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| **Summary of Appraisal Discussion** | | |
| **Domain 1: Knowledge, Skills and Performance** | | A – CPD logs: 1 |
| Discussion: | Dr B submitted his CPD log, detailing learning activities undertaken and last year’s and this year’s PDP.  He also submitted a record of work undertaken in reviewing referrals using a follow-up questionnaire sent to colleagues to whom referrals had been made.  Also submitted was a review of feedback from colleagues using the multi-source feedback tool on SOAR; and a record of one complaint and thank you letters from patients. A copy of the Practice’s complaints procedure was also submitted.  We discussed Dr B’s PDP for the last year. He had identified three areas including lipid treatment guidelines and hypertension management. Two of the three topics Dr B had successfully addressed, but time constraints prevented him from addressing the third. Dr B described how his treatment of CHD patients had changed as a result of his PDP including prescribing antihypertensives and cholesterol lowering drugs and the importance of discussing diet with such patients. He was able to demonstrate change as a protocol had been drawn up for the practice nurses who saw most of the CHD patients to address these issues. Dr B enclosed a copy of the protocol with his appraisal submission. This was based on local and national guidelines. We discussed whether it would be useful to audit this in the future.  Dr B’s preferred learning style is attending courses, using the internet (PRODIGY is a favourite site) and completing online training modules. Dr B also included a calendar of the various meetings – formal and informal / clinical and non clinical – that the practice holds and which he attends whenever possible. He also described the benefits on his own education of participating in training the Practice’s Registrar. | |
| Actions / Agreed Outcomes: | We discussed Dr B’s PDP for this coming year which looked at 3 areas:   * The management of chronic back pain * The management of diabetes * Time management and organisation   After discussion these broad areas were narrowed down to:   * Dr B will consult with his colleague at the back pain clinic and take advice about what more he could do to manage patients with this problem. He will also undertake an online module on the topic. * Update on diabetes management. Dr B takes the lead in his practice on this issue and runs a diabetes clinic. However, he has identified this as an area where he needs to do something to keep up-to-date. He has decided to identify his specific educational needs opportunistically, through using a PUNS & DENS log. The use of on-line learning modules that offer a before and after score was also discussed as a means of clarifying any gaps in his knowledge. * Time Management and Organisation – Dr B will research providers of courses about this topic. He believes colleagues in his practice and nearby practices might also benefit from a course focussed on the needs of GPs in relation to this area. He is hoping that if there is enough interest, his practice may be able to host a session on this topic during Protected Learning Time (PLT). | |
| **Domain 2: Safety and Quality** | | B – Quality Improvement Activity: 1 C – Review of Significant Event: 1 F – Health Statement: 1 |
| Discussion: | (Please also see discussion of SEA in Domain 3)  We discussed that last year the practice had achieved an overall high QOF score and that the practice seemed to be on track this year to achieve a similar result.  Dr B chose to do MSF this year (ahead of his revalidation next year) – and as his QIA for Domain 2.  The review of returned questionnaires from medical colleagues revealed that the vast majority of referrals Dr B made were deemed to be ‘appropriate’ and ‘timely’ by colleagues. However, the feedback from a colleague managing a clinic, for those with chronic back pain, suggested that Dr B could do more for patients himself before making a referral.  The feedback from colleagues using the MSF questionnaire was also positive. Dr B had already reviewed this feedback with the support of a colleague in a neighbouring practice. Generally the feedback was extremely positive with respondents commenting on his excellent communication skills and warm and supportive manner with patients. However, a number of colleagues described Dr B as being ‘poor’ at time management and ‘organising his work’. Dr B had initially felt annoyed by these comments but on reflection he could see that there is some basis for them. | |
| Actions / Agreed Outcomes: | Dr B intends to consult with his colleague further about this and plans to undertake a course on the topic of back pain in the coming year.  Dr B has decided to put “improved time management and work organisation” into his PDP for the year ahead. | |
| **Domain 3: Communications, Partnership and Teamwork** | | D – MSF: 1 D – Patient Surveys: 1 E – Complaints/Critical Incidents Statement: 1 |
| Discussion: | Please see summary in Domain 2 for MSF discussions.   1. Dr B had produced a number of thank you cards and notes from patients which were very appreciative. 2. Dr B is very aware of the Practice’s complaints system and the role of the Practice Manager in dealing with complaints. There had been one complaint from a patient in relation to a referral letter which for some reason (not known) was not made. The referral was for a physiotherapy appointment. It was not a mistake which could have caused harm, but it had embarrassed Dr B and we focussed on his feelings about this, including ways of dealing with them. Dr B described the different methods he used for producing referral letters – some hand written, some dictated - and the new procedure he had introduced to ensure there was no repetition of this mistake. 3. Dr B’s score in the annual patient survey was good and the Practice overall scored the same or higher than the Health Board’s average, except in one area, which we discussed. The Practice had met and discussed the issues raised by the survey with a patient representative. 4. The doctors meet in a variety of settings. There is a Partnership meeting once a week, and at lunch times the Partners discuss business matters. There are regular educational meetings (a calendar of these was supplied) and the Partners meet over coffee once a week to discuss clinical issues. There are opportunities for the attached staff to attend these meetings; some take advantage of these invitations. | |
| Actions / Agreed Outcomes: | 1. Dr B will write up the missed referral as an SEA. This would objectify the issue and perhaps neutralise it and could be a relevant exercise as the omission had implications for the practice as a whole 2. No other outcome was deemed necessary from the patient survey 3. Dr B would like to have more contact with colleagues working in neighbouring practices and sees hosting joint development events as one way of taking this forward | |
| **Domain 4: Maintaining Trust** | | G – Probity: 1 |
| Discussion: | Dr B acknowledged that he was aware of the GMC guidelines on probity. We discussed the importance of a sound and comprehensive partnership agreement and Dr B showed me the protocol the Practice uses to safeguard patients’ interests in relation to one of his Partner’s research activities. | |
| Actions / Agreed Outcomes: | With the Practice Manager, Dr B will review the current partnership agreement and bring suggestions for change to a Partnership meeting in one month’s time, with a view to asking the Practice’s solicitor to redraft a new agreement within 3 months. | |