

Rotation records

Hospital Based
From 7/2026 onwards

if your Hospital Based rotation is
1/7/2026 to 30/9/2026 (please input the record before 15/9/2026)
or
1/7/2026 to 31/12/2026 (please input the record before 15/12/2026)



The Hong Kong College of Family Physicians
香港家庭醫學學院

Last Login: 26 Nov 2025 17:02
Welcom [redacted]
[HKCFP website](#) [Change Password](#) [Logout](#)

Dashboard

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Basic Training Records

Application

Rotation

Clinical Attachment

Qualification

Structured Educational Prog. for BT

Consultation Session

Community Involvement

Audit/Research Projects

Teaching Experience

College Ac

Rotation

Training Type

MCHK No.

English Name

Chinese Name

Rotation Record

Add

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
No Data						

Total 0

Please go to “Basic Training Records” > “Rotation” > “Add”

Note:

The system does not allow overlapping dates for Rotation records. For example, if Record 1 is set from 01/04/2026 to 30/06/2026, Record 2 cannot start on 15/06/2026. Because these periods overlap, the system will block the creation of the second record.

Rotation Details

Generic forms of Hospital-based Training

To: BVTS@hkcfp.org.hk

From:

Name of Trainee: _____ **Supervisor:** _____

Training Centre: _____ **Specialty:** _____

Training Period: from _____ (mm/yy) to _____ (mm/yy)



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← Rotation - Add

Training Type *

☒ Basic Training ☐ Higher Training

Training Mode *

☒ Full Time ☐ Part Time

Period *

To

Training Center *

☒ Rotation ☐ Past Local Rotation ☐ Past Overseas Rotation

Caritas Medical Centre

Training Center Type *

Hospital Based

Training Center Nature

Public-HA-Hospital-KWC

Specialty *

A&E - Emergency Medicine

Supervisor *

*If the supervisor is not listed below, please contact BMS.

Dr CHAN, Tai Man

Duration (Months)

3

Recognized Duration (Months) *

3

Status

Cancel

Submit

Status

Submitted by Trainee

Cancel

For example:

- Basic Training
- Full Time
- Period: 01/07/2025 to 30/09/2025
- Training Center: **Rotation** > CMC
- Specialty: A&E
- Supervisor: Dr CHAN, Tai Man

After "Submit",
The status will be changed to "Submitted
by Trainee".

Trainee Log Diary

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TRAINEE LOG DIARY

Record any Presentations, Seminars or Related Educational Activities that you have done or attended during the training period.

Date	Log Diary	Time Spent



← Rotation - Dr HKCFP test 150071 (M123456)

Detail

Hospital-based Trainee Log Dairy

Hospital-based Trainee Log Dairy

Import

Add

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

Date	Time Spent (Hours)	Log Diary
No Data		

Total 0

Cancel



Please add your hospital-based trainee Log Diary by clicking “Add”.

Rotation - Dr HKCFP test 150071 (M123456)

Detail Hospital-based

Hospital-based Trainee

PLEASE NOTE: ONCE feedback

Date

Total 0

Cancel

Rotation - Hospital-based Trainee Log Dairy - Add

Training Type

☒ Basic Training ☐ Higher Training

Period

01/01/2026 To 31/01/2026

Training Center

Pamela Youde Nethersole Eastern Hospital

Specialty

A&E - Emergency Medicine

Recognized Duration (Months)

1.1

Record any Presentations, Seminars or Related Educational Activities that you have done or attended during the training period.

Date *

dd/mm/yyyy

Time Spent (Hours) *

Log Diary *

Cancel

Submit

A window will be pop-ed up.

Please input your record:

- Date:
- Time Spent (Hours):
- Log Diary:

And click "Submit"

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TRAINEE LOG DIARY

Record any Presentations, Seminars or Related Educational Activities that you have done or attended during the training period.

Date	Log Diary	Time Spent

Please refer the trainee log diary traditional page (as left) for your reference.



← Rotation - Dr HKCFP test 150071 (M123456)

Detail

Hospital-based Trainee Log Dairy

Hospital-based Trainee Log Dairy

Import

Add

Date	Time Spent (Hours)	Log Diary
 01/01/2026	2	seminar 

Total 1

Cancel

After "Submit"
The record will be here.

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)

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: _____



← 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)

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

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.

Dashboard

Profile

Basic Training Records

Application

RotationClinical AttachmentQualificationStructured Educational Prog. for BTConsultation SessionCommunity InvolvementAudit/Research ProjectsTeaching 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.



Rotation

Training Type

[redacted]

MCHK No.

[redacted]

English Name

[redacted]

Chinese Name

Rotation Record

Add

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
 Basic Training	Full Time	01/07/2025 - 30/09/2025	Caritas Medical Centre	A&E - Emergency Medicine	Dr CHAN, Tai Ma	Submitted by Trainee

If the supervisor Dr CHAN Tai Man has not yet completed the assessment, the status will show as “Submitted by Trainee”.

Assessment Form (by selected supervisor only)

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HOSPITAL BASED BASIC TRAINING/ EXPERIENCE

PERIOD OF TRAINING (MM/YY) From () To ()	HOSPITAL / UNIT / SPECIALTY ()
DURATION (MONTHS) ()	ACCREDITED Yes () No ()
	CLINICAL ATTACHMENT Yes () No ()

Extent of checklist completion: (please rate)

Inadequate 0 | 1 | 2 | 3 | 4 | 5 Adequate

Other Comments by Supervisors:

Name of Supervisors: _____ Signature: _____

Date: _____

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THE HONG KONG COLLEGE OF FAMILY PHYSICIANS
Board of Vocational Training & Standards

ASSESSMENT/FEEDBACK FORM BY CLINICAL SUPERVISORS
(BASIC TRAINING)

This form is designed to help vocational trainees identify their areas of clinical strengths and weaknesses so that specific further training can be planned. Frank and constructive feedback from you is essential for this aim. Bear in mind that the doctor is aiming ultimately to enter general, rather than specialty, practice. If you have insufficient information to answer a question, please indicate this. Please forward a copy of this completed assessment form to BVT5@hkcfp.org.hk for record.

Trainee Doctor _____ Supervisor _____
Block letter please Block letter please

Training Centre _____ Specialty _____ Period from _____ to _____

PLEASE RATE THE TRAINEE'S PERFORMANCE in the following areas:
(0=Very Poor, 1=Poor, 2=Dissatisfactory, 3=Satisfactory, 4=Good, 5=Excellent)

- Effective communication skills
Comments _____
0 | 1 | 2 | 3 | 4 | 5
- Assessing clinical information and reaching logical conclusions, but willing to change his/her mind in the light of new information
Comments _____
0 | 1 | 2 | 3 | 4 | 5
- Physical examinations, diagnostic tests, and procedures
Comments _____
0 | 1 | 2 | 3 | 4 | 5
- Making decisions in diagnosis and management with the patient
Comments _____
0 | 1 | 2 | 3 | 4 | 5
- Appreciating the social and psychological dimensions of patients' problems e.g. the patient's family, ethnic, work and community environment
Comments _____
0 | 1 | 2 | 3 | 4 | 5
- Recognising the limits of his/her own knowledge, experience and ability, and enlisting help when necessary
Comments _____
0 | 1 | 2 | 3 | 4 | 5
- Providing continuing care, illness prevention and health promotion (e.g. smoking, alcohol, diet) and coordinating the patient's total health care
Comments _____
0 | 1 | 2 | 3 | 4 | 5

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- Exhibiting personal and professional qualities required of a doctor e.g. accepting responsibility, conscientious, caring, reliable, ethical
Comments _____
0 | 1 | 2 | 3 | 4 | 5
- Exhibiting ability to tolerate the uncertainty, and act professionally in a crisis
Comments _____
0 | 1 | 2 | 3 | 4 | 5
- Developing effective relationships with patients, families, and medical and paramedical colleagues
Comments _____
0 | 1 | 2 | 3 | 4 | 5
- Administrative skills such as paperwork and the effective use of time, practice organization and financial information
Comments _____
0 | 1 | 2 | 3 | 4 | 5
- Showing keenness to learn, planning his/her own learning and assessment, and accept and give feedback
Comments _____
0 | 1 | 2 | 3 | 4 | 5

CLINICAL KNOWLEDGE AND SKILLS
Of the clinical problems encountered during this term, which were handled very well by the doctor, and which require further attention?

