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# RCGP Example Portfolio: Senior Educationalist

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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 subject GP.

### 1. Personal details

Title: Dr

First name: A

Surname: B

GMC Reference Number: 14080909

### 2. Qualifications

Primary medical degree: MB BS

Qualifications: FRCGP

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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.

<i>Organisation</i>	<i>Location</i>
Pritchard Medical Centre	Wortley Road, Little Eaton
Aylesford Postgraduate Medical Deanery	Deanery House, Smeaton Road, Aylesford
Aylesford Vocational Training Scheme	Postgraduate Centre, Aylesford District Hospital, Aylesford
University of Aylesford	Department of Academic General Practice, Aylesford Medical School, University of Aylesford

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

#### **Clinical practice**

I spend three days a week (Monday, Tuesday, Wednesday) working as a sessional GP and GP trainer at Pritchard Medical Centre. It is a well-resourced, eight doctor GP training practice located in an affluent market town. It provides a full range of general medical services to some 14,000 patients. We are not a dispensing practice as Little Eaton has several pharmacies in close proximity to the surgery.

I am the only GP trainer within the Pritchard Practice. Two female partners have a specific interest in obstetrics and family planning; one of the partners has an interest in dermatology and works as a GPwSI at Aylesford Hospital; and one of the other partners is the financial lead for the practice. We are a fully-computerised paper-light practice using the 'MedIT' platform.

I do two clinics on Monday and Tuesday (0800–1200 and 1300–1600) and one clinic on Wednesday (0800–1200).

#### **GP trainer activities**

I've been a GP trainer since 2002. Every Wednesday afternoon is educational 'protected time' in which I do a 2-hour tutorial with my GP registrar, and complete my GP trainer and GP Training Scheme administration.

#### **Associate Director and Vocational Training Scheme Course Organiser**

On Thursdays, I am employed by Aylesford Deanery as an Associate Director, and the Course Organiser for the Aylesford Vocational Training Scheme.

My Associate Director portfolio includes: formulating educational policy for postgraduate GP education; developing and delivering GP vocational training; and providing independent educational reviews to assist GP registrars in need of professional or educational support. In this role, I have gained significant 'hands-on' experience of working with both learners and their teachers in individual, small group and large group settings.

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GP Training Scheme sessions are usually held at the Postgraduate Centre at Aylesford Hospital, although we also hold residential events twice a year at Cumberfield House – a local Conference and Training Centre. I've been an AD and the GP Training Scheme Course Organiser for the last five years. I am supported by a GP Training Scheme Course Administrator and two other local GP trainers.

### **GP Tutor and Junior Lecturer**

On Fridays, I work as a GP tutor and Junior Lecturer at the Department of Academic General Practice within Aylesford Medical School. I've done this for the last four years. The opportunity arose whilst I was doing my MSc in primary care within the department.

My role involves undertaking primary care research, and delivering general practice lectures and workshops to Aylesford medical students in support of Aylesford Medical School's Senior Lecturer and Professor of General Practice.

### **Overall**

I feel very lucky to be able to combine clinical general practice with my GP training and academic interests. Although my week is very full, I find the different emphases on Thursdays and Fridays very refreshing. I am minded of the risk of burn-out, but I still find that a change is as good as a rest!

#### *Specialty Adviser comments:*

GPs who undertake educational and academic activities as well as conventional general practice clinics should provide supporting information covering the full scope of their practice.

Doctors are revalidated in the roles that they actually undertake. Hence, it is important that the spread of this doctor's supporting information reflects their four distinct roles as:

- (1) A clinical GP
- (2) A GP trainer
- (3) An Associate Director & GP Course Organiser
- (4) A GP tutor & Junior Lecturer.

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#### 4. Record of annual appraisals

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

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*Appraisal Year*    *Appraisal status*

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--select--      Not Submitted

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#### 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

An example of pre-appraisal documentation 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

I consider myself to be an experienced GP. I passed the MRCGP at the end of my GP training in 1992 and became a fellow (by nomination) in 2006. I have undertaken regular GP clinics throughout my career. I enjoy my GP clinics, but really enjoy my teaching and academic roles. I think working with young, enthusiastic vocational trainees helps keep me current and ‘on my toes’, and ensures that I have to remain up-to-date with evidence-based medicine! The spread of colleagues’ interests within the Pritchard Medical Centre means that I don’t do much family planning or dermatology these days, as my colleagues have specific skills in these areas. Nevertheless, my clinics are always fully booked with a good spread of mainstream general practice. I enjoy being a GP trainer. I generally run to time in my own clinics, even though the registrars sometimes come through to ask my advice about patients they are seeing. I also ‘sit in’ with the GP registrars (especially during the induction weeks at the beginning of their placements). I attend all the usual practice meetings and feel well supported by my multidisciplinary colleagues. I don’t do any out-of-hours work as I feel my working week is full enough!

### Aspirations/achievements/challenges

I believe I have sound GP knowledge honed by many years of practical experience and keeping myself up-to-date in accordance with my GP training and academic activities. I believe I am well-organised and able to effectively compartmentalise my responsibilities in each of my four roles. I believe I have strong communication skills, important when dealing with enthusiastic young learners and senior academic colleagues! I am proud of the quality of service I offer to my patients, and proud that I have been repeatedly re-accredited as a GP trainer through external peer review, and offered an academic contract by the medical school. I enjoy the differing responsibilities that each of my roles conveys.

### Specific areas for discussion with your appraiser

None.

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

No.

### Knowledge, skills and performance

I have always enjoyed keeping up-to-date and I don’t feel that I have too much problem achieving an appropriate amount of CPD. I read widely due to my academic role. My reading includes

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journals and texts in the medical school library, and online articles and magazines. I am able to undertake self-directed e-learning modules during my protected educational time. I have easy access to Clinical Update events at the Postgraduate Centre and regularly attend these on Thursdays when I am there to run the GP Training Scheme.

I attend local GP trainer events and have been on two deanery ‘retreats’ with other Associate Directors.

## **Safety and quality**

I undertake regular clinical audit at the Pritchard Medical Centre, both of my own clinical outputs and those of my GP registrars. As a GP trainer, I am very familiar with the eight-point audit process. I am particularly interested in ‘positive patient outcomes’ and analysing the impact of new clinical and administrative interventions upon the care of my patients.

## **Communication, partnership and teamwork**

I regard my written and verbal communication skills as strengths. I submitted a 50-patient survey and 360-deg feedback from 20 colleagues (10 from the Pritchard Medical Centre; 8 from the deanery; and 2 from the medical school) as part of the supporting information for last year’s appraisal (undertaken by the PCT’s Appraisal Lead). I was pleased that all the feedback was positive.

## **Maintaining trust**

### *Complaints and compliments – required every appraisal cycle*

I have a collection of ‘Thank you’ cards at Pritchard Medical Centre from patients and from GP registrars who have done attachments with me. I also have letters of thanks from GP registrars who have attended the Aylesford GP Training Scheme, and a ‘Certificate of Appreciation’ from the Postgraduate Dean to mark my fifth year as an Associate Director. These are available to be reviewed in ‘hard copy’ during the appraisal.

I have obtained letters from my practice manager, deanery secretary and medical school registrar to confirm that there have been no complaints about my clinical or educational work during this appraisal year.

### *Health*

I undertake regular exercise and particularly enjoy cycling. There are no issues to do with my health that impact upon my ability to work. I am registered with a GP at Wheatley Surgery, although I have had no reason to consult her in the last year. I neither prescribe for myself nor my family.

### *Probity*

I have no concerns about my own probity. I do not handle money myself. Instead, I have an accountant who handles all my business and tax affairs. I have provided a copy of the payment receipt from Her Majesty’s Revenue and Customs confirming payment in full of my self-assessment tax liability for the last financial year.

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*Specialty Adviser comments:*

GPs with educational and academic interests may well work in a variety of settings. Working patterns may be either regular or ad hoc, so appraisers may need to adopt some flexibility when considering the doctor's appraisal portfolio.

The provision of supporting information to cover the full scope of clinical and educational practice may be more challenging and time consuming than for a colleague who only undertakes one sort of clinical role in one practice setting. Although narratives will tend to be longer for GPs who undertake a range of activities, it is important that appraisers diligently seek robust supporting information across the full scope of that doctor's practice, and don't base their opinions solely on an appraisee's personal opinions or reflections.

This GP has provided evidence of compliments from his clinical and educational work. The GP has also usefully obtained letters of confirmation from a variety of settings to help triangulate the absence of complaints across their scope of practice.

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

## Year 1

### Year 1 – CPD Activity 1

Type:  Start date:  End date:

#### Brief description of the activity

Review of Hypertension Management in Primary Care.

Undertaken in my capacity as a clinical GP.

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

#### Impact comment

Effective management of hypertension reduces the risk of coronary heart disease and cerebrovascular events. Encouragement and specialist resources to help patients to stop smoking, and effective control of blood pressure are interventions that are relatively easily deliverable in primary care. The management of hypertension is also a key component of the GP curriculum.

#### Learning need addressed

I regularly see hypertensive patients in my Pritchard Medical Centre clinics. In an affluent part of the country, obesity and hypertension are prevalent. Hence, it is important to remain aware of the current evidence about the management of hypertension.

#### Method used

2 hours reading of the British Hypertension Society Guidelines.

#### Outcome of activity

I feel I am now more up to date as a GP as a result of this reading. We have increased the health information available for patients about blood pressure and smoking cessation, and I have conducted a tutorial on hypertension with my GP registrar.

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

As a result of our tutorial, my GP registrar intends to conduct an audit of hypertension management within the Pritchard Medical Centre. I will be interested to see how closely my own management compares with the BHS guidelines.

### Year 1 – CPD Activity 2

Type:  Start date:  End date:

#### Brief description of the activity

Two-day residential Advanced Trainers Course.

Attended in my capacity as a GP trainer.

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

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**Impact comment**

N/A.

**Learning need addressed**

I needed to ensure my educational skills were up-to-date both as a GP trainer at Pritchard Medical Centre and a GP Training Scheme Course Organiser.

**Method used**

A mixture of lectures and small group work, covering:

Day 1: Communication Skills; Learning Needs Analysis; Curriculum Planning

Day 2: Formative Assessment Techniques; Providing Feedback; Learners in Difficulty; Extensions of Training.

**Outcome of activity**

This two-day residential course run by the Central Deanery has informed me of the latest educational theory, and has helped my delivery and coordination of GP training in both a practice and GP Training Scheme setting. I refreshed my GP training skills, and reassured myself that I am still aware of the latest guidelines' educational tenets. Nothing had changed too significantly! Certificate of attendance provided for both days.

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

None.

**Year 1 – CPD Activity 3**

Type:  Start date:  End date:

**Brief description of the activity**

National Association of Course Organisers Planning Event.

Attended in my capacity as an Associate Director and Course Organiser.

Two-day residential meeting to explore and develop the role and responsibilities of GP Training Scheme Course Organisers, and to plan and implement regular educational opportunities for Course Organisers through a National Association of Course Organisers.

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

**Impact comment**

N/A.

