

ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA



**POSTGRADUATE COURSE GUIDELINE
AND POLICY HANDBOOK**

2025

AFPM Postgraduates Course Guideline and Policy Handbook 2024

Academy of Family Physicians of Malaysia

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Contents

WELCOME MESSAGE.....	4
MESSAGE FROM THE PRESIDENT OF THE ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA	6
MESSAGE FROM THE DIRECTOR (1) OF MEDIBASE SDN BHD.....	7
MESSAGE FROM THE DIRECTOR (2) OF MEDIBASE SDN BHD.....	8
MESSAGE FROM THE PROGRAMME DIRECTOR OF GRADUATE CERTIFICATE IN FAMILY MEDICINE (GCFM)	9
MESSAGE FROM THE PROGRAMME DIRECTOR OF ADVANCED TRAINING IN FAMILY MEDICINE (ATFM).....	10
OFFICE BEARERS AND COMMITTEES	12
Council Term 2025/26.....	12
Board of Censors	12
Exam Committee.....	12
GCFM Faculty Members/Module Writers	13
ATFM Board Members.....	13
Quality Improvement Programme (QIP) Committee.....	13
ATFM Chapter of Teachers / Academic Supervisors Committee.....	14
List of Mentors/Academic Supervisors	14
Administrative Organisation of Medibase	17
1.0 INTRODUCTION.....	19
1.1 VISION	21
1.2 MISSION.....	21
1.3 OBJECTIVE.....	21
1.3.1 General Objective:	21
1.3.2 Specific Objectives:.....	21
2.0 ADMISSION	22
2.1 Entry Requirements.....	22
2.1.1. GCFM Programme Entry Requirements	22
2.1.2. ATFM Programme Entry Requirements.....	22

2.1.3. Language Requirement.....	23
2.2 Admission Procedures.....	24
2.3 Deferment Rules for the Programmes.....	26
2.3.1 Deferment of GCFM Programme	26
2.3.2 Deferment of ATFM Programme	26
2.3 Extended Leave Beyond the Allowable Period.....	28
2.4 Withdrawal of Candidature	28
3.0 FEES & REFUND POLICY.	29
4.0 ACADEMIC POLICY	31
4.1 Overview of Course Structure for GCFM Programme:.....	31
4.2 Overview of Course Structure for ATFM Programme:.....	33
4.3 Academic Misconduct	34
4.4 Grievance, Near Miss Register and Critical Incidents.....	39
5.0 ASSESSMENT	41
5.1 Assessment and Satisfactory Completion of GCFM Programme.....	41
5.2 Assessment and Satisfactory Completion of ATFM Programme	42
5.3 Assessment Policy.....	43
6.0 EXAMINATION ELIGIBILITY CRITERIA.....	45
6.1 Eligibility Criteria to sit for the GCFM Final Professional Examination.....	45
6.2 ATFM Eligibility Examination for the Part I (“Eligibility Examination”).....	47
6.3 Eligibility Criteria for PART I Conjoint MAFP/FRACGP/icFRACGP Examination (“Part I Examination”)	48
6.4 Eligibility Criteria for PART II Conjoint MAFP/ FRACGP/icFRACGP Examination (“Part II Examination”)	50
6.5 Change in the Eligibility Status.....	52
6.6 MAFP & FRACGP/icFRACGP Award Requirements	53
APPENDIX 1: The General Practice or Primary Care Assessment Policy.....	54
APPENDIX 2: Guidelines For Audio-Visual Recording Of Patient Consultations By Trainees In The ATFM Programme.....	63
APPENDIX 3: AFPM Leave Policy for AFPM trainees	66
APPENDIX 4: Academy Of Family Physicians Of Malaysia Social Media Policy.	68

APPENDIX 5: GCFM Application Flowchart	70
APPENDIX 6: GCFM Examination Application Flowchart.....	71
APPENDIX 7: ATFM Application Process Flowchart	72
APPENDIX 8: Conjoint Examination Application Process Flowchart.....	73
APPENDIX 9: Academic Misconduct Process Flowchart.....	74
APPENDIX 10: Framework on Trainees' Wellbeing	75
APPENDIX 11: Grievance Procedure Flowchart	78
APPENDIX 12: AFPM Policy on Cultural Safety and Sensitivity	79
APPENDIX 13: AFPM Policy on Diversity, Equity and Inclusion (DEI)	82
APPENDIX 14: MAFP & FRACGP/icFRACGP Award Requirements.....	84

WELCOME MESSAGE

Welcome to the Academy of Family Physicians Malaysia (AFPM) and our postgraduate programme.

Congratulations on your decision to enrol with the programme offered by AFPM. AFPM has prepared this programme handbook ("Handbook") for your reference to help answer the many questions that you may have as you embark on this new continuing Professional Development Programme.

This Handbook is designed to guide you throughout your course of study and answer some of the many questions you might have as a new postgraduate distance learning trainee. In this Handbook, you will find the information you need in relations to academic policy matters, rules and regulations, admission requirements, fees, modules, support services and other relevant matters.

Information contained in this Handbook is subject to change at the discretion of AFPM. We reserve the right to withdraw or alter modules, fees, calendar schedules, policies, rules and regulations, etc.

If you have queries about any of the information in this Handbook and other matters related to the programme that you have chosen, please contact:

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 - Ms Atiqah Nadzirah Binti Abdull Razak (atiqah@afpm.org.my) – ATFM Programme
 - Mr. Muhamad Zulkhalid bin Md Isa (mzul@afpm.org.my) - for Quality Improvement Programme (QIP)
 - Mr Mohd Aminuddin bin Sukor (amin@afpm.org.my) - for Conjoint MAFP/FRACGP/icFRACGP examination



MESSAGE FROM THE PRESIDENT OF THE ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA

Welcome, doctors, to another phase of your lives.

Choosing this path to be a family physician may be difficult.

The 4-year journey can be fraught with doubts, uncertainties, and various challenges.

We thank you for your decision to undertake an essential vocation that will benefit patients immensely in the age of rising healthcare costs.

During your journey, we, the teachers, mentors, and members of the fraternity, will provide academic and psychosocial support by applying the principles of family medicine to each other as a professional family. Do reach out to any of us.

We have reached this far through the efforts and sacrifices of our predecessors. Their legacy continues by producing the next generation of family physicians who will be able to evolve and adapt to the changing needs of patients, society, and the environment.

We must advocate preventive medicine and health for all, including the health of ourselves and our families, as we navigate the stages of our lives in a rapidly changing digital age and economic environment.

We pray we can be diligent and resilient during this process of juggling work, study and family commitments,

We must be mindful of our purpose to enable us to be committed and enjoy the journey to becoming family physicians.

All the Best.

Best wishes,

Dr Hazian binti Hamzah

President

Academy of Family Physicians of Malaysia



MESSAGE FROM THE DIRECTOR (1) OF MEDIBASE SDN BHD

Dear doctors and learners,

It warms my heart to welcome you to be part of the Academy of Family Medicine of Malaysia. We have been celebrating our 50th Anniversary in 2023 and AFPM has been standing strong in providing our members the training we needed as a primary care provider for our nation. Congratulation in joining our community as learners.

When you enrolled in Graduate Certificate of Family Medicine (GCFM) you will have two-year module of basic General Practice or Family Medicine core topic. Most of the module materials are provided online. You will be supported across your learning by the module writers through online module materials, online revision classes, module workshop and practice workshop that are conducted both virtually and face-to-face.

Upon successful exit examination you will be eligible to proceed to Advance Training in Family Medicine (ATFM). Your structured learning will now be more robust, and you will have your own mentor and supervisor to guide you through your next two years academic journey. Apart of your guidance you will have the like-minded people who will be part of your learning community.

I wish your journey with us do not end in four years, but you would continue to be part of our learning community and share your knowledge with the other learners. With that in mind you will live up our motto 'Dengan Tatangan Ilmi'.

Wishing you all the best in your journey.

Dr Isriyanti Mohd Rafae
Director, Medibase Sdn Bhd



MESSAGE FROM THE DIRECTOR (2) OF MEDIBASE SDN BHD

It is an honour and pleasure for me to welcome you to the academic programmes of the Academy of Family Physicians of Malaysia, namely the Graduate Certificate in Family Medicine (GCFM), and the Advanced Training in Family Medicine (ATFM) Programmes.

This program will strengthen your knowledge and skills as a primary care provider. You may be overwhelmed by the vast amount of medical information, but this is the correct path to becoming a competent, responsible, and confident primary healthcare provider. I hope that you can participate actively in all the activities curated for the training.

Our program emphasizes a lot on treating the patient holistically. Our patients would like us to listen to them attentively. We also shall not judge them in the initial part of the medical consultation. We should put ourselves in the patient's shoes and feel their concerns and feelings. Whatever management plan is taken, we shall take into consideration the patient's perspective.

In addition, you should be mentally resilient when you are faced with challenges. Remember that you cannot control some of the events in your life, but you can choose how to respond and act on them. If we are mindful of our thoughts, we will have the power to change the outcomes in our life by having an appropriate positive response to the events and not to auto-react to them.

I wish all of you success in your endeavour and do remember that success is in the journey, not the destination. I hope you will be impressed by the importance of being a kind and compassionate doctor.

Dato' Dr Lee Cheng Yew
Director, Medibase Sdn Bhd



MESSAGE FROM THE PROGRAMME DIRECTOR OF GRADUATE CERTIFICATE IN FAMILY MEDICINE (GCFM)

Firstly, I would, like all my colleagues, welcome you to our programme. Much has already been said about the importance and role of Family Medicine. My aim now upon your entering the course is to ensure that you will have the opportunity to receive optimal training to prepare you to undertake the advanced vocational training, and eventually for a career in general / primary care practice.

As this is an online course, much depends on your own efforts. How much you will gain from it will also depend a lot on your own initiative and commitment. You will need to make sacrifices in order to further yourself. But let me assure you that it will be well worth it in the long run.

Many of you have already worked for several years since graduation and the purpose of this course is to widen, deepen and update you on the core knowledge needed to pursue a career up to the best standards in general/primary care practice.

To this end, modules have been designed to equip you with this knowledge. Important areas that general practitioners/primary care doctors need to be competent in, is our focus. The workshops are also designed to serve this purpose.

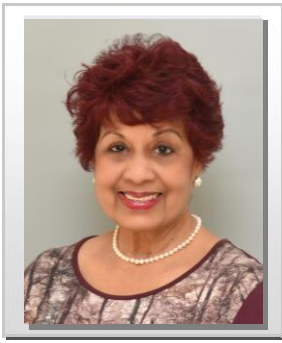
You will also be assessed to ensure you have achieved the learning outcomes. The nature of the assessment in our programmes is based on a formative evaluation as well as on your summative performance. This should not be a hurdle if you are conscientiously doing the modules.

So, I urge all of you not only to work hard but at the same time to enjoy the course. Certainly, there to learn and this is an excellent opportunity to do so. The faculty and staff will be more than happy to help you achieve this goal.

Good luck in your training.

Sincerely,

Emeritus Professor Datin Dr Chia Yook Chin
Programme Director,
Graduate Certificate in Family Medicine Programme



MESSAGE FROM THE PROGRAMME DIRECTOR OF ADVANCED TRAINING IN FAMILY MEDICINE (ATFM)

Congratulations on having successfully completed the Graduate Certificate in Family Medicine (GCFM) Programme! It is indeed my pleasure to welcome you to the Advanced Training in Family Medicine (ATFM) Programme of the Academy of Family Physicians of Malaysia.

The Advanced Training in Family Medicine Programme (ATFM) Programme is a two-year academic, structured programme encompassing strategic collaboration and research. It is conducted by AFPM with the objective of preparing general practitioners in Malaysia for the Conjoint MAFP/icFRACGP Examination in collaboration with the Royal Australian College of General Practitioners (RACGP), in readiness for unsupervised safe family/general practice. On completing the programme, you will be eligible to sit the Conjoint MAFP/icFRACGP Examination and work towards being awarded the MAFP/icFRACGP qualification to be recognised as a family medicine specialist registrable with the National Specialist Register of Malaysia, following a compulsory duration of credentialing.

You are advised to familiarise yourselves with the curriculum and structure of the ATFM Programme and with the eligibility requirements for the MAFP/ icFRACGP Examination that have been provided in this AFPM Postgraduate Courses Guidelines & Policy Handbook.

During this programme you are expected to complete all assignments on the e-LMS and attend all mentor-mentee meetings. You are also expected to participate in Centralised Clinical Workshops (CCW) and Centralised Practice Workshops (CPW) that are organised as part of the programme. There will also be mentoring/facilitator sessions for each of the 14 clinical modules. Two modules, known as Special Study Modules, which have no assignments, are for easy reading during the semester breaks. Assignments for each module would include completing Applied Knowledge Tests (AKT) and Key Feature Problems (KFP) online and uploading to the e-LMS a log of 10 patient encounters pertaining to the module of the month. During the programme you will be evaluated both formatively and summatively. You will be awarded a Certificate of Satisfactory Completion of the Advanced Training in Family Medicine Programme only when you have completed your research project which culminates in a formal research presentation at the end of the entire Programme.

The training culminates in the Eligibility Examination for Part 1. With the passing of which (pass mark is 60%) and, provided you have also fulfilled all eligibility criteria that have been provided in this AFPM Postgraduate Courses Guidelines & Policy Handbook, you may apply to sit for the Part 1 Conjoint MAFP/icFRACGP Examination.

Please contact Ms Atiqah Nadzirah Binti Abdull Razak (atiqah@afpm.org.my) if you have any concerns or inquiries regarding the programme.

Once again, congratulations on enrolling into the ATFM programme, and congratulations on taking this step forward!

Prof Dr Chandramani Thuraisingham
Programme Director,
Advanced Training in Family Medicine Programme.

OFFICE BEARERS AND COMMITTEES

Council Term 2025/26

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Dr Elvind Yip Hung Loong	– IT Lead
Dr Song Wai Leng	– Standard Setting Lead

GCFM Faculty Members/Module Writers

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Dr Isriyanti Mohd Rafae	– GCFM Deputy Director
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Prof Dr Kwa Siew Kim	– Member
Prof Dr Ching Siew Mooi	– Member
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Dr Lili Zuryani bt Marmuji	– Member

Dr Samantha Veronica Teh Poh Suan	– Member
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Dr Anisha K Nijar	– Member
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Dr Gan Chia Ying	– Member
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Ms Nirmala Devi Haridas

Mr Thillainathan Mariyappen

Ms Atiqah Nadzirah Binti Abdull Razak

Mr Mohd Amin bin Sukor

- Director
- Director
- Director
- Courses Manager
- Course Coordinator (GCFM)
- Course Coordinator (ATFM)
- Course Coordinator (Conjoint Examination)

Mr Muhamad Zulkhalid bin Md Isa

Mr Saufi Omar

Ms Sharifah Hanim binti Syed Ruslan

Mr Afdal Diyauddin Bin Amiruddin

– Course Coordinator (QIP)

– IT Manager

– Software Engineer

– IT Assistant

AFPM

1.0 INTRODUCTION

The Academy of Family Physicians of Malaysia ("**AFPM**") was established as the College of General Practitioners of Malaysia in 1973. It was renamed to its present name after its application for registration was approved by the Registrar of Societies in 1996. The primary aim of the AFPM is academic, concentrating on education, training, assessment, research, and publication in the field of general practice and family medicine.

The AFPM has taken the lead in providing education and training in general practice to meet the needs of its members. These courses are conducted in collaboration with local and international institutions. Courses have been provided in the following areas of study that are cognate to family practice: Dermatology, Practical Orthopaedics for General Practitioners, Cardiovascular Medicine, Ultrasound Course, Teaching in Family Medicine etc. Some of these are short courses while others are longer leading to the award of certificates, diplomas and fellowships.

Medibase Sdn. Bhd. ("**Medibase**"), as a wholly-owned subsidiary of AFPM was formed to assist in providing these courses. AFPM and Medibase recognise the need for training all general practitioners to a level of competence in 'Good Medical Practice' to meet the national health care delivery requirements. Thus, it has developed a two-year (i.e. four (4) semesters) distance learning programme as a Graduate Certificate in Family Medicine programme ("**GCFM Programme**"). This programme is a structured course for all general practitioners designed to raise the level of knowledge and skills and as well as in still relevant attitudes towards continuing professional development.

After successful completion and passing of the GCFM Programme and its final examination, trainees may continue with the Advanced Training in Family Medicine programme ("**ATFM Programme**") for another two (2) years, after which he/she may sit for the internationally recognised Conjoint MAFP/ FRACGP/icFRACGP Examination, subject to eligibility requirements. The GCFM Programme and the ATFM Programme both have their respective entry criteria as well as examination eligibility criteria, and every trainee would have to comply with them respectively. Please carefully read and understand all the information provided in this Handbook and refer to information provided separately on these matters in the AFPM website. It is especially important that trainees understand the 'work experience criteria' that is recognised as general practice, for the training, exam eligibility purpose, and for the award of the MAFP and/or FRACGP/icFRACGP qualifications (refer to Appendix 1 on 'General Practice or Primary Care Assessment Policy').

The Ministry of Health has recognised the GCFM Programme qualification and is facilitating the placement of medical officers to community health clinics for this purpose. The MAFP/ FRACGP qualification is also now recognised as a family medicine specialist qualification registrable with the National Specialist Register following a compulsory period of credentialing. However, it is important for all trainees to note that successful completion of the GCFM Programme and the ATFM Programme

or passing the GCFM Examination and Conjoint MAFP/ FRACGP/icFRACGP Examination does not automatically award any trainee with the MAFP or FRACGP/icFRACGP qualifications unless the trainee has met the criteria set by AFPM and the Royal Australian College of General Practitioners (“**RACGP**”). Kindly note that the FRACGP/icFRACGP qualification is awarded by the RACGP and not by AFPM. The RACGP has its own criteria, policies and guidelines in assessing general practice experience which may differ from AFPM’s requirements.

Interested trainees are advised to read up carefully all information, terms, conditions, rules, policies and guidelines (“Guidelines and Policies”) in this Handbook including but not limited to entry and exam eligibility requirements and general practice assessment policies before submitting any application under the GCFM Programme or ATFM Programme. Processing fees are non-refundable. Any questions or enquiries can be forwarded to the following email: secretaryadmin@afpm.org.my

AFPM reserves the right to amend, vary, add to or substitute any Guidelines and Policies set out of this Handbook from time to time. Trainees are advised to refer to the AFPM’s website for any amendments and/or updates made by AFPM and shall adhere to any such updates and/or amendments.

1.1 VISION

To promote high quality clinical practice, education and research for Malaysian general practice.

1.2 MISSION

- a) To improve the health and wellbeing of individuals, families and communities in Malaysia.
- b) To support our members in their pursuit of clinical excellence.
- c) To promote the concept of 'One Family One Doctor'.

1.3 OBJECTIVE

1.3.1 General Objective:

The GCFM Programme and ATFM Programme are designed to upgrade standard of care in general practice, and to increase awareness of the global trend towards the provision of continuing and comprehensive care by the family doctor. It is designed to achieve standards to practice as a competent family physician.

1.3.2 Specific Objectives:

1. To increase the knowledge and skills of general practitioners in achieving a high level of competence in general practice and family medicine.
2. To enhance the trainee' s understanding of the physician' s ethical and social responsibilities.
3. To improve the diagnostic skills and rationalise the prescribing habits of general practitioners.
4. To help general practitioners deliver a high level of care in the most cost-effective way to their patients and their families.
5. To emphasise preventive primary health care and promote education on health issues in the general population.
6. To teach managerial skills to operate a given health facility.
7. To promote the concept of "One Family One Doctor" in the community.

2.0 ADMISSION

The AFPM/Medibase may admit trainees who fulfil the minimum entry requirements as set out below for the GCFM Programme and ATFM Programme. All trainees are treated in a fair and non-biased manner. AFPM/Medibase offers equal opportunities to all trainees to specialise in family medicine.

2.1 Entry Requirements.

2.1.1. GCFM Programme Entry Requirements

2.1.1.1. For a trainee to be eligible to enrol for the GCFM Programme, such trainee must: -

- a) be a medical practitioner fully registered with the MMC and is practising in Malaysia;
- b) have at least one (1) year working experience as a medical officer;
- c) currently be in full time primary care/general practice or its fully recognised equivalent (refer to Appendix I on 'General Practice or Primary Care Assessment Policy') and remain in full time primary care/general practice or its fully recognized equivalent throughout the GCFM Programme until the passing of the 'GCFM Final Professional Examination';
- d) possess a current Annual Practising Certificate;
- e) be a member-in-benefit of the AFPM as defined in the AFPM's Constitution; and
- f) be approved by the 'AFPM Board of Censors' which reserves the right to reject any application.

2.1.1.2. The Board of Censors may request additional information and documents or conduct an on-site visit to evaluate the application. Failure to respond to the requests by three (3) months of application submission date will result in the application being rejected.

2.1.1.3. A full or conditional offer for the GCFM programme is valid for one year from the date of the offer.

2.1.1.4. Please refer to the application process flowchart in Appendix 5 for further details.

2.1.2. ATFM Programme Entry Requirements

2.1.2.1. For a trainee to be eligible to enrol for the ATFM Programme, such trainee must: -

- a) be a medical practitioner fully registered with the MMC and is practising in Malaysia;
- b) be a member-in-benefit of the AFPM as defined in the AFPM's Constitution;

- c) currently be in full time general practice/primary care or its fully recognised equivalent (refer to Appendix I on 'General Practice or Primary Care Assessment Policy') and remain in full time general practice/primary care or its fully recognized equivalent throughout the ATFM Programme until the passing of the 'Part II Conjoint MAFP/ FRACGP/icFRACGP Examination';
- d) have at least four (4) years of general practice/primary care experience or its fully recognised equivalent within the last five (5) years prior to the date of sitting for the 'Part I Conjoint MAFP/FRACGP/icFRACGP Examination';
- e) have successfully passed the GCFM Programme; and
- f) be approved by the AFPM Board of Censors which reserves the right to reject any application.

2.1.2.2. The Board of Censors may request additional information and documents or conduct an on-site visit to evaluate the application. Failure to respond to the requests within the specified time will result in the application being rejected.

2.1.2.3. The offer letter for the ATFM program is valid for the specified intake only. Trainees who opted not to join the specified intake must reapply if they wish to join future intakes.

2.1.2.4. Please refer to the application process flowchart in Appendix 7 for further details.

2.1.3. **Language Requirement.**

2.1.3.1. The course will be taught in English. Thus, trainees must be competent in English.

2.2 Admission Procedures.

- 2.2.1. Trainees must be a financial member of AFPM (member-in-benefit) to enrol for the GCFM Programme and ATFM Programme.
- 2.2.2. Application for AFPM membership and GCFM admission are to be made via AFPM online portal: <https://www.afpm.org.my/membership> or <https://aims.afpm.org.my/>
- 2.2.3. All membership applications and the GCFM Programme, along with any supporting documents, such as certified certificates, must be submitted on the website before the closing date published on the website or on the application form.
- 2.2.4. Information about the ATFM Programme application process is available on the AFPM website: <https://www.afpm.org.my/atfm-programme>
- 2.2.5. The ATFM Programme application form must be downloaded and submitted with the supporting documents according to the published application procedure. Applicants must submit their applications by the closing date for each intake.
- 2.2.6. Upon submission of application forms, the following payments must be made: -
 - (i) AFPM membership application fee of RM400.00 (only for applicants who have not registered as a member of AFPM); and
 - (ii) Non-refundable processing fee for each programme application of RM500.00

Application shall NOT be processed if the above payments are not paid before the closing date.
- 2.2.7. No cash payment will be accepted. All payments may be made by cheque, bank draft, online banking or telegraphic transfer and shall be made payable to [**'ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA' (AM BANK 001-201-0101820)**] For online banking/ telegraphic transfer, please forward the proof of payment by emailing the banking receipt to accounts@afpm.org.my
- 2.2.8. Once the completed forms have been submitted and the relevant payments have been made, the AFPM membership and/or the programme application forms will be processed and sent to the Censor-in-Chief / Board of Censors for approval.
- 2.2.9. Upon approval, Medibase will issue offer letters to successful trainees. The trainee must return the acceptance form along with the first-year programme fee, as specified in the offer letter, payable to [**'ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA' (AMBANK 001-201-0101820)**].

- 2.2.10. If the application is not approved, Medibase will notify the trainee about the reasons for ineligibility.
- 2.2.11. Trainees may have their registrations cancelled if any statements made in their admission applications are found to be false.
- 2.2.12. If an application is incomplete or does not fulfil the requirements, the application will not be considered.
- 2.2.13. GCFM applications may be submitted at any time throughout the year; however, they must reach the Medibase office by the deadline specified for the semester's intake, as indicated on the application forms. Trainees who have successfully completed their GCFM Programme can apply for the ATFM Programme before the next ATFM intake, provided they adhere to the closing date for that year.
- 2.2.14. All applications are subject to approval by the AFPM Board of Censors, and the board reserves the right to reject any application without providing any reason.
- 2.2.15. A full or conditional offer given for GCFM has a validity period of only **one (1) year** from the date of offer. A trainee must therefore register within the year before the offer becomes null and void. Following the expiry of the offer, the trainee will have to submit a new application with its stipulated fees.
- 2.2.16. The Board of Censors may request additional information and documents or conduct an on-site visit to evaluate the application. If the applicant does not respond to these requests within three (3) months of the initial submission date for GCFM, or within the specified timeframe for ATFM, the application will be rejected.

2.3 Deferment Rules for the Programmes

2.3.1 Deferment of GCFM Programme

- i) Trainees may be allowed to defer a maximum of ONE (1) time for each semester, subject to the discretion of the Director of the GCFM Programme in consultation with the Censor Board.
- ii) All deferments need to be notified to the office in writing.
- iii) In the event no notification is received, it will be deemed that the trainee is no longer interested in continuing with the course and will be deemed to have terminated his/her candidature/training.
- iv) In the event the deferment is due to medical grounds, supporting documents must be submitted immediately.
- v) Deferment fee of RM500 must be paid in any event of deferment.
- vi) Should a trainee defer for the second time for the same semester, the trainee will need to re-register as a new trainee and re-start the program from the beginning plus pay the whole GCFM Programme fee at the time of registration.
- vii) Upon re-enrolment into the GCFM Programme after a deferment, the trainee will be subject to the current rules and regulations and fee structure at the time of re-enrolment.
- viii) Please note that if trainees do not resume their training immediately after the deferment period ends, the faculty will consider that trainee no longer interested in continuing the course and will treat it as a termination of their training.
- ix) Trainees MUST complete the GCFM Programme and pass the GCFM Final Professional Examination within five (5) years from the trainee's enrolment date.

2.3.2 Deferment of ATFM Programme

- i) Trainees may be allowed to defer a maximum of ONE (1) year, subject to the discretion of the Director of the ATFM Programme in consultation with the Censor Board.
- ii) All deferments requests need to be notified to the office in writing.
- iii) The ATFM Programme consists of 16 Clinical Modules and a Research Module. A trainee who requests to defer the ATFM Programme with valid reasons, will be allowed to defer only the Clinical Modules.

- iv) The Research Module, however, cannot be deferred. The Research Module must be continued till the 'research presentation' because the ATFM research is a group project involving a few ATFM trainees. Trainees are expected to attend 70% of all research workshops and discussions with research mentors, as per prevailing ATFM rules and regulations.
- v) As per prevailing rules and regulations, two mandatory visits by QIP assessors must be made for each trainee during the ATFM program. Even on deferment, the two QIP visits must be completed, preferably one in each academic year,
- vi) Deferment fee of RM500 must be paid in any event of deferment.
- vii) Only a one-time deferment of one year is allowed during the 2-year ATFM training programme.
- viii) The e-portal will not be accessible to the trainee during the period of deferment.
- ix) The e-portal will be accessible when the trainee resumes his/her training and has made the necessary programme fee payment.
- x) Upon re-enrolment into the ATFM Programme after a deferment, the trainee will be subjected to the rules and regulations and fee structure prevailing at the time of re-enrolment. Therefore, should there be any changes in the fees prevailing on deferment, the difference must be paid by the said trainee, if any.
- xi) On resuming the ATFM programme, the trainee will be assigned an appropriate clinical mentor, clinical supervisor, and QIP assessor, according to standard practice.
- xii) Please note that if trainees do not resume their training immediately after the deferment period ends, the faculty will consider that trainee no longer interested in continuing the course and will treat it as a termination of their training.

2.3 Extended Leave Beyond the Allowable Period.

- 2.3 1 Trainees must remain in active full-time primary care practice throughout the GCFM and ATFM Programme until completion of the GCFM Final Examination, Eligibility Examination (EE), Part I and Part II MAFP/FRACGP/icFRACGP Conjoint Examination.
- 2.3 2 Trainees can take up to 28 days of annual leave per year. Please refer to Appendix 1 regarding the definition of “Full-time General Practice or Primary Care”.
- 2.3 3 Request to take leave beyond the allowable period due to unavoidable circumstances (such as medical emergencies and maternity leave) must be submitted in writing to the Censor-in-Chief. Failure to notify will be handled as per Academic Misconduct Policy, including (at AFPM's discretion) examination results nullification.
- 2.3 4 Trainees must be aware that taking extended leave will affect the general practice experience (GPE), and trainees may risk not meeting the examination eligibility.
- 2.3 5 Please refer to Appendix 3: AFPM leave policy for AFPM trainees, for further details.

2.4 Withdrawal of Candidature

- 2.4.1 A trainee who wishes to withdraw from the GCFM Programme or ATFM Programme needs to submit a withdrawal letter to the respective course directors.
- 2.4.2 A trainee who has withdrawn from the program may apply for readmission by submitting a new application and starting the programme from the beginning.

3.0 FEES & REFUND POLICY.

- 3.1. Trainees are required to pay all fees stipulated by AFPM for each year for which they are registered.
- 3.2. The GCFM Programme and ATFM Programme fees will be based on the fees published in the AFPM website and application forms in the year of enrolment of the trainee. In addition to the programme fees, upon submission of the programme application forms, the following payments must be made: -
 - 3.2.1. AFPM membership application fee of RM400.00 – only applies to trainees who have not yet registered as members of AFPM; and
 - 3.2.2. Non-refundable processing fee for each programme application of RM500.00.
- 3.3. The programme fees shall be payable upon acceptance of our offer. The required amount of fees is subject to change by AFPM from time to time, should the need arise.
- 3.4. The programme fee published in the AFPM website and application forms in the year of enrolment is payment for academic activities only. Other payments such as trainee's travelling expenses to attend workshop/seminars, accommodation, etc. must be borne by the trainees themselves.
- 3.5. All payments should be made payable to the [**'ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA' (AM BANK 001-201-0101820)**]
- 3.6. If any trainee does not pay the required amount of fees within the allowed period stipulated in the offer letter, or by such time as may have been agreed under special arrangements, or under a period of grace allowed by AFPM/Medibase, then his/her registration will lapse, and he/she will be required to withdraw from the programme and his/her web access shall be withdrawn.
- 3.7. Should a trainee defer, a deferment processing fee of RM500.00 will be charged for each deferment. Please refer to item 2.3 above ('Deferment Rules for the Programmes') for further information on deferment.
- 3.8. A trainee shall be required to pay an exam registration fee of RM500.00 for every re-sit attempt of the examination under the GCFM Final Professional Examination and for every re-sit attempt of the Eligibility Examination for Part 1 of the ATFM Programme. Trainees do not need to pay for the first attempt of both these examinations.
- 3.9. If a trainee wants his/her examination marks to be rechecked, a fee of RM2,000.00 will be charged and if there is an error on the part of Medibase, the fee will be refunded.

- 3.10. No remarking of any component of the GCFM Programme or ATFM Programme's assessment or examination shall be entertained.
- 3.11. Take note that the Part I and Part II Conjoint MAFP/ FRACGP/icFRACGP Examination fees are different from the GCFM and ATFM Eligibility Examination (EE) Fees and are based on the fees published on the AFPM website/ Conjoint Examination application forms for the current year.
- 3.12. Refund of the GCFM and ATFM programme fee must be approved by the EXCO. The refund structure is as follows:
 - 3.12.1. Withdrawal from the programme in less than 2 months after registration – 50% refund of the programme fee paid.
 - 3.12.2. Withdrawal from the programme after 2 months of registration – no refund
- 3.13. Refund for the examination fee must be approved by the Board of Censors. The refund of the structure for the examination fee is as follows:
 - 3.13.1. A 100% refund will be issued if a candidate withdraws from the examination before the Board of Censors (BOC) reviews their application.
 - 3.13.2. 75% refund will be issued if a candidate is deemed ineligible to sit for the exam or withdraws for valid reasons more than one (1) month before the scheduled examination date.
 - 3.13.3. 50% refund will be issued if a candidate withdraws from the examination less than one (1) month before the scheduled examination date due valid reason.
 - 3.13.4. 0% refund for candidates who withdraw from the examination within 36 hours of the examination start time or who are unable to complete the examination for any reason.

4.0 ACADEMIC POLICY

AFPM/Medibase is committed to providing a quality learning environment for its members through innovative teaching and learning methods. All trainees have a responsibility to make every effort to maintain satisfactory progress in their course.

Course Directors, Module Writers / Coordinators and other staff are responsible for preparing and presenting material at an appropriate standard with the resources available, assessing trainees' work fairly, objectively and consistently across the whole of the study period for the course, and providing other relevant assistance.

The Management reserves the right to amend, add or delete courses as deemed appropriate and in accordance with suggested study patterns, enrolment requirements or other reasons. Trainees will be notified of any changes made.

4.1 Overview of Course Structure for GCFM Programme:

- 4.1.1 The GCFM Programme consists of four (4) semesters over a period of 2 years. Each semester is of six (6) months duration. Candidature period is five (5) years from the time of enrolment. A trainee needs to pass the Final Examination within this time frame.
- 4.1.2 For each semester, four (4) modules will be online, with a total of sixteen (16) modules for the four (4) semesters. Learning-teaching time for each module will be for a period of one (1) month, with an extra grace of a calendar week (7 days) given for submission of required assignments. During that period, trainees will be able to contact the module writer / coordinator online and get whatever help from him/her.
- 4.1.3 A final professional examination on all the 16 modules will be held at the end of Semester 4 ("**GCFM Final Professional Examination**").
- 4.1.4 Web-based Distance Learning Modules: Distance learning or distance education, is a field of education that focuses on pedagogy and andragogy, technology, and instructional systems design that aim to deliver education to students who are not physically "on site". Distance learning is the process of creating an educational experience of equal qualitative value for the learner to best suit their needs outside the classroom. It provides students with an educational alternative to traditional classroom settings and the time constraints they impose. Rather than attending courses in person, online courses allow students to take classes from the convenience of their own home (or clinic). With the cooperation of Blackboard Learn/AFPM IT, the GCFM Programme will be offered via distant learning.
- 4.1.5 Trainees will be given the necessary tutoring on how to access the ELMS, to study online. Distance learning students should possess the following characteristics:

- Be self-motivated and disciplined.
- Be a good “time manager”
- Willing to commit 10 hours of time each week to the Distance Learning modules.
- Working knowledge of computer.
- Can communicate effectively through e-mail and discussion boards
- Have convenient and frequent access to a computer with an internet connection.
- Comfortable with e-mail, word processing, and with using the internet.
- Able to express thoughts and opinions in writing
- Can read analytically and critically
- Do not give up easily and willing to seek help when necessary

4.1.6 All seminars/workshops/teachings/exams may be virtual and/or physical face to face or could be all virtual and/or combination i.e. a hybrid mode of delivery.

4.1.7 Seminars & Workshops: Seminar/workshop sessions are facilitator-led meetings with trainees. There will be 2 (two) weekend workshops in each semester. These seminar/workshop sessions are conducted over two (2) days at the weekend. The first workshop which will be conducted at the beginning of each semester is the '**Practice Skills Workshop**' and the second workshop which would be conducted a few months later, is the '**Modules Workshop**'. Practice Skills Workshop deals with the practical aspects and skills involved in family medicine. The Modules Workshop will discuss on the modules itself. As part of the GCFM Final Professional Examination criteria, trainees must:

- (i) have attended **all** the Practice Skills Workshops under the GCFM Programme; and
- (ii) have attended **at least three** (3) of the four (4) 'Modules Workshops' under the GCFM Programme.

(please refer to the section on GCFM Final Professional Examination for full details on the examination criteria)

4.1.8 All activities, time/duration of activities and coordinators/assessors are subject to changes. Further information on the GCFM Programme curriculum, programme structure and programme schedules will be made available to the trainees upon enrolment and is accessible on the ELMS.

- 4.1.9 The trainees must ensure that they have sufficient internet access/ a computer/ accessories/and other equipment for virtual workshops, teachings and exams.
- 4.1.10 Trainees who do not have the necessary accessories/equipment and internet facilities to access the program may not be able to complete the programme successfully and hence advised not to apply for the course.

4.2 Overview of Course Structure for ATFM Programme:

- 4.2.1 The ATFM Programme adopts a varied type of methodology such as small group teaching, online or e-learning and workshops. ATFM Programme aims to train the trainees to become a competent family physician with the required competencies by emphasizing practical training in consultation and practical and procedural skills, evidence-based practice, research and quality assurance.
- 4.2.2 In the ATFM Programme, trainees will be required to build on their clinical knowledge and skills to ensure that they are applicable in family practice. While guided readings and supervision from mentors will be available, much of the learning of the trainees will be through self-study. It is suggested that trainees should spend no less than ten (10) hours per week on self-study and also to meet a small group of approximately five (5) trainees on a weekly basis for group study.
- 4.2.3 To be a competent family physician, trainees in the ATFM Programme trainees will need to have the following attitudes:
- constantly strive to upgrade their knowledge and skills;
 - be open to feedback from patients and peers;
 - critically evaluate and reflect on quality of care provided; and
 - willingness to work as a team when the care of the patient requires multi-professional input.
- 4.2.4 There will be fourteen (14) monthly mentoring sessions focusing on system-based clinical problem-solving and management skills. These mentor sessions will be facilitated by experienced family physicians during which trainees will be exposed to, and receive hands-on training, in the Objective Structured Clinical Examination (OSCE). Trainees are required to access two (2) modules known as Special Study Modules, during the two semester breaks in the programme. There will not be any assignments in the Special Study Modules.
- 4.2.5 Issues that fall under broader themes will be included across several mentor sessions as well as centralized workshops.

- 4.2.6 Centralised workshops aim to strengthen hands-on communication, clinical, practical and procedural skills, deepening understanding and application concepts (such as family practice, evidence-based practice, preventive care, quality assurance and research, professionalism, ethics and patient safety). All workshops/teaching/exams may be virtual and/or physical face to face or could be all virtual and/or combination i.e. a hybrid mode of delivery.
- 4.2.7 Quality Improvement Program (QIP) sessions are formative work-based assessments to ensure the quality of our trainees. The precepting session is either done as a face to face or virtual session of direct observation of the trainee's consultation and management of the patient at the work site. Case-based discussion will be done monthly during the mentoring sessions using cases from the trainee's logbook.
- 4.2.8 All activities, time/duration of activities and coordinators/assessors are subject to changes. Further information on the ATFM Programme curriculum, programme structure and programme schedules will be made available to the trainees upon enrolment and is accessible on the ELMS.

4.3 Academic Misconduct

- 4.3.1 This policy is applicable to all members from the moment they apply to join any AFPM academic program until they pass their final examination. It also applies to AFPM staff and trainers appointed by AFPM who are involved in the academic program.
- 4.3.2 We define academic misconduct as any action or attempted action that may result in an unfair academic advantage to oneself or an unfair academic advantage or disadvantage for any other members.
- 4.3.3 Examples of Academic Misconduct include, but are not limited to:
- a) Falsification of Data, Records, and Official Documents**
- i. Submitting falsified documents to AFPM.
 - ii. Altering/manipulating academic records, or documents related to academic records.
 - iii. Altering/manipulating employment records, or documents related to employment records.
 - iv. Submitting work contract documents or letters of job offers that the applicant eventually declined or has no intention to accept the offer, to gain approval from the Board of Censors to enter the programme or sit an examination.
 - v. Submitting false patient records, workplace data or documents to gain approval from the Board of Censors to enter the programme or sit an examination.
 - vi. Forging a signature of authorization or falsifying information on an official document, letter of recommendation/reference, letter of permission, or any document.
 - vii. Using or attempting to use AFPM official letters or documents for unauthorized use.

- viii. Misrepresentation of academic status, including attendance (e.g. registered for a workshop but later absconded after the attendance was recorded).
- ix. Did not update the change in working hours or employment (which may affect trainees' eligibility to remain in the programme or sit the examination).
- x. Did not oblige to the condition(s) set by the Board of Censors
- xi. Did not apply for an extended leave during the programme (such as taking unpaid leave, maternity leave, or extended medical leave).
- xii. Did not declare any gaps in practice in the application form.
- xiii. Providing pieces of information intended to mislead the Board of Censors.

b) Cheating

- i. Cheating during the application processes, exams, and/or assessments or facilitating others to cheat, and this may include making a false claim of an internet glitch when one failed to submit his/her assignments/documents on time.
- ii. Copying or attempting to copy from others on an assignment or during an exam.
- iii. Allowing or attempting to allow others to copy on an assignment or during an exam.
- iv. Improper use of Artificial Intelligence (AI) tools to create assignments, course materials, research projects, theses, or any other academic work and present them as original.
- v. Communicating examination materials or answers with another person during or after an exam.
- vi. Impersonating a student during an exam such as taking an exam for someone else or having someone else take an exam on one's behalf.
- vii. Using or attempting to use unauthorized academic material such as using/obtaining study notes from another student without their consent.
- viii. Using or attempting to use other students' research, logbook, or assignments and declared as own work.
- ix. Allowing another person to access and use one's work for research, logbook, or assignments and submitting it as the other person's work.
- x. Collaborating with other students for a project or assignments when instructions are for students to complete the work independently.
- xi. Using electronic devices (e.g. video recorders, computers, phones, watches, calculators, etc.) that provide answers or other unauthorized information, or making unauthorized recordings of examinations.

c) Plagiarism

- i. Plagiarism is using someone else's work without proper acknowledgement/reference such as copying from the internet, journals, or other students' assignments.
- ii. Conducting self-plagiarism such as using the same case more than once for multiple modules logbook entry without approval from the faculty.

d) Breach of AFPM's intellectual property rights.

- i. Allowing or attempting to allow unauthorized persons to gain access to the programme curriculum, modules, assignments, or examination materials.
- ii. Producing or attempting to produce an unauthorized compilation of examination questions based on AFPM's examination papers such as by memorizing the exam questions which are later recalled.
- iii. Distributing or publishing course lecture notes, images taken during lectures/examinations, handouts, recordings, or other information to others without approval from the faculty for commercial or non-commercial gain.
- iv. Breach of AFPM Social Media Policy, refer to Appendix 4 Academy of Family Physicians of Malaysia Social Media Policy.

e) Unethical research conduct.

- i. Failure to obtain the necessary ethics approval before the start of any research activity involving data collection.
- ii. Fabricating or falsifying research proposal, research conduct, reporting research results or outcome.
- iii. Failure to commit to the assigned group work and yet declare oneself as a participating member of the research group.

f) Actions that cause interference and disturbance.

- i. Bullying, abusing or threatening behaviour towards AFPM staff, AFPM representatives, other students or other providers of education services on behalf of AFPM. Providers of education services may include the appointed clinical supervisors.
- ii. Causing disturbance during class, workshop, mentoring sessions, or examinations that detriment other students.
- iii. Failure to comply with a direction, procedure, rule, guideline, or policy issued by the AFPM to any course, examination, or assessment, regardless of how the non-compliant conduct occurs.
- iv. Failure to attend registered courses that have been fully paid or partially paid by AFPM.
- v. Breach of AFPM Social Media Policy, refer to Appendix 4: Academy of Family Physicians of Malaysia Social Media Policy.

4.3.4 Reporting Academic Misconduct

- a) Report can be submitted online via AFPM website under ATFM Programme: <https://www.afpm.org.my/atfm-programme>
- b) Report can also be submitted to the relevant education officer via email.
- c) The relevant education officers are as follow: refer to page 4 for details.

No	Report of misconduct	Responsible education officer
1.	AFPM staff	Honorary Secretary
2.	GCFM trainees	GCFM Course Coordinator
3.	ATFM trainees	ATFM Course Coordinator
4.	GCFM Final Exam Trainees	GCFM Course Coordinator
5.	Part I and Part II trainees	ATFM Course Coordinator

4.3.5 Assessment of Academic Misconduct Report

- a) All received reports of misconduct will be forwarded to the Board of Censors for an initial assessment. Within seven (7) working days of receiving the report of misconduct, the course coordinator is to notify the person who lodged the report that the matter has been forwarded to the Board of Censors.
- b) The Board of Censors may request further information from the person who lodged the report if necessary.
- c) The Board of Censors has the authority to redirect the report to the relevant faculty for further assessment or retain the matter under the Board of Censors' purview. The GCFM or ATFM faculty and the Board of Censors may appoint their investigating officer.
- d) Examples of cases that may be redirected to the faculty include, but are not limited to:
 - i. Matters relating to curricula such as cheating on assignments or plagiarism.
 - ii. Attendance
 - iii. Research matters
- e) Examples of cases that may be handled by the Board of Censors include, but are not limited to:
 - i. Falsified documents for enrolment or examination
 - ii. False employment declaration.
 - iii. Failed to remain in full-time general practice until completion of the programme.
 - iv. Cheating during the examination.
 - v. Breach of AFPM's intellectual property rights.
- f) The investigating officer will notify the party involved with a detailed report and request for a written response to be submitted to the investigating officer within 14 working days.
- g) The Board of Censors may dismiss any academic misconduct report and close the case without further action if the report is found to be:
 - i. Submitted anonymously.
 - ii. Outside the jurisdiction of this policy such as involving personal issues between two parties or unrelated to academic programmes or examinations.
 - iii. Minor and does not warrant further investigation.
 - iv. Defamatory or malicious with bad intent.

4.3.6 Investigation of academic misconduct report, inquiry outcome, and sanction.

- a) This inquiry should not be treated as a judicial review therefore will not require lawyers to represent both parties. If a criminal act was committed, AFPM executive committee should proceed with a police report for further action.
- b) Officers involved in academic conduct inquiry must apply the principle of natural justice and “procedural fairness” during the inquiry.
- c) Upon completion of the investigation, the officer must report the conclusion to the faculty or the Board of Censors.
- d) The involved party should be given a fair chance to be heard. The faculty may decide to invite the trainee/exam trainee/staff for a meeting/informal hearing if deemed necessary.
- e) The inquiry conclusion should be presented at the faculty meeting or Board of Censors’ meeting for a collective decision on the verdict.
- f) If found guilty, the faculty or the Board of Censors may give an order for administrative sanction.
- g) Examples of sanctions are as follow, but not limited to:
 - i. A letter of reprimand.
 - ii. An order to provide a written apology to AFPM or any other person affected by the misconduct.
 - iii. Resubmission of an assignment or submission of an extra assignment.
 - iv. A defined period of suspension (during the suspension, trainees will not be allowed to sit for the exam(s) hence considered failed attempt(s).
 - v. Voiding of any exam result or alteration of the result of any exam (change status from pass to fail or given zero (0) grade for the entire exam).
 - vi. Prohibit from completing any programme or examination.
 - vii. Prohibit from applying for AFPM's educational programme in the future.
 - viii. Order to reimburse any reasonable costs incurred by AFPM in conducting courses or registration fees charged by other training providers which were paid by AFPM (in cases where trainees failed to fully attend the programme without reasonable grounds).
 - ix. Permanent expulsion/dismissal/termination from the programme.
 - x. Withholding of a degree/award, or
 - xi. Any combination of the previously listed sanctions.
- h) Any decision to expel a trainee from the programme, prohibit any members from enrolling in future AFPM's academic program or stop trainees from future examinations must be informed to AFPM Council.
- i) The outcome of inquiry with or without sanction should be provided in writing to the party involved within 14 working days after the determination of the outcome.

4.3.7 Appeal/Grievance:

- a) If the party of interest has substantial evidence that the inquiry process was conducted with bias, the trainees/trainees/members/staffs can submit an appeal for a review.
- b) The appeal is to be submitted in writing to the relevant education officer (Item 8.4.2) within 5 working days after the closing of the investigation.
- c) All appeal processes will be chaired by the Dean of Graduate Studies.
- d) The Dean of Graduate Studies may decide to order for an independent review by the faculty/board or dismiss the appeal if there is no basis for an appeal.
- e) The outcome of the appeal should be provided in writing to the party involved within fourteen (14) working days after the determination of the outcome.

4.3.8 Please refer to Appendix 9 for the academic misconduct process flowchart.

4.4 Grievance, Near Miss Register and Critical Incidents.

4.4.1 This policy outlines the procedure for reporting, investigating, and addressing grievances and incidents to ensure a safe, professional, and supportive learning environment for postgraduate trainees.

4.4.2 Trainee grievance can include:

- a) Matters relating to training such as harassment or discrimination, inadequate feedback, problematic course content, and insufficient faculty support.
- b) Matters relating to administration include enrolment and registration, delayed results, and poor infrastructure.
- c) Decisions regarding academic misconduct and sanctions.

4.4.3 Reporting Procedure: Trainees that have a grievance can reach out using the grievance link available at AFPM website (can be anonymous if preferred) or email one of the following channels:

4.4.4 Reporting channels: Any trainee who has a grievance may raise his/her grievance via:

- a) the intake's student representative
- b) communication with mentor
- c) communication with Course Coordinator
- d) communication with Programme Director
- e) communication with COT Chair
- f) communication with a Censor
- g) communication with any EXCO or Council Member
- h) online form submission via AFPM website: <https://www.afpm.org.my/grievance-form>

A formal submission is encouraged.

4.4.5 Investigation Process:

- a) Once a grievance is filed formally, the GCFM or ATFM Board will call for a formal investigation to be conducted by appointed members of the Board or representatives from Faculty of Education.
- b) Acknowledgement of complaint and initial review within seven (7) working days to determine the severity and required action
- c) Investigation may include interviews, document review and consultation with relevant stakeholders
- d) This may involve a meeting with the involved parties.
- e) The faculty or the relevant board will deliberate on the resolution, and this will be discussed with the trainee.
- f) Findings and recommendations will be documented, with actions taken as appropriate.

4.4.6 Protection from Retaliation: The institution strictly prohibits retaliation against any individual reporting a grievance in good faith. Any retaliation will be subject to disciplinary action.

4.4.7 Any near miss or critical incidents at the place of practice will be managed by the Practice Manager. AFPM is not responsible for these incidents and their management as AFPM has no control over the place of practice of trainees. Trainees are recommended to raise any grievance or incidents at their place of practice with their own practice manager.

4.4.8 Members must use the appropriate channel to submit their grievances and must not breach AFPM social media Policy, refer to Appendix 4 Academy of Family Physicians of Malaysia Social Media Policy.

4.4.9 Confidentiality: The privacy of those reporting grievances is protected, and the details entered will only be accessible to agreed AFPM personnel. All adverse event data utilised for quality improvement purposes is de-identified

4.4.10 Please refer to Appendix 10 for the flowchart outlining the grievance-handling process.

5.0 ASSESSMENT

5.1 Assessment and Satisfactory Completion of GCFM Programme

- 5.1.1. For a trainee to pass the GCFM Programme and be awarded the Graduate Certificate in Family Medicine, the trainee must obtain a passing grade for all assignments and the GCFM Final Professional Examination.
- 5.1.2. The following are the assessment that must be completed by a trainee under the GCFM Programme: -
- (i) write two (2) assignments for each of the four (4) modules per semester and submit them before the deadline;
 - (ii) complete activities of an online MCQ Examination in a single attempt at the end of each module (there will be ten (10) questions per module and trainees will be given twenty (20) minutes for this online examination);
 - (iii) submit all assignments and MCQ for the four (4) modules in each semester in order for the trainee is eligible to proceed to the next semester; and
 - (iv) write in the details of patients that the trainee managed in the various categories of ailment into the 'Practice Logbook' (in the format prescribed by AFPM) and submit the 'Practice Logbook' one (1) month before the GCFM Final Professional Examination; and
 - (v) If a trainee fails to fulfil the requirements (i) and (ii), the trainee will need to defer the semester.
- 5.1.3. All course work including not only the assignments and logbook but all other assessments must be the trainees' own and original work.
- 5.1.4. AFPM / Medibase expects all trainees to be honest, meticulous and acknowledge all sources of materials. No trainee shall attempt to breach the assessment regulations or the scheme of assessment as set, and no trainee shall procure or attempt to procure such a breach. Cheating, plagiarism, misrepresentation, bribery, falsification, impersonation and other forms of deception will be handled according to the Academic Misconduct Policy.
- 5.1.5. Copying or allowing others to copy will be given zero (0) mark and the trainee(s) will be considered as having failed the semester and will need to defer or re-register into the programme as the case may be.
- 5.1.6. Trainees are reminded that any instances of plagiarism, unethical and/or unprofessional matters in oral form and/or all written works (including online MCQs, assignments, logbooks, and the final examination) stern action will be taken in the form of suspension for a period of 6 months or longer, or dismissal/termination entirely from the course as determined by the Faculty Board of GCFM.

5.2 Assessment and Satisfactory Completion of ATFM Programme

5.2.1. For a trainee to be considered to have satisfactorily completed the ATFM Programme, such trainee must: -

- (i) have evidence of attending continuous professional development programmes ("CPD Programmes") throughout the ATFM Programme which is to be recorded and submitted later as part of the 'Part 2 Exam Practice Diary';
- (ii) attain a score of at least 60% in the eligibility examination for Part I of the ATFM Programme ("Eligibility Examination");
- (iii) attend at least one (1) clinical skills workshop under the ATFM Programme;
- (iv) obtain satisfactory completion of one (1) quality assurance project or a research project;
- (v) attend at least eleven (11) out of thirteen (13) of the mentoring sessions under the ATFM Programme;
- (vi) attend at least eight (8) out of eleven (11) of the centralised clinical workshops offered under the ATFM Programme;
- (vii) have 100% submission of the online module assignments within the prescribed time;
- (viii) have 100% submission of the ten (10) cases for every module in the online logbook;
- (ix) have submitted and obtained a satisfactory clinical supervisor reports;
- (x) have submitted two (2) satisfactory practice assessments (Reason for Encounter data) within the specified time to the Board of Censors;
- (xi) have uploaded thirteen (13) short audio-visual recordings of patient consultations (of not more than ten (10) minutes each), pertaining to each of the thirteen (13) modules, and strictly adhering to the guidelines provided (Appendix 2); and
- (xii) have completed the Quality Improvement Program (QIP) precepting sessions in Year 1 ATFM and Year 2 ATFM.

5.2.2. A Clinical module is considered as being completed when all the assignments (AKT and KFP), logbook of patient encounters, and video for that module have been submitted to the e-portal within that month. There are fourteen (14) clinical modules and two (2) Special Study modules. No assignments are required for the Special Study modules.

- 5.2.3. All workshops/teaching/exams may be virtual and/or physical face to face or could be all virtual and/or combination i.e. a hybrid mode of delivery.
- 5.2.4. Trainees must ensure that they have sufficient internet access/computer/accessories/and other equipment required for virtual workshops, teaching and the examination.
- 5.2.5. Trainees who do not have the necessary accessories/equipment and internet facilities to access the program may not be able to complete the program successfully and hence are advised not to apply for the course.

5.3 Assessment Policy

- 5.3.1 The format of assessment and division of marks may be modified at any time during the programme upon the recommendation of the Faculty Board of GCFM Programme or ATFM Programme.
- 5.3.2 The GCFM/ATFM Director and the Board of Examiners shall be the authority for the confirmation of assessment results leading to the award to be conferred on trainees. All submissions pertaining to these assessments shall be presented through the module writers/tutors/coordinators to the Board of Examiners for endorsement and approval.
- 5.3.3 It is the responsibility of the trainee to ensure all assessment items are submitted by the due date. Trainees must keep a copy of all their assignments. Computer hardware failure will not be accepted as a reason for not being able to produce a copy of an assignment.
- 5.3.4 For GCFM Programme, assignments sent beyond the deadline without valid reason will not be accepted and no marks will be given. The trainee will need to defer the semester.
- 5.3.5 For GCFM Programme, module writers / coordinators are responsible for dealing with trainees' enquiries concerning official results for individual assessment items. Their decision concerning the result of an assignment is final.
- 5.3.6 For ATFM Programme, a trainee may be permitted to progress from one module to the next in the same semester regardless of module assessment performance. In the case of GCFM Programme, if within that semester the trainee has not submitted the online MCQ and assignments of the 4 modules, then that trainee shall be ineligible to proceed to the subsequent semester. A fee of RM500.00 will be charged for each deferment.
- 5.3.7 All work presented for assessment is expected to be the trainees own and original work. AFPM/Medibase expects all trainees to be honest, meticulous and acknowledge all sources of materials used. No trainee shall attempt to breach the assessment regulations or the scheme of assessment as set, and no trainee shall procure or attempt to procure such a breach.

Cheating, plagiarism, misrepresentation, bribery, falsification, impersonation, and other forms of deception will be seriously dealt with.

- 5.3.8 Copying or allowing others to copy will be given zero (0) mark and the trainee(s) will be considered as having failed the semester and will need to defer or re-register into the Programmes, as the case may be.
- 5.3.9 Any appeal regarding assessment should be forwarded to the Director of GCFM Programme or ATFM Programme (as the case may be).
- 5.3.10 Should a trainee defer a semester in the GCFM Programme, a deferment processing fee of RM500.00 will be charged for each deferment. Please refer to item 2.5 above ('Deferment Rules for the Programmes') for further information on deferment.
- 5.3.11 A trainee shall be required to pay an exam registration fee of RM500.00 for every re-sit attempt of the examination under the GCFM Final Professional Examination and for every re-sit attempt of the Eligibility Examination for Part 1 of the ATFM Programme. Trainees do not need to pay for the first attempt of both these examinations.
- 5.3.12 If a trainee wants his/her examination marks to be rechecked, a fee of RM2,000.00 will be charged and if there is an error on the part of Medibase, the fee will be refunded.
- 5.3.13 No remarking of any component of the GCFM Programme or ATFM Programme's assessment or examination shall be entertained.
- 5.3.14 Changes to the modules, policies, rules and regulations pertaining to the GCFM Programme or ATFM Programme is the prerogative of the Faculty of Education of AFPM.

6.0 EXAMINATION ELIGIBILITY CRITERIA

6.1 Eligibility Criteria to sit for the GCFM Final Professional Examination

6.1.1. For a trainee to be eligible to sit for the GCFM Final Professional Examination, such trainee must: -

- (i) be a medical practitioner fully registered with the MMC and is practising in Malaysia;
- (ii) be a member-in-benefit of the AFPM as defined in the AFPM's Constitution (and have paid all outstanding fees due to AFPM);
- (iii) have completed the two (2) years of the GCFM Programme within the prescribed time frame (i.e. MUST complete the GCFM Programme and pass the GCFM Final Professional Examination within five (5) years from the trainee's enrolment date);
- (iv) currently be practising full-time in Primary Care and have fulfilled the minimum two (2) years of primary care/general practice experience within the last five (5) years prior to the date of the GCFM Final Professional Examination;
- (v) have submitted the two (2) compulsory assignments required for each of the modules under the GCFM Programme;
- (vi) have sat for and completed the 'Online MCQ Examination' for each of the modules under the GCFM Programme;
- (vii) have attended all the 'Practice Skills Workshops' under the GCFM Programme;
- (viii) have attended at least three (3) of the four (4) 'Modules Workshops' under the GCFM Programme; and
- (ix) have completed and submitted a satisfactory 'Practice Logbook' in the prescribed format which is provided by AFPM to each trainee within the stipulated deadline.

6.1.2. For the GCFM Final Professional Examination, a trainee must take note that: -

- a) subject to item (b) below, a trainee must complete the GCFM Final Professional Examination within five (5) years from the trainee's enrolment date. A trainee shall be required to pay the GCFM Final Professional Examination registration fee for each re-sit attempt (please refer to item 3 above on 'Fees & Refund Policy'). Should a trainee fail to pass the GCFM Final Professional Examination within five (5) years from the trainee's enrolment date, such trainee shall be required to re-enrol into the GCFM Programme and to re-sit for the GCFM Final Professional Examination again;

- b) any deferment, withdrawal or absence by a trainee from any segment of GCFM Final Professional Examination shall be deemed as a failed attempt of the whole of GCFM Final Professional Examination. The Board of Censors holds the discretion to offer a trainee with a “**Special Deferment**”. A “Special Deferment” will only be granted **one (1) time for the last attempt** to a trainee that provides the Board of Censors with a valid reason together with written proof and such Special Deferment must be applied before the GCFM Final Professional Examination. Any decision made by the Board of Censors in consultation with the Chief Examiner is deemed final;
- c) The Board of Censors may request additional information and documents or conduct an on-site visit to evaluate the application. Failure to respond to these requests within the specified time frame will result in the rejection of the application; and
- d) the Censor-in-Chief of the AFPM reserves the right to add, remove or make any changes to the eligibility criteria, policies, rules and/or regulations of the GCFM Final Professional Examination as and when considered necessary by AFPM, in consultation and with the agreement of the Chief Examiner and the Board of Censors. Trainees are advised to keep themselves updated by reading all the notifications and announcements in the AFPM website.

6.1.3. Please refer to the GCFM exam application process flowchart in Appendix 6 for further details.

6.2 ATFM Eligibility Examination for the Part I (“Eligibility Examination”)

6.2.1. As part of the assessment of the ATFM Programme, trainees are required to attain a score of at least 60% in the Eligibility Examination for Part I of the ATFM Programme. For the Eligibility Examination, a trainee must take note that: -

- a) subject to item (b) below, a trainee has a maximum of **THREE (3)** consecutive attempts to complete the Eligibility Examination within one (1) year from the first attempt. A trainee shall be required to pay the Eligibility Examination registration fee for each attempt after the first failed attempt (please refer to item 3 above on ‘Fees & Refund Policy’). Failure to complete the Eligibility Examination within the maximum of THREE (3) attempts in the said one (1) year would mean that such trainee shall be required to re-enrol into the first year of the ATFM Programme and to re-sit for the Eligibility Examination again;
- b) any deferment, withdrawal or absence by a trainee from any segment of the Eligibility Examination shall be deemed as a failed attempt of the whole of Eligibility Examination. The Board of Censors holds the discretion to offer a trainee with a “**Special Deferment**”. A “Special Deferment” will only be granted one (1) time to a trainee that provides the Board of Censors with a valid reason together with written proof and such Special Deferment must be applied before the Eligibility Examination. A trainee may still have his/her remaining attempts to pass the Eligibility Examination if a Special Deferment is granted. Any decision made by the Board of Censors in consultation with the Chief Examiner is deemed final;
- c) The Board of Censors may request additional information and documents or conduct an on-site visit to evaluate the application. Failure to respond to these requests within the specified time frame will result in the rejection of the application; and
- d) the Censor-in-Chief of the AFPM reserves the right to add, remove or make any changes to the eligibility criteria, policies, rules and/or regulations of the Eligibility Examination as and when considered necessary by AFPM, in consultation and with the agreement of the Chief Examiner and the Board of Censors. Trainees are advised to keep themselves updated by reading all notifications and announcements in the AFPM website.

6.3 Eligibility Criteria for PART I Conjoint MAFP/FRACGP/icFRACGP Examination (“Part I Examination”)

6.3.1. For a trainee to be eligible to sit for the Part I Examination, such trainee must:

- a) be a medical practitioner fully registered with the MMC and is practising in Malaysia;
- b) be a member-in-benefit of the AFPM as defined in the AFPM’s Constitution;
- c) be a member-in-benefit of the Royal Australian College of General Practitioners (“RACGP”);
- d) currently be practising full-time in primary care and have at least four (4) years of general practice/primary care experience or its approved equivalent within the last five (5) years prior to the date of sitting for the Part I Examination; and
- e) have fulfilled all the completion criteria of ATFM Programme including achieving the required passing of the Eligibility Examination (excluding completion of the research/quality assurance project component).

6.3.2. For Part I Examination, trainees must take note that:

- a) upon passing the Eligibility Examination, a trainee **MUST** attempt the immediate upcoming Part I Examination as this will be considered as the **FIRST** attempt;
- b) subject to item (c) below, a trainee has a maximum of **FOUR (4)** consecutive attempts (including the first attempt) to pass the Part I Examination. A trainee shall be required to pay the Part I Examination registration fee for each attempt (please refer item 3 above on ‘Fees & Refund Policy’). Failure to complete the Part I Examination within the maximum of **FOUR (4)** attempts (including the first attempt) would mean that such trainee shall be required to re-enrol into the ATFM Programme and fulfil the criteria of Part I Examination before such trainee is able to re-sit for the Part I Examination again;

*(n.b: Intakes prior to 2021: subject to item (c) below, a trainee has a maximum of **SIX (6)** consecutive attempts (including the first attempt) to pass the Part I Examination. A trainee shall be required to pay the Part I Examination registration fee for each attempt (please refer item 3 above on ‘Fees & Refund Policy’). Failure to complete the Part I Examination within the maximum of **SIX (6)** attempts (including the first attempt) would mean that such trainee shall be required to re-enrol into the ATFM Programme and fulfil the criteria of Part I Examination before such trainee is able to re-sit for the Part I Examination again);

- c) any deferment, withdrawal or absence by a trainee from any segment of the Part I Examination shall be deemed as a failed attempt of the whole of Part I Examination. The

Board of Censors holds the discretion to offer a trainee with a “**Special Deferment**”. A “Special Deferment” will only be granted one (1) time to a trainee that provides the Board of Censors with a valid reason together with written proof and such Special Deferment must be applied before the Part 1 Examination. A trainee may still have his/her remaining attempts to pass the Part 1 examination if a Special Deferment is granted. Any decision made by the Board of Censors in consultation with the Chief Examiner is deemed final;

- d) The Board of Censors may request additional information and documents or conduct an on-site visit to evaluate the application. Failure to respond to these requests within the specified time frame will result in the rejection of the application; and
- e) the Censor-in-Chief of the AFPM reserves the right to add, remove or make any changes to the eligibility criteria, policies, rules and/or regulations of the Part I Examination as and when considered necessary by AFPM, in consultation and with the agreement of the Chief Examiner and the Board of Censors. Trainees are advised to keep themselves updated by reading all notifications and announcements in the AFPM website.

6.3.3. Please refer to the conjoint exam application process flowchart in Appendix 8 for further details.

6.4 Eligibility Criteria for PART II Conjoint MAFP/ FRACGP/icFRACGP Examination (“Part II Examination”)

6.4.1. For a trainee to be eligible to sit for the Part II Examination, such trainee **must**: -

- a) have successfully completed the Part I Examination;
- b) be a medical practitioner fully registered with the MMC and is practising in Malaysia;
- c) be a member-in-benefit of the AFPM as defined in the AFPM's Constitution;
- d) be a member-in-benefit of the RACGP;
- e) be working full time in general practice/primary care or its approved equivalent for a period of not less than six (6) months continuously prior to the Part II Examination;
- f) have a valid BLS certificate or ACLS certificate; and
- g) provide a letter of good standing (LOGS) from clinical supervisor supporting the trainee's application.

6.4.2. For Part II Examination, trainees must take note that:

- a) upon passing the Part I Examination, a trainee **MUST** attempt the immediate upcoming Part II examination as this will be considered as the **FIRST** attempt;
- b) subject to item (c) below, a trainee has a maximum of **THREE (3)** consecutive attempts (including the first attempt) to pass the Part II Examination. A trainee shall be required to pay the Part II Examination registration fee for each attempt (please refer item 3 above on 'Fees & Refund Policy'). Failure to complete the Part II Examination within the maximum of three (3) consecutive attempts would mean that such trainee shall be required to re-enrol into the ATFM Programme and fulfil the criteria of Part I Examination and subsequently Part II Examination again*;
- c) any deferment, withdrawal or absence by a trainee from any segment of the Part II Examination shall be deemed as a failed attempt of the whole of Part II Examination. The Board of Censors holds the discretion to offer a trainee with a “Special Deferment”. A “Special Deferment” will only be granted **one (1) time** to a trainee that provides the Board of Censors with a valid reason together with written proof and such Special Deferment must be applied before the Part II Examination. A trainee may still have his/her remaining attempts to pass the Part II Examination if a Special Deferment is granted. Any decision made by the Board of Censors in consultation with the Chief Examiner is deemed final;

- d) The Board of Censors may request additional information and documents or conduct an on-site visit to evaluate the application. Failure to respond to these requests within the specified timeframe will result in the rejection of the application; and
- e) the Censor-in-Chief of the AFPM reserves the right to add, remove or make any changes to the eligibility criteria, policies, rules and regulations of the Part II Examination as and when considered necessary by AFPM, in consultation and with the agreement of the Chief Examiner and the Board of Censors. Trainees are advised to keep themselves updated by reading all the notifications and announcements in the AFPM website.

