Rotation records

Hospital Based

From 7/2026 onwards

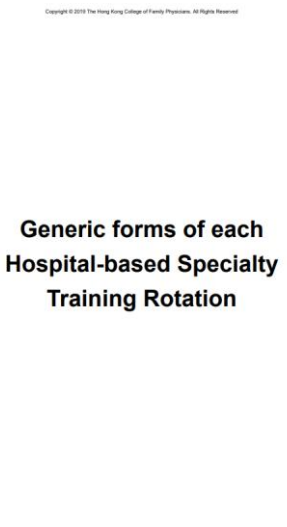
if your Hospital Based rotation is

1/7/2026 to 30/9/2026 (please input the record before 15/9/2026)

or

1/7/2026 to 31/12/2026 (please input the record before 15/12/2026)

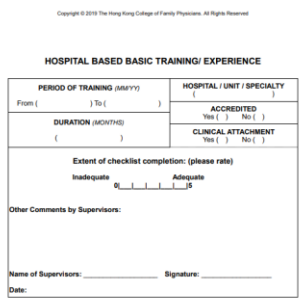
This is to replace paper *Generic forms of each Hospital-based Specialty Training Rotation*



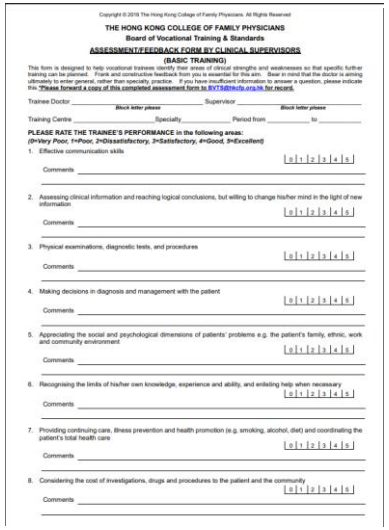
Page 1

Page 2

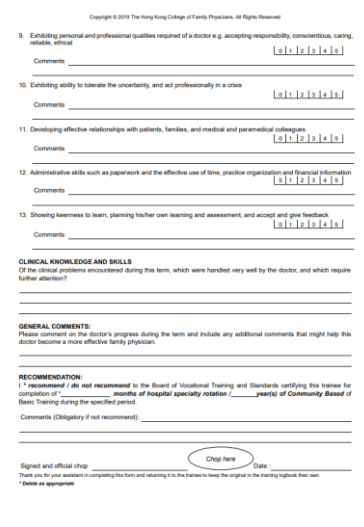
Page 3



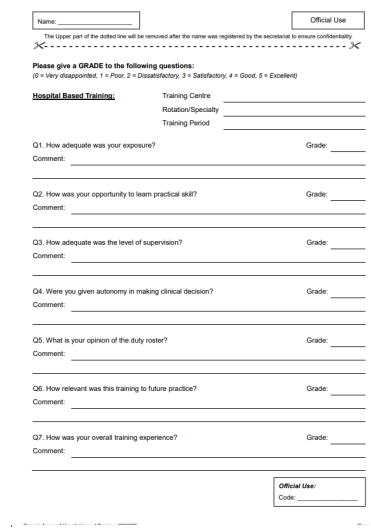
Page 4

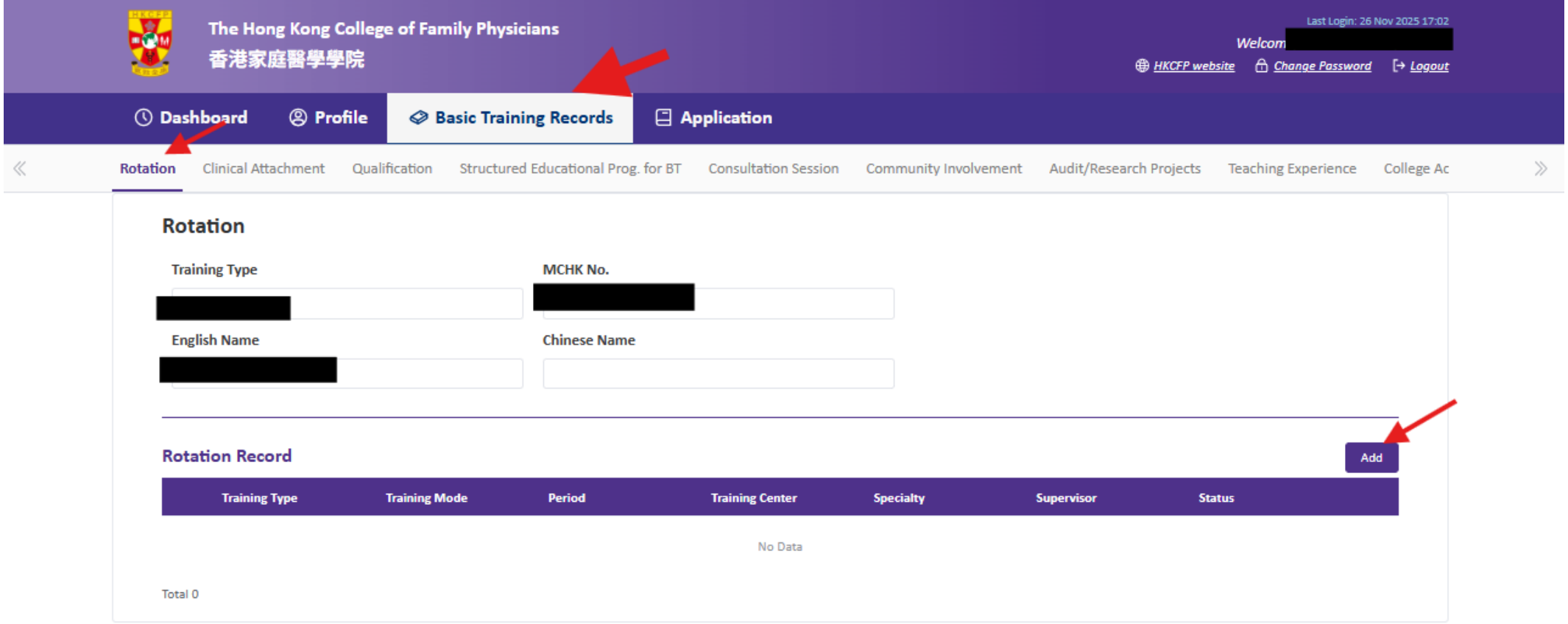


Page 5



Page 6





Please go to “Basic Training Records” > “Rotation” > “Add”

Note:
The system does not allow overlapping dates for Rotation records. For example, if Record 1 is set from 01/04/2026 to 30/06/2026, Record 2 cannot start on 15/06/2026. Because these periods overlap, the system will block the creation of the second record.

Rotation Details

Generic forms of Hospital-based Training

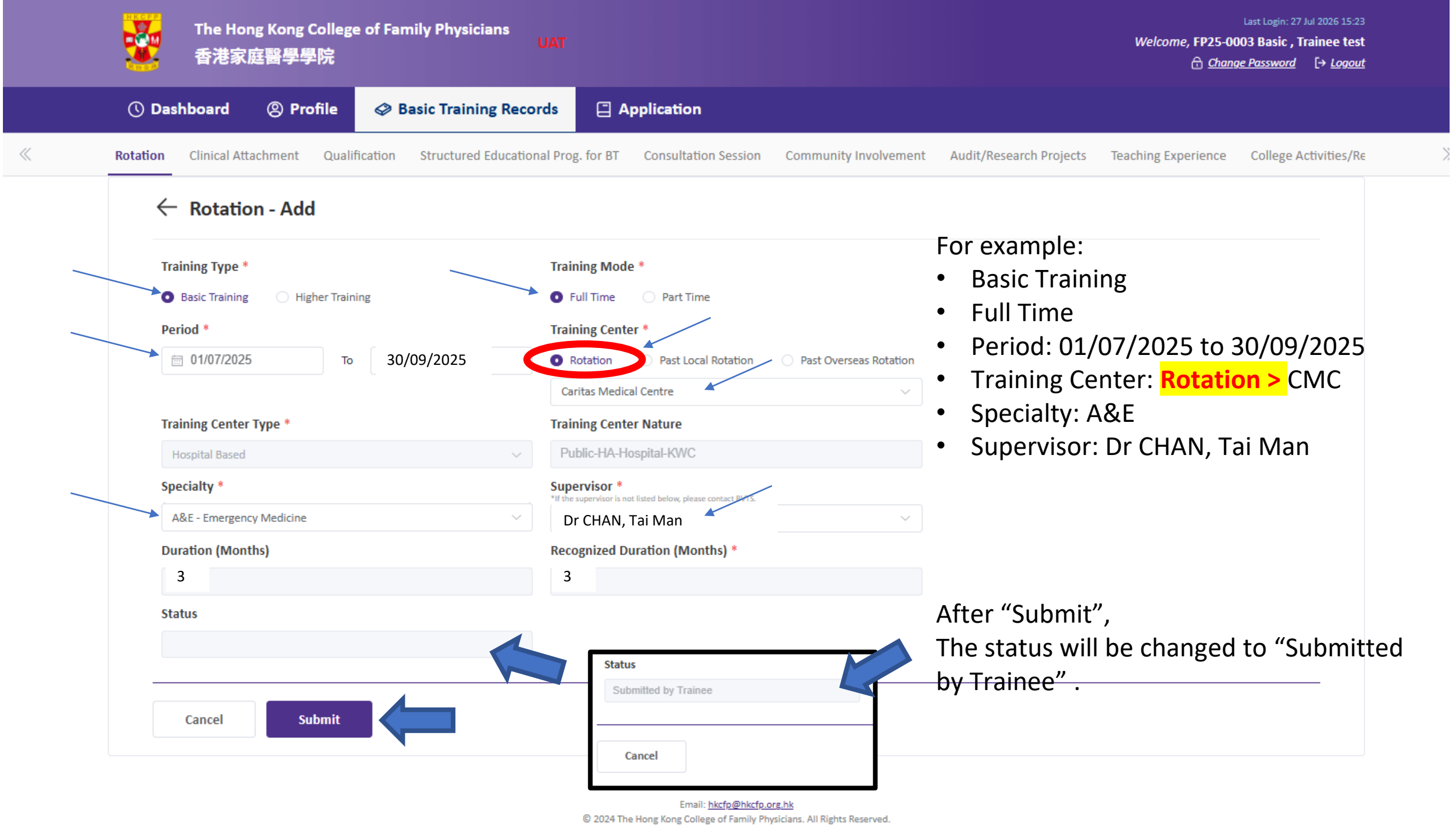
To: BVTS@hkcfp.org.hk

From:

Name of Trainee: _____ **Supervisor:** _____

Training Centre: _____ **Specialty:** _____

Training Period: from _____ (mm/yy) to _____(mm/yy)



For example:

- Basic Training
- Full Time
- Period: 01/07/2025 to 30/09/2025
- Training Center: **Rotation >** CMC
- Specialty: A&E
- Supervisor: Dr CHAN, Tai Man

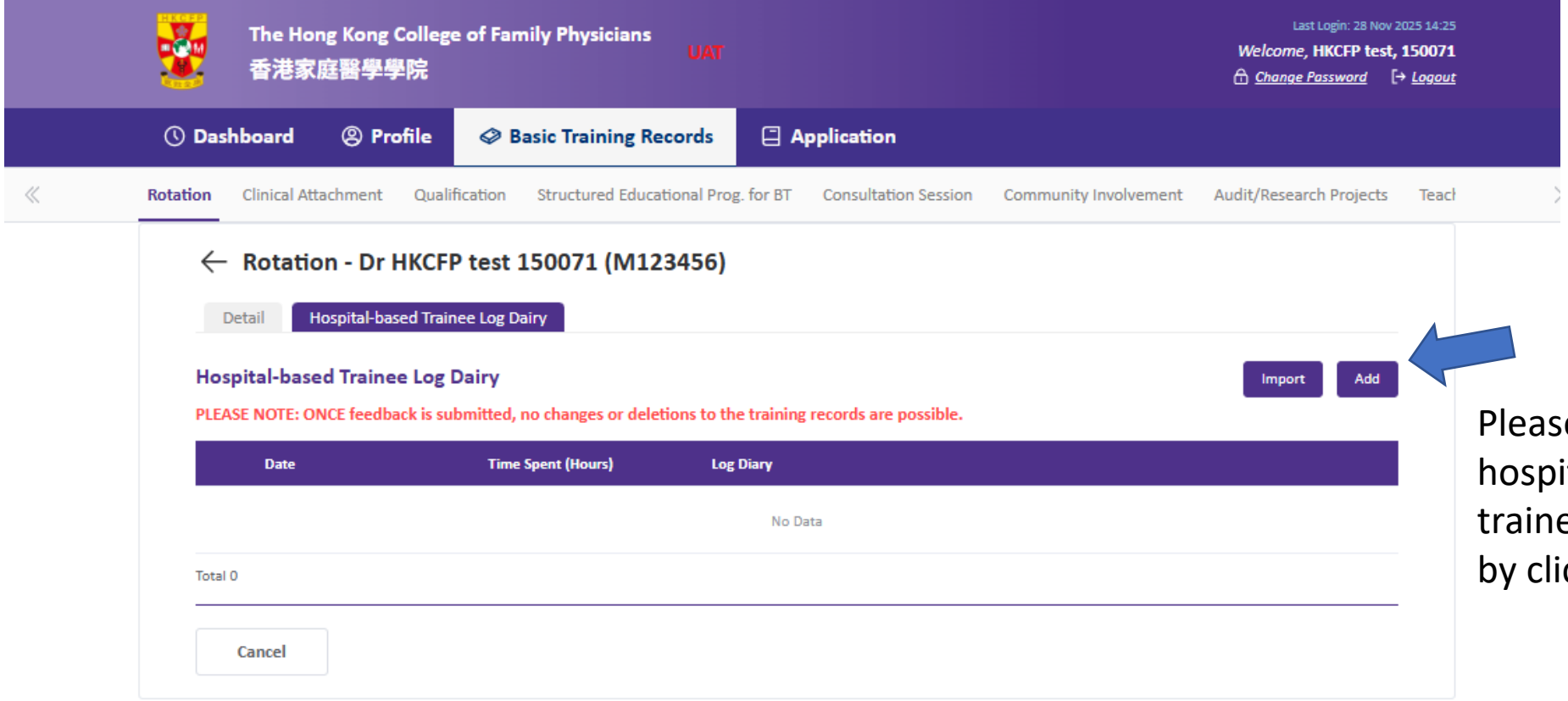
After “Submit”,
The status will be changed to “Submitted by Trainee” .

Trainee Log Diary

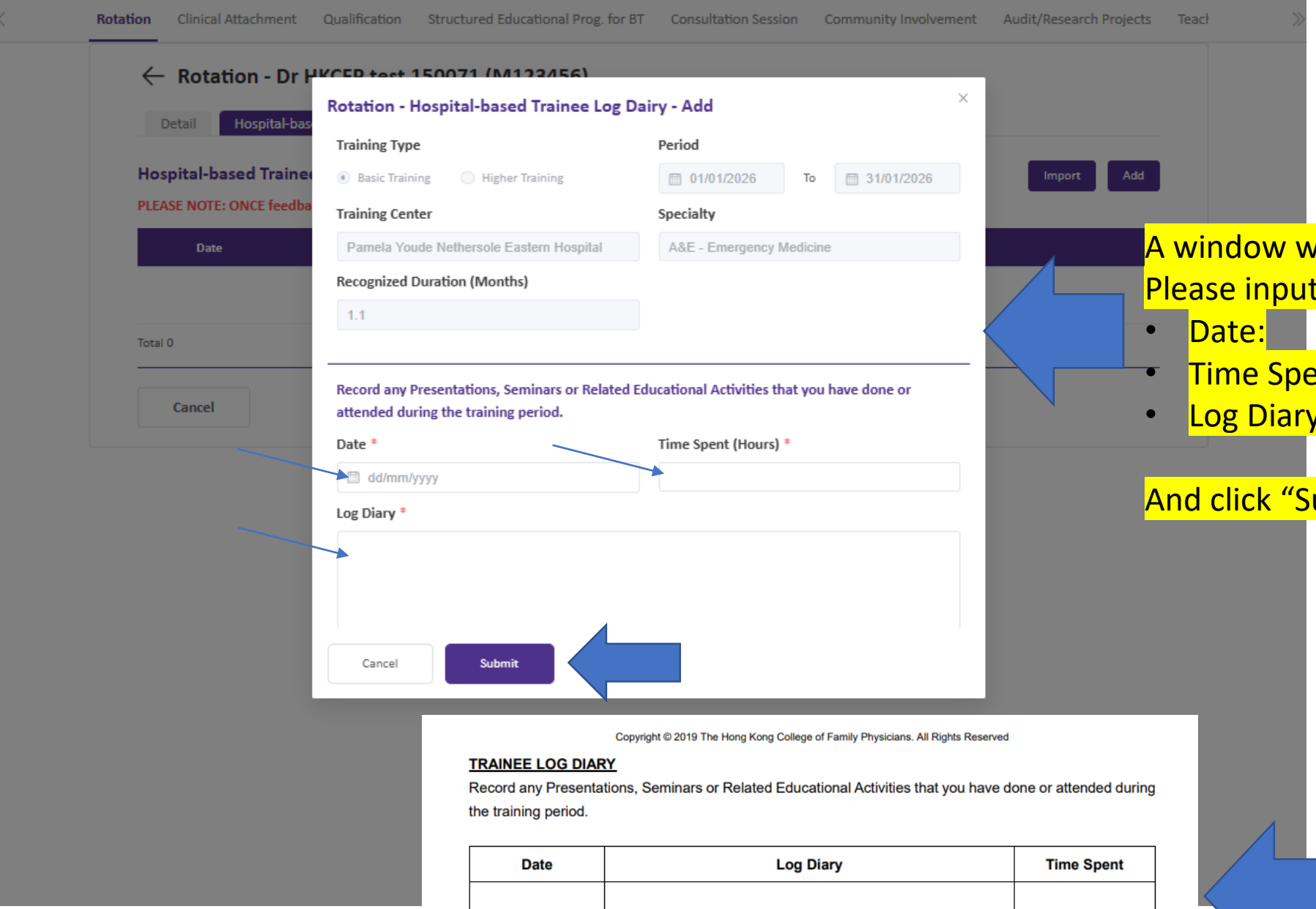
TRAINEE LOG DIARY

Record any Presentations, Seminars or Related Educational Activities that you have done or attended during the training period.

Date	Log Diary	Time Spent



Please add your hospital-based trainee Log Diary by clicking “Add”.



A window will be pop-ed up.
Please input your record:

- Date:
- Time Spent (Hours):
- Log Diary:

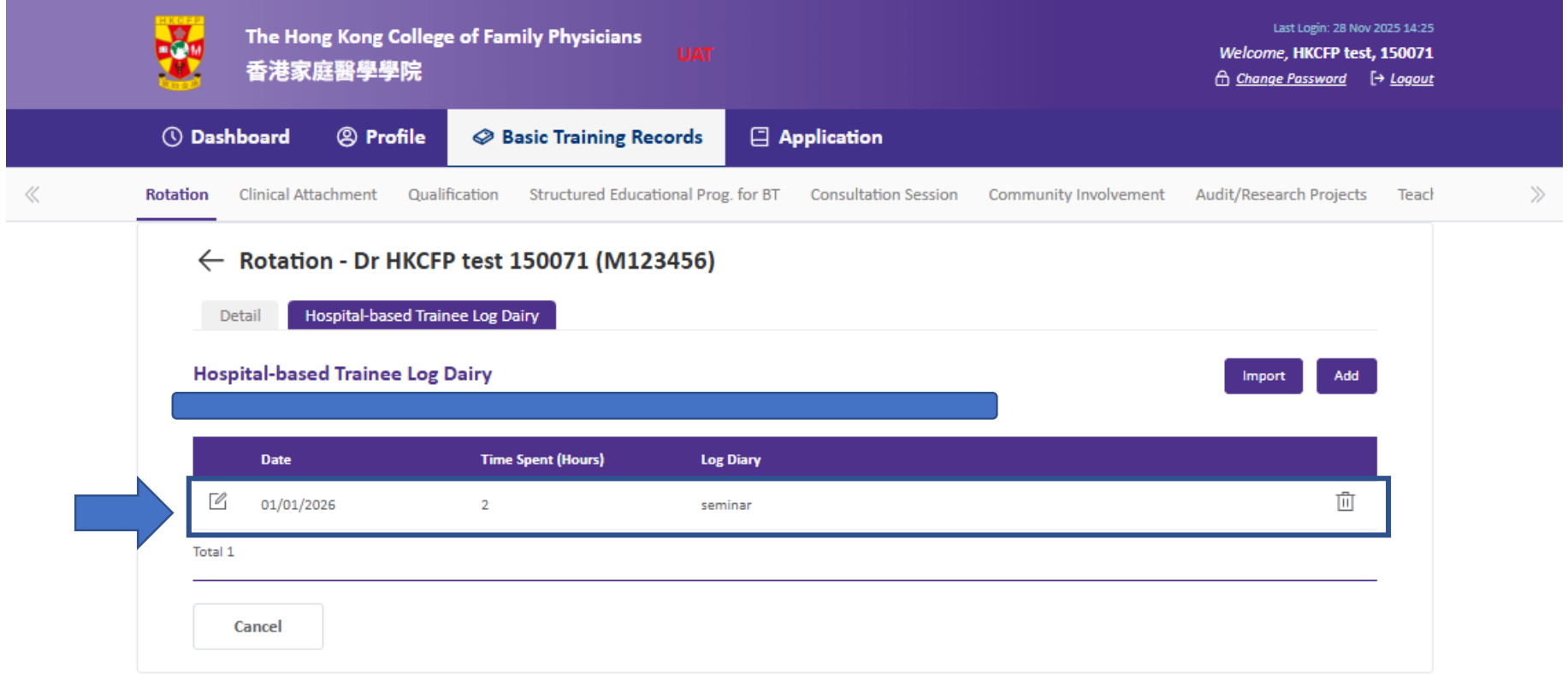
And click “Submit”

TRAINEE LOG DIARY

Record any Presentations, Seminars or Related Educational Activities that you have done or attended during the training period.

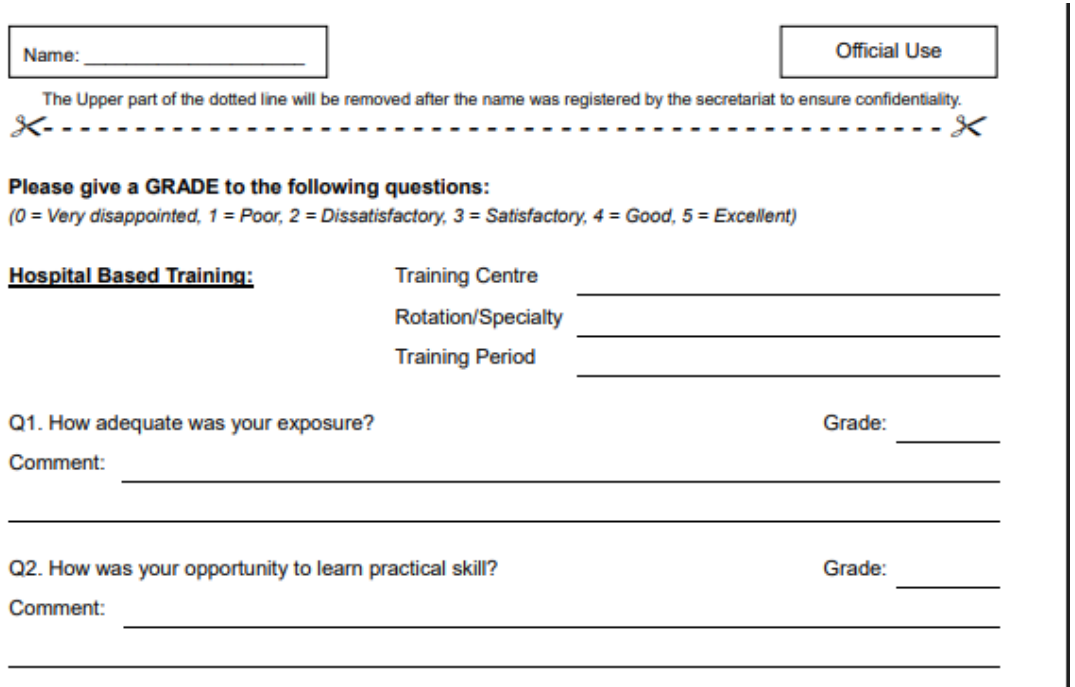
Date	Log Diary	Time Spent

Please refer the trainee log diary traditional page (as left) for your reference.



After “Submit”
The record will be here.

Feedback on Hospital Based Training



Name: _____ Official Use

The Upper part of the dotted line will be removed after the name was registered by the secretariat to ensure confidentiality.

Please give a GRADE to the following questions:

(0 = Very disappointed, 1 = Poor, 2 = Dissatisfactory, 3 = Satisfactory, 4 = Good, 5 = Excellent)

Hospital Based Training:

Training Centre _____

Rotation/Specialty _____

Training Period _____

Q1. How adequate was your exposure? Grade: _____

Comment: _____

Q2. How was your opportunity to learn practical skill? Grade: _____

Comment: _____

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

Last Login: 28 Nov 2025 14:25
Welcome, **HKCFP test, 150071**
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 | Teacl

Rotation - Dr HKCFP test 150071 (M123456)

Detail | Hospital-based Trainee Log Dairy | Feedback on Hospital-based Training

Feedback on Hospital-based Training

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

PLEASE RATE THE TRAINEE'S PERFORMANCE in the following areas: (0=Very Poor, 1=Poor, 2=Dissatisfactory, 3=Satisfact…t)

How adequate was your exposure?: *
(•) 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5

Comment: *
n/a

How was your opportunity to learn practical skill?: *
(•) 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5

Comment: *

When the rotation is 14 days before the end. "Feedback on Hospital based Training" page will be generated.
Please be reminded to fill in and submit your feedback form at the end of each rotation.

Please refer the trainee feedback form traditional page (next slide) and email reminder sample for your reference.

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

Dashboard | Profile | Basic Training

Rotation | Clinical Attachment | Qualification | Structured Edu

What is your opinion of the duty roster?: *
(•) 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5

Comment: *
n/a

How relevant was this training to future practice?: *
(•) 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5

Comment: *
n/a

How was your overall training experience?: *
(•) 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5

Comment: *
n/a

PLEASE NOTE: ONCE feedback is submitted, no changes or d

Cancel

Please give a GRADE to the following questions:
(0 = Very disappointed, 1 = Poor, 2 = Dissatisfactory, 3 = Satisfactory, 4 = Good, 5 = Excellent)

Hospital Based Training:

Training Centre _____
Rotation/Specialty _____
Training Period _____

Q1. How adequate was your exposure? Grade: _____
Comment: _____

Q2. How was your opportunity to learn practical skill? Grade: _____
Comment: _____

Q3. How adequate was the level of supervision? Grade: _____
Comment: _____

Q4. Were you given autonomy in making clinical decision? Grade: _____
Comment: _____

Q5. What is your opinion of the duty roster? Grade: _____
Comment: _____

Q6. How relevant was this training to future practice? Grade: _____
Comment: _____

Q7. How was your overall training experience? Grade: _____
Comment: _____

Official Use:
Code: _____

(Trainee) Feedback on Hospital Based Training traditional page (as left) for your reference.

And the email sample of "Invitation of Rotation Feedback Form Submission" (as below) for your reference.

Reply Reply All Forward IM

HB [redacted]

HKCFP BVTS

Invitation of Rotation Feedback Form Submission

To [redacted]

Dear [redacted]

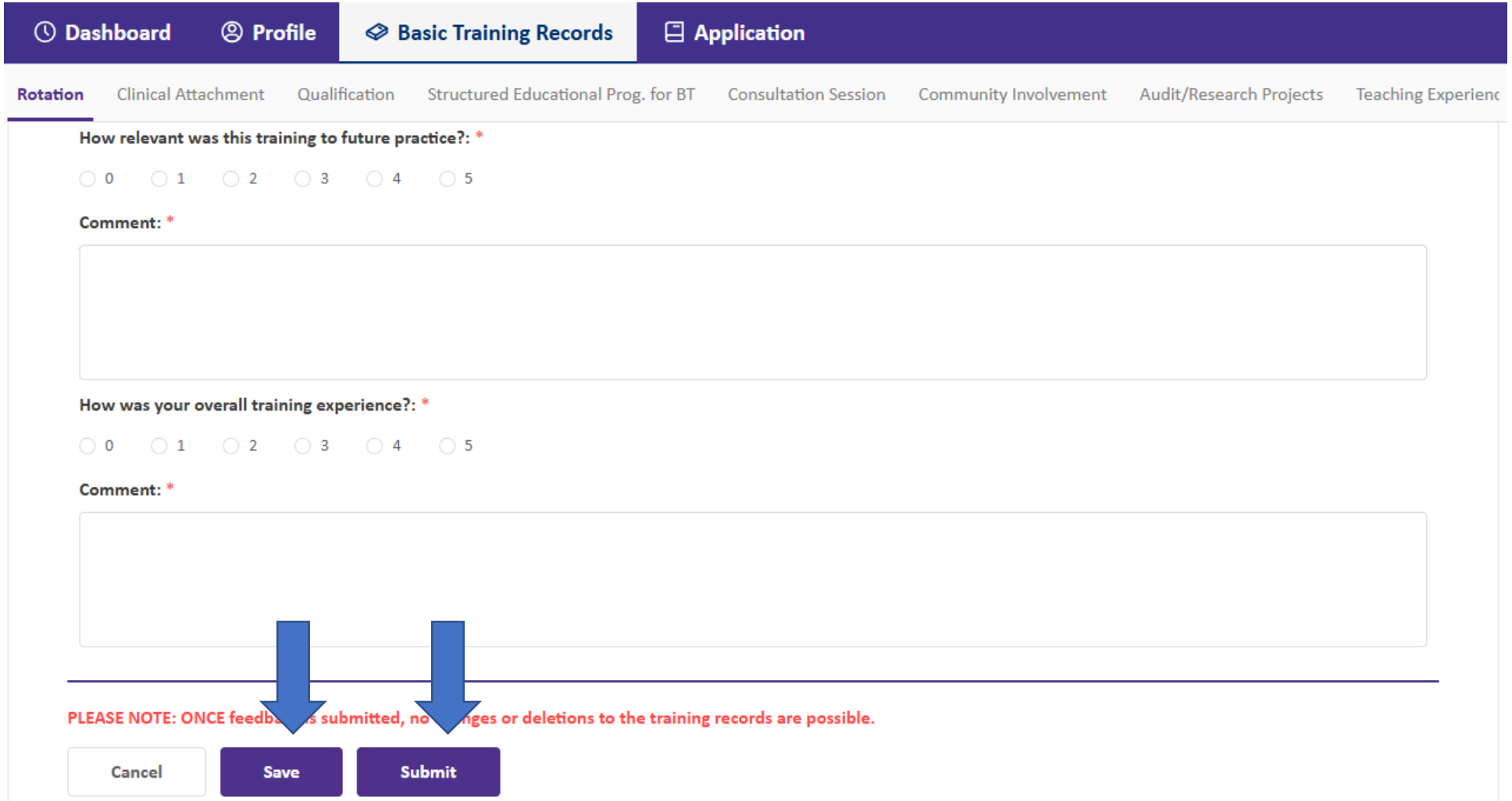
It is a reminder for the rotation feedback form submission.

Period ([redacted]

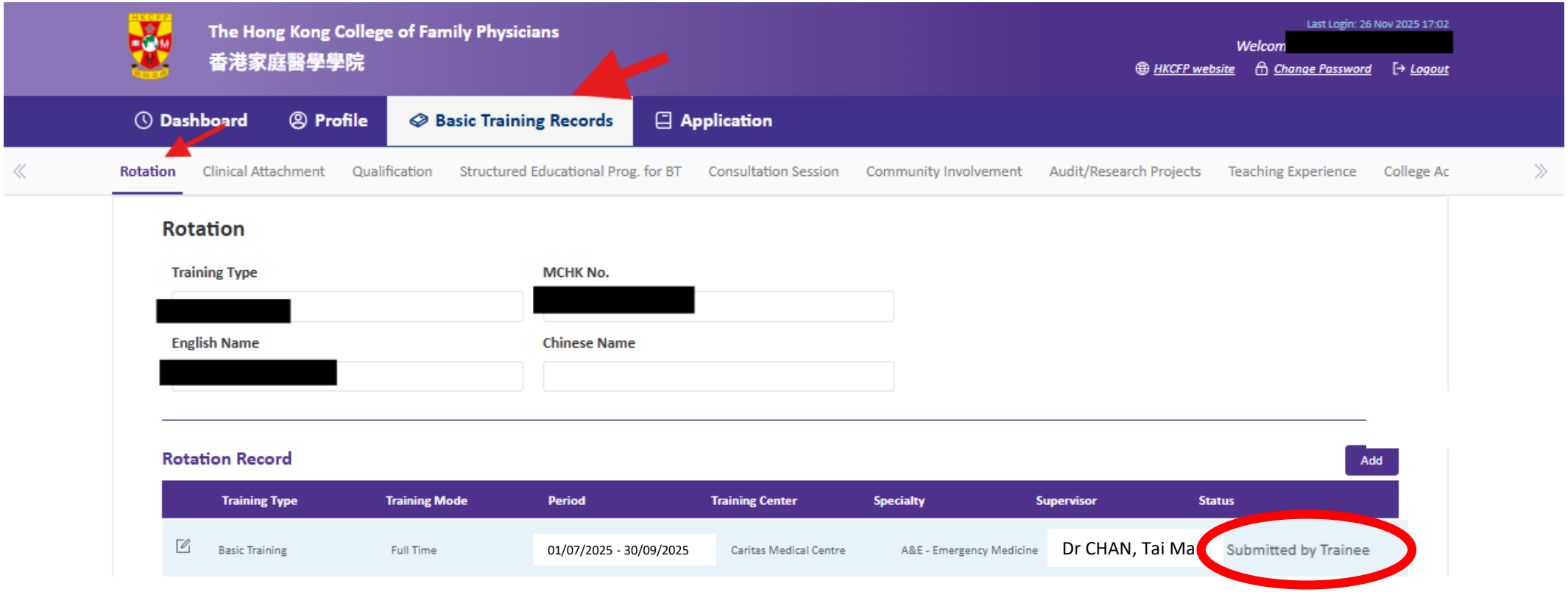
System URL: https://etraining.hkcfp.org.hk

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.

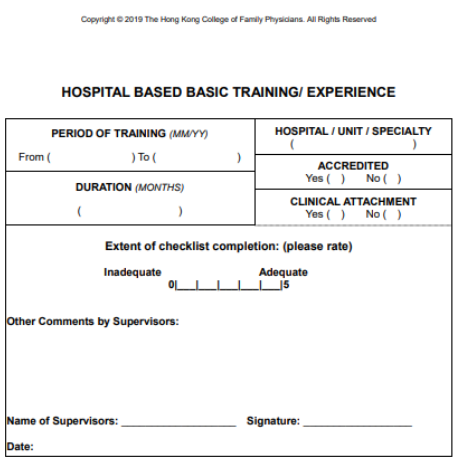


You can save your progress before submitting. Once submitted, the feedback form cannot be edited.



If the supervisor Dr CHAN Tai Man has not yet completed the assessment, the status will show as “Submitted by Trainee”.

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 ( )

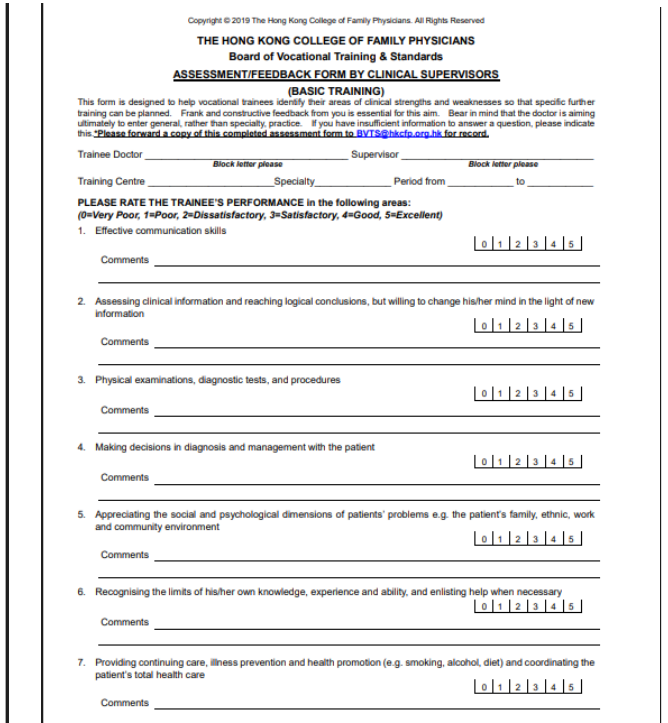
Extent of checklist completion: (please rate)

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)

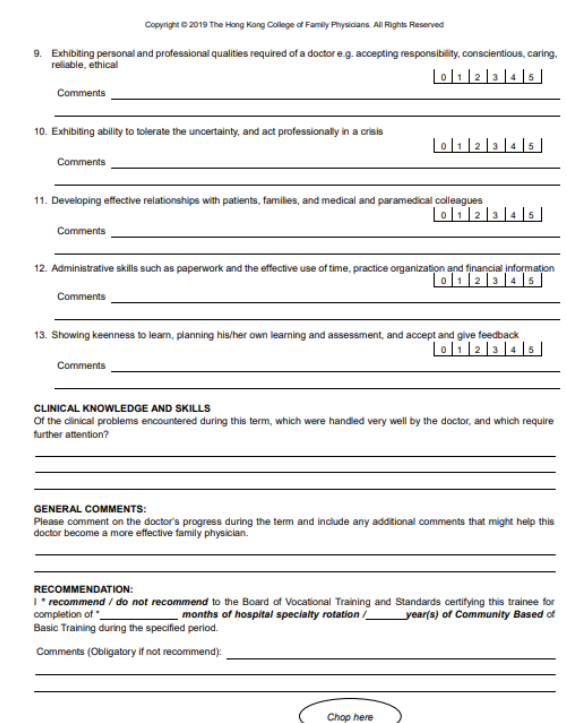
This form is designed to help vocational trainees identify their areas of clinical strengths and weaknesses so that specific further training can be planned. Frank and constructive feedback from you is essential for this aim. Bear in mind that the doctor is aiming ultimately to enter general, rather 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

← Rotation - Dr HKCFP Test Account (M577111)

Detail | Hospital-based Trainee Log Diary | Feedback on Hospital-based Trainin | Assessment Form

When the rotation is 14 days before the end. “Assessment Form” page will be generated.

Your selected supervisor (Dr. CHAN, Tai Man) will receive the email notification 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)

Extent of Checklist Completion: *

( ) 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5

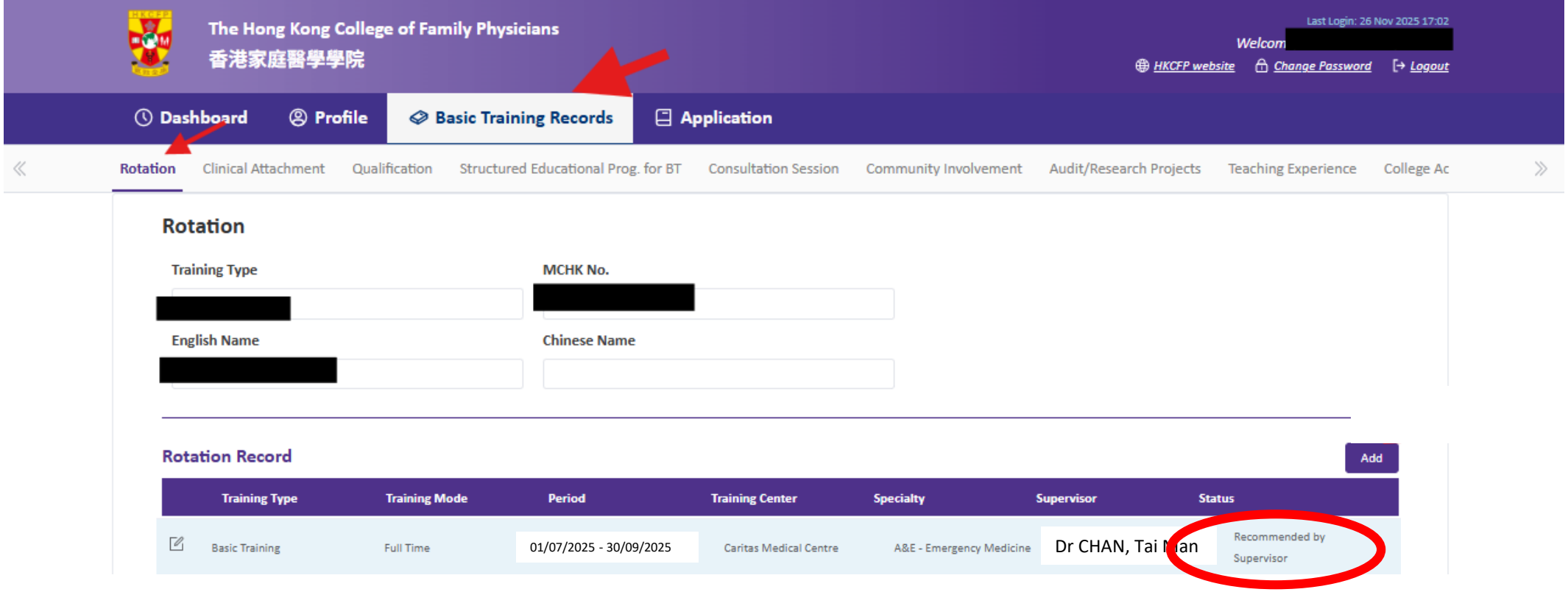
Comment: *

Trainee's Performance

Effective communication skills: *

( ) 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5

Comment: *



Upon supervisor Dr CHAN Tai Man assessment completed, status changes to “Recommended by Supervisor”.

Rotation records

Hospital Based

(end)

Clinical attachment

From 7/2026 onwards

香 港 家 庭 醫 學 學 院
The Hong Kong College of Family Physicians

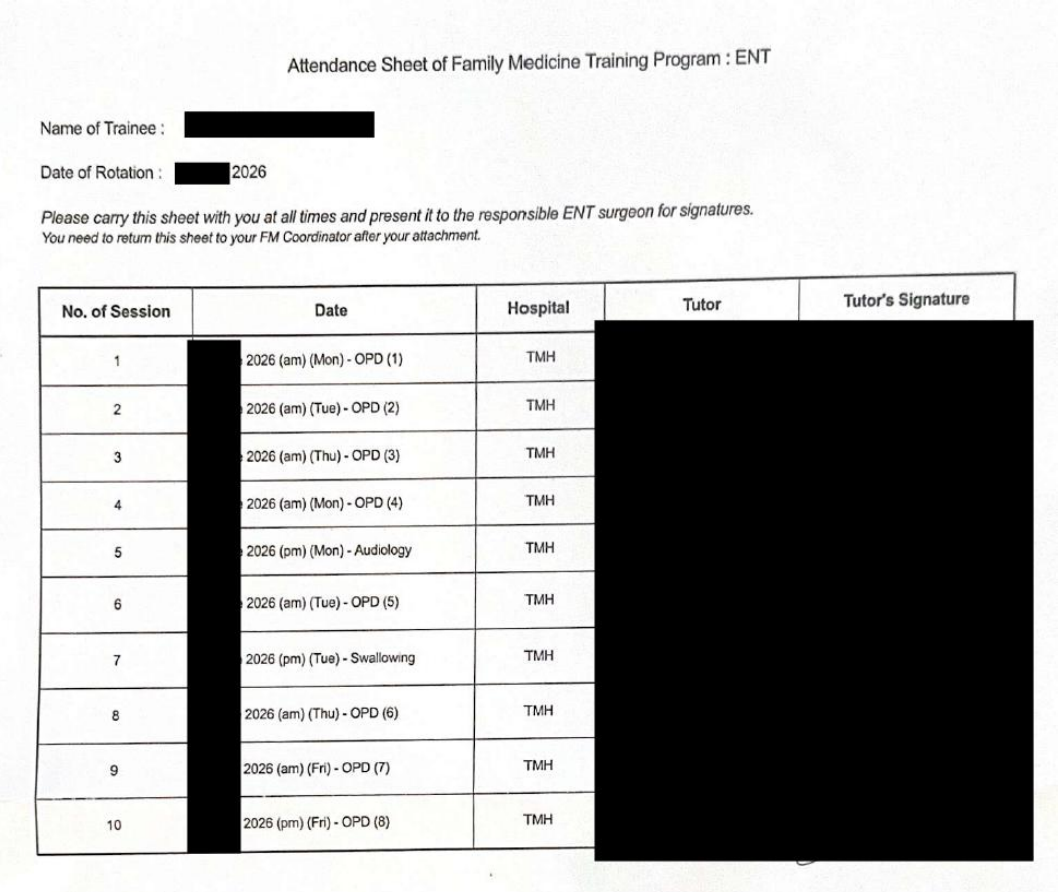
What is Clinical Attachment?

Clinical Attachment would not be compromised in 24-month hospital based training duration.

For example, ENT, EYE would not be counted into 24-month recognized duration for Hospital based training.

(see next slide)

Period	Specialty	Assessment Record	Recognized Duration (Months)
4/2026 – 6/2026	FM	Rotation	3
4/2026	ENT	Clinical attachment	0
7/2026 – 9/2026	A&E	Rotation	3
7-8/2026	EYE	Clinical attachment	0



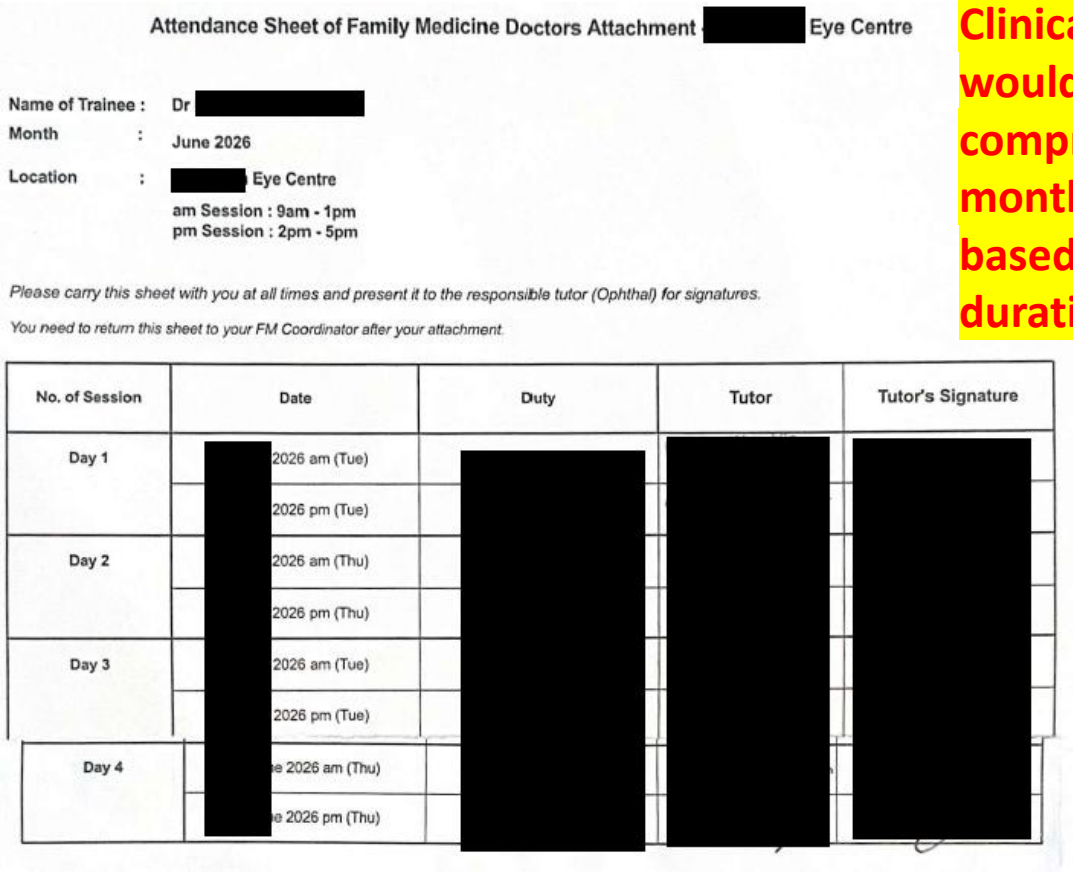
Attendance Sheet of Family Medicine Training Program : ENT

Name of Trainee : [redacted]

Date of Rotation : [redacted] 2026

Please carry this sheet with you at all times and present it to the responsible ENT surgeon for signatures.
You need to return this sheet to your FM Coordinator after your attachment.

No. of Session	Date	Hospital	Tutor	Tutor's Signature
1	[redacted] 2026 (am) (Mon) - OPD (1)	TMH	[redacted]	
2	2026 (am) (Tue) - OPD (2)	TMH		
3	2026 (am) (Thu) - OPD (3)	TMH		
4	2026 (am) (Mon) - OPD (4)	TMH		
5	2026 (pm) (Mon) - Audiology	TMH		
6	2026 (am) (Tue) - OPD (5)	TMH		
7	2026 (pm) (Tue) - Swallowing	TMH		
8	2026 (am) (Thu) - OPD (6)	TMH		
9	2026 (am) (Fri) - OPD (7)	TMH		
10	2026 (pm) (Fri) - OPD (8)	TMH		



Attendance Sheet of Family Medicine Doctors Attachment - [redacted] Eye Centre

Name of Trainee : Dr [redacted]
Month : June 2026
Location : [redacted] Eye Centre
am Session : 9am - 1pm
pm Session : 2pm - 5pm

Please carry this sheet with you at all times and present it to the responsible tutor (Ophthal) for signatures.
You need to return this sheet to your FM Coordinator after your attachment.

No. of Session	Date	Duty	Tutor	Tutor's Signature
Day 1	[redacted] 2026 am (Tue)	[redacted]	[redacted]	[redacted]
	2026 pm (Tue)			
Day 2	2026 am (Thu)			
	2026 pm (Thu)			
Day 3	2026 am (Tue)			
	2026 pm (Tue)			
Day 4	e 2026 am (Thu)			
	e 2026 pm (Thu)			

Clinical Attachment would NOT be compromised in 24-month hospital based training duration.

Traditionally, Clinical attachment share the same generic forms of each Hospital-based Specialty Training rotation. Trainee and supervisor only need to fill in the below 2 pages.

Generic forms of each Hospital-based Specialty Training Rotation

Generic forms of Hospital-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		
2. Extent of checklist completion by **BVTS appointed Clinical Supervisor(s)**		
3. Assessment/Feedback Form by **BVTS appointed Clinical Supervisor(s)** with • official chop • recommendation		
4. Feedback form for Hospital-based Training		

- *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_85.html
  > Basic Training > Feedback on Vocational Training (Hospital 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_85.html
  > Clinical Supervisor > list of Clinical supervisor – sort by Hospital Based

Page 1

HOSPITAL BASED BASIC TRAINING/ EXPERIENCE

PERIOD OF TRAINING (MM/YY)	HOSPITAL / UNIT / SPECIALTY
From ( ) To ( )	( )
	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:

Page 3

Rotation Details

Generic forms of Hospital-based Training

To: BVTS@hkcfp.org.hk

From:

Name of Trainee: _____ **Supervisor:** _____

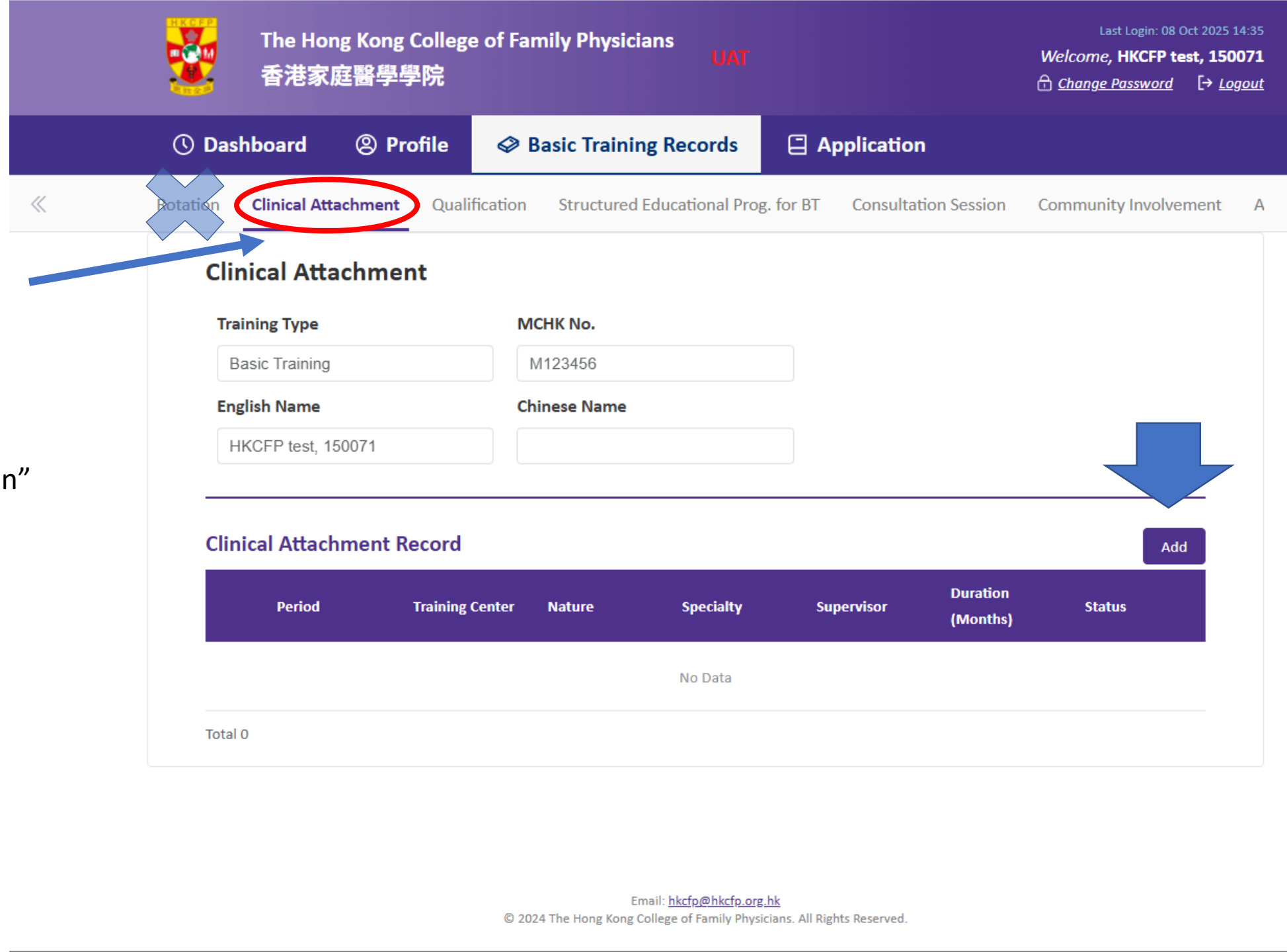
Training Centre: _____ **Specialty:** _____

Training Period: from _____ (mm/yy) to _____(mm/yy)

Clinical Attachment: Yes / No *

Please go to “Basic Training Records” > “Clinical Attachment” > “Add”

Please **DO NOT** go to “Basic Training Records” > “Rotation” > “Add”



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

Last Login: 27 Jul 2026 15:29
[redacted]ee test
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 Activities

Clinical Attachment - Add

Detail

Period *: 01/08/2025 – 31/08/2025

Training Center *: Caritas Medical Centre

Training Center Type: Community Based

Training Center Nature: Others-Undefined

Specialty *: Eye - Ophthalmology

Supervisor *: Dr. WONG, Siu Ming

Duration (Months): 1

Recognized Duration (Months): 1

Status:

Cancel | Submit

For example:

- Period: 01/08/2025 to 31/08/2025
- Training Center: CMC
- Specialty: Eye
- Supervisor: Dr WONG, Siu Ming

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

Email: hkcfp@hkcfp.org.hk

Generic forms of Hospital-based Training

To: BVTS@hkcfp.org.hk

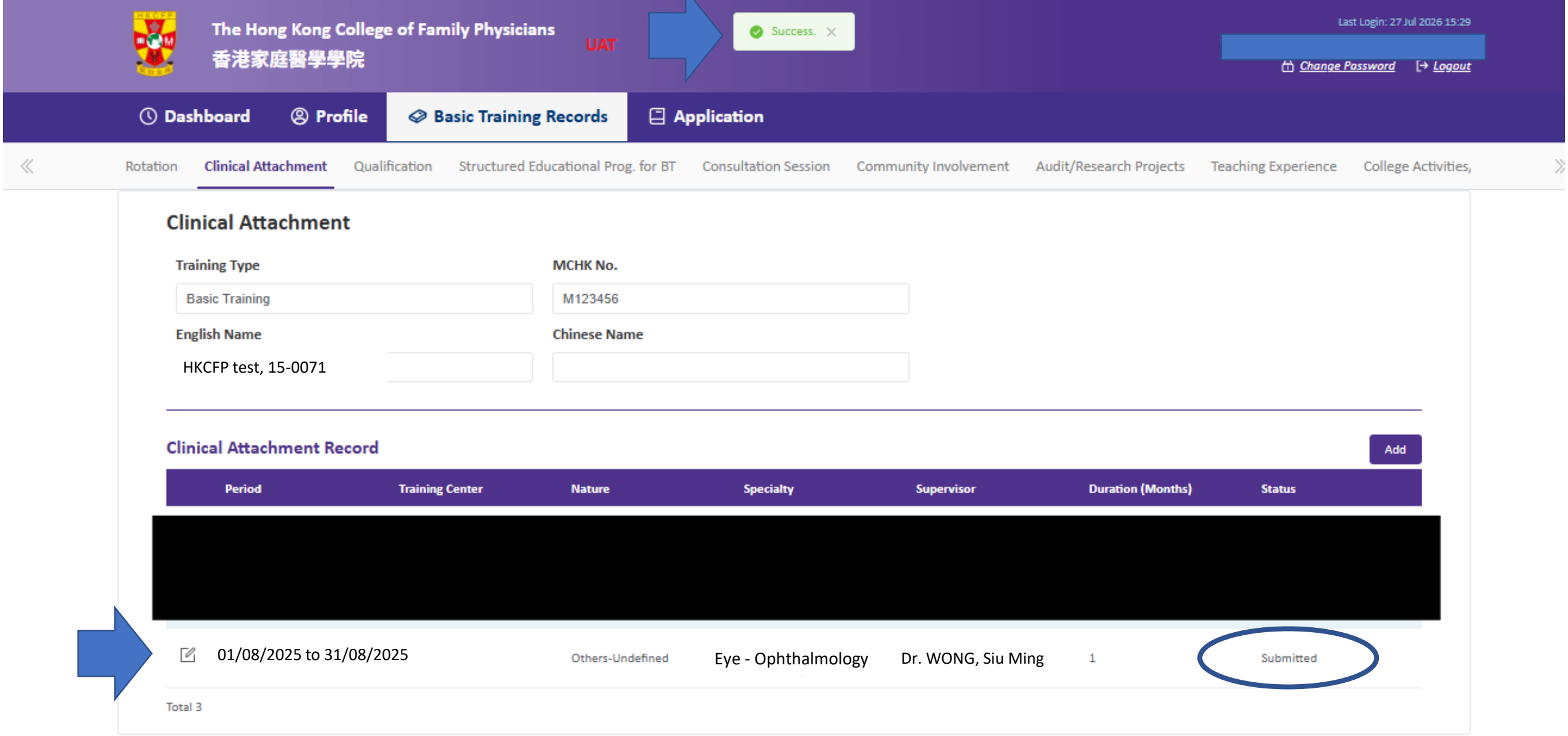
From:

Name of Trainee: _____ Supervisor: _____

Training Centre: _____ Specialty: _____

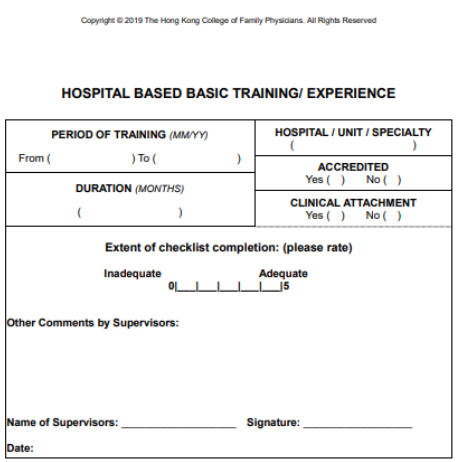
Training Period: from _____ (mm/yy) to _____(mm/yy)

Clinical Attachment: Yes / No *



After “Submit”
The record will be here and the assessment email notification will be sent to Dr. WONG, Siu Ming.

