



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

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

Name of trainee: Dr. _____

Starting date of training: _____(dd/mm/yy)

Completion date of training: _____(dd/mm/yy)

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

My training rotation:

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

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

Signature: _____

Date _____

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

Checklist for Completion of Higher Training

Trainee: Dr. _____ Clinical Supervisor: Dr. _____

Checking items and content (Tick as appropriate)	Trainee Section		Verification by BVTS
	SDE	CAE	
Records of Practice Visits w/ Feedback (6 months intervals)			
Date of 1 st visit:			
Date of 2 nd visit:			
Date of 3 rd visit:			
Date of 4 th visit:			
Consultation Skill Review LAP (6 months intervals)			
Supervisor Feedback /Assessment (annually)			
Self-Directed Education (SDE) & Critical Appraisal Exercises (CAE) (> 40 hrs / 6 months, at least 50% CAE)			
Total hours of 1 st 6 months:			
Total hours of 2 nd 6 months:			
Total hours of 3 rd 6 months:			
Total hours of 4 th 6 months:			
Total hours:			
Pre-Approved Structured Educational Program (Confirmation by course organizer) (>160 hours, >80 sessions, >15 hours per module, > 12 hours per 2-month)			
1. Principles and Concepts of Working with Families		hours	
2. Family Interview and Counseling		hours	
3. Difficult Consultations and Ethical Dilemmas		hours	
4. Clinical Audit and Research in Family Medicine		hours	
5. Critical Appraisal		hours	
6. Preventive Care and Patients with Special Needs		hours	
7. Health Economics and Advanced Practice Management		hours	
8. Teaching and Training		hours	
<i>Total :</i>		hours	
Record of Sit in / Videotaped Sessions (6 monthly) Submit at least 3 videotaped consultations to BVTS			
Learning plans / Record of Supervisor Feedback (6 monthly)			
Learning portfolio kept (6 monthly)			
Content checklist completed and signed			
2 weekly patient profile completed			
Attendance of Hong Kong Primary Care Conference (once)			

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

Signature of trainee _____ Date _____

For official use only

Other comments / Recommendation

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

The report is completed by Dr. _____ (Block letter)

Signature: _____ Date _____