

Feedback on Community Based Training

Name: _____	Official Use
The Upper part of the dotted line will be removed after the name was registered by the secretariat to ensure confidentiality.	

The trainee's feedback will be treated confidentially and any discussions about the trainee between HKCFP and the supervisor will occur with the trainee's knowledge. All communication should be handled with respect for all parties and that there should be no repercussions on the trainee if negative feedback is provided in good faith. At the same time, all parties should be made aware of the impact their negative feedback may have on the practice, the supervisor and trainee if informal processes such as social media or speaking to peers are used. All parties should give feedback through the formal channels provided.	
Training institution: _____ Rotation/Specialty: _____	
Training Center: _____ Training Period: _____	
Please give a GRADE to the following questions: (0 = Very disappointed, 1 = Poor, 2 = Dissatisfactory, 3 = Satisfactory, 4 = Good, 5 = Excellent)	
Grade:	
(1) The adequacy and quality of in-practice teaching and education	
(2) The adequacy and quality of feedback from direct observation sessions	
(3) The quality of feedback and clinical support provided and how this addressed and met their learning needs	
(4) The quality and timeliness of the assistance they received in the development and review of their planned learning	
(5) The adequacy of the orientation and induction process	
(6) The adequacy of supervision arrangements	



at the end of rotation 14 days before,
the feedback on Community based
training (page 5) will be generated :

5

← Rotation - [redacted]

[Detail](#) [Community-based Learning Portfolio](#) [Community-based Training Details](#) [Community-based Trainee Log Dairy](#) [Feedback on Community-based Training](#) [Assessment Form](#)

Feedback on Community-based Training

Rotation information

Training Type

☒ Basic Training ☐ Higher Training

Training Center

Yau Ma Tei Jockey Club General Out-Patient Clinic

Period

01/09/2025 To 31/10/2025

Specialty

Com Med/ Pub H - Community Medicine / Public Health

Please give a GRADE to the following questions: (0=Very Poor, 1=Poor, 2=Dissatisfactory, 3=Satisfactory, 4=Good, 5=Excellent)

The adequacy and quality of in-practice teaching and education.: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The adequacy and quality of feedback from direct observation sessions.: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The quality of feedback and clinical support provided and how this addressed and met their learning needs.: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The quality and timeliness of the assistance they received in the development and review of their planned learning.: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The adequacy of the orientation and induction process.: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The adequacy of supervision arrangements.: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Name: _____

Official Use

The Upper part of the dotted line will be removed after the name was registered by the secretariat to ensure confidentiality

The trainee's feedback will be treated confidentially and any discussions about the trainee between HKCFP the supervisor will occur with the trainee's knowledge. All communication should be handled with respect parties and that there should be no repercussions on the trainee if negative feedback is provided in good practice, the supervisor and trainee if informal processes such as social media or speaking to peers are All parties should give feedback through the formal channels provided.

Training institution: _____ Rotation/Specialty: _____
Training Center: _____ Training Period: _____

Please give a GRADE to the following questions:

(0 = Very disappointed, 1 = Poor, 2 = Dissatisfactory, 3 = Satisfactory, 4 = Good, 5 = Excellent)

Grade:

- | | |
|--|--|
| (1) The adequacy and quality of in-practice teaching and education | |
| (2) The adequacy and quality of feedback from direct observation sessions | |
| (3) The quality of feedback and clinical support provided and how this addressed and met their learning needs | |
| (4) The quality and timeliness of the assistance they received in the development and review of their planned learning | |
| (5) The adequacy of the orientation and induction process | |
| (6) The adequacy of supervision arrangements | |
| (7) The range and numbers of primary care patients seen | |
| (8) The scheduling of their consultations and education activities | |
| (9) Type of teaching and frequency | |
| (10) Delivery of regular structured in-practice teaching relevant to stage of training | |
| (11) A variety of teaching and learning methods being used and documented | |
| (12) Trainee feedback regarding in-practice teaching sought after every placement as part of its ongoing quality improvement process | |

Overall Comments (if any):

Delivery of regular structured in-practice teaching relevant to stage of training.: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

A variety of teaching and learning methods being used and documented.: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Trainee feedback regarding in-practice teaching sought after every placement as part of its ongoing quality improvement process.: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Overall Comments (if any):

I want/ DO NOT want a training review meeting with BVTs: *

☐ Want ☐ Do not want

PLEASE NOTE: ONCE feedback is submitted, no changes or deletions to the training records are possible.

