

Hong Kong College of Community Medicine
Training and Examination Guidelines
For the Subspecialty of Administrative Medicine
(Revised September 2020)

Section I Definition of Discipline and Training Objectives

A. Definition

1. Administrative medicine is a subspecialty of Community Medicine. The subspecialty aims to improve the health status of the population through the practice of evidence-based medicine and health services management. The principles of clinical medicine, evidence-based medicine, social and behavioural science, theories of management and health economics, as well as public health, are practised and applied to develop and operate health care systems which provide medical care of a high standard.

2. In this document, the “College” refers to the Hong Kong College of Community Medicine; the “Guidelines” refers to the *Training and Examination Guidelines for the subspecialty of Administrative Medicine*; the “Log Book” refers to the *Administrative Medicine Log Book & Training Portfolio of Core Competencies* stipulated by the College.

B. Training objectives

3. The objectives of the training programme in Administrative Medicine are to produce specialists who are able to: -

- (a) practise evidence-based medicine, i.e. to acquire, analyse and critically review existing knowledge, so to produce evidence on which practice can be based;
- (b) apply the principles of clinical medicine, cost-effectiveness analysis, cost-benefit analysis and decision analysis in clinical practice;
- (c) critically appraise complex health services administration problems and to formulate appropriate solutions to these problems;
- (d) assess the health care needs of the community, patients and other health service clients;
- (e) maximise the health of the community through the development and supervision of clinically effective services;
- (f) manage human and material resources effectively and efficiently for health services;
- (g) manage changes in technology and resources in health care systems;
- (h) promote good clinical and administrative practice in health care;
- (i) understand and promote biomedical and managerial ethics;
- (j) assume an enabling, advocating and mediating role in a multidisciplinary environment, to effect changes in culture and practice in the health care system.

4. The training shall be at least 6 years, full-time, structured, supervised and divided into Basic Training and Higher Training.

Section II Entry Requirements and Procedures

A. Entry requirements

1. For entry to Basic Training, the candidate must:
 - (a) be a medical practitioner registrable in Hong Kong; and
 - (b) be accepted by the College as a Basic Trainee and is so registered.

2. For entry to Higher Training, the candidate must:
 - (a) be a medical practitioner registrable in Hong Kong;
 - (b) have passed the Part I Fellowship Examination;
 - (c) have satisfied the College that he/she has completed all the requirements of Basic Training; and
 - (d) be accepted by the College as a Higher Trainee and is so registered.

B. Requirement for admission as a Fellow of the College

3. The candidate must:
 - (a) have satisfied all the training requirements and assessments as defined by the Academy; and
 - (b) have completed 6 years of training recognised by the College; and have passed all the prescribed assessments of the College, including the exit assessment.

Section III Basic Training

1. Training shall be recognised only if it has been approved by the College. A Basic Trainee in Community Medicine should serve for at least 24 months in a clinical training unit recognised by one of the colleges of the Hong Kong Academy of Medicine. The period of Basic Training shall be for a minimum of 3 years.

2. A trainee who takes leave for more than 14 weeks within any consecutive 12 months has a duty to report such interruption of training to his/her trainer. The trainer will then assess whether extension of training period is required for the achievement of training objectives, and make a recommendation to the respective Subspecialty Board for decision.

A. Training Institution

3. Training posts can only be provided in recognised Training Institutions. A recognised Training Institution must:

- (a) be one which provides a wide range of healthcare services (e.g. Hospital Authority, Department of Health, or any medical institution recognised by the College to have a sufficiently wide range of healthcare services); and
- (b) be inspected and recognised by the College for the purpose of training in Administrative Medicine, and inspection shall normally be conducted once every 3 years; and
- (c) have sufficient full-time trainers recognised by the College; and
- (d) be in agreement with the principles and protocols of training as defined by the College, and be subject to audit by the College as to the quality of supervision and training from time to time.

4. To provide a broad training environment, the College may accredit and recognise organisations as affiliate training institutions/ units on their merit. These training institutions/ units can be or located in private hospitals, private medical centres, private medical groups or non-governmental organisations. Trainees may acquire training or be rotated to these organisations for a defined period of time. Such organisation shall be affiliated to a full Training Institution to provide a comprehensive training programme.

B. Trainer

5. A Trainer must be:

- (a) a Fellow of Hong Kong Academy of Medicine in the subspecialty of Administrative Medicine for at least 3 years, or senior medical doctors recognised by the College to have equivalent standing; and
- (b) formally appointed by the College, and agree to abide by the principles and protocols of training as defined by the College.

6. A Trainer must agree to be responsible for guiding and supervising trainees assigned to him/ her and should carry out the following roles and responsibilities throughout their training periods:

- (a) regularly attend training activities or workshops organized by the College;
- (b) meet with trainees at least twice a year to monitor the training progress so that trainees are meeting the training requirements, and to provide feedback when necessary;

(c) liaise with trainees' supervisors to ensure the quality of training.

C. Trainee to Trainer Ratio

7. The total number of trainees assigned to each trainer should be no more than three, counting both basic and higher trainees.

D. Training Content

8. The training content or the syllabus may change from time to time as knowledge advances. At the time of publication of this version of the Guidelines, it includes the following:

Supervised clinical experience. Public health & epidemiology. Statistics, research and evaluation methods. Politics and policy studies. Social and behavioural sciences. Law and ethics in health. Health care systems. Health economics and health care financing. Management of organisations. Financial management. Human resources management. Planning and evaluation of services. Evidence-based medicine. Management of information and technology. Quality and risk management. Leadership.

E. Audit of Training

9. Trainees are required to keep a log of their training and must present to and discuss with the trainers assigned to them individually in all aspects of their training. Trainers must evaluate the quality of experience and report to the College at 6-month intervals on the progress of training. Reports should include comments on whether the progress is satisfactory, whether there is any deficiency in the training, and if so, whether remedial action is required. The College Education Committee will decide whether a training period should be validated after reviewing the trainer's report.

F. Basic Training for Fellows from Other Constituent Colleges of Hong Kong Academy of Medicine

10. Fellows from other constituent colleges of the Hong Kong Academy of Medicine can be recognised for the 24-month supervised clinical experience component of Basic Training for Administrative Medicine. However, the candidates must pass the Part I Fellowship Examination in Administrative Medicine and satisfy the 3-year minimum training period of Basic Training before they can be admitted as a Higher Trainee.

Section IV Higher Training

1. The period of Higher Training shall be a minimum of 3 years, and must take place in a Training Institution recognised by the College for such purpose.
2. A trainee who takes leave for more than 14 weeks within any consecutive 12 months has a duty to report such interruption of training to his/her trainer. The trainer will then assess whether extension of training period is required for the achievement of training objectives, and make a recommendation to the respective Subspecialty Board for decision.

A. Training Institution

3. An accredited training institution should be one which has the facilities and commitment for training in Administrative Medicine. In particular, they should:
 - (a) have the ability and establishment to comprehensively administer health care, including resource allocation, management, auditing, quality assurance and enhancement of clinical and health services; and
 - (b) establish a training structure for Administrative Medicine in accordance with the College requirements; and
 - (c) organise sufficient academic and training activities in co-operation with the College.
4. To provide a broad training environment, the College may accredit and recognise organisations as affiliate training institutions/ units on their merit. These training institutions/ units can be or located in private hospitals, private medical centres, private medical groups or non-governmental organisations. Trainees may acquire training or be rotated to these organisations for a defined period of time. Such organisation shall be affiliated to a full Training Institution to provide a comprehensive training programme.

B. Trainer

5. A Trainer must be:
 - (a) a Fellow of Hong Kong Academy of Medicine in the subspecialty of Administrative Medicine for at least 3 years, or senior medical doctors recognised by the College to have equivalent standing; and
 - (b) formally appointed by the College of Community Medicine, and agree to abide by the principles and protocols of training as defined by the College.
6. A Trainer must agree to be responsible for guiding and supervising trainees assigned to him/ her and should carry out the following roles and responsibilities throughout their training periods:
 - (a) regularly attend training activities or workshops organized by the College;
 - (b) meet with trainees at least twice a year to monitor the training progress so that trainees are meeting the training requirements, and to provide feedback when necessary;
 - (c) submit trainer's reports to the College at regular intervals of the 12th, 24th and 36th months counting from the date of trainee's entry to Higher Specialist Training, for Programme Director's review;
 - (d) liaise with trainees' supervisors to ensure the quality of training.

C. Trainee to Trainer Ratio

7. The total number of trainees assigned to each trainer should be no more than three, counting both basic and higher trainees.

D. Training Content

8. The training content may change from time to time as knowledge advances. A trainee for Higher Training is expected to acquire the necessary core competencies in Administrative Medicine during his/her 3-year training as a Higher Trainee. The core competencies are defined by the College according to the training objectives as stated in Section I-B. The workload of the Higher Trainee must be directed towards achievement of these core competencies. The Training Institution and the trainer shall assist the trainee in defining this workload and to evaluate the output of his/her work in terms of the objectives to be achieved. The trainee must satisfy the College that he/she has achieved the following core competencies on completion of the training:

- (a) Analysis and decision making
- (b) Strategic thinking, policy development and implementation
- (c) Managing change and influencing others
- (d) Leadership
- (e) Managing resources
- (f) Self-actualisation and communication
- (g) Quality improvement and risk management
- (h) Research and development
- (i) Health promotion, disease prevention and control
- (j) Health services planning and development

9. Details of the core competencies required by the College are stipulated in the Log Book.

E. Training Requirements

Rotational training

10. Trainees are required to go through a rotational training programme organised by the Training Institution. The rotational training programme can be arranged through job rotation within the same Training Institution or secondment to another Training Institution or an affiliate training institution accredited by the College.

Credit points system

11. To facilitate assessment of the quality of learning and experience during the period of Higher Training, each trainee must accumulate a set number of credit points as determined by the College. The credit points to be attributed to different categories of activities will be determined by the College.

Review meetings

12. Trainees must attend and make presentations in review meetings. The required number of attendance and presentations in meetings will be determined by the College.

Log Book

13. Trainees shall be required to keep the Log Book containing a complete record of their work experiences and participation in training activities relevant to the training in Administrative Medicine. The trainee should also select relevant records from his/her Log Book and develop them into ““1000-word dissertation”” to reflect their learning and accomplishment of the ten core competencies required in Higher Training in Administrative Medicine. A minimum of 6 “1000-word dissertation” is required. Each should contain around 1000 words.

14. Appendix I sets out the Details on Higher Training.

Section V Fellowship Examination

1. The Fellowship Examination will be in three parts: Part I, Part II and Exit. A pass in Part I must be obtained before entry to Part II and a pass in Part II must be obtained before being allowed to take the Exit Examination.

2. After passing the Part I and Part II of the Fellowship Examination and fulfilling the 6 years' training requirements, trainees are eligible to sit for the Exit Examination. Upon passing the Exit Examination, trainees are eligible for election to Fellowship of the College (FHKCCM) and for recommendation by the College to the Hong Kong Academy of Medicine (HKAM) to be a Fellow of the Academy (FHKAM) in Community Medicine.

A. Part I Examination

3. The Part I Examination will examine candidates on the knowledge and problem solving skills that are required to be a Higher Trainee in Administrative Medicine. Candidates are examined on any aspects of the Training Content as set out vide Section III-D.

4. A candidate for the Part I Examination:

- (a) must be a registered Basic Trainee in the subspecialty of Administrative Medicine; and
- (b) will normally sit for the examination after completion of 3 years of Basic Training, but may apply to sit the Examination earlier under exceptional circumstances accepted by the College.

B. Part II Examination

5. The Part II Examination is designed to examine the competencies of the candidates through application of the relevant knowledge, skills and attitudes to the practice of Administrative Medicine in Hong Kong. The Examination takes the form of examination on the Training Thesis submitted by the candidate and an oral examination on case studies.

6. To be eligible for the Part II Examination, a candidate must:-

- (a) have passed the Part I Examination;
- (b) be a registered Higher Trainee in Administrative Medicine; and
- (c) have completed 3 years of Higher Training.

7. A candidate may apply to sit the Examination earlier under exceptional circumstances accepted by the College.

C. Exit Examination

8. The Exit Examination is designed to examine the competencies of the candidates to practise as specialists in Administrative Medicine in Hong Kong. The Examination takes the form of an oral assessment based on a review of the candidate's Log Book and the "1000-word dissertation". A candidate must have passed the Part II Examination in order to be eligible for the Exit Examination.

9. Appendix II sets out the detailed Procedures and Regulations of the Fellowship Examination.

Enquiries

All enquiries related to these Guidelines should be directed to the Chief Censor of College at the following address:

Chief Censor
Hong Kong College of Community Medicine
Room 908, 9/F, HKAMJC Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong

***** Ends *****

Appendix I

Details on Higher Training

A. Structure of training

1. Trainees are required to be exposed to the administration, service, teaching and research components of Administrative Medicine during the period of training.
2. Supervised training is based partly on an apprenticeship model of learning and teaching, with delegation of routine work, and partly on an academic model, including the study of particular problems under supervision. The importance of trainers delegating appropriate work to trainees must be stressed, since the learning of skills, in particular, is by experience. Programmes may include some formal academic training to supplement earlier basic course work, for example in management and financial control.
3. In accordance with recommendations made by the Education Committee of the Hong Kong Academy of Medicine, teaching and research would be an integral part of the training of a specialist. Training programmes should be designed so that trainees are exposed to adequate aspects of both service and academic activities.
4. Evaluation of in-service work should be continuous, and the content of training should be kept under regular review. Successful completion of the Part I and Part II of the Fellowship Examination is only one aspect of this assessment of competence. The monitoring of performance in service work is equally important.

B. Coordination

5. The responsibility for organising the training programmes rests with each recognised Training Institution. A Training Co-ordinator should be appointed in each recognised Training Institution. The responsibilities of the Training Co-ordinator are to organise review meetings, monitor the activities of the trainees, and be the contact person for the Education Committee of the College.
6. The College will appoint a Programme Director in Administrative Medicine to liaise with the Training Institutions and provide advice to the trainees on their placement in the training programmes, their training progress and career pursuit to ensure the quality and standards of training.

C. Training policies

7. Each Training Institution should have a written training policy approved by the College. This will include arrangements for academic and service supervision, provision for trainer development, facilities expected in a training location, induction programmes for new trainees, requirements for learning frameworks (contracts), opportunities for external attachments, arrangements for rotation between training units, study leave and performance assessment and review processes.

D. Rotational and part time training

8. The Training Institution is responsible for organising the rotational training programme for the Higher Trainees. For each Higher Trainee, the programme should include rotation or secondment to a position of the following:

- (a) **Policy level (1 year)** – Trainees are required to work at the policy bureau of the Government or the corporate/ head office of the Training Institutions to gain experiences and develop the competencies in health care policy formulation.
- (b) **Operations level (1 year)** – Trainees are required to work at the operations level in a hospital, health centre or clinic that involves the provision of direct services to the public to gain experiences and develop the competencies in managing health care services.
- (c) **Elective (1 year)** – Trainees may choose to work in an academic setting recognised by the College for Administrative Medicine training, or in any specialised area/ department at either the policy level or the operations level of the Training Institutions. Trainees may choose between a full year rotation and two 6-monthly rotations for their elective training.

9. Any trainee who is practising concurrently in another specialty or healthcare field may be accepted as a part time trainee in Administrative Medicine. The College reserves the right to approve and recognise such training. To achieve three (3) years full-time equivalent experience in Administrative Medicine, a trainee will have to spend, for example:-

- (a) 3.6 years at 30 hours per week of work related to Administrative Medicine
- (b) 5.4 years at 20 hours per week of work related to Administrative Medicine

E. Credit points system

10. To facilitate assessment of the quality of experience in the training period, each trainee must accumulate a minimum of 200 credit points during the period of Higher Training. The credit point system has two components: (a) 100 credit points on participation in academic and training activities organised or recognised by the College; and (b) 100 credit points on producing evidence of presentations or documentations showing actual achievements or work accomplished in the day-to-day work of the trainee. The actual work presentations or documentations should reflect progress made in the 10 core competency areas by the trainees, certified to be satisfactorily completed by the trainer, and be recorded in the Log Book at the same time.

11. The credit points to be attributed to various activities are as follows:

	Credit Points
(a) Postgraduate courses (Completion of courses approved by the College, to be appropriate for training) per 3 hours	1
(b) Attendance at scientific meetings, conferences, seminars and workshops approved by the College per meeting (a minimum of 2 days)	10

per full day	5
per 1/2 day session	3
per hour	1
(c) Presentations in approved scientific meetings, conferences and seminars	
Oral presentation	10
Poster presentation	5
(d) Scientific publications	
Refereed paper in an approved journal	10
Non-referred paper acceptable to the College in an approved journal	5
(e) Presentation of work or documentations from mainstream duties of the trainee as certified to be satisfactorily completed by his/her trainer	
Per presentation	5

On attending these training activities, trainees should: -

- sign the record form to record his/her involvement/ participation;
- enter dates and details on his/her Log Book;
- enter points claimed;
- have the trainer check and initial the training record in the Log Book;

F. Review meetings

12. Regular review meetings will be organised by the Training Co-ordinator of each Training Institution participating in training. All trainees are required to attend a minimum of four review meetings per year, held at regular intervals. Each trainee will be required to present material twice for each year of supervised training, i.e. a total of six presentations. The trainee is responsible for contacting the Training Co-ordinator to arrange the individual presentations.

13. The review meetings will be approximately one to one and a half hours in length.

14. The review meetings are in addition to the regular training and continuing education sessions and form part of the criteria for sitting the Exit Examination.

15. Each review meeting must be chaired by the Training Co-ordinator or his designated representative. It is highly desirable for trainers to attend some of the meetings, particularly those at which the trainees for whom they are responsible are presenting.

16. The activities in these review meetings may include:

- the presentation of 'case studies' by both trainers and trainees;
- constructive critical discussion and feedback of training activities;
- review of Log Books;
- review/ discussion of Training Thesis and "1000-word dissertation";

17. Presentations should be about 15-20 minutes in length, followed by discussion and feedback depending on the nature of the case.

18. Written summaries of trainees' presentations are required to be placed in the LogBooks.

19. A record sheet will be provided at each meeting to record attendance and presenters. These sheets will be sent to the Chief Censor of the College by the Training Co-ordinator at the completion of each meeting, to be added to trainee records and provide a record of the fulfilment of training requirements.

20. It is the responsibility of the trainees to ensure that they have met the requirements concerning attendance and presentation.

G. Log book requirements

21. The following items should be included in the Log Book. They shall be compiled in a way that is appropriate to trainees' work routine and should be added to the Log Book in the course of training.

- a history of work experiences, responsibilities, management of clinical projects and specified tasks relating to Administrative Medicine
- a record of assessment against competencies as specified in the training portfolio
- postgraduate courses / formal training session / conferences attended
- academic or professional qualifications
- publications recognised by the College for training purposes
- assistance in training and supervision of junior trainees
- comments, if any, from trainer or training institutions
- credit points obtained
- attendance and presentation at review meetings
- other information relevant to training

22. The trainee shall select relevant records from his/her Log Book and develop them into "1000-word dissertation" to reflect his/her accomplishment in the ten core competencies required in Higher Training in Administrative Medicine. A minimum of 6 "1000-word dissertation" is required. Each should contain about 1,000 words. These "1000-word dissertation" should focus on the reflection of the trainee on his/her learning from actual work experiences and growth in competency. The trainee shall arrange to submit the "1000-word dissertation" throughout his/her Higher Training so as to reflect his/her training exposure in a timely manner and before the Exit Examination. The trainer shall be responsible for approving the content of the "1000-word dissertation".

Appendix II

Procedures and Regulations for the Fellowship Examination

A. Objectives

1. The objectives of the Fellowship Examination are to ensure that trainees in Community Medicine have the necessary knowledge and skills to practise as specialists in Community Medicine in general, and in Administrative Medicine in particular.

B. Examination Regulations

2. Application and entry requirements

- (a) Each candidate must apply to be admitted to Part I, Part II and the Exit examination separately.
- (b) Application for entry to the Examination must be made on the prescribed forms obtainable from the College office.
- (c) Application forms accompanied by the requisite fee and any other documents required must reach the College office not later than the published closing date.

3. Examination fees

- (a) A separate fee is payable for each attempt at each part of the Examination.
- (b) Fees must be paid in full by the published closing date for entry to that part of the Examination. A fee is required for consideration of any application for exemption from all or part of the Fellowship Examination.
- (c) The level of fees will be determined by the Education Committee.

4. Withdrawals

- (a) Any candidate who withdraws from any part of the Fellowship Examination must give notice in writing to the Education Committee.
- (b) A candidate who withdraws after starting any part of the Fellowship Examination is considered to have made an attempt at that part.
- (c) If the candidate is forced to withdraw from an examination for any reason beyond his or her control, the candidate may apply to the Education Committee for special consideration of his or her case.

5. Entry Procedures

Applications for entry to any part of the examination must be made on the appropriate forms. Details of entry procedures together with the examination calendar which gives closing dates for entry to each part of the examination, as well as dates when examinations will be held, are available from the College.

C. Additional regulations for Part II Examination

6. The Part II Examination requires each candidate to submit one Training Thesis. The Training Thesis must be submitted in the prescribed formats and be received at the College office by the published closing dates. These will normally be 3 months before the time set for the oral examinations.

7. Candidates are generally expected to sit for the Part II Examination within the 3-year period of Higher Training. Candidates may apply to the Administrative Medicine Subspecialty Board with supporting grounds for extension of traineeship to take the Part II Examination on a yearly basis, up to a maximum of 3 years. During the maximum 3-year extension period, the candidate should have at least one attempt of the Part II Examination. Should the candidate fail in the examination, he/ she will be required to re-sit the examination in the following year. Under this 3+1+1+1 rule for extension of traineeship, a candidate is allowed a maximum of four attempts of the part II Examination.

8. If a candidate does not sit for the Part II Examination before the deadline, and no extension of traineeship is granted, his/ her traineeship will be terminated. In this case, the candidate will have to take the Part I Examination again should he/ she want to pursue the HKCCM Fellowship in future.

D. Details of Part I, Part II and Exit Examination

D-1 Examination format

Part I Examination

9. Part I is a written examination designed to test candidates' knowledge and problem solving skills pertinent to the practice of Administrative Medicine in Hong Kong.

Part II Examination

10. Part II is designed to test the competency of candidates through application of relevant knowledge, skills and attitudes to the practice of Administrative Medicine in Hong Kong. The Examination takes the form of examination on the Training Thesis submitted by the candidate and an oral examination on case studies.

Exit Examination

11. The Exit examination is designed to test the competency of candidates to practise as specialists in Administrative Medicine in Hong Kong. The Examination takes the form of an oral assessment based on a review of the candidate's Log Book and the "1000-word dissertation".

D-2 Examination structure and syllabus

Part I Examination

12. The Part I examination is intended to test candidates' knowledge and understanding of the basis of Administrative Medicine. Candidates will be expected to have acquired knowledge and problem solving skills in Administrative Medicine, and a clear understanding of the principles and methods of clinical medicine, evidence-based medicine, public health and epidemiology, politics and policy studies, law and ethics in health, social and behavioural sciences, health care systems, health economics and health care financing, management of organisations, applied statistics, and quality and risk management in health care. They will be required to demonstrate a sound understanding of the theories and the ability to apply these principles and methods to the practice of Administrative Medicine in Hong Kong.

13. The syllabus provides guidance on the main topics which may be examined. Although it is described in sections, as befits the practice of Administrative Medicine, candidates should expect questions which draw together knowledge from different sections. The level of knowledge, skill and understanding required within all sections of the syllabus is that which could reasonably be expected of a competent specialist in Administrative Medicine.

14. There will be two papers for the Part I Examination.

Paper 1

Candidates are required to answer short-answer questions across the range of the syllabus but with particular emphasis on the topics listed below.

Paper IA (Duration: 2.5 hours)

Candidates are required to answer questions in each of following topics:

- Public health and epidemiology
- Statistics and evaluation methods
- Social and behavioural sciences
- Evidence-based medicine
- Law and ethics in health
- Politics and policy studies

Paper IB (Duration: 1.5 hours)

Candidates are required to answer questions in each of following topics:

-
- Health care systems
- Health economics
- Management of organisations
- Quality and risk management

Paper IIA (Duration 2.5 hours)

Candidates are required to read through and critique a journal article and answer questions with reference to its content

Paper II B (Duration 1.5 hours)

Candidates are required to refer to and interpret some epidemiologic data and to prepare a relevant administrative document (e.g. memorandum, letter or report) addressed to the Head of concerned authorities.

15. Assessment Methods for Part I examination

- (a) Candidates must pass Papers 1 and 2 separately in order to pass overall.
- (b) Each question in Papers 1 and 2 will be marked separately. There is no essential requirement to pass each question individually in order to pass overall, but no candidate may pass with a question marked “poor” or “very poor”.

Part II Examination

16. The part II Examination is designed to test the ability of the candidates to apply relevant knowledge, skills and attitudes to the practice of Administrative Medicine in Hong Kong. It requires candidates to show that they can integrate the theoretical and practical aspects of Administrative Medicine. Candidates are expected to demonstrate the competencies that they have developed during the Administrative Medicine training.

Training Thesis

17. Candidates are required to submit one Training Thesis before the completion of training. The Training Thesis should be based on original work conducted in the subspecialty of Administrative Medicine. It is expected that the material used to prepare the Thesis will be derived from the candidates’ normal mainstream duties. However, candidates with other relevant interests are encouraged to pursue them and, if they wish, to include Thesis on such work in their submission. The content, therefore, will depend on their interests, the nature of their work and where it is carried out.