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 ( )

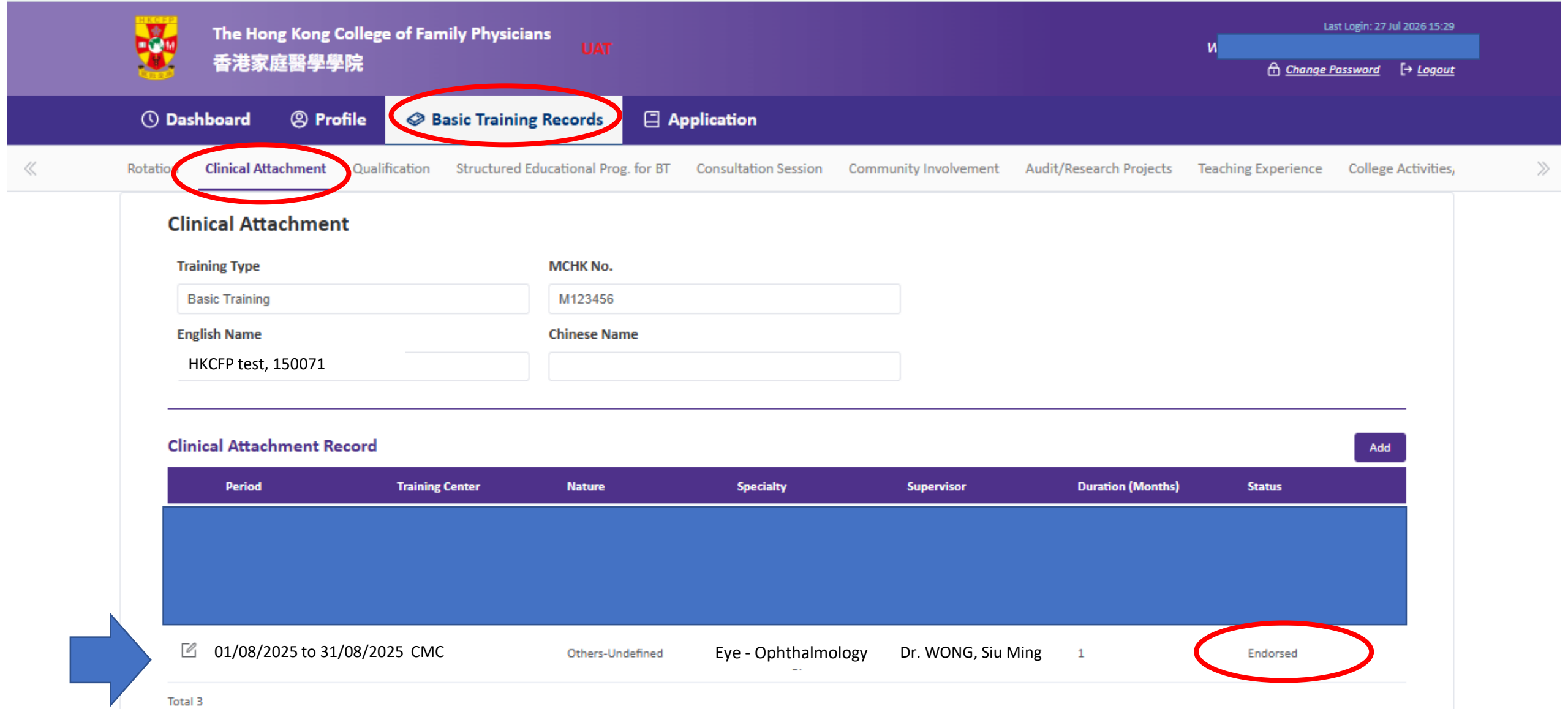
Extent of checklist completion: (please rate)

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

Other Comments by Supervisors:

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

Date:



For clinical attachment records, the status will change to “Endorse” upon supervisor Dr. Wong Siu Ming’s endorsement.

Clinical attachment

(End)

FAQ

What should I do if I am unable to receive the supervisor assessment form?

Please remind your supervisor to log in to the eTraining Platform to complete the assessment.

Since supervisor do not receive further automated reminders or deadline notifications, it is the trainee's responsibility to manage and maintain their own training records.

Once your supervisor successfully completes the assessment, the status will update to “Recommended by supervisor”.

Rotation Record

	Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
✎	Basic Training	Full Time	01/01/2026 to 30/06/2026	[redacted] Family Medicine Clinic	Fam Med - Family Medicine	[redacted]	Recommended by Supervisor

Detail | Community-based Learning Portfolio | Community-based Training Details | Community-based Trainee Log Dairy | Feedback on Community-based Training | **Assessment Form**

Supervisor Assessment Form

Status: Recommended by Supervisor

The Assessment Form would be filled in with grade and comments.

Rotation information

Training Type

(•) Basic Training ( ) Higher Training

Period

01/01/2026 To 30/06/2026

Training Center

[redacted] Family Medicine Clinic

Specialty

Fam Med - Family Medicine

Recognized Duration (Months)

6.0

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

Community Based Basic Training/ Experience: *

( ) 0 ( ) 1 ( ) 2 ( ) 3 (•) 4 ( ) 5

Comment: *

[redacted]

Rotation Record

	Training Type	Training Mode	Period	Training Center	Specialty	Supervisor	Status
✎	Basic Training	Full Time	01/01/2026 to 30/06/2026	[redacted]	Fam Med - Family Medicine	[redacted]	Submitted by Trainee

Detail | Community-based Learning Portfolio | Community-based Training Details | Community-based Trainee Log Dairy | Feedback on Community-based Training | Assessment Form

Supervisor Assessment Form

Rotation information

Training Type

(•) Basic Training ( ) Higher Training

Period

01/01/2026 To 30/06/2026

Training Center

[redacted] Centre

Specialty

Fam Med - Family Medicine

Recognized Duration (Months)

6.0

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

Community Based Basic Training/ Experience: *

( ) 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5

Comment: *

Status: Submitted by Trainee

Assessment Form is blank

When the rotation is 14 days before the end. "Assessment Form" page will be generated.

For this example:
The end date is 30/6/2026.
"Assessment Form" page will be generated on 17/6/2026.

Why can’t I submit my record?

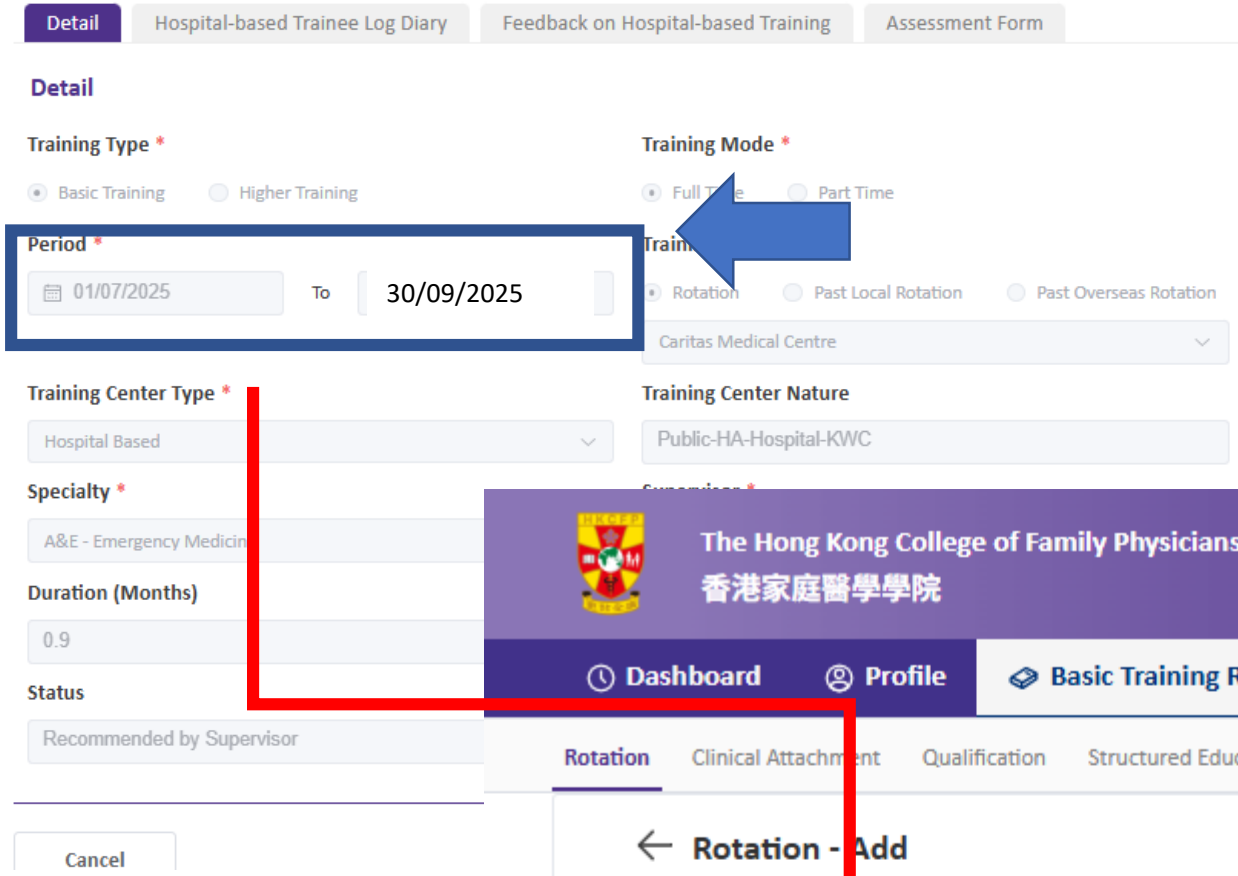
If a training period overlaps, please classify the entry as a 'Clinical Attachment' rather than a 'Rotation’.

