Continuing Professional Development Scheme for Career Grade Paediatricians
Dear colleague,

We are pleased to introduce the latest edition of the Royal College of Paediatrics and Child Health's (RCPCH) Scheme for Continuing Professional Development (CPD) reviewed in January 2015.

The guidance is reviewed by the RCPCH Revalidation and CPD Committee every three years unless policy changes or feedback necessitate an earlier review. This edition takes account of your feedback during the previous two years, national recommendations for changes to CPD systems and a greater need to focus on outcomes of learning in line with GMC expectations. A summary of what is new or changed is provided below:

- It’s shorter!
- The focus on credits is reduced: they are no longer a requirement and set limits on CPD credits for key activities have been removed
- There is a greater emphasis on flexibility, balance and self-accreditation – any activity that you learn from can be recorded as CPD
- There is a greater expectation that doctors should reflect on their learning, in line with GMC requirements
- The CPD categories have been simplified

Following the introduction of revalidation in December 2012, paediatricians are required to demonstrate that they meet the standards required of their specialty. An important component of this is evidence of adequate and appropriate CPD. By following College CPD recommendations you will be able to provide evidence of meeting this requirement.

CPD is a process, not an event. Reflection drives change in performance and is the key to effective CPD. You should therefore reflect on what you have learnt from your CPD activities and record whether your CPD has had any impact (or is expected to have any impact) on your performance and practice. This will help you assess whether your learning is adding value to the care of your patients and improving the services in which you work.

Participation in CPD demonstrates a commitment to lifelong learning. The CPD scheme for the RCPCH has to meet the needs for personal development of a wide variety of paediatricians ranging from generalists to super-specialists and full-time clinicians to full-time academics. There is, therefore, a wide range of activities through which paediatricians can demonstrate learning. Examples of these are indicated in appendix 2 but this is not an exhaustive list.

The introduction of revalidation has driven the development of more stringent quality assurance of CPD through local appraisal systems. As a result, we no longer undertake a paper audit of individual members’ CPD, since we believe that local systems are sufficient. However, we do audit our CPD scheme by reviewing the data logged on the diary, which gives us a general overview of how members are using it and the nature of their CPD.
Each year the CPD team receives numerous enquiries about CPD. Many of these can be answered by reference to these Guidelines. However, answers to the most frequently asked questions are on the CPD section of the website. Please email the College’s CPD team at cpd@rcpch.ac.uk if you have any other queries or suggestions to improve the scheme.

Dr Carol Roberts  
Officer for CPD and Revalidation

Dr Andrew Long  
Vice President Education

Professor Neena Modi  
President
Abbreviations

CCT   Certificate of Completion of Training
CESR (CP) Certificate of Eligibility for Specialist Registration (Combined Programme)
CMO   Clinical Medical Officer
CPD   Continuing Professional Development
GMC   General Medical Council
GMP   Good Medical Practice
PDP   Personal Development Plan
RO    Responsible Officer
SCMO  Senior Clinical Medical Officer
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1. About CPD - introduction

1.1 What is Continuing Professional Development (CPD)?

CPD is any learning outside of undergraduate education or postgraduate training that helps doctors maintain and improve their performance. It covers the development of their knowledge, skills, attitudes and behaviours across all areas of their professional practice. It includes both formal and informal learning activities.

The principle of lifelong learning is embedded in the education and training of paediatricians; CPD continues this focus throughout the paediatric career, wherever it unfolds, for example in the NHS, universities or independent practice.

1.2 GMC expectations and revalidation requirements

Revalidation is the process by which licensed doctors must demonstrate on a regular basis that they are keeping their knowledge and skills up to date and are fit to practise. CPD is one of six areas of required supporting information discussed at annual appraisal, which forms the basis of the revalidation recommendation to the GMC. The annual appraisal discussion encompasses both a review of the previous year’s CPD activity and learning and identification of future needs and activities, captured mainly via the personal development plan (PDP).

The GMC outlines clear links between CPD and both Good Medical Practice (GMP) and revalidation. Doctors holding either GMC registration or a licence to practise must be able to demonstrate evidence of ongoing participation in – and learning from - CPD activities.

The GMC does not prescribe the quantity or type of activity expected, emphasising instead that:

- doctors are responsible for doing enough appropriate CPD to remain up to date and fit to practise
- doctors should be able to demonstrate this at appraisals
- CPD activities should be relevant and effective and provide good value
- CPD records should demonstrate reflection on learning and practice

The GMC additionally highlights the responsibility of employers and contractors of doctors’ services to ensure that their workforce is competent, up to date and able to meet the needs of the service; encompassing development of all medical staff and facilitating access to resources (including time). All doctors, including Specialty doctors, Associate Specialists, Staff and Trust doctors, SCMO’s and CMO’S follow the same CPD guidelines and should therefore have equal access to protected time for internal and external CPD, funding and study leave. Where problems arise, they should be addressed as part of departmental job planning or through discussion with appraisers, clinical leads, managers, etc. Some common areas of difficulty however are addressed in section 2.8.
1.3 Why participate in a CPD scheme?

The College strongly recommends that all career grade paediatricians participate in the CPD scheme. Trainees should only participate once they have acquired a CCT or CESR (CP), or once in their first career grade post, if sooner. The scheme provides the assurance of a specialty-based framework for you – and your appraiser(s) – as well as tools to support you in planning, reflecting on and recording your learning and creating PDPs. The scheme is supported by a helpdesk facility for advice and guidance.

Some individuals may, however, choose to participate in the CPD scheme of another college or faculty where they believe this is more appropriate to their professional needs, or may choose not to participate in any CPD scheme.

The GMC suggests that participation in a college or faculty CPD scheme is helpful, both in terms of keeping up to date and being able to show that you are practising to appropriate specialty standards, but does not mandate it.

Participation in CPD and revalidation in accordance with GMC requirements is one of the criteria to be in Good Standing with the College. Being in Good Standing is a precondition for being nominated/self-nominated for many College posts.
2. The RCPCH CPD scheme

2.1 Our philosophy

The purpose of CPD is to help improve the safety and quality of care provided for patients and the public.

The RCPCH believes that:

• You have responsibility for your own learning and for recording CPD that you consider has educational value. It is your responsibility to record the activity, document the learning achieved and evaluate how the learning may impact on and improve your performance.

• CPD is not an end in itself. CPD is intended to help you to maintain standards, to foster interest and enthusiasm in your practice, to protect your skills and professional competence, and to develop new skills. It needs to assist you in developing your paediatric career against your whole scope of practice, which may include clinical duties, teaching, educational supervision, research and management. CPD should encourage and support specific changes in practice and career development and be relevant to your practice. Learning can reinforce existing good practice as well as provide new knowledge.

• The focus of CPD should be on the outcomes or outputs of the learning for your patients, your practice and you, rather than purely on the amount of time spent on an activity.

• There is no single correct way to do CPD, nor is there a fixed definition of what constitutes a CPD activity - any activity which provides educational benefit to you is worthwhile, and therefore eligible for CPD. Individuals vary in their preferred learning style and the College recognises that a range of differing CPD activities are appropriate. However, it is your responsibility to ensure that you undertake a range of activities which reflect the local and national needs of your practice as well as your own learning style and needs, and to record the educational activities which contribute to your CPD.

• CPD should be recognised as a contractual commitment and adequately resourced in terms of time, finance and staff levels. Employers and contractors should use the appraisal system, alongside job planning and PDPs to plan and coordinate the CPD needs of their staff, to discuss how best those needs should be met, and to monitor the effectiveness of doctors’ CPD activities.

• CPD completed in the previous year and plans for CPD in the coming year should be an important part of the discussion at your annual appraisal, and should be linked to your PDP.
2.2 Core principles of the scheme

1. **Flexibility**

We acknowledge that doctors differ in their learning styles and preferences, and have broadened our view on what constitutes CPD. Traditionally, it has been considered to consist of attendance at planned formal courses. A PDP will have been agreed within an annual appraisal, and this may have helped guide and plan future professional development. However, not all CPD opportunities will be planned or formal. Opportunities for informal learning and reflection about your performance will arise spontaneously from your day-to-day practice. This can be one of the most fruitful forms of CPD because it links directly to your everyday work. This might include attendance at peer review, audit or Morbidity and Mortality meetings, observing colleagues in their practice or seeking their advice. The College encourages you to identify, capture and reflect on informal learning gained in these ways for discussion at appraisal.

Examples of CPD activities and evidence from them is provided in Appendix 2 but this list is not exhaustive.

2. **Balance**

The RCPCH recommends that CPD should be:

- spread reasonably evenly over time
- comprise a range of external, internal and personal CPD activities
- be predominantly clinical, for all paediatricians involved in direct clinical care
- reflect a doctor’s whole scope of practice

You should aim to achieve a balance of activities that reflect your practice and developmental needs, covering broad-based and specialist activities; for example, even the most specialised paediatricians should maintain knowledge of child protection as this may occasionally impinge on their practice.

CPD activities which foster shared learning and interactions with colleagues from your own and other disciplines should comprise a significant part of a CPD portfolio. You are strongly encouraged to participate in such activities. In order to support paediatricians in obtaining a proportion of their CPD outside their workplace, the College recommends that at least 50% of CPD should be external.

Reflection is integral to CPD, and we now encourage a greater emphasis on this important aspect of learning.

3. **Credit-based, underpinned with reflection**

Although the GMC does not define a required amount of CPD, traditionally a doctor’s CPD has been recognised by acquiring a certain number of ‘credits’ equating to time spent on the activity. Whilst the College acknowledges the helpfulness of a credits-based approach as a broad guide for CPD, such a system puts limited emphasis on what is learnt and its relevance to a PDP. We now encourage you to have a greater focus on the outcomes or outputs of the learning for
your patients, your practice and yourself, rather than purely on the amount of time spent on an activity. Therefore we now promote a system which retains elements of a credit-based scheme, but has a greater emphasis on the outcome of the learning through effectively reflecting on it. Reflection on CPD helps internalise learning and supports practice change. See Section 2.3 for further information.

For doctors who wish to be guided by a credit-based approach, the College recommends the accumulation of 250 CPD credits over five years with at least 50% external. For those involved in direct clinical care, the credits should be predominantly clinical.

2.3 The importance of reflection

Almost all of us naturally reflect on our day-to-day practice. The process of reflection is also embedded within formal peer review, mentoring and supervision, and is seen as a way of encouraging the development of autonomous, self-directed practitioners. By reflecting, we incorporate new ideas, experiences, techniques and evidence to ensure we continually improve the care we give to our patients and our relationships with colleagues. GMC guidance states:

You must ....reflect on what you have learnt from your CPD activities and record whether your CPD has had any impact (or is expected to have any impact) on your performance and practice. This will help you assess whether your learning is adding value to the care of your patients and improving the services in which you work. Reflection must be integral to your PDP and appraisal and job planning discussions.³

In discussing your supporting information, your appraiser will be interested in what you did with the information and your reflections on that information, not simply that you collected it and maintained it in a portfolio. Your appraiser will want to know what you think the supporting information says about your practice and how you intend to develop or modify your practice as a result of that reflection.⁴

RCPCH therefore recommends that CPD undertaken has associated evidence of reflection. The College CPD diary provides an area for reflection on each learning activity, whether planned or unplanned, formal or informal. The content of a reflective commentary must be appropriate to the learning experience and the value of the event in your learning. It will provide useful learning for you as well as evidence for appraisal. The quantity of reflection will vary depending on the nature and significance of the learning experience. Some reflections may be just a few bullet points, whereas others, such as formal complaints or Significant Incidents may be several paragraphs. Reflections can also be recorded verbally, eg as an audio file.

A number of models for reflection exist. To support individual learning styles, the RCPCH does not prescribe any particular model however we have included some prompt questions in the online CPD diary which may be useful to guide your reflections, and have also signposted to these in Appendix 3. We also provide examples of CPD activity reflections and an exemplar reflective note in Appendix 4.
2.4 Documenting your CPD

2.4.1 Maintaining a portfolio of evidence

Evidence of learning from and attendance at CPD is essential to the appraisal and revalidation process. We recommend that you collect evidence to support your record of CPD activities within a structured portfolio such as the College’s online CPD diary, or a tool provided by your employer. You should check whether your appraiser or Responsible Officer (RO) have made any specific requirements. Supporting documentation can be uploaded (preferable) or retained by you in hard copy, for review as part of the process of appraisal and revalidation. Examples of suitable evidence are provided at Appendix 2. Reflection on CPD helps internalise learning and supports practice change. Section 3 provides further advice on how to document this and facilitate meaningful discussion of your learning at appraisal. This is particularly important for non-verifiable activities such as journal reading, and we recommend that self-accredited learning always includes reflection.

More details of the RCPCH CPD tools are given in Section 2.5.

2.4.2 Self accreditation of learning

There is no fixed definition of a CPD activity – any activity which provides educational benefit to you is eligible for CPD. These activities can vary from attending courses, conferences, meetings and workshops to research, peer reviewing journal papers and so on. Individuals vary in their preferred learning style and the College accepts a range of differing CPD activities as appropriate. However, you should be able to demonstrate the value of the learning activities you choose and take responsibility for recording educational activities which contribute to your CPD. Self-accreditation of relevant activities and documented reflection of learning is strongly encouraged.

2.4.3 CPD categories and recording matrix

To demonstrate a broad range of CPD encompassing formal and informal learning which supports maintenance and development of both clinical and non-clinical skills, CPD should be recorded according to the following matrix of categories.

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<th>External</th>
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<th>Personal</th>
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<td>Clinical</td>
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<td>Non clinical</td>
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**Clinical** - all educational activities that relate to the learning and development of clinical knowledge, skills and/or competence. Examples include learning from academic conferences; clinical courses, lectures or seminars; sitting in on a colleague’s clinic for learning purposes; learning from ward rounds and clinical meetings; clinical audit and other clinical quality improvement activities; learning from preparation of postgraduate lectures of a clinical nature; preparation of clinically relevant publications/research activities; and clinical postgraduate examining.
Non-clinical - activities that enhance the ability to carry out non-clinical aspects of the paediatrician’s role including those relating to employers, colleagues, trainees and patients. Examples include training in leadership and management; information technology; research and/or audit techniques; effective educational supervision/mentoring/teaching. Please note that chairing or attending committees, clinical or otherwise, is not considered CPD per se unless demonstrable learning has taken place which must be evidenced with reflection.

External - formal educational activity which takes place within a regional, national, or international educational context and involves interaction with colleagues from outside the participant’s own organisation.

Internal - local formal educational activity with colleagues from the same organisation (recognising that the organisation may include more than one hospital and speakers may be from an external organisation).

Personal - learning which takes place outside formal programmes and where the paediatrician determines the educational benefit. This will typically require documented reflection on learning.

2.4.4 Credit structure

The RCPCH CPD scheme specifies that:

• The basic unit of CPD activity is one hour equals one CPD credit. Outside formal learning events, one credit of CPD should be claimed for learning equivalent to one hour within a structured programme; this is not always equivalent to the time spent on the activity.

• Where an activity has been formally approved for CPD by royal colleges and specialty associations, it is your responsibility to assess whether claiming all allocated credits for that activity is appropriate. This should be done by considering whether the learning gained from the activity matches the number of CPD credits allocated to the activity, using the credit structure above. For example if a full day course is approved for six CPD credits, but you only learnt from the morning session, you should only claim three CPD credits.

2.4.5 Credit balance of CPD in a five-year cycle

To ensure a balance of CPD is undertaken, the RCPCH CPD scheme recommends some limits to the credit contribution of certain activities to the recommended 250 credit total per five-year cycle (although all completed CPD in excess of these limits can be recorded). We recommend:

• no more than 100 credits of personal CPD
• no more than 100 credits for a single activity, such as study for a Masters or PhD programme.
2.5 RCPCH CPD scheme tools

2.5.1 CPD diary

All episodes of CPD, including formal courses and informal opportunistic learning, can be entered on the College’s online CPD diary and is best recorded contemporaneously. Supporting documentation can be uploaded, and reflection recorded. Any reflections or other evidence of learning uploaded into the online CPD diary must be anonymised to avoid inappropriate identification of individuals (peers, patients, etc).

To demonstrate how your learning confirms you are meeting the requirements of GMP, the online RCPCH CPD diary provides you with a tool to map your CPD activities to the GMP domains (see Appendix 1), as well as the facility to link your CPD activities to your PDP objectives.

To provide a comprehensive summary of your CPD for your appraisal, you can produce the following pdf outputs from your online CPD diary account:

• a CPD certificate summarising your CPD credits gained both in the previous 12 months and in any timeframe selected by you
• a collection of all CPD activities and reflections recorded by you, in any timeframe selected by you
• a GMC GMP Domains and Attributes Report indicating which domains you have CPD activities mapped against.

2.5.2 CPD web app

To further support in-time CPD recording, users of the CPD diary can also access a CPD web app on their mobile devices which is easy to use. The app provides a simple, intuitive screen for recording new and editing existing CPD activities on the go and can be used with or without an internet connection. Users have found it convenient for adding reflections on CPD activities in a timely fashion.

2.5.3 How to register for the CPD scheme

Participation in the RCPCH CPD scheme is free to members and fellows of the College.

Registration is via our online CPD diary. Whilst all career grade paediatricians are encouraged to join the College in the appropriate membership category, the CPD scheme is also open to non-members, subject to an annual fee.

Trainees should use their ePortfolio to record professional development, and are not currently included in this scheme, however they should register shortly after their CCT date, or once in their first career grade post, if sooner.

Queries about the scheme should be directed to: cpd@rcpch.ac.uk or tel: 020 7092 6107.
2.6 RCPCH CPD scheme oversight

Management of the CPD scheme and related tools is overseen by the Revalidation and CPD Committee of the RCPCH which is accountable to the Education and Training Divisional Committee. The Revalidation and CPD Committee devolves day-to-day responsibility for overseeing the CPD scheme to the Revalidation and CPD team and the College Officer for CPD and Revalidation.

RCPCH uses data reports from the online CPD diary to audit usage of the CPD scheme and determine whether the College’s recommendations for CPD are being followed. The paper-based random audit of individual participants’ CPD activities ceased at the end of 2012; the introduction of revalidation has driven the development of more stringent quality assurance of CPD through local appraisal systems and we believe this is now sufficient and more appropriate for the majority of members.

2.7 RCPCH CPD approval process

While it remains your responsibility to assess the CPD value of educational events you attend, the RCPCH also offers a service to course organisers which provides an external recommendation on the appropriate number of CPD credits which may be allocated to national and regional CPD courses and study days. E-learning resources may also be approved by a similar process. Principles and requirements for approval together with an application form are provided online. Reciprocity has been agreed between colleges/faculties for all approved activities.

2.8 Special circumstances

The GMC recognises that for some groups of doctors, participation in CPD will be more difficult or even impossible for periods of time:

- **Long-term illness, parental leave and unusual domestic commitments.** In these circumstances and through discussion with the RO and appraiser, the quantity, balance or time allowed for individuals to meet CPD targets may be adjusted. Any difficulties or imbalance in one year can, and should, be redressed over the five-year period. See also RCPCH Return to Practice guidance.

- **Doctors not in regular employment** eg locums have the same CPD needs and requirements as substantive colleagues. Most locums can self-fund their CPD, make the most of local opportunities or access free resources such as online learning packages.

- **Doctors in short-term posts** eg doctors on short-term contracts have the same CPD needs and requirements as substantive colleagues, and this should be recognised in job plans. Local solutions for funding and study leave should be explored, and BMA representatives may be able to help with job planning or contractual issues. If necessary doctors should self-fund some of their CPD, or access free resources such as online learning packages.
• **Doctors working abroad.** We recommend that if doctors expect to return to work in the UK, they plan carefully to ensure that sufficient evidence of CPD is collected over the five-year revalidation cycle. Greater use of self-accredited online courses and personal CPD whilst abroad could help with this. Any shortfall should be made up on their return. Periods of absence of more than one year may require specific CPD as agreed with their appraiser. Doctors who are registered with the CPD Scheme but working permanently overseas are expected to follow the same CPD scheme recommendations as doctors working in the UK. See also the [GMC guidance for overseas regulators](#).

• **Doctors undergoing remediation or who are suspended.** CPD will be an essential part of any remediation process, and for doctors who are suspended it should be possible to make up any lost CPD over a five-year cycle. Requirements should be clarified with the RO.

• **Doctors who no longer work in clinical practice but wish to maintain their licence** eg retirees must continue to undertake CPD relevant to their current scope of practice. Their requirements should be the subject of discussion with their appraiser as evidenced by their PDP and agreed with their RO. See also [GMC retired doctors guidance](#).

• **Geographically isolated areas or independent working.** Some doctors work in relative isolation. These doctors especially need the opportunity to interact and communicate with colleagues. Study leave funding and cover arrangements should reflect these needs, and doctors working independently must ensure they have an appropriate balance of external CPD.

• **Part-time posts.** It is a doctor’s responsibility to do enough appropriate CPD to remain up to date and fit to practise, and this applies equally whether they are in full or part-time practice. Our CPD recommendations therefore apply equally to all doctors, and annual study leave allowances should not be pro-rata.
References

1. RCPCH website (www.rcpch.ac.uk)
2. CPD section of the website (www.rcpch.ac.uk/cpd-resources)
8. Online CPD Diary (https://cpd.rcpch.ac.uk/)
9. CPD approval application form (www.rcpch.ac.uk/cpd-approval)
10. RCPCH Return to Practice guidance (www.rcpch.ac.uk/training-examinations-professional-development/return-work/return-work)
11. GMC guidance for overseas regulators (www.gmc-uk.org/Revalidation_FAQs_for_overseas_regulators_and_overseas_organisations___DC5322.pdf_54464136.pdf)
12. GMC retired doctors guidance (www.aomrc.org.uk/revalidation/key-revalidation-links-and-reports.html)
## Appendix 1

Good Medical Practice framework for appraisal and revalidation

<table>
<thead>
<tr>
<th>Domain 1 – Knowledge, skills and performance</th>
<th>Domain 3- Communication, Partnership and Teamwork</th>
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<tbody>
<tr>
<td>1.1 - Maintain your professional performance</td>
<td>3.1 - Communicate effectively</td>
</tr>
<tr>
<td>1.2 - Apply knowledge and experience to practice</td>
<td>3.2 - Work constructively with colleagues and delegate effectively</td>
</tr>
<tr>
<td>1.3 - Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible</td>
<td>3.3 - Establish and maintain partnerships with patients</td>
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<thead>
<tr>
<th>Domain 2 – Safety and Quality</th>
<th>Domain 4 - Maintaining Trust</th>
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<tr>
<td>2.1 - Contribute to and comply with systems to protect patients</td>
<td>4.1 - Show respect for patients</td>
</tr>
<tr>
<td>2.2 - Respond to risks to safety</td>
<td>4.2 - Treat patients and colleagues fairly and without discrimination</td>
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<tr>
<td>2.3 - Protect patients and colleagues from any risk posed by your health</td>
<td>4.3 - Act with honesty and integrity</td>
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Appendix 2

Examples of activities and related evidence for CPD

* E External,  I Internal, P Personal, C Clinical, NC Non-Clinical
** Reflective notes are also an example of evidence for any activity

<table>
<thead>
<tr>
<th>CPD activity</th>
<th>CPD category*</th>
<th>Evidence examples **</th>
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<tr>
<td><strong>Informal learning activities, eg</strong></td>
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<tr>
<td>Learning from eg audits and other documented quality improvement activities</td>
<td>I</td>
<td>Report</td>
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<tr>
<td>Writing and revising evidence-based guidelines/service protocols requiring</td>
<td>P</td>
<td>Guidelines/protocols</td>
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<tr>
<td>a literature review</td>
<td>C</td>
<td>with name</td>
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<tr>
<td>Attending specialist clinics for learning purposes</td>
<td>P</td>
<td>Details</td>
</tr>
<tr>
<td>Postgraduate clinical examining/hosting</td>
<td>P</td>
<td>Letter of confirmation</td>
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<tr>
<td>Postgraduate question writing groups</td>
<td>P</td>
<td>Attendance certificate</td>
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<tr>
<td>Reflection on feedback from patients, colleagues and others</td>
<td>P</td>
<td>MSF output or other feedback</td>
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<tr>
<td>Preparation of postgraduate teaching materials including feedback from</td>
<td>P</td>
<td>Materials/slides</td>
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<tr>
<td>those taught</td>
<td>C or NC</td>
<td>Participant feedback</td>
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<td>Departmental meetings with educational focus (not business meetings) eg</td>
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<td>Internal register</td>
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<tr>
<td>study day, journal club, peer review group, audit meeting, M&amp;M meetings</td>
<td>C or NC</td>
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<td>Informal meetings or clinical conversations with peers from which learning</td>
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<td>is demonstrated</td>
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<td>Peer observation/peer review eg during ward round overlap, within a clinical</td>
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<td>Reflection</td>
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<td>MDT</td>
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<tr>
<td>Writing or editing articles for publication (which necessitated learning)</td>
<td>P</td>
<td>Article reference</td>
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<td></td>
<td>C or NC</td>
<td>Feedback</td>
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<td>Private study, research and reading professional publications</td>
<td>P</td>
<td>Article reference</td>
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<td>C or NC</td>
<td>Study data</td>
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<td><strong>Formal learning activities, eg</strong></td>
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<td>Professional conference, meeting, seminar, workshop or symposia on clinical</td>
<td>E or I</td>
<td>Attendance certificate</td>
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<td>Internal register (if I)</td>
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<td>CPD activity</td>
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<td>Clinical/scientific meeting relevant to child health</td>
<td>I or E C</td>
<td>Agenda</td>
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<td></td>
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<td>Annotated slides</td>
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<tr>
<td>Leadership and management; research skills, statistics training</td>
<td>E NC</td>
<td>Attendance certificate</td>
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<tr>
<td>MA/MSc/PhD</td>
<td>E C or NC</td>
<td>Confirmation letter</td>
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<td>Assignments</td>
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<tr>
<td>Distance/e-learning</td>
<td>E (if online interaction) P (if no interaction)</td>
<td>Completion certificate</td>
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<tr>
<td>Mandatory courses eg resuscitation, IT, management</td>
<td>I C or NC</td>
<td>Internal register</td>
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<td>Attendance certificate</td>
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Appendix 3
Reflective prompts

The following reflective prompts are suggestions to help you reflect on formal and informal learning, and are not prescriptive. You may prefer to use your own or write in your own reflective style. For those who use the RCPCH CPD diary, these prompts are incorporated into it. See Appendix 4 for exemplars using these prompts.

<table>
<thead>
<tr>
<th>Reflecting on your learning</th>
<th>Describe the detail of the activity</th>
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</thead>
<tbody>
<tr>
<td>(a simple set of prompts to draw out learning from any CPD activity)</td>
<td>What did you learn?</td>
</tr>
<tr>
<td></td>
<td>What effect has/will the learning had/have on your current practice? (you may need to revisit this question 3/6/12 months after the initial activity)</td>
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<tr>
<td></td>
<td>What further learning or action, if any, is needed as a result of the original learning activity?</td>
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</table>

<table>
<thead>
<tr>
<th>Reflecting on a significant incident</th>
<th>Describe the situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a more comprehensive set of prompts to help you analyse and reflect on professional situations that made you stop and think, eg a significant incident, a complex professional situation)</td>
<td>What were the context/factors that had an influence on the situation?</td>
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<tr>
<td></td>
<td>What did you do/say that was effective in the situation?</td>
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<td></td>
<td>What did you think and feel?</td>
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<td></td>
<td>What happened that exacerbated the problem?</td>
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<td></td>
<td>What was the outcome for the patient/parent/yourself/others?</td>
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<td></td>
<td>Looking back what could you have done differently?</td>
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<td></td>
<td>What were the key learning points from the situation?</td>
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<tr>
<td></td>
<td>What effect has/will the learning had/have on your current practice? (you may need to revisit this question 3/6/12 months after the initial experience)</td>
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<tr>
<td></td>
<td>What further learning or action, if any, is needed as a result of the original learning experience?</td>
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Appendix 4
Examples of reflection: Reflection on learning examples

Describe the detail of the activity

Journal review

What did you learn?

Following two clinical cases in as many months of Hirschprung’s disease in preterm infants, I undertook a literature search and then shared the findings with clinical colleagues. I learnt that the prevalence rate for Hirschsprung disease in preterms was higher than I thought it was and to consider it as a differential diagnosis in preterm infants with persistent abdominal distension.

What effect has/will the learning had/have on your current practice? (you may need to revisit this question 3/6/12 months after the initial activity)

I have a better understanding of a non-standard presentation of an unusual condition. I updated the local guideline for management of necrotising enterocolitis, so that is now contains a footnote to consider this diagnosis if symptoms unresolved.

What further learning or action, if any, is needed as a result of the original learning activity?

I need to make sure my colleagues are aware of the change in the local guideline – plan to present at Grand Round.

Describe the detail of the activity

Clinical conference focusing on NICE guidance on neonatal sepsis

What did you learn?

Gained an overview of the evidence base and rationale behind the recently published NICE guidance on neonatal sepsis:

- update on current evidence of benefit and practical procedures used by the mobile ECMO service
- gain an understanding of the current obstetric management and priorities in twin pregnancies
- update on the recent advances in obstetrics as they are relevant to neonatal practice
- improve awareness of the craniosynostosis service at Alder Hey Children’s Hospital, including timing of referral and outcomes
- learn to interpret cerebral function monitoring (CFM) traces
- an introduction to debriefing as a tool in clinical and simulated scenarios
- learn the practical aspects of sizing and applying a stoma bag, dealing with skin breakdown at the stoma site, correct positioning and management of a Replogle tube in a baby with Tracheo-
Oesophageal Atresia and anal dilatations with Hagar dilators for babies with anal stenosis
• update on the evidence base for therapeutic hypothermia in Hypoxic Ischaemic Encephalopathy (HIE) since the TOBY trial and other therapies that are the subject of research for their potential benefit in HIE

What effect has/will the learning had/have on your current practice? (you may need to revisit this question 3/6/12 months after the initial activity)

Further learning undertaken by auditing practice on the neonatal unit in line with the NICE guidance, to ensure my practice was in line with national guidance.

What further learning or action, if any, is needed as a result of the original learning activity?

Plan to consolidate my learning by undertaking a teaching session with trainees when there will be a CFM monitor in use. This will mean that I am able to review the original learning and clarify the areas that I hadn’t understood clearly whilst discussing it with trainees and colleagues.

Describe the detail of the activity

Immunisation update by community trainee

What did you learn?

Rotavirus vaccination - first dose should be given at two months and not after 15 weeks because of risk intussusception. It should be given on discharge from NNU as live vaccine and shed in stool. Oral vaccine is given at two and three months. Prevents 70% of cases. Those vaccinated will test positive one to two weeks after immunisation.
HPV - now use Gardasil not Cevarix which protects against four HPV viruses not two. Two doses given to 12-13 year olds with catch up offered to age 18 year olds. Protects against 70% of viruses associated with cx cancer and genital warts. Looking at vaccination of boys too but cost is the issue.
Fluenz - live vaccine via nasal route. Herd immunity is an issue. Two to four year olds and school year 1 and 2 may get runny nose after. Uptake 35% locally. If egg allergic can have it but better to have injectable one. If history of anaphylaxis, should have special vaccine not grown on egg.
Men B - introduction imminent. Given at 2, 4 and 12 months as 5-in-1. Currently available privately £70. Men C given at 3 months currently but this might be removed and only be given at 12 months.

What effect has/will the learning had/have on your current practice? (you may need to revisit this question 3/6/12 months after the initial activity)

Discussion re cross over on Men B and Men C. Sign post parents to www.nhs.uk for info about immunisations.

What further learning or action, if any, is needed as a result of the original learning activity?

I will check learning on the site from Public Health England www.immunologyquiz.phe.org.uk
Examples of reflection: Reflection on a significant incident example (not all prompts have been used in the example)

Describe the situation

A four-year-old boy with established epilepsy comes to A&E following a prolonged seizure and is admitted to the paediatric ICU following a respiratory arrest. I was the consultant on call that weekend and arrived in A&E about mid-way between the child’s arrival in A&E and his respiratory arrest.

What were the context/factors that had an influence on the situation? What exacerbated the problem?

It became apparent that he had five doses of benzodiazepines prior to a loading dose of intravenous phenytoin, the latter of which quickly stopped his seizure. It also transpired that one of these doses had been doubled in error. I had not fully appreciated how many doses of benzodiazepine he had already received.

It was later agreed that the likely cause of his respiratory arrest was secondary to the number of doses of benzodiazepine he had received across a number of settings: at home from the family, in the ambulance from paramedics, in A&E from casualty doctors and nurses and again in A&E from attending paediatricians.

What did you do/say that was effective in the situation?

I flagged this as a ‘near miss’ incident in our hospital safety system. We reviewed the communication pathway and recording of information in the resuscitation room of our A&E.

I reviewed the latest literature on the management of convulsive status epilepticus. I ran an update on the status epilepticus protocol for the junior staff in my own paediatric department and A&E, emphasising the correct doses and timeline.

I asked my nurse colleagues to review the ‘emergency care protocol’ for all children with epilepsy on emergency buccal midazolam so that it was clear how many doses of benzodiazepine their child could have. Families were asked to give a copy of this protocol to the ambulance crew should this be necessary.

What was the outcome for the patient/parent/yourself/others?

He needed a short period of intubation and ventilation but fortunately made a full recovery.

Looking back, what could you have done differently?

I could have made more stringent enquiries about the number of doses and quantity of doses of benzodiazepine he had received when I arrived in A&E myself.
**What were the key learning points from the situation?**

The importance of good communication. Asking the right questions in the ‘heat of the moment’. Ensuring my team knows about the appropriate management of status epilepticus.

**What effect will this have on my learning and practice?**

I will review some of the emergency protocols in our department with my colleagues to ensure that the protocols are up to date and, importantly, that everyone in my team is aware of these and understands them. I will consider running some simulation exercises to test this knowledge within my unit – this will also be a learning exercise for myself.

**What further learning or action, if any, is needed as a result of the original learning experience?**

See above.