THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

VOCATIONAL TRAINING

IN

FAMILY MEDICINE

TRAINING LOGBOOK

HIGHER TRAINING

2025

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

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Summarized Requirement for Higher Training 2025/3/4 version

Structured Educational Program

Pre-approved by the BVTS

Minimum 40 hours per year & minimum 20 sessions per year

Minimum 6 hours per 2-month

Minimum 8 hours in total per module within the 2-year higher training period

Self-Directed Education *Note 1*

Minimum 40 hours per 6 months

Critical Appraisal Exercises

Minimum 20 hours per 6 months

Consultation Skills Review

Sit in/ Videotaped/ Discussion Sessions with Case log for enhancing Higher skills competencies as specified in CONTENT CHECKLIST

CSR Review on ≥ 4 video-taped consultation at least every 6 monthly

Keep related video assessed encrypted and submit upon College request

Elective (Special interest)

1 Elective training is mandatory, need prior approval if not listed in current content checklist

Can be counted as Self Directed Education for 40 hours maximally

Should preferably focus on competency (not just knowledge)

Feedback by Supervisor

Ongoing documentation

Need to have respective learning plans updated every 6 monthly and tally learning portfolio as below

Learning portfolio (Original kept by trainee)

6 monthly and **submit for review**

Activity log with competence log

Submit every 6 months for review (in pilot running phase)

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)

Clinical Supervisor's Role/Assessment

Practice Visit Assessment: include PERMIx

6 monthly (The first practice visit should be done within 3 months from enrolment, for **PERMIx**, can be done anytime at least once every 3 monthly, submit report every 3-6-monthly according to the PERMIx formative assessment schedule)

Consultation Skills Review demonstrating Higher skills competencies as specified in CONTENT CHECKLIST

At least 6 monthly

Assessment by Clinical Supervisor

Annually

Checking of training logbook

Annually

Recommendation for sitting the Exit Examination

After completion of 18 months training

Certify the content checklist [Note 2]

Before the end of higher training

Note 1: Self Directed Education should be focused to improve consultation competence as listed in the content checklist. It can include tailored structural courses run or as recommended by HKCFP for higher training, It can include Elective skills training that is recommended in the logbook and also competency that are relevant to Family Medicine and need prior approval if not included in logbook

Note 2: Pls make reference to Activity Log and Competency Log excel table to assess level of competency as demonstrated in respective Content Checklist

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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	
Practice Visits (6 months intervals)	
PERMIx Report (6 months intervals)	
Assessment by Supervisors (Annually)	
Self-Directed Education (> 40 hours/ 6 months)	hours
Critical Appraisal Exercises (> 20 hours/ 6 months)	hours
Pre-Approved Structured educational program (> 40 hours / year, > 20 sessions / year) (>6 hours/ 2-month) (> 8 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
Consultation Skills Review Report of Videotaped Sessions (6 monthly) on > or =4 videotaped consultation every 6 monthly *Keep encrypted video and submit upon College request*	
Feedback by Supervisor with learning plan (6 monthly)	
Learning portfolio (submit copy 6 monthly)	
Checklist to be completed Before END of training	NA in 1st year
Content checklist with competence demonstrated and signed*	NA /Y/ N
2 weekly patient profile completed*	NA/ Y/ N
Attendance of Hong Kong Primary Care Conference*	NA/ Y/ N
2-year Activity Log & Case log for competence*	NA/ Y/ N

* Need to be completed before the end of training

Other comments

Signature of clinical supervisor_______________________ Date ____________________

Contact Tel. No. _____________________________

2025/3/4 version

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

<table>
<tr><td>Dates</td><td>Names of Training Supervisor</td><td rowspan="2">Name and Address of Practice</td></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="3">Brief Description of the Practice:

Acquired Experience and Skills in:</td></tr>
<tr><td>Dates</td><td>Names of Training Supervisor</td><td rowspan="2">Name and Address of Practice</td></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="3">Brief Description of the Practice:

Acquired Experience and Skills in:</td></tr>
</table>

CONTENT CHECK LISTS FOR HIGHER TRAINING

I. WORKING WITH FAMILIES

The trainee has acquired the following knowledge, skills and demonstrated competence as listed:

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
- Counselling the family of a patient with a major illness
- Appropriate use of other counsellors and community resources
- Bereavement counselling (Elective)
- Counselling dysfunctional families (Elective)
- Marital counselling (Elective)
- Family therapy (Elective)

