

Checklist for Completion of Higher Training

Trainee: Dr. _____ Clinical Supervisor: Dr. _____

Checking items and content (<i>Tick as appropriate</i>)	Trainee Section (Y/N)	Verification by BVTS
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:		
PERMx Report (3-6 months intervals)		
Consultation Skills Review on at least 4 videos to BVTS (at least one CSR every 6 months intervals)		
Assessment by Supervisor (annually)		
Critical Appraisal Exercises (> 20 hrs / 6 months)		
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:		
<i>Total hours:</i>		
Self-Directed Education (> 40 hrs / 6 months)		
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:		
<i>Total hours:</i>		
Pre-Approved Structured Educational Program (Confirmation by course organizer) (>80 hours, >40 sessions, >8 hours per module, > 6 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	
Consultation Skills Review (Sessions) include sit in/case discussion/video Detail Documentation		
Feedback by Clinical supervisors (Overall training progress) (6 monthly)		
Learning portfolio kept (6 monthly)		
Content checklist with competence demonstrated and signed		
2 weekly patient profile completed		
Attendance of Hong Kong Primary Care Conference (once)		
2-year Activity Log & Case Log for competence		

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

Signature of trainee _____

Date _____

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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 _____