



AFPM

Academy Information Management System (AIMS) Manual

For New AFPM Members



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SECTION 1: INTRODUCTION

1. Objective

The main objective of this manual is to guide users on how to apply membership online; and for admins to navigate within AIMS accordingly.

2. Scope

This document contains guides for applicants and admins



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SECTION 2: MODULE LIST

| No | Modul |
|-----------|---|
| 1. | Applicant – Required Documents to be Uploaded |
| 2. | Applicant – Registration |



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SECTION 3: MANUAL DESCRIPTION

1. Applicant – Required Documents to be Uploaded

AFPM Membership

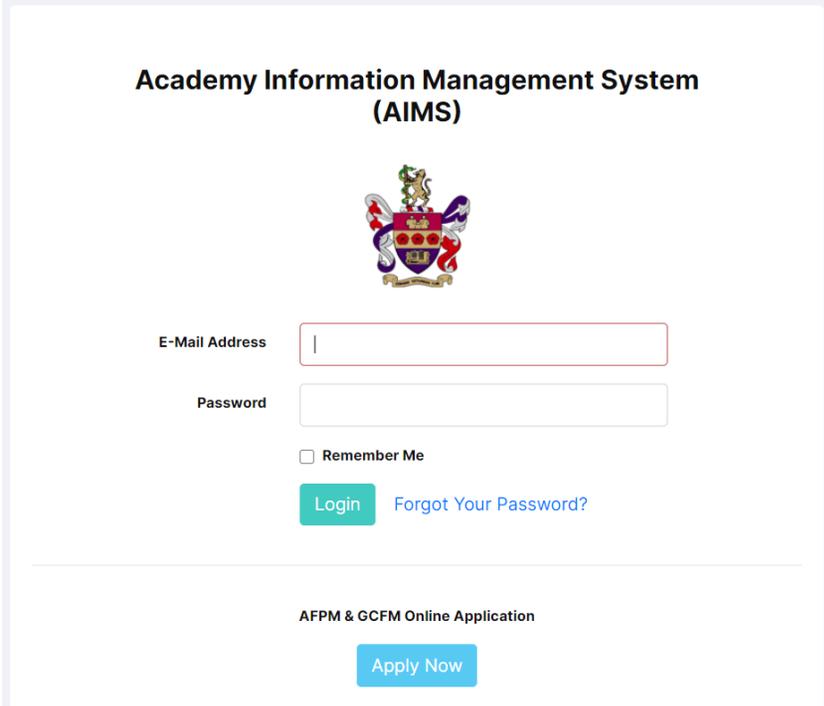
Please prepare soft copy of documents below before registering:

- **Photograph – Passport Size Copy**
- **One Copy of NRIC (for Malaysian) Relevant Pages of Passport (for non – Malaysian)**
- **Copy of Current Annual Practicing Certificate (APC)**
- **Copy of Full Registration Certificate from Malaysian Medical Council or the respective Medical Board or Council (for foreigners)**
- **Copy of Graduation Certificate**
- **Interbank Banking / Direct Bank in Cash of RM 400.00) (All Membership Application after 1st July, the fee is RM 500.00) AM BANK: 001-201-010181-2 (ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA)**
- **Proof of payment – GCFM Processing fee of RM 500.00; AM BANK: 001-201-010182-0 (ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA)**
- **All the Above Documents Need to be Certified True Copy (CTC)**



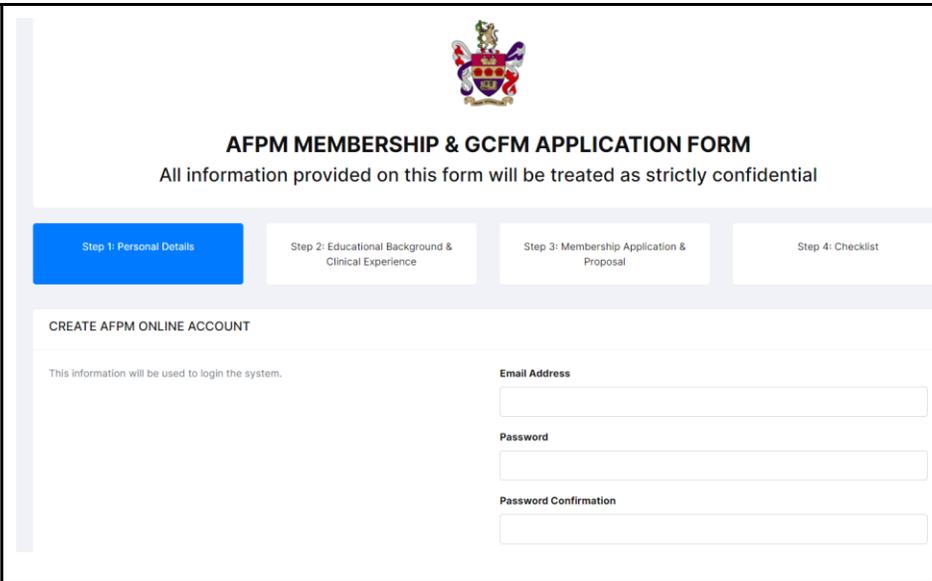
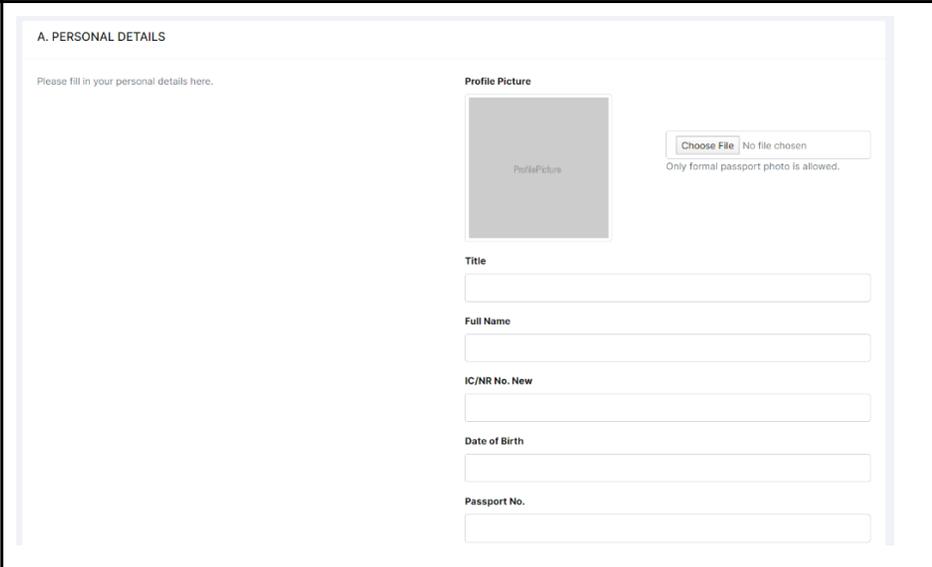
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2. Applicant - Registration

| No | Action | Diagram |
|----|---|---|
| 1. | <ul style="list-style-type: none">• Visit http://aims.afpm.org.my/ for AFPM membership application• Click (Apply Now) at the bottom of the page |  <p>Academy Information Management System (AIMS)</p>  <p>E-Mail Address <input type="text"/></p> <p>Password <input type="password"/></p> <p><input type="checkbox"/> Remember Me</p> <p><input type="button" value="Login"/> Forgot Your Password?</p> <hr/> <p>AFPM & GCFM Online Application</p> <p><input type="button" value="Apply Now"/></p> |



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| | | |
|-----------|---|---|
| <p>2.</p> | <ul style="list-style-type: none">• Create your AFPM online account by filling up the fields required |  |
| <p>3.</p> | <ul style="list-style-type: none">• Enter all your personal details to complete the online registration• Click “Next” to create your account and proceed to Step-2 |  |



4.

- Starting from Step-2 onwards; if you get disconnected, you may just log in back using your email and password you just entered in Step-1
- Fill in the fields for “B. EDUCATION BACKGROUND”

B. EDUCATIONAL BACKGROUND

| Academic Background | Date Obtained | Qualification | University/College |
|-------------------------------------|----------------------|----------------------|----------------------|
| Basic Medical Qualification | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Post Graduate Medical Qualification | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Medical Qualification | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Medical Registration | Date Obtained | Registering Body | Number |
|----------------------|----------------------|----------------------|----------------------|
| Provisional | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Full Registration | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Current A.P.C No: | <input type="text"/> | <input type="text"/> | <input type="text"/> |

5.

- Fill in the fields for “C. CLINICAL PRACTICE/EXPERIENCE”

C. CLINICAL PRACTICE/EXPERIENCE

| House Officer Experience | | | | |
|---------------------------|----------------------|-----------------------|----------------------|----------------------|
| Month/Year | Hospital | Discipline/Consultant | Months | Actions |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Add Items | | | | |

| Medical Officer Experience | | | | | | |
|----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Month/Year (From) | Month/Year (To) | Hospital | Consultant | Discipline | Duration | Actions |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Add Items | | | | | | |

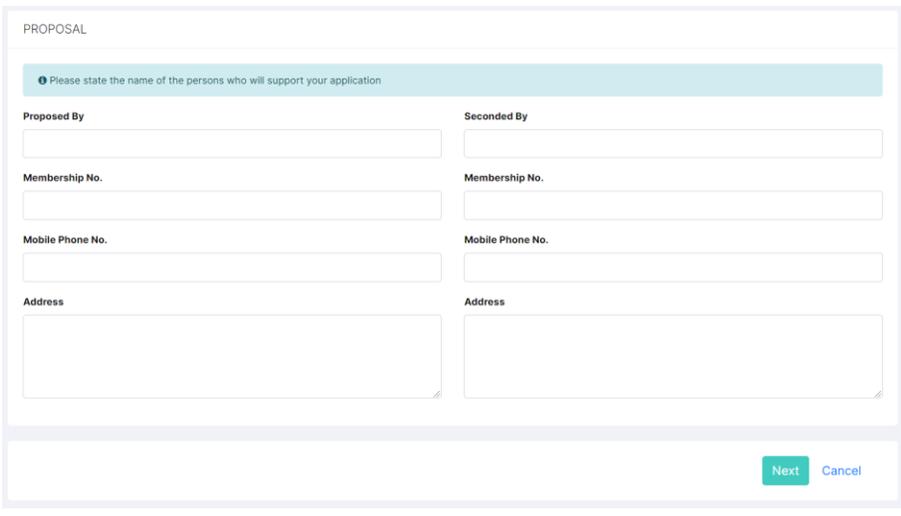
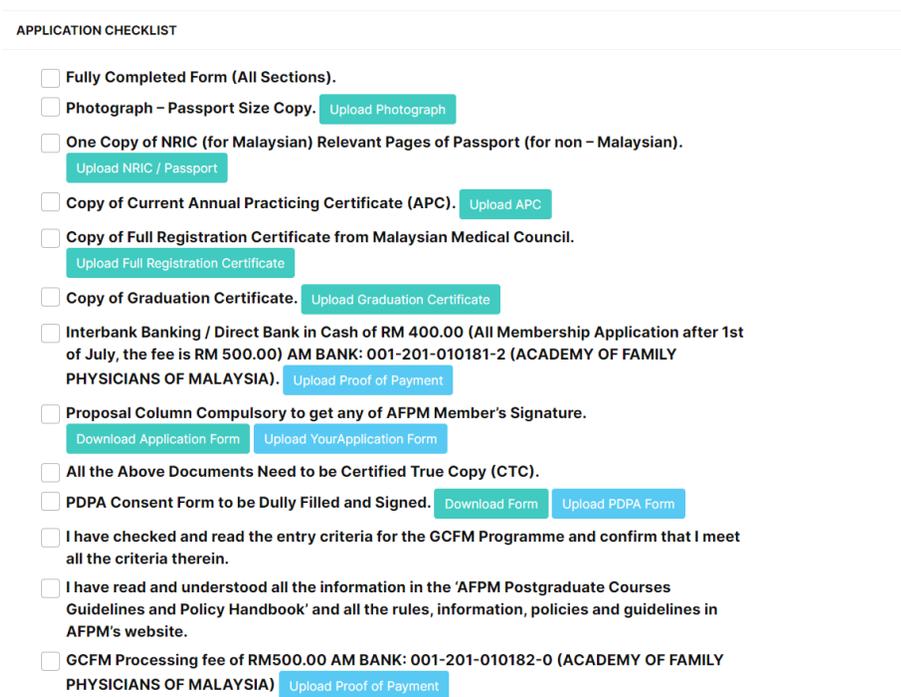
| Other General Practice/Primary Care Experience | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Month/Year (From) | Month/Year (To) | Position | Clinic Address | Type of Practice | Duration | Actions |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Add Items | | | | | | |

| Courses Attended | | | |
|---------------------------|----------------------|----------------------|----------------------|
| Year | Description | Institution | Actions |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Add Items | | | |



| 6. | <ul style="list-style-type: none">• Check the boxes if applicable under “RECOGNITION OF EXPERIENCE IN FAMILY/GENERAL PRACTICE”• Click “Next” to proceed to Step-3 | <p>RECOGNITION OF EXPERIENCE IN FAMILY / GENERAL PRACTICE</p> <p>An applicant for Ordinary Membership should have held a registered qualification for not less than FOUR (4) years and have been in active family practice for not less than two (2) years. An applicant for Associate Membership must be a provisionally or fully registered Medical Practitioner. Experience mentioned below will be considered equivalent to general practice.</p> <table border="1"><thead><tr><th>Experience</th><th>Recognition</th></tr></thead><tbody><tr><td>General Practice</td><td>Full recognition <input type="checkbox"/></td></tr><tr><td>Public Health Centers</td><td>Full recognition <input type="checkbox"/></td></tr><tr><td>Primary care clinic in the Armed Forces</td><td>Full recognition <input type="checkbox"/></td></tr><tr><td>University Department of Primary Medical Care / Family Medicine</td><td>Full Recognition (with proof of Family Practice) <input type="checkbox"/></td></tr><tr><td>Outpatient Department</td><td>Recognition as half of the time (Full recognition for OPD with Family Medicine Specialist (FMS) / FMS equivalent) <input type="checkbox"/></td></tr><tr><td>Part-time Family Practice / General Practice</td><td>Recognition as half of the time (At least 20 hours per week for the required period) <input type="checkbox"/></td></tr></tbody></table> <p>Note:</p> <ol style="list-style-type: none">1. If in part-time family practice; minimum of 3 days per week [working a minimum of 4 hours per day] in a single practice could be assessed as family practice.2. To verify part-time family practice experience, the candidate is required to submit to the Academy:<ol style="list-style-type: none">a. a log diary of 100 consecutive patient consultations to demonstrate the depth and nature of their family practice experienceb. patient notes [with patient ID masked] from the family practice, and alsoc. a curriculum vitae containing in particular detail regarding the number of sessions worked in family practice.d. if working in a solo practice, the General Practice Clinic Registration Certificate [Borang 6] from the Ministry of Health, Malaysia should be produced.e. the name and contact details of Head of Department [HOD] / Family Medicine Specialist and letter of support from the respective HOD where applicable. | Experience | Recognition | General Practice | Full recognition <input type="checkbox"/> | Public Health Centers | Full recognition <input type="checkbox"/> | Primary care clinic in the Armed Forces | Full recognition <input type="checkbox"/> | University Department of Primary Medical Care / Family Medicine | Full Recognition (with proof of Family Practice) <input type="checkbox"/> | Outpatient Department | Recognition as half of the time (Full recognition for OPD with Family Medicine Specialist (FMS) / FMS equivalent) <input type="checkbox"/> | Part-time Family Practice / General Practice | Recognition as half of the time (At least 20 hours per week for the required period) <input type="checkbox"/> |
|---|--|---|------------|-------------|------------------|---|-----------------------|---|---|---|---|---|-----------------------|--|--|---|
| Experience | Recognition | | | | | | | | | | | | | | | |
| General Practice | Full recognition <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Public Health Centers | Full recognition <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Primary care clinic in the Armed Forces | Full recognition <input type="checkbox"/> | | | | | | | | | | | | | | | |
| University Department of Primary Medical Care / Family Medicine | Full Recognition (with proof of Family Practice) <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Outpatient Department | Recognition as half of the time (Full recognition for OPD with Family Medicine Specialist (FMS) / FMS equivalent) <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Part-time Family Practice / General Practice | Recognition as half of the time (At least 20 hours per week for the required period) <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 7. | <ul style="list-style-type: none">• Check the required boxes | <p>MEMBERSHIP APPLICATION</p> <p><input type="checkbox"/> I declare that I have held a registered qualification for not less than four (4) years and have been active in family practice for not less than two (2) years.</p> <p><input type="checkbox"/> I wish to apply to be an ORDINARY MEMBER of the Academy.</p> <p><input type="checkbox"/> I wish to apply to be an ASSOCIATE MEMBER of the Academy.</p> <p><input type="checkbox"/> I hereby pledge to;</p> <ol style="list-style-type: none">i) Uphold and promote, to the best of my ability, the aims and objects of the Academy in the advancement of medicine of excellence.ii) Observe the provisions of the Constitution of the Academy and such regulations and by-laws of the Academy of its Sections of Faculties as may, from time to time, be in force.iii) Undertake to continue approved postgraduate studies while I remain a member. | | | | | | | | | | | | | | |



| | | |
|----|--|--|
| 8. | <ul style="list-style-type: none">• Fill in the proposal fields• Click “Next” to proceed to Step-4 |  |
| 9. | <ul style="list-style-type: none">• Make sure to check all of the boxes before hitting the next button• Download your application form and PDPA form to be signed• Log back in again and upload the signed documents (Photo or PDF Format)• Upload relevant documents• Membership Fee & GCFM processing Fee are two different account numbers – Make sure to upload your proof of payment once only. If logged out, just tick the box without re-uploading• Click to “Apply” button to submit your application |  |



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10.

- Enter the email and password you registered
- Now you can see you profile containing your membership details and personal details.
- You may update and edit your personal details anytime
- Membership status changes upon approval and notification via email will be sent to the approved members

The screenshot displays the 'My Profile' page on the AIMS AFPM website. The page header includes the AIMS AFPM logo and a user profile icon labeled 'Rabiatul'. The main content area is titled 'Membership Details' and contains a table with the following fields:

| Membership Details | |
|------------------------------|----------------------|
| Membership No. | <input type="text"/> |
| Membership Type | <input type="text"/> |
| Membership Status | Waiting Approval |
| Membership Registration Date | <input type="text"/> |
| Membership Expiry Date | <input type="text"/> |