



Royal College of
Obstetricians &
Gynaecologists

CPD Guide

A guide to RCOG Continuing
Professional Development



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Development

July 2010

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The Royal College of Obstetricians and Gynaecologists

The Royal College of Obstetricians and Gynaecologists (RCOG) has a membership of over 11 000: 5500 UK and 5500 international. 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 in health and the care of women.

The RCOG was one of the first Medical Royal Colleges to launch a mandatory continuing medical education (CME) programme in 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 (CPD) in 2002. In the UK, the programme has been mandatory for all those practising obstetrics and gynaecology or its subspecialties in a career-grade post since 1994. It was opened to Fellows and Members resident outside the British Isles in 2000.

Definition of continuing professional development

CPD is a continuing process, outside formal undergraduate and postgraduate training, that enables individual doctors to maintain and improve standards of medical practice through the development of knowledge, skills, attitudes and behaviour. CPD should also support specific changes in practice.

Statement of principle

The RCOG supports the ten principles for College/Faculty CPD schemes as revised in October 2007.¹

1 The rationale behind participation in CPD and the relevance of CPD to revalidation

Revalidation is the process that will ensure that licensed doctors remain up to date and fit to practise. The contribution of CPD to revalidation is set out in the Chief Medical Officer's report *Medical Revalidation: Principles and Next Steps*.² The report states that:

- Continuing professional development (CPD) is the process by which individual doctors keep themselves up to date and maintain the highest standard of professional practice.
- The General Medical Council (GMC) will require documented proof of CPD as an essential component of the information needed for successful appraisal and revalidation.
- CPD belongs to the individual but there is a need for the organised collection of evidence of appropriate activity, together with some audit of the adequacy of any individual's programme. To facilitate these requirements, the Colleges and Faculties of the Academy of Medical Royal Colleges have developed CPD schemes.
- It will be desirable to increase the linkage between CPD and appraisal. Appraisal focuses on meeting agreed educational objectives.
- Monitored systems that define College or Faculty-approved educational activities may assist the meeting of those objectives ('monitored systems' is taken to mean arrangements in place to quality assure Colleges' and Faculties' CPD programmes).
- Effective CPD schemes are flexible and largely based on self-evaluation. This lets doctors develop what they do in the context of their individual professional practice while providing evidence for external scrutiny.
- The principles underpinning CPD schemes need to be as simple as possible while providing a good foundation on which to build an appropriate portfolio unique to the individual doctor.

In the UK, the CPD programme will inform the appraisal/revalidation processes which will culminate in a recommendation being made to the GMC through an agreed mechanism for the doctor to be revalidated. It is therefore important that doctors keep a record of their CPD activities and fulfil the requirements of the programme.

2 Principles of the CPD programme

The RCOG CPD programme is in line with the ten principles of CPD agreed by the Directors of Continuing Professional Development, a sub-group of the Academy of Medical Royal Colleges (Appendix 1). The programme is also aligned to the evolving nature of health service provision and the regulation of health professionals, while ensuring that it remains within its existing principles.

All doctors who have a licence to practise will be required to provide documentation that they are participating in CPD to keep up to date and fit to practise and that they are meeting the standards set by the relevant College.

An individual's CPD and any other action that is needed to maintain professional competence is their personal responsibility. Learning may reinforce existing good practice as well as provide new knowledge.

2.1 How should you plan your participation?

The ultimate aim of CPD is to improve patient care. Each individual doctor's CPD programme must be planned to link in with local requirements and to support areas that are lacking or need improvement. Keeping up to date with recent developments in technology, new drugs and changes in recommendations and legislation is essential. Individuals should ensure that the balance of their CPD activity is appropriate to their clinical (or other) responsibilities.

Participants in the programme are encouraged to define their needs by developing their own professional development plan with regard to:

- the maintenance of knowledge and skill
- the enhancement of existing skills
- the development of new potential.

Such a plan will need to be agreed with the appraiser and be amenable to alteration and revision according to workloads and individual objectives; it should identify broad areas for development (for example, over a 6-month period rather than attempting to define precisely in advance every aspect of participation over the 5-year period).

CPD includes educational or professional activities directed towards developing the knowledge, skills, attitudes and personal effectiveness necessary to improve practice. Professional expertise demands continuing awareness of new concepts, values and technologies, as well as the appreciation of many other new influences. It is important for doctors to update themselves not only on facts but also on opinion and consensus, as it is only then that improvements in patient care and outcomes will follow (and, it is hoped, better job satisfaction).

2.2 Who should participate?

In the UK, all doctors who have a licence to practise will be required to provide documentation that they are participating in CPD to keep up to date and fit to practise and that they are meeting the standards set by the relevant College. Therefore, in the UK, CPD is essential for all those involved in obstetrics and/or gynaecology or its subspecialties in career-grade posts, including part-time doctors, those wholly in private practice and those who are not members of the RCOG. Non-members of the RCOG can participate in the RCOG CPD programme as CPD Associates.

Members of the RCOG can participate in a CPD programme supervised by other medical Royal Colleges or professional bodies if the content is more appropriate to their daily clinical practice; for example, genitourinary medicine. In such cases, they should notify the RCOG of their participation in another scheme.

Doctors moving from a non-training post to a training post are not eligible to participate in the RCOG CPD programme. In such cases, they should notify the CPD Office.

Those practising outside the UK may participate in the programme if they so wish.

2.3 How CPD credits are registered

Self-accreditation of educational activities will require evidence. This evidence may be produced as a documented reflection. Evidence of attendance at live events or of participation in all other CPD activities should also be provided.

The RCOG provides each participant with a CPD ePortfolio to record their CPD activities and to store the related evidence/supporting information. Because the CPD activities need to be linked to participants' current clinical activities, **they are required to store in their CPD ePortfolios their job plans and personal development plans for each 5-year CPD cycle.**

Some examples of evidence/supporting information are given below:

- confirmation or certificate of hands-on technical learning
- certificates of attendance for national and international meetings
- certificates of completion of case-based studies agreed with the RCOG
- a list of the participant's publications supported by the cover page
- findings of local or national audits (summary page)
- evidence of audit of personal clinical practice (summary page)
- certificate of completion for a postgraduate degree or diploma
- reflective learning forms; for example, analysis of significant event (reflective learning examples are provided in Appendix 2).

3 The programme

All individuals have their own preferred methods of learning and the RCOG programme allows you flexibility in deciding the educational value of the CPD activities you undertake.

3.1 The CPD categories

The programme requires clinicians to stay up to date in their current areas of practice and develop in the areas they wish to progress. Therefore, clinicians need to bring their CPD activities in line with their job plans and professional aspirations, as well as with their wider activities for the benefit of their specialty and the wider health service. CPD will form part of the annual appraisal process.

The programme requires collection of at least 250 credits in each 5-year CPD cycle and covers four areas of learning:

- local job-plan related clinical and non-clinical educational activities (most of these would be discussed locally through the appraisal process)
- contribution to the national or international agenda or learning from the national or international scene
- activities that develop the individual professionally, or specialty-related activities which derive from a personal interest
- knowledge-based assessment.

The CPD categories are more flexible than in the past, to ensure not only coverage of the whole spectrum of an individual's practice but also to assist those working within limited areas of practice; for example, attendance at a specialty-related meeting or course can be claimed in either the national/international or personal/professional category.

The categories are:

- Local
- National/International
- Personal/Professional
- Knowledge-based assessment

**Local: Minimum requirement of 50 credits
(one credit per educationally useful hour achieved, unless otherwise stated)**

The purpose of this category is to capture clinicians' local job plan related clinical and non-clinical educational activities. Most of these activities would be discussed locally through the appraisal process.

Credits can be claimed for educational activities undertaken locally within the trust/employing organisation and regionally. These would include clinical review and risk management meetings, local protocol meetings and other multidisciplinary meetings; audits; local/regional postgraduate meetings and formal undergraduate and postgraduate clinical teaching; supervised learning (such as visiting a different department to learn a new technique).

**National/International: Minimum requirement of 50 credits
(one credit per educationally useful hour achieved, unless otherwise stated)**

The purpose of this category is to capture contributions to the national or international agenda or for learning from the national or international scene.

Credits can be claimed for attendance at meetings directly relevant to the specialty and for attendance at courses to develop technical skills (for example, a hysteroscopy course or a 'training the trainers' course); these must be discussed as part of appraisal. Credits can also be claimed for contributions to educational activities undertaken nationally and internationally. These may include formal presentations; teaching on specialty-related courses; developing national guidelines and audits; contribution to confidential enquiries; publishing articles and questions in the RCOG quarterly CPD journal *The Obstetrician & Gynaecologist* (TOG) for revalidation purposes; formal undergraduate and postgraduate examining and setting questions for professional examinations, such as the MRCOG.

**Personal/Professional: Minimum requirement of 50 credits
(one credit per educationally useful hour achieved, unless otherwise stated)**

The purpose of this category is to encompass activities that develop the individual professionally or specialty-related activities which derive from a personal interest.

Credits can be claimed for attendance at meetings directly relevant to the specialty, attendance at courses to develop technical skills (for example, a hysteroscopy course or a 'training the trainers' course); publishing refereed papers; editing/assessing grant applications; editing/reviewing papers for publication; a clinical or non-clinical postgraduate degree relevant to the specialty, such as a MSc in medical education.

**Knowledge-based Assessment: minimum requirement of 50 credits
(from 1 January 2011)**

The purpose of this category is to introduce knowledge-based assessment for the purpose of revalidation in the UK. Credits in excess of 50, accrued in the knowledge-based assessment category, can be used as a wild card (that is, they can count towards the minimum requirements of the local, national/international or personal/professional categories as the participant considers appropriate).

Knowledge-based assessment will be undertaken mainly through *The Obstetrician & Gynaecologist* (TOG); CPD participants will need to read TOG articles of relevance to their specialism and submit their answers online to the related questions. Participants will need to achieve 70% compliance with the authors to achieve two credits for each article. From the articles available, CPD participants would normally achieve at least ten credits annually. CPD participants can self-select the articles but these should fit their clinical profile and should be discussed through the appraisal process. TOG articles covering the whole spectrum of the speciality will be available from 1 January 2011.

Participants who may not be able to find TOG articles suitable for their subspecialty (for example, genitourinary medicine) are allowed to use another knowledge-based assessment activity. The participants will need to liaise with the CPD Office to agree this.

Although revalidation is only applicable in the UK, all CPD participants will be required to meet the requirements set in this category.

The above CPD categories are presented in a quick reference table format in Appendix 3.

3.2 An overview of the structure of the RCOG CPD programme

Within the framework of the CPD programme, clinicians are best placed to choose the activities that best reflect their educational needs. They are asked to make a judgement on the value of a particular activity and only to claim credits for the educationally useful element of such activity. The rate of claim is normally one credit per educationally useful hour achieved, unless otherwise stated (see Appendix 3).

3.3 Credit requirements per year and per each 5-year cycle

- **Annual requirement:** a minimum of 50 CPD credits
- **5-year CPD cycle requirement:** a minimum of 250 CPD credits

To ensure that your activities encompass the whole spectrum of your clinical practice, you will need to accrue a minimum number of CPD credits per category; that is:

- at least 50 local category credits
- at least 50 national/international category credits
- at least 50 personal/professional category credits
- at least 50 knowledge-based assessment category credits.

Credits in excess of 50, accrued in the knowledge-based assessment category, can be used as a wild card, that is, they can count towards the minimum requirements of the local, national/international or personal/professional categories as the participant considers appropriate.

To ensure that a balance is retained in the CPD programme, a maximum of only 25 credits can be claimed per type of activity in each 5-year cycle (for example, a maximum of only 25 credits in the local category for attending local or regional meetings and a maximum of only 25 credits in the national/international category for attending national and international meetings).

3.4 Educational activities that qualify for CPD

Doctors are best placed to decide on the best educational activities to meet their own needs. For ease, a list of educational activities is provided in ‘Table of CPD categories’, Appendix 3. Please note that this is not all inclusive.

A list of mandatory educational meetings for generalists and subspecialists is provided in Appendix 4. This list is not exhaustive and participants may find other high-quality meetings organised by societies more relevant to their clinical practice. It is anticipated that participants will attend at least one national meeting during a 5-year cycle.

3.5 Activities not eligible for CPD credits

Some activities have educational components but there may be difficulties in quantifying these (for example, watching a medical video or reading medical journals or books). Other activities may be part of participants’ day-to-day work (for instance attending committee meetings). Such activities are outside the scope of the CPD programme.

A list of examples of activities for which CPD credits are not claimable is given below. The list is not exhaustive and, should an inappropriate claim be made, the College reserves the right to decide its eligibility towards the RCOG programme credit total.

