THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

HANDBOOK

ON

VOCATIONAL TRAINING

IN

FAMILY MEDICINE

FIFTH EDITION
2003

FOREWORD

Statutory requirement dictates that a medical graduate has to undergo one year of internship before he can be registered as a qualified medical practitioner. This extra year of "internship" after five years of formal medical education underscores the two vital elements in the "making" of a doctor - the accumulation of knowledge (the educational element) and the acquisition of skills (the vocational element).

Vocational training for the specialty of General Practice/Family Medicine, like that of other disciplines, was not formulated overnight but was developed through a gradual process of evolution. Formerly, a medical practitioner wishing to go into general practice simply headed straight into it by setting up his own clinic and starting practice. This was the time-honoured, slow and sometimes painful route of learning by "trial and error". Provided the doctor is conscientious and can continually update himself by further accumulation of knowledge and acquisition of skills, he/she may eventually be a reasonably good and experienced general practitioner/family physician. Yet, there is the lingering doubt that, try as he/she may, an untrained general practitioner may still not be as good as one who is specifically trained in the specialty.

A formally constituted vocational training programme has to be designed to infuse into the trainee the concepts, the philosophy and the principles as well as the mechanics of General Practice/Family Medicine. The programme must be structured to anticipate problems and technical difficulties encountered in the general practice setting, and to each and overcome the technical difficulties.

Though it is by no means complete and infallible (and will certainly benefit from future revisions and corrections in the light of actual experience), this booklet is nevertheless an important milestone in the medical history of Hong Kong. This is the first time that a pioneering locally-established postgraduate medical institution has produced a vocational training programme for its prospective trainees.

We of the Hong Kong College of General Practitioners, by publishing this booklet, are proud to proclaim to all and sundry our views on the professional standards necessary to practise the specialty of General Practice/Family Medicine in Hong Kong. We do not claim originality in the structure and format of this programme, but it is nonetheless our standard of professional proficiency in the specialty.

The Hong Kong College of General Practitioners is deeply indebted to its Board of Vocational Training and Standards, particularly the chairman, Dr. Natalis Yuen, for conceiving this highly flexible and easily adaptable vocational training programme for General Practice/Family Medicine. To the many overseas and local colleagues who advised us in the preparation of this document, I wish to express our sincere thanks. The hard work put in by the College Secretariat is deeply appreciated.

Dr. Peter C. Y. Lee
Foundation President
The Hong Kong College of General Practitioners
1985

PREFACE TO THE FIFTH EDITION

With the Hospital Authority taking a more active role in Family Medicine Training from late 1990s, there has been a rapid increase in the number of trainees involved in family medicine training. The trainees increased from tens to over 400 within only 5 years' time. On the other hand, our College has been honoured by the concomitant, though not proportional, increase in participation of various hospitals and community based training centers, clinical supervisors and mentors.

With all these changes, our College needs to uphold the standards of training with clearer objectives set. However, flexibility is needed to allow for a more learner-focused program and also maximize the training opportunities for our trainees.

After much discussion and consultation for about a year, our Board had revised the training program and the maximum accreditation period for various specialty rotations to allow more flexibility. We have also refined the training objectives of various stages of training, which will help our trainees and supervisors to devise a more focused learning plan. The training logbook is also revised to enhance trainees' regular review of their training progress and inform our Board closely on their problems. We have also strengthened the feedback mechanism on the training quality to facilitate closer monitoring.

We are thankful for the hard work and contribution of the Working groups on Basic training and Higher training, the trainee representatives group headed by Dr. Benny Chung, comments from clinical supervisors of hospital based or community based training centers, and Board members. Special thanks also to Lucia Tsui, the College Secretariat, who has offered her efficient support.

Dr. Yiu Yuk Kwan
Chairman,
Board of Vocational Training & Standards,
August 2003

PREFACE TO THE FOURTH EDITION

After the establishment of the Hong Kong Academy of Medicine in 1993, medical postgraduate training and education has been shaped, organised and developed in a structured direction. The recognition and establishment of a number of specialty colleges, the beginning of Family Medicine training positions in public hospitals are examples of some new and important developments that have implications towards our training program. It has become timely to review our training Handbook in order to formalise the various changes.

During the course of this review, we are indeed grateful for the comments and input from trainees, hospital-based supervisors, hospital co-ordinators, mentors, community-based supervisors and Board members. The original draft was prepared by Drs Chan Kin Ling and Cindy L.K. Lam. The college secretariat, particularly, our senior executive Kris Lam has provided efficient and effective support. Their contributions are thankfully acknowledged.

Dr. TSANG Chiu Yee, Luke
Board of Vocational Training and Standards,
Hong Kong College of Family Physicians.
August, 1998.

PREFACE TO THE THIRD EDITION

The Hong Kong Academy of Medicine was established in December 1993. The Hong Kong College of General Practitioners is one of the Foundation Colleges and Family Medicine is recognized as a specialty. The Academy has standardized the duration of training for all specialties. A doctor must have had at least six years of formal vocational training in Family Medicine, besides other requirements, in order to be eligible for election to Fellowship of the Hong Kong Academy of Medicine (Family Medicine).

