

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 XX is a consultant psychiatrist and is involved in outpatient clinics and home visits across the catchment area. She works a 12 PA job plan (~8 DCC; ~2 SPA; 2 EPA). She keeps a varied CPD diary, including attending the Royal College of Psychiatrists in Scotland Autumn Conference, and medical skills training for psychiatrists. She has more than 70 credits for the past year and she provided certification that it met the RCPsych required standard for the past year. A particular highlight was the Medical Education Conference that she attended last year.

Her service is under significant caseload pressure as described below, and clinical work has eroded into her SPA time which has then needed to be undertaken in her personal time. Dr XX reflected that it wasn't until she raised a grievance with the board that it was agreed a locum should be appointed to help manage the significant out-patient waiting list. She was deeply saddened that simply discussing and evidencing the pressures was not enough for help to be forthcoming.

Dr XX is involved in the Clinical Governance Group and Drugs and Therapeutics Committee.

Dr XX provided evidence of quality improvement work regarding the clinical environment available for her patients. This has included work on assessment of the infrastructure as well as working with the Mental Welfare Commission. She has campaigned for greater investment in the fabric of the environment although without success as yet due to the current capital funding constraints.

Dr XX highlighted the clinical caseload for her post was beyond that expected from the RCPsych norms. The workload has been exacerbated by loss of colleagues and cumulative losses in support posts over the past 10 years. This was specifically noted during the review by the Mental Welfare Commission. She has reflected on the pressures this places upon her and the need for attention to detail and scrutiny of cases to minimise the associated safety risks. Fortunately, no patients have yet come to harm from the diminished clinical team.

Actions/Agreed Outcomes:

To attend the forthcoming NES Annual Medical Education conference.
To maintain specialist knowledge by attending the National Faculty meetings
To identify learning opportunities to maintain general medical knowledge as described in PDP.
To work to protect SPA time, including flexible scheduling of her week's work.
To continue to advocate for improvements to the environment for delivering patients' care.

DOMAIN 2: Patients, partnership and communication

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

Discussion:

Dr XX presented a patient feedback survey which demonstrates high levels of satisfaction from her patients and very positive feedback. In particular there were comments about her ability to listen and understand the issues that patients wanted to raise. "She always has time for me" was echoed by several patients, which indicates Dr XX's ability to create a positive experience for patients despite significant staffing and time pressures.

Dr XX has had no formal complaints in the past year as evidenced by the report from Clinical Governance.

Actions/Agreed Outcomes:

N/A

DOMAIN 3: Colleagues, culture and safety

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

Discussion:

Although there were no adverse events to report for this past year, Dr XX has considered a significant learning event in which she and her team developed a new ward protocol and did some joint learning through a new Turas module on the area in question. The discussion covered the difficulty in measuring successful outcomes for certain groups of patients and how to measure more subtle improvements in wellbeing. Dr XX feels there is more work that could usefully be done in this area but it would take time that she does not have, although in the future might provide a project for a trainee.

Dr XX works in both a multi- and inter-disciplinary way. She coordinates meetings of both in patient and community teams in her specialist area. As part of this she supports the education of other staff and allied health professionals within the specialist service.

Although she is a member of the Specialty Senior Leadership Management team, Dr XX noted that high clinical caseload and a shortage of workforce provided limited scope for taking on additional managerial responsibilities.

Dr XX is also on the curriculum committee of her College.

Actions/Agreed Outcomes:

To continue to press for restoration of the previous service staff levels including specialist nurse,
To further review wellbeing outcome measures
To continue to provide clinical leadership and to support the multi-disciplinary teams with which she works

DOMAIN 4: Trust and professionalism

- *Probity Statement*

Discussion:

Dr XX is in good standing with the GMC. She is aware of the new version of Good Medical Practice but has not yet had time to read it through.

She is concerned for the future of her specialty and has considered the national report into staffing and careers in psychiatry in Scotland. In addition, she has reflected on the difficulties in ensuring equitable care in remote and rural locations. Dr XX is reflecting on how she might become more involved in influencing the future of her specialty

Actions/Agreed Outcomes:

To read Good Medical Practice 2024.

FORM 4C – PERSONAL DEVELOPMENT PLAN

Reviewing Last Year's PDP

From last year's agreed Learning Needs, which planned activities have been achieved?

Title	Timescale	PDP status
Maintain skills in complex diagnoses	-	Completed
Increase understanding of neuro-diversity in the work force	3 months	Completed
Leadership course	12 months	Not continuing

Draft Learning Needs for the Year Ahead

Title	Timescale
Attend the NES Annual conference in 2025	12 months
Maintain specialist knowledge	12 months
Identify learning opportunities to maintain general medical knowledge	12 months
Work to protect SPA time	12 months

RECOGNITION OF TRAINER

Discussion:

Dr XX teaches undergraduate students attached to her department. She also provides clinical teaching and supervision of juniors including GP and psychiatric. She is a clinical supervisor for core psychiatric trainees and FY2's.

Dr XX has attended an FDA Trainer workshop in 2014, with an update in 2019 and has booked a further one later this year. She attended the Health Board Medical Education Conference this year. Available to help trainees in department

Issues:

Due to gaps in the deanery rotation there are very few CT/STs who rotate into his service. This relates to difficulties in recruitment to the specialty in general although that is particularly acute in our area and discussed in the National report on this topic which Dr XX submitted as part of her appraisal.

Actions/Agreed Outcomes:

To attend the FDA update course this year.