Date of discussion:

Name of doctor: GMC number:

Name of assessor: GMC number:

***N.B. all patient information should be anonymised****.*

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| **Assessment criteria** | **Doctor’s description:***Key points**Learning points* | **Assessor’s view:***Are acceptable standards met?**Examples of good practice by Tribunal doctor?* |
| 1. Clinical details and relevant issues e.g. diagnosis, management, risk |  |  |
| 2. Legal details and relevant issues e.g. MHA/MCA |  |  |
| 3. Pre-hearing interview (if done) issues raised |  |  |
| 4. Tribunal hearing; details and relevant issues |  |  |
| 5. Tribunal Decision: details and relevant issues |  |  |

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| **6. Doctor’s reflection of case: to access reflective templates,** [RCPsych template for significant events](http://www.rcpsych.ac.uk/docs/Revalidation%20Form%205%20-%20Significant%20event.doc) or [Academy reflective note guidance](http://www.aomrc.org.uk/publications/reports-guidance/cpd-reflective-note-guidance-template/).***Q1. What did I learn from this CBD discussion?******Q2. Will I change my practice as a result? If so, how?***  |
| **7. Agreed action/development points e.g.*** e-learning
* reading
* discussion of topic at peer group
* discussion at observed tribunal appraisal
* example of quality improvement to discuss at medical appraisal
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Doctor’s signature:

Assessor’s signature:

*Suggestions for further training events to benefit future/current tribunal doctors based on this CBD: (please email any suggestions to* *TribunalJudge.Rutherford@eJudiciary.net*