

## CPD Guidance Framework for Appraisers and Appraisees

### 1. Introduction and Purpose of Document

This document is intended to provide guidance to appraisers on what they should be considering when reviewing a doctor's Continuing Professional Development (CPD) activity, and guidance to doctors on the things that they should expect to be discussed during an effective appraisal meeting. It will help doctors and their appraisers to structure the supporting information and the appraisal discussion in a way that allows a proper evaluation of a doctor's learning since the previous appraisal, and supports the development of the subsequent personal development plan (PDP).

### 2. Scope of practice

The doctor should be participating in CPD activities that cover the whole scope of his/her professional practice. This includes NHS work, independent practice, voluntary work that involves patients and non-clinical professional activities such as education, management and research. It is not expected that CPD will be undertaken in every area of professional work every year, but you should ensure all aspects are supported adequately over the 5 year cycle.

- What is the doctor's job? Have you considered the description of the scope of practice in the appraisal documentation?
- Is the CPD relevant to the current and emerging knowledge, skills and behaviours required for the doctor's specialty or practice, professional responsibilities and proposed areas of professional development and work?
- Have you considered current guidance in the doctor's specialty from the relevant College/Faculty or specialty association?

### 3. The Quality and Effectiveness of CPD

Some idea of the quality of a CPD activity may be gained by considering it against a set of "quality criteria" before the activity takes place, and to do this, many organisations have accreditation or approval processes for CPD activities. This means that the activity has been evaluated against pre-defined criteria and is considered more likely to have a positive educational outcome.

Matters that can be evaluated in this way include the relevance of the activity to the specialty, the presence or absence of potential bias or conflict of interest, the appropriateness of the presenters and, sometimes, the content of the presentations.

The effectiveness of a CPD activity, in terms of achieving its educational objectives, can only be apparent after the event. This may be judged by the doctor (through reflection), by the appraiser (through the appraisal process) or by the provision of data that specifically considers professional behaviours or outcomes.

#### **4. Reflection and Outcomes**

As part of the supporting information, the doctor should provide reflection on what has been learned from CPD, and how this has influenced practice.

The process of reflection will allow the consideration of CPD activity to focus on learning outcomes, rather than on a consideration of time spent.

The appraisal discussion itself provides a further opportunity for reflection on how the CPD activity has supported current practice and how future CPD may support future professional development.

The discussion should therefore focus on:

##### *Description of the CPD activity*

- Why was this activity selected for CPD? What was the learning need or objective that was addressed?

##### *Effect of the activity*

- How has the CPD contributed to the development of the doctor's knowledge, skills or behaviour?
- What has been the impact on quality and patient care/safety?
- Has the CPD reinforced aspects of current practice?
- Has the CPD led to actual or potential changes in practice?

##### *Further learning needs*

- Has the doctor identified any further learning or development needs through CPD? If so, how will these be addressed?

Further guidance on reflection can be found on the Academy website:

[http://www.aomrc.org.uk/component/docman/doc\\_download/9335-reflective-practice-template.html?Itemid=33](http://www.aomrc.org.uk/component/docman/doc_download/9335-reflective-practice-template.html?Itemid=33)

## 5. Individual responsibility for learning needs

The responsibility for identifying and prioritising professional development needs rests ultimately with the learner. These needs should, where possible, be agreed with the appraiser and documented in a personal development plan (PDP).

- Has the doctor provided evidence that sufficient CPD activity has addressed learning needs identified in the PDP?
- Has the doctor undertaken CPD in areas outside the PDP that he or she considers important to support current and future professional development and the attainment of excellence?
- Has the learning taken into account patient care and safety issues?
- Where a learning need has not been addressed, what steps have been taken to resolve this?

## 6. Clinical Governance

When learning needs are identified through participation in clinical governance processes, individual, organisational or national audit, complaints, clinical incidents or (where relevant) work-place based assessments the doctor should recognise these needs and ensure that they are addressed through CPD.

- Have you discussed this aspect with the doctor, and have such issues been addressed effectively?

## 7. The Balance of CPD activities

There should be a balance of learning methods and experiences. It is particularly important that doctors undertake some of their CPD activities with colleagues outside their normal place of work (often termed “external” CPD). Other CPD activity should take place with colleagues within the workplace on topics directly related to the doctor’s professional practice (often termed “internal” CPD) and learning will also come from personal reading and from internet-based learning. College CPD schemes usually recommend a minimum number of CPD credits to be achieved through external, internal and personal study activities, as guidance to help doctors achieve a balanced CPD programme.

Evidence of external CPD is extremely important, particularly for those doctors working within a small group and isolated in their day to day work.

Employer mandatory training covers a wide range of topics, but not all of this represents learning relevant to a doctor’s professional development. Mandatory training should therefore only be included in the CPD portfolio if the doctor has learned something relevant to the job plan, demonstrated by reflection and, where relevant, practice change.

Training for Educational and Clinical supervisors is now mandatory and may be included in the CPD portfolio as it is likely to be relevant to the doctor’s professional activities.

- Has the doctor undertaken a range of CPD activities that corresponds with the balance recommended by the relevant specialty (College, Faculty or specialist association)?
- Are you familiar with the definitions of the main types of credit used?
- Has the “external” CPD activity complied with specialty guidance?
- Has the doctor produced evidence of ‘quality’ CPD that demonstrates learning that reflects his/her scope of practice?

### **8. Number of credits expected**

Achievement of at least 50 credits per year of the revalidation cycle, or at least 250 credits over 5 years, is recommended by all Colleges/ Faculties as being the minimum time likely to be required in order to remain up to date in a doctor’s specialty. There are different ways of awarding credits, and these do not always relate to the number of hours spent on the activity. You should refer to the College/Faculty specific guidance.

***It is important to remember, however, that 50 hours of activity does not guarantee that all educational needs have been met. Emphasis should be placed on the quality of the CPD activities rather than simply on the number of hours spent.***

- Has the minimum number of credits been achieved over time, as recommended by the specialty?
- If there have been significant periods of absence, has it been possible for the doctor to make up the lost credits over a reasonable time?

### **9. Audit of CPD schemes**

Many Colleges and Faculties run a regular audit process based on a random sample of registered users. The audit will consider whether the doctor is able to provide documentary evidence of attendance at the minimum required number of CPD activities that he / she has stated were attended. An audit of this sort will show up any significant problems with the working of the scheme and will provide the doctor with corroborative evidence that what has been claimed has been done. The process may also act as a deterrent against the making of false claims,

However, a doctor’s participation in audit of CPD does not provide information on the quality of the CPD nor whether the doctor has actually learnt anything valuable.

- Has the doctor produced documentary evidence of attendance such as a certificate of attendance or a reflective note?
- Is the doctor part of a college/faculty scheme?
- Has the doctor’s CPD activity been audited?
- What was the outcome?

## 10. Time and Resources to undertake CPD

There should be adequate provision of protected time and the necessary resources for the doctor to undertake CPD activities. If the doctor has encountered genuine difficulties in meeting his/her CPD needs, steps should be taken by you, the appraiser, to try to resolve these within the doctor's organisation through the job-planning or other appropriate processes. Where this is not possible then the difficulties should be drawn to the attention of the Responsible Officer.

- Has the doctor's CPD been adequately supported by his or her employer?
- Has the doctor encountered genuine difficulties in meeting his/her CPD needs?
- What steps have been agreed to resolve these difficulties?

## 11. Special Circumstances/Returning to Practice

In some circumstances participation in CPD may be difficult or impossible for periods of time. The following are some of the circumstances to be considered, and some of the ways in which these may be addressed. You should refer to the relevant College or Faculty for specific guidance.

- ***Sick-leave, Maternity Leave or other Career Breaks***

*Any deficit in CPD activity should be made up over the remainder of the five-year cycle. This may be achieved either prospectively (where possible) or retrospectively after return to clinical work, or a combination.*

- ***Doctors working in isolated environments outside the UK***

*In some circumstances the CPD opportunities available may not conform to the quality standards available in the UK. The doctor should self-accredit as much CPD as appears justifiable in terms of the learning achieved. Any shortfall should be made up on return to the UK.*

- ***SAS Doctors/Non-consultant career grade doctors***

*This group of doctors should receive the same support as other career grade doctors in their specialty. The content of their CPD should be related to the scope of practice of the individual doctor. The total CPD requirements will be the same as those for all other trained doctors.*

- ***Doctors whose GMC registration is suspended or who are 'suspended' by their employer***

*Where necessary, it should be possible to make up any lost CPD credits over a five-year CPD cycle. In some cases, specific CPD may be required to enable a return to practice.*

- ***Doctors undergoing remediation***

*CPD will be an essential part of the remediation process.*

## CPD Guidance Framework for Appraisers and Appraisees: Checklist

*This checklist should be used in conjunction with the full guidance document.*

GENERAL INFORMATION		
<b>Scope of practice</b>	<ul style="list-style-type: none"> <li>• What is the doctor's job? Have you considered the description of the scope of practice in the appraisal documentation?</li> <li>• Is the CPD relevant to the current and emerging knowledge, skills and behaviours required for the doctor's specialty or practice, professional responsibilities and proposed areas of professional development and work?</li> <li>• Have you considered current guidance in the doctor's specialty from the relevant College/Faculty or specialty association?</li> </ul>	
<b>Reflection and Outcomes</b>	<ul style="list-style-type: none"> <li>• Why was this activity selected for CPD? What was the learning need or objective that was addressed?</li> <li>• How has the CPD contributed to the development of the doctor's knowledge, skills or behaviour?</li> <li>• What has been the impact on quality and patient care/safety?</li> <li>• Has the CPD reinforced aspects of current practice?</li> <li>• Has the CPD led to actual or potential changes in practice?</li> <li>• Has the doctor identified any further learning or development needs through CPD? If so, how will these be addressed?</li> </ul>	
<b>Individual responsibility for learning needs</b>	<ul style="list-style-type: none"> <li>• Has the doctor provided evidence that sufficient CPD activity has addressed learning needs identified in the PDP?</li> <li>• Has the doctor undertaken CPD in areas outside the PDP that he or she considers important to support current and future professional development and the attainment of excellence?</li> <li>• Has the learning taken into account patient care and safety issues?</li> </ul>	
<b>Clinical Governance</b>	<ul style="list-style-type: none"> <li>• Have learning needs identified through participation in clinical governance processes, individual, organisational and national audit, complaints, clinical incidents or (where relevant) work-place based assessments been recognised by the doctor and addressed through his/her CPD?</li> </ul>	
<b>Balance of CPD Activities</b>	<ul style="list-style-type: none"> <li>• Has the doctor undertaken a range of CPD activities that corresponds with the balance recommended by the relevant specialty (College, Faculty or specialist association)?</li> <li>• Are you familiar with the definitions of the main types of credit used?</li> <li>• Has the "external" CPD activity complied with specialty guidance?</li> </ul>	
<b>Number of credits expected</b>	<ul style="list-style-type: none"> <li>• Has the minimum number of credits been achieved over time, as recommended by the specialty?</li> <li>• If there have been significant periods of absence, has it been possible for the doctor to make up the lost credits over a reasonable time?</li> </ul>	
<b>Audit of CPD Schemes</b>	<ul style="list-style-type: none"> <li>• Is the doctor part of a college scheme?</li> <li>• Has the doctor's CPD activity been audited?</li> <li>• What was the outcome?</li> </ul>	

<b>Time and resources to undertake CPD</b>	<ul style="list-style-type: none"><li>• Has the doctor's CPD been adequately supported by his or her employer?</li><li>• Has the doctor encountered genuine difficulties in meeting his/her CPD needs?</li><li>• What steps have been agreed to resolve these difficulties?</li></ul>	
<b>Special Circumstances</b>	<ul style="list-style-type: none"><li>• Are there any special circumstances that need to be considered?</li></ul>	