

# The e-Training platform VS Physical logbook

2/4/2026

For Basic trainees enrolled **before Jul 2025** and using physical logbook



# For rotation records,

- **CBT training rotation before Jan 2026 or ended in Mar 2026**, please submit and upload the generic forms in single PDF as “Past Local Rotation” instead of email to BVTs@hkcfp.org.hk (slide #34-40)

- **HBT training at the end of each rotation**, please submit and upload the generic forms in single PDF as “Past Local Rotation” instead of email to [BVTs@Hkcfp.org.hk](mailto:BVTs@Hkcfp.org.hk) with immediate effect (slide #27-33)

- **CBT training from Jan 2026 onwards and  $\geq 4$  months**, please use eTraining Platform as “Rotation” (slide #12-26)





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

# Dashboard



## Dashboard

Please check the following page regularly for the latest updates on forms, syllabus, and regulations related to HKCFP Vocational Training:

[https://www.hkcfp.org.hk/pages\\_9\\_95.html](https://www.hkcfp.org.hk/pages_9_95.html)

If you have any inquiries, feel free to contact the relevant staff listed here:

[https://www.hkcfp.org.hk/pages\\_11\\_103.html](https://www.hkcfp.org.hk/pages_11_103.html)



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# Personal Particular



**PERSONAL DETAILS**

This logbook serves as a record of training for trainees of the Hong Kong College of Family Physicians. The logbook is to be kept by the trainee and should be validated by the respective trainers who are involved in the training of the trainee.

Dr. \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_

Date of Graduation \_\_\_\_\_

University \_\_\_\_\_

Degree \_\_\_\_\_

Undergraduate Awards \_\_\_\_\_  
\_\_\_\_\_

- Dashboard
- Profile
- Basic Training Records
- Application

Personal Particular

**Trainee Profile**

Export Structured Educational Prog. Summary

Export Training Summary

Export Training Logbook

Status

Active

History

Member ID

FP15-0071

Training Type

Basic Training  Higher Training

Basic Training Start Date

01/01/2025

Basic Training Completion Date

dd/mm/yyyy

Basic Training Mode

Full Time  Part Time

Surname

HKCFP test

Given Name

150071

Chinese Name

MCHK No.

M123456

MCHK Mode

Full Registration

MCHK Registration Date \*

30/06/2025

Gender

Date of Birth

**PRE-REGISTRATION EXPERIENCE (INTERNSHIP)**

Please record your hospital assignments during the pre-registration year.

Period of training ( - )	HOSPITAL /UNIT	Duration (months)
Describe the skills and knowledge acquired		

Period of training ( - )	HOSPITAL /UNIT	Duration (months)
Describe the skills and knowledge acquired		

Period of training ( - )	HOSPITAL /UNIT	Duration (months)
Describe the skills and knowledge acquired		

Postgraduate D



# Basic Training Records

Rotation, Clinical attachment, Qualification, Structured Educational Prog.  
for BT, Consultation Session, Community Involvement, Audit/Research  
Projects, Teaching Experience, College Activities/Responsibilities,  
Community-based Training Patient List, Annual Checking



# Rotation

Total 24 months recognized duration of Hospital based rotation (HBT)

+

Total 24 months recognized duration of Community based Training (CBT)

Please refer to Handbook –Training Program for details



Dashboard

Profile

Basic Training Records

Application

Rotation

Clinical Attachment

Qualification

Structured Educational Prog. for BT

Consultation Session

Community Involvement

A



## Rotation

Training Type

Basic Training

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	01/01/2025 to 30/06/2025	Medical Family Medicine Clinic	Fam Med - Family Medicine		Submitted by Trainee
Basic Training	Full Time	01/07/2025 to 31/12/2025	Medical Centre	Fam Med - Family Medicine		Submitted by Trainee

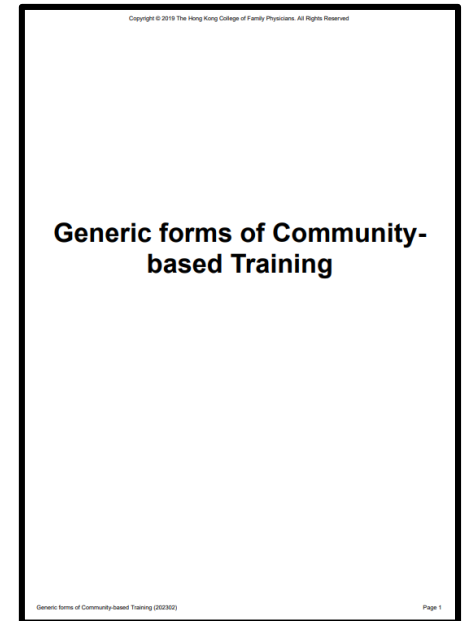
Total 2

SAMPLE

# Community-based training

**From Jan 2026 onwards,**

please use the eTraining Platform for  
record the CBT training and FM supervisors'  
endorsement





[Dashboard](#)

[Profile](#)

[Basic Training Records](#)

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[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”

1 ← Rotation - [Redacted]

Detail Community-based Learning Portfolio Community-based Training Details Community-based Trainee Log Dairy

**Detail**

Training Type \*  
 Basic Training  Higher Training

Period \*  
 To

Training Center Type \*  
 Community Based

Specialty \*  
 Com Med/ Pub H - Community Medicine / Public Health

Duration (Months)  
 1.0

Status  
 Submitted by Trainee

Training Mode \*  
 Full Time  Part Time

Training Center \*  
 Rotation  Past Local Rotation  
 Past Overseas Rotation  
 Yau Ma Tei Jockey Club General Out-Patient Clinic

Training Center Nature  
 Public Sector-HA-Community-KCC

Supervisor  
\*If the supervisor is not listed below, please contact BVTS.  
 HKCFP, HKCFP

Recognized Duration (Months) \*  
 1.0

Cancel

As Learning portfolio need to submit 6 monthly, Please submit the CBT rotation no more than 6 months, at least 4 times.

Even same supervisor or same training centre in 1 year still need to submit 6 monthly.

Warning:  
Please be careful and enter the record correctly, as amendment/change/deletion is **NOT** allowed after submission

**Generic forms of Community-based Training**

To: [BVTS@hkcfp.org.hk](mailto:BVTS@hkcfp.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 certified by BVTS appointed Clinical Supervisor(s)		
2. Extent of checklist completion by BVTS appointed Clinical Supervisor(s)		
3. Assessment/Feedback Form by BVTS appointed Clinical Supervisor(s) with <ul style="list-style-type: none"> <li>• official chop</li> <li>• recommendation</li> </ul>		
4. Feedback form for Community-based Training		

Remarks:

- Basic trainees must submit the **copy** of abovementioned forms regularly by **email** to [BVTS@hkcfp.org.hk](mailto:BVTS@hkcfp.org.hk) 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@hkcfp.org.hk](mailto:BVTS@hkcfp.org.hk) or e-form: (please don't keep copy in the logbook for confidentiality)  
[https://www.hkcfp.org.hk/pages\\_9\\_95.html](https://www.hkcfp.org.hk/pages_9_95.html)  
 > Basic Training > Feedback on Vocational Training (Community 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.hkcfp.org.hk/pages\\_9\\_95.html](http://www.hkcfp.org.hk/pages_9_95.html)  
 > Clinical Supervisor > list of Clinical supervisor – sort by Community Based

Please click the "pencil" icon to open the pages



Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
Basic Training	Full Time	01/01/2026 to 30/06/2026	Tsing Yi Town Family Medicine Clinic	Fam Med - Family Medicine	FOK, Peter Anthony	Submitted by Trainee



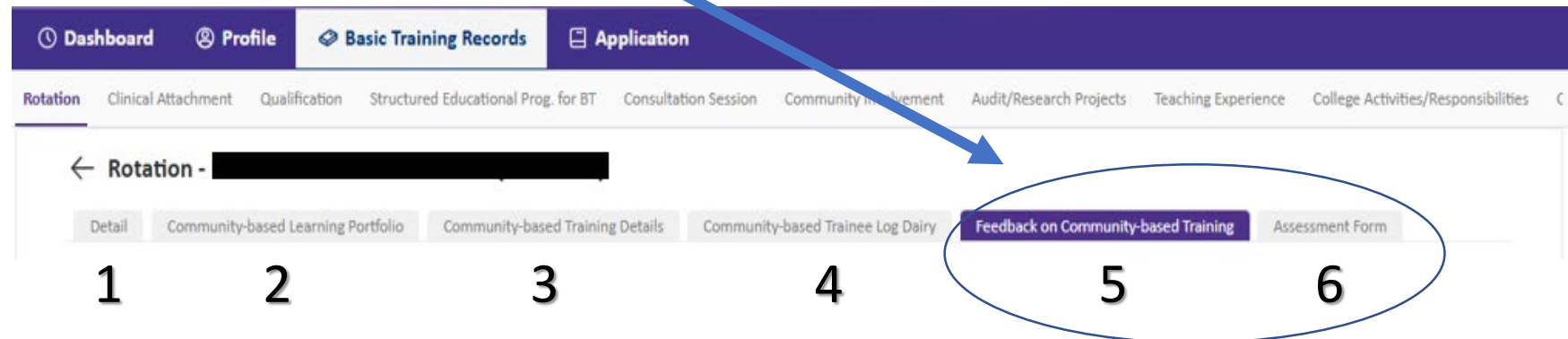
Once the community-based training rotation is created, only 4 pages will be generated after clicking the "✎" icon:



As Learning portfolio need to submit **6 monthly**, Please submit the CBT rotation no more than 6 months, at least 4 times.

Even same supervisor or same training centre in 1 year still need to submit 6 monthly.

**at the end of rotation 14 days before**, the feedback on Community based training (page 5) and Assessment form (page 6) (by supervisor) will be generated :



← Rotation - [Redacted]

2

Detail Community-based Learning Portfolio Community-based Training Details Community-based Trainee Log Dairy

Community-based Learning Portfolio

Training Type

Basic Training  Higher Training

Period

01/08/2025 To 31/08/2025

Training Center

Yau Ma Tei Jockey Club General Out-Patient Clinic

Specialty

A&E - Emergency Medicine

Status of Training

Portfolio Detail

Learning Needs \*

test

Learning Methods \*

test

Learning Activities \*

**Warning:**  
Please be careful and enter the record correctly, as amendment/change/deletion is **NOT** allowed after submission



**LEARNING PORTFOLIO (Mandatory)**

(Trainees must record this and submit to [BVTS@hkcfp.org.hk](mailto:BVTS@hkcfp.org.hk) six-monthly)

To: [BVTS@hkcfp.org.hk](mailto:BVTS@hkcfp.org.hk)

From:

Date:

Name of Trainee:

Status of Training: \*C1/ C7/ C13/ C19

Learning Needs (Prioritised)	Learning Methods	Learning Activities	Target Commencement Date	Target End Date


Please make copies of this form as needed. \* circle as appropriate

Certification by clinical supervisor:

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
(Name in block letters)

3

**Rotation - Community-based Training Details - Add**

**Training Type**  
 Basic Training  Higher Training

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

**Training Center**  
 Yau Ma Tei Jockey Club General Out-Patient Clinic

**Specialty**  
 Com Med/ Pub H - Community Medicine / Public Hea...

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**Date \***  **Supervisor \***

**Name and Address of Practice \***

**Practice Special Interests (if applicable) \***

**Brief Description of the Practice \***

**Acquired Experience and Skills \***

**COMMUNITY-BASED BASIC TRAINING IN ACCREDITED FAMILY MEDICINE PRACTICES**  
 (Trainees must complete training in at least TWO different Family Medicine practices/ clinical supervisors)

Dates	Names of Training Supervisor	Name and Address of Practice	Practice Special Interests (if applicable)
Brief Description of the Practice:			
Acquired Experience and Skills:			

Dates	Names of Training Supervisor	Name and Address of Practice	Practice Special Interests (if applicable)
Brief Description of the Practice:			
Acquired Experience and Skills:			

Please make more copies if required

← Rotation - [Redacted]

4

Detail Community-based Learning Portfolio Community-based Training Details **Community-based Trainee Log Dairy**

Community-based Trainee Log Dairy

Training Type

Basic Training  Higher Training

Period

01/08/2025 To 31/08/2025

Training Center

Yau Ma Tei Jockey Club General Out-Patient Clinic

Specialty

Com Med/ Pub H - Community Medicine / Public Health

Introduction & orientation (at the start of each placement)

The supervision team provides orientation to the practice ensuring that the trainee is:

introduced to all members of staff, information about the stage of training and the responsibilities of the trainee

Supervisor By (Name and Post) \*

HKCFP, HKCFP

Date \*

01/08/2025

trained to use any practice-based systems, such as computer systems and recall systems

Supervisor By (Name and Post) \*

HKCFP, HKCFP

Date \*

01/08/2025

aware of the essential operational procedures in the practice

Supervisor By (Name and Post) \*

HKCFP, HKCFP

Date \*

01/08/2025

aware of the location of all relevant resources, including reference materials, medications and equipment

**TRAINEE LOG DIARY**

Name of Trainee: \_\_\_\_\_

Training Centre: \_\_\_\_\_ Training period: \_\_\_\_\_

Induction & orientation (at the start of each placement)

The supervision team provides orientation to the practice ensuring that the trainee is:	By (name & post)	Date
• introduced to all members of staff, information about the stage of training and the responsibilities of the trainee		
• trained to use any practice-based systems, such as computer systems and recall systems		
• aware of the essential operational procedures in the practice		
• aware of the location of all relevant resources, including reference materials, medications and equipment		
• trained the process for dealing with problems and critical incidents.		

In practice teaching

In-practice teaching time is allocated in the **first 6 months of community based training should be minimum 3 hours per week. Afterward, it should be at least 1.5 hours teaching time per week.**

Family medicine training is practice-based, involving the participation of the trainee in the service and bearing the responsibility of patient care in supervised accredited training posts where the supervisor takes on the joint roles of supervision and teaching.

Learning Format

It can include:

- Consultations skill training by direct observation
- Consultation skill training by reviewing on videotaped consultation
- Selected or random case analysis
- Problem case analysis
- Tutorial/small group discussion/educational sessions on specific topics
- Patient scenario discussion
- Participation on clinical audit/research
- Review and discuss on practice management
- Discussion on trainee learning needs
- Participation in office-based procedures
- Case based teaching
- Giving feedback on observed consultations
- Cultural education

Certification by clinical supervisor:

Signature

Name in block letters

Date

**Warning:**  
Please be careful and enter the record correctly, as amendment/change/deletion is **NOT** allowed after submission



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

#### Period

01/09/2025 To 31/10/2025

#### Training Center

Yau Ma Tei Jockey Club General Out-Patient Clinic

#### Specialty

Com Med/ Pub H - Community Medicine / Public Health

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 HKCF and the supervisor will occur with the trainee's knowledge. All communication should be handled with respect to 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 trainee's 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 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

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):

6

at the end of rotation 14 days before, Assessment form (page 6) (by supervisor) will be generated and send to the selected supervisor:

Supervisor Assessment Form

Rotation information

Training Type

Basic Training  Higher Training

Training Center

Kwong Wah Hospital Family Medicine Clinic

Period

01/06/2025 To 31/12/2025

Specialty

Fam Med - Family Medicine

Recognized Duration (Months)

7.0

COMMUNITY BASED BASIC TRAINING/ EXPERIENCE

PERIOD OF TRAINING (MM/YY) From ( ) To ( )	NAME OF PRACTICE ( )
	PRACTICE INTERESTS ( )
DURATION (MONTHS) ( )	ACCREDITED Yes ( ) No ( )

**Extent of checklist completion: (please rate)**

Inadequate 0|\_|\_|\_|\_| Adequate 5

Other Comments by Supervisors:

Name of Supervisors: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Community Based Basic Training/ Experience: \*

0  1  2  3  4  5

Comment: \*

\_\_\_\_\_

Trainee's Performance

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: \*

0  1  2  3  4  5

Comment: \*

\_\_\_\_\_

Warning:  
Please be careful and enter the record correctly, as amendment/change/deletion is **NOT** allowed after submission



### Supervisor Assessment Form

#### Rotation information

**Training Type**  
 Basic Training
  Higher Training

**Period**

**Training Center**

**Specialty**

**Recognized Duration (Months)**

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

**Community Based Basic Training/ Experience: \***  
 0
  1
  2
  3
  4
  5

**Comment: \***

#### Trainee's Performance

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: \***  
 0
  1
  2
  3
  4
  5

**Comment: \***

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 [BVTS@hkcfp.org.hk](mailto:BVTS@hkcfp.org.hk) for record.**

Trainee Doctor \_\_\_\_\_ Block letter please  
 Supervisor \_\_\_\_\_ Block letter please

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

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

**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): \_\_\_\_\_

Signed and official chop \_\_\_\_\_ Date: \_\_\_\_\_  
 (Chop here)

Thank you for your assistance in completing this form and returning it to the trainee to keep the original in the training logbook their own.  
 \* Delete as appropriate

# The cycle of each **Community Based Rotation submission**



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

8. The rotation process complete

1. Submit the next community based rotation record

2. Submit the learning portfolio/  
trainee log diary/  
details

3. Supervisor endorse trainee log diary/  
learning portfolio

4. Clinical supervisor receive the assessment/fee dback form near end of rotation

5. Clinical supervisor submit the assessment/fee dback form

6. Trainee receive the supervisor returned assessment/fee dback form

7. Trainee submit the feedback on Training Centre form

This form is used by trainees to provide feedback on their training experience. It includes sections for 'Please give a GRADE to the following questions' and 'Overall Comments (if any)'. The questions cover topics like the adequacy of training, quality of feedback, and the quality of the training process.

This form is used by supervisors to assess the trainee's performance. It includes sections for 'Supervisor's Name', 'Training Centre', and 'Assessment'. The assessment is based on the trainee's performance during the rotation.

This form is used by trainees to record their learning experiences. It includes sections for 'Name of Trainee', 'Date of Training', and 'Learning Portfolio/Log Diary'. The trainee is required to submit this form every 6 months.

This form is used by trainees to record their hospital-based training experience. It includes sections for 'Period of Training', 'Hospital/Unit/Specialty', and 'Assessment'. The trainee is required to submit this form every 6 months.

This form is used by clinical supervisors to provide feedback to the trainee. It includes sections for 'Trainee's Name', 'Training Centre', and 'Assessment'. The supervisor is required to submit this form every 6 months.

This form is used by clinical supervisors to assess the trainee's clinical knowledge and skills. It includes sections for 'Clinical Knowledge and Skills', 'General Comments', and 'Recommendation'. The supervisor is required to submit this form every 6 months.

As Learning portfolio need to submit **6 monthly**, Please submit the CBT rotation no more than **6 months**, at least **4 times**.

Even same supervisor or same training centre in 1 year still need to submit 6 monthly.

For example:

## The schedule of each rotation submission



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Rotation	Period	Trainees have to submit the rotation before	Trainees allow to provide or change the supervisor information	Supervisor will receive the assessment form <u>14 days before</u> end of rotation:
1	Jul – Dec	July	Not applicable	15/12
2	Jan – Jun	Jan	Not applicable	15/06
3	Jul – Dec	July	Not applicable	15/12
4	Jan – Jun	Jan	Not applicable	15/06

### Warning:

late submission of rotation record would be in failure in generation of supervisors' assessment form  
As Learning portfolio need to submit **6 monthly**, please submit the CBT rotation **no more than 6 months, at least 4 times**. Even same supervisor or same training centre in 1 year still need to submit 6 monthly.

# Consultation Session (from January 2026 onwards)

- Mandatory
- Sit-in or Video-recording
- the comment is entered by supervisor for each session

## Warning:

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



**CLINIC SIT-IN CONSULTATION SESSIONS (Mandatory)**  
(To Be Filled in and signed by Clinical Supervisor)

- Dashboard
- Profile
- Basic Training Records**
- Application

- Rotation
- Clinical Attachment
- Qualification
- Structured Educational Prog. for BT
- Consultation Session**
- Community Involvement
- A

### Consultation Session

Training Type

Basic Training

MCHK No.

[Redacted]

English Name

[Redacted]

Chinese Name

### Consultation Session Record

Add

Date	Training Center	Type	Supervisor	Status
No Data				

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

### ← Consultation Session - Add

Detail

Date:

dd/mm/yyyy

Training Center:

[Dropdown]

Type:

Sit-in  Video Recording

Supervisor

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

[Dropdown]

Status:

Submitted by Trainee

Cancel

Submit

**REVIEW OF CONSULTATION VIDEO-RECORDING (Mandatory)**  
(To Be Filled in and signed by Clinical Supervisor)

Date	Name of Supervisor	Comments

make copies of this form as need

# Community-based Training Patient List

- Upload once before completion of Training
- No need supervisor endorsement





# For Hospital based training rotation

Please submit and upload the scanned PDF softcopy to eTraining  
Platform

instead of send email to [BVTS@hkcfp.org.hk](mailto:BVTS@hkcfp.org.hk)



# Step 1

- Please check your ***non-FM supervisor is accredited by BVTS*** at [https://www.hkcfp.org.hk/pages\\_9\\_95.html](https://www.hkcfp.org.hk/pages_9_95.html) / Downloads > Vocational Training > Clinical Supervisor > List of Clinical Supervisor – Sort by Hospital Based Training Centres

- Vocational Training & Examinations
- Research & Publications
- Public Education / 公共教育
- Downloads**
  - Young Doctors Committee
  - Quality Assurance & Accreditation
  - Membership
  - Autopay Authorization Form
  - Vocational Training
  - HKCFP/RACGP Conjoint Exam
  - Board of Education
  - Research & Survey
  - Payment methods
  - Others
- Login
- Education

Members who would like to stop receiving physical FP Links in future, please scan the QR code to unsubscribe from our hard copy database. Mailing of FP Links will be discontinued from April 2020 onwards.

### Announcement

**FP links 2026 February issue**  
February 2026 issue is available online

**Important Update: SMS Sender ID(s) Successful ...**  
We are pleased to inform you that the College has successfully applied for SMS Sender ID(s) with the prefix "#".

### OTHER ARTICLES

- Reminder: Submission of Checklist / Lo ...
- Higher Training Introductory Seminar
- Message from the President
- 2025 Conjoint Exam Results Clinical Examination ...
- SSO Login Instructions
- Conjoint Written Examination Results 2025

Higher Training 2025 Introductory Seminar ppt (version 5, March 2025)

Higher Training 2025 Introductory Seminar recording ([link to LMS for self-enrol](#))

### Training Centre

Application Form for Accreditation / Re-accreditation as Training Centre for Community Based in Family Medicine

Application Form for Accreditation / Re-accreditation as Training Centre for Hospital Based in Family Medicine

### Clinical Supervisor

Application Form for Honorary Clinical Supervisor (version Jan 2021)

Declaration by Persons Recommended for Appointment / Reappointment as Honorary Clinical Supervisor form Oct 2023)

**List of Clinical Supervisor – Sort by Hospital Based Training Centres (version June 2025)**

List of Clinical Supervisor – Sort by Community Based Training Centres (version December 2025)



# Step 3

- Please go to “Basic Training Records” > “Rotation” > “Add” and entry the rotation records as “Past Local Rotation”

The screenshot displays the user interface of the Hong Kong College of Family Physicians (HKCFP) Basic Training Records system. The header includes the HKCFP logo and name in both English and Chinese, along with a user welcome message and login details. The main navigation bar features several menu items, with 'Basic Training Records' selected. Below this, a sub-menu highlights 'Rotation'. The 'Rotation' page contains a form with fields for 'Training Type', 'MCHK No.', 'English Name', and 'Chinese Name'. At the bottom right of the form area, there is a blue 'Add' button. Below the form is a table titled 'Rotation Record' with columns for Training Type, Training Mode, Period, Training Center, Speciality, Supervisor, and Status. The table currently shows 'No Data' and a total of 0 records.

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

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

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 Ac

**Rotation**

Training Type MCHK No.  
English Name Chinese Name

**Rotation Record** Add

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

Total 0



## ← Rotation - Add

### Training Type \*

Basic Training  Higher Training

### Training Mode \*

Full Time  Part Time

### Period \*

To

### Training Center \*

Past Local Rotation

Past Overseas Rotation

-- Please select --

### Training Center Type \*

-- Please select --

### Training Center Nature

-- Please select --

### Specialty \*

-- Please select --

### Supervisor

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

-- Please select --

### Duration (Months)

-- Please select --

### Recognized Duration (Months) \*

-- Please select --

### Status

-- Please select --

Cancel

Submit

- Select "Past Local Rotation"



### Rotation - Add

Training Type \*

Basic Training  Higher Training

Training Mode \*

Full Time  Part Time

Period \*

01/07/2024 To 31/12/2024

Training Center \*

Past Local Rotation

Past Overseas Rotation

Kwong Wah Hospital

Training Center Type \*

Hospital Based

Training Center Nature

Public-HA-Hospital-KCC

Specialty

Med - Internal Medicine

College \*

The Hong Kong College of Family Physicians

Duration (Months)

6.0

Recognized Duration (Months) \*

6.0

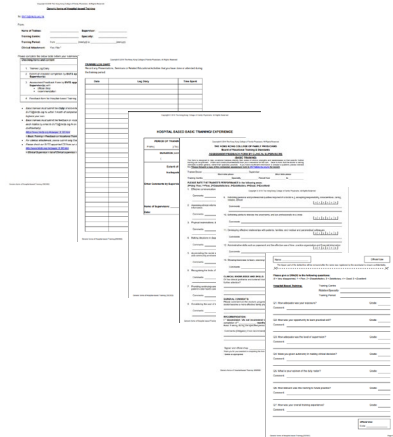
Supporting Document \*

Choose file

Status

Cancel

Submit



Please upload the **SINGLE PDF file**

Select "Hong Kong College of Family Physicians" for any Hospital specialties

- Add required information (Period, Center, Specialty, College)
- Upload Supporting Document
- Click "Submit"

# After 'Submit',

The Hong Kong College of Family Physicians  
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Last Login: 26 Nov 2025 17:02  
Welcome [Redacted]  
[HKCFP website](#) [Change Password](#) [Logout](#)

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 Ac

**Rotation**

Training Type MCHK No.  
English Name Chinese Name

**Rotation Record**

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
Basic Training	Full Time	01/07/2024 to 30/09/2024	Princess Margaret Hospital	A&E - Emergency Medicine		Submitted by Trainee
Basic Training	Full Time	01/10/2025 to 31/12/2025	Princess Margaret Hospital	O&G - Obstetrics & Gynaecology		Recommended by Admin

Please note **NO supervisor** will be shown as "Past Local Rotation" submission

After submission, the status is "**Submitted by Trainee**" >  
The record will be sent to the College admin for verification.  
If verified, the status is "**Recommended by Admin**"



# For Community based training rotation

**For before January 2026,**

Please submit and upload the scanned PDF softcopy to eTraining  
Platform

instead of send email to [BVTS@hkcfp.org.hk](mailto:BVTS@hkcfp.org.hk)



# Step 2

- Please go to “Basic Training Records” > “Rotation” > “Add” and entry the rotation records as “**Past Local Rotation**”

The screenshot displays the user interface of the Basic Training Records system. At the top, the header includes the HKCFP logo and name in English and Chinese, along with a user welcome message and login information. Below the header is a navigation menu with options: Dashboard, Profile, Basic Training Records (highlighted with a red arrow), and Application. Underneath, a sub-menu for 'Rotation' is visible, with 'Rotation' selected. The main content area contains a form for adding a new rotation record. The form has four input fields: Training Type, MCHK No., English Name, and Chinese Name. Below the form is a table titled 'Rotation Record' with columns: Training Type, Training Mode, Period, Training Center, Speciality, Supervisor, and Status. The table currently shows 'No Data' and a total of 0 records. A red arrow points to the 'Add' button in the bottom right corner of the table area.

**Rotation**

Training Type:

MCHK No.:

English Name:

Chinese Name:

**Rotation Record**

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

Total 0

[Add](#)



## ← Rotation - Add

### Training Type \*

Basic Training  Higher Training

### Training Mode \*

Full Time  Part Time

### Period \*

To

### Training Center \*

Past Local Rotation

Past Overseas Rotation

-- Please select --

### Training Center Type \*

-- Please select --

### Training Center Nature

-- Please select --

### Specialty \*

-- Please select --

### Supervisor

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

-- Please select --

### Duration (Months)

-- Please select --

### Recognized Duration (Months) \*

-- Please select --

### Status

-- Please select --

Cancel

Submit

- Select **"Past Local Rotation"**



### ← Rotation - Add

Training Type \*

Basic Training  Higher Training

Training Mode \*

Full Time  Part Time

Period \*

01/07/2025 To 30/09/2025

Training Center \*

Past Local Rotation

Past Overseas Rotation

Yau Ma Tei Jockey Club Family Medicine C...

Training Center Type \*

Community Based

Training Center Nature

Public-HA-Community-KCC

Specialty

Fam Med - Family Medicine

College \*

The Hong Kong College of Family Physicians

Duration (Months)

3.0

Recognized Duration (Months) \*

3.0

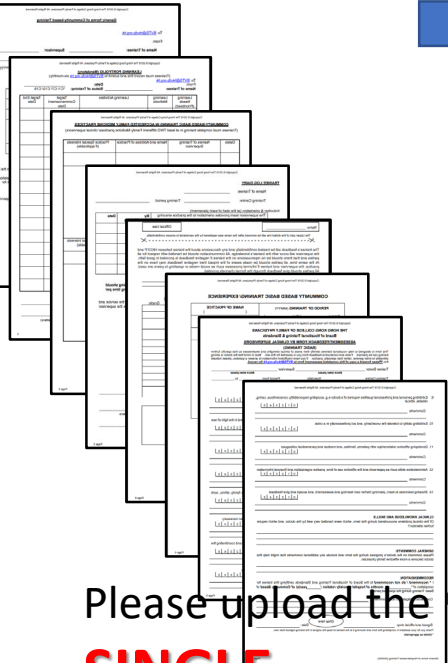
Supporting Document \*

Choose file

Status

Cancel

Submit



Please upload the **SINGLE PDF file**

Select "Hong Kong College of Family Physicians"

- Add required information (Period, Center, Specialty, College)
- Upload Supporting Document
- Click "Submit"

# After 'Submit',

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

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

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 Ac

**Rotation**

Training Type MCHK No.

**Rotation Record**

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
Basic Training	Full Time	01/07/2024 to 30/09/2024	Tsing Yi Town Family Medicine Clinic	Fam Med - Family Medicine		Submitted by Trainee
Basic Training	Full Time	01/10/2025 to 31/12/2025	Princess Margaret Hospital	O&G - Obstetrics & Gynaecology		Recommended by Admin

Total 0

Please note **NO supervisor** will be shown as "Past Local Rotation" submission

After submission, the status is "**Submitted by Trainee**" >

The record will be sent to the College admin for verification.

If verified, the status is "**Recommended by Admin**"



# Consultation session (Sit-in/ Video) before January 2026

Please keep the original in the logbook  
your own for completion of training

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**CLINIC SIT-IN CONSULTATION SESSIONS (Mandatory)**  
(To Be Filled in and signed by Clinical Supervisor)

Date	Name of Supervisor	Comments by Supervisor

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**REVIEW OF CONSULTATION VIDEO-RECORDING (Mandatory)**  
(To Be Filled in and signed by Clinical Supervisor)

Date	Name of Supervisor	Comments by Supervisor

# Qualification



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Dashboard

Profile

Basic Training Records

Application

Rotation

Clinical Attachment

Qualification

Structured Educational Prog. for BT

Consultation Session

Community Involvement

A

### Qualification

Qualification verify and entry by HKCFP staff only

Training Type

Basic Training

MCHK No.

[Redacted]

English Name

[Redacted]

Chinese Name

### Qualification Record

Issue/Graduation Date	Description	Issued By
30/05/2018	Diploma in Family Medicine, CUHK	DFM(CUHK)
22/05/2018	Master Degree of Public Health (HKU)	MPH (HKU)
19/10/2019	Member, Royal College of General Practitioners	MRCGP
19/10/2019	Fellow, Hong Kong College of Family Physicians	FHKCFP
31/10/2019	[Redacted]	
24/06/2025	Basic Life Support	BLS



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# Structured Educational Prog. (SEP) for BT





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# Community Involvement

Optional





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# Audit/Research Projects

Optional



### Audit/Research Projects

Training Type:  MCHK No.:

English Name:  Chinese Name:

### Audit/Research Projects

Add

Date	Topic	Brief Description of Project and Your Participation	Published or Unpublished
01/01/2025	BMI	BMI	No

Total 1



### ← Audit/Research Projects - Add

**Detail**

Date \*  Topic \*

Brief Description of Project and Your Participation \*

Published (give issue of journal) or Unpublished (give summary of main findings) \*

Cancel Submit

### RECORD OF AUDIT/ RESEARCH PROJECTS (Optional)

Topic & Dates	Brief Description of Project and Your Participation	Published (give issue of journal) or Unpublished (give Summary of Main Findings)



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# Teaching Experience

Optional



### Teaching Experience

Training Type  MCHK No.

English Name  Chinese Name

### Teaching Experience Record

Add

Date	Details of Teaching Experience (e.g. target group, topic, occasion)
30/09/2025	give health talk to medical students

Total 1

### TEACHING EXPERIENCE (Undergraduates and others) (Optional)

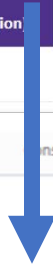
Dates	Details of Teaching Experience (e.g., target group, topic, occasion)

### ← Teaching Experience - Add

**Detail**

Date: \*

Details of Teaching Experience (e.g. target group, topic, occasion) \*





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# College Activities/Responsibilities

Optional





# Annual Checking

- All trainees are required to seek an authorized person to check the logbook and complete the annual checklist for annual checking of logbook.
- Please find the checklist from the eTraining Platform and complete the process **before the end of January each year.**



### Annual Checking

Training Type:  MCHK No.:

English Name:  Chinese Name:

### Annual Checking Record

Training Period	Status of Training	List of Training Centre(s)	Training Type
01/01/2025 - 31/12/2025			Basic Training



### ← Annual Checking - [REDACTED]

Basic Training Annual Checking Form

Trainee:  Training Type:

Status of Training:  H1  H2  C1  C2  Part Time

Training Period:  To

### List of Training Center(s) & Supervisor(s)

Training Center	Supervisor



### CHECKLIST FOR ANNUAL CHECKING OF TRAINING LOGBOOK

(For Basic Training)

Name of trainee: \_\_\_\_\_ Status of basic training:

Cluster:

Name(s) of Supervisor(s) for the year (please print): \_\_\_\_\_

Training Period: from (dd/mm/yy) \_\_\_\_\_ to \_\_\_\_\_

Checking Items and content	Yes	No	N/A
<b>Hospital based training: -</b>			
1. Submission of up-to-date clinical supervisor feedback form to College			
2. Update and verify the checklist on logbook			
3. Update and verify the training rotation on logbook			
<b>Community based training: -</b>			
1. Submission of up-to-date clinical supervisor feedback form to College			
2. Update and verify the checklist on logbook			
3. Update and verify the training rotation on logbook			
4. Update and verify the trainee log diary (mandatory)			
5. Review of sit-in consultation by clinical supervisor (mandatory)			
6. Review of video-taped consultation by clinical supervisor (mandatory)			
7. Listing of 300 patients seen (for trainees completing 4 <sup>th</sup> year)			
8. List of Training Centre(s):			
	1)		
	2)		
	3)		
<b>Structured Educational Programme: -</b>			
1. Pre-approved by BVTS			
2. Update the schedule and list the topics in each 14 modules			
3. Regular attendance and verified by course organizer or moderator			
Record of clinical supervisor(s)'s feedback			
Learning portfolio fulfilled			
<b>Completion of following attachments/ rotations during basic training: -</b>			
Psychiatry			
Emergency Medicine (A&E)			
Ophthalmology			
Otorhinolaryngology (ENT)			
Dermatology			
Orthopedics (O&T)			
<b>Future Training Plan (Coming Year): -</b>			
Training Centre	Specialty	Period (mm/yy – mm/yy)	

Check by authorized person: \_\_\_\_\_ Signature: \_\_\_\_\_  
(BLOCK LETTER PLEASE)

Contact Telephone No: \_\_\_\_\_ Date: \_\_\_\_\_