Therefore, it is necessary to extend our Vocational Training Programme in Family Medicine from four to six years. This has come very timely and is in line with the international trend. It has been recognized that one to two years of transitional training from fully supervised to fully independent practice in Family Medicine is highly desirable. Therefore, the last two of the six years of training will be in the form of supervised independent practice.

After much discussion and consultation for more than a year, the Board of Vocational Training and Standards has developed the new six-year programme. The detail programme is described in this Handbook. Needless to say, the revision was not a matter of spreading what can be learned in four years to six years. The first four years of training will be similar to the previous four-year programme which will be renamed as Basic Training in Family Medicine. The two additional years of training will be called Higher Training in Family Medicine. The main objective of the Higher Training is to assure that the trainee will be able to practise as a specialist in Family Medicine on his/her own, and will continue to strive for the highest possible standard of patient care throughout his/her professional life. The two additional years of Higher Training will enable the trainee to develop more specialized skills in Family Medicine like clinical audit, critical appraisal and family counselling. The Higher Training will also put a lot of emphasis in preparing the future family physicians for academic activities like teaching, training and research.

I would like to take this opportunity to thank all the members of the Board of Vocational Training and Standards for working very hard in the year 1994 to bring to birth our new six-year Vocational Training Programme in Family Medicine and this third edition of the Handbook. Special thanks go to members of the subcommittee on Vocational Training: Drs. Barry Bien, Lam Tsan, Albert Lee, Ian Marshall, Keith Tse and Luke Tsang.

Dr. Cindy L. K. Lam
Chairman
Board of Vocational Training and Standards
October 20, 1994

PREFACE TO 2ND EDITION

The formation of the Working Party on Postgraduate Medical Education and Training in October 1986 brought to focus the need for and the importance of postgraduate education and training in Family Medicine. The Working Party's Report in October 1988 recognised Family Medicine as an important specialty. Trainee posts should be created and those who are trained should be distinctly recognised. The Working Party recommended two components of training: namely the hospital rotations over a period of about two year, and training in general/family practice as a senior resident or assistant to a specialist in Family Medicine. The latter training may be located at a University Family Practice Clinic or new Family Medicine Clinics modified and upgraded at regional, district and community levels. It is heartening to note that these recommendations were along the same lines as the Hong Kong College of General Practitioners' Vocational Training Handbook had prescribed in its first edition in 1985.

Since the formalisation of the Vocational Training Programme in 1985, the first batch of five trainees have completed their prescribed training at the Evangel Hospital and Our Lady of Maryknoll Hospital, and have also taken part in the Conjoint HKCGP/RACGP Fellowship Examination in November 1989. The Family Medicine/General Practice Teaching Clinics of the two Universities have also been accredited as centres for advanced general practice/family medicine training. More young enthusiastic doctors have registered as vocational trainees in these locations, even though the number of posts is limited.

The time has come to update the Handbook for Vocational Training based on the feedback and experience of trainers and trainees over the past five years. The major revision is in the requirement for two years of advanced training in an accredited family/general practice training situation instead of one year.

The aims and objectives have remained essentially the same. The contents and details of checklists for training have been modified in certain aspects.

It is anticipated that with the formation of the Academy of Medicine and the review of Primary Care by the government Working Party on Primary Health Care, vocational training in General Practice/Family Medicine will be brought to greater prominence especially by the support of the public sector and the participation of government medical officers. Trainee posts need to be created and exiting facilities need to be upgraded and modified for training. As the academic qualify of the College and the Universities mature and more trainers are identified, the momentum of training will escalate in the new decade.

Finally, I wish to acknowledge the assistance given in the revision of this handbook by Drs. Chan Sui Po, Stephen Foo, Freddie Lau, Clarke Munro, and Dr. Luke Tsang. I am also grateful for the clerical support given by the College Secretariat.

Dr. Nang-Fong Chan,
Chairman,
Board of Vocational Training & Standards,
January 1990.

PREFACE TO 1ST EDITION

There is increasing consensus that health planners around the world acknowledge that health care systems, built on community-based care, staffed by trained primary-care physicians and complemented by community and hospital services, are the most satisfactory and cost-effective. It is in recognition of this trend that the College was inaugurated and one of its priorities was to establish a vocational training programme and to set standards.

Formulation of a vocational training programme catering for the needs of our community is by no means an easy task and particularly so in the context of limited resources.

Initially there was a proposed pilot scheme for a rotatory residency programme in a hospital setting. But it was soon realised that, even with the generous and enthusiastic support of the hospital authority and its staff, the programme might prove to put too much strain on the hospital services without subsidy or man-power assistance from the government. A more flexible alternative programme had to be formulated.

Realizing the breadth and depth of our discipline and the multiplicity of skills required for its application, a multidisciplinary hospital experience relevant to General Practice/Family Medicine is necessary. The content of each component in different disciplines need to be devised to suit our needs.

We are grateful for the expertise and advise given by our sister college in Australia, Canada and United Kingdom. Colleagues of various specialties, both local and abroad, gave us valuable advice in the compilation of this handbook and are too numerous to be acknowledged individually. However, special thank must be due to Prof. Stuart Donnan of the Chinese University of Hong Kong, Dr. Peter Preston of the University of Hong Kong, Prof. J. H. Barber of the University of Glasgow, Prof. N. E. Carson of Monash University and Dr. W. E. Fabb, Director, Family Medicine Programme of Australia.

This handbook is compiled for the benefit of doctors working in hospitals who may wish to take up General Practice/Family Medicine as a specialty. The educational philosophy of this booklet is to encourage the trainee, whilst working as a resident, to take the initiative to be responsible for his own education and to pursue a course of independence to further this ideal, the College pledges to give every support, advice and guidance.

Dr. Natalis C. L. Yuen
Chairman
Board of Vocational Training and Standards
February 1985

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SECTION I: THE VOCATIONAL TRAINING PROGRAMME IN FAMILY MEDICINE

I.1 Introduction

The six-year Vocational Training Programme in Family Medicine of the Hong Kong College of Family Physicians (hereafter referred to as the Programme) began in January 1995. It consists of 4 years of Basic training and 2 years of Higher training. The aim of the Programme is to prepare doctors to provide high-quality specialist care to the community as a family physician.

A. Basic Training (four years)

A minimum period of four years is considered necessary for the basic training in Family Medicine because this discipline has a broad knowledge and skill base. It also requires extensive clinical exposure in order to develop the necessary attitudes appropriate for a primary care physician. Two of the four years are hospital based and two years community based. The hospital and community based basic training can be done in any order.

B. The Conjoint H.K.C.F.P./R.A.C.G.P. Fellowship Examination

The written segments of the Conjoint H.K.C.F.P./R.A.C.G.P. Fellowship Examination can be taken after satisfactory completion of at least two years of basic training. The clinical segments can be taken on satisfactory completion of four years of basic training.

C. Higher Training (two years)

The higher training consists of at least two years of supervised independent practice.

Each trainee will be supervised by a clinical supervisor in Family Medicine throughout the two years of training. The clinical supervisor and trainee do not need to work in the same practice. There will be regular contacts between the clinical supervisor and the trainee to provide training and advice on patient care, practice management and professional development.

D. Documentation of Training

The trainee has to keep a detail training logbook which records all his/her training postings, work experience, training activities with clinical supervisors, structured educational programmes attended, certified check-lists of knowledge and skills, learning portfolio and other educational activities. The learning portfolio should consist of six-monthly learning plans and learning activities. The training logbook is reviewed by the clinical supervisors and mentors periodically. Formative assessment and feedback on the training between the trainee and his/her clinical supervisor should be recorded in the training logbook. The training logbook or the checklist of

training endorsed by the clinical supervisors has to be submitted to the Board of Vocational Training and Standards for assessment annually and at the end of Basic and Higher Training.

I.2 Enrolment to Training

1. An intending trainee must be a fully registered medical practitioner in Hong Kong.

2. An intending trainee must be a current full or associate member of the Hong Kong College of Family Physicians.

3. A trainee must have completed 4 years of Basic Training or equivalent and has a recognised higher qualification in Family Medicine before enrolling into Higher Training.

4. An intending trainee must apply to the College for enrolment to the Programme and pay the prescribed fee to the College.

5. The application for enrolment into training has to be supported by a clinical supervisor of the Programme. The intending trainee has to be working in an accredited training centre to enroll into Basic training.

6. Credits may be given to previous relevant experience at the discretion of the Board of Vocational Training and Standards.

I.3 Certification of Completion of Training

The trainee needs to apply in writing to the Board of Vocational Training and Standards for certification of completion of training. The application must be accompanied by all the supporting documents. All the following criteria must be satisfied before the trainee can be certified for completion of training in Family Medicine:

1. Satisfactory completion of Basic Training:-
   a. A minimum period of two years (or equivalent) of accredited hospital based training.
   b. A minimum period of two years (or equivalent) of accredited community based training.
   c. Certification of acquisition of all the basic knowledge and skills listed in the Basic Training Logbook by the responsible clinical supervisors.
   d. Regular attendance at an approved structured educational programme.
   e. Satisfactory evaluations by the clinical supervisors.
   f. Completion of all the relevant sections in the Training Logbook.

2. Satisfactory completion of Higher Training:-
   a. A minimum of two years of community based higher training under regular supervision of a clinical supervisor and a mentor in family medicine.
   b. Certification of acquisition of all the knowledge and skills listed in the Higher Training Logbook by the responsible clinical supervisors.
   c. Regular attendance at an approved structured educational programme.
   d. Completion of the relevant sections in the Training Logbook.
   e. Satisfactory evaluations by the clinical supervisor.

3. Recommendation by the Board of Vocational Training and Standards and approval by Council of the Hong Kong College of Family Physicians.

I.4 Accreditation of Training Centres

A. Community Based Training Centres

A community based medical practice may apply to the Board of Vocational Training and Standards for accreditation as a training practice of the Programme if it satisfies all the following criteria:-

1. An application is submitted to the Board of Vocational Training and Standards by a senior member of the practice.

2. The practice must be providing community based health care services. The workload must be sufficient but not excessive to provide the trainee with a balance between range of clinical experiences and protected time for education.

3. The Center must provide a structural training programme that meets all the requirements and standards for the relevant specialty as determined by the Board of Vocational Training and Standards.

4. The practice as a whole should agree to have a trainee working in the practice under the conditions required by the Programme.

5. The practice must have the necessary facilities and opportunities for training. Adequate patient records must be kept.

6. The practice should have a collection of up-to-date and relevant reference books and journals.

7. At least one senior member of the practice is qualified and appointed as clinical supervisor in the relevant specialty and committed to provide training to trainees in Family Medicine.

8. A separate consultation room must be available for the trainee in the same practice as the clinical supervisor.

9. Recommendation by two or more members of the Board of Vocational Training and Standards after an assessment visit to the practice.

10. The practice agrees to periodic, at minimum once every five years, re-assessment visits by one member authorized by the Board of Vocational Training and Standards.

11. Each training centre must submit to the Board of Vocational Training and Standards updated lists of its clinical supervisors and trainees annually.

B. Hospital Based Training Centre

A hospital or hospital unit may apply to the Board of Vocational Training and Standards for accreditation as a Hospital Based Training center in the Programme if it satisfies the following criteria:-

1. An application is submitted to the Board of Vocational Training and Standards by a co-ordinator of training in the hospital or hospital unit.

2. It must have the necessary facilities and opportunities for training.

3. It agrees to comply with all the training requirements of the Programme.

4. At least one senior member, with the necessary qualifications of each of the Specialty units to be accredited, is committed to provide training to trainees in Family Medicine.

5. Recommendation by two or more members of the Board of Vocational Training and Standards after an assessment visit.

6. It agrees to periodic, at minimum once every five years, re-assessment visits by one member authorized by the Board of Vocational Training and Standards.

7. The center should have a collection of up-to-date and relevant reference books and journals.

8. Each training centre must submit to the Board of Vocational Training and Standards an updated list of its clinical supervisors and trainees annually.

Accreditation may be withdrawn from any centre by the Board of Vocational Training and Standards if the Board is of the opinion that the centre has not fulfilled any of the criteria. List of accredited hospital units, and training family practices of the Programme is updated annually. Current updated list of training centres can be obtained from the College Secretariat.

I.5 Appointment of Clinical Supervisors

A. Appointment Criteria

A potential training supervisor may apply to the Board of Vocational Training and Standards (BVTS) for appointment as a training Clinical Supervisor in the relevant specialty if he/she:-

1. possesses one or more higher qualifications in the relevant specialty that is/are approved by the HKCFP.

2. is a Fellow of the Hong Kong Academy of Medicine or a specialist registered with the Medical Council of Hong Kong and has a minimum of 2 years local experience in the relevant specialty within 5 years immediately prior to his/her appointment.

3. is willing to fulfill the roles of a clinical supervisor as required by the Board of Vocational Training and Standards.

B. Responsibilities and Roles of Clinical Supervisors

The clinical supervisor:

1. helps the trainee to acquire the knowledge and skills required by the Programme.

2. closely supervises the trainee's daily work.

3. devotes the equivalent of no less than 3 hours a week in educational activities for basic trainee(s) under his/her supervision.

4. is responsible for certifying whether the trainee has acquired the knowledge and skills required by the Programme by completing the appropriate checklists in the Training Logbook.

5. visits and assesses the trainee's practice at least once every six months ***during Higher Training***.

6. assesses the trainee's performance in consultations regularly, by sit-in consultations or review of video-taped consultations.

7. ensures that the trainee is participating in an approved structural educational programme.

8. submits a formative assessment report on the performance of the trainee to the Board of Vocational Training and Standards at the end of each hospital based rotation or annually for community based training.

9. is prepared to participate in Trainer Training activities.

10. is expected to attend training information session upon his/her appointment.

I.6 Appointment of Mentors

A. Appointment Criteria

The Board of Vocational training and Standards may appoint an experienced family physician as a mentor if he/she:-

1. possesses a higher qualification in General Practice/Family Medicine approved by the HKCFP.

2. is a fellow or full member of the Hong Kong College of Family Physicians.

3. has a minimum of 5 years experience in general/family practice.

4. is prepared to fulfill the roles of a mentor as required by the Board of Vocational Training and Standards.

5. is prepared to provide regular advice and support to the trainee's learning during the course of training.

6. is prepared to attend teacher-training activities.

7. is prepared to report to the Board of Vocational Training and Standards on the trainee's progress in training.

B. Responsibilities and Roles of Mentors

1. The training mentor acts as an "Anchor" and personal advisor for the trainee throughout the whole Programme including Basic and Higher training.

2. The mentor is the expert who provided the trainee with general and overall guidance in learning.

3. The mentor will help the trainee to identify his/her own competence and deficiencies, and device learning plans.

4. The mentor has to monitor the progress of the trainee's training to ensure that he/she is meeting the requirements of the Programme.

5. During Higher Training, the mentor will continue to monitor the learning of the trainee. The mentor is responsible for supervising the clinical audit carried out by the trainee.

The appointment of clinical supervisors and mentors are on two-yearly and five-yearly basis respectively, subject to renewal at the discretion of the Board of Vocational Training and Standards. The list of current Clinical Supervisors in each training centre of the Programme is updated annually. The most current list can be obtained from the College Secretariat.

I.7. Election to Fellowship and Membership of the Hong Kong Academy of Medicine

A. Fellowship of the Hong Kong Academy of Medicine

A candidate may be nominated by the Council of the Hong Kong College of Family Physicians for election to Fellowship of the Academy of Medicine (Family Medicine) if he/she:-

1. has been certified to have completed the six-year Vocational Training Programme in Family Medicine by the Hong Kong College of Family Physicians.

