Results from the RCoA Survey on CPD and Revalidation

June 2015

A report by the Revalidation and CPD Team
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Executive summary

In January 2015 a survey was launched, inviting comments on the CPD and revalidation resources provided by the College, and suggestions for any further developments. The survey was divided into a number of sections and it was publicised to the registered users of the CPD Online Diary, this audience being chosen because they had chosen to engage with this College system and so would be best placed to provide comment. The survey ran between 22 January and 13 February and it generated a total of 718 responses.

Any large items of work impacting on Revalidation or CPD would need to be considered by the Revalidation Committee and the CPD Board, and also by the RCoA Technology Strategy Review (TSR) project group, which has been launched to develop a high level vision for use of technology at the College. As such, this report will be presented to each of these groups. All such work is ultimately overseen by College Council.

The CPD Online Diary was being used by 74.1% of survey respondents and 78.5% of all users of the system rated it as ‘Excellent’ or ‘Good’. The features felt to be particularly helpful included the PDF reporting functionality and that the system was mapped to the CPD Matrix. Some of the suggestions for improvement included that the PDF reporting option could be extended to the doctor’s CPD Matrix codes covered and that the system should automatically communicate with the Online Learning. It was already possible to provide a reason for the most common suggestion for improvement: that some events did not appear in the CPD Online Diary.

At the time of the survey, only about a third of respondents had used the CPD web app, with the main reason given that they did not know about it. This was not completely surprising given that it was launched less than six months previously. However, of the respondents who were using the system, 72.5% rated it as ‘Excellent’ or ‘Good’ with the ’on the go’ aspect and offline functionality regarded as particularly helpful. Some of the suggestions for improvement included further user guidance, and enhancements, such as allowing the date and venue to appear underneath the event title in the events listing, and it is inevitable that more suggestions will emerge as usage of the CPD web app increases in the months ahead.

Over three-quarters of respondents replied that they used the CPD Matrix, with its function as a broad taxonomy to classify and guide CPD felt to be particularly helpful. For the 152 respondents who did not use the CPD Matrix, the main reasons were that the benefits of use were unclear or that it was felt to be too complex or unhelpful. The suggestions for improvement included that the CPD Matrix could be redesigned to develop a personalised or customisable version.

The section of the survey focusing on usage of Online Learning and the Webcasts attracted similar results: the majority of respondents either did use or intended to use these resources. The benefits of this type of learning included that it could be completed at a time which suited the doctor and that they enabled gaps in CPD to be addressed although some respondents preferred paper-based or other learning methods, or did not have time for Online Learning and the Webcasts. Some suggestions were made as to how these resources could be publicised more, and requests were also received for further guidance on reflection.

Around half of all respondents had used the Supporting Information guidance and Checklist and RCoA Patient Feedback Questionnaire, with the main reason for non-use being that a Trust or local system was instead used, whilst a number of respondents did not know about these resources. A number of respondents felt that the College questionnaire was more helpful than a generic version. Some suggestions were also received about the development of additional revalidation guidance including how the deferral process works and revalidation for doctors working in different settings.
Finally, 36 doctors took the opportunity to provide their contact email address in order to receive a personalised response on specific questions or suggestions. They were all replied to by the College CPD and Revalidation Team and they will be kept updated on the actions from the survey.

One of the purposes of this survey was to raise awareness of the College resources to support doctors with their CPD and revalidation and this was successful, with a number of respondents saying they would explore using these.

However, it was clear that there were opportunities for further communications; for example, about the CPD web app (accompanied by an enhanced user guide), hard copy versions of the Supporting Information guidance Checklist and of the RCoA Patient Feedback Questionnaire, and use of the ‘Alerts’ in the CPD Online Diary to publicise new Online Learning and Webcasts. In addition, requests were made for further guidance including on reflective practice and the deferral process, and a number of enquiries have also recently been received about return to practice. These are all actions around communication which can be taken forward in a relatively short timeframe.

The CPD Online Diary currently only allows users to add their reflective comments after an activity has been completed and a number of survey requests were received that this check should be deactivated. Similarly, a request was made that it should be possible to upload supporting documents to an event which has been ‘subscribed’ to, ahead of that event taking place. This is an action which will need to be considered by the Revalidation Committee, and the Committee can also give consideration to the request, from some respondents, that the caps which appear in the summary table of the CPD Online Diary should be lifted.

A number of other suggestions received during the survey potentially come under the remit of the TSR project group: for example, that the CPD Online Diary could automatically communicate with the Online Learning and the Webcasts, and that it could be enlarged to enable SPA time to be recorded and reported on, that the CPD Matrix could be customisable to show courses based on the individual’s scope of practice, and that a reporting tool could be developed to accompany the RCoA Patient Feedback Questionnaire.

One respondent commented: ‘You have something for all sorts of learning styles and that is a credit to all those who contribute’ whilst other respondents said: ‘What about designing a complete (basic minimum, please) online CPD package’ and ‘It would be useful to have one login to the RCoA website which then allows you to access all this information’. These comments neatly encapsulate some of the intentions of the TSR project group and this report will be shared with them.

We would like to thank everybody who contributed to this survey. Further updates will follow in the Revalidation and CPD section of the College website, in the College Bulletin and as ‘Alerts’ in the CPD Online Diary. Alternately, for any further information or if you wish to discuss any aspect of this report, please contact cpd@rcoa.ac.uk.

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Introduction

The College has developed a wide range of resources to support doctors with their CPD and revalidation. These include the CPD Matrix, which was first published in 2010 to assist anaesthetists and appraisers in their appraisal discussions, and to help guide individual CPD requirements as part of the personal development plan, and the CPD Online Diary which was launched in August 2011 as a ‘one stop’ solution for planning, recording, reflecting on and reporting CPD activities. The CPD Online Diary was augmented in September 2014 by the launch of a mobile-enhanced, web app version.

Other CPD resources include online learning with the Oxford Journals, and Webcasting, whilst revalidation guidance has been developed on the requirements for collecting Supporting Information, and collecting Patient and Colleague Feedback – including a patient feedback questionnaire, designed specifically for anaesthetists, which was piloted at four hospitals across the UK and approved for use by the GMC.

In January 2015 the College CPD and Revalidation Team launched a survey asking members to rate their experience of using the CPD and revalidation resources provided by the College. The survey was designed to publicise these resources and to seek members’ experience of using them, as well as inviting suggestions for any further developments. Whilst all responses were anonymous, members wishing to have a direct and personal response to any particular questions or issues were invited to provide a contact email address.

A previous survey, focusing just on the CPD Online Diary had been held in October 2012, and it attracted 271 responses. The overwhelming request to the question inviting suggested improvements to the system had been the development of a mobile-enhanced resource. This was taken forward by the College with the launch of the CPD web app. Another popular request had been for more detailed guidance including screenshots for using the CPD Online Diary, which was also actioned.

The latest survey was developed in ‘Survey Monkey’, accessed via a hyperlink embedded in an accompanying email, and it was launched on 22 January with a closing date of 13 February. The email was sent from cpd@rcoa.ac.uk to all the registered users of the CPD Online Diary, with a reminder message sent to the same target audience on 6 February. With a major part of the survey focusing on the CPD Online Diary, this target audience was selected because they had chosen to engage with this system and so would be best positioned to provide comment on it.

By the closing date, a total of 718 responses had been received as shown below.

Fig 1 – Responses received to the RCoA CPD and Revalidation Survey, 22 January– 13 February 2015
The survey was specifically divided into the following five sections:

- The CPD Online Diary
- CPD and Reflection ‘on the go’ – the CPD web app
- The CPD Matrix
- CPD Online Learning and Webcasts
- Revalidation Guidance on Supporting Information and on Collecting Patient and Colleague Feedback

This report details the responses provided for each of the above sections before drawing up some conclusions and future action plans. However, it is important to set the landscape by explaining how the Revalidation and CPD work at the College is overseen by the Revalidation Committee and CPD Board, under the auspices of College Council, with further information available here.

The Revalidation Committee has responsibility for the development and implementation of processes, procedures, tools and guidance including supporting information requirements, CPD and remediation, whilst the CPD Board has responsibility for the quality assurance of CPD approval across the specialty, and also for the review and revision of the CPD Matrix.

As such, any large items of work impacting on Revalidation and CPD would first need to be considered by the appropriate body, and this report will be presented to both the Revalidation Committee and the CPD Board. Budgetary considerations would also need to be borne in mind, with the College CPD Online Diary and CPD web app not generating any income and remaining free of charge to subscribing members of the College.

It is also important to mention that a Technology Strategy Review (TSR) project has been launched at the College to develop a high level vision for the use of technology at the College. One of the key aims is to explore interoperability between systems and, where possible, a single point of access, so providing a unique and personalised ‘hub’ for each member. Many of the survey responses had requested such an initiative, as described in the following pages.

Finally, reference is made in this document to the Academy of Medical Royal Colleges (AoMRC). The Academy was established in 1974 and it comprises the 20 medical Royal Colleges and Faculties across the UK and Ireland. It speaks on standards of care and medical education across the UK and its principle work includes Revalidation, education and training and quality improvement. Further information about the AoMRC is available here. The College plays an active role in the work of the AoMRC including as a member of the Revalidation and Professional Development Committee, and of the Remediation Implementation Working Group.
Section 1 of the survey featured four questions on the CPD Online Diary. Respondents were asked whether or not they used it – inviting comments as to why not if the answer was 'No', how helpful they found it (with ratings of 'Excellent', 'Good', 'Fair' and 'Poor'), which features they found particularly helpful; and suggestions for any improvements.

The question asking whether or not the CPD Online Diary was being used was included to ascertain any reasons why the user may have only accessed the system on a few occasions, or had not used it for a prolonged period of time.

The following results were received to this section of the survey.

1.1 Do you use the CPD Online Diary?

All 718 respondents answered this question with 532 (74.1%) replying that they did use the CPD Online Diary, whilst 186 (25.9%) replied that they had not used it.

141 respondents provided a reason why they had not used the CPD Online Diary with the main reasons being that they instead used their Trust system / commercial provider (27 responses), or that the College system was felt to be too complicated / time consuming (32 responses). The majority response was that they had not yet tried using the CPD Online Diary (36 responses).
1.2 How helpful do you find the CPD Online Diary

Again, all 718 respondents answered this question, with a total of 439 respondents rating the system as ‘Excellent’ or ‘Good’. This equates to a rating of 78.5% from all users of the system although it was surprising to note that whilst 186 respondents said they had not used the CPD Online Diary in Question 1 (Section 1.1), only 159 respondents selected this option in the question asking about its helpfulness. It is possible that some of these additional 27 respondents had selected the ‘Poor’ option for this question, so this figure might be slightly skewed.

Fig 4 – Replies to the question: ‘How helpful do you find the CPD Online Diary?’

1.3 What features do you find particularly helpful?

The question on features from the CPD Online Diary which users found particularly helpful generated a number of responses, which can be summarised as follows.

- **The reporting functionality/summary PDF report which can be generated** (150 responses). Example comments: ‘Reports easy to produce and very useful for appraisal’; ‘Just having an electronic College approved vehicle for recording CPD activity is useful, the report generating mechanism is good for appraisal’; ‘The report which can be uploaded to other systems.’ Of these 150 respondents, four made specific reference to the Personal Development Plan reporting functionality within the CPD Online Diary.

- **That the system is linked to the CPD Matrix** (57 responses). Example comments: ‘Triangulating to the matrix, having a validated log of educational activity’; ‘Able to record activity and map to the matrix’; ‘Easy to produce report vs RCoA Matrix for appraisal.’

- **That the system is linked to the events which have been approved for CPD** (54 responses). Example comments: ‘Pre-matrix mapped event subscription is helpful and saves time’; ‘Events can be subscribed and these are matched with revalidation matrix’; ‘Helpful in finding courses nearby you.’

- **Ease of use of the system** (45 responses). Example comments: ‘Simple design, easy to use’; ‘Very easy to navigate’; ‘It is easy to use, please don’t mess around with it so technophobes like me have to re-learn how to use it.’

- **The system allows for all CPD information to be stored in one place** (39 responses). Example comments: ‘Having everything together i.e. a place for reflection and certificates, and makes collecting data with the matrix link easy for CPD revalidation’; ‘The fact that everything is in one place and that you can reflect as you go’; ‘Storage of all CPD safely and easy to visualise and collate for appraisal.’
In addition, 31 respondents commented in this part of the survey on the availability of the CPD web app and the ability to record and reflect upon CPD whilst offline; comments included: ‘Ability to use it on my iPhone or iPad’; ‘The recent offline web is brilliant! Enables you to record CPD activity at the time. Adding events to any record afterwards is much more effort’; ‘The ability to access on phone is great. It has allowed me to capture the events accurately. Now I am able to reflect very well when the event is fresh in my mind’. This is covered in more detail in Section 2.

