THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

VOCATIONAL TRAINING

IN

FAMILY MEDICINE

TRAINING LOGBOOK

HIGHER TRAINING

2016

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.

6.4 All **Higher trainees** enrolled in 2007 or after, are required to attend at least **ONE** annual conference organized by the Hong Kong College of Family Physicians in the two-year training programme.

7 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.

8 Application for Exit Examination:

8.1 Trainees with cumulative 18 months of higher training could apply to sit for Exit Examination. Trainees must provide the checklist for Recommendation for Exit Examination with signature of clinical supervisor **before the end of September** in order to apply the recommendation letter. Late application would not be accepted.

8.2 The Specialty Board releases the 5 -year time limitation of attempting the Exit Exam after the completion of higher training provided that the candidate:

- Fulfils the CME requirement set by QA&A regulations in the preceding year

- Valid Practice Management Package (PMP) reports to fulfill requirements of sitting PA exam
- The Research/ CA project must be started within 2/3 years before attempting Exit Exam (whether 2 or 3 years pending further discussion)

9 Arrangement of annual checking of training Logbook and completion of checklist: (The checklist can be downloaded from the College website.)

- 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.
- **Higher Training:** Please return the **original copy** of checklist to our Board **before the end of February 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 Upon the **completion of training**, trainees are required to submit the **original copy** of training logbook to BVTS for certification of completion of training.

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 Trainees should submit logbook and apply for certificate for completion of training within 3 months upon completion of training; otherwise 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 in the future

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 accreditation of previous training
- 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 For any queries regarding the Vocational Training Programme, please contact the college secretariat.

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Fax: 2866 0616
Email: bvts@hkcfp.org.hk

Address: Rm 803-4, 8/F
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Summarized Requirement for Higher Training

Structured Educational Program

Pre-approved by the BVTS

Minimum 80 hours per year & minimum 40 sessions per year

Minimum 12 hours per 2-month & maximum 2 sessions per day

Minimum 15 hours in total per module within the 2-year higher training period

Self-Directed Education & Critical Appraisal Exercises

Minimum 40 hours per 6 months

At least 50% for Critical Appraisal Exercises

Record of Sit in / Videotaped Sessions

6 monthly

Submit videotaped consultation at least once every 6 months

Learning Plans / Record of Supervisor Feedback

6 monthly

Learning portfolio kept

6 monthly

2 weekly patient profiles

Completed before the end of higher training

Attendance of Hong Kong Primary Care Conference

Once (A copy of attendance certificate is needed to be attached for verification)

<u>Assessments by Clinical Supervisor</u>

Practice assessment

6 monthly (The first visit should be done within 3 months from enrolment)

Consultation Skill Review (LAP score sheet)

6 monthly

Supervisor Feedback / Assessment

Annually

Checking of training logbook

Annually

Recommendation for sitting the Exit Examination

After completion of 18 months training

Certify the content checklist

Before the end of higher training

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The Hong Kong College of Family Physicians
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Checklist for Annual Assessment of the Training Logbook

(For Higher Training)

Trainee Doctor _____ Clinical Supervisor _____

Period from _____ to _____

Checking items and content	Tick when satisfactory completion of relevant parts
Practice Visits (6 months intervals)	
Consultation Skill Review (LAP score sheet) (6 months intervals)	
Supervisor Feedback /Assessment (Annually)	
Self-Directed Education Critical Appraisal Exercises (> 40 hours / 6 months) At least 50% for Critical Appraisal Exercises Total:	hours hours hours
Pre-Approved Structured educational program (> 80 hours / year & > 40 sessions / year) (>12 hours/ 2-month & < 2 sessions/ day) (> 15 hours per module within the 2-year higher training period)	
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
	Total 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*	

* Need to be completed before the end of training

Other comments

_____

_____

Signature of clinical supervisor_____ Date _____

Contact Tel. No. _____

香 港 家 庭 醫 學 學 院
The Hong Kong College of Family Physicians
Rooms 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
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Consultation Skill Review (LAP score sheet) (6 months intervals)	
Supervisor Feedback /Assessment (Annually)	
Self-Directed Education Critical Appraisal Exercises (> 40 hours / 6 months) At least 50% for Critical Appraisal Exercises Total:	hours hours hours
Pre-Approved Structured educational program (> 80 hours / year & > 40 sessions / year) (>12 hours/ 2-month & < 2 sessions/ day) (> 15 hours per module within the 2-year higher training period)	
1.Principles and Concepts of Working with Families	hours
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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
	Total 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*	

* Need to be completed before the end of training

Other comments

_____

_____

Signature of clinical supervisor_____ Date _____

Contact Tel. No. _____

HIGHER TRAINING IN FAMILY MEDICINE

Dates	Name of Training Supervisor	Name and Address of Practice

Brief Description of the Practice:

Acquired Experience and Skills in:

HIGHER TRAINING IN FAMILY MEDICINE

Dates	Name of Training Supervisor	Name and Address of Practice

Brief Description of the Practice:

Acquired Experience and Skills in:

RECORD OF OTHER FAMILY PRACTICE EXPERIENCE

Dates	Names of Training Supervisor	Name and Address of Practice

Brief Description of the Practice:

Acquired Experience and Skills in:

Dates	Names of Training Supervisor	Name and Address of Practice

Brief Description of the Practice:

Acquired Experience and Skills in:

CONTENT CHECK LISTS FOR HIGHER TRAINING

WORKING WITH FAMILIES

The trainee has acquired the following knowledge and skills:

A. Knowledge:
- Different stages of the family life cycle
- Tasks and problems associated with leaving home
- Tasks and problems associated with getting married
- Tasks and problems of a couple living together
- Tasks and problems of parenting the first child
- Tasks and problems of living with the adolescent
- Tasks and problems of the empty nest phase
- Tasks and problems of retirement
- Tasks and problems of old age
- The family system theory
- The characteristics of a healthy family
- Causes of family dysfunction
- Patterns in families

B. Skills:
- Defining the patient's stage in the life cycle
- Drawing genograms
- Identifying family patterns
- Anticipatory counselling on the different stages of the life cycle
- Family interview
- Family assessment
- Marital counselling
- Counselling the family of a patient with a major illness
- Bereavement counselling
- Counselling dysfunctional families
- Appropriate use of other counsellors and community resources
- Family therapy (optional)

Certification by clinical supervisor: _____

Signature

_____

Name in Block Letter

_____

Date

INDIVIDUAL PATIENT CARE

A. The trainee demonstrates a high standard of skills in his/her daily practice in:-
   - A patient centred clinical interview
   - Effective problem solving
   - Cost-effective use of resources including time, investigation, specialist services, and community resources
   - Sharing of the understanding of the problem with the patient
   - Identification with the patient on the most appropriate management plan
   - Involvement of the patient in the management
   - Setting a long-term plan of management
   - Measuring outcome of management
   - Evaluation of other significant problems
   - Non-directive counselling
   - Rational prescribing
   - Setting a long-term plan of management
   - Effective communication with other medical colleagues
   - Effective communication with others involved in the care of patients
   - Effective co-ordination of care
   - Maintaining a trustful doctor-patient relationship

B. The trainee is able to handle the following difficult consultation situations:
   - The angry patient
   - The non-compliant patient
   - The passive aggressive patient
   - The manipulative patient
   - Disagreement on the diagnosis
   - Disagreement on the management
   - Complaints from patients
   - Transference reactions
   - The real patient in the family
   - Conflicts of interests between an individual patient and the profession, or society

C. The trainee should be aware of:
   - Emotional reactions to patients
   - Counter transference reaction
   - Limitations in his/her own knowledge and skills
   - Importance of maintenance of good health in his/herself

Certification by clinical supervisor: _____

Signature

_____

Name in Block Letter

_____

Date

PREVENTIVE CARE AND CARE FOR PATIENTS WITH SPECIAL NEEDS

The trainee has shown knowledge and skills in:

A. Preventive care
- Setting up an age-sex register of the practice
- Providing on-going anticipatory and preventive care that are appropriate to the patient
- Assessing the health risks of each patient according to the patient's demographic and family characteristics
- Organizing the practice to ensure appropriate preventive care is given to patients
- Advising his/her patients on life style changes
- Providing health education to the community

B. Care of the Elderly
- Understanding the normal aging process
- The concept of function as an outcome measure
- Prevention, early diagnosis and management of common functional impairment in hearing, vision and mobility
- Prevention, early diagnosis and continuing management of common chronic diseases like hypertension, diabetes mellitus, and stroke
- Diagnosis and management of psychological problems in the elderly especially depression
- Diagnosis and management of dementia
- Use of community resources for the elderly
- Providing care to the elderly in old age homes
- Appropriate use of specialist help

C. Women's health
- Cost-effective health screening for women
- Screening for cervical neoplasia
- Screening for breast carcinoma by examination, breast self-examination and/or mammography for the high risk group
- Special well women health screening clinic
- Family planning counselling
- Premenstrual symptoms
- Common menstrual problems
- Common problems related to menopause
- Hormone replacement therapy
- Osteoporosis
- Domestic violence

D. Patients with Terminal Illness
- Breaking bad news
- Co-ordination of care with other specialists
- Counsel patient on the choice of treatment including alternative medicine

- Effective use of hospice services
- Palliative treatment especially pain control
- Provision of home care
- Appropriate use of specialist help
- Counselling the family

E. Psychological Problems
- Somatization
- Assessment and management of insomnia
- Detection and management of depressive disorders
- Detection and management of anxiety disorders
- Counselling patients on psychological stresses associated with illnesses
- Rational prescribing of psychotropic drugs
- Prevention of suicide

F. Behavioural Problems of Children and Adolescents
- Separation anxiety
- Enuresis
- Eating problems including over-eating, unbalanced diet, and unnecessary dieting
- Academic stress
- Sex education and counselling
- Counselling on smoking, drinking and substance abuse
- Counselling on family relation
- Child abuse

Certification by clinical supervisor: _____

Signature

_____

Name in Block Letter

_____

Date

PROFESSIONAL DEVELOPMENT AND ETHICS

The trainee has acquired the knowledge and skills in:

A. Professional Development:
- Identifying his/her own competence and deficiencies
- Making realistic learning plans
- Carrying out learning plans
- A well-balanced self-directed learning portfolio
- Critically appraisal of information on therapeutices
- Critically appraisal of information on diagnostic tests
- Critically appraisal of information on disease prognosis
- Critically appraisal of information on disease aetiologies
- Constructive challenge of old and new information
- Applying new knowledge and skills in patient care in the appropriate context
- Receiving formative assessment and constructive feedback
- Sharing knowledge and skills with others
- Participating in quality assurance activities

B. Professional Ethics:
- The responsibility of the doctor to the individual patient
- The responsibility of the doctor to society
- The responsibility of the doctor to the medical profession
- Professional codes of ethics
- The balance between the four main ethical issues of beneficence, justice, do no harm and confidentiality
- Patient's rights and autonomy
- Helping patient's to make informed consents and choices
- Handling patient's complaints
- Attitudes towards abortions
- Contraception for minors
- Assisted human reproduction
- Euthanasia
- Clinical trials and research
- Sponsorship from pharmaceutical companies

Certification by clinical supervisor: _____

Signature

_____

Name in Block Letter

_____

Date

QUALITY ASSURANCE / PRACTICE AUDIT / RESEARCH

The trainee will need to complete either an audit cycle on an important clinical aspect of his/her work or a research project. A report of the clinical audit or research has to be submitted to the Board of Vocational Training and Standards for assessment at the end of Higher training.

For audit segment, you should demonstrate the ability in:

- Identifying an important issue in his/her work that needs to be assessed
- Literature search
- Setting audit criteria and standards
- Reviewing his/her own performance against set criteria
- Comparing performance to standards
- Identifying areas for improvement
- Developing strategies to improve practice up to the standards
- Implementing changes
- Reassessment of performance
- Evaluating improvement
- Planning for further improvement
- Medical writing

For research segment, you should demonstrate your ability in:

- Generate and define a research question
- Carry out a research using appropriate methodology and analyze the results
- Discuss the significance of the findings

Details could be obtained from guideline on Exit Examination of Vocational Training in Family Medicine, The Hong Kong College of Family Physicians.

Certification by clinical supervisor: _____

Signature

_____

Name in Block Letter

_____

Date

HEALTH CARE SERVICE MANAGEMENT

The trainee is able to:

- Identify the need of the practice population
- Understand the role of family medicine in different health care delivery systems
- Understand the different health care payment systems
- Set priorities in the allocation of limited resources
- Assess the need of the community
- Respond to the need of the community
- Balance supply, need and demand
- Use medical information systems appropriately

Certification by clinical supervisor: _____

Signature

_____

Name in Block Letter

_____

Date

Record of Structured Educational Programme

(Mandatory attachment: BVTS approved structured programme)

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
Module 1: The Principles and Concepts of Working with Families					
The first 12 months of higher training					
Total number of hours in first 12 months					
The second 12 months of higher training					
Total number of hours in second 12 months					
Total number of hours over **24** months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
Module 2: Family Interview and Counselling					
The first 12 months of higher training					
Total number of hours in first 12 months					
The second 12 months of higher training					
Total number of hours in second 12 months					
Total number of hours over **24** months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
Module 3: Difficult Consultations and Ethical Dilemmas					
The first 12 months of higher training					
Total number of hours in first 12 months					
The second 12 months of higher training					
Total number of hours in second 12 months					
Total number of hours over **24** months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
Module 4: Clinical Audit & Research in Family Medicine					
The first 12 months of higher training					
Total number of hours in first 12 months					
The second 12 months of higher training					
Total number of hours in second 12 months					
Total number of hours over **24** months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
Module 5: Critical Appraisal					
The first 12 months of higher training					
Total number of hours in first 12 months					
The second 12 months of higher training					
Total number of hours in second 12 months					
Total number of hours over **24** months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
Module 6: Preventive Care and Patients with Special Needs					
The first 12 months of higher training					
Total number of hours in first 12 months					
The second 12 months of higher training					
Total number of hours in second 12 months					
Total number of hours over **24** months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
Module 7: Health Economics and Advanced Practice Management					
The first 12 months of higher training					
Total number of hours in first 12 months					
The second 12 months of higher training					
Total number of hours in second 12 months					
Total number of hours over **24** months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
Module 8: Teaching and Training					
The first 12 months of higher training					
Total number of hours in first 12 months					
The second 12 months of higher training					
Total number of hours in second 12 months					
Total number of hours over **24** months					

SELF-DIRECTED EDUCATION & CRITICAL APPRAISAL EXERCISES
Mandatory for Higher Training (40 hours/6 months)

Date and number of hours: _____

Details of Educational Activity: _____

_____

_____

_____

_____

Critical Appraisal

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

_____

_____

2. What new information have you learned?

_____

_____

3. Is the new information applicable to your work?

_____

_____

4. What are you going to do with the new information?

_____

_____

5. Overall comments:

_____

_____

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

The Hong Kong College of Family Physicians

香港家庭醫學學院

Practice Management Package (PMP)

Candidate	
Practice name & address	(working in the practice since_____/_____)
Assessor	
Date of assessment	

Introduction

- This assessment form consists of following parts:

  Part A (Practice Setting)

  Part B (Clinic Management)

  Part C (Pharmacy and Drug Labeling)

  Part C II (Dangerous Drug Management)

- For each item, **knowledge** of the candidate and **practice** in the clinic will be assessed:

  √ should be given for appropriate knowledge and practice; if not it should be marked X;

  if the item is not applicable to the clinic, it should be marked as NA

- Items marked with * are recognized as important components of a family medicine practice. If any of these items is not available or up to standard, the overall grading of the respective Part will be "Fail" (grade E or N, as below).

- Appendix (A to L):

  information provided to candidate; please refer to the College Website for the details. It serves to help candidate to understand the concerned aspects; and as a reference for candidates to draft / develop their clinic's protocols if necessary.

- Attachment (1 to 11):

  clinic's operation protocols / list of information. Assessor may cross check with the practice staff on the information and implementation of the protocols.

- Assessor should give:

  global grades for every part's and the overall performance;

  written comments whenever appropriate: on both positive areas, and area(s) need improvement.

- **For candidates going to attempt Exit Examination:**

  Complete all the Parts (A, B, C, and C II) with an eligible assessor (PMP report), and prepare 4 copies of Attachments 1 to 11 for the Exam application.

Part A (Practice setting)

Accessibility and availability	
1. Ease of accessibility from main street	
2. Transportation	
3. Stair / lift	
4. Public car park	
5. Elderly / handicapped facilities	
6. Practice hours displayed	
7. Name card of doctor(s) **(Attachment 1)**	
8. Follow up card	
9. Home visits	

Visibility	
10. Sign Board comply with law requirement **(Appendix A)**	

General Clinic Design	
11. Clinic design map **(Attachment 2)**	
12. Set up / measures to prevent communicable diseases	

Reception	
13. Presence of staff	
14. Attitude of staff	
15. Telephone calls handling	
16. Registration and insurance documents displayed	
17. Fee schedule displayed	
18. Name(s) of doctor(s) on duty displayed	
19. Prolong waiting protocol **(Attachment 3)**	
20. Emergency handling protocol **(Attachment 4)**	

Waiting Room	
21. Cleanliness + tidiness	
22. Reading materials	
23. Notice board	
24. Telephone	
25. Seating arrangement	
26. Ventilation	
27. Toilet facilities	
28. Health education materials	

Consultation Room	
29. Seats for accompanying person	
30. Lighting	
31. Changing area / screen	
32. Communication with clinic staff	
33. Education leaflets **(Attachment 5)**	
Different categories of leaflets	
34. Visual and auditory privacy *	
35. Hand washing facilities *	
36. Examination bed *	

Diagnostic equipment	
37. Diagnostic instruments other than listed below **(Attachment 6)**	
Correct use	
38. Pediatric developmental screening tools	
Correct use	
39. Glucometer	
Correct use	
Validation	
40. Blood pressure measuring devices	
Correct use	
Availability and appropriate use of different sizes of cuffs	
41. Thermometer	
42. ECG	
Correct use	
Maintenance	
43. Urine dipsticks	
Correct use	
44. Vaginal speculum *	
Different sizes available	
45. Adult weight scale & height measurement *	
46. Baby weight scale & height measurement	
47. Proctoscope *	
48. Peak flow meter *	
Peak flow rate normogram	
49. Snellen chart *	
Correct use	

Treatment Area / Minor Procedure & Operation	
50. Suturing sets	
51. Cautery	
Maintenance	
Occupational safety	
52. Dressings sets *	
53. Minor procedure / operation	
Equipment	
Patient’s consent kept	
Procedure explanation leaflets	
54. Others **(Attachment 6)**	

Emergency Care	
55. Resuscitation chart displayed	
Updated	
56. Emergency drugs * (Attachment 7)	
Variability	
Emergency medication dosage chart	
57. Emergency drugs expiry checking *	
Log Book	
Identification of liable person	
58. Emergency equipment* (Attachment 7)	
Variability	
Equipment List	
Log Book of Expiry checking	
Identification of liable person	
59. Emergency protocols *	
Applicability	
Job description of clinic staff during emergency	
60. Regular drill / training on emergency handling	

Routine Environmental Cleaning **(Appendix B)**	
61. Routine cleaning schedule	
62. Dilution chart of cleansing agent	
Blood and Body Substance Spills **(Appendix C)**	
63. Spills Protocol *	

Disinfection **(Appendix D)**	
64. Protocol for staff * (Attachment 8)	
65. Disinfection process *	
66. Equipment and agents *	
67. Audit on disinfection process	

Sterilization **(Appendix E)**	
68. Presence / type of sterilizer	
69. **Satisfactorily sterilized equipment ***	
Routines of expiry checking	
Proper storage	
70. Sterilization process * *(check knowledge if no sterilizer in the clinic)*	
Regular monitoring of sterilization process *(physical, chemical, and biological tests)*	
Maintenance of sterilizer	
Valid license	

Part A (Practice Setting)			
Grade *(please tick one)*			Description
Pass	**A**		*Mastery of most components and capability*
	C		*Satisfactory standard in most components*
Fail	**E**		*Demonstrates several major omissions and/or defects (or deficiency in area with *)*
	N		*Unsafe practice*

Comments:

Part B (Clinic Management)

Appointment and Registration	
1. Routine appointment protocol **(Attachment 9)**	
2. Urgent appointment protocol **(Attachment 9)**	
3. Registration: manual / computerized	
4. Computerized record retrieval system	
5. Age / sex register	
6. Disease register	
7. Recall system	
Appointment cases	
Others (e.g. Pap smear screening)	

Accounting	
8. Daily account kept	
9. Proper receipts & copy kept	

Administration & Risk Management	
10. Adverse incident report system & follow-up	
11. Complaint handling system	
12. Data access protocol **(Attachment 10)**	

Medical Record Keeping / Office	
13. Security (manual / computerized)	
14. Record filing system	
15. Record retrieval efficiency	
16. Confidentiality of record	

Investigations / Results	
17.Log book of investigations ordered and results received *	
18.Investigation results screening	
19.Identification and / or signature of liable staff	
20.Action recorded	
21.Call-back system *	

Sick Leave	
22.Security of sick leave certificate *	
23.Record / Copy of sick leave certificate issued *	

Supporting services	
24.Radiology / laboratory service	
25.Physiotherapy service	
26.Occupational therapy service	
27.Specialist referral	
28.Community nurse service	
29.Social worker services	
30.List of non-government organizations and self-help groups	
31.Others (please attach)	

Safety	
32.**Disposal of medical waste * (Appendix F)**	
33.Needle stick injury protocol * (Attachment 11) (Appendix G)	
34.**Handling and disposal of sharps * (Appendix H)**	
35. Safe blood taking procedure	
36.Occupational health & safety awareness	

Staffing	
37. Written job description	
38. In house training	
Training record	
39. Staff appraisal	
40. Staff meetings	
Record of meeting minutes	

Medical Education Resources	
41. Medical education meeting at the practice	
Meeting record	
42. Medical references / books	

Part B (Clinic Management)			
Grade *(please tick one)*			Description
Pass	**A**		*Mastery of most components and capability*
	C		*Satisfactory standard in most components*
Fail	**E**		*Demonstrates several major omissions and/or defects (or deficiency in area with *)*
	N		*Unsafe practice*

Comments:

_____

_____

_____

_____

Part C (Pharmacy and Drug Labeling)

Dispensary / Pharmacy Management	
1. Organization of dispenary / pharmacy	
2. Protocol to ensure accurate dispensing **(Appendix I)**	
Stock	
3. Clear labels	
4. Stock control	
5. Proper storage *	
6. Expiry date records *	

Drug labels	
7. Always label drugs *	
8. Chinese or English version *	
9. Clarity / legibility *	
10. Name of patient *	
11. Name of drugs generic/brand *	
12. Date *	
13. Instructions *	
14. Precautions *	
15. One drug per bag *	
16. Doctor name / code (traceable) *	

Refrigerator for vaccine storage **(Appendix J)**	
17.Presence / type of refrigerator	
18.Max/min. thermometer *	
19.Temperature stabilization *	
20.Temperature checked and recorded daily *	
21.No contamination, e.g., food *	
22.Types of vaccine available	
23.Vaccines appropriately stored *	
24.Expiry date checked *	
25.Protocol of cold chain breach	

Disposal of expired medications	
26.Proper drug disposal * (Appendix K)	

Part C (Pharmacy and Drug Labeling)			
Grade *(please tick one)*			Description
Pass	**A**		*Mastery of most components and capability*
	C		*Satisfactory standard in most components*
Fail	**E**		*Demonstrates several major omissions and/or defects (or deficiency in area with *)*
	N		*Unsafe practice*

Comments:

_____

_____

_____

Part C II (Dangerous Drugs management)

Please:

- Refer to the "checklist on Dangerous Drugs (DD) Management"
- "✓" when the item is present or appropriate; "X" if not present or inappropriate, "NA" if not applicable in the item(s)

Dangerous Drugs* (Appendix L)			
		Knowledge	Practice
1.	**Authorized person***		
2.	**DD receptacle***		
3.	**DD: storage, check for expiry***	N/A	
4.	**Expired DD: storage, record, disposal*** (if no expired DD in the clinic → ask knowledge; practice marks N/A)		
5.	**DD register***		

Part C II (Dangerous Drugs Management)			
Grade *(please tick one)*			Description
Pass	**A**		*Mastery of most components and capability*
	C		*Satisfactory standard in most components*
Fail	**E**		*Demonstrates several major omissions and/or defects (or deficiency in area with *)*
	N		*Unsafe practice*

Comments:

_____

_____

Checklist on Dangerous Drugs (DD) management (Part CII)

Please tick the boxes as appropriate

Authorized person

(Knowledge)

Who could be the DD authorized person(s) in a medical clinic?

(Practice)

DD authorized person(s) in this clinic:

_____

☐ Contingency plan in case the usual DD authorized person not available in the clinic

DD receptacle

(Knowledge)

What is the basic legal requirement to store DD?

(Practice)

☐ Locked, can only be opened by the authorized person(s) / appropriate delegates

DD storage, check for expiry

(Practice)

☐ DD stored in the receptacle

☐ Stock checked for expiry

Expired DD

(Knowledge)

What is the procedure to dispose expired DD in your clinic?

(Practice: if no expired DD kept in the clinic, mark N/A)

Expired DD kept in the clinic? If yes, check:

☐ stored in the receptacle

☐ recorded

☐ disposal

Continue the next page→

DD Register

(Knowledge)

What is the required standard format of the DD registry?

(Practice)

- ☐ format of the clinic's DD Register complies with the Dangerous Drugs Ordinance.
- ☐ all transactions of DD were recorded

(Knowledge)

If two or more types of DD are prescribed in the clinic, how these should be recorded in the register?

(Practice)

- ☐ Use separate Dangerous Drugs Register, or a different page of the same Register for each dangerous drug.
- ☐ Name of the dangerous drug preparation and (where applicable) the strength or concentration of the preparation was written at the head of each page of the Register.
- ☐ Every receipt or supply of a dangerous drug was recorded, in indelible ink, on the day of the transaction or, if this is not practicable, on the following day.

(Knowledge)

How to correct / amend a wrong entry in the DD register?

(Practice)

- ☐ No cancellation or alteration of any record. Corrections were made by means of a marginal note or footnote and must be dated.

(Knowledge)

How long the used DD register should be kept?

(Practice)

- ☐ All used registers were kept in the clinic for 2 years from the date on which the last entry was made.

End of the checklist; please go back to the PMP rating form (Part CII)

Quick reference for assessors / candidates

DD Authorized persons could be:

- Registered doctors, dentists, and veterinary surgeons
- Registered pharmacists or approved persons employed at prescribed hospitals specified in the Second Schedule to the Dangerous Drugs Ordinance
- Persons in charge of certain laboratories

Required format of the DD register:

FIRST SCHEDULE

FORM OF REGISTER

Date of receipt/ supply	Name and address of person* or firm from whom received/to whom supplied	Patient's identity card number#	Amount		Invoice No.	Balance
			received	supplied		

* Cross reference of the person to whom supplied may be made in which case only the reference number of the person's treatment record needs to be given.

\# For a patient who is not resident in Hong Kong, the reference number of any proof of identity, other than an identity card, specified in section 17B(1) of the Immigration Ordinance (Cap. 115) shall be inserted.

Overall result of the assessment

Grade *(please tick one)*			Description
Pass	**A**		*Mastery of most components and capability*
	C		*Satisfactory standard in most components*
Fail	**E**		*Demonstrates several major omissions and/or defects (or deficiency in area with *)*
	N		*Unsafe practice*

Comments:

_____

_____

_____

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_____

Name of Assessor:	
Signature:	
Date:	

CONSULTATION SKILLS REVIEW

WITH REFERENCE TO LAP PACKAGE

ASSESSMENT OF CONSULTATION SKILLS –CONSULTATION SKILLS REVIEW

NAME OF TRAINEE: _____

CLINICAL SUPERVISOR: _____ DATE: _____

		Marks allocated								
Category of competence	Possible Mark	Consultation 1	Consultation 2	Consultation 3	Consultation 4	Consultation 5	Consultation 6	Consultation 7	Consultation 8	**Overall Mark**
Interviewing and history taking	20%									
Physical Examination	10%									
Patient Management	20%									
Problem solving	20%									
Behaviour and relationship with patients	10%									
Anticipatory Care	10%									
Record Keeping	10%									
Total mark	100%									

OVERALL COMMENTS ON CONSULTATION SKILLS:

Strengths:

_____

_____

_____

Prioritised strategies for improvement in identified areas of weakness:

_____

_____

_____

ANY OTHER COMMENTS:

_____

Signature of Clinical Supervisor: _____

Name of Clinical Supervisor in Block Letters: _____

ASSESSMENT OF CONSULTATION SKILLS –CONSULTATION SKILLS REVIEW

NAME OF TRAINEE: _____

CLINICAL SUPERVISOR: _____ DATE: _____

		Marks allocated								
Category of competence	Possible Mark	Consultation 1	Consultation 2	Consultation 3	Consultation 4	Consultation 5	Consultation 6	Consultation 7	Consultation 8	**Overall Mark**
Interviewing and history taking	20%									
Physical Examination	10%									
Patient Management	20%									
Problem solving	20%									
Behaviour and relationship with patients	10%									
Anticipatory Care	10%									
Record Keeping	10%									
Total mark	100%									

OVERALL COMMENTS ON CONSULTATION SKILLS:

Strengths:

_____

_____

_____

Prioritised strategies for improvement in identified areas of weakness:

_____

_____

_____

ANY OTHER COMMENTS:

_____

Signature of Clinical Supervisor: _____

Name of Clinical Supervisor in Block Letters: _____

ASSESSMENT OF CONSULTATION SKILLS –CONSULTATION SKILLS REVIEW

NAME OF TRAINEE: _____

CLINICAL SUPERVISOR: _____ DATE: _____

		Marks allocated								
Category of competence	Possible Mark	Consultation 1	Consultation 2	Consultation 3	Consultation 4	Consultation 5	Consultation 6	Consultation 7	Consultation 8	**Overall Mark**
Interviewing and history taking	20%									
Physical Examination	10%									
Patient Management	20%									
Problem solving	20%									
Behaviour and relationship with patients	10%									
Anticipatory Care	10%									
Record Keeping	10%									
Total mark	100%									

OVERALL COMMENTS ON CONSULTATION SKILLS:

Strengths:

_____

_____

_____

Prioritised strategies for improvement in identified areas of weakness:

_____

_____

_____

ANY OTHER COMMENTS:

_____

Signature of Clinical Supervisor: _____

Name of Clinical Supervisor in Block Letters: _____

ASSESSMENT OF CONSULTATION SKILLS –CONSULTATION SKILLS REVIEW

NAME OF TRAINEE: _____

CLINICAL SUPERVISOR: _____ DATE: _____

		Marks allocated								
Category of competence	Possible Mark	Consultation 1	Consultation 2	Consultation 3	Consultation 4	Consultation 5	Consultation 6	Consultation 7	Consultation 8	**Overall Mark**
Interviewing and history taking	20%									
Physical Examination	10%									
Patient Management	20%									
Problem solving	20%									
Behaviour and relationship with patients	10%									
Anticipatory Care	10%									
Record Keeping	10%									
Total mark	100%									

OVERALL COMMENTS ON CONSULTATION SKILLS:

Strengths:

_____

_____

_____

Prioritised strategies for improvement in identified areas of weakness:

_____

_____

_____

ANY OTHER COMMENTS:

_____

Signature of Clinical Supervisor: _____

Name of Clinical Supervisor in Block Letters: _____

ASSESSMENT OF GRADUATE CONSULTATION PERFORMANCE
LAP CODING SHEETS

Category H INTERVIEWING / HISTORY TAKING

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Introduces self to patients	**HA1**	Always ensure the patient knows who you are and why you are there	**HAR1**
Puts patients as ease	**HB1**	Welcome the patient, e.g. mention the patient's name, establish eye contact, give indication where to sit	**HBR1**
Allows patients to elaborate presenting problem fully	**HC1**	Start with open questions, e.g. "What can I do for you?" " How can I help?" "Tell me in your own words about ……"	**HCR1**
		Use prompts as appropriate	**HCR2**
		At this stage, resist the temptation to interrupt	**HCR3**
Listens attentively	**HD1**	Demonstrate to the patient that you are listening e.g. by eye contact, nodding etc.	**HDR1**
		Try to understand the message that the patient is trying to convey	**HDR2**
		Don't displace the listening task by formulating the next question	**HDR3**
Seeks clarification of words used by patients as appropriate	**HE1**	If you don't understand what the patient means, ask them to explain	**HER1**
		Don't assume the patient's use and understanding of medical or technical terms always correlates with your understanding of such terms	**HER2**
Phrases questions simply and clearly	**HF1**	Don't use jargon	**HFR1**
		Avoid using leading and / or double questions	**HFR2**
		Tailor questions to level of patient's understanding	**HFR3**
		Ensure the patient can hear you e.g. speak louder to patients with reduced hearing	**HFR4**
Uses silence appropriately	**HG1**	Try to tolerate the discomfort of appropriate silences, e.g. if the patient is having difficulty telling his story and / or is distressed, allow him time to compose himself	**HGR1**
Recognises patients' verbal cues	**HH1**	Be aware of, and sensitive to, apparently incongruous or mismatched language or behaviour by patients, e.g. patients may say one thing but their body language might indicate another; the infrequent attender with an apparently trivial presentation	**HHR1**
Recognises patients' non-verbal cues	**HH2**	Always consider the patient's demeanour and mood, e.g. happy or sad, tense or relaxed, angry or embarrassed	**HHR2**
Identifies patients' reasons for consultation	**HK1**	In every consultation you must be satisfied that you have established the patient's reason for the consultation. The answers to the following three questions need to be elicited: Why have you come? What do you think is wrong with you? What do you want me to do about it? Sometimes, you may have to ask these questions explicitly	**HKR1**
		Elicit the patient's ideas, concerns and expectations in every consultation: this may require gentle but persistent probing / questioning	**HKR2**
Considers physical social and psychological factors as appropriate	**HM1**	Always bear in mind the triple diagnosis	**HMR1**
		When satisfied that physical disease is present always consider its impact on the social and psychological well being of the patient	**HMR2**
		Consider the impact on the patient of other social and psychological factors in their family, job, etc.	**HMR3**
Elicits relevant and specific information from patients' records to help distinguish between working diagnoses.	**HP1**	Prior to the consultation always scrutinize the patient's record to elicit previous patterns of illness behaviour, individual and family circumstances, significant previous medical history, including current medication, and date and reason for most recent consultation.	**HPR1**

Elicits relevant and specific information from patients to help distinguish between working diagnoses.	**HP2**	Always clarify the presenting complaint(s) first, then seek relevant associated features	**HPR2**
		Consciously identify in your mind the key, i.e. diagnostic symptoms of each of your working diagnoses	**HPR3**
		Use focused questions to fill gaps in the information you are attempting to gather.	**HPR4**
Exhibits well-organised approach to information gathering	**HQ1**	Use the hypothetico-deductive model in a systematic way	**HQR1**

Category E PHYSICIAL EXAMINATION

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Performs examination and elicits physical signs correctly Performs examination sensitively	**EA1**	Improve technique to elicit physical signs (*specify which*) e.g. by reading about it, asking a tutor to demonstrate it and them practise it under supervision	**EAR1**
	EA2	Ask patient's permission to carry out the examination, especially 'intimate' examinations	**EAR2**
		Appropriately expose the part(s) to be examined with due sensitivity to the patient	**EAR3**
		Give an explanation of what you are doing to the patient	**EAR4**
Uses the instruments commonly used in a competent and sensitive manner	**EB1**	Familiarise yourself with instruments (*specify which*) and practise their use under supervision	**EBR1**

Category M PATIENT MANAGEMENT

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Formulates management plans appropriate to findings and circumstances	**MA1**	Remember to apply RAPRIOP	**MAR1**
		Remember to provide preventive advice relating to the presenting problem	**MAR2**
Formulates management plans in collaboration with patients	**MB1**	Try to reach a share understanding of the nature of the problem and what can be done about it	**MBR1**
		Focus on areas of the patient's responsibility and what they can and / or should do	**MBR2**
Demonstrates understanding of the importance of reassurance and explanation Uses clear and understandable language	**MC1**	Provide every patient with a basic explanation of your thoughts then try to reach a shared understanding of the nature of the problem and what can be done about it. Whenever possible, link back to the patient's reasons for Consultation	**MCR1**
	MC2	Don't use jargon	**MCR2**
		Tailor explanation to the level of the patient's understanding	**MCR3**
		Provide information in 'small packages' particularly if it is distressing / complex	**MCR4**
Makes discriminating use of drug therapy	**MD1**	Be consciously aware of the reasons for anything you prescribe	**MDR1**
		Always consider the major side effects and / or interactions	**MDR2**
		If in doubt, don't guess, consult the BNF	**MDR3**
		Provide adequate explanation to patients how prescribed items should be taken and expected impact; include principal side effects to be expected	**MDR4**
Makes discriminating use of referral	**ME1**	Remember to consider need for referral and consciously be aware of the reasons for and against any potential referral whether to hospital, other members of the Primary Health Care Team etc.	**MER1**
Makes discriminating use of investigations	**MF1**	Remember to consider the need for investigation and consciously be aware of the reasons for and against any potential investigation	**MFR1**
Is prepared to use time appropriately	**MG1**	When the clinical picture is uncertain, it is sometimes appropriate to choose to defer decision making until the	**MGR1**

		clinical picture clarifies. (Sometimes the correct thing to do is to apparently do nothing)	
Checks patients' level of understanding	**MH2**	Sometimes it may be appropriate to ask the patient to tell you their understanding of the management plan and what hey are to do. You may have to ask the patient "Have you understood what I said?" or "Is there anything else you would like to ask about what I have said?	**MHR1**
Arranges appropriate follow-up	**MJ1**	Make clear if and when the patient should return, indicating the likely course of the illness	**MJR1**
		Remember the application of open follow-up	**MJR2**
Attempts to modify help-seeking behaviour of patients as appropriate	**MK1**		**MKR1**

Category A ANTICIPATORY CARE

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Acts on appropriate opportunities for health promotion and disease prevention	**AA1**	Consider specific preventive interventions that could be made in any patient of the particular age and sex of the consulting patient	**AAR1**
		Always scrutinize the patient record to seek potential opportunities for preventive interventions in an individual patient	**AAR2**
		During consultations be alert for preventive cues, either verbal or non-verbal, e.g. nicotine-stained fingers/smell of alcohol	**AAR3**
		Remember there may be circumstances in the consultation or about a particular patient that might make a preventive intervention harmful even though otherwise indicated	**AAR4**
		Having identified legitimate preventive opportunities, be selective; normally restrict yourself to only one preventive action per consultation	**AAR5**
		Always establish the patient's motivation, i.e. readiness to change	**AAR6**
Provides sufficient explanation to patients for preventive initiatives taken	**AB1**	In initiating your choice of preventive action, always provide the patient with an opening explanatory statement	**ABR1**
		Elicit patient's response (including their level of awareness) and react accordingly	**ABR2**
		Be prepared then or later to provide evidence-based information on the reasons for the interventions	**ABR3**
		There is no point in continuing to try to alter the view of an informed patient who rejects the intervention	**ABR4**
Sensitively attempts to enlist the co-operation of patients to promote change to healthier life-styles	**AC1**	Try to agree a specific behaviour modification plan with the patient which may include planned follow-up	**ACR1**
		Identify agreed targets: this may involve a series of interim targets	**ACR2**
		Throughout any preventive initiatives undertaken be positive about benefits: be prepared to be supportive and to provide reinforcement	**ACR3**
		Offer continuing support and review of progress through follow-up	**ACR4**

Category R RECORD KEEPING

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Made accurate record of doctor-patient contact	**RA1**	Make accurate record of doctor-patient contact	**RAR1**
Made legible record of doctor-patient contact	**RA2**	Make legible record of doctor-patient contact	**RAR2**
Made appropriate record of doctor-patient contact	**RA3**	Make appropriate record of doctor-patient contact	**RAR3**

Made accurate record of referral	**RA4**	Make accurate record of referral	**RAR4**
Made ligible record of referral	**RA5**	Make legible record of referral	**RAR5**
Made appropriate record of referral	**RA6**	Make appropriate record of referral	**RAR6**
nimum information recorded included date of consultation	**RB1**	When recording information include date of consultation	**RBR1**
Minimum information recorded included relevant history	**RB2**	When recording information include relevant history	**RBR2**
Minimum information recorded included examination findings	**RB3**	When recording information include examination findings	**RBR3**
Minimum information recorded included any measurement carred out (e.g. BP, peak flow, weight, etc.)	**RB4**	When recording information include any any measurement carried out (e.g. BP, peak flow, weight, etc.)	**RBR4**
Minimum information recorded included diagnosis/problem	**RB5**	When recording information include diagnosis/problem	**RBR5**
Minimum information recorded included diagnosis/problem ('boxed')	**RB6**	When recording information include diagnosis/problem ('boxed')	**RBR6**
Minimum information recorded included outline of management plan	**RB7**	When recording information include outline of management plan	**RBR7**
Minimum information recorded included investigations ordered	**RB8**	When recording information include investigations ordered	**RBR8**
When a prescription was issued, it included name(s) of drug(s)	**RC1**	When a prescription is issued, include the name(s) of drug(s)	**RCR1**
	RC2	When a prescription is issued, include the dose	**RCR2**
When a prescription was issued, it included the dose	**RC3**	When a prescription is issued, include the quantity	**RCR3**
When a prescription was issued, it included the quantity	**RC4**	When a prescription is issued, include special precautions intimated to the patient	**RCR4**
When a prescription was issued, it included special precautions intimated to the patient			

Category P PROBLEM SOLVING

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Generates appropriate working diagnoses or identifies problem(s) depending on circumstances	**PA1**	Where possible try to erect specific pathological, physiological and/or psychosocial diagnoses. If this is not possible, try to identify specific problem. Consider whether the pre-diagnostic interpretation and sieves could assist in generating appropriate hypotheses	**PAR1**
		Ensure diagnostic hypotheses match your pre-diagnostic interpretation	**PAR2**
		In erecting any single hypothesis consciously test it with information for and against, then try to identify and fill any gaps	**PAR3**
		Generate a justifiable list under headings of 'Most likely' and 'Less likely but important to consider': actively consider whether every diagnosis should be present	**PAR4**
		Be prepared to reject diagnoses for which there is little or no support	**PAR5**
		Do not 'close' too early, i.e. jump to premature diagnostic conclusion	**PAR6**
Seeks relevant and discriminating physical signs to help confirm or refute working diagnoses	**PB1**	Always assess whether the patient looks well or ill, particularly I children, and consider how this might influence your working diagnoses	**PBR1**
		Consciously ask yourself what are the diagnostic physical signs for each of your working diagnoses and focus your physical examination on them	**PBR2**
Correctly interprets and applies information obtained from patient records, history, examination and investigation	**PC1**	Take sufficient time to consider what the information you have gathered means and how you can apply it. Do not be afraid to indicate to the patient that this is what you are doing	**PCR1**
		Think about the use of (interim) summarizing	**PCR2**

		Be prepared to check with books, colleagues, etc., particularly for single items of information	**PCR3**
Is capable of applying knowledge of basic, behavioural and clinical sciences to the identification, management & solution of patients' problems	**PD1**	Remember you have a very substantial knowledge reservoir covering many subject areas. Before giving up try to extrapolate from your knowledge of the principles of basic, behavioural and clinical sciences	**PDR1**
		Consider whether 'sieves' might help you to access your knowledge store	**PDR2**
Is capable of recognizing limits of personal competence	**PE1**	Nobody knows everything. It is an excellent professional attribute to be able to recognize the limits of your competence	**PER**
Is capable of recognizing limits of personal competence and acting appropriately	**PE2**	When you recognize you have reached the limits of your competence, do not guess – seek appropriate help, e.g. colleagues, books	**PER2**

Category B BEHAVIOUR / RELATIONSHIP WITH PATIENTS

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Maintains friendly but professional relationship with patients with due regard to the ethics of medical practice	**BA**	Adopt friendly, professional behaviour and demeanour relevant to the circumstances of the individual patient and consultation	**BAR**
Conveys sensitivity to the needs of patients	**BB**	Try to consider what it would be like to be in the patient's shoes and respond appropriately within professional boundaries. Appropriate responses can include verbal and non-verbal acknowledgement of the patient's state, e.g. "I can see you are angry"; "I can understand that", "I can see why you are distressed about it"	**BBR**
Demonstrates an awareness that the patient's attitude to the doctor (and vice versa) affects management and achievement of levels of co-operation and compliance	**BC**	A doctor has to be able to tolerate uncertainty. However, on occasion they may need to convey certainty to the patient, with due regard to ethics, although aware that such certainty may not be fully justifiable or guaranteed	**BCR**

Extracted from Leicester Assessment Package by Professor Robin C Fraser, United Kingdom (with the permission from author)

ASSESSMENT/FEEDBACK BY CLINICAL SUPERVISORS

(HIGHER TRAINING)

(revised on 21 March 2011)

This form is designed to help vocational trainees identify their areas of clinical strengths and weaknesses so that specific further training areas can be explored. Frank and constructive feedback from you is essential for this aim. If you have insufficient information to answer a question, please indicate this.

***Please make a copy of the completed form for your records.**

***Please submit the report *at least* once a year (or at the end of training in each training center whichever is shorter)**

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

Practicing address_____ Period from _____ to _____

PLEASE RATE THE TRAINEE'S PERFORMANCE (0=very poor, 5=excellent) in the following areas:-

1. Ability of full independent practice in family medicine

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

   Comments : _____

   _____

2. Provision of cost-effective health services to the community

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

   Comments : _____

   _____

3. Ability of handling difficult problems encountered in family medicine practice

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

   Comments : _____

   _____

4. Knowledge and skills in working with families

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

   Comments : _____

   _____

5. Knowledge and skills in handling the care of population with special needs e.g. the elderly, women and the chronically ill in the community

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

   Comments : _____

   _____

6. Attitude of self-directed learning

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

Comments : _____

_____

7. Knowledge and skills of critical appraisal of new information

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

Comments : _____

_____

8. Knowledge, skills and interest in academic family medicine including education, training and research

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

Comments : _____

_____

9. Skills of conducting clinical audit / research

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

Comments : _____

_____

GENERAL COMMENTS:

Please comment on the doctor's progress during the term - the extent to which the doctor's training objectives have been fulfilled. Include any additional comments that might help this doctor become an independent family physician.

_____

_____

_____

_____

_____

_____

_____

_____

RECOMMENDATION:

I **** recommend / do not recommend*** to the Board of Vocational Training and Standards certifying this trainee for completion of ***1year / 2year of Higher Training*** during the specified period.

Comments (Obligatory if not recommend) :

_____

_____

_____

_____

Chop here

Signed and official chop _____

Date : _____

Once complete please return it to *H.K.C.F.P. at Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.*

** Delete as appropriate*

ASSESSMENT/FEEDBACK BY CLINICAL SUPERVISORS

(HIGHER TRAINING)

(revised on 21 March 2011)

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***Please make a copy of the completed form for your records.**

***Please submit the report *at least* once a year (or at the end of training in each training center whichever is shorter)**

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

Practicing address_____ Period from _____ to _____

PLEASE RATE THE TRAINEE'S PERFORMANCE (0=very poor, 5=excellent) in the following areas:-

1. Ability of full independent practice in family medicine

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

   Comments : _____

   _____

2. Provision of cost-effective health services to the community

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

   Comments : _____

   _____

3. Ability of handling difficult problems encountered in family medicine practice

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

   Comments : _____

   _____

4. Knowledge and skills in working with families

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

   Comments : _____

   _____

5. Knowledge and skills in handling the care of population with special needs e.g. the elderly, women and the chronically ill in the community

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

   Comments : _____

   _____

8. Attitude of self-directed learning

0 ☐ ☐ ☐ ☐ ☐ 5

Comments : _____

_____

9. Knowledge and skills of critical appraisal of new information

0 ☐ ☐ ☐ ☐ ☐ 5

Comments : _____

_____

10. Knowledge, skills and interest in academic family medicine including education, training and research

0 ☐ ☐ ☐ ☐ ☐ 5

Comments : _____

_____

11. Skills of conducting clinical audit / research

0 ☐ ☐ ☐ ☐ ☐ 5

Comments : _____

_____

GENERAL COMMENTS:

Please comment on the doctor's progress during the term - the extent to which the doctor's training objectives have been fulfilled. Include any additional comments that might help this doctor become an independent family physician.

_____

_____

_____

_____

_____

_____

_____

_____

RECOMMENDATION:

I **** recommend / do not recommend*** to the Board of Vocational Training and Standards certifying this trainee for completion of ***1year / 2year of Higher Training*** during the specified period.

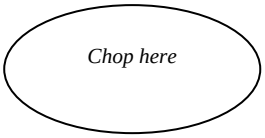
Comments (Obligatory if not recommend) :

_____

_____

_____

_____



Signed and official chop _____

Date : _____

Once complete please return it to *H.K.C.F.P. at Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.*

** Delete as appropriate*

BOARD OF VOCATIONAL TRAINING AND STANDARDS (Mandatory)

Listing of Patients Seen in a Two-Week Period in Higher Training

Page:_____

Patient No.	Date	Sex	Age	Diagnoses/Health Problems	Prescription/ Investigation/Referral	ICPC Codes

Please make copies of this form as needed.

BOARD OF VOCATIONAL TRAINING AND STANDARDS (Mandatory)

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Please make copies of this form as needed.

RECORD OF CLINICAL SUPERVISOR'S FEEDBACK

The trainee should record the feedback comments from the clinical supervisor regarding whether the trainee's training program is meeting the goals set by the trainee, and any recommendations for future adjustment. **Higher trainees should make learning plans every 6 monthly.**

Date & Name of Supervisor	Comments by Clinical Supervisor		
	Strengths	Weaknesses	**Learning Plan (Please elaborate in the learning portfolio)**

Learning Portfolio

The trainee should record the six-monthly learning plans and learning activities.

Learning Needs (Prioritized)	Learning Methods	Learning activities	Target Commencement date	Target End Date

Learning Needs (Prioritized)	Learning Methods	Learning activities	Target Commencement date	Target End Date

Learning Needs (Prioritized)	Learning Methods	Learning activities	Target Commencement date	Target End Date

Learning Needs (Prioritized)	Learning Methods	Learning activities	Target Commencement date	Target End Date

CLINIC SIT-IN CONSULTATION SESSIONS (Mandatory)

Date	Name of Supervisor	Comments by Supervisor

CLINIC SIT-IN CONSULTATION SESSIONS (Mandatory)

Date	Name of Supervisor	Comments by Supervisor

REVIEW OF CONSULTATION VIDEO-RECORDING (Mandatory)

Date	Name of Supervisor	Comments by Supervisor

REVIEW OF CONSULTATION VIDEO-RECORDING (Mandatory)

Date	Name of Supervisor	Comments by Supervisor

香 港 家 庭 醫 學 學 院
The Hong Kong College of Family Physicians
Rooms 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel: (852) 2871 8899 Fax: (852) 2866 0616
E-mail: hkcfp@hkcfp.org.hk Website: www.hkcfp.org.hk
香港仔黃竹坑道99號香港醫學專科學院賽馬會大樓8樓803-4室

Trainee Name: _____

Checklist for Recommendation for Exit Examination

Checking items and content	
Completed 18 months of training before 31 August	***Yes /No***
Practice Visits (6 months intervals)	Yes /No
Consultation Skill Review LAP (6 months intervals)	Yes /No
Supervisor Feedback /Assessment (annually)	Yes /No
Self-Directed Education & Critical Appraisal Exercises (at least 40 hours per 6 months) At least 50% for Critical Appraisal Exercises	Yes /No
Balanced pre-approved Structured Educational Program (Confirmation by course organizer) (>80 hours per year & >40 sessions per year)	Yes /No
Record of Sit in / Videotaped Sessions (6 monthly)	Yes /No
Learning Plans / Record of Supervisor Feedback (6 monthly)	Yes /No
Learning portfolio kept (6 monthly)	Yes /No

Other comments / Recommendation: _____

_____

_____

_____

_____

The trainee ***is*** / ***is not*** recommended for sitting the Exit Examination

_____ Dr. _____

Signature of Clinical Supervisor

Name in block letters

Date: _____

香 港 家 庭 醫 學 學 院
The Hong Kong College of Family Physicians
Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.
Tel: (852) 2528 6618 Fax: (852) 2866 0616
E-mail: hkcfp@hkcfp.org.hk Website: www.hkcfp.org.hk
香港仔黃竹坑道99號香港醫學專科學院賽馬會大樓8樓803-4室

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:

Period (mm/yy- mm/yy)	*Name of training unit*	*Clinical supervisor*

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***
Records of Practice Visits w/ Feedback (6 months intervals)		
Date of 1st visit:		
Date of 2nd visit:		
Date of 3rd visit:		
Date of 4th visit:		
Consultation Skill Review LAP (6 months intervals)		
Supervisor Feedback /Assessment (annually)		
Self-Directed Education & Critical Appraisal Exercises (> 40 hrs / 6 months)	Total: hours	
Pre-Approved Structured Educational Program (Confirmation by course organizer) (>160 hours, >80 sessions, >15 hours per module)		
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	
Total :	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 _____