

# JRCPTB

JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD

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## GERIATRIC MEDICINE PENULTIMATE YEAR ASSESSMENT REPORT To be submitted by a representative of the SAC

*This one page summary should be completed along with the attached report and returned to the JRCPTB office. Please ensure that all comments made in this report are discussed with the trainee and trainers at the time of the PYA.*

**Trainee's Full Name:** \_\_\_\_\_

**Deanery:** \_\_\_\_\_

**NTN/VTN No (if known):** \_\_\_\_\_

**Date of PYA:** \_\_\_\_\_

### SUMMARY

Having inspected the Trainers' reports and the training record account for the penultimate year, I recommend that Dr \_\_\_\_\_

**A) Is allowed into the final year of the programme and subject of a satisfactory final review, is given a provisional CCT date of \_\_\_\_\_  
(RITA Form C)**

**B) Must remedy the identified defects with targeted training  
(stage 1 of additional training – RITA Form D)**

**C) Is required to have repeat experience and training  
(stage 2 of intensified supervision / repeat experience – RITA Form E)**

**Report submitted by** \_\_\_\_\_

**Please print name** \_\_\_\_\_  
**On behalf of the SAC in Geriatric Medicine**

**Date** \_\_\_\_\_

**Trainers Report & Training Record**

1. Have reports from clinical supervisors/tutors have been received and reviewed? **Yes / No**
2. Are they satisfactory? **Yes / No**  
If not, comment below on perceived deficiencies

3. Has the training record been satisfactorily completed? **Yes / No**

4. Have the mandatory curricular objectives been met:
- Two full years or part time equivalent in approved training posts in Geriatric Medicine with experience in
    - Acute medical care
    - Rehabilitation
    - Day hospital
    - Out patient work
    - Continuing care
    - Hospital consultations
    - Home visits and community/intermediate care
    - Respite
    - Psychiatry of old age
    - Palliative Care
    - Orthogeriatrics/Osteoporosis
    - Falls/Syncope
    - Continence
    - Stroke (Acute/Rehabilitation/Neurovascular Investigation)
    - Movement Disorders

**Yes / No**

If not, comment below

5. Have the 4 recommended Mini-CEXs per year been completed satisfactorily? **Yes / No**

**Time-Keeping & Absences**

6. Have there been significant periods of absence for sick leave or maternity leave? **Yes / No**

If yes, give details.....

7. Is the trainee effective as a time-keeper? **Yes / No**

If no, give details.....

### **Communication**

8. Has the trainee had satisfactory reports on communication?  
With patients? **Yes / No**  
With staff? **Yes / No**  
With colleagues? **Yes / No**

If no, give details.....

9. Has the trainee had a Multi Source feedback assessment? **Yes/No**  
Were there any concerns? **Yes/No**

If yes, give details.....

### **Research & Audit**

10. Has the trainee taken part in research:  
• Literature reviews? **Yes / No**  
• Research methodology course? **Yes / No**  
• Original research? **Yes / No**  
• Presentations? **Yes / No**  
    a. National meetings  
    b. Local meetings  
Is the trainee aware of research governance? **Yes / No**

Comments including no. of publications and abstracts:

11. Has the trainee taken part in audit? **Yes / No**

No. of completed audit cycles on different topics:

12. Has the trainee been involved in producing a clinical guideline/care pathway? **Yes / No**

### **Teaching**

13. Has the trainee shown satisfactory participation in an organised teaching programme?  
Undergraduates? **Yes / No**  
Postgraduates? **Yes / No**  
Other clinical staff? **Yes / No**
14. Has the trainee undergone training to teach? **Yes / No**
15. Has the trainee had a peer/student review of their teaching? **Yes / No**

**Management**

16. Has the trainee participated in local management meetings? **Yes / No**
17. Has the trainee undergone management training? **Yes / No**
18. Has the trainee had training/experience in dealing with clinical complaints? **Yes / No**

**Legal & Ethical Issues**

19. Has the trainee undergone training in legal and ethical issues including GMC requirements and regulations, mental capacity assessment and making best interests decisions? **Yes / No**

**Continuing Professional Development**

20. Has the trainee registered with the CPD Online Diary? **Yes / No**

**What are the targets for the ultimate year?**

*Please list the targets that must be met before a CCT can be recommended by JRCPTB indicating with an “M”.*

*If targets are not mandatory only recommended indicate with an “R”.*

*If there are no targets write “No targets”*

**If this date differs from the provisional CCT date as indicated on trainee’s SOCE form, please indicate in box below how this date is calculated:**

Last updated March 2008