**Learning need addressed**

Preliminary work to establish a network of peer support and sharing of best practice between GP Training Scheme Course Organisers.

**Method used**

Two-day residential meeting including brain-storming sessions, small group workshops, practical exercises and plenaries.

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**Outcome of activity**

Proposals to establish a forum for GPs who organise courses for UK GP Vocational Training.

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

Need to discuss with the deanery whether they would be prepared to afford more time within my job plan to enable me to become an officer of the proposed committee.

**Year 1 – CPD Activity 4**

Type:  Start date:  End date:

**Brief description of the activity**

Library Tutorial: How to access online journals using Athens and Ovid.

Undertaken in my capacity as a GP tutor and Junior Lecturer.

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

**Impact comment**

N/A.

**Learning need addressed**

I regularly conduct literature reviews but have previously been constrained to using my university account. The Athens account means I can now search academic databases from any computer.

**Method used**

Half-day tutorial with Aylesford Medical School Librarian.

**Outcome of activity**

My ability to undertake academic literature reviews has been improved by setting up an Athens account, and using PubMed as a search engine to access peer-reviewed journal articles.

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

None.

*Specialty Adviser comments:*

1. The appraisee has clearly identified how the components of their CPD map to the different areas within their scope of practice.

This approach would be very helpful to the appraiser in confirming that the CPD activities appropriately cover the breadth of the doctor's activities. Although the appraisee has stated that the activities have improved their clinical and educational outputs, there is little specific detail about HOW these activities have improved the doctor's scope of practice. The appraiser may wish to dig down into this detail during the appraisal.

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2. It is also questionable whether the Year 1 Activity 3 Planning Event constitutes CPD for the individual doctor. Obviously it represents developmental activity for the cohort of GP Training Scheme Course Organisers but, in terms of the individual appraisee, the appraiser may wish to suggest that this activity could have been better used to describe an extension to the doctor's 'Leadership' or 'Managerial' competencies.

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## Year 2

### Year 2 – CPD Activity 1

Type:  Start date:  End date:

#### Brief description of the activity

Masterclass for GPs: General Update.

Attended in my capacity as a clinical GP.

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

#### Impact comment

N/A.

#### Learning need addressed

I need to keep up to date as a generalist for my clinics at the Pritchard Medical Centre.

#### Method used

A mixture of lectures and small group work, covering:

Day 1: Cardiology, Women's Health, Musculoskeletal Medicine, Haematology, Dermatology.

Day 2: Mental Health, Respiratory Medicine, Men's Health, Emergency General Practice, Diabetes.

#### Outcome of activity

A two-day GP Masterclass has helped me to use the latest evidence in order to make better clinical decisions. It refreshed my generalist skills and reassured me that I am now better aware of the latest guidelines across a range of topics. Certificate of attendance provided for both days.

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

None.

### Year 2 – CPD Activity 2

Type:  Start date:  End date:

#### Brief description of the activity

Annual Equality and Diversity Training.

Attended in my capacity as an Associate Director and Course Organiser.

One-day compulsory NHS Equality and Diversity Training mandated by deanery.

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

#### Impact comment

N/A.

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**Learning need addressed**

Covered: what equality means; how individuals may describe themselves; what diversity means; stereotyping; prejudice; types of discrimination.

**Method used**

One-day training event run by the local council.

**Outcome of activity**

Better understanding of: how the GP Training Scheme must have processes in place to protect, maintain and monitor equality and diversity; the value of maintaining a diverse environment; what can be done to overcome bad practice; and the consequences of not adhering to the principles of Equality and Diversity.

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

Plans to work with the GP Training Scheme Administrator to better document the scheme's Equality and Diversity protocols and processes.

**Year 2 – CPD Activity 3**

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

**Brief description of the activity**

Attended COGPED Simulated Surgery in my capacity as an Associate Director and Course Organiser.

I attended a national simulated surgery-based assessment of GPs: who are returning to clinical medicine after a period of absence; or who trained outside the UK but wish to work in the UK; or about whom there may be performance concerns; or who are exiting a period of refresher training.

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

**Impact comment**

N/A.

**Learning need addressed**

Provided information about remedial/refresher GP training entry and exit standards.

**Method used**

Full day attendance at Simulated Surgery (2 circuits observed).

**Outcome of activity**

Provided advice and an opportunity for triangulation about how to produce assessment scenarios to inform educational prescriptions and recommendations to the deanery about candidates' potential areas for development.

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

None.

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**Year 2 – CPD Activity 4**

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

**Brief description of the activity**

Visit to RCGP CSA Examination.

I visited the RCGP Examination Centre and observed two CSA examinations (one morning circuit, one afternoon circuit).

Undertaken in my capacity as an Associate Director and Course Organiser.

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

**Impact comment**

N/A.

**Learning need addressed**

Better understanding of the environment and process of the RCGP CSA examination.

**Method used**

Day-long observation of RCGP CSA examination.

**Outcome of activity**

Better appreciation of the environment in which the CSA exams are held.

Detailed knowledge of how the CSA examination is administered.

More refined appreciation of the CSA domain-orientated marking process.

Understanding of the borderline method of determining a pass mark.

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

None.

*Specialty Adviser comments:*

The CPD submitted in Year 2 is unbalanced. It focuses on the appraisee's activity as an Associate Director & Course Organiser, and (although the activities are arguably related) the submitted CPD does not specifically address the GP trainer, GP tutor or Junior Lecturer components of the doctor's scope of practice.

The appraiser may wish to highlight that, ideally, each year's CPD should be balanced and reflective of the whole scope of practice.

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### Year 3 – CPD Activity 1

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

#### **Brief description of the activity**

COPD in Primary Care.

Undertaken in my capacity as clinical GP.

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

#### **Impact comment**

N/A.

#### **Learning need addressed**

I regularly see patients with COPD at the Pritchard Medical Centre.

#### **Method used**

E-Learning module.

#### **Outcome of activity**

I am now more aware of the evidence behind the primary care diagnosis of COPD; reversibility in COPD; demographic differences in COPD; treatment options; and patient education regarding COPD.

My COPD management has been improved by a better appreciation of the benefits of active patient information and involvement.

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

I intend to speak to the practice nurses about undertaking a practice audit of our COPD management.

### Year 3 – CPD Activity 2

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

#### **Brief description of the activity**

GP Trainer Two-day Seminar.

Two-day GP Trainer Seminar covering the ‘nuts & bolts’ of GP registrar assessment. Attended in my capacity as a GP Trainer.

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

#### **Impact comment**

N/A.

#### **Learning need addressed**

Provided with updates on:

Day 1: Workplace Based Assessment; e-Portfolios; Case Based Discussion; The Consultation Observation Tool

Day 2: Multi-Source Feedback; Patient Satisfaction Questionnaire; ARCP review.

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**Method used**

Two-day residential seminar at Merryfields Hotel.

**Outcome of activity**

Confirmation of assessment requirements, and opportunity to discuss and triangulate teaching methodologies with fellow GP trainer colleagues.

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

None.

**Year 3 – CPD Activity 3**

Type:  Start date:  End date:

**Brief description of the activity**

Reading articles on the drug treatment of diabetes.

Undertaken in my capacity as an Associate Director and Course Organiser.

**Time:** 2 hours **Impact:** No **Credit claimed:** 2

**Impact comment**

N/A.

**Learning need addressed**

Update on diabetic drug management to inform GP Training Scheme session.

**Method used**

Reading – BJGP, *Bandolier*, *GP Cardiovascular Update*, *British National Formulary*.

**Outcome of activity**

Refresher on first-line medications for drug treatment of diabetes, and indications for starting Insulin.

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

None.

**Year 3 – CPD Activity 4**

Type:  Start date:  End date:

**Brief description of the activity**

One day course on use of BottomRef.

Attended in my capacity as a GP tutor and Junior Lecturer.

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

**Impact comment**

N/A.

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**Learning need addressed**

Previously, I have needed to manually store references in 'hard copy' on postcards. Editing research articles in different formats for different journals often requires re-ordering of the references. This is very time-consuming if done manually. The 'BottomRef' programme does this automatically if references are inserted into its database.

**Method used**

Attendance at one-day 'BottomRef' training course at Aylesford University.

**Outcome of activity**

Gained familiarity with electronic programme to facilitate the management of references within academic articles.

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

None.

*Specialty Adviser comments:*

The appraisee has heeded the appraiser's advice last year, and provided a balanced demonstration of CPD covering clinical, teaching, organisational and academic components of their scope of practice. However, as this is clearly a high-achieving GP colleague, the appraiser may wish to consider offering a degree of challenge to help the appraisee to become 'even better'. In this appraisal year, the majority of the development activity is arguably 'reinforcing' rather than 'developing' (i.e. 10 credits are claimed for attending a GP trainer seminar containing material that the appraisee should already be aware of as a GP Training Scheme Course Organiser. A further 6 credits are claimed for refreshing knowledge about COPD and diabetes). It is interesting that for the current year the appraiser did not wish to raise anything specific with his appraiser. Is the appraisee too comfortable?

Appraisers may need to make a judgement about what level of CPD is appropriate. The appraisal process should remain formative and developmental to assist colleagues to continually improve.

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## Year 4

### Year 4 – CPD Activity 1

Type:  Start date:  End date:

#### Brief description of the activity

One-day ‘breaking ground’ national clinical update conference – 3 parallel sessions attended: Dermatology; Family Planning; Musculo-skeletal Medicine. Attended in my capacity as a clinical GP.

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

#### Impact comment

N/A.

#### Learning need addressed

The requirement to develop myself, rather than just maintain my clinical skills, was highlighted at last year’s appraisal. Accordingly, I decided to attend a national conference focusing on ‘breaking ground’ management strategies, and attended parallel sessions covering clinical areas that I tend to do the least due to other colleagues’ special interests within the Pritchard Medical Centre.

Explored ‘what I didn’t know I didn’t know’, gaining a better appreciation of:

1. Psoriasis: dermatological and generalised manifestations
2. Long-term reversible contraceptive methodologies
3. Use of physiotherapy to improve quads tone in anterior knee pain.

#### Method used

Attended one-day ‘breaking ground’ conference in London.

#### Outcome of activity

I now feel more confident about the ‘minority’ areas of my clinical practice. Whilst the balance of work within the Pritchard Medical Centre is unlikely to change, I recognise the importance of keeping up to date across the full spectrum of presenting complaints. Hence, I believe focusing on dermatology, family planning and musculo-skeletal medicine was appropriate developmental activity.

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

None.

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#### Year 4 – CPD Activity 2

Type:  Start date:  End date:

##### Brief description of the activity

One-day seminar: 'The Psychology of Learning' – Nature or Nurture?

Attended in my capacity as a GP trainer.

I attended a one-day seminar run by the Department of Psychology, Aylesford University.

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

##### Impact comment

N/A.

##### Learning need addressed

I have gained a better understanding of the psychological process of learning, short-term and long-term memory.

##### Method used

Attendance at one-day psychology seminar.

##### Outcome of activity

It has encouraged me to think more broadly about individuals' particular learning styles and the potential need to be flexible in using a variety of teaching mechanisms to best nurture and develop the abilities of the learners.

