



LOGBOOK for AFPM

MOH Supervised Post

Qualification Work

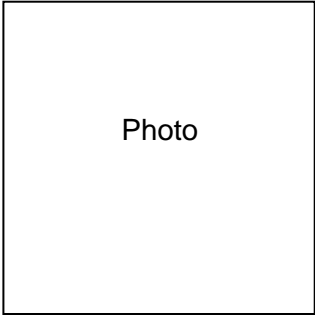
Experience Posting in FAMILY

MEDICINE

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*Special acknowledgement to Specialty Subcommittee for Family Medicine for Logbook edition October 2007



PERIOD OF CREDENTIALING:

/ / - / /
D D M M Y Y Y Y D D M M Y Y Y Y
 12 months

PERSONAL DATA:

Name: _____

I/C / Passport No.: _____

Practice Address(es):

- 1. *

- 2.

- 3.

** Practice identified for Practice Visit*

Supervisor's Name: _____

Supervisor's Practice Address:

PREAMBLE

General Objective:

To ensure the required level of competency of the candidate is at the level of specialist in Family Medicine.

Specific Objectives:

The credentialed candidate would have **DEMONSTRATED**:

1. **Clinical competency** in the practice of unsupervised family medicine in terms of:
 - Management of acute and chronic health problems of individual patients at the primary healthcare level.
 - Management of wellness and preventive care of individual patients and family.
2. Excellent level of **professionalism** in terms of:
 - Medical communication skills.
 - Behavioural, attitudinal and ethical competence expected of a specialist in a medical discipline.
 - Ability for life-long learning / continuous professional development (CPD).
3. Safe performance and **competence in procedural skills** common in family medicine discipline.
4. Adequate knowledge of the **Malaysian Primary Healthcare System**.

Total durations: 12 Months

Criteria:

- 1.) Completion of **Procedural Log Book**.
- 2.) Practice visit;
 - a) Candidate whom his/her current practice has been visited by BoE prior to Part to Conjoint MAFP/iFRACGP, will be exempted from this exercise.
 - b) Otherwise, the supervisor will have to carry out the practice visit; whereby the candidate is obliged to follow and fulfil satisfactorily the criteria from; **Check-list: Assessment of Practice Environment, Facilities & Services**. Follow-up visit will be carried out after 3 months, **if necessary**.
- 3.) Preceptorship;
 - a) For the 12 months credentialing period, the candidate needs to see patients in the specified health care centre, Ministry of Health, Malaysia (referred to as MOH) for one(1) working day (8 hours), for one day in every week. The supervisor needs to sit in with the candidate while he/she managing patient for at least 5 consultations in each structured session. The preceptorship may be conducted at the candidate's practice provided that the exposure to the MOH activities is adequate as assessed by the supervisor. Session at the health clinic will be structured by the supervisor.
 - b) Both candidate and supervisor will use the **Preceptorship Form (Appendix 1)** and **Audit of Patient's Chart (Appendix 2)** for this exercise.
 - c) Feedback should be given to the candidate on the same day and the **Preceptorship Form** must be submitted to the AFPM Credentialing Committee within 2 weeks of completion of 12 months supervision.

- d) Decision to repeat precepting will depend on the supervisor's evaluation.
- 4.) CPD point;
 - a) Candidate must achieve minimum of 60 CPD points within 12 months of credentialing period.
- 5.) Supervisor's report;
 - a) Based on the above four (4) criteria the supervisor will recommend the candidate to **either**;
 - i. Be credentialed as a specialist in Family Medicine, **or**
 - ii. To extend an additional period of supervision with the intention to address specific areas of weaknesses. Extension is by 3 monthly periods.

ROLES, RESPONSIBILITIES and RIGHTS of CANDIDATE and SUPERVISOR

1. Purpose of the guidelines

The purpose of this guideline is to clarify the roles and responsibilities of candidates and supervisors engaged in credentialing process thereby ensuring the safety and proper care of patients in situations where candidates are being trained.

2. Scope

This guideline applies to all candidates and supervisors who are involved in the credentialing programs for specialty in Family Medicine.

3. Definition

Candidates are doctors who hold a degree in Medicine and recognised post-graduate degree in Family Medicine/Primary care/General Practice.

Supervisors are Family Medicine Specialist [referred to as **FMS**] who is delegated by the MOH to guide, observe and assess the credentialing activities of the candidates.

Continuous Professional Development [referred to as **CPD**] refers to lifelong education of the medical professionals.

Preceptorship (noun) is a period of practical experience and training for a candidate that is supervised by an expert or specialist in a particular field. It is a method of clinical teaching-learning where the supervisor/preceptor sits in the same consultation with the candidate.

“Reflection is a learning process of examining current or past practices, behaviours, or thoughts in order to make conscious choices about future actions” (Barnett, 2006)

Title	Role
Candidate	Candidates are doctors who hold a degree in Medicine and recognised post-graduate degree in Family Medicine/Primary Care/General Practice.
Responsibilities and Rights	
<ul style="list-style-type: none"> • Provide holistic and comprehensive patient care appropriately. • Appreciate the cost of care by appropriately selecting investigations and treatments. • Be aware of the limitation in providing care and refer when necessary. • Satisfactorily complete the Log Book as required. • Both softcopy and a hardcopy of completed Log Book must be submitted to AFPM at the end of the posting. • Monitor and reflect on candidate's own progress and performance. • Be responsible to keep in contact with supervisor. • Work closely with supervisor and relevant persons throughout the credentialing process. • Identify own learning needs and be responsible for own CPD. • Record of the CPD activities and supervisor's verification on an ongoing basis. • Candidate must ensure his/her practice complies with items identified in the check-list (refer to the Check-list: Assessment of <i>Practice Environment, Facilities & Services</i>). • Any disagreement between the candidate and supervisor must be referred to the AFPM Credentialing Committee. • Candidate who is not satisfied with the result of the credentialing has the right to appeal to the AFPM Credentialing Committee within 14 working days. • The process of credentialing can be repeated, up to the discretion of AFPM Credentialing Committee. • Candidate must bear all expenses incurred e.g. traveling, food etc. during the credentialing period. • Candidates must get their preferred supervisor's signed agreement when applying in. 	
Title	Role
Supervisor	<ol style="list-style-type: none"> 1. Credentialed as Family Medicine Specialist by the Ministry of Health, Malaysia. 2. Holding the position of at least Grade U52 (confirmed) in the Ministry of Health, Malaysia. 3. Every supervisor is eligible ONLY to a maximum of two (2) candidates at one time. 4. Exception: in cases of non-availability of eligible Grade U52 FMS in a state, Grade U48 FMS may be considered. 5. Supervisor request is subjected to BPKK approval <p>List of Supervisors</p> <ul style="list-style-type: none"> - Updated list to be obtained from AFPM Credentialing website

Responsibilities and Rights

- Monitor candidate's progress and performance.
- Providing status reports to candidate.
- Managing progress evaluation and dissemination activities to candidate.
- Final report of the candidate.
- Work closely with candidate throughout the credentialing process.
- Identifying the candidate's needs and training during the credentialing process.
- The supervisor is eligible for reimbursement for all traveling allowances incurred during the credentialing process.
- All the above allowances will be borne by the supervisor's department.
- The supervisor is solely accountable in deliberating whether the candidate can/cannot be accredited as a Specialist in Family Medicine.
- The supervisor will also play the role of a preceptor i.e. besides assessing the candidate, to guide him/her in an apprenticeship manner so that the candidate will be able to correct any shortcoming.
- Family Health Development Division (FHDD) MOH will assign the candidate to the appointed supervisor; the candidate and PKD will be duly informed.
- Once the supervisor has accepted his/her appointment, he/she must;
 - Carry out his/her duty ethically, professionally, and justly without prejudice;
 - Uphold and maintain the high standard of medicine in particular the specialty of Family Medicine / Primary Care; and
 - Be accountable on any decision made during the process of credentialing.
- Incentives to be given to supervisor;
 - Certificates of recognition from the National Credentialing Committee (NCC).
 - Continuing Professional Development (CPD) points.
 - Promotional prospects.
- Supervisor has the right to decline a candidate if he/she felt that he/she will not be able to carry out his/her duty ethically, professionally, and justly without prejudice.
- The decline must be made in writing to the Family Health Development Division, MOH cc AFPM Credentialing Committee within 14 working days of the appointment, whereby the FHDD will assign a new supervisor for the candidate.
- If the supervisor decides to discharge him/herself from his/her supervisory duty after a period of a month, he/she must be accountable to identify another supervisor for his/her candidate with the approval from the candidate and the new supervisor. Upon which he/she is responsible to;
 - Write to the FHDD cc AFPM informing who the replacement supervisor is.
 - Brief the new supervisor pertaining to the progress of the credentialing process and the candidate.
 - Introduce the candidate to his/her new supervisor.
- The period of credentialing process will continue from where the supervisor has left with a new log book for the candidate.
- The supervisor has to prepare the structure/activities for each and every session for the candidate throughout the credentialing period.
- The supervisor will recommend to AFPM Credentialing committee if extension of credentialing process is needed.

PROCEDURAL LOG BOOK

PROCEDURAL LOG BOOK

Guidelines to the Use of Procedural Log Book

- i. If possible, procedures to be performed by candidate in the health clinic under direct supervision by the supervisor. Where not possible, for supervisor discretion.
- ii. Supervisor is to give feedback accordingly, preferably immediately after the procedure.
- iii. Supervisor may assign other health staff to directly observed the candidate and feedback from the staff to the supervisor is suffice for the supervisor to deliberate whether candidate has performed satisfactorily or otherwise.
- iv. For procedure which is not available in the health clinic (e.g. Fine Needle Aspiration Cytology etc.), supervisor must arrange for the candidate to carry out the procedure in other centre (e.g. hospital's Department of Pathology etc.).
- v. Under that circumstances, supervisor may assign staff from that centre to directly observed the candidate and feedback from the staff to the supervisor is suffice for the supervisor to deliberate whether candidate has performed satisfactorily or otherwise.
- vi. If the supervisor is assured that the candidate is able to perform the procedures well after observing first few procedures, supervisor may allow candidate to perform the procedure in the candidate's practice BUT candidate must provide proof (e.g. patient's card etc) for verification by the supervisor.

1. COMPULSORY PROCEDURES

1.1 PAP SMEAR with the reports (Minimum: 10 cases in 12 months)

Patient's Name	Patient's RN	Date	Comments #	Supervisor's Initial & Date

Patient's Name	Patient's RN	Date	Comments #	Supervisor's Initial & Date

1.2 ULTRASONOGRAPHY of OBSTETRIC & GYNAECOLOGY CASES (Minimum: 20 cases in 12 months)

Patient's Name	Patient's RN	Date	Comments #	Supervisor's Initial & Date

Patient's Name	Patient's RN	Date	Comments #	Supervisor's Initial & Date

1.3 IUCD INSERTION (Minimum: 5 cases in 12 months)

Patient's Name	Patient's RN	Date	Comments #	Supervisor's Initial & Date

Patient's Name	Patient's RN	Date	Comments #	Supervisor's Initial & Date

1.4 INTERPRETATION of FUNDUS PHOTOGRAPH (Minimum: 20 cases in 12 months)

Patient's Name	Patient's RN	Date	Comments #	Supervisor's Initial & Date

Patient's Name	Patient's RN	Date	Comments #	Supervisor's Initial & Date

Patient's Name	Patient's RN	Date	Comments #	Supervisor's Initial & Date

1.5 REMOVAL OF FOREIGN BODY e.g. EAR and/or EYE SYRINGING (Minimum: 5 cases in 12 months)

Patient's Name	Patient's RN	Date	Comments #	Supervisor's Initial & Date

Patient's Name	Patient's RN	Date	Comments #	Supervisor's Initial & Date

2. **OPTIONAL PROCEDURES**

—

Fill column with a

PROCEDURE	DONE	NOT DONE	Comments #	Supervisor's Initial & Date
Intubation				
Joint aspiration				
Normal cephalic delivery				
Episiotomy and Repair				
Circumcision				
Excision of small lumps				
Toenail wedge resection				
Strapping and casting				
Nasal packing for Epistaxis				
Cauterisation of warts and corns				
Skin Scraping				
Endometrium sampling (pipelle)				

PROCEDURE	DONE	NOT DONE	Comments #	Supervisor's Initial & Date
Ultrasound of Hepatobiliary and Genitourinary System				
Others: To describe				

CHECK-LIST for
PRACTICE VISIT

INTRODUCTION

General / Family practice is a specialized discipline of medicine and is the portal of access to healthcare, through which the individual patient and family is ensured effective and efficient medical care, of a quality that satisfies the patient, and is relevant and appropriate to health needs. To competently perform this role, General / Family Practice has to be seen and recognised as equipped and efficient to provide quality care.

Practices are required to meet defined standards that are designed to ensure safety, security, and confidentiality to patients, and to provide assurance of healthcare quality that is associated with the best outcomes in health.

These standards are described in operational terms, so that the doctor, the patient and family, and the community, can understand its direct link to the care that is provided. The standards are described in terms of the Practice, the Doctor, the delivery of care, and program for the assurance of quality. Recently, under the Private Healthcare Facilities and Services Bill (PHFS) 1998, registration, standards, and the provision of healthcare, have become subject to statutory regulation.

A General / Family Practice is a healthcare facility:

1. Located in the community;
2. Adequately equipped;
3. Care provided by a General Practitioner / Family Physician who is a Registered Medical Practitioner with appropriate training, experience and qualification, and staff with appropriate training and experience;
4. Accepting patients of both sexes, of all ages, irrespective of ethnicity, language, physical or mental handicaps or disease; and
5. Accessible to patients, and provide a safe, courteous, and comfortable environment.

The General Practitioner or Family Physician has the responsibility to:

1. Provide initial and emergency care;
2. Provide comprehensive and continuing care for all health problems;
3. Communicate effectively so that patients understand the doctor, and are satisfied that their problems have been understood;
4. Ensure confidentiality;
5. Arrange for, and coordinates care provided by other medical specialists, health professionals, or at institutions;
6. Work with a trained team with facilities to deliver care;

7. Participate in activities for continued competence;
8. Practice in an ethical and professional manner; and
9. Support community initiatives for better health.

Therefore, it is imperative that a specialist in Family Medicine is not only well trained in the art and science of General / Family Practice, but the practice environment must emulate it as well.

GUIDELINES TO THE CHECK-LIST FOR PRACTICE VISIT

1. Candidate must ensure his/her practice complies with items identified in the check-list (refer to the **Check-list: Assessment of *Practice Environment, Facilities & Services***). Items in **BOLD** are compulsory whereas the rest must be achieved at least 30% of the **80 items** listed.
2. Once candidate has satisfied the check-list, fills in the check-list accordingly and arranged for his/her supervisor to do the practice visit at both conveniences.
3. Using the same check-list, supervisor will conduct a thorough assessment of the practice with the presence of the candidate, and if it conforms to his/her agreement, endorsed the document accordingly by signing on the designated area.
4. If the practice does not conform to the check-list, supervisor must provide feedback immediately to candidate. Once candidate has rectified the shortcoming, he/she must arrange for another practice visit by the supervisor. Accreditation will be deferred until the check-list for practice visit is fulfilled satisfactorily.
5. If the candidate is practicing in more than one practice or has more than one practice, he/she needs to identify only one practice for this exercise.
6. Exemption will be given to candidates who can produce a valid **Quality Improvement Program (QIP) Quality Certificate Level 1 or 2** endorsed by the **Academy of Family Physicians of Malaysia (AFPM)** as well as to candidates whose practice have been vetted by the Board of Censors for the Part 2 Conjoint exams (AFPM secretariat will check and verify this).

Check-list: Assessment of *Practice Environment, Facilities & Services*

Instruction: Please tick (☑) appropriate column for availability.

Items in **BOLD** are essential and must have.

A. PRACTICE ENVIRONMENT

Items	Availability	
	YES	NO
1. Waiting area		
2. Registration counter		
3. Consultation room (auditory privacy)*		
4. Consultation room (visual privacy)*		
5. Dispensing room		
6. Minor operation / Dressing room		
7. Recovery room		
8. Hand washing sink (for staff)		
9. Toilet		
10. Storage room / area		
11. Disabled accessible		

*Consultation room – **auditory privacy**: no other patient outside can hear the conversation in the consultation room.

*Consultation room – **visual privacy**: no other patient outside can see the going-on in the consultation room.

B. FACILITIES

I. EQUIPMENTS

Items	Availability	
	YES	NO
Refrigerator (separate for vaccine and medications)		
Weighing scale – adult		
Weighing scale – baby		
Height measure		
Torch		
Tongue depressor		
Thermometer		
Thermometer: digital		
Thermometer: aural		
Examination lighting source		
Manual sphygmomanometer		
Digital sphygmomanometer		
BP cuff (Adult)		
BP cuff (Adult oversize)		

Items	Availability	
	YES	NO
BP cuff (Child)		
Growth charts		
Child development screening tools		
Snellens eye chart		
Colour vision charts (Ishihara)		
Otoscope		
Ophthalmoscope		
Tendon hammer		
Tuning fork		
Monofilament for sensory testing		
Glucometer		
Nebuliser		
Peak Flow meter		
Spirometer		
Sterilizer: any type		
Urine biochemistry by dipstick		
Urine pregnancy testing		
Urine testing for substance abuse		
Urine culture and sensitivity		
Centrifuge and/or Microscope		
Vaginal examination set		
Pap smear equipment		
Tourniquet		
Disposable needles and syringes		
Sharps disposal bin		
Swab		
Treadmill ECG		
Desktop biochemistry		
Desktop hematology		
Electrocautery		
Computer: Patient registration		
Computerised Patient Records		
Computerised Billings		
Computerised Drug Inventory		

Items	Availability	
	YES	NO
Clinic computer network		
Broadband access		
X-ray viewer		
X-Ray facilities		
Ultrasound		
Anoscope / Proctoscope		
Sigmoidoscope		
Short wave diathermy		
TENS		

II. MEDICAL RECORDS *PHFS Regulations–Fourth Schedule [Subregulation 30(3)]

Items	Availability	
	YES	NO
1. The holder / keeper of medical record shall:		
a. Ensure that a separate patient’s medical record is kept for each patient where each patient is assigned with a registration number.		
b. Be responsible to safeguard the information on the patients’ medical record against loss, tampering or use by unauthorized persons.		
2. Each patient’s medical record shall have the following information:		
a. Registration number.		
b. Patient’s name, address, date of birth and gender.		
c. Name and contact details of a next of kin or legal guardian.		
d. Relevant clinical details of the patient including:		
i. Clinical history on attendance;		
ii. Medication orders and signed by the doctor;		
iii. Known allergies and drug sensitivities;		
iv. Current medication; and		
v. Results of any relevant diagnostic tests.		
e. For any special procedure, minor operation or anaesthesia:		
i. Consent form;		
ii. Date of any minor operation or procedure;		
iii. Names and signatures of doctor carrying out any minor operation or procedure;		
iv. Type of minor operations or procedures carried out;		

Items	Availability	
	YES	NO
v. Administered drugs and dosages;		
vi. Any operative or procedure findings;		
vii. Final diagnosis of the patient by the doctor and the signature of the doctor, as the case may be;		
viii. Any notes or remarks concerning outcome of any minor operation or procedure; and		
ix. Anaesthetic complications, if any encountered, during the minor operation or procedure.		

C. SERVICES

Items	Availability	
	YES	NO
I. EMERGENCY CARE *PHFS Regulations–Fifth Schedule [Subregulation 75(9)]		
1. Disaster preparedness. Consistent with clinic’s capability.		
2. Emergency call information:		
i. Telephone number of Fire & Rescue Department.		
ii. Telephone number of Police Department.		
iii. Telephone number of Ambulance Services.		
iv. Person to contact in case of emergency etc.		
3. Ventilation assistance equipment, including (oro-pharyngeal) airways and manual breathing bag.		
4. Oxygen therapy with breathing apparatus.		
5. Suction equipment.		
6. Drugs (adrenaline) and other emergency medical equipment and supplies; necessary for the level of services to stabilise the patient as specified by the doctor.		
7. Intravenous therapy supplies (IV fluids, infusion sets) necessary for the level of services to stabilise the patient as specified by the doctor.		
8. Electrocardiogram (ECG).		
9. Indwelling urinary catheters.		
10. Laryngoscope and endotracheal tubes.		
11. Home visits.		
12. House call bag.		
13. Defibrillator.		
14. Wound dressing.		
15. Toilet and suture.		

Items	Availability	
	YES	NO
16. Removal of ocular foreign body.		
II. WELLNESS PROGRAMME		
1. Occupational Fitness certificate		
2. Foreign Worker Fitness certificate		
3. Driver Fitness certificate		
4. Immunisation		
5. Men's health (e.g. Erectile dysfunction etc)		
6. Mental health (e.g. Depression etc)		
7. General counselling		
8. Substance abuse (Counselling / Addiction therapy)		
9. Rehabilitation (Stroke / Cardiac / Trauma / Life catastrophes / Life-style)		
10. STD services		
11. Maternal health (Antenatal)		
12. Maternal health (Postnatal)		
13. Women's Health (PAP smear)		
14. Women's Health (Breast examination)		
15. Women's Health (Contraceptives)		
16. Women's Health (Insertion of IUCD)		
17. Women's Health (Hormonal implants)		
18. Women's Health (Pregnancy testing)		
19. Women's Health (HRT)		
III. GENERAL SURGERY		
1. Fine Needle Aspiration		
2. Skin biopsy		
3. Breast biopsy		
4. Vasectomy		
5. Circumcision		
6. Excision of cysts, warts, etc		
7. Cryotherapy to skin		
IV. ORTHOPAEDIC SURGERY		
1. Soft tissue infiltration: local anaesthetics		
2. Soft tissue infiltration: corticosteroid		
3. Joint aspiration		
4. Tendon repair		

Items	Availability	
	YES	NO
5. Reduction of dislocations		
6. Reduction and external fixation of fractures		
V. OTHERS		
1. Locked storage for drugs under the DDA		
2. Registers: Age / Sex		
3. Registers: Hypertension		
4. Registers: Diabetes Mellitus		
5. Registers: Asthma		
6. Registers: Cancer		

Supervisor's Signature

Supervisor's Name / Official Stamp Pad

Date

Tick (/) if applicable. **Exempted.** (Practice has been visited by BoE)

Supervisor's Signature

Supervisor's Name / Official Stamp Pad

Date

**LOG BOOK for
CONTINUOUS PROFESSIONAL DEVELOPMENT
(CPD)**

GUIDELINES TO THE USE OF THE LOG BOOK

1. This log book is designed to guide both the supervisor and candidate in recording and updating CPD activities as one of the prerequisite to be credentialed as a specialist in Family Medicine. Please refer to the relevant CPD Credit Points System.
2. There is a requirement for minimum Credit Points achievement for each period of the credentialing process.

Period of Credentialing Process	Minimum Credit Points require
12 months	60 points

3. As outlined in the CPD Credit Points System, candidate maybe involved in or attends many CPD activities of the same category, but only the maximum credit points of that category would be taken into consideration for the period of credentialing process. For example, a candidate who has attended a congress two times within the period of credentialing process will be awarded 40 CPD points. However, for the period of the credentialing process, only a maximum of 20 CPD points will be taken into consideration.
4. Each CPD activity undertaken must be recorded in the log book and be verified by the supervisor with documented proof (see Verification of CPD points by supervisor).
5. At the end of the period of credentialing process, candidate has to submit the completed and supervisor signed log book to the AFPM Credentialing Committee for evaluation and endorsement.
6. Candidate must ensure he/she has achieved the minimum credit points require before submitting the log book. Failing to achieve the minimum credit points will result in extension of the period of credentialing process.

INSTRUCTION TO CANDIDATE

1. Please fill in Table 1 (detailed record of CPD activities and supervisor's verification) on an ongoing basis.
2. Please show your log book to your supervisor at least at 2-monthly supervision sessions to verify your CPD activities and document the points you have achieved.
3. The certificates of attendance and relevant verification documents must be produced when showing your log book for CPD points to the supervisor.

INSTRUCTION TO SUPERVISOR

1. Please be proactive to review the candidate's log book at least every 2 months to document the points he/she has achieved.
2. Please record the points in Table 1 at least every 2 months. Awarding and verifying points for the candidate can be done continuously.
3. Use the verification of CPD points (see Verification of CPD points by supervisor) as a guide on verifying the activity. The candidate should have documented proof that must be produced with the log book where relevant.
4. Please fill Table 2 at the end of the period of the credentialing process to determine the summary of CPD points.



CPD Credit Points System

CPD Category	CPD Activity Description	Points Per Activity	Maximum Points for this Category	Verification of CPD Points by Supervisor (Verification Accepted)
A1	<p>Congress / conference (local / international):</p> <p>a) Less than 3 days.</p> <p>b) More than 3 days.</p>	<p>10 points</p> <p>20 points</p>	20	Proof / Certificate of attendance.
A2	<p>Scientific Meetings of Chapters of Academy / Universities / Colleges / Association / Institutions:</p> <p>a) Less than 2 hours.</p> <p>b) 2-4 hours (1/2 day).</p> <p>c) 5-8 hours (full day).</p> <p>d) 2 full days.</p> <p>e) 3 or more full days.</p>	<p>1 point</p> <p>2 points</p> <p>3 points</p> <p>6 points</p> <p>10 points</p>	20	Proof / Certificate of attendance.
A3	<p>Workshops / courses / fellowships / attachment / seminar / study tour (include hands-on & skills courses) organised by professional bodies recognized by government</p> <p>a) Half day (2-4 hours).</p> <p>b) Full day (5-8 hours).</p> <p>c) 2 full days.</p> <p>d) 3 or more full days.</p> <p>e) Skills accredited courses by specific disciplines (e.g. ALS, PALS, ACRI, NRP, MTLs).</p> <p>- attended full course but failed</p> <p>- attended full course & passed</p>	<p>2 Points</p> <p>3 points</p> <p>6 points</p> <p>10 points</p> <p>8 points</p> <p>15 points</p>	30	<p>Proof of attendance (certificate or letter of participation).</p> <p>Certificate of attendance / CME credit points as printed on congress / conference's brochure.</p> <p>Certificate of attendance / test's results.</p>



CPD Credit Points System

CPD Category	CPD Activity Description	Points Per Activity	Maximum Points for this Category	Verification of CPD Points by Supervisor (Verification Accepted)
A4	<p>CME sessions / other professional activities: Topic seminar, Forum, Lectures, Journal Club, Formal Ward rounds (rostered, teaching rounds), Clinic Attendance, Hospital Clinical Meeting, Video show, Video Conferencing, Reflective Notes.</p> <p>Must fulfilled following criteria:</p> <ul style="list-style-type: none"> - Scheduled / planned activities only. - If ad-hoc, must be vetted and approved by CPD Committee on its importance. - Minimum of one hour duration. - Organised by professional bodies recognised by government. - Grand ward round / bed site teaching or activities of ordinary duty are exempted. 	1 point / hour	20	<p>Proof from attendance records.</p> <p>Certificate of attendance.</p> <p>List of attendance.</p>
A5	<p>Presentation at accredited meeting or as a trainer. Plenary lecture / long paper (> 45 min.) Other lectures / talks, Visiting lecture, Hospital Clinical Meeting, CME Sessions, Public Meeting, Giving Talk / public advice, Lectures to NGO / radio or TV talk, Technical briefing / update, Chairman of sessions:</p> <p>a) Presenting paper at accredited seminars, conferences or workshops:</p> <ul style="list-style-type: none"> - Free Paper / Poster Presentation by submission of extract. <p>b) Giving talk, lecture, training on invitation basis, not part of regular duty or appointed responsibility:</p> <ul style="list-style-type: none"> - Plenary Session. <p>- <2 hours per session. - >2 hours per session.</p> <p>c) Facilitator in health / medical / management workshop organised by accredited organisers / MOH:</p> <ul style="list-style-type: none"> - Half day (2-4 hours). - Full day (5-8 hours). - 2 full days. - >3 or more full days. 	<p>3 points / paper</p> <p>5 points / paper 3 points 5 points</p> <p>5 points 8 points 12 points 15 points</p>	20	<p>Certificate or letter of appreciation for activity conducted.</p> <p>Invitation letter from organiser with acknowledgement letter.</p> <p>Certificate of appreciation.</p> <p>Approval by Head of Department.</p>



CPD Credit Points System

CPD Category	CPD Activity Description	Points Per Activity	Maximum Points for this Category	Verification of CPD Points by Supervisor (Verification Accepted)
A6	<p>Publication of original articles in journal / chapters in book:</p> <p>a) Indexed / peer reviewed journal / DG's Technical Report (Principal author, Others). b) Non-Indexed journal / and publication of State technical report (Principal author, Others). c) Chapter in book – each chapter. d) Free paper / short paper / poster. CME point should be equally awarded to all co-writers. e) All other Technical Report published is accounted.</p>	<p>10 points 5 points 5 points 5 points 5 points</p>	30	<p>Verified presentation or publication in programme book, abstract book, proceedings journal. Certified copy of printed article.</p>
A7	<p>Self-study / Group study / Distance learning; Reading Scientific papers from peer reviewed journals, Audio-visual, Organized group discussion under accredited co-coordinator. The supervisor decides for the topic.</p>	1 point / paper or session	20	Synopsis of the article.
A8	<p>CME Online (By registered Accredited Providers). Must be registered organised by qualified institutions.</p>	1 point / article or session	30	Proof from CME – online provider.
A9	<p>Post-Basic courses organised by qualified institutions approved by MOH. - attended full course but failed - attended full course & passed</p>	<p>8 points 15 points</p>	30	<p>Proof of post-basic or other diploma certificate. Certificate of Attendance or Diploma.</p>



CPD Credit Points System

CPD Category	CPD Activity Description	Points Per Activity	Maximum Points for this Category	Verification of CPD Points by Supervisor (Verification Accepted)
A10	Organised by qualified institutions approved or recognised by MOH: a) Degree, Masters Programs, Postgraduate programmes (for each stage of examination passed). b) PhD / DrPh c) Advanced Diploma / Subspecialty training.	50 points 50 points 50 points	50	Certificate or exam result.
A11	Involvement (committee or project member) with Quality Initiatives – KMK, Innovations, TQM, Accreditation, ISO, etc until project completed. a) If about to start the project. b) The project complete and presented at PTJ and state level. c) The project presented at national and international level. Maximum 10 members eligible for each project.	2 points 5 points 10 points	20	Certificate / letter of appreciation or appointment for activity.
B1	Editor, Member of Editorial Board, Referee / reviewer. A. Applied or published technical report or journal (index and non-index journal); and B. For other published report, including Annual Report: - National level Editor. - National level Board Member. - State level Editor. - State level Board Member. - PTJ / Unit level Editor. - PTJ / Unit level Board Member.	10 points 8 points 6 points 4 points 5 points 3 points	10	Documentation of position held from journal or editorial board, or letter of appointment.



CPD Credit Points System

CPD Category	CPD Activity Description	Points Per Activity	Maximum Points for this Category	Verification of CPD Points by Supervisor (Verification Accepted)
B2	<p>Other supporting activities related to personal development and self-improvement. Applied to all NGOs approved by government and being appointed or elected as committee members. Leadership, Management, IT, Organising Committee / Secretariat, Innovation, Arts, Music, Languages, Teamwork, Member of professional body, etc.</p> <p>a) Local level b) State level c) National level d) International level</p>	<p>2 points / area 3 points / area 5 points / area 10 points / area</p>	10	Certificate or Letter of appreciation / appointment for activity.

Note:

- 1) Maximum points refer to maximum that will be accepted for each category, and will be taken into account for the period of credentialing process (e.g. attending 3 conferences during the period of credentialing process will only result in a maximum of 20 points being awarded).
- 2) For all activities, certificates of attendance, certified attendance lists, or other evidence for verification are required.

Record of CPD Activities

Table 1: Detailed Record of CPD Activities & Supervisor’s Verification

Please record all CPD Activities in the table below.

Date of CPD Activity	CPD Category (A1-11, B1-2)	CPD Activity Description (describe the course/activity)	Course Organiser	Credit Points	Method of Verification	Supervisor’s Initial & Date

Record of CPD Activities

Table 1: Detailed Record of CPD Activities & Supervisor’s Verification

Please record all CPD Activities in the table below.

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Record of CPD Activities

Table 1: Detailed Record of CPD Activities & Supervisor's Verification

Please record all CPD Activities in the table below.

Date of CPD Activity	CPD Category (A1-11, B1-2)	CPD Activity Description (describe the course/activity)	Course Organiser	Credit Points	Method of Verification	Supervisor's Initial & Date

Table 2: Summary of CPD Points Achieved
 (To be filled by candidate and verified by supervisor)

CPD Category	Points Achieved
A1	
A2	
A3	
A4	
A5	
A6	
A7	
A8	
A9	
A10	
A11	
B1	
B2	
Total Points	

 Supervisor's Signature

 Supervisor's Name / Official Stamp Pad

 Date

Supervisor's Report

Candidate's Name: _____

Health Centre: _____

Dates of Credentialing Period: _____

(√) where appropriate

Component of Assessment	Satisfactory	Non Satisfactory
A. Completion of Procedural Log Book	<input type="checkbox"/>	<input type="checkbox"/>
B. Practice Visit	<input type="checkbox"/>	<input type="checkbox"/>
C. Continuous Professional Development (CPD)	<input type="checkbox"/>	<input type="checkbox"/>
D. Preceptor's report;		
a. Overall knowledge	<input type="checkbox"/>	<input type="checkbox"/>
b. Consultation skills	<input type="checkbox"/>	<input type="checkbox"/>
c. Communication: with patients, colleagues and others including teamwork	<input type="checkbox"/>	<input type="checkbox"/>
d. Counseling skills	<input type="checkbox"/>	<input type="checkbox"/>
e. Professionalism, Ethical and Legal issues	<input type="checkbox"/>	<input type="checkbox"/>
f. Technical / procedural skills	<input type="checkbox"/>	<input type="checkbox"/>
g. Patient management and compliance to CPG	<input type="checkbox"/>	<input type="checkbox"/>

Based on the above assessment, I recommend the candidate;

(√) where appropriate

	To be credentialed as a specialist in Family Medicine
	To repeat an additional period of supervision, which will address the following specific areas of weaknesses noted below

Comment:

Supervisor's Signature

Supervisor's Name/Official Stamp Pad

Date

Members of the Task Force

1. National Specialist Register (NSR): Specialty Subcommittee for Family Medicine

Prof. Datuk Dr Sheikh Mohd Amin (*Chairperson*)

Dr. Iskandar Firzada b.Osman

Dr. Nazrila Hairizan bt. Nasir

Dr. Rozita bt Zakaria

Dr. Emma Fazilah Zulkifli

Cik Nur Athirah bt Mohamed (Secretariat)

2. Ministry of Health, Malaysia

Dr. Nazrila Hairizan bt Nasir (*Timbalan Pengarah Kesihatan Keluarga Primer*)

Dr. Nor Idawaty bt Ibrahim

Dr. Mohd Safiee b Ismail

3. The Academy of Family Physicians of Malaysia

Dr Husna Hanin bt Abdul Rahim (*Chairperson of Credentialing Committee*)

Dr Emma Fazilah Zulkifli

Assoc. Prof Dr. Ilham Ameerah bt Ismail

Dr. Rohimah bt Mohd Yusoff

APPENDIX

Preceptorship Form

Candidate's Name: _____

Date: _____ 4th Month () 8th () (/) where appropriate

Items	Satisfactory Performance	Non-satisfactory Performance (please specify)
<p>1. Consultation skills and history taking</p> <ul style="list-style-type: none"> <input type="checkbox"/> Doctor-patient relationship (Appropriate patient centeredness) <input type="checkbox"/> Communication technique <input type="checkbox"/> Relevant history <input type="checkbox"/> Appropriate use of time 		
<p>2. Physical Examination</p> <ul style="list-style-type: none"> <input type="checkbox"/> Systematic examination <input type="checkbox"/> Technique of examination <input type="checkbox"/> Ability to elicit abnormal signs 		
<p>3. Problem solving and diagnosis</p> <ul style="list-style-type: none"> <input type="checkbox"/> Problems identification <input type="checkbox"/> Provisional/differential diagnosis <input type="checkbox"/> Investigations: relevance cost effectiveness <input type="checkbox"/> Interpretation of results 		
<p>4. Patient management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Management plan <input type="checkbox"/> Prescribing skills <input type="checkbox"/> Anticipatory care 		
<p>5. Patient care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explanation to the patient <input type="checkbox"/> Use of appropriate words 		
<p>6. Record keeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> Systematic and neat <input type="checkbox"/> Relevance information available 		

OVERALL PERFORMANCE
(Circle where appropriate)

Acceptable

Not Acceptable

PRECEPTORSHIP
FORM

Appendix 1

General comment on areas needing further attention by candidate:

Supervisor's Signature

Supervisor's Name / Official Stamp Pad

Date

Candidate's Signature

N.B. To be completed by the supervisor after each clinical session with the candidate.