**CbD Mapping**

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| **Date:** |  |  |  |  |  |  |  |  |  |  |
| **Practising holistically** |  |  |  |  |  |  |  |  |  |  |
| **Data gathering** |  |  |  |  |  |  |  |  |  |  |
| **Diagnosis / decision** |  |  |  |  |  |  |  |  |  |  |
| **Clinical management** |  |  |  |  |  |  |  |  |  |  |
| **Medical complexity** |  |  |  |  |  |  |  |  |  |  |
| **Primary care IMT** |  |  |  |  |  |  |  |  |  |  |
| **Teams / colleagues** |  |  |  |  |  |  |  |  |  |  |
| **Community orientation** |  |  |  |  |  |  |  |  |  |  |
| **Ethical approach** |  |  |  |  |  |  |  |  |  |  |
| **Fitness to practice** |  |  |  |  |  |  |  |  |  |  |
| **Overall Assessment** |  |  |  |  |  |  |  |  |  |  |
| **Type case: age, sex** |  |  |  |  |  |  |  |  |  |  |
| **Setting: home visit, surgery** |  |  |  |  |  |  |  |  |  |  |

It is not expected that all competencies can be properly assessed in any one individual CbD.

A good CbD will focus on just 3-4 Competencies.

In General Practice, in each review, ideally all competencies should be assessed at least once.

Feedback should be competency based and give guidance to trainees for future CbDs.