

### Case based discussion – template for recording for psychiatrists

Doctor's Name				Date of Discussion			
Assessor's name				Assessor's Registration Number			
Diagnosis:							
Focus of this CBD:							
<b>Good Psychiatric Practice (GPP) standards</b>							
	Standards Assessed	GPP standard not assessed	Inconsistency in meeting standards	Meets standards of GPP and consistent with independent practice	Exceeds at standards of GPP	Excels at standards of GPP	
		0	1	2	3	4	
1.	Assessment						
2.	Diagnosis						
3.	Risk Assessment						
4.	Treatment Plan and Delivery						
5.	Knowledge of Treatment Options						
6.	Record Keeping						
7.	Communication with Professionals						
8.	Communication with Patients and Carers						
Good Practice:				Suggestions for development:			
Agreed action:							
Assessor's signature:							

### Case-based discussion – guidance notes

1. The psychiatrist being assessed should either identify a case for case based discussion or provide the assessor with a list of anonymised case records, e.g. case numbers from which the assessor can select two. The psychiatrist being assessed should then choose one of these two for the case based discussion. The purpose of this is to have both a random component to the selection of cases and also the opportunity for the psychiatrist being assessed to ensure the cases chosen reflect the broad mix of their caseload.
2. The assessor should have the opportunity to review the case notes in advance in order to pull out the key issues that he/she wishes to discuss in the assessment.
3. A non-interrupted hour should be set aside for the case based discussion.
4. Case based discussion need not be solely a one to one but can occur in a group setting. If this is the case, one psychiatrist should lead the assessment.
5. The assessor should lead the discussion through the key areas of clinical practice being assessed. It is not expected that each of the areas will be assessed in the same level of detail. The areas to focus on depend on the clinical case and the psychiatrist's involvement.
6. Following the discussion, there should be a rating of each of the eight standards being assessed on the 0-4 scale.
7. It is expected that the most usual rating will be that of a 2 (consistent with independent practice). Areas in which there are suggestions for development should be rated as a 1. Areas of good practice should be rated as a 3 or 4.
8. The main purpose of case based discussion is developmental. It is important that colleagues give constructive feedback to each other in order to facilitate a developmental process. It is not expected that psychiatrists would be exceeding or excelling in all areas of each case that is discussed.
9. Each psychiatrist is required to undertake 10 case based discussions over a 5 year cycle, no more than 3 should be done with one individual in order to have a minimum of four assessors commenting on cases over a 5 year cycle.