



# CPD Evaluation Task & Finish Group

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## Recommendations Report

May 2023



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## Background context

Following the recommendations of the College reports '*Tomorrow's Specialist*' (2012) and '*Becoming Tomorrow's Specialist*' (2014), the College developed a new framework and recording system for CPD for UK and international Fellows, Members and Associates. This was approved by Council in January 2017 and rolled out to all CPD participants in August 2019.

In line with the GMC CPD guidance, the role of the RCOG CPD Programme moved from a simple recording of medical educational activities to a much broader role. The new programme requires specialists to identify their personal learning needs related to their individual scope of practice, and places emphasis on reflection and the outcomes of CPD. It also intends to support career development and personal job satisfaction, recognises wider professional roles, including academic, education, management and leadership, and aligns with appraisal and revalidation more effectively.

As part of this process, the College used the opportunity to develop a new bespoke CPD platform for recording CPD activities, and additional eLearning content and guidance was produced to support participants transitioning to the new framework. In line with the College's strategic aim to develop the membership offering to best meet the needs of our members globally, the College was keen to ensure that the new Framework and ePortfolio met the needs of both users in the UK and internationally supporting the process by which doctors maintain and develop their skills to ensure women and people accessing obstetrics and gynaecology services receive the safest and best possible care.

## CPD Evaluation Task and Finish Group

Two years from the launch of the new programme, the CPD Evaluation Task and Finish Group was established.

The purpose of the Task and Finish group is to:

- Evaluate the 2019 CPD Framework and its implementation.
- Assess whether the 2019 CPD Framework and its supporting resources are fit for purpose
- Review the CPD ePortfolio platform and its ability to support learners
- Review the feedback mechanism on the 2019 CPD Framework and CPD ePortfolio
- Make recommendations to the PD Committee and Education Board on future developments to the CPD Framework and resources



- Make recommendations to the PD Committee and Education Board on future developments to the CPD ePortfolio
- Publish a summary of the evaluation and its recommendations to Members, Fellows and all CPD users
- Consider issues of access to CPD
- Ensure that matters of equality, diversity and inclusion are included in the evaluation of the CPD Framework.

The group has met every two months, and a series of activities have been organised to gain the insight needed to make formal recommendations relating to this work.



## Focus Groups

Three evening meetings were held online by the Task and Finish Group with volunteer CPD participants during June and July 2022. To recruit participants for the focus group sessions, adverts were placed on the CPD ePortfolio, RCOG website and in membership communications to ensure that a wide representation of members could attend.

The following questions were used as a basis for the sessions:

- What are the barriers to using the CPD portfolio?
- What are your thoughts about the reflective element?
- Are there any benefits of using the CPD portfolio?
- What could be improved?
- Is there a CPD function on your local appraisal system that you could use instead of the RCOG ePortfolio? If so, are you using that instead? How does it compare to the RCOG version / which is preferable?
- Are the eLearning resources on the website e.g. case studies, helpful to your CPD?

The Task and Finish Group felt it was important to have flexibility with the question approach so that additional areas could be pursued if they arose during these sessions.

We are very grateful to those doctors who gave up their time to tell us what they thought and participate in the (sometimes frank and difficult to hear) discussions. A summary of the main points which were drawn from the focus groups can be found in **Appendix 1**. Some key points are also summarised below.

Newly-appointed consultants who were used to the Training ePortfolio seemed to like the CPD ePortfolio better because of the similarities. Those who had not used a Training ePortfolio but liked the old CPD diary with its point counting function were less enthusiastic and possibly slightly resented having to change. The output report functionality providing detailed information of recorded learning events was mentioned favourably and several people also liked the credit dashboard. The link to TOG articles and the associated questions was popular and they found it easy to do this.

However, many people found their own Trust appraisal system easier to use than the RCOG CPD ePortfolio and there was a clear message that we should try to simplify it. Although there was praise for the guidance from some users which was described by several people as comprehensive, others found themselves having to read the guidance again and again every time they tried to upload a Learning Event. The overall message was that we need to simplify the ePortfolio.

The Personal Learning Plan function received a mixed reception. Some people liked the ability to plan in advance and then link learning activities to their clinical, teaching or



management roles and their appraisers did too. Many did not like the linkage requirement, finding that this added an unnecessary layer of complexity making the whole experience difficult and time consuming.

Unlike other appraisal systems, having the credits target displayed on the CPD dashboard was considered a very useful functionality. Many participants were unaware that the '50 credits per year' requirement is not stipulated by the GMC.

The allocation of CPD points caused a lot of unease amongst the participants in the Focus Groups. There was much discussion about the 'worth' of various learning experiences and who decides how many CPD points should be assigned to various activities. It was generally felt that it was more difficult to earn points in the new framework, and that the points allocated were not generous enough and did not reflect the effort required to achieve them. The participants also would have liked to be able to download the reflective element of each entry so that it could be demonstrated to their appraiser.

We discovered that we should improve communication with ePortfolio users both about the functionality and about some of the material available to support CPD; for example many Focus Group participants were unaware of the 'Case Studies' on the [eLearning platform](#) and had never seen them. The 'comms' are clearly unfinished business.

## Survey

This was conducted by e-mail over six weeks in October and November 2022, to coincide with the Annual Professional Development Conference (which was eventually postponed). Those registered on the RCOG CPD programme received a link, it was advertised on the RCOG website and CPD ePortfolio and was also mentioned in the President's Blog in November 2022.

The link was circulated to 6060 CPD participants and 584 responses were received, representing a 9.63% response rate which is a high response rate when compared to other equivalent College surveys. Most of the responses were from consultants (84%). 85% of all respondents were working in the UK. They represented all age ranges. 82% were currently working full time and 76% had used the previous ePortfolio.

A summary of the survey results can be found in **Appendix 2** and some key points are also provided below.

The most popular part of the CPD ePortfolio/CPD offering was clearly TOG articles and their associated questions which link directly from the platform. There was an overwhelming message from the survey that improving the linking process (e.g. from conferences and



meetings as well as the TOG articles) would help improve engagement with the new framework.

Many people wanted to remove the personal learning plans and the requirement to link activities to it. However the GMC and the College are both keen to encourage CPD participants to engage in activities relevant to their roles and responsibilities as doctors, to the benefit of their patients and this is the reason that the PLPs are encouraged.

The reasons given by the 23% of CPD participants who are not using the CPD ePortfolio included that it is difficult to use, the points awarded for each item recorded were not generous enough and that they preferred to use their Trust appraisal system. Respondents (likely to be more recently appointed to consultant posts) who had used the Training ePortfolio seemed to like the new ePortfolio better than those who had previously used the old RCOG ePortfolio.

The survey responses helped to validate on a wider scale many of the points that were previously raised by focus group participants and have been important in shaping the recommendations from the group.

## Evaluation of samples of reflections

A small study was undertaken looking at anonymised reflections from the CPD ePortfolio by six of the 'Task and Finish' group members. The reflections were assessed under three headings<sup>1</sup> (sometimes known as "The What? So what? Now what? Framework"):

- what was being described
- the impact of the learning experience
- what would change as a result.

Each aspect was given a score from 0 to 3 depending on what was included in the reflection (no detail/minimal/some detail/thorough discussion).

Generally, the findings from this study were that the quality of reflections recorded on the CPD ePortfolio was poor. One assessor looked at 99 entries and thought that about a third of them showed that the users had fully engaged with the process. The assessor scored 3 of the entries '0' across the board, suggesting that these comments were not reflections at all. The second assessor reviewed 103 entries and was less generous, giving only 12 of them top ratings; however only one scored '0' across the board. To summarise, between 10-30% of reflective entries were assessed as meaningful.

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<sup>1</sup> Reflective Practice Toolkit (2018) Academy of Royal Colleges [www.aomrc.org.uk](http://www.aomrc.org.uk)



Importantly, a comment from one assessor was that only one of the entries they reviewed included a reflection on patient feedback. Across all reflections, the majority of users focussed on clinical aspects of CPD but reflections on a patient's experience and their feedback was minimal. Further work is perhaps needed to promote the validity and usefulness of patient-centred activities (including feedback from patients) within the CPD process.

## eLearning case studies: Voices of women and people who access obstetrics and gynaecology services

The CPD Evaluation Task and Finish Group identified the importance of considering how the voices of a diversity of women and people accessing obstetrics and gynaecology services are reflected and acknowledged in the CPD process. Considering the scope and time available within the CPD Evaluation project, a specific activity was identified to review RCOG's [eLearning CPD case studies](#). The review evaluated the case studies to determine how well they incorporate themes and knowledge areas identified as important to people who access obstetrics and gynaecology services<sup>2</sup>.

The findings gave recommendations to:

- Use existing case studies that scored well in the evaluation and were considered 'exemplar', as guidance for case study up-dates and future authors
- Where relevant, update language in accordance with RCOG language guidance to provide consistency, fairness, and inclusivity
- Feature in the case studies the perspectives of a diversity of women and people with experience of accessing obstetrics and gynaecology services
- Raise doctors' awareness of, and consequently their ability to, sign-post to relevant resources that support patients (e.g. RCOG patient guidelines, relevant charities etc)
- Consider whether women and people with experience of accessing obstetrics and gynaecology services could contribute to the peer review of case studies
- Consider development of future case studies in response to gaps identified.

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<sup>2</sup> Findings from the RCOG's '*Specialists of Tomorrow Public Insight Project*' in 2017 were utilised for this evaluation.





## Recommendations

### 1. The count-down credit counter on the CPD dashboard should be replaced with a count-up credit display

**Rationale:** The GMC no longer requires CPD participants to achieve a specific number of CPD credits each year, although our respondents mostly thought that they had to score 50 annually.

The GMC says<sup>3</sup>:

*“Most medical royal colleges and faculties have developed CPD schemes or guidance to support doctors in maintaining and developing their professional standards in their specialty. The colleges and faculties require doctors participating in these schemes to obtain a specified number of CPD credits over five years. We don’t require you to be a member 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, you may find that participating in such a scheme is helpful, both in keeping up to date and in being able to show that you are practising to the appropriate standards in your specialty.”*

This change to the ePortfolio may help to encourage further engagement from participants who have been struggling with the new points system on the 2019 framework and who perceive the RCOG CPD Framework to be too difficult.

### 2. While the college can make recommendations for appropriate CPD points for activities, CPD users should decide and record the number of credits they will get for their CPD activities

**Rationale:** Adopting this approach will enable CPD participants to have greater autonomy over their Continuing Professional Development and recognises the fact that they are adult learners who have responsibility for ensuring that they meet the requirements of their appraisal and revalidation. It will also reduce the concerns raised by CPD participants during the evaluation process who felt that the points awarded were not a fair reflection of the effort undertaken for some activities. For those doctors who would prefer a more prescriptive approach, the College would still make recommendations for CPD points which could be earned for various activities such as meetings and courses based on the structure

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<sup>3</sup> Continuing Professional Development. *Guidance for all doctors*. (2012) [www.gmc-uk.org](http://www.gmc-uk.org)



used in the current framework.

### 3. The ability to link to the Personal Learning Plan (PLP) should be removed from the CPD ePortfolio

**Rationale:** This was one of the features of the CPD Framework which was consistently mentioned in focus group sessions and the survey as frustrating to CPD participants. Removing this link will make the ePortfolio easier to use and encourage more doctors to engage with it. It is felt that removing this requirement of the framework will not affect the fundamental principles of the Framework.

### 4. To investigate more streamlined ways for CPD participants to record RCOG CPD activities on the ePortfolio

**Rationale:** Currently the process of uploading evidence to the CPD ePortfolio is a manual one. Users asked if the College could offer a seamless electronic transfer of completed RCOG CPD activities. This will enable participants to more quickly and easily engage with the Framework as certain activities would be automatically filled when they have completed activities such as TOG articles. This aligns to the College's digital transformation goals.

### 5. The reflective element of the ePortfolio should remain a major focus

**Rationale:** The reflective element is a key way for participants to identify ways to improve their practice and service delivery and further ways should be sought to improve this element of the CPD ePortfolio e.g.:

1. Users should be able to add a reflection without necessarily creating a Learning Event
2. Date selection for each reflection should be more flexible so that reflection credits can be assigned to past events.

Users were unaware that the text of their reflections could be included in the Output Report. This is an existing functionality within the CPD ePortfolio.

Following the review of anonymous reflections from the platform, it is clear that further support to participants on how to create a good reflection would be useful. The RCOG Guidance on reflection should be reviewed and if necessary improved to ensure that those participating in the Framework have clear guidance on this element of the framework.



Additionally, in order to encourage participants to focus on providing succinct, relevant answers, the questions displayed on the reflective section of the CPD ePortfolio should be updated to:

1. What did you learn from this Learning Event?
2. How will/did this Learning Event improve your practice?

Moreover, CPD participants will be asked to provide as brief and concise answers as possible.

6. The work on updating the CPD online resources on RCOG Learning should continue. The RCOG should raise awareness of the resources through a marketing campaign.

**Rationale:** These resources were rated very highly by CPD participants who have used them but as a whole awareness of them amongst CPD participants was very low. The group therefore recommends that the case studies are publicised in light of this feedback, with a structured marketing drive undertaken to increase awareness and usage of the resources.

7. CPD Guidance will need to be comprehensively reviewed and updated following these developments

**Rationale:** It is important that CPD participants are supported as fully as possible through the changes to the Framework/CPD ePortfolio recommended by the group. Therefore the group recommends a comprehensive review of existing guidance for the Framework and CPD ePortfolio is undertaken as these developments are implemented to ensure that it remains fit-for-purpose and as supportive as possible for CPD participants.

8. Continue to strengthen the voice of women and people who access obstetrics and gynaecology services in CPD to ensure the best possible person-centred care.

**Rationale:** Better recognition is needed of, and action can be taken to, strengthen the role of women and people who use obstetrics and gynaecology services in CPD activities, resources, and guidance. The evaluation identified ways to improve RCOG's eLearning case studies by integrating a diversity of patients' voices and raise doctors' awareness of patient focused resources. Marketing activities that aim to support RCOG members' use of the CPD framework should emphasise the importance of patient-centred activities as a valued aspect of CPD, raise awareness of existing RCOG resources that encourage reflection on patient



feedback and promote the newly up-dated case studies that raise awareness of people's personal experiences of particular conditions and treatments.



## Acknowledgements

The CPD ePortfolio 'Task and Finish' group are:

- Dr Sue Ward - Chair and RCOG Vice-President for Education
- Dr H M Chipeta MRCOG - Council Member Representative
- Dr E Toeima FRCOG - SAS-LED Representative and Equality & Diversity Clinical Champion
- Ms R Unstead-Joss - Women's Network Representative and Equality & Diversity Champion
- Dr S V F Wallace FRCOG - Clinical Lead, Case Studies for CPD eLearning Resource
- Mr R U Khan MRCOG - Differential Attainment Adviser
- Dr D Roberts FRCOG - Revalidation Lead
- Dr A C Viner MRCOG - Trainee Representative
- Dr J Acharya FRCOG - Council Fellow Representative
- Mrs Kate Newland - Director of Education, RCOG
- Ms J Davies - Head of Education Innovation
- Mr Joaquin Orbea - CPD Coordinator

The College is indebted to them for their hard work on this project.

Susan Ward, Chair and RCOG Vice-President for Education

Jo Davies, Head of Education Innovation at the RCOG

*May 2023*



## Appendix 1: CPD Focus Groups Feedback brief

Feedback collected:

### **Positive feedback**

Participants in the Focus Groups expressed that:

- The new CPD ePortfolio is very helpful and has certain similarities with the Training ePortfolio. The CPD ePortfolio has been designed to help participants to calculate their suggested cycle year credits.
- The possibility to create multiple P&Rs and PLPs on the platform is a very useful tool to link different learning events to a variety of roles.
- The support guidance provided is very comprehensive.
- The reflective element is a very positive functionality in the platform. This has allowed participants to reflect more on their CPD activities.
- Appraisers remarked how useful the CPD ePortfolio and the download functionality are.
- Unlike other appraisal systems, having the credits target displayed on the CPD dashboard was considered a very useful functionality.
- Participants commented that the TOG questions work well and link easily.
- The output report functionality provides detailed information of recorded Learning events.

### **Negative feedback**

Some participants in the Focus Groups considered that:

- The NHS appraisal system is more user-friendly than the CPD ePortfolio.
- The SARD system allows the user to link and upload feedback from colleagues and patients. Also, SARD has information regarding GMC requirements that is very helpful whilst using the platform.
- The CPD ePortfolio may not have enough detailed information for appraisals and other platforms might be needed to complement this.



- The old CPD ePortfolio used to be more user-friendly and it is very hard to remember all the types of Learning Events and Dimensions in the new platform. The CPD Framework and associated guidance must be read each time a Learning event is recorded.
- Those doctors who have been on the CPD programme for several years and were very familiar with the old CPD ePortfolio may find the new ePortfolio most challenging.
- The output report from the ePortfolio does not sometimes give sufficient detail for appraisal.
- There are too many PLPs, P&Rs and Dimensions where evidence can be linked compared to the previous CPD ePortfolio. Linking evidence to PLPs and P&Rs is impractical and difficult to put into perspective.
- The CPD ePortfolio was considered to not be intuitive to use and very time-consuming as it requires regular input rather than a dedicated session to input CPD activities shortly before your appraisal.
- Adding Learning events and linking them to multiple options to have these marked as 'complete' should not be so hard.
- Some doctors are frustrated with the CPD ePortfolio and consider it an extremely difficult platform. Since they are very busy and end up exhausted after long working hours, they simply decide to avoid it.
- Categories and dimensions are very confusing. Some doctors might be giving up on using this new CPD platform.
- There should be one platform that suffices the requirements for appraisals and CESR.
- Many participants were not aware that 50 credits per year are no longer a GMC requirement.
- Participants commented that it was difficult enough to access on a laptop/PC so they had not even tried to use it on their phone or iPad.
- Participants suggested that the ability to select a date should be included when recording a reflection, as the current system assigns CPD Credits based on the day the reflection was recorded.



- The SARD platform is a more intuitive platform than the CPD ePortfolio and this should be taken into consideration for future improvements. The new ePortfolio/framework requires so much guidance in order to be used.
- A lot of double entry is required if completing the RCOG CPD ePortfolio and Trust appraisal systems.
- Some participants commented that the CPD ePortfolio has become an educational piece of work rather than a practical piece of work.

### **Suggestions for improvements**

Some participants in the Focus Groups suggested:

- Having multiple linking options on the CPD platform, which would help the user link evidence, reflections, and actions to Learning Events.
- Pop-Up windows with relevant information which could be displayed on the platform.
- Users should be able to add a Reflection without necessarily creating a Learning Event, and date selection for each reflection should be more flexible. All participants agreed that it should be possible to assign reflection credits to past events.
- Many participants agreed that it would be helpful to make more use of the (i) button to add more guidance in prominent places to reduce the need of having to refer back to the guidance documents all the time. This will also help users navigate around the platform more easily.
- Reflections should be included when downloading a report from the CPD ePortfolio.
- Participants agreed that adding a Learning event should be easier, and suggested reconsidering the process of linking these to PLPs and P&Rs. Dimensions and Type of Learning events information should be clearer and options reduced.
- Very difficult and too many error messages when participants try to save things as a draft on the platform.
- A review of the points system was requested. Currently, the points assigned for certain CPD activities e.g. attending a course seem unfair and disproportionate to other activities.





- Abbreviations should be avoided in the ePortfolio as this might be confusing, particularly when users are trying to familiarise themselves with the new framework.
- Better link to the case studies from the ePortfolio where suggested, which when completed, would collate the points which are then automatically added to an account, like with the TOG quizzes.
- Most participants were not familiar with the eLearning resources due to a lack of awareness and suggested promoting these on the CPD ePortfolio via the banner functionality. In addition, Case Studies should be more widely promoted since many users are unaware of their existence.
- CPD ePortfolio to be linked to from the 'My benefits' page of the RCOG website.
- Better promotion relating to the benefits of the CPD ePortfolio, as people might not be aware of all the helpful features it contains.
- More communication from the RCOG to make CPD participants aware that the completion of 50 CPD points is not compulsory.

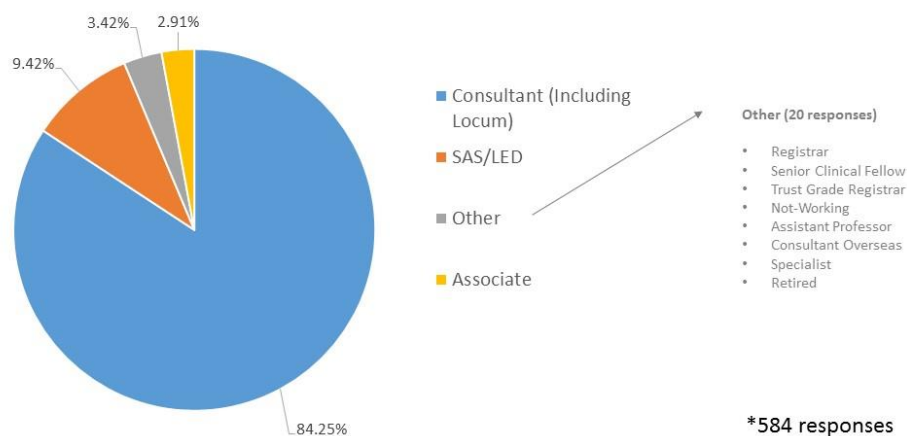
## Appendix 2: Survey results

### Responses



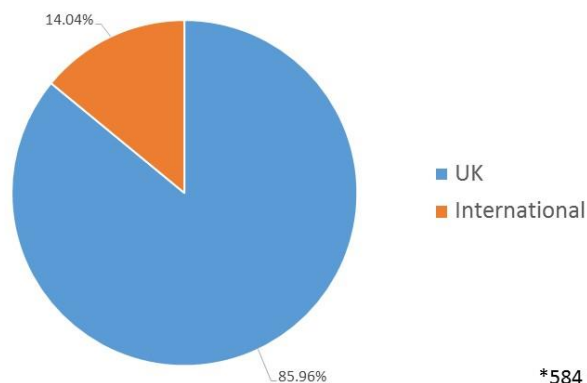
- The link to the survey was distributed to 6060 CPD participants.
- 584 total responses.
- 9.63% response rate

### What is your current role?





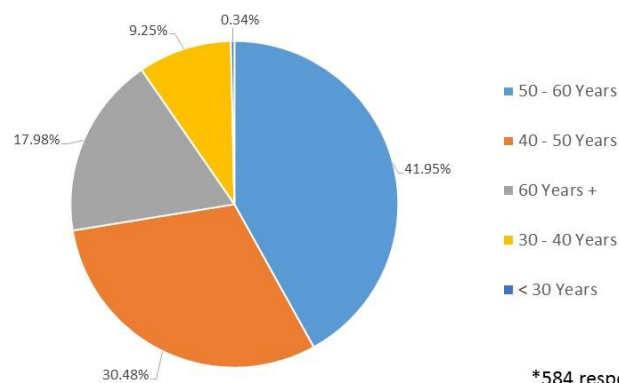
### Where are you based?



\*584 responses

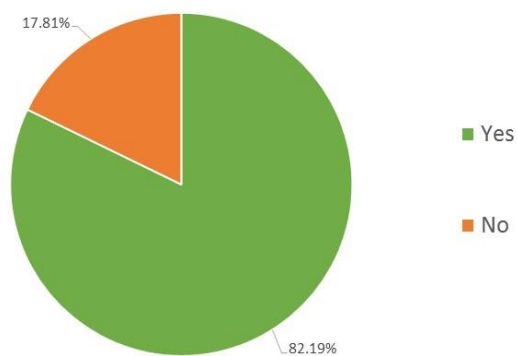


### What is your age?



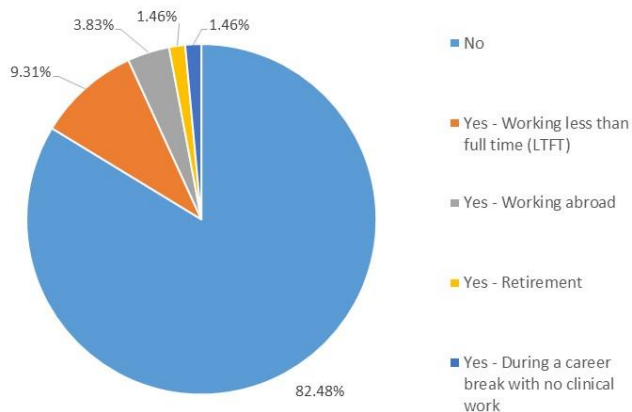
\*584 responses

### Did you use the old CPD ePortfolio?



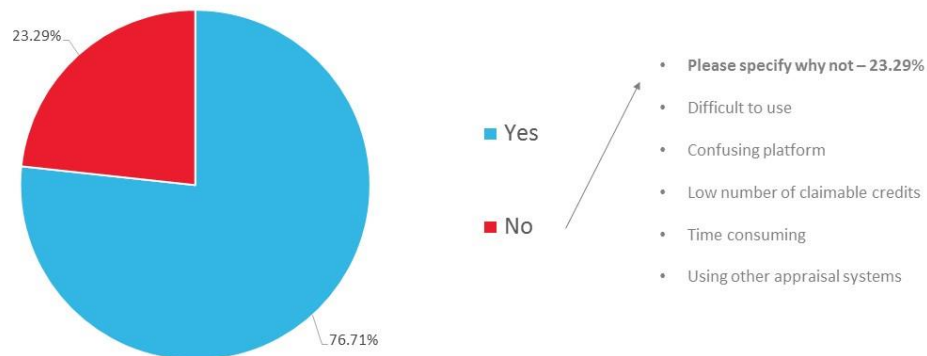
\*584 responses

### Are you undertaking CPD under special circumstances?



\*584 responses

### Do you use the new RCOG CPD ePortfolio?



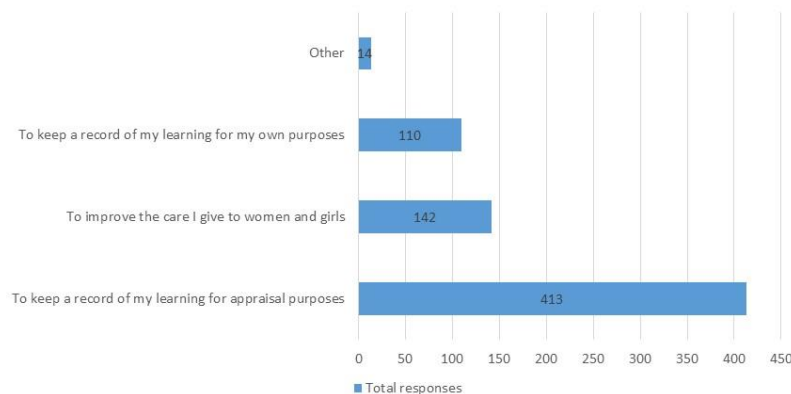
\*584 responses

### What aspects of the CPD ePortfolio do you find the most useful for your personal development?

Rating scale 1-5, where 1 is 'not helpful' and 5 is 'very helpful'