I'm much more structured now in the way that I shall approach the preferred learning styles of my next GP registrar. My focus will be upon their (rather than my) motivational belief systems and preferred methodologies. I shall try to deliver material in a new learner-centred manner, rather than simply delivering the curriculum 'in the way I have always done it'.

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

I intend to explore the practice use of self-rating scales, such as Honey & Mumford, to establish baselines and see if the assessments 'move' within the learning process.

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#### Year 4 – CPD Activity 3

Type:  Start date:  End date:

##### Brief description of the activity

Attendance at MRCGP International Development Days Conference.

Attended in my capacity as an Associate Director and Course Organiser.

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

##### Impact comment

N/A.

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**Learning need addressed**

I now have a much better appreciation of how family medicine is delivered in Europe, South Asia, the Gulf States and South Africa.

**Method used**

Having run a GP Training Scheme in the UK, I wondered whether I could offer a contribution to the teaching of family medicine overseas. Hence, I contacted the International Division of the RCGP, and subsequently attended their 2-day MRCGP(INT) Development Days Conference.

**Outcome of activity**

I have learned that family medicine teaching and assessment methodologies across the world are not dissimilar to those in the UK, but the contexts of practice are very different and MRCGP(INT) support work must be country/context specific – it is not about franchising the UK way of doing things!

My enthusiasm for becoming involved in teaching overseas has been fuelled by a very stimulating two days.

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

I plan to attend further MRCGP International events, and will consider applying for a Deputy International Development Adviser role in future.

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**Year 4 – CPD Activity 4**

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

**Brief description of the activity**

Enrolment in an MD(Res): 'From forgetfulness to dementia'.

Undertaken in my capacity as a GP tutor and Junior Lecturer.

**Time:** 12 hours **Impact:** No **Credit claimed:** 12

**Impact comment**

N/A.

**Learning need addressed**

I have decided to research the diagnosis and management of dementia in primary care. The transition from early stages of cognitive impairment is not straightforward. Being more informed about the diagnostic 'journey', realistic expectations and explaining the diagnostic process and possible reasons for delays may help patients and their carers to better adapt.

**Method used**

I have enrolled in a doctorate programme that can be conducted within my Junior Lecturer contract. The course is likely to last 6 years on a 1-day per week basis. My supervisor will be Aylesford University's Professor of Geriatrics. So far, I have completed 12 hours of compulsory MD induction.

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**Outcome of activity**

I hope that better appreciation of data derived from an interview study of patients with memory problems and their carers will identify factors that enable early diagnosis, speed up assessment processes, reduce distressing assessment procedures and improve communication between patients, carers and professionals.

Following advice from my appraiser last year, I have decided to extend my academic qualifications and have enrolled in a MD(Res) doctorate programme.

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

I hope to share these reflections with other colleagues in a practice meeting as we have a fair number of patients with early stages of dementia on our list. Perhaps the practice team can help me?!

*Specialty Adviser comments:*

The appraisee has overtly demonstrated that they have heeded the advice of the Appraiser. They have provided detailed supporting information demonstrating balanced, expansive and challenging CPD that has expanded and enhanced their clinical, educational and academic competencies and spheres of interest. Indeed, the appraiser may now need to consider whether a reminder about work/life balance may be appropriate. Ambitions for MRCGP(INT) responsibilities, as well as an MD and extant GP trainer and GP Training Scheme Course Organiser duties constitutes a very full workload for anyone!

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## Personal development plans

Two examples of PDP objectives 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>
Go on a GP trainers course	Refresh my GP trainer skills	Ensure my GP training knowledge is up to date	Go on a course	12 months	Booking confirmation and receipt
Explore how GP Training Scheme Course Organisers could interact more	Try to avoid isolation as a Course Organiser	Improve Course Organiser networking	Meet up with other Course Organisers	12 months	Complete a feedback sheet afterwards

#### *Specialty Adviser comments:*

Both of these objectives lack detail. The appraiser may wish to advise the appraisee to define objectives that are specific, measurable, achievable, realistic and time-bounded (SMART).

## 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>
Undertake mandatory Equality and Diversity training (AD and GP Training Scheme Course Organiser)	Attain a better understanding of: what equality means; how individuals may describe themselves; what diversity means; stereotyping; prejudice; types of discrimination	Achieve annual accreditation as mandated by the deanery	Attend one-day long Equality and Diversity Training Course run by the local council	6 months	Signed accreditation certificate from the local council
Observe the RCGP CSA Examination (AD and GP Training Scheme Course Organiser)	Obtain a better understanding of the environment and process of the RCGP CSA examination	Obtain better appreciation of the exam environment and marking processes	Attend the RCGP Exam Centre and observe a real CSA circuit	1 year	Obtain confirmation from RCGP Floor Marshals that I observed a live CSA circuit

### *Specialty Adviser comments:*

This year's objectives are better defined. The appraisee has indicated that both learning objectives relate to their AD and GP Training Scheme Course Organiser activities. The appraiser provided feedback about this, as a balance across a doctor's scope of practice is preferred. The appraisee has appropriately prioritised the learning activities by setting different anticipated achievement dates – the mandatory activity is correctly prioritised before the voluntary activity.