1.4 Are there any improvements which you would like to suggest?

The question inviting suggestions on how the CPD Online Diary could be improved generated a range of responses which can be summarised into a number of categories. Some of these can be responded to now as follows.

- **Some events do not appear in the CPD Online Diary** (33 responses). Example comment: ‘Linking all events so that the meeting and courses could be added to the CPD diary mapped to the CPD matrix as it is done for RCoA events’.

  **RCoA response**: The CPD Online Diary only includes details of events where the event provider has requested an evaluation for CPD credits. All events featured – including those offered by the College – have undergone an independent review process by a specialist CPD Assessor and further information is available [here](#). When a doctor has attended an event which does not feature in this way their attendance should be recorded as a ‘Personal Activity’ and our [user guide](#) explains how this can be done.

- **Guidance on reflective practice** (14 responses). Example comments: ‘I would like to record my reflections during the course but last time I tried it wouldn’t let me enter it until the course had finished’; ‘I would like to add notes while I am at the event. Currently you can only add comments after’; ‘I find the questions on outcomes and further learning needs not always easy to answer’.

  **RCoA response**: The CPD Online Diary has been developed so that users can only add their reflective comments after an activity has been completed. This is in line with the [guidance](#) produced by the Academy of Medical Royal Colleges (AoMRC) that: ‘Reflection should occur as soon as possible following the activity or event.’ However, there is a difference between observing aspects of a CPD activity and the overall reflection at its conclusion. The questions which the system asks on the outcome of the activity and any further learning needs are intended as an amalgam of the prompts in the above AoMRC guidance. Reflection is explored further in this report in Section 4.5.

- **The CPD Online Diary could communicate with other appraisal systems** (5 responses). Example comment: ‘The College application should link with other third party applications which are used for appraisal... At present I have to export the College CPD log as a PDF and put it into the appraisal application and then do a lot of manual reconfiguration of the data so that it fits... The systems are complementary – but it would be nice if the systems talked to each other (there should be kite mark for all applications which indicates that they are certified as being able to speak to each other so that data will be automatically imported when the individual has authorised this!’

  **RCoA response**: The CPD Online Diary has been designed so that the individual’s summary report which can be generated is in as transferrable a format as possible – i.e. it is available as a universal PDF file.

- **Time allocation within the CPD Online Diary** (4 responses). Example comments: ‘Greater variation in CPD points offered particularly <1.0 so when completing CEACCP CPD can enter per quiz rather than waiting until have done multiple quizzes before entering into diary’; ‘You should be able to alter the number of hours of the CPD approved events, if for example you only attend one day or need to leave early’.

  **RCoA response**: With regard to online learning completed via Continuing Education in Anaesthesia, Critical Care and Pain (CEACCP), one CPD credit is available for reading the article plus the successful completion of the four associated MCQs. The 0.4 credit wording on the certificate only applies to the MCQ component, and further guidance on this is available on the College website [here](#). The suggestion about making adjustable the allocated time for a CPD-approved event can be explored further.
The system does not allow the user to change their Cycle 1 start date (3 responses). Example comment: ‘I can’t change my CPD cycle dates even though my Trust has changed my appraisal cycle dates so everything is now out of sync and therefore useless.’

RCOA response: The Cycle 1 start date in the CPD Online Diary is the date from which the doctor would like to start recording their CPD activities from and we advise that it should align with the doctor’s appraisal date. The system did initially allow for the user to amend this date (for example if their appraisal date changed) although this did cause some user issues / concerns. For example, if the user had added and reflected upon some CPD activities during July 2013 (with a Cycle 1 start date of April 2013) but then wanted to change this date to August 2013, the system would not let them because of the activities which had already been added. The date can be quickly changed though by emailing cpd@rcoa.ac.uk and it is still possible to run a customised report in the CPD Online Diary over any date range – the user guide referenced above explains how this can be done.

Not all completed CPD activities appear to be shown (2 responses). Example comment: ‘There is a disparity between logged CPD activity in some columns and what is counted against my current ‘cycle’ as I have only been using it for this cycle I feel that it should all count. Cannot find the explanation as to why it hasn’t counted all CPD points.’

RCOA response: When the CPD Online Diary was launched it was aligned to the previous version of CPD guidance produced by the College, where caps were put on certain activities. For example, in the case of the activity of delivering education the cap previously was 10 CPD credits per year. These caps still show up in the on-screen summary table because we have received feedback that they help in encouraging a broad range of CPD activities to be completed. However, when the CPD activity report is generated (via ‘Reports’ → ‘CPD Activity Summary’ → ‘Full Report’), all of the doctor’s CPD credits / activities and reflections do appear.

In addition, the following suggestions were also made.

The PDF reporting functionality could be available for CPD Matrix codes covered (10 responses). Example comment: ‘As well as a Matrix PDF report I’d like to be able to print a report of the Matrix areas I have NOT completed.’

The system could automatically communicate with BJA and CEACCP Online (10 responses). Example comment: ‘Could there be a direct link from CEACCP certificates to the diary please?’

Additional CPD categories could be included (6 responses). Example comments: ‘More headings under non-clinical… e.g. teaching or learning (education can mean either)’; ‘…Could be improved for more non-clinical things, like personal development and management/leadership. Also, training on electronic systems, which are becoming more prevalent.’

The CPD Online Diary could be enlarged to encompass SPA time (5 responses). Example comment: ‘Currently in my hospital I use one database for SPA activity and this one for CPD activity. It would be extremely useful if one platform did all these activities as opposed to duplicating effort.’

Evidence of uploaded supporting documents could be visible in the summary CPD activity report (4 responses). Example comment: ‘Could the report include some evidence of the associated documents that are stored (e.g. thumbnails of certificates and word pages or presentations)?’

Other suggestions included that the CPD Online Diary could automatically recognise and allocate CPD credits based on the start and finish time entered for a completed activity, that a template could be developed to easily add regular teaching meetings, that the system could recognise key words from events and reflection to pick up the appropriate codes from the CPD Matrix, that an auto-save function could be added, and that appraiser access could be facilitated so that they could see the doctor’s attached files (as applicable) as well as their summary CPD activity report.

Finally, a suggestion was also received that the College should audit 10% of all users to verify their attendance, so as to provide better credibility of the CPD activity summary certificate.
1.5 Conclusions

For the first part of the survey the majority of respondents (532/74.1% of replies) were using the CPD Online Diary, of whom 78.5% rated the system as ‘Excellent’ or ‘Good’, whilst 141 respondents had not used it for reasons including either not yet (36 responses), because it was felt to be too complicated (32 responses), or because they instead used their Trust system (27 responses).

Since its launch in August 2011, the CPD Online Diary has been further enhanced to become a ‘one stop’ solution for recording, reflecting on and reporting CPD activities, and it was pleasing to note that one of these enhancements: the PDF reporting function for completed CPD activities, was felt to be helpful by 150 respondents. 57 respondents found it helpful that the CPD Online Diary was mapped to the CPD Matrix, and 45 respondents rated the ease of use of the system.

However, 32 respondents had commented that the CPD Online Diary was too complicated (or that they didn’t have time to use it), and so the user guidance which was developed in response to feedback from the previous College CPD survey (in October 2012) will be further enhanced as a result.

Use of the CPD Online Diary is a benefit of College membership and allows the doctor to keep all their CPD material in one place – this was rated as a helpful feature by 39 respondents. The CPD activity PDF report remains the possession of the doctor should they move to a different Trust or different part of the UK, which is one of the advantages of using the College system instead of, or in addition to a commercial or Trust provider. The PDF report can still be uploaded into other electronic revalidation management systems to demonstrate compliance with the supporting information requirement of CPD, although we recognise that some additional mapping work may need to be done by the individual.

Some of the suggestions for improvement had already been actioned or could be responded to; for example, the reason why some events did not appear in the CPD Online Diary (33 responses) and comments that the user’s Cycle 1 start date could not be changed. 14 comments had been received about reflective practice and a number of actions can be taken forward about this, which are explored further in Section 4.5.

The next most popular suggestions included that the PDF reporting functionality could be made available for CPD Matrix codes covered, that the CPD Online Diary should automatically communicate with the Online Learning, and that it should be enlarged to enable SPA time to be recorded and reported on. All of the suggestions will be considered as part of the overall TSR project which was described earlier.

Following discussions with other Medical Royal Colleges, it is not currently planned to audit members’ CPD records although the development of further guidance on reflective practice should assist in providing further credible evidence of participation in CPD activities.
CPD and Reflection ‘on the go’ – the CPD web app

The second part of the survey focused on the CPD web app and mirrored the questions asked about the full, ‘desktop’ version of the CPD Online Diary including the opportunity to provide a reason if it was not being used. The following results were received.

2.1 Do you use the web app?

This question received 690 responses, of whom 193 (28%) replied that they did use the CPD web app whilst 497 (72%) had not used it.

375 respondents commented why they had not used the CPD web app with the main reason being that they didn’t know about it (118 responses). Other common responses included that the doctor used an alternate method to the web app to record their CPD (56 responses) – which in many cases was the full (‘desktop’) version of the College CPD Online Diary, and that the doctor’s mobile device was not suitable. We would be keen to hear from these respondents about their device types.

Fig 5 – Replies to the question: ‘Do you use the CPD web app?’

Fig 6 – Reasons given for non-usage of the CPD web app
FOCUSING ON THE OTHER REPLIES, 19 RESPONDENTS GAVE EXAMPLES OF HOW THEIR NON-USAGE OF THE CPD WEB APP WAS A PERSONAL CHOICE; COMMENTS INCLUDED: ‘TRY TO HAVE MINIMAL APPS ON MY PHONE’ AND ‘I’M OLD FASHIONED AND PREFER PAPER!’

SOME OF THE OTHER RESPONSES INDICATED A NEED FOR FURTHER COMMUNICATION ABOUT THE CPD WEB APP: SIX RESPONDENTS FELT THAT THE BENEFITS OF USING IT WERE UNCLEAR (FOR EXAMPLE: ‘DIDN’T FIND IT MORE USEFUL YET. MIGHT TRY AGAIN...’ AND ‘DO NOT KNOW WHY I NEED IT’), WHILST NINE DOCTORS REQUESTED FURTHER GUIDANCE ON ITS USE PARTICULARLY GIVEN THE PRESSURES ON THEIR TIME (FOR EXAMPLE: ‘NO TIME TO LEARN INS AND OUTS OF NEW SOFTWARE’).

FOUR DOCTORS COMMENTED THAT THEY COULD NOT FIND THE CPD WEB APP IN THE ‘APP STORE’, ‘GOOGLE PLAY’ OR ‘PLAY STORE’. HOWEVER, THE WEB APP IS NOT AVAILABLE IN THIS WAY AND INSTEAD SHOULD BE ACCESSSED BY THE DOCTOR SELECTING THE USUAL LOGIN SCREEN VIA THEIR MOBILE DEVICE AND THEN SAVING IT AS A SHORT-CUT; FURTHER INFORMATION IS AVAILABLE HERE.

THE SIX ‘OTHER’ REPLIES INCLUDED A CONCERN THAT THE RESPONDENT’S MOBILE DEVICE MIGHT GET LOST OR STOLEN AND A COMMENT THAT WITH A HOSPITAL IPAD BEING USED, APPS COULD ONLY BE DOWNLOADED WITH THE AGREEMENT OF THE IT DEPARTMENT.

19 RESPONDENTS RAISED TECHNICAL QUESTIONS AND THESE ARE INCLUDED IN SECTION 2.4.

2.2 HOW HELPFUL DO YOU FIND THE CPD WEB APP?

THIS QUESTION ALSO RECEIVED 690 RESPONSES WITH A TOTAL OF 153 (72.5% FROM ALL USERS) RATING THE SYSTEM AS ‘EXCELLENT’ OR ‘GOOD’. AS WITH THE QUESTIONS ON THE FULL (‘DESKTOP’) VERSION OF THE CPD ONLINE DIARY, THERE WAS A SLIGHT DISCREPANCY BETWEEN THE NUMBERS OF RESPONDENTS WHO SAID THEY HAD NOT USED THE CPD WEB APP: 497 RESPONDENTS IN QUESTION 2.1 AND 479 RESPONDENTS IN QUESTION 2.2.

Fig 7 – Replies to the question: ‘How helpful do you find the CPD web app?’
2.3 What features do you find particularly helpful?

The question on features from the CPD web app which users found particularly helpful generated 85 responses, which can be summarised into the following three main categories.

- **That CPD and reflection can be added at the time of the activity** (35 responses). Example comments: ‘Real time documentation’; ‘Entering at the time save time later on’; ‘Putting in CPD points and reflection at the time of the CPD.’

- **The offline functionality which then syncs information to the main version of the CPD Online Diary** (30 responses). Example comments: ‘Stores and syncs when back on Wi-Fi automatically’; ‘Immediate reflection and sync later – great’; ‘Can reflect when at the time, with or without Wi-Fi!’

