

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

VOCATIONAL TRAINING

IN

FAMILY MEDICINE

TRAINING LOGBOOK

BASIC TRAINING

Dr. _____ (ID: _____)

Date of Initial Enrolment _____

IMPORTANT NOTICE

- 1 Please read the Handbook on Vocational Training in Family Medicine CAREFULLY.
- 2 Important messages or changes on training will be sent to trainees by letters, memos or College monthly Family Physicians Links.
- 3 Please inform the Board as soon as possible if you have change mailing address or other contact number.
- 4 Please read ALL letters from the Board of Vocational Training and Standards (BVTs). Some of these letters must be replied before the deadline.
- 5 Trainees fail to comply with the regulations may have grave consequence.
- 6 Please note the following guidelines for the total duration of training:
 - 6.1 All trainees are advised to finish their Basic Training (4 years in total) or **Higher Training** (2 years in total) at their earliest possibility, and
 - 6.2 The trainee **with** clinical practice must NOT be dormant for more than 3 years or the trainee **without** clinical practice must NOT be dormant for more than 1 year.
 - 6.3 All **Basic trainees** enrolled in 2006 or after, are required to attend at least **TWO** annual conference (i.e. HKPCC) organized by the Hong Kong College of Family Physicians in the four-year training programme.
- 7 Enrolment into Higher Training:
 - 7.1 Trainees are required to fulfill the following criteria:
 - A Proof of Completion of Basic Training in Family Medicine, AND
 - Possession of a higher qualification in Family Medicine equivalent to FHKCFP / FRACGP, AND
 - Applicant should fulfill the CME requirement set by QA&A regulations in the years prior to the application.
 - Application Form for Higher Training
 - Appropriate application fee (non-refundable regardless of the result of application)

- 8 All **Basic** and **Higher Trainees** are required to fulfill the CME requirement set by HKCFP QA &A regulations each year. For those who fail to fulfill this requirement, their training experience of that particular year will NOT be recognized.
- 9 Logbook requirements:
- 9.1 Basic trainees must submit two forms regularly by fax AND mail within 1 month of completion of each rotation.
- Supervisor feedback form (please keep one copy in the logbook)
 - Trainee feedback form (please don't keep copy in the logbook for confidentiality)
- 9.2 Arrangement of annual checking of training Logbook and completion of checklist: (The checklist can be downloaded from the College website.)
- All trainees are **REQUIRED** to seek an authorized person to check the logbook and complete the checklist for annual checking of logbook. The Board will randomly select trainees to hand in their logbook for checking.
 - **Basic Training:** Please return the **original copy** of checklist to the Board **before the end of January each year.**

<u>IMPORTANT:</u> The Training experience in a particular year will <u>NOT</u> be counted if you fail to submit the checklist on or before the deadline.
--

- 10 Upon the **completion of training**, trainees are required to submit the **original copy** of training logbook to BVTs for certification of completion of training.
- 11 Please formally inform the Board by notice in writing for request of any changes in relation to your training, such as change of supervisor or deferral of training.
- 12 Annual Training Fee should be paid within 30 days of the due day; otherwise your training will not be accredited.
- 13 Trainees should submit logbook and apply for certificate for completion of training within 3 months upon completion of training; otherwise training fee of next year will be charged.

- 14 Formal applications for **'termination of training'**, **'re-enrolment of training'**, and **'dormancy of training'** are necessary, and subjected to prior approval by the Board and administration fee individually

14.1 For those who request for **termination of training**:

- Formal application to the Board is necessary, otherwise trainees will be treated as continuing their training, and yearly training fee would be charged
- The Board and the College have no obligation to keep the training record of those trainees who terminated their training, and they are advised to keep their own training records for proof of prior training in the future

14.2 For those who request for **re-enrolment of training**, the formal application to the Board is necessary, with the following documents required:

- The completion of Application Form for re-enrolment
- Applicant should fulfill the CME requirement set by QA&A regulations in the years prior to the application
- The proof of previous training record for accreditation of previous training
- The proof of active medical practice in the years prior to the application
- The appropriate administration fee (non-refundable regardless of the result of application)

14.3 For those who apply for **dormancy of training**, the formal application to the Board is necessary, with the following documents required:

- i. The completion of Application Form for dormant from training
 - ii. The appropriate administration fee (non-refundable)
- Trainees are required to subscribe annual dormancy fee during the dormancy of training.
 - Formal written notice to the Board is required when trainees are ready to resume training from the dormant status
 - The approval of the application is subject to the final decision of the Board.

15 If you have further enquiries, you can contact our secretariat.

Tel: 2871 8899 (4 lines)

Fax: 2866 0616 / 2866 0241

Email: bvts@hkcfp.org.hk

Address: Rm, 803-4, 8/F.,

Hong Kong College of Family Physicians

HKAM Jockey Club Bldg.,

99 Wong Chuk Hang Rd.,

Aberdeen, Hong Kong.



Checklist for annual checking of training logbook

(For Basic Training)

Name of trainee: _____ Status of basic training: _____ H1 / H2 / C1 / C2 / Part Time

Cluster _____ HKE / HKW / KE / KC / KW / NTE / NTW / DH / Private Centre

Name(s) of Supervisor(s) for the year (please print): _____

☐ No training during the whole year of _____

Checking items and content		Yes	No	N/A
Hospital based training: -				
1.	Submission of up-to-date clinical supervisor feedback form to College			
2.	Update and verify the checklist on logbook			
3.	Update and verify the training rotation on logbook			
Community based training: -				
1.	Submission of up-to-date clinical supervisor feedback form to College			
2.	Update and verify the checklist on logbook			
3.	Update and verify the training rotation on logbook			
4.	Review of sit-in consultation by clinical supervisor (mandatory)			
5.	Review of video-taped consultation by clinical supervisor (mandatory)			
6.	Listing of patients seen in a two-week period (for trainees completing 4 th year)			
7.	List of Training Centre(s):			
	1)			
	2)			
	3)			
Structured Educational Programme: -				
1.	Pre-approved by BVTS			
2.	Update the schedule and list the topics in each 14 modules			
3.	Regular attendance and verified by course organizer or moderator			
	Record of clinical supervisor(s)'s feedback			
	Learning portfolio fulfilled			
Completion of following attachments/ rotations during basic training: -				
	Psychiatry			
	Emergency Medicine (A&E)			
	Ophthalmology			
	Otorhinolaryngology (ENT)			
	Dermatology			
	Orthopedics (O&T)			

Future Training Plan (Coming Year):

Training Centre	Specialty	Period (Month/Year – Month/Year)

Check by authorized person: _____
 (BLOCK LETTER PLEASE)

Signature: _____

Contact Telephone No: _____

Date: _____



Checklist for annual checking of training logbook

(For Basic Training)

Name of trainee: _____ Status of basic training: _____ H1 / H2 / C1 / C2 / Part Time

Cluster _____ HKE / HKW / KE / KC / KW / NTE / NTW / DH / Private Centre

Name(s) of Supervisor(s) for the year (please print): _____

☐ No training during the whole year of _____

Checking items and content		Yes	No	N/A
Hospital based training: -				
4. Submission of up-to-date clinical supervisor feedback form to College				
5. Update and verify the checklist on logbook				
6. Update and verify the training rotation on logbook				
Community based training: -				
8. Submission of up-to-date clinical supervisor feedback form to College				
9. Update and verify the checklist on logbook				
10. Update and verify the training rotation on logbook				
11. Review of sit-in consultation by clinical supervisor (mandatory)				
12. Review of video-taped consultation by clinical supervisor (mandatory)				
13. Listing of patients seen in a two-week period (for trainees completing 4 th year)				
14. List of Training Centre(s):	1)			
	2)			
	3)			
Structured Educational Programme: -				
4. Pre-approved by BVTS				
5. Update the schedule and list the topics in each 14 modules				
6. Regular attendance and verified by course organizer or moderator				
Record of clinical supervisor(s)'s feedback				
Learning portfolio fulfilled				
Completion of following attachments/ rotations during basic training: -				
Psychiatry				
Emergency Medicine (A&E)				
Ophthalmology				
Otorhinolaryngology (ENT)				
Dermatology				
Orthopedics (O&T)				

Future Training Plan (Coming Year):

Training Centre	Specialty	Period (Month/Year – Month/Year)

Check by authorized person: _____
 (BLOCK LETTER PLEASE)

Signature: _____

Contact Telephone No: _____

Date: _____



Checklist for annual checking of training logbook

(For Basic Training)

Name of trainee: _____ Status of basic training: _____ H1 / H2 / C1 / C2 / Part Time

Cluster _____ HKE / HKW / KE / KC / KW / NTE / NTW / DH / Private Centre

Name(s) of Supervisor(s) for the year (please print): _____

☐ No training during the whole year of _____

Checking items and content		Yes	No	N/A
Hospital based training: -				
7. Submission of up-to-date clinical supervisor feedback form to College				
8. Update and verify the checklist on logbook				
9. Update and verify the training rotation on logbook				
Community based training: -				
15. Submission of up-to-date clinical supervisor feedback form to College				
16. Update and verify the checklist on logbook				
17. Update and verify the training rotation on logbook				
18. Review of sit-in consultation by clinical supervisor (mandatory)				
19. Review of video-taped consultation by clinical supervisor (mandatory)				
20. Listing of patients seen in a two-week period (for trainees completing 4 th year)				
21. List of Training Centre(s):	1)			
	2)			
	3)			
Structured Educational Programme: -				
7. Pre-approved by BVTS				
8. Update the schedule and list the topics in each 14 modules				
9. Regular attendance and verified by course organizer or moderator				
Record of clinical supervisor(s)'s feedback				
Learning portfolio fulfilled				
Completion of following attachments/ rotations during basic training: -				
Psychiatry				
Emergency Medicine (A&E)				
Ophthalmology				
Otorhinolaryngology (ENT)				
Dermatology				
Orthopedics (O&T)				

Future Training Plan (Coming Year):

Training Centre	Specialty	Period (Month/Year – Month/Year)

Check by authorized person: _____
 (BLOCK LETTER PLEASE)

Signature: _____

Contact Telephone No: _____

Date: _____



Checklist for annual checking of training logbook

(For Basic Training)

Name of trainee: _____ Status of basic training: _____ H1 / H2 / C1 / C2 / Part Time

Cluster _____ HKE / HKW / KE / KC / KW / NTE / NTW / DH / Private Centre

Name(s) of Supervisor(s) for the year (please print): _____

☐ No training during the whole year of _____

Checking items and content		Yes	No	N/A
Hospital based training: -				
10. Submission of up-to-date clinical supervisor feedback form to College				
11. Update and verify the checklist on logbook				
12. Update and verify the training rotation on logbook				
Community based training: -				
22. Submission of up-to-date clinical supervisor feedback form to College				
23. Update and verify the checklist on logbook				
24. Update and verify the training rotation on logbook				
25. Review of sit-in consultation by clinical supervisor (mandatory)				
26. Review of video-taped consultation by clinical supervisor (mandatory)				
27. Listing of patients seen in a two-week period (for trainees completing 4 th year)				
28. List of Training Centre(s):	1)			
	2)			
	3)			
Structured Educational Programme: -				
10. Pre-approved by BVTS				
11. Update the schedule and list the topics in each 14 modules				
12. Regular attendance and verified by course organizer or moderator				
Record of clinical supervisor(s)'s feedback				
Learning portfolio fulfilled				
Completion of following attachments/ rotations during basic training: -				
Psychiatry				
Emergency Medicine (A&E)				
Ophthalmology				
Otorhinolaryngology (ENT)				
Dermatology				
Orthopedics (O&T)				

Future Training Plan (Coming Year):

Training Centre	Specialty	Period (Month/Year – Month/Year)

Check by authorized person: _____
 (BLOCK LETTER PLEASE)

Signature: _____

Contact Telephone No: _____

Date: _____

TABLE OF CONTENTS

PERSONAL DETAILS	I
PRE-REGISTRATION EXPERIENCE (INTERNSHIP).....	II
TRAINING PROGRAMME.....	III
HOSPITAL-BASED BASIC TRAINING	1
SUMMARY OF HOSPITAL BASED BASIC TRAINING	2
INTERNAL MEDICINE	4
OBSTETRICS AND GYNAECOLOGY	8
PAEDIATRICS	12
SURGERY.....	16
DERMATOLOGY.....	18
EMERGENCY MEDICINE.....	20
OPHTHALMOLOGY.....	22
ORTHOPAEDIC AND TRAUMATOLOGY	24
OTORHINOLARYNGOLOGY.....	26
PSYCHIATRY	28
COMMUNITY-BASED BASIC TRAINING	30
GENERAL/FAMILY MEDICINE	34
COMMUNITY MEDICINE/PUBLIC HEALTH.....	38
RECORD OF OTHER ACCREDITED COMMUNITY-BASED BASIC TRAINING.....	40
LEARNING PORTFOLIO	42
RECORD OF STRUCTURED EDUCATIONAL PROGRAMME	44
CLINIC SIT-IN CONSULTATION SESSIONS (MANDATORY)	62
REVIEW OF CONSULTATION VIDEO-RECORDING (MANDATORY).....	64
COMMUNITY INVOLVEMENT (OPTIONAL)	66
RECORD OF RESEARCH PROJECTS	67
TEACHING EXPERIENCE (UNDERGRADUATES AND OTHERS) (OPTIONAL).....	68
COLLEGE ACTIVITIES/RESPONSIBILITIES (OPTIONAL)	68
LIST OF PATIENTS SEEN IN A TWO-WEEK PERIOD DURING COMMUNITY-BASED BASIC TRAINING (MANDATORY).....	70
APPLICATION FORM FOR THE CERTIFICATION OF COMPLETION OF BASIC TRAINING IN FAMILY MEDICINE	74

This logbook serves as a record of training for trainees of the Hong Kong College of Family Physicians. The logbook is to be kept by the trainee and should be validated by the respective trainers who are involved in the training of the trainee.

PERSONAL DETAILS

Dr. _____

Home Address _____

_____ Tel: _____

Mailing Address _____

_____ Tel: _____

Date of Graduation _____

University _____

Degree _____

Undergraduate Awards

Postgraduate Degrees and Diplomas

Awarding Body

Year

Working Hours: (e.g., opening hours of your practice, working hours per day or per week)

Workload/Duty: (e.g., ward rounds, administration work, etc.)

