Introduction

The Federation of Physicians Colleges UK CPD Policy Group have created this guide to support Doctors when recording their CPD. It seeks to illustrate the relevance of quality reflection to this process and to provide examples of how to apply this in the context of other national guidance.

Rationale for Reflection

As an adult learner, a doctor’s development is maximised when new knowledge is relevant to personal experience and practice. Reflection is a process essential to our review of practice and to learning from education and clinical experience. It enables identification of gaps in knowledge and skills (generic, specialty and non-clinical) and a monitoring of our development in these areas. Just as we seek an evidence-base for our clinical decision making, undertaking critical appraisal of the available evidence, or seek to enhance the delivery of service in our department through questions posed by audit and research, so it is appropriate that we should continually evaluate our practice against best standards and question our knowledge and skills.

Within our agreed Personal Development Plan (PDP) it is important that educational objectives are SMART i.e. Specific, Measurable, Achievable, Realistic and Timely. The educational activity chosen to fulfil these objectives should be carefully matched to the identified needs and be suitable for the personal learning style of the individual doctor. Reflection in relation to such an educational activity is an integral part of the learning cycle. Through reflection we can review to what extent the activity has met the needs it was intended to fulfil, identify new concepts for our practice and enable action points to be developed and undertaken.
The GMC, in the latest draft of *Good Medical Practice (2013)*, emphasises the importance of reflection:

**Domain 1: Knowledge, skills and performance**  
*Develop and maintain your professional performance*  
8 You must keep your professional knowledge and skills up to date.  
9 You must regularly take part in activities that maintain and develop your competence and performance.

**Domain 2: Safety and quality**  
*Contribute to and comply with systems to protect patients*  
22 You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:  
   a taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary.  
   b regularly reflecting on your standards of practice and the care you provide.

**The GMC CPD guidance 2012 also notes that:**  
“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”.

In *Supporting Information for Appraisal and Revalidation* the GMC states:  
**Reflection** – *Good Medical Practice* requires you to reflect on your practice and whether you are working to the relevant standards.  
**Outcomes** – CPD should focus on outcomes or outputs rather than on inputs and a time-served approach. You should evaluate what you have learned and understood from your CPD activity and how it may impact on and improve your performance.  
**Needs-based** – You should identify and participate in CPD based on your day-to-day work and what you perceive will be needed in the future to undertake your roles and responsibilities.  
**Appraisal and clinical governance** – You should make sure that your CPD is influenced by your participation in clinical governance processes, individual, organisational and national audit, workplace-based assessments, and other mechanisms that shed light on your professional and work practices”.


Reflection in practice

Physicians do consider their practice and amend their processes, often unconsciously, or following changes in guidelines, concerns and complaints. Clinical excellence is supported by critical evaluation and assessment of input, process and output. Development of reflective practice amongst doctors and those providing educational opportunities can be a key contributor to achieving successful improvement in quality of care and patient safety.

Nevertheless, the process of committing such thoughts for improvement to paper and translating them into identifiable action points can be felt to be a burdensome aspect of CPD. To be at its most effective, it is important that reflection is undertaken soon after a learning experience. The opportunities and intentions of change in practice that seem so clear after an educational event, can be lost following the reality of return to the busy work environment. The use of prompts to structure reflection can make this process easier.

The Academy of Medical Royal Colleges encourages mapping of CPD activity to the GMC’s Good Medical Practice domains and use of reflection in relation to CPD activity to assess its impact on clinical practice. Reflective writing is essentially evidence of reflective thinking. It is ‘looking back’ on something that has happened and then looking forward to a change in thinking or practice. It is an individual perspective on the event and therefore has a more personal style than academic writing. Reflective writing does not have to be long, but having a structure can make even a very brief piece more useful.

Such a structure could include:

1) **A brief description of the event.** What happened? What was the subject or clinical scenario?

2) **What were the key lessons? Include both positive and negative aspects.**
   a) What was positive in this event? What was a good idea or the relevant aspect? What things are you doing now that you will change because of this event or talk? *e.g. The concept that has the greatest impact on me was...*
   b) What was something that should not have happened or shouldn’t happen again? What idea is not practical in your workplace? *e.g. Previously I had thought that but now I realise.*

3) **What were the reasons behind your thoughts on these positive and less positive aspects?** How did the idea work? What is the theory to remember? How is it different to what happens currently? *e.g. This was explained by...*

4) **What will you do now?** Will you share this new learning? What three steps would be crucial to make this idea work in your workplace? What additional learning needs have you identified? *e.g. I am now planning a meeting with...*

5) **When will you do this?** What is the timescale to achieve this?
Benefits of reflection:

Reflection provides evidence of the effectiveness of your CPD

• It increases your awareness of what you have learned
• It provides a mechanism to formalise your thoughts about change and how to move forward
• It facilitates deep rather than superficial learning
• It enables you to identify ongoing personal or team development need
• It improves clinical and non clinical aspects of your practice
• Once written down it provides a basis for discussion at your appraisal.
• It is an important component of preparation for Revalidation
• It enables you to follows GMC and Federation of Royal Colleges of Physicians guidelines
Appendix 1

Example scenario

You have attended a presentation of the newly published NICE Guidelines for screening in your specialty. At your appraisal you expressed interest in leading on this aspect of practice within your department.

• You have been meaning to read the full guidelines but felt that this meeting would enable you to grasp the implications for the department and network with others to see how other organisations are dealing with the changes.

• The meeting used clinical examples of the impact and benefits of the new changes which are very relevant to your understanding of developments in your specialty.

• You learn that there are some minor implications for your personal practice and the departmental processes. You identify one major implication that will need discussion and careful planning within the department.

• You realise that you need to read the full guideline document to fully appreciate the changes and implications for yourself and the department as a whole.

• You believe that the changes are needed and will improve the quality of care for patients.

• You decide to provide an update for your colleagues at next week’s multi disciplinary meeting.

• You resolve to devise and undertake an audit of the current practice in the department to highlight current practice and the changes needed.

• You reflect that this is important and needs to be managed well.

• You envisage resistance from some of your colleagues and the organisation.

• You need to prepare carefully by reviewing the costs and implications for the department.

• You will highlight the progress in your next appraisal as part of the review of your PDP.
Appendix 2 Reflective template example for sample scenario

What happened?
I attended the Specialty Society meeting on the new NICE guidelines for screening. This is something that I highlighted as a goal in my last appraisal – leading the implementation of the new guidelines in the department. This one day meeting, accredited by the Royal College appeared to provide an ideal way to grasp the implications for change in my personal practice as well as departmental processes. It also offered the opportunity to network and find out how other centres are preparing for the implementation.

What are the key lessons?
Positive lessons
Overall I found the meeting extremely helpful. It was based upon clinical examples which were very relevant and emphasised the benefit to patients and the quality of service provision of the revised guidelines. These changes need to be implemented.

Negative lessons
Due to time pressures, I did not have opportunity to read the full guidelines in preparation for the meeting. I regret this as I would have got more out of the meeting and been able to contribute constructively to the discussion.

Why are these important?
The guidelines are based on the highest level of available evidence. There are some minor changes for the department for implementation. One major change is likely to provoke resistance and will therefore need to be discussed and carefully planned.

What will you do differently or change now?
I will read the guidelines in full and present what I have learnt to my consultant colleagues at the next multi disciplinary team meeting. My aim is to move forward with the changes over the next six months.

How will you do this?
The first thing is to devise and undertake an audit of current practice and identify the changes that will be needed. The results of this will be feedback to the department at our next audit meeting and the changes needed discussed. Management will need to be included to review any financial or managerial implications. I will meet with our department manager next week to discuss the guidelines and the pressures for change. I feel very positive about this process.

When will you do this?
The Audit meeting is in three months time and I envisage ensuring changes are in place in six months time. Success in this will be an example of service improvement activity for my next appraisal.
Appendix 3: RCP Reflective Template for CPD Activity

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<thead>
<tr>
<th>What happened? What was the subject or clinical scenario?</th>
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<table>
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<tr>
<th>Which GMC domain and attribute did this event relate to?</th>
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<tbody>
<tr>
<td>Knowledge skills and performance</td>
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<td>Quality and safety</td>
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<tr>
<th>What are the key lessons?</th>
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<tbody>
<tr>
<td><strong>Positive lessons</strong> What was a good idea or the relevant aspect? What aspects of your clinical practice are reinforced by this activity?</td>
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<tr>
<th>Why are these important? How did the idea work? What is the theory to remember? How is it different to what happens currently? What from this activity could improve patient safety or patient care?</th>
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<table>
<thead>
<tr>
<th>What will you do differently or change now? How will your skills, knowledge or attitude change? How will your clinical practice change? Will you share this new learning?</th>
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<tr>
<th>How will you do this? What three steps would be crucial to make this idea work in your workplace? What additional learning needs have you identified?</th>
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<tr>
<th>When will you do this? What can be achieved by key milestones?</th>
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