II. BASIC PHYSICIAN TRAINING

GENERAL GUIDELINES

1 Entry requirements

The trainee should possess MBBS, MBChB or equivalent plus one year of internship experience. Prior experience in one or more related disciplines may be accredited as detailed in the *Training Guidelines* under (II) Structure. Overseas Basic Physician Training experience will only be assessed by the Basic Physician Board when the Hong Kong applicant has a full-time structured training post in the two universities or the Hospital Authority in Hong Kong.

2 Programme Director

2.1 A Programme Director shall be appointed by the Council of the Hong Kong College of Physicians to oversee Basic Physician Training within each service network of acute and extended care institutions. Depending on the number of institutions within the service network, Deputy─Programme Directors shall be appointed to assist the Programme Director in training-related matters. Assistant Programme Directors shall also be appointed to supervise Basic Physician Training within individual hospitals and networking institutions.

2.2 The Programme Director shall be responsible for enforcing the training requirements, facilitating and coordinating training rotation within the service network, collating and reviewing Trainee assessment reports submitted by Trainers, and advising Trainees, Trainers and institutions on training-related matters.

2.3 In the case of Trainees undergoing training rotations across service networks, the Programme Director of the recipient network shall be responsible for overseeing the training progress and monitoring and reporting on performance during the elective rotation. The original Programme Director shall be responsible for overall coordination of the Trainees' training programme including elective rotations within

and across service networks.

3. Assessment of Trainees

3.1 Trainees should register with the College as soon as possible when they join a Basic Physician Training Programme. All prior training experience in related disciplines or overseas institutions should be submitted to the Basic Physician Board for vetting and consideration of accreditation.

3.2 Trainees should use a Log Book to maintain records of their experience in bedside diagnostic and therapeutic procedures and attendance at educational activities. Their Trainers and Programme Directors should periodically review their Log Books to assess training progress and recommend remedial action where appropriate.

3.3 Trainees should submit 6-monthly reports of their training progress to their Trainers for assessment and certification and then to the respective Programme Directors for review. Both Programme Director and Trainee should keep a copy of the training records. Copies of these reports may also be submitted to the Department Head and Hospital Management where appropriate.

3.4 The Programme Directors should regularly review the assessment reports of their Trainees, particularly in case of suboptimal performance and when certifying completion of Basic Physician Training.

3.5 Programme Directors should counsel Trainees with unsatisfactory training progress and submit relevant reports and recommended remedial action through the Basic Physician Board to the Education and Accreditation Committee, as well as to the Trainees' Department Heads and Hospital Management.

4. Accreditation of Trainers

4.1 A Trainer must be a Fellow who possesses at least two years of

relevant post-Fellowship experience and is accredited in Internal Medicine and/or a Specialty under the Hong Kong College of Physicians.

4.2 A Trainer must be actively engaged in, and actively contributing to, full-time institutional practice in Internal Medicine and/or its specialties in accredited training programme(s).

4.3 A Fellow cannot perform the role of a Trainer in Basic Physician Training while he/she is undergoing training in a medical specialty.

5. Accreditation of Training Programme

5.1 The Education and Accreditation Committee of the Hong Kong College of Physicians is empowered by the Council to accredit individual training programmes, and monitor their performance through review of reports on individual Trainees and visits to the respective institutions.

5.2 Training programmes must be organised by accredited Trainers. The Trainer to Trainee ratio should not be lower than 1:2 at any time.

5.3 Training institutions shall be accredited based on evaluation of their specialty casemix, spectrum of disease, emergency admissions, patient volume and turnover, quality of training programme, and institutional infrastructure and facilities.

5.4 The College will periodically review and publicise the status and duration of accreditation of individual training programmes in accordance with their conformity to College requirements.

6. Complaints and appeals

6.1 Avenues shall be open to Trainees to lodge complaints regarding training facilities, programme content, Trainer supervision or related matters to the Basic Physician Board through their Programme Directors and directly to the Council of the Hong Kong College of Physicians.

6.2 Appeals against unsatisfactory training assessment reports, discontinuation of training and failure at the Intermediate Examination shall be directed to the Council of the Hong Kong College of Physicians.

TRAINING GUIDELINES

(I) OBJECTIVES

1 To provide a broad experience in General Internal Medicine, including its inter-relationship with other disciplines.

2 To enhance medical knowledge, clinical skills, and competence in bedside diagnostic and therapeutic procedures.

3 To achieve the professional requirements of the Intermediate Examination and prepare for Higher Physician Training in one or more specialty in Internal Medicine.

4 To cultivate the correct professional attitude and enhance communication skill towards patients, their families and other healthcare professionals.

5 To enhance sensitivity and responsiveness to community needs and the economics of health care delivery.

6. To enhance critical thinking, self-learning, and interest in research and development of patient service.

7. To cultivate the practice of evidence-based medicine and critical appraisal skills.

8. To inculcate a commitment to continuous medical education and professional development.

(II) STRUCTURE

The basic physician training programme should be organised with flexibility. Exposure to various medical specialties and other related disciplines is encouraged.

