



香港家庭醫學學院  
The Hong Kong College of Family Physicians

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## Application Form for Certification of Completion of Higher Training in Family Medicine

Name of trainee: Dr. \_\_\_\_\_

Starting date of training: \_\_\_\_\_(dd/mm/yy)

Completion date of training: \_\_\_\_\_(dd/mm/yy)

I would like to apply for completion of Two-year higher training.

My training rotation:

<u>Period (mm/yy- mm/yy)</u>	<u>Name of training unit</u>	<u>Clinical supervisor</u>

Enclosed are the original copy of my training logbook and the checklist for completion of higher training for your reference

Signature: \_\_\_\_\_

Date \_\_\_\_\_

To: **Chairman of Higher Training Subcommittee, BVTS of HKCFP**

**Checklist for Completion of Higher Training**

Trainee: Dr. \_\_\_\_\_

Clinical Supervisor: Dr. \_\_\_\_\_

<b>Checking items and content</b> (Tick as appropriate)	<b>Trainee Section</b>	<b>Verification by BVTS</b>
Records of Practice Visits w/ Feedback (6 months intervals)		
Date of 1 <sup>st</sup> visit:		
Date of 2 <sup>nd</sup> visit:		
Date of 3 <sup>rd</sup> visit:		
Date of 4 <sup>th</sup> visit:		
Consultation Skill Review LAP (6 months intervals)		
Supervisor Feedback /Assessment (annually)		
Self-Directed Education & Critical Appraisal Exercises (> 40 hrs / 6 months)	Total: _____ hours	
Pre-Approved Structured Educational Program (Confirmation by course organizer) (>160 hours, >80 sessions, >15 hours per module)		
1. Principles and Concepts of Working with Families	_____ hours	
2. Family Interview and Counseling	_____ hours	
3. Difficult Consultations and Ethical Dilemmas	_____ hours	
4. Clinical Audit and Research in Family Medicine	_____ hours	
5. Critical Appraisal	_____ hours	
6. Preventive Care and Patients with Special Needs	_____ hours	
7. Health Economics and Advanced Practice Management	_____ hours	
8. Teaching and Training	_____ hours	
<i>Total :</i>	_____ hours	
Record of Sit in / Videotaped Sessions (6 monthly) Submit at least 3 videotaped consultations to BVTS		
Learning plans / Record of Supervisor Feedback (6 monthly)		
Learning portfolio kept (6 monthly)		
Content checklist completed and signed		
2 weekly patient profile completed		
Attendance of Hong Kong Primary Care Conference (once)		

\*all requirements above need to be completed before the end of training

Signature of trainee \_\_\_\_\_

Date \_\_\_\_\_

**For official use only**

Other comments / Recommendation

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The trainee is / is not recommended for completion of two years of higher training

The report is completed by Dr. \_\_\_\_\_ (Block letter)

Signature: \_\_\_\_\_ Date \_\_\_\_\_