**Example write up 2020 format**

**General Summary**

The appraisal took place on October 15th via ZOOM by mutual agreement, good information governance was observed during the discussion This was our first appraisal together, the appraisal discussion took 3 hours, which included a break. Thank-you for sending me your appraisal documentation in good time via NHS email, which contained no 3rd party identifiable information. You have not been asked to bring anything specific to this appraisal.

You work as a 4-session salaried GP and do 1 session of OOH work a month; your roles have not changed since your last appraisal. In the next year you hope to become a medical student supervisor.

You are due to revalidate in March 2022 and need to complete your patient and colleague feedback and discuss the results in an appraisal prior to this. Your mandatory training is up to date.

This year you completed appropriate CPD covering all your roles, with reflection and demonstration of impact (see domain 1). You included details of the COCP template (see domain 2). Your OOH feedback was good (see domain 3). You have completed the health and probity statements.

**Domain 1: Knowledge, skills and performance**

We spent some time discussing how the practice had adapted and changed during COVID-19 and how the doctors had managed the rapidly emerging and changing information and guidance. The practice utilised any doctor needing to self-isolate to update those working in practice. The practice instigated an early morning meeting with clinicians to disseminate any changes, and a lunchtime meeting with a senior member of each group within the practice to discuss any issues.

Pressure of work meant that your written recording of learning has been minimal, but we discussed a number specific learning that had impacted practice such as the updated contraception guidance that was produced for Covid-19 that changed the duration of coil use. There was also plenty of evidence of the application of learning to practice, with examples from the practice of changes that had been made to triage and telephone access arrangements following guidance and discussions.

In OOH your thorough knowledge of assessing Covid-19 symptoms led to you developing a simple flowchart for other OOH clinicians that was utilised. Following the complaint, you had last year, you completed a palliative care update organised by the local hospice. As a result of this update you keep the Hospice’s pocket guide in your doctor’s bag, and we discussed two cases where it had changed the symptom management you provided leading to better symptom control for the patients concerned.

Mandatory training is up to date utilising online BLS and adult and child safeguarding updates due to the suspension of face to face courses during Covid-19.

Satisfactory progress has been made against last year’s PDP. You completed the Red Whale update webinar, and this has changed how gout is managed, with prophylaxis being offered at an earlier stage with monitoring of urate levels to ensure treatment is to target. The contraception update was completed, and this has changed how the COCP is prescribed utilising the new format of taking to take daily every day and to take a 4-day break when bleeding occurs. Unfortunately, the minor surgery course was cancelled due to Covid-19 and this has been carried over to the new PDP once the course starts running again.

**Domain 2: Safety and quality**

You were involved in a number of quality improvement activities this year. Prior to Covid-19 you developed a new template for the COCP which links to the Eligibility Criteria and uses a traffic light risk rating in line with the 1-4 risk in the criteria. This is now used by the nurse to carry out pill checks and any amber or red risks are referred to a GP.

During Covid-19 there was a period of significant change, the use of AccuRx texting, pictures and video consulting leading to a huge progression in methods of consulting and communicating with patients. This led to a change in triage telephone calls to triage ‘patient contact’ so the expectation of a telephone call was removed.

You were involved in making the practice ‘Covid secure’ and in carrying out risk assessments for staff. This meant your understanding of infection control and factors that increased risk was good and you felt this kept staff and patients as safe as possible.

You completed the health statement and have no health issues that could negatively affect patients. In April you contracted Covid-19 and were quite unwell for 2 weeks, but thankfully did not require hospital admission. You sought appropriate medical advice, although found that you had to inform your GP of the current guidance. You do not self-prescribe. While the pandemic has increased the stress, you are under you have been pro-active in managing this increasing your exercise and ensuring regular video meet ups with friends.

**Domain 3: Communication, partnership and teamwork**

Covid-19 infection control and social distancing measures meant that the clinician’s daily coffee meeting was stopped. This led to most clinicians feeling more isolated which has been challenging. The practice has created a triage hub which means 4 clinicians are in one room when triaging with suitable social distancing and this has helped improve communication and reduce isolation.

Prior to lockdown when general practice was generally quieter you ensured all your patient’s on DMARDs were called in for up to date bloods, meaning none needed to attend until after the 1st Covid-19 peak. Additionally, you reviewed patients on the Learning Disability register and ensured they had easy access to any repeat medication and a letter highlighting their Learning Disability which allowed them to access priority shopping- this was a pro-active measure, well done!

Your OOH feedback shows your telephone consultation are longer than average, however you resolve more cases during your calls than average, and you feel the time spent is warranted.

You have not completed a formal patient or colleague feedback this year and need to do so prior to your revalidation in March 2022- this has been included in your PDP.

You have enjoyed spending time with the F2 in practice and found the teaching rewarding, as a result you would like to become a medical student supervisor – this is included in your PDP.

**Domain 4: Maintaining trust**

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You completed the probity statement. No issues arose during the appraisal discussion.

We discussed how the practice had managed sick certification for those who did not want to work during the pandemic, and I was impressed with how the practice balanced ensuring appropriate care with following current guidance for sick certification.