1 The core programme consists of three years of supervised training.

2 Trainees should have at least two years of training in units dealing with general medical problems, of which at least one year should be spent in a unit dealing with a comprehensive range of acute medical emergencies. They should also attend general and specialty medical clinics for no fewer than five hours per week throughout the three years of training, unless they are engaged in training in non-physician specialties or highly specialized physician training units like Accident and Emergency Department and Intensive Care Unit. The requirement for general and specialty medical clinics exposure applies to trainees working in all (acute or non-acute) training institutions.

3 Trainees should have no less than 3 months' working experience in General Medical Units of Hospitals with Obstetric and acute surgical services in their 6 years of physician training (BPT+HPT) [Note: This applies to Trainees who start BPT from 1 July 2009 onwards]. They should also possess the knowledge of handling medical problems and preparation of patients requiring obstetric and surgical operations or procedures.

4 Exposure to various medical specialty services in parallel with duties in general medicine should be encouraged. Trainees should preferably have the opportunity for training rotation to critical care settings including ICU/CCU/HDU and rehabilitation services.

5 Supervised training in a full-time specialty service under Department of Medicine approved by the College may be accredited for up to six months each for a total of not more than 12 months. Examples include Bone Marrow Transplant, Coronary Care, Dermatology, Geriatric Outreach Programmes, Intensive Care, Medical Oncology and Renal Dialysis Service.

6 Supervised training in related disciplines may be accredited for a total

of not more than 12 months, provided there is no overlap with full-time specialty postings during training within the Department of Medicine, as stated in Item 5 above. Training experience in Anaesthesiology, Clinical Oncology, Dermatology, Emergency Medicine, Paediatrics, Pathology, Psychiatry and Radiology may be accredited for up to six months each. Training experience in ICU/CCM in a unit (either within Department of Medicine or independent department) may be accredited for up to twelve months, provided that six months' training takes place in ICUs with at least two accredited CCM Trainers. Family Medicine training modules in Internal Medicine, Emergency Medicine, Paediatrics and Psychiatry may also be accredited for up to six months each, up to a total of not more than 12 months. Such training modules must be conducted in programmes accredited by the respective Colleges and is subject to assessment by the Basic Physician Board with regard to their training element and clinical exposure.

7 Trainees should acquire competence through supervised performance of the required numbers of diagnostic and therapeutic procedures during their Basic Physician Training.

8 Mandatory Scientific Meetings and Web-based Learning

8.1 Trainees should attend the mandatory Scientific Meetings during the course of their Basic Physician Training. The 3 recognized Scientific Meetings are the Annual Scientific Meeting (ASM) of the HKCP, Advances in Medicine (AIM) organized by CUHK and Hong Kong Medical Forum (HKMF) organized by HKU. Trainees are required to attend:

a. at least one meeting a year and a total of 6 out of these 9 meetings during the 3 years of their training (or calculated on a *pro rata* basis if the required training as registered with the College is below 3 years. If the training period is more than 3 years, the trainees should attend 2 out of 3 meetings per additional year).

b. at least one HKCP ASM over any 2-year period

Trainees who have a deficit of 3 or less of such conferences/forums will be allowed to make up for the deficiency during their Advanced Internal Medicine/Geriatric Medicine (as single specialty or broad-based specialty) training. Trainees who

have a deficit of more than 3 meetings will be subjected to possible penalty at the discretion of the E&AC.

8.2 The Self-Learning Tool (SLT) is a web-based interactive training modules jointly developed by the College and the Hospital Authority. It consists of clinical scenarios in different subspecialties with the aim of helping the trainees to identify and prevent risks in clinical decision and ultimately improve in their clinical management. SLT questions are released in 3 cycles every year on the first day of March, July and November. Trainees are required to complete all the SLT questions of each cycle before the release of the next cycle of questions. Failure to fulfil this requirement will mandate a remedial exercise to be held at the College Chamber and a registration fee will be imposed. Failure to complete a remedial exercise will result in deferral for admission to College membership for 3 months and the trainee must in addition complete the remedial exercise.

8.3 Trainees should also complete the mandatory College-recognized web-based learning on procedural sedation.

(III) CONTENTS

(A) Knowledge

1 Aetiology, clinical manifestation, disease course and prognosis, investigation and management of common medical diseases.

2 Scientific basis and recent advances in pathophysiology, diagnosis and management of medical diseases.

3 Spectrum of clinical manifestations and interaction of multiple medical diseases in the same patient.

4 Psychological and social aspects of medical illnesses.

5 Effective use and interpretation of investigation and special diagnostic procedures.

6 Critical analysis of the efficacy, cost-effectiveness and cost-utility of treatment modalities.

7 Patient safety and risk management

8 Medical audit and quality assurance

9 Ethical principles and medicolegal issues related to medical illnesses.

(B) Skills

1 Ability to take a detailed history, gather relevant data from patients, and assimilate the information to develop diagnostic and management plans.

2 Competence in eliciting abnormal physical signs and interpreting their significance**.**

3 Ability to relate clinical abnormalities with pathophysiologic states and diagnosis of diseases.

4 Ability to select appropriate investigation and diagnostic procedures for confirmation of diagnosis and patient management.