PRE-REGISTRATION EXPERIENCE (INTERNSHIP)

Please record your hospital assignments during the pre-registration year.

Period of training (-)	HOSPITAL /UNIT	Duration (months)
Describe the skills and knowledge acquired		

Period of training (-)	HOSPITAL /UNIT	Duration (months)
Describe the skills and knowledge acquired		

Period of training (-)	HOSPITAL /UNIT	Duration (months)
Describe the skills and knowledge acquired		

Period of training (-)	HOSPITAL /UNIT	Duration (months)
Describe the skills and knowledge acquired		

Period of training (-)	HOSPITAL /UNIT	Duration (months)
Describe the skills and knowledge acquired		

Training Programme

COMMUNITY BASED TRAINING: 24 months

1. Family medicine: 18-24 months
2. Community medicine/public health/accredited community programme (optional): MAP: 6 months

HOSPITAL BASED TRAINING: 24 months

1. Mandatory Core Specialties

Duration of Accreditation

Internal Medicine

3-6 months

(general medicine \pm 3 months general/subspecialty medicine)

Subspecialty medicine means one of the internal medicine specialties (geriatric, neurology, haematology, rheumatology, nephrology, oncology, endocrinology, cardiology, respiratory medicine, gastroenterology, infectious disease). Subspecialties may be accredited for a maximum of 3 months only.

Paediatrics

3-6 months

(3 months general paediatrics \pm 3 months general/subspecialty paediatrics)

Subspecialty paediatrics means one of the paediatric subspecialties (neonatology, paediatric oncology, paediatric cardiology). Subspecialties may be accredited for a maximum of 3 months only.

General Surgery

3-6 months

(3 months general surgery \pm 3 months general/subspecialty surgery)

Subspecialty surgery means one of the branches of surgery (urology, neurosurgery, vascular/cardiac surgery, cardio-thoracic surgery). Other branches of surgery may be accredited for a maximum of 3 months only.

Obstetrics and Gynaecology

3-6 months

2. Required specialties (acquisition of the basic skills as stated on the respective checklist of the vocational training logbooks of Board Of Vocational Training and Standards)

Duration of Accreditation

Psychiatry

Up to 6 months

Emergency Medicine

Up to 6 months

Ophthalmology

Up to 6 months

Otorhinolaryngology

Up to 6 months

Dermatology

Up to 6 months

Orthopaedics

Up to 6 months

Trainees can choose to rotate through these specialties during the two years of hospital based rotation, or as clinical attachments during their basic training (on condition that training in family medicine will not be compromised in duration or quality as a result of the attachment).

If this experience is acquired through clinical attachments, then the clinical supervisors in the respective specialties must complete and sign the respective part of the logbook but do not need to fill in the supervisor feedback form.

3. Optional Specialties

Duration of Accreditation

ICU/Anaesthesia	3 months
Pathology	3 months
Microbiology	3 months
X-ray	3 months
Oncology	3 months

Remarks

1. The total duration of hospital based training is two years
 - a. The minimum total duration of training in all four mandatory core specialties is one year with a minimum of 3 months in each of the four core specialties.
 - b. For the remaining training period, apart from the core specialties, trainees have the flexibility to choose between the required specialties and optional specialties to finish their training. The maximum durations for accreditation are listed above.
 - c. Trainees are encouraged to submit their training plan before undertaking training if they have any queries on the validity of their plan.

Hospital-based Basic Training

SUMMARY OF HOSPITAL BASED BASIC TRAINING

(Please indicate time spent in each area in months)

Terms	Pre-registration	Year	Year	Year	Year	Year	Year
Internal Medicine							
Surgery							
A & E							
Paediatrics							
Obstetrics							
Gynaecology							
Psychiatry							
Geriatrics							
Eye							
E.N.T.							
Orthopaedics							
Anaesthetics							
Dermatology							
Infectious Disease							
Pathology							
Oncology/Hospice							
GENERAL PRACTICE							
(i) Supervised							
(ii) Unsupervised							
OTHERS (specify)							

INTERNAL MEDICINE

I. Objectives

Trainees should be able to provide holistic patient care through the acquisition of a broad experience.

- 1.1 Trainees should be competent in the **diagnosis, assessment and management** of the **common medical conditions** that are encountered in the primary care setting.
- 1.2 Trainees should be competent in appropriate referral for medical conditions that need specialist care. Trainees should also have a **basic understanding** of the possible management of such conditions after referral.
- 1.3 Trainees should acquire a level of competence in performing simple diagnostic and therapeutic medical procedures in a primary care setting.
- 1.4 Extensive knowledge of common chronic illnesses, including current literature, international guidelines and current trend of management of such illnesses. The list includes the following.
 - Diabetes mellitus
 - Hypertension
 - Ischaemic heart disease
 - Hyperlipidaemia
 - Heart failure
 - Stroke
 - Asthma
 - Chronic obstructive pulmonary disease
 - Thyroid disease
 - Hepatitis
 - Atrial fibrillation
 - Gout
 - Peptic ulcer

II. Exposure

2.1 First Priority

To develop an ***in-depth understanding*** and ***gain experience*** in the following medical conditions that are commonly encountered in the primary care setting. Trainees should be ***competent*** in the diagnosis, assessment, management of these conditions in the primary care setting and be able to make appropriate referrals.

Cardiovascular	Hypertension, ischaemic heart disease, heart failure, arrhythmias, peripheral vascular diseases.
Endocrinology	Diabetes mellitus, thyroid diseases, lipid disorders, obesity.
Gastroenterology and Hepatology	Dyspepsia, GI ulcers, gastroenteritis, GERD, irritable bowel disease, GI bleeding, cancers, jaundice, cirrhosis, hepatosplenomegaly.
Respiratory Medicine	Asthma, COPD, chest infections, cancers, bronchiectasis, obstructive sleep apnoea, tuberculosis, pleural effusion, pneumothorax.
Rheumatology	Rheumatoid arthritis, crystal arthropathies, S.L.E.
Haematology	Anaemia, anti-coagulation therapy,
Neurology	Dementia, stroke, Parkinson's disease, Bell's palsy, epilepsy, headache.
Renal Medicine	Diabetic renal disease, urinary tract infection, nephrolithiasis.
Palliative Medicine	Pain control
Geriatric/Rehabilitation Medicine	Fall prevention, incontinence.
Infectious Diseases	Antibiotic use, travel medicine, malaria, syphilis, tetanus, fungal infections.

2.2 Second Priority

To acquire a **basic understanding** of the diagnosis, assessment, management in the primary care setting and upon referral, and appropriate referral of the following conditions.

Cardiovascular	Valvular heart diseases, infective endocarditis, cardiomyopathy.
Endocrinology	Hypothalamus/pituitary/adrenal diseases, fluid and electrolyte disorders, phaeochromocytoma, diabetes insipidus, diabetic ketoacidosis, hypoglycaemia, Addison's disease.
Gastroenterology and Hepatology	Pancreatic diseases, liver failure, drug overdose, nutritional disorders.
Rheumatology	Polymyositis and dermatomyositis, temporal arteritis, polymyalgia rheumatica, seronegative spondyloarthritis, degenerative arthritis.
Haematology	Thrombocytopaenic/idiopathic thrombocytopenic purpura, D.I.C, lymphoma, leukaemia.
Neurology	Guillain-Barre syndrome, myasthenia gravis, meningitis/encephalitis.
Renal Medicine	Nephritis, renal failure.
Infections	H . I . V . / A . I . D . S . , sexually transmitted diseases, parasitic infections, common viral infections.
Others	Alcoholism and related diseases.

III Skills:

3.1 Priority Skills:

Trainees should be **competent** in the following basic skills:

ECG
Venepuncture/arteriopuncture
CPR
Lumbar puncture
Microscopic examination of urine
Plain X-rays, CT and MRI scans – indications and interpretations.

3.2 *Optional Skills*

Trainees should have a ***basic understanding*** of the following skills:

Bone marrow/trephine biopsy
Echocardiogram
Endoscopy
Liver/renal/lung biopsy
Setting up central line
Peritoneal dialysis
Exercise ECG
Lung functions tests
Aspiration and injection of joints
Interpretation of images: contrast radiology USS.

Certification by clinical supervisor:

Name in block letters

Signature

Date

OBSTETRICS AND GYNAECOLOGY

I. Objectives

Trainees should be able to provide holistic patient care through the acquisition of broad experience.

- 1.1 Trainees should be competent in the **diagnosis and assessment** of the **common obstetric and gynaecological conditions** that are encountered in the primary care setting.
- 1.2 Trainees should be competent in the **appropriate referral** of common obstetric and gynaecological conditions. Trainees should also have a **basic understanding** of the possible management of the conditions upon referral.
- 1.3 Trainees should acquire a level of competence in performing simple diagnostic and therapeutic obstetric and gynaecological procedures appropriate for a family practice clinic setting.

II. Exposure

2.1 First Priority

To develop an ***in-depth understanding*** and ***gain experience*** in the following obstetric and gynaecological conditions commonly encountered in primary care setting. Trainees should be ***competent*** in the diagnosis, assessment, and management of such conditions in the primary care setting and be able make appropriate referrals.

<u>A. Gynaecology</u>	<u>B. Obstetrics</u>
Menstrual disorders: amenorrhoea, oligomenorrhoea, menorrhagia, dysfunctional uterine bleeding, post-menopausal bleeding, dysmenorrhoea	Normal pregnancy, labour, delivery and puerperium
Vulval diseases: leukoplakia, carcinoma, vulval lumps and ulcers, etc.	Complications of early pregnancy: abortion, ectopic pregnancy
Cervix and Uterine diseases: fibroid, prolapse, cervical ectropion, and cancer, etc.	Hyperemesis gravidarum
Polycystic ovarian syndrome	Medical and surgical problems complicating pregnancy
Vaginal discharge and pruritus vulvae	Pre-eclampsia and eclampsia
Sexually transmitted diseases and pelvic inflammatory disease	Gestational diabetes
Subfertility	Breast feeding
Contraception	Common drugs used by pregnant women
Menopause and hormonal replacement therapy (HRT)	

2.2 Second Priority:

To acquire a **basic understanding** of the diagnosis, assessment, management in the primary care setting and upon referral and make appropriate referral of the following conditions.

<u>A. Gynaecology</u>	<u>B. Obstetrics</u>
Ovarian diseases: cysts, tumours	Intrauterine growth retardation
Endometriosis	Ante-partum haemorrhage
Infertility and basic theory of IVF	Fetal distress
Urinary incontinence	Multiple pregnancy
Common gynaecological malignancies	Premature labour
Trophoblastic disease	Mal-presentation
	Postpartum psychosis

III. **Skills**

3.1 Priority skills

Trainees should be **competent** in the following basic skills.

<u>A. Gynaecology</u>	<u>B. Obstetrics</u>
Pelvic examination	Premarital and pre-pregnancy counselling
Vaginal swab	Diagnosis of pregnancy
Pap smear	Antenatal care of normal pregnancy
Pregnancy test	Normal labour management
Contraceptive methods	Assisted vacuum extraction
Insertion and removal of uncomplicated IUCD	Assisted breech delivery
Removal of cervical polyp	Repair of episiotomy
Interpretation of basic ultrasonogram	Evacuation of vulval/vaginal haematoma
	Interpretation of CTG
	Post-natal examination
	Family planning
	Counselling on breast feeding

3.2 *Optional Skills*

<u>A. Gynaecology</u>	<u>B. Obstetrics</u>
- Basic ultrasound procedure	- Basic ultrasound procedure
- Dilatation and curettage	- Manual removal of placenta
- Endometrial sampling	- Twin delivery
	- Low forceps delivery
	- Assist Caesarean section
	- Postpartum sterilisation
	- Genetic counselling

Certification by clinical supervisor:

Name in block letters

Signature

Date

PAEDIATRICS

I. Objectives

Trainees should be able to provide holistic patient care through the acquisition of broad experience.

- 1.1 Trainees should be competent in the **diagnosis, assessment and management** of the **common paediatric conditions** that are encountered in the primary care setting.
- 1.2 Trainees should be competent in the appropriate referral for paediatric conditions that need specialist care. Trainees should also have a **basic understanding** of the possible management of such conditions after referral.
- 1.3 Trainees should acquire a level of competence in the performance of simple diagnostic and therapeutic paediatric procedures for a family practice clinic setting.

II. Exposure

2.1 First Priority

To develop an ***in-depth understanding*** and ***gain experience*** in the following paediatric conditions that are commonly encountered in the primary care setting. Trainees should be **competent** in the diagnosis, assessment, and management of these conditions in the primary care setting and be able to make appropriate referrals.

- A. Community Paediatrics: (care of a well child – from birth to adolescence)
 - Health education and promotion
 - Immunisation
 - Home safety
 - Family dynamics
 - Nutrition including breastfeeding
 - Normal and abnormal growth and development
 - Child abuse
 - Dental health
 - Common behavioural problems – recurrent abdominal pain, school phobia
- B. Common Paediatric Diseases:

GI and Hepatology	Recurrent vomiting Abdominal pain (acute and recurrent) Dietary intolerance Enteric infections Breast-feeding and other feeding problems Constipation Dehydration
Infectious Diseases	Fevers Paediatric exanthem Tuberculosis Common bacterial and viral infections Parasitic infections

Nephrology	Urinary tract infection Vesico-ureteric infection reflux Enuresis
Neonatology	Neonatal jaundice Examination of newborn Respiratory distress syndrome
Respiratory Medicine	URTI and coryza Hay fever Asthma Foreign body inhalation Bronchiolitis Croup Pneumonia Epiglottitis Otitis media
Neurology	Febrile convulsion Meningitis/encephalitis
Orthopaedics	Knock knee Bow leg Flat feet Intoeing Painful knees Scoliosis
Dermatology	Eczema Body and head lice Seborrhoeic dermatitis
Adolescent Medicine	Normal and abnormal sexual development Disorders of menstruation Sexual education and contraception
Haematology	G6PD deficiency Anaemia: iron and B12 deficiency
Others	Kawasaki disease Henoch-Schonlein Purpura Sudden infant death syndrome

2.2 Second Priority

To acquire a **basic understanding** of the diagnosis, assessment, management in the primary care setting and upon referral, and appropriate referral of the following conditions.

Cardiology	Common congenital heart diseases Rheumatic heart disease Infective endocarditis
GI and Hepatology	Failure to thrive Mal-nutritional states Hepatitis and hepatosplenomegaly

Endocrinology and Metabolic Disorders	Common growth disorders DM and hypoglycaemia Thyroid diseases Fluid and electrolyte imbalance
Haematology and Oncology	Thrombocytopenic purpura Anaemia including thalassaemia Leukaemia
Nephrology	Nephrotic syndrome
Neurology	Disables and handicaps Epilepsy Cerebral palsy
Psychiatry	Autism Attention deficit and hyperactive disorder Eating disorder

III. Skills

Trainees should be **competent** in the following skills.

Blood sampling
Setting up IV drips
Collection of urine sample (clean catch, bag, catheterisation, suprapubic tapping)
Microscopy of urine sample
Examination of newborns and babies
Developmental screening and assessment
Use and interpretation of various growth charts
Interpretation of basic chest and abdominal X rays films

3.1 Optional Skills

Trainees should have a **basic understanding** of the following skills.

Nasogastric intubation
Interpretation of blood smear
Lumbar puncture

Certification by clinical supervisor:

Name in block letters

Signature

Date

SURGERY

I. Objectives

Trainees should be able to provide holistic patient care through the acquisition of broad experience.

- 1.1 Trainees should be competent in the **diagnosis and assessment** of the **common surgical conditions that are encountered in community practice**.
- 1.2 Trainees should be competent in the **appropriate referral** of common surgical conditions. Trainees should also have a **basic understanding** of the possible management of the conditions upon referral.
- 1.3 Trainees should acquire a level of competence in the performance of **minor surgical operations** and simple diagnostic and therapeutic surgery that is appropriate for a family practice clinic setting.

II. Exposure

2.1 First Priority

To develop an ***in-depth understanding*** and ***gain experience*** in the following surgical conditions that are commonly encountered in the primary care setting. Trainees should be ***competent*** in the diagnosis, assessment, and management in the primary care setting and upon referral of these conditions, and to be able to make appropriate referral.

- Acute abdomen
- Thyroid mass and other neck swellings
- Breast lump
- Rectal haemorrhage
- Peri-anal conditions
- Varicose veins and other peripheral vascular disorders
- Leg ulcers
- Benign prostatic hypertrophy and related prostate diseases
- Erectile dysfunction
- Gallstones
- Gastric and colorectal malignancies

2.2 Second Priority

To acquire a ***basic understanding*** of the diagnosis, assessment, management in the primary care setting and upon referral and the appropriate referral of the following conditions.

- Oesophageal diseases and malignancy
- Other abdominal masses
- Hernia and complications
- Surgical haematuria
- Pancreatitis
- Testis and epididymis diseases

III **Skills**

3.1 Priority Skills

Trainees should be **competent** in the following basic surgical skills

Incision and drainage of a superficial abscess
Excision of simple lumps e.g., sebaceous cyst
Wedge excision of ingrown toenail
Banding of hemorrhoids
Proctoscopy

3.2 Optional Skills

Trainees should have a **basic understanding** of the following surgical skills

Circumcision
Endoscopy
Removal of rectal polyp
Herniorrhaphy
Appendectomy

Certification by clinical supervisor:

Name in block letters

Signature

Date

DERMATOLOGY

I. Objectives

Trainees should be able to provide holistic patient care through the acquisition of broad experience.

- 1.1 Trainees should be competent in the **diagnosis, assessment and management** of the **common dermatological conditions** that are encountered in community practice.
- 1.2 Trainees should be competent in the appropriate referral for dermatological conditions that need specialist care. Trainees should also have a **basic understanding** of the possible management of such conditions after referral.
- 1.3 Trainees should acquire a level of competence in the performance of simple diagnostic and therapeutic dermatological procedures that are appropriate for a family practice clinic setting.

II. Exposure

2.1 First priority

To develop an ***in-depth understanding*** and ***gain experience*** in the following skin conditions that are commonly encountered in the primary care setting. Trainees should be ***competent*** in the diagnosis, assessment, and management in the primary care setting of such conditions and be able to make appropriate referrals.

Eczema and contact dermatitis

Urticaria

Acne

Benign skin conditions: seborrhoeic wart, hypertrophic scar, keloid, pyogenic granuloma etc.

Viral disorders of the skin

Fungal disorders of the skin

Bacterial infections of the skin

Infestations of the skin

Drug eruptions

Hair and nail problem

Cutaneous manifestation of systemic diseases

Pigmentary disorders

2.2 Second priority

Trainees should have ***basic understanding*** of the diagnosis, assessment and management in the primary care setting and upon referral, and appropriate referral of the following conditions.

Psoriasis
Pityriasis rosea and lichen planus
Solar damage and skin cancer
Developmental disorders of the skin
Skin manifestations of insufficient or abnormal circulation
Disorders of the sebaceous, sweat and apocrine glands
Bullous disorders of the skin

-

III. Skills

3.1 *Priority skills*

Trainees should be **competent** in the following basic dermatological skills.

Skin scrapings for microscopy
Skin biopsy
Use of ultra-violet/Wood's light
Cauterisation

3.2 *Optional Skills*

Trainees should have a **basic understanding** of the following skills.

Cryotherapy
Skin testing for allergy (skin patch and prick test)
Phototherapy
Laser surgery

Name in block letters

Signature

Date

EMERGENCY MEDICINE

I. Objectives

Trainees should be able to provide holistic patient care through the acquisition of broad experience.

- 1.1 Trainees should be competent in the **diagnosis, and assessment** of the **common emergency medical conditions that are encountered in community practice**.
- 1.2 Trainees should be competent in the **appropriate referral** for common emergency medical conditions. Trainees should also have a **basic understanding** of the possible management of such conditions upon referral.
- 1.3 Trainees should acquire a level of competence in the performance of simple diagnostic and therapeutic emergency procedures that are appropriate for a family practice clinic setting.

II. Priority Exposure

To develop an ***in-depth understanding*** and ***gain experience*** in the following emergency medical conditions that are commonly encountered in the primary care setting. Trainees should be **competent** in the diagnosis, assessment, and management in the primary care setting and upon referral of such conditions, and to be able to make appropriate referrals.

Recognition, resuscitation, stabilisation, evaluation and care of critically ill or injured patients

Arrangement of appropriate management plan, including admission, follow-up, referral or discharge

Prehospital care of acutely ill or injured patients

Management of episodic, undifferentiated physical and behavioral conditions

III Skills

3.1 Priority Skills

Trainees should be **competent** in the following basic emergency skills.

The basic knowledge and skills to handle a wide variety of minor or critical events presenting to the Emergency Department

Basic and advanced life support (adult and paediatric)

3.2 *Optional Skills:*

Trainees should have a ***basic understanding*** of the following emergency skills

Knowledge of emergency medical system, including pre-hospital care

Management aspects of an Emergency Department

Community disaster management

Initiation of pre-hospital care in a field situation

Certification by clinical supervisor:

Name in block letters

Signature

Date

OPHTHALMOLOGY

I. Objectives

Trainees should be able to provide holistic patient care through the acquisition of broad experience.

- 1.1 Trainees should be competent in the **diagnosis, assessment and management** of the **common eye conditions** that are encountered in community practice.
- 1.2 Trainees should be competent in the appropriate referral of conditions that need specialist care. Trainees should also have a **basic understanding** of the possible management of such conditions after referral.
- 1.3 Trainees should acquire a level of competence in the performance of simple diagnostic and therapeutic ophthalmological procedures that are appropriate for a family practice clinic setting.

II. Exposure

2.1 First Priority

To develop an ***in-depth understanding*** and ***gain experience*** in the following ophthalmological conditions that are commonly encountered in the primary care setting. Trainees should be **competent** in the diagnosis, assessment, and management of such conditions in the primary care setting and make appropriate referrals.

Red eyes
Foreign bodies/chemicals in the eye
Corneal ulcer
Glaucoma
Cataract
Eye infections: viral, bacterial, parasitic
Floaters
Dry eyes
Squints
Refractive errors

2.2 Second Priority

To acquire a ***basic understanding*** of the diagnosis, assessment, and management in the primary care setting and upon referral, and the appropriate referral of the following conditions.

Orbital swellings
Inequality/dilatation of pupils

Visual field defects
Loss of vision: sudden, subacute and gradual

Retinal detachment
Eye involvement in systemic diseases
Minor trauma

III. Skills

3.1 Priority Skills

Trainees should be ***competent*** in the following basic ophthalmological skills.

General ophthalmic examination
Use of the ophthalmoscope
Visual function tests: visual acuity, color vision tests, visual field examination
Recognition of refractive errors by pinhole test
Care of contact lenses
Gross fluorescein test
Simple tonometry
Removal of superficial corneal and other foreign bodies
Meibomian cyst, styne and their first-line treatment

3.2 Optional Skills

Trainees should have a ***basic understanding*** of the following ophthalmological skills.

Dilatation of lacrimal duct
Basic use of slit lamp examination
Retinophotography

Certification by clinical supervisor:

Name in block letters

Signature

Date

ORTHOPAEDIC AND TRAUMATOLOGY

I. Objectives

Trainees should be able to provide holistic patient care through the acquisition of broad experience.

- 1.1 Trainees should be competent in the **diagnosis, assessment and management** of the **common** orthopaedic and traumatic conditions that are encountered **in community practice**.
- 1.2 Trainees should be competent in the appropriate referral for orthopaedic and traumatology conditions that need specialist care. Trainees should also have a **basic understanding** of the possible management of such conditions upon referral.
- 1.3 Trainees should acquire a level of competence in performing simple diagnostic and therapeutic orthopaedic and traumatology procedures that are appropriate for a family practice clinic setting.

II. Exposure

2.1 First Priority

To develop an ***in-depth understanding*** and ***gain experience*** in the following orthopaedic conditions that are commonly encountered in the primary care setting. Trainees should be **competent** in the diagnosis, assessment, and management in the primary care setting of these conditions, and to be able to make appropriate referrals.

Osteoarthritis and degenerative joint disease

Gout and pseudogout

Shoulder problem: impingement syndrome, painful arc syndrome, frozen shoulder

Repetitive stress injury: carpal tunnel syndrome, De Quervain disease, tennis elbow, plantar fasciitis

Degenerative spine disease: cervical spondylosis, cervical radiculopathy and myelopathy, lumbar spondylosis, prolapsed intervertebral disease, cord compression

Peripheral nerve disorder and other entrapment syndromes

Osteoporosis

Joint dislocation and injury

Flat foot, kyphoscoliosis

Simple fractures

Trainees should also have an ***in-depth understanding*** of the principles of rehabilitation, which include the role of the following.

Physiotherapy in common orthopaedic problems: strengthening/stretching exercises, shoulder/knee class

Occupational therapy in common orthopaedic problems: walking aids, braces, vocational and home assessment

Orthotics and prosthesis: use of orthopaedic appliances

2.2 Second Priority

Trainees should have a **basic understanding** of the diagnosis, assessment and referral of the following conditions.

Complications of fractures

Immediate management of open wounds and amputated digits

Common paediatric orthopaedic conditions: e.g., pes planus, pes cavus, knock knee, bow leg

Joint infection: pyogenic and T.B.

Rheumatological disorders

Osteomalacia

Optional exposure includes bone tumours, metabolic bone conditions, neuromuscular diseases, haemophilia and related conditions, osteonecrosis and osteochondritis.

III. Skills

3.1 Priority Skills

Examination of musculoskeletal system

Injections of joints, trigger fingers and other soft tissue injection, such as tenosynovitis, plantar fasciitis

Reduction of simple fracture and dislocations

X-ray, CT, MRI, isotope scans: indications, limitations, interpretations

Basic orthopaedic operations: carpal tunnel release, excision of lumps

Trainees should also have basic understanding of arthroscopy, nerve conduction tests, and electromyography

Certification by clinical supervisor:

Name in block letters

Signature

Date

OTORHINOLARYNGOLOGY

I. Objectives

Trainees should be able to provide holistic patient care through the acquisition of broad experience.

- 1.1 Trainees should be competent in the **diagnosis, assessment and management** of the **common ENT conditions** that are encountered in the primary care setting.
- 1.2 Trainees should be competent in the appropriate referral of conditions that need specialist care. Trainees should also have a **basic understanding** of the possible management of such conditions after referral.
- 1.3 Trainees should acquire a level of competence in the performance of simple diagnostic and therapeutic ENT procedures that are appropriate for a primary care setting.

II. Exposure

Trainees should have an ***in-depth understanding*** of the common ENT conditions in the following priority areas. Trainees should be competent in the diagnosis, assessment and management in the primary care setting or upon referral of these conditions.

2.1 First Priority

- 2.1.1 Ear
 - Painful ears
 - Discharging ears
 - Fluid in the middle ear
 - Tinnitus
 - Deafness
 - Dizziness and vertigo
- 2.1.2 Nose
 - Rhinitis
 - Sinusitis
 - Epistaxis
 - Nasal obstruction
- 2.1.3 Throat
 - Throat infections
 - Hoarseness of voice
 - Lumps in the neck

2.2 Second Priority

Trainees should have a ***basic understanding*** of the diagnosis, assessment and management in the primary care setting or upon referral of the following conditions.

Dysphagia
Facial nerve palsy
Foreign bodies in the ear, nose and throat
ENT tumours: nasopharyngeal carcinoma, acoustic neuroma, etc
Sleep apnoea
Salivary gland swelling

III. Skills

3.1 Priority Skills

Trainees should be **competent** in the following basic clinical skills.

Use of auroscope
Ear syringing
Hearing tests especially tuning fork tests
Examination of the nose
Nasal packing for epistaxis

3.2 Optional Skills

Trainees should have a **basic understanding** of the following skills.

Laryngoscopy: direct and indirect
Removal of foreign bodies from the ear, nose and throat

Certification by clinical supervisor:

Name in block letters

Signature

Date

PSYCHIATRY

I. Objectives

- 1.1 Trainees should be competent in the **diagnosis, assessment and management of the common psychiatric conditions** that are encountered in the primary care setting.
- 1.2 Trainees should be competent in the **appropriate referral** of common psychiatric conditions. Trainees should also have a **basic understanding** of the possible management of such conditions upon referral.
- 1.3 In the management of common psychiatric problems in the primary care setting, trainees should undertake the following.
 - 1.3.1 Develop a bio-psychosocial approach to patients with psychiatric problems, rather than focus on individual diseases.
 - 1.3.2 Encourage continuity of care through follow up, appropriate communication and liaison with the supporting team.
 - 1.3.3 Prescribe appropriately.
 - 1.3.4 Engage in crisis management and know when to seek help.

II. Exposure

2.1 First Priority

To develop an ***in-depth understanding*** and ***gain experience*** in the following psychiatric conditions that are commonly encountered in the primary care setting. Trainees should be ***competent*** in the diagnosis, assessment, and management of these conditions in the primary care setting, and be able to make appropriate referrals.

Affective disorders: depression, suicide, anxiety, insomnia
Schizophrenia (co-management and support during crisis)
Psychiatric emergency – suicidal, abusive parents and spouses, dangerous patients, rape
Neurotic stress related and somatoform disorder
Alcoholism
Adolescent problems
Family problems

2.2 Second Priority

To acquire a ***basic understanding*** of the diagnosis, assessment, management in the primary care setting and upon referral, and the appropriate referral of the following conditions.

Mania
Hypochondriasis

Organic mental disorder
Delusional disorder
Mental retardation
Personality disorder
Substance misuse (anti-anxiety drugs, sedative–hypnotics)
Complicated reaction to medical illness: non-compliance, demanding, dependent
Sexual dysfunction – impotence, dyspareunia, relationship problems
Common psychiatric problems in children (may be covered during paediatric rotation):
Autism
Enuresis and encopresis
Behavior disorders
Feeding problems
Recurrent abdominal pain, tics, school phobia

III **Skills**

3.1 Priority Skills

Trainees should be **competent** in the following basic skills.

- Interview technique
- Mental state assessment and examination
- Counselling and brief supportive psychotherapy
- Liaison and appropriate use of community resources
- Effective communication and shared-care with psychiatry team
- Procedure for hospitalisation under the Mental Health Ordinance

3.2 Optional Skills

Trainees should have a **basic understanding** of the following skills.

- Rehabilitation care of patients with severe chronic disability
- Other psychotherapy: sex therapy, cognitive and behavioral, group psychotherapy etc.
- Electro-convulsive therapy

Certification by clinical supervisor:

Name in block letters

Signature

Date

Community-based Basic Training

**COMMUNITY-BASED BASIC TRAINING IN ACCREDITED
FAMILY MEDICINE PRACTICES**

Dates	Names of Training Supervisor	Name and Address of Practice	Practice Interests e.g., Paediatric, Family Medicine, O & G
Brief Description of the Practice:			
Acquired Experience and Skills:			
Dates	Names of Training Supervisor	Name and Address of Practice	Practice Interests e.g., Paediatric, Family Medicine, O & G
Brief Description of the Practice:			
Acquired Experience and Skills:			

Please make more copies if required

COMMUNITY-BASED BASIC TRAINING IN ACCREDITED FAMILY MEDICINE PRACTICES

Dates	Names of Training Supervisor	Name and Address of Practice	Practice Interests e.g., Paediatric, Family Medicine, O & G
<p>Brief Description of the Practice:</p>			
<p>Acquired Experience and Skills:</p>			
Dates	Names of Training Supervisor	Name and Address of Practice	Practice Interests e.g., Paediatric, Family Medicine, O & G
<p>Brief Description of the Practice:</p>			
<p>Acquired Experience and Skills:</p>			

Please make more copies if required

GENERAL/FAMILY MEDICINE

Trainees should acquire the following knowledge and skills.

A. Patient Interview

- Understand the importance of time allotment
- Demonstrate empathy and listening ability
- Understand the patient's facial expressions, body language and emotions
- Use clear questions and understandable language
- Follow up the patient's cues
- Use a variety of questioning methods
- Demonstrate flexibility of approach
- Know how to deal with cultural biases
- Elicit reason for visit
- Recognise what the patient wants and what the patient actually needs
- Recognise the patient's hidden agenda where present

B. History and Information Gathering

a. Presenting Problem

- Problem identification
- Past history
- Family and social history
- Knowledge of normal family dynamics and family cycle
- Knowledge of the effect of illness on the family
- Knowledge of the effect of family pathology on family members
- Occupational history
- Knowledge of the effects of type of work on illness
- Knowledge of working environment on the patient and illness

b. Physical Examination

- Appropriate to history
- Consideration of the patient's privacy and dignity

c. Investigations

- Procedural skills
- Select tests appropriate to history, physical examination and local morbidity patterns

C. Problem Formulation and Record Keeping

- Formulate and record the problem clearly
- List findings relevant to the problem - positive and essential negatives
- Record all essential lab and X-ray reports

D. Management Profile

Adequate advice and explanation

Simple and clear instructions

Reinforce patient compliance

Skill in initiating immediate or emergency management, including relief of distress and life saving procedures

Skill in providing comprehensive short-term management that avoids unnecessary treatment

Skill in planning a comprehensive programme of continuing care, taking into account physical, psychological and social factors

Appropriate use of time as a diagnostic and therapeutic tool

Medico-legal letters

Certificates

Insurance reports

Medical reports and summaries, etc., to other physicians

Notification forms

E. Preparation of Patient for Diagnostic and Therapeutic Procedures

Adequate explanation of the need for the procedures involved, and options

The possible costs

The possible effects

F. Patient Education

Adequate explanation to patient and family

Discussion of health maintenance

Discussion and encouragement of self-care

Discussion of preventive measures (including knowledge of the opportunities for preventive care at a family level and skill in anticipating problems in the family unit)

Explanation of misconceptions

Danger of misuse of medication

Danger of unfounded hearsay and publications

G. Referral Practices

Relevant decisions in making appropriate referrals

Writing adequate summaries and referral letters

Adequate perusal and filing of replies

H. Use of Community Resources

Knowledge and appropriate use of community resources and agencies

Knowledge of available para-medical services

Consideration of patient's financial and social resources

- I. Respect for Patient's Attitudes Based on Religious or Ethnic Background
 - Comfortable discussion of "personal matters"
 - Able to deal appropriately with patient rejection/hostility
 - Able to cope with patient's exaggerated emotional display
 - Scientific explanation of a traditional belief

- J. Rehabilitation
 - The trainee should exhibit
 - Knowledge of rehabilitation principles and techniques
 - Skill in evaluating disabilities, considering age, gender, occupation, ethnic background, and the family support available
 - Skill in planning and implementing a rehabilitation programme
 - Knowledge of local community resources for rehabilitation and appropriate referral

- K. Office Management
 - Knowledge of practice economics, including patterns of practice
 - Recruitment, training and supervising office staff
 - Knowledge of medical record keeping and filing
 - Knowledge of drug ordering, storage, stock-taking and disposal
 - Knowledge of office equipment requirement, instrument sterilisation and storage
 - Knowledge of costs of investigation, treatment and hospitalisation
 - Skill in the use of this knowledge of practice management in providing economic effective patient care
 - Skill in evaluating the time and cost-effectiveness of the practice

