



Royal College of  
General Practitioners

and

**northern**deanery

**CPD credits pilot**

**Impact and Challenge model**

**QUICK REFERENCE GUIDE**

**for Appraisees and Appraisers**

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## **Introduction**

Many thanks indeed for considering taking part in this pilot study project evaluating the feasibility of introducing a credit-based CPD system as the core of the re-certification element of GP revalidation. I estimate the total additional time for both the appraiser and appraisee will be about 30 minutes in the preparation, 30 minutes at the end of the appraisal interview and 15 minutes responding to the feedback survey.

- The Academy of Royal Colleges has a consensus view that every doctor should demonstrate a minimum of 50 CPD credits in a year and 250 CPD credits in a five year cycle to support a positive revalidation decision. This has been embraced as RCGP policy as part of their managed CPD strategy.
- This system ties in closely with the broad recommendations of the recent CMO's paper on the future of Medical revalidation

The RCGP defines a credit as follows

***"A credit is a unit of professional development which is a product of the impact of a developmental activity and to a lesser extent the challenge involved in its completion."***

***"Credits are self assessed and verified at appraisal."***

### **Impact in this context may include**

- Impact on patients (e.g. a change in practice, initiating a new drug – this has obvious overlaps with personal development)
- Impact on the individual (personal development)
- Impact on service (e.g. becoming a training practice, teaching others, implementing a clinic system)

## **Challenge in this context may be**

- Context related (e.g. more challenging to become a new training practice than a trainer in an established training practice)
  - Related to circumstances (e.g. a sessional GP undertaking audit is often faced with problems around the data and follow up)
  - Related to personal ability (e.g. personal disability, prior skills, prior experience etc.)
  - Related to effort expended (e.g. attending an ophthalmology clinic for a whole day 40 miles away to gain experience)
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- Credits can be assigned to a wide range of learning activities, not all of which will necessarily be included in the GP's PDP. The number of credits attributed to a learning activity will reflect principally the IMPACT of the activity on personal or practice development, or patient care [this will be the biggest factor]. The credit 'rating' will also involve an estimation of the CHALLENGE' involved in undertaking the activity.[see tables below for more detailed definitions and examples]
  - We are NOT talking about one credit being equal to an hour's worth of learning time , but looking at the outcome of the learning activity , which may or may not bear a close relationship to the time taken to complete the activity [ie this is quite a different concept to PGEA- a week long course on diving medicine as a personal interest would gain many fewer credits than a two day course on implanon fitting that allowed the GP to set up a new service for patients ]
  - Each educational activity undertaken by the GP during the Appraisal year will be rated by the appraiser, using a grid incorporating the impact and challenge factors, as described above, and the activity will be assigned a credit value by the appraiser. The appraisal documentation will include this credit assessment of their CPD activity during the previous year.
  - Preparation for the appraisal interview by the appraiser will include an assessment of whether they broadly agree with the credit rating assigned to each CPD activity by the appraiser. At the end of the appraisal interview the appraiser will indicate to the appraiser whether they have verified all the credits claimed or whether the final total should be higher or lower than that claimed by the appraiser. The final decision will rest with the appraiser.

## **The Pilot project –what it will involve**

The aim of this project is to find out whether the proposed RCGP credits system is workable in 'real life', and to allow as many appraisees and appraisers as possible to test it out and feedback on both positive aspects and any difficulties and challenges that arise. Specifically it seeks to answer the following questions:

- Is this definition of a credit acceptable?
- Is the system easy to understand and use?
- Are GPs able to produce evidence easily?
- Are appraisers easily able to verify an individual's credits in terms of challenge or impact?
- What if an appraiser disagrees with the doctor?
- Are appraisers comfortable with this system?
- Are GPs comfortable with this system?
- Are we seeing diversity of subject?
- Are we seeing diversity of method?
- Is this an appropriate system for all GPs (sessional, OOH, overseas)?
- Are there further training issues for GPs or appraisers?
- What are the local resource issues of the system?

The wider the range of participating GPs the better-if all those who volunteer for the pilot are appraisers/trainers/educationalists, then these are the only people who will influence the final product-the pilot will have a much greater impact if we can involve as many 'jobbing GPs' as possible –partners, salaried GPs and locums will all have to do this in the future and their input into this project will make it much more meaningful.

The requirements of appraisees and appraisers taking part in the study are listed below. Once you and your appraiser have agreed to take part, all you need to do is email Di Jelley at [di.jelley@nhs.net](mailto:di.jelley@nhs.net) for your study number identifier and then prepare for the appraisal in your normal way. The final part of your preparation as an appraisee will be to assign credit values to your current CPD activities, as per the instructions below. For appraisers it will be to make your own assessment of the credit value of your appraisee's CPD, and then discuss this at the end of the appraisal interview.

If there are any difficulties or uncertainties please contact me by e-mail or telephone.

Dr Di Jelley tel 01912571779 or email as above

**Estimating the number of credits for each CPD activity-what you need to do as an APPRAISEE in this pilot study**

**Please remember, you are NOT being asked to do any extra CPD for this pilot , or to make this year's CPD add up to 50 credits or more, but simply to test out whether the ideas behind this proposal actually work in practice. The credit claim form should only have a few words or a short sentence about each CPD activity –you are NOT required to rewrite your Form 3 or appraisal toolkit entries on this sheet.**

1. Estimate the impact of the activity from the guidance above and Table 1 below
2. Estimate the challenge of the activity using the guidance above and Table 2 below
3. Plot the activity on the 'impact and challenge' Table 3 below and the attached examples
4. When the number "feels" about right – record it on the credit claim form below –Table 5-, with BRIEF details of the activity-a few words or a short sentence at most-look at Table 4 first as it has examples
5. Repeat this for all the key CPD activities you have taken part in during the last year
6. Send the credit claim form [Table 5] to your appraiser with your other documentation prior to the appraisal interview
7. Discuss the credit ratings you have given each activity at the end of the appraisal interview- your appraiser makes the final judgment, which may be to agree with your rating or increase or decrease it.
8. Your appraiser will complete the form [Table 5] after the interview highlighting any areas of disagreement in the credit 'verification' discussion, and the form will be returned to the Deanery for anonymisation before being sent on to the pilot study
9. You will then be asked to complete an on-line survey to record your views on the whole process **GP survey at** <http://www.survey.bris.ac.uk/rcgp/norappraisee>

**This is guidance only – credits are self-assessed**

## **Estimating the number of credits for each CPD activity-what you need to do as an APPRAISER in this pilot study**

**Please remember, your appraisee is NOT being asked to do any extra CPD for this pilot , or to make this year's CPD add up to 50 credits or more The aim of the pilot study is simply to test out whether the ideas behind this proposal actually work in practice. The credit claim form should only have a few words or a short sentence about each CPD activity –your appraisee is NOT required to rewrite their Form 3 or appraisal toolkit entries on this sheet**

1. Read the documentation on the credit assessment system – discuss with other appraisers at your local appraiser support group if possible
2. Receive the credit claim form [Table 5 below] from your appraisee with their other documentation prior to the appraisal interview
3. Review their CPD recorded on the claim form [Table 5] Use the guidance above and Tables 1 and 2 to assess the IMPACT and CHALLENGE of each activity and then plot this on the impact and challenge grid Table 3-referring to the attached examples for additional guidance. Record your rating for each activity in the last column of the credit claim form [Table 5] and see how closely you agree with the ratings they have given each activity. Discuss the credit ratings the appraisee has given each activity at the end of the appraisal interview- your make the final judgment , which may be to agree with your rating or increase or decrease it.
4. Your then complete the credit claim form[table 5] after the interview highlighting any areas of disagreement in the credit 'verification` discussion, and then return the form to the Deanery [to di.jelley@nhs.net] for anonymisation before being sent on to the pilot study
5. After you have completed all your pilot study appraisals,you will be asked to complete an on-line survey to record your views on the whole process - Appraiser survey at <http://www.survey.bris.ac.uk/rcgp/norappraiser>

**TABLE 1-IMPACT ASSESSMENT CRITERIA**

Low impact	<ul style="list-style-type: none"> <li>• Mainly confirming current practice</li> <li>• Little change necessary within the practice</li> <li>• No examination of current practice (e.g. data collection)</li> <li>• Knowledge gained is minimal or of low value</li> <li>• Mainly for personal benefit</li> <li>• Anything that does not reach a higher level</li> </ul>
Minor impact	<ul style="list-style-type: none"> <li>• Confirming current practice although new knowledge acquired which aids understanding or implementation</li> <li>• Some change in practice required (but not necessarily followed through systematically)</li> <li>• May involve others (e.g. discussion on new NICE guidance at practice meeting) but probably falls short of changing practice protocols</li> <li>• Initial data collection for audit discussed but change not yet evaluated</li> <li>• Minor audit (few patients, minimal change and low level gain)</li> </ul>
Moderate impact	<ul style="list-style-type: none"> <li>• Demonstrating current practice against accepted best practice (e.g. completed audit cycle)</li> <li>• Change in practice in response to new information (e.g. essential general practice – followed through to examining own practice)</li> <li>• Would usually involve others (e.g. change in practice protocol, presenting audit data and implementing change)</li> <li>• Teaching session that demonstrates a change in the learners through evaluation</li> <li>• Working with organisations to influence change in others (e.g. PCO guideline development)</li> <li>• Becoming a trainer in a well established training practice</li> </ul>
Significant impact	<ul style="list-style-type: none"> <li>• Major change in practice involving an important condition. This should be in response to a change in the accepted evidence (e.g. the use of atenolol in treating uncomplicated hypertension – re designing the practice protocol and reviewing patients taking atenolol considering a switch)</li> <li>• Influencing others to change in response to new evidence either through (evaluated) teaching or through guideline and protocol development on a regional basis</li> <li>• Introducing a new service for patients (e.g. starting a monitoring system for DMARDS / Warfarin, starting a minor surgery clinic from scratch)</li> <li>• Introducing a new service to your team (e.g. a new palliative care team, an “intermediate care” team etc.)</li> <li>• Becoming a trainer to fill the gap left by the retirement of the only other trainer in the practice</li> </ul>
High impact	<ul style="list-style-type: none"> <li>• Major change in the practice (e.g. becoming a new training practice, becoming a research practice within a recognised research network etc.)</li> <li>• Major contribution or lead on projects that change or confirm professional practice. This would be at a regional or national level</li> <li>• Personal development to implement a new service in practice (e.g. using a recognised scheme to gain a skill and then set up a service – RCGP certificate in substance misuse – new clinic in practice – possibly recognised as a GPwSI)</li> </ul>

**TABLE 2 -CHALLENGE ASSESSMENT CRITERIA**

<p>Low challenge</p>	<ul style="list-style-type: none"> <li>• Easily available</li> <li>• Passive learning (e.g. lecture with little or no interaction)</li> <li>• No self testing (e.g. on line module without knowledge test)</li> <li>• Occurs without planning (e.g. at practice based meeting with no planning or prior effort by the individual)</li> <li>• Probably not part of PDP</li> <li>• General untargeted reading (e.g. reading BMJ every week)</li> <li>• Anything that does not reach a higher level</li> </ul>
<p>Minor challenge</p>	<ul style="list-style-type: none"> <li>• Some planning involved – either as a result of the PDP or in response to an identified need (e.g. a patient encounter)</li> <li>• Learning involves the individual (e.g. if it's a meeting it would be mainly workshop style or targeted reading – topic covered by more than one article or by reading of nice guidance etc.)</li> <li>• Learning has not been applied to practice/patients/self yet</li> <li>• May be a degree of self testing but no standard needs to be reached</li> </ul>
<p>Moderate challenge</p>	<ul style="list-style-type: none"> <li>• Planned learning - either as a result of the PDP or in response to an identified need (e.g. a patient encounter)</li> <li>• Learning is focussed on the individual (either self directed, practice based or interactive facilitated style)</li> <li>• There is a method of self testing to which standards apply (e.g. on-line MCQ with pass mark, data collection of performance or reflection on change present)</li> <li>• The learning although part of a planned needs driven activity involves a degree of difficulty in the organisational sense (e.g. attending ophthalmology outpatients for a day to fulfil a learning plan)</li> </ul>
<p>Significant challenge</p>	<ul style="list-style-type: none"> <li>• Planned learning involving an organised literature search – multiple sources identified</li> <li>• PDP based mainly – may involve learning then audit of the topic</li> <li>• Systematic learning focussed on a topic and/or disease entity using a number of different learning methods (e.g. attend meeting on diabetes, complete an on-line module with a ranked MCQ and either changed protocol within practice or performed audit)</li> <li>• PDP based unusual topic requiring unusual effort to fulfil need (e.g. doctor is a mountain rescue worker and there is an annual national meeting 400 miles away which is a requirement to maintain registration)</li> <li>• Activity made unusually challenging due to individual's working circumstance (e.g. audit is sometimes difficult for sessional GPs without a regular practice commitment)</li> </ul>
<p>High challenge</p>	<ul style="list-style-type: none"> <li>• Anything the individual feels is of higher challenge than the lower levels</li> <li>• PDP based or needs based activity systematically exploring the subject, almost certainly involving multiple learning methods with either an external method of assessment (exam, award, publication, change in status becoming a GPwSI or trainer etc.)</li> <li>• PDP based or needs based activity – the individual has identified a system change. Systematic implementation of evidence based practice. (e.g. taken over asthma clinic, re written protocol along new NICE guidelines, 8 criterion audit performed)</li> <li>• Academic award (e.g. diploma/certificate)</li> </ul>

**TABLE 3 : Impact & Challenge table**

Impact 		Low	Minor	Moderate	Significant	High
Challenge 		Low	Minor	Moderate	Significant	High
Low	1-2 Credits	2-4 Credits	3-5 Credits	4-8 Credits	5-10 + Credits	
Minor	1-3 Credits	2-4	3-7	5-10	6-12 + Credits	
Moderate	2-4 Credits	3-6	4-8	6-12	8-15 + Credits	
Significant	3-5 Credits	4-7	5-11	7-15 +	10-20 + Credits	
High	4-6 Credits	5-10	6-14 +	10-20 +	20 Credits +	

**This is guidance only – credits are self-assessed**

## **Examples for Interpreting the Credits Table**

### **Example 1**

Generic Lansoprazole is now 10p per month cheaper than generic Omeprazole – I will remember this and stop actively changing patients to omeprazole and will consider the use of lansoprazole first line – the price difference is insufficient (and may be transitory) to warrant a wholesale change in treatment – this coupled with similar work (highlighted in my folder) on Ramipril and Lisinopril and fluoxetine and citalopram – demonstrates me keeping up to date with service issues on prescribing – **claim 1 credit**

### **Example 2**

New indication for antibiotic prescribing in splenectomised patients – we have 4 – I have examined the records to ensure we are following the guidelines – we are – this is of some importance to this small group of patients (written up in form 3 evidence) – **claim 2 credits**

### **Example 3**

Gave a presentation to 25 GPs on minor surgery techniques – well received and in particular a number of them indicated that they would change their practice following the lecture – this has an impact on me (in that I am keener to provide more sessions) and hopefully on the service (see form 3) – **claim 4 credits**

### **Example 4**

**Used the Essential General Practice on line module on** Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy) – this was focused on the NICE guidance – firstly this has helped me in understanding at least four of my personal patients problems so much better. I have had a very productive consultation with one of them and realized (along with the patient) that fluoxetine is not helping and we have agreed withdrawal. I used the suggested exercise to “check out what I did in my own practice” and found that the four cases I could identify all had significant periods of misdiagnosis (usually depression) and probably inappropriate treatment before the penny dropped. I have further evidence in my form 3 to show the significance of the change at a personal level and the reduction in prescribing of anti depressants in this group – **claim 8 credits**

### **Example 5**

Have been approved as a trainer and our practice has become a training practice for the first time – see form 3 highlighting the changes we need to make within the practice and the process of convincing two of my partners of the value of this – we all seem to be excited with the prospect of our first registrar this August – **claim 50 credits**

**Table 4 Standard credit claim form with examples**

CPD Activity	Credits Self assessed	Short description of activity	Reference to evidence	PDP related (Y/N)	Learning outcome	Number of credits verified by appraiser- reasons for differences –impact or challenge or both
Meeting on management of heart failure	4	Attendance and outcome – use of spironolactone and beta blockers in heart failure audit	Audit in supporting evidence for appraisal	N	Practice use of BB and spironolactone low – patients reviewed and appropriate changes made	
Significant event audit	2	Participation and reflection on SEA system in practice	2 SEA documents involving self and evidence that practice has SEA system	Y	Have taken lead in redesign and implementation of new system	

