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

Annual checking

Go green from 2025

19/12/2025

(for trainee)

No paper form from 2025, no longer necessary to submit the paper annual checklist by mailing the original to the College office

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CHECKLIST FOR ANNUAL CHECKING OF TRAINING LOGBOOK

(For Basic Training)

Name of trainee: _____ Status of basic training: H1 / H2 / C1 / C2 / Part Time

Cluster HKE / HKW / KE / KC / KW / NTE / NTW / DH / Private Centre

Name(s) of Supervisor(s) for the year (please print): _____

_____

☐ Training Period: from *(dd/mm/yy)* _____ to _____

Checking items and content	Yes	No	N/A
Hospital based training: -			
1. Submission of up-to-date clinical supervisor feedback form to College			
2. Update and verify the checklist on logbook			
3. Update and verify the training rotation on logbook			
Community based training: -			
1. Submission of up-to-date clinical supervisor feedback form to College			
2. Update and verify the checklist on logbook			
3. Update and verify the training rotation on logbook			
4. Update and verify the trainee log diary (mandatory)			
5. Review of sit-in consultation by clinical supervisor (mandatory)			
6. Review of video-taped consultation by clinical supervisor (mandatory)			
7. Listing of 300 patients seen (for trainees completing 4th year)			
8. List of Training Centre(s): 1)			
2)			
3)			
Structured Educational Programme: -			
1. Pre-approved by BVTS			
2. Update the schedule and list the topics in each 14 modules			
3. Regular attendance and verified by course organizer or moderator			
Record of clinical supervisor(s)'s feedback			
Learning portfolio fulfilled			
Completion of following attachments/ rotations during basic training: -			
Psychiatry			
Emergency Medicine (A&E)			
Ophthalmology			
Otorhinolaryngology (ENT)			
Dermatology			
Orthopedics (O&T)			

Future Training Plan (Coming Year): -

Training Centre	Specialty	Period (mm/yy – mm/yy)

Check by authorized person: _____ Signature: _____

(BLOCK LETTER PLEASE)

Contact Telephone No: _____ Date: _____

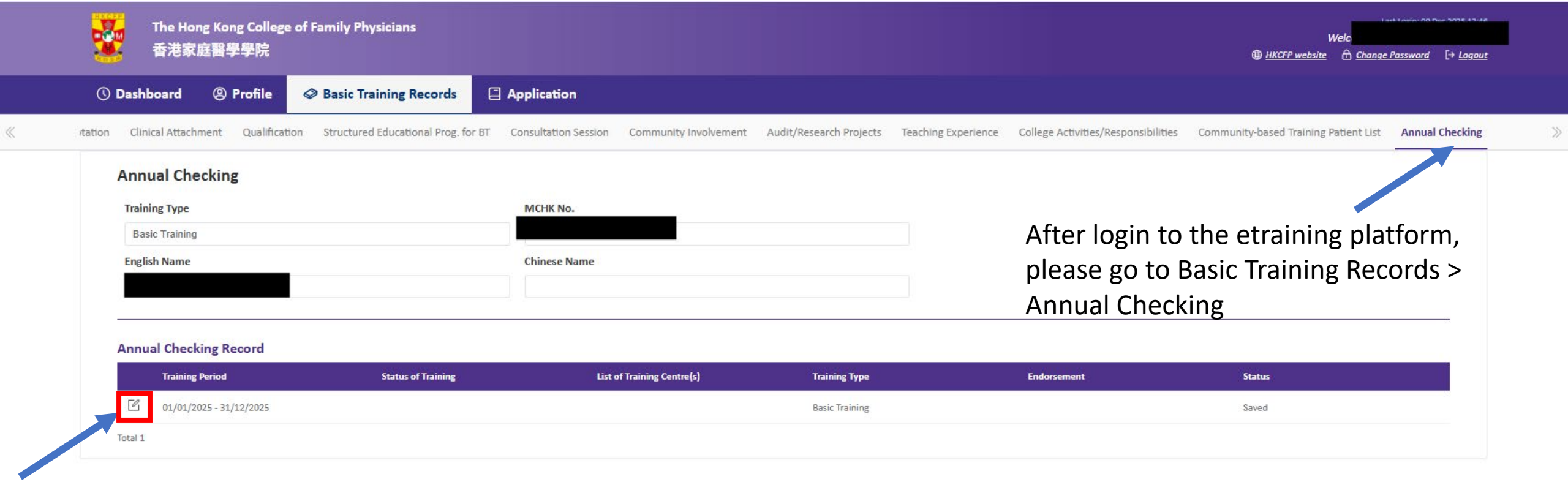
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For before 7/2025 enrolled BT (2024,2023,2022)

- Use physical logbook checking
- Use eTraining platform to submit the e-Annual checklist

For 7/2025 enrolled BT

- use eTraining Platform to input record or upload standardized forms
- Use eTraining platform submit the e-Annual Checklist



After login to the etraining platform, please go to Basic Training Records > Annual Checking

Please click this icon

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Welcom [redacted]

HKCFP website | Change Password | Logout

Dashboard | Profile | Basic Training Records | Application

itation | Clinical Attachment | Qualification | Structured Educational Prog. for BT | Consultation Session | Community Involvement | Audit/Research Projects | Teaching Experience | College Activities/Responsibilities | Community-based Training Patient List | Annual Checking

Annual Checking - [redacted]

Basic Training Annual Checking Form

Trainee [redacted]

Training Type: Basic Training

Status of Training *

○ H1 ○ H2 ○ C1 ○ C2 ○ Part Time

Training Period: 01/01/2025 To 31/12/2025

List of Training Center(s) & Supervisor(s)

Training Center	Supervisor
No Data	

Noting no data in 2025, you can ignore it.

Hospital based training

Submission of up-to-date clinical supervisor feedback form to College: *

○ Yes ○ No ○ N/A

Update and verify the checklist on logbook: *

○ Yes ○ No ○ N/A

Update and verify the training rotation on logbook: *

○ Yes ○ No ○ N/A

Please answer all the questions with *

Community based training

Submission of up-to-date clinical supervisor feedback form to College: *

○ Yes ○ No ○ N/A

Update and verify the training rotation on logbook: *

Yes No N/A

Community based training

Please answer all the questions with *

Submission of up-to-date clinical supervisor feedback form to College: *

Yes No N/A

Update and verify the checklist on logbook: *

Yes No N/A

Update and verify the training rotation on logbook: *

Yes No N/A

Update and verify the trainee log diary (mandatory): *

Yes No N/A

Review of sit-in consultation by clinical supervisor (mandatory): *

Yes No N/A

Review of video-taped consultation by clinical supervisor (mandatory): *

Yes No N/A

Listing of 300 patients seen (for trainees completing 4th year): *

Yes No N/A

Structured Educational Programme

Pre-approved by BVTS: *

Yes No N/A

Update the schedule and list the topics in each 14 modules: *

Review of video-taped consultation by clinical supervisor (mandatory): *

Yes No N/A

Listing of 300 patients seen (for trainees completing 4th year): *

Yes No N/A

Structured Educational Programme

Please answer all the questions with *

Pre-approved by BVTS: *

Yes No N/A

Update the schedule and list the topics in each 14 modules: *

Yes No N/A

Regular attendance and verified by course organizer or moderator: *

Yes No N/A

Record of clinical supervisor(s)'s feedback: *

Yes No N/A

Learning portfolio fulfilled: *

Yes No N/A

Completion of following attachments/ rotations during basic training

Psychiatry: *

Yes No N/A

Emergency Medicine (A&E): *

Yes No N/A

Yes No N/A

Learning portfolio fulfilled: *

Yes No N/A

Completion of following attachments/ rotations during basic training

Please answer all the questions with *

Psychiatry: *

Yes No N/A

Emergency Medicine (A&E): *

Yes No N/A

Ophthalmology: *

Yes No N/A

Otorhinolaryngology (ENT): *

Yes No N/A

Dermatology: *

Yes No N/A

Orthopedics (O&T): *

Yes No N/A

Future Training Plan (coming year)

Add

Training Center	Specialty	Training Period (month/year)
No Data		

Yes No N/A

Otorhinolaryngology (ENT): *

Yes No N/A

Dermatology: *

Yes No N/A

Orthopedics (O&T): *

Yes No N/A

Please add your 2026 training plan

Future Training Plan (coming year)

Add

Training Center	Specialty	Training Period (month/year)
No Data		

Endorsement *

COS/Training Coordinator Supervisor

Nature *

Others-Undefined

Status

Saved

Cancel Save Submit

Basic Application Form - Training History

Training Center *

-- Please select --

Specialty *

-- Please select --

Training Period (month/year) *

From Date To To Date

Cancel Submit

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nt | Qualification | Structured Educational Prog. for BT | Consultation Session | Community Involvement | Audit/Research Projects | Teaching Experience | College Activities/Responsibilities | Community-based Training Patient List | **Annual Checking**

Yes No N/A

Otorhinolaryngology (ENT): *

Yes No N/A

Dermatology: *

Yes No N/A

Orthopedics (O&T): *

Yes No N/A

Future Training Plan (coming year)

Add

Training Center	Specialty	Training Period (month/year)
	No Data	

For endorsement

Endorsement *

COS/Training Coordinator Supervisor

Please select your training coordinator
Under Public - HA – Community – "Cluster"
Or
any FM supervisor on list

Nature *

COS/Training Coordinator *

Status

Saved

Click "submit "

Cancel | Save | Submit

DO NOT select your COS

After submit, no further edit on your selection, please carefully check the logbook with your supervisor before submit.

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Warning!

- After submit, no further edit on your selection. Please carefully check the logbook with your supervisor before submit.

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

Email: BVTS@hkcfp.org.hk

Tel: 2871 8899