

Revalidation –the
process starts now
- Guide for
Appraisees based
on RCGP Guidance

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This guidance is based on a document originally written by Dr Di Jelley in Northern Deanery and we are most grateful that she has allowed us to use her framework.

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Revalidation – the process starts now!

We hope that reading this document and keeping it for reference will help your preparation

1. Introduction-

- The RCGP has published a comprehensive guide to GP revalidation and we now have a much clearer vision of when it will start and what it will involve. The full document is available on the RCGP website '**Guide to the Revalidation of General Practitioners**' [www.rcgp.org.uk] This newsletter summarises the key points from this document and outlines what all GPs wishing to go through the revalidation process need to do over the next few years. We have used the '**frequently asked questions**' format to try to cover all key areas and address any concerns you might have as an appraisee
- The amount of evidence required is now clear and is a better indication of our professional development than the alternative, requiring us all to sit the MRCCGP on a 5 yearly basis, which would also be very stressful. The underlying intention is to define a range of evidence that captures what we do on a day to day basis –reflect on our work, keep up to date, relate to patients and colleagues. No single piece of evidence defines a safe practitioner, but an on-going portfolio of satisfactory evidence in all these areas collected over time is likely to define a doctor who is fit to practise. **It may be helpful thus to consider revalidation as a process which occurs over five years , not once every fifth year**
- Remember also that the vast majority of doctors are expected to be revalidated without any problems .This is not a process to rate the quality of your care, but to make sure that you meet the minimum required standards. It is hoped that clinical governance processes and outcomes from annual appraisal will identify doctors who might struggle to revalidate at an early stage, and offer them appropriate support long before they arrive at the point of revalidation. It would be a severe indictment of the appraisal and clinical governance systems if any GP failed revalidation that had not been previously identified as struggling, and supported appropriately.
- The key activity which underpins both the re-licensing and the re-certification elements of revalidation **is annual appraisal.**

Satisfactory engagement in this process is essential for all doctors who wish to revalidate

- This means that the appraisal process has to be made consistent and robust across the UK. New guidance has just been produced to make sure that all PCTs adhere to the same standards in the training, support and performance review of appraisers and in the overall management of the appraisal system (To read about the current recommendation please follow this link:

http://www.appraisalsupport.nhs.uk/files2/Assuring_the_Quality_of_Medical_Appraisal.pdf)

- The aim is still to keep appraisal as a supportive developmental process-**appraisers are not judging your fitness to practise- they are not trained to do this and it is not their role.**

However, as part of the appraisal process, your appraiser will be checking your evidence carefully to make sure that it fulfils the criteria now laid down explicitly in the RCGP document, and making sure that your PDP for the following year addresses any gaps that could threaten your revalidation if not responded to.

2. What will the revalidation process consist of?

- Revalidation is the combination of two processes, **re-licensing and re-accreditation** **Re-licensing** will be based on satisfactory participation in annual appraisal, which means production of the required evidence each year, plus a 'sign-off' from the PCT saying that there are no unresolved concerns about your performance. **Re-certification** is also mediated via annual appraisal and depends upon your achieving 50 CPD credits each year, and having these checked at the appraisal interview. This process is explained in more detail below

- It is envisaged that the two processes will run in parallel, based on a single electronic evidence folder reviewed and signed off annually by your appraiser. The current appraisal toolkit is being re-developed as a revalidation toolkit.

<http://www.appraisals.nhs.uk>

3. When will the process start?

- All GPs currently on the GMC register have been invited to apply for their first 'License to Practise' earlier in 2009. Licenses will be issued to all those who apply unless they have been previously removed from the GMC register and not re-instated

