

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

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/video-resources/msf-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 Mimi is an **8-session GP partner** in Prestopans medical practice.

Actions/Agreed Outcomes:

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:

MSF:

Dr Mimi had submitted a formal **MSF this year with contributions from 10 raters**. Much of the feedback was supportive, but they were also some negative comments in the domains.

I asked Dr Mimi what she thought about the feedback and she stated that she felt it was “much as expected, no surprises”. I asked her if she recalled any comments that had led to her reflecting further on them and she said that there had been one that she felt may have been from a receptionist relating to a time when she (Dr Mimi) was running late. I offered the view that the feedback suggested that when she was running late and under pressure, she could be a bit short tempered.

Dr Mimi stated that she felt that she did not react any differently to her other colleagues when under stress. She said that she had not shared her stresses regarding the pressure of work with her colleagues, and said that was not the culture of the practice.

I picked out one of the negative comments which stated that this rater had been in tears at the end of a conversation with her after a busy day. Dr Mimi said she felt it was probably someone who wasn't doing her job well, but agreed it wasn't good for her to be in tears. She reflected that she should have handled the situation differently and that she should share her stress about being interrupted with others in the practice.

I also drew attention to some of the positive comments in the survey, e.g. valuing her experience and wisdom and Dr Mimi said that she appreciated these. We explored how she might practically take forward sharing her stresses with others and changing the situation. She commented that her door was the one nearest reception and that perhaps she was the first person that got approached during busy times. She reflected that speaking to the practice manager about it might help, and to the reception manager, to agree they should seek help from GP's during their busy day.

I prompted Dr Mimi to consider some other sources of potential help for her when trying to implement this change. She said that it might be helpful if she spoke to her partners about it to look at how the on call was managed in the practice.

Actions/Agreed Outcomes:

Dr Mimi stated she would like to change the situation and agreed that she would talk to the practice manager and reception manager about how she felt when being interrupted during a busy day and how things might be done differently.

She also agreed to talk to her GP colleagues about her feelings of stress and her reactions to stressful situations, to find out how they also felt about this, and to discuss how to manage busy and stressful times in the practice in terms of the impact on doctors and staff.

DOMAIN 4: Trust and professionalism

- *Probity Statement*

Discussion:

Actions/Agreed Outcomes: