

SpR RITA PREPARATION FORM 1

1. *Please complete this form, in consultation with your College Tutor, in as much detail as possible (use additional sheets if necessary). Send a copy to the deanery (details on back of form)
Make sure that you bring the original copy to your RITA*
2. *SpR 1 and 2 trainees should also complete the RITA preparation form 2 giving details of competencies attained.*

Name:	Hospital:		
Date of RITA :	Date of previous RITA :		
Date appointed to grade:	Grade:	SpR / LAT / FTTA	
Modules completed, or specialties covered, since last assessment	Inclusive dates		
Exams since last assessment	Where?	Date	Pass /Fail
Certificates gained (eg ATLS etc.)	Where?	Date	

Courses attended since last assessment	Where	Dates
National / Regional Meetings attended		
Academic activity since last assessment, indicate whether research, reviews, case reports, etc, whether in progress, completed, submitted, or published		
Lectures, presentations, etc made since last assessment, indicate subject and where: eg : department, classroom, school, elsewhere		
Any other activity making use of study leave or day-release time		
Audit		
Management and Administration		
Any other information, including training objectives not yet achieved, further training aims, altered career goals, or any other topics which you wish to discuss at the interview		

Please send the completed form to :
Sinéad Kennedy, Oxford PGMDE, The Triangle, Roosevelt Way, Headington, Oxford, OX3 7XP
or send it by e-mail to skennedy@oxford-pgmde.co.uk