

Community-based Basic Training

Dates	Names of Training Supervisor	Name and Address of Practice	Practice Special Interests (if applicable)

Acquired Experience and Skills:

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GENERAL/ FAMILY MEDICINE

Trainees should be competent in the following:

Domain I. Communication and the Patient-Doctor Relationship

CS1.1 Communicate effectively and appropriately to provide quality care

CS1.1.1 Communication is clear, respectful, empathic and appropriate to the person and their sociocultural context

- CS1.1.1.1 Use effective communication skills with a broad range of patients in the primary care setting. Try to explore patient's context e.g. by exploring patient's RICE (Reason of consultation, Idea, Concern and Expectation) in each consultation.
- CS1.1.1.2 Identify and manage barriers to effective communication
- CS1.1.1.3 Considering different psychosocial and cultural context into consultations
- CS1.1.1.4 Identify situations where effective use of empathy and sensitivity could improve outcomes
- CS1.1.1.5 Effectively utilize professional interpreter services

CS1.1.2 Effective communication is used in challenging situations

- CS1.1.2.1 Know how to breaking bad news
- CS1.1.2.2 Assess and effectively manage an agitated patient or family member
- CS1.1.2.3 Sensitively discuss prognosis and end-of-life decisions
- CS1.1.2.4 Identify and sensitively manage patients experiencing current or consequences of trauma

CS1.1.3 Communication with family, carers and others involved in the care of the patient is appropriate and clear

- CS1.1.3.1 Identify and manage potential difficulties regarding involvement of family members and/or carers
- CS1.1.3.2 Communicate appropriately and ethically with family members to obtain corroborating medical history
- CS1.1.3.3 Appropriately engage and communicate with care givers in management plan discussions
- CS1.1.3.4 Identify and manage impacts of burden of care on carers
- CS1.1.3.5 Effectively break bad news to family members and carers

CS1.1.4 Complaints and concerns are managed effectively

- CS1.1.4.1 Utilize effective problem solving approaches to address patient complaint
- CS1.1.4.2 Appraise and review management of patient complaints to determine if future improvements could be made
- CS1.1.4.3 Formulate strategies to reduce risk of complaints arising in the future
- CS1.1.4.4 Facilitate access to external resources if outcome of concerns is unsatisfactory

CS1.2 Family Physicians (FPs) use effective health education to promote health and wellbeing to empower patients

CS1.2.1 Ways in which health can be optimized and maintained are communicated to patients, family members and carers

- CS1.2.1.1 Identify opportunities to effect positive change through health education and promotion
- CS1.2.1.2 Provide opportunistic, effective counselling about normal life stages to optimize wellbeing
- CS1.2.1.3 Identify and address barriers to patients implementing health promotion and self-care activities into daily life
- CS1.2.1.4 Identify and address gaps in health education resources for ethnic minorities and patients with special needs
- CS1.2.1.5 Utilize appropriate strategies to motivate and assist patients in maintaining healthy behaviors

Domain II. Applied Professional Knowledge and Skills

CS2.1 FPs provide the primary contact for holistic and patient-centered care

- CS2.1.1 The conduct of the consultation is appropriate to the needs of the patient and the sociocultural context**
- CS2.1.1.1 Incorporate patient treatment and management preferences when appropriate
 - CS2.1.1.2 Incorporate the impact of diagnoses and management on other family members and/or carers into care planning
 - CS2.1.1.3 Identify and manage situations where there are challenges to delivering a patient-centered approach
 - CS2.1.1.4 Implement effective strategies to manage patient needs and expectations that cannot be met
- CS2.1.2 Continuity of care promotes quality and safety**
- CS2.1.2.1 Identify key factors that support and contribute to quality continuity of care. Identify and manage its barriers.
- CS2.1.3 Comprehensive and holistic management plans are developed collaboratively**
- CS2.1.3.1 Formulate a collaborative approach to management plan development
 - CS2.1.3.2 Develop strategies to maintain management plans that are relevant to patient needs

CS2.2 FPs diagnose and manage the full range of health conditions in a diverse range of patients across the lifespan through a therapeutic relationship

- CS2.2.1 A comprehensive, clearly documented biopsychosocial history is taken from the patient**
- CS2.2.1.1 Identify priorities and negotiate an agenda for the consultation
 - CS2.2.1.2 Identify and sensitively address psychological factors contributing to or consequences of physical symptoms
 - CS2.2.1.3 Appropriately utilize and interpret assessment tools to optimize history taking
- CS2.2.2 An appropriate and respectful physical examination of the patient is undertaken**
- CS2.2.2.1 Ensure patient comfort when undertaking respectful physical examination
 - CS2.2.2.2 Effectively utilize appropriate clinical tools to optimize examination
 - CS2.2.2.3 Effectively summaries key examination findings for the patient
 - CS2.2.2.4 Identify, negotiate and manage barriers to effective physical examination to avoid compromising quality of care
 - CS2.2.2.5 Effectively manage situations where the physical examination findings are not consistent with history obtained
- CS2.2.3 A significantly ill patient is identified and managed appropriately**
- CS2.2.3.1 Establish a diagnosis and manage clinical presentations of acute serious illness and trauma efficiently and appropriately
 - CS2.2.3.2 Evaluate emergency management skills to identify areas requiring improvement and support
 - CS2.2.3.3 Maintain competence in basic and advanced life support
- CS2.2.4 A rational list of differential diagnoses is formulated**
- CS2.2.4.1 Effectively counsel patients regarding variations of normal physiology and management
 - CS2.2.4.2 Routinely document and stratify risk of differential diagnoses when assessing patients
 - CS2.2.4.3 Formulate, defend and priorities differential diagnoses to assist with clinical decision making
 - CS2.2.4.4 Identify and manage non-accidental injury
- CS2.2.5 Appropriate procedures are undertaken after receiving informed consent**
- CS2.2.5.1 Choose the appropriate procedure based on the patient's need and context
 - CS2.2.5.2 Perform and document appropriate medical procedures and aftercare with informed consent
 - CS2.2.5.3 Identify procedural skill limitations and refer appropriately
- CS2.2.6 Rational options for investigations are offered**
- CS2.2.6.1 Outline and justify referrals for investigations in the individual's context

CS2.2.6.2 Effectively communicate regarding the limitations, risks and benefits of proposed investigations to enable informed consent

CS2.2.7 The results of investigations are interpreted in the context of the patient

CS2.2.7.1 Develop strategies to ensure that results are reviewed and interpreted

CS2.2.7.2 Demonstrate effective communication of both normal and abnormal results to patients

CS2.2.8 Diagnosis and management is evidence-based and relevant to the needs of the patient

CS2.2.8.1 Demonstrate effective counselling regarding management options

CS2.2.8.2 Formulate safe strategies to provide care for patients who decline evidence-based management options

CS2.2.8.3 Identify and address modifiable primary, secondary and tertiary prognostic factors for common conditions

CS2.2.9 Rational prescribing and medication monitoring is undertaken

CS2.2.9.1 Identify and utilize quality and unbiased resources to assist in appropriate prescribing of treatments

CS2.2.9.2 Identify the role of off-label prescribing and implement risk-minimization strategies

CS2.2.9.3 Utilize robust strategies to monitor and manage medication side effects and risks of polypharmacy

CS2.2.9.4 Report medication side effects appropriately

CS2.2.9.5 Identify and effectively address barriers to medication compliance

CS2.2.9.6 Devise strategies to provide quality care to patients who decline recommended medications

CS2.2.9.7 Develop strategies to identify and manage medication misuse and withdrawal

CS2.2.9.8 Safely prescribe dangerous drugs according to the prevailing HK Dangerous Drugs Ordinance

CS2.2.9.9 Identify and manage any conflicts of interest in prescribed treatments

CS2.2.10 The uncertainty of ongoing undifferentiated conditions is managed

CS2.2.10.1 Develop management plans that support the early identification of evolving conditions

CS2.2.10.2 Identify and manage the key mental health diagnoses that may present as, or compound, undifferentiated condition presentations

CS2.2.10.3 Identify and manage the key sociocultural factors that may present as, or compound, undifferentiated condition presentations

CS2.2.10.4 Assess impacts of diagnostic uncertainty on clinical decision making, balancing benefits against risks

CS2.3 FPs are informed and innovative

CS2.3.1 Quality evidence-based resources are critically appraised and utilized

CS2.3.1.1 Critically appraise analyses research relevant to common clinical presentations

CS2.3.1.2 Identify commonly used resources and their evidence basis

CS2.3.1.3 Differentiate between the various levels of evidence for common therapies

CS2.3.1.4 Identify factors important in determining validity and relevance of research to an individual patient

CS2.3.2 Innovative approach to care of patients with multisystem and/or complex health issues is taken

CS2.3.2.1 In clinical scenarios where evidence is lacking, strategies should be devised to balance the potential benefits and risks of the management

CS2.3.2.2 Practice innovation to address obstacles in delivering quality of care in the community

CS2.4 FPs collaborate and coordinate care

CS2.4.1 Appropriate mode of care delivery to suit the needs of the patient

CS2.4.1.1 Distinguish patients for whom care versus cure management is appropriate

CS2.4.1.2 Identify and maintain skills in required acute, chronic and rehabilitative care delivery models

CS2.4.2 Fragmentation of care is minimized

CS2.4.2.1 Evaluate the criteria used to determine if a referral is appropriate for the individual patient

- CS2.4.2.2 Implement efficient strategies to communicate with key health professionals involved in collaborative care
- CS2.4.2.3 Utilize the most effective mode of handover to minimize risks
- CS2.4.2.4 Identify and address potential barriers to effective communication with other health professionals
- CS2.4.2.5 Identify strategies to prevent fragmentation and facilitate delivery of quality collaborative care
- CS2.4.2.6 Establish and use referral networks of appropriate individuals and organizations that support health
- CS2.4.2.7 Identify differences in care providers' opinions and negotiate agreement on management plans to optimize care

CS2.4.3 Demonstrate leadership in emergency situations

- CS2.4.3.1 Identify and manage potential risks to the safety of others in an emergency situation
- CS2.4.3.2 Address impacts on, and concerns of, family members and carers in emergency situations
- CS2.4.3.3 Communicate effectively with emergency and specialist services to optimize outcomes

Domain III. Population Health and the Context of Family Medicine

CS3.1 FPs provide patient management based on the health needs of the community and the health care system

CS3.1.1 The patterns and prevalence of disease are incorporated into screening and management practices

- CS3.1.1.1 Implement screening and prevention strategies to improve outcomes for individuals at risk of common causes of morbidity and mortality
- CS3.1.1.2 Take into account population-based screening recommendations into individual care
- CS3.1.1.3 Utilize motivational counselling to address modifiable risk factors in individual patient
- CS3.1.1.4 Identify and manage individuals vulnerable to environmental risk factors

CS3.1.2 The impacts of the social aspects of health are identified and addressed

- CS3.1.2.1 Evaluate the impact of family and social aspects on individuals and propose management plans to reduce risks.
- CS3.1.2.2 Identify and address cause and impacts of familial dysfunction on individuals

CS3.1.3 Public health risks are effectively managed

- CS3.1.3.1 Integrate important public health considerations into clinical practice
- CS3.1.3.2 Have protocols and facilities in handling patients with communicable diseases
- CS3.1.3.3 Assist in management of communicable disease outbreaks
- CS3.1.3.4 Report to Department of Health promptly for notifiable diseases
- CS3.1.3.5 Participate in public health education in the community

CS3.2 FPs take the lead to identify the health needs and promote health in the community

CS3.2.1 Barriers to equitable access to quality care are addressed

- CS3.2.1.1 Develop strategies to improve access to health care facilities

CS3.2.2 The health needs of individuals are taken care of with effective utilization of resources

- CS3.2.2.1 Outline the roles of community resources on health care
- CS3.2.2.2 Ensure appropriate referral to community resources
- CS3.2.2.3 Ensure appropriate referral to public services

CS3.2.3 Effective leadership improves outcomes for patients

- CS3.2.3.1 Gaining medical knowledge, establishing professional networks and keep up-to-date knowledge on social and public health development can help consolidating the leader role.
- CS3.2.3.2 Be aware of patient needs. May take the lead to alert relevant parties on the inadequacy of health resources distribution

Domain IV. Professional and Ethical Role

CS4.1 FPs are ethical and professional

CS4.1.1 Adherence to relevant codes and standards of ethical and professional behavior

- CS4.1.1.1 Identify key features of professional codes of ethics and conduct relevant to clinical practice and the ethical dilemmas in practice situations
- CS4.1.1.2 Access professional resources to obtain support for ethical dilemmas
- CS4.1.1.3 Evaluate and review professional behavior against appropriate codes of conduct
- CS4.1.1.4 Identify and manage areas of disparity between behavior and codes of conduct

CS4.1.2 Duty of care is maintained

- CS4.1.2.1 Identify and manage clinical situations where there are perceived or actual conflicts between different responsibilities for the duty of care/role of a FP that may affect the patient care
- CS4.1.2.2 Record and report any instances where duty of care may have been compromised

CS4.1.3 Patient–doctor boundaries are identified and maintained

- CS4.1.3.1 Identify and manage patient interactions where there is a blurring of patient–doctor boundaries to minimize risk
- CS4.1.3.2 Develop strategies and engage support in terminating therapeutic relationships where boundaries are not maintained

CS4.1.4 Critical incidents and potential critical incidents are identified and managed

- CS4.1.4.1 Implement strategies to review potential and actual critical incidents to manage consequences and reduce future risk

CS4.2 FPs are self-aware

CS4.2.1 Professional knowledge and skills are reviewed and developed

- CS4.2.1.1 Formulate strategies to identify and address learning needs
- CS4.2.1.2 Appraise and review response to constructive feedback
- CS4.2.1.3 Identify and utilize professional resources that may assist in quality care provision
- CS4.2.1.4 Outline factors that create an effective learning environment

CS4.2.2 Reflection and self-appraisal are undertaken regularly

- CS4.2.2.1 Implement strategies to recognize and manage personal factors if they impact on quality of care or personal wellbeing
- CS4.2.2.2 Reflect on and review personal and professional performance with supervisors and other professionals

CS4.2.3 Personal health and wellbeing is evaluated, maintained and developed

- CS4.2.3.1 Identify and manage personal health issues by accessing professional support as needed
- CS4.2.3.2 Identify need and access support for emotional reactions to confronting clinical Situations
- CS4.2.3.3 Identify and manage occupational health risks of FPs
- CS4.2.3.4 Identify mentors to support personal and professional development

CS4.3 FPs mentor, teach and research to improve quality care

CS4.3.1 Professional knowledge and skills are effectively shared with others

- CS4.3.1.1 Develop strategies to share recently acquired skills and knowledge with peers
- CS4.3.1.2 Assist peers and colleagues to identify and priorities areas of clinical knowledge and skill that are in need of development
- CS4.3.1.3 Identify strategies to create an inclusive team-based approach to teaching and leadership
- CS4.3.1.4 Contribute to and utilize best practice guidelines in family medicine research

CS4.3.2 Identify and support colleagues who may be in difficulty

- CS4.3.2.1 Identify, support and appropriately refer colleagues who are in difficulty or observed to have reduced capacity to practice
- CS4.3.2.2 Formulate strategies to maintain duty of care if a colleague displays limited insight into reduced capacity to practice

DOMAIN V. Organizational and Legal Dimensions

CS5.1 FPs use quality and effective practice management processes and systems to optimize safety

- CS5.1.1 Infection control and relevant clinical practice standards are maintained**
- CS5.1.1.1 Identify the role of organizations and local health authorities practice standards and integrate them into clinical care
 - CS5.1.1.2 Implement best practice guidelines for infection control measures
 - CS5.1.1.3 Identify the role and relevance of clinical indicators in improving quality of care
- CS5.1.2 Effective clinical leadership is demonstrated**
- CS5.1.2.1 Identify opportunities to lead an improvement in quality care
 - CS5.1.2.2 Support peers to step into leadership roles
- CS5.1.3 Relevant data is clearly documented, securely stored and appropriately shared for quality improvement**
- CS5.1.3.1 Maintain medical record data quality
 - CS5.1.3.2 Maintain accurate medication records
- CS5.1.4 Quality and safety is enhanced through the effective use of information systems**
- CS5.1.4.1 Utilize best practice guidelines for appropriate use of health information systems
 - CS5.1.4.2 Demonstrate efficient use of recall systems to optimize health outcomes
- CS5.1.5 Effective triaging and time management structures are in place to allow timely provision of care**
- CS5.1.5.1 Formulate strategies to maintain effective time management
 - CS5.1.5.2 Address barriers to, and implement criteria for, effective triage
 - CS5.1.5.3 Priorities patient consultation times according to severity of presenting illness in order to optimize care
- CS5.1.6 Ethical with effective governance structures are implemented**
- CS5.1.6.1 Identify any perceived unethical business practices in place of work
 - CS5.1.6.2 Identify ethical principles in place of work and address any practices that do not comply

CS5.2 FPs work within statutory and regulatory requirements and guidelines

- CS5.2.1 Patient confidentiality is managed appropriately**
- CS5.2.1.1 Identify and manage situations where duty of care responsibilities are not compliant with confidentiality requirements
 - CS5.2.1.2 Identify and demonstrate sensitive management of mandatory and voluntary reporting responsibilities
- CS5.2.2 Shared decision making and informed consent are explained and obtained**
- CS5.2.2.1 Demonstrate appropriate utilization of shared decision making and informed consent
 - CS5.2.2.2 Determine patient competency to provide informed consent
 - CS5.2.2.3 Integrate legislative requirements into care of individuals who are unable to provide consent
- CS5.2.3 Medico-legal requirements are integrated into accurate documentation**
- CS5.2.3.1 Accurately complete legal documentation appropriate to the situation
 - CS5.2.3.2 Seek support from other professionals to complete complex or unclear documentation

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