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# RCGP Example Portfolio: GP with a Special Interest (GPwSI) Role

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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:** Lisa **Surname:** Anybody

**GMC Reference Number:**

### 2. Qualifications

**Primary medical degree:** MB BS

**Qualifications:** DRCOG

#### *Specialty Adviser comments:*

It is important to have all qualifications here, particularly if you are functioning as a GP with Special Interest (GPwSI). One of the key questions an appraiser will be seeking an answer to is 'how are you qualified to function in this other role'. Now this may not be a specific qualification (e.g. in-house training etc.) but one that needs to be specified somewhere in the portfolio.

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### 3. Scope of your work

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

Organisation	Location
Dr Barratt and partners	Anywhere practice
Acute hospital	Anywhere town
Integrated Care Service	Community gynaecology clinic

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

I am a busy sessional general practitioner with a portfolio career.

I have worked as a GP for 30 years in Anywhere town, and am now doing some four sessions at week at the one practice where I mostly cover annual leave, and so am exposed to the full spectrum of general practice activity. There are 10 partners in this practice so there are often two people away at any one time. We are located in the city centre, not far from the main hospital, and have a good mixture of young families and elderly, and a large working age component.

I also work as a 'Hospital Practitioner in Infertility' at the local acute hospital where I do one extended session per week (i.e. 6 hours). This is extremely poorly resourced but I enjoy the work, and it gets me out of the hurly burly of the practice and adds a different dimension to my working week. I function almost alone most of the time, as the consultant feels I am now up to speed having worked there now for some 10 years. I do occasionally pop my head around the door to ask for advice around particularly difficult cases.

I am also a community GPwSI in gynaecology working with our local GP owned, not-for-profit 'Integrated Care Service'. I do three sessions in this role. I gained this job some five years ago after applying to an advert they had placed in our local learning lines. My qualification for this role was my DRCOG, and more extensive experience as a senior house officer (some 18 months as compared to the normal 6 months in GP training) in the obstetrics and gynaecology department at Anywhere Acute Hospital, and my general practice experience. The clinic takes referrals from local GPs for polyps, dysmenorrhoea, menorrhagia, technically difficult cytology, lost coil threads, menopausal issue etc. I enjoy this work as I was often frustrated by having to refer to secondary care for things I felt I could offer if I had the right facilities and equipment.

#### *Specialty Adviser comments:*

The doctor has started to explore how they were qualified to do the job of a GPwSI but maybe the appraiser needs to explore in more depth their qualifications for being a GPwSI in infertility, and you would want to see evidence in their CPD of their keeping up to date in these roles. Another area of focus is to establish early on what re-accreditation is required in their GPwSI role, and you can then sign post the appraisee appropriately.

Appraisers need to be aware of the whole scope of practice for which the doctor uses their medical qualification and it is easy just to focus on primary general practice service.

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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

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"/>

*Specialty Adviser comments:*

This is merely a declaration and it is good practice to see some discussion of aspects of probity and/or health discussed under the 'maintain trust' section for probity, and under 'safety and quality' for health where appropriate.

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## Pre-appraisal documentation

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

It has been such a busy year with new pressures in my general practice role, with the senior partner off on long term sick and one of the junior partners handing in their notice. It has served to destabilise the practice and there are many unhappy faces and unhelpful behaviours when I go in. I am trying to remain upbeat and give them as much time as I can but I have my two other jobs to which I am committed so I do not have the inherent flexibility they require of me at present. The atmosphere and the unrealistic expectations of the partners has led me to consider my position there.

My role as a GPwSI in infertility has continued much as it has for the last 10 years. If anything I see less of the consultant and can feel somewhat abandoned and alone. I still love the work and take an active interest in keeping up to date in this rapidly changing arena. I have never had any sort of performance review in this role and other than the odd comment from staff that I am doing alright I have no real sense of the quality of my work or where I need to develop further.

My role as a community GPwSI in gynaecology continues with good nurse support in the clinic and good learning together with the 2 other GPwSI in the same role. The clinics are hectic and we have to take personal time out to share our experiences and learning.

### Aspirations/achievements/challenges

My aspiration is to remain sane and to continue to enjoy my general practice role. It has become much more difficult with the practice problems and I am inclined to think about standing down. This in itself is a challenge as I feel my generalist skills are so important in my specialist work. However I am starting to feel undervalued and the work is hard enough without dreading going into work.

