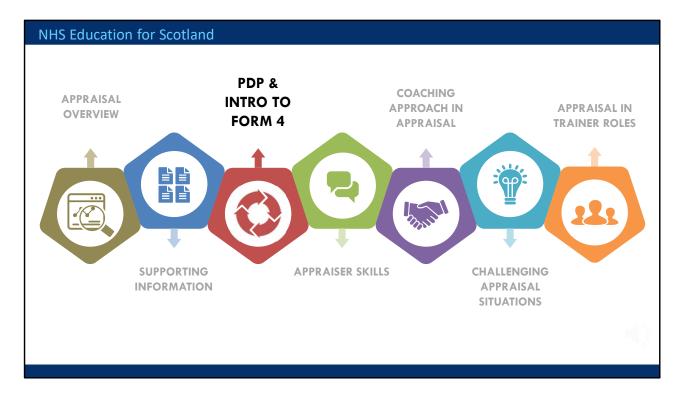


[Audio transcription of module 3]



Welcome to the Medical Appraisal Scotland New Appraiser training. This is module 3, looking at Personal Development Plans and an introduction to Form 4.

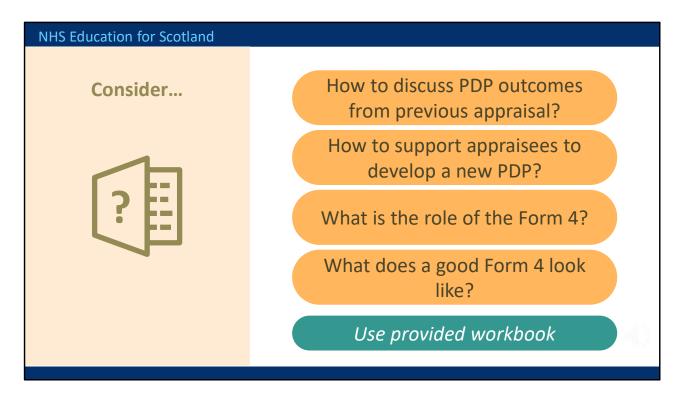


As a prerequisite for attending the NES New Appraiser training, potential participants are asked to complete a suite of online modules - of which this is one of them - as preparation for the large and small group discussions.



The two main aims of this module are to develop an understanding of what a Personal Development Plan is, and **how you** will be able to support your appraisee in developing a PDP;

It should also help you to develop your understanding of a Form 4 summary and show you best practice tips.



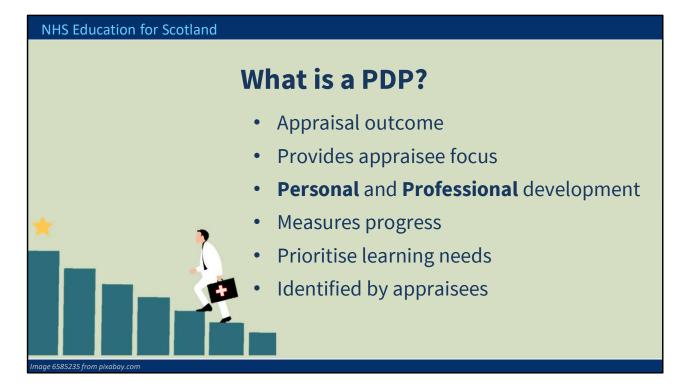
Using the workbook provided, please consider the following as you work through this module:

- How would you discuss PDP outcomes from the previous appraisal, and how may these be linked to CPD?
- How do you support appraisees to develop a new PDP through the appraisal discussion?
- What is the role of the Form 4? and
- What does a good Form 4 look like?

Add any notes as you go along including any questions that you may have. These can be discussed when you attend the New Appraiser training course.

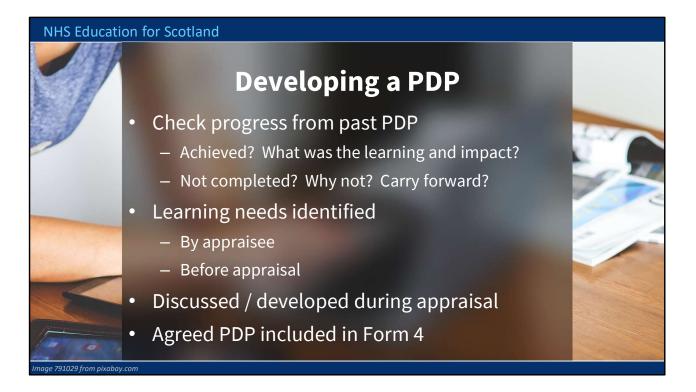


Let's start with the PDP - Personal Development Plan.



A Personal Development Plan is a key outcome of the appraisal process. It provides an appraisee with focus to personal and professional development. It also allows them to track and measure progress over time.

PDP is also used to help prioritise an appraisee's learning needs which are often identified by the appraisees themselves. It is their development after all.



Before you discuss developing a new PDP with your appraisee, you should check the progress from the previous year's PDP... were all the learning needs completed? And what were the impacts? Has what the appraisee learned changed their practice? Was there any other learning accomplished outside of what was planned?

If something wasn't achieved in the previous year, why was this? Has this had an impact on the appraisee's work? You could also check the appraisee's commitment and see if it should be carried forward to the next year... If so, does this impact the other learning the appraisee plans to do next year? Is it a realistic target that they will complete everything?

Learning needs are often identified by the appraisee before the appraisal, and then developed further during the appraisal meeting discussions. Some learning needs may well develop during the appraisal conversations.

Once the PDP has been agreed for the forthcoming year, it needs to be included in the Form 4.

NHS Education for Scotland

PDP is <u>not</u>...

- Mandatory learning / training
- Job planning
- A wish list (has to be achievable)
- PDP is not CPD
 - PDP = planned learning
 - CPD = record of learning



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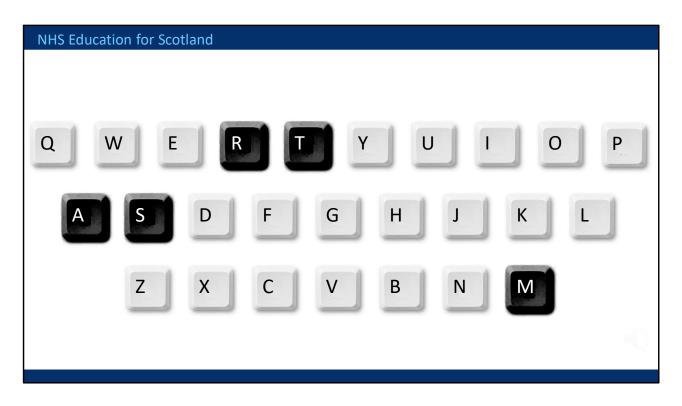
It's equally important to recognise what is not a PDP.

A PDP is not about completion of mandatory modules or training. Examples of this include health and safety modules that we all need to complete for our organisations.

It's important also to recognise that the PDP is not a job planning tool. As we established in module 1, job planning is NOT the role of the appraiser, it is that of the appraisee's line manager, which you are not and should not be.

PDP is not a wish list either because we need to make sure whatever is included is achievable.

And a PDP is definitely not the same as Continuing Professional Development. A PDP is planned, a proposal of what the appraisee wishes to focus on developing; whereas a CPD is a log, a record of learning achieved.

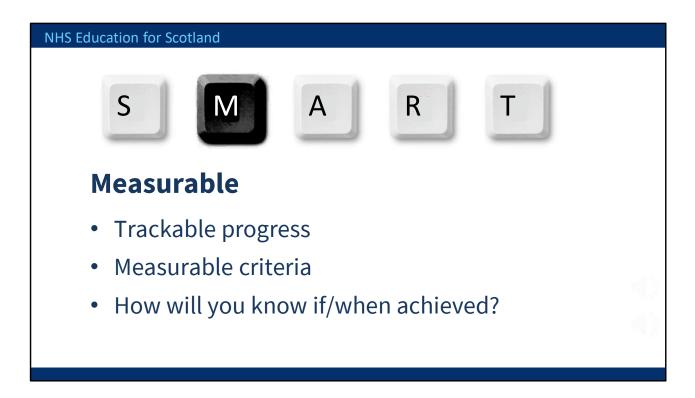


Typically, a good PDP is a SMART PDP. It should be Specific, Measurable, Achievable, Relevant and Realistic, and Time-bound.



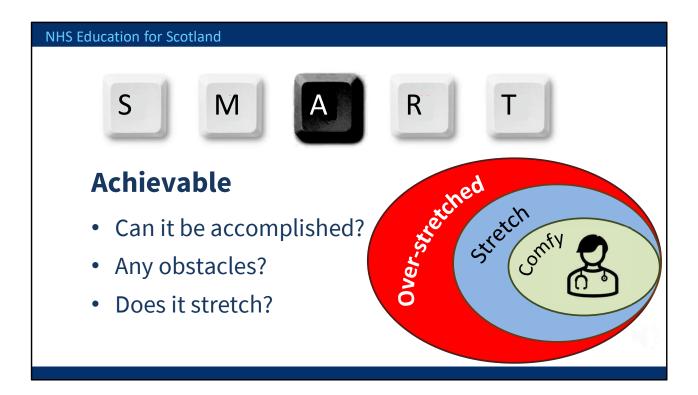
The specifics of a PDP allows the appraisee to plan ahead for what's to happen, when it's to happen, and also explore who needs to be involved. This also allows the appraisee to identify any potential obstacles, as well as measurable achievements.

A specific PDP brings clarity on what it is the appraisee wants to achieve.



How will the appraisee know if or when a learning has been achieved? If it is measurable, they will know if the PDP is attainable or not and can also track their achievement progress.

