

ANNUAL ASSESSMENT

SPECIALTY BOARD

- 1 In relation to Annual and Exit Assessment, the following terms of reference for the Specialty Boards of the Education & Accreditation Committee are relevant:
 - a) To approve trainees and monitor their progress, and where appropriate, recommend remedial action.
 - b) To receive and monitor results of Annual and Exit Assessment of individual trainees and to recommend to the Education & Accreditation Committee regarding completion of training.
- 2 Specialty Programme Directors (SPD), preferably one each for Hong Kong, Kowloon and New Territories, are appointed by every Specialty Board to update the trainer/supervisor/trainee list, monitor the training programmes and progress of training. They are responsible to maintain a central file of trainees, organise and chair the Annual Assessment Interview of trainees in their respective regions, and report to the Specialty Board biannually.

One or two SPD may be appointed for specialties which do not envisage a significant number of trainees.

Assistant Programme Directors will be appointed by the Specialty Boards to assist the Specialty Programme Directors.

CONTINUOUS ASSESSMENT

- 1 **Every** trainee's progress throughout the course of training will be judged on the basis of continuous assessment. There will be a formal Annual Assessment at the end of each year, and a formal Exit Assessment on completion of training.
- 2 A Training Record Book (Log Book) will be supplied to **every** trainee at the commencement of specialty training. It will become the property of the trainee, on which he/she will record
 - a All supervised procedures.
 - b Additional special experiences, including interesting cases and journal reading.

c Postgraduate educational sessions, lectures, clinical meetings/conferences.

- 3 At regular intervals (ie, every three months), the trainee should complete a Record of Higher Training (*AA Training Record*), documenting statistics on clinical service, procedures, educational sessions, participation in research and attendance of conferences. The Records must be countersigned and validated by the supervisor and submitted to the relevant Specialty Programme Director.
- 4 At the end of six months of each year of training and whenever the trainee completes his/her training programme, the supervisor should complete an Evaluation of Clinical & Professional Competence Form (*AA Supervisor Evaluation*), assign grades according to the trainee's clinical competence, humanistic qualities, professional attitudes, commitment to continuing medical education and scholarship, and leadership. The evaluation must be discussed with the trainee before submission to the relevant Specialty Programme Director. Trainees who cannot achieve the passing score of 5, should be reviewed by their trainers and counselled by the respective Programme Directors to decide on whether or not they can be allowed to proceed to the following Annual Assessment exercise.
- 5 The minimum duration of specialty training prior to the first Annual Assessment is nine months. In the case of concurrent training in IM and another specialty, no fewer than 50% of 18 months should be spent in AIM training before a candidate can participate in his/her first Annual Assessment exercise.
- 6 Candidates on overseas training may write to the respective Specialty Boards, through their Specialty Programme Directors, to apply for postponement of Annual Assessment. He/she should then attempt the first available Annual Assessment exercise on return to Hong Kong.
- 7 There are no limits to the number of repeats in Annual/Exit Assessments each candidate may undergo throughout his/her training.
- 8 Candidates must have attained a pass in two Annual Assessments (one Annual Assessment for the third specialty after achieving Fellowship-eligible status in two specialties) before they are allowed to sit the Exit Assessment. This requirement does not apply to overseas candidates who had undergone recognised Higher Physician Training prescribed by the relevant national accreditation bodies and had duly acquired the respective specialist qualifications.

ANNUAL ASSESSMENT PROCESS

- 1 The Annual Assessment Process will normally take place in June and/or December each year.
- 2 The Assessment takes the form of an interview of the trainee by an Assessment Board.

- 3 The interview will take place at a regional center to be determined by the Chairman of the Assessment Board or at the Academy Building.
- 4 Every Assessment Board should be chaired by a Specialty Programme Director. The Board should also include the trainee's supervisor, and a member of the Specialty Board or Education & Accreditation Committee.
- 5 During the interview, the Board will
 - a Examine the trainee's Log Book, Record of Higher Professional Training, and Evaluation of Clinical & Professional Competence Form (*AA Supervisor Evaluation*).
 - b Examine the trainee's clinical and professional competence by way of a clinical viva.
 - c Receive the trainee's comments on the strengths and weaknesses of the programme and learning facilities of the institute.
 - d Recommend continuation of training programme or otherwise.
 - e Where necessary, decide on recommendations regarding remedial actions.
 - f Document the process and outcome on the appropriate forms (*AA Individual Scoring, AA Assessment Board, AA E&AC Report*).
- 6 All Assessment Reports must be submitted to, and be endorsed by, the respective Specialty Boards and the Education & Accreditation Committee.
- 7 All forms relevant to the Annual Assessment process may be found at the end of *Section V Annual and Exit Assessment Protocol*.

Special requirements and scoring system for Annual Assessment in AIM

- (1) Starting from June 06, two case reports are required from ALL candidates sitting every Annual Assessment exercise in AIM. The topics of the case reports should NOT be related to the subspecialties of candidates on concurrent training. The case reports should not have been submitted to any Assessment Board nor published in the literature. Case reports should be submitted together with the application form for Annual Assessment eight weeks before the date of assessment, which will be the first Saturdays in June and December every year.

If the overall score of a candidate in Annual Assessment is a “Fail”, the candidate should repeat Annual Assessment in the failed section(s), ie, either case report or clinical viva or both.

- (2) Calculation of scores in AIM

The Clinical Viva scores given by the three examiners (E1, E2, E3) are added to make up a maximum of 30 (Score A). The two case reports' scores (C1, C2) are added to the supervisor's assessment score (S) and the sum is divided by three to result in a maximum average score of 10 (Score B). The overall score is calculated by adding together Score A and Score B, with the maximum total score being 40. The formula is as follows:

$$\text{Score A} + \text{Score B} = \{E1+E2+E3\} + \{(C1+C2+S)/3\}$$

The Annual Assessment Score will thus be composed of the following: Clinical Viva 75%, case reports 16.7% and supervisor's assessment score 8.3% of the total score.

A summary on the possible results and recommendations for action in AIM is listed below.

Overall Score	Verdict	Recommendation
$\geq 20^*$	Pass	Proceed to next Annual or Exit Assessment
16-19*	Bare Fail	Repeat Annual Assessment after remedial action regarding training programme
Failure in one section: Viva Score (A) < 15* OR Case report + Supervisor Score (B) < 5*		Repeat Assessment on the failed section(s) only
Failure in two sections Viva Score (A) < 15* AND Case report + Supervisor Score (B) < 5*		Repeat Assessment on both sections
$\leq 16^*$	Fail	Repeat Annual Assessment after an additional 6-month training in AIM

Two consecutive 'Bare Fails'	Repeat Annual Assessment after an additional 6-month training in AIM
A 'Fail' followed by a 'Bare Fail'	
≥ 2 consecutive 'Fails'	Repeat Annual Assessment after an additional 12-month training in AIM
A 'Bare Fail' followed by a 'Fail'	

* Aggregate marks with decimal points ≥ 0.5 will be counted as 1 while those with decimal points < 0.5 will be ignored.

Scoring System for Annual Assessment for all specialties apart from AIM

- 1 The supervisor's Annual Evaluation Score follows the 10-point system as detailed below, as does the Annual Assessment score for each of the three members of the Examination Board.

The 10-point scoring system is listed below:

- 10 Outstanding
- 9 Excellent
- 8 Very good
- 7 Good
- 6 Fairly good
- 5 Definite pass
- 4 Borderline failure
- 3 Definite failure
- 2 Bad failure
- 1 Very bad failure
- 0 Exceptionally bad failure

- 2 Calculation of Annual Assessment Scores

The total scores given by the three examiners during the Annual Assessment is multiplied by three and added to the supervisor's score to make up an overall score of 100. The supervisor's Assessment Score will thus account for 10% of the Annual Assessment score.

A summary on the possible results and recommendations for action is listed below.

Overall Score	Verdict	Recommendation
≥ 50	Pass	Proceed to next Annual or Exit Assessment
$\geq 45-49$	Bare Fail	Repeat Annual Assessment after six months
≤ 44	Fail	Repeat Annual Assessment after an additional 6-month training in the relevant specialty
Evaluation for candidates re-sitting the Annual Assessment		
Two consecutive Bare Fails		Repeat Annual Assessment after an additional 6-month training in the relevant specialty
A ‘Fail’ followed by a ‘Bare Fail’		

≥ 2 consecutive Failures	Repeat Annual Assessment after an additional 12-month training in the relevant specialty
A 'Bare Fail' followed by a 'Fail'	