### Specific areas for discussion with your appraiser

As above, and to discuss what is expected of my employers in terms of appraisal in my GPwSI roles.

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

No I have not.

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## Knowledge, skills and performance

I actively enjoy doing CPD, and tend to do a lot online as I find it easily accessible and I can do it in my own time. I do enjoy courses, particularly for the networking opportunities. My CPD log has recorded some 174 credits, some of which have been impactful. Although I do CPD in my other roles I am unclear what proportion of my portfolio should be there for each aspect of my roles.

## Safety and quality

It has been very difficult to get a formal audit done this year as the practice manager has said he does not have time to do the formal computer searches on which my audit would be based. I do not know how to use the IT system, other than to enter clinical records and so I am a bit stuck. However I have done a 'notes audit' which looks at a 100 sets of consecutive notes and looked at various parameters to identify how I could improve the quality of my note keeping.

I have done my CPR training this year as well as being updated on child and adult protection issues.

I have also added a significant event and a case review.

I have no health issues that could compromise patient care but I do feel quite stressed by the situation at the practice and my future.

## Communication, partnership and teamwork

I really enjoy working in teams, but both my general practice role and my GPwSI in Infertility are lonely and mostly unsupported. I have had good informal feedback from practice staff and the hospital staff but I have not done any MSF/360 degree feedback exercises. I wonder if you could signpost me to a useful example.

I have done a patient feedback survey last year and I have discussed the results for this appraisal. I must say I was jolly pleased with the outcome and took on board the comments about not being able to see me, but there is little I can do about that, other than to change my working practice, and that seems unlikely in light of my comments above.

I find great value in working with the community gynaecology team and would be interested to have some formal feedback from them in the future.

## Maintaining trust

I have signed the probity declaration. I am not sure what it really means other than my personal integrity which I take great pride in. I also treat patients and colleagues with respect at all times. Is there anything else I should be considering?

### *Specialty Adviser comments:*

There is little about their GPwSI roles here, but it may well be covered in their portfolio of evidence. This section is particularly helpful to get a feel for the doctor's situation and their background context.

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The doctor has been very open about some of their concerns and these need to be acknowledged in appraisal. It is important in these areas not to be solution focussed but rather signpost or encourage reflective practice so that the doctor may find their own solutions.

Many doctors will have far in excess of the required 50 credits per annum on a regular basis and it is not for us to stifle that. What is important is that they show their appraiser what they consider to be the best evidence of keeping up to date in their various roles, and that over a five-year cycle there would be enough evidence in the portfolio to satisfy the GMC criteria for supporting evidence in all their roles.

Impact needs to demonstrate that the learning HAS changed practice AND the evidence of change is present. There is a common misconception that the anticipation that the learning will change practice is adequate to gain an impact factor. This is incorrect.

The difficulty that sessional doctors will have when addressing the quality improvement aspect needs to be acknowledged, and the College will be working on examples which we can signpost to.

The 'lonely' remark also needs to be acknowledged and again signposting or taking the doctor through 'what could you do differently' can be really helpful.

MSF/360 degree feedback is an important element to comment on and the appraiser would need adequate resources to signpost to.

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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 in each year (Years 1 to 4).

## YEAR 1

### CPD Activity 1

**Type:** Child Protection Training **Start date:** 12/10/12 **End date:** 12/10/12

#### Brief description of the activity

A mandatory update on child and adult protection principles. Lecture based with Q & As at the end.

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

#### Impact comment

N/A.

#### Learning need addressed

This was a mandatory learning event which Drs in our area need to attend every two years.

#### Method used

Lecture.

#### Outcome of activity

A useful refreshment of my knowledge in this area. I especially found the contact details and first steps when you suspect an issue really helpful. It is so easy to forget the principles.

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

I need to keep to hand the initial flow chart and contact details and remember some of the more subtle signs of abuse.

### CPD Activity 2

**Type:** Courses **Start date:** 18/05/12 **End date:** 21/05/12

#### Brief description of the activity

Three-day GP refresher course.

**Time:** 15 hours **Impact:** No **Credit claimed:** 15

#### Impact comment

N/A.

#### Learning need addressed

A good general update around many general practice areas.

#### Method used

Lecture based.

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**Outcome of activity**

A lot of the material merely confirmed my knowledge base which in itself was reassuring but a couple of sessions around CKD and COPD improved my knowledge base and I have used some of this learning to enhance patient care.

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

I need to consolidate my learning around CKD and identify where I can continue to enhance care.

**CPD Activity 3**

**Type:** Conferences **Start date:** 02/07/12 **End date:** 04/07/12

**Brief description of the activity**

Women's health update.

**Time:** 15 hours **Impact:** No **Credit claimed:** 15

**Impact comment**

Some was impactful but how do I pull it out of the overall score?

**Learning need addressed**

Refreshment of knowledge and some new learning.

**Method used**

Lectures.

**Outcome of activity**

Benchmarking of knowledge and some new learning around management of dysfunctional uterine bleeding.

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

To continue to keep knowledge current.

**CPD Activity 4**

**Type:** Clinical Meeting **Start date:** 11/09/12 **End date:** 11/09/12

**Brief description of the activity**

GPwSI meeting to discuss cases.

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

**Impact comment**

All powerful learning.

**Learning need addressed**

Understanding other approaches.

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**Method used**

Clinical meeting.

**Outcome of activity**

Learnt huge amounts around different approaches to managing the cases we see in the community.

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

Need to structure the meetings with notes taken and circulated to the attendees for their own portfolios.

*Specialty Adviser comments:*

A common query around long courses where there is some identified learning, and some addressing previously identified learning needs, but the rest either confirming knowledge or reinforcing it. A suggested approach is to pull out the specific impactful learning into a separate CPD entry with the appropriate time factor, reflections and evidence.

This is a fairly generalised CPD log with little specifically addressing previously identified learning needs. It is important to have a balance between identified learning needs and ongoing learning and updating.

There is often a mandatory element included in CPD portfolios, especially where useful learning has been generated. There needs to be a clear distinction made between activities that are mandatory for organisations, primary care organisations etc., and that which is pertinent to revalidation.

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## YEAR 2

### CPD Activity 1

**Type:** Patient led learning (equivalent to PUNs/DENs) **Start date:** 01/04/12 **End date:** 01/04/12

#### Brief description of the activity

Learning around testicular pain.

**Time:** 1 hours **Impact:** Yes **Credit claimed:** 2

#### Impact comment

The learning from a patient case was used again in another case with improved outcomes.

#### Learning need addressed

Lack of up-to-date knowledge and inexperience as rarely see male patients.

#### Method used

GP notebook, Google search, discussion with colleagues.

#### Outcome of activity

Refreshed knowledge and some key new facts.

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

Need to do more learning around testicular problems.

### CPD Activity 2

**Type:** E-learning **Start date:** 17/06/12 **End date:** 23/06/12

#### Brief description of the activity

Module on management CKD.

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

#### Impact comment

N/A yet but will audit patients with CKD against the learning I have done and the changes I have put in place next year.

#### Learning need addressed

CKD as identified in last year's PDP.

#### Method used

Online learning.

#### Outcome of activity

Several learning points.

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

As above re audit.

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### CPD Activity 3

**Type:** Conferences **Start date:** 12/10/12 **End date:** 14/10/12

**Brief description of the activity**

Attendance at fertility conference.

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

**Impact comment**

N/A.

**Learning need addressed**

Update in my specialist area of work.

**Method used**

Lectures, networking, case-specific discussion.

**Outcome of activity**

Lots of learning as detailed in my learning log.

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

I need to continue to attend these conferences on a regular basis as the information about best practice is changing all the time.

### CPD Activity 4

**Type:** Other **Start date:** 01/04/12 **End date:** 07/07/12

**Brief description of the activity**

Re-accreditation for implant & IUCD insertion.

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

**Impact comment**

N/A.

**Learning need addressed**

I need to be regularly reaccredited to do this work. Involved online work and case discussions.

**Method used**

As above.

**Outcome of activity**

Achieved re-accreditation.

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

Plan better for the next re-accreditation as it was a bit of a rush this time.

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*Specialty Adviser comments:*

Clearly this is not a full CPD log but some more specific learning for the role of GPswI has been included as well as general practice learning.

Revalidation will require a balanced portfolio over five years, after the first revalidation and so appraisers will need to sign post if the CPD is becoming unbalanced.

## YEAR 3

### CPD Activity 1

**Type:** Other in-practice events **Start date:** 01/02/14 **End date:** 01/02/14

#### Brief description of the activity

Complaints review meeting.

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

#### Impact comment

Although I was not involved in any of the complaints discussed there was a lot of learning.

#### Learning need addressed

Identified areas that I didn't know that I didn't know.

#### Method used

Active participation in meeting.

#### Outcome of activity

List of learning outcomes.

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

I have not been recently to the practice complaint meetings as they used to be scheduled on a day I was working elsewhere. It has reminded me that this is a rich source of learning.

### CPD Activity 2

**Type:** Courses **Start date:** 01/02/14 **End date:** 08/02/14

#### Brief description of the activity

Conference on 'Altitude Medicine' in the French Alps.

**Time:** 20 hours **Impact:** Yes **Credit claimed:** 40

#### Impact comment

I learnt a lot of useful stuff around altitude medicine.

#### Learning need addressed

Not a need but jolly useful.

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**Method used**

Evening meetings pre apres-ski.

**Outcome of activity**

Gained knowledge in altitude medicine.

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

Nil at present.

**CPD Activity 3**

**Type:** Courses **Start date:** 01/11/13 **End date:** 01/11/13

**Brief description of the activity**

GP hot topics course.

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

**Impact comment**

N/A.

**Learning need addressed**

Keeping up to date on new evidence for primary care.

**Method used**

Attendance at hot topics course.

**Outcome of activity**

Loads of learning.

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

Enhanced knowledge around atrial fibrillation. Need to look at patients in this category.

**CPD Activity 4**

**Type:** Clinical meeting **Start date:** 11/09/13 **End date:** 11/09/13

**Brief description of the activity**

Menorrhagia meeting.

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

**Impact comment**

N/A.

**Learning need addressed**

Update on the most current knowledge around menorrhagia.

**Method used**

Lectures and practical demonstrations.

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**Outcome of activity**

Learnt some new techniques and treatment options.

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

I need to bring this learning back to the community clinic so we can amend our protocols so that we are offering best practice consistently.

**CPD Activity 5**

**Type:** Courses **Start date:** 01/07/13 **End date:** 01/07/13

**Brief description of the activity**

Lecture and practical course.

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

**Impact comment**

N/A.

**Learning need addressed**

Understanding 'mindfulness'.

**Method used**

Lecture plus some small group work to practice the concept.

**Outcome of activity**

Increased awareness of the concept.

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

I think this could be useful in practice but I would need to attend further training to make it an integral part of my practice.

*Specialty Adviser comments:*

There are questions to be posed about the actual hours of learning and relevance to current roles but also the impact attributed. Impact can be applied when learning HAS resulted in an improvement AND it can be evidenced.

The CPD is wide-ranging and includes an aspect of learning in the GPwSI role.

The important factor when looking at CPD is to ensure there is a range of learning appropriate to the doctor's roles over a five-year cycle.

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## YEAR 4

### CPD Activity 1

**Type:** Courses **Start date:** 01/02/16 **End date:** 05/01/16

#### Brief description of the activity

Attendance a course with lectures; 1:1 mentoring.

**Time:** 20 hours **Impact:** Yes **Credit claimed:** 40

#### Impact comment

Massive learning, key aspects of which I have used in clinical practice since and I have attached in my evidence portfolio four case reviews detailing my use of 'mindfulness' to effect positive change in patient outcomes.

#### Learning need addressed

From last year's PDP.

#### Method used

Course, mentor, personal reflection.

#### Outcome of activity

As above.

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

I want to keep a focus on using this technique where useful.

### CPD Activity 2

**Type:** Clinical meeting **Start date:** 02/03/16 **End date:** 02/03/16

#### Brief description of the activity

To discuss audit results.

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

#### Impact comment

Presented both cycles of the AF audit, which demonstrated significantly improved outcomes for our patients. We again focussed on the rigour required to maintain the good results we have now achieved, and we reviewed all the current evidence around AF. I enclose in my portfolio the audits performed and one specific case review where I identified a patient who had slipped through the net in transfer between the hospital and ourselves and who had not been anticoagulated for six months!

#### Learning need addressed

Evidence based management of atrial fibrillation.

#### Method used

Audit, clinical discussion, case review.

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**Outcome of activity**

As above.

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

To maintain a focus on AF and repeat the audit in a year's time.

**CPD Activity 3**

**Type:** Practical procedures **Start date:** 03/04/16 **End date:** 03/04/16

**Brief description of the activity**

Protocol development.

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

**Impact comment**

N/A.

**Learning need addressed**

From last year's PDP – development of a menorrhagia protocol.

**Method used**

Evidence research.

**Outcome of activity**

New menorrhagia protocol in place in the community clinic.

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

I would like to audit the use of the protocol next year.

**CPD Activity 4**

**Type:** Professional conversation **Start date:** 02/03/16 **End date:** 02/03/17

**Brief description of the activity**

Attendance at CCG meetings.

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

**Impact comment**

N/A.

**Learning need addressed**

Identified in last year's PDP.

**Method used**

Active listening.

**Outcome of activity**

Have a better understanding of the CCG agenda and feel I can contribute especially in the arena of GPwSI.

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

I plan to apply for the clinical lead post for community-led services.

**CPD Activity 5**

**Type:** Conferences **Start date:** 03/05/16 **End date:** 05/05/16

**Brief description of the activity**

Attendance at British Menopause Society annual conference.

**Time:** 12 hours **Impact:** 1 **Credit claimed:** 12

**Impact comment**

N/A.

**Learning need addressed**

Update on menopausal issues.

**Method used**

Attendance at lectures, small group discussions, and personal reflections.

**Outcome of activity**

Extensive learning as detailed in my learning log attached as evidence.

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

To review my learning on a regular basis to ensure I remember it and to implement change when appropriate.

*Specialty Adviser comments:*

This CPD now reflects well the previous year's PDP but also contains in year activity based on current needs.

Not all CPD activity can be planned at appraisal, and the PDP needs to be a dynamic document reacting to learning needs as identified in year.

The CPD entries contain reference to the evidence regarding the impact score.

The GP now has four years of CPD and it is timely that the appraiser should now reflect on the whole portfolio to see if it covers all requirements for revalidation across the whole scope of the doctor's practice. This gives the doctor the next year to fill in any gaps.

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## Personal development plans

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>
Increase knowledge around CKD	I have a number of patients with various levels of CKD and I need to understand what I should do when	Improved knowledge	Online, GP notebook	01/01/2013	■
Keep up to date with women's health issues	I am a GPwSI in gynaecology so need to keep updated	Knowledge in current	Attend conference	03/03/2013	■
Capture learning from GPwSI meetings	Need record of learning from our regular peer support meetings	Record of learning points available for my appraisal	Write up meeting	02/02/2013	■

#### *Specialty Adviser comments:*

This is a fairly limited PDP with little in the way of 'SMART' (specific, measurable, attainable, relevant and time-bounded) criteria.

The appraiser would need to try and tease out the specifics.

## 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>
Management of testicular pain	Identified through a significant event	Feel knowledge and skills are current	e-learning, reading	01/02/2014	■
Do an audit	Need this for evidence for revalidation	Audit in place	CKD audit	01/03/2014	■
Update in infertility	Need to remain current for GPwSI role	Am updated	Attend conference	01/01/2014	■

<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>
Colleague feedback	Need this for revalidation	MSF in place	Do an MSF	20/03/2014	■

### *Specialty Adviser comments:*

A more broad based PDP this year, but again not very specific, and with a 'revalidation' focus. This in itself is not an issue but it would be appropriate for the appraiser to signpost the value of quality improvement activity and colleague feedback.

## 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>
Atrial fibrillation audit	Identified from some learning at a course that we may not have captured all patients with AF and their anticoagulation status	To have done the initial audit to identify patients with AF, check their anitcoagulation status, institute change where appropriate and re-audit to demonstrate improvement in patient care	Proper 2 cycle audit	01/01/2015	
Menorrhagia protocol	New learning identified from a national course needs to be embedded into the community gynaecology clinic	Enhanced protocol in place, and all GPwSI cognisant of the changes	Develop protocol, share with colleagues, institute the changes required	03/07/2015	
Mindfulness awareness	This technique would be extremely helpful in clinical practice and I need therefore to practice the skills required	Be able to use 'mindfulness' techniques in clinical practice	Attend further training	01/08/2015	
<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>
Understand my role in the commissioning agenda	I am increasingly asked to attend CCG meetings – but what is my role?	To at least have a basic understanding of the principles and understand where I can add value	Attend CCG meetings and consider attending a Deanery course if I feel it is relevant	01/03/2016	

### *Specialty Adviser comments:*

This PDP is more SMART with an additional aspect of anticipated learning outside of clinical areas which is relevant in the current climate. A useful question to ask with all CPD and PDP items is 'How would you evidence achievement in this area?'.

## 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>
Patient survey	I need a current patient survey in my GPsWI role (already have a current one in my GP role)	To have robust feedback from patients in my role as a GPwSI in gynaecology & infertility. To have reflected on the outcome and made any relevant changes identified	To arrange a patient survey in both my GPwSI roles. I could combine		
Understand the work of the CCG	To apply for the role of the community led services	I will actively learn where CCGs can make a difference to patient care. I will need to be able to evidence this next year with a list of my achievements and my reflections	Learning on the job. Maybe attend a 'leadership' course if that becomes a need in year.	01/03/2017	
Keep a grip on the AF patients in practice	To repeat the audit	To continue to be proactive in monitoring our AF patients and to bring the re-audit to appraisal next year with any new key learning	Re-audit	01/03/2017	

<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>
Genetic issues in infertility		To have gained knowledge and some principles around the genetic components of infertility and recurrent miscarriage so that I can sign post to an appropriate service to reassure the patients	Attend the Guys & St Thomas genetic clinic, some evidence based research, develop an information sheet for patients around common questions	17/01/2013	
Refresh knowledge around asthma and COPD	I have been asked to take over the lead role in the practice supporting the practice nurse for this area of QOF. I have a reasonable basic knowledge but already have been asked some challenging questions about more difficult treatment regimes	I would like to have enhanced knowledge in this area and to feel confident in my responses to the practice nurse	Attend respiratory OPD where the more complex cases are sent. Meet with the community respiratory nurses to gain knowledge from them. Good general reading, check NICE guidance	03/12/2016	
To have a revalidation e-portfolio in place	Need to have an e-portfolio	To have all my evidence in one electronic place, which I can easily access, and upload to	Explore e-portfolios to identify the one that best meets my needs	01/03/2017	

*Specialty Adviser comments:*

This reflects well across this doctor's portfolio of work. In the majority the PDP elements are SMART.

Over the four years the PDP has expanded appropriately to include a wider range of learning using different modalities across the whole scope of the doctor's practice.

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# Review of your practice

## Significant Event Audits

Two examples of Significant Event Audit are provided.

### Significant Event 1

**Date the event was discussed:** 01/04/12

#### Description of the event

I was working as a locum in a practice I don't usually work in and an acutely sick baby aged six months was brought in as an emergency with respiratory difficulties. The mother had been worried for 24 hours as the baby had not been feeding properly and was drooling, and was intermittently drowsy and not breathing properly. The mother was tearful. Initial examination revealed a floppy baby, with a mild temperature, some sub costal and intercostal recession, widespread fine crackles, not cyanosed, no rash. During the examination the baby appeared to become more unwell, taking infrequent rasping breathes, and not responding to stimuli. I thought it would be appropriate to get the resus kit and call for help. I contacted the ambulance service who told me to ring back if I was concerned. I repeated I was concerned and a ring back would not help – we needed an ambulance now. Tried to locate the resus kit to no avail.

Mother now very distressed. Eventually a paramedic arrives by which time the baby had pinked up a bit and was breathing more normally.

I made contact with the children's hospital who confirmed immediate transfer directly to them would be the right thing to do.

#### What went well or not?

Not being to locate the resus kit was harrowing, and probably my fault for not asking when I first arrived. I have since located it and familiarised myself with it. I did keep calm, but it was very difficult to calm the mother when the child was so very obviously really poorly.

#### What could have been done differently?

Having the resus kit to hand, but that may have panicked the mother more.

Next time I would just ring 999 immediately, for a more timely response.

#### Roles present

GP, paramedic.

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

My reflections are that I felt I recognised well a sick baby, and arranged appropriate review in an appropriate place. Clearly not knowing where the resus kit was not helpful. The baby rallied without resus.

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

I have located the resus box in this practice and had a good play with it. I will raise this significant event at my next meeting of sessional doctors as some very powerful learning.

**Changes carried out, and their effect**

I have shared it with my colleagues at our sessional doctor learning set.

These situations so rarely happen and we all get out of practice but this was a timely reminder.

**Significant Event 2**

**Date the event was discussed:** 01/11/12

**Description of the event**

Working in the infertility clinic I encountered a significant event around results filed in another patient's notes. I met with Mr and Mrs X to discuss their infertility issues. I thanked them for doing all the tests in advance, and then went onto discuss the fact that the wife had evidence of anovulation on her initial tests. The wife was very concerned as her GP had told her they were all OK. I checked the name on the filed paper results, and although very similar they were not the same. I apologised and got the clerk to locate the correct ones. The patients accepted my apology and we were able to continue the consultation in a positive manner.

