

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

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

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 Hilary is an established consultant in secondary care. This was my first appraisal with her, and it was conducted remotely on video. Dr Hilary has had to take time off work over the past appraisal year and therefore this appraisal is in the context of a reduced number of months compared to normal. Dr Hilary had been back at work for three months prior to the appraisal interview.

We started the interview with the confidentiality statement and a shared understanding of the purpose of appraisal.

Dr Hilary stated that she had been off on sick leave for a few months and had found it difficult to get back into work when she returned. She said that this had caused her to think hard about her career, and of her work life balance. She said at times that it felt overwhelming and she found it difficult to get back on top of things.

We talked about whether she had managed to keep in touch with work whilst off sick and she stated that for the first couple of weeks she had had no energy even for emails. She stated that after that she had tried to keep in touch with work periodically, and that some of her colleagues had contacted her. She said that she felt they were trying to look after her. She also said she had had support from family and friends.

Regarding what she was finding difficult at work, Dr Hilary stated that a lot of other colleagues and junior staff had also been off sick and this had led to gaps and rotas, cancelled leave, and more pressure on the rest of them. She expressed the view that she could not carry on working like this.

We talked about some of the options and she reflected that she could stop work completely, but that she could also consider working few hours. Dr Hilary said that she had discussed the second option with her husband and at work with the clinical director, a close colleague, and another trusted colleague. She stated that she felt she was not the only person at work thinking this way, and that if several of them wanted to drop sessions, this might enable sufficient sessions for another post to be advertised. Dr Hilary also talked about some of the content of her work and said that the on call was the least popular aspect of it, and that she would not be able to drop this. However, she felt she would be able to continue this if it was reduced in amount as she felt it would then be manageable.

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 Hilary said she had taken some months off sick over the past appraisal year due to a prolonged illness which had now resolved.

We discussed briefly whether she had felt under pressure to return to work before she was ready. Dr Hilary said that she felt that she returned to work when she was physically able to. She said that she had taken advice from her GP regarding her return to work.

Actions/Agreed Outcomes:

We did not discuss whether she had taken advice from occupational health at her workplace, but this remains an option if she feels that some of her symptoms have recurred.

DOMAIN 4: Trust and professionalism

- *Probity Statement*

Discussion:

Actions/Agreed Outcomes: