The RCGP credits scheme for CPD

The RCGP has, in common with the other medical Royal Colleges, proposed a credit-based system for recording an individual's CPD activity. The normal requirements of which will be 50 credits a year leading to 250 credits in a revalidation cycle. Most of the other Royal Colleges have developed systems where the credits are representative of hours spent in education. The RCGP has moved away from that stance and although at its simplest one hour of developmental activity equals one credit, extra credits may be accumulated by demonstrating the impact of that activity.

A pilot was carried out between September 2008 and May 2009. This pilot was based entirely on the impact, and to a lesser extent the challenge involved in development. The results of the pilot were used to inform the simplified version.

A CPD credit is defined as being based on an hour of learning activity (including planning and reflection) and recorded in such a way that it demonstrates the learning achieved relevant to the working situation of the GP.

The acquisition of knowledge in itself does not necessarily lead directly to patient benefit; under this system demonstrating impact is rewarded by a multiplication factor of two applied to time spent. Impact in this context refers to impact on:

- patients (e.g. a change in practice, implementing a new clinical guideline, initiating a new drug for the first time)
- the individual (personal development, e.g. development of a new skill or further development of existing skills)
- service (e.g. developing and implementing a new service, becoming a training practice, teaching others)
- others (teaching, training, NHS locally or nationally).

An important aspect of this system is that it is self-assessed. The RCGP does not encourage the collection of a series of certificates; rather the credits should be evidenced by entries in the appraisal folder. The appraiser would simply validate the entry and hence the credits. The full documentation including examples of credit claims can be found on the College website.

The Council Guide to CPD Credit system Sept 09

Dr Chris Price
GP Specialty Training (GPST) 2010: from theory to practice – A conference at which to share issues and review solutions

Continuing the successful series of meetings UKCEA has previously hosted we are pleased to announce the 2010 GP Specialty Training conference. This event will provide a real opportunity to debate progress, problems and solutions since the introduction of the new curriculum and assessments for MRCGP. The new systems have been operating successfully for several years and the task we are all engaged in is improving quality, particularly with regard to the role of educational supervisors and ARCP panels. At the same time there are new challenges; Directors are being asked to be ‘innovative’ under the potential threat of tariff based funding, and also to plan for five years GP training, whenever that might start.

This conference aims to share ideas, solutions and identify areas for collaborative working. UKCEA, in conjunction with the UK Association of Programme Directors (UKAPD) and the National Association of Primary Care Educators (NAPCE) is pleased to invite you and members of your team to this important event. The day will include representatives of the RCGP and other stakeholders too; we anticipate it will inform the next stage of the development of GP specialty training. Places are limited, so make sure you apply now.

John Howard

UKAPD NEWS

UKAPD Conference 26–28 May 2010

A combined Scottish and Irish team are delighted to have been asked to invade Cumberland Lodge and run the 2010 conference. The Theme is ‘Dealing with Difficulty – Creating Solutions’ and was chosen because training programme directors are increasingly required to manage difficulties, and there is a universal need for all educationalists to deal with learner’s difficulties. Although challenging I believe that dealing with difficulty is one of the most rewarding parts of our work and the onus will be on creating solutions. Discussion of difficulties often creates particularly interesting group work and delegates will be able to explore past or current difficulties and go away with a menu of ideas for their toolbox. To set the scene I have provisionally booked Jamie Andrew as keynote speaker. I think it is good to get inspiration from outside medicine and Jamie has important messages for us. He lost both hands and feet in a climbing incident and the way he has responded to these difficulties is truly inspirational and should motivate us to great things. There will also be the usual opportunity to network, an afternoon of recreational opportunities and evening activities with a mixture of educational content, social fun and the difficult intricacies of ceilidh dancing. Details will be posted on the UKAPD site but members of all three organisations will be very welcome.

Iain Lamb

NAPCE NEWS

Strengthened medical appraisal

Proposals from the Revalidation Support Team for developing appraisal for doctors in revalidation have now been published. They may be downloaded from www.revalidationsupport.nhs.uk. Essential reading for appraisers and medical directors, are they relevant to educators? Yes! The development of assessment of information and advent of statements on GPs progress towards revalidation represents a significant change and doctors, whether appraising or being appraised, will need to trust the new system if they are to use the confidential appraisal discussion for their development. Educators, whether working as appraisers, appraiser trainers or helping doctors understand revalidation will be key in ensuring success. It would be tragic if the benefits of the current GP appraisal were lost in the future; appraisal will be a huge waste of resources and effort if the process is not useful for the majority of doctors about whom no concerns or questions exist. NAPCE is working with BAMM (British Association of Medical Managers) to help inform the training of appraisers and to ensure that the value is not lost from the system.

