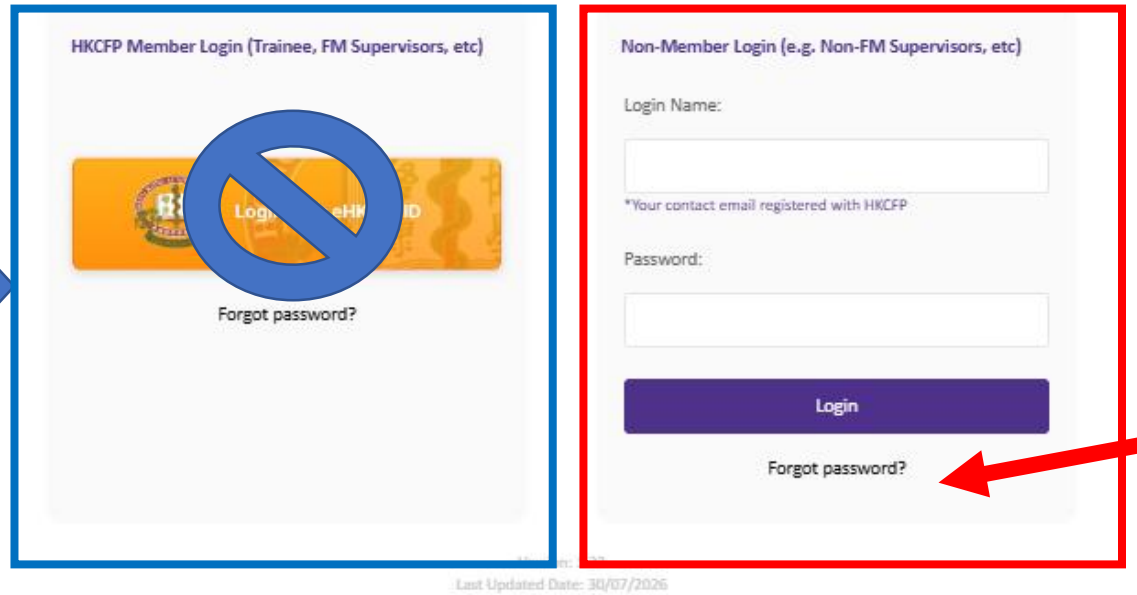
For non-FM supervisor login

https://etraining.hkcfp.org.hk/#/login

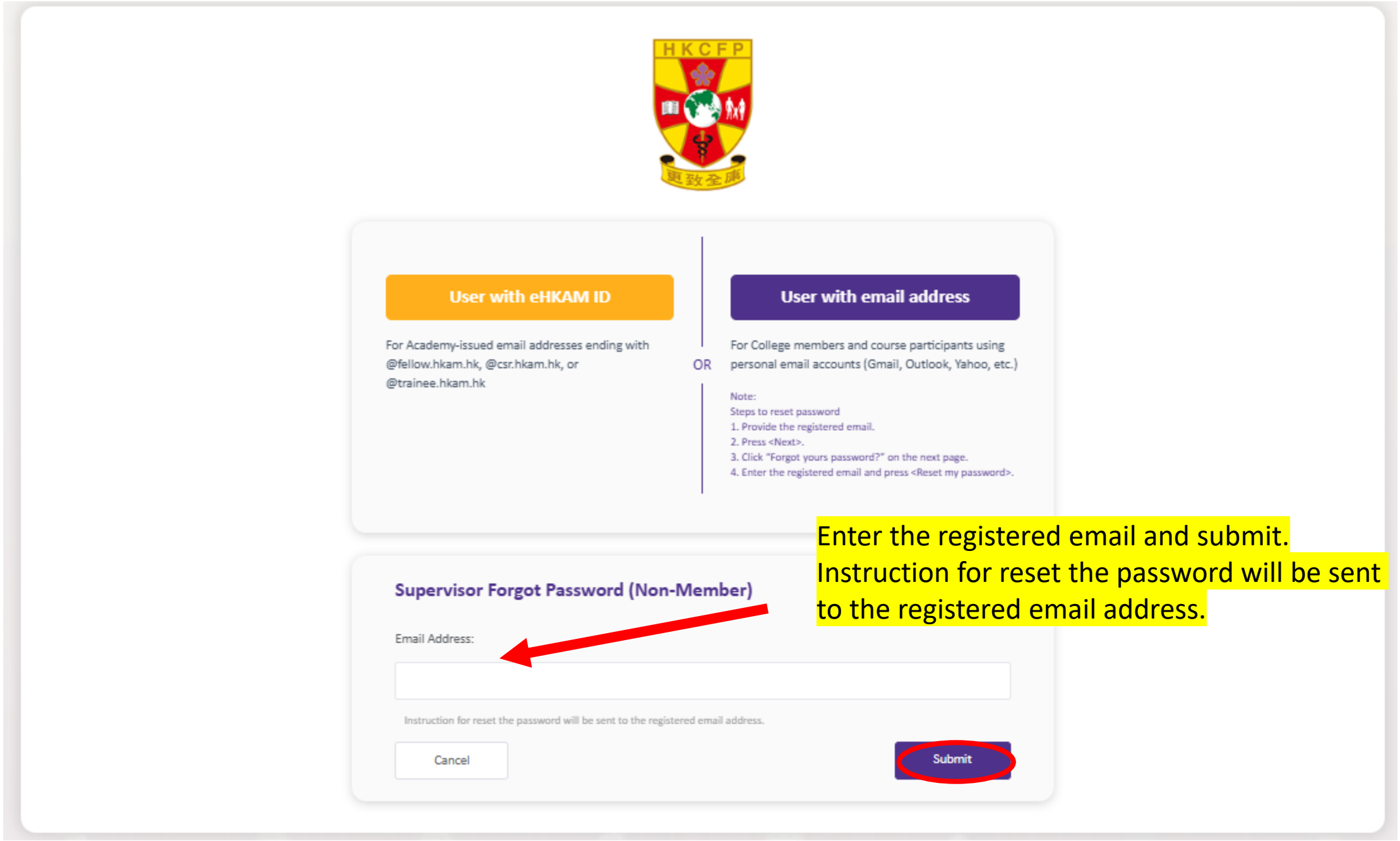
From August 2026

For non-FM (Hospital Based) supervisors,
Or
For 1st login FM (Community Based) supervisors,

For non-FM (hospital based) supervisors, eHKAM ID is not applicable for HKCFP eTraining platform login. Please ignore this side.



The user name would be the email that you registered with HKCFP before and please click '**forgot password**' to obtain the **first** login password via email.



Enter the registered email and submit.
Instruction for reset the password will be sent to the registered email address.

Reply Reply All Forward IM

HB [redacted]

HKCFP BVTS

HKCFP eTraining Platform User Reset Password

To [redacted]

Dear [redacted]

You have requested a password reset recently. To reset the password for your HKCFP eTraining Platform User account, please click the following link:

https://etraining.hkcfp.org.hk [redacted]

Please ignore this e-mail if you have not requested this action.

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.

You will receive an email notification subject: HKCFP eTraining Platform User Reset Password. (as above)

Please click the link and submit the new and confirm the password. (as left)

Reset Password

New Password:

XXXXXXXX

(8-20 alphanumeric characters)

Confirm Password:

XXXXXXXX

(8-20 alphanumeric characters)

Cancel

Submit

Email: hkcfp@hkcfp.org.hk

SAMPLE

Declaration by Persons Recommended

English Name [redacted]

HKAM Member ID [redacted]

I hereby declare that

I have never been convicted of a criminal offence punishable with imprisonment (irrespective of whether actually sentenced to imprisonment) in Hong Kong or elsewhere

Yes No

I have never been found guilty of professional misconduct by any professional body in Hong Kong or elsewhere

Yes No

I am willing to spend time teaching the trainee in my area of specialty according to the scope defined in the Handbook for Vocational Training?

Yes No

Declaration

I agree to inform BVTS, HKCFP immediately with details of any

- conviction as described in paragraph (a) above, and/or
- finding of professional misconduct as described in paragraph (b) above against me subsequent to the date of this declaration.

PLEASE NOTE: criminal conviction or finding of professional misconduct is not necessarily a barrier to HKCFP's appointment/reappointment.

Cancel Submit

After successfully login,
A Declaration by Persons Recommended form will be pop-ed out.

Please enter your HKAM Member ID (in six-digit) on your HKAM member card.

Please fill-in the form and submit.

