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# RCGP Example Portfolio: Out-of-Hours GP

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## Introduction

The RCGP has developed a range of example portfolios to demonstrate how GPs in a variety of professional contexts can demonstrate that they are meeting revalidation standards set by the GMC. The portfolios have been authored by RCGP Specialty Advisers, clinical experts on revalidation with specialist areas of knowledge. The documents should be treated as ‘hypothetical’ portfolios in that the supporting information contained, the GP and the GP’s working environment are fictional.

These are not full portfolios, but instead contain samples of supporting information, with emphasis on items which are of particular relevance to the GP’s role. Neither are they ‘exemplar’ portfolios. The Specialty Adviser, who provides commentary throughout, identifies where there is opportunity for the GP to develop their supporting information. The portfolios take a ‘snapshot’ of a portfolio at the end of the fourth year in a five-year cycle, enabling the Specialty Adviser to suggest any areas for the GP to concentrate on in the final year of their cycle.

Although the portfolios have been written by the RCGP Specialty Advisers, they do not represent the method by which advisers will give advice to Responsible Officers and others. Advisers will not comment on individual portfolios, and requests for advice will be made through the RCGP central helpdesk.

If there are specialty elements to the role, the RCGP would strongly advise that the GP refers to the guidance produced by the relevant college or faculty.

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## General information

This area is blank unless there is information specifically relevant to the GP.

### 1. Personal details

Title:  First name:  Surname:

GMC Reference Number:

### 2. Qualifications

Primary medical degree:

Qualifications:

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### 3. Scope of your work

This area is blank unless there is information specifically relevant to the subject GP.

Please list the organisations and locations where you have undertaken work as a doctor.

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<i>Organisation</i>	<i>Location</i>
Redeyedocs	xyz shire since 2009
The rural surgery	Blankshire; I worked here as a GP on the retainer scheme for 4 sessions a week 2003–2009

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Please provide a comprehensive description of the scope and nature of your practice.



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#### 4. Record of annual appraisals

This area is blank unless there is information specifically relevant to the subject GP.

#### 5. Probity declaration

This area is blank unless there is information specifically relevant to the subject GP.

I have met the probity requirements as defined by either the GMC or the Academy of Medical Royal Colleges.	<input type="checkbox"/>	Date <input type="text"/>
I have met the health requirements as defined by either the GMC or the Academy of Medical Royal Colleges.	<input type="checkbox"/>	Date <input type="text"/>
I have met the insurance requirements as defined by either the GMC or the Academy of Medical Royal Colleges.	<input type="checkbox"/>	Date <input type="text"/>

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## Pre-appraisal documentation: the appraisal discussion at the end of Year 4

One example of a pre-appraisal document is provided.

*In preparation for your appraisal you should consider how you are meeting the requirements of the domains of Good Medical Practice. This reflection will help you and your appraiser to prepare for your appraisal and will help your appraiser summarise the appraisal discussion. Sections 1–4 and the declaration at the bottom are mandatory and sections 5–8 can be optional.*

### General background/context

Since moving to xyz shire in 2009 I have worked solely for their OOH service. This has freed up my time in the day for child care and my husband comes home from work in time to look after the children before I set off for the OOH base office.

Before we moved here I was a salaried GP on the retainer scheme (I completed GP training in 2003 and have had 3 periods of maternity leave). I found that my working day on the retainer scheme often overran and that made childcare a real headache.

I do not do any other medical work now apart from my 2 sessions a week at the OOH centre.

### Aspirations/achievements/challenges

When the children are older I plan to increase the amount of time I work each week. This would involve day time work.

### Specific areas for discussion with your appraiser

I feel fairly isolated from other GPs, although I get on well with the rest of the OOH team. I would like to discuss how to overcome this with my appraiser. It is difficult to do courses in the day unless I ask somebody else to look after the children.

I have detailed other areas to be discussed in the GMC domains below.

### Have you been requested to bring specific information to your appraisal by your organisation or RO?

No.

### Knowledge, skills and performance

I have maintained my reading habits and keep up to date with reading the BMJ and BJGP. I use the RCGP online learning resources. I have not been able to attend many talks and lectures but have been very glad of the CPR training arranged for me by the OOH service. I have asked the OOH provider to arrange a child protection update since I am aware that we see many children in OOH but do not have the same knowledge of families that the in-hours GPs have. I feel that more needs to be done in the service in this area since I am not aware of any plans to integrate the information held by in hours GPs about 'at risk' children with the information held by OOH and I am not convinced that the SCR will address this problem.

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## Safety and quality

I am worried that I do not know what happens to patients I have seen.

The OOH service responds to complaints and I have been informed when one has been received. I do not get the opportunities to discuss Significant Events on a regular basis, only with my peer group. I know that Significant Events are logged but the GPs who work for the service are not involved in the discussion, although the 2 clinical leads are. I would like this discussion to be shared with me.

## Communication, partnership and teamwork

I have this year been able to gain feedback from both patients and colleagues, which I have found informative and will lead to improved team working. I am considering how to further improve my communication skills and would like to discuss this in my appraisal.

Information about OOH service developments and changes is mostly done by email. I wonder whether a discussion or newsletter would be more helpful.

## Maintaining trust

Apart from complaints I would like more feedback on my communication skills. The information from the colleague and patient surveys has indicated satisfaction but I need more information about my actual skills, in the way that I had when I was in training.