## Why are you using the RCOG CPD ePortfolio?

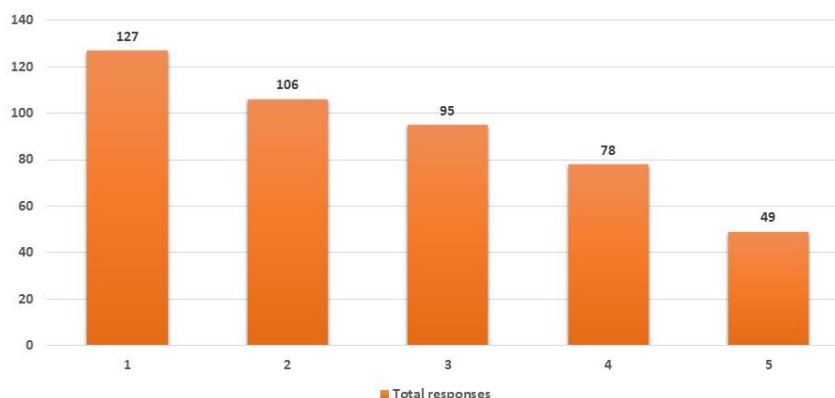


\*679 total responses



## Ability to add reflections to recorded Learning Events

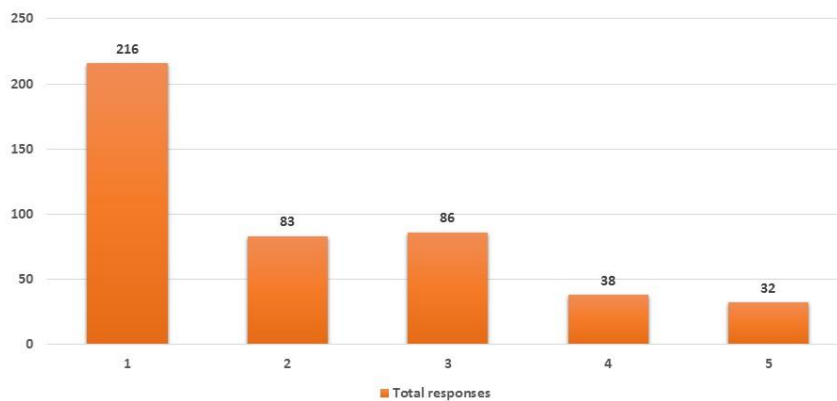
Rating scale 1-5, where 1 is 'not helpful' and 5 is 'very helpful'





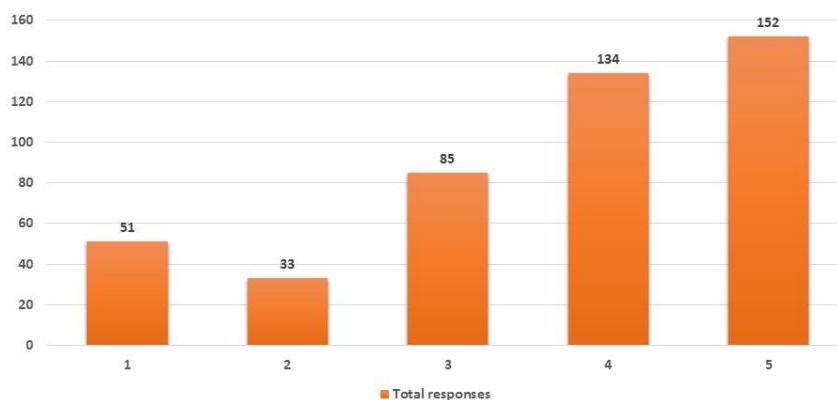
### Its similarity to Training ePortfolio which allowed me to have a smooth transition

Rating scale 1-5, where 1 is 'not helpful' and 5 is 'very helpful'



### TOG Articles

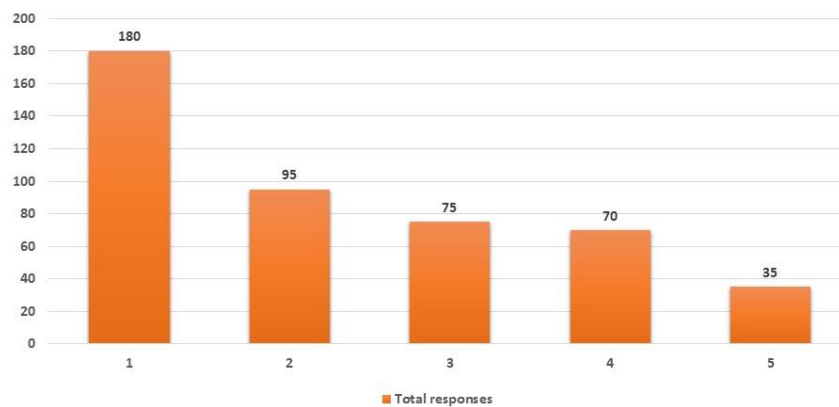
Rating scale 1-5, where 1 is 'not helpful' and 5 is 'very helpful'





