



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

Public Health Medicine

Log Book

For

Basic Training

May 2004

First Edition

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 Basic Trainee.
2. The trainee should read carefully the "Training and Examination Guidelines for the subspecialty of Public Health Medicine" (available online at [www.hkccm.org.hk](http://www.hkccm.org.hk)) and this general instruction.
3. This Log Book is designed to help the trainee record his/her training during the Basic Training period for progress monitoring and subsequent assessment by College examiners.
4. The trainee should provide sufficient proof for 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, so that his/her can identify and remedy any deficiency of Basic Trainee and training programme.

## 2. Personal Particulars

Full Name : \_\_\_\_\_  
(surname first)

Chinese Name(if applicable) : \_\_\_\_\_

Hong Kong Medical Council Registration Number: \_\_\_\_\_

Sex : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Fax Number : \_\_\_\_\_

Date of Registration with Hong Kong Medical Council : \_\_\_\_\_(mm/yy)

Date of Registration with Hong Kong College of Community Medicine as  
basic trainee : \_\_\_\_\_ (mm/yy)

Basic Medical Qualification :

<u>Qualification</u>	<u>Granting Authority</u>	<u>Year Obtained</u>
_____	_____	_____

Other Qualifications:

<u>Qualification</u>	<u>Granting Authority</u>	<u>Year Obtained</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 3. Record of Appointments

(In chronological order, including internships)

From mm/yy	To mm/yy	Post	Division/ unit	Institution	Supervisor /Unit Head (Name & Title)	Approved Training Post (Yes/No)

**4. Job Description of Training Posts**

(To be completed upon every rotation of training post)

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

Post: \_\_\_\_\_

Job Description	% of Work
	100%

Endorsement by Supervisor

I hereby certify that the above information is correct.

\_\_\_\_\_  
Name of Supervisor      Position of Supervisor      Signature      Date

## **5. Summary of Training Experience**

(to be completed every month)

Training Period : Year \_\_\_\_\_ Month \_\_\_\_\_

Training Experience	Tick if training received in this month
Supervised clinical and/or public health experience	
Research method appropriate to public health practice, including epidemiology, statistical methods, and other methods of enquiry including quality research methods	
Disease prevention and health promotion	
Health information	
Medical sociology	
Social policy and health economics	
Organisation and management of health care	
Others (please specify)	

### **Endorsement by trainer**

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

\_\_\_\_\_  
Name of Trainer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 6. Summary of Continuing Medical Education (CME) Points

(Trainee should refer to Appendix 1 of the "Training and Examination Guidelines for the subspecialty of Public Health Medicine" for the attribution of activities to the credit points. During the Basic Training period each trainee is expected to accumulate a minimum of 90 credit points.)

Period	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____
Activities				
Postgraduate Courses				
Attendance at Approved scientific Meetings, Conferences, Seminars and workshops				
Presentations in Approved scientific Meetings, Conferences and Seminars				
Scientific Publications				
Other relevant Activities				
<b>Total credit points</b>				

### Endorsement by trainer

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

\_\_\_\_\_  
Name of Trainer                      Signature                      Date



## **7. Details of CME Points**

(Trainee may add pages if necessary)

### **Postgraduate Courses Attended**

Date	Name of Course & Organiser	Subject/Discipline	Total Hours	CME Points	Certification by Trainer (Name & Signature)

## **Presentations**

Date	Name of Function & Organizer	Topic	Oral/ Poster	CME Points	Certification by Trainer (Name & Signature)

**Scientific Meeting/Conference/Lecture/Seminar/Workshop Attended**

Date	Name of Function/Topic	Organizer and Speaker(s)	CME Points	Certification by Trainer (Name & Signature)

**Scientific Publications**

Title of publication	Date, Vol., No and of Proceeding/Abstract/ Journal	Refereed/Non-refereed	CME points	Certification by Trainer (Name & Signature)

**Other Relevant Activities**

Date of activity	Nature of the activity	CME points	Certification by Trainer (Name & Signature)

## 8. Trainer's report

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

TRAINER'S REPORT	
Comments (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 training activities and assess the progress over the period from

\_\_\_\_\_ to \_\_\_\_\_.

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