



香港社會醫學學院  
**HONG KONG COLLEGE OF COMMUNITY MEDICINE**  
founder College of the Hong Kong Academy of Medicine  
*Incorporated with limited liability*



**Hong Kong College of Community Medicine**

**Occupational and Environmental Medicine**

**Log Book**

**for**

**Higher Specialist Training**

Room 908, 9/F, Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

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## **1. General Instructions to Trainees**

1. The trainee should register with the Hong Kong College of Community Medicine as a Higher Specialist Trainee.
2. The trainee should read carefully the “Regulations and Requirements for Fellowship Examination and Postgraduate Training in Community Medicine” and these general instructions.
3. This Log Book is designed to help the trainee record his/her training during the Higher Specialist Training period for progress monitoring & subsequent assessment by College examiners.
4. The trainee should provide sufficient proof to the trainer to certify the information recorded in this Log Book.
5. The trainee should discuss the progress of training as recorded in the Log Book with his/her trainer at least every 6 months.
6. The trainer should assess the overall training and identify and suggest remedies for any deficiency on the part of the trainee and of the training programme.

## 2. Personal Particulars

Full Name :

Chinese Name :

ID/Passport Number :

Sex :                      Date of Birth :

Home Address :

Office Address :

Telephone Number : (Office)                      (Home)

Fax Number : (Office)                      (Home)

Pager / Mobile Phone :                      E-mail Address :

Date of Registration with Hong Kong Medical Council :

Date of Registration with Hong Kong College of Community Medicine as trainee :

Basic Medical Qualification :

Qualification                      Granting Authority                      Year Obtained

Other Qualifications :

Qualification	Granting Authority	Year Obtained





**2.2 Job description of training posts**  
 (to be completed upon every rotation of training post)

Training Period : From \_\_\_\_\_ to \_\_\_\_\_

Post :

Job Description	% of Work
1. Provide comprehensive primary care to employees of contract companies	
2. Conduct pre-employment medical examinations, periodic health examinations regarding fitness for work	
3. Manage minor industrial accidents and injuries, diagnose and refer major injuries for treatment	
4. Attend to rehabilitation of workers after major illness or injury	
5. Conduct work-site visits when necessary	
6. Conduct work-related & general medical education seminars when requested	
7. Write medical reports on individual workers or groups of workers when requested	
8. Provide comprehensive primary care to general patients	
	100%

**Endorsement by Supervisor**

I hereby certify that the above information is correct.

\_\_\_\_\_  
 Name of Supervisor      Rank of Supervisor      Signature      Date

### **3. Summary of Training and Clinical Experience**

#### **3.1 Training experience**

Training period : From \_\_\_\_\_ to \_\_\_\_\_

Leave taken (days) : \_\_\_\_\_  
(To be completed every month)

Training Experience	Number of Hours
1. Clinical case management	
2. Appraisal/Utilisation/Dissemination of occupational health & safety information	
3. Workplace assessment	
4. Promotion of Occupational Health	
5. Management of human and material resources	
6. Management of Rehabilitation Programme	
7. Appreciation/Interpretation of environmental factors on health	
8. Appraisal Interpretation/Application of occupational health-related legislation and regulations	
9. Application of communication skills	
10. Teaching/Research	
11. Others	

#### **Endorsement by trainer**

I hereby certify to the best of my knowledge that the above information is correct.

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Name of trainer                      Signature                      Date



### 3.2 Clinical experience

Training Period : From \_\_\_\_\_ to \_\_\_\_\_  
(To be completed every 6 months)

Clinical Experience	Number of employees seen
A. Medical examination/assessment	
1. Pre-employment	
2. Periodic	
3. Evaluation of working capacity/loss	
4. Others	
B. Occupational Injuries	
1. Acute Management	
2. Rehabilitation	
3. Others	
C. Occupational/Work-related diseases	
1. Respiratory	
2. Skin	
3. Musculoskeletal	
4. Neurological/Sensory Organs	
5. Others	
D. Investigation of diseases or outbreaks	(episodes)

N.B. Please attach a 1-page summary and discussion on a sample case seen under each category A, B, C & D (if available). Trainees are encouraged to present case summaries under different sub-groups of each category for different months of reporting.

#### Endorsement by trainer

I hereby certify to the best of my knowledge that the above information is correct.

\_\_\_\_\_

Name of trainer                                  Signature                                  Date

### 3.3 Summary and discussion of sample cases

Training period : From \_\_\_\_\_ to \_\_\_\_\_

Category :

Summary & Discussion :

#### **4. Summary of Credit Points**

(Trainees should refer to the “Training and Examination Guidelines for the Subspecialty of Occupational Medicine” of the College for the attribution of various activities to the credit points. During the Higher Specialist Training period each trainee is expected to accumulate a minimum of 100 credit points.)

Period	From :	From :	From :	Total
Activities	To :	To :	To:	
Attendance at scientific meetings, training courses, seminars				
Presentations at major meetings				
Scientific publications				
Other relevant activities e.g. College Committee work				
Total credit points				

Endorsement by trainer

I hereby certify to the best of my knowledge that the above information is correct.

---

Name of trainer

Signature

Date

#### 4.1 Summary of Review Meetings

##### Part A

(During the Higher Specialist Training period each trainee is expected to attend a minimum of 4 review meetings per year and present material twice for each year of supervised training, i.e. a total of 6 presentations.)

Period	From : To :	From : To :	From : To :	Total
Number of review meetings				
Number of presentations at review meetings				

##### Endorsement by trainer

I hereby certify to the best of my knowledge that the above information is correct.

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Name of trainer                      Signature                      Date

Part B

**Review Meetings attended**

Date	Venue	Summary of Presentation	Summary of Other Activity	Credit Point	Certification by Trainer

Part C

**Details of Review Meetings**

Date :

Venue :

Details :

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Part D

**Details of Presentations in Review Meetings**

Date :

Venue :

Number of Presentations :

Details :

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**4.2 Postgraduate courses**

Date	Name of Course & Organiser	Subject/Discipline	Total Hours	Credit Point	Certification by Trainer

**Note :** No points will be awarded for the gaining of the pre-requisite academic qualifications or coursework. Any additional course undertaken may contribute to extra credit points.



**4.3 Presentations**

Date	Name of Function	Organiser	Venue	Topic	Oral/Poster	Credit Point	Certification by Trainer

**4.4 Scientific Meetings** (including conferences, lectures, seminars and workshops)

Date	Name of Function	Organiser/Speakers	Venue	Credit Point	Certification by Trainer

**4.5 Publications**

Title of Publication	Date, Volume, Number & Name of Proceeding/Abstract/Journal	Refereed/Non-refereed	Credit Point	Certification by Trainer

## **5. Checklist of Core Competencies**

The trainee must satisfy the College that he or she has sufficient understanding and experience of the following subjects after training:

Core Competencies	Satisfy (Y/N)
(a) Clinical Competencies - Able to apply the skills of a medical practitioner in order to diagnose, assess and advise on the management of disease and injury in relation to occupation, and determine the relationship between health and fitness to work, and advise on the impact of major contemporary health issues in a workplace.	
(b) Workplace Assessments - Able to conduct workplace and preliminary environmental assessments in order to recognize, evaluate and control physical, chemical, biological, design and psychosocial hazards in the workplace.	
(c) Critical Appraisal of Occupational Health & Safety Information - Able to retrieve and critically appraise occupational health and safety information, and disseminate such information in readily understandable forms.	
(d) Teaching and Research - Able to design, conduct and interpret investigations of health problems of individuals and groups and design, implement and evaluate prevention strategies in the workplace. Able to teach the principles and practice of Occupational Medicine to trainees in Community Medicine.	
(e) Management - Able to apply management skills in order to manage and co-ordinate occupational health and safety services including health surveillance programmes, implement effective change in the workplace, and negotiate and resolve conflict relating to occupational health and safety issues.	
(f) Communication - Able to communicate effectively in order to secure the co-operation of management, employees, and colleagues in the provision of a safe and healthy workplace.	
(g) Legislation, regulation and medico-legal matters - Able to interpret the legislative, regulatory and medico-legal aspects of occupational health and safety and be able to apply these in practice.	



## 6. Trainer's Assessment

This form should be completed by the trainer in discussion with the trainee for the period preceding annual review.

TRAINER'S REPORT	
<b>COMMENTS</b> (add additional sheets if necessary)	
General	
Strengths	
Areas for improvement	
Recommendations (state where special attention should be given in future)	

I have read the report of activity over the previous year and assessment of progress over the previous 12 months.

Trainer:		
Name:	Signature:	Date:
Trainee:		
Name:	Signature:	Date: