THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

VOCATIONAL TRAINING

IN

FAMILY MEDICINE

TRAINING LOGBOOK

BASIC TRAINING

Dr. _____ (ID:)

Date of Initial Enrolment _____

IMPORTANT NOTICE

1 Please read the Handbook on Vocational Training in Family Medicine CAREFULLY.

2 Important messages or changes on training will be sent to trainees by letters, memos or College monthly Family Physicians Links.

3 Please inform the Board as soon as possible if you have change mailing address or other contact number.

4 Please read ALL letters from the Board of Vocational Training and Standards (BVTS). Some of these letters must be replied before the deadline.

5 Trainees fail to comply with the regulations may have grave consequence.

6 Please note the following guidelines for the total duration of training:

6.1 All trainees are advised to finish their Basic Training (4 years in total) or **Higher Training** (2 years in total) at their earliest possibility, and

6.2 The trainee **with** clinical practice must NOT be dormant for more than 3 years or
The trainee **without** clinical practice must NOT be dormant for more than 1 year.

6.3 All **Basic trainees** enrolled in 2006 or after, are required to attend at least **TWO** annual conference (i.e. HKPCC) organized by the Hong Kong College of Family Physicians in the four-year training programme.

7 Enrolment into Higher Training:

7.1 Trainees are required to fulfill the following criteria:

- A Proof of Completion of Basic Training in Family Medicine, AND
- Possession of a higher qualification in Family Medicine equivalent to FHKCFP / ICFRACGP, AND
- Applicant should fulfill the CME/CPD requirement set by QA&A regulations in the 3 consecutive years prior to the application.
- Application Form for Higher Training
- Appropriate application fee (non-refundable regardless of the result of application)

8 All **Basic** and **Higher Trainees** are required to fulfill the CME requirement set by HKCFP QA &A regulations each year. For those who fail to fulfill this requirement, their training experience of that particular year will NOT be recognized.

9 Logbook requirements:

9.1 Basic trainees must submit the copy of following forms regularly by email to BVTS@hkcfp.org.hk within 1 month of completion of each rotation and keep the original in the logbook your own:

Hospital-based Training:

Please refer to '*Generic forms of Hospital-based Training (202302)'* package:

- *Trainee Log Diary*
- *Extent of checklist completion by Clinical Supervisors*
- *Assessment/Feedback Form By Clinical Supervisors*

(Remarks: For clinical attachment, please submit only Extent of checklist completion by Clinical Supervisor)

Community-based training:

Please refer to '*Generic forms of Community-based Training (202302)*' package:

- *Trainee Log Diary*
- *Extent of checklist completion by Clinical Supervisors*
- *Assessment/Feedback Form By Clinical Supervisors*

9.2 Basic trainees must submit the feedback on vocational training within 1 month of completion of each rotation by email to BVTS@hkcfp.org.hk or e-form: (please don't keep copy in the logbook for confidentiality)

Feedback form for Hospital-based Training:

Please refer to '*Generic forms of Community-based Training (202302)*' package:
or e-form:
https://www.hkcfp.org.hk/pages_9_95.html > Basic Training > Feedback on Vocational Training (Hospital Based)

Feedback form for Community-based Training:

Please refer to '*Generic forms of Community-based Training (202302)*' package:
or e-form:
https://www.hkcfp.org.hk/pages_9_95.html > Basic Training > Feedback on Vocational Training (Community Based)

9.3 Basic trainees must record and submit the learning portfolio six monthly by email to BVTS@hkcfp.org.hk during community-based training and keep the original in the logbook your own.

9.4 Arrangement of annual checking of training Logbook and completion of checklist:

- All trainees are **REQUIRED** to seek an authorized person to check the logbook and complete

the checklist for annual checking of logbook. The Board will randomly select trainees to hand in their logbook for checking.

- Please find the checklist from the logbook or download from the College website, and return the **original copy** of checklist to the Board **before the end of January each year**.

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

10 Trainees must complete the Community-based training in at least TWO different Family Medicine practices/ clinical supervisors.

11 Please formally inform the Board by notice in writing for request of any changes in relation to your training, such as change of supervisor or deferral of training.

12 Annual Training Fee should be paid within 30 days of the due day; otherwise your training will not be accredited.

13 Upon the **completion of training**,
Basic trainees are required to submit the '*Application Form for the Certification of Completion of Basic Training in Family Medicine*' and the **original copy** of training logbook to BVTS for certification of completion of training within 3 months upon the completion date. If the training logbook is incomplete after reviewed by BVTS, basic trainees should complete the training process within 6 months upon the completion date and the completion date of training will only be counted from the time the trainee handed in all required documents to complete the certification and basic training fee of next year will be charged.

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

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

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

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

- The completion of Application Form for re-enrolment
- Applicant should fulfill the CME requirement set by QA&A regulations in the years prior to the application

- The proof of previous training record for consideration of accreditation of previous training if applicable
- The proof of active medical practice in the years prior to the application
- The appropriate administration fee (non-refundable regardless of the result of application)

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

i. The completion of Application Form for dormant from training
ii. The appropriate administration fee (non-refundable)

- Trainees are required to subscribe annual dormancy fee during the dormancy of training.
- Formal written notice to the Board is required when trainees are ready to resume training from the dormant status
- The approval of the application is subject to the final decision of the Board.

15 All trainees must inform the Board by email preferably prior to the commencement of any form of prolonged leave for 8 week or more. Whether related training jeopardized will be counted is subjected to consideration and approval by the Board individually.

16 Trainee must fulfil the requirement of '*Emergency Skill Competencies*' before or during training period.

17 For critical incidents, please submit the form '*report of critical events to HKCFP*' to the Board immediately.

18 For any queries regarding the Vocational Training Programme, please contact the college secretariat.

Tel: 2871 8899 (4 lines)
Fax: 2866 0616
Email: bvts@hkcfp.org.hk
Website: www.hkcfp.org.hk

Address: Rm 803-4, 8/F
Hong Kong College of Family Physicians
HKAM Jockey Club Bldg.
99 Wong Chuk Hang Rd.
Aberdeen, Hong Kong

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

HANDBOOK

ON

VOCATIONAL TRAINING

IN

FAMILY MEDICINE

SIXTH EDITION

2019

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PREFACE TO THE SIXTH EDITION

For the past ten to twenty years, there are gradual evolvement locally and globally on primary care needs as well as differential role of family physician and other specialists. Family Physicians, being the first contact, personalized primary care doctor who will provide comprehensive and coordinated care for our patients, need to be trained and equipped to tally with related changes. On the other hand, there is also evolving training requirement of various hospital specialties which affects the skills and exposure that our hospital trainees can reasonably be exposed to during their two years of hospital rotation.

