

ASSESSMENT PLAN FOR SPECIALTY TRAINING IN GERIATRIC MEDICINE

This is an overview of the expected assessments that any trainee will complete. However it does not necessarily imply that assessments will necessarily be completed in precisely the same number (though these are an expected minimum) and order or in the training years as specified here though it is expected that at least 75% of assessments will be completed by PYA.

	KBA	Part 2 MRCP	PACES	Mini-CEX	CbD	MSF	ACAT	PS	Clinical & Educational Supervisor Reports	Audit or Research Project Supervisor Reports	Assessed Teaching Presentation	Formal Course Report or Certificate
ST Year 3		•	•	6 Acute	6 Acute		1		•			ALS up to date
ST Year 4				6	6	•	1	•	•	Acute audit		ALS up to date Research Methods Course Cert
ST Year 5	•			6	6		1		•	Audit Rehab/Discharge	•	ALS up to date Teaching Course Cert
ST Year 6				6	6	•		•	• PYA	Audit Int/Comm Care Research presentation		ALS up to date
ST Year 7				1	2		1		•	Publication		ALS up to date Management Course Cert

Glossary KBA = Knowledge Based Assessment, MRCP = Membership of the Royal Colleges of Physicians examination, PACES = Practical Assessment of Clinical Examination Skills, Mini-CEX = Mini-Clinical examination assessment, CbD = Case-based Discussion, MSF = Multi-source Feedback, ACAT = Acute Care Assessment Tool, PS = Patient and Carer Survey, DOPS = Directly Observed Procedural Skills, EBM = Evidence Based Medicine, ALS = Advanced Life Support Certificate, PYA = Penultimate Year Assessment, ARCP = Annual Review of Competence Progression, SAC = Specialist Advisory Committee (National), STC = Specialty Training Committee (Regional), JRCPTB Joint Royal Colleges Physicians Training Board, GMC = General Medical Council, NHS = National Health Service

SUMMARY OF ALL ASSESSMENTS FOR REGISTRARS IN GERIATRIC MEDICINE

The assessment plan is an outline of the minimum number of assessments needed for satisfactory completion of the programme in order to verify reasonable coverage of geriatric medicine, acute and generic curricula. Every registrar will not follow this format due to time out of programme or flexible training or rarely being appointed mid programme. It will be up to programme directors and educational supervisors to interpret the above for the individual registrar ensuring that the registrar completes 75% at least of the assessments by the PYA (roughly 20% per annum) and 100% by the time of the FINAL ARCP summary meeting near the end of the programme. Trainees will have to complete an ACAT in the final year of the programme to ensure up to date competence in leading the acute medical take. Part 2 and PACES should be completed in Year 3 and SE can be first taken in year 4 but must be passed by PYA. Trainees should have an up to date ALS throughout the programme. Certificates of course attendance are not really assessments but a statement of attendance at appropriate training.

Some CbDs and Mini-CEXs cover Acute and Generic Curricula so for example a CbD in law/ethics would mean choosing a case which covers one legal or ethical issue e.g. withdrawal of life-prolonging treatment.

Each year at least two different assessors should undertake Mini-CEXs and two with CbDs with each registrar.

The following table is a summary of all the assessments/certificates that are expected:

Name of Assessment	Numbers and types of this Assessment	Suggested Year of Completion
Part 2 MRCP	1	ST Year 3
PACES	1	ST Year 3
KBA	1	ST Year 5
ALS	Updated regularly so that trainees always have a current ALS	ST Years 3-7
ACAT	4: Complete 1 in Year 3 and 1 in Year 7 plus two others	ST Years 3-7
CbD	26: 4 Acute(Diagnosis, Management, Prescribing) , 2 Rehab, 2 Continuing Care (at least 1 non-NHS), 1 EBM, 1 Ethics/Law, 1 Health Promotion, 1 Complaint, 1 Intermediate Care, 1 Transfer of Care Problem, 1 Falls, 1 Delirium, 1 Psychiatry of Old Age, 1 Continence, 1 Palliative Care, 1 Depression/Dementia, 1 Neurovascular Investigation, 1 Acute Stroke, 1 Rehab Stroke, 1 Orthogeriatric Acute, 1 Orthogeriatric Rehab, 1 Tissue Viability/Hypothermia	ST Years 3-7
Mini-CEX	25: 4 Acute (1 Wd Rd), 2 Rehab (1 Wd Rd) , 1 Pre-op Orthogeriatric Assessment, 1 Orthogeriatric post op, 2 Chronic Disease (Clinic eg diabetes, arthritis etc), 1 MDT Chair (Discharge), 1 Continence, 1 Falls, 1 Movement Disorder, 1 Palliative Care/Break Bad News, 1 Delirium/Depression, 1 Old Age Psychiatry(Home Visit/Ward Referral), 1 Osteoporosis/Metabolic Bone Disease, 1 Comprehensive Geriatric Assessment, 1 Intermediate Care/Home Visit, 1 Continuing Care, 1 Day Hospital, 3 Stroke - (Acute (WR), Rehab (WR) & Neurovascular Investigation (TIA clinic))	ST Years 3-7
DOPS	2: Central line insertion if no recent evidence of competence	ST Year 3
MSF & PS	2 of each	Usually ST Yrs 4&6
Publication	Preferably at least 1	By PYA
Research Presentation	Preferably at least 1 with satisfactory Academic Portfolio	By PYA
Assessed Teaching Presentation	At least 1	By PYA
Audit	At least 1 cycle and 3 Audits in total (1 Acute focus, 1 rehab focus, 1 Intermediate or Community Care focus) with satisfactory Clinical Governance portfolio	By PYA
Research Methods Course Cert	At least 1	By PYA
Teaching Course Cert	At least 1	By RITA G
Management Course Cert	At least 1	By RITA G
ARCP	1 per year including research year or out of programme year if taken	Year 3-7