GENERAL COMMENTS:
Please comment on the doctor's progress during the term and include any additional comments that might help this doctor become a more effective family physician.

RECOMMENDATION:
I * **recommend** / **do not recommend** to the Board of Vocational Training and Standards certifying this trainee for completion of * _____ months of hospital specialty rotation / _____ year(s) of Community Based of Basic Training during the specified period.

Comments (Obligatory if not recommend): _____

Detail

Hospital-based Trainee Log Diary

Feedback on Hospital-based Training

Assessment Form

When the rotation is 14 days before the end. "Assessment Form" page will be generated.

Supervisor Assessment Form

Rotation information

Training Type

☒ Basic Training ☐ Higher Training

Period

01/07/2025

To

30/09/2025

Your selected supervisor (Dr. CHAN, Tai Man) will receive the email notification for assessment.

Training Center

Caritas Medical Centre

Specialty

A&E - Emergency Medicine

Recognized Duration (Months)

3

Extent of checklist completion: (0=Inadequate, 5=Adequate)

Extent of Checklist Completion: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comment: *

Trainee's Performance

Effective communication skills: *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comment: *



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[Audit/Research Projects](#)

[Teaching Experience](#)

[College Ac](#)



Rotation

Training Type

[redacted]

MCHK No.

[redacted]

English Name

[redacted]

Chinese Name

Rotation Record

[Add](#)

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
 Basic Training	Full Time	01/07/2025 - 30/09/2025	Caritas Medical Centre	A&E - Emergency Medicine	Dr CHAN, Tai Man	Recommended by Supervisor

Upon supervisor Dr CHAN Tai Man assessment completed, status changes to “Recommended by Supervisor”.

Rotation records

Hospital Based

(end)

Clinical attachment

From 7/2026 onwards



What is Clinical Attachment?

Clinical Attachment would not be compromised in 24-month hospital based training duration.

For example, **ENT, EYE** would not be counted into 24-month recognized duration for Hospital based training.

(see next slide)

Period	Specialty	Assessment Record	Recognized Duration (Months)
4/2026 – 6/2026	FM	Rotation	3
4/2026	ENT	Clinical attachment	0
7/2026 – 9/2026	A&E	Rotation	3
7-8/2026	EYE	Clinical attachment	0

Attendance Sheet of Family Medicine Training Program : ENT

Name of Trainee : [redacted]

Date of Rotation : [redacted] 2026

Please carry this sheet with you at all times and present it to the responsible ENT surgeon for signatures.
You need to return this sheet to your FM Coordinator after your attachment.

No. of Session	Date	Hospital	Tutor	Tutor's Signature
1	2026 (am) (Mon) - OPD (1)	TMH	[redacted]	[redacted]
2	2026 (am) (Tue) - OPD (2)	TMH		
3	2026 (am) (Thu) - OPD (3)	TMH		
4	2026 (am) (Mon) - OPD (4)	TMH		
5	2026 (pm) (Mon) - Audiology	TMH		
6	2026 (am) (Tue) - OPD (5)	TMH		
7	2026 (pm) (Tue) - Swallowing	TMH		
8	2026 (am) (Thu) - OPD (6)	TMH		
9	2026 (am) (Fri) - OPD (7)	TMH		
10	2026 (pm) (Fri) - OPD (8)	TMH		

Attendance Sheet of Family Medicine Doctors Attachment [redacted] Eye Centre

Name of Trainee : Dr [redacted]

Month : June 2026

Location : [redacted] Eye Centre

am Session : 9am - 1pm
pm Session : 2pm - 5pm

Please carry this sheet with you at all times and present it to the responsible tutor (Ophthal) for signatures.

You need to return this sheet to your FM Coordinator after your attachment.

No. of Session	Date	Duty	Tutor	Tutor's Signature
Day 1	2026 am (Tue)	[redacted]	[redacted]	[redacted]
	2026 pm (Tue)			
Day 2	2026 am (Thu)	[redacted]	[redacted]	[redacted]
	2026 pm (Thu)			
Day 3	2026 am (Tue)	[redacted]	[redacted]	[redacted]
	2026 pm (Tue)			
Day 4	2026 am (Thu)	[redacted]	[redacted]	[redacted]
	2026 pm (Thu)			

Clinical Attachment would NOT be compromised in 24-month hospital based training duration.

Traditionally, Clinical attachment share the same generic forms of each Hospital-based Specialty Training rotation. Trainee and supervisor only need to fill in the below 2 pages.



**Generic forms of each
Hospital-based Specialty
Training Rotation**

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Generic forms of Hospital-based Training

To: BVTS@hkcfs.org.hk

From:

Name of Trainee: _____ Supervisor: _____

Training Centre: _____ Specialty: _____

Training Period: from _____ (mm/yy) to _____ (mm/yy)

Clinical Attachment: Yes / No *

Please complete the below table before your submission:

Checking items and content	Yes	No
1. Trainee Log Diary		
2. Extent of checklist completion by BVTS appointed Clinical Supervisor(s)		
3. Assessment/Feedback Form by BVTS appointed Clinical Supervisor(s) with: • official stamp • recommendation		
4. Feedback form for Hospital-based Training		

- Basic trainees must submit the copy of above-mentioned forms regularly by email to BVTS@hkcfs.org.hk by within 1 month of completion of each rotation and keep the original in the logbook your own.
- Basic trainees must submit the feedback on vocational training within 1 month of completion of each rotation by email to BVTS@hkcfs.org.hk or e-form: please don't keep copy in the logbook for confidentiality.
http://www.hkcfs.org.hk/images/3_35.html
- * Basic Training 2 Feedback on Vocational Training (Hospital Based)
- For clinical attachment, please submit only Extent of checklist completion by Clinical Supervisor.
- Please check our BVTS appointed CS from our college website at http://www.hkcfs.org.hk/images/3_34.html
- * Clinical Supervisor = Not of Clinical supervisor -- sent by Hospital Based

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HOSPITAL BASED BASIC TRAINING/ EXPERIENCE

PERIOD OF TRAINING (MM/YY)	HOSPITAL / UNIT / SPECIALTY
From () To ()	()
DURATION (MONTHS)	ACCREDITED
()	Yes () No ()
	CLINICAL ATTACHMENT
	Yes () No ()

Extent of checklist completion: (please rate)

Inadequate 0 1 2 3 4 Adequate

Other Comments by Supervisors:

Name of Supervisors: _____ Signature: _____

Date: _____

Rotation Details

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Generic forms of Hospital-based Training

To: BVTs@hkcfp.org.hk

From:

Name of Trainee: _____ Supervisor: _____

Training Centre: _____ Specialty: _____

Training Period: from _____ (mm/yy) to _____ (mm/yy)

Clinical Attachment: Yes / No *





Dashboard



Profile



Basic Training Records



Application



Rotation

Clinical Attachment

Qualification

Structured Educational Prog. for BT

Consultation Session

Community Involvement

A

Clinical Attachment

Training Type

Basic Training

MCHK No.

