

# HIGHER TRAINING INTRODUCTORY SEMINAR 2026

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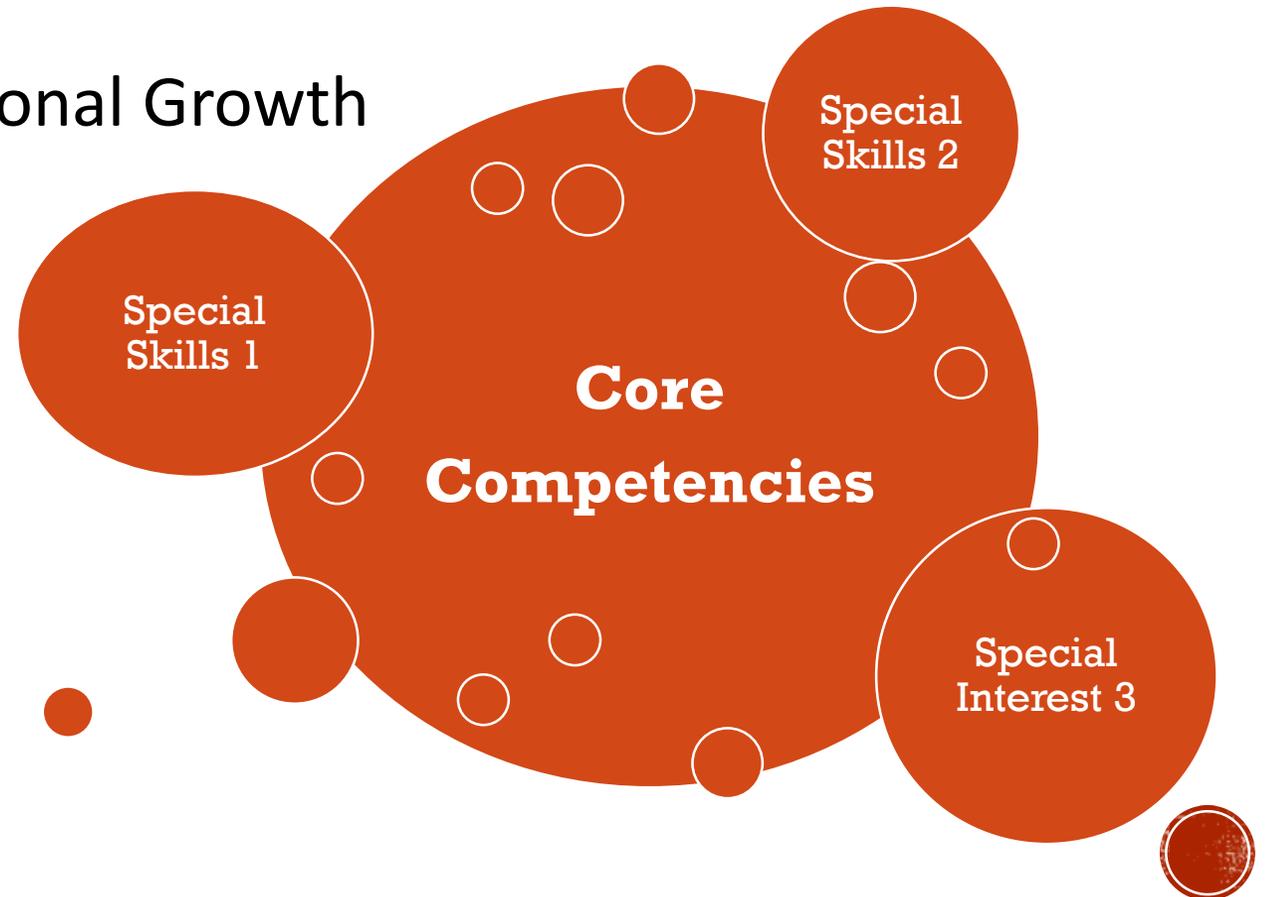


- 2 years supervised training for those who had completed 4 years basic training in Hong Kong
- Duration for supervised training for those who had completed overseas structured training (subject to pre-approval by vetting subcommittee, BVTs)



# OBJECTIVES OF TRAINING

1. Competency Based
2. Empower Continuous Professional Growth



# FROM KNOWING TO COMPETENCE

**\*\*Change objectives of CONTENT Checklist\*\***

**From** “The trainee has acquired the following knowledge and skills”

**To** “The trainee has acquired the following knowledge **AND demonstrated competence as listed**”

- 1. Working with families
- 2. Individual patient care
- 3. Preventive care and care of patients with special needs
- 4. Professional development and ethics
- 5. Quality assurance and audit
- 6. Health care service management



