

Cumulative Summary on Training received by HPT in GM

(This should be completed by HPT before each of IA and EA, and verified by the HTC.

This verified original copy (with attachment) should be sent to

Regional Program Director latest by 2 weeks before IA / EA for endorsement.

One copy of this summary (with attachment) should be passed to Secretary, SBGM on day of IA / EA.

HPT is reminded to keep the original copy himself / herself)

Part I Summary of HPT profile (to be completed by HPT)

Cumulative Summary on Training submitted for (tick on box) : IA in _____ (mth / year)
 EA in _____ (mth / year)

Name of HPT : _____

Name of Hospital Training Coordinator : _____

Date starting HPT training : _____

Other specialty in training (specify) : _____
 Nil (GM single specialty)

IHGM presentations

IHGM presentation -1 Date: _____

Topic:

IHGM presentation -2 Date: _____

Topic:

IHGM presentation -3 Date: _____

Topic:

Dissertation Planning (for IA only):

Proposed theme: _____

Research Activities Performed:

Part II Summary on training received

(This part should be completed by HPT, and to be verified by HTC with cross reference to:

- a) Structure of Modular Training in GM – see section (III) of this booklet;*
- b) SBGM log sheet for institution attachment in GM – see section (V) of this booklet;*
- c) log sheet for specific assessments / procedures as required for GM training – see section (VI) of this booklet)*

Summary on Cumulative Institutional Attachment by IA / EA

(attach copies of section (V) for verification)

Training Activity	Min Requirement	Training received
Inpatient / GDH training requirement		
Acute inpatient geriatrics	12 mths	
Post-acute & in-patient rehabilitation	6 mths	
Geriatric day hospital	3 mths	
Long-term care (Hospital based infirmary)	3 mths	
Geriatrics specialist-led services		
Geriatric specialist ward rounds	24 mths	
Multi-disciplinary case conferences	24 mths	
Geriatric consultations/ assessment	24 mths	
Domiciliary Visits	10 visits	
Others: (specify)		
Others: (specify)		
Geriatrics specialist OPD / Consultations / Assessments / Community Geriatrics		
Geriatrics specialist out-patient clinics	24 mths	
Community Geriatrics Assessment Services (CGAS)*	3-6 mths	
Community Geriatrics other than CGAS* (ICM / IDSP)	0-3 mths	

* Minimal of 6 months Community Geriatrics is required, of which at least 3 months in CGAS

Summary on cumulative assessments / procedures performed by IA / EA

Summary for IA/EA Record			
Date of IA/EA	Geriatric Core Training Completed (Months)	Mandatory Clinical Procedures (Total = 144)	Optional Clinical Procedures (Total = 15)
Total			

(III) Part III Verification (to be completed by HTC)

I have checked the:

- (1) *SBGM log sheet for institution attachment in GM*
- (2) *SBGM log sheet for specific assessments / procedures as required for GM training as provided by the HPT.*

I verify that information provided at Part II is correct

Name of HTC: _____

Signature of HTC: _____ Date: _____

(IV) Part IV Endorsement and approval to sit form IA / EA by Regional program Director

Name of RPD: _____

Signature of RPD: _____ Date: _____