M123456

English Name

HKCFP test, 150071

Chinese Name

Clinical Attachment Record

Add

Period	Training Center	Nature	Specialty	Supervisor	Duration (Months)	Status
--------	-----------------	--------	-----------	------------	-------------------	--------

No Data

Total 0

Please go to “Basic Training Records” > “Clinical Attachment” > “Add”

Please **DO NOT** go to “Basic Training Records” > “Rotation” > “Add”



Dashboard

Profile

Basic Training Records

Application



Rotation

Clinical Attachment

Qualification

Structured Educational Prog. for BT

Consultation Session

Community Involvement

Audit/Research Projects

Teaching Experience

College Activities



Clinical Attachment - Add

Detail

Period *



01/08/2025

31/08/2025

Training Center *

Caritas Medical Centre

Training Center Type

Community Based

Training Center Nature

Others-Undefined

Specialty *

Eye - Ophthalmology

Supervisor *

*If the supervisor is not listed below, please contact BVTs.

Dr. WONG, Siu Ming

Duration (Months)

1

Recognized Duration (Months)

1

Status

Cancel

Submit

For example:

- Period: 01/08/2025 to 31/08/2025
- Training Center: CMC
- Specialty: Eye
- Supervisor: Dr WONG, Siu Ming

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Generic forms of Hospital-based Training

To: BVTs@hkcfp.org.hk

From:

Name of Trainee: _____ Supervisor: _____

Training Centre: _____ Specialty: _____

Training Period: from _____ (mm/yy) to _____ (mm/yy)

Clinical Attachment: Yes / No *

Warning:

Please be careful and enter the record correctly, as amendment is **NOT** allowed after submission #

Email: hkcfp@hkcfp.org.hk

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Clinical Attachment

Training Type

Basic Training

MCHK No.

M123456

English Name

HKCFP test, 15-0071

Chinese Name

Clinical Attachment Record

Add

Period	Training Center	Nature	Specialty	Supervisor	Duration (Months)	Status
 01/08/2025 to 31/08/2025		Others-Undefined	Eye - Ophthalmology	Dr. WONG, Siu Ming	1	Submitted

Total 3

After "Submit"

The record will be here and the assessment email notification will be sent to Dr. WONG, Siu Ming.

Assessment Form (by selected supervisor only)

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HOSPITAL BASED BASIC TRAINING/ EXPERIENCE

PERIOD OF TRAINING (MM/YY) From () To ()	HOSPITAL / UNIT / SPECIALTY ()
DURATION (MONTHS) ()	ACCREDITED Yes () No ()
	CLINICAL ATTACHMENT Yes () No ()
Extent of checklist completion: (please rate) Inadequate Adequate 0 5	
Other Comments by Supervisors: 	
Name of Supervisors: _____ Signature: _____	
Date: _____	



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Clinical Attachment

Training Type

Basic Training

MCHK No.

M123456

English Name

HKCFP test, 150071

Chinese Name

Clinical Attachment Record

[Add](#)

Period	Training Center	Nature	Specialty	Supervisor	Duration (Months)	Status
 01/08/2025 to 31/08/2025	CMC	Others-Undefined	Eye - Ophthalmology	Dr. WONG, Siu Ming	1	Endorsed

Total 3

For clinical attachment records, the status will change to “Endorse” upon supervisor Dr. Wong Siu Ming’s endorsement.

Clinical attachment

(End)

FAQ

What should I do if I am unable to receive the supervisor assessment form?

Please remind your supervisor to log in to the eTraining Platform to complete

Since supervisor do not receive further automated reminders or deadline notifications, it is the trainee's responsibility to manage and maintain their own training records.

Once your supervisor successfully completes the assessment, the status will update to “Recommended by supervisor”.

Rotation Record

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
 Basic Training	Full Time	01/01/2026 to 30/06/2026	 Family Medicine Clinic	Fam Med - Family Medicine		Recommended by Supervisor 

- Detail
- Community-based Learning Portfolio
- Community-based Training Details
- Community-based Trainee Log Dairy
- Feedback on Community-based Training
- Assessment Form 

Supervisor Assessment Form

Rotation information

Training Type

- ☒ Basic Training
- ☐ Higher Training

Training Center

 Family Medicine Clinic

Period

 01/01/2026 To  30/06/2026

Specialty

Fam Med - Family Medicine

Recognized Duration (Months)

6.0

Status: Recommended by Supervisor

The Assessment Form would be filled in with grade and comments.

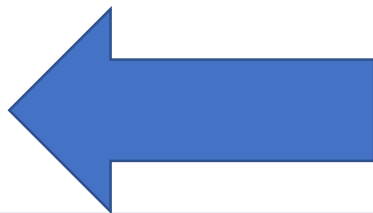
Extent of checklist completion: (0=Inadequate, 5=Adequate)

Community Based Basic Training/ Experience: *

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☒ 4
- ☐ 5

Comment: *





Rotation Record

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
 Basic Training	Full Time	01/01/2026 to 30/06/2026		Fam Med - Family Medicine		Submitted by Trainee

Detail

Community-based Learning Portfolio

Community-based Training Details

Community-based Trainee Log Dairy

Feedback on Community-based Training

Assessment Form

Supervisor Assessment Form

Rotation information

Training Type

☒ Basic Training

☐ Higher Training

Training Center

Centre

Period

 01/01/2026

To

 30/06/2026

Specialty

Fam Med - Family Medicine

Recognized Duration (Months)

6.0

Extent of checklist completion: (0=Inadequate, 5=Adequate)

Community Based Basic Training/ Experience: *

☐ 0

☐ 1

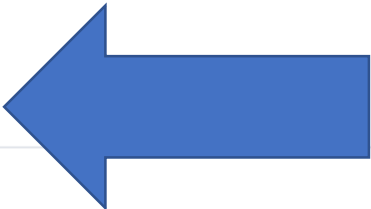
☐ 2

☐ 3

☐ 4

☐ 5

Comment: *



Status: Submitted by Trainee

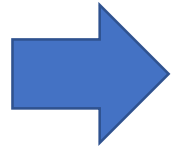
Assessment Form is blank

When the rotation is 14 days before the end. “Assessment Form” page will be generated.

For this example:
The end date is 30/6/2026.
“Assessment Form” page will be generated on 17/6/2026.

Why can't I submit my record?

If a training period overlaps, please classify the entry as a 'Clinical Attachment' rather than a 'Rotation'.





The Hong Kong College of Family Physicians
香港家庭醫學學院

UAT

 Dashboard

 Profile

 Basic Training Records

 Application

Rotation

Clinical Attachment

Qualification

Structured Educational Prog. for BT

Consultation Session

Example:

- Record 1: A&E (7/2025 – 9/2025)
- Record 2: ENT (8/2025)

The system does not allow overlapping dates for Rotation records. For example, if Record 1 is set from 01/07/2025 to 30/09/2025, Record 2 cannot start on 01/08/2025. Because these periods overlap, the system will block the creation of the second record.

For Record 2, please go to Clinical Attachment for record.

The screenshot displays the 'Basic Training Records' interface. At the top, there are tabs for 'Detail', 'Hospital-based Trainee Log Diary', 'Feedback on Hospital-based Training', and 'Assessment Form'. The 'Detail' tab is active, showing a form for adding a new record. The form includes fields for 'Training Type' (Basic Training selected), 'Training Mode' (Full Time selected), 'Period' (01/07/2025 to 30/09/2025), 'Training Center Type' (Hospital Based), 'Specialty' (A&E - Emergency Medicine), 'Duration (Months)' (0.9), and 'Status' (Recommended by Supervisor). A red box highlights the 'Period' field. A blue arrow points to the 'Period' field in the 'Rotation - Add' modal, which is open. The modal shows the same fields, but the 'Period' is set to 01/08/2025 to 31/08/2025. A red box highlights the 'Period' field in the modal. A red arrow points from the 'Period' field in the main form to the 'Period' field in the modal. A blue arrow points to the 'Period is duplicated' error message. The error message is displayed in a red box with a close button. The background of the modal shows the HKCFP logo and navigation links: Dashboard, Profile, Basic Training Records, and Application. The 'Rotation' link is highlighted in the navigation bar. The 'Period is duplicated' error message is displayed in a red box with a close button. The background of the modal shows the HKCFP logo and navigation links: Dashboard, Profile, Basic Training Records, and Application. The 'Rotation' link is highlighted in the navigation bar.

Detail Hospital-based Trainee Log Diary Feedback on Hospital-based Training Assessment Form

Detail

Training Type *
☒ Basic Training ☐ Higher Training

Training Mode *
☒ Full Time ☐ Part Time

Period *
01/07/2025 To 30/09/2025

Training Center Type *
Hospital Based

Specialty *
A&E - Emergency Medicine

Duration (Months)
0.9

Status
Recommended by Supervisor

Rotation Clinical Attachment Qualification Structured Educational Prog. for BT Consultation Session Community Involvement Audit/Research Projects Teaching Experience

← Rotation - Add

Training Type *
☒ Basic Training ☐ Higher Training

Training Mode *
☒ Full Time ☐ Part Time

Period *
01/08/2025 To 31/08/2025

Training Center Type *
Hospital Based

Training Center Nature
Public-HA-Hospital-KWC

Period is duplicated

Last Login: 28 Nov 2025 17:22
Welcome, HKCFP, Test Account
[Change Password](#) [Logout](#)

Dashboard Profile Basic Training Records Application

Because the system does not allow overlapping periods, each entry is limited to one rotation.

Please verify that your dates match one of the standard blocks below:

For example:

01/07/2026 – 30/09/2026

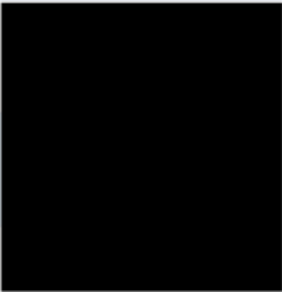
01/10/2026 – 31/12/2026

01/01/2027 – 31/03/2027

01/04/2027 – 30/06/2027

01/07/2027 – 31/12/2027

Rotation Record

Rotation Record						
Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
 Basic Training	Full Time	01/06/2025 to 31/12/2025		Fam Med - Family Medicine		Recommended by Supervisor
 Basic Training	Full Time	01/01/2026 to 31/03/2026		Med - Internal Medicine		Submitted by Trainee
 Basic Training	Full Time	01/04/2026 to 30/06/2026		Med - Internal Medicine		Submitted by Trainee

What if a rotation record input is incorrect?

System administrators can amend the following fields after submission:

Training Type (Basic Training / Higher Training)

Training Mode (Full Time / Part Time)

Specialty

Supervisors

 **Important Note:** The **Training Center** cannot be changed once submitted. Please double-check and select your Training Center carefully under **Rotation / Past Local Rotation**. Before “Recommended by supervisor”, you may consider to request deletion of this record for re-submission.

Detail

Training Type *

☒ Basic Training
 ☐ Higher Training

Period *

To

Training Center Type *

Community Based

Specialty *

Fam Med - Family Medicine

Duration (Months)

6

Status

Submitted by Trainee

Training Mode *

☒ Full Time
 ☐ Part Time

Training Center *

☒ Rotation
 ☐ Past Local Rotation
 ☐ Past Overseas Rotation

Training Center Nature

Public-HA-Community

Supervisor *

*If the supervisor is not listed below, please contact BVTs.

Recognized Duration (Months) *

6.0

Cancel

Save

System administrators can amend the following fields after submission (under status: Submitted by Trainee)

- **Training Type** (Basic Training / Higher Training)
- **Training Mode** (Full Time / Part Time)
- **Period**
- **Specialty**
- **Supervisors**
- **Recognized Duration (months)**

⚠ Important Note: The **Training Center** cannot be changed once submitted. Please double-check and select your Training Center carefully under **Rotation / Past Local Rotation**. Before "Recommended by supervisor", you may consider to request deletion of this record for re-submission.

What if I cannot find my supervisor's name on the list?

The supervisor may not yet be officially appointed as a BVTs clinical supervisor. Please contact the BVTs Secretariat for verification, or select another appointed supervisor to conduct your assessment.

Thank you