- **Convenience and ease of use** (17 responses). Example comments: ‘Easy access on my iPad’; ‘Ease of use and ability to enter CPD activity and reflection at the time of the activity.’

In addition, two respondents liked how the CPD web app linked to the CPD Matrix and one respondent commented: ‘On the go ability to show other colleagues.’

2.4 Are there any improvements which you would like to suggest?

The question inviting suggestions on how the CPD web app could be improved generated a range of responses, some of which were similar to the feedback provided in respect of improvements to the CPD Online Diary. 11 comments were received on how it was only possible to add reflective comments after an activity or event had taken place, including one request for guidance on what should be written in the ‘Further learning needs’ section, and a comment that it should be possible to allow recording of an activity without requiring reflection: ‘I use the diary to record my attendance at various meetings which are not all CME meetings, but demonstrate my participation in other activities relevant to revalidation.’

Similar to the comments received about the CPD Online Diary, four respondents commented how certain events did not appear in the CPD web app, whilst one respondent recommended the inclusion of additional CPD categories and another respondent requested pop-up guidance and suggestion boxes.

The other responses can be summarised into the following categories, some of which can also be responded to now.

- **Concerns about syncing / transfer of data** (12 responses). Example comment: ‘Not tried it yet, bit wary of data syncing on the go as had loss of data with several other programs/apps over the years.’

  **RCOA response:** The CPD web app was extensively tested by working groups from the College and another Medical Royal College prior to launch and this testing is continuing on an ongoing basis. We have been aware of two issues with one specific device type and older operating system where information had not synced into the full (‘desktop’) version of the CPD Online Diary although the information was not lost and remained saved in the mobile device. At the time of writing this issue is being investigated by the system developers. Further information or advice on any concerns is available from cpd@rcoa.ac.uk.

- **The speed of the CPD web app** (8 responses). Example comment: ‘Seems to be quite slow on my phone – perhaps a hardware issue?’

  **RCOA response:** We advise that the differences in processing power and available memory between devices will impact on the performance of the web app. It may be helpful to clear the browser cache, data and stored cookies of the user’s device for optimum performance although clearing the cache may impact the device more widely (for example clearing saved passwords for other apps/websites).

Ten respondents commented that further guidance could be developed to make the CPD web app more user friendly (for example: ‘Seems very difficult to use, so I stopped’) and to explain how the offline functionality worked (for example, in response to the comment: ‘[Have not used it because] unable to get coverage in workplace.’)
Some respondents commented that they had experienced a blank screen when trying to access the CPD web app and one respondent commented that the CPD web app should link to the user’s Personal Development Plan set up in the full (‘desktop’) version of their CPD Online Diary. However this functionality is already available. Another respondent requested a keyword search for locating events, although this is also already in place. A third respondent commented that the report in the CPD web app recorded all activities as ‘personal / internal’ rather than ‘external’ although this is not the case. All of these comments can be responded to by developing enhanced guidance for using the CPD web app.

Three respondents commented that the CPD web app was not available on a Microsoft mobile device. However, this is not the case and extensive testing was done using a Windows phone; one respondent with such a device provided their email address and they were contacted to explore this further.

Other comments included that the CPD web app should allow documents to be uploaded from ‘tablets’ or from ‘Dropbox’, and that the date and venue should also appear underneath the event title in the events listing.

2.5 Conclusions

With the CPD web app being launched less than six months prior to the survey, it was perhaps not surprising that two-thirds of respondents (497 replies) had not yet used it. However, it was disappointing to note that the main reason given was that they did not know about it (118 responses) and so further efforts will be made to raise awareness of this resource.

It was pleasing to note that of the respondents who were using the CPD web app, the majority (72.5%) rated it as ‘Excellent’ or ‘Good’ with the real-time / ‘on the go’ (35 responses) and offline functionality (30 responses) rated as particularly helpful. 17 respondents also commented positively on the convenience and ease of use of the CPD web app.

Some of the suggestions for improvement were similar to those for the full (‘desktop’) version of the CPD Online Diary and could already be responded to. For example, a similar comment was made about certain events not appearing, whilst another comment about the speed of the system had been covered in the FAQs accompanying the user guide.

In addition to communicating more widely the availability of the CPD web app, a number of responses made clear that further guidance should be developed on how to use the system and this will be taken forward as an action.

For example, the issue raised about a blank screen appearing when trying to access the CPD web app can be resolved by deselecting the ‘private browsing mode’ of the mobile device, whilst enhanced guidance can also focus on how the offline functionality works and how to link with the user’s Personal Development Plan – the need for further information about this aspect was also apparent in some of the responses from the previous Section about the main CPD Online Diary.

Some of the other suggestions for improvement will come under the remit of the overall TSR project, and it is inevitable that more suggestions will emerge as usage of the CPD web app increases in the months ahead – it may also be beneficial to run a further survey focusing just on the CPD web app in the future.
CPD Matrix

Section 3 of the survey focused on the CPD Matrix, inviting responses on whether or not it was being used and for what purposes. The two available options: that it could be used as a broad taxonomy to classify and guide CPD, or as a guide for appraisal planning, were included based on previous evidence, and the opportunity was provided to give examples of other usage.

This section of the survey also invited comments as to reasons why the CPD Matrix was not being used, and suggestions as to how it could be improved in future. The following results were received for Section 3.

3.1 Do you use the CPD Matrix?

This question was answered by 681 of the 718 respondents with 529 (77.7%) of the respondents replying that they did use the CPD Matrix whilst 152 (22.3%) of the respondents did not use it.

Fig 8 – Replies to the question: ‘Do you use the CPD Matrix?’

3.2 If you have replied ‘Yes’, which [of the following] statement(s) broadly cover the manner in which you use the Matrix:

- It provides a broad taxonomy to classify and guide my CPD.
- It provides a useful guide for my appraiser to assess my CPD requirements.
- Other [free text box].

For this question, 433 respondents replied that they used the CPD Matrix as a broad taxonomy to guide their CPD whilst 255 respondents replied that the CPD Matrix provided a useful guide for their appraiser. Comments included: ‘It is extremely useful to target my CPD over the 5 year cycle’, ‘Helps in my planning of CPD and is very useful for ‘protection’ when facing an inquisitorial appraiser’; I have used it to validate my activities and have some idea what is expected of us for revalidation’; and ‘I think it provides a good framework for CPD activity, easy for appraiser in another speciality, linking with CEACCP questions, and topics at meetings makes it credible.’
3.3 If you do not use the CPD Matrix, please give the reason(s) why.

Two main reasons were given for non-usage of the CPD Matrix. 22 respondents commented that the benefits of use were unclear, with replies including: ‘Not sure it has any really useful features for me or appraiser – again I want it to be simple, and yet if simple it stops being useful;’ and, ‘I have no interest in complying with the matrix. I spend a lot of time on the things that interest me. I have no interest in many aspects of the matrix, my practice does not involve many clinical areas, and thus I would be wasting my time learning about obstetric anaesthesia for example when I should be spending time improving the care and management of the patients I need to look after.’

11 respondents commented that the CPD Matrix was too complex or unhelpful, with comments including: ‘It looks too cumbersome to use’ and ‘It is overly complex and encourages a ‘tick box’ culture to CPD rather than a bespoke approach to it.’

Some respondents commented that they had not yet had the opportunity to use the CPD Matrix (7 responses), that they weren’t aware of it (4 responses) and that they didn’t have the time to use it (2 responses) – including: ‘I use it partially, but it is extremely time consuming to enter all the matrix codes for a big conference… I’m not sure how useful this is in practice. I think most people are aware of weak areas in regard to their CPD.’ Other responses included that the CPD Matrix had an insufficient focus on human factors and that it was hard to classify some types of activities.

3.4 Please comment on any future improvements you would like to see in the CPD Matrix.

The question on suggested future improvements to the CPD Matrix generated a number of responses which can be summarised as follows.

- **Simplify/redesign the CPD Matrix** (31 responses). Example comments: ‘Can be made more user-friendly and intuitive’; ‘Must be relevant to actual scope of work so not all sections will be relevant to each clinician’; ‘Be more general and less prescriptive.’

- **Provide better guidance for Level 3 topics** (30 responses). Example comments: ‘A bit more specifics in the Level 3 specialist areas’; ‘Broaden the pain management section’; ‘Expand ICM Level 3 domains’; ‘More relevance and usability for subspecialties.’

- **Develop an interactive/personalised version** (20 responses). Example comments: ‘A simple highlighted display of the matrix, showing sufficient and insufficient evidence for each part of the matrix’; ‘Suggested one-stop-shop options for the generalist with limited study leave and a crammed timetable’; ‘I would like a more interactive matrix, when I input into the app I reference the matrix but I would like to see where my deficiencies are.’

- **Develop reporting functionality for CPD Matrix codes covered** (12 responses). Example comments: ‘A better report in PDF format’; ‘Enable the summary to be made into a ‘printable’ file that can be attached to my appraisal documents.’
include additional codes/topics (9 responses). Example comments: ‘Allow us to classify CPD for roles such as Responsible Officer and Management training. Not applicable to all but to many of us. Perhaps a tab that doesn’t apply to all?’; ‘If I attend a journal club meeting and the subjects of the meeting have not been allocated a CPD matrix code (for level 1) it may be worth having a list of subjects from internal meetings that people can use as a guide’; ‘Restructure to reflect what we do. I find that much of what I do (teaching, training, human factors work, administration of training, very specific items of clinical work) tends to be classified as Other/Miscellaneous.’

Other comments from single respondents included that the CPD Matrix should recognise key words from events and meetings, that linkages with the ‘PReP Appraisal System’ should be explored, and that case-studies for its use could be developed.

A total of 12 respondents commented that the CPD Matrix should be discontinued although 18 replies were received in this part of the survey that no further changes were required; comments included: ‘Fine as it is’; ‘It is superb’ and ‘No change please – it strikes the right balance between depth and complexity.’

3.5 Conclusions

Over three-quarters of the respondents to this part of the survey replied that they did use the CPD Matrix, with the majority citing its function as a broad taxonomy to classify and guide their CPD. For the 152 respondents who did not use the CPD Matrix, the main reasons were that the benefits of use were unclear to them and that they felt it was too complex or unhelpful.

A number of future improvements to the CPD Matrix were suggested with the most popular comments being that it could be simplified/redesigned, that better guidance could be provided on the Level 3 topics, and that an interactive or personalised future version could be developed.

Some of the survey responses indicated there is still a perception that the CPD Matrix needs to be ‘completed’ in each five year revalidation cycle. For example, the following survey reply was received: ‘There needs to be acknowledgement that some anaesthetists choose not to use the matrix and this is acceptable as long as the principles of CPD are adhered to.’

This has always been acceptable, and it is worthwhile reiterating here the following overview from the CPD Matrix section of the College website: ‘…the CPD Matrix is intended to be contextualised and interpreted in the light of individual requirements. In addition, the CPD Matrix should not be treated as a ‘tick-box’ exercise – it is...’
not necessary to complete all of the topics during the five year revalidation cycle especially given the specialist and distinct nature of those in Level 3, but for the individual to demonstrate how their CPD has covered the topics relevant to all areas of their own professional practice."

The opportunity will be taken to reinforce this message again and there will also be engagement with the specialist societies and associations organisations currently represented in Level 3 of the CPD Matrix to develop further specialty guidance.

Many of the other suggestions around redesigning the CPD Matrix and developing a personalised or customisable version reflected some of the initial discussions being held as part of the TSR project; for example: ‘If it is online it could show what aspects of your CPD need work’, ‘Automatically suggest courses based on uncovered areas’ and ‘I would like a more interactive matrix, when I input into the app I reference the matrix but I would like to see where my deficiencies are.’

Since its launch in 2010 the CPD Matrix has continued to evolve, including the recent addition of the codes: ‘The prevention and management of accidental awareness under anaesthesia’ and ‘Anaesthesia for Radiology’. One survey respondent commented: ‘[The CPD Matrix] is improving with time as additions / changes are made. Still not suitable for everything so please keep it maturing; and this work will continue.'
Other CPD resources

Section 4 of the survey focused on Online Learning and Webcasts. Respondents were asked whether or not they used each of these resources, and to provide further information if their answer to each question had been ‘No’ or ‘Intend to use’. General comments were also invited on the Online Learning and the Webcasts, and on any other CPD supporting material which the College should produce.

The following results were received to this section of the survey.

4.1 Have you used, or do you intend to use, the Online Learning?

668 respondents answered this question with 299 (41.6%) replying that they had used the Online Learning whilst 252 (35.1%) intended to use it and 117 (16.3%) had not used it. The number of non-respondents was 50.

Some of the comments received from respondents who had used the Online Learning included: ‘Very keen on online learning as can do at a time to suit. Excellent resource, thank you’; ‘Online learning is very helpful and I have been able to fill in small areas of my CPD that have not been addressed from other meetings/events/teaching’; ‘Online learning is very useful for appraisal and overall what I use most’ and ‘I find the online CPD (BJA CPD articles) particularly useful and do these through e-LfH as you can then keep a record of your CPD points from MCQs as well’.

The main reasons for non-usage of Online Learning were a lack of time (42 responses), that other learning methods were preferred (22 responses) and that the respondent did not know that this resource was available (17 responses). A total of 129 responses were given for non-engagement with Online Learning and these can be separated into 10 categories, each of which will be examined in detail in the following section.

- **Insufficient time to access Online Learning** (42 responses). Example comments: ‘I always think I’ll find the time, but somehow clinical/organisational commitments keep taking over’; ‘Limited time available. Most doctors get at least 3 to 5 journals, some of them weekly.’

- **Other learning methods preferred** (22 responses). Most comments here were that respondents preferred to use paper-based learning; examples included: ‘I spend a large proportion of my time glued to screens of various sorts and prefer to read my journals quietly and undisturbed in a paper form’ and ‘I actually enjoy reading the paper journals and to be honest I find web-based learning (i.e. more time and the computer) tiring’.

- **Not aware of Online Learning** (17 responses). Example comments: ‘Haven’t come across them yet’ and ‘I didn’t realise it was available – now I do!’
Comments about ‘technology’ (14 responses). A number of respondents commented that it was difficult to access Online Learning at work, ‘Trust Wi-Fi unreliable and Trust PCs have no sound’ and ‘… so far my experience with online learning systems is that it’s hard to find what I’m looking for and the login process is very slow, or won’t work on many of our trust computers.’ Some respondents commented on login and usability issues with the Online Learning sites or with an iPad, and they are invited to contact cpd@rcoa.ac.uk so that this can be investigated further.

Use of other Online Learning (11 responses). Comments included that the learning systems provided by Doctors.net, the Association of Anaesthetists of Great Britain and Ireland, and the British Medical Journal were instead being used. One respondent commented that it was compulsory for them to use their Trust e-learning system.

Unsure of the benefits of Online Learning (7 responses). Example comments: ‘I do not feel I need to ‘test’ myself in this way’; ‘I am yet to need to fill gaps in CPD requirements by going online’; ‘I am pessimistic about accessing it and have managed without so far. Appraisers have always been very happy with my evidence so far’.

In addition to the above, six responses indicated that further guidance could be developed on how to access and use the Online Learning. For example, one comment was received: ‘Am not good at finding the articles (I’ve seen the links to them in paper journal but not clear how to access the online version)’, whilst another respondent thought that members needed to pay separately to access the Online Learning, which is not the case.

Two respondents commented that they could not find how to access Online Learning on the College website, and a further two comments were received that the Online Learning did not sufficiently cover paediatrics and pain.

Finally, five ‘other’ responses were received, including two respondents saying that they had not used the Online Learning because they had forgotten their password, one respondent was awaiting new login details, and two respondents would not be using the Online Learning because they would shortly be retiring.

Fig 11 – Reasons why the Online Learning hasn’t been used yet.
4.2 Have you used, or do you intend to use, the Webcasts?

This question also received 668 responses of whom 140 (19.5%) replied that they had used the Webcasts whilst 269 (37.5%) intended to use them. A total of 259 (36.1%) respondents had not used the Webcasts and, as with the previous question, the number of non-respondents was 50.

Fig 12 – Replies to the question: ‘Have you used, or do you intend to use, the Webcasts?’

The benefits of using the Webcasts included the following comments from respondents to this part of the survey: ‘I find webcasts really useful’; ‘The webcasts are very useful for CPD ‘on the go’, I often catch up on CPD while waiting for children to finish a club’; ‘I enjoy the videos from major meetings especially those outside of my locality’ and ‘I think they are a great way of catching up on CPD without going to the meeting. Seminar videos are very useful and educational especially as it can be difficult to attend the seminars and other meetings.’

A total of 143 responses were given for non-engagement with Online Learning and these again can be separated into 10 categories, as illustrated below.

Fig 13 – Reasons why the Webcasts haven’t been used yet.
Many of the reasons for non-engagement with the Webcasts were similar to those for non-usage of the Online Learning. The main reason (42 responses) was lack of time (for example: ‘Finding the time is essentially the problem, there is no shortage of good educational resources out there just no time in which to view them unless you travel by train a lot’). Whilst the next most common reasons were that other learning methods were preferred (22 responses – for example: ‘I learn most efficiently from reading with plenty of pictorial and graphical material’) and that the respondent did not know about the availability of Webcasts (17 responses).

15 respondents said that they used other web resources; for example: ‘Already have access to an enormous amount of web-based learning, too much to choose from’ whilst, as with the question on Online Learning, some comments and questions about ‘technology’ were received in respect of the Webcasts. These included: ‘I cannot receive a broadband signal at my home, and I cannot receive audio at work’ and ‘Having some trouble playing them on my MacBook.’

The need for further guidance to be developed about the use of the Webcasts was clear from nine responses which included: ‘Have never used this type of thing, don’t know how to’ whilst four respondents were unsure of the benefits of using the Webcasts, including: ‘Never thought about it as unaware of getting the CPD points for this.’

Two respondents commented that the Webcasts did not cover their specialty topic of pain whilst one comment was received that the Webcasts were too long, and one respondent could not find how to access them on the College website.

4.3 General comments on the Online Learning and the Webcasts.

This part of the survey invited general comments on the Online Learning and Webcasts. The majority view was very positive about the availability of these resources although the following two contrasting views were received very shortly after each other: ‘This is the future’ followed by ‘Please stick to paper-based learning.’

As had been the case for the question seeking suggestions on improvements to the CPD Online Diary (detailed in Section 1.4), some respondents requested that completion of the Online Learning should be automatically populated into the CPD Online Diary; for example: ‘It would be really useful if the CEACCP certificates and matrix codes could be passed automatically over to the CPD system. It is very time consuming doing it manually.’

Some suggestions were made for new material to be developed including scenario training for acute transfers over distance, medical management, conflict resolution, legal aspects, and medical gases. One respondent suggested Webcasts of pro-con talks between experts and another suggestion was for videos of procedures to be developed – the respondent currently referred to You T ube for such information. A number of requests were also received for additional Podcasts, although some respondents were not aware of their availability at all – further information is available at Podcasts.

It was also suggested that the College could provide summaries of significant recent updates and developments from a cross section of journals, (one suggestion was for: ‘Someone to write summaries of the year’s most influential papers’ for example, testing knowledge of tap blocks/interpreting oesophageal/Doppler monitors’), and that a list of recommended web-based learning sites could be published in order to direct doctors to high quality study resources.

