|  |  |  |
| --- | --- | --- |
| Doctor's Surname | Forename | GMC Number |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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
 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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
 |  |  |  |  |

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

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