# CORE VS ELECTIVE COMPETENCE

## 1. CORE Competence:

- MUST Complete higher competencies

## 2. Elective Competence

- ONE Mandatory elective competence
- Embrace continuous professional growth in FM



# CORE COMPETENCE

## 1. Working with families

## 2. Individual patient care

*include higher level of consultation competence in individual patient care and difficult patient encounter*

## 3. Preventive care and care of patients with special needs

### *Age/Sex Specific Care*

Preventive care according to demographics

Child/Adolescent behavioural problem (exclude child abuse care)

Women's health

Elderly Care

*Mental health* (Psychological problem)

*Palliative Care* (Patient with terminal illnesses)

## 4. Professional development and ethics

## 5. Quality assurance and audit

## 6. Health care service management



# HOW TO DEMONSTRATE CORE COMPETENCE

1. Working with family\*
2. Individual patient care\*
3. Preventive Care & Patient with special need\*
  - \*Consultation Supervision should FOCUS on Core competence listed (*can video/audio/Case log*)
  - \*Video tape cases for supervision → demonstrate Core competence esp Higher ones
  - \*Self directed education: select quality and relevant learning activities that will enhance competence, not just knowledge base → *log related activity*



4. Professional development and ethics: **No change**

5. Quality Assurance and Audit: **No change**

Skills tested in doing Research/Audit as Exit Assessment

6. Health care service management: **show evidence of activities that demonstrate achieve related skills** e(

**e.g. Can Submit a report** on practice population's health care analysis and suggested enhancement **case base study report** that demonstrate how to utilize community resources available)



# ELECTIVE COMPETENCE (SPECIAL INTEREST IN FM)

- Extract from Logbook
  1. Family Therapy
  2. Counselling including
    - Marital Counselling, Counselling of dysfn family, Bereavement Counselling
  3. Home Care of Elderly in Aged Home
  4. Home Care of End of Life patients including Home death
  5. Specific Behavioral Problem of Child and Adolescent:
    - Child abuse





- Complete ONE Mandatory elective competence during 2 year higher training
- Objectives: Empower Continuous Professional Growth, Encourage trainees to pursue a specific area of interest
- Selection based on Trainee's personal interests, career aspiration, availability of resources, training opportunities
- Components: complete a structural course + Practicum to demonstrate elective skills competence
- How much need to do ? Extent as appropriate to the area of special interest
- Can be counted as Self-Directed Education for 40 hours maximally
- Lists of elective skills applied in 2024: Palliative care, Dermoscopy, Cognitive behavioral therapy, POCUS, MSK, Family therapy
- Not suggested i.e. clinical training that are included in basic training (i.e. AIM, DCH, Dip Derm)



# STRUCTURAL EDUCATIONAL PROGRAM (SEP) & SELF DIRECTED LEARNING

1. SEP

2. Self Directed Learning

- Self Directed Education (SDE)
- Critical Appraisal Exercise (CAE)



# STRUCTURED EDUCATIONAL PROGRAMME

\*Small group discussion formed by Higher Trainees with group size no more than 15 Higher Trainees

## **(8 modules)**

1. The principles and concepts of working with families
2. Family interview and counseling
3. Difficult consultations and ethical dilemmas
4. Clinical Audit and Research in Family medicine
5. Critical Appraisal
6. Preventive care and patients with special needs
7. Health economics and advanced practice management
8. Teaching and training



# STRUCTURED EDUCATIONAL PROGRAMME

- Requirement
  - Total 80 hours (Minimum 40 hours per year)
- Frequencies
  - Minimum 20 sessions per year
  - Minimum 6 hours per 2-month
  - Maximum 1 session per day only
- Duration per module
  - Minimum 8 hours per module within the 2-year higher training period



# STRUCTURED EDUCATIONAL PROGRAMME

For SEP regulations and random video checking,  
Please refer to the latest SEP regulations for detail information.



Microsoft Word  
Document

## ATTENTION:

- The related 6-month (e.g. Feb to Jul or Aug to Jan) period SEPs would be disqualified if fail to comply with the regulations.



# SELF DIRECTED EDUCATION (SDE)

- **Minimum 40 hours per 6 months**
- Should be focused to improve the competence as listed in the content checklist
- i.e. Tailored structural courses run or as recommended by HKCFP for higher training, Elective skills training that is recommended in the logbook
- If trainees have other SDE activities after fulfilling the basic hours with core competence, welcomed to add on SDE outside the checklist

**SELF-DIRECTED EDUCATION EXERCISES**  
Mandatory for HIGHER TRAINING  
(Revised on 6<sup>th</sup> March 2024)  
(Minimum 40 hours/6 months)

SDE No \_\_\_\_  
SEP module \_\_\_\_  
Content Checklist \_\_\_\_

Date: \_\_\_\_\_ Number of hours: \_\_\_\_\_

Details of Educational Activity:

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1. What is the relevance of the topic to your practice?

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2. What new information have you learned?

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3. Is the new information applicable to your practice? *Please delete if appropriate*

Yes *(Please go to Qn 4)*

No/Others *(please elaborate)* \_\_\_\_\_

4. How are you going to apply this new information to your daily practice?

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5. Overall comments:

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*N.B. Please make copies of this form as needed.*

# CRITICAL APPRAISAL EXERCISES (CAE)

- Minimum 20 hours per 6 months

## CRITICAL APPRAISAL EXERCISES

Mandatory for HIGHER TRAINING

(Revised on 6<sup>th</sup> March 2024)

(Minimum 20 hours/6 months)

CAE No \_\_\_\_  
SEP module \_\_\_\_  
Content Checklist \_\_\_\_

Date: \_\_\_\_\_ Number of hours: \_\_\_\_\_

Scientific Article Citation (Vancouver Style):

Type of Articles: *Please tick if appropriate*

- Systematic Review     Randomized Controlled Trial     Cohort study  
 Qualitative Study     Case Control Study     Others

Research Methodology:

Patient/ Problem/ (Sample size)	
Interventions/ Control (if any)	
Research Aims & Objectives	
Data Collection Measuring Outcomes	
Results	

1. Is the Research Methodology sound and focused? If not, how can this Research Methodology be done better?

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2. How can this Research help your local daily practice?

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*N.B. Please make copies of this form as needed.*

# ENHANCE PRACTICE BASED LEARNING AND ASSESSMENT

- **Objectives: To enhance Practicability & Sustainability in REAL Practice**

- **HOW:**

1. Enhance focus of Practice Based Learning (Practice Management)

- Include Record Review in Practice Management Visit

2. Enhance emphasis of Practice Based Assessment & Formative Assessment

- i. **Record Review**

- i. Regularly every 3/12 as Formative assessment

- ii. RE-define standards of Record Review

- ii. **Consultation Skills**, should be reviewed in daily encounter regularly and formatively

The Hong Kong College of Family Physicians

香港家庭醫學學院



Practice visit:

Medical Record Review including  
Investigation (PERMIx Report \_\_\_\_)

Trainee		
Practice name & address	(Working in the practice since ____/____/____)	
Supervisor/ Assessor		
Period Assessed	1st assessment: week from	2nd Assessment: week from
Date of assessment		
Signature		

Updated May 2023

1



- **Practice assessment + PERMIx**
- 6 monthly (The first practice visit should be done **within 3 months from enrolment**, for PERMIx, can be done anytime at least once every 3 monthly, submit 1 report every 6 monthly)
- Objective:
  - **Frequent sampling** and **realistic** marking
    - REFLECT TRUE performance in normal practice
    - Higher sustainability
    - formative assessment
- PROCESS of preparation:
  - Trainee being informed shortly prior to the sampling period
  - Trainee workload and practice is the same as his/her daily routine (*No excessive extra preparation apart from the log with \* or ##*)



PERMIx: Formative Assessment				6/3/2026	
Months	Report	By	Exit months	3/2026 batch	
1	PERMIx 1A	Own supervisor		Mar-26	
2					
3					
4	PERMIx 1B			Jun-26	
5					
6					
7	PERMIx 2	Cross cluster/ institution supervisor		Sep-26	
8					
9					
10	PERMIx 3A	Own supervisor		Dec-26	
11					
12					
13	PERMIx 3B			Briefing 2028	Mar-27
14					
15					
16	PERMIx 4	Cross cluster/ institution supervisor		Jun-27	
17					
18					
19	PERMIx 5A	Own supervisor	Application & Preparation	Sep-27	
20					
21					
22	PERMI 5B	Own supervisor +/- or Exit Assessment	Exit months	Dec-27	
23					
24					

- The cross cluster PERMIx 2 assessment period:1/9/2026 to 31/10/2026
- Consent/disclaimer form submit by 8/8/2026 tentatively

PERMIX 5A & 5B skip Due to exit exam preparation



# CONSULTATION SKILLS REVIEW (CSR)

- Sit-in/Videotaped/ Discussion sessions with case log for enhancing higher skills competencies as specified in CONTENT CHECKLIST
- 4 videos every 6 monthly
- Keep at least one videotaped consultation copy with encryption every 6 months for College peruse (just submit when request from College)



# TIMELINE FOR TRAINEE



Algorithm of  
training

ACTIVITIES	TIMELINE
Start higher training	Feb-Mar Higher Training Year 1
Introductory Workshop	Feb-Mar Higher Training Year 1
Practice Assessment (1 <sup>st</sup> visit)	Within 3 months from enrollment Higher Training Year 1
PERMix	Every 3 months
Consultation skills review / learning portfolio	Every 6 months
Submit the research/Audit project proposal and for approval before proceeding with the full research / Audit proposal ; Apply Elective skills	Apr-July Higher Training Year 1
Data collection/ Implementation on the research / audit	Higher Training Year 1 - 2
Analysis & writing up the manuscript	Aug- Dec Higher Training Year 2
Submit research report / Audit	Jan Year of Examination



- **Feedback by Clinical Supervisor**

- 6 monthly, need to have respective learning plans updated every 6 monthly and tally learning and submit for review

- **Learning portfolio**

- Ongoing documentation, updated every 6 monthly

- **Activity log and Case log for competence**

- Submit every 6 months for review (in pilot running phase)

- **Listing of 100 Patients**

- **1-50: PA part D**
- **51-100: PERMIX 5B**



- **Hong Kong Primary Care Conference ( HKPCC )**
  - Attend at least **ONE HKPCC** organized by the Hong Kong College of Family Physicians in the **two-year** training programme
  - Remember to submit the certificate of attendance to our board



# SUPERVISION

## ■ Clinical supervisor

- May not work in same practice
- Meet trainee regularly, **no less than once every 6 months**
- **First practice visit within 3 months**
- **Please inform our board formally if you change your practice or clinical supervisor**

## ■ Formative assessment

- Practice Visit Assessment: include PERMix 3-6 monthly
- Consultation Skill Review demonstrating Higher Skill competencies as specified in Content checklist at least 6 monthly
- Assessment by Clinical supervisor annually
- Checking of training logbook annually
- Recommendation for sitting the Exit Examination
- Certify the content checklist



# SUPERVISION

- **Clinical supervisor**
  - Advise and monitor on training progress
  - Advise on clinical audit/ Research
  - Advise on SEP
  - PERMIx, PERM
  - Before Exit assessment
    - Recommend the trainees for Exit Assessment by completing the checklist
    - Help to endorse original data of clinical audit/research
    - Help to sign up and endorse the part ABC of the practice assessment part of Exit Assessment



# TRAINEE'S ROLE

- Fill in the Activity Log and Competency Log excel table
- Self-directed learning plan/goals (review every 6 months)
- Regular structural training activities
- Review progress in relation to content/ checklist of training (\*content checklist VI: Competence demonstrated by individual presentation on analysis of own clinic and nearby practice population's health care condition & content checklist III: Providing health education to the community (invitation letter/e-mail attached)
- Fill in relevant parts of training logbook
- Clinical Audit/ Research and practice management
- Enlist supervisor's support in related documentation
- Completed elective in one selected higher skills



# TRAINING REGULATION

- A trainee can be dormant
  - With clinical practice <3 years
  - Without clinical practice <1 year
- All trainees are advised to finish their Higher Training (2 year in total) at their earliest possibility
- All trainees must inform the Board by email prior to the commencement of any form of prolonged leave for 8 week or more
- Please inform our board if you suspend or restart the training



# WARNING

- The training experience **will not be counted** if you fail to return the checklist for annual checking of logbook **by hand or registered mail before end of February** each year
- Failure to fulfill the requirement of the training will lead to **extension of the training**



# ENDPOINT

- Apply for recommendation for Exit Examination
- Attend Pre-exit workshop
- Apply for Exit Examination on time
- Prepare for Exit Examination early
- Apply for completion of higher training
- Qualified as HKAM specialists in Family Medicine



# EXIT EXAMINATION

- Requirement
  - Completion of 18 months of higher training **before 31 August** each year
  - Recommendation by BVTS
  - **Active fellow of our college ( 3 year cycle )**
    - **90 credit points or more with at least 30 credit points obtained from CPD activities**
  - **The Specialty Board releases the 5-year time limitation of attempting the Exit Exam after the completion of higher training**



# RECOMMENDATION FOR EXIT EXAMINATION

- Apply for recommendation for Exit Examination **before 30 September** each year
- The checklist for recommendation for Exit Examination must be completed by clinical supervisor and returned by hand or mail before deadline
- **Late application will not be entertained**



# COMPLETION OF HIGHER TRAINING

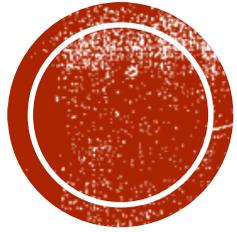
- Fill in the form for application of completion of training **before end of February** each year
- Send the original copy of training logbook for checking
- Make sure you have fulfilled all the requirements for the training
- Make a copy of your training logbook as backup in case of accidental loss
- **Late application will not be entertained and the training experience will not be counted**



# CONCLUSION

- Higher Training
  - Enable trainee to practice as a *specialist* in FM *independently*
  - Focus on **consolidation and application**
  - Focus on *Sustainability in daily practice*

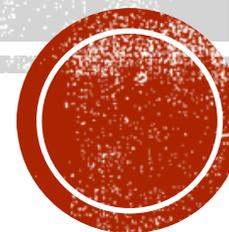


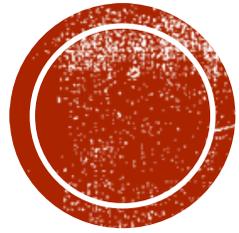


Q&A

Sharing of Training Experience

THANK YOU



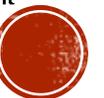


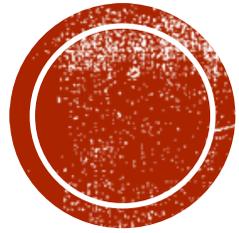
# ELECTIVE (SPECIAL INTEREST)

Refer to “Elective suggestion 20240718 update” ppt

# ELECTIVE (SPECIAL INTEREST)

- Palliative care (HKCFP)
- Family therapy (AAFT): <https://www.acafamilytherapy.org/>
- MSK (CUHK): <https://pain.sphpc.cuhk.edu.hk/msk/>
- Sport Injuries: <https://www.irishtraining.ie/courses/sports-fitness/sports-injuries/>
- Cognitive behavioral therapy:   
Adobe Acrobat Document
- POCUS: <https://www.pocus.org/point-of-care-ultrasound-fundamentals-certification/>
- <https://www.pocus.org/start-your-pocus-journey/hepatobiliary-spleen-point-of-care-ultrasound-pocus-certificate/>  
   
Adobe Acrobat Document    Adobe Acrobat Document
- Dermoscopy: <https://www.skincancersymposiums.com/advanced-certificate-of-dermatoscopy-online>





# PERMIX SAMPLE

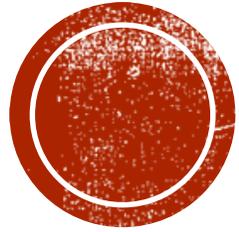
Refer to “PERMIX Sample (7 May 2025)” ppt

[https://www.hkcfp.org.hk/Upload/Documents/BVTS/Trial%20Run\\_Higher2025/ref/VTS\\_HT\\_REVAMP\\_Higher%20Training%20Introductory%20-%20Permix%20sample%20\(20250507\).pdf](https://www.hkcfp.org.hk/Upload/Documents/BVTS/Trial%20Run_Higher2025/ref/VTS_HT_REVAMP_Higher%20Training%20Introductory%20-%20Permix%20sample%20(20250507).pdf)

# PERMIX MARKING STANDARDIZATION

- PERMIX marking examples
  - Fok Jing CASE example
  - Standardize marking for basic information & Current consultation
  - **REMEMBER that in record, it may imply trainee's problem solving BUT CANNOT fully reflect**
    - **SO DO NOT MARK THIS in RECORD documentation**
    - **But can feedback this to trainee as part of the training process**
- Pls ensure trainee and supervisors
  - Supervisors are following the standardization on marking
    - Standards that are practicable and pertain to a FM specialist level
  - Trainees do not spends long hours to UPDATE the record





**FOR ONLINE PARTICIPANTS,  
PLEASE SUBMIT THE  
EVALUATION FORM AT**

<https://forms.gle/WTXgMwrJdMLRaunA6>

**THANK YOU!**

