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# RCGP Example Portfolio: GP with an Undergraduate Tutor Role

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Royal College of General Practitioners  
30 Euston Square, London NW1 2FB

RCGP Revalidation Helpdesk: [revalidation@rcgp.org.uk](mailto:revalidation@rcgp.org.uk)

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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: Nadia Surname: Smith

GMC Reference Number:

### 2. Qualifications

Primary medical degree: MBChB

Qualifications: MRCP

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### 3. Scope of your work

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

### 4. Record of annual appraisals

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

### 5. Probity declaration

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

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

## 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.*

### General background/context

I am a part time salaried GP in a deprived inner city practice with 5500 patients. There are 3 full time equivalent partners in the practice as well as one full time practice nurse, 2 district nurses, one health visitor and a practice manager. I work 4 regular sessions a week over 2 days, but occasionally I work extra sessions to cover for holidays. I am involved in all GMS activities, and have a special interest in family planning and women's health. Since 2009 I have participated in inserting and removing contraceptive implants for patients, and perform on average 10–12 procedures a year. During my sessions, I cover a 2.5 hour surgery which is a mixture of advanced booked appointments and on-the-day emergency appointments. I also participate in telephone consultations and special requests, as well as referrals and dealing with results and hospital letters. I am allocated up to two house visits where needed.

I have been an undergraduate tutor for the medical school for one session a week since 2010. During these sessions I supervise a group of 2nd year medical students and teach them communication skills. I enjoy this role and am happy with the feedback I have received over the last 2 years. I regularly update my knowledge in this area through attending learning events.

### Aspirations/achievements/challenges

I completed my PDP from the last year and have documented the impact on patient care. I completed a patient survey and MSF this year and am pleased with the results received. I have

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had positive feedback from students that I had supervised over the last year which has been encouraging.

The main challenges I face include:

- working part time (4 sessions over 2 days), which has an impact on continuity of care and appointment availability, which has an impact on patient satisfaction
- I am unable to attend practice meetings due to these coinciding with my tutor role. I often miss out on practice based discussion on management and case discussion
- I have identified an area of need which is leadership skills through the results of MSF and hope to address this need
- dealing more efficiently with problem students. After encountering a problem with a student this year, I hope to read guidance on how to deal with students with difficulties.

### **Specific areas for discussion with your appraiser**

Career development: I hope to apply for a partnership post over the coming year. This would provide job security and opportunities to develop my leadership skills.

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

No.

### **Knowledge, skills and performance**

I have completed my PDP from the previous year and have documented my unplanned educational activities. I have also identified new learning needs and have documented these in my PDP for the coming year.

My learning activities and PDP include activities related to my other role as an undergraduate tutor.

### **Safety and quality**

I have completed two Significant Event analyses, one which was related to general practice and the other related to my tutor role. I also submitted an audit that was written by our practice pharmacist, but I was involved in the discussions and took part in introducing the changes including patient reviews.

### **Communication, partnership and teamwork**

I have submitted my analysis of a patient survey which I completed this year. I have submitted the results of an MSF report which I performed this year. Raters from both my GP practice and from my tutor role were included.

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## Maintaining trust

I have had one complaint from a student which I have written up as a Significant Event. The complaint was verbal and has been resolved. I have read the probity and health statements and have no issues to discuss.

*Specialty Adviser comments:*

This is a good description of the GP's current role, describing the work she does and highlighting the challenges over the coming year. This will help focus the appraisal interview on areas that would be most beneficial for the appraisee.

The appraisee also provides a succinct summary on how she addresses each of the four domains of *Good Medical Practice*.

The GP has included evidence from her tutor role through CPD activities, SEA, MSF and discussing a complaint.

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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:  Start date:  End date:

#### Brief description of the activity

Family planning: insertion of Implanon.

**Time:** 8 hours **Impact:** Yes **Credit claimed:** 16

#### Impact comment

I have since started to perform insertion and removals of Implanon, and have a log of all the procedures done over the last year.

#### Learning need addressed

New development.

#### Method used

I completed 2 online training modules and 2 one-to-one training sessions at the local family planning clinic.

#### Outcome of activity

New service development.

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

I am considering training for IUD insertion over the coming year.

### CPD Activity 2

Type:  Start date:  End date:

#### Brief description of the activity

Attended dermatology conference for GPs.

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

#### Impact comment

This was an excellent full day conference which covered a number of topics including eczema, psoriasis and skin cancer.

#### Learning need addressed

I am more confident in diagnosing and managing psoriasis and was made aware of the risk of cardiac disease in these patients.

#### Method used

Attended a conference.



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**Outcome of activity**

I have performed an audit on assessment of cardiovascular risk in patients with psoriasis and found that only 58% of patients had their risk calculated and documented in the notes. I introduced a new protocol for reviewing these patients which was discussed at a practice meeting. We have started to invite these patients for review.

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

I hope to complete the second cycle of the audit over the coming year.

**CPD Activity 3**

Type:  Start date:  End date:

**Brief description of the activity**

Multiple sclerosis. I have a patient who has a new diagnosis of MS and was enquiring about her prognosis and support in the community.

Time: 2 hours Impact: No Credit claimed: 2

**Impact comment**

N/A.

**Learning need addressed**

I have updated my knowledge in the diagnosis and management of patients with MS. I also had a discussion with our local neurologist regarding the services available for these patients.

**Method used**

Reading, discussion with a colleague.

**Outcome of activity**

I am now aware of what services are available for these patients. I have been able to advise my patient on support available in the community.

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

Type:  Start date:  End date:

**Brief description of the activity**

Small group learning: coeliac disease.

Time: 3 hours Impact: No Credit claimed: 3

**Impact comment**

N/A.

**Learning need addressed**

When to suspect and how to diagnose this condition.

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**Method used**

Reading and discussion with peers.

**Outcome of activity**

I am more aware of the symptoms of coeliac disease and the high prevalence of this condition as well as the new diagnostic markers. I plan to see what the prevalence rate of the condition is in the surgery and compare this to the national prevalence rate.

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

I plan to test more patients with non-specific gastrointestinal symptoms in the future.

*Specialty Adviser comments:*

This list of learning activities demonstrates evidence of variation in learning methods, reflection and impact. The appraisee also shows evidence of learning through PUNs and DENs and reflection.

In learning activity 2, the appraisee demonstrates the impact from learning appropriately but claims 6 additional points for this. A discussion should take place on how much time was spent learning about psoriasis and claiming additional hours for that specific time.

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## Year 2

### CPD Activity 1

Type:  Start date:  End date:

#### Brief description of the activity

Attended new tutor training event organised by the university in preparation to take on a new role as undergraduate tutor in communication skills for 2nd year medical students as part of last year's PDP.

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

#### Impact comment

I have since started this new role and supervise a group of 8 students on a weekly basis.

#### Learning need addressed

How to become a tutor.

#### Method used

Attended training event and reading.

#### Outcome of activity

I am now an undergraduate tutor.

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

Develop my skills over the coming year.

### CPD Activity 2

Type:  Start date:  End date:

#### Brief description of the activity

Health and work in general practice: attended course.

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

#### Impact comment

N/A.

#### Learning need addressed

I am more aware on how to complete sick lines with advice to employers.

#### Method used

Attending a course.

#### Outcome of activity

This event was organised by DWP in partnership with RCGP. I am more aware of the positive impact of work on physical and mental health and realise the longer patients are off work the less likely they are to return to work.

I am encouraging patients to return to work sooner, and discuss the benefits to the patients.

I am more likely to advise on phased return and write closed certificates where appropriate.

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

None identified.

**CPD Activity 3**

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

**Brief description of the activity**

Diagnosis and management of Chlamydia: online learning.

**Time:** 1 hour **Impact:** No **Credit claimed:** 1

**Impact comment**

N/A.

**Learning need addressed**

As above.