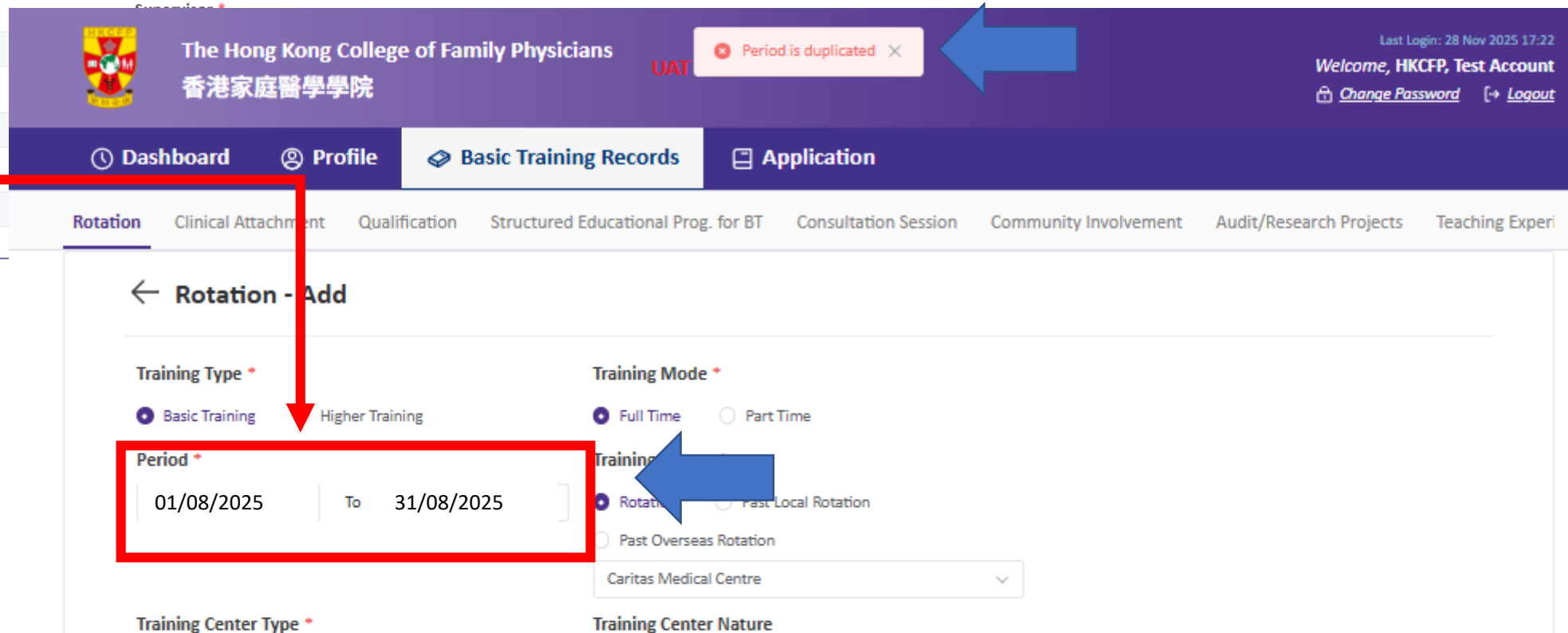
Example:

- Record 1: A&E (7/2025 – 9/2025)
- Record 2: ENT (8/2025)

The system does not allow overlapping dates for Rotation records. For example, if Record 1 is set from 01/07/2025 to 30/09/2025, Record 2 cannot start on 01/08/2025. Because these periods overlap, the system will block the creation of the second record.

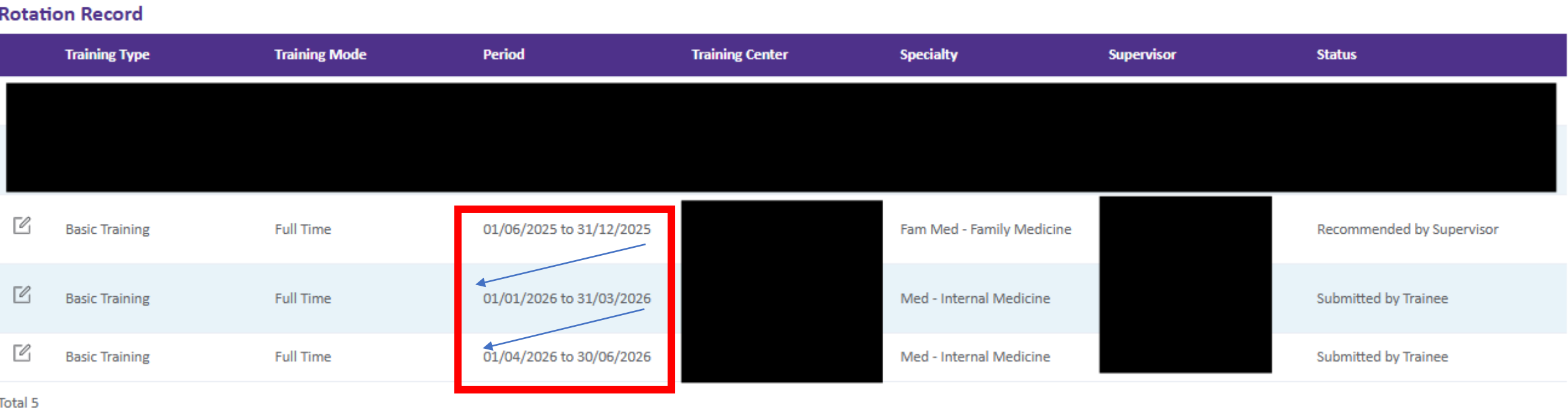
For Record 2, please go to Clinical Attachment for record.





Because the system does not allow overlapping periods, each entry is limited to one rotation.

Please verify that your dates match one of the standard blocks below:
For example:
01/07/2026 – 30/09/2026
01/10/2026 – 31/12/2026
01/01/2027 – 31/03/2027
01/04/2027 – 30/06/2027
01/07/2027 – 31/12/2027



What if a rotation record input is incorrect?

System administrators can amend the following fields after submission:

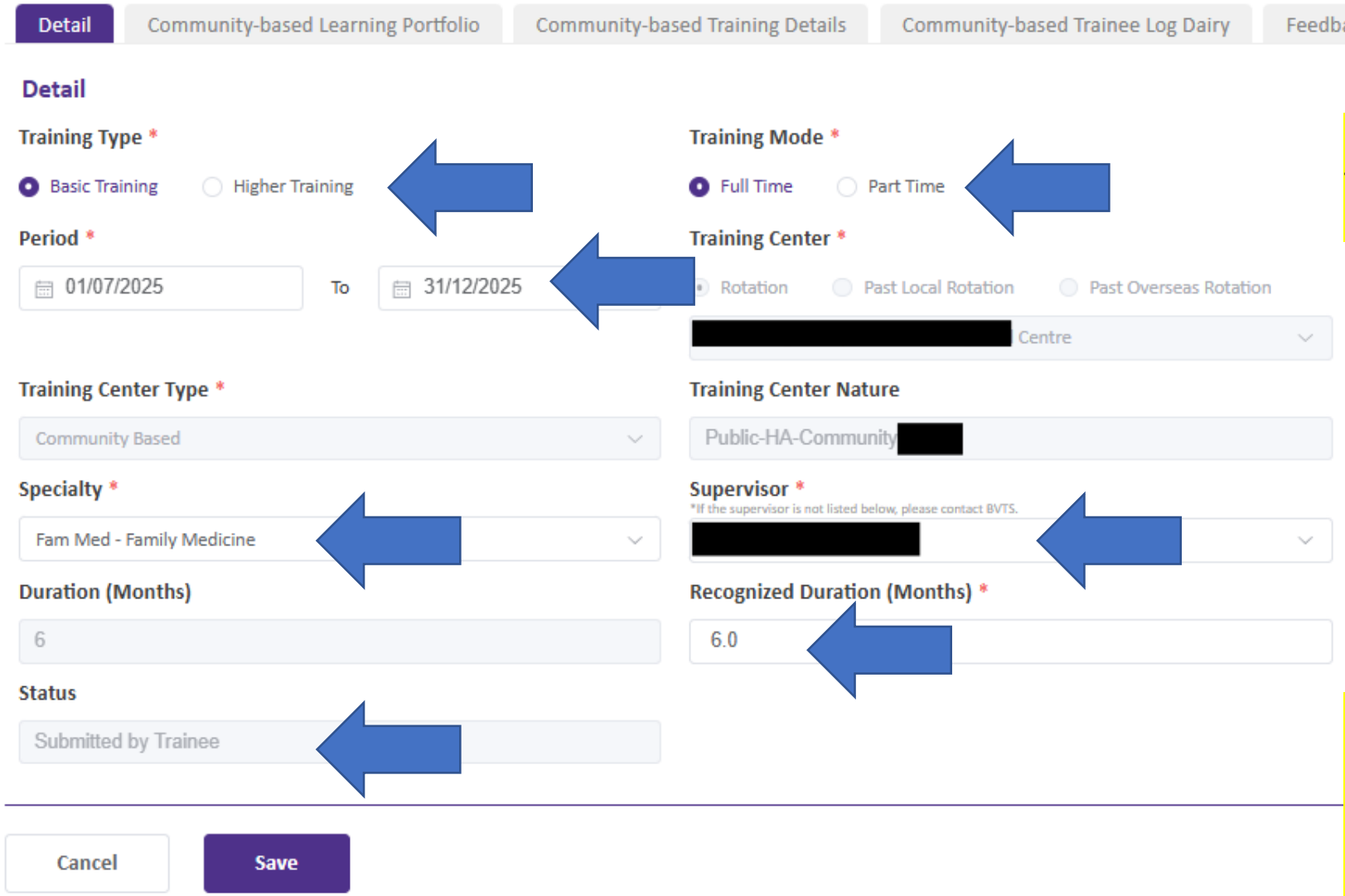
Training Type (Basic Training / Higher Training)

Training Mode (Full Time / Part Time)

Specialty

Supervisors

⚠ **Important Note:** The **Training Center** cannot be changed once submitted. Please double-check and select your Training Center carefully under **Rotation / Past Local Rotation**. Before "Recommended by supervisor", you may consider to request deletion of this record for re-submission.



System administrators can amend the following fields after submission (under status: Submitted by Trainee)

- **Training Type** (Basic Training / Higher Training)
- **Training Mode** (Full Time / Part Time)
- **Period**
- **Specialty**
- **Supervisors**
- **Recognized Duration (months)**

⚠ **Important Note:** The **Training Center** cannot be changed once submitted. Please double-check and select your Training Center carefully under **Rotation / Past Local Rotation**. Before "Recommended by supervisor", you may consider to request deletion of this record for re-submission.

What if I cannot find my supervisor's name on the list?

The supervisor may not yet be officially appointed as a BVTS clinical supervisor. Please contact the BVTS Secretariat for verification, or select another appointed supervisor to conduct your assessment.

Thank you