- L. Self-profile and self-awareness
 - Regularly assess existing knowledge, skills and attitudes by assessment programmes, discussion, record review and practice assessment
 - Regularly undertake appropriate continuing medical educational programmes to remove educational deficiencies, to refresh procedural skills and to up-date new medical knowledge
 - Exhibit knowledge of the principles, methods and limitations of clinical, epidemiological and operational research
 - Attitude of willingness to carry out such research in practice or community
 - Skill in recognising and defining research problems
 - Show aptitude to teach others in the clinic and other educational environments
 - Exhibit a sense of responsibility to the profession and the community
 - Contribute to the improvement of the community's health, and the physical and social environment
 - Participate in professional, educational, or research organisations

M. Medical Ethics and the Law

Exhibit ethical, legal and statutory knowledge

Exhibit personal and intellectual integrity

Exhibit a sense of responsibility towards their family and organise professional life to fulfill that responsibility

Informed consent

N. Overall Performance as a Family Physician

Show interest, consideration and empathy, establish a rapport and inspire confidence

Communicate effectively, listening carefully and using appropriate questioning style

Show knowledge of the process involved in the interaction between a patient, his family and the community

Show knowledge of the influence of physical, psychological, social and environmental factors on the patient and the patient's illness

Show knowledge of the importance of the doctor-patient relationship and whole patient care

Show knowledge of the clinical entities that are relevant to general practice in Hong Kong

Interpret correctly the clinical and social data

Identify and clearly define all of the problems involved

Develop realistic solutions to these problems

Identify and follow up important cues and exhibit a logical problem solving process

Communicate clear and adequate information, advice and explanation, using tact, discrimination and honesty

Exhibit a preventive attitude and sense of responsibility as a good general practitioner

Exhibit an understanding of the pathological process that is involved and the principles of management, including the physical, psychological and social aspects

Certification by the last clinical supervisor before the end of community training:

Name in block letters

Signature

Date

COMMUNITY MEDICINE/PUBLIC HEALTH

Trainees should be competent in the following.

- Advocating the promotion of health and the prevention of disease
- Appreciate the health problems in their community and their determinants
- Understand the role of screening programmes
- Understand the investigation and control of communicable and environmental diseases

Core Skills

- Interpretation of health data/statistics, e.g., prevalence rates, incidence rates, sex/age standardisation, morbidity rates etc.
- Knowledge of the principles and approach to managing infectious epidemics

Elective Skills

- Application of the various epidemiological research methods and research protocol developments e.g., randomised control studies, cohort studies, case control studies, interventional studies etc.
- Principles of epidemiological and control of diseases
- Principles and practice of occupational health
- Health economics
- Management of health services and human resources management

Certification by clinical supervisor:

Name in block letters

Signature

Date

RECORD OF OTHER ACCREDITED COMMUNITY-BASED BASIC TRAINING

(For example EHC, CGAT)

Dates	Names of Training Supervisor	Name and Address of Practice	Practice Interests e.g., CGAT, palliative medicine
<p>Brief Description of the Practice:</p>			
<p>Acquired Experience and Skills:</p>			
<p>Brief Description of the Practice:</p>			
<p>Acquired Experience and Skills:</p>			

Please make more copies if required

RECORD OF OTHER ACCREDITED COMMUNITY-BASED BASIC TRAINING

(For example EHC, CGAT)

Dates	Names of Training Supervisor	Name and Address of Practice
<p>Brief Description of the Practice:</p>		
<p>Acquired Experience and Skills:</p>		
Dates	Names of Training Supervisor	Name and Address of Practice
<p>Brief Description of the Practice:</p>		
<p>Acquired Experience and Skills:</p>		

Please make more copies if required

Learning Portfolio

Trainees should record their six-monthly learning plans and learning activities.

Learning Needs (Prioritised)	Learning Methods	Learning Activities	Target Commencement Date	Target End Date

Learning Needs (Prioritised)	Learning Methods	Learning Activities	Target Commencement Date	Target End Date

Record of Structured Educational Programme

BVTS pre-approved Structured Programme

Approved Code must be listed clearly

Minimum requirement is 15 hours per module

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory))

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

e.g., vocational training seminars, workshops, refresher courses, practice meetings
on 14 modules of basic training

[illegible]

Record of Training Activities and Community Involvement

CLINIC SIT-IN CONSULTATION SESSIONS (Mandatory)

(To Be Filled in and signed by Clinical Supervisor)

Date	Name of Supervisor	Comments by Supervisor

CLINIC SIT-IN CONSULTATION SESSIONS (Mandatory)
(To Be Filled in and signed by Clinical Supervisor)

Date	Name of Supervisor	Comments by Supervisor

REVIEW OF CONSULTATION VIDEO-RECORDING (Mandatory)
(To Be Filled in and signed by Clinical Supervisor)

Date	Name of Supervisor	Comments by Supervisor

REVIEW OF CONSULTATION VIDEO-RECORDING (Mandatory)
(To Be Filled in and signed by Clinical Supervisor)

Date	Name of Supervisor	Comments by Supervisor

COMMUNITY INVOLVEMENT (Optional)

(please give dates, name of organisation and activity, and title of appointment or involvement)

[illegible]

RECORD OF RESEARCH PROJECTS (Optional)

Topic & Dates	Brief Description of Project and Your Participation	Published (give issue of journal) or Unpublished (give Summary of Main Findings)

TEACHING EXPERIENCE (Undergraduates and others) (Optional)

Dates	Details of Teaching Experience (e.g., target group, topic, occasion)

COLLEGE ACTIVITIES/RESPONSIBILITIES (optional)

Date Title of Appointment/Activity

**LIST OF PATIENTS SEEN IN A TWO-WEEK PERIOD DURING COMMUNITY-BASED BASIC
TRAINING (MANDATORY)**

Page:_____

[illegible]

Please make one record during basic training

LIST OF PATIENTS SEEN IN A TWO-WEEK PERIOD DURING COMMUNITY-BASED BASIC TRAINING (MANDATORY)

Page:_____

[illegible]

Please make one record during basic training

**LIST OF PATIENTS SEEN IN A TWO-WEEK PERIOD DURING COMMUNITY-BASED BASIC
TRAINING (MANDATORY)**

Page:_____

[illegible]

Please make one record during basic training

LIST OF PATIENTS SEEN IN A TWO-WEEK PERIOD DURING COMMUNITY-BASED BASIC TRAINING (MANDATORY)

Page:_____

[illegible]

Please make one record during basic training

Application Form for the Certification of Completion of Basic Training in Family Medicine

Block letter please

(DD / MM / YYYY)

(DD / MM / YYYY)

☐ **Four-Year of Basic Training.**[illegible]

Please complete the following checklist:

Listing of Structured Education Programme by Modules	Yes / No*
Self-directed Education & Critical Appraisal Exercise <i>(Mandatory for Higher Training)</i>	Yes / No*
Completion of Listing of Patient Seen in a Two-week Period in Community Based Basic / Higher Training	Yes / No*
Record of Supervisors / Mentor's Feedback	Yes / No*
Clinic Sit-in Consultation Sessions and Review of Consultation Video-recording	Yes / No*

Signature: _____ Date: _____

For Official Use Only

1. Retrospective accreditation letter from BVTS **Yes / No***

2. Evidence submitted by trainee **Yes / No***

3. Certificate of completion of basic/ higher training **Yes / No***

** delete as appropriate*