



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)



	as of Dec 2025	Basic Trainee			
	enrolled Year: Involved BT:	2025 (year 1)	2024 (year 2)	2023 (year 3)	2022 (year 4)
Elogbook function:	Annual checklist 2025	Yes	Yes	Yes	Yes
	SEP record (2022 onwards)	Yes	Yes	Yes	Yes
	Hospital rotation (by upload paper forms)	Yes	No	No	No
	Clinical attachment	No	No	No	No
	Community rotation from 7/2025 onwards*	Yes	Yes	Yes	Yes
		Year 1: must use e-logbook for completion	Year 2 to year 4: keep using physical logbook for completion, they can print out the e-form from training platform		

As of Dec 2025, the use of eLogbook function will be gradually announced, please stay tuned.



	as of Dec 2025	Basic Trainee			
	enrolled Year: Involved BT:	2025 (year 1)	2024 (year 2)	2023 (year 3)	2022 (year 4)
Elogbook function:	Annual checklist 2025	Yes	Yes	Yes	Yes
	SEP record (2022 onwards)	Yes	Yes	Yes	Yes
	Hospital rotation (by upload paper forms)	Yes	No	No	No
	Clinical attachment	No	No	No	No
	Community rotation from 7/2025 onwards*	Yes	Yes	Yes	Yes
		Year 1: must use e-logbook for completion	Year 2 to year 4: keep using physical logbook for completion, they can print out the e-form from training platform		

For SEP record, no need to write in paper form and signed by supervisor,
please wait for the College update and can download the record, thank you!

Navigation tabs: Personal Particulars, Rotation, Clinical Attachment, Qualification, **Structured Educational Prog. for BT**, Consultation Session, Community Invo

Trainee Profile

Buttons: Deferral, Termination

Status: Active (dropdown), History

Member ID, Training Type *

Export buttons: **Export Structured Educational Prog. Summary**, Export Training Summary, Export Training Logbook



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 4 th year)			
8. List of Training Centre(s):	<div>1) _____</div> <div>2) _____</div> <div>3) _____</div>		
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: _____

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



**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



Annual Checking

Training Type	MCHK No.
<input type="text" value="Basic Training"/>	<input type="text" value="[redacted]"/>
English Name	Chinese Name
<input type="text" value="[redacted]"/>	<input type="text"/>

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

Annual Checking Record

Training Period	Status of Training	List of Training Centre(s)	Training Type	Endorsement	Status
<input checked="" type="checkbox"/> 01/01/2025 - 31/12/2025			Basic Training		Saved

Total 1

Please click this icon



← 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

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: *

Please answer all the questions with *

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: *

☐ 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

Please answer all the questions with *

☐ 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

Ophthalmology: *

☐ Yes ☐ No ☐ N/A

Otorhinolaryngology (ENT): *

☐ Yes ☐ No ☐ N/A

Dermatology: *

☐ Yes ☐ No ☐ N/A

Orthopedics (O&T): *

☐ Yes ☐ No ☐ N/A

Please answer all the questions with *

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

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

Endorsement *

☒ COS/Training Coordinator

☐ Supervisor

Nature *

COS/Training Coordinator *

Status

Saved

Cancel

Save

Submit

For endorsement

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

Click “submit “

DO NOT select your COS

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



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