### *Specialty Adviser comments:*

#### **For the GP**

This GP has insight into the necessary changes that are needed for her professional development. She has understood her own responsibility in arranging updating that is appropriate for her role in OOH and has looked beyond the 'go on a course' in addressing her needs by interaction with her peers and employers.

#### **For the appraiser**

She has done well to identify peers who she can learn with. This type of activity needs support and you could share the experiences of other groups or signpost her to somebody who can help with this.

She will need continuing encouragement to engage the OOH provider in her reasonable requests for updating in such core skills as CPR and safeguarding children and young people.

She also needs support in her request for inclusion in Significant Event reviews, complaints and ideas about service improvements.

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## Keeping up to date

### Continuing Professional Development (CPD)

*Some key points about the RCGP credit-based system for CPD:*

- The expectation is that GPs will collect at least 50 credits per year covering the full scope of their practice.
- Credits are self assessed and verified at appraisal.
- At its simplest, each recorded hour spent on a CPD activity, which can include planning, accompanied by a reflective record will count as a credit.
- A GP can double their points if they can demonstrate impact, i.e. that learning has resulted in positive change for patients, the service or others e.g. NHS locally or nationally.
- The RCGP Impact Toolkit describes the ways in which impact can be evidenced.
- The RCGP Revalidation ePortfolio contains a field in which GPs are required to record a comment if they have claimed impact credits. If no impact comments have been claimed in the examples below, this field will be marked N/A.
- A common query around conferences is whether these should be recorded as a single learning episode. We would suggest that GPs record the parts of the conference that they consider useful learning separately with the appropriate time factor, reflections and evidence. This will enable them to allocate impact credits to the relevant CPD entries.

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Four or five examples of key learning activities are provided for each year (Years 1 to 4).

## Year 1

### CPD Activity 1

Type:  Start date:  End date:

#### Brief description of the activity

CPR update.

Time: 3 hours Impact: No Credit claimed: 3

#### Impact comment

N/A.

#### Learning need addressed

Need to keep resuscitation skills up to date.

#### Method used

We had a trainer and worked as a multidisciplinary team on manikins.

#### Outcome of activity

I feel much more confident to work together with the team to resuscitate a patient who collapses in OOH.

#### Outline any further learning or development needs highlighted by the activity

### CPD Activity 2

Type:  Start date:  End date:

#### Brief description of the activity

GP update day.

Time: 6 hours Impact: No Credit claimed: 6

#### Impact comment

N/A.

#### Learning need addressed

Need to keep an overview of changes in thinking over the range of topics a GP sees.

#### Method used

A day's lectures with a book to use as reference afterwards.

#### Outcome of activity

It was a very interesting day and I was pleased to learn of the many changes recently in general practice in the short time since I completed my training.

#### Outline any further learning or development needs highlighted by the activity

I need to keep doing this activity.

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### CPD Activity 3

Type: [REDACTED] Start date: [REDACTED] End date: [REDACTED]

#### Brief description of the activity

Online learning, safeguarding children and young people.

Time: 2 hours Impact: No Credit claimed: 2

#### Impact comment

N/A.

#### Learning need addressed

Need to be aware of safeguarding issues when I see children in OOH.

#### Method used

Learning website.

#### Outcome of activity

I know about the things to look out for in OOH when seeing children and young people so that I can identify or suspect non-accidental injury.

#### Outline any further learning or development needs highlighted by the activity

I don't know the names of our local contacts.

### CPD Activity 4

Type: [REDACTED] Start date: [REDACTED] End date: [REDACTED]

#### Brief description of the activity

Reading the BMJ each week (that's more than 100 hours but I know that I can only claim a proportion of this).

Time: 10 hours Impact: No Credit claimed: 10

#### Impact comment

N/A.

#### Learning need addressed

I find the easily missed section the most useful.

#### Method used

[REDACTED]

#### Outcome of activity

I'm sure my reading must influence what I do in my clinical practice but I can't remember an exact instance on the day I completed this pre-appraisal information. The clinical updates in the BMJ are excellent but I am a bit fed up with all the medical politics in the recent issues.

#### Outline any further learning or development needs highlighted by the activity

[REDACTED]

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### CPD Activity 5

Type: [REDACTED] Start date: [REDACTED] End date: [REDACTED]

#### Brief description of the activity

Online learning on several topics relevant to OOH work i.e. reading ECGs. Treatment of acute respiratory conditions, diagnosing and treating abdominal pain, problems in pregnancy, epilepsy and chest pain.

**Time:** 10 hours **Impact:** No **Credit claimed:** 10

#### Impact comment

N/A.

#### Learning need addressed

Update on knowledge.

#### Method used

Online learning.

#### Outcome of activity

I know more about the clinical topics I have learned about. I have also learned which online learning is worth doing as some modules make sense at the time but I can't remember what they were about the next day. The online learning with a pre and post learning test tend to stick in my memory better.

#### Outline any further learning or development needs highlighted by the activity

[REDACTED]

#### *Specialty Adviser comments:*

##### **For the GP**

This GP has made a good start on her CPD in view of the fact that she works only in OOH and has little opportunity to attend daytime activities. This extract from her portfolio shows 34 credits with no added impact credits.

A good source of information about safeguarding children can be found at [www.rcgp.org.uk/clinical-and-research/clinical-resources/child-and-adolescent-health/safeguarding-children-toolkit/safeguarding-children-and-young-people-training-modules.aspx](http://www.rcgp.org.uk/clinical-and-research/clinical-resources/child-and-adolescent-health/safeguarding-children-toolkit/safeguarding-children-and-young-people-training-modules.aspx).

##### **For the appraiser**

She will benefit from encouragement to reflect on her practice informally and may need you to show her how to keep a reflective diary.

She will need to start to record the items needed for revalidation and should be shown how she could do a data collection or audit about what she is doing.

It may be helpful to direct her to the RCGP guidance on CPD credits. For her distance learning she should note that:

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‘Many online and distance learning packs have a number of “hours” attached. However, in order to claim credits a demonstration of learning achieved and relevance to general practice must be stated. Some online learning packages offer certificates with a number of hours attached – the indicated time often having little or no bearing on actual time spent. GPs are encouraged to claim actual time spent rather than the estimate given on such certificates. Distance learning packages may also stimulate related reading or activity; these activities are probably best presented within the same credit claim.’

And for the one-day update course her recording of it should include:

‘As with distance or online learning the knowledge gained at meetings should be made explicit, as should its relevance to general practice.’

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## Year 2

### CPD Activity 1

Type:  Start date:  End date:

#### Brief description of the activity

CPR update.

Time: 3 hours Impact: No Credit claimed: 3

#### Impact comment

N/A.

#### Learning need addressed

Need to keep resuscitation skills up to date.

#### Method used

Team exercises with manikins again.

#### Outcome of activity

Fortunately nobody has collapsed at base this year.

#### Outline any further learning or development needs highlighted by the activity

### CPD Activity 2

Type:  Start date:  End date:

#### Brief description of the activity

Peer group meeting once a month. We discuss PUNs and DENs and Significant Events. We all work at the same OOH centre.

Time: 10 hours (we have met for about 20 hours but part of it is social).

Impact: Yes for the issues raised by the Significant Event reviews. The case discussions increased my knowledge but have not yet had an impact on patient care.

Credit claimed: 15.

#### Impact comment

We have fed back our findings to the organisers of the OOH service and have seen that some things are now done differently. The Significant Event reviews in particular have resulted in changes to the way patient care is organised in the OOH service.

#### Learning need addressed

I have at last been able to base much of my learning on the problems raised by my contact with patients and the discussions have led to improved patient care.

#### Method used

Cases discussed and any linked online searches also shared.

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**Outcome of activity**

I fell much less isolated.

**Outline any further learning or development needs highlighted by the activity**

Several items needing further thought and action have emerged.

**CPD Activity 3**

Type:  Start date:  End date:

**Brief description of the activity**

Palliative care study day organised by OOH provider.

**Time:** 6 hours **Impact:** Yes **Credit claimed:** 12

**Impact comment**

I have used the information in the study day in caring for patients in OOH.

**Learning need addressed**

I was not up to date in current thinking in prescribing for terminally ill patients.

**Method used**

Talks and discussion groups.

**Outcome of activity**

I have been able to use the information straight away in setting up syringe drivers and adjusting treatments in several patients I have seen in OOH. I now feel much more confident in this area.

**Outline any further learning or development needs highlighted by the activity**

Not yet.

**CPD Activity 4**

Type:  Start date:  End date:

**Brief description of the activity**

Reading BMJ.

**Time:** 10 hours **Impact:** No **Credit claimed:** 10

**Impact comment**

N/A.

**Learning need addressed**

General awareness of current thinking.

**Method used**

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**Outcome of activity**

I am still finding regular reading of the BMJ useful and am beginning to see that clinicians do have to play a political/strategic role in care. I have now started taking notes on what I read and to look for items that take me into a more detailed understanding of the articles.

**Outline any further learning or development needs highlighted by the activity**

I realise that I need to keep up this activity.

**CPD Activity 5**

Type:  Start date:  End date:

**Brief description of the activity**

Online learning on infection control and asthma.

Time: 5 hours Impact: No Credit claimed: 5

**Impact comment**

N/A.

**Learning need addressed****Method used****Outcome of activity**

I can see how important infection control is in my work setting. I also know a lot more about asthma, especially in assessing emergencies.

**Outline any further learning or development needs highlighted by the activity***Specialty Adviser comments:***For the GP**

Starting a peer learning group has been a key step for this GP. She has 25 CPD credits for this extract from her portfolio. It would have been helpful if the GP could have included more detail about the activity of the group and what specifically she had put into practice as a result of her learning. This needs to be demonstrated more clearly. The RCGP guidance on this is:

‘In addition, to claim the impact factor (credit × 2) the GP would be expected to include a demonstration of application of new learning:

- case study
- simple data collection
- audit
- reflective piece demonstrating change in a practice.’

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A good example of a case report illustrates this further:

‘The mother of a patient aged 5 rang the surgery at 9.00 a.m. and asked for the child to be seen later. The receptionist taking the call recognised potentially serious symptoms and asked the patient to attend immediately. I was the on-call doctor and by 9.20 was able to assess the patient. The patient was demonstrating symptoms suggestive of meningitis. Another partner and our nurse attended, and we were able to administer benzylpenicillin and phone an ambulance. The patient did indeed have meningococcal meningitis and recovered well. This case history demonstrates that systems within the practice worked well, appropriate treatment was given and we highlighted this in a practice meeting. In my appraisal folder I have highlighted the changes we have instigated in training our receptionists in assessing patients.’