- There will be **no review of previous appraisal documentation** as a condition of issuing these licenses
- The revalidation process effectively starts from **April 1st 2009** – evidence collected from this date, i.e. for the appraisal year 2009 to 2010 will count towards re-validation. This will be a ‘transition year’ in terms of evidence collection-GPs appraised in the first few months after April 1st will have collected evidence that does not necessarily tie in entirely with RCGP guidance As the year progresses we would expect GPs to use the new RCGP guidance for their evidence collection, so that appraisals carried out later in 2009 are based on this checklist.[**Appendix 1**]
- The full revalidation cycle takes five years, but this process needs to be spread over a five year cycle, with 20% of GPs re-validated every year. For this reason some GPs may begin the revalidation process as early as the appraisal year 1st April 2010 to 31st March 2011 – [it is not clear yet if these will be willing volunteers or randomly selected GPs and the process for this will be decided by each PCT so may vary over the UK]. This will be based on one year of evidence collected from 1/4/09 to 31/3/10. Revalidations taking place in the appraisal year 1/4/10 to 31/3/11 will be based on evidence form 1/4/09 onwards, and so on until the final 20% of GPs are revalidated in the year 1/4/14 to 31/3/15
- We do not yet know which GPs will be revalidated in which year and so we all need to begin collecting evidence suitable for revalidation starting 1/4/09
- The amount of evidence required for revalidation during this introductory phase will increase year by year –a table detailing what is likely to be required in each of the first five years is included at the end of this paper [**Appendix 2**]

4. How do I set up my appraisal?

- Organising an annual appraisal and collecting the required evidence are the key elements in the revalidation process
- Oxfordshire PCT has clear guidance on how appraisers are allocated and when your appraisal should take place. You will receive details of your allocated appraiser from the PCT in April each year at the latest and if you have not received an email you should email GP.Appraisal@oxfordshirepct.nhs.uk to let them know that you are on the Oxfordshire Medical Performers List. When your appraiser contacts you initially please respond, as failure to respond will raise the possibility that you are longer

practising as GP in Oxfordshire and may trigger removal from the medical performers list.

5. What evidence is required on an annual basis

- The minimum data is set out in Appendix 1 to guide you in collecting the evidence that you need for satisfactory engagement in the appraisal process. These are based on the RCGP proposals which are in 'final draft' stage and are unlikely to change substantially, although they have not yet been formally ratified by the GMC
- It will be the responsibility of your appraiser to read your evidence and make sure that it meets the basic standards set out in RCGP document

6. What happens if I can't get enough evidence

- The RCGP evidence list is a minimum set of data –it is felt that the vast majority of GPs should be able to collect this evidence whatever their working environment
- If you are struggling with any aspect of evidence collection you should discuss this with your appraiser well ahead of the interview date. Your appraiser or your local CPD tutor should be able to support and guide you if necessary
- GPs who have repeated and significant gaps in their evidence that they fail to address will be considered not to be participating fully in the appraisal process and this will threaten their revalidation.
- Special arrangements may be made for GPs who have had significant periods of time out of practice during the five year revalidation cycle. Each such case will need to be discussed on an individual basis by the medical directorate at the PCT. Section 3 of the RCGP guidance sets out an alternative pathway. <http://www.rcgp.org.uk/revalidation.aspx>

7. What is MSF [360] feedback and how do I get it?

- MSF [multisource feedback] or 360 feedback is a basic evidence requirement that GPs will be required to submit twice in the 5 year revalidation cycle. It provides you with feedback from others on your clinical care, communication skills, team working etc
- The aim of MSF is to provide you with a view of how others see you, and to reflect on what you might be able to change if the process highlights development areas

- The RCGP is about to produce a list of 'approved' MSF tools [and also 'approved' patient surveys] which will be acceptable for revalidation purposes, it is likely that the GMC MSF tool will become the standard by which others are measured.
- The RCGP is also looking at an MSF tool that can be used more easily by sessional doctors who do not have a fixed practice base. The sessional GP guide on the home page of www.oxfordprimarycarelearning.org.uk has examples of surveys tried and tested by local GPs. You will find these useful.

8. How do I do an audit?

- This is one of the most challenging of the evidence requirements-RCGP guidance on what is expected is included in **Appendix 3**
- Two audits which cover the whole cycle of setting standards, collecting data, reviewing performance against standards, making changes in personal or practice activity, and doing a further data collection to see if change has occurred, need to be carried out over the five year cycle
- It is perfectly OK to carry out the various stages of a single audit over two appraisal years eg data collection against standards and implement changes one year, further data collection to review the impact of changes the next year.
- You do NOT have to do all the data collection yourself –you can work with practice colleagues, particularly the practice pharmacist, or with colleagues in a locum group or self-directed learning group. You must be involved in the standard setting and review and interpretation of the data and implementation of any changes recommended from the audit
- Some examples of useful but manageable audits are given in **Appendix 3**. It is advisable to choose something that does not involve looking at 100's of sets of notes and where clear standards have been set eg NICE or local PCT guidance .It is also perfectly acceptable to use data that is being gathered for QOF purposes if you are leading in a specific area and are involved in making sure changes are made to improve QOF performance

9. How do I do a significant Event Audit

- Significant Event Auditing is an increasingly routine part of general practice. It is a technique to reflect on, and learn from, individual cases to improve quality of care overall. When

revalidation is fully established, your revalidation portfolio will be expected to contain an analysis of at least five significant events. These can be from any time during the revalidation period. There is no explicit requirement for “one per year”, but it is good practice to report significant events from throughout the revalidation period and so we would expect one SEA or a case review each year as evidence of reflection on practice.

- Even if you only work a couple of sessions a week you will probably see more than a thousand patients a year. Appraisees who say that they have had no significant events are probably not thinking broadly enough about possible events to discuss. SEAs do not have to be major disasters or concerns that lead to complaints. Our day to day work inevitably includes delayed diagnoses, near misses, inappropriate referrals, palliative care patients who die in hospital having elected to stay at home, lost or missed abnormal results, breakdown of communication in the team, and many other issues. You just need to pick one example where things could have gone better and reflect on it using an SRT. In time, the SEA template will be an integral part of the new revalidation toolkit. The aim of the analysis is to demonstrate areas for improvement, reflection and the implementation of change.
- You must only submit an analysis of a significant event in which you have been directly involved; where discussion of the event has taken place preferably with other PHC Team members, and where the changes involve you, perhaps as the person responsible for implementing the change. Further guidance is included in **Appendix 4**

10. What are CPD credits

- The CPD credit system will operate for all different specialities, but for many Colleges a credit will simply equal one hour of accredited learning.
- The RCGP has tried to move beyond the ‘bums on seats’ approach that developed with PGFA, and has worked to create a system which values the **OUTCOME** of learning rather than just ticking a box that you attended a lecture
- The aim is for all GPs to achieve a minimum of 50 credits of CPD annually. A credit is defined as a product of the **IMPACT** of a learning activity on personal and practice development and on patient care.

- Credit values assigned you will be discussed by your appraiser in a review of your learning log on ALL learning activities that take place during the year-meetings attended, significant events reviewed, internet learning modules completed ,journal articles read and applied to clinical practice etc **Remember your PDP activities are not the only source of CPD credits.**
- The credit values will be verified by the appraiser at the appraisal interview, pilots of this process so far have indicated that most GPs under estimate the number of credits possible. In event that you claim an unrealistic number of credits your appraiser will ask for the advice of the responsible officer and will not be involved in a dispute with you.
- The system is currently still being piloted so will not be a compulsory element of 2009 to 2010 evidence, but there is good sense in starting to think along these lines as soon as possible as the system will be in place in a year's time
- There will undoubtedly be more guidance issued in the next year on how to assess credit values in line with national 'benchmarks'. The RCGP website provides some further guidance on this and a 'credit calculator' that you can try out. http://www.rcgp.org.uk/practising_as_a_gp/professional_development/cpd_credits_scheme.aspx

11.How do I write an acceptable PDP

- Your PDP is a record of the learning needs you have identified and discussed in each part of the appraisal discussion, and listed as action points in Form 4. For Each identified need you have to consider how you will approach meeting that need , in what time frame and define the intended outcome[s] of each activity .
- PDPs will increasingly be constructed with a view to the potential 'credit value' of the planned activities, and this may be an area worth discussing with your appraiser. You might have decided to attend a full day 'update 'course, which on its own might be worth 6 credits. If you also plan to identify three key learning points and review how they apply to your own or your practice activity , and identify any improvements /changes needed, this could significantly increase the credit value of this planned activity
- PDP actions should be as specific as possible 'become confident in insulin conversion' rather than ' improve diabetes knowledge'- This makes them easier to measure at the end of the year .The aims should also be realistic and achievable in

terms of your available time, and they should be of interest to you, so that you feel motivated to do them.

- Remember that if you have other roles such as being a trainer, doing research or local PCT roles, including being as appraiser, you should put any training needs identified in performance review in these areas into your PDP.
- Prior to your next appraisal you will need to review each item on your PDP list, explaining how the need was met and what you learned from it. Needs not met can be carried forward to the next year's PDP so long as an explanation is provided as to why the need was not addressed as planned. Items can also be added to the PDP during the year.

12. How do I get the required CPR training and Safe Guarding Children Updates?

- Practices usually commission update sessions through several providers and these should be able to accommodate all the doctors working in the practice.
- As a locum it is worth asking any practice you work in if any CPR session is planned and whether you can take part, possibly offering to contribute towards the cost
- If this is not an option then it may be necessary to get together a group of non-practice based GPs and fund your own training via the Ambulance service. Please contact your local CPD tutors for advice about further resources.
- Details of updating for both skills are on the Essential skills section of www.oxfordprimarycarelearning.org.uk
- As GPs, we are 'category 3 Professionals' with high level of contact with potentially vulnerable children. It is likely that all PCTs will therefore follow the following guidance. This will mean as GPs that we have to do **one of three** required activities listed below **every year**, so that in a three year cycle we complete all of the activities
- The three activities are
 - An **IT module on child protection** [bmj learning, etc] other modules likely to be developed
 - A **single agency team meeting on child protection** –ie PHCT session delivered with just health professionals –practice-based sessional GPs and partners will be able to organise this with their local child protection lead in the practice . Locums could be included if the practice lets them know when meetings are occurring.

- The third requirement is a full day **multi-agency training session**.

13. How can I collect this evidence when working as a Sessional GP not based in one practice?

- Collecting evidence can be particularly challenging for locum GPs and much guidance is written primarily with practice based GPs in mind. It is necessary for locums to ask employing practices to help with:
 - Assisting with distribution of **patient surveys and also peer/colleague feedback surveys** and to support them to discuss and interpret patient and colleague feedback
 - Informing locums promptly of any **complaints** received or **significant events**, which involve them or may impact on their work at your practice
 - Facilitating access by locums to computer systems and records outside of booked surgery times to carry out **audit**, considering providing some admin/practice pharmacist time to help locums to set up and carry out an audit that could be helpful for the practice as well as their own appraisal folder
 - Informing locums of **urgent** Department of Health, PCT communications and local educational events
 - Inviting locums to participate in **practice meetings** relating to clinical issues and services, education, prescribing, and significant events.
- Our experience of appraisal of sessional GPs is that most produce evidence folders of equivalent standards to contractors though this often requires significant initiative, effort and ingenuity.
- The evidence list has been drawn up with the intention that it is possible to achieve for GPs working in most clinical settings. Reflection on practice through case reviews and significant events, producing a PDP and reflecting on aims achieved, should be possible for all GPs.
- MSF and patient feedback can be difficult for locums who work for very short periods in many different practices-they will need

to get this underway as soon as they get an opportunity for work for a slightly longer period in one setting

- The area of Audit for revalidation is likely to pose the most significant challenges and further guidance is awaited about suggested audits suitable for locums. However a variety of simple audits looking at processes of care are feasible even for locums working peripatetically (e.g. around prescribing, record keeping, coding, investigations and imaging and referrals). The difficulty may be around –re-auditing after attempted changes as a mobile locum will not be able to assess changes within one practice only within his/her own work (in different practices). **[see Appendix 3]**
- Significant event audits are sometimes difficult for GPs not based in one practice. Some can just be about personal learning- eg reviewing a late diagnosis and updating your knowledge, but many are more about systems and locums may struggle to engage in practice discussions about changing procedures and policies in a practice. Taking SEAs to a locum group can be helpful, and discussing outcomes with at least one member of the practice can help formulate learning points and actions .The RCGP is working on more specific guidance for locums in this context.
- CPD credits are more difficult for locums, because of the need to demonstrate the impact of your learning. This will often have to be more in terms of your own personal development, or perhaps through presenting a topic to a local locum group. Ultimately you may as a locum have to do more units of learning each with a smaller credit value, than a practice-based GP who is in a position, if they choose to do so, of carrying out a substantial review of some aspect service provision, and thus gaining quite a lot of credit value from one activity.
- The current RCGP revalidation proposals set out the option, for doctors who find it very difficult to compile a conventional revalidation folder, of doing an approved knowledge assessment and a clinical skills assessment in place of clinical audits and significant event audits.