On the other hand, to continue and optimize the training collaboration as well as re-accreditation from RACGP (the Royal Australian College of General Practitioners), an extensive review on our community based training program including both process and content, is required.

In relation to the above, our Board has set up Basic Training Curriculum Review Working group and started overall review of the whole training program since 2016. Wide consultation involving FM trainees, FM trainers, hospital specialties clinical supervisors as well as various training providers are started. After thorough consideration, there are a number of key changes and fine adjustment in our training logbook and handbook.

For hospital based training, the curriculum of each specialty has been revised and updated taken into consideration of both practicality of training environment and relevance of related skills and knowledge of Family Physician in the community. For community based training, the training curriculum is updated and aligned with the related core competence domain of the RACGP. Training process documentation are further optimized with new training log diary, updated trainee feedback form, and clear and timely reporting to our College if any critical events happened during the training process.

It has been a long and tedious process over the past two to three years, with continuous dedication from multi-sectoral work and contribution. We are deeply thankful for the great support from Dr. Billy Chiu, our immediate past Board Chairman, Dr. Ruby Lee and members of the Basic Training Curriculum Review Working group, Dr. Michelle Wong, our Basic Training subcommittee Chairman, all our Board members who have been working very hard to bridge the gap and collect extensive comments from RACGP, local training providers, clinical supervisors and trainees. Special thanks to all our Board members and Charlotte Cheung and

Kathy Lai, the College Secretariat, who have offered the dedicated support throughout the past 2 years.

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

Dr. Fung Hoi Tik
Deputy Chairman,

September 2019

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

The written segments of the International Conjoint HKCFP/RACGP 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 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

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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 medical practitioner under full registration or limited registration in Hong Kong.

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

3. An intending trainee must process a valid certificate of Cardiopulmonary Resucitation (CPR) within the first 3 months during commencing Family Medicine 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.

7. 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.

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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 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.

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

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

7. 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.

8. is prepared to participate in Trainer Training activities.

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

10. visits and assesses the trainee's practice at least once every six

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months during Higher Training.

I.6. Election to Fellowship and Membership of the Hong Kong Academy of Medicine

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 (International 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.

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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

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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 International Conjoint H.K.C.F.P./R.A.C.G.P. Fellowship

Examination

The trainee can sit for the International Conjoint HKCFP/RACGP Fellowship Examination according to the International Conjoint HKCFP/RACGP Fellowship Examination Handbook for Candidates.

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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 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.

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

7. 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)

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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.

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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 will give feedback to the trainee on the progress of the clinical audit/ research 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.

B. Exit Examination

The trainee can sit for the Exit Examination conducted by the Specialty Board. 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.

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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): Maximum Accredited Period (MAP): 6 months

HOSPITAL BASED TRAINING: 24 months

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

Internal Medicine **3-6 months**
(3 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**

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-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.

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CHECKLIST FOR ANNUAL CHECKING OF TRAINING LOGBOOK

(For Basic Training)

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

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

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

_____

☐ Training Period: from *(dd/mm/yy)* _____ to _____

Checking items and content	**Yes**	**No**	**N/A**
Hospital based training: -			
1. Submission of up-to-date clinical supervisor feedback form to College			
2. Update and verify the checklist on logbook			
3. Update and verify the training rotation on logbook			
Community based training: -			
1. Submission of up-to-date clinical supervisor feedback form to College			
2. Update and verify the checklist on logbook			
3. Update and verify the training rotation on logbook			
4. Update and verify the trainee log diary (mandatory)			
5. Review of sit-in consultation by clinical supervisor (mandatory)			
6. Review of video-taped consultation by clinical supervisor (mandatory)			
7. Listing of 300 patients seen (for trainees completing 4th year)			
8. List of Training Centre(s): 1)			
2)			
3)			
Structured Educational Programme: -			
1. Pre-approved by BVTS			
2. Update the schedule and list the topics in each 14 modules			
3. Regular attendance and verified by course organizer or moderator			
Record of clinical supervisor(s)'s feedback			
Learning portfolio fulfilled			
Completion of following attachments/ rotations during basic training: -			
Psychiatry			
Emergency Medicine (A&E)			
Ophthalmology			
Otorhinolaryngology (ENT)			
Dermatology			
Orthopedics (O&T)			

Future Training Plan (Coming Year):

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

Check by authorized person: _____ Signature: _____

(BLOCK LETTER PLEASE)

Contact Telephone No: _____ Date: _____

PERSONAL DETAILS

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

Dr. .....

Home Address .....

..... Tel: .....

Mailing Address .....

..... Tel: .....

Date of Graduation .....

University .....

Degree .....

Undergraduate Awards

.....

.....

.....

Postgraduate Degrees and Diplomas	Awarding Body	Year

PRE-REGISTRATION EXPERIENCE (INTERNSHIP)

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

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

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

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

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

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

Hospital-based Basic Training

SUMMARY OF HOSPITAL BASED BASIC TRAINING

(Please indicate time spent in each area in months)

Terms	Total time spent (Period)	Remarks
Example:	*3 months (1-3/2016)*	
Internal Medicine		
Surgery		
A & E		
Paediatrics		
Obstetrics		
Gynaecology		
Psychiatry		
Geriatrics		
Eye		
E.N.T.		
Orthopaedics		
Anaesthetics		
Dermatology		
Infectious Disease		
Pathology		
Oncology/Hospice		
GENERAL PRACTICE (i) Supervised		
(ii) Unsupervised		
OTHERS (specify)		

EMERGENCY SKILLS COMPETENCIES

Trainees must complete:

A. A Cardiopulmonary Resuscitation (CPR) course and possess a valid certificate within the first 3 months of commencing in Family Medicine training; and
B. Fulfil Emergency Medicine training requirements on Page 14

Date	Course taken	Organiser(s)

Remarks:

1) For those who wish to apply for Fellowship Examination, trainee must complete training in the early management of trauma and Advanced Primary Care Life Support (APCLS).
2) Please note there may be additional requirement for election for FHKCFP and/or ICFRACGP.

HOSPITAL-BASED TRAINING INTRODUCTION

Objectives

Trainees should be able to provide holistic patient care through the acquisition of a broad experience. Trainees should achieve explicit objectives set out in each hospital specialties training if applicable.

Exposure

Trainees should develop an ***in-depth understanding*** and ***gain experience*** in the common conditions listed in corresponding specialties that are more frequently encountered in the primary care setting.

Trainees should be ***competent*** in the ***diagnosis, assessment, management*** of these conditions in the primary care setting.

For conditions that need specialist care, trainees should be competent in appropriate referral and should also have a basic understanding of the possible management of such conditions after referral.

Skills

Trainees should acquire a level of competence in performing simple diagnostic and therapeutic procedures in a primary care setting.

Priority Skills:
Trainees should be ***competent*** in the basic skills of each specialty.

Optional Skills:
Trainees should have a **basic understanding** of the optional skills of each specialty.

INTERNAL MEDICINE

Objectives

Extensive knowledge of common chronic illnesses, including current literature, international guidelines and current trend of management. The list includes the following.

- Diabetes mellitus
- Hypertension
- Hyperlipidaemia
- Coronary artery disease
- Atrial fibrillation
- Heart failure
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Thyroid disease
- Hepatitis
- Gout
- Peptic ulcer

Exposure

Cardiovascular	Hypertension, ischaemic heart disease, heart failure, arrhythmias, peripheral vascular diseases. Valvular heart diseases, infective endocarditis, cardiomyopathy.
Endocrinology	Diabetes mellitus including diabetic ketoacidosis, hypoglycaemia, thyroid diseases, lipid disorders, obesity. Hypothalamus/pituitary/adrenal diseases, fluid and electrolyte disorders, phaechromocytoma, diabetes insipidus, Addison's disease.
Gastroenterology and Hepatology	Dyspepsia, Gastrointestinal (GI) ulcers, gastroenteritis, Gastro-oesophageal Reflux Disorder (GERD), Irritable bowel disease, GI bleeding, cancers, jaundice, cirrhosis, hepatosplenomegaly. Pancreatic diseases, liver failure, drug overdose, nutritional disorders.
Respiratory Medicine	Asthma, COPD, chest infections, cancers, bronchiectasis, obstructive sleep apnoea (OSA), Tuberculosis (TB), pleural effusion, pneumothorax.
Rheumatology	Rheumatoid arthritis, crystal arthropathies, Systemic Lupus Erythematosus (SLE) Polymyositis and dermatomyositis, temporal arteritis, polymyalgia rheumatica, seronegative spondyloarthritis, degenerative arthritis
Haematology	Anaemia, Thrombocytopaenic/idiopathic, thrombocytopenic purpura, Disseminated intravascular coagulation (DIC), lymphoma, leukaemia, anti-coagulation therapy
Neurology	Dementia/ Cognitive impairment, stroke, Parkinson's disease, Bell's palsy, epilepsy. Guillain-Barre syndrome, myasthenia gravis,

	meningitis/encephalitis, headache
Renal Medicine	Diabetic renal disease, urinary tract infection, nephrolithiasis, nephritis, renal failure.
Palliative Medicine	Pain control
Geriatric/Rehabilitation Medicine	Fall prevention, incontinence.
Infectious Diseases	Antibiotic use, travel medicine, malaria, syphilis, tetanus, fungal infections.
Infections	Human immunodeficiency virus (HIV) infection/ Acquired immune deficiency syndrome (AIDS), sexually transmitted diseases, parasitic infections, common viral infections.
Others	Alcoholism and related diseases.

Skills

Priority Skills

- Electrocardiogram (ECG)
- Venepuncture/arteriopuncture
- Cardiopulmonary Resuscitation (CPR)
- Lumbar puncture
- Plain X-rays, Computerized Tomography (CT) and Magnetic Resonance Imaging (MRI) scans – indications and interpretations.

Optional Skills

- Bone marrow/trephine biopsy
- Echocardiogram
- Endoscopy
- Exercise ECG
- Liver/renal/lung biopsy
- Setting up central line
- Peritoneal dialysis
- Lung functions tests
- Aspiration and injection of joints
- Interpretation of images: contrast radiology, ultrasonogram (USG)
- Microscopic examination of urine

OBSTETRICS AND GYNAECOLOGY

Exposure

A. Gynaecology

- Menstrual disorders: amenorrhea, oligomenorrhoea, menorrhagia, dysfunctional uterine bleeding, post-menopausal bleeding, dysmenorrhea
- Vulvar diseases: leukoplakia, carcinoma, vulvar lumps and ulcers, etc.
- Cervix and Uterine diseases: fibroid, prolapse, cervical ectropion, and cancer, etc.
- Polycystic ovarian syndrome
- Vaginal discharge and pruritus vulvae
- Sexually transmitted diseases and pelvic inflammatory disease
- Subfertility
- Contraception
- Menopause and hormonal replacement therapy (HRT)
- Ovarian diseases: cysts, tumours
- Endometriosis
- Infertility and basic theory of In Vitro Fertilization (IVF)
- Urinary incontinence
- Common gynaecological malignancies
- Trophoblastic disease

B. Obstetrics

- Normal pregnancy, labour, delivery and puerperium
- Complications of early pregnancy: abortion, ectopic pregnancy
- Hyperemesis gravidarum
- Medical and surgical problems complicating pregnancy
- Pre-eclampsia and eclampsia
- Gestational diabetes
- Breast feeding
- Common drugs used in pregnancy women
- Postpartum depression
- Intrauterine growth retardation
- Ante-partum haemorrhage
- Fetal distress
- Multiple pregnancy
- Premature labour
- Mal-presentation

Skills

Priority skills

A. Gynaecology

- Pelvic examination
- Vaginal swab
- Pap smear
- Pregnancy test
- Contraceptive methods
- Insertion and removal of uncomplicated IUCD
- Insertion and removal of ring pessary
- Removal of cervical polyp
- Interpretation of basic USG

B. Obstetrics

- Premarital and pre-pregnancy counselling
- Diagnosis of pregnancy
- Antenatal care of normal pregnancy
- Normal labour management
- Interpretation of CTG
- Post-natal examination
- Family planning
- Counselling on breast feeding

Optional Skills

A. Gynaecology

- Basic ultrasound procedure
- Dilatation and curettage
- Endometrial sampling

B. Obstetrics

- Basic ultrasound procedure
- Manual removal of placenta
- Twin delivery
- Low forceps delivery
- Assist Caesarean section
- Postpartum sterilization
- Assisted vacuum extraction
- Assisted breech delivery
- Repair of episiotomy
- Evacuation of vulval/vaginal haematoma

PAEDIATRICS

Exposure

A. Community Paediatrics: (care of a well child – from birth to adolescence)

- Health education and promotion
- Immunisation
- Home safety
- Family dynamics, social problems
- Nutrition including breastfeeding
- Normal and abnormal growth and development
- Child abuse
- Dental health
- Common behavioural problems – recurrent abdominal pain, school phobia

B. Common Paediatric Diseases:

GI and Hepatology	Recurrent vomiting Abdominal pain (acute and recurrent) Dietary intolerance Enteric infections Breast-feeding and other feeding problems Constipation Dehydration
Infectious Diseases	Fevers Paediatric exanthema, scarlet Tuberculosis Common bacterial and viral infections Parasitic infections Kawasaki disease
Nephrology	Urinary tract infection Vesico-ureteric infection reflux Enuresis Nephrotic syndrome Post-streptococcus glomerulonephritis
Neonatolgy	Neonatal jaundice G6PD deficiency Examination of newborn Neonatal screening
Respiratory Medicine	Upper Respiratory Tract Infection (URTI) and coryza Asthma Allergic rhinitis Foreign body inhalation and ingestion Bronchiolitis Croup Pneumonia Epiglotitis Otitis media OSA Chest deformity
Neurology	Febrile convulsion Meningitis/encephalitis

	Disables and handicaps Epilepsy Cerebral palsy Headache Developmental delay
Orthopaedics	Normal and abnormal gait with age Flat feet, Intoeing, Painful knees and hips Scoliosis
Dermatology	Eczema Body and head lice Seborrhoeic dermatitis Scabies Birth marks
Adolescent Medicine	Normal and abnormal sexual development Disorders of menstruation Sexual education and contraception
Haematology	G6PD deficiency Anaemia: thalassaemia, iron and B12 deficiency Thrombocytopenic purpura Leukaemia
Cardiology	Common congenital heart diseases
GI and Hepatology	Failure to thrive Mal-nutritional states Hepatitis and hepatosplenomegaly
Endocrinology and Metabolic Disorders	Common growth disorders DM and Impaired Glucose Tolerance (IGT) Thyroid diseases Fluid and electrolyte imbalance
Psychiatry	Autism Attention deficit and hyperactive disorder Eating disorder Mood disorder
Autoimmune	SLE Juvenile rheumatoid arthritis
Others	Henoch-Schonlein Purpura Sudden infant death syndrome Normal and abnormal growth and development

Skills

Priority Skills

- Blood sampling
- Setting up IV drips

- Collection of urine sample (clean catch, bag, catheterisation)
- Microscopy of urine sample
- Examination of newborns and babies
- Developmental screening and assessment
- Use and interpretation of various growth charts
- Interpretation of basic chest and abdominal X rays films

Optional Skills

- Lumbar puncture
- Collection of urine sample (Suprapubic tapping)

SURGERY

Exposure

- Acute abdomen
- Thyroid mass and other neck swellings
- Breast lump
- Varicose veins and other peripheral vascular disorders
- Leg ulcers
- Biliary obstruction and gallstone diseases
- Upper gastrointestinal diseases and malignancies
- Colorectal diseases and malignancies
- Rectal haemorrhage
- Peri-anal conditions
- Skin lumps and bumps
- Hernia and complications
- Other abdominal masses and malignancies
- Surgical haematuria and related urinary tract malignancy
- Testis and epididymis diseases
- Benign prostatic hypertrophy and related prostate diseases
- Urolithiasis
- Erectile dysfunction
- Post-operative care of surgical wounds

Skills

Priority Skills

- Suturing of cut or laceration wound
- Incision and drainage of a superficial abscess
- Excision of simple lumps e.g., sebaceous cyst
- Wedge excision of ingrown toenail
- Banding of hemorrhoids
- Proctoscopy

Optional Skills

- Circumcision
- Endoscopy
- Removal of rectal polyp
- Bedside USG of abdomen
- Herniorrhaphy
- Appendicectomy

DERMATOLOGY

Exposure

- Eczema and contact dermatitis
- Urticaria
- Acne
- Benign skin conditions: seborrhoeic wart, hypertrophic scar, keloid, pyogenic granuloma etc.
- Viral disorders of the skin
- Fungal disorders of the skin
- Bacterial infections of the skin
- Infestations of the skin
- Drug eruptions
- Hair and nail problem
- Cutaneous manifestation of systemic diseases
- Pigmentary disorders
- Psoriasis
- Pityriasis rosea and lichen planus
- Solar damage and skin cancer
- Developmental disorders of the skin
- Skin manifestations of insufficient or abnormal circulation
- Disorders of the sebaceous, sweat and apocrine glands
- Bullous disorders of the skin

Skills

Priority skills

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

Optional Skills

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

EMERGENCY MEDICINE

Exposure

- Recognition, resuscitation, stabilisation, evaluation and care of critically ill or injured patients
- Arrangement of appropriate management plan, including admission, follow-up, referral or discharge
- Prehospital care of acutely ill or injured patients
- Management of episodic, undifferentiated physical and behavioral conditions

Skills

Priority Skills

- The basic knowledge and skills to handle a wide variety of minor or critical events presenting to the Emergency Department
- Basic and advanced life support (adult and paediatric)

Optional Skills

- Knowledge of emergency medical system, including pre-hospital care Management aspects of an Emergency Department
- Community disaster management
- Initiation of pre-hospital care in a field situation

Please refer to the prerequisite for Basic Training on Page 3 - ***Emergency Skills Competencies***.

OPHTHALMOLOGY

Exposure

- Red eyes
- Foreign bodies/chemicals in the eye
- Corneal ulcer
- Glaucoma
- Cataract
- Eye infections: viral, bacterial, parasitic
- Floaters
- Dry eyes
- Squints
- Refractive errors
- Orbital swellings
- Inequality/dilatation of pupils
- Visual field defects
- Loss of vision: sudden, subacute and gradual
- Retinal detachment
- Eye involvement in systemic diseases
- Minor trauma
- Use of different eye drop medications

Skills

Priority Skills

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

Optional Skills

- Dilatation of lacrimal duct
- Basic use of slit lamp examination

ORTHOPAEDIC AND TRAUMATOLOGY

Exposure

- Shoulder problem: impingement syndrome, painful arc syndrome, frozen shoulder
- Back and neck pain – Red flag sign and symptoms
- Osteoarthritis and degenerative joint disease
- Degenerative spine disease: cervical spondylosis, cervical radiculopathy and myelopathy, lumbar spondylosis, prolapsed intervertebral disease, cord compression
- Joint infection: pyogenic and T.B
- Rheumatological disorders
- Gout and pseudogout
- Repetitive stress injury: carpal tunnel syndrome, De Quervain disease, tennis elbow, plantar fasciitis
- Joint dislocation and injury
- Simple fractures and Complications of fractures
- Peripheral nerve disorder and other entrapment syndromes
- Metabolic bone disease: Osteoporosis, Osteomalacia
- Flat foot, kyphoscoliosis
- Others: Bone tumours, neuromuscular diseases, haemophilia and related conditions, osteonecrosis and osteochondritis.
- Common paediatric orthopaedic conditions: e.g., pes planus, pes cavus, knock knee, bow leg
- Immediate management of open wounds and amputated digits
- Physiotherapy in common orthopaedic problems: strengthening/stretching exercises, shoulder/knee class
- Occupational therapy in common orthopaedic problems: walking aids, braces, vocational and home assessment
- Orthotics and prosthesis: use of orthopaedic appliances

Skills

Priority Skills

- Examination of musculoskeletal system
- Injections of joints, trigger fingers and other soft tissue injection, such as tenosynovitis, plantar fasciitis
- Reduction of simple fracture and dislocations
- X-ray, CT, MRI, isotope scans: indications, limitations, interpretations
- Basic orthopaedic operations: carpal tunnel release, excision of lumps

Optional Skills

- Arthroscopy
- Nerve conduction tests
- Electromyography
- Wedge excision of ingrown toenail

OTORHINOLARYNGOLOGY (ENT)

Exposure

Ear
- Painful ears
- Discharging ears
- Fluid in the middle ear
- Tinnitus
- Deafness
- Dizziness and vertigo

Nose
- Rhinitis
- Sinusitis
- Epistaxis
- Nasal obstruction

Throat
- Throat infections
- Hoarseness of voice
- Lumps in the neck

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

Skills

Priority Skills
- Use of auroscope
- Ear syringing
- Hearing tests especially tuning fork tests
- Examination of the nose

Optional Skills
- Laryngoscopy: direct and indirect
- Removal of foreign bodies from the ear, nose and throat
- Interpretation of pure tone audiogram
- Nasal packing for epistaxis

PSYCHIATRY

Objectives

In the management of common general adult psychiatric problems in the primary care setting, trainees should undertake the following.

- Develop a bio-psychosocial approach to patients with psychiatric problems, rather than focus on individual diseases.
- Formulate and diagnose common general adult psychiatric illnesses through history taking, mental state and physical examinations, and perform relevant and necessary investigations as appropriate.
- Perform risk assessment and to seek help when indicated.
- Prescribe appropriately.
- Ensure continuity of care through regular follow up, timely communication and liaison with psychiatric team.

Exposure

- Affective disorder: mania, depression, bipolar affective disorder
- Neurotic, stress related and somatoform disorder: anxiety disorder, panic disorder, obsessive-compulsive disorder, insomnia, dissociative disorder, somatoform disorder
- Non-organic sleep disorder
- Non-organic psychotic disorder: Schizophrenia, schizoaffective disorder, delusional disorder, acute and transient psychotic disorder
- Substance misuse
- Personality disorder
- Organic mental disorder
- Psychiatric emergency: suicidal patient, violent patient, abusive parents and neglect
- Dementia

Skills

Priority Skills

- Interview technique
- Psychiatric history taking
- Mental state assessment and examination
- Formulate, diagnose and treat common general adult psychiatric illnesses
- Counselling
- Appropriate use of community resources
- Effective communication and share-care with psychiatry team
- Procedure for hospitalisation under the Mental Health Ordinance

Optional Skills

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

Generic forms of each Hospital-based Specialty Training Rotation

Generic forms of Hospital-based Training

To: BVTS@hkcfp.org.hk

From:

Name of Trainee: _____ **Supervisor:** _____

Training Centre: _____ **Specialty:** _____

Training Period: from _____ (mm/yy) to _____(mm/yy)

Clinical Attachment: Yes / No *

Please complete the below table before your submission:

Checking items and content	**Yes**	**No**
1. Trainee Log Diary		
2. Extent of checklist completion by **BVTS appointed Clinical Supervisor(s)**		
3. Assessment/Feedback Form by **BVTS appointed Clinical Supervisor(s)** with • official chop • recommendation		
4. Feedback form for Hospital-based Training		

- *Basic trainees must submit the **copy** of abovementioned forms regularly by **email** to BVTS@hkcfp.org.hk within 1 month of completion of each rotation and keep the original in the logbook your own.*
- *Basic trainees must submit the feedback on vocational training **within 1 month** of completion of each rotation by email to BVTS@hkcfp.org.hk or e-form: (please don't keep copy in the logbook for confidentiality)*
  https://www.hkcfp.org.hk/pages_9_95.html
  > Basic Training > Feedback on Vocational Training (Hospital Based)
- *For **clinical attachment**, please submit **only** Extent of checklist completion by Clinical Supervisor.*
- *Please check our BVTS appointed CS from our college website at*
  http://www.hkcfp.org.hk/pages_9_95.html
  > Clinical Supervisor > list of Clinical supervisor – sort by Hospital Based

TRAINEE LOG DIARY

Record any Presentations, Seminars or Related Educational Activities that you have done or attended during the training period.

Date	Log Diary	Time Spent

HOSPITAL BASED BASIC TRAINING/ EXPERIENCE

PERIOD OF TRAINING *(MM/YY)*	**HOSPITAL / UNIT / SPECIALTY**
From ( ) To ( )	( )
DURATION *(MONTHS)*	**ACCREDITED**
( )	Yes ( ) No ( )
	CLINICAL ATTACHMENT
	Yes ( ) No ( )

Extent of checklist completion: (please rate)

Inadequate Adequate

0|___|___|___|___|___|5

Other Comments by Supervisors:

Name of Supervisors: _____ **Signature:** _____

Date:

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Board of Vocational Training & Standards

ASSESSMENT/FEEDBACK FORM BY CLINICAL SUPERVISORS

(BASIC TRAINING)

This form is designed to help vocational trainees identify their areas of clinical strengths and weaknesses so that specific further training can be planned. Frank and constructive feedback from you is essential for this aim. Bear in mind that the doctor is aiming ultimately to enter general, rather than specialty, practice. If you have insufficient information to answer a question, please indicate this.***Please forward a copy of this completed assessment form to BVTS@hkcfp.org.hk for record.**

Trainee Doctor _____ Supervisor _____
Block letter please *Block letter please*

Training Centre _____Specialty_____ Period from _____ to _____

PLEASE RATE THE TRAINEE'S PERFORMANCE in the following areas:
(0=Very Poor, 1=Poor, 2=Dissatisfactory, 3=Satisfactory, 4=Good, 5=Excellent)

1. Effective communication skills

0	1	2	3	4	5

Comments _____

_____

2. Assessing clinical information and reaching logical conclusions, but willing to change his/her mind in the light of new information

0	1	2	3	4	5

Comments _____

_____

3. Physical examinations, diagnostic tests, and procedures

0	1	2	3	4	5

Comments _____

_____

4. Making decisions in diagnosis and management with the patient

0	1	2	3	4	5

Comments _____

_____

5. Appreciating the social and psychological dimensions of patients' problems e.g. the patient's family, ethnic, work and community environment

0	1	2	3	4	5

Comments _____

_____

6. Recognising the limits of his/her own knowledge, experience and ability, and enlisting help when necessary

0	1	2	3	4	5

Comments _____

_____

7. Providing continuing care, illness prevention and health promotion (e.g. smoking, alcohol, diet) and coordinating the patient's total health care

0	1	2	3	4	5

Comments _____

_____

8. Considering the cost of investigations, drugs and procedures to the patient and the community

0	1	2	3	4	5

Comments _____

_____

9. Exhibiting personal and professional qualities required of a doctor e.g. accepting responsibility, conscientious, caring, reliable, ethical

0	1	2	3	4	5

Comments _____

_____

10. Exhibiting ability to tolerate the uncertainty, and act professionally in a crisis

0	1	2	3	4	5

Comments _____

_____

11. Developing effective relationships with patients, families, and medical and paramedical colleagues

0	1	2	3	4	5

Comments _____

_____

12. Administrative skills such as paperwork and the effective use of time, practice organization and financial information

0	1	2	3	4	5

Comments _____

_____

13. Showing keenness to learn, planning his/her own learning and assessment, and accept and give feedback

0	1	2	3	4	5

Comments _____

_____

CLINICAL KNOWLEDGE AND SKILLS

Of the clinical problems encountered during this term, which were handled very well by the doctor, and which require further attention?

_____

_____

_____

GENERAL COMMENTS:

Please comment on the doctor's progress during the term and include any additional comments that might help this doctor become a more effective family physician.

_____

_____

RECOMMENDATION:

I **** recommend / do not recommend*** to the Board of Vocational Training and Standards certifying this trainee for completion of *_____ ***months of hospital specialty rotation /*** _____***year(s) of Community Based*** of Basic Training during the specified period.

Comments (Obligatory if not recommend): _____

_____

_____

Signed and official chop _____ *Chop here* Date : _____

Thank you for your assistant in completing this form and returning it to the trainee to keep the original in the training logbook their own.

**** Delete as appropriate***

Name: _____

Official Use

The Upper part of the dotted line will be removed after the name was registered by the secretariat to ensure confidentiality.

CONFIDENTIAL

Hong Kong College of Family Physicians

Board of Vocational Training and Standards

FEEDBACK ON VOCATIONAL TRAINING – HOSPITAL BASED

1. This evaluation form is Mandatory for trainee to reflect their opinion regarding their training.
2. The aim is to monitor the training process and to enhance the communication between the College, training centres and Supervisors.
3. Opinions will be summarized and Scores calculated from all feedback forms. A statistical report will be sent to the training centre 6 monthly.
4. Please return ONE form at the end of each hospital rotation.
5. Please return this form to BVTS either by

   E-form: https://www.hkcfp.org.hk/pages_9_95.html > Basic Training > Feedback on Vocational Training –Hospital based

   Email: bvts@hkcfp.org.hk

Thank you.

Name: _____

Official Use

The Upper part of the dotted line will be removed after the name was registered by the secretariat to ensure confidentiality.

Please give a GRADE to the following questions:

(0 = Very disappointed, 1 = Poor, 2 = Dissatisfactory, 3 = Satisfactory, 4 = Good, 5 = Excellent)

Hospital Based Training:

Training Centre _____

Rotation/Specialty _____

Training Period _____

Q1. How adequate was your exposure? Grade: _____

Comment: _____

Q2. How was your opportunity to learn practical skill? Grade: _____

Comment: _____

Q3. How adequate was the level of supervision? Grade: _____

Comment: _____

Q4. Were you given autonomy in making clinical decision? Grade: _____

Comment: _____

Q5. What is your opinion of the duty roster? Grade: _____

Comment: _____

Q6. How relevant was this training to future practice? Grade: _____

Comment: _____

Q7. How was your overall training experience? Grade: _____

Comment: _____

Official Use:

Code: _____

Community-based Basic Training

COMMUNITY-BASED BASIC TRAINING IN ACCREDITED FAMILY MEDICINE PRACTICES

(Trainees must complete training in at least TWO different Family Medicine practices/ clinical supervisors)

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

Brief Description of the Practice:

Acquired Experience and Skills:

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

Brief Description of the Practice:

Acquired Experience and Skills:

Please make more copies if required

COMMUNITY-BASED BASIC TRAINING IN ACCREDITED FAMILY MEDICINE PRACTICES

(Trainees must complete training in at least TWO different Family Medicine practices/ clinical supervisors)

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

Brief Description of the Practice:

Acquired Experience and Skills:

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

Brief Description of the Practice:

Acquired Experience and Skills:

Please make more copies if required

RECORD OF OTHER ACCREDITED COMMUNITY-BASED BASIC TRAINING

(For example: Community Medicine/ Public Health/ Accredited Community Programme)

Dates	Names of Training Supervisor	Name and Address of Practice	Practice Interests e.g., CGAT/ Community Medicine/ Public Health/ Palliative Medicine

Brief Description of the Practice:

Acquired Experience and Skills:

Dates	Names of Training Supervisor	Name and Address of Practice	Practice Interests e.g., CGAT/ Community Medicine/ Public Health/ Palliative Medicine

Brief Description of the Practice:

Acquired Experience and Skills:

Please make more copies if required

RECORD OF OTHER ACCREDITED COMMUNITY-BASED BASIC TRAINING

(For example: Community Medicine/ Public Health/ Accredited Community Programme)

Dates	Names of Training Supervisor	Name and Address of Practice	Practice Interests e.g., CGAT/ Community Medicine/ Public Health/ Palliative Medicine

Brief Description of the Practice:

Acquired Experience and Skills:

Dates	Names of Training Supervisor	Name and Address of Practice	Practice Interests e.g., CGAT/ Community Medicine/ Public Health/ Palliative Medicine

Brief Description of the Practice:

Acquired Experience and Skills:

Please make more copies if required

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

Generic forms of Community-based Training

Generic forms of Community-based Training

To: BVTS@hkcfp.org.hk

From:

Name of Trainee: _____ **Supervisor:** _____

Training Centre: _____ **Specialty:** _____

Training Period: from _____ (mm/yy) to _____(mm/yy)

Clinical Attachment: Yes / No *

Please complete the below table before your submission:

Checking items and content	**Yes**	**No**
1. Trainee Log Diary certified by **BVTS appointed Clinical Supervisor(s)**		
2. Extent of checklist completion by **BVTS appointed Clinical Supervisor(s)**		
3. Assessment/Feedback Form by **BVTS appointed Clinical Supervisor(s)** with • official chop • recommendation		
4. Feedback form for Community-based Training		

Remarks:

- *Basic trainees must submit the **copy** of abovementioned forms regularly by **email** to BVTS@hkcfp.org.hk within 1 month of completion of each rotation and keep the original in the logbook your own.*
- *Basic trainees must submit the feedback on vocational training **within 1 month** of completion of each rotation by email to BVTS@hkcfp.org.hk or e-form: (please don't keep copy in the logbook for confidentiality)*
  https://www.hkcfp.org.hk/pages_9_95.html
  > Basic Training > Feedback on Vocational Training (Community Based)
- *For **clinical attachment**, please submit **only** Extent of checklist completion by Clinical Supervisor.*
- *Please check our BVTS appointed CS from our college website at*
  http://www.hkcfp.org.hk/pages_9_95.html
  > Clinical Supervisor > list of Clinical supervisor – sort by Community Based

TRAINEE LOG DIARY

Name of Trainee: _____

Training Centre: _____ Training period: _____

Induction & orientation (at the start of each placement)

The supervision team provides orientation to the practice ensuring that the trainee is:	**By (name & post)**	**Date**
• introduced to all members of staff, information about the stage of training and the responsibilities of the trainee		
• trained to use any practice-based systems, such as computer systems and recall systems		
• aware of the essential operational procedures in the practice		
• aware of the location of all relevant resources, including reference materials, medications and equipment		
• trained the process for dealing with problems and critical incidents.		

In practice teaching

In-practice teaching time is allocated in the **first 6 months of community based training should be minimum 3 hours per week. Afterward, it should be at least 1.5 hours teaching time per week**.

Family medicine training is practice-based, involving the participation of the trainee in the service and bearing the responsibility of patient care in supervised accredited training posts where the supervisor takes on the joint roles of supervision and teaching.

Learning Format

It can include:

a. Consultations skill training by direct observation
b. Consultation skill training by reviewing on videotaped consultation
c. Selected or random case analysis
d. Problem case analysis
e. Tutorial/small group discussion/educational sessions on specific topics
f. Patient scenario discussion
g. Participation on clinical audit/research
h. Review and discuss on practice management
i. Discussion on trainee learning needs
j. Participation in office-based procedures
k. Case based teaching
l. Giving feedback on observed consultations
m. Cultural education

Certification by clinical supervisor:

_____
Signature

_____
Name in block letters

_____
Date

COMMUNITY BASED BASIC TRAINING/ EXPERIENCE

PERIOD OF TRAINING *(MM/YY)* From ( ) To ( )	**NAME OF PRACTICE** ( )
	PRACTICE INTERESTS ( )
DURATION *(MONTHS)* ( )	**ACCREDITED** Yes ( ) No ( )

Extent of checklist completion: (please rate)

Inadequate Adequate
0|___|___|___|___|___|5

Other Comments by Supervisors:

Name of Supervisors: _____ **Signature:** _____

Date:

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Board of Vocational Training & Standards

ASSESSMENT/FEEDBACK FORM BY CLINICAL SUPERVISORS

(BASIC TRAINING)

This form is designed to help vocational trainees identify their areas of clinical strengths and weaknesses so that specific further training can be planned. Frank and constructive feedback from you is essential for this aim. Bear in mind that the doctor is aiming ultimately to enter general, rather than specialty, practice. If you have insufficient information to answer a question, please indicate this.***Please forward a copy of this completed assessment form to BVTS@hkcfp.org.hk for record.**

Trainee Doctor _____ Supervisor _____
Block letter please *Block letter please*

Training Centre _____Specialty_____ Period from _____ to _____

PLEASE RATE THE TRAINEE'S PERFORMANCE in the following areas:
(0=Very Poor, 1=Poor, 2=Dissatisfactory, 3=Satisfactory, 4=Good, 5=Excellent)

1. Effective communication skills

0	1	2	3	4	5

Comments _____

_____

2. Assessing clinical information and reaching logical conclusions, but willing to change his/her mind in the light of new information

0	1	2	3	4	5

Comments _____

_____

3. Physical examinations, diagnostic tests, and procedures

0	1	2	3	4	5

Comments _____

_____

4. Making decisions in diagnosis and management with the patient

0	1	2	3	4	5

Comments _____

_____

5. Appreciating the social and psychological dimensions of patients' problems e.g. the patient's family, ethnic, work and community environment

0	1	2	3	4	5

Comments _____

_____

6. Recognising the limits of his/her own knowledge, experience and ability, and enlisting help when necessary

0	1	2	3	4	5

Comments _____

_____

7. Providing continuing care, illness prevention and health promotion (e.g. smoking, alcohol, diet) and coordinating the patient's total health care

0	1	2	3	4	5

Comments _____

_____

8. Considering the cost of investigations, drugs and procedures to the patient and the community

0	1	2	3	4	5

Comments _____

_____

9. Exhibiting personal and professional qualities required of a doctor e.g. accepting responsibility, conscientious, caring, reliable, ethical

0	1	2	3	4	5

Comments _____

_____

10. Exhibiting ability to tolerate the uncertainty, and act professionally in a crisis

0	1	2	3	4	5

Comments _____

_____

11. Developing effective relationships with patients, families, and medical and paramedical colleagues

0	1	2	3	4	5

Comments _____

_____

12. Administrative skills such as paperwork and the effective use of time, practice organization and financial information

0	1	2	3	4	5

Comments _____

_____

13. Showing keenness to learn, planning his/her own learning and assessment, and accept and give feedback

0	1	2	3	4	5

Comments _____

_____

CLINICAL KNOWLEDGE AND SKILLS

Of the clinical problems encountered during this term, which were handled very well by the doctor, and which require further attention?

_____

_____

_____

GENERAL COMMENTS:

Please comment on the doctor's progress during the term and include any additional comments that might help this doctor become a more effective family physician.

_____

_____

RECOMMENDATION:

I **** recommend / do not recommend*** to the Board of Vocational Training and Standards certifying this trainee for completion of *_____ ***months of hospital specialty rotation /_____year(s) of Community Based*** of Basic Training during the specified period.

Comments (Obligatory if not recommend): _____

_____

_____

Signed and official chop _____ *Chop here* Date : _____

Thank you for your assistant in completing this form and returning it to the trainee to keep the original in the training logbook their own.

**** Delete as appropriate***

Name: _____

Official Use

The Upper part of the dotted line will be removed after the name was registered by the secretariat to ensure confidentiality.

CONFIDENTIAL

Hong Kong College of Family Physicians

Board of Vocational Training and Standards

FEEDBACK ON VOCATIONAL TRAINING – COMMUNITY BASED

1. This evaluation form is Mandatory for trainee to reflect their opinion regarding their training.
2. The aim is to monitor the training process and to enhance the communication between the College, training centres and Supervisors.
3. Please return ONE form at the end of each rotation for community based training.
4. Please return this form to BVTS either by

   E-form: https://www.hkcfp.org.hk/pages_9_95.html > Basic Training > Feedback on Vocational Training – Community Based

   Email: bvts@hkcfp.org.hk

Thank you.

Name: _____	Official Use

The Upper part of the dotted line will be removed after the name was registered by the secretariat to ensure confidentiality.

The trainee's feedback will be treated confidentially and any discussions about the trainee between HKCFP and the supervisor will occur with the trainee's knowledge. All communication should be handled with respect for all parties and that there should be no repercussions on the trainee if negative feedback is provided in good faith. At the same time, all parties should be made aware of the impact their negative feedback may have on the practice, the supervisor and trainee if informal processes such as social media or speaking to peers are used. All parties should give feedback through the formal channels provided.

Training institution: _____ Rotation/Specialty: _____
Training Center: _____ Training Period: _____

Please give a GRADE to the following questions:
(0 = Very disappointed, 1 = Poor, 2 = Dissatisfactory, 3 = Satisfactory, 4 = Good, 5 = Excellent)

		Grade:
(1)	The adequacy and quality of in-practice teaching and education	
(2)	The adequacy and quality of feedback from direct observation sessions	
(3)	The quality of feedback and clinical support provided and how this addressed and met their learning needs	
(4)	The quality and timeliness of the assistance they received in the development and review of their planned learning	
(5)	The adequacy of the orientation and induction process	
(6)	The adequacy of supervision arrangements	
(7)	The range and numbers of primary care patients seen	
(8)	The scheduling of their consultations and education activities	
(9)	Type of teaching and frequency	
(10)	Delivery of regular structured in-practice teaching relevant to stage of training	
(11)	A variety of teaching and learning methods being used and documented	
(12)	Trainee feedback regarding in-practice teaching sought after every placement as part of its ongoing quality improvement process	

Overall Comments (if any):

I want/ DO NOT want a training review meeting with BVTS.

Record of Structured Educational Programme

BVTS pre-approved Structured Programme
Approved Code must be listed clearly
Minimum requirement is 15 hours per module

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 1: Principles and Contents of Family Medicine					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 2: The Consultation Process					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 3: Management in Family Medicine					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 4: Professional Ethics					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 5: Psychological Problems in Family Medicine					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 6: Preventive Care					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 7: Care of Patients with Chronic Diseases					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 8: Reproduction and Sexuality					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 9: Community Resources					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 10: Emergency Medicine					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 11: Professional Development					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 12: Practice Management					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 13: Health Care Delivery Systems					

STRUCTURED EDUCATIONAL PROGRAMME IN BASIC TRAINING (Mandatory)

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

Date	Course Attended, Organising Body	Topic	Time Spent	Approval Code	Confirmation by Course Organiser
Module 14: Common symptoms and complaints					

Record of Training Activities and Community Involvement

LEARNING PORTFOLIO (Mandatory)

(Trainees must record this and submit to BVTS@hkcfp.org.hk six-monthly)

To: BVTS@hkcfp.org.hk

From: **Date:** _____

Name of Trainee: _____ **Status of Training:** *C1/ C7/ C13/ C19

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

Please make copies of this form as needed. * circle as appropriate

Certification by clinical supervisor:

_____

Signature

_____

(Name in block letters)

LEARNING PORTFOLIO (Mandatory)

(Trainees must record this and submit to BVTS@hkcfp.org.hk six-monthly)

To: BVTS@hkcfp.org.hk

From: **Date:** _____

Name of Trainee: _____ **Status of Training:** C1/ C7/ C13/ C19

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

Please make copies of this form as needed.

Certification by clinical supervisor:

_____

Signature

_____

(Name in block letters)

CLINIC SIT-IN CONSULTATION SESSIONS (Mandatory)

(To Be Filled in and signed by Clinical Supervisor)

Date	Name of Supervisor	Comments by Supervisor

Please make copies of this form as needed.

CLINIC SIT-IN CONSULTATION SESSIONS (Mandatory)

(To Be Filled in and signed by Clinical Supervisor)

Date	Name of Supervisor	Comments by Supervisor

Please make copies of this form as needed.

REVIEW OF CONSULTATION VIDEO-RECORDING (Mandatory)

(To Be Filled in and signed by Clinical Supervisor)

Date	Name of Supervisor	Comments by Supervisor

Please make copies of this form as needed.

REVIEW OF CONSULTATION VIDEO-RECORDING (Mandatory)

(To Be Filled in and signed by Clinical Supervisor)

Date	Name of Supervisor	Comments by Supervisor

Please make copies of this form as needed.

COMMUNITY INVOLVEMENT (Optional)

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

RECORD OF AUDIT/ RESEARCH PROJECTS (Optional)

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

TEACHING EXPERIENCE (Undergraduates and others) (Optional)

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

COLLEGE ACTIVITIES/RESPONSIBILITIES (Optional)

Date Title of Appointment/Activity

LIST OF 300 PATIENTS SEEN DURING COMMUNITY-BASED BASIC TRAINING (Mandatory)

(Please make one record during basic training)

Page:_____

Patient No.	Date	Gender	Age	Diagnoses/Health Problems	Prescription (P)/ Investigation (I)/ Referral (R) *	ICPC CODES
					P / I / R	
					P / I / R	
					P / I / R	
					P / I / R	
					P / I / R	
					P / I / R	
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Please make copies of this form as needed.

** circle as appropriate*

REPORT OF CRITICAL EVENTS TO HKCFP

Critical incidents and their resolution should be reported to HKCFP

Date		
Reported by	☐ Lead supervisor ☐ Supervisor ☐ Trainee ☐ Patient ☐ BVTS ☐ Others _____	Name & Signature
Contact details:	Office phone no: Mobile phone no:	Email:
Problem identified /critical event		
Action taken		
Effectiveness of action	☐ Effective ☐ Not effective	
Resolution:		
Any further action taken		
Suggestions for future improvement		
Need of further action / appeal		
HKCFP	Comment: Name: Position:	Signature: Date:

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

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

Name of Trainee: _____ *(The name will be printed on the certificate)*

Block letter please

Starting Date of Training: _____ *(DD / MM / YYYY)*

Completion Date of Training: _____ *(DD / MM / YYYY)*

I would like to apply for completion of Four-Year of Basic Training.

Please complete the following table of your training rotation: -

Period (MM/YY – MM/YY)	Name of Training Unit	Specialty	Completion of relevant checklist in Logbook	Feedback report from supervisors (per specialty)
			Please tick in the following boxes	

Please complete the following checklist:

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

Signature: _____ Date: _____

For Official Use Only

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

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

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

**** delete as appropriate***