MS Word version of Form 4A, to be used for Medical Appraisal Scotland training ONLY

This partial Form 4 is based on this simulated appraisal discussion:
https://www.appraisal.nes.scot.nhs.uk/appraiser-training/video-resources/non-engagement-4/

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 Mathis is a hepatology consultant in a large hospital in the central belt of Scotland.

Actions/Agreed Outcomes:

DOMAIN 2: Patients, partnership and communication
- *Was a formal PSQ submitted this year?*
- *Complaints / Critical Incidents Statement*

Discussion:

Dr Mathis had submitted a patient survey for this appraisal. I asked him to reflect on how he felt back about receiving patient feedback. He stated that he knew he was a good doctor, and that he had also uploaded a thank-you card from a patient to his appraisal submission. He said that occasionally a patient might feel unhappy if he/she did not get what he/she wanted, for example in the viral hepatitis unit.

We talked about the process of obtaining the patient survey and Dr Mathis stated that he felt that this had been relatively easy. He stated that he had given his forms to his clinic nurse who had given them outside his clinic to the patients, and that his secretary had entered the data for him.

I asked him about the possibility of including patients in other from other aspects of his work as the patient feedback should ideally cover the scope of his practice, and his initial reaction was that this would be too complicated.

Dr Mathis said that he saw patients on wards, on-call, and in his clinics. However, he said that he felt that these were all the same patients because those people who had been impatient with then come for a review in his outpatient clinic.

We talked about the fact that he had received feedback from only six patients, a comparatively small number. Dr Mathis expressed the view that if all the feedback was good, he felt this was alright.
I challenged him on this in terms of asking his view on the purpose of patient feedback. He said that it was to show he was doing his job and was needed for the purpose of appraisal and revalidation.

I suggested to Dr Mathis that a key purpose of the PSQ was to reflect on patient feedback, and that 15 to 25 responses would be considered a more sensible number. I suggested that a broader survey, to include patients from other parts of his work e.g. the viral hepatitis clinic, might be valuable, even if they were patients who were less satisfied. I reiterated that the value of the PSQ was his reflection on it rather than aiming for responses that were all good.

Actions/Agreed Outcomes:

As his total number of responses was less than the local benchmark, I persuaded Dr Mathis to extend his patient survey to include at least 15 patients in total, and to cover more of the scope of his practice. This could be done within the next two weeks and be followed by a follow-up phone call with me to cover this extended PSQ, after which I would complete the Form 4.

Dr Mathis agreed that he would do this, and I said that I would let the local appraisal advisors know that they would be a short delay in completing the Form 4.

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: