GUIDELINES ON
2025 SUPPLEMENTARY EXIT EXAMINATION
HONG KONG COLLEGE OF FAMILY PHYSICIANS

OVERVIEW

The Hong Kong Academy of Medicine (HKAM) requires all constituent specialty Colleges to conduct six years of supervised specialist training, an intermediate examination, and a final examination for their trainees individually or jointly with an established Royal College. Passing the final examination is a prerequisite to Fellowship of HKAM.

With respect to these, the Hong Kong College of Family Physicians (HKCFP) conducts a six-year vocational training programme (including basic training and higher training); an intermediate examination (Conjoint HKCFP/RACGP Fellowship Examination); and a final examination (Exit Examination of Vocational Training).

The Specialty Board of HKCFP is responsible for conducting the Exit Examination of Vocational Training (Exit Examination). Aim of the Exit Examination is to test if candidates have achieved the objectives at the required standards at the end of their family medicine training.

This guideline serves as the main reference for candidates going to take the Exit Examination.

ELIGIBILITY AND REQUIREMENT

Applicants must fulfill the following criteria:

a. Full or limited registration with the Hong Kong Medical Council
b. Being active Fellows, or Members (Full or Associate) of the Hong Kong College of Family Physicians (HKCFP)
c. Fulfill the CME / CPD requirements under HKCFP Quality Assurance Program in the preceding year
d. Have a qualification in family medicine / general practice; which is recognized by the HKCFP and the Hong Kong Academy of Medicine (HKAM)
e. Have Certification of completion of higher training issued by the Board of Vocational Training and Standards (BVTS), HKCFP.
f. Active in clinical practice and able to meet the requirements of individual Exit Examination segments:
    - Clinical Audit: the starting date must be within 3 years before the exam application deadline
    - Research: the date of ethics approval must be within 3 years before the exam application deadline
    - Practice Assessment: submit valid Practice Management Package (PMP) report
g. From Full Exit Examination 2019 onwards, candidates must have presented their Research or Clinical Audit proposals or completed studies at Research & Clinical Audit Forum before the application deadline of Exit Examination.
h. Had attempted the previous Full / Supplementary Exit examination(s)

Details of each of the Examination segments will be listed in the subsequent sections.

Eligibility to enroll in Exit Examination is subject to the final approval of the Specialty Board, HKCFP. Application will be processed only if all the required documents are submitted with the examination application form.

IMPORTANT DATES

Deadline of Examination application:	**2 May 2025**
Deadline of submission of required attachment(s) for Practice Assessment Segment:	**16 June 2025** **(Cases collection period: 5 May to 16 June 2025)**
Deadline of Clinical Audit Report / Research Report submission	**1 August 2025**
Examination periods for Practice Assessment and Consultation Skills Assessment	**2 July to 30 September 2025**

APPLICATION & EXAMINATION FEES

Application forms are available at the College Secretariat, HKCFP or can be downloaded at the College website: http://www.hkcfp.org.hk/pages_6_88.html

Following documents are required when submitting the application:

1. A cheque of the appropriate fee made payable to "***HKCFP Education Ltd.***", and
2. For Practice Assessment Segment (please also refer to the subsequent section of this guideline):
   i. **FOUR COPIES** of the required Attachments
   ii. ONE PMP Report on or before **16 June 2025 IF:**
   the practice location has been changed AND needs to re-attempt 'Random check' or 'Part C II (dangerous drugs management)

Completed Application Form and the requirement documents should be returned to the following address: ***The Specialty Board, HKCFP, Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, HK***

Candidates are recommended to submit application early. Late application will not be accepted.

Examination fees

Administrative fee	$9,000
Clinical Audit	$9.000
Research	$9,000
Practice Assessment	$11,000
Consultation Skill Assessment	$11,000

A cheque of the appropriate fee made payable to **"*HKCFP Education Ltd.*"** should be enclosed with the application. **All fees paid are neither refundable nor transferable.**

Incomplete or ineligible applications will be rejected. An administration fee of HK$500 will be charged for unsuccessful applications.

ELECTION TO FELLOWSHIP OF THE HONG KONG ACADEMY OF MEDICINE

Candidates should aware that passing the Exit Examination does not equate to election to Fellowship of the Hong Kong Academy of Medicine. Please refer to the Hong Kong Academy of Medicine Fellowship Handbook or consult the Specialty Board, HKCFP on the criteria for election to Fellowship of the Hong Kong Academy of Medicine (Family Medicine).

FORMAT AND CONTENTS

Exit Examination has four segments:

- **Clinical Audit:** assesses the candidate's knowledge, skills and attitudes in critical appraisal of information, self-audit, quality assurance and continuous professional improvement

OR

- **Research:** assesses the candidate's ability to conduct a research project which includes: performing a literature search and defining a research question, selecting the most appropriate methodology to answer the research question, performing appropriate analysis and interpreting the results with a discussion and conclusion

AND

- **Practice Assessment:** assesses the candidate's knowledge, application of skills and ability to organize and manage an independent family medicine practice

AND

- **Consultation Skills Assessment:** assesses the candidate's knowledge, skills and attitude in communication, problem solving, working with families and management in different types of family medicine consultations

Candidates are required to re-attempt the failed Segment(s) in the previous Exit Examination(s).

The details of the format and examination criteria of each segment are described in the subsequent sections.

CLINICAL AUDIT

Each candidate is required to submit **FOUR COPIES and a word file (.doc or .docx)** of the clinical audit report done on his/her own practice on or before **1 August 2025** together with the certification by clinical supervisors ***(Appendix A).*** The clinical audit report must be the original work of the candidate, and has never been submitted to or published by any journal. The candidate must be the principal investigator of the audit project. The same project cannot be submitted by any other Candidate. The names of the practice and the candidate should not be stated in the Clinical Audit report.

The clinical audit project should be carried out systematically. The candidate has a free choice of topics for the audit. There are three main components of care, one or more of which can be audited:

1. Structure : The resources and personnel available e.g. the composition of staff, the use of special equipment, use of physical space, etc.
2. Process : What happens in your practice, e.g. the process of delivery of care like investigations, referral patterns, quality of records, the consultation process, physical examination, psychosocial orientation, management plan,etc.
3. Outcome : The results of care, e.g. effectiveness of resources utilized, disease control, reducing home accidents, financial savings, etc.

The audit should include some aspects of process and outcome of care. Results of Phases I and II of the audit cycles should be combined in a single table.

The starting date of clinical audit must be <u>within 3 years</u> before the application deadline of Exit Examination. Also, it is required that the audit topic should not have been done in the candidate's practice in the preceding 5 years, and at least one audit criterion is outcome-based.

Please note that **plagiarism** or **the direct adoption of AI-generated outputs** for the examination is not allowed. The submitted reports may be checked by relevant software to detect these practices.

ASSESSMENT CRITERIA

The audit report will be marked independently by at least two examiners appointed by the Specialty Board according to the following areas as shown in the clinical audit report evaluation form (***Appendix B***):

1. Completion of the audit cycle is **ESSENTIAL**,
2. The audit topic and question, their relevance and importance to the candidate's practice and family medicine, critical review of background literature and objectives of the audit,
3. The text should be between 5,000 and 8,000 words in length, excluding the references and acknowledgements.

4a. Setting explicit criteria and standards supported by evidence,

4b. Data collection and analysis: sampling method, outcome measures, data collection, analysis of results and use of appropriate statistical tests,

4c. **At least one of the criteria is outcome-based**. The outcome criteria must be included and should be clearly stated in the audit report.

5. Discussion on the results and changes made, and impact of the audit on patient care,
6. Overall presentation and adequacy of reference list. The same referencing style should be used throughout the audit report.
7. A score of 65% or above is the standard for a pass.

SUGGESTED READING

1. Andrea B. Audit: how to do it in practice. *British Medical Journal.* 2008;336:1241
2. National Health Service in England. Getting involved in clinical audits. *Available from: https://www.healthcareers.nhs.uk/explore-roles/doctors/medical-school/getting-involved-clinical-audits*
3. *Primary Care Office, Department of Health. Clinical Audit – Examples on Diabetes and Hypertension Audit Making Use of the Reference Frameworks. 2015 Available from: https://www.pco.gov.hk/english/resource/files/Clinical_Audit.pdf*
4. *National Institute of Clinical Excellence,* Principles of Best Practice in Clinical Audit*. London: NICE, 2002. (ISBN 1-85775-976-1)*
5. *Clinical Governance Support Team,* A Practical Handbook for Clinical Audit*. 2004*
6. Clinical governance and re-validation: the role of clinical audit*, Education in Pathology. 2002;117:47-50*
7. *Jones T., Cawthorn S.* What is Clinical Audit?*. Evidence Based Medicine, Hayward Medical Communications, 2002*
8. How to choose and prioritise audit topics*, UHBristol Clinical Audit Department. 2010*
9. How to do clinical audit - a brief guide*, UBHT Clinical Audit Central Office. 2005*
10. How to collect audit data*, UBHT Clinical Audit Central Office. 2005*
11. How to analyse audit data*, UBHT Clinical Audit Central Office. 2005*
12. How to get your audit published*, UBHT Clinical Audit Central Office. 2005*

RESEARCH

Each candidate is required to submit:

1. **FOUR COPIES and a word file (.doc or .docx)** of the research report;
2. **An electronic copy of raw data (e.g. experimental measurements, survey responses, interview transcripts, audio recording files) that have not been processed nor analyzed. Data on human subjects should be anonymized and de-identified.**
3. Supporting document(s) of Ethics Approval issued by recognized ethics committee; AND
4. Certification by Clinical Supervisors/ Mentors (***Appendix C***), on or before **1 August 2025**

For details of the submission requirements of research reports, please refer to the presentation materials of Pre- Exit Exam Workshops for Candidates.

Please note that **plagiarism** or **the direct adoption of AI-generated outputs** for the examination is not allowed. The submitted reports may be checked by relevant software to detect these practices. We request our candidates should read about the definition of plagiarism and measures to avoid it before attempting the research segment (**reference 1** below). Assignments found to have committed plagiarism may not be marked and could be subject for disciplinary considerations.

The research report must be the original work of the candidate. The candidate must be the principal investigator of the research project and the same project cannot be submitted by any other candidate. The names of the practice, the candidate, his/her supervisor and colleagues who have assisted in the research project **should NOT be stated** in the Research Report.

The candidate has a free choice of topics for the research. The research topic chosen should be relevant to the specialty of Family Medicine and/or Primary Care.

The ethics approval for the Research Study must have been sought from a recognized ethics committee. The date of ethics approval must be <u>within 3 years</u> before the application deadline of the Exit Examination.

FORMAT OF THE RESEARCH REPORT

1. A standard format with an **Introduction** giving background and objectives; **Method** giving details of Subjects, Study Design and Measurements, Interventions, Outcomes, and Statistical Methods; **Results; Discussion; Conclusions; References**; and **Acknowledgements**.

2. The text should be between 2,500 and 4,000 words in length, excluding the abstract, references and acknowledgements.

3. Graphs and tables should be limited to 6 and references between 15 - 30.

4. An Abstract of up to 250 words should be set out under the headings of **Objective, Design, Subjects, Main Outcome Measures, Results, and Conclusions.** Up to five keywords should be listed below the abstract.

5. Abbreviations should be spelt in full when first used.

6. References should preferably conform to the Vancouver style as used in the Hong Kong Practitioner, the official journal of the HKCFP, and must be clearly numbered in the correct order in the text. The same referencing style should be used throughout the research report. Journal titles should be abbreviated to Index Medicus Style. Up to three authors and/or editors should be listed. If there are

more than three, the first three and "*et al"* should be listed.

7. All study instrument and/or questionnaire should be attached as part of the appendices

8. The candidates are recommended to include sufficient information in their research reports. References can be made to the website of the British Medical Journal on the various guidelines according to the different study designs. **(http://www.bmj.com/about-bmj/resources-authors/article-submission/article-requirements)**. These guidelines are for reference only, and candidates do not need to complete or submit the guidelines.

ASSESSMENT CRITERIA

The research report will be marked independently by at least three examiners appointed by the Specialty Board according to the following areas as shown in the research report evaluation form (***Appendix D***):

1. The research topic and question(s), their relevance and importance to the candidate's practice and family medicine, critical review of background literature and objectives of the research,
2. Appropriate research methodology: sampling method, outcome measures, data collection, analysis of results and use of appropriate statistical tests,
3. Interpretation and discussion on the results, their relationship with existing literature, their strengths and limitations, and impact of the research to the practice of Family Medicine and community care.
4. Overall presentation and adequacy/appropriateness of the reference list.

A score of 65% or above is the standard for a pass.

SUGGESTED READING

1. *Plagiarism. University of Oxford. Available at: https://www.ox.ac.uk/students/academic/guidance/skills/plagiarism. Accessed on 08 April 2025.*
2. *Grant S. Fletcher. Clinical Epidemiology – The Essentials. 6th Edition, 2021*
3. *Geoffrey R. Norman and David L. Streiner, Biostatistics: The Bare Essentials, 4th Edition. Shelton, Connecticut : People's Medical Publishing House-USA, 2014*
4. *Felicity Goodyear-Smith, Robert Mash. How To Do Primary Care Research. 1st Edition, ISBN 9781138499584. Published August 16, 2018 by CRC Press*
5. *Harvey Motulsky. Intuitive Biostatistics, Fourth Edition, Published: 15 November 2017, ISBN: 9780190643560*
6. *Rosaline S. Barbour, Introducing qualitative research. A student's Guide by Rosaline Barbour. 2019 SAGE Publications Inc.*
7. *Leon Gordis, Epidemiology, 3rd Edition. Philadelphia: Elsevier Saunders 2013.*
8. *Sample size calculation. Centre for Clinical Research and Biostatistics, the Chinese University of Hong Kong. Available at: https://www2.ccrb.cuhk.edu.hk/web/?page_id=1016*

PRACTICE ASSESSMENT

Practice Assessment is an assessment of the candidate's practice management skills, the standard of the candidate's practice as well as the candidate's knowledge and understanding of the medical practice. It consists of Session I and II:

Session I:

Candidate prepares PA Documents

- **Practice Management Package (PMP) Report** & **Attachment 1 to 11**
  to be used in the Random Check (PMP review) of Session II
  - Part A (Practice organization)
  - Part B (Practice management)
  - Part C (Pharmacy and drug labelling)
  - Part C II (Dangerous Drugs management)
- **Practice Management Package (PERM) Report**
- **Attachment 12**
  to be used in the Part D (Medical records) of Session II
- **Attachment 13**
  to be used in the Part E (Investigations) of Session II

Session II:

Examiners assess the Candidate at their medical practice on a day during the examination period:

- **Random Check (PMP review)**
  - Selected section(s) from the Candidate's PMP report and the related Attachment(s)
- **Part CII (Dangerous Drugs Management)**
  - Candidate's knowledge & the practice of dangerous drugs management in the clinic
- **Part D (Medical Records)**
  - Documentation of patient's basic information and consultation in the **eight** medical records chosen from the Attachment 12
- **Part E (Investigations)**
  - Use of investigation in solving patient's clinical problem

Re-attempt Candidates should take all the previously failed Part(s) of Session II, and submit relevant PA Document(s) with the Examination Application:

- For Random Check or Part CII (dangerous drugs management): IF the candidate changes to work in another practice (hence the Exam venue), new PMP report and *four copies* of Attachment 1 to 11 will be required.
- For Part D (medical records): Attachment 12
- For Part E (investigations): Attachment 13

on or before **16 June 2025**

For details of the requirements and the marking criteria, please refer to the **three updated (PERM, Preparatory, Pre-Exam) workshops** for Candidates:

The presentation materials of these Workshops are available at the College *internet website* Hong Kong College of Family Physicians (www.hkcfp.org.hk) , *Education & Examinations > Exit Examination*). Candidates may contact our Board Secretary for information.

Assessment process and criteria

1. Specialty Board will send **three** Examiners to the candidate's practice in any day during the designated examination period. Trainee examiners / other delegates from the Specialty Board may be present
2. Candidate will be notified of the examiners' visit **two working days** in advance. Once notified, the date will not be changed.
3. Examiners will identify themselves and assure confidentiality for contacting Candidate' patient information (***Appendix E***).
4. The candidate and the practice staff should be present during the assessment. Candidates are expected to answer examiners questions in person. Examiners may cross check with the practice staff. The assessment may take up to three hours.
5. The Examiners will mark independently according to the Practice Assessment rating form (***Appendix F)***.
6. In case of pass-fail discrepancy, a third examiner will be sent to assess the same material seen by the previous two examiners.
7. Overall pass in Practice Assessment requires:
   - passing grades in Random check, Part C II and
   - passing marks (65% or above) in Part D and Part E.

   Unsuccessful candidates need to take all the failed part(s) as one set whenever they re-attempt PA.

List of Attachments

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 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

Required format of **Attachment 12**:

Serial no.	Medical record no.	Patient initials	sex	age	diagnosis	date of the consultation	date of first attended the clinic
1							
2							
3							
4							
…							
100							

Required format of **Attachment 13**:

Case summary:

Case no: *(1 to 10)*	Patient initials:	Medical record no.:	Sex:	Age:
Provisional diagnosis / chief condition requiring investigations: (date of the consultation: *DD/ MM/ YYYY*)		ICPC-2 code: *(only the most relevant one, also put down the description of the code)*		
Investigation performed:				
Results:				
Follow up: (date: *DD/MM/ YYYY*) *less than 300 words*				
Comments: ***optional****; less than 300 words*				

Summary table:

Case	Provisional diagnosis / chief condition requiring investigations	ICPC-2 code	Investigation performed:
1			
2			
…			
10			

CONSULTATION SKILLS ASSESSMENT

The consultation skills assessment is based on the modified Leicester Assessment Package (LAP) which was developed by Professor Robin C Fraser to assess the consultation competence in General Practice through video recorded consultations.

ASSESSMENT PROCESS

The examination period for preparing the video is 24 hours (0:00 – 23:59). The date needs to be shown on consultation notes for computer records, or approved by trainer for hand-writing records. Candidate will be notified of the examination period within the preceding week. **Candidate will receive confirmation call at 4:00 pm one day before examination day. Once notified, the date of assessment will not be changed.** Examination signboards (***Appendix G***) and examination related documents will be sent to Candidate by email or to be collected from the College after 4:00p.m. Examination period will be written on the signboards. Each signboard would have a unique code for individual candidate in each assessment.

Candidate can prepare the consultation videos in separated sessions. Total 12 cases in 2 sessions is required for examiner to assess. Each session has 2-hour net time and must include at least six cases. Net consultation time, **including giving summary at beginning, answering 3 questions at the end, and completion of consultation note,** will be counted. ***(Appendix H)*** Video recording should be **continuous** within one session. Candidate should record the sessions **in chronological order as written in the signboards**. Candidate will be subject to **disqualification** if failure to do so.

The consultation process should proceed as written in steps to follow (***Appendix I***). Candidate should indicate and record clearly the signboard provided by the Specialty Board at the beginning of each session. Candidate should seek written consent (***Appendix J***) from their patients before each consultation and present a summary of the patient's significant past information before starting the interview. Significant past information should include the past health, relevant recent investigation findings, significant social history, date and the reason for the last consultation and whether current consultation is a planned follow-up or not. Then candidate can proceed to consultation process including history taking, physical examination and management. After finishing the consultation, Candidate is required to give the problem list and hypothesis of the case, the physical examination findings and the explanation on why the management plan being chosen.

The candidate should encrypt the videos (refer to "VeraCrypt" User Guide provided) by the encryption code given before submission. Candidate should submit the encrypted video files, consultation log and relevant documents (***Appendix K***) on or before 5:30 p.m. on the second working day of their assigned examination period. The College Secretariat will check the quality of the videos by using the Board's computers upon submission. Candidate should ensure the sound and visual quality of video is good enough for assessment. If the video quality is not suitable for assessment by examiners, **the candidate may be disqualified.**

Total 6 cases will be selected for assessment. Candidate can indicate at least 2, up to 4 "best performed case" among 12 cases. At least 2 out of 4 cases would be selected for assessment. The "best performed case" must be cases with diagnostic challenges or psychosomatic complaints. At least three examiners appointed by the Specialty Board will mark the cases. Each case will be marked individually. An overall score will be made independently by the examiners. Specialty Board will arrange re-assessment to the selected cases for making the final decision in case there is marking discrepancy.
A tabulated summary for arrangement of CSA process (***Appendix L***) is made for your easy reference.

ASSESSMENT CRITERIA

The consultation skills assessment criteria (***Appendix M***) from LAP are adopted. The passing standard of this assessment is 65% when candidate consistently demonstrates capability in almost all components to a high standard and a satisfactory standard in all, with **duration of most consultation appropriate. (*Appendix N*)**

Remarks:

1. Physical Examination will NOT be marked. However, if the candidate is not able to perform physical examination sensitively, the examiner could deduct the marks in the part of Behaviour/Relationship with patient.
2. To ensure the sound and visual quality is good for assessment, candidate is **required** to submit a demo video **on or before 14 May 2025 if the camera and/or setting is/are different from last attempt** as reference for the Specialty Board.
3. Candidates will be subject to disqualification if failure to follow the instructions listed in the Consultation Skill Assessment segment of the Exam Guideline
4. All examination materials may be selected for quality assurance or teaching propose related to the subsequent Exit Exam without further notification to the candidate.

SUGGESTED READING

1. Fraser RC. Clinical Method: A General Practice Approach (3rd Ed). Butterworth-Heinemann, 1999
2. Fraser RC. Assessment of Consultation Competence in General Practice, The Leicester Assessment Package (LAP)

APPENDICES

Appendix G: Sign Board sample
Appendix H: Rules for recording consultations
Appendix I: Steps to follow during video recording consultations in CSA
Appendix J: Consent Form
Appendix K: Documents to be submitted and Consultation log sample format
Appendix L: Tabulated Summary of CSA process
Appendix M: Consultation Skills Assessment Criteria
Appendix N: Standards for Allocation of Marks

APPLICATION FOR EXEMPTION DURING THE EXAMINATION PERIOD

Candidates have to:

- Submit relevant documents and examination materials (e.g. application form, clinical audit report, research report, documents for practice assessment) on time;
- Present in the Practice Assessment Session II (Examiners' visit) on the date as informed;
- Record the required video for Consultation Skills Assessment in the period as informed.

Non-compliance will be regarded as not taking / attempting the respective segment(s) and subject to disqualification.

Exemption for examination will not be granted unless in very special circumstances. Candidates should apply by writing to Specialty Board **when submitting the Exit examination application,** with appropriate documentary proof. Each case will be considered at the discretion of the Board. Any approved exemption is not a precedent for the future applications.

TROPICAL CYCLONE OR RAINSTORM WARNING

Examination will be cancelled if, within four hours before the appointed time of the examination, Tropical Cyclone Warning Signal No.8 or above is hoisted or remains in force or Rainstorm Black Warning is issued or remains in force. The examination will be re-arranged as soon as possible.

If Tropical Cyclone Warning Signal No.8 or above is hoisted or Rainstorm Black Warning is issued while an examination is in progress, the examination will be continued if circumstances allowed until the examination finished, or the examiner(s) appointed by the Specialty Board will decide whether to adjourn or continue with the examination.

PRE-EXIT EXAM WORKSHOP FOR CANDIDATES

There are two Candidate Workshops each year. The focus and content of these two Workshops are different. Requirements and updates of each segment of the coming Exit Examination will be announced. **All candidates are strongly recommended to attend both Workshops before applying to sit the Exit Examination.**

CRITERIA FOR A PASS IN THE EXIT EXAMINATION

Pass in each of the Exit Examination Segments is valid for five years.

Unsuccessful candidates can retake the failed Segment(s) in subsequent supplementary or full Exit Examination.

Candidate must have valid passes in all the three Segments (Clinical Audit or Research, Practice Assessment, and Consultation Skill Assessment) in order to pass the Exit Examination.

CONDUCT IN THE EXAMINATION

Specialty Board would investigate on suspected dishonest or unprofessional acts during the Exit Examination. The candidates and relevant parties may be invited during this process. The investigation results may be referred to relevant authorities, academic and professional organizations for follow up.

Examples considered as unacceptable acts include: plagiarism; fabricate data in the Clinical Audit / Research / Practice Assessment; unnecessary pre-recording screening on patients in Consultation Skill Assessment.

At discretion of the Specialty Board, the concerned candidate may be disqualified in the respective / all the Segment(s); or may not be allowed to re-attempt the Exit Examination for a specified period.

REVIEW OF EXAMINATION RESULTS

The Specialty Board has made great effort to ensure the validity and reliability of markings. All examiners are requested to declare conflict of interest. At least two examiners would mark each candidate independently in each segment. The markings will be crosschecked by the Board for clerical or mathematical error.

1. The review is a check for administrative or clerical errors in the assessment process, such as the calculation or collation of marks or grades.
2. Review will not be considered solely on the grounds that the candidate wishes to challenge the academic judgment of the examiners or where the candidate did not understand or was unaware of the Exit Examination regulations.
3. Written request for review should be made to the Chairperson of Specialty Board **within the 14 calendar days** of the examination results being published. An administration fee of HK$1,000 for each segment (cheque made payable to the "***HKCFP Education Ltd.***"), should be sent together to Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong. Fees paid are neither refundable nor transferable. Incomplete information or failed payment will not be processed.
4. The Chairperson and delegate(s) will investigate the alleged error. The respective Segment coordinators, examiners and administrative staff will be called in.
5. The result of review can be:
   (a) against the candidate; or
   (b) an error in the Examination process had occurred; accordingly the candidate will be given:
      (i) mark/ grade adjustments;
      (ii) an opportunity to sit a subsequent scheduled examination;
      (iii) no change in the markings if the error is judged not affecting the candidate's performance / results.
6. The candidate will be informed on the result of the review.

POST EXAMINATION EVALUATION

Exit Examination is an educational process. Chairperson of the Specialty Board will invite candidates to attend Post Examination Evaluation Workshop, usually held within the two months after the Examination. The evaluation is conducted on an individual basis. Priority is given to unsuccessful candidates.

At the session, the Chairperson, Segment coordinators, or delegates of Segment coordinators will feedback the candidate on the areas of weakness with suggestions for making improvement. The session is not a channel for examination result appeal. Comments and expectations from the candidate are always welcomed and taken seriously; in improving the conduct of subsequent Exit Examinations. Most candidates attended the session found it helpful.

All examination materials submitted by candidates are properties of the Specialty Board. Part of the examination materials will be kept for the purposes of quality assurance, marking standardization, illustration of examination regulation, and detection of plagiarism. Examination materials not serving such purposes will be destroyed after completion of the examination.

Hong Kong College of Family Physicians
2025 Supplementary Exit Examination of Vocational Training in Family Medicine
Preparation at-a-glance

Preparation

Attend the Post Examination Evaluation Workshop
Discuss with clinical supervisor(s) on areas of improvement

Research /Clinical Audit:	Consultation Skills Assessment:	Practice Assessment:
• Revise / amend the study/ report	• Drills with the setting of consultation recording • Submit demo video file if necessary	According to the re-attempt Part(s) • Attachment 12 / 13: for Part D/E; collect the cases in the specified period • Attachment 1 to 11: for Random Check • PMP report --- if you re-attempt Random Check or Part C II **and** changed your practice location

Submit Exam application (Deadline: 2 May 2025)

Application Form:	
• State your practice details for PA and CSA • All unsuccessful PA Part(s) must be re-attempted • Copy of Certificate on Completion of Higher Training	Examination fee

Submit Practice Assessment documents (Deadline: 16 June 2025)

According to the re-attempt Part(s)

- Random Check: Attachment 1 to 11 (four copies)
- Part D: Attachments 12 (four copies)
- Part E: Attachment 13 (four copies)
- PMP report (one copy) --- if you re-attempt Random Check or Part CII **and** changed your practice location

Submit Clinical Audit OR Research report (Deadline: 1 August 2025)

Clinical Audit	Research
4 copies and a word file of the report with Certification by clinical supervisor	4 copies and a word file of the report with Certification by clinical supervisor & Document of ethics approval

Examination
(2 July to 30 September 2025)

Clinical Audit / Research	Consultation Skills Assessment	Practice Assessment
Examiners assess the submitted reports	Record video in specified period Submit with required document	Examiners' visit

Examination result announcement

Post exam evaluation

Appendix A

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

Clinical Audit Report

Certification by Clinical Supervisor

I hereby certify that this clinical audit is the original work of Dr. _____ and the audit topic have not been done in the practice in the preceding 5 years, and I have read the original data of this audit.

Date: _____ Signature: _____

Name in Block Letters: _____

Candidate Number: EES250XX

Appendix B

Exit Examination 2025 Clinical Audit Report
Evaluation Form

Notes on Marking:

Sections 2 to 5 consist of a number of components each, which are areas suggested to be evaluated for each section. Score for each section should be given in a multiple of 0.5 from 0 to 10

Section 1a. Is this a clinical audit?

☐ Yes – please continue evaluation
☐ No – audit report rejected, thank you.

Section 1b. Has the audit cycle been completed?

☐ Yes – please continue evaluation
☐ No – audit report rejected, thank you.

Section 1c. At least one of the criteria is outcome-based?

☐ Yes – please continue evaluation
☐ No – audit report rejected, thank you.

Section 2. Evaluation of the background of the audit project

2.1 Are the audit questions and aim *clearly stated and appropriate*?

2.2 Is there an *adequate* explanation on the objectives of the auditing activity?

2.3 Is there a *good justification* for the choice of the audit topic *in the candidate's practice*?

2.4 Is the audit topic *important to the candidate's practice and general practice/family medicine*?

2.5 Is there an *adequate review* of the relevant background literature?

Section 2: Score = (/10**)**

Reason(s) of the score:

_____

_____

_____

Section 3. **Evaluation of the methodology of the audit project**

3 a. Criteria and Standard Setting

3a.1 Have *explicit criteria* been identified?

3a.2 Are the criteria *relevant and adequate*?

3a.3 Are the criteria based on *research evidence* and/or *professional consensus*?

3a.4 Have *explicit and appropriate standards* been set for each criterion?

Section 3a: Score = (/10**)**

Reason(s) of the score:

_____

_____

_____

3 b Data collection and analysis

3b.1 Are the data collection methods *clearly described*?

3b.2 Are the data collection methods *appropriate*?

3b.3 Has the *sampling frame* been adequately described?

3b.4 Is the *study populations/number of events /response rate* adequate?

3b.5 Are the *methods of analysis* appropriate?

3b.6 Are the data *compared directly* with the identified criteria?

Section 3b: Score = (/10**)**

Reason(s) of the score:

_____

_____

_____

Section 4 Evaluation of the impact of the audit

4.1 Were the deficiencies in care/service in the first cycle identified and explained?

4.2 Is there a *clear description* of how changes were agreed and implemented?

4.3 Were convincing reasons provided for *changes* in care and/or services made?

甲、Did the changes lead to *definite improvements* in the standards of care? If changes were not introduced or did not lead to improvement, is a *convincing explanation* provided?

乙、Did the audit have a significant impact on patient care?

Section 4: Score = (/10**)**

Reason(s) of the score:

_____

_____

Section 5 Evaluation of the presentation of the audit

5.1 Are the results *appropriately presented*?

5.2 Is the writing *easy to understand*?

5.3 Is there an *adequate list of references*?

5.4 Does the report contain a *succinct summary* of the *key issues and conclusions*?

Section 5: Score = (/10**)**

Reason(s) of the score:

_____

_____

_____

Summary Mark Sheet

Section	Maximum Mark	Score	Factor	Actual Marks
2. Background	20		x 2	
3 a. Criteria and Standard Setting	20		x 2	
3 b. Data Collection and Analysis	20		x 2	
4. Impact of audit	30		x 3	
5. Presentation	10		x 1	
TOTAL	100			**%**

Summary of Comments:

Section	Area(s) that need attention (Please tick the checkbox)
2. Background	☐ comments:
3 a. Criteria and Standard Setting	☐ comments:
3 b. Data Collection and Analysis	☐ comments:
4. Impact of audit	☐ comments:
5. Presentation	☐ comments:
Additional comments:	

Examiner's Full Name: _____

Signature: _____

*******End******

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

Research Report

Certification by Clinical Supervisor/ Mentor

I hereby certify that this research project is the original work of Dr._____ and, I have read the original data of this Research Report.

Signature: _____

Name in Block Letters: _____

Date: _____

APPENDIX D

The Hong Kong College of Family Physicians
Exit Examination of Vocational Training in Family Medicine

Standards for allocation of marks

The following descriptions of performance are to be used as yardsticks of levels of achievement.

	Criteria
85 % or above	Consistently demonstrates outstanding performance in all components. (Outstanding)
75 – 84 %	Consistently demonstrates mastery of most components and capability in all. (Very Good)
65 – 74 %	Consistently demonstrates capability in most components to a professional standard. (Average to Good)
55 – 64 %	Demonstrates capability in some components to a satisfactory standard but with omissions and/ or defects in other components that have impact on patient care / the study carried out.
45 – 54 %	Demonstrates inadequacies in several components with major omissions or defects.
44 % or below	Demonstrates serious defects; clearly unacceptable standard overall.

Exit Examination 2025, Research Report Evaluation Form

Please type in the yellow fields.

Section 1 Background

Assessment Consideration

- Has the research report adequately addressed the relevance of the present study to Family Medicine /Primary Care?
- Are the aim(s), objective(s), research question **and/ or** hypotheses clearly stated?
- Is there a clear rationale provided to support the research study through an adequate, up-to-date review of the relevant international and local literature? E.g. what was already known in this research area, and what knowledge gap did the study try to fill? The sources of literature review, including international literatures, should been appropriately described.
- Is the literature review referenced appropriately?
- Is the hypothesis (if relevant) appropriate to address the research question (s)?

Section 1: Global Score (0 – 10) = [ ]

Comments:

[ ]

Section 2 Methodology

Assessment Consideration

- ***Is the study design appropriate for answering the research question/ testing the research hypothesis?*
- What is the rationale for choosing the study design? Is it suitable for the research question(s)?
- **Are the research methods described clearly and appropriate, including instruments and tools used for collecting data?
- ***Are the outcome and other relevant variables measured clearly defined?*
- ***Are the sampling frame and methods and sample size appropriate to answer the research question?*
- Are the methods of analysis including statistical tests (e.g. t-test, chi-square) or qualitative data analysis described in an appropriate manner? (marks will be deducted if not available)
  If applicable, is the measuring instrument (e.g. survey) validated?
- Are calculations of sample size shown in the research report?
  If the sample size is not large enough, has this been addressed in the Discussion section as a limitation?

***** The statement may not be applicable for marking Qualitative Research Paper.***

Section 2: Global Score (0 – 10) = [ ]

Comments:

[ ]

Section 3 Result

Assessment Consideration

- ***Are relevant results addressing the research question, objectives and hypotheses presented?*
- Are the results organized in an easy to read and understandable manner?
- Are the important findings in tables and/or graphs precisely highlighted in the text?
- Are the results presented appropriately using tables, graphs or quotations (in qualitative studies)? E.g. Not simply cut and paste SPSS analysis output

***** The statement may not be applicable for marking Qualitative Research Paper.***

Section 3: Global Score (0 – 10) = [ ]
Comments:
[ ]

Section 4 Discussion & Conclusion

Assessment Consideration

- Are the results justified & explained appropriately?
- ***Do the results substantiate or refute the specific objectives/ research questions?*
- How are the results compared to findings from other studies and are reasons for the differences discussed?
- Are the possible reasons of the findings explained and discussed?
- Has the candidate discussed the potential application and implication of the results to influence practice/policy?
- Is any potential future research area being recommended?
- Are the limitations +/- strength and potential biases of the study described?
- Does the report contain a succinct summary of the key issues in the conclusion?

***** The statement may not be applicable for marking Qualitative Research Paper.***

Section 4: Global Score (0 – 10) = [ ]
Comments:
[ ]

Section 5 Presentation

Assessment Consideration

- Is the report written in reasonable good and clear English?
- Is information displayed appropriately and accurately using tables, figures and graphs?
- Are the references presented in an acceptable format used by international refereed journals (e.g. Vancouver style, APA, etc)?
- Is the report properly presented and structured with different sections via appropriate labeling?
- Is acknowledgement to relevant parties involved in the study made appropriately?

Section 5: Global Score (0 – 10) = [ ]
Comments:
[ ]

Summary Mark Sheet

Section	Maximum Mark	Global Score	Factor	Actual Marks
Background	20	[ ]	x 2	[ ]
Methodology	30	[ ]	x 3	[ ]
Result	20	[ ]	x 2	[ ]
Discussion & conclusion	20	[ ]	x 2	[ ]
Presentation	10	[ ]	x 1	[ ]
TOTAL	100	---	---	[ ] **%**

For FAIL candidate ONLY:

Can this research paper be revised and submit in coming supplementary Exit Exam?
(please click the box as appropriate)

☐ **Yes** **– Thank you.**
☐ **No** **– Recommend to do another topic or attempt Clinical Audit Segment in coming Exit Exam.**

Overall Comments:
(For FAIL candidate, please list the major reason(s) of fail and/or fatal mistake(s) in this research report. It is MANDATORY.

[ ]

Examiner's Full Name: [ ]

Would you give consent to the trainee examiner to review your comments on this rating form in an anonymous manner?

☐ **Yes**
☐ **No**

-- THE END --

香 港 家 庭 醫 學 學 院
The Hong Kong College of Family Physicians
Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.
Tel: (852) 2528 6618 Fax: (852) 2866 0616
E-mail: hkcfp@hkcfp.org.hk Website: www.hkcfp.org.hk
香港仔黃竹坑道99號香港醫學專科學院賽馬會大樓8樓803-4室

IDENTIFICATION AND ASSURANCE OF CONFIDENTIALITY FOR THE PRACTICE ASSESSMENT

Dear **(Name of Candidate)**,

This is to certify that **(Name of Examiner)** is the Examiner of your Practice Assessment Segment of the Supplementary Exit Examination (**Year**) on **(Date of Examination)**.

Yours sincerely,

(Segment Coordinator's Signature)
Coordinator, Practice Assessment Segment
Specialty Board, HKCFP

****

ASSURANCE OF CONFIDENTIALITY BY EXAMINER

I confirm that I shall keep all information that I have observed during the practice assessment strictly confidential. The information will be used for the examination purpose only.

(Examiner's Signature)

(Name of Examiner)

(Date of Examination)

APPENDIX F

Random check (PMP review)

Please "✓"when the item is present or appropriate; "X" if not present or inappropriate, "NA" if not applicable to the practice.

Part A (Practice setting)	

Part B (Clinic Management)	

Part C (Pharmacy and Drug Labeling)	

Random Check (PMP review)

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*

SESSION II

Part C II (Dangerous Drugs management)
Checklist on Dangerous Drugs (DD) management

Please mark the box:	Description
✓	present or appropriately addressed
X	not present or not appropriately addressed
NA	not applicable to the practice

X in any one of the * items will lead to straight fail in Part C II

1. 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

2. 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

3. DD storage, check for expiry

(Practice)

☐ DD stored in the receptacle

☐ Stock checked for expiry

4. 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)

Check the expired DD kept in the clinic for:

☐ stored in the receptacle

☐ recorded

☐ disposal

Continue on the next page→

5. 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.

(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 PA rating form (Part CII) next page

Please mark and comment according to the "Checklist on Dangerous Drugs (DD) Management"

Part C II (Dangerous Drugs management)

		Knowledge	Practice
1.	**Authorized person***		
2.	**DD receptacle***		
3.	**DD: storage, check for expiry***	N/A	
4.	**Expired DD: storage, record, disposal*** (if DD in the clinic not expired → ask 'Knowledge'; 'Practice' mark N/A)		
5.	**DD register***		

Overall result (must pass in both knowledge and practice to have overall pass here)			
Pass		**Fail**	

Feedback on Part CII (Dangerous Drugs Management)

Quick reference for examiners

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 D (Medical Records)

Enter the serial number of the records (i.e., 1 – 100) chosen from the 100-Case log →	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
D1. Legibility *(Tick if okay)*								
D2. Basic Information • Allergy / Adverse drug reactions • Current medication list • Problem list (Current / Past health) • Family history (with genogram as appropriate) • Social history, occupation • Height, weight, BMI/ growth chart; blood pressure • Immunization • Tobacco & alcohol use; physical activity								
D3. Consultation notes								
Main reason(s) of consultation								
Clinical findings								
Diagnosis/ Working diagnosis								
Management								
Anticipatory care advice (as applicable)								

Part D (Medical Records)

D2. Basic Information score (circle one only)	
9	
8.5	Accurate and legible with precise and concise details
8	
7.5	Accurate and legible with sufficient details
7	
6.5	Accurate and legible with adequate information for realizing the basic information without major omissions
6	
5.5	Legible but missing some major details
5	
4.5	Contain illegible information i.e. information overload, redundant or irrelevant information breakdown effective communication between medical professionals. OR some major findings were wrongly recorded
4	

D3. Consultation notes score (circle one only)	
9	
8.5	**Accurate and legible with precise and concise details, with a relevant past medical / social history of an appropriate length**
8	
7.5	**Accurate and legible with sufficient details, with a relevant past medical / social history**
7	
6.5	**Accurate and legible with adequate information for realizing the whole consultations without major omissions**
6	
5.5	**Legible for the consultations but missing some major details**
5	
4.5	**Contain illegible information i.e. information overload, redundant or irrelevant information breakdown effective communication between medical professionals. OR some major findings were wrongly recorded**
4	

Part D (Medical Records)

Total score (Part D):

D2 score x 3.5	+	**D3 score x 6.5**	=	**Total Score (Part D)**

If D1 pro-rata mark deduction applicable ⬇

Pro-rata deducted Total Score (Part D)

Feedback on Part D (Medical records)

Written comment:

Part E (Investigations)

Case number	1	2	3	4	5	6	7	8	9	10
E1 Investigation indication documentation										
E2 Justification										
E3. Results documentation										
E4. Follow up										

E2 score *(circle one)*	*4*	*4.5*	*5*	*5.5*	*6*	*6.5*	*7*	*7.5*	*8*	*8.5*	*9*	*9.5*
E4 score *(circle one)*	*4*	*4.5*	*5*	*5.5*	*6*	*6.5*	*7*	*7.5*	*8*	*8.5*	*9*	*9.5*

Part E (Investigations)

Total score (Part E):

E2 score x 5	+	**E4 score x 5**	=	**Total Score (Part E)**

If E3 pro-rata mark deduction applicable, please enter the adjusted mark

If E1 pro-rata mark deduction applicable

Pro-rata deducted score (Part E)

Please note:

- E1 (Investigation indication documentation): IF NOT shown in the record →
  - cross the box; no need to mark the concerned case, apply pro-rata deduction to 'total score in Part E'
- E3 (Results documentation): IF report copy NOT available OR result NOT recorded in the 'follow up' medical notes →
  - cross the box; no need to mark E4 of the concerned case; apply pro-rata deduction to 'E4 score'
- Assessment should be based on the medical records; but can consider score adjustment if the candidate offers appropriate additional information in the 'Comment' section, Attachment 13.

Score Summary:

Session II	Marks (%)	Pass/ Fail
Random check	**Not required**	
CII (DD Management)	**Not required**	
D (Medical records)		
E (Investigations)		

Examiner: _____ Signature: _____

Date: _____

Appendix I- Steps to follow during video-recording consultations in Consultation Skill Assessment

Sign Board Sample: Security code: **A987654Z**

Consultation Skill Assessment Segment

HKCFP Supplementary Exit Examination 2025

1st Video recording session

Name : **ABC**

Candidate number : **XXXXXXXXX**

Assigned Examination Date: **10 July 2025**

Appendix I- Steps to follow during video-recording consultations in Consultation Skill Assessment

- Dates of video recording: The examination period will be instructed by examination board.
- The video recording could be arranged in separate sessions *(For example, a 2-hour session should include at least 6 cases)* during the examination period
- Candidate should record the sessions **in chronological order as written in the signboards**. Candidate will be subject to disqualification if failure to do so.
- Net consultation time **including giving summary at beginning, answering questions at the end, and completion of consultation note** will be counted. (Waiting time between patients is excluded).
  Candidate should ensure the consultation note is ready upon completion of each consultation.
  1. Candidate is suggested to display the completed consultation note clearly in front of the camera.
  2. The printing time of consultation note must correlate with the time indicated in the consultation log summary. [for computer consultation notes]
  Marks may be deducted if the candidate fails to do so and the examiner is highly suspicious that the medical record was prepared out of the net consultation time.
- The candidate may be subject to disqualification **if not being able to have required cases** consented for the examination in the assigned period without a sound reason. For each 2-hour session, the 6th case should be started within 120 minutes of net time. Otherwise, candidate should consider to record consultations again with better time management within the assigned examination period. If the overtime issue was not addressed before submitting videos for assessment, the time (in terms of minutes) exceeding overall net time would be subtracted from the last selected exam case. *For example, if the 6th case of session one is started at 125 minutes (5 minutes overtime), 5 minutes would be subtracted from the last selected exam case. That means, if the last selected exam case takes 23 minutes, only the first 18 minutes would be marked by examiners)*
- The consent forms for refused cases should be submitted with the examination documents.
- If the patient has signed the consent form initially but refuses during consultation, candidate should cover the camera and mute the sound recording or bring the video recorder out of the consultation room without actually stopping the machine. That case will not be counted.
- The candidate is responsible to copy the recorded cases to an encrypted **USB flash drive / Memory card (MicroSD would not be accepted) / external hard disk** for submission (Encryption software **"VeraCrypt"** and the user guide will be included in the examination package). The filename should be set as the candidate number and the password should be set as the "security code" on the signboard.
- **The candidate is responsible for the sound and visual quality of the recorded cases. If the quality of the videos affects the assessment process, the Board has the right to reject assessment and disqualify the candidate.** The candidate must use the approved video file formats to record and save their videos. Formats apart from the list will not be marked. **[Approved video file formats include**: MPEG; MPG; MP4; MOD; VOB; AVI; MTS; M2TS (subject to review before the exam)]
- The candidate must submit the demo video **on or before 14 May 2025 if the camera and/or setting is/are different from last attempt.**

Appendix I- Steps to follow during video-recording consultations in Consultation Skill Assessment

Steps to follow

While starting a new video session:

- Indicate and record the signboard provided by College (at least 5 seconds) in the video for validation

While starting a new case:

- State the case number e.g. “This is case 1”
- Give a summary of the patient’s significant past medical history. This should include the date and the reason for the last consultation and to state whether the current consultation is a planned follow-up or not.

[START THE CONSULTATION]

After finishing the consultation, the candidate needs to answer the following 3 questions in the video:

1. List out the problems and / or the hypotheses on the diagnosis of the patient with reasons
2. The physical examinations being carried out with reasons and findings. *(If PE has not been performed, please state” PE has not been done in this case” and provide the reasons as appropriate.)*
3. The reasons for choosing the management plan.

Candidate is only required to state the question number before addressing each point. To save time, there is no need to read out the whole question listed

REMARKS: Candidate is suggested to display the completed consultation note clearly in front of the camera in order to ensure the consultation note is ready upon completion of each consultation

[END OF CONSULTATION]

Start another consultation cycle e.g. “This is case 2”

Remark: The case number should be continuous across the sessions. **Sessions must be recorded in chronological order as shown in the signboards.**

Appendix J- Consent Form

授權書

本人 _____ 同意 / 不同意自己 / 家人_____在 _____醫務所接受診治的過程會被錄影，並明白此舉將只會被香港家庭醫學學院之考官用作家庭醫生在其專業考試的評核用途和本人所有的個人資料將會絕對保密，影片將於考試及質素評估過程完成後銷毀。

證人姓名: _____ (正楷)　病人/監護人姓名: _____ (正楷)

簽署: _____　簽署: _____

日期: _____

Authorization

I _____ agree / disagree to be video recorded during the consultation process of myself / my relative _____ at the clinic of _____. I understand that this will only be used by examiners appointed by the Hong Kong College of Family Physicians (HKCFP) for assessment of family doctors during their professional examination and all my personal information will be kept strictly confidential. The videos will be destroyed after completion of the process of examination and quality assurance.

Name of Witness: _____ (Block Letter)　Name of Patient/ Guardian: _____ (Block Letter)

Signature: _____　Signature: _____

Date: _____

Note: Please make enough copies for your assessment.

Appendix K- Documents to be submitted and Consultation Log Sample Format

* **Relevant documents** to be submitted :

i. 4 copies of each Consultation note including current and the previous consultation (***Only current consultation note will be marked for record keeping)***
ii. One copy of Patient's consent
iii. One copy of Consultation Log

- All the patient's names and ID should be deleted / covered in the Consultation notes
- All consent forms for refused patients have to be submitted
- All the documents of each case should be in one folder (one case one folder)

Consultation Log
(CSA Segment)

Case No.	**Age**	**Sex** (M/F)	**Problem list**	**Consultation time** (mins)	**Consent for Video** (Y/N)	**Up to 4 Best Performed cases chosen by candidate (put a ✓)**	**Video Time frame**
Sample	64	M	Follow up for DM, URTI	12 mins	Y	✓	(File001.avi) 00:08:13 to 00:20:47

Remarks: File name should be clearly stated if consultations are scattered in more than one file.

Appendix K- Documents to be submitted and Consultation Log Sample Format

Example of filled Consultation log

Case No.	**Age**	**Sex** (M/F)	**Problem list**	**Consultation time** (mins)	**Consent for Video** (Y/N)	**Up to 4 Best Performed cases chosen by candidate (put a ✓)**	**Video Time frame**
Sample	**64**	**M**	**Follow up for DM, URTI**	**12 mins**	**Y**	✓	**00:08:13 to 00:20:47**
1	57	F	Follow up for HT, IHD	15 mins	Y		(File001.avi) 00:00:00 to 00:15:00
	83	F		11 mins	N		
2	7	M	Upper respiratory tract infection	14 mins	Y		00:30:16 – 00:44:50
3	76	M	Follow up for DM, knee pain	24 mins	Y		00:51:10 – 01:15:09
4	34	M	Back pain	20 mins	Y	✓	01:20:00 – 01:40: 11
	9	F		9 mins	N		
5	32	F	Follow up for DM, Depression	25 mins	Y	✓	01:53:12 – 02:18:32
6	41	F	Skin rash	16 mins	Y		02:31:12 – 02:47:32
			Session 1	**Net time 114 mins**			
7	88	M	Follow up for Old CVA, IHD, HT	19 mins	Y		(File002.avi) 00:00:00 – 00:19:23
8	57	M	Follow up for hypothyroidism	10 mins	Y		00:24:24 – 00:34:55
9	59	F	Loin pain	25 mins	Y	✓	00:36:23-01:01:22
10	8	F	Allergic rhinitis	8 mins	Y		01:03:12- 01:11:22

Appendix K- Documents to be submitted and Consultation Log Sample Format

Case No.	**Age**	**Sex** (M/F)	**Problem list**	**Consultation time** (mins)	**Consent for Video** (Y/N)	**Up to 4 Best Performed cases chosen by candidate (put a ✓)**	**Video Time frame**
11	22	F	Follow up for asthma	12 mins	Y	✓	01:14:00 – 01:26:12
12	55	M	Follow up for HT	15 mins	Y		01:30:11- 01:45:23
			Session 2	**Net time 89 mins**			

Appendix L- Tabulated summary of CSA process

Format	Video-recorded consultations
Submission of Demo Video	Candidate should submit a demo video file for quality check. Same setting and video recorder should be used for real examination. For re-attempting candidate, demo video should be submitted only if different setting or video recorder is used from the previous examination.
Notification of Examination	Candidate will be notified of the examination **within the preceding week.** Once notified, the date of assessment will not be changed. Confirmation call, examination signboards and related documents will be sent to candidate by E-mail or collected from College *after 4 pm one working day before* the examination period.
Examination Format	Consultation videos could be prepared in separate sessions during the examination period. Sessions should be recorded in order.
Case Load	**Total 12 cases in 2 sessions are required for examiners to assess. Each session has 2-hour net time and must include at least six cases.**
Submission of Videos	Video files, consultation log, consultation notes and consent forms of patients have to be submitted to the college by 5:30 pm on the last day of the examination period.
Checking of Videos	All videos will be checked by college staff upon submission.
Assessment Method	Total 6 cases will be selected for assessment. Candidate can indicate at least 2, up to 4 “best performed case” among 12 cases. At least 2 out of 4 cases would be selected for assessment.
Re-assessment	Specialty Board will arrange re-assessment to the selected cases for making the final decision if there is marking discrepancy.

Appendix M- Consultation Skills Assessment Criteria

- **INTERVIEWING /HISTORY TAKING (Relative weighting: 20%)**

  Introduces self to patients; puts patients at ease; allows patients to elaborate presenting problem fully; listens attentively; seeks clarification of words used by patients as appropriate; phrases questions simply and clearly; uses silence appropriately; recognizes patients' verbal and non-verbal cues; identifies patients' reasons for consultation; elicits relevant and specific information from patients and/or their records to help distinguish between working diagnoses; considers physical, social and psychological factors as appropriate; exhibits well-organized approach to information gathering.

- **PHYSICAL EXAMINATION (Relative weighting: N.A.)**

  Performs examination and elicits physical signs correctly and sensitively; uses the instruments commonly used in family practice in a competent and sensitive manner.

- **PATIENT MANAGEMENT (Relative weighting: 20%)**

  Formulates management plans appropriate to findings and circumstances in collaboration with patients; makes discriminating use of investigations, referral and drug therapy; is prepared to use time appropriately; demonstrates understanding of the importance of reassurance and explanation and uses clear and understandable language; checks patients' level of understanding; arranges appropriate follow-up; attempts to modify help-seeking behavior of patients as appropriate.

- **PROBLEM SOLVING (Relative weighting: 20%)**

  Generates appropriate working diagnoses or identifies problem(s) depending on circumstances; seeks relevant and discriminating physical signs to help confirm or refute working diagnoses; correctly interprets and applies information obtained from patient records, physical examination and investigations; is capable of applying knowledge of basic, behavioural and clinical sciences to the identification, management and solution of patients' problems; is capable of recognizing limits of personal competence and acting accordingly.

- **BEHAVIOUR/RELATIONSHIP WITH PATIENTS (Relative weighting: 10%)**

  Maintains friendly but professional relationship with patients with due regard to the ethics of medical practice; conveys sensitivity to the needs of patients; demonstrates an awareness that the patient's attitude to the doctor (and vice versa) affects management and achievement of levels of co-operation and compliance.

- **ANTICIPATORY CARE (Relative weighting: 10%)**

  Acts on appropriate opportunities for health promotion and disease prevention; provides sufficient explanation to patients for preventive initiatives taken; sensitively attempts to enlist the co-operation of patients to promote change to healthier life-styles.

- **RECORD KEEPING (Relative weighting: 10%)**

  Makes accurate, legible and appropriate record of every doctor-patient contact and referral. The minimum information recorded should include date of consultation, relevant history and examination findings, any measurement carried out (e.g. BP, peak flow, weight, etc.), the diagnosis/problem (preferably "boxed"), outline of management plan, investigations ordered and follow-up arrangements. If a prescription is issued, the name(s) of drug(s), doses, quantity provided and special precautions intimated to the patient should be recorded.

Appendix N- Standards for Allocation of Marks

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

STANDARDS FOR ALLOCATION OF MARKS

	Criteria
85 % or above	Consistently demonstrates outstanding performance in all components. (Outstanding)
75 – 84 %	Consistently demonstrates mastery of most components and capability in all. (Very Good)
65 – 74 %	Consistently demonstrates capability in most components to a professional standard. (Average to Good)
55 – 64 %	Demonstrates capability in some components to a satisfactory standard but with omissions and/ or defects in other components that have impact on patient care.
45 – 54 %	Demonstrates inadequacies in several components with major omissions or defects.
44 % or below	Demonstrates serious defects; clearly unacceptable standard overall.