

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

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/video-resources/complaints-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 Olga is a locum GP who works in a variety of different practices.

#### **Actions/Agreed Outcomes:**

#### **DOMAIN 2: Patients, partnership and communication**

- *Was a formal PSQ submitted this year?*
- *Complaints / Critical Incidents Statement*

#### **Discussion:**

Dr Olga has not had any new complaints over the past appraisal year, but we reviewed a complaint that she had received the year before that was still ongoing.

Dr. Olga talked about her ongoing complaint. She said that it was about a patient whose fracture she had missed. She said that the practice she was working for as a locum had said that it was nothing to do with them and that she had to deal with it herself. She stated that she had contacted her medical defence union and found them helpful and supportive. However, she said that she had got a letter from the patient's lawyer and had had follow-up letters from them every couple of months. She said that she found this complaint very upsetting, it was the one and only complaint she had ever received, and that she saw no end to it.

We discussed her feelings about this complaint further. She stated that she did not feel in control of the situation and had no one to speak to about it. She stated that whilst her husband was supportive, he was not medical, and as a locum she had no practice colleagues to talk to. I suggested that she might consider talking to her medical friends about it. She said that she had been tearful on the phone to the defence union. We discussed why the defence union did not appear bothered about the complaint and she reflected that this was probably because the complaint was seen as insubstantial but said that they didn't appreciate the effect it was having on her. We discussed her fears and concerns about the uncertainty of the situation and if the legal case was found against her, and the injustice she would feel if the patient got compensation for this.

We then discussed how Dr Olga could move forward from this. She said she had considered if there was something else, she could've done, and reflected that she would not have done anything differently and this was "something that happens to you". We discussed the fact that we can't control what comes into our consulting room or change what happens in the future. I stated that many complaint letters do not lead to anything further happening. I asked if she could find it in her heart to forgive the patient and said that we can only control how we feel and react and encouraged her to think about how she could control her feelings of hurt, anger and shame. She stated she was unlikely to see the patient again as she was

a locum. However, she said that if she happened across the patient in the future, she would be very careful as to how she dealt with him, and maybe if it were possible to ask one of the other GPs to see him instead, she would do this.

**Actions/Agreed Outcomes:**

Dr Olga agreed that she would try to move on from this and use it as a learning process. I reminded her that if the defence union weren't bothered about it then maybe she should not be either.

**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:**