**What went well or not?**

Clearly having misfiled results is not good, but we were able to get the correct results in a timely fashion. The patients very graciously accepted my apologies and we were able to finish the consultation with firm plans in place for next steps.

**What could have been done differently?**

Next time I would specifically check the name on the top of the results. There is a problem in that the results are stuck onto a results page and the name is obscured, so you need to specifically lift each result to look underneath to check the name.

**Roles present**

Dr, patient, clinic clerk.

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

Obviously this is a safety issue, but it usefully highlighted a problem in our present system. However, the team worked well to resolve the problem in a timely fashion.

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

I will always check the name on the paper results, and the team have instituted a checking system before they stick them into the notes.

**Changes carried out, and their effect***Specialty Adviser comments:*

Good to see a significant event from both roles. This may not be possible on an annual basis.

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# Clinical Audit

An example of a Clinical Audit is provided.

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

All clinical notes should be legible, state presenting complaint, duration of symptoms, relevant past medical history, drug history, examination including negative findings, clear diagnosis, plan +/- a prescription (taken from gp.cardiff.ac.uk-postgraduate education for GP).

## **The criteria used**

80%.

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

100% legible (on computer), 94% presenting complaint, 74% duration of symptoms, PMH 100%, prescription history 100%, 40% physical examination recorded, 84% diagnosis and/or plan.

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

The 100% scores are generated by using the computer system where all the notes (other than new patients) are fully summarised. The few patients without a specific presenting complaint were unlinked to the initial presenting complaint (e.g. depression) and the follow up consultation was erroneously not linked to the initial diagnosis. 40% actual physical examination seems a little low but on reflection many of the consultations were follow ups to pre-existing diagnosis. What is clear however was that I am especially not good at recording negative findings particularly in adults. In children much more evidence of recording negative findings. Clear diagnosis and/or plans if a clear diagnosis was not apparent was good.

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

I have concentrated on adding physical examination when done, but also making sure that I add the negative findings as well. I have also had a focus on improving adding duration of symptoms into my history notes, and setting a clear plan.

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

The duration of symptoms score has increased to 90%, and the physical examination to 57% with more negative findings included.

## **Quality improvement achieved**

Improved quality of notes.

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

I have found this a really useful exercise. If you had asked me I would have said my notes were fine but there were some key areas identified that warranted improvement. Many consultations don't involve a physical examination, as they are often follow up, or a discussion around the issues or medication. I have been unable to find the national figures for these various benchmarks, but I think it would be very helpful for further reflection.

*Specialty Adviser comments:*

This is a helpful type of audit for sessional doctors who may not have the support or the resource of a practice manager to support them in the actual audit figures. Although this form does not lend itself to a tabular presentation of results, it may well be helpful for both the doctor and the appraiser to see the results clearly. This type of audit could equally well be done in the GPwSI role, and would be interesting as these are still mainly handwritten notes, so aspects of legibility, proper sign off etc. would also come into play. There are useful audits for hospitals in this area.

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## Feedback on your practice

One example of both colleague and patient feedback is provided.

### Colleague feedback (multi source feedback)

#### Colleague feedback 1

##### Colleague feedback ref

See MSF results.

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

That I am a team player, friendly and popular. I was delighted that I sent 21 requests out and 15 people actually responded.

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

Nothing really other than feeling really good about myself and the teams I work with.

##### Record your personal key learning points

I think it is quite difficult if there is no identified area for development to reflect on. My own self rating put me lower than the scores I received from my colleagues. I think this is common amongst medics.

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

I plan to maintain my open, approachable stance.

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

Repeat the exercise in a few years maybe with different colleagues.

#### *Specialty Adviser comments:*

MSFs can sometimes be difficult to tease out actions or developmental needs, when there has been a universal positive response.

Exploring why the doctor chose the people they did is a rich area of discussion. It maybe the doctor chose people they felt comfortable with and the conversation in appraisal could explore this area.

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## Patient feedback

### Patient feedback (PSQ) 1

#### Patient feedback ref

See PSQ.

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

I am approachable, listen and am thorough. There were a few comments about having to wait ages to see me specifically.

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

Discussed with partners last month.

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

The focus was to discuss the whole practice feedback and then to explore individual feedback.

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

As I am only part time it is very difficult to address people having to wait to see me. However I have looked at the sort of patients that do attend, and have resolved to try not to encourage re-attendance. I do have a number of people who are regular attendees without a clear indication. However I recognise that is not as easy as it seems.

#### Record your personal key learning points

As above.

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

Not as yet.

#### Record your next steps in this area

I shall review my surgeries to see if I can be more efficient and try and free up some appointments.

#### *Specialty Adviser comments:*

The surveys were discussed in a large group and it may be more helpful to discuss the results with a trusted colleague or mentor rather than in a large impersonal group.

This does not have a lot of content but having seen the actual feedback the appraiser may be able to lead the doctor to further reflections on developmental needs.

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## Other feedback

No example is provided.

## Complaints/compliments

No example is provided.

## Post-appraisal summary

An example of a post appraisal summary is provided.

*Please use this section to upload your historical appraisals.*

**Appraiser:** Dr No

**Responsible Organisation:** Elsewhere PCO

**Outcome:** Satisfactory **Date:** 29/03/12

**Attach post-appraisal summary document**

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

You are a busy portfolio GP working some 4 sessions per week in a large urban practice in Elsewhere town, and you also do the equivalent of 4.5 sessions per week as a GPwSI in gynaecology. This is divided between 1.5 sessions in OPD in the local acute hospital supporting an infertility clinic, and 3 sessions working in a community gynaecology clinic.

You enjoy the variety of practice that being a portfolio GP affords you, but you aware that you week is very busy and you are mindful of having enough personal time to reflect on your work and to have personal down time for yourself and your family.

It has been a difficult year with disharmony at the practice in which you do your general practice work, and this has caused you to reflect on your role there. We discussed you considering doing a SWOT analysis (strengths, weaknesses, opportunities & threats) to enable you to marshal your thoughts about next steps in respect of remaining at the practice or not.

### 2. Knowledge, skills and performance

You have provided a CPD log covering a wide range of learning, using a number of different learning modalities. There is evidence of learning across the whole scope of your practice. I have observed some evidence in this area, but in areas there were sparse learning points and reflections and this is something you are going to further develop.

We discussed how 'IMPACT' can be credited. This is when your learning HAS improved outcomes/processes AND can be evidenced. This is something you are going to reflect on over the coming year, and score your CPD in line with this in the year ahead.

We discussed maintaining and enhancing your knowledge, skills and performance in your specialist roles. We particularly focussed on the 'light touch' in your hospital practitioner role and how you could gain more support from your consultant colleague, particularly around providing feedback around your performance, and the demonstration of quality improvement. This will be important to evidence in next year's appraisal documentation.

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### **3. Safety and quality**

We discussed in depth your 'notes' audit, and some of the difficulties you have encountered in trying to get support from the practice in doing the number crunching. However you have provided an example of quality improvement, which could be repeated again in a year to demonstrate a continued improvement, which you have managed to do without the practice manager.

You have done two mandatory training modules this year, namely CPR and anaphylaxis training and vulnerable adult protection and child protection.

You included two significant event analyses, and your reflections on the learning you took from each.

Although you shared with me that you have felt a little low with the practice problems, you feel this has not impacted on patient care in any way, and you have put in place activities to distract you from the problems. However you are determined to spend some time on reflecting about next steps in the practice, and develop a plan of action.

### **4. Communication, partnership and team work**

We discussed the issues in the practice and you have put into this year's PDP some exploration of your concerns and reflections on your future direction of travel in your career.

I have signposted you to the various MSF products and what the GMC expect, and this will be done in preparation for next year's appraisal portfolio and be ready for the supporting information requirements for your revalidation expected in the following year.

You have had some informal feedback from nurses and clinicians in your specialist roles, but it will be more formalised in the MSF next year.

### **5. Maintaining trust**

You have had no complaints this year but you are mindful of the need to reflect on any learning from complaints looking forward.

You have completed the probity declaration in your paperwork, but we did discuss the wider aspects of probity and you felt there were no issues identified of concern.

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

Not applicable.

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

Nil.

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*Specialty Adviser comments:*

Each doctor will revalidate for what they do and so it is important to demonstrate reflective practice across the whole of their portfolio.

This summation document will be important to the Responsible Officer, together with the achievements against last year's PDP and the new PDP for the forthcoming year, to assist them in making their recommendation to the GMC.

Therefore the more comprehensive this document is, the better.

The specific section on scope reminds the appraiser to cover the whole scope of a doctor's portfolio and is a useful place to add other relevant details that sit outside the four GMC domains.