CPD Programme
Framework

RCOG

CPD Programme Framework

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Chapter 1. Aim, background and principles

1.1   Aim

The aim of the RCOG CPD programme is to enable specialists in obstetrics and gynaecology to maintain and develop their clinical and wider professional skills in order to ensure that their patients receive the best and safest care from them and their teams.*

To achieve this, the CPD Programme will:

- **Enable** specialists** to maintain up to date knowledge and skills in core and specialist aspects of their practice to a recognized standard

- **Facilitate** specialists to develop new knowledge and skills in specific areas of interest relevant to individual practice to a recognized standard, over the span of a career

- **Enhance** wider professional attitudes and behaviours in response to and for the benefit of patients

- **Incorporate reflection** on learning as part of the educational process

- **Support** early specialist development after completion of postgraduate training

- **Encourage** continued career development and personal job satisfaction in a variety of career pathways and settings

This in turn will:

- Demonstrate to the general public and employers that recognized standards of professional development are being delivered with the aim of providing high quality patient care

- Support the processes of appraisal and revalidation

1.2   Background

Your CPD should keep you up to date and competent in all the work that you do. It should affirm what you do well, address areas requiring improvement and explore new knowledge, skills and behaviours. (GMC CPD Guide)[1]

The RCOG has a membership of over 13 000 Fellows and Members in 109 countries worldwide (2016). Its aim and charitable objective is to set standards to improve women's health and the clinical practice of obstetrics and gynaecology.

This is achieved through:

- **educating and supporting** Members, Fellows and other clinicians

- **advancing the science and practice** through the setting of standards

- **working with other organisations** involved in the health and care of women

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*Patients – includes direct patient contact, their families and friends, and wider patient care beyond the individual contact
**Specialists – refers to specialist obstetricians and gynaecologists

[1] General Medical Council. Continuing Professional Development: guidance for all doctors. GMC; 2012, p. 7. [https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/continuing-professional-development]

The RCOG was one of the first medical Royal Colleges to launch a mandatory continuing medical education (CME) programme (1994). The programme was broadened to embrace professional education (that is, activities relating to the wider role of the professional doctor) and became known as continuing professional development in 2002. In 2000, the programme was opened to Fellows and Members resident outside the UK. Since 2015, the programme is also a benefit of Associate Membership. The programme has been revised and updated since its inception, the most recent to the current review being in 2010 following the introduction of revalidation, based on workplace-based appraisal, by the General Medical Council (GMC).

The GMC defines CPD as: 'any learning, outside of undergraduate education or postgraduate training, which helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities.'[2] The Academy of Medical Royal Colleges published updated Core Principles for Continuing Professional Development in July 2016, which are reflected in the RCOG CPD programme.[3]

The role of CPD in a doctor's professional life has developed from a simple recording of medical educational activities to a much broader role. A doctor's CPD agenda now should be based on identifying personal learning needs related to the individual's scope of practice, with an emphasis on reflection, quality and outcome of CPD. This is particularly driven by the process of revalidation within the UK, where CPD forms a key role in effective appraisal.[4]

The concept of 'Managed CPD' has been developed by Professor Janet Grant[5] to encapsulate a model of the process of CPD to achieve this:

What will be learned?

How will it be learned?

Learn

Use the learning and show effects
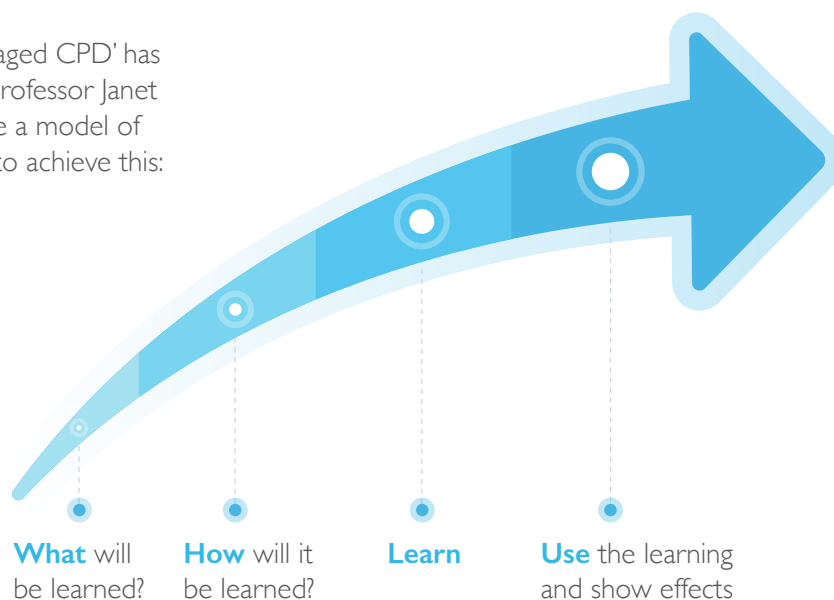
The RCOG set its agenda to support lifelong professional development for specialists in women's health, in the RCOG document Becoming Tomorrow's Specialist[6], published in 2014.

The focus for obstetrics and gynaecology will always be on improving the quality of women's health care. To do this effectively within a rapidly changing health system requires highly skilled, adaptable doctors. These professionals must be able to work in multidisciplinary teams and provide a range of leadership skills. They must have many professional attributes and be fully committed to lifelong learning, closer team working and working across different environments (RCOG BTS).[7]

[2] General Medical Council. Continuing Professional Development: guidance for all doctors. GMC; 2012, p. 7. [https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/continuing-professional-development]
[3] Academy of Medical Royal Colleges. Core Principles for Continuing Professional Development. AoMRC; 2016 [http://www.aomrc.org.uk/publications/reports-guidance/core-principles-cpd/]
[4] Academy of Medical Royal Colleges. CPD Guidance Framework for Appraisers and Appraisees. AoMRC; 2013 [http://www.aomrc.org.uk/publications/reports-guidance/cpd-guidance-framework-appraisers-appraisees/]
[5] J Grant. The Good CPD Guide, 2nd Edition. London: Radcliffe Publishing Ltd.; 2012, p. 2.
[6] Royal College of Obstetricians and Gynaecologists. Becoming Tomorrow's Specialist – Lifelong professional development for specialists in women's health. RCOG; 2014. [https://www.rcog.org.uk/en/guidelines-research-services/guidelines/becoming-tomorrows-specialist/]
[7] Royal College of Obstetricians and Gynaecologists. Becoming Tomorrow's Specialist – Lifelong professional development for specialists in women's health. RCOG; 2014. p. 1. [https://www.rcog.org.uk/en/guidelines-research-services/guidelines/becoming-tomorrows-specialist/]

Although formally separated, CPD is in continuum with postgraduate training. The RCOG Curriculum defines the output of the RCOG training programme as an integrated professional identity:

A highly skilled Obstetrician and Gynaecologist with the appropriate knowledge and attitudes to lead and deliver high quality care; taking account of patients' needs and advocating for women's healthcare. This will involve a questioning approach to research and quality improvement. Working well in teams is essential for safe, effective patient care; obstetricians and gynaecologists must be good communicators, supportive of staff, happy to share their expertise and experience as well as being open to the views of others. On completing training the individual will be prepared for lifelong learning, which will allow them to be adaptable and flexible for a modern NHS (RCOG Curriculum Review).[8]

This definition can apply equally to specialists practising Obstetrics and Gynaecology in all health settings.

At completion of postgraduate training, the doctor needs to move seamlessly into CPD consistent with this identity. To achieve this, the RCOG CPD programme identifies dimensions of this professional identity as core elements which structure CPD:

Professional Dimension

Clinical Dimension

Extended Role Dimension
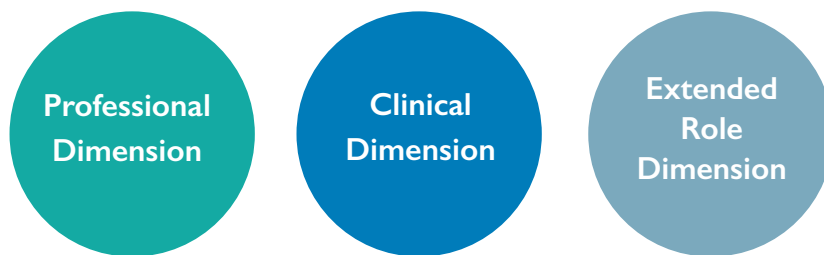
The RCOG has set out a Manifesto for Change[9] in response to the UK Francis Enquiry, which embeds five key themes at the core of RCOG values for women's health care, and which also informs continuing professional development:

- always put the patient first
- zero harm and patient safety
- creating outstanding leadership and working together as teams of professionals
- regulation, inspection and accountability
- metrics and outcomes

Together, these philosophies underpin the review and revision of the RCOG CPD programme for 2019.

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[8] Royal College of Obstetricians and Gynaecologists. Final Report of the Curriculum Review Group. RCOG: 2015 p. 11.
[9] Royal College of Obstetricians and Gynaecologists. Manifesto for Change. RCOG; 2013. [https://www.rcog.org.uk/globalassets/documents/news/rcog_manifesto_francis.pdf]

1.3 Principles for the RCOG CPD Programme

The Professional Development Committee identified the following as underlying principles for the CPD Programme, based on their collective clinical and educational expertise and the recommendations of Becoming Tomorrow's Specialist (BTS). These principles are the reference points for the revised programme.

Principles for the CPD Programme	BTS[iv] chapter recommendation)
Be planned by each individual using a Personal Development Plan (PDP) for each CPD year, which informs appraisal and is developed according to individual practice and service needs, and is based on the principle of self-directed learning.	4 (19, 22)
Define standards for an educational programme for the new specialist. The content of this will include specific modules on wider professional roles including patient safety, leadership, management, team working, risk management, intermediate and advanced communication skills. Delivery of the programme can be local / RCOG / other provider.	2 (2) 5 (28) 7 (42, 43, 50, 54, 56, 57, 59, 61, 62, 64)
Be coherent with postgraduate training to facilitate a seamless transition from pre-CCT/CESR training to CPD.	
Ensure patient safety training is continued throughout career, while allowing the development of a special interest as the individual's career progresses.	2 (5, 7, 8)
Recognise and encourage continued learning in professional attitudes and behaviours throughout the span of an individual's career.	5 (28, 32) 7 (50, 52, 54)
Incorporate patient and peer feedback within CPD.	2 (6) 5 (30)
Make reflection on learning an essential component of CPD.	4 (20)
Recognise and encourage peer and team learning.	
Recognise and encourage the role of buddy schemes / mentoring / coaching	6 (34, 38)
Develop in partnership with other organizations, leadership and management training resources which can contribute to CPD	7 (44, 63)
Support development and recognition of wider professional activities, for example management, educational (undergraduate and postgraduate), regional and national roles, formally within CPD	7 (54, 55, 56, 58, 60)
Provide / facilitate core clinical skills training packages as part of CPD, in conjunction with specialist societies (align with, or develop from, the ATSM programmes)	3 (14,17) 4 (24)

Principles for the CPD Programme	BTS[iv] chapter recommendation)
Develop CPD tools to evidence workplace-based experiential learning and feedback, for individuals and teams	2 (6) 2 (12)
Provide CPD tools for learning from and reflection on critical incidents and complaints	
Be flexible to support specialists' practice in a variety of career pathways and workplace settings, including outside the UK	4 (23)
Require balance in the range of learning activities and areas of learning	
Recognise and value the many effective learning methods available to specialists	
Promote demonstration of change in practice as evidence of CPD	
Formally support specialists who return to work after a period of absence	3 (15)
Continue to use a points-based credit system to document CPD activities.	
Align with requirements for appraisal and revalidation	4 (18)
Provide guidance for appraisers in how to appraise participant engagement with CPD	
Map directly to GMC Good Medical Practice[10]	
Provide participants with technology that facilitates easy recording of CPD activity and transfer to other platforms	4 (21)

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[10] General Medical Council. Good Medical Practice. GMC; 2013. [http://www.gmc-uk.org/guidance/good_medical_practice.asp]

Chapter 2. CPD Framework

2.1 Outline

The CPD Programme is based on a learning process with four stages:

1. Planning
2. Learning Event
3. Reflection
4. Action

Planning enables specialists to determine their Continuing Professional Development (CPD) according to their professional needs. These are based on their personal career aims and job satisfaction, their scope of practice and the needs of the healthcare environment in which they work and the people who use it.

Learning Events are the means by which specialists engage in the process. Learning events are defined according to Dimensions, which reflect the professional identity of the specialist – Clinical, Professional and Extended Role. Learning events are described according to the type of activity – Formal Learning Event (FLE), Experiential Learning Event (ELE) and Specific Learning Event (SpLE). Credits are achieved according to the type of Learning Event.

Reflection encourages specialists to think about what they have learned and how this relates to their CPD plan and the service they provide.

Action demonstrates how specialists have applied their learning to their practice.

Specialists should aim to achieve a balance across the Dimensions and Types of Learning Events over a span of time. It is not necessary to complete all four stages for every aspect of participation in the CPD programme. However, it is strongly recommended that several full cycles are completed over a 5 year period (corresponding to the UK Revalidation cycle). Completion of Stage 3 (Reflection) and Stage 4 (Action) is rewarded with additional credits.

Credits are used as a summary of the specialist's completion of CPD. However, they are only a part of the whole picture of active engagement with learning, which will ensure that the aims of CPD are achieved.

Participants are able to generate an individualised Output Report for a chosen review period which can be submitted for appraisal.

2.2 Participation

Participation in the RCOG CPD Programme is available to UK and international Fellows, Members and Associates of the RCOG. In the UK participation in this programme is not available to those in formal training posts with National Training Numbers (NTN).

Doctors have the responsibility, wherever they practise, always to remain competent and, therefore, up to date. For doctors who wish to revalidate in the UK, it is their responsibility to do sufficient appropriate CPD to remain up to date and fit to practise in their work and to be able to demonstrate this at their appraisal. This applies whether in full-time or less than full-time practice, if a locum or if work is wholly in private practice.

The GMC provides guidance on CPD that explains what it expects doctors to do to maintain and improve their practice through CPD and to meet the requirements for revalidation, but the GMC does not require doctors to be members of a college or faculty CPD scheme, to undertake a specific number of hours of CPD each year or to acquire a particular number of CPD credits. However, participating in such a scheme is helpful, both in keeping up to date and in being able to demonstrate that doctors are practising to the appropriate standards in their specialty.

The RCOG recommends that doctors practising mainly in the area of obstetrics and gynaecology or its subspecialties, in a non-training post, participate in the RCOG's CPD Programme. If they practise in a narrow field, they may prefer to select another CPD Programme that better reflects their practice.

2.3   How to register on the CPD Programme

The CPD Programme is a benefit of College membership. UK Fellows and Members of the RCOG, working in a non-training post, and international Fellows and Members can join the CPD Programme at no additional cost (this is included in the full UK and international membership subscription). Doctors wishing to participate in the RCOG CPD Programme are asked to complete the online CPD registration form.

Non-members, working in the UK in a non-training post, and international non-members can join the CPD Programme if they become Associate Members of the College. Information about Associate Membership is available online. Associate Membership is open to anyone with a medical degree who does not hold the MRCOG.

2.4   Planning

The starting point of the learning process is development of **My Personal Plan**. This has two components:

- **My Practice and Roles (P&R)**
- **My Personal Learning Plan (PLP)**

This should coincide with annual appraisal and set out the agenda for the specialist's CPD for the following appraisal year.[11]

The Personal Plan should not be seen as restrictive to learning. All learning can be used to demonstrate engagement with CPD but the P&R and PLP form the basis for the specialist and their appraiser to relate specific learning goals to the context of the healthcare environment in which they practise. The PLP also allows the specialist to set out their own learning goals and so encourages their personal and career development.

[11] For specialists practising in health care settings where formal appraisal is not routine, this should be done annually, and informal meetings between colleagues to plan and review CPD activities is encouraged.

My P&R should set out all the areas of clinical and non-clinical practice of the specialist. This is based on the individual's Job Plan or work schedule and will inform the scope of practice during appraisal but may also capture areas which are less well defined in the job planning process and are important to the specialist's development.

My P&R includes:

- **practice / role**
- **dimension (clinical, professional or extended)**
- **description**
- **host organisation**
- **dates commenced / ceased**

My PLP should set out an agenda for learning for the forthcoming appraisal year and be reviewed at completion of the appraisal year. New learning goals that arise between appraisals can also be added to the PLP.

The components of the PLP are:

- **what:** what do I want to learn?
- **why:** what will the benefit and/or outcome of my learning be?
- **how:** what do I have to do? What support do I need?
- **when:** what is the timescale for achievement?
- **review:** have I achieved what I planned?

What / why / how / when are completed together at the start of the appraisal year but Review can be completed at any time prior to the next appraisal or end of the CPD year.

It is recognised that specialists will often undertake aspirational learning in order to prepare them to develop their clinical practice or undertake extended roles in the future. This aspiration may be part of the specialist's PLP while it may not form part of the current practice and roles. It can also be linked to the Dimension of CPD.

During appraisal, the previous Personal Plan should be reviewed. It is expected that all areas of the P&R and PLP should have evidence of linked CPD. At completion of the appraisal the new Personal Plan should be agreed between appraiser and appraisee.

When relevant CPD has not been achieved for all areas of the Personal Plan, this should be discussed during appraisal and, if appropriate, items can be carried forward into the PLP for the following year.

See template for My Personal Plan (Chapter 6).

2.5   Learning Events

Engagement with the CPD Programme starts with a **Learning Event** and completion of a **Learning Event Log**. The doctor can then proceed to complete the **Reflective Log** and, subsequently, decide whether to complete the **Action Log**.

A **Learning Event** is any educational activity that the participant decides will achieve one or more of the following aims:

- **maintain** and keep up to date knowledge and skills

- **develop** new knowledge and skills

- **enhance** wider professional capabilities and behaviours

- **enable** career development and personal job satisfaction

Learning Events will be linked to the participant's P&R, and PLP as defined in the participant's Personal Plan. However, a Learning Event may not always link directly to an area of the Personal Plan. In this case there is the option to indicate that the event is additional to the P&R / PLP, or add a new PLP item. Learning Events can also be linked to the UK GMC's Good Medical Practice Domains, for doctors who are required to meet the GMC's regulatory requirements. By linking Learning Events, the specialist can demonstrate engagement with CPD across the range of their practice and roles and in accordance with their learning goals.

The **Learning Event Log** sets out:

- title of the event

- date completed

- duration of the event

- description of event e.g. organiser / location

- credits claimed

- evidence upload (optional)

- link to P&R / PLP (mandatory)

- link to GMC Domains (optional)

- option to continue to complete **Reflective Log** and / or **Action Log**

Learning Events are defined according to:

- CPD Dimension for which the Learning Event is providing evidence

- Type of Learning Event

See template for Learning Event Log (Chapter 6).

2.6   CPD dimensions

The CPD dimensions describe the components of the professional identity of the specialist obstetrician and gynaecologist[12], while allowing for the diverse range of practice in the wide variety of roles and environments in which specialists practise.

The three CPD Dimensions are:
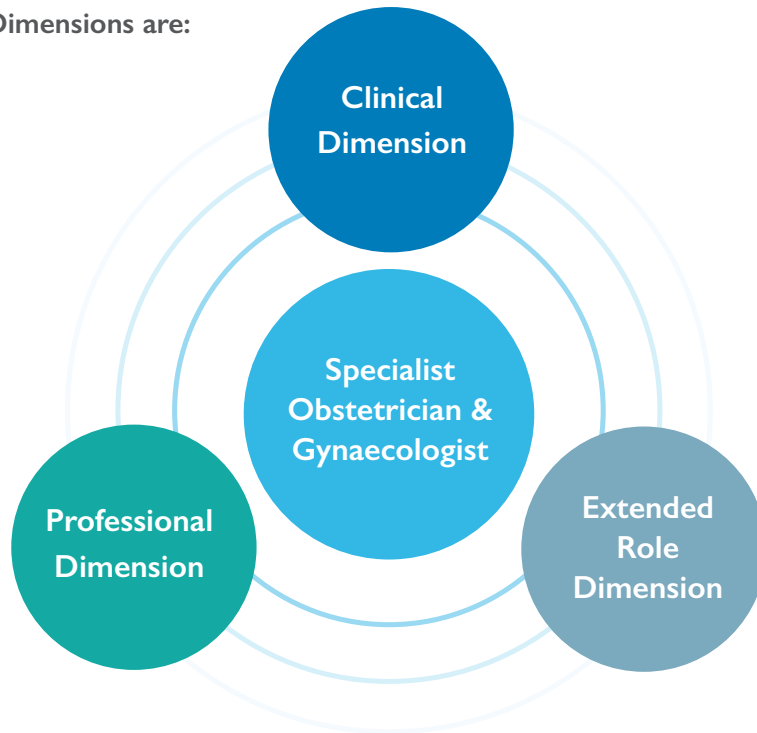
Professional Dimension

The Professional Dimension encompasses those areas of learning that support and enhance doctors' wider professional skills, attitudes and behaviours that all specialists must engage in. This reflects the wide variety of generic clinical, non-clinical and non-technical attributes the specialist needs in order to provide high quality care to patients.
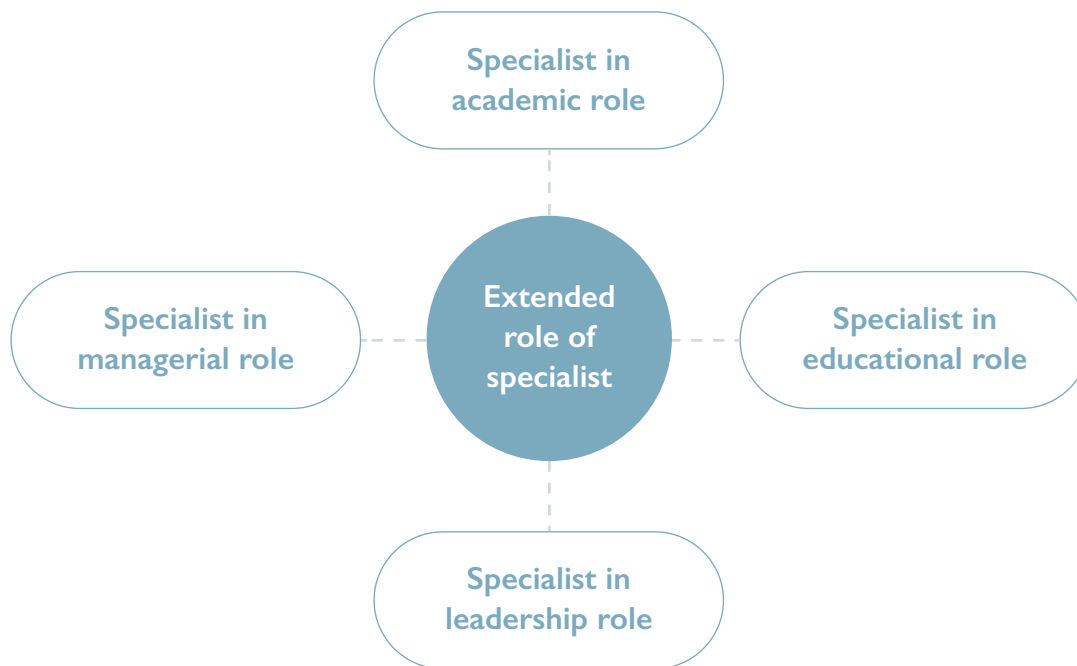
Clinical Dimension

The Clinical Dimension encompasses all areas of learning that relate to clinical knowledge, skills and competence specific to the practice of Obstetrics and Gynaecology. This Dimension demonstrates that the specialist is practising their current clinical work to a high standard and also encourages and supports specialists to develop their clinical skills in accordance with their personal development plan and scope of practice.

Extended Role Dimension

The Extended Role Dimension recognises that many specialists, but not necessarily all, undertake wider roles within their health care environment which extend beyond the professional and clinical skills required to practise as a specialist. Four extended roles are defined, although it is acknowledged that there may be other, more specific roles, which an individual can identify in their scope of practice.

[12] Royal College of Obstetricians and Gynaecologists. Final Report of the Curriculum Review Group. RCOG: 2015 p. 11.

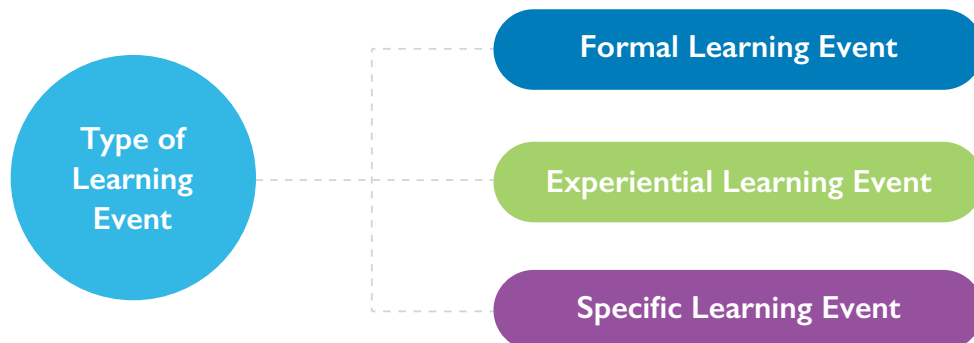Chapter 3 sets out details of the three Dimensions.

It is expected that CPD will reflect all three Dimensions. The Clinical and Extended Role Dimensions correspond to the individual specialist's Practice and Roles, while the Professional Dimension is common to all specialists. The relative proportion of the Clinical and Extended Role Dimensions are likely to change over the span of a career, with specialists in their early years likely to have a greater proportion in the Clinical Dimension, shifting to more in the Extended Role Dimension as they take on additional responsibilities.

Defining Learning Events as relevant to each Dimension forms the basis for achieving the recommended credit requirements. Specialists should aim to achieve a balance across the three Dimensions over a Learning Cycle. The proportion of time allocated for each of the individual specialist's Practice and Roles can be used to guide the proportion of CPD Learning Events which should be achieved in each of the Clinical and Extended Dimensions in order to demonstrate that their CPD is appropriate to support their practice. However, it is also important to ensure that lesser volume aspects of practice / roles are appropriately supported by CPD.

Guidance is provided regarding optimum credits to be achieved. However, it is expected that most specialists will easily exceed the minimum numbers recommended and their spread of credits should reflect their Personal Plan.

2.7   Types of Learning Event

Three types of Learning Events are defined, which in turn determine the way that credits are allocated to Learning Events.

Chapter 4 sets out details of the three Types of Learning Events.

The type of learning should be chosen by each specialist in accordance with their preferred learning style and opportunities for learning. However, it is likely that CPD will be more effective if a variety of types of learning activities are used. The type of learning determines the credit value allocated to each event.

2.8   Reflection

Reflection is the key to effective CPD and drives change in performance. The process of CPD is most valuable when individuals reflect on their learning. Reflection encourages doctors to become lifelong learners, making them more able to appraise their practice critically and to identify, plan, and evaluate learning.

Reflection can be considered to mean:

- **learning** from experience and verbalising the outcome

- **analysing** our actions and applying concepts and theories to problems

- **applying** previous experience to new situations

- **challenging** our assumptions

- **processing** to identify gaps or learning needs

Reflection encourages us to challenge our own practice, avoiding habitual actions which may not evolve with a changing evidence base. Healthcare professionals must be able to incorporate new ideas and experiences into practice to ensure their practice remains in line with the latest evidence and techniques.

Specialists should, therefore, reflect on what they have learnt from CPD activities and record whether the CPD has had any impact (or is expected to have any impact) on performance and practice. This will help them assess whether their learning is adding value to the care of their patients and improving the services in which they work. Reflection encourages the specialist to focus on the learning outcome of an activity, rather than on the time spent. The appraisal discussion provides a further opportunity for reflection on how the CPD activity has supported current practice and how future CPD may support future professional development.

A **Reflective Log** will document the specialist's reflection on the Learning Event. A Reflective Log is essential in order to gain credits for all Experiential Learning Events (ELEs) but optional for Formal Learning Events (FLEs) and specific Learning Events (SpLEs). If completed for FLEs and SpLEs, additional credits will be awarded.

The Reflective Log includes:

- What prompted the Learning Event? (You may wish to include reasons why you undertook it, what you wanted to achieve and, if it was planned, how it links to your PDP)

- What did you learn from this Learning Event? (You may wish to include whether it achieved what you wanted to achieve, how it might be helpful in your future practice and any plans for further development activity that has resulted from this learning)

See template for Reflective Log (Chapter 6).

2.9 Action

Action demonstrates how the specialist has applied their learning to their practice, the service they provide and / or the potential impact of the learning.

This could range from a comment that the specialist has changed a single aspect of their personal practice as a result of the learning to demonstration of a major change in the way an entire service is delivered.

Examples of actions can relate to:

- **Patient care**

  Using a new diagnostic test following appropriate learning
  Using a new medication in practice
  Implementing a new Guideline

- **Individual development**

  Introducing a new surgical technique following appropriate training
  Developing new competence in use of a particular instrument or device following appropriate training

- **Service delivery**

  Improving / developing / implementing a new service / care pathway
  Revising / developing a new guideline based on the learning
  Undertaking an audit which demonstrates implementation of the learning
  Developing / implementing a quality improvement project based on the learning

- **Sharing with others**

  Delivering a teaching session based on the learning
  Sharing with colleagues in the workplace by arranging a meeting or presentation

An **Action Log** will document the outcome or impact of the learning. Anything that demonstrates that the specialist has followed up learning with an action is appropriate for completion of an Action Log. Completion of an Action Log is optional for all types of Learning Events. Additional credits are awarded for completion of Action Logs.

The Action Log sets out:

- the action that occurred as a result of learning
(You may wish to include a description of a change in your or your team's practice or confidence, a description of a specific situation when you applied what you learned, or further learning needs identified as a result of this learning)

- any impact or outcome as a result of learning
(You may wish to include further learning needs for you or your team as SMART objectives)

- evidence upload (optional)

See template for **Action Log** (Chapter 6).

2.10 Credits

Credit requirements are based on the CPD Dimensions. Credits are achieved according to the type of Learning Event. Credit values for Learning Events vary according to the type of learning, with some being based on time spent, some based on completion of Reflective Log / Action Log and some individually allocated for SpLEs.

2.10.1 Achieving credits

FLEs are awarded credits on completion of a Learning Log, including evidence. Additional credits can be achieved by completion of a Reflective Log and/or Action Log.

ELEs are awarded credits on completion of a learning log, together with a Reflective Log. All ELEs require Reflective Log completion. Additional credits can be achieved by completion of an Action Log.

SpLEs are awarded credits according to the specific activity on completion of a Learning Log. Additional credits can be achieved by completion of Reflective Log and/or Action Log.

If a Learning Event is not covered by this guidance, please contact the RCOG CPD office for advice.

2.10.2 Credit requirements

Credit requirements are recommended by the RCOG but not mandated. The credit system allows a summary of engagement with CPD, referenced to the Personal Plan and the CPD Dimensions, and also provides guidance for participants and appraisers. However, it is the role of the appraiser to confirm that the CPD undertaken has been of appropriate quantity and quality.[13]

The specialist should aim to achieve a balance across the CPD Dimensions. To demonstrate this, guidance is provided regarding optimum credits to be achieved. However, it is expected that most specialists will easily exceed the minimum numbers recommended and their spread of credits should reflect their Personal Plan.

It would be expected that each item in the Personal Plan (My P&R / My PLP) is evidenced by CPD activity and if an item has not been evidenced, then the reason for this would be discussed and documented during appraisal.

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[13] For specialists practising in health care settings where formal appraisal is required to comply with regulatory systems e.g. GMC.

While credit requirements are not mandated, it is expected that the specialist will complete several full learning cycles (Planning / Learning Event / Reflection / Action) over a 5 year period (corresponding to the UK Revalidation cycle), recognising that an Action may occur at variable time intervals following a Learning Event.

Credit requirements are recommended on a yearly basis. The specialist and their appraiser can agree the period of time to be assessed and adjust the recommended requirements as needed on a pro rata basis. An individualised Output Report can be produced using the chosen start and finish dates. It is recognised that this means that activities can 'expire' if not included in the period of time for assessment, so it is recommended that participants and appraisers take this into account when agreeing dates to be reviewed.

Chapter 5 sets out the recommendations for credits, the details of credit values and requirements.

2.11 Output Report

Participants generate an individualised Output Report for a chosen review period. The Output Report summarises the participant's CPD activity and can be used as evidence of their CPD activity for their appraisal. The Output Report is also the starting point for a more detailed discussion during appraisal which should relate CPD to the wider context of the specialist's practice and healthcare environment, relating it to individual, local and national quality-of-care standards and clinical governance.[14]

The Output Report sets out credits achieved according to:

- Personal Plan
    – Practice and Roles (as defined by user)
    – Personal Learning Plan (as defined by user)
- CPD Dimensions (Professional / Clinical / Extended)
- Types of Learning Events (FLE / ELE / SpLE)
- Completed Reflection and Action Logs
- GMC GMP Domains (if applicable)

See template for Output Report (Chapter 6).

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[14] For specialists practising in health care settings where formal appraisal is not routine, informal meetings between colleagues to plan and review CPD activities is encouraged.

Chapter 3. CPD Dimensions

Professional Dimension

The Professional Dimension encompasses those areas of learning that support and enhance doctors' wider professional skills, attitudes and behaviours that all specialists must engage in. This reflects the wide variety of generic clinical, non-clinical and non-technical attributes the specialist needs in order to provide high quality care to patients.

Examples of areas that could prompt Learning Events are provided for guidance, grouped under five broad headings, but this is not intended to be prescriptive or restrictive.

Professional behaviours

- Team working
- Communication skills
- Self-awareness of behaviour and its impact on others
- Personal resilience strategies
- Time management
- Positive workplace based behaviour
- Conflict resolution
- Clinical supervision
- Patient feedback
- Multisource colleague feedback
- Understanding wider health policy, regulatory, legal and ethical frameworks of practice
- Responsible employee and/or employer
- Engagement with appraisal and revalidation

Statutory / mandatory requirements

- Adult basic life support
- Infection prevention and control - minimising healthcare associated infections
- Fire safety
- Manual handling
- Adult safeguarding
- Female genital mutilation
- Mental capacity and deprivation of liberty safeguards
- Protection of vulnerable adults
- Child safeguarding (level 1, 2 or 3 as applicable)
- Equality and diversity
- Information governance

Mandatory training requirements need to take into account local hospital policy. 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 their practice or role, demonstrated by reflection and, where relevant, action.

Safe clinical care

- Early recognition of deteriorating patient
- Early warning scoring systems
- Assessment of critically ill patients
- Infection, sepsis and septic shock – diagnosis and management
- Sepsis care bundles
- Safe prescribing, including e-Prescribing
- Risk assessment and prevention of venous thromboembolism
- Blood transfusion safety
- Medical devices safety
- Domestic violence
- Human Factors and Situational awareness
- Raising and acting on concerns

Clinical governance

- Patient safety reporting
- Serious incident investigation
- Root-cause analysis
- Complaints management
- Risk assessment and management
- Consent and confidentiality
- Record keeping
- Quality improvement
- Work-place based medico-legal work and writing reports

Information technology

- Use of patient record systems, electronic patient records, radiology viewers
- Basic search methodology
- Information governance

Clinical Dimension

All clinical practice

- Team working in specific environments
- Advanced communication skills, including breaking bad news, shared and informed decision making
- Learning from serious incident investigations
- Learning from complaints
- Learning from workplace-based medico-legal work
- Reflection on clinical cases
- Dealing with complexity and uncertainty
- Human factors and Situational awareness
- Learning from colleagues
- Learning from clinical governance processes - local and national
- Developing and revising guidelines
- Quality improvement activities
- Health promotion and illness prevention
- Patient education activities

General Obstetrician

- Keeping up to date with core knowledge and skills
- Obstetric skills and drills (includes simulation training)
- Electronic Fetal Monitoring
- MBRRACE activities
- Maternal mortality reviews
- Surgical skills
- Neonatal resuscitation

General Gynaecologist

- Keeping up to date with core knowledge and skills
- New surgical skill training
- Learning from colleagues
- Log of surgical procedures
- Audit of surgical outcomes

Specialist Practitioner

- Maintaining accreditation if required
- Developing new advanced skills
- Specialist society meetings and courses
- Undertaking formal learning - ATSM / APM / SSM

The Clinical Dimension encompasses all areas of learning that relate to the clinical knowledge, skills and competence specific to the practice of obstetrics and gynaecology. It includes aspects of practice that will be part of most, if not all, specialists' practice and other aspects which are unique to each practitioner and should reflect their defined Practice and Roles.

Examples of areas which could prompt Learning Events for common patterns of practice are provided for guidance but this is not intended to be prescriptive or restrictive.

Extended Role Dimension

The Extended Role Dimension encompasses areas of learning related to the additional roles that many specialists undertake in addition to their clinical practice. Four types of Extended Roles are identified – Academic / Educational / Leadership / Managerial – however, it is recognised that other roles may be undertaken. This Dimension will be unique to each practitioner and should be detailed in the Practice and Roles.

Examples of activities which could prompt Learning Events for the four roles are provided for guidance but this is not intended to be prescriptive or restrictive.

Academic role

- Publication in peer-reviewed journal
- Publication of book / chapter in book
- Reviewing manuscripts for publication
- Invited presentation
- Poster presentation
- Grant application
- Reviewing grant application
- Research Supervision
- Good Clinical Practice completion
- Thesis examining
- Ethics committee
- Research and Development Lead
- Degree programme (e.g. MD / PhD)
- Research methodology course / training
- Statistics course / training
- Editorial activities

For repeated activities (e.g. same invited presentation at different meetings) the educational value is likely to be minimal, although it can be recorded as ELE with the Reflective Log documenting what new learning has occurred.

Educational role

- Local educational responsibility (e.g. College Tutor)
- Regional/National educational responsibility (e.g. ARCP panel, Training Programme Director)
- RCOG educational responsibility (e.g. Curriculum development, Externality role)
- Other educational responsibility (e.g. GMC, AoMRC, HEE, NES, Wales Deanery, NIMDTA, NACT)
- Undergraduate teaching
- Postgraduate teaching
- Overseas teaching
- Interprofessional teaching
- Simulation-based teaching
- Examinations
- Educational supervision
- Workplace-based assessment
- Pastoral support, including for doctor in difficulty
- Mentoring / coaching
- External Specialty Assessor for ARCP / educational visits
- Undertaking training for educational role (e.g. Training the Trainers / postgraduate course in Medical Education)

Teaching and examining will not always result in learning for the specialist. These activities should be recorded as an ELE with a Reflective Log to confirm the learning and educational value for the specialist.

For repeated activities (e.g. delivering the same teaching on a number of occasions), the educational value is likely to be minimal, although it can be recorded as ELE with the Reflective Log documenting what new learning has occurred.

The RCOG Faculty Development Framework[15] provides further guidance regarding evidence of professional development for the educational role.

15 Royal College of Obstetricians and Gynaecologists. Faculty Development Framework. RCOG. [https://www.rcog.org.uk/en/careers-training/resources-and-support-for-trainers/faculty-development-framework/]

Leadership role

- Strategic planning
- Developing team working / team leadership / cross-team collaboration
- Positive workplace-based behaviour - leading by example
- Ability to develop others
- Difficult conversations
- Chairing meetings
- Involvement with other professional bodies (e.g. GMC; BMA; RSM)
- Innovation - technical / clinical / service
- Initiation of a local or national audit programme
- Invited reviewer (individual, service or case note external review)
- Undertaking training for Leadership role (e.g. leadership course)

Managerial role

- Developing a business case
- Implementing a new service
- Change management
- Financial management and use of resources
- Recruitment activities
- Mentoring / coaching
- Appraisal
- Job planning
- Rota management
- Committee membership
- Corporate team working and culture
- External roles
- Understanding and managing poor performance
- QA activities
- Medico-legal work
- Expert witness

Chapter 4. Types of Learning Events

Three types of Learning Events are defined:

Type of Learning Event

- **Formal Learning Event**
- **Experiential Learning Event**
- **Specific Learning Event**
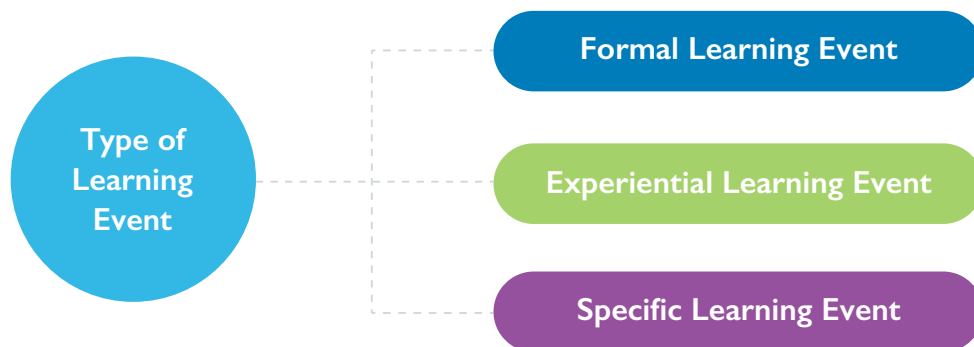
Formal Learning Events

Formal Learning Events (FLEs) are defined as events where there are clear learning objectives or outcomes, that are publicised, and that usually will provide a Certificate of Attendance or Completion. Examples include:

- Attending courses organised by recognised bodies, including the RCOG and other professional organisations, which usually confirm their appropriateness for CPD

- Attendance at academic and scientific meetings

- Undertaking eLearning programmes delivered by recognised professional bodies (includes RCOG eLearning and e-LfH)

- Undertaking Advanced Training Skills Modules (RCOG), Advanced Professional Module (RCOG) and Special Skills Modules (FSRH), BSCCP Certification

- Undertaking degree programmes

FLEs require evidence of completion (e.g. Programme / Certificate of Attendance / Certificate of Completion / Degree Certificate) in order to achieve credits. Additional credits can be achieved by Reflection and / or Action Logs.

There are no mandated FLEs but the value of engaging with a wider professional network by attending formal Learning Events away from the workplace is recognised and encouraged.

Experiential Learning Events

Experiential Learning Events (ELEs) are non-FLEs, which particularly aim to capture learning that occurs outside classroom (actual or virtual) environments.

Examples of ELEs include:

- workplace-based learning
- learning from cases
- learning from patient / peer feedback
- discussion with peers
- departmental educational meetings
- self-directed personal learning prompted by clinical experiences
- supervised learning (e.g. visiting a different department to learn a new technique)
- simulation-based learning
- teaching others
- presentations (poster or oral) including presenting as an invited speaker
- participation in Audit (need to demonstrate personal involvement)
- completion of Quality Improvement Project
- examining
- medico-legal work
- editing / assessing grant applications, prizes and awards
- editing / reviewing papers for publication
- serious incident / complaint
- contribution to confidential enquiries

In order to achieve credits, a Reflective Log must be completed. Additional credits can be achieved by the completion of Action logs.

This list is not exhaustive and individual specialists are encouraged to include any event or experience that they felt had educational value for them. It is expected that reflection on a specialist's involvement in a Serious Incident or complaint would be recorded as an ELE.

Specific Learning Events

Specific Learning Events (SpLEs) are defined activities that have specific credit values.

- Completion of TOG articles including successful completion of questions
- Completion of assessed BJOG articles including successful completion of questions
- Publishing – papers / books / chapters / review articles / original letter
- Developing eLearning materials
- Developing or revising Guidelines – local or national
- Developing or revising NICE Quality Standards
- Developing a national audit
- Setting examination questions (e.g. MRCOG / EMQ / OSCE / SBA)
- Authoring grant applications
- Externality role – Specialty Assessor / Invited Reviewer

In order to achieve credits, evidence should be linked to the Learning Event Log to confirm the activity. Additional credits can be achieved by Reflection and/or Action Logs.

Chapter 5. Credits

The purpose of the credit system is twofold: it allows the RCOG to set standards for engagement with CPD to guide specialists and their appraisers, and it provides a summary of the specialist's CPD activities which relates to their Personal Plan and can be used for appraisal. However, as adult learners, specialists must take personal responsibility for their learning and choose the learning that best fits their learning styles, plus learning opportunities vary widely according to the healthcare environment in which specialists practise. The credit system is designed to provide maximum flexibility in order to accommodate these variations.

In the UK, while there is no regulatory requirement set by the GMC to use a credit system or to achieve a particular number of credits in a defined time span, the Academy of Medical Royal Colleges, in its document 'Core Principles for Continuing Professional Development'[16], has recommended a target of 50 credits each year and 250 credits over 5 years for doctors who wish to be guided by a credit-based approach. The importance of a balance of CPD activities is also emphasised. The RCOG endorses this approach and the target.

	Per year	Over a revalidation cycle (5 years)
Number of CPD credits	**50**	**250**
Spread of CPD across Dimensions	No minimum per year	Minimum of 75 each per Clinical and Professional Dimensions If applicable, 50 per Extended Role (not all specialists will declare Practice and Roles in this Dimension)
Link of CPD to Personal Plan	At least one CPD activity linked to each item of P&R and PLP	
Type of Learning Event (Formal, Experiential, Specific)	No minimum per year	• Formal: minimum of 50 credits; • Experiential: minimum of 50 credits; • Specific: minimum of 50 credits

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16 Academy of Medical Royal Colleges. Core Principles for Continuing Professional Development. AoMRC; 2015. [http://www.aomrc.org.uk/publications/reports-guidance/core-principles-cpd/]

5.1   Achieving credits

Credits are achieved according to the values defined by the type of Learning Events together with credits for Reflection and Action.

In order to achieve credits a Learning Log must be completed. All Experiential Learning Events also require completion of a Reflective Log. In order to claim additional credits for reflection linked to Formal and Specific Learning Events, a Reflective Log must be completed. Each Reflective Log is awarded 1 credit. In order to claim additional credits for actions linked to all types of Learning Events, an Action Log must be completed. It is recognised that actions can range from a comment that the specialist has changed a single aspect of their personal practice as a result of the learning, to demonstration of a major change in the way an entire service is delivered. In order to acknowledge this, an Action can be claimed as a simple action, which is awarded 1 credit, or a complex action, which is awarded 2 credits. The decision whether an action is designated simple or complex is made by the specialist based on the degree of effort and time required for the action. This can be reviewed at appraisal.

The principles of the credit values are:

Type of Learning Event	Learning Log credit	Reflective Log credit	Action Log credit
Formal Learning Event (FLE)	Attendance up to 3 hours: 1 credit Attendance full day: 2 credits Maximum of 25 credits per FLE	1 credit per Log Maximum of 2 Logs per FLE	1 credit per Log (simple) 2 credits per Log (complex)
Experiential Learning Event (ELE)	2 credits (Reflective Log always required)		1 credit per Log (simple) 2 credits per Log (complex)
Specific Learning Event (SpLE)	According to the SpLE (See table)	1 credit per Log Maximum of 2 Logs per SpLE	1 credit per Log (simple) 2 credits per Log (complex)

5.2   Credits by Learning Events

The following table sets out Learning Events and associated credits. If a Learning Event is not covered by this guidance, please contact the RCOG CPD office for advice.

		Credit for Learning Log	Credit for Reflective Log[17]	Credit for Action Log
FLE	Attending courses organised by recognised bodies including the RCOG and other professional organisations, which usually confirm their appropriateness for CPD	1 credit up to 3 hours 2 credits for full day	1	1 for Simple 2 for Complex
	Attendance at academic and scientific meetings	1 credit up to 3 hours 2 credits for full day	1	1 for Simple 2 for Complex
	Undertaking eLearning programmes delivered by recognised professional bodies (e.g. RCOG eLearning core knowledge)	1 credit up to 3 hours 2 credits for full day	1	1 for Simple 2 for Complex
	Advanced Training Skills Modules (RCOG), Advanced Professional Module (RCOG) and SSM (FSRH), BSCCP Certification	1 credit per hour to a maximum of 25 credits including both theoretical and practical components. Claim on completion	1 (Reflection is also built into ATSM/SSM)	1 for Simple 2 for Complex
	Undertaking degree programme	1 credit per hour on completion of degree to a maximum of 25 credits	1 (Reflection should also be built into a degree programme)	1 for Simple 2 for Complex

[17] Maximum of 2 Reflective Logs per Formal Learning Event and Specific Learning Event. 1 Reflective Log allowed per Experiential Learning Event.

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ELE	Workplace-based learning	Reflection required to claim credit	2	I for Simple 2 for Complex
	Learning from cases	Reflection required to claim credit	2	I for Simple 2 for Complex
	Learning from patient / peer feedback	Reflection required to claim credit	2	I for Simple 2 for Complex
	Discussion with peers	Reflection required to claim credit	2	I for Simple 2 for Complex
	Departmental educational meetings	Reflection required to claim credit	2	I for Simple 2 for Complex
	Self-directed personal learning prompted by clinical experiences	Reflection required to claim credit	2	I for Simple 2 for Complex
	Supervised learning (e.g. visiting a different department to learn a new technique)	Reflection required to claim credit	2	I for Simple 2 for Complex
	Simulation-based learning	Reflection required to claim credit	2	I for Simple 2 for Complex
	Teaching others	Reflection required to claim credit	2	I for Simple 2 for Complex
	Presentations (poster or oral) Presentations as an invited speaker	Reflection required to claim credit	2	I for Simple 2 for Complex
	Participation in Audit (need to demonstrate personal involvement)	Reflection required to claim credit	2	I for Simple 2 for Complex
	Completion of Quality Improvement Project	Reflection required to claim credit	2	I for Simple 2 for Complex
	Examining	Reflection required to claim credit	2	I for Simple 2 for Complex
	Medico-legal work	Reflection required to claim credit	2	I for Simple 2 for Complex
	Editing and / or assessing grant applications, prizes and awards	Reflection required to claim credit	2	I for Simple 2 for Complex
	Editing / reviewing papers for publication	Reflection required to claim credit	2	I for Simple 2 for Complex
	Serious Incident / Complaint	Reflection required to claim credit	2	I for Simple 2 for Complex
	Contribution to confidential enquiries / CQC	Reflection required to claim credit	2	I for Simple 2 for Complex

SpLE	Completion of TOG articles and RCOG eLearning CPD case studies, including successful completion of questions (achieve 70% or more)	2 credits per TOG article and per RCOG eLearning CPD case study successfully completed	l	1 for Simple 2 for Complex
	Completion of assessed BJOG articles including successful completion of questions (achieve 70% or more)	2 credits per BJOG article successfully completed	l	1 for Simple 2 for Complex
	Publishing – papers / books / chapters / review articles / original letter	5 credits per paper or chapter in a book; 15 credits per book; 2 credits per original letter	l	1 for Simple 2 for Complex
	Developing eLearning materials	5 credits for authoring an eLearning tutorial	l	1 for Simple 2 for Complex
	Developing or revising Guidelines – local or national	1 credit per local guideline; 5 credits per national guideline	l	1 for Simple 2 for Complex
	Developing or revising NICE Quality Standard	5 credits	l	1 for Simple 2 for Complex
	Developing national Audit (need to demonstrate personal involvement)	5 credits	l	1 for Simple 2 for Complex
	Setting examination questions (e.g. MRCOG / EMQ / OSCE / SBA)	1 CPD credit per 2 accepted EMQs with at least 3 options 1 CPD credit per 2 accepted SBAs with 5 options 2 CPD credits per accepted Part 3 exam question	l	1 for Simple 2 for Complex
	Authoring grant applications	2 for local application 5 for national application	l	1 for Simple 2 for Complex
	Externality Activity (ARCP panels, LEP visits, Invited Reviews)	5 credits per activity	l	1 for Simple 2 for Complex

Chapter 6. Templates

6.1 Template 1: My Personal Plan

1. Planning ⬤

- My Practice and Roles (P&R)
- My Personal Learning Plan (PLP)

6.1.1 My P&R

This section records the scope and nature of all your professional work. You should include all aspects of your work as a doctor, including work for voluntary organisations, private or independent practice, and educational, leadership, managerial, research and academic roles.

Practice / role = job or role title
Dimension = Clinical / Professional / Extended (Education / Managerial / Leadership / Academic)
Description = Include brief description of practice / role
Organisation = host organization for this practice / role
Dates = date commenced / ceased as appropriate

Practice / Role	Dimension	Description	Organisation	Dates

6.1.2 My PLP

This section records your agenda for learning for the forthcoming appraisal year. You should review your previous year's PLP, and identify ongoing and new objectives for your next appraisal year.

Try to keep your objectives SMART:
- Specific
- Measurable
- Achievable
- Realistic
- Timed

At the start of your appraisal year your PLP will confirm:

- **What:** What do I want to learn?
- **How:** What do I have to do? What support do I need?
- **Why:** What will the outcome of my learning be?
- **When:** What is the timescale for achievement?

Before the end of your appraisal year you should complete:
Review: Have I achieved what I planned?

What?	How?	Why?	When?	Review

Additional objectives can be added as new learning needs arise. You may not achieve all your stated objectives. You should still complete the Review section, considering why you did not achieve the objective and whether it should be carried on the following year.

6.2   Template 2: Learning Event Log

2. Learning Event

A Learning Event is any educational activity which the participant decides will achieve one or more of the following aims:

- **maintain** and keep up to date knowledge and skills
- **develop** new knowledge and skills
- **enhance** wider professional capabilities and behaviours
- **enable** career development and personal job satisfaction

What is the title of this Learning Event?			
When did you complete this Learning Event?			
What was the duration of this Learning Event?			
Describe this Learning Event			
Which Dimension is this Learning Event linked to?	Professional	Clinical	Extended Role
What type of Learning Event is this?	Formal	Experiential*	Specific
Link to Practice and Roles‡			
Link to Personal Learning Plan‡			
Link to GMC Domains of GMP (optional)			
Do you want to upload evidence?	Yes		Not now§
Do you want to complete a Reflective Log? (FLE/SpLE only)	Yes		Not now§
Do you want to complete an Action Log?	Yes		Not now§

SUBMIT

Hovering over various items will allow access to further information (e.g. 'Professional' will link to further information about the Professional Dimension; 'Credit Value' will link to further information about credits; 'Specific' will link to list of SpLEs with Credit Values).

Credit value is for the Learning Event only. For FLE and SpLE, further credits are achieved for completion of Reflective / Action Log (will be part of the Reflective / Action Log template).

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* For all Experiential Learning Events, a Reflective Log is mandatory and will open up automatically.
‡ Will open up P&R / PLP with additional option "Additional to P&R" "Additional to PLP".
§ Can be completed at any time after the Learning Event.

6.3   Template 3: Reflective Log

3. Reflection

Note: Opens directly from the Learning Event Log so you do not need to re-enter information (e.g. Title / Description)

What prompted this Learning Event? (You may wish to include reasons why you undertook it, what you wanted to achieve and, if it was planned, how it links to your PLP)	
What did you learn from this Learning Event? (You may wish to include whether it achieved what you wanted to achieve, how it might be helpful in your future practice, and any plans for further development activity that has resulted from this learning)	

Do you want to complete an Action Log?*	Yes	Not now§
Additional Credit Value for this Reflective Log‡		

SUBMIT

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* Option to enter an expected completion date with reminder messages.

‡ FLE and SpLE only. For ELE Reflective Log is mandatory. The Credit Value will be fixed so this will be automatically populated.

§ Can be completed at any time after the Learning Event

6.4   Template 4: Action Log

4. Action

Note: Opens directly from the Learning Event Log so you do not need to re-enter information (e.g. Title / Description)

What actions have resulted from this Learning Event? (You may wish to include a description of a change in your or your team's practice or confidence, a description of a specific situation when you applied what you learned, or further learning needs identified as a result of this learning)	
Looking forward, what are your next steps? (You may wish to include further learning needs for you or your team as SMART objectives) **S**pecific **M**easurable **A**chievable **R**ealistic **T**imed	

Do you want to upload evidence?	Yes	Not now§
Additional Credit Value for this Action Log*	Simple	Complex

SUBMIT

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* The Credit Value will be fixed as 1 for Simple and 2 for Complex so this will be automatically populated.
§ Can be completed at any time after the Learning Event

6.5   Template 5: Output Report

The Output Report will provide a summary with achieved credits of CPD activities according to:

- Personal Plan

  – Practice and Roles (as defined by user)

  – Personal Learning Plan (as defined by user)

- CPD Dimensions (Professional / Clinical / Extended)

- Types of Learning Events (FLE / ELE / SpLE)

- Completed Reflection and Action Logs

- GMC GMP Domains (if applicable)

An Output Report can be generated for any chosen time period.

The Output Report is an electronic document which can be uploaded into local appraisal e-portfolios in advance of Appraisal, or viewed 'live' during Appraisal.

Filters will allow the user to create a personalized report to display details of their CPD according to their requirements.

The Output Report will contain the following information:

Dates	Start		End		
Total Credits achieved					
Credits per Practice and Roles	Item 1	Item 2	Item 3	Item 4	Etc
Credits per Personal Learning Plan	Item 1	Item 2	Item 3	Item 4	Etc
Credits per Dimension	Professional	Clinical	Extended Role			
			Academic	Educational	Leadership	Managerial	Other
Credits per Type of Learning Event	Formal		Experiential		Specific	
	FLE with Reflection	FLE with Action	All include Reflection	ELE with Action	SpLE with Reflection	SpLE with Action
Credits per GMC GMP Domains	Domain 1	Domain 2	Domain 3	Domain 4

Chapter 7. Abbreviations

ARCP	Annual Review of Competence Progression
ATSM	Advanced Training Skills Module
BJOG	British Journal of Obstetrics and Gynaecology
CCT	Certificate of Completion of Training
CESR	Certificate of Eligibility for Specialist Registration
CME	Continuing Medical Education
CPD	Continuing Professional Development
CQC	Care Quality Commission
e-LfH	e-Learning for Healthcare
ELE	Experiential Learning Event
EMQ	Extended Matching questions
FLE	Formal Learning Event
FSRH	Faculty of Sexual and Reproductive Healthcare
GMC	General Medical Council
HEE	Health Education England
LEP	Local Education Provider
MBRRACE-UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
MRCOG	Member of the Royal College of Obstetricians and Gynaecologists
NACT	National Association of Clinical Tutors
NES	NHS Education Scotland
NICE	National Institute for Health and Care Excellence
NIMDTA	Northern Ireland Medical and Dental Training Agency
OSCE	Objective Structured Clinical Examination
PLP	Personal Learning Plan
P&R	Practice and Roles
RCOG	Royal College of Obstetricians and Gynaecologists
SBA	Single Best Answer question
SpLE	Specific Learning Event
SSM	Special Skills Modules
TOG	The Obstetrician and Gynaecologist
UK	United Kingdom

Chapter 8. Glossary

APM	Advanced Professional Module – The importance of the development of professional, non-clinical skills has been increasingly recognized and the RCOG has developed its first APM, an optional training module in clinical research skills that can be undertaken at any stage of career development from specialty trainee through to consultant level.
Appraisal	Medical appraisal[18] is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work. Medical appraisal can be used for a number of purposes: • To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in Good Medical Practice and thus to inform the responsible officer's revalidation recommendation to the GMC • To enable doctors to enhance the quality of their professional work by planning their professional development • To enable doctors to consider their own needs in planning their professional development and may also be used • To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in
ARCP	Annual Review of Competence Progression is a formal assessment that determines whether the trainee specialist can progress to the next year of the specialty training programme.
ATSM	Advanced Training Skills Modules – In the last 2 years of the training programme, trainees undertake Advanced Training Skills Modules (ATSMs) or subspecialty training to develop the high-level skills they will need for a consultant post in their specialist area of interest.
Audit	Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery.
BSCCP Certification	Completion of the joint training with the RCOG and British Society for Colposcopy and Cervical Pathology.
Buddy scheme	The support provided to a newly qualified clinician by a more experienced colleague. This is different from mentoring because it is specifically practical, professional advice to be given during clinical activities such as high-risk emergencies or complex surgical cases.

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[18] NHS Revalidation Support Team. Medical Appraisal Guide; 2013, p 5. [https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/02/rst-medical-app-guide-2013.pdf]

CCT	Certificate of Completion of Training - It is a legal requirement that a doctor practising as a substantive, fixed term or honorary specialist in the NHS holds specialist registration. A CCT confirms that a doctor has completed an approved training programme and is eligible for entry onto the specialist register.
CESR	The CESR, or Certificate of Eligibility for Specialist Registration, is the route to specialist registration for doctors who have not completed a GMC-approved programme but who are able to demonstrate that their specialist training, qualifications and experience are equivalent to the requirements for the award of the CCT in the UK. CESR holders can apply for substantive consultant posts in the UK.
Clinical governance	Clinical governance[19] is a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
Coaching	Facilitating someone to learn.
Complaint	Raising a concern about a doctor or the healthcare services to the appropriate organisation (for example, a hospital or the GMC).
Confidential enquiries	The purpose of a confidential enquiry is to detect areas of deficiency in clinical practice and devise recommendations to resolve them. Confidential enquiries can also make suggestions for future research programmes.
EMQ	Extended Matching Questions - Each question consists of an option list (lettered to reflect the answer sheet), a lead-in statement (which tells you clearly what to do) and then a list of 1–5 questions (numbered to match the answer sheet). To answer the question, the candidate selects the answer that best fits.
Externality	The use of external experts, which is recognised to be a beneficial method of providing objectivity in some of the processes undertaken by deaneries to manage the quality of education and training, is a formal requirement of the General Medical Council. The process of externality applies to assessing trainees progress via ARCP (Annual Review of Competence Progression) and Deanery visits to Local Education Providers.
GMC Domains	The GMC states that patients must be able to trust doctors with their lives and health. To justify that trust, doctors must show respect for human life and make sure that their practice meets the standards expected of them in four domains: • Knowledge skills and performance • Safety and quality • Communication partnership and teamwork • Maintaining trust.
Good clinical practice	Good Clinical Practice (GCP)[20] is the international ethical, scientific and practical standard to which all clinical research is conducted. Compliance with GCP provides public assurance that the rights, safety and wellbeing of research participants are protected and that research data are reliable.

[19] Department of Health. Clinical Governance Guidance. [https://www.gov.uk/government/publications/newborn-hearing-screening-programme-nhsp-operational-guidance/4-clinical-governance, November 2018]

[20] National Institute of Health Research (NIHR). Good Clinical Practice. [https://www.nihr.ac.uk/our-research-community/clinical-research-staff/learning-and-development/national-directory/good-clinical-practice/, November 2018]

Information governance	Information governance is the management of information at an organisation. It manages the use and security of information.
Job plan	Job plans[21] are an annual agreement between the employer and the doctor setting out: • What work the doctor does for the trust • When that work is done • Where it is done • How much time the doctor is expected to be available for work • What this work will deliver for the employer, employee and patients • What resources are necessary for the work to be achieved • What flexibility there is around the above.
LE	Learning Event - A Learning Event is any educational activity that the specialist decides will achieve one or more of the following aims: • maintain and keep up to date knowledge and skills • develop new knowledge and skills • enhance wider professional capabilities and behaviours • enable career development and personal job satisfaction.
LEP visits	Deanery visits to Local Education Providers. Deaneries undertake assessments of local education providers (LEPs) through a process of internal visiting that is specific to each deanery to comply with the GMC Quality Assurance Framework.
Licence to practise	Doctors who practise medicine in the UK need to hold a licence to practise[22] along with the suitable type of registration for the work that they do. It is the licence to practise which allows them to carry out certain activities such as prescribing medicines and treating patients.
Mentoring	Mentoring is a relationship between two individuals in which one guides the other to help them develop personally and professionally.
MMBRACE activities	Participating in the audit and confidential enquiry activities relating to Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK.
Multisource feedback	Multisource feedback is a process of collecting opinions on a doctor's clinical performance and professional behaviour from multi-professional colleagues. It can be used for doctors to self-evaluate and reflect.
NHS	The National Health Service (NHS) is the publicly funded national healthcare system in the United Kingdom. It was born out of a long-held ideal that good healthcare should be available to all, regardless of wealth. With the exception of some charges, such as prescriptions, optical services and dental services, the NHS remains free at the point of use for all UK residents.
OSCE	Objective Structured Clinical Examination - An OSCE usually comprises a circuit of short stations, in which each candidate is examined on a one-to-one basis with an examiner and either real or simulated (actors or electronic patient simulators) patients.

21 British Medical Association (BMA). What are job plans. [https://www.bma.org.uk/advice/employment/job-planning/job-plan-overview, November 2018]
22 General Medical Council. The licence to practise. [https://www.gmc-uk.org/registration-and-licensing/the-medical-register/a-guide-to-the-medical-register/the-licence-to-practise, November 2018]

Patient and peer feedback	Patient and peer feedback is a process of collecting opinions of patients and colleagues on a doctor's clinical performance and professional behaviour. It can be used for doctors to self-evaluate and reflect.
Patient safety	Adopting a systematic approach towards reducing the risk of harm to patients.
Patient safety incident	Patient safety incidents[23] are any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare.
Quality assurance	Planned and systematic processes and systems which provide confidence that a service meets the required quality standards. Quality control and quality assurance are parts of quality management. Quality control is focused on fulfilling quality requirements, whereas quality assurance is focused on providing confidence that quality requirements are fulfilled.
Quality improvement activities	In the context of UK revalidation, doctors need to demonstrate that they review and evaluate the quality of their work by participating in quality improvement activities as clinical audits, reviews of clinical outcomes or case reviews/discussions.
Reflection	Reflection[24] is the process whereby an individual thinks analytically about anything relating to their professional practice with the intention of gaining insight and using the lessons learned to maintain good practice or make improvements where possible. The College recommends reflection on the learning achieved.
Reflective log	A reflective note for each CPD learning activity – this should contain the following three elements: 1. Title and Description of Activity 2. What prompted the Learning Event? 3. What did you learn from this Learning Event?
Revalidation	Revalidation is a UK process managed by the General Medical Council. Revalidation means evaluation of a medical practitioner's fitness to practise (Medical Act 1983). This process: • supports doctors in regularly reflecting on how they can develop or improve their practice • gives patients confidence that doctors are up to date with their practice • promotes improved quality of care by driving improvements in clinical governance.
Risk management	The culture, processes and structures that are directed towards realizing potential opportunities whilst managing adverse effects. It is a tool to improve medical care and should identify what could go wrong, what are the chances of it going wrong and what the impact could be, what we could do to minimise the chances of it going wrong and what we learn from the things gone wrong.[25]

23 NHS Improvement. Report a patient safety incident. [https://improvement.nhs.uk/resources/report-patient-safety-incident/, November 2018]
24 Academy of Medical Royal Colleges. Reflective Practice Toolkit, AoMRC; 2018, p1. [http://www.aomrc.org.uk/reports-guidance/reflective-practice/]
25 RCOG. Improving Patient Safety: Risk Management for Maternity and Gynaecology (Clinical Governance Advice No. 2). [https://www.rcog.org.uk/en/guidelines-research-services/guidelines/clinical-governance-advice-2/]

Root cause analysis	Root cause analysis is a method of problem solving for identifying the root causes of faults or problems.
SBA	Single Best Answer questions - written examination form of multiple choice questions.
Situational awareness	Situational awareness can be defined simply as "knowing what is going on around us"[26], or – more technically – as "the perception of the elements in the environment within a volume of time and space, the comprehension of their meaning and the projection of their status in the near future."[27]
SMART objectives	SMART[28] is an acronym that can be used to guide goal settings. To make sure that objectives are clear and reachable, each one should be: • Specific • Measurable • Achievable • Realistic • Timed

Chapter 9. Acknowledgments

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26 Flin R, O'Connor P, Crichton M. Safety at the Sharp End: A Guide to Non-Technical Skills. Boca Raton, FL: CRC Press; 2008
27 Endsley MR. Toward a theory of situation awareness in dynamic systems. Human Factors 1995;37(1):32–64
28 Mind Tool. Toolkit – Smart Goals. [https://www.mindtools.com/pages/article/smart-goals.htm, November 2018]