

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

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/video-resources/health-and-wellbeing-approach-to-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 Mimi is a full-time GP partner in Verywell Health Centre. We began by going over the confidentiality statement for appraisal.

Dr Mimi stated that there had been a lot to do in general practice recently.

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 Mimi appeared somewhat tired and stressed during the appraisal. She said that she felt trapped in her situation did not feel she had enough time for her patients, her family or herself. We did not specifically discuss any other health issues that might impact on patients, although her self-declaration on health stated that there were none.

We talked about whether she could see a way to change the situation. We began by discussing her health and whether she had consulted her GP about how she felt. She stated she had considered this but had not done so yet. We also talked about whether she had spoken to her partners and she said that although she has good relationships with them, she had not spoken to them yet about it.

She reflected that if she looked at it from an alternative point of view, eg if a patient came to her with these problems, she would advise them to speak to a GP and to colleagues at work.

We discussed the possibility of coaching, and I shared my own experiences of BMA coaching, a free service. I explained that it had changed how I viewed the job and myself, and that it had made things much better. I said that coaching was a personal confidential process tailored to her. She acknowledged it would be useful to her to talk to her partners and her family, and maybe to explore the possibility of coaching.

Actions/Agreed Outcomes:

Dr Mimi said she felt relieved to have discussed her situation and felt that sharing more of herself in the future with relevant others would be a beginning for her.

To continue her plan of speaking to her partners and her family, and to explore coaching possibilities.

DOMAIN 4: Trust and professionalism

- *Probity Statement*

Discussion:

Actions/Agreed Outcomes: