|  |
| --- |
| **Summary of Appraisal Discussion** |
| **Domain 1: Knowledge, Skills and Performance** | A – CPD logs: 1 |
| Discussion: | Dr D has been working as a Consultant ENT surgeon since 2006; she is also the Associate Medical Director for Division of Surgery for the past 2 years; as well as Honorary Clinical Senior Lecturer since 2010.Dr D is on-call for acute receiving (for around 8 weeks a year) covering the ENT surgery unit in St Wallace hospital. Dr D also has various regional and national roles including Regional Advisory Group, Scottish ENT Executive Committee, and National Advisory Panel. Dr D is also a GMC trainer (since 2008), and a new NES trained Appraiser (with 8 Appraisees allocated).Dr D provided a CPD summary (as well as a detailed log of activities). Dr D completed 87 hours of learning, which exceeds the requirements of her College CPD scheme. This was made up of clinical and non-clinical learning, as well as personal learning. Dr D attended 5x conferences this past year, where she also spoke and facilitated at three of them. Her CPD also included updates on general medical topics, such as diabetes and respiratory disease, as well as non-clinical topics, such as patient safety – relevant to her non-clinical roles.Dr D meets the requirements for CPD and has focused her PDP over the last year to cover all her roles – including as a teacher and clinical director. |
| Actions / Agreed Outcomes: | Dr D to remain up-to-date with her college CPD recommendations.Also agreed to incorporate into the PDP her participation in the local and national groups; as well as roles as GMC Trainer, clinical director and NES Appraiser. |
| **Domain 2: Safety and Quality** | B – Quality Improvement Activity: 1C – Review of Significant Event: 1F – Health Statement: 1 |
| Discussion: | Dr D is actively involved in research (in telemedicine) as she is a supervisor of a clinical fellow pursuing a MD by research. Dr D has published a number of articles in peer reviewed journals over the last year as co-author including “Head and neck cancer assessment by flexible endoscopy and telemedicine”; “INR devices – an automated future”; and “Remote Diagnosis, an inter island project”. Dr D also submitted transcripts of talks at two of the conferences she spoke at. Other QIA contributions included reflection on her new responsibility with the regional and national advisory groups.Dr D also submitted an audit, along with her reflections, on assessing the effectiveness of medical or surgical treatment in patients with sino-nasal disease who presented to the ENT outpatient clinics. Dr D reflected on how the audit has highlighted some simple methods to improve communication (such as including SNOT scores on patient letters); and also how to improve the audit itself if it was repeated in the future.Dr D also submitted an SEA, where a patient had died after the patient’s guardian refused medical advice and discharged the patient. The incident was reported in the local news. However, following an internal investigation, Dr D and her team were found to have acted appropriately and in accordance with local policy. Dr D was involved in a motorcycle accident last year which resulted in her being off work for 8 weeks. We discussed the circumstances and the impact on her work and lifestyle. Dr D has since sold her motorcycle and bought a car.Dr D has a full and varied workload which she enjoys and finds fulfilling and stimulating. |
| Actions / Agreed Outcomes: | Dr D agrees to discuss the possibility of repeating the SNOT audit in her team before the next appraisal.She has also agreed to liaise with the other islands to trial the telemedicine approach detailed in her research paper.Dr D will also look to develop a common pathway approach to ENT care in the remote islands. |
| **Domain 3: Communications, Partnership and Teamwork** | D – MSF: 1D – Patient Surveys: 1E – Complaints/Critical Incidents Statement: 1 |
| Discussion: | Dr D has received no formal complaints since her last appraisal. We discussed an informal complaint from a patient on waiting time in the ENT clinic. Although it was an off-the-cuff comment by the patient, Dr D took it upon herself to investigate. This revealed the patient simply arrived early that day.Dr D completed her clinical MSF via SOAR, and is in the process of finalising her Leadership 360 for her non-clinical roles.For the clinical MSF, the report provided favourable feedback for Dr D, averaging around 5 and 5.5 (max 6). Dr D has rated herself slightly lower in all areas and we discussed her reflections on this exercise.Dr D also completed Patient Survey from 52 patients. Feedback was good to excellent on all areas and all comments (31) were very positive and complimentary.During our discussions, it was noted that with the Patient Surveys there was a lack of benchmark scores for comparison. Although Dr D did acknowledge the positive comments received. |
| Actions / Agreed Outcomes: | Agreed to meet with Dr D in a few months to discuss her Leadership 360 report. This is to be submitted for next year’s appraisal. |
| **Domain 4: Maintaining Trust** | G – Probity: 1 |
| Discussion: | Dr D completed the mandatory Equality and Diversity training last year.We also discussed the ethical issues around research in the submitted material, as well as her involvement with the regional and national groups – no probity issues were raised. |
| Actions / Agreed Outcomes: | Continue with annual Health Board training requirements. |