

ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA



**POSTGRADUATE COURSE GUIDELINE
AND POLICY HANDBOOK**

2026

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AFPM Postgraduates Course Guideline and Policy Handbook 2026

Academy of Family Physicians of Malaysia

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WELCOME MESSAGE

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

Congratulations on your decision to enrol in the AFPM programme. 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 relation 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, calendars, policies, rules, and regulations.

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

Dear Colleagues,

It is my pleasure to warmly welcome you to the Academy of Family Physicians of Malaysia.

You are beginning a journey into a specialty that lies at the very heart of Malaysian healthcare. Family Medicine is more than a discipline – it is a calling grounded in relationships, continuity, and comprehensive care. As family physicians, we serve as the backbone of the national health system, delivering care that is cost-effective, patient-centred, and focused on better outcomes, better experiences, and better value to the communities we serve.

Whether you are embarking on the Graduate Certificate in Family Medicine, Advanced Training in Family Medicine, Primary Care Dermatology, or other programmes, you are now part of a proud and enduring legacy.

Our programmes are designed to prepare you for the future of primary care, with emphasis on upholding high standards of Family Medicine, advancing education and continuous professional development, protecting members' professional interests, promoting public health and community wellbeing, and strengthening national and global collaboration. In parallel, we are embracing the future through the integration of artificial intelligence in education and the expansion of digital health in clinical practice.

At our Academy, you will be guided by dedicated supervisors, mentors, and educators who are committed to excellence in teaching, research, and professional development. They will support and challenge you to grow into competent clinicians and future leaders with confidence.

As adult learners, this journey requires self-direction, discipline, and dedication. Your success will depend not only on the training provided but on your commitment to continuous learning and personal growth. Embrace this opportunity with purpose and resilience.

Each of you brings unique strengths and aspirations. You have earned your place here, and you belong. Our graduates have gone on to serve with distinction in both the public and private sectors, nationally and internationally, as clinicians, educators, and leaders. Having begun my own journey in 2008, I remain committed to guiding and shaping the next generation of family physicians.

Once again, welcome to the Academy. I look forward to meeting you and walking this journey together.

With respect, resolve, and optimism,

Dr S. Kaviyaran A/L Sailin @ Stalin

President

Academy of Family Physicians of Malaysia (2026-2027)

AFPM



MESSAGE FROM THE DIRECTOR OF MEDIBASE SDN BHD

It is an honour and a pleasure to welcome you to the academic programmes of the Academy of Family Physicians of Malaysia: 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 you can actively participate in all the activities curated for the training.

Our program emphasises treating the patient holistically. Our patients would like us to listen 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 understand their concerns. Whatever management plan is adopted, we shall take the patient's perspective into consideration.

In addition, you should be mentally resilient when you are faced with challenges. Remember that you cannot control some events in your life, but you can choose how to respond to and act on them. If we are mindful of our thoughts, we can change the outcomes in our lives by responding appropriately to events rather than reacting automatically.

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)

Welcome aboard, new learners.

Wishing all our new learners a warm welcome to our training community in the Academy of Family Physicians of Malaysia (AFPM).

First, I must congratulate you on your courage and hunger for knowledge. Your decision to pursue this path will strongly reflect your commitment to professionalism and ongoing lifelong learning. Lifelong learning is defined as 'the continuation of conscious learning throughout the lifespan'. Your journey with us will be formal learning through the Graduate Certificate of Family Medicine (GCFM), and I hope you will subsequently pursue Advanced Training in Family Medicine (ATFM). To ensure continuity of care for our patients, we require up-to-date, state-of-the-art patient care that keeps pace with evolving technology and medical knowledge. So, congratulations on taking this step.

Secondly, please be aware that your journey is not merely to learn from the Academy of Family Physicians of Malaysia (AFPM) curriculum and mentors, but also to gain a deeper perspective by seeing your patients in practice. Remember that your working environment is vital for your informal learning. By thinking of learning, your cognition will work wonders, and your formal education will be more effective.

The learning community at AFPM will be happy to learn with you, and together we will enrich each other's experiences in patient safety and well-being, both central to AFPM.

Many changes are expected going forward. As medicine constantly evolves, so does our learning. We must adapt to the changes, restructure the curriculum and delivery, and integrate technology into our learning and health care delivery. Embrace change and adapt to what is relevant while remaining true to the principles of Family Medicine.

Enjoy your journey not only for the knowledge you acquire, but also for these four years. This journey should shape your attitude, improve your clinical skills, and, most importantly, make you an integral partner in your patients' health. With your continuous learning and persistence, I am sure you will find this pursuit not only enriching but also fulfilling.

Your wisdom will be reflected in better patient care and outcomes, improving satisfaction for both patients and you in your daily work. Once again, congratulations on embarking on this journey, and all the best.

Dr Isriyanti binti Mohd Rafea
Programme Director,
Graduate Certificate in Family Medicine Programme



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

I would like to take this opportunity to congratulate you on successfully completing the first two years of your postgraduate training, namely the Graduate Certificate in Family Medicine (GCFM) Programme. This achievement reflects your commitment, perseverance, and dedication to the discipline of Family Medicine. It is my great pleasure to welcome you to the next phase of your training—the Advanced Training in Family Medicine (ATFM) Programme of the Academy of Family Physicians of Malaysia (AFPM).

This programme is a structured two-year journey that will challenge you academically, clinically, and personally. Throughout the programme, you will be expected to develop advanced clinical reasoning skills, uphold the highest standards of professional and ethical practice, conduct a research activity and demonstrate a commitment to lifelong learning. Upon fulfilling all of the programme requirements, you will be eligible to sit for the Conjoint MAFP/icFRACGP Examination. Successful candidates will be awarded the MAFP/icFRACGP qualification, a degree listed in the Fourth Schedule of the Medical Act (2024 Amendment) and recognised by the National Specialist Registry (NSR) in Malaysia, as well as by the Royal Australian College of General Practitioners (RACGP).

The faculty members involved in this programme are dedicated clinicians and educators who are committed to your development. They will guide, mentor, and challenge you, but the success of your training ultimately depends on your active engagement, resilience, professionalism, and willingness to grow. While the journey ahead will be demanding, it is also immensely rewarding.

We look forward to working closely with you and witnessing your development into safe, competent, confident, and compassionate family medicine specialists / trained general practitioners.

You are strongly advised to read the ATFM Programme Handbook and the AFPM Postgraduate Course Guideline and Policy Handbook thoroughly to familiarise yourselves with the programme structure, requirements, and curriculum.

Once again, welcome to the ATFM Programme. I wish you every success in your training and future professional career.

Assoc. Prof. Dr Ilham Ameera binti Ismail
**Programme Director,
Advanced Training in Family Medicine Programme**

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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 current name after its registration application was approved by the Registrar of Societies in 1996. The AFPM's primary aim is academic, focusing on education, training, assessment, research, and publication in general practice and family medicine.

The AFPM has taken the lead in providing education and training in general practice to meet its members' needs. 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 and lead 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, the Graduate Certificate in Family Medicine (“**GCFM Programme**”). This programme is a structured course for all general practitioners, designed to raise knowledge and skills, as well as relevant attitudes, in 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/ ICFRACGP Examination, subject to eligibility requirements. The GCFM Programme and the ATFM Programme each have their own entry and examination eligibility criteria, and every trainee must comply with them. Please carefully read and understand all the information in this Handbook and refer to the separate information on these matters on 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 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 and MAFP/icFRACGP qualifications are now recognised as family medicine specialist qualifications that are registrable with the National Specialist Register, following a compulsory credentialing period. 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/ICFRACGP Examination does not automatically award any trainee with the MAFP or 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 ICFRACGP qualification is awarded by the RACGP, 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: secretariat@afpm.org.my

AFPM reserves the right, at its sole discretion, to amend, vary, add to, replace, or substitute any Guidelines and Policies set out in this Handbook at least once annually, or earlier as and when the need arises. Any such amendment or update shall take effect from the date determined by AFPM, and shall automatically supersede, invalidate, and replace all previous versions. Continued participation in the AFPM programme shall constitute acceptance of the revised Guidelines and Policies. 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 well-being 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 improve the standard of care in general practice and to increase awareness of the global trend toward the provision of continuing and comprehensive care by the family doctor. It is designed to achieve standards of 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 fairly and without bias. AFPM/Medibase offers equal opportunities to all trainees to specialise in family medicine.

2.1 Entry Requirements for the GCFM Programme.

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

- a) be a medical practitioner fully registered with the MMC and practising in Malaysia;
- b) have at least one (1) year of 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 recognised equivalent throughout the GCFM Programme until the passing of the 'GCFM Final Professional Examination';
- d) be practising at AFPM's accredited training site (refer to Appendix 2: Training Site Accreditation Policy) throughout the GCFM Programme until the passing of the 'GCFM Final Professional Examination';
- e) have at least two (2) 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 'GCFM Final Professional Examination';
- f) possess a current Annual Practising Certificate throughout the training until passing the 'GCFM Final Professional Examination';
- g) be a member-in-benefit of the AFPM as defined in the AFPM's Constitution;
- h) have a satisfactory declaration of fitness and conduct; and
- i) be approved by the 'AFPM Board of Censors', which reserves the right to reject any application.

2.1.2. The offer letter for the GCFM program is valid for the specified intake. Trainees who opted out of the specified intake must reapply to join future intakes.

2.1.3. Trainees of the Ministry of Health (MoH) must provide proof of education grants or sponsorship when registering for the GCFM program.

2.1.4. 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.

2.1.5. Please refer to the application process flowchart in Appendix 3.

2.2. Entry Requirements for the ATFM Programme.

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

- a) be a medical practitioner fully registered with the MMC and 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 recognised equivalent throughout the ATFM Programme until the passing of the 'Part II Conjoint MAFP/ICFRACGP Examination';
- d) be practising at an AFPM-accredited training site (refer to Appendix 2: Training Site Accreditation Policy) throughout the ATFM Programme until passing the 'Part II Conjoint MAFP/ICFRACGP Examination';
- e) have at least four (4) years of general practice/primary care experience or its fully recognised equivalent within the last five (5) years before the date of sitting for the 'Part I Conjoint MAFP/ICFRACGP Examination';
- f) possess a current Annual Practising Certificate throughout the training until passing the 'Part II Conjoint MAFP/ICFRACGP Examination'; ;
- j) have successfully passed the GCFM Programme;
- k) have a satisfactory declaration of fitness and conduct; and
- g) be approved by the AFPM Board of Censors, which reserves the right to reject any application.

2.2.2. 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.

2.2.3. The offer letter for the ATFM program is valid for the specified intake. Trainees who opted out of the specified intake must reapply to join future intakes.

2.2.4. Please refer to the application process flowchart in Appendix 4.

2.3. Language Requirement.

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

2.4. Admission Procedures.

- 2.4.1. Trainees must be a financial member of AFPM (member-in-benefit) to enrol for the GCFM Programme and ATFM Programme.
- 2.4.2. Trainees must remain a financial member throughout their training in order to keep their training status.
- 2.4.3. Application for AFPM membership and GCFM admission are to be made via the AFPM online portal: <https://www.afpm.org.my/membership> or <https://aims.afpm.org.my/>
- 2.4.4. 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.
- 2.4.5. Information about the ATFM Programme application process is available on the AFPM website: <https://www.afpm.org.my/atfm-programme>
- 2.4.6. 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.
- 2.4.7. 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.
 - (iii) The application shall not be processed if the above payments are not made before the closing date.
 - (iv) Please note that the MOH education grant or sponsorship does not cover processing, membership, training site accreditation, deferment or maintenance fees to remain an active trainee; therefore, MOH trainees must pay these fees.
- 2.4.8. 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

- 2.4.9. 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.
- 2.4.10. Upon approval, the faculty will issue offer letters to successful trainees. The trainee must return the acceptance form along with the first-semester programme fee, as specified in the offer letter, payable to ['ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA' (AMBANK 001-201-0101820)].
- 2.4.11. If the application is not approved, the respective programme coordinator will notify the trainee about the reasons for ineligibility.
- 2.4.12. Trainees may have their registrations cancelled if any statements made in their admission applications are found to be false.
- 2.4.13. If an application is incomplete or does not meet the requirements, it will not be considered.
- 2.4.14. GCFM and ATFM applications must be submitted to the Medibase office by the deadline specified for the semester's intake, as indicated on the AFPM Website or notified by the Board of Censors.
- 2.4.15. 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.
- 2.4.16. The offer letters for the GCFM and ATFM programmes are valid for the specified intake. Trainees who opted out of the specified intake must reapply to join future intakes.
- 2.4.17. 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 the timeframe specified by the Board of Censors, the application will be rejected.

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 on the AFPM website and application forms in the year of enrolment of the trainee.
- 3.3. In addition to the programme fees, upon submission of the programme application forms, the following payments must be made: -
 - 3.3.1. AFPM membership application fee of RM400.00 (only for applicants who have not registered as a member of AFPM); and
 - 3.3.2. Non-refundable processing fee for each programme application of RM500.00.
 - 3.3.3. Please note that the MOH education grant or sponsorship does not cover processing, membership, training site accreditation, deferment or maintenance fees to remain an active trainee; therefore, MOH trainees must pay these fees.
- 3.4. The required programme fees are subject to change by AFPM from time to time.
- 3.5. The Year 1 programme fee shall be paid in full upon acceptance of the offer of training. The Year 2 programme fee shall be paid in full prior to the commencement of the second year of training, or no later than two (2) months from the official start date of the second-year programme.
- 3.6. Self-funded trainees may submit a formal written appeal to request payment of the programme fee on a per-semester basis. All such appeals shall be considered on a case-by-case basis and shall require the prior approval of the Executive Committee (EXCO). Approval, if granted, shall be subject to such terms and conditions as may be determined by EXCO.
- 3.7. Trainees admitted into the AFPM training programme under the *Hadiah Latihan Persekutuan* (HLP) scheme are required to maintain a valid and continuous HLP status throughout the duration of their training. Withdrawal, termination, lapse, or cessation of HLP sponsorship for any reason whatsoever shall automatically result in the loss of the trainee's active training status with AFPM, and removal from the training programme with effect from the date such sponsorship ceases, unless otherwise determined by AFPM.
- 3.8. Failure to pay the required fees within the time specified in Clause 3.5, in the offer letter, or within any formally approved extension or grace period granted by AFPM/Medibase shall result in the automatic lapse of the trainee's registration and active training status, without further notice. The trainee shall be immediately withdrawn from the programme, and all access to training activities,

facilities, and web-based resources shall be terminated. Reinstatement, if any, shall be subject to full settlement of all outstanding fees and prior approval by AFPM.

- 3.9. Other costs, such as trainees' travel expenses to attend workshops/seminars, accommodation, etc., must be borne by the trainees.
- 3.10. All payments should be made payable to the ['ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA' (AM BANK 001-201-0101820)]
- 3.11. Should a trainee defer, a deferment processing fee of RM500.00 will be charged for each deferment. Please refer to the section on "Deferment Rules for the GCFM Programmes" and "Deferment Rules for the ATFM Programme" for further information on deferment.
- 3.12. A trainee must pay the examination registration fee for each attempt at the GCFM Final Professional Examination, as well as for Part I and Part II of the Conjoint MAFP/ICFRACGP Examination. Examination fees are determined by the rates published on the AFPM website or the current year's examination application forms.
- 3.13. If a trainee requests rechecking of their examination marks, a fee of RM2,000.00 will be charged. If there is an error on Medibase's part, the fee will be refunded.
- 3.14. No remarking of any component of the GCFM Programme or ATFM Programme's assessment or examination shall be entertained.
- 3.15. Refunds for the GCFM and ATFM programme fees must be approved by the EXCO. The refund structure is as follows:
 - a) Withdrawal from the program within two months of registration will incur an administration penalty, resulting in a reduced refund amount by AFPM. The programme directors will determine and calculate the appropriate refund amount.
 - b) Withdrawal from the programme after 2 months of registration – no refund.
- 3.16. The Board of Censors must approve a refund request for the examination fee. The refund of the structure for the examination fee is as follows:
 - a) If a candidate withdraws from the examination before the Board of Censors (BOC) reviews their application, the amount of refund is after deduction of the administrative cost incurred by AFPM.
 - b) A 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.

- c) A 50% refund will be issued if a candidate withdraws from the examination one (1) month or less before the scheduled examination date.
- d) Candidates who withdraw from the examination within 36 hours before the scheduled start time, or who are unable to complete the examination, must seek approval for a refund from the Censor-in-Chief. The Censor-in-Chief will determine the refund amount.

AFPM

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 to an appropriate standard using available resources, assessing trainees' work fairly, objectively, and consistently throughout the course, and providing other relevant assistance.

The Management reserves the right to amend, add, or delete courses as deemed appropriate, 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 two (2) years, with each semester lasting five (5) months.
- 4.1.2 The candidature period is three (3) years from the date of enrolment. A trainee must pass the Final Examination within this timeframe. If a trainee defers a semester, the candidature period will be extended accordingly. (Please note that for trainees' intake prior to 2026, the candidature period is five (5) years from the date of enrolment.)
- 4.1.3 For each semester, four (4) modules will be online, with a total of sixteen (16) modules for the four (4) semesters. The learning-teaching time for each module will be one (1) month, with an additional grace period of one calendar week (7 days) for the submission of required assignments. During that period, trainees can contact the module writer/coordinator online for assistance.
- 4.1.4 A final professional examination on all 16 modules will be held at the end of Semester 4 ("GCFM Final Professional Examination").
- 4.1.5 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 providing an educational experience of equal quality to the learner, tailored to 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 in-person courses, students can take classes from the convenience of their homes (or

clinics) through online courses. In collaboration with the online learning platform and the AFPM IT team, the GCFM Programme will be offered via distance learning.

4.1.6 Trainees will be given the necessary tutoring on how to access the ELMS and 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 each week to the Distance Learning modules.
- Working knowledge of computers.
- 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 using the internet.
- Able to express thoughts and opinions in writing.
- Can read analytically and critically.
- Do not give up easily and are willing to seek help when necessary.

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

4.1.8 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, conducted at the beginning of each semester, is the ‘Practice Skills Workshop’, and the second, conducted a few months later, is the ‘**Modules Workshop**’. The Practice Skills Workshop focuses on the practical aspects and skills of family medicine. The Modules Workshop will discuss the modules themselves.

4.1.9 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 Eligibility Criteria for full details.)

- 4.1.10 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 will be accessible on the ELMS.
- 4.1.11 Trainees must ensure they have sufficient internet access, a computer, accessories, and other necessary equipment for participating in virtual workshops, teachings, and exams.
- 4.1.12 Applicants who are unable to meet these requirements are advised to reconsider their application, as adequate resources are essential for successful completion of the course.

4.2 Overview of Course Structure for ATFM Programme

- 4.2.1 The ATFM Programme consists of four (4) semesters over a period of two (2) years, with each semester lasting six (6) months.
- 4.2.2 The ATFM Programme adopts a varied type of methodology, such as small group teaching, online or e-learning and workshops. The ATFM Programme aims to train trainees to become competent family physicians with the required competencies by emphasising practical training in consultation, practical and procedural skills, evidence-based practice, research, and quality assurance.
- 4.2.3 The candidates will have 3 supervisors throughout the 2-year programme: Clinical supervisor, academic supervisor and research supervisor.
- 4.2.4 The clinical supervisor for trainees in Klinik Kesihatan / University clinics / Premises where there is an on-site FMS must be nominated within 2 months of starting the programme. Failure to do so may result in suspension of the programme.
- 4.2.5 Any change in supervision must be formally notified in writing to the ATFM Director and ATFM Secretariat within one (1) month of the effective date of the change. A new supervisor must be nominated and confirmed within the same period.
- 4.2.6 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 will be available, much of the trainees' learning will come through self-study. It is suggested that trainees should spend no less than ten (10) hours per week on self-study and meet in a small group of approximately five (5) trainees weekly for group study.
- 4.2.7 To be a competent family physician, trainees in the ATFM Programme 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 the quality of care provided.
- willingness to work as a team when the care of the patient requires multi-professional input.

- 4.2.8 There will be fifteen clinical modules, consisting of 13 with monthly mentoring sessions and 2 special study modules. There is also a research module. The thirteen (13) monthly mentoring sessions focus on system-based clinical problem-solving and management skills. These mentoring sessions will be facilitated by experienced family physicians and will provide trainees with hands-on training in the Clinical Competency Examination (CCE). Trainees are required to complete two (2) Special Study Modules during the two semester breaks in the programme. There will not be any assignments in the Special Study Modules.
- 4.2.9 Issues that fall under broader themes will be included across several mentoring sessions, as well as centralised workshops.
- 4.2.10 Centralised workshops aim to strengthen hands-on communication, clinical, practical and procedural skills, deepening understanding and application of 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 face-to-face, or all virtual/or a combination (i.e., hybrid).
- 4.2.11 Work-based assessments are formative to ensure the quality of our trainees. The precepting session is conducted either face-to-face or virtually, with direct observation of the trainee's consultation and patient management at the work site. Case-based discussions will be held monthly during mentoring sessions, using cases from the trainee's logbook.
- 4.2.12 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 trainees upon enrolment, and is accessible on ELMS. Further details are also provided in the ATFM Programme Handbook

4.3 Training Site Accreditation Requirement.

- 4.3.1 Practices that host AFPM trainees must be accredited by the Board of Censors.
- 4.3.2 The requirements for training sites must adhere to the AFPM Training Site Accreditation Guidelines (Appendix 2: Training Site Accreditation Policy).

4.3.3 Trainees must apply for training site accreditation and notify the Board of Censors about any workplace changes.

4.3.4 Fees:

- a) GCFM application – There is no charge for the first practice accreditation when applying to join the GCFM and ATFM.
- b) For the second and any subsequent practice accreditation, there will be a fee of RM300 for each additional practice if the trainee is practising in more than one location or relocating practice.
- c) Relocation of practice:
 - i. If a trainee relocates to a different practice that holds a valid AFPM training site accreditation certificate, there is no need to apply for new certification.
 - ii. If a trainee relocates to a different practice that does not possess a valid AFPM training site accreditation certificate, there will be a charge of RM300 for each practice.
- d) A renewal fee for a training site accreditation certificate is RM300 per practice.
- e) Please take note that the MOH education grant or sponsorship does not cover the cost of training site accreditation; therefore, MOH trainees must pay these fees.

4.3.5 Accreditation categories & outcomes:

- a) **Full Accreditation (5 years)** — Meets all essential criteria and most recommended criteria.
- b) **Conditional Accreditation (3 years)** — Meets the essential criteria but requires specific improvements to comply with the conditions set by the Board of Censors (BOC), addressing any significant gaps and periodic reporting requirements.
- c) **Not Accredited** — Major deficiencies; not approved to host AFPM trainees.

4.3.6 A valid training site certificate is required throughout the training until successful completion of the examination.

4.4 Deferment Rules for the GCFM Programme.

- 4.4.1 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 Board of Censors.
- 4.4.2 Training candidacy for trainees who defer will be extended accordingly. However, the total training duration shall not exceed five (5) years under any circumstances.
- 4.4.3 All deferments need to be notified to the office in writing.
- 4.4.4 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 their candidature/training.
- 4.4.5 In the event the deferment is due to medical grounds, supporting documents must be submitted immediately.
- 4.4.6 Deferment fee of RM500 must be paid in any event of deferment. Please note that the MOH education grant or sponsorship does not cover deferment fees; therefore, MOH trainees must pay these fees.
- 4.4.7 Should a trainee defer for the second time for the same semester, the trainee will need to re-register as a new trainee and restart the program from the beginning, plus pay the whole GCFM Programme fee at the time of registration.
- 4.4.8 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.
- 4.4.9 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.
- 4.4.10 Trainees are required to complete and pass the GCFM Final Professional Examination before their training candidacy expires. Failure to fulfil this requirement will result in discontinuation from the programme in accordance with the programme's regulations.

4.5 Deferment Rules for the ATFM Programmes

- 4.5.1 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.
- 4.5.2 All deferment requests need to be notified to the office in writing.

- 4.5.3 The ATFM Programme consists of 13 Clinical Modules, 2 Special Study 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.
- 4.5.4 The Research Module, however, cannot be deferred. The Research Module must continue until the 'research presentation' because the ATFM research is a group project involving a few ATFM trainees. Trainees are expected to attend the COMPULSORY Research Introductory Workshop, and 4 out of 5 (80%) of all research workshops and discussions with research mentors, in accordance with prevailing ATFM rules and regulations.
- 4.5.5 As per prevailing rules and regulations, two mandatory visits by WBA assessors must be made for each trainee during the ATFM program. Even during deferment, the two WBA visits must be completed, preferably one per academic year.
- 4.5.6 Deferment fee of RM500 must be paid in any event of deferment. Please note that the MOH education grant or sponsorship does not cover deferment fees; therefore, MOH trainees must pay these fees.
- 4.5.7 Only a one-time deferment of one year is allowed during the 2-year ATFM training programme.
- 4.5.8 The e-portal will not be accessible to the trainee during the period of deferment.
- 4.5.9 The e-portal will be accessible when the trainee resumes their training and has made the necessary programme fee payment.
- 4.5.10 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, if there are any changes to the fees applicable to deferment, any difference must be paid by the trainee, if any.
- 4.5.11 On resuming the ATFM programme, the trainee will be assigned an appropriate academic supervisor/mentor, clinical supervisor, and WBA assessor, according to standard practice.
- 4.5.12 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.

4.6 Extended Leave Beyond the Allowable Period

- 4.6.1 Trainees must remain in active full-time primary care practice throughout the GCFM and ATFM Programme until completion of the GCFM Final Professional Examination, Part I and Part II MAFP/ICFRACGP Conjoint Examination.

- 4.6.2 Trainees can take up to 28 days of leave of absence per year. Please refer to Appendix 1 regarding the definition of “Full-time General Practice or Primary Care”.
- 4.6.3 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 the Academic Misconduct Policy, including (at AFPM's discretion) examination results nullification.
- 4.6.4 Trainees must be aware that taking extended leave will affect the general practice experience (GPE), and trainees may risk not meeting the examination eligibility requirements.
- 4.6.5 Please refer to Appendix 6: AFPM leave policy for AFPM trainees, for further details.

4.7 Withdrawal of Candidature/Training

- 4.7.1 A trainee who wishes to withdraw from the GCFM Programme or ATFM Programme needs to submit a withdrawal letter to the respective course directors.
- 4.7.2 A trainee who has withdrawn from the programme may apply for readmission by submitting a new application and, if accepted, will be required to restart the programme from the beginning.

4.8 Maintenance of Active Training Status for AFPM Trainees

- 4.8.1 All AFPM trainees are required to maintain Active Training Status continuously from the date of entry into the training programme until completion of training and award of qualification.
- 4.8.2 This rule applies to all AFPM trainees, including but not limited to:
 - a) Trainees actively undertaking clinical and academic training;
 - b) Trainees who have failed an examination but still have remaining eligible examination attempts;
 - c) Trainees who have not graduated on time; or
 - d) Trainees undergoing an extended or interrupted training period, where applicable.
- 4.8.3 Active Training Status is a mandatory prerequisite for:
 - a) Ongoing recognition as an AFPM trainee;
 - b) Eligibility to sit for relevant examinations;

- c) Access to AFPM training activities, supervision, online learning platform, academic programmes, institutional training support, etc.

4.8.4 Requirements for maintaining active training status:

4.8.4.1 **Annual Renewal of AFPM Membership**

- a) Trainees must renew their AFPM membership annually throughout the training period.
- b) Membership must always remain active and in benefit.
- c) AFPM membership must be active prior to the commencement of the programme and must be maintained continuously throughout the duration of training.
- d) AFPM membership is valid on a calendar-year basis (1 January to 31 December). All trainees must renew and fully settle their annual membership fees by 1 March each year. Failure to renew by 1 March shall result in the automatic suspension of active training status until membership is reinstated and all outstanding dues are fully settled.
- e) If membership remains unpaid as of 1 April, the trainee shall be automatically terminated from the training programme without further notice, unless otherwise determined by the Faculty of Education and EXCO under exceptional circumstances.
- f) Removal from the programme under this clause shall be deemed a termination of training and shall be subject to AFPM's prevailing policies and procedures.

4.8.4.2 **Payment of Programme Fees**

- a) Trainees are required to pay all prescribed programme fees as determined by AFPM within the stipulated timelines to maintain Active Training Status. Please refer to the section "Fees & Refund Policy".
- b) Programme fees must be fully paid and kept up to date throughout the duration of the training programme.
- c) The Year 1 programme fee shall be paid in full upon acceptance of the offer of training. The Year 2 programme fee shall be paid in full prior to the commencement of the second year of training, or no later than two (2) months from the official start date of the second-year programme.
- d) Self-funded trainees may submit a formal written appeal to request payment of the programme fee on a per-semester basis. All such appeals shall be considered on a case-by-case basis and shall require the prior approval of the EXCO. Approval, if granted, shall be subject to such terms and conditions as may be determined by EXCO.

- e) Trainees admitted into the AFPM training programme under the *Hadiah Latihan Persekutuan* (HLP) scheme are required to maintain a valid and continuous HLP status throughout the duration of their training. Withdrawal, termination, lapse, or cessation of HLP sponsorship for any reason whatsoever shall automatically result in the loss of the trainee's active training status with AFPM, and removal from the training programme with effect from the date such sponsorship ceases, unless otherwise determined by AFPM.
- f) Any lapse or failure to pay programme fees by the due date shall result in automatic suspension of Active Training Status.
- g) During the suspension of Active Training Status, the trainee shall:
 - i. Not be permitted to participate in any AFPM-organised or AFPM-recognised training activities, academic programmes, workshops, or educational events;
 - ii. Not be entitled to training supervision, institutional support, or certification of training activities;
 - iii. Not be regarded as being in active training for programme progression.
- h) If the programme fee remains unpaid for three (3) months from the original due date, the trainee shall be automatically terminated from the training programme without further notice, unless otherwise determined by the Faculty of Education and EXCO under exceptional circumstances.
- i) Removal from the programme under this clause shall be deemed a termination of training and shall be subject to AFPM's prevailing policies and procedures.

4.8.4.3 **Valid Annual Practising Certificate (APC)**

- a) Trainees must always hold a valid APC during training, with no lapse in validity.
- b) Responsibility for maintaining APC validity rests solely with the trainee.
- c) A trainee without a valid APC will have their Active Training Status suspended until valid APC documentation is provided.
- d) Any period with lapse of APC shall not be recognised as valid training time, and their work experience will not be counted as valid GPE (General Practice Experience).

4.8.4.4 **Maintenance Fee for Trainees Who Have Failed an Examination but Retain Eligible Attempts**

- a) Trainees who have failed any component of the examination but still have remaining eligible examination attempts are required to maintain Active Training Status if they wish to:

- i. Continue to be recognised as AFPM trainees;
 - ii. Access AFPM-organised or AFPM-recognised training support, academic activities, and supervision;
 - iii. Remain eligible to sit for subsequent examinations.
- b) For this purpose, such trainees are required to pay an Active Trainee Status Maintenance Fee:
 - i. GCFM Programme: RM100 per semester
 - ii. ATFM trainees/Part I/Part II Examination trainees: RM500 per semester.
- c) Please note that the MOH education grant or sponsorship does not cover processing, membership, training site accreditation, deferment or maintenance fees to remain an active trainee; therefore, MOH trainees must ensure that these fees are paid.
- d) This fee (in "b") is in addition to AFPM membership fees, and shall continue to be payable until:
 - i. The trainee successfully passes the relevant examination; or
 - ii. The trainee exhausts all eligible examination attempts; or
 - iii. The trainee formally withdraws from the training programme.
- e) Any lapse or failure to pay maintenance fees by the due date shall result in automatic suspension of Active Training Status.
- f) During the period of suspension, the trainee shall:
 - i. Not be permitted to participate in any remedial training activities organised by AFPM;
 - ii. Not be entitled to training supervision funded by AFPM, institutional support, or certification of training activities; and
 - iii. Not eligible to sit the examination (will be deemed as a failed attempt).
- j) If the maintenance fee remains unpaid for three (3) months from the original due date, the trainee shall be removed from the training programme and lose all eligible examination attempts without further notice, unless otherwise determined by the Faculty of Education and EXCO under exceptional circumstances.

4.8.5 Failure to comply with any requirement under this policy may result in one or more of the following actions:

- a) Suspension of Active Training Status;
- b) Ineligibility to participate in AFPM training or academic activities;
- c) Loss of eligibility to sit for examinations or receive training support; and
- d) Any period during which Active Training Status is suspended shall not be recognised as valid training time.

4.8.6 Active Training Status may only be reinstated after the trainee has:

- a) Settled all outstanding fees and payments (membership, programme or Active Trainee Status Maintenance Fee);
- b) Provided evidence of active AFPM membership in good standing; and/or
- c) Provided proof of a valid APC.

4.8.7 Reactivation of status is subject to AFPM approval and may be accompanied by additional conditions, where deemed necessary.

4.8.8 A trainee who is suspended or removed from the programme under this policy may submit a formal written appeal to the Faculty of Education.

4.8.9 Any appeal must:

- a) Be submitted in writing within fourteen (14) days from the date of notification of suspension or removal;
- b) Clearly state the grounds for appeal; and
- c) Be supported by relevant documentary evidence, where applicable.

4.8.10 Appeals related to non-payment of training fees may only be considered if:

- a) There are exceptional and justifiable circumstances; and
- b) The trainee undertakes to settle all outstanding fees within a timeframe specified by the Faculty of Education.

4.8.11 Submission of an appeal does not automatically reinstate Active Training Status, unless expressly approved in writing by the Faculty of Education.

4.8.12 The decision on any appeal shall be final and binding, and no further correspondence shall be entertained.

4.9 Academic Misconduct

4.9.1 This policy applies 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 AFPM-appointed trainers who are involved in the educational program.

4.9.2 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 member.

4.9.3 Examples of Academic Misconduct include, but are not limited to:

4.9.3.1 Falsification of Data, Records, and Official Documents

- a) Submitting falsified documents to AFPM.
- b) Altering/manipulating academic records, or documents related to academic records.
- c) Altering/manipulating employment records, or documents related to employment records.
- d) 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.
- e) Submitting false patient records, workplace data or documents to gain approval from the Board of Censors to enter the programme or sit an examination.
- f) Forging a signature of authorisation or falsifying information on an official document, letter of recommendation/reference, letter of permission, or any document.
- g) Using or attempting to use AFPM official letters or documents for unauthorised use.
- h) Misrepresentation of academic status, including attendance (e.g. registered for a workshop but later absconded after the attendance was recorded).
- i) Did not update the change in working hours or employment (which may affect trainees' eligibility to remain in the programme or sit the examination).
- j) Did not oblige to the condition(s) set by the Board of Censors.
- k) Did not apply for an extended leave during the programme (such as taking unpaid leave, maternity leave, or extended medical leave).
- l) Did not declare any gaps in practice in the application form.

- m) Providing pieces of information intended to mislead the Board of Censors.

4.9.3.2 Cheating

- a) 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.
- b) Copying or attempting to copy from others on an assignment or during an exam.
- c) Allowing or attempting to allow others to copy on an assignment or during an exam.
- d) 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.
- e) Communicating examination materials or answers with another person during or after an exam.
- f) 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.
- g) Using or attempting to use unauthorised academic material, such as using/obtaining study notes from another student without their consent.
- h) Using or attempting to use other students' research, logbook, or assignments and declaring them as one's own work.
- i) Allowing another person to access and use one's work for research, logbook, or assignments and submitting it as the other person's work.
- j) Collaborating with other students for a project or assignments when instructions are for students to complete the work independently.
- k) Using electronic devices (e.g. video recorders, computers, phones, watches, calculators, etc.) that provide answers or other unauthorised information or making unauthorised recordings of examinations.

4.9.3.3 Plagiarism

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

4.9.3.4 **Breach of AFPM's intellectual property rights.**

- a) Allowing or attempting to allow unauthorised persons to gain access to the programme curriculum, modules, assignments, or examination materials.
- b) Producing or attempting to produce an unauthorised compilation of examination questions based on AFPM's examination papers, such as by memorising the exam questions which are later recalled.
- c) 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.
- d) Breach of AFPM Social Media Policy, refer to Appendix 5: Academy of Family Physicians of Malaysia Social Media Policy.

4.9.3.5 **Unethical research conduct.**

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

4.9.3.6 **Actions that cause interference and disturbance.**

- a) 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.
- b) Causing disturbance during class, workshop, mentoring sessions, or examinations that detrimentally affect other students.
- c) 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.
- d) Failure to attend registered courses that have been fully paid or partially paid by AFPM.

4.9.4 Breach of AFPM Social Media Policy, refer to Appendix 5: Academy of Family Physicians of Malaysia Social Media Policy.

4.9.5 Reporting Academic Misconduct:

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

No	Report of misconduct	Responsible education officer
i.	AFPM staff	Honorary Secretary
ii.	GCFM trainees	GCFM Course Coordinator
iii.	ATFM trainees	ATFM Course Coordinator
iv.	GCFM Final Exam Trainees	GCFM Course Coordinator
v.	Part I and Part II trainees	ATFM Course/Exam Coordinator

4.9.6 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 own investigating officer.

4.9.7 Examples of cases that may be redirected to the faculty include, but are not limited to:

- a) Matters relating to curricula, such as cheating on assignments or plagiarism.
- b) Attendance
- c) Research matters

- 4.9.8 Examples of cases that the Board of Censors may handle include, but are not limited to:
- a) Falsified documents for enrolment or examination
 - b) False employment declaration.
 - c) Failed to remain in full-time general practice until completion of the programme.
 - d) Cheating during the examination.
 - e) Breach of AFPM's intellectual property rights.
- 4.9.9 The investigating officer will notify the party involved with a detailed report and request a written response to be submitted to the investigating officer within 14 working days.
- 4.9.10 The Board of Censors may dismiss any academic misconduct report and close the case without further action if the report is found to be:
- a) Submitted anonymously.
 - b) Outside the jurisdiction of this policy, such as involving personal issues between two parties or unrelated to academic programmes or examinations.
 - c) Minor and does not warrant further investigation.
 - d) Defamatory or malicious with bad intent.
- 4.9.11 Investigation of academic misconduct report, inquiry outcome, and sanction.
- 4.9.12 This inquiry should not be treated as a judicial review; therefore, it will not require lawyers to represent both parties. If a criminal act was committed, the AFPM executive committee should proceed with a police report for further action.
- 4.9.13 Officers involved in academic conduct inquiry must apply the principle of natural justice and "procedural fairness" in the investigation.
- 4.9.14 Upon completion of the investigation, the officer must report the conclusion to the faculty or the Board of Censors.
- 4.9.15 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.
- 4.9.16 The inquiry conclusion should be presented at the faculty meeting or the Board of Censors' meeting for a collective decision on the verdict.

- 4.9.17 If found guilty, the faculty or the Board of Censors may give an order for administrative sanction.
- 4.9.18 Examples of sanctions are as follows, but not limited to:
- a) A letter of reprimand.
 - b) An order to provide a written apology to AFPM or any other person affected by the misconduct.
 - c) Resubmission of an assignment or submission of an extra assignment.
 - d) A defined period of suspension (during the suspension, trainees will not be allowed to sit for the exam(s), hence considered failed attempt(s).
 - e) Voiding of any exam result or alteration of the result of any exam (change status from pass to fail or given a zero (0) grade for the entire exam).
 - f) Prohibit from completing any programme or examination.
 - g) Prohibit from applying for AFPM's educational programme in the future.
 - h) 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).
 - i) Permanent expulsion, dismissal, or termination from the programme without eligibility for a refund of programme or examination fees.
 - j) Withholding of a degree/award, or
 - k) Any combination of the previously listed sanctions.
- 4.9.19 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 reported to the AFPM Council.
- 4.9.20 The outcome of the inquiry, with or without sanction, should be provided in writing to the party involved within fourteen (14) working days after the determination of the outcome.
- 4.9.21 Appeal/Grievance:
- a) If the party of interest has substantial evidence that the inquiry process was conducted with bias, the trainees/trainees/members/staff 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 five working days after the closing of the investigation.
- c) The Dean of Graduate Studies will chair all appeal processes.
- d) The Dean of Graduate Studies may decide to order 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.

4.10 Grievance, Near Miss Register and Critical Incidents.

4.10.1 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.

4.10.2 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.

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

- a) Any trainee who has a grievance may raise his/her grievance via:
 - i. the intake's student representative
 - ii. communication with mentor
 - iii. communication with Course Coordinator
 - iv. communication with Programme Director
 - v. communication with COT Chair

- vi. communication with a Censor
- vii. communication with any EXCO or Council Member
- viii. online form submission via AFPM website: <https://www.afpm.org.my/grievance-form>

A formal submission is encouraged.

4.10.4 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 the 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.

4.10.5 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.

4.10.6 Near misses or critical incidents at a trainee's place of practice will be managed according to the policies of that practice. AFPM bears no responsibility for these incidents or their management, as it does not control trainees' practice sites. Trainees are advised to report any grievances or incidents at their place of practice directly to their practice manager.

4.10.7 Members must use the appropriate channel to submit their grievances and must not breach the AFPM social media Policy, refer to Appendix 5: Academy of Family Physicians of Malaysia Social Media Policy.

4.10.8 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

4.10.9 Please refer to Appendix 12 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 assessments 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 twenty (20) 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 for the trainee to be 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' at the end of each module; and
 - v. If a trainee fails to fulfil the requirements (i), (ii), (iii), and (iv), the trainee will need to defer the semester.
- 5.1.3. All coursework, including not only the assignments and logbook but all other assessments, must be the trainees' own and original work.
- 5.1.4. AFPM / Medibase requires all trainees to act with honesty, diligence, and proper acknowledgement of all sources of material. Trainees must not breach, or attempt to breach, assessment regulations or the established scheme of assessment, nor procure others to do so. Any instances of cheating, plagiarism, misrepresentation, bribery, falsification, impersonation, unethical use of AI during coursework, or other forms of deception will be addressed in accordance with the Academic Misconduct Policy.
- 5.1.5. Copying or allowing others to copy will result in a 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 use of AI-generated assignments or cases, dishonesty, or unprofessional conduct—whether in oral presentations or

written work (including online MCQs, assignments, logbooks, and the final examination)—will result in stern action. Penalties may include suspension for 6 months or more or complete dismissal from the course, as determined by the GCFM Faculty Board.

5.2 Assessment and Satisfactory Completion of ATFM Programme

5.2.1. To be eligible to sit for the Part I Examination Trainees must fulfil the criteria below:

- i. Completed and submitted 100% of module assignments in the e-LMS under the ATFM programme within the stipulated time
- ii. Attended a minimum of 11 out of 13 mentoring sessions under the ATFM programme
- iii. Attended a minimum of 7 out of 8 compulsory Workshops under the ATFM programme
- iv. Attended a minimum of 3 out of 4 of the Research Workshops (There are 4 research workshops before the Part I MAFP/icFRACGP Examination, hence the criteria to sit for the exam is 3 out of 4, but for completion of the ATFM programme, the trainee has to complete 4 out of 5)
- v. Obtained satisfactory academic and clinical supervisor reports for 3 semesters (including after remedial action has been taken)
- vi. Sat for a minimum of two (2) end-of-semester tests.
- vii. Attend and pass a BLS or ACLS course by an AHA-certified provider or the Ministry of Health.
- viii. Complete the Workplace-Based Assessment (WBA) precepting sessions in Year 1 ATFM and Year 2 ATFM satisfactorily.
- ix. Have evidence of attending at least 20 CPD/CME Activities

5.2.3 The certificate of completion of the ATFM Programme will be awarded to trainees who:

- i. Pass the Part I and Part 2 MAFP/icFRACGP Examinations, and
- ii. Pass the research component (satisfactory attendance of workshops, completion of research/audit project and project presentation).

5.2.4 In addition to the requirements above, following the latest Medical Act that concerns parallel pathway training, trainees will also be given the Certificate of Completion of Training by the Ministry of Health for the purpose of the National Specialist Registry (NSR) Registration. The

process will be carried out by the AFPM, and trainees will be informed accordingly when the certificates are available.

- 5.2.5. A Clinical module is considered as being completed when all the assignments (AKT and KFP), logbook of patient encounters, video for that module or a reflective report have been submitted to the e-portal within that month.
- 5.2.6. All workshops/teaching/exams may be virtual and/or physical face-to-face or could be all virtual and/or a combination, i.e. a hybrid mode of delivery.
- 5.2.7. Trainees must ensure that they have sufficient internet access/computer/accessories/and other equipment required for virtual workshops, teaching and the examination.
- 5.2.8. 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

- 5.3.3 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 the GCFM Programme or ATFM Programme.
- 5.3.4 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 of these assessments shall be presented to the Board of Examiners by the module writers/tutors/coordinators for endorsement and approval.
- 5.3.5 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.
- 5.3.6 For the GCFM Programme, assignments sent beyond the deadline without a valid reason will not be accepted, and no marks will be given. The trainee will need to defer the semester.
- 5.3.7 For the 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.
- 5.3.8 For the 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 the GCFM

Programme, if within that semester the trainee has not submitted the online MCQ and assignments of the four (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.

- 5.3.9 All work presented for assessment is expected to be the trainee's 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 taken seriously and dealt with accordingly.
- 5.3.10 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.
- 5.3.11 Any appeal regarding assessment should be forwarded to the Director of the GCFM Programme or ATFM Programme (as the case may be).
- 5.3.12 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 the section 'Deferment Rules for the Programmes' for further information on deferment.
- 5.3.13 A trainee must pay the examination registration fee for each attempt at the GCFM Final Professional Examination, Part I and Part II of the Conjoint MAFP/ICFRACGP Examination. Examination fees are determined by the rates published on the AFPM website or the current year's examination application forms.
- 5.3.14 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 payment will be refunded.
- 5.3.15 No remarking of any component of the GCFM Programme or ATFM Programme's assessment or examination shall be entertained.
- 5.3.16 Changes to the modules, policies, rules and regulations on the GCFM Programme or ATFM Programme are 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 practising in Malaysia;
- ii. be a member-in-benefit of the AFPM as defined in the AFPM's Constitution;
- iii. be an active trainee of AFPM;
- iv. have paid all outstanding fees due to AFPM;
- v. have valid APCs throughout the training period;
- vi. have completed the four (4) semesters of the GCFM Programme within the prescribed time frame (i.e. MUST complete the GCFM Programme and pass the GCFM Final Professional Examination within three (3) years from the trainee's enrolment date or before the expiry of the candidacy);
- vii. 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;
- viii. have submitted the two (2) compulsory assignments required for each of the modules under the GCFM Programme;
- ix. have sat for and completed the 'Online MCQ Examination' for each of the modules under the GCFM Programme;
- x. have attended all the 'Practice Skills Workshops' under the GCFM Programme;
- xi. have attended at least three (3) of the four (4) 'Modules Workshops' under the GCFM Programme; and
- xii. 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) Upon completion of the four (4) semesters of the GCFM programme, a trainee MUST attempt the immediate upcoming GCFM Final Professional Examination, as this will be considered as the FIRST attempt;

- b) Subject to item (c) below, a trainee must complete and pass the GCFM Final Professional Examination before the expiry of their training candidacy. Each trainee is allowed a maximum of **FOUR (4)** consecutive attempts, including the first attempt, to pass the GCFM Final Professional Examination. A trainee shall be required to pay the GCFM Final Professional Examination registration fee for each attempt (please refer to the section on 'Fees & Refund Policy'). Should a trainee fail to pass the examination within three (3) years from the date of enrolment (or before the candidacy expires in cases of deferment), the trainee will be required to re-enrol in the GCFM Programme and re-sit the examination from the beginning;

*Note: Intakes prior to 2026: subject to item (c) below, a trainee must complete and pass the GCFM Final Professional Examination before the expiry of their training candidacy. Each trainee is allowed a maximum of **SEVEN (7)** consecutive attempts, including the first attempt, to pass the GCFM Final Professional Examination. A trainee shall be required to pay the GCFM Final Professional Examination registration fee for each attempt (please refer to the section on 'Fees & Refund Policy'). Should a trainee fail to pass the examination within five (5) years from the date of enrolment or before the candidacy expires, the trainee will be required to re-enrol in the GCFM Programme and re-sit the examination from the beginning.

- c) Any deferment, withdrawal, or absence by a trainee from any segment of the GCFM Final Professional Examination shall be deemed a failed attempt for the entire examination. The Board of Censors retains the discretion to grant a trainee a "Special Deferment." A "Special Deferment" may only be granted once, and only on the trainee's final examination attempt, provided the trainee submits a valid reason with supporting written documentation prior to the examination. Any decision made by the Board of Censors, in consultation with the Chief Examiner, is 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 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 stay up to date by reading all notifications and announcements on the AFPM website.

6.1.3. Please refer to the GCFM exam application process flowchart in Appendix 8 for further details.

6.2. Eligibility Criteria for PART I Conjoint MAFP/ICFRACGP Examination (“Part I Examination”)

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

- i. be a medical practitioner fully registered with the MMC and practising in Malaysia;
- ii. be a member-in-benefit of the AFPM as defined in the AFPM's Constitution;
- iii. be an active trainee of AFPM;
- iv. have paid all outstanding fees due to AFPM;
- v. have valid APCs throughout the training period;
- vi. be a member-in-benefit of the Royal Australian College of General Practitioners (“RACGP”);
- vii. 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 before the date of sitting for the Part I Examination;
- viii. have fulfilled all the completion criteria of the ATFM Programme (excluding completion of the research/quality assurance project component); and
- ix. be declared in good standing for clinical practice by submitting a letter of good standing/fitness to practice medicine by the clinical supervisor.

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

- a) Upon completion of three (3) semesters of the ATFM programme, 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 to the section 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;

Note: 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 to the section 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 a failed attempt for the entire Part I Examination. The Board of Censors retains the discretion to grant a trainee a “Special Deferment.” A “Special Deferment” may only be granted once to a trainee who provides a valid reason with supporting written documentation, and such application must be made prior to the Part I Examination. If a Special Deferment is granted, the trainee will retain their remaining attempts to pass the Part I Examination. Any decision made by the Board of Censors, in consultation with the Chief Examiner, is 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 stay up to date by reading all notifications and announcements on the AFPM website.

6.2.3. The Part I Examination shall consist of two (2) components: the Applied Knowledge Test (AKT) and the Key Feature Problem (KFP) paper. A trainee must pass both components to be deemed to have successfully completed the Part I Examination.

6.2.4. A trainee who fails either component of the Part I Examination shall be required to re-sit only the failed component, provided that the trainee has remaining eligible examination attempts in accordance with the applicable examination regulations.

6.2.5. Please refer to the conjoint exam application process flowchart in Appendix 9 for further details.

6.3. Eligibility Criteria for PART II Conjoint MAFP/ ICFRACGP Examination (“Part II Examination”)

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

- i. have successfully completed the Part I Examination;
- ii. be a medical practitioner fully registered with the MMC and practising in Malaysia;
- iii. be a member-in-benefit of the AFPM as defined in the AFPM's Constitution;
- iv. be an active trainee of AFPM;
- v. have paid all outstanding fees due to AFPM;
- vi. have valid APCs throughout the training period;
- vii. be a member-in-benefit of the RACGP;
- viii. be working full-time in general practice/primary care or its approved equivalent for a period of not less than six (6) months continuously before the Part II Examination;
- ix. have a valid BLS certificate or ACLS certificate; and
- x. be declared in good standing for clinical practice by submitting a letter of good standing/fitness to practice medicine by the clinical supervisor.

6.3.2. 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, each trainee is allowed a maximum of three (3) consecutive attempts, including the first attempt, to pass the Part II Examination. The Part II Examination registration fee must be paid for each attempt (refer to the section on ‘Fees & Refund Policy’). Failure to complete and pass the Part II Examination within three (3) consecutive attempts will require the trainee to re-enrol in the ATFM Programme and to fulfil the criteria for both the Part I and subsequently the Part II Examinations again*;
- c) Any deferment, withdrawal, or absence by a trainee from any segment of the Part II Examination shall be deemed a failed attempt for the entire Part II Examination. The Board of Censors retains the discretion to grant a trainee a “Special Deferment.” A “Special Deferment” may only be granted once to a trainee who provides a valid reason with supporting written documentation, and such application must be made prior to the Part II Examination. If a Special Deferment is granted, the trainee will retain their remaining

attempts to pass the Part II Examination. Any decision made by the Board of Censors, in consultation with the Chief Examiner, is 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 stay up to date by reading all notifications and announcements on the AFPM website.

6.3.3. Please refer to the conjoint exam application process flowchart in Appendix 9 for further details.

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

6.4. A Change in the Eligibility Status

- 6.4.1. 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.
- 6.4.2. A trainee may become ineligible in any of the following situations:
- a) Loss of medical registration.
 - b) Failure to obtain a valid Annual Practising Certificate (APC).
 - c) Failure to maintain status as an active trainee with AFPM or under suspension of active training status.
 - d) Taken an unapproved extended period of leave.
 - e) Serving the academic misconduct sanctions, such as being barred from an examination or suspended from the programme.
 - f) Reduced practising hours or failure to comply with the recommendation set by the Board of Censors at entry or during the training.
 - g) Change of practice that is no longer meeting the AFPM training requirements.
 - h) Any other situations that cause the candidate to not meet the eligibility criteria as set by AFPM.

7. MAFP & ICFRACGP AWARD REQUIREMENTS

- 7.1. After successfully passing the Part I Examination and Part II Examination, a trainee needs to comply with the requirements set out in Appendix 15 of this Handbook before the trainee can be awarded the MAFP & ICFRACGP award.
- 7.2. 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/ICFRACGP Examinations does not automatically award any trainee the MAFP or ICFRACGP qualifications.
- 7.3. 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.
- 7.4. 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/ICFRACGP Examination.
- 7.5. 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.
- 7.6. 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.
- 7.7. 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.
- 7.8. Please refer to Appendix 15 ('MAFP & 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 is as follows: -

- a) certified true copy of registration with the Malaysian Medical Council, or where applicable, the medical council of the country of origin, which is recognised by WHO (English translation needed where applicable);
- b) certified true copy/copies of a 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 the 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 to the trainee being barred from participating in programmes, examinations, or receiving the corresponding award of recognition. The Censor Board considers it a serious offence 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 the Academic Misconduct Policy section.

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, workplace-based assessment (WBA), 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. 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 ensure uninterrupted face-to-face patient encounters, without student participation, whether through 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 (e.g., 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 the 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 examination 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/problems 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

**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 requirements 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.

- a) Must be classified as level 1, 2, 3, or 4 based on the number of patients and services provided.
- b) 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.
- c) 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 Officers – provided that the clinics meet the AFPM requirements
2.	Government Health Centres/ 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.

		<ul style="list-style-type: none"> - 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.
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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
- Homoeopathy, complementary 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 Master's of Family Medicine programme

7. Practising specialists in other disciplines are not allowed to enrol 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 be considered only if they have fully left their speciality practice and have worked full-time as general practice or primary care doctors for the required duration for examination eligibility. If trainees are found to revert to speciality 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/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 (see the template below), General Practice Assessment for Training form, and 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/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 examination 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: Training Site Accreditation Policy

1. Purpose and scope

This guideline details the standards, procedures, and evidence requirements for accrediting training sites for the Academy of Family Physicians of Malaysia (AFPM) training programmes. It aligns with the following:

- i. Malaysian Medical Council (MMC)-Specialist Specific Requirements (SSR) for Primary Care Training,
- ii. Malaysian National Postgraduate Medical Curriculum (NPMC) - Primary Care Medicine Postgraduate Training, and
- iii. RACGP Training Requirements.

This guideline applies to all clinical training sites that wish to host trainees under AFPM programmes. This includes government health centres, private general practice clinics, university primary care health centres, and Ministry of Defence primary care health centres.

2. Definitions

- 2.1. **Training site:** Any clinical setting formally approved to host AFPM trainees.
- 2.2. **Clinical supervisor:** Clinician directly responsible for day-to-day educational supervision, site-level quality, safety and compliance of a registrar.
- 2.3. **Trainee:** trainee enrolled in the AFPM training program.

3. Principles

- 3.1. Patient safety and high-quality clinical supervision are paramount.
- 3.2. Training exposure must be broad, relevant and documented to meet AFPM and RACGP curricula.
- 3.3. Training site must have the capacity to meet the AFPM, RACGP and MMC-SSR training requirements.
- 3.4. Transparency, fairness and continuous improvement underpin accreditation decisions.

4. Fees

- 4.1. GCFM or ATFM application – There is no charge for the first practice accreditation when applying to join the GCFM or ATFM.

4.2. For the second and any subsequent practice accreditation, there will be a fee of RM300 for each additional practice if the trainee is practising in more than one location.

4.3. Relocation of practice:

- a) If a trainee relocates to a different practice that holds a valid AFPM training site accreditation certificate, there is no need to apply for new certification.
- b) If a trainee relocates to a different practice that does not possess a valid AFPM training site accreditation certificate, there will be a charge of RM300 for each practice.
- c) The renewal fee for a training site accreditation certificate is RM300 per practice.

5. Accreditation categories & outcomes

5.1. **Full Accreditation (5 years)** — Meets all essential criteria and most recommended criteria.

5.2. **Conditional Accreditation (3 years)** — Meets the compulsory essential criteria (A1-A3 and D1-2) but requires specific improvements to comply with the conditions set by the Board of Censors (BOC), addressing any significant gaps and periodic reporting requirements.

5.3. **Not Accredited** — Major deficiencies; not approved to host AFPM trainees.

6. Accreditation domains and numbered criteria

Each domain lists essential (E) and recommended (R) criteria, along with examples of evidence.

Domain A — Governance, Administration & Compliance with Legislation.

A1 (E) The practice is registered with the regulating authority. [COMPULSORY]

A2 (E) Valid APC for all practitioners. [COMPULSORY]

A3 (E) Professional indemnity insurance for all practitioners. [COMPULSORY]

A4.1 (E) Documented policies for patient safety

A4.2 (E) Documented policies for incident reporting and trainee supervision.

A4.3 (E) Documented policies for trainee supervision.

Domain B — Curriculum Delivery & Educational Framework

B1 (E) The site offers clinical experiences aligned with AFPM curriculum learning outcomes.

B2 (R) Structured teaching sessions and protected learning time.

Domain C — Supervision & Assessment

C1 (E) Clinical supervisor with relevant qualifications.

C2 (E) Supervisor: trainee ratio within acceptable limits (1:4 for primary care training).

Domain D — Clinical Exposure & Case-mix

D1 (E) Practising days and hours meet the AFPM training requirements. [COMPULSORY]

D2 (E) Minimum caseload meets the AFPM training requirements. [COMPULSORY]

D3 (E) Minimum patient mix across core areas: acute care, chronic disease, women's health, maternal health and paediatrics meets the AFPM training requirements.

D4 (E) Safe drug management and access to essential drugs to provide care for chronic disease management.

D5 (E) Essentials point-of-care testing is provided.

D6 (E) Ultrasound machine for basic obstetric ultrasound is available.

D7 (R) Opportunities for procedural skill acquisition relevant to family medicine.

Domain E — Facilities, Resources & IT

E1 (E) Adequate clinical space and patient confidentiality measures.

E2 (E) Access to electronic medical records or reliable patient record systems.

E3 (R) Library/learning resources and online access to curriculum materials.

Domain F — Trainee Support & Wellbeing

F1.1 (E) Clear policies for annual, sick and other mandatory leave.

F1.2 (R) Policies on unrecorded leave for training.

F1.3 (R) Policies on medical benefit and access to wellbeing services.

F2 (E) Structured orientation program for new employees.

F3 (E) Mechanism for confidential feedback and grievance handling.

7. Evidence & documentation checklist

7.1. Applicants must submit the following:

- a) Self-assessment form: Primary Care Practice Assessment – for trainees.

- b) Proof of clinic registration (for private practices).
- c) Professional indemnity certificate for both the clinic and its practitioners.
- d) Policy documents:
- e) Patient safety
- f) Managing incidents
- g) Practitioner supervision - including providing feedback to trainees and addressing trainees' grievances within the practice
- h) Policy on annual leave, sick leave/occupational health and training leave.
- i) Staff orientation
- j) Teaching plan and timetables.
- k) Patient case-mix reports (RFE data) – for every trainee applying to join training.
- l) Sample of medical records – for every trainee applying to join training.
- m) Clinic layout/floor plan.
- n) Photos: *Must include the trainee. Images of the clinic entrance, registration area, consultation room, procedure room, drug storage room, and waiting area.*
- o) Any other documents requested by the Censors.

8. Application & review process (step-by-step)

- 8.1. Applicant may email to request the self-assessment document form from the programme coordinator.
- 8.2. Applicant completes the self-assessment document and prepares all supporting documentation.
- 8.3. GCFM applicant to request a link from the AFPM IT Department for submission of the completed self-assessment document and supportive evidence.
- 8.4. ATFM applicant may submit the training site accreditation documents using the same link as the ATFM application.
- 8.5. Once all documents are uploaded, applicants must notify the programme coordinator. The coordinator will assign a Censor from the Board of Censors for document desk review, who aims to complete it within 4 weeks.

- 8.6. Censor may request additional documentation following the initial desk review.
- 8.7. Censors will be involved in the shortlisting and scheduling of virtual or onsite assessment.
- 8.8. Censors will conduct a site visit (if required) and provide an assessment report.
- 8.9. If sites receive conditional approval, the applicants must agree and accept the proposed remediation plan and timelines.
- 8.10. The Board of Censors will review and endorse the accreditation report, additional conditions imposed and outcome.
- 8.11. The Board of Censors will issue an official letter notifying of the accreditation outcome. The endorsed training site will receive the Training Site Accreditation certificate.
- 8.12. AFPM will publish a list of accredited sites and expiration dates on the AFPM website.

9. **Assessment methodology**

- 9.1. Each essential (E) criterion assessed: Met, partially met, or unmet.
- 9.2. Recommended (R) criteria assessed: Met, partially met, or unmet.
- 9.3. Thresholds for outcomes:
 - a) **Full Accreditation:** Meets all the Essential (E) criteria and most of the Recommended (R) criteria.
 - b) **Conditional Accreditation:** Meets the compulsory essential criteria (A1-A3 and D1-2) but requires specific improvements to comply with the conditions set by the Board of Censors (BOC), addressing any significant gaps and periodic reporting requirements.
 - c) **Not Accredited:** Major deficiencies; not approved to host AFPM trainees.
 - d) Panel uses qualitative comments in addition to numeric scores.

10. **Site visit protocol**

- 10.1. If all essential criteria are fully met and the supportive evidence submitted is satisfactory, Censors may not be required to visit.
- 10.2. BOC may conduct the Practice visit virtually or physically.
- 10.3. Pre-visit: confirm agenda, list of people to meet (practice manager/owner, supervisors, trainees), and documents to be available.

- 10.4. On-site: tour, interviews (trainees, supervisors, admin), observation of teaching, if possible, review of registrars' workload and record keeping.
- 10.5. Post-visit: draft report within 2 weeks; site given opportunity to comment on factual inaccuracies.

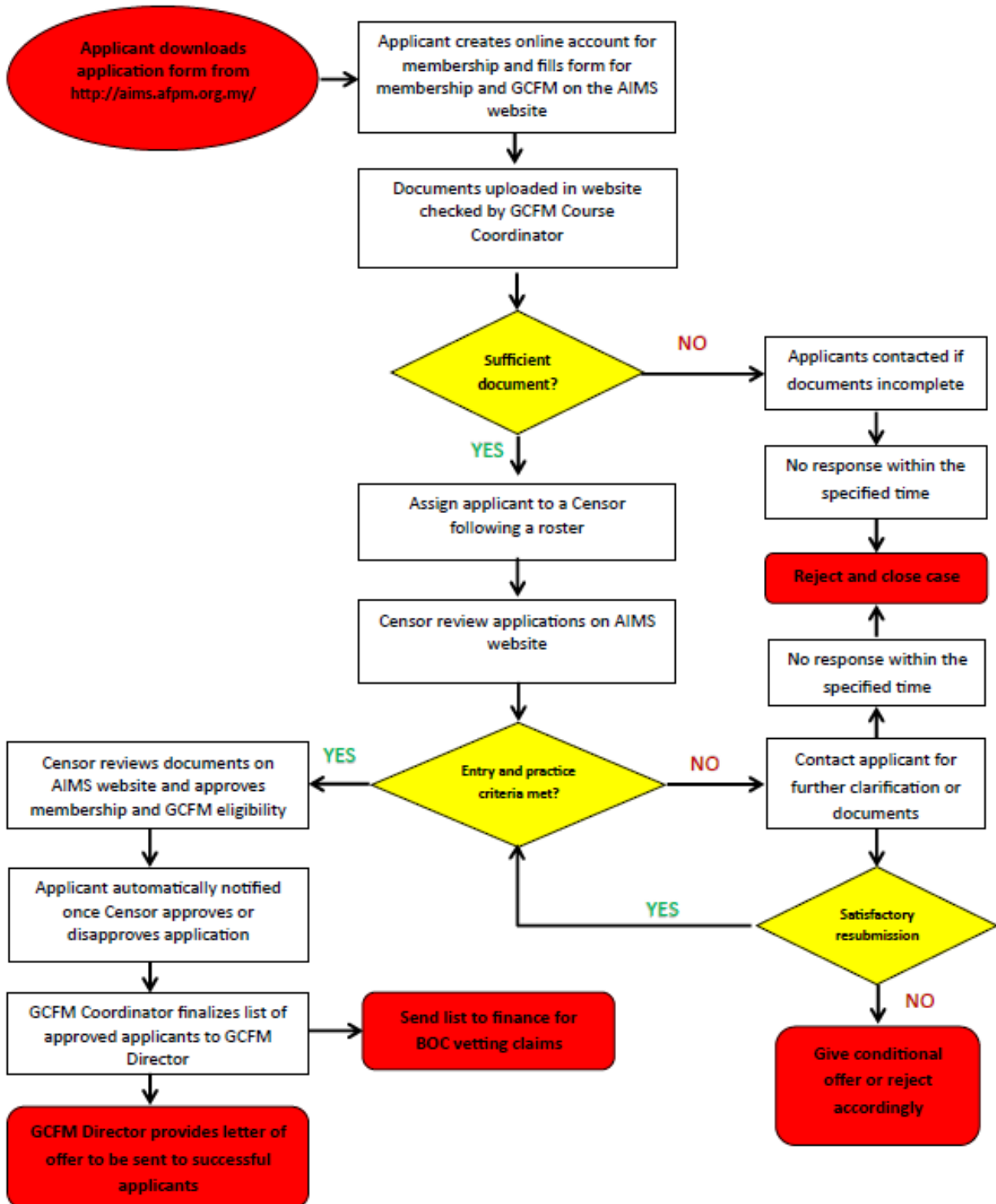
11. Decision making, reporting & appeals

- 11.1. Accreditation decisions are made by the Board of Censors.
- 11.2. The report includes strengths, gaps, required actions, and recommended accreditation period.
- 11.3. Appeals process: the applicant may submit additional evidence within 15 days for review by the Board of Censors.

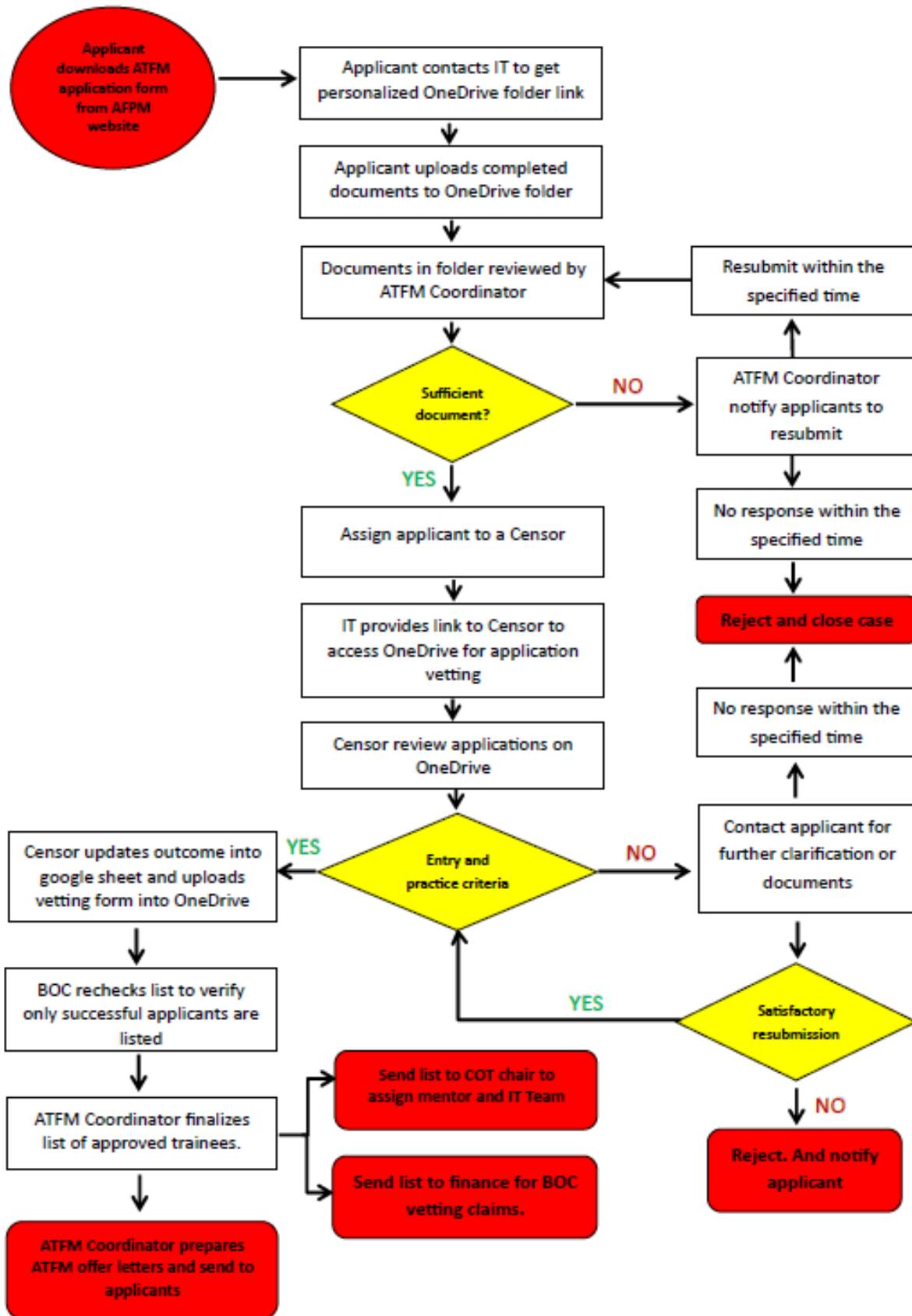
12. Remediation, follow-up & re-accreditation

- 12.1. Conditional sites submit a remediation plan with milestones. If the training site later meets all essential (E) criteria, the board may upgrade it to fully accredited status.
- 12.2. Follow-up may include virtual checks, additional evidence submission, or a revisit.
- 12.3. Re-accreditation cycle recommendation:
- 12.4. Fully accredited site – every 5-year cycle, but may be shortened depending on site performance.
- 12.5. Conditionally accredited site – every 3 years, but upon meeting the requirements site may be upgraded to fully accredited status.

