



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

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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
<b>Hospital based training: -</b>			
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			
<b>Community based training: -</b>			
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 4 <sup>th</sup> year)			
8. List of Training Centre(s):			
1)			
2)			
3)			
<b>Structured Educational Programme: -</b>			
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			
<b>Completion of following attachments/ rotations during basic training: -</b>			
Psychiatry			
Emergency Medicine (A&E)			
Ophthalmology			
Otorhinolaryngology (ENT)			
Dermatology			
Orthopedics (O&T)			

**Future Training Plan (Coming Year):**

Training Centre	Specialty	Period (Month/Year – Month/Year)

Check by authorized person: \_\_\_\_\_  
(BLOCK LETTER PLEASE)

Signature: \_\_\_\_\_

Contact Telephone No: \_\_\_\_\_

Date: \_\_\_\_\_