- Has the appraisee considered the criteria for measuring?
- How much, how many, how will they know if or when it's accomplished?
- Will they be writing their findings in a publication?
- Will they implement changes to their practice?
- Or will they be looking to share the learning with other colleagues?

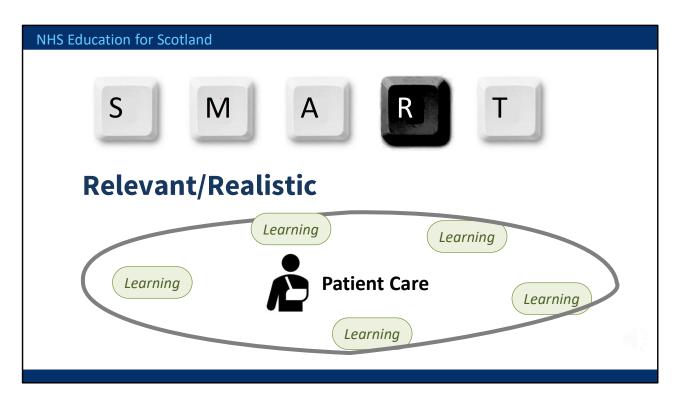


The success of a PDP depends on whether or not the learning is achievable. Questions that the appraiser may wish to ask include:

Can this really be accomplished? Have they considered any other factors, such as time, or work commitment capacity, or timing of objectives?

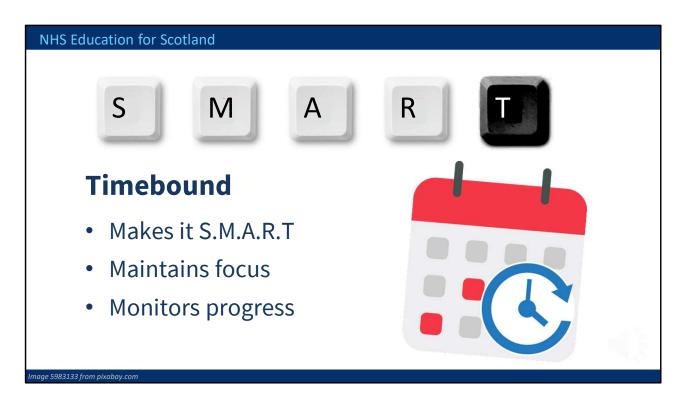
For example, if the appraisee wishes to undertake a quality improvement activity that includes other colleagues in the department, has this been discussed with them to sense check their availability or impact on their workload? Or holiday plans perhaps?

As with any learning, it should stretch the appraisee's comfort levels. If it's all within their comfort level, will they actually learn? Stretched too far, then the learning becomes unachievable. A good PDP should stretch the appraisee but not be impossible to achieve.



Any learning or objectives set needs to be relevant to the appraisee's work. After all, improving patient care should be the ultimate aim.

It should also be realistic. A PDP should NOT be impossible to achieve, remember, it is not a wish list.



By adding a target timeline, it ties everything together to make the PDP specific, measurable, achievable and relevant. It helps prevent everyday tasks from taking over and helps the appraisee to monitor progress within a specific timeframe.

ducation for Scotland		
Underdevelope	d Example	
Development need:	Update on eating disorders	
How will I address the need?	Reading	
Timescale:	In the next year	
Outcome:	I will feel more confident about this	

Sometimes appraisees will need advice on how best to further develop their PDP. Here is a fictional example of an underdeveloped PDP.

Clearly this is not a SMART example. The development need is not specific, the time scale is extended and there is no realistic measurable outcome; but you can explore with your appraisee how this can be improved so that it's meaningful to them.

Development need:	The management of patients with eating disorders, specifically anorexia nervosa.
	I realised after a difficult clinical situation when a patient was under my care who was anorexic, that I was not confident in managing these patients.

You can start by asking the appraisee why is the learning needed? What made them want to do this particular learning? It could be based on a change in practice, in response to feedback, or as in this example, reflection from a challenging clinical case that was being managed.

Better Example (2/4)

How will I address the need?	I have arranged to discuss this case with a colleague who specialises in this condition in the next two weeks.
	Before this I will carry out an internet search for resources – review articles, online learning. I will also ask colleagues for suggestions about any other suitable resources.

Once you have explored the why, you can discuss the how and the who. This lets you explore if there's any other colleagues the appraisee can seek help from. It also lets you know what research they have done, thus allowing you to gauge their commitment to change.

As the appraiser, you don't need to have the answers, in fact it's fair to say, you are not expected to know the answers. If anyone does, it's the appraisee themselves. Your role is to help them explore the possibilities and figure out what would work best for them.

Better Example (3/4)

Timescale:	Internet search and discuss with colleagues – within the next two months.
	Review any changes to management over the next year.

By honing in on a realistic timescale, it makes the learning far more achievable; and if needed, as indicated in this example, it can also include a timescale for monitoring progress.

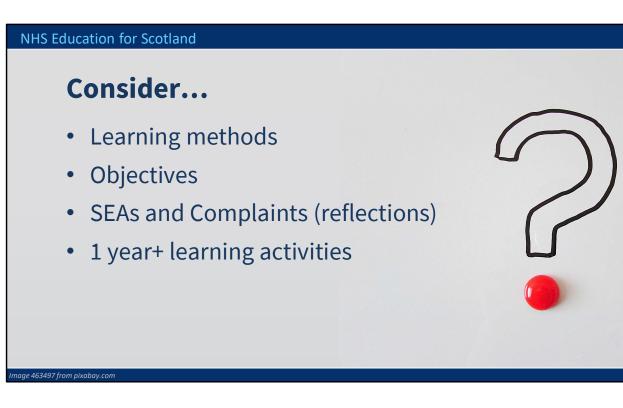
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Better Example (4/4)

Outcome:	I will write up this case as a clinical case review.
	I will present this at our clinical meeting.
	I will discuss with our specialist trainees.

The outcome can take on different forms, be it written or verbal presentation or otherwise. Compared to the original underdeveloped PDP, this SMART PDP reads better and gives the appraisee something more meaningful to work towards.

Also, it gives the appraiser of the next appraisal, whether it's yourself or another appraiser, a better way to discuss any progress the appraisee has made.

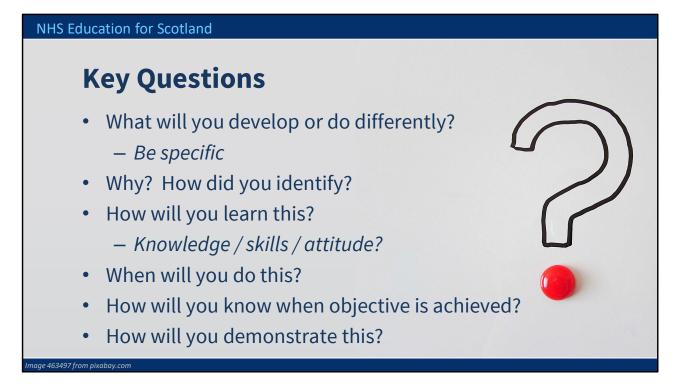


When discussing the development of the PDP, do consider the learning methods that are going to be used. We are all different and have different learning styles and therefore, prefer one learning method to another. Some appraisees prefer online learning, others may prefer face-to-face lectures or conferences.

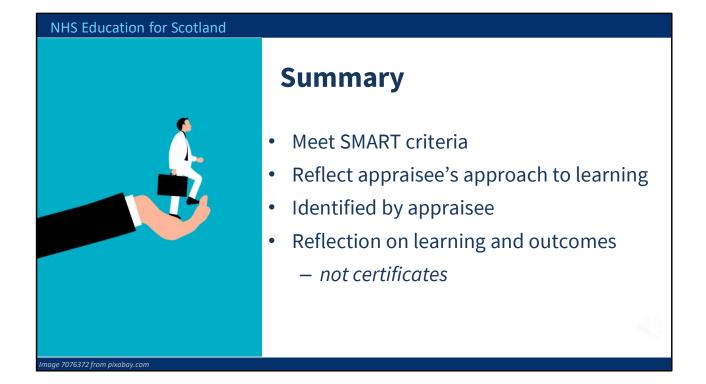
Will the aims and objectives benefit the appraisee and ultimately, do they improve patient care?

Also consider discussing and reflecting on significant events and complaints when developing the PDP. Have any learning needs come up and can these be incorporated into the learning plan?

Some learning requires more than a one-year timescale, for example, a Masters or a Diploma course that the appraisee may be on. This will need to be followed up in the next appraisal - especially if there is a different appraiser who will be discussing this with the appraisee; which makes the Form 4 summary a very important document.



Here are some questions that you can reference in your discussion with your appraisee. All these questions will allow the appraisee to think more **smartly** about their PDP.

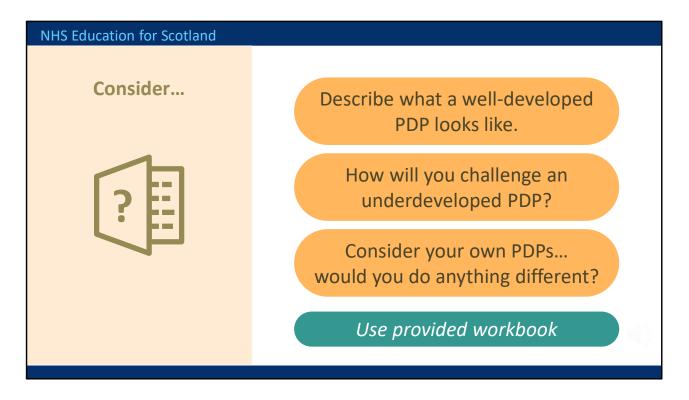


In summary:

- A good PDP should be a SMART PDP.
- It should reflect the appraisee's approach to learning, whether it's online, or reading of journals or discussion with colleagues.
- It should be identified by the appraisee...
- ...through their reflection on their activities since last appraisal.

