

Evidence

CbD

Doctor's surname: *

Doctor's forename: *

Doctor's GMC Number: *


Assessor's name: *

Assessor's GMC Number:

Assessor's position:

Clinical setting: *

Title of procedure: *

Date conducted: * 

Please select referring to the descriptors in the competency areas:

Area	Curriculum Entry	Grade			
Practising holistically	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
Data gathering and interpretation	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
Making a diagnosis/decisions	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
Clinical management	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
Managing medical complexity	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
Primary care admin and IMT	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
Working with colleagues and in teams	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
Community orientation	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
Maintaining an ethical approach	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
Fitness to practise	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
Overall assessment		<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent

Feedback and recommendations for further development: *

Agreed action: *

Time taken for discussion (in minutes):

Time taken for feedback (in minutes):