**Care Assessment Tool (CAT), including Case based Discussions**

**For use 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 GP Educational Supervisor or an approved Clinical Supervisor who has met the educational requirements of the GMC Confirmation ▢

\*\* On the ePortfolio link to CAT documents on WPBA website\*\*

Type of CAT:

* Drop down list of types and select
  + Case based Discussion
  + Post prescribing assessment follow up review
  + Random case review
  + Referrals review
  + Other- please describe

Title: ………………………..

Brief description of case/ activity/assessment/ event: (max 150 words)

Complexity of the case: Low ▢ Medium ▢ High ▢

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

**Clinical experience groups**

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

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

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

6. Urgent and unscheduled care.

7. People with health disadvantage 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.

**Grading**

**The trainee should be graded in relation to the standard expected at certificate of completion of training (CCT).**

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 CAT).

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| --- | --- | --- | --- |
| **1. Capability area** – Select relevant Capability | | | |
| Needs Further Development Below Expectations ▢ | Needs Further Development Meets Expectations ▢ | Competent ▢ | Excellent ▢ |
| Feedback on performance and justification for grade based on the capability descriptors: | | | |
| Recommendations for further development based on the capability descriptors: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Capability area** – Select relevant Capability | | | |
| Needs Further Development Below Expectations ▢ | Needs Further Development Meets Expectations ▢ | Competent ▢ | Excellent ▢ |
| Feedback on performance and justification for grade based on the capability descriptors: | | | |
| Recommendations for further development based on the capability descriptors: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Capability area** – Select relevant Capability | | | |
| Needs Further Development Below Expectations ▢ | Needs Further Development Meets Expectations ▢ | Competent ▢ | Excellent ▢ |
| Feedback on performance and justification for grade based on the capability descriptors: | | | |
| Recommendations for further development based on the capability descriptors: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Capability area** – Select relevant Capability | | | |
| Needs Further Development Below Expectations ▢ | Needs Further Development Meets Expectations ▢ | Competent ▢ | Excellent ▢ |
| Feedback on performance and justification for grade based on the capability descriptors: | | | |
| Recommendations for further development based on the capability descriptors: | | | |

**Assessment of Performance**

**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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