**Case based Discussion when not in primary care**

Date: Clinical setting:…(drop down).

Doctor's Name: Doctor's GMC number:

Assessor's name: Assessor's GMC number:

Assessor's position: Assessor’s email: ……………

**Please note: The trainee needs to have selected and prepared 3-4 capability areas before the assessment.**

Assessor declaration: I can confirm I have received appropriate training to complete this assessment form and that I am a consultant or a hospital doctor ST4 or above (or SAS equivalent): Yes ▢

\*\* On the ePortfolio link to how to do a CbD and question generator from WPBA website\*\*

Title: ………………………..

Brief description of case: (max 150 words)

Level of Complexity Low ▢ Medium ▢ High ▢

Clinical experience Group(s) covered by event: Please select (max 2)

**Clinical experience groups**

1. Infants, children and young people under the age of 19

2. Mental health (including addiction, alcohol and substance misuse)

3. People with long-term conditions including cancer, multi-morbidity and disability

4. Older adults including frailty and/or people at end of life

5. Gender, reproductive and sexual health (including women’s, men’s, LGBTQ, gynae and breast)

6. Urgent and unscheduled care

7. People with health disadvantages and vulnerabilities (including veterans, mental capacity difficulties, safeguarding and those with communication difficulties/disability)

8. Population Health and health promotion (including people with non-acute and/or non-chronic health problems)

9. Clinical problems not linked to a specific clinical experience group

Grades

**The trainee should be graded in relation to those at the same stage of training**

Please provide **specific, constructive feedback both** verbally and documented on this formthat you feel will enhance the trainee’s performance for each capability area selected by the trainee. This will be used as evidence of trainee progression.

 (If the trainee selected incorrect capabilities or if additional capabilities were covered then please change and /or include these. No more than 4 capabilities should be covered in each CbD).

|  |
| --- |
| **1. Capability area** – Select relevant Capability  |
| Significantly below expectations ▢ | Below Expectations ▢ | Meets Expectations ▢ | Above Expectations ▢ |
| Feedback on performance and justification for grade based on the capability: |
| Recommendations for further development based on the capability descriptors: |

|  |
| --- |
| **2. Capability area** – Select relevant Capability |
| Significantly below expectations ▢ | Below Expectations ▢ | Meets Expectations ▢ | Above Expectations ▢ |
| Feedback on performance and justification for grade based on the capability: |
| Recommendations for further development based on the capability descriptors: |

|  |
| --- |
| **3. Capability area** – Select relevant Capability |
| Significantly below expectations ▢ | Below Expectations ▢ | Meets Expectations ▢ | Above Expectations ▢ |
| Feedback on performance and justification for grade based on the capability: |
| Recommendations for further development based on the capability descriptors: |

|  |
| --- |
| **4. Capability area** – Select relevant Capability |
| Significantly below expectations ▢ | Below Expectations ▢ | Meets Expectations ▢ | Above Expectations ▢ |
| Feedback on performance and justification for grade based on the capability: |
| Recommendations for further development based on the capability descriptors: |

**Based on this observation, please rate the overall competence at which the trainee has shown that they are performing:**

Below the level expected prior to starting on a GP Training programme ▢

Below the level expected of a GP trainee working in the current clinical post ▢

At the level expected of a GP trainee working in the current clinical post ▢

Above the level expected of a GP trainee working in the current clinical post ▢

**Agreed Actions**

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