

Summary of the appraisal discussion

Domain 1: Knowledge, skills and performance

Roles:

You are in your second year as a full time partner in a 9000 patient semi-rural practice. You do not currently have any roles outside of the practice and do not do any training.

Last year's PDP

You achieved the objectives set out in last years PDP and these areas covered completing sub-dermal implant training, communication skills and setting up a learning log.

Quality Improvement activity:

New service provided at the practice: Your implant training has enabled this service to be offered to your own patients. As this is a new service you would like to perform an audit on record keeping of consultations, procedure and outcomes in the next year.

Improved communication skills: Communication skills was on last years PDP and we discussed a series of sessions on motivational change you attended - one in NLP which you are keen to put in practice with patients. You would like to share this knowledge with colleagues including practice nurses and have set up sessions to do so. We discussed considering a patient survey to assess the impact of this training on your relationship with patients and also the possibility of getting feedback from the colleagues after the training sessions you have set up.

Practice Policies: You updated the practice protocol on lipid management following a SUI described below.

CPD:

One of your PDP aims from last year was to start a learning log in preparation for revalidation. This was achieved and you recorded 67 hours. Ten of these were from unstructured reading of the BMJ and Pulse. The rest have arisen from documented PUNS and DENS list [15 so far] which you have started in the last year to address your weaker areas. You plan to continue this in the next year as it has led to wider reading including refreshing some subjects that you usually feel confident in [including family planning and dermatology]. You are up to date with CPR (certificate seen) and you intend to update this again this year.

CPD certificates were viewed, and some included reflective notes. We discussed recording more reflection including the potential use of case studies and simple data

collections for your next appraisal. We discussed how impact could increase your CPD credits.

We discussed reading and using e-modules to supplement CPD activity and aid reflection. You use GP Notebook regularly but were not aware that this has a tracker that could be used as supporting documentation and will explore this for next year. You have used BMJ learning and we discussed other e-learning sites for you to explore. You attended a Hot Topics course that led to colleague discussions about revising practice protocols and you will have particular responsibility for hypertension and CKD.

Prescribing:

We discussed PACT data and a pharmacist review. The data was not individualised but you have supporting documentation of reviews of highlighted medications including 'specials'. Documented meetings with colleagues have taken place to address these issues with a recall system initiated for patients to discuss their prescriptions. A colleague will conduct a review in 6 months.

Referrals:

Individualised referral data was available for the practice and your rate was below the practice average apart from gynaecology. You have reflected upon this and think this may be because colleagues use you as a 'second opinion' as you hold the DRCOG. After our discussion you would like to have a 3 month sample of your gynaecology referrals reviewed by a peer also holding the DRCOG to see if any suggestions for change can be made.

Record Keeping:

The practice is paper light. Letters are scanned in and you have a trained notes summariser who inputs the relevant codes. You make contemporaneous records whenever possible and ensure home visits are typed on return to the practice. You have not audited your record keeping, but have considered doing this to ensure that you are recording sufficient information.

Action agreed:

Audit of nexplanon insertions and removals will help ensure quality of performance. Continue to record your reflection, learning points and outcomes on CPD undertaken. Continue to develop your clinical knowledge using a PUNS and DENS list and explore other e-learning tools to achieve this.

Peer review 3 months of gynaecology referrals and reflect on areas for change.

Develop practice protocols on hypertension and CKD and discuss with colleagues how best to implement these within the practice.

Domain 2: Safety and quality

SUI's:

We discussed a significant event in which you were involved. This involved a cholesterol result where the patient was not recalled and they subsequently had an MI. This was presented at your practice monthly clinical meeting and also led to your attendance at a GP refresher course on managing cholesterol. You have demonstrated that the course has led to change by showing you have updated the practice cholesterol management protocol. Following the SUI discussion, you and your colleagues, now have protected time to review results every day, as on reflection you believe the oversight may have been due to interruptions from reception staff. This has not led to a patient complaint as you explained the situation to the patient who accepted your apology and recognised that the practice had taken steps to prevent recurrence. We discussed a course that I was aware of, which is provided by your indemnity society, about patient safety particularly in the area of patient results.

Systems to protect patients:

Child safeguarding update certificate was viewed and will be updated in the coming year.

QOF

We viewed a detailed report of the practice QOF results and the practice achieves well in all areas. You have particular responsibility for depression and hypertension currently and you work closely with the practice nurse to recall patients for monitoring.

You are keen to increase communication within your practice clinical team as you believe the sharing of information increases patient safety. You can demonstrate this by your instigating of a monthly clinical meeting in the last year. We viewed the minutes of these and the format includes SEA's, recent cancer diagnoses, complaints, deaths and other clinical matters. You have been pleased that most colleagues attend.

Health

You have signed the health declaration and have registration with a local GP. We spent time discussing a health scare you had been through earlier in the year – you have reflected on your experiences and concluded that the experience although harrowing has helped you to gain insight in to what some patients have to go through. You informed your Partners, who were supportive. You sought Occupational health advice and included a letter from them in your supporting documentation that supported you in continuing to work and explained that the issue did not have any implications for your ability to care for patients.

Action agreed:

Consider attending an indemnity patient results safety course

Domain 3: Communication, Partnership and Teamwork

You enjoy consultations with patients and now you are more established in the practice are able to anticipate which patients may need extra slots and you feel this has reduced delays in your surgery. You have received four thank-you cards and three small gifts in the last year.

The Practice Patient Satisfaction Survey shows the practice achieves well and is above the national average. We reviewed practice comments on the NHS Choices website which back up the positive comments in the PSS. You will consider an individual PSS in the future in line with revalidation requirements we discussed but your main priority in the coming year will be a colleague MSF.

You state you have received no complaints in the last year.

Since the event mentioned in your SEA your colleagues and yourself have liaised with reception staff so that paperwork time is protected apart from emergencies. This has worked well and you will shortly gather receptionist views upon it at a monthly staff meeting.

You did not find the colleague MSF you did in the previous year particularly helpful as you were so new to the practice but you are keen to repeat this in the coming year and compare the two. Your previous MSF identified time management as an area of concern but you believe you have made efforts to address this.

Action agreed

Undertake a validated colleague MSF and compare with the previous MSF and reflect upon this.

Domain 4: Maintaining Trust

You have signed the probity statement and state there are no probity issues. The recent offer of a high value gift from a patient was considered at a practice meeting and politely

declined. The practice has a gift register in place.
 You have undertaken extensive information governance training in the last year in preparation to take over your role as practice Caldicott Guardian. Supporting documentation of 10 hours of e-modules on this subject were seen and discussed.
 Your practice does not see drug reps and you are aware of their potential for bias.
 Your practice has a chaperone policy which is available as a poster in the waiting room but you feel this should also be advertised in the practice leaflet and on the website.
 Practice fees are clearly displayed in reception and patients are made aware of any charges.
 You do not currently do any research, but might consider this in the future. You are aware of the GMP guidance and would follow this.

Action agreed:

Take on the role of Caldicott Guardian and identify if more training is needed.
 Seek agreement with colleagues to publicise more widely the chaperone policy.
 Continue to practice with regards to the principles set out in Good Medical Practice.

General Summary

You are settling into your role as partner at this practice and are pleased to be able to contribute with development of practice protocols and implementing the sub-dermal implant service and will audit this to demonstrate performance quality. You have ensured that the challenge of the significant event you encountered has led to positive changes for colleagues and the practice as a whole with the development of the practice cholesterol protocol. In the coming year you will reflect upon your performance and working relationships with a further colleague MSF and peer review of gynaecology referrals. Your motivation to continue practising evidence medicine is shown by your plans to revise other practice protocols in discussion with colleagues.

Action agreed

Try to maintain a reasonable work-life balance with the increased demands of your Partnership role.

PERSONAL DEVELOPMENT PLAN

What development	How will I address them?	Date by which I plan to achieve	Outcome	Completed
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needs have I?		the development goal		
Explain the need.	Explain how you will take action, and what resources you will need?	The date agreed with your appraiser for achieving the development goal.	How will your practice change as a result of the development activity?	Agreement from your appraiser that the development need has been met.
1 Need to keep up to date with changes and development in general practice.	Reading- NICE,BMJ, other journals. Attending CPD meetings as and when available. Online modules [explore other sites not previously used]	March 2013	Practice evidence based medicine according to best practice will benefit my patients.	
2 Record learning undertaken in a useful and retrievable format including reflection and describe it in the terms of Credits achieved.	Complete a learning log of reading undertaken to include learning points and reflection on contents. Record reflection of more/all learning activities and express these in terms of CPD credits.	March 2013	Have a CPD learning log to refer to and to use for support documentation for revalidation.	
3 Update mandatory training in CPR	Undertake a validated CPR course	December 2012	Feel confident in performing CPR should the need arise	
4 Reflect upon perceived performance and relationships with colleagues now that I am more established at the practice	Undertake a validated tool for colleague MSF and reflect upon it.	March 2013	Use comments made to reflect and improve practice where appropriate.	
5. Perform an audit for the new nexplanon service	Collect data of record keeping and outcomes of	March 2013	Ensure patient quality and safety and discuss at	

	insertion and removal		next years appraisal.	
6. Review gynaecology referrals over a 3/12 period	Peer review with a colleague	March 2013	Explore any changes I can make to gynaecology referrals by exploring possible alternative referral pathways.	

2012/13 Appraisal Responsible Officer Output Statement

Explanatory note: *This form is to be filled out where a toolkit (such as RCGP or Clarity) has been used that has not yet been updated to include the RO output statement below. If you have already completed these questions as part of the appraisal sign off then there is no need to proceed with this form.*

The appraiser makes the following statements to the Responsible Officer:

1. An appraisal has taken place that reflects the whole of the doctor's scope of work and addresses the principles and values set out in Good Medical Practice.

Agree Disagree

2. Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for appraisal and revalidation and this reflects the nature and scope of the doctor's work.

Agree Disagree

3. A review that demonstrates progress against last year's personal development plan has taken place.

Agree Disagree

4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.

Agree Disagree

5. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.



Agree Disagree

The appraiser should record any comments that will assist the responsible officer to understand the reasons for the

statements that have been made:

No concerns about the GP or their practice.

The appraiser should record any other issues that the responsible officer should be aware of that may be relevant to the revalidation recommendation:

none

The doctor may use this space to respond to the above comments made by the appraiser. The responsible officer

will review comments made in this space:

Both the doctor and the appraiser are asked to read the following statements and sign below to confirm their acceptance:

"I confirm that the information presented within this submission is an accurate record of the documentation provided and used in the appraisal."

"I understand that I must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If I have concerns that a colleague may not be fit to practise, I am aware that I must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary."

Sign off

We agree that the above is an accurate summary of the appraisal discussion

Signed:

Appraiser Name:

GMC Number:

Date:

Signed:

Dr Name:

GMC Number:

Date:



East Midlands Healthcare Workforce Deanery