## 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>
Revision of the 'nuts & bolts' of GP registrar assessment (GP trainer)	Revision of GP Registrar assessment processes including: WPBA ePortfolio CBD COTS MSF PSQ ARCP	Confirmation of familiarity of required GP assessment methodology	Two-day GP trainer seminar	1 year	Attendance certificate
Learn how to use an electronic reference-managing tool (GP Tutor and Junior Lecturer)	Attain skills required to enable electronic (rather than manual) reference management when composing academic articles	Familiarity with 'BottomRef' and ability to manage references electronically	Attendance at one-day 'BottomRef' training course at Aylesford University	1 year	Attendance certificate

### *Specialty Adviser comments:*

Refreshing current skills is an appropriate source of CPD, but the accompanying supporting information should demonstrate that the educational objectives has been achieved, and should focus upon reflection and the demonstration of SMART outcomes – not simply a certificate confirming attendance on a course.

## 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>
Learn more about the MRCGP(INT) and opportunities in the RCGP International Division  (Associate Director and Course Organiser)	Gain a better appreciation of how family medicine is delivered worldwide	Understand how family medicine is delivered in Europe, South Asia, the Gulf States and South Africa	Attend MRCGP(INT) Development Days	1 year	Confirmation of attendance by RCGP
Enrol in an MD (GP Tutor and Junior Lecturer)	Further my research interest in the diagnosis and management of dementia in primary care	Opportunities for earlier diagnosis, faster assessment processes, reduced distress in assessment procedures and improved communication between patients, carers and professionals	Undertake MD	6 years day-release study	University enrolment certificate and educational contract

### *Specialty Adviser comments:*

In this PDP, the appraisee has identified learning needs related to their educational and research work, embarking on a MD that will constitute long-term CPD spanning multiple appraisal years.

This will not be uncommon for academically orientated GPs. Many may choose to undertake Certificates of Postgraduate Medical Education, higher degrees or even doctorates.

Appraisers should ensure that CPD remains balanced within a revalidation cycle, and preferably within each appraisal year, to ensure GPs remain appropriately up to date across their whole scope of practice.

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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:** 2 months before appraisal.

#### Description of the event

Collapse of 82yr woman in waiting room. She had attended due to a 2-day history of chest discomfort. I was the first GP 'on scene'. On examination, she was unresponsive but had a weak pulse. BP 80/40. 999 ambulance called. Patient taken to hospital. ECG and cardiac enzymes subsequently confirmed acute anterior MI. Discharged from hospital on Aspirin and ACEI. Outpatient cardiac rehabilitation organised by the hospital.

#### What went well or not?

Collapse in waiting room meant medical help was instantly available. Quick and appropriate staff response to emergency. All staff had completed Basic Life Support training. Rapid attendance of 999 ambulance. Patient transferred to hospital and thrombolysed within 'the Golden Hour'.

Collapse was witnessed by other patients in waiting room. No screens available in practice to shield view. Other patients had to be moved into practice library pending arrival of ambulance.

#### What could have been done differently?

Review of medical records: No previous cardiac problems identified. Last BP 150/85. Non-smoker. Not diabetic. Normal cholesterol. Regularly walked to shops etc. Healthy diet.

Could have had better privacy for patient.

#### Roles present

Myself, other GP in practice, practice nurse, receptionist.

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

Terrible events for patient, but could not have been predicted. Prompt, effective response in a challenging situation by practice staff, all of whom had completed certified BLS training.

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

Events discussed at practice meeting – practice agreed to purchase three screens to provide additional privacy.

#### Changes carried out and their effect

Three screens purchased by practice.

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## **Significant Event 2**

**Date the event was discussed:** 6 months before appraisal.

### **Description of the event**

24yr man complaining of pain in the right testis seen in the practice by a locum. Locum was previously unknown to the practice – booked at short notice through an agency due to staff illness. Patient was diagnosed with epididymal cyst and prescribed antibiotics and NSAIDs. No record of testicular examination recorded in notes.

Patient was reviewed by me two weeks later as pain not improving. Epididymis felt thickened, but also outline of tight testis felt irregular. Referred for urgent ultrasound that demonstrated tumour subsequently confirmed as a seminoma. Patient had an orchidectomy.

### **What went well or not?**

No review of locum's work at the time. Patient said he was examined by the locum, but no details of testicular examination recorded in the notes, so unclear whether testis or just epididymis was examined. The patient did not wish to complain. We were uncertain about what to do – should we inform anyone about the issue? Was this a missed diagnosis? Had the clinical features changed in the 2 weeks since the patient was seen by the locum?

### **What could have been done differently?**

Highlights the need for comprehensive note-keeping.

### **Roles present**

Myself, other GPs at Pritchard Medical Centre (discussed at doctors' meeting), locum agency, provider of my medical indemnity.

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

I consulted the provider of my medical indemnity for advice, then passed on the details of the case to the locum agency so the doctor concerned could be informed and the locum organisation could consider potential next steps.

### **Changes carried out and their effect**

We now try to include (even short-term) locums in the practice much more, to offer them mutual support and provide them with a heightened opportunity to triangulate if they so wish. The duty doctor in the practice also now routinely reviews the caseload of any patients seen by locums used in the practice.

### *Specialty Adviser comments:*

Both Significant Events highlight the GP's personal involvement in serious clinical cases and their appropriate triangulation with others.

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## Clinical Audit

An example of a Clinical Audit is provided

### Background to audit

SMAC guidelines recommend limiting antibiotic prescribing in uncomplicated UTIs in otherwise fit women to three-day courses. 1–3% of all GP consultations in UK are for UTI and 5% women present to their GP each year with frequency and dysuria. A literature review (BJGP 2002 Vol 52 No 482 p752) highlighted the treatment of choice – short-term therapy with trimethoprim or nitrofurantoin – is successful in over 80% of the cases. In women under the age of 65yrs, a three-day course has been shown to be as effective as a longer course, but caused fewer side effects. Compliance is often better, and the adverse effects and damage to the patient’s physiological flora is less than with longer treatment.