Cancel

Save

Submit

You can save your progress before submitting.
Once submitted, the feedback form cannot be edited.

Feedback on Hospital Based Training

Name: _____	Official Use
The Upper part of the dotted line will be removed after the name was registered by the secretariat to ensure confidentiality.	
✂-----✂	
Please give a GRADE to the following questions: (0 = Very disappointed, 1 = Poor, 2 = Dissatisfactory, 3 = Satisfactory, 4 = Good, 5 = Excellent)	
<u>Hospital Based Training:</u>	Training Centre _____
	Rotation/Specialty _____
	Training Period _____
Q1. How adequate was your exposure?	Grade: _____
Comment: _____	
Q2. How was your opportunity to learn practical skill?	Grade: _____
Comment: _____	



← Rotation - Dr HKCFP test 150071 (M123456)

Detail

Hospital-based Trainee Log Dairy

Feedback on Hospital-based Training

Feedback on Hospital-based Training

Rotation information

Training Type

☒ Basic Training ☐ Higher Training

Training Center

Caritas Medical Centre

Period

01/07/2025

To

30/09/2025

Specialty

A&E - Emergency Medicine

Recognized Duration (Months)

3

PLEASE RATE THE TRAINEE'S PERFORMANCE in the following areas: (0=Very Poor, 1=Poor, 2=Dissatisfactory, 3=Satisfactory, 4=Very Satisfactory)

How adequate was your exposure?: *

☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comment: *

n/a

How was your opportunity to learn practical skill?: *

☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comment: *

When the rotation is 14 days before the end. "Feedback on Hospital based Training" page will be generated.

Please be reminded to fill in and submit your feedback form at the end of each rotation.

Please refer the trainee feedback form traditional page (next slide) and email reminder sample for your reference.

What is your opinion of the duty roster?: *

☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comment: *

n/a

How relevant was this training to future practice?: *

☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comment: *

n/a

How was your overall training experience?: *

☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comment: *

n/a

PLEASE NOTE: ONCE feedback is submitted, no changes or deletions are allowed.

Cancel

Dashboard

Profile

Basic Training Records

Application

Rotation

Clinical Attachment

Qualification

Structured Educational Prog. for BT

Consultation Session

Community Involvement

Audit/Research Projects

Teaching Experience

How relevant was this training to future practice?: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comment: *

How was your overall training experience?: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comment: *

PLEASE NOTE: ONCE feedback is submitted, no changes or deletions to the training records are possible.

Cancel

Save

Submit

You can save your progress before submitting.
Once submitted, the feedback form cannot be edited.

Please give a **GRADE** to the following questions:

(0 = Very disappointed, 1 = Poor, 2 = Dissatisfactory, 3 = Satisfactory, 4 = Good, 5 = Excellent)

Hospital Based Training:

Training Centre _____

Rotation/Specialty _____

Training Period _____

Q1. How adequate was your exposure? Grade: _____

Comment: _____

Q2. How was your opportunity to learn practical skill? Grade: _____

Comment: _____

Q3. How adequate was the level of supervision? Grade: _____

Comment: _____

Q4. Were you given autonomy in making clinical decision? Grade: _____

Comment: _____

Q5. What is your opinion of the duty roster? Grade: _____

Comment: _____

Q6. How relevant was this training to future practice? Grade: _____

Comment: _____

Q7. How was your overall training experience? Grade: _____

Comment: _____

Official Use:

Code: _____

(Trainee) Feedback on Hospital Based Training traditional page (as left) for your reference.

And the email sample of “Invitation of Rotation Feedback Form Submission” (as below) for your reference.

Reply Reply All Forward IM



HKCFP BVTs

Invitation of Rotation **Feedback** Form Submission

To [Redacted]

Dear [Redacted]

It is a reminder for the rotation **feedback** form submission.

Period [Redacted]

System URL: <https://etraining.hkcfp.org.hk>

Yours sincerely,
Board of Vocational Training and Standards
The Hong Kong College of Family Physicians

Note: It is a system generated email. Please do not reply.