



香港社會醫學學院
HONG KONG COLLEGE OF COMMUNITY MEDICINE
founder College of the Hong Kong Academy of Medicine
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INFORMATION ON FHKCCM (PHM) EXIT

EXAMINATION

Please telephone or email the College Secretariat if you have questions or require additional information.

(Tel: (+852) 2871 8844 or Email: hkccm@hkam.org.hk)

(Last update - July 2021)

Room 908, 9/F., HKAMJC Bldg., 99 Wong Chuk Road, Aberdeen, Hong Kong

Please read the following information carefully.

Eligibility

1. To be eligible for the Exit Fellowship examination, a candidate must:-
 - (a) have passed the Part II Fellowship Examination;
 - (b) have satisfied all the other criteria for sitting the Exit Examination as described in HKCCM Training and Examination Guidelines for the Subspecialty of Public Health Medicine;
 - (c) have completed 3 years of Higher Specialist Training.

Background

2. As stipulated in the HKCCM Training and Examination Guidelines for the Subspecialty of Public Health Medicine, the Exit Examination is designed to test the competencies of candidates to practise as specialists in Public Health Medicine in Hong Kong. The examination will be in the form of the followings (with effect from 15 October 2021):-
 - i. Scenario-based Assessment, which makes reference to the UK Faculty of Public Health's Objective Structured Public Health Examination (OSPHE)¹;
 - ii. General Oral

Overall assessment

3. The Exit Examination includes two Sections and both Sections will be conducted in English.
4. The first Section is the Scenario-based Assessment, as Section A; and the second Section is the General Oral, as Section B.
5. Candidates are required to pass both Sections of the assessment in order to pass the Exit Examination.

Banking

6. The candidate who fails either the Scenario-based Assessment (Section A) or the General Oral (Section B) will only need to re-take the failed section in the next attempt within twelve months.

Maximum number of attempts

7. Candidates will be allowed no more than four attempts at Exit Fellowship Examination.

¹ Making reference to The Faculty of Public Health Final Membership Examination (MFPH) Content. (<https://www.fph.org.uk/training-careers/the-diplomate-dfph-and-final-membership-examination-mfph/the-final-membership-examination-mfph/final-membership-examination-mfph-exam-content/>)

Section A - The Scenario-based Assessment

Format

8. Section A takes the form of **two stations**. Each station will be accorded **30 minutes**. In each station, the candidate will be examined by two examiners, one Marker Examiner (the Marker) and one Actor Examiner (the Actor). The timing is as follows:

- Candidates will be given 15 minutes to read the ‘Candidate pack’ (please refer to the Annex) and to prepare, followed by 10 minutes for the examination.
- Examiners will then be given 5 minutes for discussion and grading.

Assessment criteria

9. Candidates are expected to make a verbal presentation and respond to questions asked by the Actor based on a scenario, which is designed to simulate real work in public health.

10. The following five competencies will be assessed at each station by the Marker and the Actor:

- i. The ability to demonstrate presenting communication skills (verbal and non-verbal) appropriately in typical public health settings: presenting to a person or audience;
- ii. The ability to demonstrate listening and comprehending communication skills (verbal and non-verbal) appropriately in typical public health settings: listening and responding appropriately;
- iii. The ability to assimilate relevant information from a variety of sources and settings and using it appropriately from a public health perspective;
- iv. The ability to demonstrate appropriate reasoning, analytical and judgement skills, giving a balanced view within public health settings;
- v. The ability to handle uncertainty, the unexpected, challenge and conflict appropriately.

11. The two examiners in a station will each give a grading for each of the five competencies as follows:²

‘A’= Excellent;

‘B’= Good performance;

‘C’= Satisfactory performance;

‘D’= Unsatisfactory but borderline performance;

‘E’= Poor performance

² The general grade descriptors adopted by The Faculty of Public Health can be found on <https://www.fph.org.uk/media/1632/general-marking-criteria-final.doc> (for reference ONLY).

12. After candidate's completion of the two stations, all four examiners will meet together to review the grading of each of the five competencies and to agree on the overall "PASS" or "FAIL" of the candidate in Section A. A candidate who scores one or more 'E' , or more than one 'D' in a competency as agreed by the four examiners in both stations will be given a 'FAIL' for that competency. **Candidates must pass all five competencies in order to pass Section A.**

Regulations

13. No banking is allowed for any failed competencies. A candidate who fails Section A will need to re-take the whole Section A in the next attempt.

Content and types of scenario

14. Examples of content to be covered are as follows:

- Health protection (including infection control, immunisation, health and disease screening and environmental subject matters).
- Health promotion and health improvement (including lifestyle and behavioural interventions at individual and population level, partnership working and wider determinants of health).
- Quality healthcare: technical aspects of health service commissioning which require expert advice or assessment utilising public health skills.
- Quality healthcare: Implementation of health or healthcare interventions and working with patients, the public, professionals or organisations.
- Health regulation and law enforcement of public health issues

15. Types of scenarios include meeting / briefing / discussion / interview with the following (but not limited to):

- Media
- Lay public
- Patients group
- Members of the Legislative Council / District Council
- Senior government officials (health or non-health)
- Health care professionals (including primary care doctors, specialists)
- Health care organisations (both public and private)

Section B - The General Oral

Format

16. The General Oral lasts for 20 minutes and is conducted by two examiners.

17. The Candidate's overall competencies as a public health specialist will be assessed, which include but are not limited to information in the submitted Log Book. Reference will also be made to records of achievements against core competencies, postings during the whole training period in meeting the training objectives, and content of the training programme in Public Health Medicine as stipulated in the HKCCM Training and Examination Guidelines for the Subspecialty of Public Health Medicine.

Exit Exam Scenario Sample Question:

**Proposal to Prohibit Commercial Sale and Supply of
Alcohol to Persons Aged Below 18**

(This Scenario is for illustration purpose only)

CANDIDATE PACK

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Candidate Task

The year is 2017. The government is proposing to introduce legislation to prohibit the sale of alcoholic beverages to minors in the course of merchants' business. You are working in the Department of Health responsible for this area of work. You will give an interview to a reporter, Ms. Chan from The Hong Kong Post and brief her on the background of the proposal and the public health need for such actions.

You have 15 minutes to prepare for the station. You are not required to prepare any visual aids. You will then spend 10 minutes with the actor. You may use paper notes to aid your verbal briefing.

Outline of Situation

Adolescence is a key time of behavioral change and brain development. Alcohol consumption during this period adversely affects these developmental changes. Besides, young people can develop dependence on alcohol more quickly than adults. The earlier a person engages in drinking, the greater the likelihood of alcoholism developing in later life.

Hong Kong has implemented measures to restrict access to alcohol by persons aged below 18. Since 2000, Hong Kong has put in place a liquor licensing system, under which no licensee shall permit any person under 18 to drink alcohol on any licensed premise. However, there is currently no regulation that prohibits the retail sale of alcohol to under 18 for off-premise consumption, or sale of alcohol to under 18 in retail store such as convenience stores and supermarkets.

Candidate Guidance

You should begin by briefing the reporter, focusing on the harmful effects of alcohol to minors, and then answer questions which would mainly centre on the risks to the minors, the rationale and benefits of such legislation and the next steps.

At the Station

You will be greeted by a marker examiner who will take your name, and then hand over to the actor by saying:

“This is the reporter from The Hong Kong Post. You will now start the station.”

Candidate Briefing Pack

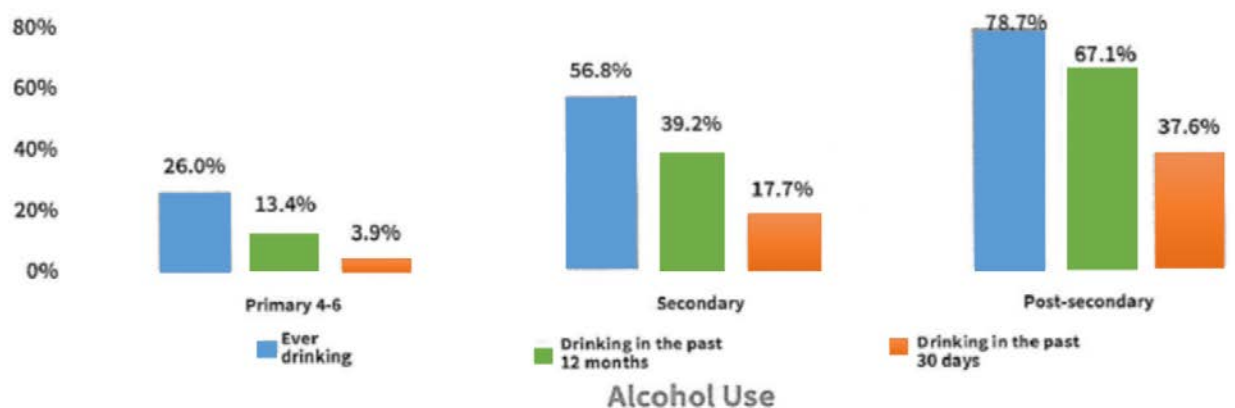
Item 1 - Survey on Drinking Prevalence in Minors

A research study undertaken by the School of Public Health, The University of Hong Kong in 2013 showed that 43.5% of Primary 4 to 6 students and 62.4% of secondary school students in Hong Kong were ever drinkers. Half the primary school ever-drinkers first drank alcohol at 8 years old or below. One in five secondary school student ever drinkers first drank alcohol at 7 years old or below. Among the ever drinkers, 9.9% of upper primary school students and 27.4% of secondary school students bought alcohol themselves. The usual venues where they bought alcohol were convenience stores (56.5%), supermarkets (37.3%), groceries (31.6%), other sources (12.6%) and vending machines (2.3%).

Item 2 - Youth Drinking Increases with Age

Source: 2014/15 Surveys of Drug Use among Students: Narcotics Division, Security Bureau

Youth drinking increases with age.



Item 3 - Alcohol Related Harm

Alcohol is related to more than 200 diseases and injury conditions and the world's third largest risk factor for premature death, disability and loss of health. It is a Group 1 carcinogen, with sufficient evidence in humans that consumption of alcohol causes cancers of the oral cavity, pharynx, larynx, oesophagus, liver, colorectum and female breasts.

Item 4 - WHO's 3 Best Buys

In 2010, The World Health Assembly endorsed WHO's Global Strategy to reduce alcohol related harm which among others, recommended 10 policy options and interventions, of which the 3 most effective measures are restricting the availability, pricing, and marketing.

Item 5 - Regulatory Proposal in Hong Kong

- a) All forms of commercial sale, supply as well as giving alcohol for the purpose of promotion or advertisement, to persons aged below 18 will be prohibited;
- b) Sale of alcohol from vending machines will be prohibited; and
- c) Any person offering sale or supply of alcohol, etc will be required to place a sign in a prominent position in the retail outlets that no alcohol may be sold to minors.
- d) Penalties will be imposed for sale of alcohol to minors and failure to put up the sign.

(END OF PAPER)