Being able to discuss a significant case with the OOH employer was another good step forward. It may not have been easy. She needs to continue in this way and to read the RCGP guide to CPD credits since this will guide her to other methods of learning that she can include in the learning portfolio.

Using e-learning for asthma is a good idea since the GP may not be able to attend daytime courses. As asthma is one of her learning objectives, she could try the RCGP Online Course on Respiratory Health. See <http://elearning.rcgp.org.uk/course/view.php?id=77>.

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## Year 3

### CPD Activity 1

Type:  Start date:  End date:

#### Brief description of the activity

Peer learning group still meeting every month.

Time: 10 hours Impact: No Credit claimed: 10

#### Impact comment

N/A.

#### Learning need addressed

A more thorough way of staying up to date clinically.

#### Method used

One of us leads each meeting and the act of preparing to teach means that we understand the topic we lead on really well.

#### Outcome of activity

I feel much more confident about keeping up to date now that it is less ad hoc and I understand things better now I have the chance to discuss things. We have now managed to open the group to other GPs and have a meetings programme so that we cover part of the GP (condensed) curriculum each year – aim is to have topics to cover all parts over 5 year period.

#### Outline any further learning or development needs highlighted by the activity

We would be more organised!

### CPD Activity 2

Type:  Start date:  End date:

#### Brief description of the activity

Significant Event reviews; I had two 'near misses' with two of the patients I saw and insisted on discussing it not only with my peers but also with one of the OOH medical directors. It led to changes made in the system. The problem was linked to slow responses to patients who were deemed urgent by the call handlers but were not deemed urgent by the duty GP.

Time: 2 hours Impact: Yes Credit claimed: 4

#### Impact comment

We now triage work differently in OOH.

#### Learning need addressed

Learning shared across organisation.

#### Method used

Meeting and email.

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**Outcome of activity**

I know how to do things differently, both clinically and in altering the system in which I work. The result has been an improvement in patient triage which has led to a measurable reduction in time in clinical treatment in cases deemed more urgent.

**Outline any further learning or development needs highlighted by the activity**

Significant Events need to be done differently in the future by everyone.

**CPD Activity 3**

**Type:**  **Start date:**  **End date:**

**Brief description of the activity**

CPR and anaphylaxis update.

**Time:** 4 hours **Impact:** Yes **Credit claimed:** 8

**Impact comment**

Needed to treat patient with acute anaphylaxis shortly after the update. I would have been slow in my response before the update but when the emergency arose I was able to give the correct treatment quickly while the team made the 999 call for ongoing care.

**Learning need addressed**

Need to do this update every year.

**Method used**

Whole team workshop including staff who update our base medication supplies and ECG.

**Outcome of activity**

This really was just in time learning (see above) and I realise I need to keep up to speed on the management of all common emergencies.

**Outline any further learning or development needs highlighted by the activity**

We need to keep including the whole team.

**CPD Activity 4**

**Type:**  **Start date:**  **End date:**

**Brief description of the activity**

Online learning on information governance, chaperones, stroke and TIAs.

**Time:** 5 hours **Impact:** No **Credit claimed:** 5

**Impact comment**

N/A.

**Learning need addressed**

The basics of what I need to know in my OOH role.

**Method used**

Online learning.

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**Outcome of activity**

I feel better able to handle confidentiality and patients with TIAs and strokes, both common in OOH.

**Outline any further learning or development needs highlighted by the activity**

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**CPD Activity 5**

Type: ■■■■ Start date: ■■■■ End date: ■■■■

**Brief description of the activity**

Make arrangements for colleague and patient survey in line with GMC advice.

Learning was finding out what GMC advise GPs to do.

**Time:** 4 hours **Impact:** No **Credit claimed:** 4

**Impact comment**

N/A.

**Learning need addressed**

I will know what I need to do differently when I have done this.

**Method used**

■■■■

**Outcome of activity**

The main problem is negotiating the surveys with my employer. I have now done this.

**Outline any further learning or development needs highlighted by the activity**

■■■■

*Specialty Adviser comments:*

This extract has a total of 27 CPD credits. She now shows that her learning is more structured with recognition that out-of-hours GPs need to maintain their knowledge in all areas of medical practice. Using the peer group has given this process impetus.

She has successfully involved her employer in two Significant Events so that she and the organisation both learn and change in response to the events. It would have been helpful if she could have documented how the system had been changed in order for the impact credit to be claimed.

She has maintained her resuscitation skills and extended this to her OOH team.

She has covered new areas in her online learning although she does not document her online learning in response to knowledge gaps in consultations.

She has recognised her need to gain feedback for colleagues and patients, and is negotiating this with her employer as she will need help in gathering the information and collating the responses.

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She has also recognised the important of telephone triage skills for all working in out of hours. She might consider a course for this or some online reading, e.g. [www.gp-training.net/training/communication\\_skills/consultation/telephone\\_triage2.htm](http://www.gp-training.net/training/communication_skills/consultation/telephone_triage2.htm), or both course and reading. It would be helpful to include a case review in CPD activity 3 in order to demonstrate impact.

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## Year 4

### CPD Activity 1

Type:  Start date:  End date:

#### Brief description of the activity

Peer learning group. Regular meetings have continued and new topics covered in the meetings. One of the group ensures that the topics covered are wide ranging and also cover new guidance, e.g. from NICE. There is time made for PUNs and DENs discussions. Highlights and main learning points are now recorded, and shared with any group members who could not attend.

**Time:** 10 hours **Impact:** No **Credit claimed:** 10

#### Impact comment

N/A.

#### Learning need addressed

All those found necessary by this group.

#### Method used

Case discussions, presentations by group members.

#### Outcome of activity

I feel much more able to link learning to what I am seeing in my clinical sessions. I am also much more up to date with NICE guidance.

#### Outline any further learning or development needs highlighted by the activity

### CPD Activity 2

Type:  Start date:  End date:

#### Brief description of the activity

Significant Event reviews. Another two events were discussed with both peers and a medical director of the OOH service. One of the events has led to a major quality improvement activity in the OOH service led by this GP.

**Time:** 2 hours **Impact:** Yes **Credit claimed:** 4

#### Impact comment

The way the service works needed a review and as a result of the information gathered urgent calls are now handled differently.

#### Learning need addressed

What started as this GP development need was found to be an organisational one.

#### Method used

Whole team involvement.

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**Outcome of activity**

We now have a new system for handing calls marked as urgent.

**Outline any further learning or development needs highlighted by the activity**

Further audits and reviews will show if this is needed.

**CPD Activity 3**

Type:  Start date:  End date:

**Brief description of the activity**

Annual resuscitation update covered CPR for adults and children and also covered anaphylaxis.

**Time:** 4 hours **Impact:** Yes **Credit claimed:** 6

**Impact comment**

New equipment was ordered after review of the pulse oximeters and defibrillator available at the OOH base.

**Learning need addressed**

All the team felt affirmed in their skills.

**Method used**

Workshop and review of equipment.

**Outcome of activity**

It was good to revise our resuscitation skills. I have claimed impact for the changes in the available medical equipment after I looked to see what we had and asked the OOH provider to order new equipment. I then checked it had arrived and we all understood how to use it.

**Outline any further learning or development needs highlighted by the activity****CPD Activity 4**

Type:  Start date:  End date:

**Brief description of the activity**

Safeguarding children, young people and vulnerable adults.

**Time:** 6 hours **Impact:** No **Credit claimed:** 6

**Impact comment**

N/A.

**Learning need addressed**

A comprehensive update on these areas organised by the OOH service for its staff.

**Method used**

Lectures and case discussions.

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**Outcome of activity**

I am much clearer who to contact when I suspect non-accidental injury.

**Outline any further learning or development needs highlighted by the activity**

She will include any Significant Events relating to safeguarding in her peer group/organisational discussions.

**CPD Activity 5**

Type:  Start date:  End date:

**Brief description of the activity**

Acting on the results of the feedback surveys carried out by my employer, I found that I was appreciated by my team but that patients commented that I seemed uncertain when managing their concerns.

**Time:** 4 hours **Impact:** No **Credit claimed:** 4

**Impact comment**

N/A.

**Learning need addressed**

I needed to address my communication skills in the consultation and have met a peer who is a GP trainer to do this.

**Method used**

Video of consultations reviewed with colleague.

**Outcome of activity**

Although it was painful to realise that my consultation skills were not as good as I would like them to be it was good to have somebody to help. I have seen that my skills are improved and I would hope that my future feedback is improved.

**Outline any further learning or development needs highlighted by the activity***Specialty Adviser comments:***For the GP**

This GP has made huge strides over the past four years and is now well placed to meet the needs of revalidation. It is hoped that she also feels more supported in her role in OOH with peer support and help from the management team.

Her group learning is now documented although she has not included this detail in the paperwork forwarded to the appraiser and she needs to give examples in order to be able to claim impact credits. It would also be helpful for the learning plan for the group for the year to be submitted. The present extract shows 34 CPD credits.

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The organisation has benefited from her reflections on Significant Events. Feedback from the employer in emails shared would be helpful here.

The CPR training is improved and safeguarding training has now taken place.

The latest guidance on the training needed for safeguarding children is:

‘For the purpose of revalidation, GPs need to demonstrate that they are up to date and fit to practise in all aspects of their work. Level 3 describes the scope of work of GPs in relation to safeguarding of children and young people. It is the responsibility of GPs to demonstrate that they maintain their competence. A GP may keep up to date in a variety of ways, for instance completing an e-learning module, attending a training session in or out of the practice or reading appropriate local guidelines. There should not be a defined frequency of updates; the important point is that it is the responsibility of the GP, in their appraisal, to demonstrate they are competent and up to date. Case reviews can be used to show how knowledge and skills are used in practise.’

*(Safeguarding Children and Young People, RCGP and GPC joint position statement)*

Further documentation would have helped to make clear the new system proposed to ensure that all OOH GPs are aware of local key contacts for at-risk children and families. If it was clear that this was put into place after the meeting and used by the team this activity could have gained impact points.

#### **For the appraiser**

Overall this GP needs affirmation of all that she has done. She has steered clear of formal audit and this is common to many OOH GPs. This example from the RCGP may help her:

‘Audit of antibiotic prescribing in sore throat

I enclose an audit examining my personal use of antibiotics in uncomplicated sore throat presentation. This was prompted by my reading an article in EKU [Essential Knowledge Update] 3 entitled ‘Prescribing antibiotics for self-limiting respiratory tract infections’. This highlighted the CENTOR criteria, which may be applied to the presenting symptoms of a sore throat, helping to exclude beta-haemolytic strep. I looked at a 3-month period between January and March last year, and then prospectively examined my prescribing between the same months this year, applying the criteria to aid diagnosis. I have demonstrated a 25 per cent reduction in the prescribing of antibiotics without any major ill effects. This activity seems to improve my practice and I intend to continue to apply the criteria in future.

