RQA(MED) Summary Calibration 2018 - GMC: 67676

Appraiser: RQA (MED) Summary Recalibration 2018 (B)

Meeting Date: 07/08/2018 | Summary Committed: 07/08/2018 | Summary Agreed: 07/08/2018

Professional Context

Dr Test is a consultant anaesthetist based at the Royal Gwent Hospital with a private anaesthetic practice based at St Joseph's Hospital, Newport. He is also an appraiser for his health board and acts as a medical officer to the local American Football Team, the Newport Psychos. This is the fourth appraisal in his revalidation cycle.

Probity and Declarations

Confirm Personal and Professional Details (Scope of work)

Status: Agreed

Probity (Good Medical Practice)

The standard of propriety expected of all doctors is described in the relevant section of Good Medical Practice.

Clearly defined expectations relate to issues concerning

- Providing information about services
- Writing reports, giving evidence and signing documents
- Research
- Financial and commercial dealings
- Conflicts of interest
- Being honest and trustworthy
- **Maintaining adequate indemnity for all of your professional roles**

I have read and reflected on the section of Good Medical Practice relating to probity. I believe that I comply with the requirements of this section.

Status: Agreed

Probity (Good Medical Practice)

The standard of propriety expected of all doctors in the context of the appraisal process is set out in our document Probity in the Appraisal Process.

Clearly defined expectations relate to issues concerning

- Submission of material
- Ownership of material
- Acknowledging and recording contributions of others

I confirm that I have properly acknowledged and recorded the contributions of others to materials included in my appraisal. I understand that any attempt to deliberately assume ownership of someone else's work as my own is a probity issue. I confirm that all the entries in my appraisal folder have been completed as detailed in the appraisal evidence.

Status: Agreed

Health

You should consider the impact that your own health might have on patient care.
Participation in appraisal will provide you with an opportunity to discuss matters of health with your Appraiser. Disclosure will be entirely voluntary.

Status: Agreed

Directives or Suggestions from Outside Agencies

Occasionally other individuals or agencies will highlight on-going or remedial development needs, which should be discussed at appraisal and potentially included in the PDP. Where such needs have been highlighted to you this should be declared in the statement below so that your appraiser is aware this needs to be discussed, and supported with a relevant appraisal entry. This includes for example:

- Explicit directive from a Clinical Director or the MD (usually in a letter) that there is a development need that can be addressed through on-going CPD that should be included in the appraisal (e.g. diabetic care, prescribing etc.)
- Formal investigation (local, NCAS or GMC) relating to one or more aspects of your conduct or performance (e.g. communication skills)

Status: Agreed

Complaints

It is a revalidation requirement that all formal complaints are declared at appraisal. Many Doctors will not have had a complaint during the appraisal period in this case they should simply agree to the statement. If there have been formal complaints during this time you should choose the second statement and indicate which section of your appraisal submission contains the relevant information. You do not need to record the complaint in great detail, your appraiser will be interested in any learning points and that you are complying fully with the complaints process.

Status: Disagreed

- Probity & Complaints

Complaints types:
New Complaints

Safeguarding Children

I have undertaken the following level of Safeguarding of Children training within the last 5 years.

Level 2

Training Role

No role

Appraiser Overall Probity Comments

Complaint discussed in appraisal evidence.

Appraisal Information

Domain 1 - Knowledge, Skills and Performance

1 - Activity/Achievement

Area of work:

Logbook of anaesthetic cases for June 2107 to May 2018

Description and development of this area:

This logbook shows the number and specialities of my caseload for one year. It also notes some of the practical procedures that I have performed for those cases.

Available Supporting Documentation

Logbook of cases:

Discussion and Feedback from Appraiser

Dr Test keeps a logbook of his cases along with details of the patient demographics, surgical speciality and anaesthetic techniques. This allows him to look at areas where he may be lacking exposure over the year and allow him to seek to rectify this if needed. Dr Test realises that he has dealt with only 20 paediatric cases in the past year and he will discuss with the anaesthetics department whether he can be allocated to some of the few lists at the hospital that look after children. This would help keep his skills up and maintain confidence in this stressful area. The log book has only a few ENT or gynaecological cases, which are mostly from his on-call work. Dr Test is unconcerned by this as he does not have any regular lists in these specialities but did not find the demands of the emergency cases too worrying. Dr Test was reassured to see that he had been using the videolaryngoscope and the intubating fibre-optic laryngoscope with reasonable regularity meaning that he was maintaining an acceptable skill level with these advanced airway management tools. Dr Test noted that the overall case total had fallen a little compared to last year which is no doubt due to the bed 'crisis' in winter causing large numbers of cancelled operations.

2 - Activity/Achievement

Title of event:

Attended that Annual 2 day British Ophthalmic Anaesthesia Society (BOAS)

Activity:

National meeting of this specialist group comprised of anaesthetists and eye surgeons.

Reason:

To be updated in this specialised area of anaesthesia from experts from both surgical and anaesthetic backgrounds.

Reflection:

The two days covered a range of topics in the ophthalmic surgery/anaesthesia field. The talks on vitreo-retinal surgery were accompanied by some excellent videos of procedures that are not done in Newport. There was a good discussion on the use of sedation for local anaesthetic cases in ophthalmology. There was a wide range of practice discussed and no consensus was reached. There was also an excellent wet lab session in which the techniques of sub tenons and peribulbar blocks were demonstrated by experienced consultants with the opportunity to practice on animal eye ball preparations.

Outcome:

The sedation discussion reinforced my view that sedation for many eye patients is fraught with potential risks and my reluctance to use it is well founded. The wet lab showed that my block technique is on a par with the 'experts'.

Available Supporting Documentation

BOAS 2017 programme:

Discussion and Feedback from Appraiser

Dr Test attended this conference in the sub-speciality of ophthalmic anaesthesia. He enjoys this area of his practice and he obviously found the content both useful and engaging. Dr Test will continue to support this Society's events in the future.

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3 - Activity/Achievement

Title of event:

Department quality improvement meeting July 2017 (QUID)

Activity:

Attended monthly department QUID meeting

Reason:

To hear presentations from colleagues on specific topics. This month was obstetric anaesthetics & chronic pain syndromes. The topics are matched to the categories in the Royal College of Anaesthetists CPD matrix.

Reflection:

Both talks were interesting even though I am not involved in either of these areas in my normal workload. They give a good insight into the activities of colleagues in different areas of anaesthesia.

Outcome:

I shall continue to attend these meetings.

Available Supporting Documentation

QUID programme July 2017:

Discussion and Feedback from Appraiser

Not discussed in detail.

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4 - Activity/Achievement

Title of event:

QUID meeting September 2017

Activity:

Attended September departmental QUID meeting.

Reason:

To be updated by colleagues on anaesthesia related topics. This month the topics were team working and ophthalmic anaesthesia.

Reflection:

The session on team working emphasised the role that all members of the theatre team had in the running of a list.

Outcome:

I shall continue to attend the meetings.

Available Supporting Documentation

QUID programme September 2017:

Discussion and Feedback from Appraiser

Not discussed in detail.

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5 - Activity/Achievement

Title of event:

QUID meeting November 2017

Activity:

Attended November departmental QUID meeting

Reason:

To be updated on other areas of practice in anaesthesia. This month's topics were vascular anaesthesia and trauma cases.

Reflection:

The challenging nature of the average vascular patient as far as comorbidities are concerned makes the safe conduct of their anaesthetic a task not for the faint-hearted.

Outcome:

I shall continue to attend these departmental meetings.

Available Supporting Documentation

QUID programme November 2017:

Discussion and Feedback from Appraiser

Not discussed in detail.

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6 - Activity/Achievement

Title of event:

Department quality improvement meeting July 2017 (QUID)

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Attended monthly department QUID meeting

Reason:

To hear presentations from colleagues on specific topics. This month was obstetric anaesthetics & chronic pain syndromes. The topics are matched to the categories in the Royal College of Anaesthetists CPD matrix.

Reflection:

Both talks were interesting even though I am not involved in either of these areas in my normal workload. They give a good insight into the activities of colleagues in different areas of anaesthesia.

Outcome:

I shall continue to attend these meetings.

Title of event:

QUID meeting September 2017

Activity:

Attended September departmental QUID meeting.

Reason:

To be updated by colleagues on anaesthesia related topics. This month the topics were team working and ophthalmic anaesthesia.

Reflection:

The session on team working emphasised the role that all members of the theatre team in the running of a list.

Outcome:

I shall continue to attend the meetings.

Title of event:

QUID meeting November 2017

Activity:

Attended November departmental QUID meeting

Reason:

To be updated on other areas of practice in anaesthesia. This month’s topics were vascular anaesthesia and trauma cases.

Reflection:

The challenging nature of the average vascular patient as far as comorbidities are concerned makes the safe conduct of their anaesthetic a task not for the faint-hearted.

Outcome:

I shall continue to attend these departmental meetings.

Available Supporting Documentation

QUID programme July 2017:

QUID programme September 2017:

QUID programme November 2017:

Discussion and Feedback from Appraiser

Dr Test regularly attends the departmental QUID meetings which give him a valuable insight into other areas of anaesthetic practice. These meetings also give him the opportunity to regularly network with his Anaesthetic colleagues.

Domain 2 - Safety and Quality

7 - Activity/Achievement

Title:

Maintaining the anaesthetic alert database

Dates of activity:

Ongoing

Description of activity:

I maintain a database of anaesthetic alerts on patients. These can be known or predicted difficult airways, allergic reactions to anaesthetic agents, malignant hyperpyrexia, scoline apnoea or others. Colleagues send me forms with details of the patients' issues and I enter them on a database that is accessible by colleagues and I also generate an alert document on the electronic record system that is visible 24/7 to staff in the health board.

Changes made:

I designed the report form and database. I also obtained approval of an alert document template for entry onto the CWS record system which gives this information in a standard and easy to read format.

Outcomes:

This allows any possible problems with many patients to be pre-empted and lessens the chances of problems such as failed intubations or prolonged paralysis from the administration of suxamethonium (scoline). Also I ensure that the results of any subsequent allergy tests are put on CWS.

Available Supporting Documentation

Alert document from CWS:

Discussion and Feedback from Appraiser

VALIDATED AS QI BY APPRAISER.

This entry describes Dr Test's design, implementation and maintenance of the Anaesthetic Alert database. Through this reporting mechanism and the timely addition of an alert warning document on the hospital patient information system, his colleagues now have a degree of forewarning of possible factors that could harm patients. This system has no doubt improved patient safety by allowing anaesthetists to plan for anticipated difficult airways or other problems before any case. This reduces the chance for patient harm and allays stress in the staff involved. Dr Test is to be congratulated on this innovation and may have understated how this has increased safety for patients.

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8 - Activity/Achievement

Date and title of event:

Trauma list 23rd June 2017

Description:

3 patients 2xDHS (1 possible hemiarthroplasty) and 1 IM femoral nail.
1 DHS was a recent critical care discharge with cirrhosis and GI bleed. Would need level 2 care post op.
1 DHS had extremely impaired renal function and would also need post op level 2 care to prevent further renal damage. They would also not be able to have a spinal anaesthetic as they had not stopped their clopidogrel long enough. Also, they may need a more extensive hemiarthroplasty with further physiological strain.
Patient for IM nail was already on ITU having experienced rhabdomyolysis from lying on the floor for over 24 hrs following his fall. He was already level 2 with COPD and would need ventilating during and after the surgery.
After consulting critical care, they had capacity to allow the ITU patient to become a level 3. They also had one level 2 bed for one of the DHS patients.
I did the ITU case first, instead of last to get it done by early lunch time.

Outcome:

At the end of that case there was an alert due to an ITU patient being operated on in theatre 1 had a multi-resistant organism and our ITU case was a possible contamination risk. This meant that theatres 1, 2 & 3 needed triple deep cleans and that any non-emergency critical care admissions were cancelled.
This meant that a substitute patient was found, who was from a hospice, with a fractured neck of femur. I saw her and then we waited for the theatre to be cleaned. By the afternoon there were not enough staff to reopen theatre 3 and that case was cancelled.

Reflection and action:

This chain of events is not untypical and is something that happens to colleagues as well.

Available Supporting Documentation

Discussion and Feedback from Appraiser

Dr Test was frustrated by these events and feels that it is not an unusual set of circumstances. He does acknowledge that the very fact that these issues happen regularly there is scope to look into the possible causes and ways that they could be reduced. Dr Test felt that an audit of trauma theatre performance might help clarify the possible weaknesses in the trauma list running and that discussion with the orthopaedic trauma lead consultant could lead to a quality improvement project with possible patient benefits by ensuring a more efficient use of the theatres and more timely surgery for them.

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9 - Activity/Achievement

Title of event:

Regular reading of CIRCLE reports issued following the weekly departmental morbidity 'CIRCLE' meetings.

Activity:

I am unable to attend these meetings in person due to work plan commitments, however, I read each of the meeting summaries that are circulated. The meetings allow colleagues, both senior and trainee, to present cases when there were issues that could have had (or did have) serious outcomes. The meetings are deliberately non-judgemental or blame seeking so as to encourage an honest account of events and allow discussion for learning for the future. Often there will be an equipment issue that gives everyone warning of possible problems. In many cases there was no failure of standards of care but a chance to look at how a difficult case was managed. This may aid similar cases in future when met by another colleague. Any action points are documented and acted upon.

Reason:

Reflection:

Learning from others experiences is disseminated to the rest of the department and any action points from the cases can be acted upon.

Outcome:

I will continue to read (and keep electronic copies of) these reports.

Available Supporting Documentation

Example CIRCLE report:

Discussion and Feedback from Appraiser

DR test reads thes reports as he cant attend the meetings themselves due to fixed committments. They are a excellent way to spread out information of possible problems or lessens that can be learned. He will keep on doing this in the future. Because it is important.

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10 - Activity/Achievement

Area of work:

Private practice support letter

Description and development of this area:

I practice in the private sector at St Joseph's Hospital providing anaesthetics for cases similar to those I manage in the NHS. I have had no issues in my independent practice and have attached a letter from the Medical Director at St Joseph's stating this.

Available Supporting Documentation

ST Joseph's letter:

Discussion and Feedback from Appraiser

This letter validates that there are no concerns about Dr Test's activities at the nearby private hospital where he has practicing privileges.

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11 - Activity/Achievement

Title:

Patient complaint about cancellation of their surgery.

Stage:

Resolved.

Involvement:

I was anaesthetising a general surgery list for Mr Rex-Davies on a day when there were severe bed pressures in the hospital. I had seen the patient, Mrs Evans-Williams, and had warned her that her surgery may be cancelled. When this actually happened she was sent home later that day. She reappeared on my list one month later and when I saw her she said that she had made a complaint about myself and the surgeon as when her last surgery was cancelled it meant that she had had to cancel a planned holiday as the health insurance would not cover her and she lost the cost of the holiday. I assured her that her cancellation was not my fault and that I had warned her that it was possible she would be cancelled.

Description:

I responded to the complaint letter to management to this effect and reminded them that this was not an uncommon occurrence.

Outcome:

Complaint was closed with an apology to the patient that the problem was not of my or the surgeon's doing.

Reflection:

I am surprised that this doesn't happen more often as bed pressures often result in last minute cancellations causing patient inconvenience, or in this case financial loss. I am frustrated when this happens and this can sometimes cause me to act in a way that could be seen as disrespectful and short tempered to patients but it does waste a lot of my time some mornings.

Available Supporting Documentation

Complaint outcome email.

Discussion and Feedback from Appraiser

Dr Test went through the health board's complaints procedure to resolve this issue and the outcome vindicated his actions citing a systems issue rather than one caused by his behaviour. Dr Test realises that his behaviour sometimes can cause dissonance but in this case that was not the reason for the complaint.

