THE HONG KONG COLLEGE OF FAMILY PHYSICIANS Application Form for Accreditation / Re-accreditation as Training Centre for <u>Community Based Training</u> in Family Medicine

	Application of Training Centre Accreditation Application of Training Centre Re-accreditation
1.	Name of Practice:
2.	Address:
3.	Telephone: Fax:
4.	Cluster Coordinator:
	AINING SUPERVISOR IN CHARGE
	ease make photocopy of this page if there is more than one supervisor)
1.	Name: (☐ In Charge)
	Place and Year of Graduation:
2.	Other Qualification (and year obtained):
3.	Years of Experience in General Practice:
4.	Number of Years in Present Practice (Please state the number of hours/week on-site):
5.	Past Experience in Teaching/Training (if any):
6.	Past Experience in Research (if any):
7.	FHKAM (Family Medicine): *NO / YES
8.	(Year obtained) Status in HKCFP:
	Fellow [] Full [] None []
	Associate Member [] Affiliate Member []
9.	Do the other members of your practice agree to have a trainee in the practice?
	*Yes / *No / *Not applicable
10.	Are there other members of your practice who may be clinical supervisors?
	*Yes / *No / *Not applicable
	If yes, please provide details of items 1 to 8 for each of them on supplementary sheets.

* delete as appropriate

THE PRACTICE

No []

11.	Types of Practice:													
	Hospital Authority Hospital:				Ε[]				HKV] ۷]		
					[]				KE	[]	KW []
		NTE	≣ []				NTW	<i>'</i> []				
	Department of Health	[]		Ins	stitu	tional	[]				University []
	Private Hospital	[]				e Solo	-]				Private Group []
	Others	[]							Dlooso	000	oifi (
12.	Total number of doctor	he pr	Please specify he practice (providing general practice service):											
	Full time:													
	Part-time/sessional:													
	Maximum number of T	rain	ees:											
	Any trainee working in	the	practice	n con	ning	g six	mont	hs:						
13.	13. Please describe the main geographical, social and environmental features of th												of the practice, incl	uding
	any local health problems: e.g. occupational problems													
											•••••			
PR/	ACTICE ORGANIZATIO	N												
14.	Is there an appointmen	t sy	stem?											
	Yes []	Fı	ull* / Partia	al*										

15.	What is the	normal boo	oking rate	e per ho	our?									
16.	How many appointments are available each week in the practice?													
17.	Is there a medical record system? Yes [] Manual*/computerized*/both*													
18.	18. Does your practice have an age/sex register and disease register?													
	Age/Sex R	egister	Yes	[]	No	[1						
	Disease Re	egister	Yes	[]	No	[1						
19.	What spec	ial equipme	nt for dia	gnosis	and tre	atment	are availa	able at the pra	actice?					
	e.g. ECG,	e.g. ECG, peak flow meter, cauterisation machine												
<u>wo</u>	RKLOAD													
20.	Please ent	er the follow	ing statis	tics:										
		Mon	Tu	Tues		d	Thurs	Fri	Sat	Sun				
	A.M.	mon	,,		We				Oat	Gun				
	P.M.													
	1 .141.													
21.	Does your	practice pro	vide hous	se calls	/home	visits?								
	Yes []	No	[]									
	If yes, plea	se state the	average	numbe	er of vis	its per r	month							
ST/	<u>AFF</u>													
22.	Total numb	er of param	edical an	d auxili	iary sta	ff:								
					Numl	ber								
	e.g.	Reception	ist:											
		Clerical:												
		Registere	d Nurse:											
		Enrolled N												
		Dispenser												
		Others (pl												

LIBRARY

					. Does your practice have a library?											
	Yes	[]	No	[]										
24.	Does	s your pra	actice ha	ave Books	and	Journa	als in G	eneral	Praction	ce/Fam	ily Me	dicine	?			
	Yes	[]	No	[]										
<u>ED</u>	UCAT	IONAL A	CTIVIT	<u>IES</u>												
25.	Does	s your pra	actice al	low time fo	or cor	ntinuin	g medi	cal edu	cation	al activ	ities?					
	Yes	[]	No	[]										
	Wee	kly / Mon	thly / Ot	hers:												
26.	Does	s your pra	actice or	ganize the	e follo	wing e	education	onal ac	tivities	?						
	a.	Small G	roup Dis	scussion		[]									
	b.	Tutorial				[]									
	C.	Lecture/	Semina	r		[]									
	d.	Journal	Club			[]									
	e.	Researc	h Club			[]									
	f.	Undergr	aduate	Teaching		[]									
	g.	Video-Ta	ape Vie	wing Sess	ions	[]									
	h.	Others (Please	Specify)												
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	•			unity Bas		•	of the	Vocati	ional 7	Γraining	g Prog	ramm	e org	anized	by 1	he
Hoi	ng Koi	ng Colleg	e of Fai	mily Physi	cians	•										
				Signa	ture	:										
				Name	!	:							(Bloci	k Letters	s, Plea	 ise)
				Date		:										