- watching medical videos
- reading medical journals or books
- meetings solely sponsored by or promoting products of drug companies or instrument manufacturers
- committee meetings
- attending a clinic as an observer
- medico-legal work except participation in national enquiries.

4 Planning and review of individual CPD activity

4.1 CPD and annual appraisal

Participation in the RCOG CPD scheme should normally be confirmed at annual appraisal. This will be part of the revalidation process. You will need to present your CPD ePortfolio to your appraiser, confirming that you have met the annual requirement of 50 credits. Your appraiser will need to assure themselves that the activities undertaken are relevant to your current practice.

Annual appraisal will lead to a personal development plan which will include future CPD activity. The CPD undertaken the following year will need to reflect and be relevant to your current and future profile of professional practice and performance.

4.2 Supporting information required for appraisal

You will need to take your CPD ePortfolio to your appraisal. In addition to your personal development plan and job plan, it should contain evidence of your CPD activities, such as certificates of attendance at meetings, results of your audit of personal practice, reflection forms to demonstrate your learning and action.

For further guidance on information requirements for revalidation, please refer to Appendix 3 of the RCOG Working Party Report: *Recertification in Obstetrics and Gynaecology* (April 2009).³

5 Approval and quality control of CPD activities

5.1 Responsibilities of the providers of CPD activities

The RCOG does not formally approve or quality assure CPD events organised by external organisations. This places the responsibility for making decisions regarding the educational value of meetings with the participant.

Before attending an event/activity the participant should identify what they want to gain educationally from attendance:

- Is it relevant to their overall learning programme?
- Will they gain educationally?

Check the publicity literature for details of the following:

- A clear description of those for whom the event is primarily intended and also others who may find it useful
- The subjects to be covered, their content and level
- The educational aims of the activity
- The format (lectures, workshops, seminars, etc.)
- Personnel involved (course leaders, speakers, etc.)
- Where possible, details should be included of the material (reports, speakers' contributions, etc.) supplementing the event.

After the event/activity, the participant should reflect on how useful the education they have received was to them:

- Why did they attend?
- Was it relevant to them?
- Was it presented in an acceptable manner?
- Did it allow interactive opportunities?
- Did the teaching reflect evidence-based clinical practice or relevant current research?
- Will it change their practice or does it reinforce their current practice?

Evaluation of the event: where appropriate, there should be a written evaluation mechanism. This would include the delegates' opinions of the various components of the meeting: the content of syllabus, quality of speakers, overall educational value, etc. All feedback, positive and negative, should be given to the provider. Prospective delegates may ask the provider to see the results of the evaluation which should be made available.

Record of the activity in the CPD ePortfolio: The provider should supply a certificate of attendance. Participants make an entry of the event and retain a certificate of attendance in the CPD ePortfolio.

CPD credits: One hour of education normally equates to one CPD credit. Participants should claim credits only for educationally useful hours they feel they have achieved.

5.2 Audit of compliance with the RCOG CPD programme

The purpose of the audit of compliance with the RCOG CPD programme is to verify that claimed activities and credits are appropriate.

A percentage of CPD participants (10%) are randomly selected once during their 5-year cycle for a check of their CPD ePortfolio and supporting documents. The CPD Office will highlight any problems with the participant's CPD entries or supporting information and will ask them to rectify the problem. If the participant does not take any action, they will not have met their CPD requirements.

This process of verification will remain applicable until and unless alternative quality assurance processes are established across all medical specialties.

For their annual appraisal, participants can either take their CPD ePortfolios or can download an analysis of their CPD cycle and CPD year indicating the number of CPD credits accrued and the number of CPD credits still needed to meet their credit requirements. The CPD activities should be signed off at appraisal.

5.3 Consequences of failing to provide evidence or providing insufficient evidence

Failure to produce sufficient evidence to support claimed credits will result in an individual's CPD ePortfolio being annotated accordingly for the year involved. Failure to rectify this or suspected falsification of evidence for claimed CPD activities may call into question the individual's fitness for revalidation and may result in referral to the GMC.

5.4 How auditors are trained

The CPD Office staff are trained so that they have in-depth knowledge of the CPD system. Special queries by individual participants are referred to the CPD Officer/Chair of the Revalidation Committee and/or to the Director of Standards for advice.

6 Administration

6.1 Administering CPD

The CPD programme is overseen by the Revalidation Committee. Day-to-day decisions are made in consultation with the CPD Officer/Chair of the Revalidation Committee and the Director of Standards.

6.2 Registration of participants

Those who are not on the RCOG CPD programme and wish to register should contact the CPD Office.

Those who are recommended for the award of a Certificate of Completion of Training are automatically registered on the RCOG CPD programme.

There is an annual charge for non-members and those practising outside the UK.

6.3 Responsibilities of employers

In its guidance on continuing professional development, the GMC states that:⁴

- employers and organisations that doctors work in should recognise the benefits of allowing enough resources for doctors to carry out CPD activities
- resources, such as time to think and access to on-site educational facilities, should be available to all doctors to allow them to develop professionally.

The responsibility for fulfilling CPD requirements and achieving learning needs rests with the individual doctor. However, the employing organisation (including locum agencies, where applicable) should provide support for professional development in partnership with other relevant bodies.

The RCOG considers that the professional competence of its Fellows and Members and those involved in College activities is very much in the interest of all employers and they should, as a matter of best practice, offer as much support as possible for these activities, both in terms of study leave and funding.

7 Special circumstances

All doctors who hold a licence to practise should remain up to date with the CPD requirements set out by their Medical Royal College or Faculty. As with doctors working in other medical specialties, obstetricians and gynaecologists working in part-time posts need to meet the same CPD requirements as doctors in full-time posts.

In addition, the local arrangements to facilitate CPD should reflect current NHS guidance on equality and diversity in the workplace.⁵

In some circumstances participation in CPD may be difficult or impossible for periods of time. The following are some of the circumstances to be considered and some of the ways in which these may be addressed:

- **A rolling 5-year programme**
A shortfall in CPD activity at the end of a fixed 5-year cycle is difficult to make up. However, the use of a rolling cycle allows the average amount of activity to be maintained over five years if a shortfall occurs.
- **Doctors undergoing remediation**
CPD is an essential part of the remediation process.
- **Doctors who are suspended**
This is likely to be rare and the period of suspension before return to work or a decision on re-training or remediation should be short. It should be remembered that some components of CPD will still be possible during this period. Where necessary, it should be possible to make up any lost CPD credits over a 5-year cycle.
- **Sick leave, maternity leave or other career breaks**
Any deficit in CPD activity should be made up over the remainder of the 5-year cycle. This may be achieved either prospectively (where possible) retrospectively after return to clinical work or a combination. Where the absence is for more than a year, please contact the CPD Office for advice.
- **Doctors who have fully retired from clinical practice**
If a retired doctor wishes to retain a licence to practise, please contact the GMC for advice.
- **Non-consultant career-grade doctors**
All non-consultant career-grade doctors need to meet the same CPD requirements as other career-grade doctors.
- **Doctors working in isolated environments outside the UK**
In some circumstances the type of CPD activity available may not conform to the quality standards set by the RCOG. The doctor should self-accredit as much CPD as appears justifiable in terms of the learning achieved. Any shortfall should be made up on return to the UK. Periods of absence of more than one year may require specific CPD as agreed with the doctor's appraiser and/or the RCOG.

References

1. Academy of Medical Royal Colleges. *10 Principles of CPD*. London: AoMRC; 2007.
2. Department of Health. Medical Revalidation – Principles and Next Steps: the Report of the Chief Medical Officer for England's Working Group. London: DH; 2008.
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086430].
3. Royal College of Obstetricians and Gynaecologists. *Recertification in Obstetrics and Gynaecology: Report of a Working Party*. London: RCOG; 2009
[www.rcog.org.uk/recertification-obstetrics-gynaecology].
4. General Medical Council. *Guidance on CPD* [www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp].
5. NHS Employers. *Navigating Equality and Diversity*. London: NHS Employers; 2008
[www.nhsemployers.org/Aboutus/Publications/Pages/NavigatingEqualityAndDiversityGuidance.aspx].

Appendix 1: Academy of Medical Royal Colleges' Ten Principles of CPD

1. An individual's CPD activities should be planned in advance through a personal development plan and should reflect and be relevant to his or her current and future profile of professional practice and performance. These activities should include continuing professional development outside narrower specialty interests.
2. CPD should include activities both within and outside the employing institution, where there is one, and a balance of learning methods which include a component of active learning. Participants will need to collect evidence to record this process, normally using a structured portfolio cataloguing the different activities. This portfolio will be reviewed as part of appraisal and revalidation.
3. College/Faculty CPD schemes should be available to all members and fellows and, at reasonable cost, to non-members and fellows who practise in a relevant specialty.
4. Normally, credits given by Colleges/Faculties for CPD should be based on one credit equating to one hour of educational activity. The minimum required should be an average of 50 per year. Credits for un-timed activities such as writing, reading and e-learning should be justified by the participant or should be agreed between the provider(s) and College/Faculty directors of CPD.
5.
 - a) Self-accreditation of relevant activities and documented reflective learning should be allowed and encouraged.
 - b) Formal approval/accreditation of the quality of educational activities for CPD by Colleges/Faculties should be achieved with minimum bureaucracy and with complete reciprocity between Colleges/Faculties for all approved activities. The approval/accreditation process and criteria should be such as to ensure the quality and likely effectiveness of the activity.
6. Self-accreditation of educational activities will require evidence. This may be produced as a documented reflection. Formal CPD certificates of attendance at meetings will not be a requirement, but evidence of attendance should be provided, as determined by each individual College or Faculty.
7. Participation in College/Faculty based CPD schemes should normally be confirmed by a regular statement issued to participants which should be based on annually submitted returns, and should be signed off at appraisal.
8. In order to quality assure their CPD system, Colleges/Faculties should fully audit participants' activities on a random basis. Such peer-based audit should verify that claimed activities have been undertaken and are appropriate. Participants will need to collect evidence to enable this process.

9. Until alternative quality assurance processes are established, the proportion of participants involved in random audit each year should be of a size to give confidence that it is representative and effective. This proportion will vary according to the number of participants in a given scheme.
10. Failure to produce sufficient evidence to support claimed credits will result in an individual's annual statement being endorsed accordingly for the year involved and the individual subsequently being subject to audit annually for a defined period. Suspected falsification of evidence for claimed CPD activities will call into question the individual's fitness for revalidation, and may result in referral to the GMC/GDC.

October 2007

Appendix 2: Reflective learning

Explanatory notes

The RCOG recognises the value of informal learning and CPD participants can claim credits for reflective learning.

Please provide details of the incident/or event that was the object of your reflection. You will need to describe in detail in the CPD ePortfolio:

- the experience/event
- what occurred
- what you learned
- how you have put the learning into practice
- if any other issues have come out of the experience/event.

Participants should complete the reflective learning form provided in the CPD ePortfolio.

Two examples, one each for clinical and non-clinical experience, are shown in Boxes 1 and 2.

Rate of claim

One CPD credit may be recorded in the personal/professional category for reflective learning episode. A maximum of 25 credits can be claimed for reflective learning in each 5-year cycle.

Appendix 2: Box 1

Reflective learning: Example 1 Clinical experience

Title

Oophorectomy

Description of the experience/event

A 45-year-old woman was referred to me for a second opinion, as she had had her ovaries removed during hysterectomy for a large fibroid uterus. She had been seen on the day of the operation and she had been advised by her surgeon to have her ovaries removed as she was told 'they were of no use to her anymore'. There was no family history of ovarian cancer. She had signed a consent form but felt that she had not been given any chance to find out the pros and cons of conserving her ovaries.

What occurred?

- I did a survey among my colleagues to find their opinions on whether or not they removed ovaries routinely for benign disease.
- I then did a Medline search on the risks and benefits of ovarian conservation.
- I suggested that we should have a protocol for conservation or removal of ovaries for benign disease.

What did you learn?

- Ovaries are an important source of androgens for postmenopausal women and, if an oophorectomy is performed, women may notice a significant decrease in libido and decrease in energy.
- Ovarian conservation until age 65 benefits long-term survival for women undergoing hysterectomy for benign disease. The androgens that are secreted from the postmenopausal ovary are converted into oestrogens in the subcutaneous fat and these oestrogens provide protection for cardiovascular disease and bone loss.

How have you put learning into practice?

Having gathered the evidence together, a departmental meeting was called and the evidence was presented. A protocol was then drawn up and agreed within the directorate.

Have any other issues come out of the experience/event?

Without protocols, there may be variable practice within a single unit and this does not adhere to the policy of clinical governance, as we must abide by guidelines, which should then be audited and then practice changed if necessary.

A form to record reflective learning is provided in the CPD ePortfolio.

One CPD credit can be claimed in the personal/professional category for an episode of reflective learning.

