**Primary Care Consultation Observation Tool**

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: ………………………..

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 COT completion documents on WPBA website\*\*

Title: ………………………..

Brief description of case: (max 150 words)

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| --- |
|  |

Level of Complexity: Low ▢ Medium ▢ High ▢

Time taken for the consultation, (in minutes)………………………….

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**

Using the guide to the performance criteria for the COT please grade the trainee by ticking the appropriate competence level in the boxes below.

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

**Please note the difference between: ‘Not applicable to this case’** which means that the trainee did not cover the identified area as it was not within the context of the case **and ‘Needing further development below expectations/meets expectations** which means that **either** the trainee did not cover the identified area to a competent level **or**it was not demonstrated at all, and should have been.

Please provide **specific, constructive feedback** verbally and documented on this formto the trainee that you feel will enhance their performance. This will be used as evidence of trainee progression.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Context | Identified Area | Rating | | | | |
| Not applicable to this case | Needs Further Development Below Expectations | Needs Further Development Meets Expectations | Competent | Excellent |
| Information gathering | Encourages the patient’s contribution |  |  |  |  |  |
| Responds to cues |  |  |  |  |  |
| Places complaint in appropriate psychosocial contexts |  |  |  |  |  |
| Explores patient's health understanding/beliefs including identifying and addressing patients ideas and concerns and expectations |  |  |  |  |  |
| Defines the clinical problem | Takes an appropriately thorough and focused history to allow a safe assessment (includes/excludes likely relevant significant condition) |  |  |  |  |  |
| Performs appropriate physical or mental state examination |  |  |  |  |  |
| Makes an appropriate working diagnosis |  |  |  |  |  |
| Explains the problem to the patient | Explains the problem in appropriate language |  |  |  |  |  |
| Addresses the patients’ problem | The management plan (including any prescription) is appropriate for the working diagnosis, |  |  |  |  |  |
| The patient is given the opportunity to be involved in significant management decisions |  |  |  |  |  |
|  | The doctor checks that there is shared understanding of the diagnosis, management plan, treatment, safety netting and follow up arrangements |  |  |  |  |  |
| Makes effective use of the consultation | Makes effective use of available resources |  |  |  |  |  |
| The doctor specifies the conditions and interval for follow up or review |  |  |  |  |  |

**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 ▢

Observation and feedback on performance (please include any concerns regarding an unsafe consultation):

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Agreed actions for further development

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