

# The Hong Kong College of Family Physicians

## 香港家庭醫學學院



### Practice Management Package (PMP)

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

## Introduction

- This assessment form consists of following parts:  
Part A (Practice Setting)  
Part B (Clinic Management)  
Part C (Pharmacy and Drug Labeling)  
Part C II (Dangerous Drug Management)
- For each item, **knowledge** of the candidate and **practice** in the clinic will be assessed: √ should be given for appropriate knowledge and practice; if not it should be marked X; if the item is not applicable to the clinic, it should be marked as NA

## Part A (Practice setting)

Accessibility and availability	
1. Ease of accessibility from main street	
2. Transportation	
3. Stair / lift	
4. Public car park	
5. Elderly / handicapped facilities	
6. Practice hours displayed	
7. Name card of doctor(s) ( <b>Attachment 1</b> )	
8. Follow up card	
9. Home visits	

Visibility	
10. Sign Board comply with law requirement ( <b>Appendix A</b> )	

General Clinic Design	
11. Clinic design map ( <b>Attachment 2</b> )	
12. Set up / measures to prevent communicable diseases	

Reception	
13. Presence of staff	
14. Attitude of staff	
15. Telephone calls handling	
16. Registration and insurance documents displayed	
17. Fee schedule displayed	
18. Name(s) of doctor(s) on duty displayed	
19. Prolong waiting protocol ( <b>Attachment 3</b> )	
20. Emergency handling protocol ( <b>Attachment 4</b> )	

### Waiting Room

21.Cleanliness + tidiness	
22.Reading materials	
23.Notice board	
24.Telephone	
25.Seating arrangement	
26.Ventilation	
27.Toilet facilities	
28.Health education materials	

### Consultation Room

29.Seats for accompanying person	
30.Lighting	
31.Changing area / screen	
32.Communication with clinic staff	
33.Education leaflets ( <b>Attachment 5</b> )	
Different categories of leaflets	
<b>34.Visual and auditory privacy *</b>	
<b>35.Hand washing facilities *</b>	
<b>36.Examination bed *</b>	

Diagnostic equipment	
37. Diagnostic instruments other than listed below ( <b>Attachment 6</b> )	
Correct technique of equipment uses	
38. Pediatric developmental screening tools	
Proper technique in using the tools	
Appropriate interpretation of the results	
39. Glucometer	
Correct technique of use	
Validation of glucometer	
40. Blood pressure measuring devices	
Correct technique of use of sphygmomanometer	
Availability and appropriate use of different sizes of cuffs	
41. Thermometer	
42. ECG	
Correct technique of use	
Maintenance of ECG machine	
43. Urine dipsticks	
Correct use of different urine dipstick tests	
<b>44. Vaginal speculum *</b>	
Different sizes available	
<b>45. Adult weight scale &amp; height measurement *</b>	
46. Baby weight scale & height measurement	
<b>47. Proctoscope *</b>	
<b>48. Peak flow meter *</b>	
Peak flow rate normogram and its use	
<b>49. Snellen chart *</b>	
Correct measurement of visual acuity	

Treatment Area / Minor Procedure & Operation	
50.Suturing sets	
51.Cautery	
Maintenance	
Occupational safety	
<b>52.Dressings sets *</b>	
53.Minor procedure / operation	
Equipment	
Patient's consent kept	
Procedure explanation leaflets	
54.Others ( <b>Attachment 6</b> )	

## Emergency Care

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

Routine Environmental Cleaning ( <b>Appendix B</b> )	
61. Routine cleaning schedule	
62. Dilution chart of cleansing agent	
Blood and Body Substance Spills ( <b>Appendix C</b> )	
<b>63. Spills Protocol *</b>	

Disinfection ( <b>Appendix D</b> )	
<b>64. Protocol for staff * (Attachment 8)</b>	
<b>65. Disinfection process *</b>	
<b>66. Equipment and agents *</b>	
67. Audit on disinfection process	

Sterilization ( <b>Appendix E</b> )	
68. Presence / type of sterilizer	
<b>69. Satisfactorily sterilized equipment *</b> <i>(if sterilized equipment used in the clinic)</i>	
Routines of expiry checking	
Correct storage of sterilized equipment	
<b>70. Sterilization process *</b> <i>(check knowledge on this if no sterilizer in practice)</i>	
Regular monitoring of sterilization process <i>(physical, chemical, and biological tests)</i>	
Maintenance of sterilizer	
Valid license	



<b>Part A (Practice Setting)</b>		
Grade <i>(please tick one)</i>		Description
<b>Pass</b>	<b>A</b>	<i>Mastery of most components and capability</i>
	<b>C</b>	<i>Satisfactory standard in most components</i>
<b>Fail</b>	<b>E</b>	<i>Demonstrates several major omissions and/or defects (or deficiency in area with *)</i>
	<b>N</b>	<i>Unsafe practice</i>

**Comments:**

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## Part B (Clinic Management)

Appointment and Registration	
1. Routine appointment protocol ( <b>Attachment 9</b> )	
2. Urgent appointment protocol ( <b>Attachment 9</b> )	
3. Registration: manual / computerized	
4. Computerized record retrieval system	
5. Age / sex register	
6. Disease register	
7. Recall system	
Appointment cases	
Others (e.g. Pap smear screening)	

Accounting	
8. Daily account kept	
9. Proper receipts & copy kept	

Administration & Risk Management	
10. Adverse incident report system & follow-up	
11. Complaint handling system	
12. Data access protocol ( <b>Attachment 10</b> )	

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

Investigations / Results	
<b>17. Log book of investigations ordered and proceeded *</b>	
18. Investigation results screening	
19. Identification and / or signature of liable staff	
20. Action recorded	
<b>21. Results turn back and call-back system *</b>	

Sick Leave	
<b>22. Security of sick leave certificate *</b>	
<b>23. Record / Copy of sick leave certificate issued *</b>	

Supporting services	
24. Radiology / laboratory service	
25. Physiotherapy service	
26. Occupational therapy service	
27. Specialist referral	
28. Community nurse service	
29. Social worker services	
30. List of non-government organizations and self-help groups	
31. Others (please attach)	

Safety	
<b>32. Disposal of medical waste * (Appendix F)</b>	
<b>33. Needle stick injury protocol * (Attachment 11) (Appendix G)</b>	
<b>34. Handling and disposal of sharps * (Appendix H)</b>	
35. Safe blood taking procedure	
36. Occupational health & safety awareness	

### Staffing

37. Written job description	
38. In house training	
Training record	
39. Staff appraisal	
40. Staff meetings	
Record of meeting minutes	

### Medical Education Resources

41. Medical education meeting at the practice	
Meeting record	
42. Medical references / books	

### Part B (Clinic Management)

Grade <i>(please tick one)</i>		Description
<b>Pass</b>	<b>A</b>	<i>Mastery of most components and capability</i>
	<b>C</b>	<i>Satisfactory standard in most components</i>
<b>Fail</b>	<b>E</b>	<i>Demonstrates several major omissions and/or defects (or deficiency in area with *)</i>
	<b>N</b>	<i>Unsafe practice</i>

**Comments:**

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## Part C (Pharmacy and Drug Labeling)

Dispensary / Pharmacy Management	
1. Organization of dispensary / pharmacy	
2. Protocol to ensure accurate dispensing ( <b>Appendix I</b> )	
Stock	
3. Clear labels	
4. Stock control	
<b>5. Proper storage *</b>	
<b>6. Expiry date records *</b>	

Drug labels	
7. Always label drugs *	
8. Chinese or English version *	
9. Clarity / legibility *	
10. Name of patient *	
11. Name of drugs generic/brand *	
12. Date *	
13. Instructions *	
14. Precautions *	
15. One drug per bag *	
16. Doctor name / code (traceable) *	

**Refrigerator for vaccine storage (Appendix J)**

17. Presence / type of refrigerator	
<b>18. Max/min. thermometer *</b>	
<b>19. Temperature stabilization *</b>	
<b>20. Temperature checked and recorded daily *</b>	
<b>21. No contamination, e.g., food *</b>	
22. Types of vaccine available	
<b>23. Vaccines appropriately stored *</b>	
<b>24. Expiry date checked *</b>	
25. Protocol of cold chain breach	

**Disposal of expired medications**

<b>26. Proper drug disposal * (Appendix K)</b>	
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**Part C (Pharmacy and Drug Labeling)**

Grade <i>(please tick one)</i>		Description
<b>Pass</b>	<b>A</b>	<i>Mastery of most components and capability</i>
	<b>C</b>	<i>Satisfactory standard in most components</i>
<b>Fail</b>	<b>E</b>	<i>Demonstrates several major omissions and/or defects (or deficiency in area with *)</i>
	<b>N</b>	<i>Unsafe practice</i>

**Comments:**

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## **Part C II (Dangerous Drugs management)**

### **Checklist**

Please tick the boxes as appropriate

#### **Authorized person**

(Knowledge)

Who could be the DD authorized person(s) in a medical clinic?

(Practice)

DD authorized person(s) in this clinic:

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Contingency plan in case the usual DD authorized person not available in the clinic

#### **DD receptacle**

(Knowledge)

What is the basic legal requirement to store DD?

(Practice)

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

#### **DD storage, check for expiry**

(Practice)

DD stored in the receptacle

Stock checked for expiry

#### **Expired DD**

(Knowledge)

What is the procedure to dispose expired DD in your clinic?

(Practice: if no expired DD kept in the clinic, mark N/A)

Expired DD kept in the clinic? If yes, check:

stored in the receptacle

recorded

disposal

**Continue on the next page→**

## **DD Register**

(Knowledge)

What is the required standard format of the DD registry?

(Practice)

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

(Knowledge)

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

(Practice)

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

(Knowledge)

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

(Practice)

- No cancellation or alteration of any record. Corrections were made by means of a marginal note or footnote and must be dated.
- If a registered doctor, dentist or veterinary surgeon practices in more than one clinic from which dangerous drugs are supplied, a separate set of registers must be kept and used in each clinic

(Knowledge)

How long 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 mark the PMP rating form (Part CII) →**



## Part C II (Dangerous Drugs management)

According to your assessment with the checklist, please:

“√” the item is present or appropriate; “X” if not present or inappropriate, “NA” if not applicable in the item(s)

<b>Dangerous Drugs* (Appendix L)</b>		Knowledge	Practice
1.	<b>Authorized person*</b>		
2.	<b>DD receptacle*</b>		
3.	<b>DD: storage, check for expiry*</b>	N/A	
4.	<b>Expired DD: storage, record, disposal*</b> (if no expired DD in the clinic → ask knowledge; site mark N/A)		
5.	<b>DD register*</b>		

<b>Part C II (Dangerous Drugs Management)</b>			
Grade <i>(please tick one)</i>		Description	
<b>Pass</b>	<b>A</b>	<input type="checkbox"/>	<i>Mastery of most components and capability</i>
	<b>C</b>	<input type="checkbox"/>	<i>Satisfactory standard in most components</i>
<b>Fail</b>	<b>E</b>	<input type="checkbox"/>	<i>Demonstrates several major omissions and/or defects (or deficiency in area with *)</i>
	<b>N</b>	<input type="checkbox"/>	<i>Unsafe practice</i>

**Comments:**

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## Quick reference for examiners / candidates

### DD Authorized persons could be:

- Registered doctors, dentists and veterinary surgeons
- Registered pharmacists or approved persons employed at prescribed hospitals specified in the Second Schedule to the Dangerous Drugs Ordinance
- Persons in charge of certain laboratories

### Required format of the DD register:

FIRST SCHEDULE  
FORM OF REGISTER

Date of receipt/ supply	Name and address of person* or firm from whom received/to whom supplied	Patient's identity card number#	Amount		Invoice No.	Balance
			received	supplied		

\* Cross reference of the person to whom supplied may be made in which case only the reference number of the person's treatment record needs to be given.

# For a patient who is not resident in Hong Kong, the reference number of any proof of identity, other than an identity card, specified in section 17B(1) of the Immigration Ordinance (Cap. 115) shall be inserted.

# Overall result of the assessment

Grade <i>(please tick one)</i>		Description
<b>Pass</b>	<b>A</b>	<i>Mastery of most components and capability</i>
	<b>C</b>	<i>Satisfactory standard in most components</i>
<b>Fail</b>	<b>E</b>	<i>Demonstrates several major omissions and/or defects (or deficiency in area with *)</i>
	<b>N</b>	<i>Unsafe practice</i>

**Comments:**

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Name of Assessor:	
Signature:	
Date:	