Sometimes however, this can be jointly identified during the appraisal meeting discussions.

And as indicated by the GMC, the focus of learning should be on reflections, reflecting the appraisee's learning and outcomes, rather than the certificates as evidence of achievement.



Using the workbook provided, in your own words:

- Please describe what a well-developed PDP looks like.
- Consider how you would challenge an under-developed PDP, like the example used earlier on.
- Consider your own PDPs from past appraisals and having read what you have written out would you do anything differently?



Let's turn our attention to the Appraisal Form 4 summary, a key output of the appraisal process.

NHS Education for Scotland	
Form 4:	Appraisal Summary (1/2)
	 Core outcome of the appraisal process Professional record (proof of appraisal) Drafted by appraisers approved by appraisees Formal & Professional but also Supportive & Developmental Stick to the facts
Image 2298286 from pixabay.com	

The Appraisal Form 4 summary is a core tangible outcome of the whole of the appraisal process. It is a professional record of the appraisal discussion between you the appraiser, and your appraisee. It is a recognised document in the UK and is often used as proof of appraisal.

In Scotland, the Appraisal Form 4 is drafted by the appraiser... but the final approval is with the appraisee to ensure that what has been captured, is an accurate reflection of the discussions.

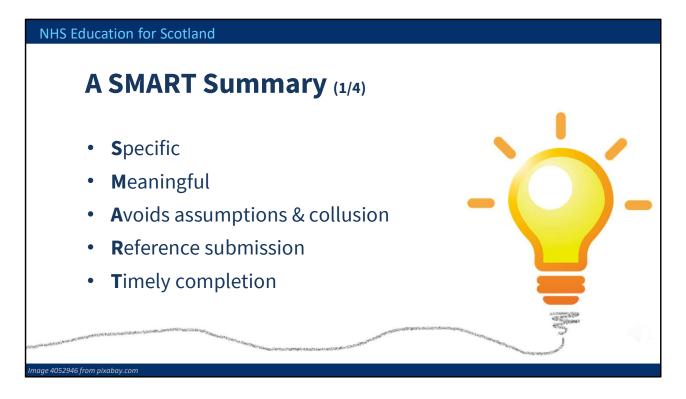
Remember, medical appraisal is a formal and professional process, designed to be supportive and developmental, and is based on the supporting information provided by the appraisee. Make sure you keep it factual.

Form 4:	Appraisal Summary (2/2)
	 Start Form 4 with a brief background Accessible by Responsible Officers and Appraisal Leads (or deputies) Informs revalidation recommendations Need to reflect discussions Appraisal is not a pass/fail process

It is good practice to add a short introductory line of text at the beginning of any Form 4 to describe the job the appraisee does. Doesn't have to be long, just a line or two about what the appraisee does, how many sessions, and any additional roles. This will provide context to the reader, be it yourself at the next appraisal, or a different appraiser in the future looking back.

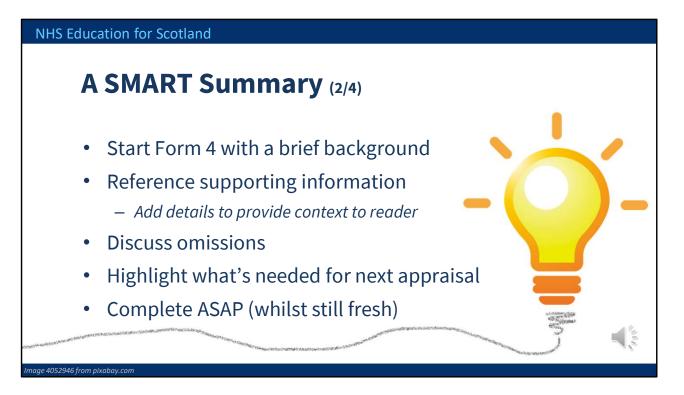
The Appraisal Lead and the Responsible Officer - who is responsible for making revalidation recommendations to the GMC - can also access the Form 4 summary to help inform their decision-making process regarding your appraisee's revalidation. For this purpose, appraisers are asked to put as much effort into the drafting of the Form 4 summary as other components of the appraisal to capture the essence of what was discussed. Remember, it is a professional document after all.

The most crucial thing to remember is that appraisal itself is **NOT** a pass or fail process – one cannot pass or fail an appraisal. It is designed to explore the doctor's achievements, challenges and aspirations. It is also used to plan their further development so your approach to appraisal and the Form 4 should reflect this. This may have to be explained to appraisees, especially if they are new to appraisal, to help put them at ease.



We have stressed the importance of the Form 4, let's look at how to make it an effective summary.

Much like a SMART PDP, an effective summary should also be specific. It should be meaningful, and it also needs to avoid assumptions and collusion with the appraisee... remember - keep it factual. It needs to reference the supporting information submitted by the appraisee, and it should be completed in a timely manner.

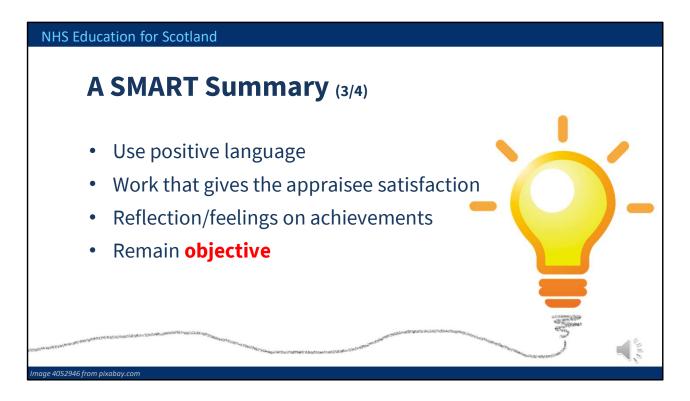


As already discussed, it is good practice to add a short introductory line of text at the beginning of any Form 4, to describe the job, the appraisee does.

The content itself needs to be relevant to the appraisee, and as such your Form 4 draft needs to have clear reference to the supporting information submitted. For example, if a multisource feedback was submitted - or a patient survey perhaps - it is helpful to note down some details of this in the Form 4, like when was it completed? Over what period of time? How many people responded? ... And then proceed to summarise the discussions and reflections from there.

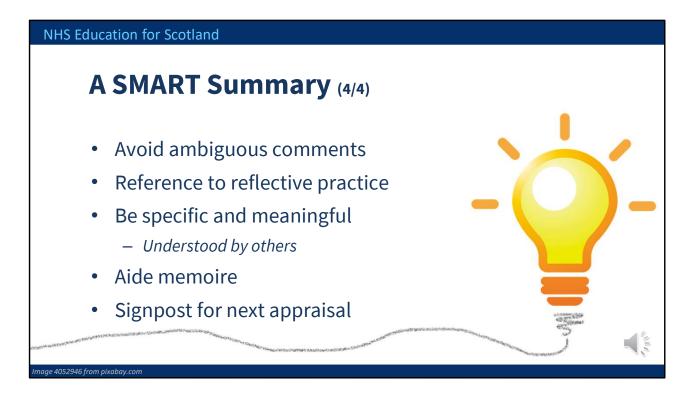
It could also be that an omission of information in a particular area was discussed; and this can be summarised accordingly on the Form 4. This lets the appraisee know what is needed for next year's submission.

Appraisers are also asked to complete the Form 4 drafts in a timely manner, certainly as soon as possible after the appraisal meeting whilst everything is still fresh in your mind.



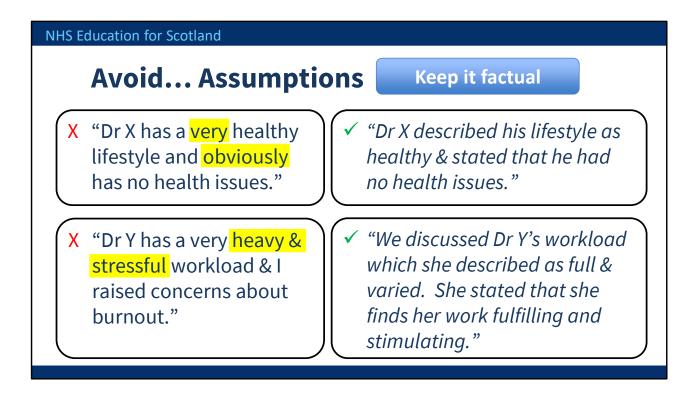
As mentioned already, appraisal is a supportive and developmental process and as such, appraisers are encouraged to use positive language where possible especially when describing areas of work that gives the appraisee satisfaction.

Explore the achievements of the appraisee, their feelings and reflections, but remain **objective**, taking care in recording any changes to practice and progress too.



Avoid ambiguous statements such as "more of the same". It needs to reference reflective practice if this has been demonstrated.

It needs to be specific and meaningful to the appraisee. Think of the Form 4 as an aide memoire for the appraisee and a signpost for future appraisers. Imagine if you were appraising someone new to you, what would you like the previous Form 4 to include?

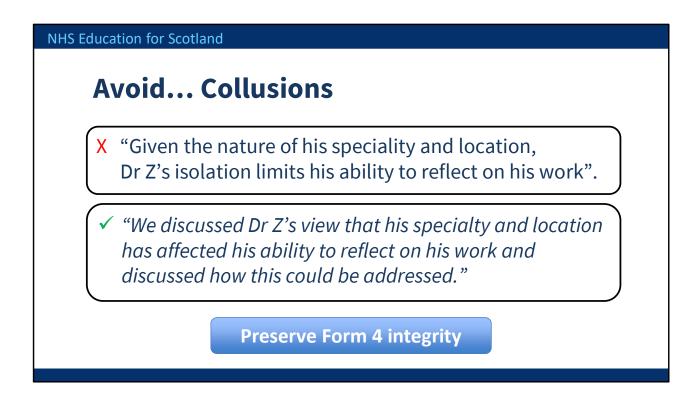


We have talked about avoiding assumptions... by this, we mean writing statements in such a way that does not include any judgements you might have made.

For example, if you wrote "Dr X has a very healthy lifestyle and obviously has no health issues". Words like "very" and "obviously" are both judgemental and assumptive with no documented evidence to back this up. Remember, keep it factual. An alternative description might be, "Dr X described his lifestyle as healthy and stated that he had no health issues".

Consider this example: "Dr Y has a very heavy and stressful workload and I raised concerns about burnout". The appraiser here has made a judgement on Dr Y's workload as being heavy and stressful – based against what? An alternative might be – "We discussed Dr Y's workload which she described as full and varied. She stated that she finds her work fulfilling and stimulating".

It is necessary to avoid assumptions to keep it factual.



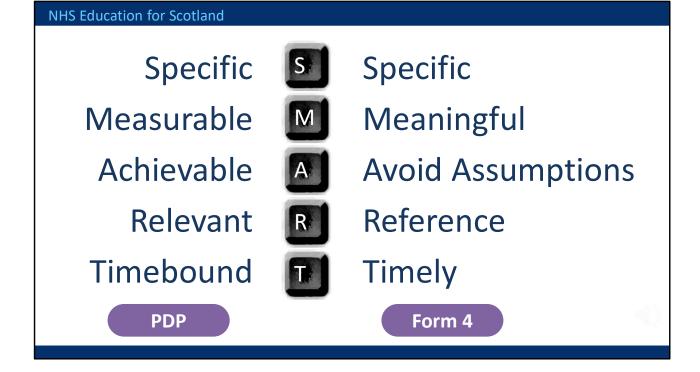
One of the reasons why appraisers are tasked with the drafting of the appraisal summary is to avoid collusion with the appraisee.

In this example, the appraiser has written "Given the nature of his speciality and location, Dr Z's isolation limits his ability to reflect on his work".

They may well be colluding with the appraisee where the appraiser has turned the appraisee's words into a judgement. A better alternative could be – "We discussed Dr Z's view that his speciality and location has affected his ability to reflect on his work and discussed how this could be addressed".

This makes it clear that you have discussed and reflected on an opinion held by the appraisee.

At the end of the day, both you and your appraisee must be satisfied that the summary is an accurate reflection of the key areas and the supporting information discussed; and that you have not made any false assumptions or colluded with the appraisee in any way. Otherwise, the integrity of the document might be disputed.

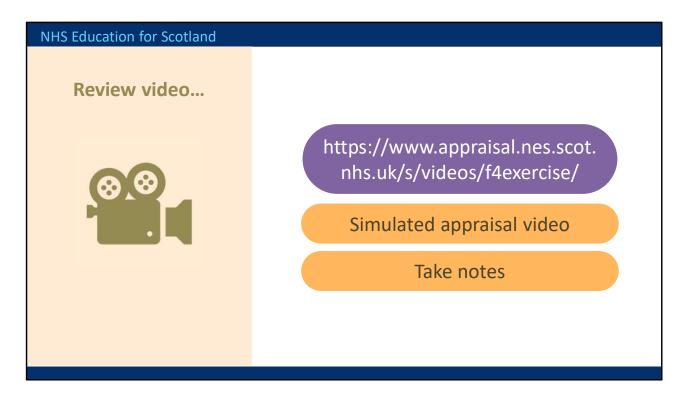


In summary, keep your PDP SMART:

- Specific
- Measurable
- Achievable
- Relevant
- Timebound

And likewise keep your Form 4s SMART also:

- Specific
- Meaningful
- Avoid Assumptions
- Reference evidence
- Timely completion

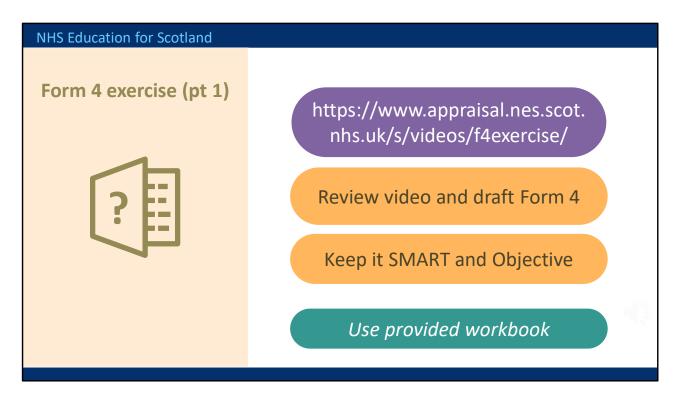


We will now show you a short video of a simulated appraisal discussion - please take notes as you watch it – we will be asking you to draft a mini Form 4 based on your observations.

You can visit the Medical Appraisal Scotland website to re-watch this at your leisure, where you will find some additional notes about the video.



https://www.appraisal.nes.scot.nhs.uk/s/videos/f4exercise/



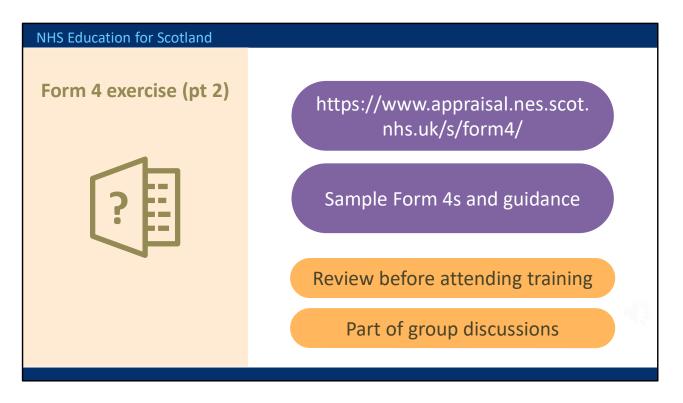
Please review the simulated appraisal video in the link provided and use it to practice writing up a Form 4 summary.

https://www.appraisal.nes.scot.nhs.uk/s/videos/f4exercise/

Whilst the experience and scenario of the appraiser and appraisee is real, the simulated video was recorded specifically for this exercise so there was a time limit to this. Put yourself in the appraiser's shoes, what might you do differently? Were there any other questions you might have asked?

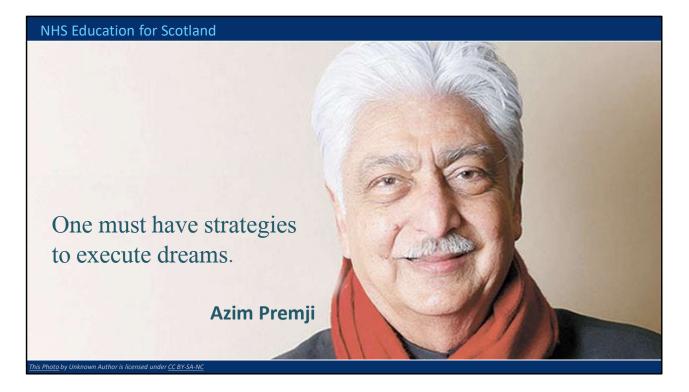
A blank Form 4 template has been provided for you in the workbook, please use it to write up the discussions. At the New Appraiser training session, this video will **not** be re-played on the day, but you will be discussing your draft in the small group exercises with fellow participants and tutors.

Remember – be Specific, Meaningful, Avoid Assumptions and Collusions, keep it factual and remain objective.



After you have drafted your Form 4, you can check out some examples on our website. Included in this page is also a Form 4 guidance document which you may find helpful.

https://www.appraisal.nes.scot.nhs.uk/s/form4/



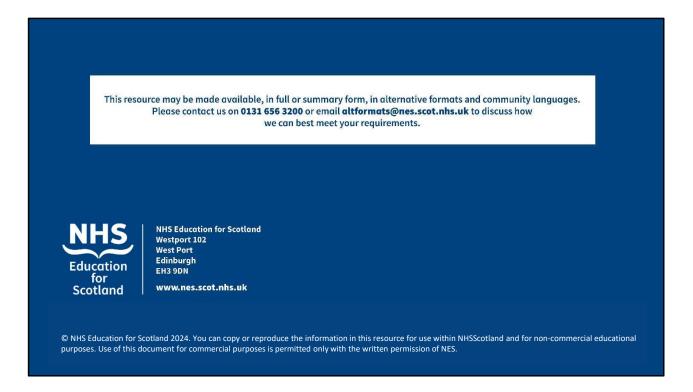
We hope you found this module useful and that you now have an understanding of what a Personal Development Plan is and the importance of the Appraisal Form 4 summary.

NHS Education for Scotland



If you are planning to attend the New Appraiser training and this is supported by your employing health board's Appraisal Lead, please complete the other modules from the Medical Appraisal Scotland website. When you are ready, send in your training course application form and remember to copy in your Appraisal Lead. We will be in touch from there.

https://www.appraisal.nes.scot.nhs.uk/appraiser-training/new-appraiser/



[End of module 3]

Audio by: **Stacey Lucas** | Administration Officer | Medical Appraisal **Mandie Thrippleton** | Administration Officer | Medical Appraisal