**Method used**

Online learning (certificate included).

**Outcome of activity**

I am more confident in offering screening and management as well as routine partner notification. I now offer routine screening for sexually active young patients.

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

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

**Brief description of the activity**

Diagnosis and management of vitamin D deficiency: reading BMJ article 16/1/2010 340: p. 1422.

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

**Impact comment**

I am now more aware of the symptoms, diagnosis and management of this highly prevalent condition.

**Learning need addressed**

How to diagnose and manage vitamin D deficiency.

**Method used**

Reading BMJ article, discussion with a colleague.

**Outcome of activity**

I have written up a case report on an Asian patient with musculoskeletal symptoms where a diagnosis of vitamin D deficiency was made and the patient was treated with positive outcome.

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

I plan to share my learning with the practice team.

*Specialty Adviser comments:*

Again the appraisee demonstrates evidence of learning using a variety of methods including attending meetings, reading and online learning. There is a good example of impact where the GP has taken on a new role as a GP tutor after attending local training.

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## Year 3

### CPD Activity 1

Type:  Start date:  End date:

#### Brief description of the activity

Child protection locality meeting: This was a meeting organised by the Trust for local GPs. There was a newly appointed child protection officer who gave a very interactive discussion of real life cases concerning child protection.

The management of these cases was discussed in detail in an informal way though small group discussion. The local hospital protocol for dealing with concerns was shared with delegates.

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

#### Impact comment

I shared the protocol with all members of the team, and it is now readily available on the network for easy access. I subsequently saw a 5 year old child who was kept off school for vague symptoms. The mother has history of drug misuse. Examination revealed 2 bruises on her right arm that looked suspicious. The child protection team were contacted and arranged to review the patient that day. The case was written up as a Significant Event and shared with the team.

#### Learning need addressed

#### Method used

Attended protected learning event.

#### Outcome of activity

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

None.

### CPD Activity 2

Type:  Start date:  End date:

#### Brief description of the activity

Attended full day undergraduate training day: This is an annual event organised by the university for all medical school tutors. It is a useful update on changes in the university, and also offers an opportunity for all tutors to share their experiences in teaching with each other.

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

#### Impact comment

N/A.

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**Learning need addressed**

Update teaching skills.

**Method used**

Attended training day.

**Outcome of activity**

This was a very useful meeting which gave some useful advice on dealing with a struggling student. I am now more aware of procedures to deal with struggling students.

**Outline any further learning or development needs highlighted by the activity**  
■**CPD Activity 3**

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

**Brief description of the activity**

Small group learning: management of pain in cancer patients.

**Time:** 3 hours **Impact:** No **Credit claimed:** 3

**Impact comment**

N/A.

**Learning need addressed**

How to step up analgesia for terminally ill patients.

**Method used**

Reading and small group learning.

**Outcome of activity**

I have updated my knowledge in managing pain in cancer patients including the conversion of oral opiates to equivalent subcutaneous doses but I have not had the opportunity to apply this knowledge in practice.

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

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

**Brief description of the activity**

COPD update: clinical meeting.

**Time:** 3 hours **Impact:** Yes **Credit claimed:** 6

**Impact comment**

This was a meeting organised for local GPs to discuss management of severe COPD including end of life planning.

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**Learning need addressed**

Managing the symptoms of end stage COPD and the benefits of adding these patients to the Palliative Care Register.

**Method used**

Attended meeting.

**Outcome of activity**

I have reviewed the care of 2 patients in the practice who suffer from severe COPD and have implemented changes I have learnt from this event including optimising management, addition of low dose morphine to help with breathlessness and referring the patients to the palliative care team for support. I have also arranged for the patients to have a supply of antibiotics at home to ensure efficient management of exacerbations of COPD in the future.

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

I plan to review the impact of these changes on the two patients including reduced admission rates.

*Specialty Adviser comments:*

As in previous years there is evidence of learning through different methods with proof of impact and reflection. The appraiser has included learning activities relating to her new role as an undergraduate tutor, which is good practice.



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## Year 4

### CPD Activity 1

**Type:** Course **Start date:** 9/2/12 **End date:** 9/2/12

#### Brief description of the activity

Course: rheumatology problems in general practice.

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

#### Impact comment

I have updated my knowledge in diagnosis and management of gout which include most recent guidance of use of colchicine. I have also written up a practice protocol which I have shared with the practice. I have subsequently seen a patient and managed his symptoms accordingly. I have included a case report describing this.

#### Learning need addressed

Management of gout.

#### Method used

Attending a course.

#### Outcome of activity

Updated knowledge, developed practice protocol, written up a case report.

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

I hope to perform an audit for all patients on allopurinol to ensure optimum dosage is being prescribed.

### CPD Activity 2

**Type:** Online learning **Start date:** 15/11/2012 **End date:** 22/11/2012

#### Brief description of the activity

Management of medically unexplained symptoms.

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

#### Impact comment

N/A.

#### Learning need addressed

I have been seeing a challenging patient with a number of medically unexplained symptoms for the last two months. I have identified some patient unmet needs after the trial of different management plans have failed to control her symptoms. I have spent a number of hours completing an online module as well as literature search on new strategies of managing this condition.

#### Method used

Online learning and reading.

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**Outcome of activity**

I hope to apply new strategies in managing this patient and assess the impact over the next 6 months.

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

I hope to write up a case report that would hopefully demonstrate impact on care over the coming year.

**CPD Activity 3**

**Type:** Course **Start date:** 20/4/2012 **End date:** 20/4/2012

**Brief description of the activity**

Attended a meeting organised by the university on feedback skills.

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

**Impact comment**

N/A.

**Learning need addressed**

Feedback skills.

**Method used**

Attended a meeting.

**Outcome of activity**

This meeting confirmed my knowledge in this area, and I feel more confident in my tutor role.

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

Request student feedback.

**CPD Activity 4**

**Type:** Reading **Start date:** 20/9/2012 **End date:** 20/9/2012

**Brief description of the activity**

I have been aware of new NICE guidelines for the management of hypertension. This is a very important topic in general practice as we manage the majority of patients with hypertension in primary care.

**Time:** 1 hours **Impact:** No **Credit claimed:** 1

**Impact comment**

N/A.

**Learning need addressed**

New developments.

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**Method used**

Reading.

**Outcome of activity**

I have updated my knowledge in this area and have made enquiries with the partners in the practice about the possibility of providing ambulatory BP measuring in the practice.

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

I plan to update the practice protocol for management of hypertension.

*Specialty Adviser comments:*

Again there is evidence of reflection and the appraisee highlights areas of further activities, which she could include in next year's PDP should she choose to do so. Looking at the learning activities over the last four years, the main strengths for this appraisee include:

- the variety of methods used to update her knowledge (online learning, reading, attending meetings and courses, small group learning)
- evidence of reflection on these activities also including possible future activities as a result, which she could add to her PDP for the coming year should she choose to
- evidence of impact in a variety of ways
- her learning activities cover a range of topics both clinical and non-clinical, which reflects the generalist nature of the job
- the learning activities cover areas where there are new developments that suggests she is keeping up to date
- there is significant evidence of role development over the years
- the appraisee's learning activities cover all the roles she is involved in.

In learning activity 1, the appraisee demonstrates the impact from learning appropriately but claims 4 additional points for this. A discussion should take place on how much time was spent learning about gout and claiming additional hours for that specific time.

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## Personal development plans

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

### Year 1

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<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>
IUCD insertion	After introducing a new service of Implanon insertion in the practice, I plan to expand family planning services further	To introduce IUCD insertions in the practice	Attend training at local family planning clinic	2010	Start the new service

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<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>
I wish to become an undergraduate tutor in communication skills	To take on a new role	To become an undergraduate tutor	Contact the university, attend new tutors' training	2011	I will have become a tutor

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*Specialty Adviser comments:*

This PDP demonstrates evidence of role development with clear outcomes.

