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Introduction
The General Outpatient Operation Manual (the Manual) as approved by Coordinating Committee in Family Medicine (COC FM) was released in February 2014 to provide clear documents on the aligned principles and recommended practices in handling different kinds of operations in clinics. It is also appreciated that there is variation depending on the local setting and available support.

Objectives
In the actualization of the Manual to KCC FM & GOPC local setting, we aim to follow the aligned benchmark documents and do away existing department documents where appropriate to ensure aligned operation, and avoid confusion due to duplication of documents. On the other hand, we aim to include certain cluster–specific information where appropriate to accommodate local needs, taking reference to relevant existing department documents, local guidelines and/or reference materials.

Methodology
The existing department documents were reviewed by designated document control officer, to check for redundancy, need for modifications or updates with reference to the Manual. They were sorted according to the relevance with subcommittees / nursing disciplines, and presented to respective subcommittees and document owners for deliberation and vetting. The revised local documents were presented to Department Management Meeting for endorsement. All the revised and discarded documents were vetted and endorsed by relevant subcommittees and Department Management Meeting before July 2014. After the modification and endorsement, the revised documents were integrated into the FM COC Operational Manuals and posted onto the departmental webpage.
**Result**

All the original 64 KCC FM & GOPC operational manuals were revised, out of which 24 documents were removed due to duplication with the FM COC Operational Manual. The revised documents hard copies were inserted to the relevant chapters of the FM COC Manual hard copies. They were also posted on the Department’s webpage along side with the FM COC Operational Manual for easy reference. The actualization process resulted in easy access of the relevant documents and the avoidance of confusion and contraindication of the two manuals. Aligned principles and practices across the clusters were achieved, while taking into account cluster-specific local needs.