

# **Medical Appraisal Report**

**Appraisal ID:** 

**Appraisal Status:** 

Form 4 - Completed

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# **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
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Data(a) of Appraigal		 			
Date(s) of Appraisal	·	 	 		
Place of Appraisal				-	
Appraisal Period					

## **Appraisee Details**

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

## **Appraiser Details**

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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

	Following the completion of GP Training Dr has been working
	as ain Dumfries and Galloway. The majority of 'in
,	hours' GP work has been undertaking a maternity locum post (6
	sessions/week) which has allowed Dr to have continuity in
	work which is something that Dr feels is important both
	for and for patient care. Dr also undertakes
	approximately 1-2 overnight 00H sessions per week, expressing
	that likes the semi-acute nature of this work.
	Towards the end of training year, Dr identified
•	Women's Health and a Musculo-skeletal update as areas wished
	to look at in the upcoming year. Dr was able to report that
	had attended a Menopause Matters evening update and that
1	plans to continue focusing on Women's health in the upcoming year.
	Dr did book onto a Musculo-skeletal update course but had to
Y Y	cancel as was no longer able to attend.
	Dr claimed 100 Credits and in paperwork
Discussion:	reflected in detail on the main learning points from many of
Discussion.	learning activities. For, one of the stand out activities was
	attending the RCGP Conference in Glasgow. Dr felt that in
	addition to the good learning opportunities it was also a social
	experience and found it helpful in networking with other 1st
	five GP's. Dr also commented that found the medical
	ethics book read to be an activity for that has stood out.
	Dr has joined a Practice Based Small Group Learning
	(PBSGL) group and has undertaken several modules including ones
	on realistic medicine and antibiotic stewardship. This again gives
	the opportunity to meet up and discuss issues with
	colleagues. Dr also lead (with a colleague) a Basic Life
	Support session and undertook a RCGP Safeguarding (children)
	level 3 module.
	Next Years' PDP consists of the item
	Upskill management of women's health related problems- Dr
	has booked to sit the DRCOG exam in the upcoming year and as part
•	of preparation for the exam plans to review the most up to up
	to date guidelines in Obstetrics and Gynaecology.date guidelines in
	Obstetrics and Gynaecology.
Actions / Agreed Outcomes:	-

## Domain 2 summary (Safety and Quality)

	(B) Quality Improvement Activity = 1
Core Elements:	(C) Significant Event = 1
·	(F) Health Statement = 1

	QIA
	Dr submitted a Case Review which felt had a lot of
	learning points for Several of these learning points were ones
	that Dr can continue to be mindful of in practice going
	forward. Dr reflected on the fact that a quick review of the
	patients notes prior to the consultation helped glean that this
	was an infrequent attender and that influenced Dr into having
	a higher index of suspicion that something more serious may be
	behind the patients quick reattendance (subsequently was
,	diagnosed with cancer). Dr also reflected that utilising some
	quick mindfulness helped to focus/allow the patient time and
	space necessary despite Dr being under several sources of time
	pressure. During the appraisal interview Dr also described
	that reviews on a ongoing basis the notes of cancer diagnoses
Discussion:	has been involved in to glean any learning points from the
	patients journey.
,	SEA
	Dr submitted a SEA relating to HRT. Dr discussed
,	this case with colleagues in the practice and was able to share
	SEA with clinical and admin staff at a Protected Learning Time
	(PLT) session. The practice was open to discussion and changes to
	both the prescribing procedures and recall letters to patients have
	been made.
	Health
,	Dr stated did not have any issues with health that
	have affected patient care in the past year.
	We had a general discussion about work-life balance with Dr
,	expressing that is satisfied with the current balance.
	Dr also described a method of 'housekeeping' that utilises
	on a daily basis.
Actions / Agreed Outcomes:	-
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## Domain 3 summary (Communication, Partnership and Teamwork)

Core Elements:	(D) MSF = 0 (D) Patient Surveys = 0	
	(E) Complaints / Critical Incidents Statement = 1	

During the appraisal interview the importance to Dr of
being part of a regular team came through strongly and the
potential mutual benefits of teamwork for both team members and
patients.
Dr was also able to report had has received informal
feedback from both admin and clinical staff that is approachable
and ready to help.
Complaints
Drstated that had not received any formal complaints
in the past year.
We had a general discussion regarding complaints and how Dr
would aim to deal with a complaint from a personal
wellbeing point of view.
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## Domain 4 summary (Maintaining Trust)

Core Elements:	(G) Probity = 1
Discussion:	Dr stated did not have any issues regarding probity.
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	2015/2 016	2016/2 017	2017/2 018	2018/2 019	2019/2 020
Domain 1	A - CPD log (every appraisal)	-			-	1
	B - Quality Improvement Activity (every appraisal)	-	-	-	-	1
	C - Significant Event (every appraisal)	-	-	-	-	1
	F - Health Statement (every appraisal)	-	-	-	-	1
1.	D - MSF (once every 5 appraisals)	-	-	-	-	0
Domain 3	D - Patient Surveys (once every 5 appraisals)	-	-			0
	E - Complaints & Incidents (every appraisal)	-	-	-	-	1
Domain 4	G - Probity Statement (every appraisal)	-	-	-	_	1

## **Self Declarations**

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

# 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?

No Achieved Personal Development Plans found

## **Draft Learning Needs for the Year Ahead**

Title	Time Scale
To Upskill management of women's health related problems	· 6 months