APPENDIX 3: GCFM Application Process Flowchart



APPENDIX 4: ATFM Application Process Flowchart



APPENDIX 5: 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 organisation and therefore avoid posting content that could undermine AFPM's integrity.
- 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 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 permission when sharing someone else's content.
- ii) Distributing or publishing 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 for handling.

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 organisation.

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>

AFPM

APPENDIX 6: 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 GFCM 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 that circumstances may arise that require the trainee to take leave from their Training Program.
- 3.2. Education and training continuity are 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. Allowable leave

- 4.1. Total days of absence from work allowed are up to 28 days per year or 14 days per semester.
- 4.2. 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 the Academic Misconduct Policy. Sanctions may include the nullification of examination results.
- 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 for ensuring that their training requirements are fulfilled (refer to ATFM handbook).
- 5.6. Reasons for Allowable Extended Leave from the Training Program
- 5.7. This leave is available to all trainees and includes, but is not limited to:
 - a) maternity and parental leave (with valid birth certificate, foster/adoption papers or permanent care orders),
 - b) sick leave with valid certificates,
 - c) carer's leave with valid certificates, and
 - d) emergency situations where annual leave has been exceeded (e.g. natural disasters, pandemic, quarantine for infectious diseases etc)
 - e) pilgrimage (with supporting documents)

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

APPENDIX 7: 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 are 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 ongoing module on the eLMS is on the cardiovascular system, the audio-visual recording must 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 a 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

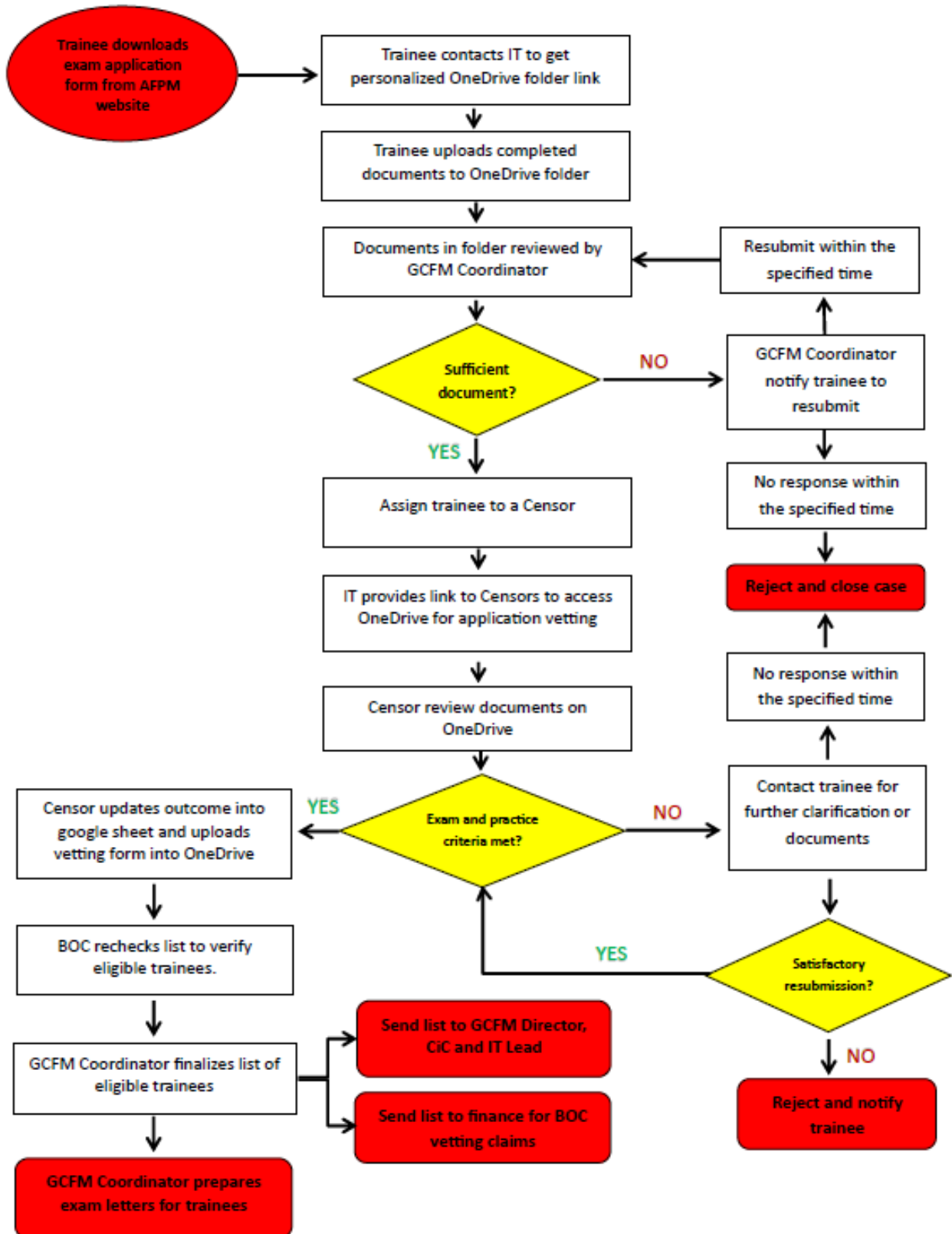
GP

: Please tick as applicable

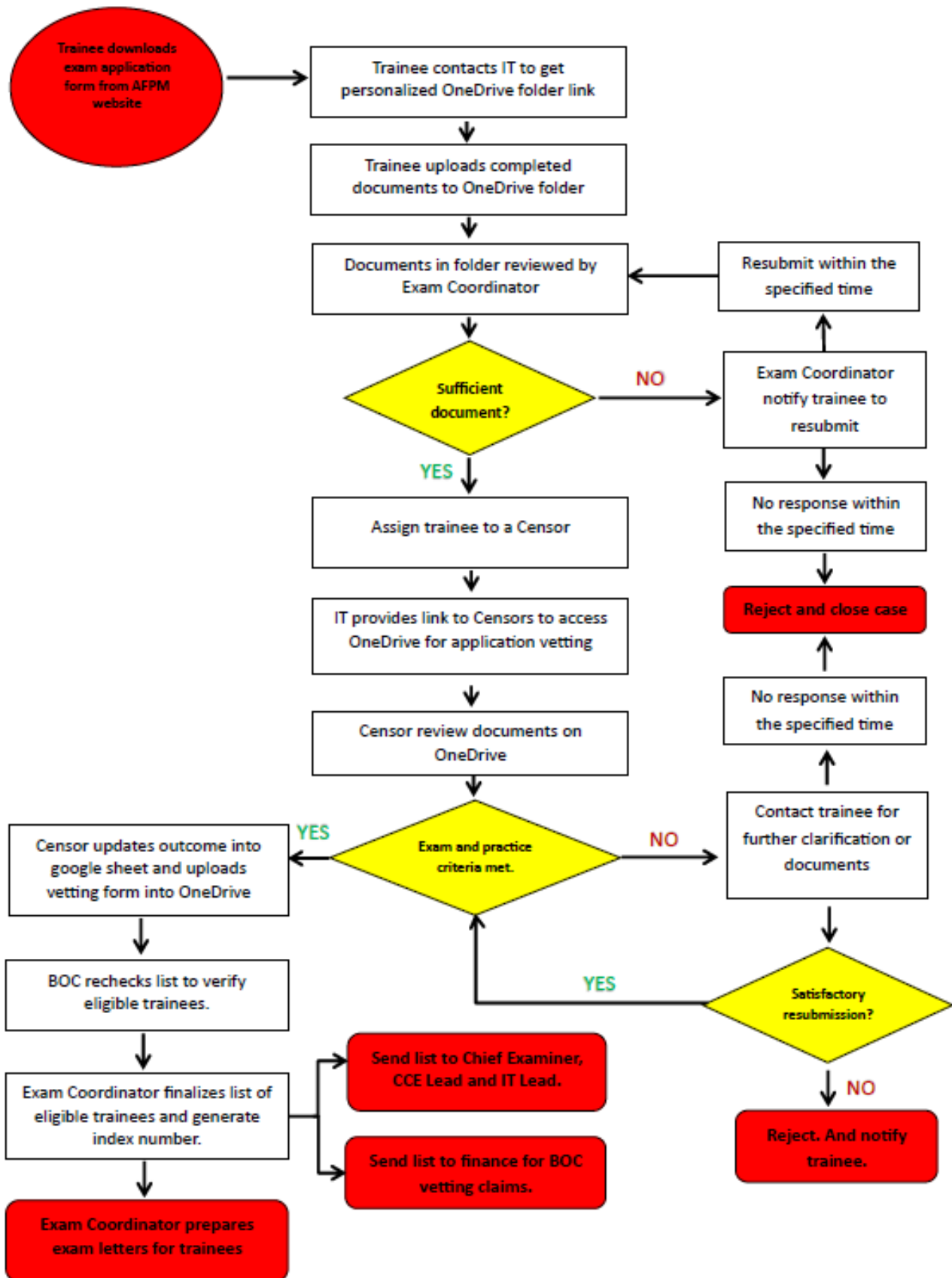
WITNESS (name & signature) : _____

DATE :

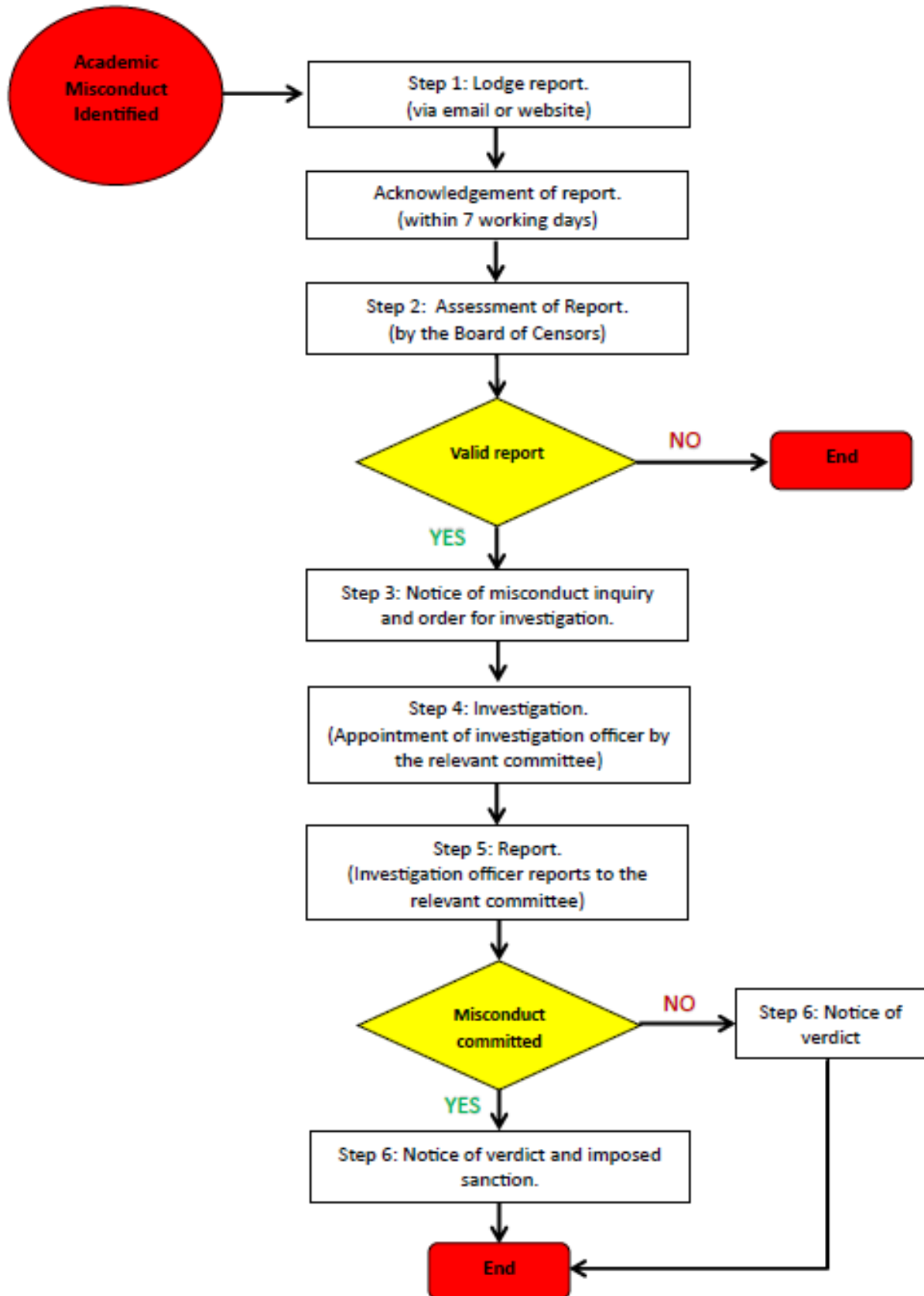
APPENDIX 8: GCFM Examination Application Flowchart



APPENDIX 9: Conjoint Examination Application Process Flowchart



APPENDIX 10: Academic Misconduct Process Flowchart



APPENDIX 11: 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.

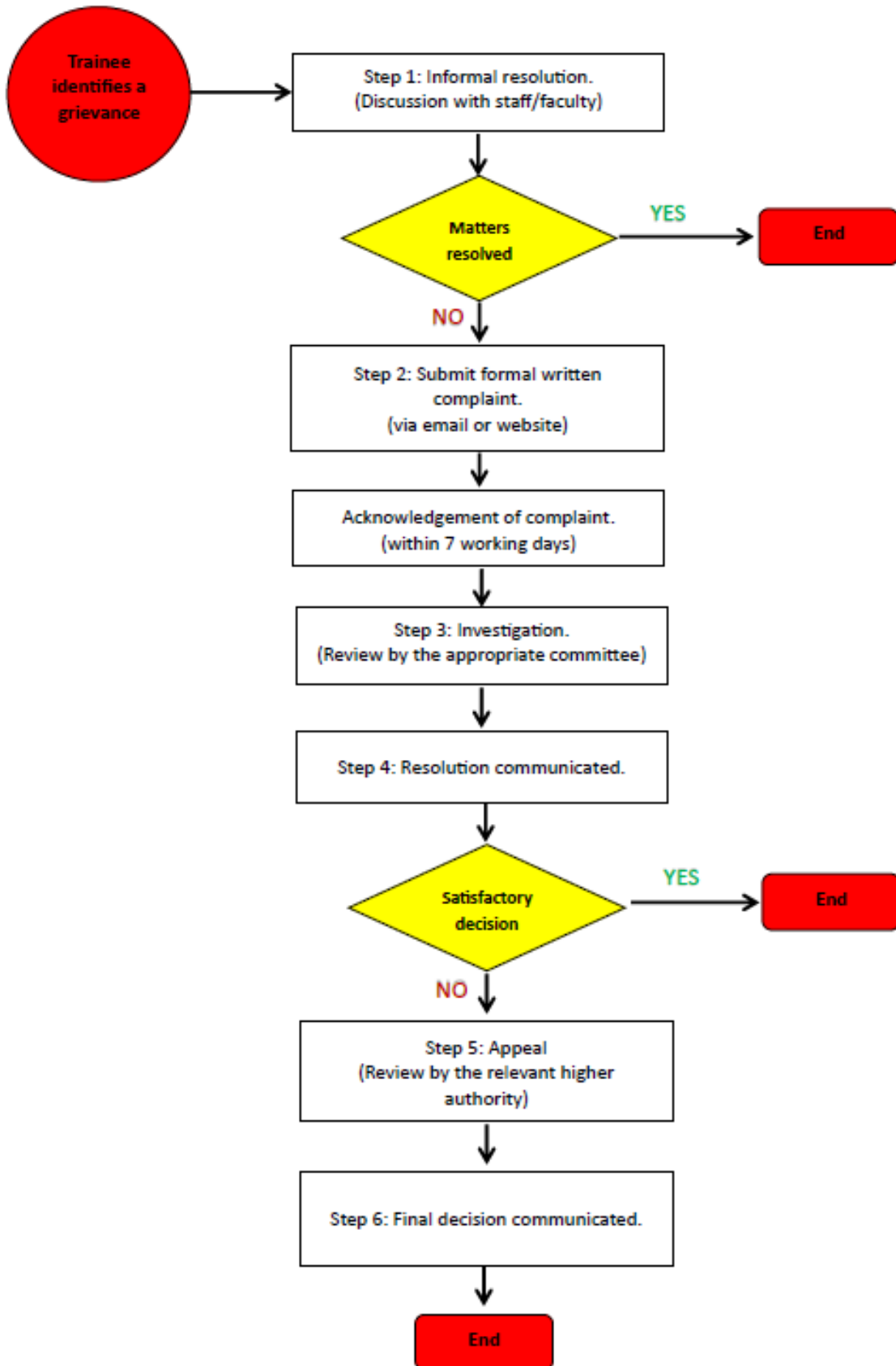
9. Review and Evaluation

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 12: Grievance Procedure Flowchart



APPENDIX 13: 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.

AFPM

APPENDIX 14: 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 15: MAFP & ICFRACGP Award Requirements

After successfully passing the Conjoint MAFP/ICFRACGP Examination, a trainee needs to comply with the following requirements for the award of MAFP & 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/ICFRACGP Examinations does not automatically award any trainee with the MAFP or 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 the MAFP award in cases where members are found to have committed academic or professional misconduct.

2. ICFRACGP (International Conjoint Fellow, Royal Australian College of General Practitioners).

- 2.1. Requirements for International Conjoint Fellowship of RACGP:
 - a) Proof of having a minimum of seven (7) years of postgraduate medical experience;
 - b) Successful completion of Part I and II Conjoint MAFP/ICFRACGP Examinations;
 - c) Applications must be submitted within three (3) years of passing the Part II Conjoint MAFP/icFRACGP Examination;
 - d) A Life Member of the AFPM; and
 - e) A member-in-benefit of the RACGP.

** The RACGP cease awarding the FRACGP to MAFP diplomats effective March 1, 2026.*

- 2.2. Please ensure that the following guidelines for the application of the ICFRACGP are strictly adhered to, to facilitate the approval of your application by the Royal Australian College of General Practitioners ("RACGP").
- 2.3. Applications and all supporting documents must be vetted and approved by the Board of Censors and will be submitted to the RACGP Censors by the AFPM secretariat.
- 2.4. All submitted documents must be transcribed in English.

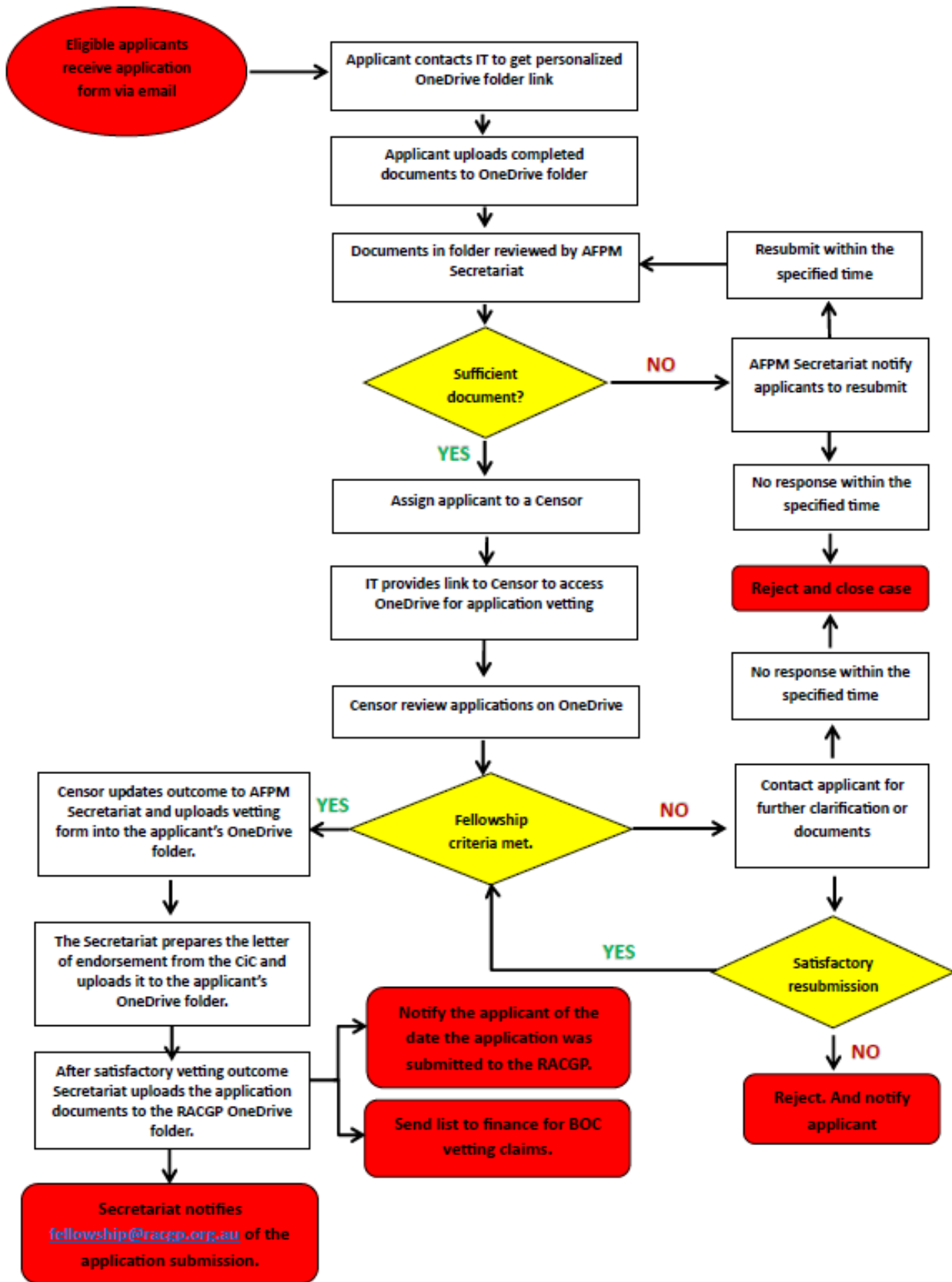
2.5. Applicants must provide the following documents:

- a) The RACGP International Fellowship application form.
- b) Latest curriculum vitae (CV) using the RACGP CV Template.
- c) A recent passport photo.
- d) Certified true copy of the Primary Medical Qualification (transcribed in English).
- e) Certified true copy of the MMC Full Medical Registration certificate (transcribed in English).
- f) Certified true copy of the current year's Annual Practising Certificate (transcribed in English).
- g) Certificate/Letter of good standing (LOGS) from the Malaysia Medical Council (MMC).
- h) Certified true copy of the GCFM certificate.
- i) Certified true copy of ATFM certificate.
- j) Certified true copy of official result letters for the Part I & Part II Conjoint MAFP/FRACGP/icFRACGP Examination.
- k) Certified true copy of BLS or ACLS certificate - validity period within three (3) years before application submission (transcribed in English).
- l) Letter from current employer to verify current employment status.
- m) Letter from past employers to verify past seven years of employment history.
- n) Certified true copy of Borang B or F for those who own a practice (transcribed in English).

Notes:

- a) Apply for 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 hold ICFRACGP or FRACGP. One referee must currently be a financial Fellow of the RACGP. Please include your referees' details in the application form.
- e) Note that all documents not in English must be transcribed into English by an official translator and certified by a recognised service (e.g. notary public, a commissioner of oaths 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 has been provided to AFPM.
- i) As RACGP evaluates all applications, AFPM neither guarantees the success of any application for the ICFRACGP nor is responsible or liable for any failure, rejection or delay of any application.
- j) All rules, regulations, guidelines, policies and information may be updated and amended from time to time, and all trainees shall be responsible for ensuring they keep themselves updated on any amendments.



Acknowledgement:

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