

# The Hong Kong College of Family Physicians

香 港 家 庭 醫 學 學 院



## Practice Management Package

(Version 2014 December)

NAME OF CANDIDATE: \_\_\_\_\_

NAME OF PRACTICE: \_\_\_\_\_

## **PRACTICE MANAGEMENT REPORT**

NAME OF CANDIDATE: \_\_\_\_\_

ASSESSOR: \_\_\_\_\_

DATE OF VISIT: \_\_\_\_\_

PEER REVIEW GROUP MEMBERS NAMES: (if applicable) \_\_\_\_\_

### **The assessment is divided into 3 parts:**

**Part 1 Practice Setting**

**Part 2 Clinic Management**

**Part 3 Pharmacy and Drug Labeling**

**Each item** may be put in **✓** if present or appropriate, **X** if not present or inappropriate, **NA** if not applicable to the practice.

Some of the items are recognized as important components of a medical practice, which should not be omitted. These items are marked with **asterisks\***. If any of these items are not available or up to standard, the overall grading of the part will be **“E”**

**For all protocols required**, assessor will check its presence and/or staff knowledge and its implementation.

**Each part** will then be allocated a global mark with grade code, which indicates the level of competence in the respective part.

	<b>Grade</b> <i>(Check one box only)</i>	<b>Description</b>
<b>Pass</b>	A <input type="checkbox"/>	<i>Mastery of most components and capability</i>
	C <input type="checkbox"/>	<i>Satisfactory standard in most components</i>
<b>Fail</b>	E <input type="checkbox"/>	<i>Demonstrates several major omissions and/or defects (Area with * with deficiency)</i>
	N <input type="checkbox"/>	<i>Unsafe practice</i>

**NOTE 1: The Appendices are for information to help candidate to understand the principle in the area concerned. These protocol need to be updates according to up to date evidence and guidelines. Individual candidate needs to build up their own respective practice protocol for the purpose of assessment.**

**NOTE 2: The attachments are individual clinic's protocols/information, required to be submitted together with the PMP report in Practice Assessment of Exit Assessment.**

Assessor please “✓” the box ☐ when the item is present or appropriate; “X” if not present or inappropriate, “NA” if not applicable to the practice.

## PART A

## PRACTICE SETTING

(Candidate please attach your answer to QA1 and QA2)

### Accessibility

1. Ease of accessibility from main street ☐
2. Transportation ☐
3. Stairs/lift ☐
4. Public car park ☐
5. Elderly/handicapped facilities ☐

### Availability

6. Practice hours displayed ☐
7. Name card of doctor(s) <sup>(Attachment 1)</sup> ☐
8. Follow up card ☐
9. Home visits ☐

### Visibility

10. Sign Board comply with law requirement (Appendix A) ☐

### General Clinic Design

11. Clinic design map <sup>(Attachment 2)</sup> ☐
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 <sup>(Attachment 3)</sup> ☐
20. Emergency handling protocol <sup>(Attachment 4)</sup> ☐

### Waiting Room

21. Cleanliness + tidiness ☐
22. Reading materials ☐
23. Notice board ☐

- |                                |                          |
|--------------------------------|--------------------------|
| 24. Telephone                  | <input type="checkbox"/> |
| 25. Seating arrangement        | <input type="checkbox"/> |
| 26. Ventilation                | <input type="checkbox"/> |
| 27. Toilet facilities          | <input type="checkbox"/> |
| 28. Health education materials | <input type="checkbox"/> |

### **Consultation Room**

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

### **Diagnostic equipment**

- |  |                          |
|--|--------------------------|
| 37. Diagnostic instruments other than listed below <small>(Attachment 6)</small> | <input type="checkbox"/> |
| ● Correct technique of equipment use   | <input type="checkbox"/> |
| 38. Developmental screening tools  | <input type="checkbox"/> |
| ● Knowledge of pediatric developmental milestones                                | <input type="checkbox"/> |
| ● Correct technique of screening tool use  | <input type="checkbox"/> |
| 39. Glucometer   | <input type="checkbox"/> |
| ● Correct technique of use   | <input type="checkbox"/> |
| ● Validation of glucometer   | <input type="checkbox"/> |
| 40. Blood pressure measuring devices   | <input type="checkbox"/> |
| ● Correct technique of use of sphygmomanometer                                   | <input type="checkbox"/> |
| ● Availability and appropriate use of different sizes of cuffs                   | <input type="checkbox"/> |
| 41. Thermometer  | <input type="checkbox"/> |
| 42. E.C.G.   | <input type="checkbox"/> |
| ● Correct technique of use   | <input type="checkbox"/> |
| ● Maintenance of ECG machine   | <input type="checkbox"/> |
| 43. Urine dipsticks  | <input type="checkbox"/> |
| ● Correct use of different urine dipstick tests                                  | <input type="checkbox"/> |
| 44. * <b>Vaginal speculum</b>  | <input type="checkbox"/> |
| ● Different sizes available  | <input type="checkbox"/> |
| 45. * <b>Adult weight scale &amp; height measurement</b>                         | <input type="checkbox"/> |
| 46. Baby weight scale & height measurement                                       | <input type="checkbox"/> |
| 47. * <b>Proctoscope</b>   | <input type="checkbox"/> |

48. **\* Peak flow meter** ☐
- Peak flow rate normogram and its use ☐
49. **\* Snellen chart** ☐
- Correct measurement of visual acuity ☐

#### **Treatment Area/Minor Procedure & Operation**

50. Suturing sets ☐
51. Cautery ☐
- Maintenance ☐
  - Occupational safety ☐
52. **\*Dressings sets** ☐
53. Minor procedure/operation ☐
- Equipments ☐
  - Patient's consent kept ☐
  - Procedure explanation leaflets ☐
54. Others (Attachment 6) ☐

#### **Emergency Care**

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

#### **Routine Environmental Cleaning** (Appendix B)

61. Routine cleaning schedule ☐
62. Dilution chart of cleansing agent ☐

**Blood and Body Substance Spills** (Appendix C)

63. **\*Spills Protocol** ☐

**Disinfection** (Appendix D)

64. **\*Protocol for staff** (Attachment 8) ☐
65. **\*Disinfection process** ☐
66. **\*Equipments and agents** ☐
67. Audit on disinfection process ☐

**Sterilization** (Appendix E)

68. Presence/type of sterilizer ☐
69. **\* Satisfactorily sterilized equipment (if presence of sterilized equipments in clinic)** ☐
- Routines of expiry checking ☐
  - Correct storage of sterilized equipments ☐
70. **\* Sterilization processes (check knowledge on this if no sterilizer in practice)** ☐
- Regular monitoring of sterilization process (Physical, Chemical and Biological tests) ☐
  - Maintenance of sterilizer ☐
  - Valid license ☐

**(Candidate please attach your answer to QB2)**

**Grading for Part A: (Please give a grade to Part A by circling one from below)**

	<b>Grade</b> (Check one box only)	<b>Description</b>
<b>Pass</b>	A <input type="checkbox"/>	<i>Mastery of most components and capability</i>
	C <input type="checkbox"/>	<i>Satisfactory standard in most components</i>
<b>Fail</b>	E <input type="checkbox"/>	<i>Demonstrates several major omissions and/or defects (Area with * with deficiency)</i>
	N <input type="checkbox"/>	<i>Unsafe practice</i>

**Comments:**

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## PART B

## CLINIC MANAGEMENT

### **Appointment & Registration**

1. Routine appointment protocol (Attachment 9) ☐
2. Urgent appointment protocol (Attachment 9) ☐
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) ☐

**(Candidate please attach your answer to QB1)**

### **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 (Attachment 10) ☐

### **Medical Record Keeping/Office**

13. Security (Manual/computerized) ☐
14. Record filing system ☐
15. Record retrieval efficiency ☐
16. Confidentiality of record ☐

### **Investigations/Results**

17. ***\*Log book of investigations ordered and results received*** ☐
18. Investigation results screening ☐
19. Identification and/or signature of liable staff ☐
20. Action recorded ☐
21. ***\*Call-back system*** ☐

### **Sick Leave**

22. ***\*Security of sick leave certificate*** ☐
23. ***\*Record/Copy of sick leave certificate issued*** ☐

### **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**

- 32. **\*Disposal of medical waste** (Appendix F) ☐
- 33. **\* Needle stick injury protocol** <sup>(Attachment 11)</sup> (Appendix G) ☐
- 34. **\* Handling and disposal of sharps** (Appendix H) ☐
- 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 ☐

**Grading for Part B: (Please give a grade to Part B by circling one from below)**

	<b>Grade</b> <i>(Check one box only)</i>	<b>Description</b>
<b>Pass</b>	A <input type="checkbox"/>	<i>Mastery of most components and capability</i>
	C <input type="checkbox"/>	<i>Satisfactory standard in most components</i>
<b>Fail</b>	E <input type="checkbox"/>	<i>Demonstrates several major omissions and/or defects (Area with * with deficiency)</i>
	N <input type="checkbox"/>	<i>Unsafe practice</i>

**Comments:**



## PART C

## PHARMACY AND DRUG LABELING

### Dispensary/Pharmacy Management

1. Organization of dispensary/pharmacy ☐

(Candidate please attach your answer to QC1)

2. Protocol to ensure accurate dispensing (Appendix I) ☐

(Candidate please attach your answer to QC3)

### Stock

3. Clear labels ☐

4. Stock control ☐

5. \* *Proper storage* ☐

6. \* *Expiry date records* ☐

### Drug labels

(Candidate's please attach your answer to QC2)

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 ☐

18. \* *Max/min. thermometer* ☐

19. \* *Temperature stabilization* ☐

20. \* *Temperature checked and recorded daily* ☐

21. \* *No contamination, e.g., food* ☐

22. Types of vaccine available ☐

23. \* *Vaccines appropriately stored* ☐

24. \* *Expiry date checked* ☐

25. Protocol of cold chain breach ☐

### Disposal of expired medications

26. \* *Proper drug disposal* (Appendix K) ☐

**Dangerous Drugs # (Appendix L)**

27. **\* Presence of statutory authorized person** ☐
28. **\*Security**  
(a locked receptacle that can only be opened by authorized person) ☐
29. **\*Prescriptions comply with law requirement** ☐
30. **\*Separate Dangerous Drugs register** ☐
31. **\*Format of register comply with law requirement** ☐
32. **\*Preservation of documents comply with law requirement** ☐
33. **\* Expiry date of dangerous drugs checked** ☐

**#No Need to tick these for Session I of Practice Assessment of Exit Examination**

**Grading for Part C: (Please give a grade to Part C by circling one from below)**

	<b>Grade</b> (Check one box only)	<b>Description</b>
<b>Pass</b>	A <input type="checkbox"/>	<i>Mastery of most components and capability</i>
	C <input type="checkbox"/>	<i>Satisfactory standard in most components</i>
<b>Fail</b>	E <input type="checkbox"/>	<i>Demonstrates several major omissions and/or defects (Area with * with deficiency)</i>
	N <input type="checkbox"/>	<i>Unsafe practice</i>

**Comments:**

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**Overall Grading:** *(Please give a overall grade by circling one from below)*

	<b>Grade</b> <i>(Check one box only)</i>	<b>Description</b>
<b>Pass</b>	A <input type="checkbox"/>	<i>Mastery of most components and capability</i>
	C <input type="checkbox"/>	<i>Satisfactory standard in most components</i>
<b>Fail</b>	E <input type="checkbox"/>	<i>Demonstrates several major omissions and/or defects (Area with * with deficiency)</i>
	N <input type="checkbox"/>	<i>Unsafe practice</i>

**Overall Comments:**

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**Name of Assessor:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_