However, appraisal for doctors alone will not change practices. We are missing an opportunity if practices do not start to plan development together and to include all team members. Personal development plans are personal but should inform practice development plans. Advocates for education are needed in each locality and practice.

How are you going to help this happen?

Nick Lyons
Common processes for approving learning environments

The Postgraduate Medical Education and Training Board (PMETB) have developed a quality framework for the educational management of postgraduate medical education. Deaneries must take account of this framework when overseeing the quality assurance of posts and attachments. Central to this is the quality assurance of training practices and trainers.

Two surveys were undertaken to look at the application processes for trainers and their practices. The first looked at the visit process, the second and most recent looked at the application form for new trainers and reapproval forms for existing trainers in all 22 UK deaneries. The team found that although there are common features to the information requested by deaneries throughout the UK, when it came to questions relating to PMETB’s quality domains a more variable picture started to emerge.

The only item universal to deanery trainer application forms was the name of the applicant. Multiple questions relating to quality assurance could be identified across the majority of deaneries. However, it was concerning to note that less than half of UK deaneries included questions relating to ‘patient safety’ and ‘outcomes’ and only five deaneries asked about equality and diversity training.

Together these studies demonstrate that the application and visit processes for new trainers and reapproval of existing trainers are not aligned to the PMETB quality framework.

With this in mind, it may be time for deaneries to review their application and visit processes to ensure their procedures sit in line with the requirements of the PMETB.

The research team are piloting an application form that is designed to be compliant with the PMETB domains and standards, and we would like to invite colleagues to comment on the content and structure of the form with a view to addressing the question ‘Could these application processes be standardised throughout the UK?’ The form is available from http://www.nesc.nhs.uk/docs/WESS_GP_Trainer_Application_Version_6_20090713.doc

To join in the debate please contact Johnny Lyon-Maris, Associate Dean, for GP Education Southampton and SW Hampshire. Johnny.lyon-maris@nhs.net

References

Johnny Lyon-Maris, Sharon Kibble and Sam Scallan

Six ways to keep your local CPD tutor really happy

1. Complain about a course not being available, when course is provided book a place and then fail to turn up on the day.
2. Fill your PDP with training needed solely for work abroad and then complain when this is not in the local events diary.
3. Book in for three courses without stating which ones you are applying for and omit your contact details.
4. Submit a cheque drawn on your spouse’s account with no other details ... who are you?
5. Provide an email address that bounces all the time and then complain that you have not been contacted.
6. Remove the wall your tutor uses for banging her head on.

Honor Merriman CPD Tutor, Oxfordshire

NAPCE Educators Handbook

Primary care educators are being expected to do a complex job with an ever-expanding remit and in most localities there is little by way of induction or practical support. In addition, with the government’s increasing emphasis on education in the workplace most general practices will find themselves in need of resources to support practice-based education.

With these factors in mind educators across the country have highlighted the need for a handbook to support them in their work and the National Association of Primary Care Educators have responded to this. The Educators Handbook 2009 can be found on our website www.napce.net
Who’s Stacey?

One of the many benefits of attending conferences are for the light-bulb moments. Thus it was at the last UKAPD conference.

In our workshop group, a PD introduced us to Stacey’s Matrix*. The matrix is a graph in which the X and Y axes represent decreasing degrees of certainty and agreement respectively. Thus, the zero coordinates represents maximum agreement and certainty and is described as the simple zone, whilst the opposite coordinates of minimum agreement and certainty is the zone of chaos. In between these extremes is a large area referred to as the complex zone.

Like many coal-face educators, I am only too aware of the distance between theory and practice. Yet I have found myself referring to this matrix in a plethora of contexts, the practice, the training programme, my personal status and of course the UKAPD. Unsurprisingly I concluded that we existed primarily in the complex zone. I also noted that when situations were closer to the simple zone there was stability sustained by management but there was limited growth or creativity. However, closer to the chaos zone, there was greater potential for growth and creativity, but with some risk. Uncertainty and disagreement and moving outside the simple zone can enhance the growth potential of individuals or organisations. In these areas leadership skills are required to steer towards enlightenment and avoid the abyss of the chaos zone. Go on give it a try at the next trainers workshop or deanery meeting.

(Oh yes – Ralph Stacey is Professor of Management and Director of the Complexity and Management Centre at the Business School of the University of Hertfordshire in the UK)


Dr Prit Chahal, Chair of the UKAPD