Domain 3 - Communication, Partnership and Teamwork

12 - Activity/Achievement

Area of work:

Appraiser for ABUHB

Description and development of this area:

I undertake appraisal of colleagues in accordance with the GMC regulations and local guidance. These take the form of assessing the evidence submitted by the colleague and then discussing it during the appraisal interview. The aim being to allow the appraisee to reflect on their activity over the preceding year and to formulate a personal development plan for the year ahead. This is intended to be a formative experience for the appraisee as well as the summary produced forming part of the evidence that the Responsible officer for the Board needs to recommend revalidation to the GMC. The role requires several hours work for each appraisal and is supported by the revalidation staff and education department of ABUHB. Performance is subject to quality assurance processes to ensure that the RO can rely on the content of the summaries. In 2017 I undertook 18 appraisals. I enjoy this work and it gives me an insight into the workings and pressures on other specialities. I also feel that, as an appraiser, I should be encouraging colleagues in their efforts and recognising them when they work hard to improve their service

Available Supporting Documentation

Appraisal numbers:

Discussion and Feedback from Appraiser

Dr Test has been an appraiser for 5 years now and he enjoys this activity. He clearly feels that appraisal should be a positive experience for the appraisee and uses his appraisals to

try and 'sell' the process to his more reluctant colleagues. Although each appraisal takes a reasonable amount of time, Dr Test will continue to do as many as he is asked to do although he receives no SPA allocation specifically for this activity. Appraisers are usually given a specific SPA sessional allocation in this health board. Having completed 18 appraisals this past year, Dr Test is more than keeping up his skills.

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13 - Activity/Achievement

Area of work:

Helped devise the ABUHB Appraiser Job Description

Description and development of this area:

Along with the Head and deputy head of medical education in ABUHB, we developed a Job Description for Appraisers within the Board. This was done to allow for an element of QA in the appointments as it set out a minimum requirement for their attendance and participation in both internal and external Appraiser education and QA events over every 5 year cycle. This makes ABUHB appraisers compliant with the guidance set out in the recent Pearson report on the appraisal process. It also allows the Appraisal Lead and Medical Education department to identify appraisers who may be struggling to perform the role and maintain performance and allow for some support or ask them to relinquish the role. This QA process is another way to ensure that the RO can trust the quality of appraisal summaries on which bases his revalidation decisions to the GMC.

Available Supporting Documentation

ABUHB Appraiser job description:

Discussion and Feedback from Appraiser

Not discussed in detail.

Domain 4 - Maintaining Trust

14 - Activity/Achievement

Area of work:

Reference request

Description and development of this area:

I was asked to provide a reference for Alison West with whom I worked both on ITU and APLS for her nurse revalidation. I was happy to support her and sing her praises as a clinical colleague and educator.

Available Supporting Documentation

Reference for colleague:

Discussion and Feedback from Appraiser

Alison is a colleague with whom Dr Test has worked in several areas and he was happy to support her application for a more responsible position. He was gratified that she was successful and he wishes her the very best in her new Senior Nurse for Patient Facilities post at the Royal Gwent Hospital.

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15 - Activity/Achievement

Title of event:

Child protection training Level 2

Activity:

Undertook training and successful evaluation in this important area of responsibility.

Reason:

To ensure I could recognise possible child protection issues in my daily work.

Reflection:

Child protection is the responsibility of all staff whether they regularly treat children or not. This training helps empower you to voice concerns when you see behaviour that could indicate a child is at risk.

Outcome:

I shall be vigilant when treating children.

Available Supporting Documentation

Child protection certificate.

Discussion and Feedback from Appraiser

Not discussed in detail.

Patient Feedback

16 - Activity/Achievement

Title:

Patient thank you letters

Feedback you have received:

Selection of thank you letters, cards and emails.

Reflection:

In anaesthesia it is unusual to receive any more than verbal thanks form our patients as we see them only briefly post operatively. The majority of these thank yous from patients are from the private sector where they send payment in the form of cheques and an accompanying letter. It is always very nice when you have done a good job that the patient appreciates and made them feel better about their surgical experience.

Outcome:

I will continue to try and maintain the same standards in future.

Available Supporting Documentation

Thank you letters 1 -4:

Discussion and Feedback from Appraiser

Dr Test needs to undertake a patient feedback exercise in the next year using the health board's approved provider.

Colleague Feedback

17 - Activity/Achievement

Title:

Selection of thank you and emails.

Feedback you have received:

A collection of thank yous from colleagues for appraisals, Resuscitation service senior nurse for my APLS efforts over the years, Medical director for my Appraisal and Mortality Group input.

Reflection:

I am pleased to receive personal thanks from colleagues I have appraised and I think the comments show that they found the experience beneficial to their practice and career.

I have given up my APLS activities this year and the thank you email from the resuscitation service senior nurse is very generous, but I feel only true because I was part of an excellent and conscientious team.

My Mortality Reviews and Appraisal Lead roles mean that I work with our medical director quite often and I am gratified that he finds my input useful in those areas.

Outcome:

I will continue to try and maintain the same standards in future.

Available Supporting Documentation

Thank you emails 1 - 4:

Discussion and Feedback from Appraiser

Dr Test has included a range of thank you emails that demonstrate that his professional interactions with colleagues are valued and appreciated. He should be proud of such positive feedback. Dr Test still needs to undertake a 360 feedback exercise in the next year using the health board's approved provider.

Teaching, Research, Leadership and Innovation

18 - Activity/Achievement

Title of event:

Teaching trainees on medical scoring systems

Activity:

I taught a group of anaesthetic trainees (CT and ST grade) on the use and limitations of the different scoring systems used in anaesthetic/critical care practice.

Reason:

This area is not covered in detail often and yet scores are used widely to describe patients' conditions and predict outcomes. It is an area that my critical care experience had made me aware of and I was keen to give an insight into the benefits and possible drawbacks of their use.

Reflection:

The teaching seemed well received and the attached feedback would bear that out. The questions I was asked during the talk implied that the audience had been listening.

Outcome:

I will happily repeat this teaching when needed.

Available Supporting Documentation

Teaching feedback:

Discussion and Feedback from Appraiser

Not discussed in detail.

19 - Activity/Achievement

Title:

Involved in managing patients on the post-operative CPAP trial.

Activity:

I anaesthetise patients who have been recruited onto a trial looking at the possible benefits of a period of post-operative CPAP for patients having open laparotomies.
Reason:

It is possible that a period of CPAP may reduce post-operative respiratory complications in these patients and I am happy to liaise with the research team when anaesthetising open laparotomies.

Reflection:

The study is multi-centre and as one of the surgeons I work with performs a lot of open, elective laparotomies I have been involved in providing a lot of cases to the trial. The results will be interesting to see.

Outcome:

I shall continue to participate as long as the trial runs.

Available Supporting Documentation

Discussion and Feedback from Appraiser

Dr Test will need to complete GCP training if he wishes to recruit patients to this or further studies, although at the moment he is only anaesthetising those already in the study.

Constraints, Insights and Reflections

Personal constraints

Constraints

Limited/inadequate SPA time
Restricted study leave time

Doctor Comment

I have several non-clinical roles and the SPA allocation I have is not adequate recognition of them. Also I have had 2 study leave requests refused in the last year despite giving the department 6 weeks' notice in each case.

Appraiser Comment

Dr Test has some constraints that are not uncommon and he realises that it may help his cause if he were to take a record of his appraisal activity from MARS to his job planning

meetings to add weight to his claim for additional SPA recognition. Also he could seek support from the appraisal lead in this endeavour. Dr Test could take a similar approach to the study leave requests as he needs to maintain his CPD activity for his appraisals. He does see the value in consulting with the BMA if there continue to be problems with study leave.

Hospital constraints

Constraints

Inadequate secretarial support
Computer hardware inadequate
Lack of parking
Excessive bed occupancy
Office space inadequate

Doctor Comment

The anaesthetics department is a very large consultant and trainee body but the secretarial support is barely adequate for this cohort. This is exacerbated by limited office space for such numbers meaning that a lot of 'hot desking' occurs. Also there may not be free office space to carry out an appraisal meeting.
The Gwent has a chronic parking shortage meaning the early bird catches the worm or it's a long walk in. The lack of beds for elective surgery makes the conduct of operating lists more stressful that it needs be as decisions on which patients will be cancelled are not made until long after list start times.

Appraiser Comment

Dr Test is rightly annoyed at the continuing lack of administrative and facilities support given to the anaesthetics department. This woeful state of affairs has continued for many years and shows no signs of getting better. Dr Test mentions this at each appraisal and still nothing improves, which, rightly, causes further annoyance to him and his colleagues (myself included). The overall poor management of the beds within the hospital is also affecting patients and shows the lack of managerial will to resolve it.

Service constraints

Constraints

Delayed elective admission
Inadequate inpatient beds for my specialty

Doctor Comment

See above.

Appraiser Comment

Unfortunately for Dr Test these problems are quite common and he may find he becomes more used to them over the years.

Reflections

Progress Reflection:

I am satisfied with my progress over the past year.

Development Needs:

I would like to do more appraisals and have my job planning increase my SPA sessions.

Appraiser Comments:

Dr Test has had quite a productive year as he moves towards his revalidation date in just over a 12 months. He has completed 2 of his 3 PDP entries from his last appraisal, see PDP entry comments. The entry concerning attending the international 3 day conference in Glasgow was not completed as Dr Test's study leave was declined by the department manager (see entry in constraints). He aims to attend a similar event this year.
He also identified some areas for future development during appraisal that will form the basis of the PDP.

Area: Domain 2 - Safety and Quality

What/Description:

- Audit trauma list efficiency

Why:

There are serious concerns over the utilisation of the trauma theatres and this causes delays in patient care.

How:

Design audit parameters, decide standards and carry out the initial data gathering before implementing identified changes.

Who:

Myself with liaison with the trauma surgical lead.

Outcome:

1 year.

Area: Patient Feedback

What/Description:

- Complete a patient feedback survey.

Why:

To meet the revalidation requirements for this cycle.

How:

Liaise with Equiniti to collate data collected.

Who:

Myself.

Outcome:

1 year.

Area: Colleague Feedback

What/Description:

- Complete a 360 feedback survey by my colleagues.

Why:

To meet the revalidation requirement for this cycle.

How:

Liaise with Equiniti and select a colleague as facilitator.

Who:

Myself and colleagues.

Outcome:

1 year.

Area: Domain 3 - Communication, Partnership and Teamwork

What/Description:

- Discuss SPA allocation for appraisal at next job planning meeting.

Why:

To be given the 'going rate' for this work by the health board.

How:

Discussion with CD at job planning.

Who:

Myself and CD.

Outcome:

1 year.

Area: Domain 3 - Communication, Partnership and Teamwork

What/Description:

- Take a leadership/management course.

Why:

To probably help career progression.

How:

Go on a course.

Who:

Myself.

Outcome:

2 to 3 years.

Previous/Last Agreed PDP					
Area	**What/Description**	**Why**	**How**	**Who**	**Outcome**
Domain 1 – Knowledge, skills & performance	Attend International 3 day Anaesthesia conference in Glasgow	To be updated in the different areas of my speciality from internationally renowned speakers	Book study leave and conference place	Myself	By 2018 appraisal.
Doctor's Comments	**Not Met** I was refused study leave to attend this meeting and so will need to look for another major event.				
Appraiser's Comments	*Dr Test was refused study leave to attend this meeting and so was disappointed that he missed out on this valuable CPD opportunity.*				
Domain 4 – Communication, partnership and teamwork.	Finalise and have the appraiser job description adopted	To bring consistency to the appraiser's role in the health board and to clarify the QA requirements they must fulfil to maintain their performance.	Gain approval of the RO and HB.	Myself, medical education dept. and RO.	Mid 2018
Doctor's Comments	**Fully Met** The job description has been accepted and agreed by the Board. It has been signed by all appraisers. Evidence in: Domain 3 - Communication, Partnership and Teamwork				
Appraiser's Comments	*Dr Test has succeeded in getting this document implemented making the appraiser role more robustly supported and defined.*				
Domain 2 – Safety and Quality	Complete all outstanding Alert letters and aim to maintain a minimal delay between receiving a form and publishing an alert on CWS.	To improve the timeliness of the information availability on CWS and clear the backlog of database entries not on CWS.	Allocate time to finish the backlog and ensure that I enter new cases within 48 hours (leave permitting)		1 year.

Doctor's Comments	**Fully Met** I have succeeded in bringing the alert database letters up to date and have so far managed to get new alerts onto the system within 48 hours of receiving the form. Evidence in: Domain 2 - Safety and Quality
Appraiser's Comments	*Dr Test is pleased to have progressed this work and now the backlog is cleared the workload is manageable as a routine task.*