

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

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/video-resources/complaints-3/>

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 Barbara is an established specialist in rehabilitation medicine.

Actions/Agreed Outcomes:

DOMAIN 2: Patients, partnership and communication

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

Discussion:

Dr Barbara had submitted one written complaint that she had received over the past appraisal year.

Before going into the discussion around the complaint, we reviewed the confidentiality statement and agreed our understanding of it, and the limits to confidentiality within the appraisal discussion. Dr. Barbara described the circumstances of the complaint. She said that it was around a patient's expectation of receiving a particular mobility aid and said that the patient was already well known to her. She stated that the patient had not met the criteria for this aid and that she had explained this to the patient and also why she felt this would not be of value. She stated that she had spent a lot of time on this to the patient, and had not expected to receive a written complaint from the patient a few days later. She stated that this alleged that she had been rude, had not listened, had not recognised the patient's needs, and that the patient did not want to see her again.

We discussed how this complaint made her feel, and she stated that she had felt very upset and cross about it, and about the allegations within the complaint. She said she felt frustrated feeling that the patient had not been listening to her. We discussed Dr Barbara's feelings about the patient before the consultation, and she reflected that her "heart-sink" feeling about it might have made her a little defensive. She wondered if this had contributed to a confrontational element to the consultation. We discussed whether she felt the patient's complaint had any validity and Dr Barbara reflected that she had adopted quite a direct style in the consultation to avoid any ambiguity in her message to the patient about the mobility aid. Dr Barbara reflected on what might be done differently in the future and speculated that sending out information to the patient before the appointment might help to manage expectations. She said that it might also help to be able to refer to this information during the consultation itself. At the end of the discussion, Dr Barbara agreed that talking openly about it and her feelings around it had been helpful.

Actions/Agreed Outcomes:

Dr Barbara to consider discussing with others in her department whether her ideas of sending out information to patients pre-appointment could be adopted.

During the appraisal we did not discuss the role of her defence union, and Dr Barbara would be advised to involve the defence union if she has not already done so.

Dr. Barbara to include the outcome of the complaint in her next appraisal, along with any relevant documentation.

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: