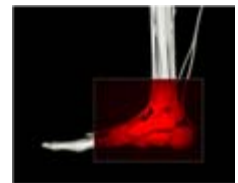


The GP Update Revalidation Action Pack



Autumn 2010

www.gp-update.co.uk

The GP Update Revalidation Action Pack

**To be used in conjunction with the
autumn 2010 edition of
The GP Update Handbook.**

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Welcome to The GP Update Revalidation Action Pack!

With revalidation on the horizon, proving we are up to date is going to be as important as staying up to date!

This Revalidation Action Pack helps you earn your CPD credits for revalidation.

It provides a simple framework to help you put into practice some of the new evidence and guidance we discuss in The GP Update Handbook, earning you credits as you go, ready for your next appraisal and revalidation.

CPD credits for revalidation

I've summarised the different aspects of revalidation in The GP Update Handbook. Here I will focus on the CPD credit system, summarising the requirements and then demonstrating how you can use the Revalidation Action Pack to help you gain CPD credits.

- **GPs need to earn at least 50 CPD credits a year and 250 over a 5 year period.** Earning less than 50 credits in any one year is only acceptable in what the RCGP call 'exceptional circumstances', eg. maternity leave/sabbatical/prolonged sickness.
- **All credits are self-assessed and then verified by your appraiser.** To reassure you, in the pilots, GPs have tended to underestimate, not overestimate, credits earned!
- **Credits are based on two things: time spent (with 1 hour = 1 credit) and impact.**
- **The impact factor acts as a multiplier, doubling your credits.** I've explained this in more detail on the Revalidation pages of The GP Update Handbook, with a worked example. Importantly, every activity in this Revalidation Action Pack qualifies for the impact factor.
- **CPD credits should be spread across all areas of learning need**, not just one area, such as diabetes. Partners may want to include some management learning as well as clinical activities, GP with a special interest would be expected to have some credits related to their specialist area and others related to their 'general' practice.

Using The Revalidation Action Pack

We are not proposing that you do all the activities in this Revalidation Action Pack. Some of the suggestions may appeal to you, others may not. Pick a few topics that meet your learning needs or an area where you feel your practice could develop. You can then file these in your revalidation folder ready for your next appraisal.

- **We have tried to use a variety of activities** including audits and reflective writing, giving you prompts along the way to minimise the pain! Some are small (a quick counting exercise on the computer), and others are bigger (setting up a call and recall system).
- **We've taken special care to include suggestions for non-principal GPs** not regularly based in the same practice, as we know that proving you stay up to date is so much harder when you can't easily audit your care.
- **All the activities qualify for the impact factor**, because they show evidence of how you have changed and the impact this has had on patients, clinicians or services.

- **At the start of each activity you will see a header, telling you about the activity and who it is most suitable for, and our estimation of how many credits we think you should earn from doing the activity**, although if you spend a greater or lesser amount of time on an activity, you need to adjust your claim accordingly. For example:

This tells you which chapter of The GP Update Handbook the activity relates to. The Handbook is also available at www.gp-handbook.co.uk

The relevant page numbers from the Handbook are indicated in this box.

This estimates how many CPD credits we think you should earn from an activity.

Cardiovascular Medicine	The GP Update Handbook, (autumn 2010) p57-59	Estimated CPD credits earned = 4 Credits
Familial hypercholesterolaemia: have we missed any?	Practice based <input type="checkbox"/>	Non-practice based <input checked="" type="checkbox"/>

This indicates the topic that this activity covers.

This will tell you who the activity is aimed at: if you are a partner or salaried doctor or long term locum, choose the activities marked 'practice based'. If you are a locum rarely based in the same practice, use the 'non-practice based' activities. *This example shows an activity specifically designed for those who are not based in a practice on a regular basis.*

- **At the end of each activity we have given you a box to record how many credits you wish to claim for an activity**, along with a guide of what we think the average GP should claim. CPD credits are based on time spent learning, so you can't count the time data gathering for an audit, but you can count the time spent reflecting on and writing up an audit, or time preparing and presenting at an educational meeting.
- **We have also included boxes explaining why this activity is relevant and justifying why the Impact Factor can be applied. This is to meet the requirements of revalidation.**

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>2 hours = 2 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on patient care</i>	<i>Impact factor doubles credits</i>
Total CPD credits earned		<i>4 CPD credits</i>

We'd love to know what you think of the Revalidation Action Pack; we only find out what you like, and what you don't, if you tell us! Please email us at: feedback@gp-update.co.uk

Lucy Jenkins, Peter Rose, Caroline Greene and James Cave.

Cardiovascular Disease	The GP Update Handbook, (autumn 2010) p18-24	<i>Estimated CPD credits earned =</i> 6 Credits
Chronic heart failure: update on diagnosis and management	Practice based <input checked="" type="checkbox"/>	Non-practice based <input checked="" type="checkbox"/>

➤ **Read the section on chronic heart failure in the GP Update Handbook (page numbers in box above).**

➤ **Practical issues: write brief notes to the following questions.**

Do you have access to natriuretic peptide testing?.....

Do you have access to specialist assessment?.....

What is the waiting time for specialist assessment? Does it meet the standards set out in the NICE guidance?

Current waiting time for those with PMH MI/high BNP:.....
(NICE recommendation: seen within 2 weeks)

Current waiting time for those with raised BNP and no PMH of MI:.....
(NICE recommendation: seen within 6 weeks)

What access do you have to a specialist level multidisciplinary team who offer education and rehab? Do you know how to access this service? What is the current waiting time?

What access do you have to palliative care support for those with heart failure?

➤ **If you do not have a local service that meets the requirements set out by NICE could you write to the PCT/your local PBC to highlight the gap?**

Record date letter sent:

➤ **Audit prescribing in those with heart failure.** If you are based in a practice this should be a retrospective audit. If you are not regularly based in a practice then you can do this prospectively on the next 10 patients you see, ignoring percentage column.

I've given you comparative data from research on 10 000 UK patients with heart failure (Family Practice 2009;26:145)

Until now we have made little distinction between the different sorts of heart failure, so for the purposes of the audit I would include all with heart failure unless they are coded as having diastolic failure/failure with preserved ejection fraction.

Number with heart failure:

	Number	Percentage	Comparative data
On diuretics			80%
On aspirin (exclude those without atherosclerosis)			-
On ACE inhibitor/ARB			71%
On beta-blocker			37%
On ACE inhibitor/ARB and betablockers			<33%

➤ **Re-read the summary of the NICE and SIGN guidelines on heart failure. What are the key changes from your current practice with regard to:**

Diagnosis:

Drug therapy:

Other aspects of care (eg. end of life care, rehab):

- **Reflect on the audit data and the changes highlighted above. Write brief notes on:**

The key areas of change you need to make in your current practice:

Barriers to implementing change (in particular if you do not have access to particular services):

How you could overcome these barriers:

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>3 hours = 3 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on prescribing & communication (patient care)</i>	<i>Impact factor doubles credits</i>
Total CPD credits earned		<i>6 CPD credits</i>

Cardiovascular Disease	The GP Update Handbook, (autumn 2010) p29	<i>Estimated CPD credits earned =</i> 4 Credits
Aspirin in primary and secondary prevention of CVD	Practice based <input checked="" type="checkbox"/>	Non-practice based <input checked="" type="checkbox"/>

➤ Read the section on aspirin and CVD. Then read the section on aspirin in diabetes (page numbers in box above).

➤ Write brief notes on your current practice and how this could change in view of the new evidence:

	Primary prevention in non-diabetics	Primary prevention in diabetics	Secondary prevention (diabetics & non-diabetics)
Current practice	(You may want to separate low and high risk individuals)		
New practice			

➤ **Find out patients' understanding of the benefits of aspirin**

Ask the next 4 patients you see who are taking aspirin for primary prevention what they think the benefits are. Write brief notes on what they said.

Case 1	Case 2
Case 3	Case 4

➤ **Explaining the new evidence.** Write brief notes on how you might explain the change in thinking about aspirin to your patients in the light of the new evidence, and what your patients told you about the perceived benefit:

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>2 hours = 2 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on prescribing & communication (patient care)</i>	<i>Impact factor doubles credits</i>
Total CPD credits earned		<i>4 CPD credits</i>

Cardiovascular Disease	The GP Update Handbook, (autumn 2010) p30-34	<i>Estimated CPD credits earned =</i> 6 Credits
Atrial fibrillation: NICE guidance and CHADS₂	Practice based <input checked="" type="checkbox"/>	Non-practice based <input type="checkbox"/>

➤ **Read the section on atrial fibrillation (see page numbers above).**

➤ **Write brief notes on the key points.**

➤ **How could you change your practice in the light of this?**

➤ **Audit your current population with AF, rating them according to the CHADS₂ score.** You may want to use the format below to do this (in which case I have given you a larger version on p10) or develop your own tool. Score 1 for each factor, except for stroke/TIA where you score 2.

A score of 2 or more indicates warfarin may be indicated.

You may want to ask one of the admin team, or a health care assistant to actually do the data collection.

Patient number	>75y	Hypertension	Diabetes	CCF	CVA/TIA (scores 2)	CHADS ₂ score	Current therapy		
							Aspirin	Warfarin	Other/none

➤ **Summarise your findings:**

Total number with AF	
Number with CHADS₂ <2	
Number with CHADS₂ <2 <u>on</u> warfarin	
Number with CHADS₂ score ≥2	
Number with CHADS₂ score ≥2 <u>NOT</u> on warfarin	
Number of patients who should be reviewed (CHADS₂ <2 on warfarin plus CHADS₂ score ≥2 NOT on warfarin) (Note that there may be good reasons for patients with a high score not to be on warfarin, and for those with low scores to be on it.)	

➤ **Document any actions you took for those who have low CHADS₂ score on warfarin, or high scores who are not on warfarin.** Overleaf I have given you a form you might want to use to do this.

➤ **Reflect on your learning from this activity.**

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>3 hours = 3 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on prescribing & communication (patient care)</i>	<i>Impact factor doubles credits</i>
Total CPD credits earned		<i>6 CPD credits</i>

(When claiming CPD credits you can't actually claim for the time spent doing the data collection – sorry!)

Cardiovascular Medicine	The GP Update Handbook, (autumn 2010) p57-59	<i>Estimated CPD credits earned =</i> 4 Credits
Familial hypercholesterolaemia: have we missed any?	Practice based <input type="checkbox"/>	Non-practice based <input checked="" type="checkbox"/>

➤ **Read the section in the GP Update Handbook on Familial Hypercholesterolaemia (page numbers given in box above).**

➤ **Write brief notes on the key learning points:**

➤ **Over the next month or so, start looking at cholesterol levels in patients you see to identify those who might have undiagnosed familial hypercholesterolaemia.**

You are unlikely to be remember the diagnostic criteria for familial hypercholesterolaemia off the top of your head – do you have a place (a memory stick, filofax etc) where you keep useful reference criteria such as these – can you add them to this?

Added on (date):

➤ **Communicating your findings.**

For each patient you see quickly look back over past cholesterol readings – if any are over 7.5 this might indicate familial hypercholesterolaemia. How might you communicate such a possibility to patients? How might you flag this up for the next person who sees them? Write brief notes on your thoughts:

➤ **Reflections on managing communication when you are not based in a practice**

When you are not based regularly in a practice tricky areas such as this are not uncommon – you discover something that needs further investigation but you can't follow this through. This sometimes leaves you with some anxiety or a sense of dissatisfaction. If such an event has occurred you may find writing about the incident can help. Such a reflection should include cover areas such as: What actually happened? How did you feel? How could you have done things differently? Are there any changes that need to be made as a result?

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>2 hours = 2 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on patient care</i>	<i>Impact factor doubles credits</i>
Total CPD credits earned		<i>4 CPD credits</i>

Cardiovascular Medicine	The GP Update Handbook, (autumn 2010) p57-59	Estimated CPD credits earned = 4-12 Credits
Familial hypercholesterolaemia: have we missed any?	Practice based <input checked="" type="checkbox"/>	Non-practice based <input type="checkbox"/>

➤ Read the section in the GP Update Handbook on familial hypercholesterolaemia (page numbers given in box above).

➤ Write brief notes on the key learning points:

➤ **Audit your practice population: how many might have undiagnosed familial hypercholesterolaemia?**

Remember some will have been started on statins for other reasons, but you need to identify them because of the importance of cascade testing (testing family members) so don't look at the most recent cholesterol levels but search on all cholesterol levels.

Remember to exclude those with an established diagnosis of familial hypercholesterolaemia.

Date:	Number
Number of patients with cholesterol >7.5 (ever)	

➤ **Should you invite these people in to assess their risk in more detail?**

Identify the personal, practice or patient learning needs that would need to be addressed before doing this (eg. location of local lipids clinic, who does cascade testing locally, leaflets for patients with possible familial hypercholesterolaemia).

Personal learning needs	Practice learning needs	Patient's learning needs

- **Now think about the steps you need to do to call in those with possible familial hypercholesterolaemia** (eg. how would you meet learning needs, what should the invitation letter say, is this going to be a GP or nurse led clinic).

Action	Person responsible	Target date

- **Summarise what you are going to do next .**
This could simply be to say you are going to discuss the above action plan with the other staff and then implement it, or you might want explain if you took an alternative path.

- **Once you have implemented the plan, reflect on how the implementation process went and what you could learn form it.**
You might want to record things that went particularly well, problems and how you overcame them and what you would do differently next time.

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>2-6* hours = 2-6 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on patient care & service delivery</i>	<i>Impact Factor doubles credits</i>
Total CPD credits earned		<i>4-12* CPD credits</i>

*Credits will vary depending on how long you spent addressing your learning needs and whether you implemented the plan and recalled all patients or not.

Respiratory Medicine	The GP Update Handbook, (autumn 2010) p91	<i>Estimated CPD credits earned =</i> 2 Credits
Prednisolone prescribing	Practice based <input checked="" type="checkbox"/>	Non-practice based <input checked="" type="checkbox"/>

➤ **Read the section on prednisolone prescribing in the GP update handbook (pages above).**

➤ **Audit your prescribing of prednisolone.**

This is best done retrospectively (look at all prednisolone prescribed for any indication over the last 12m), but if you are a locum, you could do this prospectively, albeit with smaller numbers (so ignore the box marked percentage).

	Number	Percentage of total
Total number of prednisolone scripts issued		-
Number of enteric coated scripts issued (remember to include all strengths)		
Number of ordinary prednisolone scripts issued (remember to include all strengths)		
Number of scripts for 25mg issued		

➤ **What are your key learning points and how will you change your practice in the light of these?**

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		1 hours = 1 credits
Can the Impact Factor be applied?	Yes <i>Why? Impact on prescribing (patient care)</i>	<i>Impact Factor doubles credits</i>
Total CPD credits earned		2 CPD credits

Respiratory Medicine	The GP Update Handbook, (autumn 2010) p94-104	<i>Estimated CPD credits earned =</i> 2 Credits
Prescribing in COPD	Practice based <input checked="" type="checkbox"/>	Non-practice based <input checked="" type="checkbox"/>

- **Read the NICE guidelines on COPD and the evidence around the different drugs used in COPD (see page numbers in box above).**

Write brief notes on the key changes highlighted by the guidelines & evidence:

- **Review the next 3 people you see with COPD.**

Are they using their inhalers correctly?

Do their inhalers make a difference subjectively?

Are the inhalers they are on rational, based on the latest evidence?

Are they on any combinations that might not be helpful (eg. ipratropium & B-agonist)?

If they are on inhaled steroids, do they have more severe disease ($FEV_1 \leq 50\%$) or have they tried all the other alternatives?

Do they have a self management plan for exacerbations? (There is a whole activity on this in the Revalidation Action Pack.)

Write brief notes on your findings:

Case 1:

Case 2:

Case 3:

- Summarise the key learning points from these 3 cases:

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>1 hours = 1 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on prescribing (patient care)</i>	<i>Impact Factor doubles credits</i>
Total CPD credits earned		<i>2 CPD credits</i>

➤ **Summarise what you are going to do next .**

This could simply be to say you are going to discuss the above action plan with the other staff and then implement it, or you might want explain if you took an alternative path.