6.4.3. Please refer to the conjoint exam application process flowchart in Appendix 8 for further details.

**only applicable to ATFM trainees. Trainees who failed the VTP examination are not allowed to enrol into ATFM and shall be required to enrol into the GCFM Programme.*

6.5 Change in the Eligibility Status

6.5.1 If a trainee becomes ineligible for the programme or the examination after the Board of Censors has approved the application, the trainee must notify the board immediately. Failure to report will be handled according to the Academic Misconduct Policy and may include (at AFPM's discretion) examination results nullification.

6.5.2 A trainee may become ineligible to any of the following situations:

- a) Loss of medical registration.
- b) Failure to obtain a valid Annual Practising Certificate (APC).
- c) Taken an unapproved extended period of leave.
- d) Serving the academic misconduct sanctions such as being barred from an examination or suspended from the programme.
- e) Reduced practising hours or failure to oblige to the recommendation set by the Board of Censors at entry or during the training.
- f) Changed of practice that is no longer meeting the AFPM training requirements.
- g) Any other situations that cause the candidate to not meet the eligibility criteria as set by AFPM.

6.6 MAFP & FRACGP/icFRACGP Award Requirements

- 6.6.1 After successfully passing the Part I Examination and Part II Examination, a trainee needs to comply with the requirements set out in Appendix 10 of this Handbook before the trainee can be awarded with the MAFP & FRACGP/icFRACGP award.
- 6.6.2 Successful completion of the GCFM Programme or the ATFM Programme or passing the GCFM Final Professional Examination and the Part I or II Conjoint MAFP/FRACGP/icFRACGP Examinations do not automatically award any trainee with the MAFP or FRACGP/icFRACGP qualifications.
- 6.6.3 All ATFM trainees enrolled in 2019 onwards will be working towards MAFP/icFRACGP award.
- 6.6.4 To be awarded the Member of the Academy of Family Physicians of Malaysia, MAFP, the applicant must be a life member of the Academy of Family Physicians of Malaysia.
- 6.6.5 After the Part II exam results are released, AFPM Secretariat will contact all successful trainees to facilitate the RACGP Fellow application process. They must apply within three (3) years of passing the Part II Conjoint MAFP/FRACGP/icFRACGP Examination.
- 6.6.6 The Board of Censors may request additional information or documents to support the award application. Failure to respond to the requests will result in the application being rejected.
- 6.6.7 The Board of Censors has the right to deny the MAFP award in cases where members are found to have committed academic or professional misconduct.
- 6.6.8 All applications for RACGP Fellow must be vetted and endorsed by the Board of Censors/ Censor-in-Chief. The board has the right to decline endorsement for RACGP Fellow if applicants do not meet the award requirement or have committed academic or professional misconduct.
- 6.6.9 Please refer to Appendix 11 ('MAFP & FRACGP/icFRACGP Award Requirements') for further information.

APPENDIX 1: The General Practice or Primary Care Assessment Policy

1. The Five-Year Rule

To ensure relevance, only general practice or primary care work performed for the past **five years prior** to the date of examination is assessed by the Board of Censors of AFPM ("**Censor Board**").

2. Verifiability of information

All trainees must provide AFPM with full, accurate and verifiable information for their examination applications. Information required from all trainees are as follows: -

- a) certified true copy of registration with the Malaysian Medical Council, or where applicable, medical council of country of origin which is recognised by WHO (English translation needed where applicable);
- b) certified true copy/copies of valid Annual Practising Certificate;
- c) certified true copies of primary and other medical degrees;
- d) letters/documents from head of departments/employers confirming the trainees' post, nature of cases seen, and duration/hours of work where applicable;
- e) if the trainees are in self-employment (i.e. in private general practice or primary care), a certified true copy of general practice or primary care clinic registration certificate from the Ministry of Health;
- f) information on general practice or primary care experience must include time breakdowns of both clinical and non-clinical work; and
- g) all other documents or information that may be required by AFPM as set out in the application forms for the relevant programmes or examinations.

Duplicated descriptions of posts will not be considered by the Censor Board.

A censor or delegate (which may include a staff or member of the AFPM) may take reasonable steps to verify information provided by a trainee to ensure the integrity of the information provided.

Any false or misleading information provided by a trainee may lead to the rejection of their application or result in the trainee being barred from participating in the programs, examinations, or receiving the corresponding award of recognition. The Censor Board considers it a serious offense if a trainee submits, or is found to have submitted, false, incomplete, or misleading information to AFPM, including

inaccurate details regarding their place and nature of practice, or fails to disclose any relevant or material information. For more details, please refer to Item 4.3 of the Academic Misconduct Policy.

3. Full-time General Practice or Primary Care

Full-time general practice or primary care consists of thirty-eight (38) hours of work per week, excluding meal breaks, focused on typical general practice or primary care activities. Trainees are required to commit to a minimum of twenty-seven (27) hours of face-to-face patient consultations during their scheduled general practice activities.

To meet the full-time requirement, general practice or primary care activities must be conducted at least four (4) days a week, with each clinic session lasting a minimum of three (3) hours.

It's important to note that full-time general practice or primary care is capped at thirty-eight (38) hours per week. Any hours worked beyond this limit will not reduce the total experience required for general practice or primary care. For example, a trainee who works fifty (50) hours a week will still need to complete the necessary number of years as specified by the exam requirements.

Full-time work may include up to eight (8) hours per week dedicated to protected time for structured learning activities. These activities can encompass in-house continuous medical education (CME), journal club meetings, supervisor meetings, quality improvement programs (QIP), research activities, clinical attachments to specialist clinics (such as Family Medicine, eye casualty, ENT, infectious diseases, psychiatry, obstetrics and gynaecology, etc.), as well as skills or service improvement workshops. It's important to note that structured learning does not include self-study activities.

Full-time employment over a twelve (12) month period may include a maximum of twenty-eight (28) days of annual leave, or fourteen (14) days of annual leave every six (6) months. Trainees must notify the Programme Director and the Board of Censors in writing of any absence from work that exceeds this limit.

For MOH doctors who are working in Klinik Kesihatan, the full-time general practice equivalent will have to meet the following criteria:

- a) Klinik Kesihatan must be classified as level 1, 2, 3, or 4 based on the number of patients and services provided.
- b) Klinik Kesihatan Level 5 may be accepted if a resident or visiting FMS is present, and the clinics meet the practice requirements of a good case mix and personal caseload. However, this will be reviewed on a case-by-case.
- c) Must include rotations in the Outpatient Department and Maternal & Child Health (MCH) / Klinik Kesihatan Ibu & Anak (KKIA).
- d) Rotations to MCH or KKIA must not exceed 3 months within 6 months period.
- e) Trainees must maintain fixed rosters throughout the training period until they pass the final exam.

- f) Outpatient Department must cover full breadth of primary care – acute care, chronic care, preventive care, communicable disease etc.

For private general practitioners who work in chain practices (franchise clinics) the full-time general practice equivalent will have to meet all the following criteria:

- a) Work in only a maximum of two practices
- b) Trainee must maintain fixed rosters throughout the training period until they pass the final exam.
- c) Rosters can be changed every two months.
- d) Must work a minimum of two (2) full days per week in each branch.

For private general practitioners who work in shifts, the full-time general practice equivalent will have to meet all the following criteria:

- a) Have fixed rosters* throughout the training until the passing of the exam.
- b) Rosters can be changed every two months.
- c) Only two overnight shifts are accepted per week.
- d) Minimum of 27 hours (spread over three days) of daytime** shifts.

**Fixed rosters mean working hours/shifts must be fixed for the same days every week to allow continuity of care and ease patients to follow up with the same doctor.*

***Daytime shift is between 0800hrs to 2300hrs.*

For trainees working as academics in the family medicine specialty, full-time general practice is defined as engaging in academic work while simultaneously completing at least twenty-seven (27) hours per week of clinical work in general practice or primary care. Clinical work in general practice or primary care must be scheduled to allow for uninterrupted face-to-face patient encounters, without the participation of students, whether in the form of observation during consultations or bedside teaching.

All trainees must meet all the minimum case-mix requirements listed below throughout the training:

- a) See at least 20 patients a day or 100 patients per week
- b) This should include:
 - New cases / new problem – minimum 20 cases per week
 - Chronic diseases / follow up cases – minimum 12 cases per week
 - Follow up cases can include any patient coming for follow up visits (eg follow up for review of investigations or review of symptoms) but must include on average 5 NCD cases per week
- c) Paediatrics ~ minimum 4 cases per week
- d) Provide women's health care and antenatal care- minimum 4 cases per week
- e) Provide care to elderly
- f) See all patient genders
- g) Aesthetics/occupational health – not more than 10% of total caseload

4. Part-time General Practice / Locum

General practice or primary care experience that meets the requirements below will be calculated pro rata based on the hours worked.

Part-time experience in general practice or primary care must meet all the following criteria:

- (i) a minimum of twelve (12) hours of work per week.
- (ii) work must be spread over at least two (2) days each week, with no work periods shorter than three (3) consecutive hours; and
- (iii) a minimum of one (1) month of experience in any single practice.

Full-time locum positions lasting over three months at a single practice are generally deemed fully comparable, with no limit on the recognition of general practice or primary care experience.

Full-time locum positions lasting at least one (1) week but less than three (3) months at a single practice are generally assessed as fully comparable, with a maximum cap of two (2) years.

Work performed in part-time locum positions can be recognised as general practice or primary care experience if it meets the minimum part-time requirements stated earlier and the trainee has held the position for at least one (1) month. The maximum recognition for this experience is limited to one (1) year of full-time general practice or primary care experience, provided that the trainee demonstrates continuity of care.

All locum hours to be documented according to AFPM's template and submitted with exam application forms – refer to the template on AFPM's website.

A patient care logbook of 100 consecutive cases (refer to the template of "Patient Care Logbook") may be requested by the Censor Board if there is any doubt regarding the nature of practice.

PATIENT CARE LOGBOOK:

No	Patient ID	Age	Gender	Ethnicity	Patient status New or F/Up	Reason for encounter (RFE) History, Physical <u>examination</u> and Investigation	Provisional Diagnosis	Management

5. Services

Proof of practice as general practice or primary care requires the case notes/records to contain the following: -

- 1) Evidence of being first point of contact to be consulted by patient
- 2) Evidence of comprehensive whole-patient care
- 3) Evidence of chronic disease management with follow-up (continuity of care)
- 4) Evidence of coordination of care (referral and feedback)
- 5) Evidence of ongoing preventive health care e.g. immunisations etc.
- 6) Evidence of managing patients with multiple co-morbidities
- 7) Mental health care
- 8) Paediatric health care
- 9) Women's health care – including routine antenatal care with basic antenatal ultrasound
- 10) Men's health care
- 11) Geriatric health care
- 12) Palliative health care
- 13) Surgical conditions
- 14) Emergency conditions
- 15) Ophthalmological cases
- 16) Otolaryngological cases

The MMC SSR for Primary Care Training guidelines recommend that trainees have adequate patient encounters throughout their training.

Practices should maintain appropriate caseloads by following these recommendations:

	Areas	Minimum quantity (cases/trainee/year)	Minimum quantity (cases/trainee/week)
1.	New cases/problem or new visits	1000	20
2.	Chronic diseases / follow-up cases	600	12
3.	Emergency conditions	50	1
4.	Maternal health	200	4

5.	Child health	200	4
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**If trainees are not able to meet the criteria for adequate exposure to NCD, paediatrics or antenatal care (including basic antenatal ultrasound), they might be required to do regular attachments throughout their training and keep a log of cases seen to bridge this gap.*

6. Facilities

All private primary care settings must meet the minimum of the Private Healthcare Facilities and Services Act 1998: https://www.moh.gov.my/index.php/database_stores/attach_download/317/27

Klinik Kesihatan, University Primary Care Clinics, and MINDEF clinics must meet both patient load and service provision criteria.

- Must be classified as level 1, 2, 3, or 4 based on the number of patients and services provided.
- Level 5 clinics may be accepted if a resident or visiting FMS is present, and the clinics meet the practice requirements of a good case mix and personal caseload. However, this will be reviewed on a case-by-case.
- For further information, please refer to this link:
<https://hq.moh.gov.my/bpkk/index.php/klasifikasi-klinik-kesihatan>

The Board of Censors may request additional information and documents or conduct an on-site visit to evaluate the practice's suitability for training. Failure to respond to the requests within the specified time will result in the application being rejected.

The Censor Board shall have the discretion to impose additional training or examination requirements for trainees with gaps in their practice.

7. Experiences Recognised as Equivalent to General Practice or Primary Care

The following types of experiences are recognised as equivalent to general practice or primary care for the period indicated: -

	Experience	Recognition
1.	General practice or primary care clinics / Primary Care clinics of universities	Full recognition for full time Residents/ Medical Officer – provided that the clinics meet the AFPM requirements
2.	Government Health Centers/ Klinik Kesihatan	Full recognition provided that the clinics meet the AFPM requirements

3.	Primary Care clinics under the Ministry of Defence (Strictly full-time RSAT or PPAT only)	Full recognition provided that the clinics meet the AFPM requirements
4.	Part time Family Practice/ Locum in general practice or primary care	Recognition of up to a maximum of 1 year equivalent of full-time general practice or primary care. Only locum (from 8 am to 11 pm) will be accepted. Overnight locum duties will not be accepted.
5.	Teaching in Family Medicine	<p>a) Only academic work in general practice or primary care will be accepted.</p> <p>b) If the job scope only involves academic work, it is recognised as half-time for a maximum of six (6) months.</p> <p>c) If academic work is undertaken concurrently with at least three (3) half-day sessions or a minimum of twelve (12) hours per week of clinical work in general practice or primary care, half recognition may be granted with no limits on duration.</p> <p>d) If academic work is accompanied by at least twenty-seven (27) hours per week of concurrent clinical work in general practice or primary care, full recognition may be granted with no limits on duration.</p> <p>e) Part-time/locum duration for trainees will not be capped. Locum must meet the defined criteria.</p> <p>f) Please take note:</p> <ul style="list-style-type: none"> – Clinical teaching at clinics, such as bedside teaching, precepting, etc., is considered academic work. – Clinical general practice or primary care work must be scheduled for uninterrupted face-to-face patient encounters without student participation, whether in observing consultations or bedside teaching.

8. The following types of medical practices are **not** recognised as equivalent to general practice or primary care:
 - Diagnostic centres, laboratories or health screening centres
 - Blood banks or dialysis centres
 - Aesthetic centres or wellness clinics
 - Homeopathy, complimentary and/or alternative medicine clinics
 - Klinik 1 Malaysia / Klinik Bergerak 1 Malaysia / Klinik Komuniti / KKIA
 - Pharmaceutical and insurance companies
 - Sports medicine clinics/ Spine and joint specialist clinics/or any other specialist clinics
 - Outpatient department/ specialist clinical units in government or private hospitals
 - Emergency Department
 - District hospital postings
 - Public health and community health
 - Occupational and environmental medicine
 - Hospital rotations during the Masters of Family Medicine programme
7. Practicing specialists in other disciplines are not allowed to enroll in the GCFM and ATFM programs or take any related examinations under such programmes offered by the AFPM, even if they can provide proof of temporary (locum) work in general practice or primary care. Their eligibility will only be considered if they have completely left their specialty practice and have worked full time as general practice or primary care doctors for the duration required for examination eligibility. If trainees are found to revert to specialty practice at any time during the training period, they will be disqualified from the GCFM and ATFM programmes. Additionally, they will be barred from sitting for the GCFM Final Professional Examination and/or the Conjoint MAFP/FRACGP/icFRACGP Examinations.
8. In situations where additional evaluation of trainees' general practice or primary care experience is needed, or to determine the practice's eligibility for training, the Censor Board may request further documentation. This may include items such as the duty roster, Patient Care Logbook (please see the template below), General Practice Assessment for Training form, or Reason for Encounter (RFE) data, among others. If necessary, AFPM Censors will conduct a practice visit. Trainees who do not have sufficient general practice or primary care experience, as outlined in the

'Entry and Examination Criteria' and the 'General Practice or Primary Care Assessment Policy,' will be prohibited from taking the GCFM Final Professional Examination and/or the Conjoint MAFP/FRACGP/icFRACGP examinations.