The initial EKU learning module took about an hour, preparation and planning a further hour, discussion of changes to be made with my partners a further hour and writing up and reflection on the audits another hour. Total = 4 hours. Impact demonstrated so credits claimed 8.’

The issues with the quality standards needed for the OOH service are a matter for those who manage the OOH service but the GP would find reading the RCGP audit tool helpful in further discussions ([www.rcgp.org.uk/clinical-and-research/clinical-resources/~/\\_/media/Files/CIRC/Audit/Urgent%20and%20Emergency%20Care%20Toolkit.ashx](http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~/_/media/Files/CIRC/Audit/Urgent%20and%20Emergency%20Care%20Toolkit.ashx)).

## Personal development plans: examples of the types of items an OOH might like to include in a PDP

Two examples of PDP objectives are provided for each year (Years 1 to 4).

### Year 1

<i>Current PDP objective</i>	<i>Learning/ development need</i>	<i>Anticipated outcome</i>	<i>Achievement method</i>	<i>Anticipated achievement date</i>	<i>Achievement evidence</i>
To be up to date on treatments for common emergencies	Identify common emergencies and find how they are usually managed locally	A log of what I have learned and more confidence	Use peer reviewed journals, online learning and ask colleagues in OOH	Make a start in the next week and carry on until all are done	A log of what I have learned, with an index for reference

<i>Current PDP objective</i>	<i>Learning/ development need</i>	<i>Anticipated outcome</i>	<i>Achievement method</i>	<i>Anticipated achievement date</i>	<i>Achievement evidence</i>
Update of the management of symptoms in terminally ill patients	Identify commonly occurring symptoms and how they are managed locally	Easy access to local protocols	Find out what care pathways are used locally and read about the rationale for the use of different medications	Within the next 6 months	Protocols to hand whenever I am at work

#### *Specialty Adviser comments:*

This GP is new to xyz shire and has wisely noted that clinical effectiveness does not rely only on knowledge but also on how that knowledge is applied in the local health system.

Her PDP is SMART (specific, measurable, attainable, relevant and time-bounded).

## Year 2

<i>Current PDP objective</i>	<i>Learning/ development need</i>	<i>Anticipated outcome</i>	<i>Achievement method</i>	<i>Anticipated achievement date</i>	<i>Achievement evidence</i>
Develop peer learning group	Focus the topics discussed in the group so that a wide range of topics are discussed and there can be learning around clinical areas	To cover parts of the (condensed) GP curriculum and log what has been covered	Open group to other GPs and plan meetings in advance while allowing time for individuals to raise 'hot topics'	Start next month and keep going over the next year	Record of meetings with learning points

<i>Current PDP objective</i>	<i>Learning/ development need</i>	<i>Anticipated outcome</i>	<i>Achievement method</i>	<i>Anticipated achievement date</i>	<i>Achievement evidence</i>
Find a way to discuss Significant Events	Use the forum of peers to discuss Significant Events. Ensure that OOH provider lets GPs know about any S/Es involving them. Ask provider to involve GPs in discussions about S/Es for the benefit of both GPs and the organisation	Effective Significant Event system that improves patient care	Discuss with peers and with OOH service director	Gradually improve the system	Records of events and actions agreed, and actions completed

### *Specialty Adviser comments:*

The GP has done well to realise that she learns better with others and has much to offer herself. The involvement of the OOH provider is essential for the resolution of any Significant Events as system changes are often needed.

## Year 3

<i>Current PDP objective</i>	<i>Learning/ development need</i>	<i>Anticipated outcome</i>	<i>Achievement method</i>	<i>Anticipated achievement date</i>	<i>Achievement evidence</i>
Need to obtain feedback from patients and colleagues	I need to know from patients and colleagues if my communication skills are adequate and if there are any development needs	Information which can help me improve communication and team working	Use the validated questions in the GMC surveys, carried out at OOH base and collated by a third party, and communicated to me by a colleague (peer) who can help me understand what actions might be needed	Complete it in the next year	Survey results with reflections and any needed actions

<i>Current PDP objective</i>	<i>Learning/ development need</i>	<i>Anticipated outcome</i>	<i>Achievement method</i>	<i>Anticipated achievement date</i>	<i>Achievement evidence</i>
Safeguarding children and young people	I have not had any updating other than online for several years	Be able to seek help for any child who might be at risk	Learn with the OOH team with a local named GP or named nurse.  This is not something that has been done for the OOH team before and I need to ensure it happens	Within the next 6 months	Well attended event and easily accessible list of contacts

### *Specialty Adviser comments:*

A transition from learning based on knowledge to that which could change attitude is a brave development for a GP who is now established in her OOH role.

She has correctly recognised that online learning alone is not enough for OOH GPs and that safeguarding skills need group learning and interaction.

## Year 4

<i>Current PDP objective</i>	<i>Learning/ development need</i>	<i>Anticipated outcome</i>	<i>Achievement method</i>	<i>Anticipated achievement date</i>	<i>Achievement evidence</i>
Quality improvement project	I need to show that I can lead on a project of this type	An improvement to way we triage our urgent contacts	Based on a recent Significant Event I would like to see how long it takes for our team to see patients deemed urgent compared to other patients. I would like to know what factors influence this process.  I am planning to use the RCGP urgent and emergency care toolkit to guide this activity	Start in next month to look at change after the first 6 months	A new patient system

<i>Current PDP objective</i>	<i>Learning/ development need</i>	<i>Anticipated outcome</i>	<i>Achievement method</i>	<i>Anticipated achievement date</i>	<i>Achievement evidence</i>
Learning log	Need to be able to demonstrate my learning	An indexed learning log	Try out paper and my iPad to see which works better to capture the learning I do at work, on my own and in my learning group	Within the next year	Indexed learning log

### *Specialty Adviser comments:*

Over four years this GP has used her professional development to benefit her own clinical practice and the development of the service who employ her. She will be able to gather the supporting information needed for revalidation.

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# Review of your practice

## Quality improvement activity to include:

### Significant Event Audits

Two examples of Significant Event Audit are provided.

#### Significant Event 1

**Date the event was discussed:** 1/4/2009.

**Description of the event**

Patient with UTI who is pregnant issued with amoxicillin in OOH, patient is allergic to penicillins.

**What went well or not?**

Patient did not take medication and was angry as she had to make another trip to OOH base. The GP apologised to the patient.

**What could have been done differently?**

Ask patient about her allergies and check OOH record. Patient is a frequent user of OOH service and assumed her allergy would be in her OOH record.

**Roles present**

OOH GP.

**Reflections on the event in terms of knowledge, skills and performance; safety and quality; communication, partnership and teamwork; maintaining trust**

In hours or OOH it is safer to double check for adverse reactions when prescribing.

**What changes have been agreed for me personally? For the team?**

Always take care to ask about allergies or other adverse effects when prescribing.

**Changes carried out and their effect**

*To be inserted by OOH GP e.g. no change to OOH system.*

#### Significant Event 2

**Date the event was discussed:** 1/4/2010.

**Description of the event**

Visit not carried out.

**What went well or not?**

GP forgot to tell team doing visits that she had agreed that an ill elderly patient needed a visit. Patient died before a team later that day were informed and went round.

**What could have been done differently?**

Better record keeping and communication with visiting team.

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**Roles present**

GP, staff who would phone visiting team to let them know there was another visit that session.

**Reflections on the event in terms of knowledge, skills and performance; safety and quality; communication, partnership and teamwork; maintaining trust**

Although the patient was very frail she might have survived had the visiting team seen her. The visit once agreed should have gone straight on to the visits screen to be picked by the staff that passes it to the visiting team.

**What changes have been agreed for me personally? For the team?**

Build into the system a fail safe that does allow the phone call record to be filed if 'visit agreed' is entered without this being actioned by a link to other screen.

**Changes carried out and their effect**

IT change effected.

*Specialty Adviser comments:*

Both these events are serious and one might have caused a patient's death. Discussion with all team members involved or not would benefit the service. The GP has been effective in communicating these problems to the OOH service. It would be good to know that the changes proposed had actually taken place and it would be helpful to have documentation to demonstrate that this has happened.

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# Clinical Audit

An example of a Clinical Audit is provided.

## Reason for the choice of topic

Recording of signs in assessment of acutely ill febrile child <5 year

The standards set & their justification (reference to guidelines etc.)

The following signs should be sought and recorded:

- alertness
- rash
- neck stiffness
- fontanelle
- records temperature
- records heart rate
- records respiratory rate
- capillary refill
- records diagnosis or suspected diagnosis
- adheres to NICE guidance.

## SPECIFIC WORSENING INSTRUCTIONS

(Source of criteria is the RCGP Urgent and Emergency Care Clinical Audit Toolkit, piloted April 2010)

### The criteria used

All records should contain the above information or a reason why an item was not included.

### The results of the first data collection and in comparison with the standards set

I found that I was not recording heart rate and respiratory rate in each of the first 20 patients I saw.

*I then amended my current practice and attempted to record all the items in the next 20 except for the child who was brought into us semiconscious and needed urgent transfer to hospital with likely meningitis. We gave penicillin as he was being transferred by 999.*

### A summary of the discussion and changes agreed, including any changes to the agreed standards

I discussed my personal audit with my colleagues and with the medical director of the OOH service. We agreed that the service could use other tools in the toolkit to assess the service and see if there are areas for improvement.

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**The changes implemented by the GP**

Improved record keeping for the ill children I see and in future improvements to other areas of care.

**Dates of first data collection:** x/x/2011.

**... and the re-audit:** y/y/2012.

**The results of the second data collection in comparison with the standards set**

98%.

**Quality improvement achieved**

Yes.

**Reflections on the event in terms of knowledge, skills and performance; safety and quality; communication, partnership and teamwork; maintaining trust**

This proved to be a really useful audit and will stimulate further work in audit in OOH.

*Specialty Adviser comments:*

A very good audit that will help patients and GPs alike and encourage a culture of audit in the OOH service. As she has demonstrated change in practice as a result of this activity she can claim impact points in addition to the time taken in finding out how to do this audit. This would double her CPD credits claim for this item.

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## Feedback on your practice

One example of both colleague and patient feedback is provided.

### Colleague feedback (multi-source feedback)

In this area you can upload electronic versions of feedback received.

#### Colleague feedback 1

##### Colleague feedback ref

abc

##### What were the key points arising from the survey from your colleagues?

It was good to find that so many of them liked working with me and found me reliable and careful.

##### What changed as a result of the feedback? What were the outcomes/actions?

I realised that I seem uncertain sometimes when actually I am not. I need to practise sharing my views more confidently.

##### Record your personal key learning points

*To be inserted by OOH GP.*

*e.g. continue taking the job seriously and treat colleagues supportive and with respect.*

##### How has the experience affected patient care in practice?

*To be inserted by OOH GP.*

*e.g. I feel more confident and so am more cheerful with patients.*

##### Record your next steps in this area

*To be inserted by OOH GP.*

*e.g. repeat the survey in the few couple of years to ensure all is well in this respect.*

#### Specialty Adviser comments:

A feedback that affirms this GP and gives her added confidence.

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## Patient feedback

In this area you can upload electronic versions of feedback received.

### Patient feedback (PSQ) 1

#### Patient feedback ref

1234

#### What were the key points arising from the patient survey?

I am well liked by patients who find that I give them time. They feel I am a good GP.

#### With whom and when did you discuss the patient survey results?

The results were discussed with another OOH GP who can understand the working environment but is not one who works the same shifts.

#### What was the focus of the discussion?

The good points, I am a perfectionist and wanted a top score in all areas but my colleague pointed out that some patients will never give a 'top mark' even if I had completely satisfied their needs.

#### What changed as a result of this feedback? Were there any outcomes/actions?

This result has helped me to worry less, I am a good doctor and patients do not expect perfection, they prefer empathy and efficiency.

#### Record your personal key learning points

*To be inserted by OOH GP.*

*e.g. worry less!*

#### How has this affected patient care in practice

*To be inserted by OOH GP.*

*e.g. more cheerful with patients.*

#### Record your next steps in this area

*To be inserted by OOH GP.*

*erg repeat the survey in a couple of years. I will be teaching GPRs soon and I could seek their feedback on my communication style.*

#### Specialty Adviser comments:

This is an encouraging result for a GP who has been too nervous of negative feedback to attempt a survey before.

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## Other feedback

No example is provided.

## Complaints/compliments

No example is provided.

*A description of any formal complaint and your response to it in the 12-month period prior to your last appraisal before your revalidation date.*

*Specialty Adviser comments:*

It is possible that a complaint has been received that the GP does not know about. It's good practice for OOH providers to let GPs know if any complaints have been received.

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## Post-appraisal summary

An example of a post-appraisal summary is provided.

Please use this section to upload your historical appraisals.

Appraiser Dr Worthy

Responsible Organisation xyz shire PCT

Outcome

Date 5/6/12

### Attach post-appraisal summary document

#### 1. Background/scope of work/relevant context

Dr Z has worked since 2009 for the Redeye OOH service, which covers xyz shire from 6.30 p.m. to 8.00 a.m. and weekends.

She works at the OOH base for two four-hour sessions each week in the evening.

When she started she saw the role as a way of keeping in touch with primary care but she is now enjoying it and has set up a peer learning group of other OOH GPs.

#### 2. Knowledge, skills and performance

In the past year she has achieved at least 50 CPD credits and has ensured that she is up to date in resuscitation and safeguarding skills. She has used online learning, regular reading of peer-reviewed journals and workshops to update her knowledge and skills.

She presented a detailed electronic learning log, which is indexed for easy reference. Her reflections on cases she has seen and responses to Significant Events are well documented.

The OOH service has recently revamped its IT system and she provided evidence of adept use and examples of her audit of recording of signs in feverish children aged <5 years. These are excellent examples of best practice.

We reviewed her PDP from last year and she provided evidence of having achieved her objectives and we agreed a new PDP.

#### 3. Safety and quality

We discussed two Significant Events. She has reflected on these events and discussed them with others in her team and then with the medical director of the OOH service. She has proposed an improvement to the IT system used in the OOH service that is designed to ensure that visits are passed promptly to the visiting GPs. She has been told that the idea is sound and we agreed that it was needed.

She has not received any complaints and we discussed the importance of the OOH service sharing any received by them and involving her. She will discuss this with them. She has not received any informal letters of thanks but is not surprised as she often sees patients only once.

She has made a satisfactory health declaration; she has a GP for herself and her family and now has a circle of friends.

She had a flu immunisation this year and is Hep B immune.

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#### **4. Communication, partnership and teamwork**

The very positive feedback from both her team and her patients as evidenced in the survey results has encouraged her a great deal. She is determined to continue in the same good practice.

We discussed keeping up to date in communication skills and I mentioned that those who train GPRs in OOH do have some training themselves in order to do so. She is keen to have this training and is considering more formal assessment of consulting skills when she restarts daytime work. She would like to work in a training practice.

#### **5. Maintaining trust**

She has made a full and satisfactory probity statement and the positive results from her patient and colleague surveys shows a GP who is clear about what maintaining trust means in practice.

#### **6. Summary of discussion around any material required by the RO/organisation to have been brought to the appraisal**

The DB did not request any additional material be brought.

#### **7. General comment not covered above**

N/A.

#### *Specialty Adviser comments:*

This GP is doing well and deserves congratulation on all she has achieved while working part time. She provided each of the six types of supporting information required by the GMC for revalidation.