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## 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 proteinuria in patients with CKD	This was identified due to PUNs and DENs and inconsistency in the practice	Develop a practice protocol	Reading the literature, discussion with colleagues	2011	Protocol will be available at the appraisal interview
Management of Type 2 diabetes (new development)	To understand the indications, mechanism of action and side effects of the new antidiabetic agents	Case report	Reading	2011	Case report

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*Specialty Adviser comments:*

The PDP for this year is identified through identified practice and personal needs with SMART (specific, measurable, attainable, relevant and time-bounded) objectives.

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## 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>
Management of atrial fibrillation	Use of CHAD score and newer anticoagulation agents	Optimise the treatment of these patients	Reading	2012	Practice audit
Communication skills	Develop skills as part of undergraduate tutor role	Summarise main learning points and implement this in practice	Attend a course	2012	Feedback from patients and students

*Specialty Adviser comments:*

The PDP for this year includes learning needs for both her clinical and non-clinical role, which is good practice.

## 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>
Managing an underperforming or struggling student	Learning need identified through university tutor role (see SEA)	Summary of main learning points	Reading/ discussion with colleagues online modules	June 2012	Certificate of completion and reflection notes
Audit on allopurinol prescribing in gout	Need identified following the attendance of a rheumatology meeting earlier this year	Improved patient care through results of audit	Completion of an audit	By Dec 2013	Presentation of audit
Leadership skills	This was identified as a result of the MSF	Summarise main learning points	Attend a course	By Dec 2013	Will lead on a project for the practice

### *Specialty Adviser comments:*

The PDP for this year is an example of how SEAs and MSF or other learning activity results can help identify learning needs for the coming year, which is good practice.

Again a review of the PDP over the last four years demonstrates evidence of covering a wide range of topics and is not focused on one area. This is important in general practice.

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# Review of practice

## Significant Event Audits

Two examples of Significant Event Audit are provided.

### Significant Event 1

**Date the event was discussed:** 12/11/2012: Management of a collapsed patient.

#### Description of the event

MD is a 70 year old patient who presented earlier in the week with symptoms of generalised tiredness and some weight loss over the last 3 months. He was seen and assessed by Dr X who arranged a battery of investigations including a number of blood tests. The patient attended the phlebotomist at 9:00 am on the 16th of October 2012. After the bloods were taken, the patient claimed he felt dizzy and collapsed as he stood up. The phlebotomist pressed the alarm button expecting members of the team to appear, however after a few minutes when nobody came through she rushed out of the room to get urgent help. I attended immediately and diagnosed a vasovagal attack, and managed the patient appropriately. Positive feedback from the patient and his family were received.

#### What went well or not?

A doctor was available on the premises when the event occurred.

The phlebotomist rushed out to seek help within minutes of not receiving a response to the panic button.

Regular update of practice staff for CPR with the emphasis of the importance of seeking help as a priority when an emergency situation arises.

All members of the team worked well in managing this acute situation.

#### What could have been done differently?

Staff were not aware that the panic button actually alerts the local police station rather than other members of the team.

#### Roles present

Reception staff, phlebotomist, doctor.

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

This case demonstrates evidence of working well as a team.

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

To continue to ensure that a doctor is on the premises before any procedures are performed in the practice. Continue to provide regular CPR update for staff. Review the functionality of the emergency button in the practice.



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**Changes carried out and their effect**

The practice is in the process of developing a new panic button that will alert reception staff as well as local police in case of an emergency.

**Significant Event 2**

**Date the event was discussed:** 12/11/2012: Student failure due to absences and punctuality.

**Description of the event**

DS is one of a group of eight 2nd year students who I had been tutoring over the last year. His attendance rate was below average, missing a day because he thought the session was cancelled and two subsequent sessions because of minor illness. On all three occasions he failed to attempt to contact me to advise me of his absence. It was also noticeable that he arrived 10–15 minutes late on a regular basis despite living near the university. I arranged to meet with DS and for a mid placement assessment and I voiced my concerns and tried to identify if he was needing support. DS apologised for his behaviour and assured me this was due to lack of organisation. He said he would address this problem over the coming weeks. Unfortunately he continued to arrive late and I had to mark him below average on attendance and punctuality after discussing the problem with the university. DS said he understood why I had done this and mentioned a similar problem 2 years ago.

**What went well or not?**

The staff at the university were pleased that I had a discussion with the student half way through the attachment and that I had documented all my concerns.

**What could have been done differently?**

I could have asked if DS had any similar problems in the past, which in this case he did. This may have alerted me to inform the university staff earlier to see if they could intervene to support the student prior to his final assessment.

**Roles present**

Student, myself and university staff.

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

This event highlighted a potential problem with a student. I felt it was a probity issue to highlight these problems to the university for further action. In this case they were extremely supportive.

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

Perhaps discuss problem students with the university at an earlier stage for advice on further action.

**Changes carried out and their effect**  


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*Specialty Adviser comments:*

The appraisee includes two SEAs, one relating to her clinical role and the other relating to her non-clinical role. The importance is in discussing events as a team, reflecting on the incident and introducing changes to avoid similar events in the future.

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## Clinical Audit

An example of a Clinical Audit is provided.

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

Hormone replacement therapy (HRT) has been used for the relief of menopausal symptoms since the 1930s. Eighty per cent of women experience menopausal symptoms and 45% find them distressing. Although usually self-limiting (2–5 years), some women experience symptoms for many years. By 1999 an estimated 20 million post-menopausal women worldwide were using HRT. Various studies over the years have suggested protective effects of HRT in chronic diseases such as CHD, osteoporosis, colorectal cancer and dementia. HRT has also been associated with breast and endometrial cancer and venous thromboembolism. The publication of recent studies including the Women’s Health Initiative (WHI) and the Million Women Study (MWS) has cast doubts on some of these suggested benefits while confirming other risks and benefits. The WHI and MWS have shown that the use of HRT, especially long term, is associated with an increased risk of breast cancer, which subsides within five years of stopping. Further information on risk is provided in the BNF.

It is good practice to state goals of therapy and discuss risks with patients. Annual review should include:

- BP measurement
- breast awareness
- clear indication for treatment documented in notes
- cervical smear within last three years
- counselling on perceived benefits and risks
- consider trial period off.

### The criteria used

<i>Criteria</i>	<i>Standard</i>
Patients on HRT should have BP measured annually and CV risk assessed	90%
Patients on HRT should receive annual	90%
<ul style="list-style-type: none"><li>• breast awareness counselling</li><li>• counselling on perceived benefits and risks</li><li>• consider trial period off.</li></ul>	

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Reason for 90% chosen as 10% will allow for patients who do not wish/are unable to attend for review of medication.

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

■■■■

<i>Criteria</i>	<i>Standard</i>	<i>Results 1</i>
Patients on HRT should have BP measured annually and CV risk assessed	90%	56/70 80%
Patients on HRT should receive annual	90%	34%
<ul style="list-style-type: none"><li>• breast awareness counselling</li><li>• counselling on perceived benefits and risks</li><li>• consider trial period off.</li></ul>		

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

■■■■

**The changes implemented by the GP**

■■■■

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

■■■■

**Quality improvement achieved**

■■■■

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

■■■■

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

A meeting was held with the prescribing support staff practice manager and GP to decide on objectives for audit and input required from other members of the practice team.

1. Use clinical support software (EMIS) to identify all female patients prescribed HRT in past year both on acute Rx and on repeat Rx.
2. Carry out a review of their clinical records and complete a data collection sheet for all identified patients.

3. Patients to be invited for review of HRT and/or full medication review with pharmacist by letter (*patients also able to discuss HRT with GP on ad hoc basis if visiting surgery for other reason*).
4. Practice staff to set up clinic appointments to enable face-to-face review where appropriate.
5. Patients to be offered opportunity of telephone consultation if unable to attend surgery.
6. All data entered onto Excel spreadsheet in order to manipulate results.
7. Re-audit date agreed with practice.
8. Information leaflets (detailing risks and benefits of HRT) to be sent to all patients who were unable/did not wish face to face review.

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

I was involved in reviewing a proportion of these patients who were unable to attend the pharmacist clinics.

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

<i>Criteria</i>	<i>Standard</i>	<i>Results 1</i>	<i>Results 2</i>
Patients on HRT should have BP measured annually	90%	80%	94% (66/70)
Patients on HRT should receive annual	90%	0%	91% (61/70 pts)
<ul style="list-style-type: none"> <li>• breast awareness counselling</li> <li>• counselling on perceived benefits and risks</li> <li>• consider trial period off.</li> </ul>			

### **Quality improvement achieved**

Standards have been achieved. It would be worthwhile to repeat this audit in a year.

#### *Specialty Adviser comments:*

This is an excellent example of a full-cycle audit, and although the appraisee was not directly involved in writing up the audit it is clear that she took part in the discussions and introducing the changes, which is acceptable practice.

The audit can be included in the total credits claimed this year with evidence of impact on patient care.

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## Feedback on practice

One example of both colleague and patient feedback is provided.

### Colleague feedback (multisource feedback)

#### Colleague feedback 1

##### Colleague feedback ref

I had asked 15 members of the team, including a teaching colleague and a student, to complete my MSF this year and the summary report was submitted for the appraisal interview.

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

I scored highly in areas of being approachable and listen to staff regardless of role. I scored less in areas of leadership and availability.

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

I have reflected on the results which are partly due to the fact that I am relatively new to the practice and only work 2 days a week.

##### Record your personal key learning points

I will endeavour to attend a leadership course over the coming year. I will also discuss my working pattern with the practice to see if there are any benefits from changing my working pattern. I also plan to look for a partnership over the coming year.

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

Working part time means I am less available in the practice and patients find it difficult to always get appointments at a time that is suitable.

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

I plan to complete a leadership course. I plan to discuss my working pattern with the practice. I plan to actively seek a partnership.

#### *Specialty Adviser comments:*

The appraisee has included raters from both her clinical and non-clinical role and has reflected on the main points. She has identified a learning need from this reflection that she has included in next year's PDP, which is good practice.

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## Patient feedback

### Patient feedback (PSQ) 1

#### Patient feedback ref

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

My scores were above average when compared to my peers in all aspects except in explaining things clearly which was slightly below average.

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

With appraiser at appraisal interview.

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

How to enable patients and involve them more in their care.

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

I plan to make more use of patient information leaflets to hand out to patients in the future.

#### Record your personal key learning points

As above.

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

I plan to repeat this survey in the future to evaluate the impact of handing out patient information leaflets.

#### Record your next steps in this area

Repeat a patient survey over the next 5 years.

#### *Specialty Adviser comments:*

The appraisee provides evidence of reflection on her results and what she plans to do with these results. It would be useful to have a discussion on how the survey was conducted and the results collated to identify if there were any problems or sources of bias.

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## Other feedback

An example is provided if relevant.

### Source of feedback

Feedback from students (eight 2nd year students).

### Feedback received

The feedback was extremely positive with all scores being very good or excellent. Positive comments from students example: 'our tutor is very knowledgeable, easy to approach and supportive'.

### Summary reflections

One comment related to perhaps more clinical examples and practice visits.

### Actions

I hope to incorporate these changes in the coming year.

### *Specialty Adviser comments:*

The appraisee has included feedback from her non-clinical role and reflected on these results.

## Complaints/compliments

An example is provided if relevant.

### What is the current status of the complaint/cause for concern/positive feedback? Were any other bodies involved (SHA, NCAA, GMC)?

One complaint received from a student who I rated below average for attendance and reliability.

### Describe the nature of the complaint/cause for concern

The complaint was verbal, and I had written the case up as an SEA (see above), and reflected on the incident.

### Have there been any findings/outcomes?

The university was happy with my approach and very supportive.

### Has anything changed as a result of the complaint/cause for concern?

I shall contact the university at an earlier stage if I come across any underperforming students.

### Record your personal key learning points

Update my knowledge in how to deal with struggling or underperforming students.

### How has this affected patient care in practice

N/A.

### Record your next steps in this area

As above.



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*Specialty Adviser comments:*

Although verbal complaints are not necessarily brought to the appraisal interview, the appraisee in this case had reflected on this and written up an SEA and identified further learning points as a result.

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

Dr X is a part-time (four sessions a week) salaried GP in an inner-city practice. She participates in all GMS activities and has a special interest in family planning where she participates in insertion and removal of contraceptive implants. She is also an undergraduate tutor for second-year medical students, one session a week.

### **2. Knowledge, skills and performance**

Dr X regularly records her learning needs and participates in a range of educational activities covering clinical and non-clinical topics. These activities include reading, online learning and attending meetings. She records her main learning outcomes and evidence of impact where appropriate. She has achieved over 50 credit points over the last year, satisfying the recommendations for revalidation.

Her learning activities cover her additional role as an undergraduate tutor where she updates her knowledge on an annual basis.

Dr X has successfully completed her PDP for the previous year and has documented her learning needs in her PDP for the coming year.

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

Dr X has submitted two SEAs that demonstrate safety and quality. There was evidence of reflection, discussion with the team and introduction of changes to prevent similar events from occurring in the future.

Safety and quality were also demonstrated through the submission and discussion of a two-cycle audit in the management of HRT in the practice. The audit demonstrated evidence of review of literature, teamwork and quality improvement. Although the audit was written by the practice pharmacist, Dr X demonstrated her involvement in the discussions and implementation of changes as well as sharing the results.

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

Working well with colleagues was demonstrated through the discussion of an MSF that was completed and submitted for the appraisal interview. There were 15 raters and Dr X was pleased with the report. The results were positive with all answers being above 5.18/6.

The highest levels of achievement were 'values contribution of others' and 'works well in a team'.

The lowest areas included 'demonstrates leadership skills while involving others'.

A discussion took place on leadership skills, and Dr X has added this to her PDP for the coming year. Over 50 positive comments were received that described Dr X as being approachable, willing to help, organised, professional, calm under pressure, supportive, mediator, keeps up to date and a joy to work with.

One comment on availability was explored at the appraisal interview, and the reasons behind this as well as methods to improve this were discussed.

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Dr X also submitted the results of a patient survey (26 patients) and reflected on the results, which were highly positive with all scores being Good or Very Good. She scored above average on all of the questions except explaining things clearly to patients. She hopes to address this through handing out more patient information leaflets to patients to enable them to understand and manage their condition more effectively. She hopes to repeat this survey in five years' time.

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

Dr X has not received any formal complaints over the last year. She has read the probity statement. This was discussed and no issues were raised.

Dr X has read the health statement. She is registered with a GP outside the practice and has not needed time off work for ill health over the last year. Dr X described a good work–life balance and has mechanisms to deal with stress through support at home and in the practice.

#### **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**

Dr X is actively seeking to apply for a partnership. A discussion took place on how to maximise her ability to achieve this.

#### *Specialty Adviser comments:*

The following general guidance from the RCGP about the appraisal of any non-standard role in your work may be useful:

1. How did you qualify to take on this role? This should include prior experience, education and qualifications
2. How do you keep up to date in this role? This should include reference to all new and refresher education, or development and refresher education, and training undertaken for this role in the revalidation period, including any learning credits recorded
3. How can you demonstrate that you are fit to practise in this role?

In this example, the GP has provided evidence for each of these categories and is on track for revalidation.

There may be circumstances where a GP has significantly more commitment to undergraduate teaching. In such circumstances, you may wish to review the portfolio for academic GPs for further advice.