

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

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

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 Michel is a consultant working in Acute Medicine as his clinical role, and in the University as his academic role. This appraisal was a joint academic appraisal.

Persons present: Dr Michel (appraisee), Dr Pam (academic co-appraiser from the University), Dr Mimi (me as NHS Appraiser).

Dr Michel's academic role is in the university. He was a senior lecture and has recently received further promotion.

I began by explaining the process of the joint appraisal- that after the initial introductions, we covered the confidentiality statement, and that the outcome of the appraisal would be a joint form 4 which would be agreed on by all three participants. At the end of the academic discussion Dr Pam as academic appraiser would leave the meeting, and that I would continue the rest of the NHS appraisal with Dr Michel.

NHS appraisal:

After the academic appraiser had left the meeting, we moved onto his clinical role and Dr Michel reflected that he enjoyed both academic and clinical roles but was at heart a clinician. He spoke of some of the conflict between the roles and that this arose because he tried to do both jobs properly. He reflected that his inability to say "no" resulted in him taking on extra work such as extra shifts. He stated that he felt he needed to set more time aside for personal and family life, although he still wished to develop as a clinician.

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:

Health Statement:

Dr Michel commented that he was taking on too much. We discussed work-life balance briefly.

Actions/Agreed Outcomes:

Dr Michel to continue his reflections on his work life balance and his priorities for his personal life as well as his work life.

DOMAIN 4: Trust and professionalism

- *Probity Statement*

Discussion:

Actions/Agreed Outcomes:

ACADEMIC MEDICINE

Summary of Academic Medicine Activities:

Summary of discussion, and any issues / agreed outcomes.

Dr. Pam asked Dr Michel about his year and his achievements across the year. He stated that it had been a good year and that he had got promoted to lead a post, something he had hoped to achieve for the past couple of years. He said that he had been supported by two grants to conduct his research and was grateful for this. He also stated that the University was happy with the additional £0.5 million that came with the research grants.

Dr Michel said that he was hoping to submit two papers by the end of this year. He said that he had previously published three articles since embarking on the previous study with his students. He stated that two articles were published in the UK and one in the Kingdom of Saudi Arabia. He said that it had been a challenge preparing the abstract in Arabic, but he had managed to achieve this.

Dr Michel stated that he had encountered some significant problems regarding the teaching aspect of his post. He stated that, post-Covid, some students in their third or fourth years still had only had one or two weeks of clinical exposure. He stated that he felt this was an unsafe situation and said that he had tried to speak to the MBChB lead about it.

Dr Pam talked about his promotion and Dr Michel said there had been no change to his job plan subsequent to this, but stated that the promotion was a necessary step towards his intended professorship. Dr Pam acknowledged the importance of his grants and asked if he had a PhD student to assist him in the work resulting for this. He said that he hoped that one would be starting soon although this was dependent on the student being granted a visa.

Dr Michel said that he had spent a lot of his annual leave completing the grants, especially the second one, and had to sacrifice a significant amount of personal and family time to achieve this. He said that this was on a background of stresses in Acute Medicine relating to staff shortages.

Dr Michel is contracted to spend 2 ½ days in his academic role at the university, and Dr Pam asked if this was sufficient. Dr Michel said that he felt that three days would be better, but commented that even 2 ½ days was difficult to achieve at times due to overbooking of his clinic. He said that if his registrar was absent, he had to see 40 patients himself in the clinic and therefore his academic work had to be completed in his evenings. However, he said that two other colleagues in a similar situation were considering cutting down to 4 sessions a week and this might enable him to have three days of protective time for his university work.

Dr Pam asked Dr Michel about his two research studies and when results from these were to be anticipated. She mentioned some pressure from the finance department regarding this. Dr Michel said that he intended to start recruitment after the summer holidays, and was still awaiting ethics committee approval. He explained that post-Brexit, separate ethics committee approval was needed in addition to the European ethics committee approval for this hyperbaric study.

Dr Michel said that, regarding the second research study, two elective students would be completing the data regarding surgical admissions, and he was hopeful of having a paper submitted for publication by the end of this calendar year.

Dr Michel was asked about plans for the forthcoming year, and he stated that he intended to start a study with Dutch colleagues, and hoped to be the lead centre in the UK for this. He said he also intended to join Professor McFarlane in his epidemiology studies on leg ulcers in Scotland. He felt that the Professor's excellent statistical skills would be very helpful to create a very good paper which could inform colleagues in the diabetic clinic.

Academic Career Aspirations, Future Plans and Personal/Professional Development Needs for Forthcoming Year:

A brief description of your development needs or learning gaps if not already detailed in the main PDP section (i.e. Future plans, agreed training or developmental requirements, etc).

To submit his two planned papers by the end of this calendar year (1:Hyperbaric study; 2:Surgical admissions). This will require ensuring he has sufficient support from this including manpower in the form of PhD student help, and resources including time and finance.

To progress his academic work with Dutch colleagues, and his intended work with Professor McFarlane on epidemiology studies on leg ulcers in Scotland.