



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

The e-Training platform VS Physical logbook

2/4/2026

(For Basic Trainees enrolled **from July 2025**, without physical training logbook)



For rotation records,

- **CBT training before Jan 2026 or ended in Mar 2026**, please submit and upload the generic forms in single PDF as “Past Local Rotation” (slide#26-31)

- **CBT training from Jan 2026 onwards and ≥ 4 months**, please use eTraining Platform as “Rotation” (slide #10-25)

- **HBT training from Jul 2025 to Jun 2026 (tentative)**, please submit and upload the generic forms in single PDF as “Past Local Rotation” (slide #32-38)

- **HBT training from Jul 2026 onwards (tentative)**, please use eTraining Platform as “Rotation” (slide #39-40, details will brief later)



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

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

https://www.hkcfp.org.hk/pages_11_103.html



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

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	01/07/2025 to 26/07/2025	Caritas Medical Centre	A&E - Emergency Medicine	non FM, supervisor	Submitted by Trainee
Basic Training	Full Time	01/10/2025 to 31/12/2025	Castle Peak Hospital	Med - Internal Medicine		Submitted by Trainee

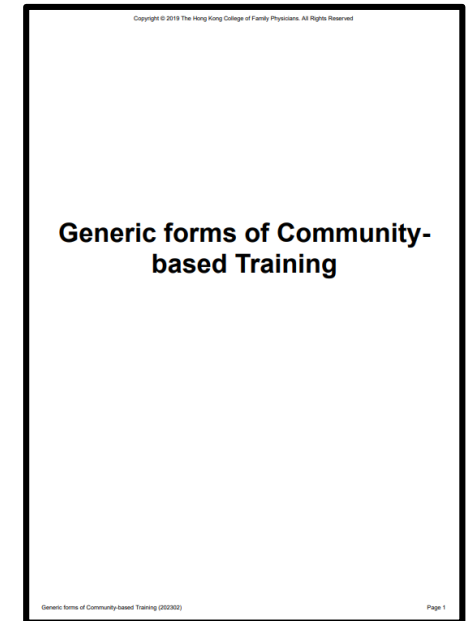
Total 2

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](#)

[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”

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 *

Specialty *

Duration (Months)

Status

Training Mode *
 Full Time Part Time

Training Center *
 Rotation Past Local Rotation
 Past Overseas Rotation

Training Center Nature

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

Recognized Duration (Months) *

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

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"> • official chop • recommendation 		
4. Feedback form for Community-based Training		

Remarks:

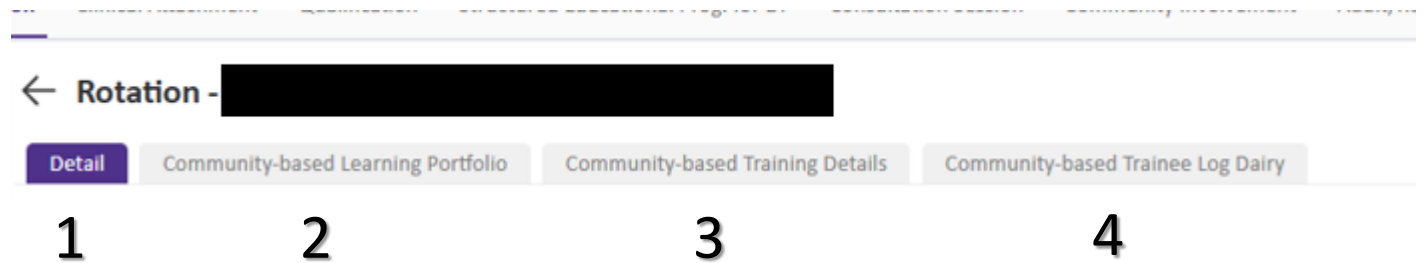
- Basic trainees must submit the **copy** of abovementioned forms regularly by **email** to BVTS@hkcfp.org.hk within 1 month of completion of each rotation and keep the original in the logbook your own.
- Basic trainees must submit the feedback on vocational training **within 1 month** of completion of each rotation by email to BVTS@hkcfp.org.hk or e-form: (please don't keep copy in the logbook for confidentiality)
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
 > 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

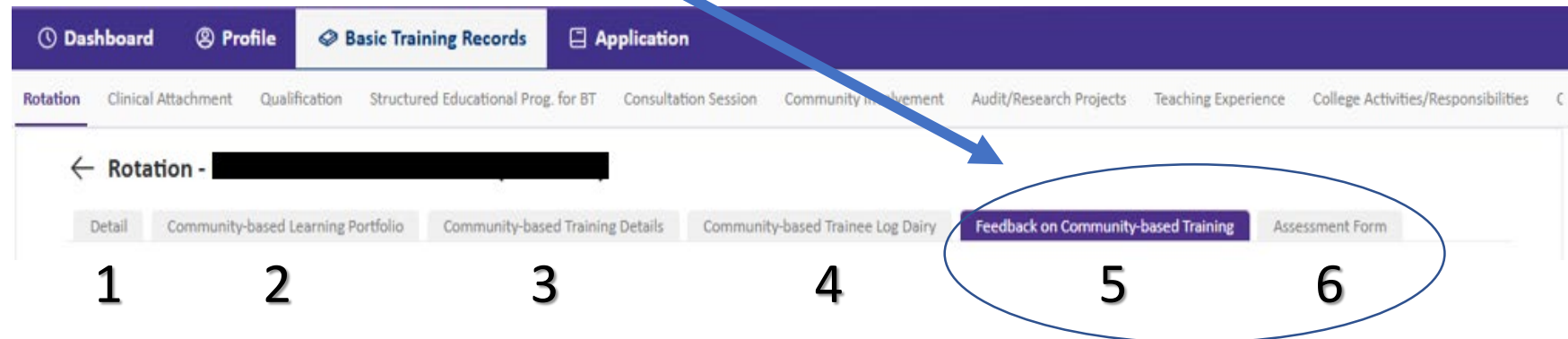
Once the community-based training rotation is created, only 4 pages will be generated after clicking the "✎" icon:



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]

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) *

Date *

HKCFP, HKCFP

01/08/2025

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

Supervisor By (Name and Post) *

Date *

HKCFP, HKCFP

01/08/2025

aware of the essential operational procedures in the practice

Supervisor By (Name and Post) *

Date *

HKCFP, HKCFP

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
<ul style="list-style-type: none"> introduced to all members of staff, information about the stage of training and the responsibilities of the trainee 		
<ul style="list-style-type: none"> trained to use any practice-based systems, such as computer systems and recall systems 		
<ul style="list-style-type: none"> aware of the essential operational procedures in the practice 		
<ul style="list-style-type: none"> aware of the location of all relevant resources, including reference materials, medications and equipment 		
<ul style="list-style-type: none"> 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 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 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: *

Text area for 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: *

Text area for 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 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

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 and community environment

Comments _____

| 0 |
- Recognising the limits of his/her own knowledge, experience and ability, and enlisting help w

Comments _____

| 0 |
- Providing continuing care, illness prevention and health promotion (e.g. smoking, alcohol, diet patient's total health care

Comments _____

| 0 |
- Considering the cost of investigations, drugs and procedures to the patient and the communi

Comments _____

| 0 |

Generic forms of Hospital-based Training (202302)

Copyright © 2019 The Hong Kong College of Family Physicians. All Rights Reserved

- Exhibiting personal 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): _____

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**



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

Feedback form for Training Centre. Includes fields for Name, Official Use, and a list of 12 questions for trainee feedback on the training process, such as 'The adequacy and quality of primary care training and education' and 'The quality of feedback and clinical support provided'.

COMMUNITY BASED TRAINING ASSESSMENT FORM (HOUSE OFFICERS). Includes fields for Name of Trainee, Supervisor, and a table for recording training activities.

LEARNING PORTFOLIO/LOG DIARY. Includes a table with columns for Learning Activities, Competency Area, and a section for Supervisor Endorsement.

TRAINEE LOG DIARY. Includes fields for Name of Trainee, Training Centre, and a table for recording training activities.

HOSPITAL BASED BASIC TRAINING EXPERIENCE. Includes fields for Period of Training, Hospital/Unit, and a table for recording training activities.

ASSESSMENT/FEEDBACK FORM FOR CLINICAL SUPERVISORS. Includes fields for Name of Trainee, Supervisor, and a list of 12 questions for supervisor feedback on the trainee's performance.

CLINICAL KNOWLEDGE AND SKILLS. Includes a list of 12 questions for supervisor feedback on the trainee's clinical knowledge and skills.

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



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

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, around 15 th of each month
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

- 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 Community based training rotation

Period July 2025 to Dec 2025 only

Please submit and upload the scanned PDF softcopy to eTraining Platform
instead of send email to 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 details. A navigation menu below the header contains 'Dashboard', 'Profile', 'Basic Training Records', and 'Application'. The 'Basic Training Records' menu is expanded, showing a sub-menu with 'Rotation' selected. The 'Rotation' form contains fields for Training Type, MCHK No., English Name, and Chinese Name. 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. 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

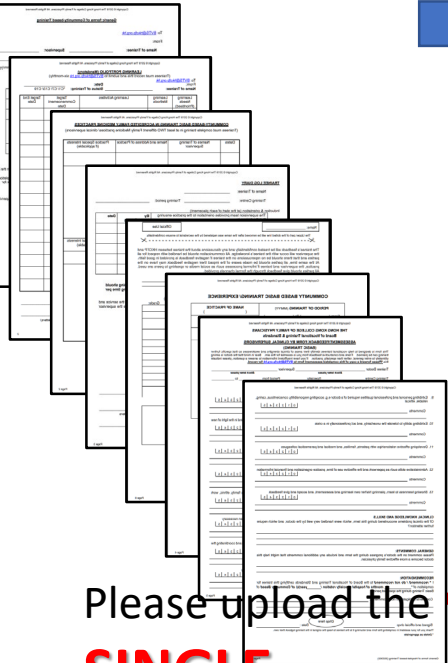
Supporting Document *

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	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**"



For Hospital based training rotation

The measure from July 2025 to June 2026 (tentatively)

Please submit and upload the scanned PDF softcopy to eTraining Platform
instead of send email to 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 / 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 Examinations
- 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 login status and navigation links. The main navigation bar highlights 'Basic Training Records', and a sub-menu shows 'Rotation' as the active page. The 'Rotation' form contains fields for Training Type, MCHK No., English Name, and Chinese Name. 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. A red arrow points to the 'Add' button in the bottom right corner of the table area.

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

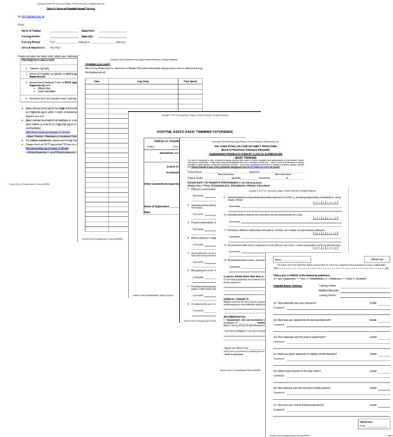
Supporting Document *

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
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

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**"



Hospital-based training / Clinical attachment

From July 2026 (tentative), plan to add rotation in platform, but still pending further communication with non-FM supervisors

← Rotation - Add

Training Type *
 Basic Training Higher Training

Period *
01/07/2026 To 30/09/2026

Training Center *
 Rotation Past Overseas Rotation

Training Center Type *
Hospital Based

Specialty *
A&E - Emergency Medicine

Duration (Months)
3.0

Status

Training Mode *
 Full Time Part Time

Training Center Nature
Public-HA-Hospital-KWC

Supervisor *
CHAN, Ho Yin

Recognized Duration (Months) *
3.0

From July 2026 (tentatively),
select “rotation” instead of “past local rotation”
for Hospital based training

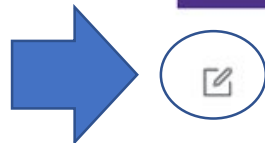
Cancel Submit

Rotation Record

Add

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
Basic Training	Full Time	01/07/2025 to 26/07/2025	Caritas Medical Centre	A&E - Emergency Medicine	non FM, supervisor	Submitted by Trainee

Please click the “pencil”
icon to open the pages



Qualification



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



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]	[Redacted]
24/06/2025	Basic Life Support	BLS



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

Structured Educational Prog. (SEP) for BT

= SEP



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

Community Involvement

Optional



Community Involvement

Training Type: Basic Training
MCHK No.: [Redacted]

English Name: [Redacted]
Chinese Name: [Empty]

Community Involvement Record

Add

Date	Activity Name	Organization	Title Of Appointment/Involvement
04/09/2025	Vaccination to students	HA	help student vaccination

Total 1



← Community Involvement - Add

Detail

Date * Activity Name *

Organization *

Title Of Appointment/Involvement *

Cancel Submit

COMMUNITY INVOLVEMENT (Optional)

(Please give dates, name of organisation and activity, and title of appointment or involvement)

Lined area for manual entry of community involvement records.



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

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)



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

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)

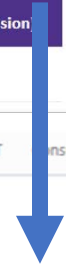
← Teaching Experience - Add

Detail

Date: *

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

Cancel Submit





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

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: Basic Training MCHK No. [REDACTED]

English Name: [REDACTED] Chinese Name: [REDACTED]

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: [REDACTED] Training Type: Basic Training

Status of Training: H1 H2 C1 C2 Part Time

Training Period: 01/01/2025 To 31/12/2025

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: H1 / H2 / C1 / C2 / Part Time

Cluster: HKE / HKW / KE / KC / KW / NTE / NTW / DH / Private Centre

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
Hospital based training: -			
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			
Community based training: -			
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 th year)			
8. List of Training Centre(s):			
	1)		
	2)		
	3)		
Structured Educational Programme: -			
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			
Completion of following attachments/ rotations during basic training: -			
Psychiatry			
Emergency Medicine (A&E)			
Ophthalmology			
Otorhinolaryngology (ENT)			
Dermatology			
Orthopedics (O&T)			
Future Training Plan (Coming Year): -			
Training Centre	Specialty	Period (mm/yy – mm/yy)	

Check by authorized person: _____ Signature: _____
(BLOCK LETTER PLEASE)

Contact Telephone No: _____ Date: _____

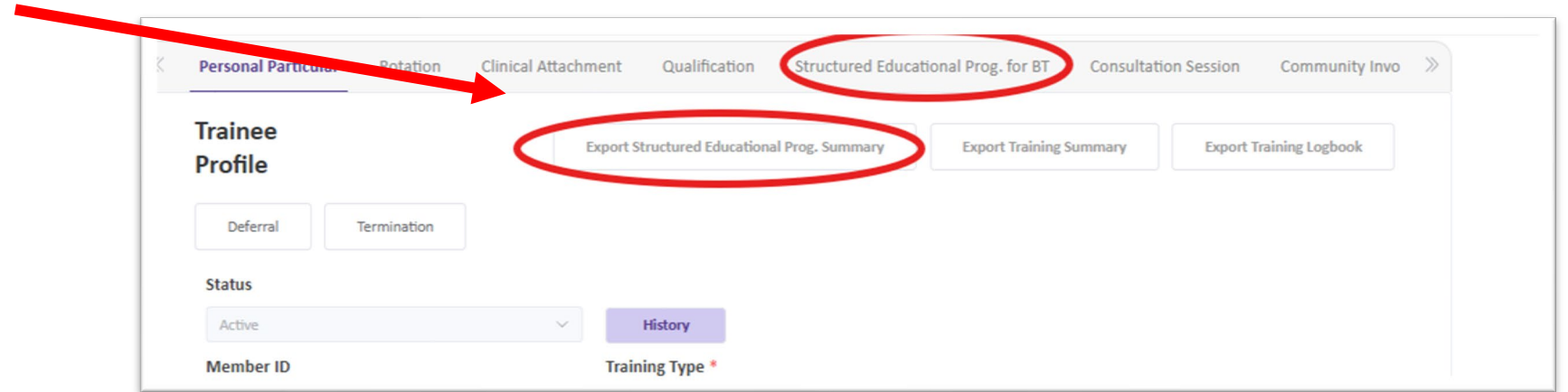


New

- training logbook (for completion)
- SEP report (Check SEP hours)
- Training summary (Check training activity)
- Conjoint Exam (for apply Conjoint Exam)



For SEP record, no need to write in paper form and signed by supervisor,
please wait for the College update and can download the record, thank you!





-Training summary (Check training activity)

an Excel file will be generated after clicking “Export”

Trainee Profile

Deferral Termination

Status

Active

History

Member ID

Training Type *

Export Structured Educational Prog. Summary **Export Training Summary** Export Training Logbook

Trainee Profile – Export Training Summary

Record Type *

<input checked="" type="checkbox"/> Status	<input checked="" type="checkbox"/> Qualification
<input checked="" type="checkbox"/> Retro Accreditation	<input checked="" type="checkbox"/> Rotation
<input checked="" type="checkbox"/> BT SEP	<input checked="" type="checkbox"/> HT SEP
<input checked="" type="checkbox"/> Activity	<input checked="" type="checkbox"/> Examination
<input checked="" type="checkbox"/> Attachment	

Please select the record types to include in the export summary.

Cancel Export