NHS
Education for Scotland

# Medical Appraisal Report

**Appraisal ID:**

**Appraisal Status:**

Form 4 - Completed

# Appraisal Details

This form verifies that you have participated in an appraisal under the Medical Appraisal Scotland scheme. Appraiser and Appraisee must sign this form.

## *APPRAISAL FORM 4 – Notification of Appraisal*

| | |
|---|---|
| Date(s) of Appraisal | |
| Place of Appraisal | |
| Appraisal Period | |

### Appraisee Details

| | |
|---|---|
| Name | |
| GMC number | |
| Health Board / Sector | |
| Contact Address | |
| Email address | |

### Appraiser Details

| | |
|---|---|
| | |
| Name | |
| GMC number | |
| Email address | |

*I confirm that I have completed all aspects of the Medical Appraisal process. I understand that, if this declaration is not correct, disciplinary action may be taken against me.*

Approved by Appraiser,

Approved by Appraisee,

# Appraisal Form 4 - details

## *4A – Summary Discussion of Appraisal*

**Key**

0 - The doctor has provided no information relating to this domain or the information is insufficient to meet the requirements of the GMC in this area.

1 - The doctor has provided supporting information relating to this Core Element. This information is sufficient to meet the requirements of the GMC in this area.

### Domain 1 summary (Knowledge, Skills and Performance)

| Core Elements: | (A) CPD = 1 |
|---|---|
| Discussion: | Dr ..... has achieved the 50 credits needed towards revalidation. ..... has done so using a variety of learning methods. The mainstay of ..... learning has been regularly attending PBSGL sessions, and has covered a variety of clinical topics and has kept a record of all the learning points. It is also a good way of networking with local colleagues.<br>..... attended a local palliative care update, especially helpful in pain management and uses the Scottish palliative care guidelines through Beacon intranet.<br>Having reviewed ..... referrals to the RACP clinic, ..... has reviewed the guidelines and is clearer on who to refer, but does ere on the side of caution, as often patients present with atypical symptoms but enough concern to refer.<br>..... has also updated ..... knowledge on PMR, PD and CK using guidelines (NICE/SIGN) and online modules.<br>..... continues to read relevant journal articles and keeps relevant ones in a folder for future reference.<br>..... work as clinical lead is also a continuous source of learning and records ..... reflections. |
| Actions / Agreed Outcomes: | For next year's PDP ..... intends to research the relevance of D-dimer levels in DVT and the use and interpretation of CRP/ESR levels. I look forward to hearing ..... conclusions next year!<br>..... will also look at the practice UTI protocol and also audit the use of prophylactic antibiotics.<br>..... has an interest in Operational development, and intends reading up more on this subject.<br>..... will continue to attend PBSGL meetings. |

## Domain 2 summary (Safety and Quality)

| | |
|---|---|
| Core Elements: | (B) Quality Improvement Activity = 1<br>(C) Significant Event = 1<br>(F) Health Statement = 1 |

| | |
|---|---|
| Discussion: | Dr ..... continues to enjoy working in rural General Practice, despite the pressures on the practice due to the difficulties in recruitment. They have diversified in employing and training a second ANP and along with attached pharmacists and MHW they appear to be coping well, although ..... does have to step up to 10 sessions during holiday time. Patients appear to be more accepting of the changes following the merger of the ..... practices.<br>Following the demise of QOF, they continue to keep the chronic disease registers going with regular patient reviews. After a few incidental findings of sub-optimal control of a few patients with DM, they have pulled all the notes on all their diabetic patients and are calling them in to tighten up on their control where appropriate. They have been getting all their regular checks (eyes/feet etc.)<br>..... has audited referrals to the RACP clinic. 1 out of 9 went on to angiography, the rest did have an ETT, but were negative. ..... looked back at the presenting symptoms leading to referral and, after looking at the guidelines, felt they were appropriate. On discussion, patients do not always follow the text book!<br>The practice now have a MHW doing regular sessions at the practice and has been very helpful, and now triaging direct patient access.<br>We also discussed the role of in-practice pharmacotherapy and the improvement in patient care as a result. This is now a full service from a "hub" of pharmacists and technicians who carry out a variety of tasks including all the med. recs.<br>They are piloting having paramedics doing unscheduled care/house visits. This appears to be working well and has not led to any significant increase in the visit rate. They are triaged and managed to cover 60-80% of visits. It is hoped this will be integrated into the rota of all paramedics rotating through shifts in the ambulance, control room and primary care.<br>A case review was presented and discussed of a patient with a raised CK despite stopping statins. This came about through routine yearly testing of all patients on statins. ..... now awaits the outcome of a referral to Rheumatology.<br>2 SEAs were presented and discussed. The first was a patient suffering an AKI after initiation and increases in diuretic prescribing. There were several areas where learning points were identified including undertaking actions stated on IDLs, communication with AHPs and printing off email correspondence. Also the issue of letting DOCMAN reports building up and making errors due to fatigue. The practice now try to deal with the workflow as it comes in and certainly within 48hrs. They now |

| | |
|---|---|
| | spread the workflow between partners when someone is on holiday, so that person does not come back to hundreds in their inbox! The ANPs also are dealing with their own results/letters.<br>The second was a case of a man with multiple morbidity admitted with pleural effusions. these were drained but recurred on discharge. The patient was admitted to the community hospital where ..... deteriorated and died. The learning points were the advantage of holistic care that is possible in the community hospital, but also the lack of explanation given to the family in the infirmary. This puts pressure on GPs to explain and justify why patients are deteriorating and not given further active treatment. Dr ..... will try and feedback this issue to secondary care.<br>..... continues to enjoy ..... roles as ....., and is currently looking at the use of technology to improve patient care.<br>..... is also ..... and on the working group for remote and rural practices with a remit of looking at the impact of the new cotract. |
| Actions / Agreed Outcomes: | As above |

## Domain 3 summary (Communication, Partnership and Teamwork)

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|---|---|
| Core Elements: | (D) MSF = 0<br>(D) Patient Surveys = 0<br>(E) Complaints / Critical Incidents Statement = 1 |
| Discussion: | No formal measures were undertaken in this area this year, but is aware of the need for an MSF and PSQ before the last appraisal prior to revalidation in 2022.<br>..... did present a reflection on issues in relationships with patients, including the regular use of chaperones for intimate examinations, also dealing with patients with challenging health beliefs.<br>They have a practice facebook page and information screens within the surgery.<br>The practice have regular meetings and adopt an open door policy to enhance communication within the team. |
| Actions / Agreed Outcomes: | As above |

## Domain 4 summary (Maintaining Trust)

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|---|---|
| Core Elements: | (G) Probity = 1 |
| Discussion: | No issues identified |
| Actions / Agreed Outcomes: | None |

# 4B – Summary Assessment

This section provides an overview of the adequacy of documentation assessments from current and previous appraisals.

**Key**

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1 - The doctor has provided supporting information relating to this Core Element. This information is sufficient to meet the requirements of the GMC in this area.

## Appraisal Supporting Information

| Domain | Core Elements | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 |
|---|---|---|---|---|---|---|
| Domain 1 | A - CPD log (every appraisal) | 1 | 1 | 1 | 1 | 1 |
| Domain 2 | B - Quality Improvement Activity (every appraisal) | 1 | 1 | 1 | 1 | 1 |
| | C - Significant Event (every appraisal) | 1 | 1 | 1 | 1 | 1 |
| | F - Health Statement (every appraisal) | 1 | 1 | 1 | 1 | 1 |
| Domain 3 | D - MSF (once every 5 appraisals) | 0 | 1 | 0 | 0 | 0 |
| | D - Patient Surveys (once every 5 appraisals) | 0 | 1 | 0 | 0 | 0 |
| | E - Complaints & Incidents (every appraisal) | 1 | 1 | 1 | 1 | 1 |
| Domain 4 | G - Probity Statement (every appraisal) | 1 | 1 | 1 | 1 | 1 |

## Self Declarations

| Mandatory Annual Declarations | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 |
|---|---|---|---|---|---|
| Health Statement | No Issues | No Issues | No Issues | No Issues | No Issues |
| Probity Statement | No Issues | No Issues | No Issues | No Issues | No Issues |
| Complaints / Critical Incidents Statement | No Issues | No Issues | No Issues | No Issues | No Issues |

## Appraiser Commentary for 2019/2020 Period

| | |
|---|---|
| Health Issue(s) | No issues identified. ..... states ..... is able to switch off from patient issues when at home. |
| Probity Issue(s) | None |
| Complaints/Critical Incidents Issue(s) | None |

# 4C – Personal Development Plan

This section shows a review of the appraisee's agreed PDP from last year, and also new PDPs agreed for the year ahead.

## Reviewing Last Year's PDP

From your agreed Learning Needs last year, which planned activities have you achieved since your last appraisal?

| Title | Time Scale | PDP Status |
|---|---|---|
| Parkinsons Disease | 12 months | Completed |
| Polymyalgia Rheumatica | 6 months | Completed |
| Pain relief in palliative care | 12 months | Completed |
| Management of chest pain | 6 months | Completed |
| RCGP drug misuse management | 12 months | Not Continuing |

## Draft Learning Needs for the Year Ahead

| Title | Time Scale |
|---|---|
| D Dimer and DVT | 6 months |
| Practice UTI protocol | 12 months |
| CRP and ESR - what, why and when ? | 6 months |
| Prophylactic antibiotics for UTI | 12 months |