



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

If you have any post-grad.  
Training experience, how to  
submit to the College for  
recognition?

Update on 27/11/2025



## Post-graduate Training Experience:

Is your post-graduate training is a training post?

☐ Yes\* ☐ No

Is your post-graduate training post lead to any of quotable qualification recognized by the medical council of Hong Kong?

☐ Yes\* ☐ No

\*Please provide formal employment or training evidence from working or training organization

Name of Working Organization	Name of Training Organization & Specialty	Period (mm/yyyy-mm/yyyy)
e.g. HA/ QMH HASC	HKCFP & Family Medicine	1/2013 – 6/2013

## For local:

Lateral transfer from other specialty, and under HKAM  
sister college training programme

<https://www.hkam.org.hk/en/academy-colleges>



**Hong Kong Intercollegiate Board of Surgical Colleges**

601, Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong  
Tel: (852) 2871 8799 Fax: (852) 2515 3198 E-mail: info@cskhk.org

Our Ref: [REDACTED]

To whom it may concern,

This is to certify that Dr [REDACTED] (HKID [REDACTED]) is the Basic Surgical Trainee in Hong Kong from 1 July [REDACTED] to 30 June [REDACTED].

The record of his Basic Surgical Training period from [REDACTED] is also listed as follows:

Hospital	From	To	Specialty
[REDACTED] Hospital	01/07/[REDACTED]	31/12/[REDACTED]	Neurosurgery
[REDACTED] Hospital	01/01/[REDACTED]	30/06/[REDACTED]	General Surgery

Should you need further information, please feel free to contact [REDACTED].

Thank you for your attention.

Yours sincerely,

[REDACTED]



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陳瑞茂

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陳樹基  
Dr Johnny W M Chan  
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香港家庭醫學學院  
The Hong Kong College of Family Physicians

HONG KONG COLLEGE OF PHYSICIANS

香港內科醫學院

(Incorporated in Hong Kong with limited liability)

xx April 2025

TO WHOM IT MAY CONCERN

This is to certify that Dr [REDACTED], [HKID No. Yxxxxxx(x)] has been undergoing the Basic Physician Training from xxx 2023 to xxx 2025. The working experience was summarized as follows:

Hospital	Department / Position	Period
		to

Thank you.

Yours sincerely

Dr  
Hon Secretary  
Hong Kong College of Physicians

Room 603, Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong  
Tel: 2871 8766 Fax: 2556 9047  
Website: <http://www.hkcp.org>




**For overseas:**

e.g. MRCGP, FRACGP, CCFP

Please check the MCHK quotable list time-to-time:

[https://www.mchk.org.hk/english/guideline/files/quotable\\_qualifications.pdf](https://www.mchk.org.hk/english/guideline/files/quotable_qualifications.pdf)

  
**FPCC**  
**Foundation Programme**  
**Certificate of Completion**

GMC Number: [REDACTED]

Foundation School: [REDACTED]

Medical School: [REDACTED]

undertook the following F2 training:

Speciality	Clinical Supervisor	Local Education Provider	UK APS*	Date From	Date To
Trauma and Orthopaedic Surgery	[REDACTED]	[REDACTED]	Yes	Aug-2020	Dec-2020
General (internal) medicine	[REDACTED]	[REDACTED]	Yes	Dec-2020	Apr-2021
General Practice	[REDACTED]	[REDACTED]	Yes	Apr-2021	Aug-2021

\* UK APS – Approved practice setting in the United Kingdom. UK APS is an organisation approved by the GMC as suitable for doctors new to full registration, or returning to the medical register after prolonged absence from UK practice. See GMC for more details.

I confirm that the above named foundation doctor HAS met the requirements for satisfactory completion of the foundation programme as laid down by the General Medical Council, the Foundation Programme Curriculum and the Foundation Programme Reference Guide.

Signature: [REDACTED] Name: [REDACTED]

Designation: [REDACTED] Date: [REDACTED]

Login to the eTraining Platform by  
(left side) HKCFP Member login



### HKCFP eTraining Platform

#### HKCFP Member Login (Trainee, FM Supervisors, etc)



[Forgot password?](#)

#### Non-Member Login (e.g. Non-FM Supervisors, etc)

Email:

Password:

Login

[Forgot password?](#)

Version: 1.05

Last Updated Date: 05/08/2025

Email: [hkcfp@hkcfp.org.hk](mailto:hkcfp@hkcfp.org.hk)

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## 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)

After login, the first page  
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## 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

Go to “Basic Training Records” > “Rotation” > “Add”



## ← Rotation - Add

### Training Type \*

☒ Basic Training ☐ Higher Training

### Period \*

To

### Training Mode \*

☒ Full Time ☐ Part Time

### Training Center \*

☐ Past Local Rotation

☐ Past Overseas Rotation

-- Please select --

### Training Center Type \*

-- Please select --

### Specialty \*

-- Please select --

### Duration (Months)

-- Please select --

### Status

-- Please select --

### Training Center Nature

-- Please select --

### Supervisor

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

-- Please select --

### Recognized Duration (Months) \*

-- Please select --

Cancel

Submit

- Select "Past Local Rotation"





## ← Rotation - Add

### Training Type \*

☒ Basic Training ☐ Higher Training

### Training Mode \*

☒ Full Time ☐ Part Time

### Period \*

To

### Training Center \*

☒ Past Local Rotation

☐ Past Overseas Rotation

### Training Center Type \*

### Training Center Nature

### Specialty

### College \*

### Duration (Months)

### Recognized Duration (Months) \*

### Supporting Document \*

### Status

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



## HONG KONG COLLEGE OF PHYSICIANS 香港內科醫學院 (Incorporated in Hong Kong with limited liability)

xx April 2025

### TO WHOM IT MAY CONCERN

This is to certify that Dr [HKID No. Yxxxxxx00] has been undergoing the Basic Physician Training from xxx 2023 to xxx 2025. The working experience was summarized as follows:

Hospital	Department / Position	Period
		to

Thank you.

Yours sincerely

Dr  
Hon Secretary  
Hong Kong College of Physicians



## Rotation

Training Type

MCHK No.

English Name

Chinese Name

## Rotation Record

Add

	Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
	Basic Training	Full Time	01/07/2024 to 31/12/2024	Kwong Wah Hospital	Med - Internal Medicine		Submitted by Trainee

Total 1

- After 'Submit', the rotation record will show this record and status "Submitted by Trainee"



## Rotation

Training Type

Basic Training

MCHK No.

MM77777

English Name

HKCFP Trainee, Test AC

Chinese Name

## Rotation Record

[Add](#)

	Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
	Basic Training	Full Time	01/07/2024 to 31/12/2024	Kwong Wah Hospital	Med - Internal Medicine		Recommended by Admin

Total 1

- After recommended by admin, the Rotation record will show the status “Recommended by admin”



# If your post-grad. Training exp. is oversea

And yet to obtain the intermediate qualification

e.g. finished F2 in UK




**For overseas:**

e.g. MRCGP, FRACGP, CCFP

Please check the MCHK quotable list time-to-time:

[https://www.mchk.org.hk/english/guideline/files/quotable\\_qualifications.pdf](https://www.mchk.org.hk/english/guideline/files/quotable_qualifications.pdf)

  
**The Foundation Programme**

**FPCC**  
**Foundation Programme**  
**Certificate of Completion**

GMC Number: [REDACTED]  
Foundation School: [REDACTED]  
Medical School: [REDACTED]

undertook the following F2 training:

Specialty	Clinical Supervisor	Local Education Provider	UK APS*	Date From	Date To
Trauma and Orthopaedic Surgery	[REDACTED]	[REDACTED]	Yes	Aug-2020	Dec-2020
General (internal) medicine	[REDACTED]	[REDACTED]	Yes	Dec-2020	Apr-2021
General Practice	[REDACTED]	[REDACTED]	Yes	Apr-2021	Aug-2021

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Signature: [REDACTED] Name: [REDACTED]  
Designation: [REDACTED] Date: [REDACTED]



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## 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

Go to “Basic Training Records” > “Rotation” > “Add”



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## ← Rotation - Add

Training Type \*

☒ Basic Training ☐ Higher Training

Period \*

To



Training Mode \*

☒ Full Time ☐ Part Time

Training Center \*

☐ Rotation ☐ Past Local Rotation

☐ Past Overseas Rotation

-- Please select --

- Select "Past Overseas Rotation"

Training Center Type \*

Specialty \*

Duration (Months)

Status

Training Center Nature

Supervisor

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

Recognized Duration (Months) \*

Cancel

Submit





### ← Rotation - Add

#### Training Type \*

☒ Basic Training ☐ Higher Training

#### Training Mode \*

☒ Full Time ☐ Part Time

#### Period \*

01/08/2020 To 31/12/2020

#### Training Center \*

☐ Rotation ☐ Past Local Rotation

☒ Past Overseas Rotation

ABC Hospital

#### Training Center Type \*

Hospital Based

#### Specialty

O&T - Orthopaedics & Traumatology

#### Duration (Months)

5.0

#### Training Center Nature

#### Supervisor

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

#### Recognized Duration (Months) \*

5.0

#### Supporting Document

Choose file

#### Status

Cancel

Submit

The Foundation Programme

FPCC  
Foundation Programme  
Certificate of Completion

GMC Number: [REDACTED]

Foundation School: [REDACTED]

Medical School: [REDACTED]

undertook the following F2 training:

Specialty	Clinical Supervisor	Local Education Provider	UK APS*	Date From	Date To
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I confirm that the above named foundation doctor HAS met the requirements for satisfactory completion of the foundation programme as laid down by the General Medical Council, the Foundation Programme Curriculum and the Foundation Programme Reference Guide.

Signature: [REDACTED] Name: [REDACTED]

Designation: [REDACTED] Date: [REDACTED]

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



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## Rotation

Training Type

MCHK No.

English Name

Chinese Name

## Rotation Record

[Add](#)

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
<input checked="" type="checkbox"/> Basic Training	Full Time	01/08/2020 to 31/12/2020	ABC Hospital	O&T - Orthopaedics & Traumatology		Submitted by Trainee

Total 2





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## Rotation

Training Type

Basic Training


MCHK No.

English Name

Chinese Name

## Rotation Record

[Add](#)

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
 Basic Training	Full Time	01/08/2020 to 31/12/2020	ABC Hospital	O&T - Orthopaedics & Traumatology		Recommended by Admin

Total 2





## ← Rotation

### Detail

#### Detail

##### Training Type \*

☒ Basic Training ☐ Higher Training

##### Training Mode \*

☒ Full Time ☐ Part Time

##### Period \*

To

##### Training Center \*

☐ Rotation ☐ Past Local Rotation

☒ Past Overseas Rotation

ABC Hospital

##### Training Center Type \*

Hospital Based

##### Training Center Nature

##### Specialty

O&T - Orthopaedics & Traumatology

##### Supervisor

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

##### Duration (Months)

5.0

##### Recognized Duration (Months) \*

3.0

##### Supporting Document \*

Choose file

##### Status

Recommended by Admin

☒

Cancel



- If your past training record more than 1 specialty, please add record one-by-one.

Take this example, this trainee F2 training rotated to O&T, Med, GP

**The Foundation Programme**

**FPCC**  
**Foundation Programme**  
**Certificate of Completion**

GMC Number: [REDACTED]

Foundation School: [REDACTED]

Medical School: [REDACTED]

undertook the following F2 training:

Specialty	Clinical Supervisor	Local Education Provider	UK APS*	Date From	Date To
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I confirm that the above named foundation doctor HAS met the requirements for satisfactory completion of the foundation programme as laid down by the General Medical Council, the Foundation Programme Curriculum and the Foundation Programme Reference Guide.

Signature: [REDACTED] Name: [REDACTED]

Designation: [REDACTED] Date: [REDACTED]



# Warning!

- After submit, no further edit on your answer. Please carefully check the information before submit.

Thank you!

Should you have any inquiries, please contact Hannah or Kathy:

Address: 803, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

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

Tel: 2871 8899