18. The aims of the Training Thesis is to allow candidates to demonstrate the following:

- their ability to identify and describe important Administrative Medicine issues
- their ability to assess and research the issues
- their capacity to relate this appropriately to theory, knowledge and best practice
- their ability to take management action
- their ability to document case studies in a clear and professional manner
- their ability to practise Evidence-based decision making

19. The choice of suitable topics and ethical clearance, where appropriate, are the responsibility of candidates, but advice is available from trainers, supervisors, other service physicians or members of academic departments. In principle, any topic that falls within the scope of Administrative Medicine practice and research is acceptable. It is essential that the work presented in the Training Thesis and the “1000-word dissertation” taken together is of sufficient scope to enable the candidate to demonstrate broad competence in the skills of Administrative Medicine.

20. It is an important part of the candidates’ task to demonstrate the relevance of their work to the practice of Administrative Medicine in Hong Kong. This applies whatever the subject matter and to research projects as well as to service work. Candidates are also expected to display both high standards of professional competence and, where appropriate, pragmatism within service situations. Sometimes, however, even well-designed studies/ projects encounter unexpected difficulties and produce negative or inconclusive results which may nevertheless be valuable and provide material for an acceptable thesis. If candidates recognise deficiencies in their project, for whatever reason, it is essential that the deficiencies are acknowledged and discussed, including comments on how they might have been avoided,

their consequences for the conclusions and any other lessons learned.

21. The Training Thesis should not exceed 7,500 words in length, excluding appendices. Appendices may include relevant technical material, detailed raw data, questionnaires or other instruments.

Supervision

22. All trainees should have a trainer and access to the resources of an academic department. In their own interest, candidates are strongly advised to discuss their choice of topic and proposed protocol with their trainers. They should be prepared to seek advice on both the academic and service aspects of their work at all stages during the conduct of their inquiries and when writing their Thesis.

Structure of Thesis

23. The precise structure of the Thesis will be governed by the nature of the material and the aims of the study/ project and candidates should present their material in the way they think appropriate for the topic selected.

24. Each Thesis must include an abstract. The absence of an abstract or failure to comply with regulations in any other respect may lead to its rejection. If the work has involved other colleagues, particularly when they are co-authors of a published paper, the contribution of the candidate must be stated explicitly. The Education Committee of the College prescribes the form in which Theses are to be presented.

Guide to detailed structure of Thesis

25. The following guidelines are intended to assist candidates in considering how best to present their work. It must be emphasised that these headings are not mandatory and they may not all be relevant to all types of project. Candidates are expected to show discretion in selecting the appropriate format for their Thesis.

(a) Abstract/Keywords

The abstract should not exceed 200 words and must contain up to six keywords. It should include a brief statement of the purposes of the study/ project, the methods used, salient facts which emerged and a summary of the conclusions. General statements, such as “the relevance of the findings to Administrative Medicine are discussed”, are inadequate.

The keywords, which are used to help identify the underlying topics of the thesis, should reflect special features of the work rather than general terms such as management or finance.

(b) Problem identification and definition of task

There must be a clear statement of the problem(s) or issue(s) leading to the formation of a hypothesis or definition of a task. The relevance of the task(s) to the practice of Administrative Medicine must be demonstrated.

(c) Background

This section should provide the general background to the task(s), including a description of demographic, social, cultural, economical, political and environmental factors. It should also contain the specific background to the problem(s) under consideration and a critical review of relevant literature and publications.

(d) Action plan

The specific aims and objectives of the study/ project should be clearly stated. The section should describe in depth how the task(s) are undertaken in light of information reviewed in background to address the problem(s) identified. The project methodology, including the methods of data collection and analysis, as well as the rationale for choice of methods and their strengths and weaknesses, is clearly described and explained.

(e) Results

There should be clear presentation of data or other information collected with appropriate analyses. A critical account of reliability and validity of the data or information, possible sources of bias, problems encountered in obtaining the data and how they were overcome is expected.

(f) Discussion, interpretation and conclusions

This section should include comparison with results of other relevant work, the merits of alternative explanations of observations, justification for conclusions drawn and the relevance of the conclusions to the objectives.

It should include an analysis on the application to the practice of Administrative Medicine and a clear statement of implications of the findings for the practice of Administrative Medicine in Hong Kong. These should be based on sound principles and reflect any constraints identified in the study. They should also show a reasonable balance between idealism and pragmatism.

Plans for implementation and evaluation of any recommendations, including reference to those consulted in the process and the person(s) or groups(s) who would be expected to implement proposals should also be described.