### The criteria used

Antibiotic courses for adult non-pregnant women with an acute episode of uncomplicated UTI should be for 3 days. This criterion was chosen as a 3-day course of antibiotics is suggested in line with SMAC, DTB, MeReC and BJGP recommendations.

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

A standard of 80% was chosen as there are well publicised, validated, established guidelines that have been in primary care circulation since 2002.

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

59 abnormal MSU results received during audit time frame.

4 patients excluded: 1 retrospective MSU result after emergency admission

1 EMIS ‘dummy patient’ – Minnie Mouse

1 sample ‘not labelled’ coded as abnormal

1 sample ‘not examined’ coded as abnormal.

28 abnormal MSUs treated:

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<i>Regimen</i>	<i>Number of patients</i>
Trimethoprim 10 days	1
Trimethoprim 7 days	9
Prophylactic trimethoprim started	1
Augmentin 1 week	2
Ciprofloxacin 1 week	1
Amoxicillin 1 week	5
Cephalexin 1 week	7
Erythromycin 1 week	2

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Additional 27 abnormal MSUs not treated:

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<i>Result</i>	<i>Number of patients</i>
Skin commensals cultured	2
Mixed growth on culture	5
Casts on microscopy; no growth	1
Epithelial cells on microscopy; no growth	9
Leucocytes on microscopy; no growth	4
Erythrocytes on microscopy; no growth	6

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

As no patients received a 3-day course of antibiotics, our current performance is 0% against our 80% standard. Furthermore, 6 different antibiotics were used, rather than only trimethoprim or nitrofurantoin as recommended in the literature.

#### **The changes implemented by the GP**

1. The results have been sensitively discussed within a practice meeting.
2. A practice protocol for the management of uncomplicated UTIs has been devised to reinforce the rationale of 3-day treatment with either trimethoprim or nitrofurantoin.
3. This guidance has been entered onto 'Medshare' – an in-house computerised support system.
4. The need for appropriate EMIS Read coding of consultations has been reinforced to make future audit easy.

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

78 abnormal MSU results received during audit time frame.

2 patients excluded: 1 sample 'not labelled' coded as abnormal  
1 sample 'not examined' coded as abnormal.

30 abnormal MSUs treated:

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<i>Regimen</i>	<i>Number of patients</i>
Trimethoprim 3 days	22
Nitrofurantoin 3 days	4
Trimethoprim 10 days	2
Trimethoprim 7 days	1
Co-amoxiclav 1 week	1

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Additional 46 abnormal MSUs not treated:

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<i>Result</i>	<i>Number of patients</i>
Skin commensals cultured	20
Mixed growth on culture	2
Casts on microscopy; no growth	3
Epithelial cells on microscopy; no growth	12
Leucocytes on microscopy; no growth	3
Erythrocytes on microscopy; no growth	6

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### **Quality improvement achieved**

After introduction of the practice protocol, 26/30 (87%) of adult non-pregnant women with an acute episode of uncomplicated UTI were treated with a 3-day course of antibiotics. Hence, we achieved our standard of 80%. This constituted a significant improvement over the first data collection.

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

The introduction of a Pritchard Medical Centre practice protocol for the management of uncomplicated UTIs reinforced the rationale of 3-day treatment with either trimethoprim or nitrofurantoin. Guidance was entered onto 'Medshare' to optimise availability of the protocol to all prescribing staff. Four patients were still treated with antibiotics courses longer than three days. Overall, we were very pleased with the second results though.

#### *Specialty Adviser comments:*

The audit is appropriately laid out, with the criteria and standards clearly defined. The 'eight part' format highlights two data collections and clearly illustrates the effect of the intervention (in this case a shared practice protocol and Read coding advice). The standard set at 80% is appropriate. 100% standards are very difficult to achieve as there will always be other circumstances to consider, and UTIs generally do not constitute a significant patient safety issue.

However, the timeframe is not defined for either the first or second data collections, and there is no indication as to 'what will happen next'. Four patients were still treated outside the agreed practice protocol, but no explanation is offered as to why (e.g. Clinical reason? Was it the same prescriber in each case? Patients' views? etc.) or what strategies might be employed to reinforce the protocol.

It is also unclear whether this audit will be repeated in future.

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## Colleague feedback (multi-source feedback)

One example of both Colleague and Patient feedback is provided.

### Colleague feedback 1

Colleague feedback – online MSF with 20 colleagues run by ‘Tellitstrait Ltd’.

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

Friendly and pleasant.

A good communicator – always cheery and never seems too busy for a friendly word.

Makes me feel important, and I’m only the cleaner!

Logs his detailed consultation records carefully on the computer.

Runs to time, and is always happy to lend a hand with extras if required.

Enthusiastic teacher – gives me inspiration.

Makes learning interesting. Always full of bright ideas.

Sometimes needs to remember that we don’t all find things as easy to learn things as he does, so sometimes it’s a struggle to keep up!

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

I was pleased that colleagues seemed to value my contribution.

I was somewhat upset by the comments about apparent lack of consideration of others. I pride myself on trying to do a good job, so was a bit upset by the criticism that ‘I sometimes need to remember others’. However, I recognise that this is an important point and I took urgent action to address this learning need.

#### Record your personal key learning points

Attend a Psychology of Learning Seminar.

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

I have broadened my perspectives regarding taking more consideration of others.

#### Record your next steps in this area

I will undertake more internal evaluation of my facilitation to ensure I am applying these skills in my educational activities.

### *Specialty Adviser comments:*

It would be helpful to mention who completed the MSF (e.g. the balance between staff from the GP practice, the GP Training Scheme and his educational department). How the MSF feedback is provided is critical. Even though this doctor has principally positive comments, he has acknowledged that some of the remarks made him feel ‘a bit upset’ (even if they were justified!). If appraisers are asked to deliver feedback on collated MSF results, this should be undertaken carefully and sensitively. Pendleton’s rules may prove helpful.

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## Patient feedback

### **Patient feedback (PSQ) 1**

Electronic survey benchmarked against UK colleagues, 50 consecutive patients with data collated over two consecutive days.

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

Caring. Sensitive. Good listener.

Gives me time and never seems to be rushed.

Always offers me choices.

Checks that I have understood.

Encourages me to come back if I am not feeling better.

Sometimes I just wish he would tell me what to do – he's the doctor.

I don't know why he always asks what I'll tell the wife when I get home ...

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

I discussed the results with the Senior Partner and the Practice Manager, and used PSQs as the basis of a tutorial with my GP registrar.

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

We looked at the results and discussed the comments. I was pleased that the patients as a whole seemed satisfied, especially as I am involved in some consultation skills teaching within the GP Training Scheme and obviously with my own GP Registrars. We discussed patient-centredness (in light of the comments about offering choice) and checking understanding (talking to the wife upon arriving home). We agreed that such tenets were important and congruent with several academic consultation models.

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

We agreed that perhaps it would be useful if I explained a bit more to the patients about why we offer choice and why we check understanding rather than just doing it.

#### **Record your personal key learning points**

Overall I am pleased with the comments. I think they indicate that I have established an effective professional relationship with my patients.

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

I mustn't get complacent about my communication skills. I will try to introduce the 'why' into my discussions with patients when forming a shared understanding and management planning.

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

To use the practice video and consent forms in next week's clinics.

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*Specialty Adviser comments:*

The comments indicate that the GP is obviously a sophisticated consulter. Nevertheless, he has taken on board the comments and strives to improve his skills even more.

The appraisee has appropriately shared the results with the Senior Partner and the Practice Manager. However, the doctor should be strong in this area as the GP is an accredited GP trainer, and they teach communication skills and consultation models to GP registrars.

It would be interesting for the appraiser to explore what the appraisee would have done if there were any overtly negative comments in the patient survey despite their GP training status.

Who would the appraisee have shared these comments with?

What strategies would they have employed to address the concerns?

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## Other feedback

No example is provided.

## Complaints/compliments

No example is provided.

*Specialty Adviser comments:*

The GP has already described that he has a small collection of 'Thank you' cards and, to his knowledge, there have been no formal complaints about him from his clinical, training, administrative or academic activities.

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## Post-appraisal summary

An example of a post-appraisal summary is provided.

Appraiser

Responsible Organisation

Outcome

Date

### Attach post-appraisal summary document

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

Dr B has four separate components to each working week:

- 1) A clinical GP
- 2) A GP Trainer
- 3) An Associate Director & GP Course Organiser
- 4) A GP tutor & Junior Lecturer.

He does no out-of-hours work. He is an accredited GP trainer, and provides communication skills and consultation model advice to GP registrars in a practice and GP Training Scheme setting. Dr B appreciates that he will revalidate in the job that he actually does. Hence, he has provided supporting information that appropriately covers all components of his professional life and his complete scope of practice.

#### 2. Knowledge, skills and performance

Dr B enjoys keeping up to date. He has undertaken an appropriate amount of CPD, and uses different learning techniques. For general practice, these include: reading; online modular learning; attendance at CPD events and Update Conferences; and attendance at national RCGP events. He has balanced his activities to reflect his scope of practice and has recognised the need to continue to develop his skills, rather than just remain within his comfort zone.

#### 3. Safety and quality

He had provided clinically relevant Significant Event analyses and has demonstrated appropriate reflection and implemented changes as a result of these occurrences. Dr B has audited clinical activity within the Pritchard Medical Centre, introduced a practice protocol, and demonstrated a resulting improvement in the quality of patient care.

#### 4. Communication, partnership and teamwork

We discussed the process and results of 360° multisource feedback from 20 colleagues, and a survey of 50 of his patients.

Dr B's MSF indicates that his colleagues regard him highly, and value his contribution. He respected the opinions provided, and quickly took active steps to address a highlighted learning need about recognising the potential needs of others.

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His patient survey indicates that he has sophisticated consulting skills and enjoys an effective professional relationship with his patients. Nevertheless, he is not complacent, and intends to use the practice video to watch himself a bit more and further refine his style.

**5. Maintaining trust**

He has received some 'Thank you' letters, and has no knowledge of any personal complaints from patients. He has no known health or probity issues.

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

N/A.

**7. General comment not covered above**

N/A.

*Specialty Adviser comments:*

Every doctor will revalidate in the job that they actually do. Revalidation is not concerned with the General Medical Council (GMC)'s Specialist or General Practice Registers, only the doctor's licence. Although many GPs have interests across a variety of specialist areas, including educational and academic activities, they will remain on the General Practice Register. All GPs are expected to derive an annual Personal Development Plan (PDP) from participation in each annual appraisal. The PDP should be signed off by the appraisee and appraiser, and should represent the agreed plan for the forthcoming year. The PDP from each appraisal should consist of a number of goals, ideally identified as SMART objectives. Most GPs will set themselves between three and five goals that reflect the breadth of their practice, responsiveness to the health needs of their local population, and their own development needs.

Further information is provided in the 'General Information – Scope of Your Practice' section of *The RCGP Guide to the Revalidation of General Practitioners* available from: [www.rcgp.org.uk/revalidation.aspx](http://www.rcgp.org.uk/revalidation.aspx).