14. What happens if I am away from practice for some time on maternity leave/sick leave or a sabbatical

- The RCGP has stated that the minimum number of CPD credits required to revalidate will be 150 over 5 years if there are clearly documented periods of absence from clinical practice
- GPs who cannot achieve these minimum levels over 5 years will be reviewed on an individual basis to determine what actions need to be taken
- There are proposals in section 3 of the RCGP guidance for GPs in this situation. <http://www.rcgp.org.uk/revalidation.aspx>

15. I work less than one session a week in general practice- how can I revalidate?

- The RCGP has stated that in order to be considered for revalidation, a GP must have evidence of having worked in face to face clinical contact for at least 200 sessions over a 5 year period [a session is defined as at least 4 hours with 2.5 hours of face to face contact time]
- If you are not going to be working for this minimum period of time your revalidation will be problematic and each case will be reviewed on an individual basis. This should be discussed with your appraiser and if necessary the appraisal lead, as so as possible in the five year revalidation cycle

16. I am a GPwSI, or work part-time in several roles- do I have to have several appraisals

- If you are an accredited GPwSI, then a review of your clinical performance in your specialist area will be built into your employment contract, and will usually take place annually with your clinical supervisor. It would seem reasonable that you should gather evidence from both your GPwSI role and your GP role, without having to produce a full duplicate set of audits, case reviews; surveys etc .Detailed guidance has yet to be produced but will be circulated as soon as it is available.
- If you work in other roles eg as a trainer, undergraduate tutor, PCT advisor, etc we would expect you to have some form of review or feedback on that role before your GP appraisal. Documentation from this review can then be submitted with your other appraisal evidence and discussed at the appraisal interview.

Appendix 1 –Suggested Minimum Dataset for Evidence for GP appraisal April 2009- March 2010

Based on RCGP Guide to the Revalidation of General Practitioners

Basic documentary evidence required for your appraisal	Frequency	Last done
GENERAL SRT = Structured Reflective Templates-access via appraisal toolkit	Fully completed Form 3 Last year's form 4 unless this is on the toolkit and you are being appraised by the same appraiser this year	Every year
Good clinical care 2 audits every 5 years 5 significant events over 5 years	Clinical audit into which you have personal input	2 every 5 years
	Significant event audit with learning outcomes + SRT	One per year
Maintaining Good medical practice	Last years PDP with reflections on completion of aims and reasons for non completion if necessary	Every year
	Certificates of CPR (18months) and	Every 18 months
	Safeguarding Children IT module	Every 3 years
	Safeguarding Children single agency training	Every 3 years
	Safeguarding Children multi agency training	Every 3 years
	Log or diary of Educational activities throughout including reflections, personal learning points OR 50 CPD credits *	Every year
Relationships with patients	Once every 3 years- Patient survey and SRT on learning points/actions	2 every 5 years
	Declaration of complaints (or absence of) including learning points and resolution -SRT	Every year
Relationships with Colleagues	Once every 3 years: 360 feedback+ SRT with learning points	2 every 5 years
Probity	Probity statement- Scottish Royal college of GP (revalidation toolkit document) Probity SRT	Every year
Health	Health statement- Scottish Royal college of GP (revalidation toolkit document) pr Health SRT	Every year
Teaching/training/research/ management/ GPwSI roles	Copies of any 360 from these roles and evidence of performance review with external employer	Every year

Appendix 2 –Probable evidence requirements for revalidation ,year by year, in the introductory period from RCGP Guidance

Evidence	Year 1 2010-2011	Year 2 2011-2012	Year 3 2012- 2013	Year 4 2013- 2014	Year5 2014- 2015
Description of roles equivalent of forms 1 and 2	Yes	Yes	Yes	Yes	Yes
Evidence of appraisals [form 4 or future version of this]	Yes	Yes	Yes	Yes	Yes
PDP with review of aims achieved /not achieved	PDP no review	One	Two	Three	four
Learning credits	50 or usual CPD	50	100	150	200
MSF feedback with learning points		MSF Or patient survey	One	One	two
Patient survey with learning points			One	Two	Two
Review of any complaints	Yes	Yes	Yes	Yes	Yes
Significant event audit	One	Two	Three	Four	Five
Clinical audit with learning points		One	One	Two	Two
Statements of probity and health	Yes	Yes	Yes	Yes	Yes

Appendix 3 Clinical audit requirements for appraisal [from RCGP guidance]

A description of a clinical audit should include

- Title
- Reason for choice [personal learning need, practice concern etc]
- Dates of the data collections
- Standards set and where they were derived from eg NICE/ local PCT etc
- Results of first data collection in relation to standards
- A summary of discussion of first data collection and changes agreed
- Results of second data collection in relation to standards
- Reflections on the audit in terms of learning and GMP areas

Possible audit topics

- Practice or personal achievement against NICE guidance or local standards e.g. management of menorrhagia, MS, UTIs in children, FATEs 4, post MI drug treatment, heart failure treatment etc.
- Performance against other quality markers eg documented vascular risk assessment in patients on atypical anti-psychotics, follow up of patients with high BP who are not yet on QOF register and DNA follow up appointments, retrospective review of deaths to see if the patients should have been on palliative care register
- Adherence to local or national drug prescribing guidance eg bone protection for patients on steroids, use of inhaled steroids in patients on LABA inhalers, anti-biotic prescribing in line with local formulary or NICE guidance

Issues for locums

RCGP is aware of the difficulties locums may face and their guidance suggests topics that may be more suitable for non-practice based GPs

- Anti biotic prescribing
- Use of investigations and outcomes
- Prescribing for pain
- Referrals –routine out patient ,two week wait and admissions – outcomes and reflections
- Depression case handling
- Management of chronic disease in line with guidance eg hypertension ,diabetes etc

Appendix 4: Some Guidance on writing up Significant Events

- An SEA record should contain the following items :
 - Title of the event
 - Date of the event
 - Date the event was discussed and the roles of those present
 - Description of the event involving the general practitioner
 - What went well?
 - What could have been done better?
 - Reflections on the event in terms of:
 - Knowledge, Skills and Performance
 - Safety and quality
 - Communication, partnership and teamwork
 - Maintaining trust
 - What changes have been agreed:
 - For me personally
 - For the team
 - Changes carried out and their effect

- Significant event audits need to be discussed in groups and are much easier to conduct within primary care teams. Single-handed general practitioners and locums may therefore experience difficulties in conducting significant event audits. They should try to discuss the event in a multi-disciplinary meeting in the practice in which the event occurred. If that is not possible, they may join a group of similar general practitioners who can, together, discuss each others' significant events. Experience shows that there are solutions to these potential problems for such general practitioners.

Useful link

<http://www.npsa.nhs.uk/nrls/improvingpatientsafety/primarycare/significant-event-audit/>

Appendix 5 :The proposed CPD credit system

- This system is currently being piloted across the UK and is likely to be in place from April 2010. All GPs will be expected to achieve an average of 50 CPD credits annually.
- A credit is a 'unit of professional development activity which is the product of the impact of the activity on patients and on personal/practice development.
- Credits are initially self assessed by the appraisee, discussed at the appraisal interview and signed off by the appraiser
- It is important to remember that all the learning activities that occur during the year can count towards your CPD credits, not only those you put in your PDP

Suggested credit values for some CPD activities

- Presentation of significant event to a meeting and writing up learning points [2 credits]
- Completion of internet learning module that takes >30 minutes to complete, with an indication of what has been learnt and how this might influence clinical care [one credit]
- The GP lists PUNs and DENs and shows how these have been addressed, and identified needs have been met [10 credits]