



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 e.g. HA/ QMH HASC	Name of Training Organization & Specialty HKCFP + Family Medicine	Period (mm/yyyy-mm/yyyy) 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@cshk.org

Our Ref: [REDACTED]
[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 Jun [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]

SAMPLE



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[REDACTED]) has been undergoing the Basic Physician Training from xxx 2023 to xxx 2025. The working experience was summarized as follows:

Hospital	Department / Position	Period
[REDACTED]	[REDACTED]	to [REDACTED]

Thank you.

Yours sincerely

Dr [REDACTED]
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>

SAMPLE



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

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	[REDACTED]	Aug-2020
General (internal) medicine	[REDACTED]	[REDACTED]	Yes	[REDACTED]	Dec-2020
General Practice	[REDACTED]	[REDACTED]	Yes	[REDACTED]	Apr-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]

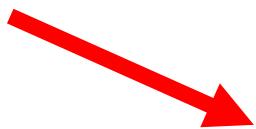
Designation: [REDACTED] Date: [REDACTED]

SAMPLE

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



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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

If you have any inquiries, feel free to contact the relevant staff listed here:
https://www.hkcfp.org.hk/pages_11_103.html

After login, the first page
will be **Dashboard**

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Rotation

Training Type

MCHK No.

English Name

Chinese Name

Rotation Record

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status	Add
---------------	---------------	--------	-----------------	-----------	------------	--------	-----

No Data

Total 0

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



<<

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>>

← Rotation - Add

Training Type * Basic Training Higher Training**Training Mode *** Full Time Part Time**Period ***

To

Training Center * Past Local Rotation Past Overseas Rotation

- Select “Past Local Rotation”

Training Center Type ***Training Center Nature****Specialty *****Supervisor***If the supervisor is not listed below, please contact BVTs.**Duration (Months)****Recognized Duration (Months) *****Status**[Cancel](#)[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
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"



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»

Rotation

Training Type

MCHK No.

Basic Training

MM77777

English Name

Chinese Name

HKCFP Trainee, Test AC

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

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	[REDACTED]	Aug-2020
General (internal) medicine	[REDACTED]	[REDACTED]	Yes	[REDACTED]	Dec-2020
General Practice	[REDACTED]	[REDACTED]	Yes	[REDACTED]	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]

SAMPLE



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

Training Type

MCHK No.

English Name

Chinese Name

Rotation Record

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status	Add
---------------	---------------	--------	-----------------	-----------	------------	--------	-----

No Data

Total 0

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



«

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»

← Rotation - Add

Training Type *

Basic Training Higher Training

Training Mode *

Full Time Part Time

Period *

From Date

To

To Date



Training Center *

Rotation Past Local Rotation
 Past Overseas Rotation

-- Please select --

- Select "Past Overseas Rotation"

Training Center Type *

Training Center Nature

Specialty *

Supervisor

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

Duration (Months)

Recognized Duration (Months) *

Status

[Cancel](#)

[Submit](#)