2. has passed the intermediate examination (Conjoint HKCFP/RACGP Fellowship Examination) and the Exit Examination of the HKCFP.

3. is an active Fellow or Member of the Hong Kong College of Family Physicians.

4. is willing to uphold the aims and objectives of the Hong Kong College of Family Physicians.

5. is willing to uphold the aims and objectives of the Hong Kong Academy of Medicine.

6. is recommended by members of the Council of the Hong Kong College of Family Physicians.

B. Membership of the Hong Kong Academy of Medicine

A candidate may be nominated to be a member of the Hong Kong Academy of Medicine (Family Medicine) if he/she:-

1. is a trainee in the Vocational Training Programme in Family Medicine.

2. has completed at least three years of vocational training in Family Medicine.

3. has passed the written part of the Conjoint H.K.C.F.P./R.A.C.G.P. Fellowship Examination.

4. is willing to uphold the aims and objectives of the Hong Kong College of Family Physicians.

5. is willing to uphold the aims and objectives of the Hong Kong Academy of Medicine.

6. is recommended by members of the Council of the Hong Kong College of Family Physicians.

SECTION II : BASIC VOCATIONAL TRAINING IN FAMILY MEDICINE

II.1 Overall Aims and Objectives

1. To enable the trainee to become competent in the provision of primary, whole person, continuing, comprehensive and ambulatory medical care.

2. To enable the trainees to learn the up-to-date knowledge and skills in the diagnosis and management of health problems presented to family physicians.

3. To improve the trainee's problem solving skills by the appropriate application of his knowledge and skill to identify and solve patients' health problems.

4. To improve the trainee's consultation skills including communication, counselling, and cost-effective use of resources including time, investigations and referrals.

5. To assure that the trainee will practise ethically, and to guide the trainee to reflect through various ethical issues related to patient care.

6. To help the trainee to develop the skill and habit of self-directed learning.

7. To prepare the trainee with the knowledge and skill of practice management for independent practice, and to be the co-ordinator of patient care.

II.2 Hospital Based Training

1. The Hospital Based Training is of a minimum of two years full-time equivalent.

2. It is conducted in accredited training hospital units. The trainee should rotate through a variety of specialties relevant to Family Medicine.

3. The trainee should be released from the hospital post for at least one half day per week to attend the structured educational programme for trainees.

4. The experience in any one hospital based specialty will not be accredited for more than six months of training.

5. The trainee should be under the close supervision of Clinical Supervisors appointed by the Hong Kong College of Family Physicians in his/her daily work.

6. The clinical supervisors of each specialty should ensure that the trainee has acquired the core knowledge and skills listed in the Training Logbook of BVTS.

7. Through exposure of hospital and specialists led services, trainees learn:
   - The management of in-patients' acute clinical problems
   - The operation of daily ward activity
   - The appropriateness of referring patients to secondary and tertiary care
   - To have a basic understanding on the possible management upon referral to secondary and tertiary care and able to inform patients accordingly

II.3 Community Based Training

1. The Community Based Training is of a minimum of two years full-time equivalent.

2. It is conducted in an accredited general/family training practice.

3. The trainee should be under the close supervision of a clinical supervisor in Family Medicine who should be working in the same premises.

4. The trainee should be released from the training practice for at least one half-day session per week to attend a structured educational programme for trainees.

5. The clinical supervisors in Family Medicine should help the trainee to acquire all the basic knowledge and skills listed in the Training Logbook.

6. Through Community based training, trainees can learn:
   - To be competent in comprehensive, coordinated, continuous primary health care to patients and their family
   - To have good consultation skills
   - To provide appropriate anticipatory care
   - To improve problem solving skills especially in dealing with multiple, undifferentiated and early presentation of illnesses

II.4 Content of Basic Training

The trainee should acquire all the basic knowledge and skills of the following disciplines:-

1. Family Medicine
2. Internal Medicine
3. General Surgery
4. Gynaecology
5. Paediatrics
6. Dermatology
7. Emergency Medicine
8. Otorhinolaryngology
9. Ophthalmology
10. Psychiatry

11. Geriatrics
12. Obstetrics
13. Orthopaedics & Traumatology

The trainee has to be certified to have acquired all basic knowledge and skills listed in the Training Logbook by the responsible clinical supervisors.

II.5 Assessment

A. Formative assessment

1. Each trainee is assessed by his/her clinical supervisors on an on-going basis. The assessment is fed-back to the trainee to identify further training needs.

2. The methods of assessment include chart reviews, patient problem discussions, review of the training logbook, making learning contracts, direct observation of consultations or review of video-taped consultations.

3. Each clinical supervisor will submit a confidential report on the trainee's performance to the Board of Vocational Training and Standards at the end of each hospital based rotation or annually for community based training.

4. Each trainee will submit confidential feedback and evaluation of his/her training experience and trainers to the Board of Vocational Training and Standards.

B. The Conjoint H.K.C.F.P./R.A.C.G.P. Fellowship Examination

The trainee can sit for the Conjoint H.K.C.F.P./R.A.C.G.P. Fellowship Examination according to the Conjoint H.K.C.F.P./R.A.C.G.P. Fellowship Examination Handbook for Candidates.

SECTION III: HIGHER TRAINING IN FAMILY MEDICINE

III.1 Aims and Objectives

1. To prepare a trainee with the knowledge, skills, attitude and confidence for fully independent practice in Family Medicine, and the provision of cost-effective health services to the community.

