

**THE HONG KONG COLLEGE OF FAMILY PHYSICIANS**

**VOCATIONAL TRAINING**

**IN**

**FAMILY MEDICINE**

**TRAINING LOGBOOK**

***HIGHER TRAINING***

**2016**

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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:
    - Fulfills 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.**

<p><b><u>IMPORTANT:</u></b> The Training experience in a particular year will <b><u>NOT</u></b> be counted if you fail to submit the checklist on or before the deadline.</p>
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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.

Tel: 2871 8899 (4 lines)

Fax: 2866 0616

Email: [bvts@hkcfp.org.hk](mailto:bvts@hkcfp.org.hk)

Address: Rm 803-4, 8/F

Hong Kong College of Family Physicians

HKAM Jockey Club Bldg.

99 Wong Chuk Hang Rd.,

Aberdeen, Hong Kong



# 香港家庭醫學學院 The Hong Kong College of Family Physicians

Rooms 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

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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



## Summarized Requirement for Higher Training

### ***Structured Educational Program***

Pre-approved by the BVTs

Minimum 80 hours per year & minimum 40 sessions per year

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

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

### ***Self-Directed Education & Critical Appraisal Exercises***

Minimum 40 hours per 6 months

At least 50% for Critical Appraisal Exercises

### ***Record of Sit in / Videotaped Sessions***

6 monthly

Submit videotaped consultation at least once every 6 months

### ***Learning Plans / Record of Supervisor Feedback***

6 monthly

### ***Learning portfolio kept***

6 monthly

### ***2 weekly patient profiles***

Completed before the end of higher training

### ***Attendance of Hong Kong Primary Care Conference***

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

## **Assessments by Clinical Supervisor**

### ***Practice assessment***

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

### ***Consultation Skill Review (LAP score sheet)***

6 monthly

### ***Supervisor Feedback / Assessment***

Annually

### ***Checking of training logbook***

Annually

### ***Recommendation for sitting the Exit Examination***

After completion of 18 months training

### ***Certify the content checklist***

Before the end of higher training



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## Checklist for Annual Assessment of the Training Logbook

(For Higher Training)

Trainee Doctor \_\_\_\_\_ Clinical Supervisor \_\_\_\_\_

Period from \_\_\_\_\_ to \_\_\_\_\_

Checking items and content	Tick when satisfactory completion of relevant parts
Practice Visits ( 6 months intervals)	
Consultation Skill Review (LAP score sheet) (6 months intervals)	
Supervisor Feedback /Assessment (Annually)	
Self-Directed Education	hours
Critical Appraisal Exercises	hours
( > 40 hours / 6 months)	
At least 50% for Critical Appraisal Exercises	hours
Total:	hours
Pre-Approved Structured educational program ( > 80 hours / year & > 40 sessions / year) (>12 hours/ 2-month & < 2 sessions/ day) ( > 15 hours per module within the 2-year higher training period)	
1.Principles and Concepts of Working with Families	hours
2.Family Interview and Counseling	hours
3.Difficult Consultations and Ethical Dilemmas	hours
4.Clinical Audit and Research in Family Medicine	hours
5.Critical Appraisal	hours
6.Preventive Care and Patients with Special Needs	hours
7.Health Economics and Advanced Practice Management	hours
8.Teaching and Training	hours
<b>Total</b>	<b>hours</b>
Record of Sit in / Videotaped Sessions (6 monthly)	
Submit at least 3 videotaped consultations to BVTs*	
Learning Plans / Record of Supervisor Feedback (6 monthly)	
Learning portfolio kept (6 monthly)	
Content checklist completed and signed*	
2 weekly patient profile completed*	
Attendance of Hong Kong Primary Care Conference*	

\* Need to be completed before the end of training

Other comments

\_\_\_\_\_

\_\_\_\_\_

Signature of clinical supervisor \_\_\_\_\_ Date \_\_\_\_\_

Contact Tel. No. \_\_\_\_\_



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## Checklist for Annual Assessment of the Training Logbook

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Checking items and content	Tick when satisfactory completion of relevant parts
Practice Visits ( 6 months intervals)	
Consultation Skill Review (LAP score sheet) (6 months intervals)	
Supervisor Feedback /Assessment (Annually)	
Self-Directed Education	hours
Critical Appraisal Exercises	hours
( > 40 hours / 6 months)	
At least 50% for Critical Appraisal Exercises	hours
Total:	hours
Pre-Approved Structured educational program ( > 80 hours / year & > 40 sessions / year) (>12 hours/ 2-month & < 2 sessions/ day) ( > 15 hours per module within the 2-year higher training period)	
1.Principles and Concepts of Working with Families	hours
2.Family Interview and Counseling	hours
3.Difficult Consultations and Ethical Dilemmas	hours
4.Clinical Audit and Research in Family Medicine	hours
5.Critical Appraisal	hours
6.Preventive Care and Patients with Special Needs	hours
7.Health Economics and Advanced Practice Management	hours
8.Teaching and Training	hours
	<b>Total hours</b>
Record of Sit in / Videotaped Sessions (6 monthly) Submit at least 3 videotaped consultations to BVTs*	
Learning Plans / Record of Supervisor Feedback (6 monthly)	
Learning portfolio kept (6 monthly)	
Content checklist completed and signed*	
2 weekly patient profile completed*	
Attendance of Hong Kong Primary Care Conference*	

\* Need to be completed before the end of training

Other comments

\_\_\_\_\_

Signature of clinical supervisor \_\_\_\_\_ Date \_\_\_\_\_

Contact Tel. No. \_\_\_\_\_

## HIGHER TRAINING IN FAMILY MEDICINE

Dates	Name of Training Supervisor	Name and Address of Practice
<p>Brief Description of the Practice:</p>		
<p>Acquired Experience and Skills in:</p>		



## HIGHER TRAINING IN FAMILY MEDICINE

Dates	Name of Training Supervisor	Name and Address of Practice

Brief Description of the Practice:

Acquired Experience and Skills in:

### RECORD OF OTHER FAMILY PRACTICE EXPERIENCE

Dates	Names of Training Supervisor	Name and Address of Practice
Brief Description of the Practice:		
Acquired Experience and Skills in:		
Dates	Names of Training Supervisor	Name and Address of Practice
Brief Description of the Practice:		
Acquired Experience and Skills in:		

# **CONTENT CHECK LISTS FOR HIGHER TRAINING**

## **WORKING WITH FAMILIES**

The trainee has acquired the following knowledge and skills:

### **A. Knowledge:**

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

### **B. Skills:**

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

Certification by clinical supervisor:

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Signature

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Name in Block Letter

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Date

## INDIVIDUAL PATIENT CARE

- A. The trainee demonstrates a high standard of skills in his/her daily practice in:-
- A patient centred clinical interview
  - Effective problem solving
  - Cost-effective use of resources including time, investigation, specialist services, and community resources
  - Sharing of the understanding of the problem with the patient
  - Identification with the patient on the most appropriate management plan
  - Involvement of the patient in the management
  - Setting a long-term plan of management
  - Measuring outcome of management
  - Evaluation of other significant problems
  - Non-directive counselling
  - Rational prescribing
  - Setting a long-term plan of management
  - Effective communication with other medical colleagues
  - Effective communication with others involved in the care of patients
  - Effective co-ordination of care
  - Maintaining a trustful doctor-patient relationship
- B. The trainee is able to handle the following difficult consultation situations:
- The angry patient
  - The non-compliant patient
  - The passive aggressive patient
  - The manipulative patient
  - Disagreement on the diagnosis
  - Disagreement on the management
  - Complaints from patients
  - Transference reactions
  - The real patient in the family
  - Conflicts of interests between an individual patient and the profession, or society
- C. The trainee should be aware of:
- Emotional reactions to patients
  - Counter transference reaction
  - Limitations in his/her own knowledge and skills
  - Importance of maintenance of good health in his/herself

Certification by clinical supervisor: \_\_\_\_\_

Signature

\_\_\_\_\_  
Name in Block Letter

\_\_\_\_\_  
Date

## **PREVENTIVE CARE AND CARE FOR PATIENTS WITH SPECIAL NEEDS**

The trainee has shown knowledge and skills in:

### **A. Preventive care**

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

### **B. Care of the Elderly**

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

### **C. Women's health**

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

### **D. Patients with Terminal Illness**

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

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

#### E. Psychological Problems

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

#### F. Behavioural Problems of Children and Adolescents

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

Certification by clinical supervisor:

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Signature

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Name in Block Letter

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Date

## PROFESSIONAL DEVELOPMENT AND ETHICS

The trainee has acquired the knowledge and skills in:

### A. Professional Development:

- Identifying his/her own competence and deficiencies
- Making realistic learning plans
- Carrying out learning plans
- A well-balanced self-directed learning portfolio
- Critically appraisal of information on 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 patient's to make informed consents and choices
- Handling patient's complaints
- Attitudes towards abortions
- Contraception for minors
- Assisted human reproduction
- Euthanasia
- Clinical trials and research
- Sponsorship from pharmaceutical companies

Certification by clinical supervisor:

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Signature

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Name in Block Letter

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Date

## QUALITY ASSURANCE / PRACTICE AUDIT / RESEARCH

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

For audit segment, you should demonstrate the ability in:

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

For research segment, you should demonstrate your ability in:

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

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

Certification by clinical supervisor:

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Signature

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Name in Block Letter

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Date



## HEALTH CARE SERVICE MANAGEMENT

The trainee is able to:

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

Certification by clinical supervisor:

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Signature

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Name in Block Letter

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Date

# **Record of Structured Educational Programme**

BVTS pre-approved structured programme

Approval Code must be listed clearly

Minimum requirement:

- 1) 80 hours per year & 40 sessions per year
- 2) 12 hours per 2-month & max. 2 session per day
- 3) 15 hours in total per module with 2-year higher training period

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
<b>Module 1: The Principles and Concepts of Working with Families</b>					
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 <b>24</b> months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
<b>Module 2: Family Interview and Counselling</b>					
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 <b>24</b> months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
<b>Module 3: Difficult Consultations and Ethical Dilemmas</b>					
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 <b>24</b> months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
<b>Module 4: Clinical Audit &amp; Research in Family Medicine</b>					
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 <b>24</b> months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
<b>Module 5: Critical Appraisal</b>					
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 <b>24</b> months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
<b>Module 6: Preventive Care and Patients with Special Needs</b>					
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 <b>24</b> months					



Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
<b>Module 7: Health Economics and Advanced Practice Management</b>					
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 <b>24</b> months					

Date	Course Attended, Organizing Body	Topic	Time Spent	Approval Code	Confirmation by Course Organizer
<b>Module 8: Teaching and Training</b>					
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 <b>24</b> months					

# SELF-DIRECTED EDUCATION EXERCISES

## Mandatory for HIGHER TRAINING

(Revised on 18 May 2023)

(Minimum 40 hours/6 months, at least 50% for Critical Appraisal Exercises)

Date: \_\_\_\_\_ Number of hours: \_\_\_\_\_

Details of Educational Activity:

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

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2. What new information have you learned?

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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?

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5. Overall comments:

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

## CRITICAL APPRAISAL EXERCISES

### Mandatory for HIGHER TRAINING

(Revised on 18 May 2023)

(Minimum 40 hours/6 months, at least 50% for Critical Appraisal Exercises)

Date: \_\_\_\_\_ Number of hours: \_\_\_\_\_

Scientific Article Citation (Vancouver Style):

Type of Articles: *Please tick if appropriate*

- |                                            |                                                      |                                       |
|--------------------------------------------|------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Systematic Review | <input type="checkbox"/> Randomized Controlled Trial | <input type="checkbox"/> Cohort study |
| <input type="checkbox"/> Qualitative Study | <input type="checkbox"/> Case Control Study          | <input type="checkbox"/> Others       |

Research Methodology:

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

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

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

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

# **CONSULTATION SKILLS REVIEW**

WITH REFERENCE TO LAP PACKAGE

## ASSESSMENT OF CONSULTATION SKILLS –CONSULTATION SKILLS REVIEW

NAME OF TRAINEE: \_\_\_\_\_

CLINICAL SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_

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

**OVERALL COMMENTS ON CONSULTATION SKILLS:**

**Strengths:**

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**Prioritised strategies for improvement in identified areas of weakness:**

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**ANY OTHER COMMENTS:**

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Signature of Clinical Supervisor: \_\_\_\_\_

Name of Clinical Supervisor in Block Letters: \_\_\_\_\_

## ASSESSMENT OF CONSULTATION SKILLS –CONSULTATION SKILLS REVIEW

NAME OF TRAINEE: \_\_\_\_\_

CLINICAL SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_

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



**OVERALL COMMENTS ON CONSULTATION SKILLS:**

**Strengths:**

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**Prioritised strategies for improvement in identified areas of weakness:**

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**ANY OTHER COMMENTS:**

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Signature of Clinical Supervisor: \_\_\_\_\_

Name of Clinical Supervisor in Block Letters: \_\_\_\_\_

## ASSESSMENT OF CONSULTATION SKILLS –CONSULTATION SKILLS REVIEW

NAME OF TRAINEE: \_\_\_\_\_

CLINICAL SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_

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

**OVERALL COMMENTS ON CONSULTATION SKILLS:**

**Strengths:**

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**Prioritised strategies for improvement in identified areas of weakness:**

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**ANY OTHER COMMENTS:**

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Signature of Clinical Supervisor: \_\_\_\_\_

Name of Clinical Supervisor in Block Letters: \_\_\_\_\_

## ASSESSMENT OF CONSULTATION SKILLS –CONSULTATION SKILLS REVIEW

NAME OF TRAINEE: \_\_\_\_\_

CLINICAL SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_

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

**OVERALL COMMENTS ON CONSULTATION SKILLS:**

**Strengths:**

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**Prioritised strategies for improvement in identified areas of weakness:**

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**ANY OTHER COMMENTS:**

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

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

## Category E PHYSICAL EXAMINATION

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

## Category M PATIENT MANAGEMENT

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

		clinical picture clarifies. (Sometimes the correct thing to do is to apparently do nothing)	
Checks patients' level of understanding	<b>MH2</b>	Sometimes it may be appropriate to ask the patient to tell you their understanding of the management plan and what they 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?"	<b>MHR1</b>
Arranges appropriate follow-up	<b>MJ1</b>	Make clear if and when the patient should return, indicating the likely course of the illness	<b>MJR1</b>
		Remember the application of open follow-up	<b>MJR2</b>
Attempts to modify help-seeking behaviour of patients as appropriate	<b>MK1</b>		<b>MKR1</b>

### Category A ANTICIPATORY CARE

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

### Category R RECORD KEEPING

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



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

## Category P PROBLEM SOLVING

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

		Be prepared to check with books, colleagues, etc., particularly for single items of information	<b>PCR3</b>
Is capable of applying knowledge of basic, behavioural and clinical sciences to the identification, management & solution of patients' problems	<b>PD1</b>	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	<b>PDR1</b>
		Consider whether 'sieves' might help you to access your knowledge store	<b>PDR2</b>
Is capable of recognizing limits of personal competence Is capable of recognizing limits of personal competence and acting appropriately	<b>PE1</b>	Nobody knows everything. It is an excellent professional attribute to be able to recognize the limits of your competence	<b>PER</b>
	<b>PE2</b>	When you recognize you have reached the limits of your competence, do not guess – seek appropriate help, e.g. colleagues, books	<b>PER2</b>

### **Category B BEHAVIOUR / RELATIONSHIP WITH PATIENTS**

<b>COMPETENCE</b>	<b>Code</b>	<b>RECOMMENDED STRATEGY</b>	<b>Code</b>
Maintains friendly but professional relationship with patients with due regard to the ethics of medical practice	<b>BA</b>	Adopt friendly, professional behaviour and demeanour relevant to the circumstances of the individual patient and consultation	<b>BAR</b>
Conveys sensitivity to the needs of patients	<b>BB</b>	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"	<b>BBR</b>
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	<b>BC</b>	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	<b>BCR</b>

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

# ASSESSMENT/FEEDBACK BY CLINICAL SUPERVISORS

## (HIGHER TRAINING)

(revised on 13 March 2015)

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

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

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

Trainee Doctor \_\_\_\_\_ Supervisor \_\_\_\_\_ (Block letter please)

Practicing address \_\_\_\_\_ Period from \_\_\_\_\_ to \_\_\_\_\_

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

1. Ability of full independent practice in family medicine

0       5

Comments : \_\_\_\_\_

\_\_\_\_\_

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

0       5

Comments : \_\_\_\_\_

\_\_\_\_\_

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

0       5

Comments : \_\_\_\_\_

\_\_\_\_\_

4. Knowledge and skills in working with families

0       5

Comments : \_\_\_\_\_

\_\_\_\_\_

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

0       5

Comments : \_\_\_\_\_

\_\_\_\_\_

6. Attitude of self-directed learning

0 

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 5

Comments : \_\_\_\_\_  
\_\_\_\_\_

7. Knowledge and skills of critical appraisal of new information

0 

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 5

Comments : \_\_\_\_\_  
\_\_\_\_\_

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

0 

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 5

Comments : \_\_\_\_\_  
\_\_\_\_\_

9. Skills of conducting clinical audit / research

0 

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 5

Comments : \_\_\_\_\_  
\_\_\_\_\_

### GENERAL COMMENTS:

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

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**RECOMMENDATION:**

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

**Comments (Obligatory if not recommend) :**

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Signed and official chop \_\_\_\_\_



Date : \_\_\_\_\_

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

*\* Delete as appropriate*

# ASSESSMENT/FEEDBACK BY CLINICAL SUPERVISORS

## (HIGHER TRAINING)

(revised on 13 March 2015)

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

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

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

Trainee Doctor \_\_\_\_\_ Supervisor \_\_\_\_\_ (Block letter please)

Practicing address \_\_\_\_\_ Period from \_\_\_\_\_ to \_\_\_\_\_

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

1. Ability of full independent practice in family medicine

0       5

Comments : \_\_\_\_\_

\_\_\_\_\_

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

0       5

Comments : \_\_\_\_\_

\_\_\_\_\_

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

0       5

Comments : \_\_\_\_\_

\_\_\_\_\_

4. Knowledge and skills in working with families

0       5

Comments : \_\_\_\_\_

\_\_\_\_\_

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

0       5

Comments : \_\_\_\_\_

\_\_\_\_\_

8. Attitude of self-directed learning

0 

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 5

Comments : \_\_\_\_\_  
\_\_\_\_\_

9. Knowledge and skills of critical appraisal of new information

0 

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 5

Comments : \_\_\_\_\_  
\_\_\_\_\_

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

0 

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 5

Comments : \_\_\_\_\_  
\_\_\_\_\_

11. Skills of conducting clinical audit / research

0 

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 5

Comments : \_\_\_\_\_  
\_\_\_\_\_

### **GENERAL COMMENTS:**

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

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**RECOMMENDATION:**

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

**Comments (Obligatory if not recommend) :**

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Signed and official chop \_\_\_\_\_



Date : \_\_\_\_\_

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

*\* Delete as appropriate*



### **BOARD OF VOCATIONAL TRAINING AND STANDARDS (Mandatory)**

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

Page:\_\_\_\_\_

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Please make copies of this form as needed.

### **BOARD OF VOCATIONAL TRAINING AND STANDARDS (Mandatory)**

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

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Please make copies of this form as needed.

## **BOARD OF VOCATIONAL TRAINING AND STANDARDS (Mandatory)**

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

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Please make copies of this form as needed.

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

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

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Please make copies of this form as needed.

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## **BOARD OF VOCATIONAL TRAINING AND STANDARDS (Mandatory)**

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Please make copies of this form as needed.

## **BOARD OF VOCATIONAL TRAINING AND STANDARDS (Mandatory)**

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

Page:\_\_\_\_\_

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Please make copies of this form as needed.

## RECORD OF CLINICAL SUPERVISOR'S FEEDBACK

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

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

## Learning Portfolio

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

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

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

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

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

**CLINIC SIT-IN CONSULTATION SESSIONS (Mandatory)**

Date	Name of Supervisor	Comments by Supervisor



**CLINIC SIT-IN CONSULTATION SESSIONS (Mandatory)**

Date	Name of Supervisor	Comments by Supervisor

**REVIEW OF CONSULTATION VIDEO-RECORDING (Mandatory)**

Date	Name of Supervisor	Comments by Supervisor

**REVIEW OF CONSULTATION VIDEO-RECORDING (Mandatory)**

Date	Name of Supervisor	Comments by Supervisor



# 香港家庭醫學學院 The Hong Kong College of Family Physicians

Rooms 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Tel: (852) 2871 8899 Fax: (852) 2866 0616

E-mail: [hkcfp@hkcfp.org.hk](mailto:hkcfp@hkcfp.org.hk) Website: [www.hkcfp.org.hk](http://www.hkcfp.org.hk)

香港仔黃竹坑道99號香港醫學專科學院賽馬會大樓8樓803-4室



Trainee Name: \_\_\_\_\_

## Checklist for Recommendation for Exit Examination

Checking items and content	
<b>Completed 18 months of training before 31 August</b>	<b>Yes /No</b>
Practice Visits (6 months intervals)	Yes /No
Consultation Skill Review LAP (6 months intervals)	Yes /No
Supervisor Feedback /Assessment (annually)	Yes /No
Self-Directed Education & Critical Appraisal Exercises (at least 40 hours per 6 months) At least 50% for Critical Appraisal Exercises	Yes /No
Balanced pre-approved Structured Educational Program (Confirmation by course organizer) (>80 hours per year & >40 sessions per year) (>12 hours per 2-month & < 2 sessions/ day)	Yes /No
Record of Sit in / Videotaped Sessions (6 monthly)	Yes /No
Learning Plans / Record of Supervisor Feedback (6 monthly)	Yes /No
Learning portfolio kept (6 monthly)	Yes /No

Other comments / Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Clinical Supervisor

Dr. \_\_\_\_\_  
Name in block letters

Date: \_\_\_\_\_



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**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:

<u>Period (mm/yy- mm/yy)</u>	<u>Name of training unit</u>	<u>Clinical supervisor</u>

Enclosed are the original copy of my training logbook and the checklist for completion of higher training for your reference

Signature: \_\_\_\_\_

Date \_\_\_\_\_

To: **Chairman of Higher Training Subcommittee, BVTS of HKCFP**

**Checklist for Completion of Higher Training**

Trainee: Dr. \_\_\_\_\_ Clinical Supervisor: Dr. \_\_\_\_\_

<b>Checking items and content</b> (Tick as appropriate)	<b>Trainee Section</b>		<b>Verification by BVTS</b>
Records of Practice Visits w/ Feedback (6 months intervals)			
Date of 1 <sup>st</sup> visit:			
Date of 2 <sup>nd</sup> visit:			
Date of 3 <sup>rd</sup> visit:			
Date of 4 <sup>th</sup> visit:			
Consultation Skill Review LAP (6 months intervals)			
Supervisor Feedback /Assessment (annually)			
Self-Directed Education (SDE) & Critical Appraisal Exercises (CAE) (> 40 hrs / 6 months, at least 50% CAE)	<b>SDE</b>	<b>CAE</b>	
Total hours of 1 <sup>st</sup> 6 months:			
Total hours of 2 <sup>nd</sup> 6 months:			
Total hours of 3 <sup>rd</sup> 6 months:			
Total hours of 4 <sup>th</sup> 6 months:			
Total hours:			
Pre-Approved Structured Educational Program (Confirmation by course organizer) (>160 hours, >80 sessions, >15 hours per module, > 12 hours per 2-month)			
1. Principles and Concepts of Working with Families		hours	
2. Family Interview and Counseling		hours	
3. Difficult Consultations and Ethical Dilemmas		hours	
4. Clinical Audit and Research in Family Medicine		hours	
5. Critical Appraisal		hours	
6. Preventive Care and Patients with Special Needs		hours	
7. Health Economics and Advanced Practice Management		hours	
8. Teaching and Training		hours	
<i>Total :</i>		hours	
Record of Sit in / Videotaped Sessions (6 monthly) Submit at least 3 videotaped consultations to BVTS			
Learning plans / Record of Supervisor Feedback (6 monthly)			
Learning portfolio kept (6 monthly)			
Content checklist completed and signed			
2 weekly patient profile completed			
Attendance of Hong Kong Primary Care Conference (once)			

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

Signature of trainee \_\_\_\_\_ Date \_\_\_\_\_

**For official use only**

Other comments / Recommendation

The trainee is / is not recommended for completion of two years of higher training

The report is completed by Dr. \_\_\_\_\_ (Block letter)

Signature: \_\_\_\_\_ Date \_\_\_\_\_