➤ **After implementing the changes outlined in your action plan, above, reflect back on the process.**

You might want to record things that went particularly well, problems, and how you overcame them, and what you would do differently next time.

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>2-6* hours = 2-6 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on prescribing & systematic care (patient care)</i>	<i>Impact Factor doubles credits</i>
Total CPD credits earned		<i>4-12* CPD credits</i>

*Credits will vary depending on whether you wrote a COPD protocol from scratch or had to make only minor modifications and the time involved in preparing and sharing this at an educational meeting.

Respiratory Medicine	The GP Update Handbook, (autumn 2010) p98	Estimated CPD credits earned = 8-12 Credits
Self management for COPD	Practice based <input checked="" type="checkbox"/>	Non-practice based <input type="checkbox"/>

*******NB Use this activity if you don't currently have a system*****
for patients to manage exacerbations of COPD at home.
If you do have a system for this up and running, then try testing it out: see overleaf**

Developing a system for patients to self manage their exacerbations at home will involve a number of steps:

1. Develop a leaflet for patients outlining what they should do (or use the one in the appendix of The GP Update Handbook).
2. Make sure you have a system for re-issuing scripts and checking people are getting better (eg. telephone consultation 2-3d after starting therapy).
3. Implementing the changes.
4. Checking the system works (see the next activity for this).

➤ **Outline your action plans here:**

Step 1: developing a leaflet:

Develop a leaflet for patients outlining what they should do (or use the one in the appendix of The GP Update Handbook). Remember that if you write a patient leaflet it is worth getting a receptionist/patient to read it through for you to check it is easy to follow!

Actions required to develop leaflet	Person responsible	Target date

Step 2: System for reissuing scripts/checking patient is recovering

A great way of seeing whether any system works (and how many steps it involves for patients!) is to get a couple of different coloured post it pads and write down each step in the process, using one colour for patients, one for reception staff and another for clinical staff. Using post it pads helps because you can rearrange steps and using different colours helps you to see where the work is happening, and can help you to simplify complex systems. If you involve members of different teams (particularly receptionists in this case) you will get a more rounded picture and you are more likely to develop a workable system! Get several members of different teams to help you. (This is called process mapping.) A great way to record your effort is to take a digital photo (you may need several!) of the final process map! *Make sure your handwriting is legible....*

Action plan for developing system for reissuing scripts	Person responsible	Target date

Step 3: Implementing the change

This could be done by holding a group educational session for those with COPD, or by slowly transferring people onto the new system as they come for their medication review, or ad hoc when they present for an exacerbation.

Action plan for ensuring staff & patients understand new system	Person responsible	Target date

Step 4: Checking the system works

See the next activity for ways you could do this.

➤ **Finally, review the process to date.**

You might want to record things that went particularly well, problems, and how you overcame them, and what you would do differently next time.

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>4-6* hours = 4-6 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on prescribing & systematic care (patient care)</i>	<i>Impact Factor doubles credits</i>
Total CPD credits earned		<i>8-12* CPD credits</i>

*Credits will vary depending on how much time went into this process.

Respiratory Medicine	The GP Update Handbook, (autumn 2010) p98	Estimated CPD credits earned = 4 Credits
Self management for COPD: checking your system works!	Practice based <input checked="" type="checkbox"/>	Non-practice based <input type="checkbox"/>

*******NB Use this activity if you do have a system for this*****
up and running, if not, use the activity above to design a system.**

- **Read the section in The GP Update Handbook on self management of COPD exacerbations.**

- **Make notes on the key learning points:**

- **Ring 2 or 3 patients with COPD who have drugs at home for self management.**
 - Are they clear when they should take their antibiotics?
 - Are they clear when they should increase their inhalers?
 - Are they clear when they should start their oral steroids?
 - 'Can you go and get your tablets now, so I can check they are in date?' (and this allows them to confess that they have mislaid them!).
 - How would they know that things were not getting better? And when should they seek advice if not improving?
 - When would they call for help/dial 999?
 - How do they get more antibiotics/oral steroids?

Write brief notes on your findings:

Highlight any problems with the system:

➤ Do you need to make any changes either to your system or to the information given to patients in the light of what you have heard?

➤ Finally, reflect on the process.

You might want to record things that went particularly well, problems, and how you overcame them, and what you would do differently next time.

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	Our estimate for the average GP
Time taken for this activity		2* hours = 2 credits
Can the Impact Factor be applied?	Yes Why? Impact on prescribing & systematic care (patient care)	Impact Factor doubles credits
Total CPD credits earned		4* CPD credits

*If you identify major problems and address these, then you can almost certainly claim more credits for this, but do record what you have done.

Renal	The GP Update Handbook, (autumn 2010) p119-126	Estimated CPD credits earned = 6 Credits
Undiagnosing CKD!	Practice based <input checked="" type="checkbox"/>	Non-practice based <input type="checkbox"/>

- **Run a search identifying those over 70 who have an eGFR>45 which is stable over time (eg. on at least 2 occasions, 3m apart) and who could be 'undiagnosed' with CKD as per the NICE guidance (p136)**

Date:	Number
Number of people aged >75	
Number of people >75 with eGFR>45 and stable	
Number of people >75 with eGFR>45 and stable AND labelled with CKD3	

- **How will you share this new advice from NICE and the audit results with the other clinicians in the practice?** (eg practice meeting)

- **What have you decided to do with these people?**

Record your actions here:

➤ **How you will communicate this to patients? (ad hoc, letter).**

➤ **Finally, reflect on the process.**

You might want to record things that went particularly well, problems, and how you overcame them, and what you would do differently next time.

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>3* hours = 3 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on patient well-being (patient care)</i>	<i>Impact Factor doubles credits</i>
Total CPD credits earned		<i>6* CPD credits</i>

* This assumes you did the audit, discussed it at an educational meeting and developed some way of communicating the news to patients.

Renal	The GP Update Handbook, (autumn 2010) p119-126	<i>Estimated CPD credits earned =</i> 6 Credits
Auditing CKD care	Practice based <input checked="" type="checkbox"/>	Non-practice based <input type="checkbox"/>

➤ **Audit aspects of your care in CKD, summarised on p138-9.**

Date:	Number	Percentage
Considering those with CKD 3,4 or 5:		
How many with proteinuria reach a target BP of <130		
How many have had a CVD risk assessment? (45-74y)		
How many have had a recent Hb check?		
Considering those with CKD 4 & 5		
How many have had a calcium check?		
Phosphate?		
Parathyroid?		
Vitamin D level?		
On alfacalcidol/calcitrol but not had calcium/phosphate checked?		

➤ **Looking at the results of your audit, how could you improve your care? Identify the strengths and weakness of the care offered at present.**

Strengths in current care	Weaknesses in current care

➤ **How could improve your current care?**

➤ **Develop an action plan to improve your current care.**

Action	Person responsible	Target date

➤ **Finally, reflect on the process.**

You might want to record things that went particularly well, problems, and how you overcame them, what you would do differently next time and your key learning points.

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>3* hours = 3 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on prescribing & systematic care (patient care)</i>	<i>Impact Factor doubles credits</i>
Total CPD credits earned		<i>6* CPD credits</i>

* More credits could be claimed if you implemented an extensive action plan/presented the material at an educational meeting.

Renal	The GP Update Handbook, (autumn 2010) p122	Estimated CPD credits earned = 8 Credits
Call and recall systems for low eGFRs and other problems	Practice based <input checked="" type="checkbox"/>	Non-practice based <input type="checkbox"/>

➤ **What call/recall system do you have in place for those who need a second eGFR 3 months later? Would you know if someone forgot to come back for a repeat eGFR?**

This could be a big one involving the whole practice! Have a look at what other call and recall systems in the practice (eg. cervical screening, medication reviews, imms). What happens to those who need an annual mammogram or a colonoscopy every 5 years? What about recall systems for when coils/implants run out? Some practices use multiple different codes, others use a single code for multiple events (eg. 8AZ, monitoring of patient NOS).