2. To facilitate a trainee to apply his/her knowledge and skills with appropriate attitudes in his/her daily independent family practice.

3. To further develop a trainee's skills in dealing with the more difficult problems encountered in family medicine practice.

4. To consolidate the specialized knowledge and skills in working with families.

5. To consolidate in-depth knowledge and skills in the care of population groups with special needs e.g. the elderly, women.

6. To further develop a trainee's skills and commitment in quality assurance through clinical audit and self-directed learning.

7. To help a trainee to apply evidence-based medicine and critically appraising new information.

8. To prepare a trainee with the knowledge, skills and interest in academic family medicine including education, training and research.

III.2 Supervised Independent Practice

1. The higher training consists of at least two years of supervised independent practice.

2. Each trainee will be supervised by a clinical supervisor in Family Medicine throughout the two years of training. The clinical supervisor and trainee do not need to work in the same practice. There will be regular contacts between the clinical supervisor and the trainee to provide training and advice on patient care, practice management and professional development.

3. The clinical supervisor will make regular, not less than once every six months, practice visits to the trainee's practice to assess and then give feedback on the practice management, record keeping and patient management. The first visit should be made within three months from first enrolment into Higher training.

4. The clinical supervisor will review consultations of the trainee regularly and give feedback using the appropriate assessment forms prescribed in the trainee logbook every six months.

5. Each trainee will also be under the supervision of a training mentor who is responsible for supporting and advising the trainee in his/her learning. The trainee meets with the mentor regularly to monitor the progress of learning and to support the trainee in completing the training tasks.

6. Each trainee has to keep a learning portfolio in his training logbook. The portfolio should consist of six-monthly learning plans and records of at least 40 hours of learning activities per six months. The learning activities can include journal reading, courses, seminars, workshops, conferences or lectures. The trainee has to critically appraise the new information learned.

7. Each trainee has to complete at least one clinical audit on an important aspect of clinical practice under the supervision of his/her clinical supervisor and mentor.

8. Each trainee is required to attend an approved structured educational programme for one half-day session per week with a minimum of 40 per year. The minimal requirement was 80 hours of structured activity per 12 months and a minimum of 15 hours per module. (Please refer to P 20 for educational content of each module)

III.3 Practice Visits

The clinical supervisor visits the practice of the trainee at least once every six months. The first visit should occur within three months from the trainee's first enrolment into Higher Training. The clinical supervisor assesses and then gives constructive feedback to the trainee. It includes three elements:-

1. Practice profile:
   - practice characteristics
   - premises
   - staff
   - facilities including computers
   - range of service
   - access to service
   - record system
   - workload
   - dispensary
   - educational activities
   - age-sex register
   - other related aspects of practice management

2. Review of medical records:
   - demographic data
   - problem list
   - current medication list
   - medication history
   - past health record
   - social data
   - family data
   - preventive care
   - encounter record
   - investigations
   - referral and other correspondence

3. Review of consultations skills on:
   - interviewing and history taking
   - identification of the patient's agenda
   - definition of problems
   - explanation of problems
   - management of problems
   - involvement of the patient in the management
   - effective use of resources
   - opportunistic screening
   - developing or maintaining a good doctor-patient relationship
   - appropriate advice on the outcomes of the illness and treatment and follow up
   - record keeping

III.4 Content of Training

The trainee must show that he/she has acquired the knowledge and skills that is compatible with the practice of a specialist in Family Medicine. They can be divided into the following six areas:-

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

Detailed check-lists of the knowledge and skills under each area are listed in the higher training guidebook and logbook. The check-lists have to be certified by the responsible clinical supervisor.

III.5 Assessment

A. Formative assessment

1. Each trainee is assessed by his/her clinical supervisors on an on-going basis. The assessment is fed-back to the trainee to identify further training needs.

2. The methods of assessment include chart reviews, patient problem discussions, review of the training logbook and learning portfolio, direct observation of consultations or review of video-taped consultations.

3. The clinical supervisor and mentor will give feedback to the trainee on the progress of the clinical audit and critical appraisal exercises carried out by the trainee during Higher Training.

4. Each clinical supervisor will submit a formal assessment report on the trainee's performance every half year including a documentation of at least one practice visit and consultation assessment done in the previous year to the Board of Vocational Training and Standards.

5. Each trainee will submit an annual confidential mandatory feedback of his/her training experience and trainers to the Board of Vocational Training and Standards.

B. Exit Examination

From 1999, the Exit Examination will be conducted by the Board of Examination and Assessment. Each trainee will be assessed at the end of Higher Training by a formal examination conducted by the Board of Examination and Assessment. Please refer to the Guidelines on Exit Examination for further details.

SECTION IV. STRUCTURED EDUCATIONAL PROGRAMME FOR TRAINEES

Each trainee is required to take part regularly in a structured educational programme for at least one half-day per week during basic training. A higher trainee is required to complete a total of at least 80 hours of structured training every 12 months. The format of the educational activity can vary but should mostly be problem based and in the form of small group seminars or discussion.

IV.1 Aims and Objectives

1. To clarify the general principles and concepts of Family Medicine

2. To provide a theoretical framework to help the trainee to conceptualize his/her clinical experience.

3. To complement the practical training experience to ensure the trainee is exposed to a broad spectrum of clinical problems.

