**Please complete this Ratio Grid below and return to the JRCPTB certification manager for your region/specialty**

**Name:**

**GMC number:**

**NTN:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year of Training** | **Dates**  **(dd/mm/yy – dd/mm/yy)** | **Specialty/ GIM Ratio** | **Specialty Content (months)** | **GIM Content (months)** | **End of Year to drop GIM** |
| ST3 |  |  |  |  |  |
| ST4 |  |  |  |  |  |
| ST5 |  |  |  |  |  |
| ST6 (PYA) |  |  |  |  |  |
| ST7 |  |  |  |  |  |
| **Totals** | | |  |  |  |