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| Doctor's Surname | Forename | GMC Number |

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| **Clinical setting:**  name of organisation: | Hospital | General Practice |

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| **Please tick referring to the descriptors in the detailed guide to the performance criteria for the COT** | **Insufficient evidence** | **Needs further development** | **Competent** | **Excellent** |
| **A. Discovers the reasons for the patient’s attendance.** | | | | |
| 1. Encourages the patient’s contribution |  |  |  |  |
| 1. Responds to cues |  |  |  |  |
| 1. Places complaint in appropriate psychosocial contexts |  |  |  |  |
| 1. Explores patient’s health understanding |  |  |  |  |
| **B. Defines the clinical problem** | | | | |
| 1. Includes or excludes likely relevant significant condition |  |  |  |  |
| Appropriate physical or mental state examination |  |  |  |  |
| 1. Makes an appropriate working diagnosis |  |  |  |  |
| **C. Explains the problem to the patient** | | | | |
| 1. Explains the problem in appropriate language |  |  |  |  |
| **D. Addresses the patient’s problem** | | | | |
| 1. Seeks to confirm patient’s understanding |  |  |  |  |
| 1. Appropriate management plan |  |  |  |  |
| 1. Patient is given the opportunity to be involved in significant management decisions |  |  |  |  |

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|  | **Insufficient evidence** | **Needs further development** | **Competent** | **Excellent** |
| **E. Makes effective use of the consultation** | | | | |
| 1. Makes effective use of resources |  |  |  |  |
| 1. Conditions and interval for follow up are specified |  |  |  |  |

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| **Overall Assessment: Please tick** | | | | **Feedback and recommendations for** |
| **I** | **N** | **C** | **E** | **further development:** |
|  |  |  |  |  |
| **Agreed action:** | | | | |

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| Assessor’s signature: | Date |
| Assessors name | Time taken for discussion |
| Time taken for feedback |