Abbreviations used in the GP Update Handbook

We try to avoid using abbreviations except where they are universally recognised (MI, COPD). The only exceptions to this are the abbreviations of some of the journals we use:

- Arch. Int. Med. Archives of Internal Medicine
- BJGP British Journal of General Practice
- BMJ British Medical Journal
- DTB Drugs and Therapeutics Bulletin
- JAMA Journal of the American Medical Association
- MeReC National Prescribing Centre Bulletins (not exactly an abbreviation!)
- NEJM New England Journal of Medicine
- NICE National Institute for Health and Clinical Excellence
- SIGN Scottish Intercollegiate Guidelines Network

Statistical abbreviations are listed in the Statistics chapter.

A note on Cochrane references

Cochrane reviews are referenced as: Cochrane 2005;CD002946. Go to www.cochrane.org (NOT cochrane.co.uk!) and type the ‘article number’ without the date (e.g. CD002946) into the search engine.

Icons used in this book

At the end of each section in the Handbook you will find a summary box, which include the key take home messages, some ideas to help you apply your learning and some useful websites.

- This icon occurs where we list Take home messages
- This icon occurs where we list possible ideas for CPD actions
- This icon occurs where we list Useful websites
- This icon shows where you can add your own personal learning points/actions

We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check drug doses, side-effects and interactions with the British National Formulary. Save insofar as any such liability cannot be excluded at law, we do not accept any liability for loss of any type caused by reliance on the information in these pages.

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Registered Office: 6th Floor Reading Bridge House, Reading Bridge, Reading, RG1 8LS.
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Welcome to the GP Update Handbook!

Welcome! Whether you are new to GP Update or an old friend, we hope you will find this Handbook useful in your everyday practice.

We are a small group of GPs who, like you, struggle to keep up to date. And even if you do read a lot, it can be hard to know, when reading an individual research paper, exactly what it means to us as GPs and nurses in our everyday practice. We also know the challenges of trying to apply some of the guidelines we receive. We can be left wondering ‘What exactly does that mean I am supposed to do next time I see a patient with…?’ None of this is helped by NICE abandoning their quick reference guidelines, leaving us a mere 117 pages of epilepsy guideline to plough through…

The good news is, the GP Update team have been through all the journals and national guidance, and it is all here; pre-digested, set in the context of your everyday practice, and ready to use.

With annual appraisals well established now, it looks as if revalidation will finally start in 2013. Turn on a few pages and you will see our summary of the latest guidance on this from the Royal College of General Practitioners. We’ve also written some materials specifically to help make appraisal and revalidation less painful:

- **The Appraisal and Revalidation Action Pack**: a series of step by step activities to help you earn learning credits.
- **The CPD Tracker**: a simple way of recording your learning as it happens (to stop the last minute pre-appraisal ‘Oh my word I can’t remember a single thing I’ve learnt this year’ panic). It is smart phone enabled, for those who like that sort of thing!

And for those of you into the blogosphere and twitter you can now follow us at: @GP_Update!

And be reassured: we are completely free of any involvement with the pharmaceutical industry, so we can tell it to you as it really is, not perhaps how BigPharma might like you to hear it!

Who are we?

**Lucy Jenkins** is a partner and trainer at Mill Stream Surgery in Benson, Oxfordshire. In the past she worked as a GPSI in public health and has experience working overseas, most recently on a 6 month sabbatical at a mission hospital in Egypt.

**Peter Rose** has been a partner at Mill Stream Surgery for 29 years. He also works half-time as a senior lecturer at Oxford University Department of Primary Health Care, with research interests in genetics, cancer and infections.

**Caroline Greene** is a partner at Windrush Health Centre in Oxfordshire. Caroline did extended academic training with a special interest in medical education, and as part of this, was a programme director on the Reading VTS.

**James Cave** is a partner at the Downland Practice in Berkshire. Outside the practice he writes a bit, works with the charity CRUSE and in the past has been involved in NHS reforms. He was recently appointed chief editor of Drug & Therapeutics Bulletin. In 2009 James was awarded an OBE for services to medicine.

**Aimee Lettis** is a salaried GP at Mill Stream Surgery, Benson. Before seeing the light and converting to general practice she did 5 years paediatrics. Like Caroline, Aimee did extended academic training as a programme director on the Oxford and Banbury VTS scheme. She has recently returned from a stint working in Cambodia.

**Steve Pratt** is a part-time salaried GP in Twyford, near Winchester. He is also an appraiser in Hampshire and teaches evidence based medicine on the local VTS. He has an MSc in public health and has worked on a community health project in southern India.

We welcome your feedback; do email us at: feedback@gp-update.co.uk

Lucy, Peter, Caroline, James, Aimee and Steve
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<td></td>
<td>Family history breast cancer referral criteria</td>
<td>Online only*</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>COCP and missed pill rules</td>
<td>325</td>
</tr>
<tr>
<td></td>
<td>COCP and VTE risk</td>
<td>328</td>
</tr>
<tr>
<td>Men's Health</td>
<td>Epididymo-orchitis management</td>
<td>331</td>
</tr>
<tr>
<td></td>
<td>International Prostate Symptom Score</td>
<td>339 &amp; 372</td>
</tr>
<tr>
<td></td>
<td>AAA UK screening programme</td>
<td>Online only*</td>
</tr>
</tbody>
</table>

* Online only indicates material available from the Online Handbook: [www.gp-handbook.co.uk](http://www.gp-handbook.co.uk)
What is happening with revalidation?

Currently, it looks likely that the first GPs will be revalidated in 2013. Here’s a summary of what will be required, summarised from the RCGP Guide to Revalidation for GPs (version 6, Sep 2011).

What are the requirements of revalidation?

<table>
<thead>
<tr>
<th>Area of revalidation</th>
<th>Evidence</th>
<th>Requirement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraisal</td>
<td>PDP and annual appraisal</td>
<td>1/year 5 over 5 years</td>
<td>Just as we have been doing for a while!</td>
</tr>
<tr>
<td>Keeping up to date</td>
<td>Learning credits</td>
<td>50/year, 250 over 5 years</td>
<td>See detailed explanation below.</td>
</tr>
<tr>
<td>Review of practice</td>
<td>Significant event analysis</td>
<td>10 over 5 years</td>
<td>Each must be your own event and include a thorough analysis and discussion with the PHCT, identifying and implementing appropriate change.</td>
</tr>
<tr>
<td></td>
<td>Clinical audit (or quality improvement project)</td>
<td>1 full audit cycle every 5 years</td>
<td>Full audit cycle required (initial audit, change implemented, re-audit to show improvement).</td>
</tr>
<tr>
<td>Feedback on practice</td>
<td>Colleague survey</td>
<td>1 every 5 years</td>
<td>Must use approved survey (previously called multi-source feedback)</td>
</tr>
<tr>
<td></td>
<td>Patient survey</td>
<td>1 every 5 years</td>
<td>Must use approved survey</td>
</tr>
<tr>
<td></td>
<td>Review of complaints</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review of compliments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Learning credits

- GPs need to earn at least 50 learning credits each year and 250 over a 5 year period. Earning fewer than 50 credits in any one year is only acceptable in what the RCGP call ‘exceptional circumstances’, e.g. maternity leave/sabbatical/prolonged sickness.

- **All credits are self-assessed and then verified by your appraiser.** To gain credits you need to record the learning activity, the key learning points and show how it is relevant to your working situation.

- **Credits are based on two things:** time spent (1 hour = 1 credit) and impact of your learning on your practice.

- If you can show that your learning has had impact on your practice, you can double any credits earned (called ‘applying the impact factor’). This can be done by showing you have applied your learning, for example, by writing a case study, doing a simple audit/data count or a piece of reflective writing.

**Example of learning credits and using the impact factor:**

If you read up on a topic for 1 hour you get: 1 credit for reading

BUT if you read it and then spend 1 hour writing up a case study showing how you have changed your practice as a result of your reading (the impact) you get: 1 credit for initial reading 1 credit for case study Total = 2 credits

AND you can double credits because of impact factor: (you showed you had changed your practice in the case study and this impacts on patient care) 2 credits x 2 (impact factor) Total = 4 credits
• **Learning 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, GPs with a special interest would be expected to have some credits related to their specialist area and others related to their ‘general’ practice.

• **Courses will earn you credits** by offering an attendance certificate showing the duration of the course, which you translate into credits (1 credit/hour). You can earn many more credits by taking some action as a result of a course. Our **Appraisal and Revalidation Action Pack** is designed to help you do just this (see below).

• **What can’t be claimed as credits?**
  - You are unlikely to be awarded 50 credits just from attending courses: you need to show how your practice has changed as a result of going on a course.
  - Just reading will not earn you enough credits because it is unstructured and doesn’t demonstrate you changed your practice as a result of any learning.
  - The time taken to collect audit data does not, on its own, generate credits, but time taken writing up the audit, sharing it with your colleagues and making changes as a result of the audit, would earn you credits, and qualify for the impact factor.

**How can GP Update help?**

• Our **Appraisal and Revalidation Action Pack** is a practical way of applying some of your learning from GP Update. It takes you through some activities in a step-by-step way, and all the activities earn you the impact factor, doubling your credits. To help you, we have also given you a rough guide to how many credits we think each activity should earn you. Use some of the activities in the GP Update Appraisal and Revalidation Action Pack and you are well on your way to getting your 50 learning credits for the year!

• **In the Appraisal and Revalidation Action Pack** we’ve made a special effort to help GPs who are not regularly based in one practice, as data collection is so much more difficult for this important group, so some activities are designed specifically to meet their needs.

• Our **CPD Tracker** is a very simple way of recording all your learning credits, ready for appraisal, and is freely available to all health professionals. It’s deliberately designed to be simple and quick to use, so you can capture your learning as you go along. It’s also smartphone enabled.

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**Revalidation**

- Make sure you record your learning – if you don’t, you can’t claim credits for it!

The RCGP Revalidation information can be found at: [www.rcgp.org.uk/revalidation.aspx](http://www.rcgp.org.uk/revalidation.aspx)

The GP Update Appraisal and Revalidation Action Pack is available in electronic format at [www.gp-update.co.uk](http://www.gp-update.co.uk) under the ‘CPD’ tab.

Our CPD Tracker is available at [www.gp-handbook.co.uk](http://www.gp-handbook.co.uk) (it appears on the left hand side when you log in).

**Personal learning points/actions:**

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Based on the RCGP Guide to the Revalidation of GPs, version 6, Sep 2011) and RCGP Guide to the Credit-Based system for CPD (version 2.0, January 2010).