERMlx 4A: no need to submit
 - As need to submit 50 medical record for PA
- PERMlx 4B: need to submit
 - As part of continuous assessment
 - Ensure sustainability in normal daily practice

For higher 1 of 2025 batch

Will have further briefing ~8/2025 for Cross cluster/institution marking

2025 batch (higher 1)

PERMIx: Formative Assessment

2025/3/4 v

Months	Report	By	Exit months	3/2025 batch
1	PERMIx 1A	Own supervisor		Mar-25
2				
3				
4	PERMIx 1B			Jun-25
5				
6				
7	PERMIx 2	Cross cluster/ institution supervisor		Sep-25
8				
9				
10	PERMIx 3A	Own supervisor		Dec-25
11				
12				
13	PERMIx 3B		Briefing 2027	Mar-26
14				
15				
16	PERMIx 4	Cross cluster/ institution supervisor		Jun-26
17				
18				
19	PERMIx 5A	Own supervisor	Application & Preparation	Sep-26
20				
21				
22	PERMI 5B	Own supervisor +/- or Exit Assessment	Exit months	Dec-26
23				
24				