Trainee’s GMC Number:  
CbD:  
Date of Assessment: 20

Surname:  
Forename:  

Case Based Discussion (CbD)
ST1 level

Setting: Gen. Hosp □ OPD □ In-patient □ Crisis/ Emergency □ CMHT □  
Diag 1: F □

Prev Contact: 0 □ 1-4 □ 5-9 □ >9 □  
Complexity: low □ mod □ high □  
Diag 2: F □

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<tr>
<td></td>
<td>Below standard for end of ST1</td>
<td></td>
<td></td>
<td>Meets standard for ST1 completion</td>
<td>Above ST1 standard</td>
<td>Below expectations</td>
<td>satisfactory</td>
<td>better than expected</td>
<td>u/c</td>
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Anywhere especially good?  

Suggestions for development  

Agreed action:  

Assessor’s position: Consultant □ ST4-6 □ SASG □ Nurse (Band 7 or above) □
Psychologist □ Other □ (Profession: Seniority: )
Assessor’s signature......

Please print Assessor’s name......

Assessor’s Registration number:  
Date:  

This interim form must not be used after 1st August 2008

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