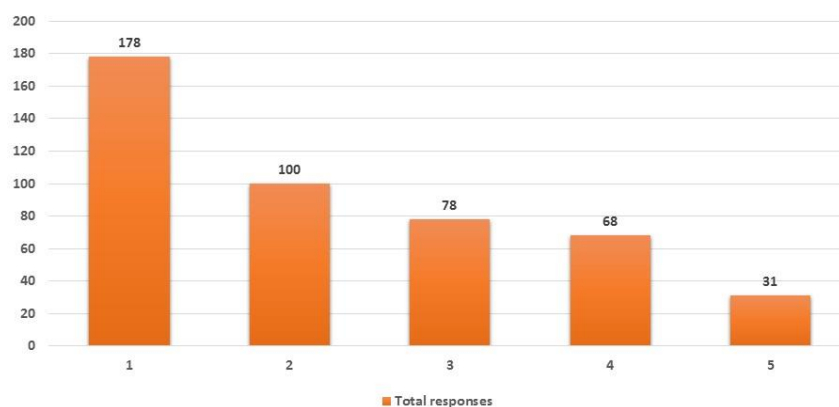
### Link to Practice and Roles (to ensure you are doing CPD which supports your job)

Rating scale 1-5, where 1 is 'not helpful' and 5 is 'very helpful'



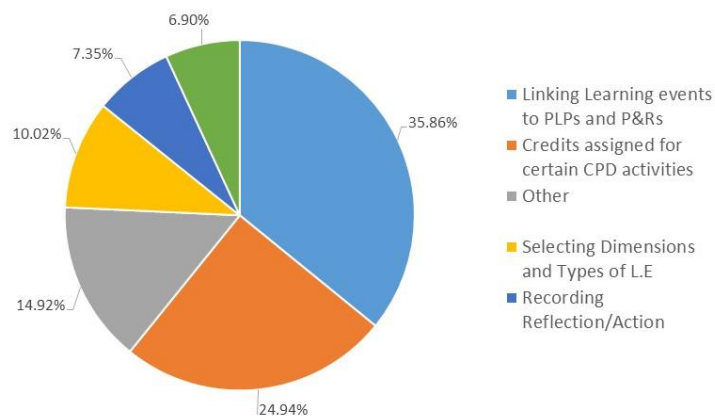
### Link to Personal Learning Plan

Rating scale 1-5, where 1 is 'not helpful' and 5 is 'very helpful'



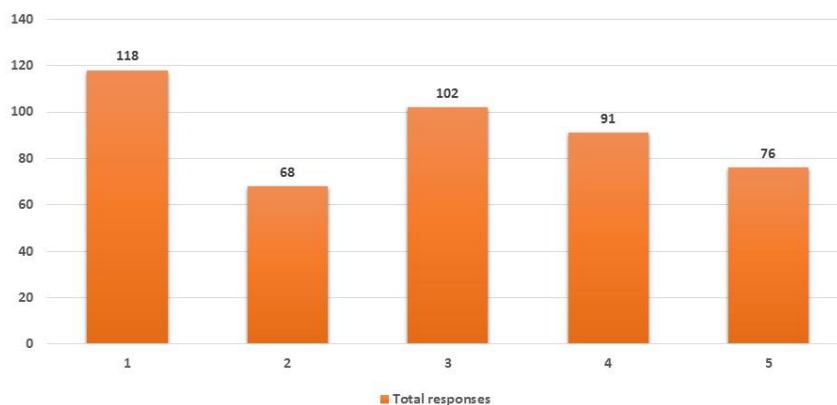


### If you could change one of the following aspects of the CPD ePortfolio what would it be?



### Detailed Output Report

Rating scale 1-5, where 1 is 'not helpful' and 5 is 'very helpful'

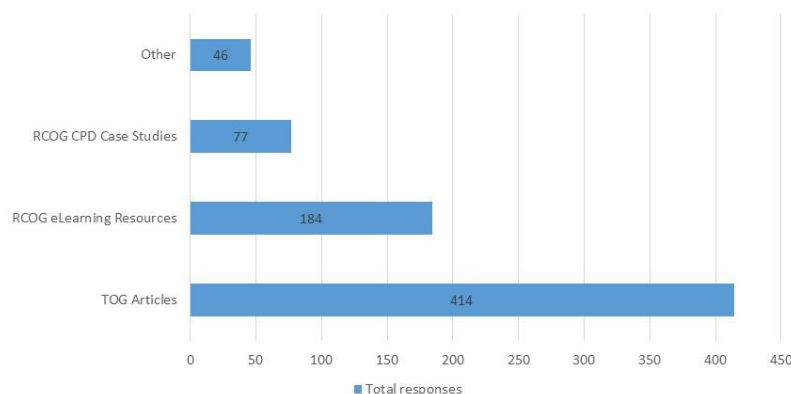


### If you could change one of the following aspects of the CPD ePortfolio what would it be?

Other – 67 answers (14.92%)

- Make it easier to use
- Return to the old structure
- Get rid of PLPs and P&Rs
- Improve Linking process

### What other RCOG products have you used to support your CPD?



\*721 total responses



### What other RCOG products have you used to support your CPD?

Other – 47 answers (6.38%)

- Attending RCOG Courses and Conferences
  - Attending to Webinars
  - None
-

Find out more at  
[rcog.org.uk](http://rcog.org.uk)



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