(g) Outcomes and lessons learnt

If the outcomes are known, these should be described, with exploration of possible reasons for success or failure to achieve recommended changes.

Lessons learnt by the candidate, as well as recommendations for future study/ project, should also be described to provide advice to those who may face a similar problem in future.

Oral examination

26. The oral examination is in two sections.

(a) Defence of the Training Thesis

This section aims to test the candidates' ability to present and discuss their written work in an informed, intelligent and logical manner.

Examiners may also seek:

- to clarify points of concern
- to explore controversial points
- to determine what lessons the candidate has learned during preparation of the submission
- to confirm that the written submission is the work of the candidate, including the role played by the candidate in publications with multiple authorship.

(b) General viva on case studies

This section is a general viva voce examination which aims to test the candidates' ability to discuss problems associated with the practice of Administrative Medicine presented without prior notice. The examiners will be looking for ability to identify the main thrust of a problem, the actions which might be taken to resolve it, and the methods of monitoring and evaluation which might be necessary. They will expect reasoned argument to justify the views expressed and a realistic understanding of difficulties that may be encountered and likely time scales.

This part of the oral examination requires candidates to exhibit competence in problem solving and communication, and an understanding of the problems and practice of Administrative Medicine in Hong Kong. Trainers are expected to ensure that opportunities are provided for all trainees to develop the necessary skills.

Conduct of oral examination

27. On the Training Thesis -

This section lasts 20 to 30 minutes and is conducted by two examiners, both of whom will have read and assessed the full submission. The candidate will first be required to outline the content findings of each thesis in turn (about five minutes in total). Ability to do so is an important part of the test. Candidates should bring a copy of their submissions with them to which they may refer if they wish. The candidate will then be examined on topics and questions previously agreed between the two examiners.

28. On the case studies -

This part of the oral examination, referred to as the general viva, will normally consist of 3 cases, each lasting 20 minutes. Each case will be examined by two examiners. The pair of examiners for each question in an examination is the same for every candidate. Topics are normally drawn from a list prepared and agreed by the full Board of Examiners.

Overall assessment

29. Candidates whose Thesis fails to reach the required standard will not be called for oral examination and will be required to apply if they wish to re-take the examination.

30. Candidates whose Thesis and oral defence reaches the required standard, but whose performance at the general viva on case studies is inadequate, will not be required to submit further written work. If they wish to re-enter the examination, they will be required to re-attend for general viva examination within twelve months unless they have obtained the consent of the Education Committee to extend this period.

31. Candidates who fail the oral defence of the Thesis, but pass the general viva on case studies, will not be required to re-attend the general viva examination. The candidate is required to re-submit the Thesis and attend the oral defence within twelve months, unless they have obtained consent of the Education Committee to extend this period.

32. For the general viva, candidates who fail in 1 case study while scoring Satisfactory or Excellent in all others, or candidates who score Borderline in 2 case studies will be offered an additional case study for further assessment.

33. Candidates will fail the general viva examination on case studies if they score:

- Fail in 2 or more case studies, including the additional case study if applicable
- Borderline in 3 case studies, including the additional case study if applicable
- Fail in 1 case study and Borderline in the additional case study

34. Candidates are required to pass both parts of the oral examination.

Counselling

35. The examiners may require re-submission of the Thesis and/or re-sit of the general viva for case studies. When re-submission of the Thesis is required, the examiners are asked to provide written comments on the reasons why the submission is deemed to be unacceptable. Similarly, when the general viva alone is deemed unsatisfactory, an explanation is given. Examiners' comments are sent to the candidates and, if the candidate so requests, to the trainers or other advisers nominated by the candidates, normally within three weeks after the examination is completed. It is not considered to be a function of the examiners to counsel unsuccessful candidates. This is the role of trainers. For written submissions which are deemed by the examiners not to be of a standard which justifies an oral examination similar procedures are followed.

36. The College strongly discourages candidates from preparing a submission or re-submitting without advice from trainers. In cases of difficulty, the College will endeavour to help to identify a suitable person who can give informed counselling.

Exit Examination

37. The Exit examination is designed to test the competency of candidates to practise as specialists in Administrative Medicine in Hong Kong. There will be at least two examiners for this examination. The examination will be in the form of an oral examination based on a review of the candidate's individual Log Book and the "1000-word dissertation" completed during the course of Higher Training. All aspects of the subspecialty of Administrative Medicine may be examined.