**Method**

This is a cross-sectional study using an online survey design. Participants will be assigned to receive two fictional clinical vignettes; one describing a client with a typical presentation of BDD, and the other describing a client with a typical presentation of OCD. The order of the two vignettes will be random, with some participants receiving BDD then OCD, and others receiving OCD then BDD. Participants will be randomly assigned to receive either the two vignettes (BDD and OCD) of a cisgender male, or two vignettes of a cisgender female. The content of the two BDD vignettes will be identical, with the exception that one will be cisgender male and the other cisgender female, and likewise for the OCD vignette. The information provided in the BDD vignette will be consistent with a DSM-5 diagnosis of BDD, and the information provided in the OCD vignette will be consistent with a DSM-5 diagnosis of OCD, and not any other disorder. An OCD vignette has been chosen to allow comparisons in the accuracy in detection of the two conditions which have a similar prevalence. After reading the BDD and OCD vignette, participants will be asked what they thought the main diagnosis or primary presenting problem was. Additionally, participants will be asked to complete a series of questions about the treatment the person should be offered.

**Experimental conditions**

* BDD male – OCD male
* OCD male – BDD male
* BDD female – OCD female
* OCD female – BDD female

**Research questions**

**Primary objective**

1. What is the relative accuracy of clinicians identifying BDD from a clinical vignette compared to OCD?

**Secondary objectives**

1. Does accuracy in the identification of BDD vary depending on the sex of the young person in the clinical vignette?
2. Does the accuracy in identifying BDD vary according to clinician characteristics (professional background, years practicing since qualification, formal training in BDD, clinical experience in BDD)?

We will also descriptively explore treatment recommendations for the BDD clinical vignette, formal training in BDD, and clinical experience of BDD.

**Quantitative data collected for vignettes**

**Diagnosis**

* Forced choice paradigm for primary problem/diagnosis (all compared with each other, so 15 combinations)
  + BDD
  + OCD
  + Depression
  + GAD
  + Social phobia
  + Eating disorder
* Select ONE primary diagnosis from list
  + BDD
  + OCD
  + Depression
  + GAD
  + Social phobia
  + Eating disorder

**Treatment**

* Select ONE treatment from list
* For BDD vignette only
  + Likelihood benefit seeing dermatologist? 0-100 scale
  + Who primarily working with? YP OR parent/carer/guardian OR both
  + N treatment sessions? Less than 4 OR 4-8 OR 8-12 OR 13-20 OR more than 20

**Quant data collected re professionals**

* Age (categories)
* Gender (categories)
* Ethnicity (categories)
* Profession (categories)
* N years practiced since qualification (free text)
* Work in CAMHS (yes/no)
* Type of CAMHS (community/specialist/inpatient)
* Region (categories)