Competence demonstrated: please refer to Activity and Competence Case log

Certification by clinical supervisor: ______________________________

Signature /Name in Block Letter (   )

____

Date

II. INDIVIDUAL PATIENT CARE

A. The trainee demonstrates a high standard of skills and competence in his/her daily practice in:-
- A patient centered 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

Competence demonstrated: please refer to Activity and Competence Case log

Certification by clinical supervisor: ______________________________

Signature /Name in Block Letter ( )

____

Date

III. PREVENTIVE CARE AND CARE FOR PATIENTS WITH SPECIAL NEEDS

The trainee has shown knowledge, skills and competence 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 (invitation letter/e-mail attached)
     Date: ___________________
     Activity:_________________________

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
   - Appropriate use of specialist help
   - Providing care to the elderly in old age homes (Elective)

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 Illnesses
   - 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
- Appropriate use of specialist help
- Counselling the family
- Provision of home care (Elective)

E. Mental Health (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 (Elective)

Competence demonstrated: please refer to Activity and Competence Case log

Certification by clinical supervisor: ______________________________

Signature /Name in Block Letter (   )

____

Date

IV. 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 Therapeutics
- 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 patients 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 (   )

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Date

V. 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

VI. 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

Competence demonstrated by individual presentation on analysis of own clinic and nearby practice population's health care condition as listed above

Certification by clinical supervisor: ________________________________

Signature /Name in Block Letter (   )

____

Date

2-year Activity Log

&

Case Log for competence

1) All Cases discussed should be log in Separate Excel sheet on Case log to demonstrate competence
2) All activities should be log in Separate Excel sheet on 2-year Activity log to demonstrate competence

The Excel log sheet is available here: https://www.hkcfp.org.hk/pages_9_95.html

QR code:

2024/4/10 version

Record of Structured Educational Programme

BVTS pre-approved structured programme

Approval Code must be listed clearly

Minimum requirement:

1) 40 hours per year & 20 sessions per year

2) 6 hours per 2-month

3) 8 hours in total per module within 2-year higher training period

2024/4/10 version

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					
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					
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					
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					
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					

Date	Details of Teaching experience (e.g. Target group, Topic, occasion)	Time Spent
Module 8: Teaching and Training		
Teaching and Training By trainee (can add extra sheet if needed)		

SELF-DIRECTED EDUCATION EXERCISES

Mandatory for HIGHER TRAINING

(Revised on 6th March 2024)

(Minimum 40 hours/6 months)

SDE No ___
SEP module ___
Content Checklist ___

Date:______________________________Number of hours:_______________________

Details of Educational Activity:

____

____

____

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 practice? *Please delete if appropriate*

   Yes *(Please go to Qn 4)*

   No/Others *(please elaborate)* ____

4. How are you going to apply this new information to your daily practice?

____

____

____

5. Overall comments:

____

____

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

ELECTIVE (Special Interest)

Mandatory for HIGHER TRAINING

(40 hours maximally)

Approval: Y/N/NO need

Period:______________________________Number of hours:_______________________

Topic/ Title: ____ Organizer: _______________

Details of Educational Activity:

____

____

____

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

____

____

____

7. What new information have you learned?

____

____

____

8. Is the new information applicable to your practice? *Please delete if appropriate*

   Yes *(Please go to Qn 4)*

   No/Others *(please elaborate)* ____

9. How are you going to apply this new information to your daily practice?

____

____

____

10. Overall comments:

____

____

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

CRITICAL APPRAISAL EXERCISES

Mandatory for HIGHER TRAINING

(Revised on 6th March 2024)

(Minimum 20 hours/6 months)

CAE No ___
SEP module ___
Content Checklist ___

Date:______________________________Number of hours:_______________________

Scientific Article Citation (Vancouver Style):

____

Type of Articles: *Please tick if appropriate*

- ☐ Systematic Review
- ☐ Randomized Controlled Trial
- ☐ Cohort study
- ☐ Qualitative Study
- ☐ Case Control Study
- ☐ Others

Research Methodology:

Patient/ Problem/ (Sample size)	
Interventions/ Control (if any)	
Research Aims & Objectives	
Data Collection Measuring Outcomes	
Results	

11. Is the Research Methodology sound and focused? If not, how can this Research Methodology be done better?

____

____

12. How can this Research help your local daily practice?

____

____

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

CONSULTATION SKILLS REVIEW

1. LAP as the generic frame to demonstrate High standard of Consultation skills in Daily Practice (in Content Checklist IIA)
2. Higher competencies demonstration needed in relation to requirement listed in Content Checklist I, II, III
3. All Cases discussed should be log in Separate Excel sheet on Case log to demonstrate competence
4. Detail comments to be listed in the 'CONSULTATION SKILLS REVIEW (Sessions) Detail Documentation (Mandatory)' sheet
5. Overall consolidated recommendation can be put in Feedback by Clinical Supervisor''
6. Respective learning portfolio will delineate detail related learning goals and activities to improve training progress
7. For 6 monthly submission, at least 4 video cases need to be submitted with supervisor's detail comment listed in the forms attached

CSR No _______

ASSESSMENT OF CONSULTATION SKILLS –CONSULTATION SKILLS REVIEW

NAME OF TRAINEE: ____

CLINICAL SUPERVISOR: ____ DATE: ________________________

PLEASE RATE THE TRAINEE'S Level of competence in the following areas:

(0:Unaware, 1: Aware of deficiencies, 2: Know skills, 3: Show and apply partly with effort, 4: Integration, 5: Mastery)

	Assessment Record								
	Consultation (Sample)	Consultation 1	Consultation 2	Consultation 3	Consultation 4	Consultation 5	Consultation 6		**Competence Level**
Higher Competency / Generic Consultation competence	Family Interview								
Interviewing and history taking **Physical Examination** **Patient Management** **Problem solving** **Behaviour and relationship with patients** **Anticipatory Care** **Record Keeping**									
Special skills (in relation to Higher competencies listed respectively									
Overall Level of Competence									

OVERALL COMMENTS ON CONSULTATION SKILLS:

Strengths:

____

Prioritised strategies for improvement in identified areas of weakness:

____

____

COMMENTS and Recommendation on Higher Skills Competencies:

____

____

____

____

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 Recognises patients' non-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**
	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	**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**
Performs examination sensitively	**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 clinical picture clarifies. (Sometimes the correct thing to do is to apparently do nothing)	MGR1
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 Made legible record of doctor-patient contact Made appropriate record of doctor-patient contact Made accurate record of referral Made ligible record of referral Made appropriate record of referral	**RA1**	Make accurate record of doctor-patient contact	**RAR1**
	RA2	Make legible record of doctor-patient contact	**RAR2**
	RA3	Make appropriate record of doctor-patient contact	**RAR3**
	RA4	Make accurate record of referral	**RAR4**
	RA5	Make legible record of referral	**RAR5**
	RA6	Make appropriate record of referral	**RAR6**
nimum information recorded included date of consultation Minimum information recorded included relevant history Minimum information recorded included examination findings Minimum information recorded included any measurement carred out (e.g. BP, peak flow, weight, etc.) Minimum information recorded included	**RB1**	When recording information include date of consultation	**RBR1**
	RB2	When recording information include relevant history	**RBR2**
	RB3	When recording information include examination findings	**RBR3**
	RB4	When recording information include any any measurement carried out (e.g. BP, peak flow, weight, etc.)	**RBR4**
	RB5	When recording information include diagnosis/problem	**RBR5**

diagnosis/problem Minimum information recorded included diagnosis/problem ('boxed') Minimum information recorded included outline of management plan Minimum information recorded included investigations ordered	**RB6**	When recording information include diagnosis/problem ('boxed')	**RBR6**
	RB7	When recording information include outline of management plan	**RBR7**
	RB8	When recording information include investigations ordered	**RBR8**
When a prescription was issued, it included name(s) of drug(s) When a prescription was issued, it included the dose When a prescription was issued, it included the quantity When a prescription was issued, it included special precautions intimated to the patient	**RC1**	When a prescription is issued, include the name(s) of drug(s)	**RCR1**
	RC2	When a prescription is issued, include the dose	**RCR2**
	RC3	When a prescription is issued, include the quantity	**RCR3**
	RC4	When a prescription is issued, include special precautions intimated to the patient	**RCR4**

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 BY CLINICAL SUPERVISORS

(HIGHER TRAINING)

(revised on April 2024)

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 Level of competence in the following areas:

(0:Unaware, 1: Aware of deficiencies, 2: Know skills, 3: Show and apply partly with effort, 4: Integration, 5: Mastery)

1. Competence of full independent practice in family medicine (include practice management & record review)

   0 |__|__|__|__|__| 5

   Comments : ____

   ____

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

   0 |__|__|__|__|__| 5

   Comments : ____

   ____

3. Competence in handling difficult problems encountered in family medicine practice

   0 |__|__|__|__|__| 5

   Comments : ____

   ____

4. Competence in working with families

   0 |__|__|__|__|__| 5

   Comments : ____

   ____

5. Competence in handling the care of population with special needs e.g. the elderly, women and the chronically ill in the community, end of life, mental, behavioral problems in child and adolescent

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

Comments : ____

____

6. Competence in and Attitude of self-directed learning

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

Comments : ____

____

7. Competence in critical appraisal of new information

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

Comments : ____

____

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

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

Comments : ____

____

9. Competence in conducting clinical audit / research

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

Comments : ____

____

10. Competence in elective (elective topic:______________________)

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

Comments : ____

____

OVERALL COMMENTS:

1. **EXTENT of Checklist Completion** (Please rate)

Inadequate **Adequate**

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

2. **GENERAL Comments**

Please comment on the doctor's progress during the term, to which the doctor's training objectives as planned especially in learning portfolio have been fulfilled. Include any additional comments that might enhance competence of this doctor to become an independent family physician.

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RECOMMENDATION:

I * ***recommend / do not recommend*** to the Board of Vocational Training and Standards certifying this trainee for completion of ***1st year / 2nd year of Higher Training/Others (pls specify)***___________ during the specified period.

Comments (Obligatory if not recommend) :

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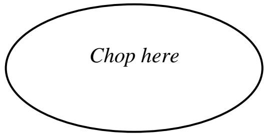

Signed and official chop ______________________________________

Date : ____________________

Once completed please return the copy to BVTS@hkcfp.org.hk.

** Delete as appropriate*

BOARD OF VOCATIONAL TRAINING AND STANDARDS (Mandatory)

Listing of Patients Seen in a One-Week Period in Higher Training (version 2025/3/4)

Page:________

Patient No.	Date	Sex	Age	Diagnoses/Health Problems	Investigation (I)/ Anticipatory Care (A)	ICPC Codes
					I / A	
					I / A	
					I / A	
					I / A	
					I / A	
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Please make copies of this form as needed.

Feedback by CLINICAL SUPERVISOR (Overall training progress)

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 (of supervision session)	Activity	Learning points	**Suggestion on Learning plan (Trainees should tally this into consequent Learning Portfolio)**

Learning Portfolio

The trainee should record the six-monthly learning plans and learning activities based on own learning progress/supervisor's feedback and submit copy to BVTS@hkcfp.org.hk.

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

CONSULTATION SKILLS REVIEW (Sessions) Detail Documentation (Mandatory)

Supervisor:_______________

Date	Nature of session (e,g Video, Sit in, Case discussion)	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

2025/3/4 version

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
PERMIx Report (3-6 months intervals)	Yes /No
Consultation Skills Review with at least 4 videotaped consultation once 6 months intervals	Yes /No
Assessment by Supervisors (annually)	Yes /No
Self-Directed Education (at least 40 hours per 6 months)	Yes /No
Critical Appraisal Exercises (at least 20 hours per 6 months)	Yes /No
Balanced pre-approved Structured Educational Program (Confirmation by course organizer) (at least 40 hours/ year, at least 20 sessions/ year) (at least 6 hours/ 2-month)	Yes /No
CONSULTATION SKILLS REVIEW (Sessions) Detail Documentation	Yes /No
Feedback by Supervisor (Overall) (6 monthly)	Yes /No
Learning portfolio kept (6 monthly)	Yes /No
Activity log and Case log for competence excel sheet completed up to date	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
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

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**

2025/3/4 version

Checklist for Completion of Higher Training

Trainee: Dr. _____________________________ Clinical Supervisor: Dr. ____________________________

***Checking items and content** (Tick as appropriate)*	***Trainee Section*** (Y/N)	***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:		
PERMIx 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 1st 6 months:		
Total hours of 2nd 6 months:		
Total hours of 3rd 6 months:		
Total hours of 4th 6 months:		
Total hours:		
Self-Directed Education (> 40 hrs / 6 months)		
Total hours of 1st 6 months:		
Total hours of 2nd 6 months:		
Total hours of 3rd 6 months:		
Total hours of 4th 6 months:		
Total hours:		
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	
Total :	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 ____________________

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 ___________________