

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

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/video-resources/new-appraiser-appraising-a-senior-colleague/>

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 Helen is a **consultant geriatrician** with 2 SPAs in her contract. Dr Helen stated that her roles included:

- Consultant geriatrician with a mixture of acute and rehab (main role)
- Clinical lead for the department
- Appraiser
- Appraiser tutor
- Communication skills teacher.

Dr Helen described her clinical role and said that she was regularly involved in the acute receiving rota and the acute wards, and that much of her work involved seeing patients and updating family members on their situations. She said that she shared responsibility for "Teamwork" with another colleague. She stated she also had responsibility for the Intermediate Care Ward, which she enjoyed as it reminded her of "how the job used to be, focused on rehab, and seeing patients improve on their journey".

We discussed the multidisciplinary nature of her work, and she stated that she had a daily MDT meeting to discuss with others how patients were progressing and whether they were fit to return home. She said that this involved physiotherapists, OTs, and social workers.

She talked briefly about her interactions with doctors in training and said she found these variable. She stated that in one of the offsite wards she worked with a long-standing speciality doctor and described this as her "happy place of work" as it had relative stability.

We talked about how she managed her other roles, and she said that she had to juggle these, especially the clinical lead role which she had to "squash into her week". She said that she enjoyed this role, however, getting to know people in a different role and having oversight of the whole process. She said that she did feel pressures from different directions but made time for the bits of her work that she enjoyed doing, eg her communication skills teaching and her Appraiser tutor work.

She said that ideally, she would like to have more time for her clinical lead work, yet felt it was sustainable. However, she wondered if she was in the "honeymoon period" for the clinical lead role and stated she saw herself doing this for about 4 years. We talked a little about succession planning, and she stated that she had someone in mind who might be a suitable person to take over this role.

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

Dr Helen to take up the offer of coaching that she has in the clinical lead role, as she suggested during the appraisal that this would help her further develop this aspect of her work.

**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:**