Rotation records

Hospital Based

From 7/2026 onwards

if Hospital Based rotation is

1/7/2026 to 30/9/2026 (trainee should input the record before 15/9/2026 to generate the supervisor assessment form)

or

1/7/2026 to 31/12/2026 (trainee should input the record before 15/12/2026 to generate the supervisor assessment form)

Assessment Form (by selected supervisor only)

HOSPITAL BASED BASIC TRAINING/ EXPERIENCE

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

Extent of checklist completion: (please rate)

Inadequate **Adequate**
0|___|___|___|___|___|5

Other Comments by Supervisors:

Name of Supervisors: _____ **Signature:** _____

Date:

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 BVTS@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)

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

9. Exhibiting personal and professional qualities required of a doctor e.g. accepting responsibility, conscientious, caring, reliable, ethical
   0 | 1 | 2 | 3 | 4 | 5
   Comments _____
10. Exhibiting ability to tolerate the uncertainty, and act professionally in a crisis
    0 | 1 | 2 | 3 | 4 | 5
    Comments _____
11. Developing effective relationships with patients, families, and medical and paramedical colleagues
    0 | 1 | 2 | 3 | 4 | 5
    Comments _____
12. Administrative skills such as paperwork and the effective use of time, practice organization and financial information
    0 | 1 | 2 | 3 | 4 | 5
    Comments _____
13. 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): _____

Chop here

Page 3, 4, 5

Supervisor view

Reply Reply All Forward IM

Fri 17/7/2026 4:26 pm

HB HKCFP BVTS

Invitation of End of Rotation Assessment Form Submission for the Basic Training

To [redacted]

Dear Supervisor,

It is a reminder for the end of rotation assessment form submission.

Trainee Name: [redacted]

Period: [redacted]

Please login the system to complete the assessment.

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

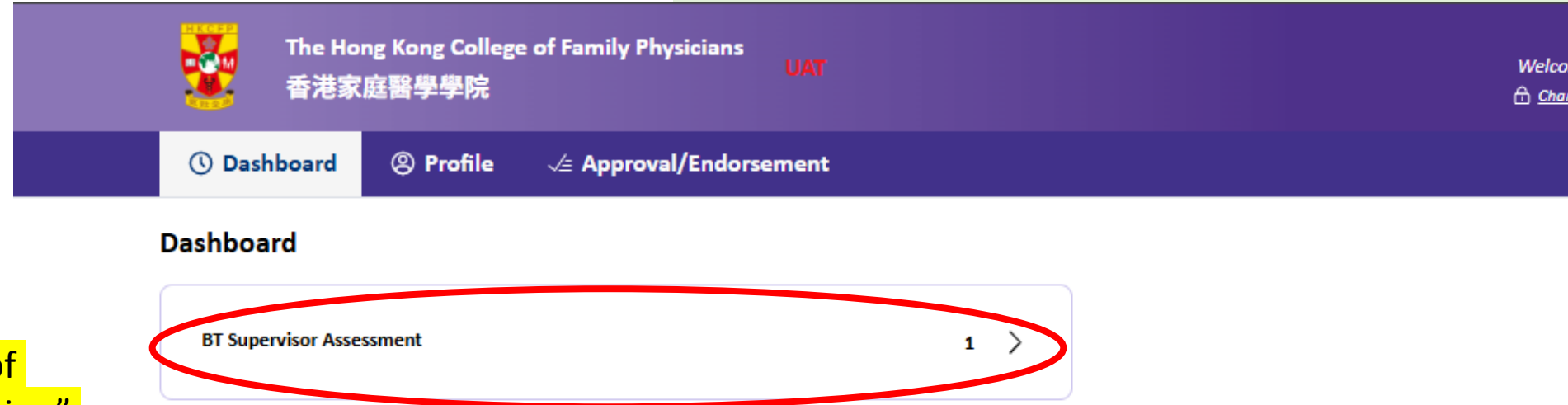
Yours sincerely,
Board of Vocational Training and Standards
The Hong Kong College of Family Physicians

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

The email sample of “Invitation of Rotation Feedback Form Submission” (as above) for your reference.

After login to the eTraining platform, “BT supervisor assessment” will be appeared at the dashboard.

Please click this record.



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

Supervisor view

Dashboard | Profile | Approval/Endorsement

Basic Training Application | Consultation Session | Supervisor Assessment | Community-based Learning Portfolio | Community-based Trainee Log Dairy | Clinical Attachment | Annu

Supervisor Assessment

Start Date Period: From Date To To Date

End Date Period: From Date To To Date

Training Center:

Name

Training Type Basic Training Higher Training

Status: Saved

Search

Trainee Rotation Record

Period	Name	Training Type	Training Center	Specialty	Status
01/07/2025 to 30/09/2025	CFP test, 150071	Basic Training	Caritas Medical Centre	A&E – Emergency Medicine	

Total 1

please click the record by the circled icon:

Supervisor view

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

Dashboard | Profile | Approval/Endorsement

Basic Training Application | Consultation Session | Supervisor Assessment | Community-based Learning Portfolio | Community-based Trainee Log Dairy | Clinical Attachment | Annu

← Assessment Form - HKCFP test, 150071 (M123456)

Detail | Assessment Form

please click the “Assessment Form” page for assessment

Supervisor Assessment Form

Rotation information

Training Type: Basic Training / Higher Training

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

Training Center: Caritas Medical Centre

Specialty: A&E - Emergency Medicine

Recognized Duration (Months): 3

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

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

Comment: *

Here’s the 1st questions of “extent of checklist completion”

Extent of checklist completion: (please rate)

Inadequate Adequate
0|___|___|___|___|___|5

Other Comments by Supervisors:

Name of Supervisors: _____ **Signature:** _____

Date:

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

Supervisor view

Dashboard | Profile | Approval/Endorsement

Basic Training Application | Consultation Session | Supervisor Assessment | Community-based Learning Portfolio | Community-based Trainee Log Dairy | Clinical Attachment | Annui

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: *

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

Comment: *

Physical examinations, diagnostics tests, and procedures: *

0 1 2 3 4 5

Comment: *

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

1. Effective communication skills

   0 | 1 | 2 | 3 | 4 | 5

   Comments _____

2. 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 _____

3. Physical examinations, diagnostic tests, and procedures

   0 | 1 | 2 | 3 | 4 | 5

   Comments _____

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

UAT

Supervisor view

Dashboard | Profile | Approval/Endorsement

Basic Training Application | Consultation Session | Supervisor Assessment | Community-based Learn

Making decisions in diagnosis and management with the patient: *

0 1 2 3 4 5

Comment: *

Appreciating the social and psychological dimensions of patients' problems e.g. the patient's family, ethnic, work and community environment: *

0 1 2 3 4 5

Comment: *

Recognising the limits of his/her own knowledge, experience and ability, and enlisting help when necessary: *

0 1 2 3 4 5

Comment: *

4. Making decisions in diagnosis and management with the patient

0 | 1 | 2 | 3 | 4 | 5

Comments _____

5. Appreciating the social and psychological dimensions of patients' problems e.g. the patient's family, ethnic, work and community environment

0 | 1 | 2 | 3 | 4 | 5

Comments _____

6. Recognising the limits of his/her own knowledge, experience and ability, and enlisting help when necessary

0 | 1 | 2 | 3 | 4 | 5

Comments _____

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

UAT

Supervisor view

Dashboard | Profile | Approval/Endorsement

Basic Training Application | Consultation Session | Supervisor Assessment | Community-based Learning Portfolio | Community-based Trainee Log Dairy | Clinical Attachment | Annu

Providing continuing care, illness prevention and health promotion (e.g. smoking, alcohol, diet) and coordinating the patient's total health care: *

0 1 2 3 4 5

Comment: *

Considering the cost of investigations, drugs and procedures to the patient and the community: *

0 1 2 3 4 5

Comment: *

Exhibiting personal and professional qualities required of a doctor e.g. accepting responsibility, conscientious, caring, reliable, ethical: *

0 1 2 3 4 5

Comment: *

7. Providing continuing care, illness prevention and health promotion (e.g. smoking, alcohol, diet) and coordinating the patient's total health care

0	1	2	3	4	5

Comments _____

8. Considering the cost of investigations, drugs and procedures to the patient and the community

0	1	2	3	4	5

Comments _____

9. Exhibiting personal and professional qualities required of a doctor e.g. accepting responsibility, conscientious, caring, reliable, ethical

0	1	2	3	4	5

Comments _____

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

Supervisor view

Dashboard | Profile | Approval/Endorsement

Basic Training Application | Consultation Session | Supervisor Assessment | Community-based Learn

Exhibiting ability to tolerate the uncertainty, and act professionally in a crisis: *

0 1 2 3 4 5

Comment: *

Developing effective relationships with patients, families, and medical and paramedical colleagues: *

0 1 2 3 4 5

Comment: *

Administrative skills such as paperwork and the effective use of time, practice organization and financial information: *

0 1 2 3 4 5

Comment: *

10. Exhibiting ability to tolerate the uncertainty, and act professionally in a crisis

0	1	2	3	4	5

Comments _____

11. Developing effective relationships with patients, families, and medical and paramedical colleagues

0	1	2	3	4	5

Comments _____

12. Administrative skills such as paperwork and the effective use of time, practice organization and financial information

0	1	2	3	4	5

Comments _____

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

Supervisor view

Dashboard | Profile | Approval/Endorsement

Basic Training Application | Consultation Session | Supervisor Assessment | Community-based Learning Portfolio | Community-based Trainee Log Dairy | Clinical Attachment | Annu

Showing keenness to learn, planning his/her own learning and assessment, and accept and give feedback: *

0 1 2 3 4 5

Comment: *

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?: *

13. 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?

_____

_____

_____

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

Supervisor view

Dashboard | Profile | Approval/Endorsement

Basic Training Application | Consultation Session | Supervisor Assessment | Community-based Learning Portfolio | Community-based Trainee Log Dairy | Clinical Attachment | Annu

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

Proposed Recognized Duration (Months): *

3

I recommend to the Board of Vocational Training and Standards certifying this trainee for the completion of this community based of Basic Training during the specified period.: *

Yes No

Comments:

Cancel | Save | Submit

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

Email: hkcfp@hk

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 _____ *Chop here* Date : _____

Thank you for your assistant in completing this form and returning it to the trainee to keep the original in the training logbook their own.

*** Delete as appropriate***

Supervisor view

Dashboard | Profile | Approval/Endorsement

Basic Training Application | Consultation Session | Supervisor Assessment | Community-based Learning Portfolio | Community-based Trainee Log Dairy | Clinical Attachment | Annual Checking

Supervisor Assessment

Start Date Period: From Date To To Date

End Date Period: From Date To To Date

Training Center:

Name

Training Type

Basic Training Higher Training

Status: Saved

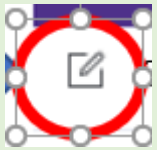
Search

Trainee Rotation Record

Period	Name	Training Type	Training Center	Specialty	Status
01/07/2025 to 30/09/2025	HKCFP test, 150071	Basic Training	Caritas Medical Centre	A&E – Accident & Emergency	Saved

Total 1

If yet to submit, you can search the saved record by status “Saved”, you will find the record here. Please click the record by the circled icon:



Supervisor view

Dashboard | Profile | Approval/Endorsement

Basic Training Application | Consultation Session | Supervisor Assessment | Community-based Learning Portfolio | Community-based Trainee Log Dairy | Clinical Attachment | Annual Checking

Supervisor Assessment

Start Date Period: From Date To To Date

End Date Period: From Date To To Date

Training Center:

Name

Training Type

Basic Training Higher Training

Status: Completed

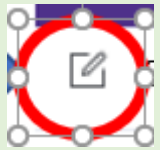
Search

Trainee Rotation Record

Period	Name	Training Type	Training Center	Specialty	Status
01/07/2025 to 30/09/2025	HKCFP test, 150071	Basic Training	Caritas Medical Centre	A&E – Accident & Emergency	Completed

Total 1

After submitted, you can search the submitted record by status “Completed”, you will find the record here. Please click the record by the circled icon:



Supervisor view

Reply Reply All Forward

HB [redacted]

HKCFP BVTS

Notification of End of Rotation Assessment for Basic Training with Low Rating

To LAI Kathy

Dear COS/Training Coordinator/System Administrator,

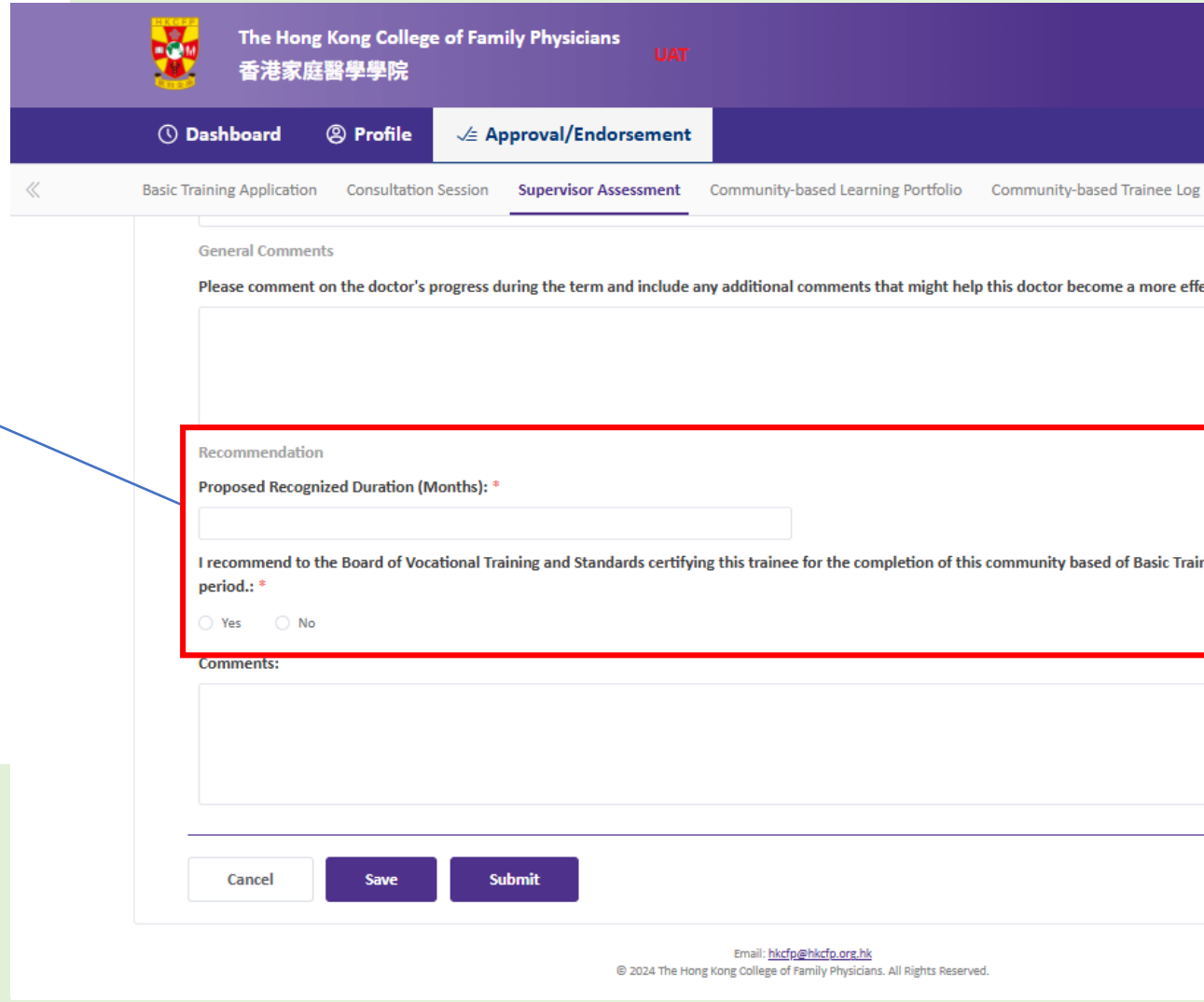
Please note that following is found on the end of rotation assessment.
1. There is low rating; AND /OR
2. Proposed recognized duration is less than the recognized duration.

Trainee Name: [redacted]
Period: [redacted]

System URL [redacted]

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.



1. If proposed recognized duration is less than the recognized duration,
2. If supervisor DO NOT recommended,
3. If the rating is 0 (very poor), 1 (poor) or 2 (Dissatisfactory)

The admin (HKCFP) will receive the notification email (as above)

Rotation records

Hospital Based

(end)

Clinical attachment

From 7/2026 onwards

Assessment Form (by selected supervisor only)

HOSPITAL BASED BASIC TRAINING/ EXPERIENCE

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

Extent of checklist completion: (please rate)

Inadequate **Adequate**
0|___|___|___|___|___|5

Other Comments by Supervisors:

Name of Supervisors: _____ **Signature:** _____

Date:

Supervisor view

Reply Reply All Forward

HB HKCFP BVTS

Invitation of Clinical Attachment Endorsement

To [redacted]

Dear Supervisor,

Please note that the following trainee have submit the clinical attachment record.

Trainee Name: [redacted]

Period: [redacted]

Please login the system to endorse the record.

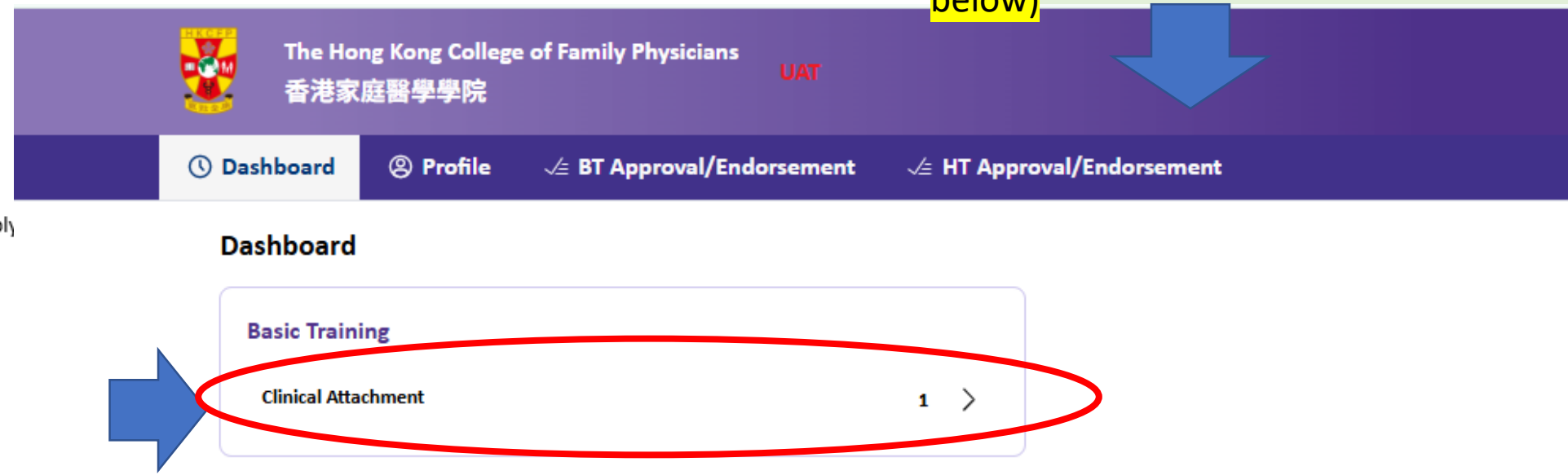
System URL [redacted]

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

The selected supervisor will receive the email invitation. The email sample (as left)

After login to the eTraining platform, "Clinical attachment" will be appeared at the dashboard (as below)



Please click this record

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

UAT

Supervisor view

Dashboard | Profile | BT Approval/Endorsement | HT Approval/Endorsement

Basic Training Application | Consultation Session | Supervisor Assessment | Community-based Learning Portfolio | Community-based Trainee Log Dairy | Clinical Attachment | Annual Checking

Clinical Attachment

Start Date Period: From Date To To Date

End Date Period: From Date To To Date

Training Center: -- Please select --

Name

Status: Submitted

Search

Trainee Clinical Attachment Record

Period	Name	Training Center	Nature	Specialty	Supervisor	Duration (Months)	Status
01/08/2025 to 31/08/2025	HKCFP test, 150071	CMC	Others-Undefined	Eye - Ophthalmology	Dr. WONG, Siu Ming	1	Submitted

Total 1

Please click this record by the circled icon:

Email: hkcfp@hkcfp.org.hk

Supervisor view

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

Last Login: 09 Oct 2025 16:13
Welcome, **non-FM, CS3**
Change Password | Logout

Dashboard | Profile | BT Approval/Endorsement | HT Approval/Endorsement

Basic Training Application | Consultation Session | Supervisor Assessment | Community-based Learning Portfolio | Community-based Trainee Log Dairy | Clinical Attachment | Annual Checking

Clinical Attachment - FP25-0003 Basic , Trainee test (M123456)

Period
01/07/2025 To 29/07/2025

Training Center
Others

Training Center Type
Community Based

Training Center Nature
Others-Undefined

Specialty
Derm - Dermatology & Venereology

Supervisor
*If the supervisor is not listed below, please contact BVTS.
non-FM, CS3

Duration (Months)
1

Status
Submitted

Please rate the extent of checklist completion(0=Inadequate,5=Adequate)

Rating *
0 1 2 3 4 5

Comments *

Cancel | Reject | Endorse

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

Email: hkcfp@hkcfp.org.hk

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 **Adequate**
0|___|___|___|___|___|5

Other Comments by Supervisors:

Name of Supervisors: _____ **Signature:** _____

Date:

Clinical attachment

(End)

Thank you