

This partial Form 4 is based on this simulated appraisal discussion:

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/video-resources/non-engagement-1/>

This example, much like the simulated video, is not intended as the perfect Form 4 but rather to facilitate learner discussions at the Medical Appraisal Scotland training events.

## **FORM 4A - SUMMARY OF APPRAISAL DISCUSSION**

### ***Summary of Written Supporting Information Presented***

#### **DOMAIN 1: Knowledge, skills and development**

- *CPD Logs*
- *Quality Improvement Activity*

#### **Discussion:**

Dr Chandler has worked at Windy Ridge District General Hospital for majority of her career in respiratory medicine.

#### CPD Log:

Dr Chandler had submitted a log of her learning activity over the past year for her appraisal. Her documented learning activities came to **118 hours/CPD credits in total**.

<b>Learning activity</b>	<b>Hours/ CPD credits</b>
BTS webinar: Aspergillus-related chronic pulmonary disease	1
BTS Short Courses: Cough Control Therapy for Chronic Cough	5
Hospital grand round	1.5
BTS webinar: Breathing Pattern Disorder: A Physiotherapy Perspective	1
BTS Short Courses: Acute Non-Invasive Ventilation	5
Hospital grand round	1.5
Thorax Podcast: Sleep and ventilation	0.5
BTS Short Courses: Cough Control Therapy for Chronic Cough	5
BTS Summer meeting, 3-day event	21
BMJ learning module - breaking bad news	1
BTS Short Courses: Fundamentals of Pulmonary Rehabilitation	5
BTS webinar: The health risks of damp and mould	1
Bronchoscopy & Medical Thoracoscopy Colleague shadowing	2
Review of Curriculum for Respiratory Medicine Specialist training	10
Presentation on unusual respiratory cases, followed by group discussion	4

BTS Short Courses Interventional Bronchoscopy	5
Hospital grand round	1.5
BTS webinar: MDR-TB Clinical Simulated Case	1
BTS Winter meeting, 3-day event	21
Hospital grand round	1.5
BTS webinar: Enhanced Respiratory Support	1
Respiratory departmental audit presentations	3
Health board mandatory training	2
Facilitating study Day for respiratory nurses	6
BTS webinar: Early Detection of Lung Cancer: Evidence, Innovation, and Impact	1
Book reading: Rare and Interstitial Lung Diseases: Clinical Cases and Real-World Discussions	10
Thorax Podcast: Management of inpatient tobacco dependency	0.5

We discussed her submitted learning log and Dr Chandler said that she tried to make her CPD varied, and that it demonstrated that she attended conferences and used a variety of sources for her CPD. We talked a bit about how she chose her CPD, and she stated that she sometimes went to conferences because it was “just something you do” rather than really expecting to take away some useful learning from it.

Dr Chandler had not included any written reflections alongside her learning log entries, and so we explored what she remembered from her CPD activities that made a difference. She recalled that she had read an article from a unit in England that described a new way of running a multidisciplinary service and wondered if this method could be useful in her own circumstances. She said that she had shared it with her team and was considering getting in touch with the team in England in the future.

We talked about why it might be useful to elaborate on the learning in her log and reflect on what was useful and why, or even what was not useful and why not. Dr Chandler stated that she did not make extensive notes about her learning but enjoyed hearing from others when they shared their CPD experiences together.

We talked about the drivers for learning and Dr Chandler said that for her these included keeping up-to-date and giving the best service and experience to patients. Regarding her views on the purpose of submitting a learning log for her appraisal she said that she felt that this was really about meeting the GMC requirements and “ticking the box for CPD”.

#### **Actions/Agreed Outcomes:**

Dr Chandler is to be congratulated for completing so much CPD and is encouraged to consider prioritising her time on what she felt would be most useful to her and her patients, given her stated drivers for learning.

Dr Chandler is also encouraged to try to make her learning log more reflective, focusing on the aspects of her CPD that she found most valuable, and considering how the learning from them might change her practice. To include several of examples of this in her learning log for next year. To keep the task manageable, she could cut down on the numbers of CPD events logged and submit a much smaller number of entries with some detailed reflections attached to them.

**DOMAIN 2: Patients, partnership and communication**

- *Was a formal PSQ submitted this year?*
- *Complaints / Critical Incidents Statement*

**Discussion:**

**Actions/Agreed Outcomes:**

**DOMAIN 3: Colleagues, culture and safety**

- *Review of Significant Events*
- *Was a formal MSF submitted this year?*
- *Health Statement*

**Discussion:**

**Actions/Agreed Outcomes:**

**DOMAIN 4: Trust and professionalism**

- *Probity Statement*

**Discussion:**

**Actions/Agreed Outcomes:**