

Notes on the updated RCGP guidance on supporting information (March 16)

Continuing Professional Development (CPD):

- One CPD credit has been defined as one hour of learning activity demonstrated by a reflective note on lessons learned and changes made.
- Whilst we are still expected to demonstrate 50 credits per year the emphasis is now on quality rather than quantity. It is acceptable to present a few high quality examples that demonstrate how we keep up to date, review what we do, and reflect on feedback.
- Each learning activity only needs one reflective note even if it lasts several hours.
- Our credits are still valid if the learning has consolidated our knowledge, rather than learning something new.
- We will now be required to demonstrate the impact of our learning rather than just doubling points to claim for impact.

Quality Improvement Activity (QIA):

- All learning activities- QIA, significant event analysis (SEA), feedback from colleagues and patients and complaints, as well as personal reading and professional conversations are eligible for CPD credits provided they are appropriately documented with reflection
- QIA may take many forms, including audit, review of data, SEA and reflective case reviews, as well as the outcomes of reflection on our formal patient and colleague feedback survey results, Significant Events and complaints.
- No fixed number of QIA is being recommended however the RCGP recommend QIA is included every year
- We are expected to provide documentation that is reasonable and proportionate and does not detract from patient care, while ensuring that our QIA cover the whole of our scope of work over the five-year cycle.
- Importantly we should demonstrate clearly how we review and improve the quality of our practice every year.

Significant Events:

- The RCGP has made clear the difference between the GMC definition of Significant Events (these are serious events where significant harm could have, or did, come to a patient or patients) and general practice significant event analysis (SEA)

- It is acceptable to say, and celebrate the fact, that we haven't been involved in any Significant Events. It is a GMC requirement to reflect on a Significant Event if we have had one.
- We should be aware of how Significant Events are captured in the organisations within which we work
- SEAs are appropriate to be included in QIA.

Colleague and Patient Feedback:

- We must reflect on feedback relating to the whole scope of our work over the five year cycle, completing a minimum of one formal colleague survey and one formal patient survey
- We can choose the tool we use for our colleague and patient surveys, but the RCGP recommends it meets GMC requirements, is appropriate to the scope of work about which we are seeking feedback, and accessible to the whole spectrum of respondents.
- Feedback from all our colleagues in one survey can be difficult to interpret if we have a number of roles. Other forms of feedback, such as feedback from trainees or appraisees can be used to ensure the scope of our work is covered, and these surveys need not be GMC compliant.
- We are expected to reflect during appraisal on feedback received from patients every year, in addition to the GMC patient survey per five year cycle. This can be informal feedback such as a 'throw-away' comment, or more formal such as Friends and Family surveys.

General

- All data presented should be anonymised. Specific supporting information relating to Significant Events complaints and compliments may sometimes appropriately be submitted separately or reviewed in paper format, which your appraiser should then reference in the appraisal summary.
- In exceptional circumstances the standard information may not be applicable to a GP's practice. It is a matter of professional judgement between the doctor and the appraiser to decide on the most appropriate recommendation for the individual. Prior advice and approval from the responsible officer is advisable in such situations.

Dr Sophie Ellis

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