

**THE HONG KONG COLLEGE OF FAMILY PHYSICIANS**

**HANDBOOK**

**ON**

**VOCATIONAL TRAINING**

**IN**

**FAMILY MEDICINE**

**SIXTH EDITION**

**2019**

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## **PREFACE TO THE SIXTH EDITION**

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

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

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

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

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

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

Dr. Yiu Yuk Kwan

Chairman,

Board of Vocational Training & Standards

September 2019

Dr. Fung Hoi Tik

Deputy Chairman,

## CONTENTS

### SECTION I: VOCATIONAL TRAINING PROGRAMME IN FAMILY MEDICINE

I.1	Introduction	Page 1 - 2
I.2	Enrolment to Training	Page 3
I.3	Certification of Completion of Training	Page 4
I.4	Accreditation of Training Centres	Page 5 - 6
I.5	Appointment of Clinical Supervisors	Page 7 - 8
I.6	Election to Fellowship and Membership of the Hong Kong Academy of Medicine	Page 9

### SECTION II: BASIC VOCATIONAL TRAINING IN FAMILY MEDICINE

II.1	Overall Aims and Objectives	Page 10
II.2	Hospital Based Training	Page 11
II.3	Community Based Training	Page 11 - 12
II.4	Content of Basic Training	Page 12
II.5	Assessment	Page 12 - 13

### SECTION III: HIGHER TRAINING IN FAMILY MEDICINE

III.1	Aims and Objectives	Page 14
III.2	Supervised Independent Practice	Page 15
III.3	Practice Visit	Page 16 - 17
III.4	Content of Training	Page 17
III.5	Assessment	Page 18

### SECTION IV: STRUCTURED EDUCATIONAL PROGRAMME FOR TRAINEES

IV.1	Aims and Objectives	Page 19
IV.2	Organization	Page 19
IV.3	Educational Content	Page 20
	Training Program	Page 21 - 22

## **SECTION I: THE VOCATIONAL TRAINING PROGRAMME IN FAMILY MEDICINE**

### **I.1 Introduction**

The six-year Vocational Training Programme in Family Medicine of the Hong Kong College of Family Physicians (hereafter referred to as the Programme) began in January 1995. It consists of 4 years of Basic training and 2 years of Higher training. The aim of the Programme is to prepare doctors to provide high-quality specialist care to the community as a family physician.

#### **A. Basic Training (four years)**

A minimum period of four years is considered necessary for the basic training in Family Medicine because this discipline has a broad knowledge and skill base. It also requires extensive clinical exposure in order to develop the necessary attitudes appropriate for a primary care physician. Two of the four years are hospital based and two years community based. The hospital and community based basic training can be done in any order.

#### **B. The International Conjoint H.K.C.F.P./R.A.C.G.P. Fellowship Examination**

The written segments of the International Conjoint HKCFP/RACGP Fellowship Examination can be taken after satisfactory completion of at least two years of basic training. The clinical segments can be taken on satisfactory completion of four years of basic training.

#### **C. Higher Training (two years)**

The higher training consists of at least two years of supervised independent practice.

Each trainee will be supervised by a clinical supervisor in Family Medicine throughout the two years of training. The clinical supervisor and trainee do not need to work in the same practice. There will be regular contacts between the clinical supervisor and the trainee to provide training and advice on patient care, practice management and professional development.

#### **D. Documentation of Training**

The trainee has to keep a detail training logbook which records all his/her training postings, work experience, training activities with clinical supervisors, structured educational programmes attended, certified checklists of knowledge and skills, learning portfolio and other educational activities. The learning portfolio should consist of six-monthly learning plans and learning activities. The training logbook is reviewed by the clinical supervisors periodically. Formative assessment and feedback on the training between the trainee and his/her clinical supervisor should be recorded in the training logbook. The training logbook or the checklist of training endorsed by the clinical supervisors has to be submitted to the Board of

## Vocational Training and Standards for assessment annually and at the end of Basic and Higher Training.

## **I.2 Enrolment to Training**

1. An intending trainee must be a medical practitioner under full registration or limited registration in Hong Kong.
2. An intending trainee must be a current full or associate member of the Hong Kong College of Family Physicians.
3. An intending trainee must possess a valid certificate of Cardiopulmonary Resuscitation (CPR) within the first 3 months during commencing Family Medicine Training.
4. An intending trainee must apply to the College for enrolment to the Programme and pay the prescribed fee to the College.
5. The application for enrolment into training has to be supported by a clinical supervisor of the Programme. The intending trainee has to be working in an accredited training centre to enroll into Basic training.
6. Credits may be given to previous relevant experience at the discretion of the Board of Vocational Training and Standards.
7. A trainee must have completed 4 years of Basic Training or equivalent and has a recognised higher qualification in Family Medicine before enrolling into Higher Training.

### **I.3 Certification of Completion of Training**

The trainee needs to apply in writing to the Board of Vocational Training and Standards for certification of completion of training. The application must be accompanied by all the supporting documents. All the following criteria must be satisfied before the trainee can be certified for completion of training in Family Medicine:

1. Satisfactory completion of Basic Training:-
  - a. A minimum period of two years (or equivalent) of accredited hospital based training.
  - b. A minimum period of two years (or equivalent) of accredited community based training.
  - c. Certification of acquisition of all the basic knowledge and skills listed in the Basic Training Logbook by the responsible clinical supervisors.
  - d. Regular attendance at an approved structured educational programme.
  - e. Satisfactory evaluations by the clinical supervisors.
  - f. Completion of all the relevant sections in the Training Logbook.
  
2. Satisfactory completion of Higher Training:-
  - a. A minimum of two years of community based higher training under regular supervision of a clinical supervisor in family medicine.
  - b. Certification of acquisition of all the knowledge and skills listed in the Higher Training Logbook by the responsible clinical supervisors.
  - c. Regular attendance at an approved structured educational programme.
  - d. Completion of the relevant sections in the Training Logbook.
  - e. Satisfactory evaluations by the clinical supervisor.
  
3. Recommendation by the Board of Vocational Training and Standards and approval by Council of the Hong Kong College of Family Physicians.



## **I.4 Accreditation of Training Centres**

### **A. Community Based Training Centres**

A community based medical practice may apply to the Board of Vocational Training and Standards for accreditation as a training practice of the Programme if it satisfies all the following criteria:-

1. An application is submitted to the Board of Vocational Training and Standards by a senior member of the practice.
2. The practice must be providing community based health care services. The workload must be sufficient but not excessive to provide the trainee with a balance between range of clinical experiences and protected time for education.
3. The Center must provide a structural training programme that meets all the requirements and standards for the relevant specialty as determined by the Board of Vocational Training and Standards.
4. The practice as a whole should agree to have a trainee working in the practice under the conditions required by the Programme.
5. The practice must have the necessary facilities and opportunities for training. Adequate patient records must be kept.
6. The practice should have a collection of up-to-date and relevant reference books and journals.
7. At least one senior member of the practice is qualified and appointed as clinical supervisor in the relevant specialty and committed to provide training to trainees in Family Medicine.
8. A separate consultation room must be available for the trainee in the same practice as the clinical supervisor.
9. Recommendation by two or more members of the Board of Vocational Training and Standards after an assessment visit to the practice.
10. The practice agrees to periodic, at minimum once every five years, re-assessment visits by one member authorized by the Board of Vocational Training and Standards.
11. Each training centre must submit to the Board of Vocational Training and Standards updated lists of its clinical supervisors and trainees annually.

## **B. Hospital Based Training Centre**

A hospital or hospital unit may apply to the Board of Vocational Training and Standards for accreditation as a Hospital Based Training center in the Programme if it satisfies the following criteria:-

1. An application is submitted to the Board of Vocational Training and Standards by a co-ordinator of training in the hospital or hospital unit.
2. It must have the necessary facilities and opportunities for training.
3. It agrees to comply with all the training requirements of the Programme.
4. At least one senior member, with the necessary qualifications of each of the Specialty units to be accredited, is committed to provide training to trainees in Family Medicine.
5. Recommendation by two or more members of the Board of Vocational Training and Standards after an assessment visit.
6. It agrees to periodic, at minimum once every five years, re-assessment visits by one member authorized by the Board of Vocational Training and Standards.
7. The center should have a collection of up-to-date and relevant reference books and journals.
8. Each training centre must submit to the Board of Vocational Training and Standards an updated list of its clinical supervisors and trainees annually.

**Accreditation may be withdrawn from any centre by the Board of Vocational Training and Standards if the Board is of the opinion that the centre has not fulfilled any of the criteria. List of accredited hospital units, and training family practices of the Programme is updated annually. Current updated list of training centres can be obtained from the College Secretariat.**

## **I.5 Appointment of Clinical Supervisors**

### **A. Appointment Criteria**

A potential training supervisor may apply to the Board of Vocational Training and Standards (BVTS) for appointment as a training Clinical Supervisor in the relevant specialty if he/she:-

1. possesses one or more higher qualifications in the relevant specialty that is/are approved by the HKCFP.
2. is a Fellow of the Hong Kong Academy of Medicine or a specialist registered with the Medical Council of Hong Kong and has a minimum of 2 years local experience in the relevant specialty within 5 years immediately prior to his/her appointment.
3. is willing to fulfill the roles of a clinical supervisor as required by the Board of Vocational Training and Standards.

### **B. Responsibilities and Roles of Clinical Supervisors**

#### **The clinical supervisor:**

1. helps the trainee to acquire the knowledge and skills required by the Programme.
2. closely supervises the trainee's daily work.
3. devotes the equivalent of no less than 3 hours a week in educational activities for basic trainee(s) under his/her supervision.
4. is responsible for certifying whether the trainee has acquired the knowledge and skills required by the Programme by completing the appropriate checklists in the Training Logbook.
5. assesses the trainee's performance in consultations regularly, by sit-in consultations or review of video-taped consultations.
6. ensures that the trainee is participating in an approved structural educational programme.
7. submits a formative assessment report on the performance of the trainee to the Board of Vocational Training and Standards at the end of each hospital based rotation or annually for community based training.
8. is prepared to participate in Trainer Training activities.
9. is expected to attend training information session upon his/her appointment.
10. visits and assesses the trainee's practice at least once every six

months during Higher Training.

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

### **Fellowship of the Hong Kong Academy of Medicine**

A candidate may be nominated by the Council of the Hong Kong College of Family Physicians for election to Fellowship of the Academy of Medicine (Family Medicine) if he/she:-

1. has been certified to have completed the six-year Vocational Training Programme in Family Medicine by the Hong Kong College of Family Physicians.
2. has passed the intermediate examination (International Conjoint HKCFP/RACGP Fellowship Examination) and the Exit Examination of the HKCFP.
3. is an active Fellow or Member of the Hong Kong College of Family Physicians.
4. is willing to uphold the aims and objectives of the Hong Kong College of Family Physicians.
5. is willing to uphold the aims and objectives of the Hong Kong Academy of Medicine.
6. is recommended by members of the Council of the Hong Kong College of Family Physicians.

## **SECTION II : BASIC VOCATIONAL TRAINING IN FAMILY MEDICINE**

### **II.1 Overall Aims and Objectives**

1. To enable the trainee to become competent in the provision of primary, whole person, continuing, comprehensive and ambulatory medical care.
2. To enable the trainees to learn the up-to-date knowledge and skills in the diagnosis and management of health problems presented to family physicians.
3. To improve the trainee's problem solving skills by the appropriate application of his knowledge and skill to identify and solve patients' health problems.
4. To improve the trainee's consultation skills including communication, counselling, and cost-effective use of resources including time, investigations and referrals.
5. To assure that the trainee will practise ethically, and to guide the trainee to reflect through various ethical issues related to patient care.
6. To help the trainee to develop the skill and habit of self-directed learning.
7. To prepare the trainee with the knowledge and skill of practice management for independent practice, and to be the co-ordinator of patient care.

## **II.2 Hospital Based Training**

1. The Hospital Based Training is of a minimum of two years full-time equivalent.
2. It is conducted in accredited training hospital units. The trainee should rotate through a variety of specialties relevant to Family Medicine.
3. The trainee should be released from the hospital post for at least one half day per week to attend the structured educational programme for trainees.
4. The experience in any one hospital based specialty will not be accredited for more than six months of training.
5. The trainee should be under the close supervision of Clinical Supervisors appointed by the Hong Kong College of Family Physicians in his/her daily work.
6. The clinical supervisors of each specialty should ensure that the trainee has acquired the core knowledge and skills listed in the Training Logbook of BVTS.
7. Through exposure of hospital and specialists led services, trainees learn:
  - The management of in-patients' acute clinical problems
  - The operation of daily ward activity
  - The appropriateness of referring patients to secondary and tertiary care
  - To have a basic understanding on the possible management upon referral to secondary and tertiary care and able to inform patients accordingly

## **II.3 Community Based Training**

1. The Community Based Training is of a minimum of two years full-time equivalent.
2. It is conducted in an accredited general/family training practice.
3. The trainee should be under the close supervision of a clinical supervisor in Family Medicine who should be working in the same premises.
4. The trainee should be released from the training practice for at least one half-day session per week to attend a structured educational programme for trainees.
5. The clinical supervisors in Family Medicine should help the trainee to acquire all the basic knowledge and skills listed in the Training Logbook.
6. Through Community based training, trainees can learn:
  - To be competent in comprehensive, coordinated, continuous primary

health care to patients and their family

- To have good consultation skills
- To provide appropriate anticipatory care
- To improve problem solving skills especially in dealing with multiple, undifferentiated and early presentation of illnesses

## **II.4 Content of Basic Training**

The trainee should acquire all the basic knowledge and skills of the following disciplines:-

1. Family Medicine
2. Internal Medicine
3. General Surgery
4. Gynaecology
5. Paediatrics
6. Dermatology
7. Emergency Medicine
8. Otorhinolaryngology
9. Ophthalmology
10. Psychiatry
11. Geriatrics
12. Obstetrics
13. Orthopaedics & Traumatology

The trainee has to be certified to have acquired all basic knowledge and skills listed in the Training Logbook by the responsible clinical supervisors.

## **II.5 Assessment**

### **A. Formative assessment**

1. Each trainee is assessed by his/her clinical supervisors on an on-going basis. The assessment is fed-back to the trainee to identify further training needs.
2. The methods of assessment include chart reviews, patient problem discussions, review of the training logbook, making learning contracts, direct observation of consultations or review of video-taped consultations.
3. Each clinical supervisor will submit a confidential report on the trainee's performance to the Board of Vocational Training and Standards at the end of each hospital based rotation or annually for community based training.
4. Each trainee will submit confidential feedback and evaluation of his/her training experience and trainers to the Board of Vocational Training and Standards.

### **B. The International Conjoint H.K.C.F.P./R.A.C.G.P. Fellowship**



## **Examination**

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

## **SECTION III: HIGHER TRAINING IN FAMILY MEDICINE**

### **III.1 Aims and Objectives**

1. To prepare a trainee with the knowledge, skills, attitude and confidence for fully independent practice in Family Medicine, and the provision of cost-effective health services to the community.
2. To facilitate a trainee to apply his/her knowledge and skills with appropriate attitudes in his/her daily independent family practice.
3. To further develop a trainee's skills in dealing with the more difficult problems encountered in family medicine practice.
4. To consolidate the specialized knowledge and skills in working with families.
5. To consolidate in-depth knowledge and skills in the care of population groups with special needs e.g. the elderly, women.
6. To further develop a trainee's skills and commitment in quality assurance through clinical audit and self-directed learning.
7. To help a trainee to apply evidence-based medicine and critically appraising new information.
8. To prepare a trainee with the knowledge, skills and interest in academic family medicine including education, training and research.

### **III.2 Supervised Independent Practice**

1. The higher training consists of at least two years of supervised independent practice.
2. Each trainee will be supervised by a clinical supervisor in Family Medicine throughout the two years of training. The clinical supervisor and trainee do not need to work in the same practice. There will be regular contacts between the clinical supervisor and the trainee to provide training and advice on patient care, practice management and professional development.
3. The clinical supervisor will make regular, not less than once every six months, practice visits to the trainee's practice to assess and then give feedback on the practice management, record keeping and patient management. The first visit should be made within three months from first enrolment into Higher training.
4. The clinical supervisor will review consultations of the trainee regularly and give feedback using the appropriate assessment forms prescribed in the trainee logbook every six months.
5. Each trainee has to keep a learning portfolio in his training logbook. The portfolio should consist of six-monthly learning plans and records of at least 40 hours of learning activities per six months. The learning activities can include journal reading, courses, seminars, workshops, conferences or lectures. The trainee has to critically appraise the new information learned.
6. Each trainee has to complete at least one clinical audit/research on an important aspect of clinical practice under the supervision of his/her clinical supervisor.
7. Each trainee is required to attend an approved structured educational programme for one half-day session per week with a minimum of 40 per year. The minimal requirement was 80 hours of structured activity per 12 months and a minimum of 15 hours per module. (Please refer to P 20 for educational content of each module)

### **III.3 Practice Visits**

The clinical supervisor visits the practice of the trainee at least once every six months. The first visit should occur within three months from the trainee's first enrolment into Higher Training. The clinical supervisor assesses and then gives constructive feedback to the trainee. It includes three elements:-

1. Practice profile:
  - practice characteristics
  - premises
  - staff
  - facilities including computers
  - range of service
  - access to service
  - record system
  - workload
  - dispensary
  - educational activities
  - age-sex register
  - other related aspects of practice management
  
2. Review of medical records:
  - demographic data
  - problem list
  - current medication list
  - medication history
  - past health record
  - social data
  - family data
  - preventive care
  - encounter record
  - investigations
  - referral and other correspondence
  
3. Review of consultations skills on:
  - interviewing and history taking
  - identification of the patient's agenda
  - definition of problems
  - explanation of problems
  - management of problems
  - involvement of the patient in the management
  - effective use of resources
  - opportunistic screening
  - developing or maintaining a good doctor-patient relationship
  - appropriate advice on the outcomes of the illness and treatment and follow up
  - record keeping

### **III.4 Content of Training**

The trainee must show that he/she has acquired the knowledge and skills that is compatible with the practice of a specialist in Family Medicine. They can be divided into the following six areas:-

1. Working with families
2. Individual patient care
3. Preventive care and care of patients with special needs
4. Professional development and ethics
5. Quality assurance and audit
6. Health care service management

Detailed check-lists of the knowledge and skills under each area are listed in the higher training guidebook and logbook. The check-lists have to be certified by the responsible clinical supervisor.

### **III.5 Assessment**

#### **A. Formative assessment**

1. Each trainee is assessed by his/her clinical supervisors on an on-going basis. The assessment is fed-back to the trainee to identify further training needs.
2. The methods of assessment include chart reviews, patient problem discussions, review of the training logbook and learning portfolio, direct observation of consultations or review of video-taped consultations.
3. The clinical supervisor will give feedback to the trainee on the progress of the clinical audit/ research and critical appraisal exercises carried out by the trainee during Higher Training.
4. Each clinical supervisor will submit a formal assessment report on the trainee's performance every half year including a documentation of at least one practice visit and consultation assessment done in the previous year to the Board of Vocational Training and Standards.

#### **B. Exit Examination**

The trainee can sit for the Exit Examination conducted by the Specialty Board. Please refer to the Guidelines on Exit Examination for further details.

## **SECTION IV. STRUCTURED EDUCATIONAL PROGRAMME FOR TRAINEES**

Each trainee is required to take part regularly in a structured educational programme for at least one half-day per week during basic training. A higher trainee is required to complete a total of at least 80 hours of structured training every 12 months. The format of the educational activity can vary but should mostly be problem based and in the form of small group seminars or discussion.

### **IV.1 Aims and Objectives**

1. To clarify the general principles and concepts of Family Medicine
2. To provide a theoretical framework to help the trainee to conceptualize his/her clinical experience.
3. To complement the practical training experience to ensure the trainee is exposed to a broad spectrum of clinical problems.
4. To stimulate the trainee to develop the skill and habit of self-directed learning and sharing of knowledge with colleagues.

### **IV.2 Organization**

The programme should be well planned to cover a wide variety of relevant issues. A modular programme is advisable with each module consisting of at least 15 hours of seminar time. Each module will discuss a theme under several sub-topics. The duration of each module may vary between different topics and trainee groups. The detailed contents and the number of sessions on each topic are flexible. The detailed programme should be designed by clinical supervisors in consultation with trainees in the group in order to meet their learning needs. The structured educational programme must first be presented to the BVTS for approval.

It is recommended that each trainee will take turn to be the group leader of the topic of his/her choice. The group leader is responsible for getting in touch with a tutor to plan the content and format of the session. The tutor is preferably a Family Physician with special interest and knowledge in the topic under discussion. He/she is responsible for guiding the group discussion and to act as a resource person. Other specialists may also act as tutors if appropriate.

Reading material and references may be prepared for the session by the group leader and the tutor. They should not be excessive and should be distributed at least one week before the session.

### **IV.3 Educational Content**

#### **A. Basic Training:-**

- Module 1. Principles and Contents of Family Medicine
- Module 2. The Consultation Process
- Module 3. Management in Family Medicine
- Module 4. Professional Ethics
- Module 5. Psychological Problems in Family Medicine
- Module 6. Preventive Care
- Module 7. Care of Patients with Chronic Diseases
- Module 8. Reproduction and Sexuality
- Module 9. Community Resources
- Module 10. Emergency Care
- Module 11. Professional Development
- Module 12. Practice Management
- Module 13. Health Care Delivery Systems
- Module 14. Common Symptom Complaints

#### **B. Higher Training:-**

- Module 1. The Principles and Concepts of Working with Families
- Module 2. Family Interview and Counselling
- Module 3. Difficult Consultations and Ethical Dilemmas
- Module 4. Clinical Audit & Research in Family Medicine
- Module 5. Critical Appraisal
- Module 6. Preventive Care and Patients with Special Needs
- Module 7. Health Economics and Advanced Practice Management
- Module 8. Teaching and Training



# Training Program

## COMMUNITY BASED TRAINING: 24 months

1. Family Medicine: 18-24 months
2. Community Medicine / Public Health/ Accredited Community program (optional): Maximum Accredited Period (MAP): 6 months

## HOSPITAL BASED TRAINING: 24 months

### 1. Mandatory Core Specialties

### Duration of Accreditation

#### Internal Medicine

#### 3-6 months

(3 months general medicine + 3 months general/subspecialty medicine)  
Subspecialty medicine means one of the branches of internal medicine specialties e.g. Geriatric, neurology, hematology, rheumatology, nephrology, oncology, endocrinology, cardiology, respiratory medicine, gastroenterology, infectious disease etc.) which may be accredited for a maximum of 3 months only

#### Paediatrics

#### 3-6 months

(3 months general paediatrics + 3 months general/subspecialty paediatrics)  
Subspecialty paediatrics means one of the paediatric subspecialties e.g. neonatology, paediatric oncology, paediatric cardiology etc.) which may be accredited for a maximum of 3 months only

#### General Surgery

#### 3-6 months

(3 months general surgery + 3 months general/subspecialty surgery)  
Subspecialty surgery means one of the branches of surgery e.g. urology, neurosurgery, vascular/cardiac surgery, cardio- thoracic surgery etc. Other branches of surgery may be accredited for a maximum of 3 months only

#### Obstetrics and Gynaecology

#### 3-6 months

### 2. Required specialties (need to acquire the basic skills stated on the respective checklist of the vocational training logbook of BVTS)

#### Psychiatry

#### Duration of Accreditation

up to 6 months

#### Emergency Medicine

up to 6 months

#### Ophthalmology

up to 6 months

#### Otorhinolaryngology

up to 6 months

#### Dermatology

up to 6 months

#### Orthopedics

up to 6 months

-Trainees could choose to rotate to these specialties in the 2 years' hospital based rotation, or as clinical attachments during their basic training (with the condition that the training in family medicine would not be compromised in duration or quality as a result of the attachment).

-If the above experience is acquired through clinical attachments, the clinical supervisors in the respective specialties need to complete and sign the respective part of logbook but no need to fill up the supervisor feedback form on the trainee's performance.

### **3. Optional specialties**

### **Duration of Accreditation**

<b>ICU/Anesthesia</b>	<b>3 months</b>
<b>Pathology</b>	<b>3 months</b>
<b>Microbiology</b>	<b>3 months</b>
<b>X-ray</b>	<b>3 months</b>
<b>Oncology</b>	<b>3 months</b>

Remarks:

1. Total duration of hospital-based training is 2 years:
  - a. Minimum total duration of training in all 4 mandatory core specialties are 1 year with a minimum of 3 months in each of the 4 core specialties.
  - b. For the remaining training period, apart from the core specialties, trainees have the flexibility to choose amongst the required specialties and optional specialties to finish their training. The maximum duration of accreditation are listed above.
  - c. Trainees are encouraged to send in their training plan beforehand if they have any queries on the validity of their plan.