

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:	<p>Dr continues to work as a GP locum since retiring from GP Principal role. finds usually works between 6 to 9 sessions per week, hoping to keep more consistently down to 6 sessions in the coming year. has found working in practices where the locums outnumber the remaining partners and reflects on how continuity of care is a challenge for both locum and Practice GP. Dr feels motivated in locum role, and we discussed how experience can provide appreciated stability.</p> <p>Dr has completed last years PDP in reviewing local referral guidelines. was disappointed that the NHS Hippo site did not contain as many referral guidelines as expected, some being patchy, some 10 years out of date and some being more of a tutorial sheet. found that they reinforced current knowledge rather than adding much new.</p> <p>..... has evidence for 65 learning credits, covering a wide range of clinical topics in general reading, independent research and update courses, and has created easy access on phone eg. to NICE guidelines and saved references. found the two-day BMJ Masterclass and the two-day MDU course varied and rewarding.</p> <p>..... reflected on how the discussion on candour and anatomy of the consultation was stimulating and how the consideration of implied consent was very relevant to locum role where, even though good rapport is established easily, is careful not to assume implied consent with new patients and takes time to explain and consider specific consents. The Type 2 Diabetes session and the use of steroids in COPD both provided updates that will influence practice.</p>

Actions / Agreed Outcomes:	<p>In the year ahead, Dr aims to attend the BMJ masterclass to provide the high a quality, broad range of clinical updates. is also going to look at the agenda for the Diabetic UK conference and the MDU course to see which is most suited to learning needs. might be involved in teaching of an Advanced Nurse Practitioner.</p>
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Domain 2 summary (Safety and Quality)

Core Elements:	<p>(B) Quality Improvement Activity = 1 (C) Significant Event = 1 (F) Health Statement = 1</p>
Discussion:	<p>Dr has undertaken PSQ (see Domain3), a search and an audit for QIAs. The search looked at practice patients on Pioglitazone, to undertake a risk assessment for bladder cancer, in order to stop the drug if one or more risk factor was found. audit looked at use of statins in secondary prevention of cardiovascular events, to establish if the SIGN guideline of over 4% reduction of non-HDL cholesterol was being achieved. spent time reviewing the guidelines and further background reading. The results showed that only 7% of the qualifying patients were receiving high intensity statins. Dr fed this back at practice level and also to the LHC pharmacist. reflected that the results correlated with similar studies undertaken in England and Wales.</p> <p>Dr presented one SEA which involved being asked to sign a repeat prescription, as a locum, for a patient on two of the possible three types of "triple whammy" drugs. didn't sign it until had checked the patient's record to establish satisfactory renal function. reflected on the difficulties locums have in signing prescriptions for patients they don't know, balancing the need of providing continuity of care, working within the limited time constraints, and trying not to repeat any pre-existing errors.</p> <p>Health- Dr considers in good health and enjoys cycling, as long as doesn't encounter troublesome cattle grids.</p>
Actions / Agreed Outcomes:	-

Domain 3 summary (Communication, Partnership and Teamwork)

Core Elements:	<p>(D) MSF = 0 (D) Patient Surveys = 1 (E) Complaints / Critical Incidents Statement = 1</p>
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Discussion:	<p>Dr achieved high scores in this year's PSQ. was frustrated that "making an action plan" was below average, but acknowledged that had above average or top quarter results in the majority of categories. was particularly pleased with "explaining things clearly" which values highly.</p> <p>Dr completedMSF last year and so is ready for revalidation on</p> <p>Dr has had no complaints.</p>
Actions / Agreed Outcomes:	-

Domain 4 summary (Maintaining Trust)

Core Elements:	(G) Probity = 1
Discussion:	Dr understands probity and has no issues.
Actions / Agreed Outcomes:	-

4B – Summary Assessment

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

Key

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Appraisal Supporting Information

Domain	Core Elements	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
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	0	0	1	0
	D - Patient Surveys (once every 5 appraisals)	0	0	0	0	1
	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	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
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 2018/2019 Period

Health Issue(s)	No issues
Probity Issue(s)	No issues.
Complaints/Critical Incidents Issue(s)	No complaints.

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
Review of local guidelines	12 months	Completed

Draft Learning Needs for the Year Ahead

Title	Time Scale
attend the BMJ masterclass to provide the high a quality, broad range of clinical updates	12 months
look at the agenda for the Diabetic UK conference and the MDU course when they become available to see which is most suited to learning needs	12 months