5 Skills in performing important bedside diagnostic and therapeutic procedures and understanding of their indications. Trainees should acquire competence through supervised performance of the required number of each of the following procedures during the 3-year training period and should record them in the Trainee's Log Book.

At least 10 times during the three-year training period:

Cardiopulmonary resuscitation
Central venous cannulation
Marrow aspiration and trephine biopsy
Abdominal paracentesis
Pleural tapping and biopsy

Endotracheal intubation

At least 6 times during the three-year training period:

Lumbar puncture

Chest drain insertion

6 Ability to present clinical problems and literature review in grand rounds and seminars.

7 Good communication skills and interpersonal relationship with patients, families, medical colleagues, nursing and allied health professionals.

8 Ability to mobilise appropriate resources for management of patients at different stages of medical illnesses, including critical care, consultation of medical specialties and other disciplines, ambulatory and rehabilitative services, and community resources.

(C) Attitudes

1 The well-being and restoration of health of patients must be of paramount consideration.

2 Empathy and good rapport with patient and relatives are essential attributes.

3 An aspiration to be the team-leader in total patient care involving nursing and allied medical professionals should be developed.

4 The cost-effectiveness of various investigations and treatments in patient care should be recognised.

5 The privacy and confidentiality of patients and the sanctity of life must be respected.

(IV) INSTITUTIONAL REQUIREMENTS

To be recognised for Basic Physician Training, a medical department in an institution or a rotational programme in more than one institution should fulfil

the following criteria:

1 Sufficient number of beds to admit patients of both genders and with a variety of medical diseases.

2 Organised ambulatory care, outpatient follow-up clinics and link with extended care facilities for rehabilitation and chronic care.

3 Facilities for care of critically ill patients, e.g. CCU, ICU, HDU.

4 Consultations from a broad range of Surgical disciplines.

5 Sufficient number of Trainers directly supervising trainees in patient management during regular ward rounds, emergency calls, ambulatory care and outpatient services.

6 Resident emergency duties for the trainees at a frequency of at least four times per month.

7 Regular medical audits to review the outcome of treatment and interventional procedures, and referral to the pathologists to perform autopsies to resolve diagnostic problems.

8 Laboratory diagnostic support, including chemical pathology, immunology, haematology, microbiology and histopathology services.

9 Diagnostic imaging support, including radiology, ultrasonography, computed tomography, magnetic resonance imaging and nuclear medicine imaging.

10 Maintenance of complete and high quality medical records with easy and prompt accessibility at all times.

11 Structured education programmes including case presentation, journal club and grand round, X-ray meeting and clinicopathological conference.

12. Availability of the following facilities:

12.1 Residential facilities for on-call duties

12.2 Medical library with core journals in Internal Medicine and computerised literature search systems.

12.3 Meeting rooms with adequate facilities including audiovisual aids for educational activities.

12.4 Information technology facilities for preparation of clinical presentations/seminars.

(V) INTERMEDIATE EXAMINATION

The Intermediate Examination of the Hong Kong College of Physicians is held jointly with the Membership of the Royal Colleges of Physicians of the United Kingdom [MRCP(UK)] Examination. Applicants for PACES must have passed the MRCP(UK) Part I Examination within 7 years, or have exemption from it, and have spent not less than 12 months after registration in continuing care of emergency medical patients. It is recommended that candidates have commenced 18 months in Basic Physician Training before attempting PACES. In addition to the award of MRCP(UK) certificate, an Intermediate Examination Certificates will be awarded by the Hong Kong College of Physicians to candidates who have successfully completed all three sections of the Intermediate Examination. The maximum number of attempts is 6 for each Part. Further attempts may be granted after documentation of additional training experience.

(VI) DEFERRAL OF TRAINING

1. Suspension of training

Trainees wishing to suspend their training should discuss with their Chiefs of service (COS), Trainer and Program Director, and should complete Part 1 and seek approval from COS to complete Part 2 of Section A of the Application Form (AppSuspenF 291013) to be submitted to the BPT Board at least 8 weeks in advance of the expected commencement of suspension (except for urgent and unusual circumstances which need separate approval by the Board).

The period of suspension must be above six months and below three years. Extension of suspension period is normally not allowed.

2. Leave of Absence

If trainees require long periods of leave of absence (sick leave, maternity leave, and other types of leave excluding study leave) in addition to their annual leave, full accreditation of training is only awarded if the cumulative leave does not exceed three months over the 3-year BPT training period.

(VII) COMPLETION OF TRAINING

After completing three years of accredited Basic Physician Training and passing the Intermediate Examination, the trainee should report, through the Programme Director, to the Basic Physician Board for certification of training completion. Within 3 months after certifying completion of Basic Physician Training, the trainee should apply to the College for admission as Member of the Hong Kong College of Physicians before proceeding to Higher Physician Training in one or more specialty in Internal Medicine. Failure to apply for College membership will lead to postponement of HPT till the Membership is confirmed.