

Geriatric Medicine Portfolio Pathway Evidence Map

Use this as a working checklist before you start uploading documents. It is not a substitute for the live GMC SSG.

1. SSG evidence numbers

Evidence	GIM	Geriatric Medicine	What to check
ACAT	6 at level 4	8 at level 4	Consultant assessed, minimum 5 cases per ACAT.
OPCAT	2 at level 4	4 at level 4	Usually at least 3 patients in post-clinic assessment.
CbD / mini-CEX	8 further SLEs	8 further SLEs	Cover different aspects of the specialty.
Procedures	DOPS or structured report	Structured report or simulation day	Named senior colleagues must be able to comment directly.
QIPAT	1 recent	1 recent	Within last 12 months of most recent WTE clinical practice.
Patient survey	Approx 15 patients	Approx 15 patients	Include a reflection on the feedback.
MSF	Approx 12 colleagues	Approx 12 colleagues	Medical and non-medical sources, recent.
MCR	4 in last 12 months	4 in last 12 months	Use consultants who know your actual work.

2. Setting coverage

Setting	Evidence to gather
Inpatient geriatrics	Ward rounds, frailty assessment, medication review, delirium, dementia, capacity, discharge planning.
Acute take / front door	ACATs, acute frailty, non-specific presentations, escalation decisions, DNACPR and treatment planning.
Outpatients	OPCATs, clinic letters, long-term conditions, syncope, falls, movement disorders, continence, bone health.
Community / care homes	Hospital at home, care home medicine, community MDTs, social care, voluntary sector and risk decisions.
Rehabilitation	Stroke, orthogeriatrics, functional assessment, cognition, mood, rehab goals and MDT leadership.

9. Job fit evidence

Document	Why it matters
CV and employment letters	They must match. Employment letters confirm dates, grade, post title, employment type and WTE.
Job descriptions	Show department structure, post title, clinical/non-clinical commitment and teaching or training role.
Rotas	Use representative samples from the last three years. A 1:8 rota needs eight consecutive weeks to represent the placement.
Caseload statistics	Show activity data, scope and range of work in geriatric medicine, GIM, community and rehab settings.
Appraisals/performance reviews	Demonstrate ongoing evaluation of clinical and non-clinical performance.

4. Service areas to test

- Frailty and acute front door work
- Rehabilitation, stroke and orthogeriatrics
- Community geriatrics, care homes and hospital at home
- Continence, falls, syncope and movement disorders
- Palliative/end of life care, DNACPR and advance care planning
- GIM acute take and general internal medicine breadth

5. Next 30 days

- Download the live GMC Geriatric Medicine SSG and mark every CiP as strong, partial or missing.
- Book the next four consultant-observed SLEs before your current rota block ends.
- Ask your department for rota samples, caseload data and job descriptions now.
- Identify one Geriatric Medicine referee, one GIM referee and one senior lead/referee who knows the whole portfolio.