Describe your current call and recall systems (you might want to do some process mapping here – see the description of this on page 22 of this booklet):

➤ **Do you think there is a need for a call/recall system for eGFR/other areas?**

➤ **Who should be involved in designing and implementing any such system?**

➤ **What advantages might there be to such a system? What barriers might there be?**

Advantages

Barriers



Write a brief outline of your action plan

Action	Person responsible	Target date

➤ **Now reflect back on how the implementation process...**
 What went well? What problems did you encounter? How did you overcome these? What would you do differently next time? What did you learn?

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>4* hours = 4 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on systematic care (service development)</i>	<i>Impact Factor doubles credits</i>
Total CPD credits earned		<i>8* CPD credits</i>

* More credits could be claimed if you overhauled your call and recall system – here I have assumed you have develop a deeper understanding of general call and recall systems in the practice and developed an effective call/recall system for eGFR.

- For the next 3 or 4 patients you see with CKD stages 3, audit aspects of their care, as summarised on p138-9 of The GP Update Handbook.

Of course, this does not reflect the care you have offered them to date, as you may never have seen them before, but it may highlight areas where care could be improved.

(Tick or cross as relevant)	1	2	3	4
Considering those with CKD 3,4 or 5:				
If they have proteinuria, so they reach the BP target of <130				
Have they had a CVD risk assessment? (45-74y)				
Have they had a check Hb in last 12m?				

- Write brief notes highlighting the learning you can take away from these results and any actions you should take.

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>3 hours = 3 credits</i>
Can the Impact Factor be applied?	Yes <i>Why? Impact on chronic disease care (patient care)</i>	<i>Impact Factor doubles credits</i>
Total CPD credits earned		<i>6 CPD credits</i>

Mental Health	The GP Update Handbook, (autumn 2010) p145-154	Estimated CPD credits earned = 4 Credits
Quality of notes in depression	Practice based <input checked="" type="checkbox"/>	Non-practice based <input checked="" type="checkbox"/>

➤ **Compared to national quality standards (p153), how much of what you do is recorded in the notes?**

This is best done retrospectively (say over the last 3 months if you work full time), but if you are a locum, you could do this prospectively, albeit with smaller numbers (so ignore the box marked percentage)

Date:	Number	Percentage	Results form BJGP study for comparison
Number of patients audited			
Presence or absence of suicidal thoughts			35%
Alcohol use			9%
Presence/absence of substance misuse			1%
Offered treatment within 2w of diagnosis (unless improved/misusing substances)			97%
Offered a follow up within 4w of diagnosis			78%

➤ **Reflect on your performance, writing brief notes on:**

Any themes you see emerging in your own practice from the audit, including where you perform well and any areas you perform less well in.

Barriers achieving to the national quality standards (in this section think generally – why do doctors not discuss these things – overleaf there is an opportunity to think about personal barriers).

Now think about personal barriers there may be that stop you achieving the national quality standards?

And how could you overcome these?

Any learning needs you have in this area?

And how you might address these?

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>2 hours = 2 credits</i>
Can the Impact Factor be applied?	Yes Impact on knowledge/understanding (patient care, clinician)	<i>Impact Factor doubles credits</i>
Total CPD credits earned		<i>4 CPD credits</i>

Mental Health	The GP Update Handbook, (autumn 2010) p145-154	<i>Estimated CPD credits earned =</i> 4 Credits
Health beliefs around depression and it's treatment	Practice based <input checked="" type="checkbox"/>	Non-practice based <input checked="" type="checkbox"/>

- **Explore people's understanding and thoughts about depression and antidepressants.** Ask a couple of your patients (depressed or otherwise) and a few others (friends, colleagues). Try to get a spectrum of ages. Explore:
- What causes depression?
 - How can it be treated?
 - What are the pros and cons of drug therapy?
 - Is there stigma attached to getting depression? Why?
 - If you work in an area which is culturally diverse, could you identify people from different cultures to learn more about understanding of depression within each culture?

Write brief notes here of what people said.

Explore your own attitudes and experiences of depression.

Write brief notes here of your thoughts.

➤ **How might this improve your practice?**

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>2 hours = 2 credits</i>
Can the Impact Factor be applied?	Yes Impact on knowledge/understanding (patient care, clinician)	<i>Impact Factor doubles credits</i>
Total CPD credits earned		<i>4 CPD credits</i>

Musculoskeletal Medicine	The GP Update Handbook, (autumn 2010) p205	Estimated CPD credits earned = 2 Credits
Quinine for leg cramps	Practice based <input checked="" type="checkbox"/>	Non-practice based <input checked="" type="checkbox"/>

➤ **Read the section on quinine for nocturnal leg cramps in the GP Update Handbook (see page numbers above) and write brief notes on how this might affect your practice.** Think about the ways you might need to change your practice, but also about how you will communicate this change.

➤ **Review the next 3 patients you see on quinine**
Were they appropriate worked up before treatment? Have they had a review to see if treatment is effective? Did you negotiate a trial without treatment? How did this go?

Case 1	Case 2	Case 3

➤ **Summarise your key learning points from this activity, and how you will change your practice in the light of these.**

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>1 hours = 1 credits</i>
Can the Impact Factor be applied?	Yes Impact on knowledge/understanding (patient care, clinician)	<i>Impact Factor doubles credits</i>
Total CPD credits earned		<i>2 CPD credits</i>

Musculoskeletal Medicine	The GP Update Handbook, (autumn2010) p215-217	Estimated CPD credits earned = 4 Credits
	Practice based <input checked="" type="checkbox"/>	Non-practice based <input checked="" type="checkbox"/>

Glucosamine: why do patients use it? Should they?

➤ **How many of your patients are using glucosamine? Do you think this is a good thing or not?** Ask the next 10 patients you see with arthritis if they use glucosamine. Explore why they take it, whether they think it works, where they get it from and how much it costs. Don't be tempted to skip this activity – it will give you a much better understanding of your patients health beliefs around glucosamine which you can use later when discussion glucosamine with other patients.

Write brief notes about each case:

Case 1	Case 2
Case 3	Case 4
Case 5	Case 6
Case 7	Case 8
Case 9	Case 10
Any common themes or surprises?	

➤ Now read the section in the GP Update Handbook that discusses the evidence on glucosamine noting any surprises or key learning points.

➤ How might you change your practice in the light of the evidence and your patient's experiences?

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		<i>2 hours = 2 credits</i>
Can the Impact Factor be applied?	Yes Impact on knowledge/understanding (patient care, clinician)	<i>Impact Factor doubles credits</i>
Total CPD credits earned		<i>4 CPD credits</i>

Dermatology	The GP Update Handbook, (autumn 2010) p226-7	Estimated CPD credits earned = 6 Credits
Audit of prescribing for acne	Practice based <input checked="" type="checkbox"/>	Non-practice based <input type="checkbox"/>

****This activity builds on the previous activity (rational prescribing in acne).****

➤ **Audit your prescribing for acne.**

When doing this audit remember to ignore short courses of antibiotics prescribed for intercurrent infections.

Date:	Number
Are any patients on minocycline?	
How many are on Dianette?	
How many have been on Dianette for >6m? (see p320)	
How many are on lymecycline or doxycycline?	
How many are on oxytetracyclines/tetracyclines?	
How many are on antibiotics and retinoids?	
How many are on oral and topical antibiotics?	

➤ **Write brief notes about your findings and the key learning points.**

In particular are there any actions you need to take with regard to those on minocycline or Dianette?

➤ **Develop an action plan to address these issues.**

This could include an educational meeting or a memo to clinical staff highlighting any areas for change.

Action	Person responsible	Target date

➤ **Now reflect back on how the implementation process...**

What went well? What problems did you encounter? How did you overcome these? What would you do differently next time? What did you learn?

To claim your CPD credits for revalidation, complete the following:		Date:
Is this activity relevant? Yes because it is a common or important problem in general practice.	Record here how many credits you want to claim (1hr of learning =1 credit)	<i>Our estimate for the average GP</i>
Time taken for this activity		3* hours = 3 credits
Can the Impact Factor be applied?	Yes Why? Impact on prescribing (patient care)	<i>Impact Factor doubles credits</i>
Total CPD credits earned		6 CPD credits

* This will be affected by how you chose to implement any changes in the practice – an educational meeting would require more time and preparation than a memo. This assumes you prepared for and presented the information at an educational meeting.