

Hong Kong College of Physicians

(Incorporated in Hong Kong with limited liability)

Higher Physician Training Trainee Registry (updated on 2 December 2025)

Instructions for entry

- (i) Read carefully before completing this form. All items must be completed before acceptance into Registry.
- (ii) All HPT trainees must submit this HPT application form within three months from the date of BPT completion letter for registration of the first/dual specialty training. Delay on submission of the HPT application form will result in postponement of HPT commencement date as well as a surcharge of HK\$2,000.00 per year (or part of a year).
- (iii) The completed form should be sent to HKCP at Room 603, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong, for onward processing.
- (iv) The respective Specialty Boards will send welcome letters to HPT trainees should their applications be approved.

Special notes on specific items**

14 Rank

Hospital Authority Staff: MO (Medical Officer), RES (Resident), SMO (Senior Medical Officer)
AC (Associate Consultant).

University Staff: Asso P (Associate Professor), Assist P (Assistant Professor).

17-21 Enter dates on relevant certificates.

18 Date of 1st MO appointment

Enter date of first MO (Medical Officer) or Asso P (Associate Professor) or SHO (Senior House Officer) or Res (Resident) appointment. This date should NOT indicate appointment as intern.

19 Date of full registration

Enter exact date on recognised registration certificate issued by the Hong Kong Medical Council or General Medical Council.

20 Higher qualifications

IEC Intermediate Examination Certificate, Hong Kong College of Physicians

MRCP Membership of the Royal College of Physicians (UK, Lond, Edin, Glasg)

22 **Date started Higher Physician Training**

To be completed only by trainees with three years of basic physician training as defined by *JCMT Guidelines, July 1993 P.13 (III) Structure*, and who posses IEC/MRCP/equivalent.

23 **Higher specialty proposed**

To be completed only by trainees with three years of basic physician training as defined by *JCIMT Guidelines, July 1993 p13 (III) Structure*, and who possess IEC/MRCP/equivalent.

- 1st **IM (Internal Medicine)**
 2nd-4th Any one of the following:
Card (Cardiology)
CCM (Critical Care Medicine)
ClinPharm (Clinical Pharmacology & Therapeutic)
Derm&Ven (Dermatology and Venereology)
End/DM/Metab (Endocrinology / Diabetes / Metabolism)
Geri (Geriatric Medicine)
G & G (Genetics and Genomics [Medicine]) [as third specialty or beyond]
GI&Hep (Gastroenterology and Hepatology)
Haem/Onc (Haematology and Haematological Oncology)
Immun & Aller (Immunology and Allergy)
InfDis (Infectious Disease)
MedOnco (Medical Oncology)
Nephro (Nephrology)
Neuro (Neurology)
PalliMed (Palliative Medicine)
RehabMed (Rehabilitation Medicine)
RespMed (Respiratory Medicine)
Rheum (Rheumatology)

24 **Training record (*Please list the training in chronological order and up till now*)**

Training Type (as defined by *JCIMT Guidelines, July 1993, p 13 (III) Structure*)

- AM Acute medicine
 NAM Non-acute medicine
 OS Other specialties related to Internal Medicine, including
 A&E (Accident & Emergency) except for rotation of Basic Physician Trainees to A&E after
 01 Jan 2000; from 1 January 2004 onward accredited for 6 months
 Anae (Anaesthesia)
 ClinPath (Clinical Pathology)
 Paed (Paediatrics)
 OPD (Primary Care, **excludes** Maternal & Child Health); from 1 July 2007 was not accredited
 Psy (Psychiatry)
 Rad (Radiology)
 HPT Higher Physician training

Duration

Exact number of days is **only** required for programmes commencing after the first day of the month.

Supervisor

Enter name of Chief of Service (COS) or Department Head.

25 **E-Mail Address**

The College wishes to communicate with trainees via e-mail
 Please provide your e-mail address

27 **Endorsement**

The trainee is required to have discussed and prepared a preliminary training programme with his/her trainer for the year registered. Subsequent to the initial registration, a detailed evaluation of the programme will then be performed by the relevant Specialty Board, which has the power to endorse, revise or reject the programme.

The respective Chief-of-Service and the respective Specialty Programme Director (through the trainer) should be informed of the trainee's intentions, and all three should sign this form in endorsement of the proposed training programme.

28 **Cheque in payment of the Registration Fee must be enclosed as specified or copy of the pay-in-slip must be emailed or mailed.**

HONG KONG COLLEGE OF PHYSICIANS
 TRAINEE REGISTRY: Application for Higher Physician Training (HPT)

1	Title			3	Firstname	
2	Surname					
4	Chinese Name Code (as on ID card)			5	Sex*	M/F
6	ID Number			7	Date of Birth	D-----M-----Y-----
8	Home Address					
9	Home Telephone			10	Pager	
11	Hospital			12	Region*	HK/Kowloon/NT
13	Unit			14	Rank**	

15	Primary medical qualification			16	University	
				17	Acquired on	D-----M-----Y-----
18	Date of 1st MO posting*	D---M---Y---		19	Date of full registration**	D-----M-----Y-----
20	Higher qualification*	IEC/MRCP/equivalent** (specify: _____)				
21	Acquired on	D---M---Y---		22	Date started Higher Physician Training**	D-----M-----Y-----

23	1st Higher specialty**	2nd Higher specialty**	3rd Higher specialty**	4th Higher specialty**

24	Training Type**	Hospital**	Unit	Period from D M Y	Period to D M Y	Duration Mths Days	Supervisor**
24.1	AM/NAM/OS/HPT*						
24.2	AM/NAM/OS/HPT*						
24.3	AM/NAM/OS/HPT*						
24.4	AM/NAM/OS/HPT*						
24.5	AM/NAM/OS/HPT*						
24.6	AM/NAM/OS/HPT*						
24.7	AM/NAM/OS/HPT*						
24.8	AM/NAM/OS/HPT*						
24.9	AM/NAM/OS/HPT*						
24.10	AM/NAM/OS/HPT*						
24.11	AM/NAM/OS/HPT*						
24.12	AM/NAM/OS/HPT*						
24.13	AM/NAM/OS/HPT*						
24.14	AM/NAM/OS/HPT*						

* delete as appropriate

** see accompanying instructions

Sections 25, 26, 27 & 28 must be completed before a trainee can be registered for Higher Physician Training.

25 E-MAIL ADDRESS: _____

26 HA Corp ID _____ (as requested by HA for opening account for Self-Learning Tool for HA staff)

27 The following proposed training programme(s) (preliminary) is/are¹ endorsed.

Year 1 _____

Year 2 _____

Year 3 _____

Year 4 _____

Year 5 _____

Year 6 _____

	Name & Signature	Date	Remarks
COS			
Proposed Trainer	1 st specialty.		
	2 nd specialty.		
	3 rd specialty.		
	4 th specialty.		
Specialty Programme Director in	1 st specialty.		
	2 nd specialty.		
	3 rd specialty.		
	4 th specialty.		

28 A cheque in the sum of HK\$6,000.00 is enclosed as Registration Fee for the entire HPT period. With effect from 1 July 2008, all new HPT trainees will be charged HK\$6,000.00 for the training period required for two concurrently trained specialties. An additional charge of HK\$4,000.00 will be levied on further HPT training in every specialty thereafter. I understand that this fee will be returned if, after evaluation, my training programme is rejected by the relevant Specialty Board.

Bank _____

Cheque No _____

Or you can bank in the registration fee of **HK\$6000.00 (for first two specialties) or HK\$4000 (for further HPT training in every specialty thereafter)** to the following bank account of the College:

Account name: Hong Kong College of Physicians

Account number: 262-165228-001

Bank name: Hang Seng Bank

It is important that you mail or email a copy of the pay-in slip with your name written on it to elaineleung@hkcp.org. Otherwise the secretariat would not be able to identify the payer.

Authorisation for Release of Information

I hereby CONSENT to the release of any and all relevant information in any means pertaining to my personal data, training, experience, or professional competence to the Medical Council of Hong Kong, Hong Kong Academy of Medicine, Royal Colleges of Physicians in the U.K. or any Physician College/Academy outside Hong Kong, when deemed necessary for training and accreditation purposes.

I hereby CONSENT to the release of any and all information in any means pertaining to the results of HKCP Intermediate Examination and HKCP Exit Assessment to the Hospital Authority (HA) and relevant staff of HA on a need to know basis.

I hereby RELEASE from any and all liabilities of Hong Kong College of Physicians and any and all individuals and organisations or their authorised staff or representatives who provide this information in good faith and without malice subject to this consent.

I hereby RELEASE from any and all liabilities of Hong Kong College of Physicians and its authorised officers, staff, individuals, or representatives for their acts performed in good faith and without malice in connection with the evaluation, assessment, and decisions in relation to my application(s) for accreditation and recognition of credentials and qualifications.

Applicant's Signature _____ Date _____