4. To stimulate the trainee to develop the skill and habit of self-directed learning and sharing of knowledge with colleagues.

IV.2 Organization

The programme should be well planned to cover a wide variety of relevant issues. A modular programme is advisable with each module consisting of at least 15 hours of seminar time. Each module will discuss a theme under several sub-topics. The duration of each module may vary between different topics and trainee groups. The detailed contents and the number of sessions on each topic are flexible. The detailed programme should be designed by clinical supervisors in consultation with trainees in the group in order to meet their learning needs. The structured educational programme must first be presented to the BVTS for approval.

It is recommended that each trainee will take turn to be the group leader of the topic of his/her choice. The group leader is responsible for getting in touch with a tutor to plan the content and format of the session. The tutor is preferably a Family Physician with special interest and knowledge in the topic under discussion. He/she is responsible for guiding the group discussion and to act as a resource person. Other specialists may also act as tutors if appropriate.

Reading material and references may be prepared for the session by the group leader and the tutor. They should not be excessive and should be distributed at least one week before the session.

IV.3 Educational Content

A. Basic Training:-

Module 1. Principles and Contents of Family Medicine
Module 2. The Consultation Process
Module 3. Management in Family Medicine
Module 4. Professional Ethics
Module 5. Psychological Problems in Family Medicine
Module 6. Preventive Care
Module 7. Care of Patients with Chronic Diseases
Module 8. Reproduction and Sexuality
Module 9. Community Resources
Module 10. Emergency Care
Module 11. Professional Development
Module 12. Practice Management
Module 13. Health Care Delivery Systems
Module 14. Common Symptom Complaints

B. Higher Training:-

Module 1. The Principles and Concepts of Working with Families
Module 2. Family Interview and Counselling
Module 3. Difficult Consultations and Ethical Dilemmas
Module 4. Clinical Audit & Research in Family Medicine
Module 5. Critical Appraisal
Module 6. Preventive Care and Patients with Special Needs
Module 7. Health Economics and Advanced Practice Management
Module 8. Teaching and Training

Training Program

COMMUNITY BASED TRAINING: 24 months

1. Family Medicine: 18-24 months
2. Community Medicine / Public Health/ Accredited Community program (optional) MAP: 6 months

HOSPITAL BASED TRAINING: 24 months

1. Mandatory Core Specialties **Duration of Accreditation**

Internal Medicine **3-6 months**
(general medicine + 3 months general/subspecialty medicine)
Subspecialty medicine means one of the branches of internal medicine specialties e.g. Geriatric, neurology, hematology, rheumatology, nephrology, oncology, endocrinology, cardiology, respiratory medicine, gastroenterology, infectious disease etc.) which may be accredited for a maximum of 3 months only

Paediatrics **3-6 months**
(3 months general paediatrics + 3 months general/subspecialty paediatrics)
Subspecialty paediatrics means one of the paediatric subspecialties e.g. neonatology, paediatric oncology, paediatric cardiology etc.) which may be accredited for a maximum of 3 months only

General Surgery **3-6 months**
(3 months general surgery + 3 months general/subspecialty surgery)
Subspecialty surgery means one of the branches of surgery e.g. urology, neurosurgery, vascular/cardiac surgery, cardio- thoracic surgery etc. Other branches of surgery may be accredited for a maximum of 3 months only

Obstetrics and Gynaecology **3-6 months**

2. Required specialties (need to acquire the basic skills stated on the respective checklist of the vocational training logbook of BVTS)

	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
Orthopedics	up to 6 months

-Trainees could choose to rotate to these specialties in the 2 years' hospital based rotation, or as clinical attachments during their basic training (with the condition that the training in family medicine would not be compromised in duration or quality as a result of the attachment).

-If the above experience is acquired through clinical attachments, the clinical supervisors in the respective specialties need to complete and sign the respective part of logbook but no need to fill up the supervisor feedback form on the trainee's performance.

3. Optional specialties	**Duration of Accreditation**
ICU/Anesthesia	**3 months**
Pathology	**3 months**
Microbiology	**3 months**
X-ray	**3 months**
Oncology	**3 months**

Remarks:

1. Total duration of hospital-based training is 2 years:-.

a. Minimum total duration of training in all 4 mandatory core specialties are 1 year with a minimum of 3 months in each of the 4 core specialties.

b. For the remaining training period, apart from the core specialties, trainees have the flexibility to choose amongst the required specialties and optional specialties to finish their training. The maximum duration of accreditation are listed above.

c. Trainees are encouraged to send in their training plan beforehand if they have any queries on the validity of their plan.

RECOMMENDED READING

RECOMMENDED READING

It is recommended that all doctors who are training for Family Medicine be familiar with the contents of the following books and journals, in addition to standard medical texts.

BASIC TRAINING

Balint M. The Doctor, His Patient and the Illness. Pitman, 1977.

Doherty W.J et al. Families and Health. Family Studies Text Series 10. Sage Publications 1988,

Fabb W E and Marshall J R. The Nature of General/Family Practice – an alternative approach to syllabus development. MTP Press, 1983.

Fraser R. C. Clinical Method: A General Practice Approach (3nd ed). Butterworths, 1999

Fry J. A New Approach to Medicine - Priorities and Principles in Health Care. MTP Press, 1978.

Fry J. and Yuen N. Principles and Practice of Primary Care and Family Medicine. Asia Pacific Perspectives, 1994.

Macleod J. Clinical Examination (8th ed) Churchill Livingstone, 1990.

McWhinney, Ian R. A Textbook of Family Medicine (2nd ed). Oxford University Press, 1997.

Mead M, Patterson H. Tutorials in General Practice (3rd ed), Churchill Livingstone 1999.

Murtagh J. General Practice (2nd ed). McGraw-Hill 1998.

Pereira Gray D J. Training for General Practice. Macdonald and Evans, 1982.

Rakel, R. E. Essentials of Family Practice. Sauders, 1993.

Royal Australian College of General Practitioners. Education for General Practice, 1981.

Royal Australian College of General Practitioners. The Scope of General/Family Practice, 1981.

Royal College of General Practitioners. The Future General Practitioner -

Learning and Teaching, 1972.

Tate P. The Doctor's Communication Handbook. Radcliffe Medical Press 1994.

HIGHER TRAINING

Brown R. A., Beck J.S. Medical Statistics on Personal Computers (2nd ed), BMJ 1994.

Boyd K M, Higgs R. Pinching A (ed) The New Dictionary of Medical Ethics, BMJ. 1997.

Christie-Seely J. (ed) Working with the Family in Primary Care - A system Approach to Health and Illness. Praeger 1984.

Fletcher R. H., Fletcher S. W., Wagner E. H. Clinical Epidemiology – the Essentials. Williams & Wilkins 1982.

Fowler G., Gray M., Anderson P. Prevention of General Practice (2nd ed). Oxford University Press 1993.

Fraser et al (ed). Evidence- Based Audit in General Practice: from principle to practice. Butterworth, 1998.

Goodman N. W., Edwards M. B. Medical Writing: a Prescription for Clarity. Cambridge University Press, 1991.

Greenhalgh T. How to Read a Paper - the Basics of Evidence Based Medicine. BMJ, 1997.

Doyle, Domicilliary Palliative Care. Oxford University Press, 1994.

Howie J. G. R., Research in General Practice (2nd ed). Chapman & Hall 1989.

Irvine D., Irvine S., Making Sense of Audit. Radcliffe Medical Press, Oxford, 1991.

Irvine D. Managing for Quality in General Practice. King's Fund Centre, 1990.

Julian Tudor Hart, A New Kind of Doctor. Merlin Press, 1988.

Leaverton Paul E., A Review of Biostatistics - Programme for Self Instruction (4th ed). Little Brown & Co., 1994.

Iliffe S, Patterson L, Gould M M. Health Care for Older People. BMJ, 1998.

Marinker M. Medical Audit and General Practice. BMJ, 1990.

Markus A. C., Parkes C. M., Tomson P., Johnston M. Psychological Problems in General Practice. Oxford University Press, 1989.

Maynard A, Chalmees I (ed), Non-random Reflections on Health Services Research. BMJ, 1997.

McDaniel S., Campbell T. L., Seaburn D. B. Family-Oriented Primary Care - A Manual for Medical Providers. Springer-Verlag 1990.

McPherson A, Walla. (ed), Women's Health (4th ed). Oxford University Press 1997.

Pendleton D., Shofield T., Tate P., Havelock P. The Consultation – An Approach to Learning and Teaching. Oxford University Press 1984.

Silagy C, Haires A. Evidence Based Practice in Primary Health Care, BMJ, 1998.

Stewart M, Brown J B, Weston W W, McWhinney I R, McWilliam C L, Freeman T R. Patient-Centred Medicine - Transforming the Clinical Method. Sage 1995.

William E. I., Caring for the Older People in the Community. 3rd edition, Radcliffe Medical Press, Oxford, U. K. 1995.

Willis J. The paradox of progress. Radcliffe Medical Press. Oxford, U.K. 1995.

Bradley S. The Paperless Practice . Oxon: Radcliffe Medical Press Ltd; 2001 ISBN 1-85775-486-7

Benson T, Neame R. Health Care Computing – A guide to Health Information Management and Systems . Essex UK : Longman Group Ltd ; 1994 ISBN 0-582-22978-2

Osheroff J A . Computers in Clinical Practice. Managing Patients, Information and Communication. American College of Physicians, Philadelphia 1995. ISBN 0-943126-33-9

Davis MW. Computerizing Health Care Information – Developing electronic patient information systems. New York : Probus Publishing Co.; 1994 ISBN1-55738-609-9

Blobel B. Analysis , Design and Implementation of Secure and Interoperable Distributed Health Information Systems. The Netherland: IOS Press ; 2002 ISBN 1-58603-277-1 (IOS Press) ; ISBN 4-274-90533 0 C3047 (Ohmsha).

Klein GO. Case Studies of Security Problem and their Solution . The

Netherlands: IOS Press ; 2000 ISBN 1-58603-050-7 (IOS); ISBN 4-274-90372-9 C3047 (Ohmsha).

Journals

American Family Physician
Australian Family Physician
The British Medical Journal
The Hong Kong Practitioner
The British Journal of General Practice
Update - The Journal of Postgraduate General Practice
Family Practice - An International Journal
Canadian Family Physician