# Difficult Appraisals: Scenario 1

George is 43yrs old father of 2 boys who lives locally with his surgeon wife who works in the local DGH.

He is well used to the appraisal process and is working in a large group practice.

You contact him some weeks before the appraisal is due but he doesn’t reply. You resend an email and there is still no reply.

Eventually you copy the LAA in and local appraisal admin this generates a reply

“I’m very sorry, its been really busy” and you agree a date.

1 week before the appraisal is due you still haven’t any paperwork. When you contact him he explains again how busy it is and that he is required to cover the oncall on the date you agreed.

* **What’s your thoughts at this stage?**
* **What do you do?**

George eventually agrees another date – after another protracted email exchange. You receive his paperwork the night before the appraisal.

You notice he has claimed 32 educational points with little reflection.

You notice he has missed out a formal QIA but he has uploaded a personal SEA and is the practice quality lead according to his Scot forms.

* **What are you thinking now?**
* **Do you go ahead with the appraisal?**
* **If you do – what’s going through your mind?**

When you see George he seems distracted, often checking his watch and clearing his throat. His responses to your questions seem very strained and when asked about his year he looks away and simply says terrible, I’ve been having a terrible time. He makes very little eye contact.

* **How do you approach George now?**
* **Do you continue the appraisal?**
* **How would you end the appraisal if this is what you decide to do?**
* **What consequences might follow for George if the appraisal is terminated or he is deemed not fit for revalidation?**

You decide this appraisal is going nowhere and that George hasn’t attempted to engage with the process despite all your prompting and active sympathetic listening. As you make to leave George breaks down. It turns out his wife has been having an affair with one of the anaesthetists, he’s been living in a B and B down the road from the practice. He scared for his future, he’s scared that this appraisal means he will be struck off and never work again. He says he doesn’t know what he’ll do..

* **What should you do next?**

# Difficult Appraisals: Scenario 2

Lucy is a real over achiever, she’s well known in the local medical community, she gets her paperwork in on time and it is a reasonable submission. Your email exchanges are cordial if a little formal in tone.

The week before you have interviewed one of her partners. She was upset during the interview and had told you Lucy was nothing but a bully and had been verbally attacking and undermining her at every turn.

Lucy has had 2 complaints this year and both of these deal with her perceived attitude to patients. This has peaked your interest because when you reviewed the previous year’s Scot 4 a further 2 complaints of a very similar vein seem to have been made the previous session.

* **What’s your thoughts going in to this appraisal?**
* **What do you think the priorities of this appraisal might be?**
* **How would you “plan” the appraisal?**

You find Lucy really quite domineering, when you sit down she has her arms folded and points out you were 5 minutes late (you were caught in traffic but phoned ahead to let the practice know). She says something about “I always plan to arrive 10minutes early to avoid this kind of thing”

She seems quite dismissive in her responses and when you take notes says “Oh do you really have to write things down, surely you’ve been doing this job long enough to remember what people say to you”

* **How does this make you feel?**
* **Thinking of the partners comments from the week before – what relevance do you think they have?**
* **Do you address this?**

All in all you find Lucy to seem to be a very cold and distant Appraisee, she is deliberately belittling of any comments you make and keen to point out how weak she finds the appraisal system.

* **How do you handle the subject of the complaints?**

Lucy is very reluctant to go into these other than in the most superficial of ways.

* **What should you do?**

# Difficult Appraisals: Scenario 3

George is a lovely guy. He’s adored by his patients and you’ve been appraising him for the last 2 years. He’s always been very warm and welcoming and always has some home baking and freshly ground coffee for you when you come.

This year he’s been nominated as a local hero in the newspaper and his submission, while a bit thin is typical for him and he’s just made his 50points. His MSF is glowing this year and he’s been attending his PBSGL group.

Everything seems stable and he says he’s looking forwards to seeing you this year.

You arrive in his practice and you start your appraisal in the usual way.

When you come to the probity section and you ask if there’s anything he can think of he says “Och nothing really? One of my wee lady’s left me a wee bit of money but my practice manager (his wife) knows all about it.”

* **What do you ask next?**
* **What are you thinking?**

George becomes a little embarrassed he discloses it was £22,800.

* **What do you need to find out?**
* **What might be important to establish**

George is getting a little worried by all these questions and asks you outright what you think he should do (He’s already bought a holiday for his wife and he for £9000)?

* **How do you respond?**
* **What do you do next?**

# Difficult Appraisals: Scenario 4

Tara is a 57year old GP and senior partner in her practice. This is your first appraisal with her. In her submission you notice she is a member of the Euthanasia Society and is an active campaigner for assisted dying.

One of her SEA’s is a heartfelt account of a patient, an ex solicitor who had attempted suicide and then some weeks later completed suicide by means of a substantial temazepam over dose. This Temazepam was prescribed by Tara but her reflections seem to centre around the dignified way her patient had died and how the SEA should remind everyone about patient choice.

* **How do you decide to discuss this SEA with Tara?**

As you discuss the issue about the patients suicide it become apparent Tara is very keen on Euthanasia and feels this is certainly something all doctors should be willing to become involved in. She admits nothing but lets it slip she was glad to prescribe these pills to her patient and unsurprised at the outcome.

* **What do you do now?**
* **How will you put your next actions to Tara?**
* **What is likely to happen next?**

# Difficult Appraisals: Scenario 5

David is an experienced colorectal surgeon who has agreed an appraisal date in good time and has submitted his appraisal forms in good time. Whilst reviewing his forms you note that he has submitted good evidence in all domains and has reflected well on his evidence. Reviewing his Significant Events for the year you note that he has reviewed a case where excellent team work gave a better outcome than had been expected. However, you are a little surprised that he has no adverse events to discuss.

You review his previous Form 4’s and note that this appears to be a recurring theme.

* **Do you accept the submitted forms or ask for any evidence of adverse events?**

You meet with David and discuss the submitted evidence regarding the significant event with a good outcome. You ask David about any cases where patients may have had a poor outcome or complication. David calmly discusses his exemplary clinical outcomes as evidenced elsewhere and the lack of complaints involving his care as supported by a complaints statement from his employer.

* **Are you satisfied by David’s apparent extraordinary good record with no adverse events?**
* **How do you discuss this with David?**

David provides good answers to your queries, you conclude the appraisal and write and sign off his Form 4. The following week a patient comes to your outpatient clinic and in the course of the appointment she complains about the care she received from David 6 months ago and how she would never want to see him again as he insisted on carrying out a rectal examination without a chaperone as the clinic was running late. She tells you that he carried on despite her complaints, hurting her in the process. She describes making a formal complaint which she is still waiting for a reply from.

* **What do you do now?**
* **Do you raise this with David?**
* **Who else could you discuss this with respecting the confidentiality of the appraisal interview as well as the patient’s confidentiality?**

# Difficult Appraisals: Scenario 6

Professor Jones is a semi-retired psychiatrist and is due to meet with you for his appraisal in a few weeks. He submits his forms in good time, but you notice that he has submitted no supporting evidence for most of the domains.

* **How do you broach this lack of evidence with Professor Jones?**

Professor Jones states that his previous appraisers have all been happy with the evidence he has submitted and that if you’re not happy then you obviously don’t understand how experienced he is and that he will ask the Appraisal Administrator to re-allocate him to another appraiser.

* **Would you try and appease the situation or refer him back to the appraisal administrator?**
* **How would you appease the situation?**

Professor Jones submits further evidence with some reflection and you meet for the appraisal. During the interview it becomes clear that he is not particularly engaged in the appraisal process. You discuss this and he asks you to try to help him find ways to encourage his engagement.

* **How might you advise Professor Jones?**

# Difficult Appraisals: Scenario 7

Fiona is a Consultant Gastroenterologist who you are meeting for her second appraisal. Last year you discussed the number of endoscopy procedures that she performed and if there were any quality indicators that she could audit her activity against. Fiona suggested investigating this as part an agreed PDP point. Since then you have appraised one of Fiona’s colleagues who has supplied national evidence of numerous quality indicators so you are aware of the level of evidence that Fiona should be bringing to the appraisal.

Fiona has been late to engage with this year’s process and only submits her forms the night before the appraisal interview. You review Fiona’s submitted forms and find evidence of her clinic activity and numbers of endoscopies performed. There is a description of an audit of clinical outcomes in her liver failure patients but no evidence of an audit of her endoscopy practice.

* **Do you accept the evidence supplied or ask for further evidence relating to her endoscopy activity?**
* **Do you delay the interview whilst awaiting further evidence?**

Fiona is keen to proceed as she is due to be revalidated in the next few weeks and is wants her revalidation appraisal to take place with no hindrance.

* **What advice would you give to Fiona about the revalidation process?**

You agree to meet with Fiona. You ask about her PDP points including the endoscopy quality indicators. Fiona states that she hasn’t been able to find any guidelines on how to assess the quality of endoscopy. She refers to a number of Thank-You cards from satisfied patients as a marker of her success as an endoscopist.

* **What would you do next?**
* **Do you advise her about the departmental audit that you are aware of?**

Fiona states that she has no confidence in the data collected by her colleagues as they are always criticising her practice in relation to their own personal outcome measures which are not evidence based. When you raise the fact that the guidelines used by her colleagues are quality indicators published by the British Society of Gastroenterologists. Fiona replies that she was trained by the most eminent professor at a top London Hospital who knows far more about how to perform a good endoscopy than a committee from the BSG. Fiona takes great pride in carrying out endoscopy as she was trained. You ask her what outcome measures her mentor used but she becomes very evasive and tries to divert the conversation to the audit of her liver failure patients.

* **Do you agree to pass over the topic of endoscopy quality indicators?**
* **Would you advise carrying over the PDP point to next year?**
* **If you probe Fiona further regarding her endoscopy outcomes and she remains evasive what do you do next?**