A maximum of 25 CPD credits can be claimed for reflective learning in each 5-year cycle.

Appendix 2: Box 2

Reflective learning: Example 2 Non-clinical experience

Title

Chaperone

Description of the experience/event

I received a letter of complaint from a patient about my registrar, who had examined her without a chaperone present.

What occurred?

I interviewed my registrar, who was shocked to receive the complaint. She was under the impression that she did not need a chaperone as she was a woman. We contacted the BMA, GMC and RCOG for their guidelines and did a Medline search on the use of chaperones.

What did you learn?

That the guidance is quite clear that all patients should be offered a chaperone irrespective of the sex of the doctor. As it was the patient's word against the doctor's, without a chaperone, any complaint of improper behaviour was difficult to defend.

How have you put learning into practice?

Always offer a chaperone, regardless of the gender of the doctor.

Have any other issues come out of the experience/event?

On reviewing our own unit, we found that all male doctors insisted on chaperones but the female doctors did not. The local policy has now been changed.

A form to record reflective learning is provided in the CPD ePortfolio.

One CPD credit can be claimed in the personal/professional category for an episode of reflective learning.

A maximum of 25 CPD credits can be claimed for reflective learning in each 5-year cycle.

Appendix 3: Table of CPD categories

CODE	CATEGORY	RATE OF ACCRUAL
L	LOCAL (minimum requirement of 50 credits in each 5-year cycle)	A maximum of only 25 credits may be claimed per type of activity (for example, attending local or regional meetings, formal undergraduate or postgraduate teaching)
The purpose of this category is to capture clinicians' local job plan-related clinical and non-clinical educational activities. Most of these activities would be discussed locally through the appraisal process.		
LOCAL	Attending local or regional meetings (for example, clinical review, audit, risk management, local protocol and other multidisciplinary meetings or regional postgraduate meetings)	1 credit per hour excluding breaks
	Formal undergraduate or postgraduate teaching (please give the title of your teaching sessions as these can only be claimed once during the 5-year cycle)	1 credit per hour excluding breaks
	Supervised learning (structured learning of new techniques under supervision on a hands-on basis)	1 credit per hour (maximum of 25 credits per placement)
	Developing or presenting a local or regional audit against national (NICE/RCOG) standards	5 credits per audit
	Developing and undertaking an audit of personal clinical practice	5 credits per audit

CODE	CATEGORY	RATE OF ACCRUAL
N	NATIONAL/INTERNATIONAL (minimum requirement of 50 credits in each 5-year cycle)	A maximum of only 25 credits may be claimed per type of activity (for example, attending national/international meetings and giving presentations)
The purpose of this category is to capture contribution to the national or international agenda or for learning from the national or international scene.		
NATIONAL	Attending national and international meetings directly relevant to the specialty and courses to learn technical skills , including RCOG meetings and courses, (e.g. the RCOG annual professional development conference, a hysteroscopy course or a 'training the trainers' course).	1 credit per hour excluding breaks
	Presentations given at a national/international specialty meeting or course including:	Please give the title of your presentations in your CPD ePortfolio as these can only be claimed once during the 5-year cycle
	Formal presentations as an invited speaker	5 credits per presentation
	Poster presentations	3 credits per presentation
	Abstract presentations	3 credits per presentation
	Informal presentations, leading a workshop or giving demonstrations on a course	1 credit per hour
	Setting examination questions (for example, MRCOG, EMQs, MCQs, OSCE)	1 credit per accepted question (maximum of 5 credits per year)
	Examining (for example): Formal postgraduate and undergraduate examining	1 credit per hour, to a maximum of 5 credits per examination diet
	Mock postgraduate examining	1 credit per hour to a maximum of 5 credits per year
	Examining a postgraduate thesis	Up to 10 credits per thesis
	Developing national guidelines (participants need to demonstrate their personal involvement)	5 credits per guideline
	Developing national audits	1 credit per hour (up to 10 credits per national audit)
	Contribution to confidential enquiries	1 credit per hour (up to 10 credits per national enquiry)
	Publishing articles and questions in <i>The Obstetrician and Gynaecologist</i> (TOG) for revalidation purposes	5 credits per article including related questions

CODE	CATEGORY	RATE OF ACCRUAL
P	PERSONAL/PROFESSIONAL (minimum requirement of 50 credits in each 5-year cycle)	A maximum of only 25 credits may be claimed per type of activity (for example, attending national and international meetings and publications)
The purpose of this category is to encompass activities that develop the individual professionally or specialty-related activities which derive from a personal interest.		
PERSONAL/PROFESSIONAL	Attending national and international meetings directly relevant to the specialty and courses to learn technical skills , including RCOG meetings and courses (e.g. the RCOG annual professional development conference, a hysteroscopy course or a 'training the trainers' course).	1 credit per hour excluding breaks
	Publication of a paper or review article in a refereed journal	5 credits per publication
	Publication of a chapter in a book	5 credits per chapter
	Publication of a book	15 credits per book
	Original letter published in a refereed journal	2 credits per letter
	Authoring a grant application	5 credits per grant application
	Reviewing/editing publications	1 credit per hour
	Editing/assessing grant applications	1 credit per hour
	Reflective learning (e.g. analysis of significant clinical event) Please refer to the explanatory note and examples provided in Appendix 2	1 credit per clinical reflective learning episode
	E-learning	1 credit per module/tutorial
Other personal learning ; for example, postgraduate degree relevant to the specialty (e.g. MSc in Medical Education or Ultrasound)	To be agreed with the CPD Office 1 credit per hour (maximum of 25 credits per 'project', diploma or degree course)	

CODE	CATEGORY	RATE OF ACCRUAL
K	KNOWLEDGE-BASED ASSESSMENT (minimum requirement of 50 credits in each 5 year cycle, from 1 January 2011)	
<p>The purpose of this category is to introduce knowledge-based assessment for the purpose of revalidation in the UK. Credits in excess of 50, accrued in the knowledge-based assessment category, can be used as a 'wild card' (that is, they can count towards the minimum requirements of the local, national/international or personal/professional categories as the participant considers appropriate).</p> <p>Although revalidation is only applicable in the UK, all CPD participants will be required to meet the requirements set in this category.</p>		
KNOWLEDGE-BASED ASSESSMENT	<p>Submitting answers online to the questions provided in <i>The Obstetrician and Gynaecologist</i> (TOG). From the articles available, CPD participants would normally achieve at least ten credits annually.</p>	2 credits per article (70% of questions correctly answered)
	<p>Other knowledge-based assessment</p> <p>Those who may not be able to find TOG articles suitable for their specialty (for example, genitourinary medicine) are allowed to use another knowledge-based assessment activity. Participants will need to liaise with the CPD Office to agree this.</p>	To be agreed with the CPD Office.

CPD Guide: A guide to RCOG Continuing Professional Development

Appendix 4: Mandatory meetings for revalidation

	Generalist Obstetrics and Gynaecology	Maternal and Fetal Medicine	Reproductive Medicine	Gynaecological Oncology	Urogynaecology	Emergency Gynaecology	Gynaecological Endoscopy/Surgery
Mandatory meetings* (at least one meeting in 5-year cycle)	RCOG Annual Professional Development Conference (formerly Senior Staff Conference) or BICOG or RCOG international scientific meeting	Joint RCOG/BMFMS meeting or BMFMS meeting	Joint RCOG/BFS meeting or BFS meeting	Joint RCOG/BGCS meeting or BGCS meeting	Joint RCOG/BSUG meeting or BSUG meeting	Joint RCOG/AEPU meeting or AEPU meeting	Joint RCOG/BSGE meeting or BSGE meeting

*In exceptional circumstances, if the above meetings do not meet a doctor's needs because they do not fit into their clinical practice profile, an alternative meeting may be attended. The CPD Office will need to advise in this respect.

We do strongly recommend that you attend more than one national/international meeting organised by the RCOG and/or relevant specialist societies. The main British societies are listed below:

Association of Early Pregnancy Units (AEPU)
British Association for Sexual Health and HIV (BASHH)
British Fertility Society (BFS)
British Gynaecological Cancer Society (BGCS)
British Maternal and Fetal Medicine Society (BMFMS)

British Medical Ultrasound Society (BMUS)
British Menopause Society (BMS)
British Society for Colposcopy and Cervical Pathology (BSCCP)
British Society for Gynaecological Endoscopy (BSGE)

British Society for Paediatric and Adolescent Gynaecology (BritSPAG)
British Society for the Study of Vulval Disease (BSSVD)
British Society of Urogynaecology (BSUG)
Faculty of Sexual and Reproductive Healthcare (FSRH)