9. Trainees should be aware that the Censor-in-Chief of the AFPM holds the authority to modify or update the eligibility criteria, policies, rules and regulations of any of the examinations offered by AFPM as and when considered necessary by AFPM, in consultation and with the agreement of the Chief Examiner and the Censor Board.
10. Trainees are advised to apply and write in early to the Censor-in-Chief if in doubt of their eligibility.
11. Template for “Patient Care Logbook”

PATIENT CARE LOGBOOK:

No	Patient ID	Age	Gender	Ethnicity	Patient status New or F/Up	Reason for encounter (RFE) History, Physical <u>examination</u> and Investigation	Provisional Diagnosis	Management

Acknowledgements:

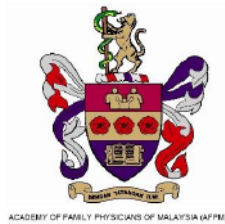
The Royal Australian College of General Practitioners for GP experience policies The Board of Examiners, Academy of Family Physicians of Malaysia.

APPENDIX 2: Guidelines For Audio-Visual Recording Of Patient Consultations By Trainees In The ATFM Programme

(Approved by Ministry of Health, 26th January 2018)

1. As a teaching and learning requirement, trainees registered with the Advanced Training in Family Medicine (ATFM) Programme of the Academy of the Family Physicians of Malaysia are expected to record twelve 10-minute audio-visual recordings of their encounters with patients.
2. The audio-visual recording should be no more than 10 minutes in duration and can comprise a part of a patient consultation. The entire recording session should not take more than 20 minutes.
3. The audio-visual recording must not be held during peak hours so that the operation and service of the clinic is not interrupted.
4. The audio-visual recording should be that of the ATFM trainee's encounter with a patient whose diagnosis pertains to the module that is being delivered for that month through the eLMS. For example, when the on-going module on the eLMS is on cardiovascular system, then the audio-visual recording has to relate to a cardiovascular problem.
5. Prior to the audio-visual recording permission must be obtained from the MOIC.
6. The trainee would need to obtain informed and written consent from the patient prior to taking the audio-visual recording.
7. Prior to taking consent from the patient, a full explanation should be given to the patient regarding the purpose for which the audio-visual recording is being taken.
8. The audio-visual recording should be conducted in a designated consultation room and shall not be attended by other patients.
9. The audio-visual recording shall not disclose any identification of the clinic, visually or verbally.
10. The audio-visual recording shall not reveal any medical staff and should only focus on the patient.
11. The location at which the audio-visual recording was taken, including the date and time should be clearly stated in the Consent form.

12. An independent and willing person, preferably a healthcare professional, should be appointed as witness during the audio-visual recording, with the patient's consent.
13. All parties, i.e. the ATFM trainee, the patient and the witness must give their written consent and personal details endorsed with their signature in the Audio-Visual Recording Consent form provided by the Academy of Family Physicians of Malaysia.
14. The Audio-Visual Recording Consent form provided by the Academy of Family Physicians of Malaysia can be downloaded by the ATFM trainee from the eLMS.
15. The video audio-visual recording will be used solely and exclusively by the Academy of Family Physicians of Malaysia for teaching and learning purposes for its Advanced Training in Family Medicine (ATFM) Programme, which is approved and endorsed by the Ministry of Health Malaysia for the promotion of Family Medicine in Malaysia.
16. To protect the patient's identity and observe confidentiality in the audio-visual recording, the recording should be taken from behind the patient and images of the patient's face must not be revealed.
17. Audio-visual recording of the doctor-patient encounter will be restricted to only the consultation part of the encounter and should not include any physical examination of the patient by the doctor.
18. Audio-visual recording of intimate medical examinations of the patient is not permitted, even if permission has been obtained from the patient.
19. After they have been viewed by the trainee's mentor and fellow mentees at face-to-face sessions, the audio-visual recording will be accessible to members of the ATFM Board for teaching and learning purposes.



ADVANCED TRAINING IN FAMILY MEDICINE (ATFM) PROGRAMME

INFORMED CONSENT FOR AUDIO-VISUAL RECORDING FOR TEACHING- LEARNING ACTIVITIES OF ATFM TRAINEES INTAKE 9

I, _____, NRIC No _____, hereby agree
to participate and be video-taped during a consultation session with doctor,
_____, NRIC No _____, held on
_____ in _____.

This audio-visual recording will be used solely and exclusively by the Academy of Family Physicians of Malaysia for teaching and learning purposes for its Advanced Training in Family Medicine (ATFM) Programme, which is approved and endorsed by the Ministry of Health, Malaysia for the promotion of Family Medicine in Malaysia.

PATIENT'S SIGNATURE : _____

DOCTOR'S SIGNATURE : _____

☐ MOH

☐ GP

: Please tick as applicable

WITNESS (name & signature) : _____

DATE : _____

APPENDIX 3: AFPM Leave Policy for AFPM trainees

1. Purpose

- 1.1. The purpose of this policy is to define the leave entitlements available to trainees.

2. Scope

- 2.1. This policy applies to all trainees enrolled in the Advanced Training in Family Medicine Program (ATFM).
- 2.2. Graduate Certificate in Family Medicine (GFCM) trainees' leave policy will be as per GCFM Handbook.
- 2.3. This policy is to be read in conjunction with AFPM Postgraduates Course Guideline and Policy Handbook.

3. General principles

- 3.1. The AFPM recognises circumstances may arise that require the trainee to take leave from their Training Program.
- 3.2. Education and training continuity is important for trainees. Therefore, leave must not compromise the trainee's progression through training or their Education and Training Requirements.
- 3.3. The trainee must not apply for extended leave for study leave purposes.

4. Requests for leave

- 4.1. Leave
 - Is allowed up to 28 days per year.
 - This includes annual leave, sick leave and leave for any other purposes.

5. Extended leave

- 5.1. Request to take leave beyond the allowable period due to unavoidable circumstances must be submitted in writing to the Censor-in-Chief and should be submitted as soon as possible.
- 5.2. Failure to notify will be handled as per Academic Misconduct Policy. Sanctions may include examination results nullification.
- 5.3. Extended leave will not be counted towards general practice experience (GPE) and may affect the eligibility to sit for examinations.
- 5.4. The maximum allowed extended leave is **three months** throughout the ATFM training period until completion of examinations.
- 5.5. The candidate is responsible to ensure that their training requirements are fulfilled (refer to ATFM handbook).

6. Reasons for Allowable Extended Leave from the Training Program

- 6.1. This leave is available to all trainees and includes, but is not limited to:

- 6.2. maternity and parental leave (with valid birth certificate, foster/adoption papers or permanent care orders),
- 6.3. sick leave with valid certificates,
- 6.4. carer's leave with valid certificates, and
- 6.5. emergency situations where annual leave has been exceeded (e.g. natural disasters, pandemic, quarantine for infectious diseases etc)
- 6.6. pilgrimage (with supporting documents)

*Leave policy during the GCFM program, please refer to the GCFM programme handbook.

APPENDIX 4: Academy Of Family Physicians Of Malaysia Social Media Policy.

1) The Academy of Family Physicians of Malaysia (AFPM) social media policy aims to provide guidelines for the appropriate use of social media platforms by its staff, trainees and members. The policy is designed to ensure professionalism, confidentiality, and adherence to ethical standards when using social media platforms for both personal and professional purposes. The key points of the AFPM social media policy are as follows:

a) Professionalism:

- i) Staff, trainees and members of AFPM are expected to maintain a professional demeanor when representing the organization on social media platforms. They should avoid engaging in inappropriate or offensive behavior and refrain from posting content that may damage the reputation of AFPM.
- ii) Refrain from sharing confidential information of the AFPM, personal information of staff, students and any stakeholders of the AFPM.
- iii) Refrain from uploading disrespectful content about the AFPM.

b) Respect for confidentiality:

- i) It is essential to always protect patient privacy and confidentiality. Staff, trainees and members must refrain from posting or sharing any patient-related information that could potentially identify individuals. They should also be cautious when discussing professional matters to prevent breaching confidentiality.

c) Responsible social media use:

- i) AFPM staff, trainees and members should exercise caution when using social media personally or professionally. They should be aware that their online activities can reflect on the organization and should, therefore, avoid posting content that could undermine the integrity of AFPM.
- ii) Not to resort to public shaming of the Academy, its staff or trainees
- iii) Not touching on sensitive issues such as religion, politics and racism
- iv) Posting does not contain obscene elements
- v) Posting does not contain elements of defamation, sedition and criminal/unlawful including and is not limited to the dissemination of material that involves gambling, weapons and terrorist activities
- vi) Posting does not intend to humiliate certain individuals/groups

d) Separation of personal and professional profiles:

- i) It is recommended that staff, trainees and members maintain separate personal and professional social media profiles to ensure clarity between personal opinions and official

positions. When expressing personal opinions on professional matters, it should be clear that the views are personal and do not represent AFPM.

e) Accuracy and integrity:

- i) When sharing information related to healthcare or medical topics, it is crucial to ensure the accuracy and reliability of the information. Staff, trainees and members should make efforts to fact-check and verify information before sharing it on social media platforms.

f) Respect for intellectual property:

- i) Staff, trainees and members should respect the intellectual property of others and should not violate copyright laws. They should obtain proper permissions when sharing content that belongs to someone else.
- ii) Distributing or publishing course lecture notes, images taken during lectures/examinations, handouts, recordings, or other information to others without approval from the AFPM for commercial or non-commercial gain is prohibited.

g) Compliance with laws and regulations:

- i) Staff, trainees and members must comply with all applicable laws and regulations pertaining to social media use, including but not limited to copyright, privacy, and defamation laws.

h) Addressing grievances and disputes:

- i) If issues or conflicts arise on social media platforms related to AFPM, staff, trainees and members should avoid engaging in public arguments. They should report such instances to the appropriate authority within AFPM to handle the matter appropriately.

2) By adhering to this social media policy, staff, trainees and members of AFPM can contribute to maintaining a positive online presence and upholding the reputation and professionalism of the organization.

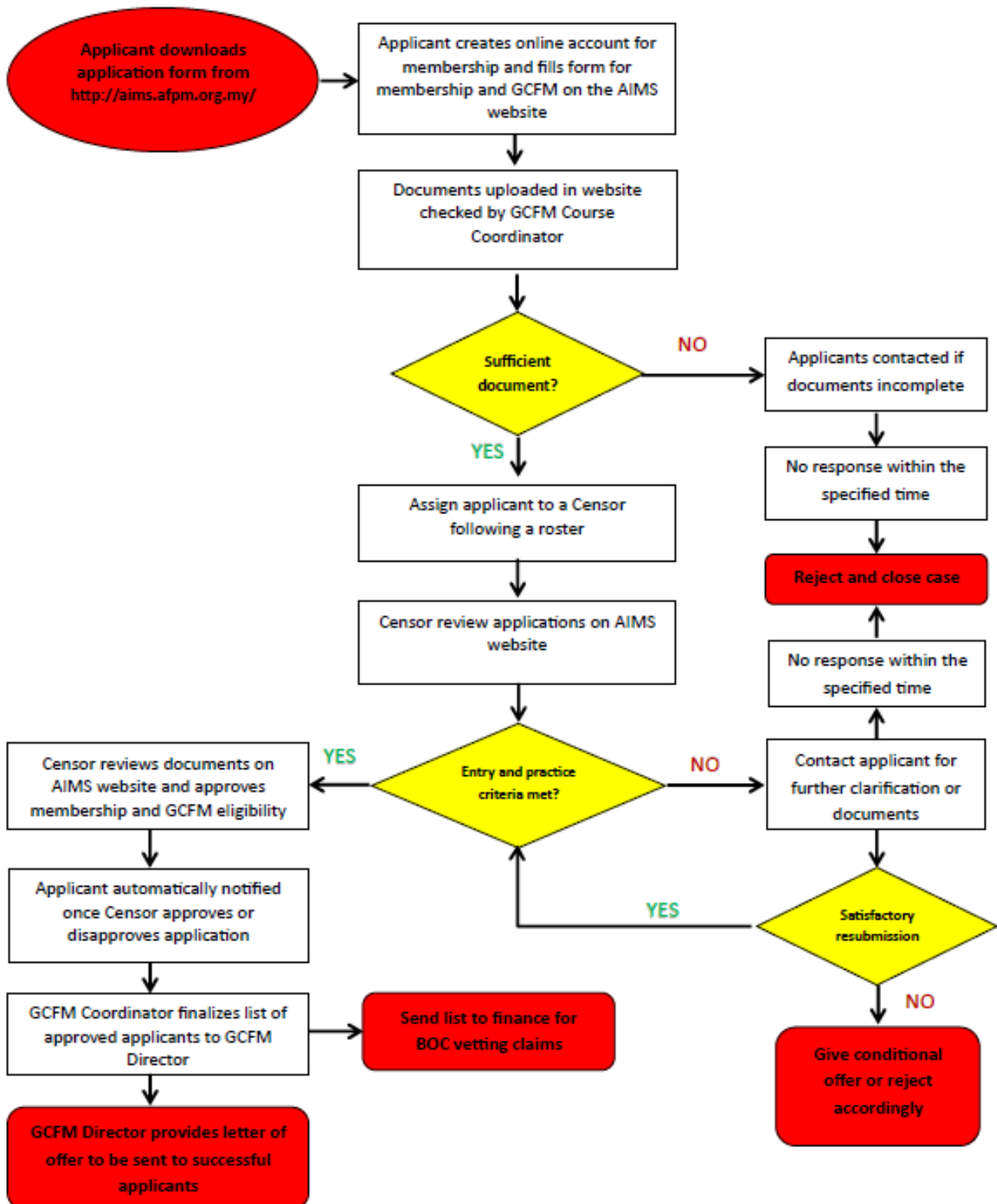
3) Breach of AFPM Social Media Policy will lead to sanctions as decided by the EXCO.

Prepared by:
Board of Censors
30/12/2023

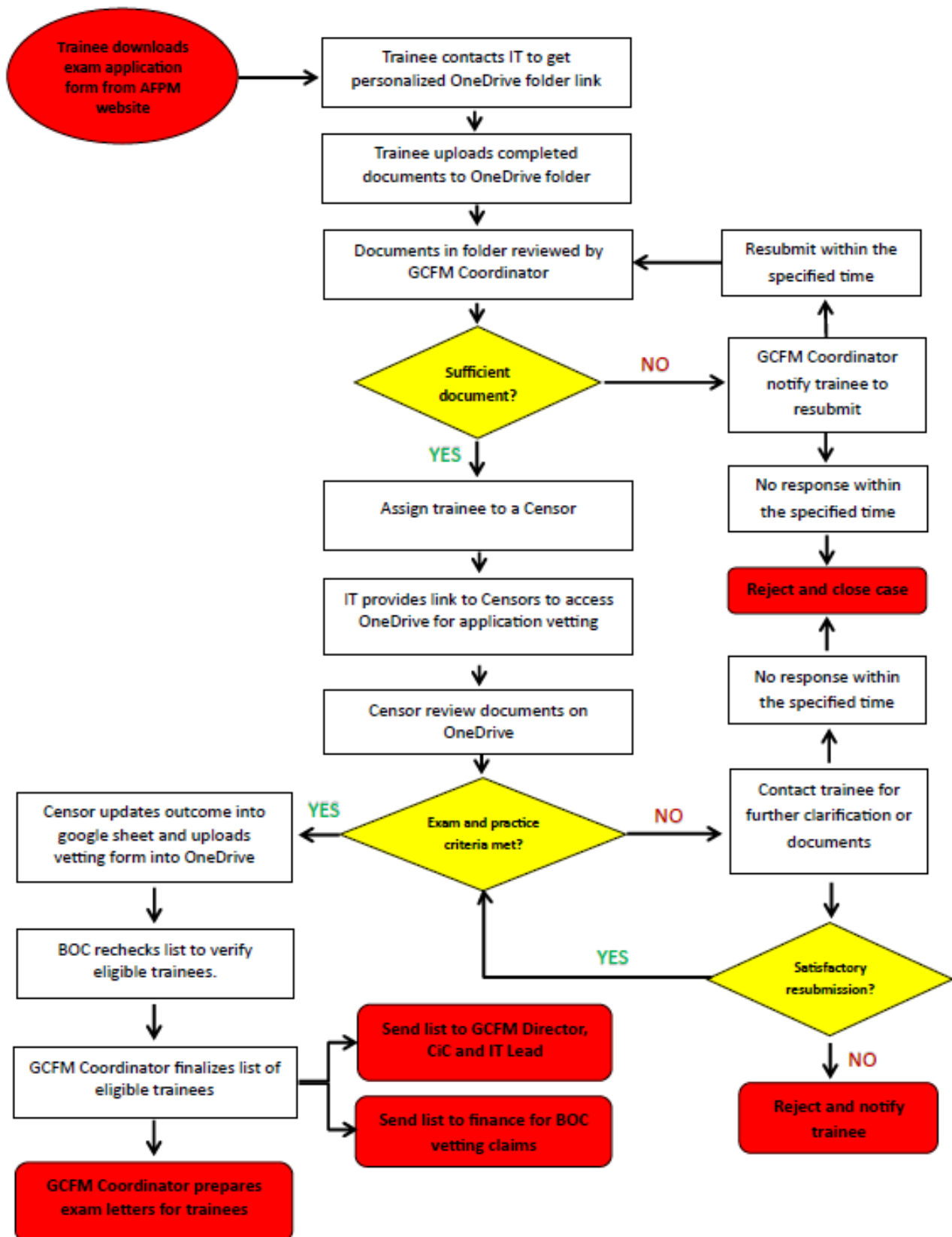
Reference:

- <https://www.racgp.org.au/the-racgp/governance/organisational-policies/social-media>
- <https://www.um.edu.my/docs/cco-guidelines-and-forms/guidelines/use-of-social-media.pdf>

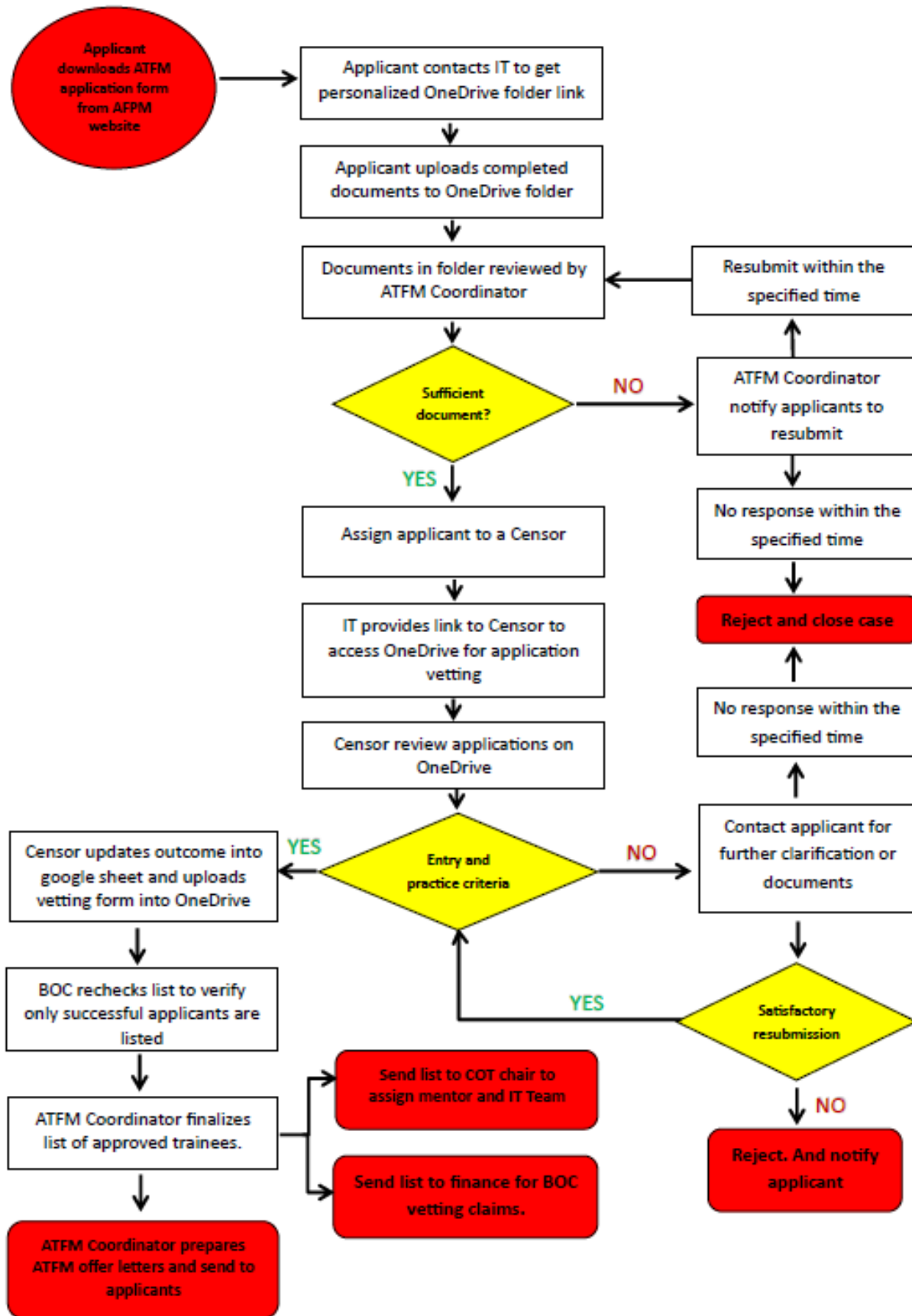
APPENDIX 5: GCFM Application Flowchart



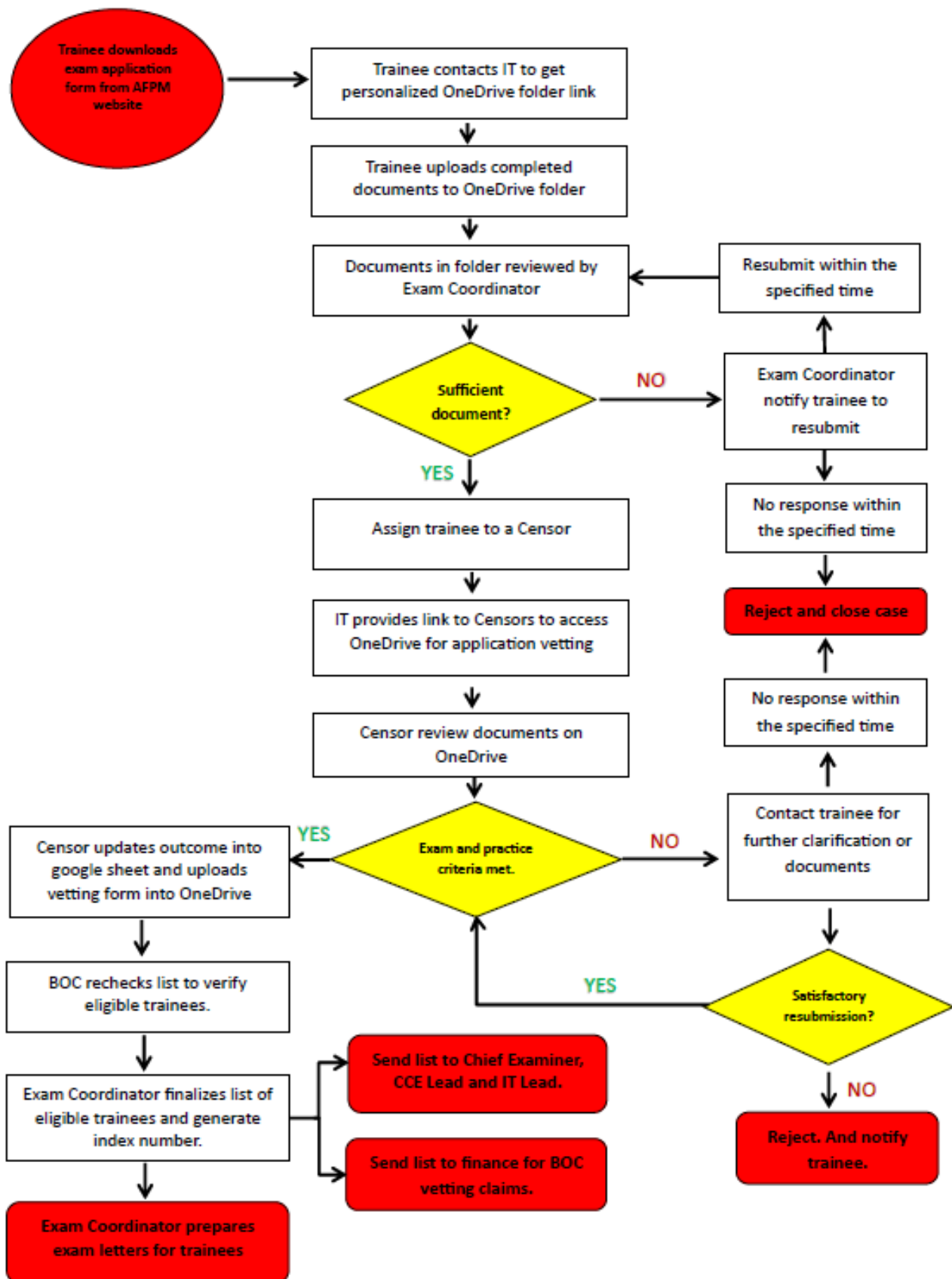
APPENDIX 6: GCFM Examination Application Flowchart



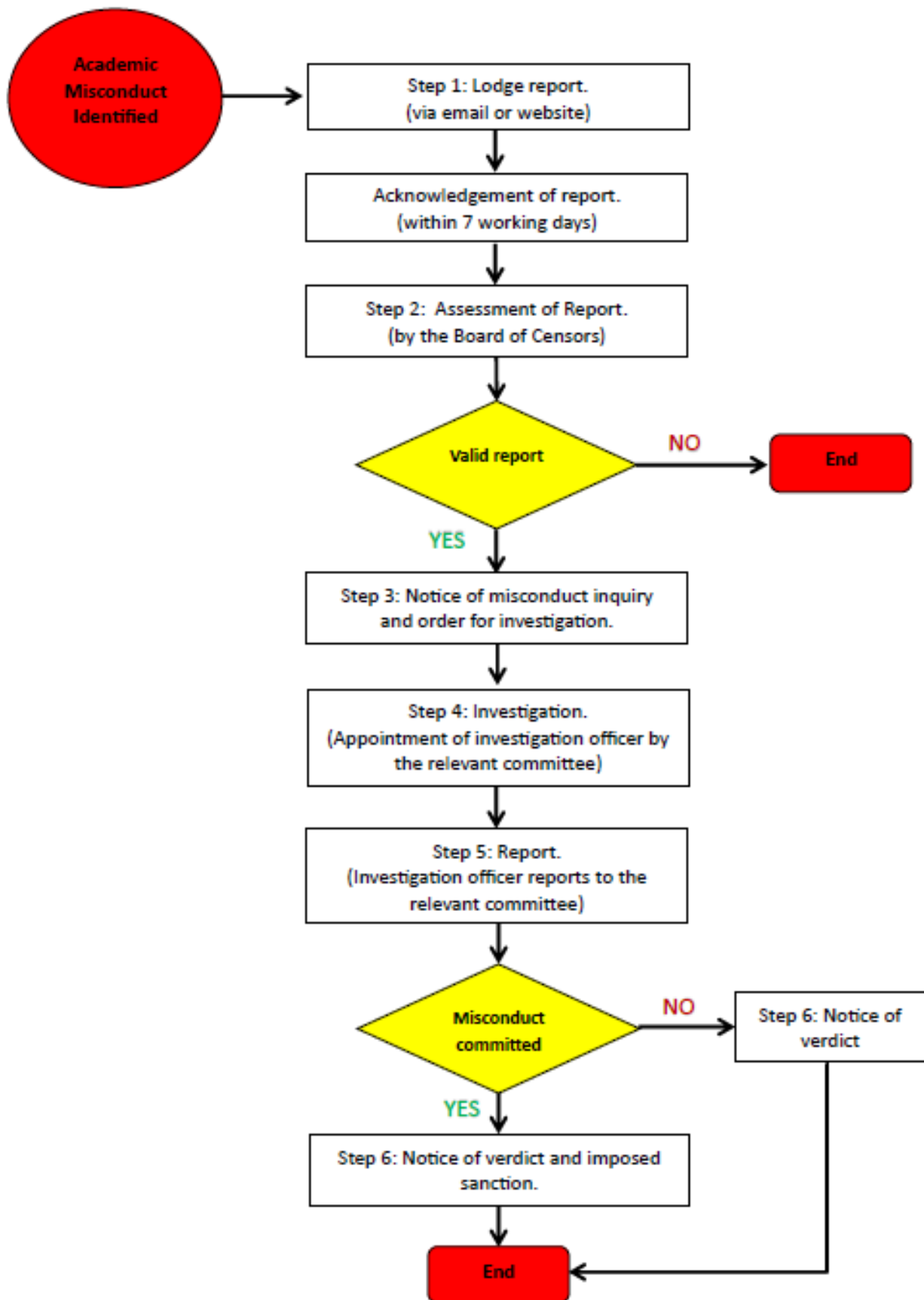
APPENDIX 7: ATFM Application Process Flowchart



APPENDIX 8: Conjoint Examination Application Process Flowchart



APPENDIX 9: Academic Misconduct Process Flowchart



APPENDIX 10: Framework on Trainees' Wellbeing

1. Purpose

This policy outlines the AFPM's commitment to supporting the wellbeing of family medicine trainees. It aims to establish a structured, sustainable, and culturally sensitive framework to promote physical, mental, social, professional, and spiritual wellness.

2. Scope

This policy applies to all trainees enrolled in postgraduate family medicine training programs under the Academy of Family Physicians of Malaysia. It also provides guidance to trainers, coordinators, and training centres on supporting trainee wellbeing.

3. Policy Statement

AFPM is committed to fostering a training environment where every trainee feels supported, valued, and empowered. Wellbeing is recognized as foundational to personal growth, professional performance, and the delivery of safe patient care. AFPM endorses a preventive, proactive, and holistic approach to wellness.

4. Objectives

- To reduce the risk of burnout and mental health issues.
- To promote a culture of openness, peer support, and mentorship.
- To ensure access to appropriate support services and resources.

5. Key Domains & Strategies

5.1 Physical Wellbeing

Strategies:

- Promote compliance with regulated duty hours and mandatory rest.
- Promote healthy lifestyle habits, including exercise and balanced nutrition.
- Encourage participation in physical wellbeing initiatives

5.2 Mental and Emotional Wellbeing

Strategies:

- Provide access to confidential mental health support services (online or in-person).
- Plan regular peer support sessions and safe sharing spaces.
- Conduct workshops on stress management, resilience, and emotional intelligence.

5.3 Social and Peer Support

Strategies:

- Facilitate mentorship programs and trainee networking activities.
- Encourage a buddy system, especially for exam-going trainees.
- Organize inclusive social events to promote belonging and camaraderie.

5.4 Professional and Academic Wellbeing

Strategies:

- Offer transparent training guidelines, clear learning outcomes, and fair assessment.
- Provide academic mentorship.
- Address training concerns through regular feedback and review.

5.5 Spiritual and Cultural Wellbeing

Strategies:

- Respect cultural and religious practices; ensure availability of prayer spaces.
- Support reflective practices such as journaling as part of training.
- Invite speakers on values-based practice and personal growth.

6. Implementation Plan

Provide screening tools for depression, anxiety, stress and burn-out to monitor wellbeing and coordinate support services.

7. Crisis Response

- Provide a link in the AFPM website for mental health support.
- Incorporate basic mental health first aid training for trainers.

8. Roles and Responsibilities

Trainees

- Engage in wellbeing activities and seek support when needed.
- Participate in feedback and wellness surveys.

Trainers and Supervisors

- Foster a safe, non-judgmental environment.
- Identify early signs of distress and refer appropriately.

Training Centres

- Ensure access to resources, facilities, and support services.

AFPM Council

- Provide leadership, oversight, and funding for wellness activities.
- Monitor implementation and ensure policy review every 3 years.

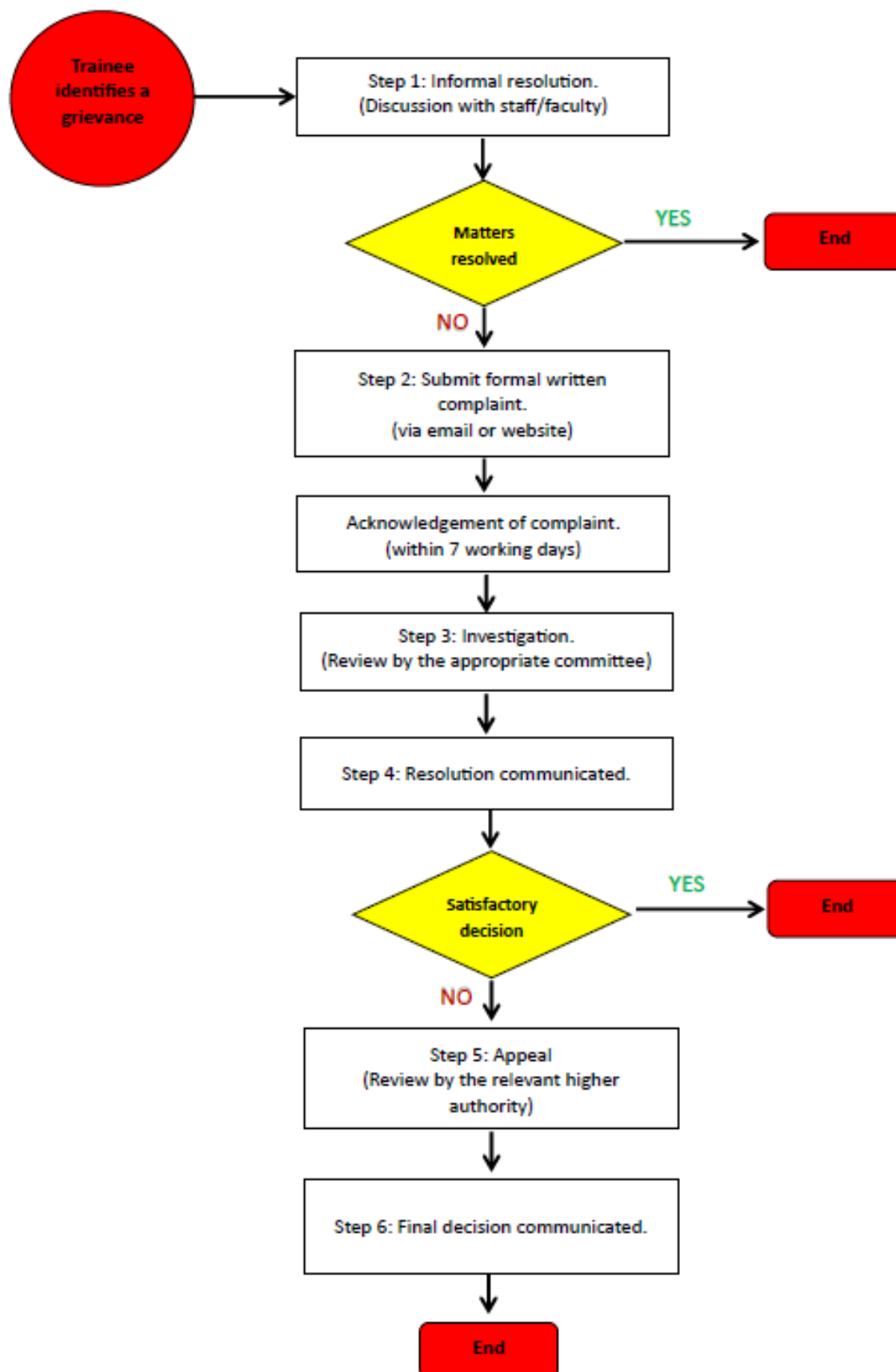
9. Review and Evaluation

This policy will be reviewed every three (3) years, or sooner if necessary, to ensure alignment with best practices and trainee needs. Feedback from trainees and trainers will be key to the revision process.

References

- World Health Organization (WHO) Framework on Mental Health and Wellbeing in Healthcare Workers
- Malaysian Medical Council (MMC) Guidelines on Doctor's Health and Conduct
- Local surveys and feedback from AFPM trainees and faculty

APPENDIX 11: Grievance Procedure Flowchart



APPENDIX 12: AFPM Policy on Cultural Safety and Sensitivity

Policy Statement:

This policy outlines the commitment of the Academy of Family Physicians of Malaysia (AFPM) to uphold cultural safety and sensitivity across all its activities, including training programs, professional interactions and member engagement.

The AFPM is dedicated to ensuring that all trainees, staff and members engage in culturally safe and sensitive practices when providing healthcare, contributing to the academy's work, and interacting with diverse populations.

1. Objective

- To promote and uphold cultural competence within AFPM's activities, ensuring that all members, trainees, and staff engage in culturally safe, respectful, and inclusive practices.
- To improve the quality of healthcare through culturally responsive care, enhancing the well-being of patients from diverse ethnic, cultural, and religious backgrounds.
- To create a supportive, non-discriminatory environment for members, trainees, and staff, fostering inclusivity, respect, and diversity within AFPM.

2. Scope

This policy applies to all trainees, staff and members of the Academy of Family Physicians of Malaysia, including:

- Postgraduate family medicine trainees
- Academic and administrative staff, including active clinicians, educators, and support personnel
- All AFPM members

3. Key Definitions

- **Cultural Safety:** An environment in which individuals feel safe, respected, and supported in expressing their cultural identity without fear of discrimination, marginalization, or cultural misunderstanding.
- **Cultural Sensitivity:** The ability to recognize, understand, and respect cultural differences, and to respond appropriately in cross-cultural interactions.

4. Promoting Cultural Safety in Professional Interactions

- **Respecting Cultural Diversity in Interactions:**

All members, trainees, and staff must demonstrate cultural respect in their interactions with colleagues, patients, and other healthcare providers. This includes:

- Acknowledging and respecting the cultural, ethnic, religious, and linguistic backgrounds of others.
- Practicing non-discriminatory language and behaviours in all professional settings.
- Ensuring that culturally appropriate methods are used when engaging with patients and colleagues from diverse backgrounds.

- **Inclusive Decision-Making:**

AFPM encourages inclusive decision-making processes in which the voices of members from diverse backgrounds are valued and heard. This includes involving patients, colleagues, and trainees in decisions regarding healthcare delivery, policy development, and institutional activities.

5. Cultural Competence in Patient Care

- **Cultural Sensitivity in Family Medicine:**

AFPM members are expected to integrate cultural sensitivity into their clinical practice, particularly in family medicine, where patients may hold diverse beliefs and values regarding health, illness, and treatment. This includes:

- Recognizing the influence of culture on health behaviours, preferences, and health outcomes.
- Incorporating cultural assessments as part of routine clinical practice, particularly in dealing with chronic diseases, mental health, maternal and child health, and palliative care.
- Being aware of culturally specific health practices and ensuring that treatments are adapted to the cultural preferences and needs of patients.

- **Patient-Centred Care:**

Ensuring that all care is patient-centred and culturally responsive, taking into account the individual's background, beliefs, and needs. Members should provide patients with the necessary information in a way that is understandable and culturally appropriate, and consider alternative therapies when culturally appropriate.

6. Communication and Language

- **Language Access:**

Members are encouraged to use interpreters or online translator tools where language barriers exist, especially in a clinical setting.

- **Non-Verbal Communication:**

All members must be aware of cultural differences in non-verbal communication, such as

gestures, body language, and eye contact. Sensitivity to these differences can prevent misinterpretation and foster a more respectful and supportive environment.

7. Support for Staff and Members

- **Inclusive Environment:**

The AFPM is committed to creating an environment where all members, trainees, and staff feel safe, valued and respected. This includes ensuring diversity in leadership, committees, and workgroups.

- **Supportive Workplace Culture:**

AFPM will implement measures to address and prevent workplace discrimination, harassment, and bias. Staff, trainees, and members are encouraged to report any concerns regarding cultural safety or discrimination to AFPM leadership or designated personnel, without fear of retaliation.

8. Responsibilities

- **Members and Trainees:**

- Implement culturally respectful practices in their clinical work and interactions with colleagues.
- Engage in reflective practices and seek feedback on their cultural competence.

- **Staff and Leadership:**

- Model culturally sensitive behaviours and practices.
- Support cultural safety initiatives and ensure that policies are enforced.

- **AFPM Leadership:**

- Ensure that policies are in place to promote and maintain cultural safety.
- Regularly review and update policies to reflect evolving cultural and healthcare needs.
- Address and resolve any complaints or issues related to cultural safety or discrimination.

9. Conclusion

The Academy of Family Physicians of Malaysia is committed to fostering a culturally safe and sensitive environment for all trainees, staff, and members. By embracing cultural diversity and promoting respect for all individuals, AFPM aims to improve healthcare delivery and contribute to the well-being of Malaysia's diverse population.

APPENDIX 13: AFPM Policy on Diversity, Equity and Inclusion (DEI)

1. Purpose

This policy outlines our commitment to fostering a diverse, equitable, and inclusive environment within our postgraduate Family Medicine training programs. It aligns with the standards set by the Academy of Family Physicians of Malaysia (AFPM), the Ministry of Health (MOH), and the Malaysian Medical Council (MMC).

2. Scope

This policy applies to all trainees, faculty, staff, and stakeholders involved in our postgraduate Family Medicine training programs, including the Graduate Certificate in Family Medicine (GCFM) and the Advanced Training in Family Medicine (ATFM) programs.

3. Definitions

Diversity: The presence of differences that include, but are not limited to, race, ethnicity, gender, age, sexual orientation, disability, socioeconomic status, and religious beliefs.

Equity: The fair treatment, access, opportunity, and advancement for all individuals, while striving to identify and eliminate barriers that have prevented the full participation of some groups.

Inclusion: The practice of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued.

4. Policy Statements

- 4.1. **Commitment to Diversity:** We are dedicated to promoting diversity within our programs by actively recruiting and supporting individuals from underrepresented and diverse backgrounds.
- 4.2. **Ensuring Equity:** We strive to provide equitable access to resources, opportunities, and support systems for all participants, ensuring that systemic barriers are identified and addressed.
- 4.3. **Fostering Inclusion:** We are committed to creating an inclusive environment where all individuals feel valued, respected, and empowered to contribute to their fullest potential.

5. Implementation Strategies

- 5.1. **Recruitment and Admission:** Implement holistic admission processes that consider a wide range of experiences and backgrounds, in line with AFPM guidelines.
- 5.2. **Curriculum Development:** Incorporate DEI principles into the curriculum, ensuring that content reflects diverse perspectives and addresses health disparities.
- 5.3. **Support Services:** Offer support services that address the unique needs of diverse populations, including mentorship programs and counseling services.

6. Compliance and Monitoring

We will regularly assess our DEI initiatives to ensure compliance with AFPM standards and Malaysian regulations. Feedback mechanisms will be established to allow participants to report concerns related to DEI, which will be addressed promptly and confidentially. There is a grievance policy link at the AFPM website for this purpose.

7. Review and Revision

This policy will be reviewed annually to ensure its effectiveness and relevance. Revisions will be made as necessary to reflect changes in regulations, organizational goals, or societal needs.

APPENDIX 14: MAFP & FRACGP/icFRACGP Award Requirements

After successfully passing the Conjoint MAFP/ FRACGP/ icFRACGP Examination, a trainee needs to comply with the following requirements for the award of MAFP & FRACGP/icFRACGP respectively:

1. MAFP (Member, Academy of Family Physicians)

- 1.1. Successful completion of the GCFM Programme or the ATFM Programme or passing the GCFM Final Professional Examination and the Part I or II Conjoint MAFP/FRACGP/icFRACGP Examinations do not automatically award any trainee with the MAFP or FRACGP/icFRACGP qualifications.
- 1.2. To be awarded the Member of the Academy of Family Physicians of Malaysia, MAFP, the applicant must be a life member of the Academy of Family Physicians of Malaysia. The fee for life membership is RM4,000.00. The Award will be given during the next Convocation Ceremony.
- 1.3. The Board of Censors has the right to deny MAFP award in cases where members are found to have committed academic or professional misconduct.

2. FRACGP/icFRACGP (International Conjoint Fellow, Royal Australian College of General Practitioners).

- 2.1. Please ensure that the following guidelines for the application of the FRACGP/icFRACGP are strictly adhered to facilitate the approval of your application by the Royal Australian College of General Practitioners ("RACGP").
- 2.2. Applications and all supporting documents must be vetted and approved by the Board of Censors before being submitted to RACGP Censors.
- 2.3. The requirement for Fellow or International Fellow of the RACGP are:
 - a) Evidence of having a minimum of seven (7) years of postgraduate medical experience;
 - b) Evidence of five (5) years of General Practice Experience in the last ten (10) years from the date of application;
 - c) Applications must be submitted within three (3) years of passing the Part II Conjoint MAFP/FRACGP/icFRACGP Examination;
 - d) A Life Member of AFPM; and
 - e) A member-in-benefit of the RACGP.

2.4. All submitted documents must be transcribed in English.

2.5. Applicants must provide the following documents:

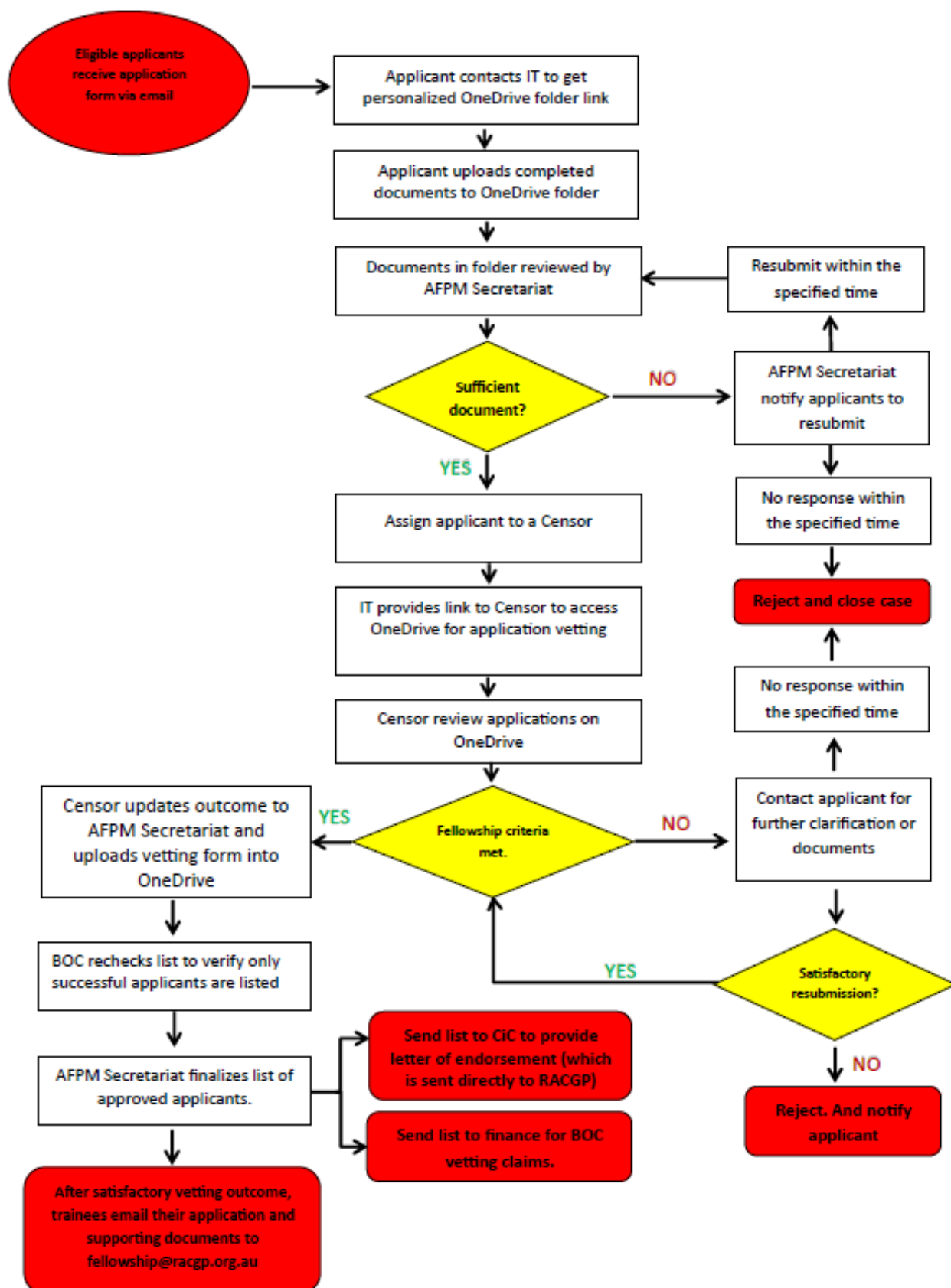
- a) A completed Fellowship via Malaysia Conjoint exam application form.
- b) Latest curriculum vitae (CV) with a recent passport photo.
- c) Certified true copy of English translation of the Primary Medical Qualification (basic medical degree).
- d) Certified true copy of English translation of the MMC Full Medical Registration certificate.
- e) Certified true copy of English translation of the current year Annual Practising Certificate (APC).
- f) A valid Letter of good standing (LOGS) from the MMC.
- g) Certified true copy of official result letters for the Part I & Part II Conjoint MAFP/FRACGP/icFRACGP Examination.
- h) Certified true copy of ACLS certificate (validity period of four (4) years prior to application) or BLS certificate (validity period within one (1) year prior to application)
- i) Letter from previous and current employers to verify employment status and work history.
- j) Certified true copy of English translation of Borang B or F for those who own a practice
- k) A completed excel document template (template will be provided by the AFPM secretariat).

Notes:

- a) Apply for FRACGP/icFRACGP only if you have fulfilled all the requirements listed earlier.
- b) Please adhere closely to the Fellowship application guidelines provided to eligible applicants.
- c) Please note that RACGP has their own rules, regulations, guidelines and policies for assessing general practice or primary care experience which may differ from AFPM's policies.
- d) Fellowship applications require the support of two referees, both of whom must be Fellows of the Royal Australian College of General Practitioners (RACGP). One referee

must currently be a financial Fellow of the RACGP. Please include the details of your referees in the application form.

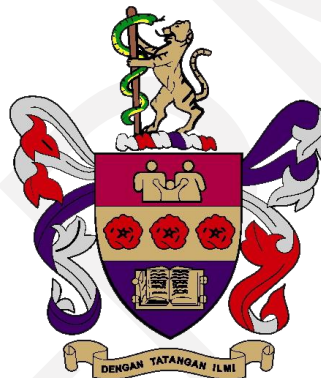
- e) Note that all documents not in English must be transcribed to English by an official translator and certified by a recognised service (e.g. notary public, a commissioner of oath or an advocate and solicitor).
- f) All documents submitted to AFPM and RACGP shall become the property of AFPM and RACGP and will not be returned to you.
- g) AFPM reserves the right to inform authorities, regulators, bodies, associations, tertiary institutions, hospitals, clinics, or any medical or pharmaceutical institutions if any of the information, document or material presented to support the application is found to be false.
- h) AFPM may seek verification directly from the source of documentation that have been provided to AFPM.
- i) As all applications are evaluated by RACGP, AFPM neither guarantees the success of any application for the FRACGP/icFRACGP nor be responsible or liable for any failure, rejection or delay of any application.
- j) All rules, regulation, guidelines, policies and information may be updated and amended from time to time and all trainees shall be responsible to ensure to keep themselves updated on any amendments.

FELLOWSHIP APPLICATION PROCESS FLOWCHART

Acknowledgement:

Royal Australian College of General Practitioners

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