

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

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/video-resources/recognition-of-trainer/>

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 Pam is a consultant in secondary care. She stated that the most significant change in her working life since her last appraisal was taking on the role of Educational Supervisor (ES).

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:

Actions/Agreed Outcomes:

DOMAIN 4: Trust and professionalism

- *Probity Statement*

Discussion:

Actions/Agreed Outcomes:

RECOGNITION OF TRAINER

Discussions:

Dr Pam said that she had been approached by the Clinical Director to take on the ES role as there was a shortage of ESs and said that it was the kind of work she enjoyed. However, she expressed a few concerns about the time that might be needed for this and what the role involved. She said that there was a possibility that the role would expand as more trainees needed to be supervised. She stated that her first trainee was due to arrive shortly, in August. She said that she understood that she would need to see her trainee on a regular basis, complete an ESR just prior to the ARCP review, and would need to keep up with her educational CPD for the role. Dr Pam stated that she had attended RoT meetings held at the local hospital and had got certificates of attendance for these as well as for equality and diversity training.

Dr Pam stated that she was aware that her college held face-to-face Train the Trainers events, but these were in London and reflected that if it were possible to attend them online this would be better.

As Dr Pam said that she would like to know a bit more about RoT and accreditation for this, I explained about the ROT areas that needed to be completed by her, and that these could be found on SOAR.

I also asked her about protected time for the ES role, and she stated that as, yet nothing had been arranged regarding this, and reflected that she would need to bring this up at her next job plan review. I stated that the guidelines were approximately one hour of teaching per week per trainee.

We also discussed the Academy of Medical Educators' (AoME) competency framework relevant to RoT and the seven areas that needed to be covered. We talked about how she felt she might go about finding out more about the role and she reflected that discussing this with colleagues who were already ESs would probably be helpful, especially in terms of the areas to be covered. We talked about how some of her activities could be mapped to these areas, e.g. attending courses as an educator, discussions with colleagues about the role, and relevant reading around education (CPD as an educator).

She talked about some of her possible learning needs and said that her speciality curriculum had changed recently and she needed to become more familiar with these and apply these to training. I suggested to her that there were Scottish Deanery courses available on TURAS, and educator training resources.

We discussed what preparation she might consider regarding her first new Trainee. Dr Pam said she probably needed to get to grips with their Lifelong Learning pathway as she was not familiar with this, nor with the computer system that they used for it (CPD as an educator).

We also discussed the possible use of feedback (Guiding personal and professional development), and Dr Pam said she felt it would be a good idea. This could be formal or informal and could include tools such as MSF as well as self-reflections on her teaching. Patient surveys can also provide evidence for RoT with respect to any complaints or lack of them from patients who have been managed by her Trainee (Ensuring safe and effective patient care through training)

Issues:

The initial recognition mandatory requirement of ensuring sufficient time in the job plan for this new role is not yet completed.

Current and future activities need to be mapped against the 7 AoME Areas of competence.

A new curriculum has been published, and Dr Pam does not yet feel fully familiar with this.

Actions:

Dr Pam has completed induction training and E&D Training as part of the mandatory initial recognition requirements and needs to ensure she has appropriate time in her job plan for the role to complete this initial recognition process. Dr Pam to discuss the issue of protected time when she has her job plan review and ensure that she has sufficient protected time for this new role at present and if it should expand in the foreseeable future (Supporting and monitoring educational progress).

To review the requirements for RoT - these can be found on the Scotland Deanery website:

https://www.scotlanddeanery.nhs.scot/RoT_Manual/presentation_html5.html

Dr Pam to review the 7 AoME Areas of competence, and to map her current and future activities as an ES to this.

To investigate her speciality's lifelong learning platform/portfolio system on which the trainee's clinical experience, assessments, and CPD will be recorded (Supporting and monitoring educational progress).

NB - Form 7 (auto created when Form 4 is completed) is the only part of the appraisal paperwork that the DME will see consisting of appraisee's ROT submission and appraiser comments in ROT section on Form 4, so any evidence that needs to be taken account needs to be included in the ROT form.