← Rotation - Add

Training Type * Basic Training Higher Training

Training Mode * Full Time Part Time

Period * To

Training Center * Rotation Past Local Rotation Past Overseas Rotation

ABC Hospital

Training Center Type * Hospital Based

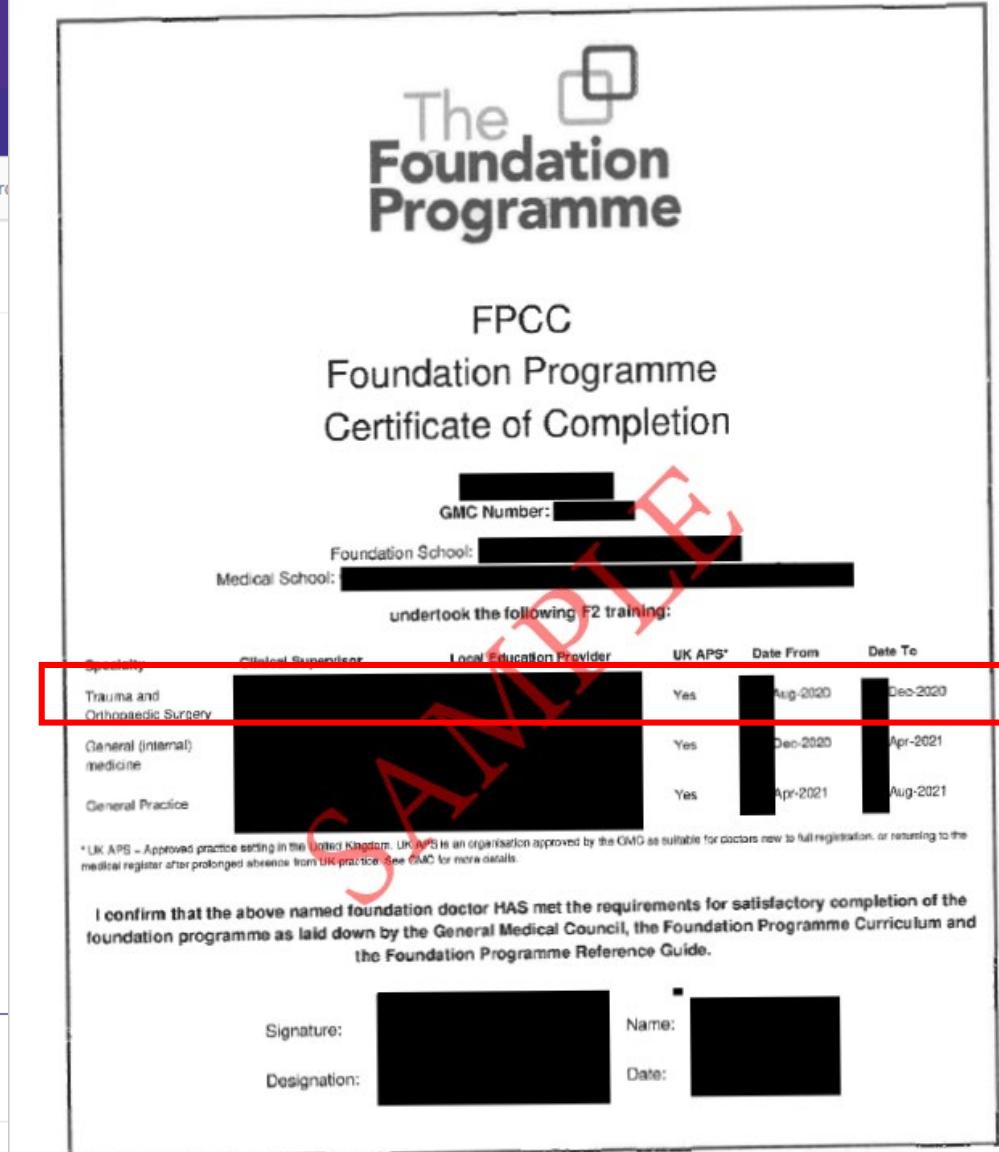
Specialty O&T - Orthopaedics & Traumatology

Duration (Months) 5.0

Recognized Duration (Months) * 5.0

Supporting Document

Status



- 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

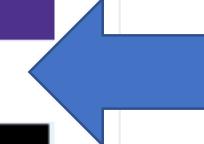
Chinese Name

Rotation Record

[Add](#)

Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
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.

[REDACTED]

English Name

[REDACTED]

Chinese Name

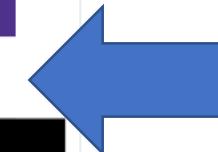
[REDACTED]

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





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[← Rotation](#)

[Detail](#)

Detail

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

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

HKCFP Trainee Test AC_ROTSupport_20251128_102046.pdf

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

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Certificate of Completion

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Medical School: [REDACTED]

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General (internal) medicine	[REDACTED]	[REDACTED]	Yes	[REDACTED]	[REDACTED]
General Practice	[REDACTED]	[REDACTED]	Yes	[REDACTED]	[REDACTED]

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

SAMPLE



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

Tel: 2871 8899