



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

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Trainee Name: _____

Checklist for Recommendation for Exit Examination

Checking items and content	
Completed 18 months of training before 31 August	Yes /No
Practice Visits (6 months intervals)	Yes /No
Consultation Skill Review LAP (6 months intervals)	Yes /No
Supervisor Feedback /Assessment (annually)	Yes /No
Self-Directed Education & Critical Appraisal Exercises (at least 40 hours per 6 months) At least 50% for Critical Appraisal Exercises	Yes /No
Balanced pre-approved Structured Educational Program (Confirmation by course organizer) (>80 hours per year & >40 sessions per year) (>12 hours per 2-month & < 2 sessions/ day)	Yes /No
Record of Sit in / Videotaped Sessions (6 monthly)	Yes /No
Learning Plans / Record of Supervisor Feedback (6 monthly)	Yes /No
Learning portfolio kept (6 monthly)	Yes /No

Other comments / Recommendation: _____

The trainee **is / is not** recommended for sitting the Exit Examination

Signature of Clinical Supervisor

Dr. _____
Name in block letters

Date: _____