4.4 Development of other CPD supporting material.

In the section inviting suggestions as to further CPD guidance which could be developed by the College, one respondent commented that, being new to appraisals, they could not find clear information on what counted for CPD. However, this is detailed in the College Guidance on CPD which also includes a link to the GMC’s Guidance on CPD although the opportunity will be taken to develop some case-studies including special circumstances such as doctors working in isolated environments and the impact of taking a career break.
Other requests were for case-studies and for further guidance to be developed about reflective practice: ‘There should be a reflection template’ and ‘Completed examples of reflective templates’, as well as requests that the CPD Matrix for Intensive Care Medicine should be made available online and that the anaesthetic logbook should be updated.

One respondent commented that CPD credits available for event providers should be based on content rather than be limited to five hours/credits per day. However, the maximum number of credits available for a one-day event is six and this is in line with guidance produced by the AoMRC, as detailed in the College information here.

Another respondent requested: ‘Some videos on how to use the various features may also be very useful. All in all, I think the College has done a great job. As anaesthetists, we are the most advanced and I always show off to my appraiser and anyone else on how helpful and easy the College has made revalidation. Thank you to all who have contributed.’

4.5 Conclusions

The section on Online Learning attracted 668 responses, of whom 299 had used this resource, whilst 252 intended to do so. The benefits of Online Learning included that it could be completed at a time which suited the user, and that it enabled gaps in CPD to be addressed. The main reason given for non-usage of Online Learning was a lack of time, which generated 42 responses.

Whilst 22 respondents said that they preferred other learning methods in general (and 11 respondents used other online methods for this), the next most common response was that 17 respondents had not been aware of the Online Learning. This, allied with the seven comments that the benefits of Online Learning were not clear, indicated a need for more communication about this important resource.

One respondent commented: ‘A regular email prompt when a specific topic is launched might trigger a follow-through – more likely than being proactive and searching ‘cold’ for a topic.’ This is a good suggestion, and more use will be made of the ‘Alerts’ facility in the CPD Online Diary to notify users of the availability of new material. These can be linked with the recently updated guidance on how to access the Online Learning.

For the use of the Webcasts, similar trends were experienced as for Online Learning, with the majority of respondents either using or intending to use this resource.

Some of the benefits of using the Webcasts were demonstrated in the following comment: ‘[They are] very useful. Webcasts I suspect will be used more and more as study budgets have been dramatically reduced / are non-existent yet conferences remain expensive. In such a climate it is difficult to justify the expense of conferences so webcasts/ e-Learning are a valuable way of maintaining CPD’ although there were a higher proportion of respondents who had not used the Webcasts (259) than compared with the same for Online Learning (117).

For Webcasts, the main reason given for non-usage was a lack of time (46 responses) with a similar figure observed for Online Learning. It was interesting to note that a lack of time only accounted for six responses to the question why the Supporting Information guidance and Checklist had not been used, likely explained by the mandatory nature of this, whilst the Online Learning and Webcasts are optional although very useful study resources.

As with the section on Online Learning, the responses about Webcasts indicated that more could be done to raise awareness of them, as part of an overall package of CPD resources available to support members of the College. One of the purposes of this survey had been to publicise the CPD and Revalidation resources produced by the College and responses such as: ‘[I am] first hearing about these TODAY. Somehow missed out on this resource but will explore ASAP’ indicated that this had been successful. Another respondent commented that familiarising themselves with and using the Webcasts was an objective from their Personal Development Plan.

The survey responses also indicated that more guidance could be developed on how to use the Webcasts and, as had been mentioned in Sections 1.4 and 1.5, requests were made that completion of Online Learning / watching a Webcast should automatically populate into the user’s CPD Online Diary record, so as to avoid the manual process currently required to do this.
The development of additional guidance will be taken forward as an action and the suggestions for additional subject matter will be referred to the relevant teams. The request for linkages with the CPD Online Diary will come under the remit of the TSR project and survey responses such as: ‘It would be great if [Online Learning and Webcasts] could be accessed through the College website. Too many different locations, too many different passwords’ and ‘More passwords and usernames to remember. Could we not unite them all using the GMC number or College Reference Number?’ will be useful evidence for this.

The College receives a number of enquiries about SPA time, and an interesting enquiry was received about the recognition of the above forms of study: ‘Not allowed to ask for study leave for online learning or webcasts but would be allowed to actually attend the event itself in person. The rationale behind this kind of decision-making is something that will need exploring for all doctors going forward.’ This can be raised by the College as a discussion item with the AoMRC.

When comments were invited on additional CPD supporting material which could be developed by the College, suggestions were received for more guidance on how to use the various resources (this will be taken forward as an action), and on how to provide meaningful reflection.

The AoMRC defines reflective practice as follows: ‘Reflection should occur as soon as possible following the activity or event to ensure as much recollection and meaning as possible. Each section should be completed and one word answers should be avoided. Good reflection goes beyond descriptive observation. Instead, it is demonstrated through evidence of analytical thinking, learning and action planning.’

Reflection was explored in a previous article from the College Bulletin and enquirers are also directed to a template for reflective practice which has been developed by the AoMRC. However, based on responses to this survey, we will look to develop further guidance and case-studies on reflective practice. For example, such guidance can highlight the differences between the review of an event (rating the quality of the speakers, catering, venue etc) and individual reflection on how the learning outcomes can be taken forward and any further learning needs. These are prompts in the reflective practice section of the CPD Online Diary.

It was mentioned earlier in this report how the CPD Online Diary had been developed so that reflective comments could only be added after a course had finished, mindful of the above AoMRC definition. The majority of survey respondents wanted this restriction lifted although a number of replies did demonstrate the importance of considered reflection afterwards: ‘Very happy doing [reflection] at home on the computer when had a chance to reflect’ and ‘I like to reflect after the event…. Once you have thought about it, there may be a different perspective.’

The restriction on when reflective comments can be added might seem at odds with the CPD web app advertised as ‘CPD and Reflection on the go’ and so the Revalidation Committee will be asked to decide if this should be deactivated. The Committee will also be asked to decide if the caps which appear in the summary table of the CPD Online Diary, as described previously, should also be lifted, although the importance of doctors participating in broad range of CPD activities would continue to be emphasised.
Revalidation guidance on Supporting Information and on Collecting Patient and Colleague Feedback

The final section of the survey focused on the Supporting Information and Patient and Colleague Feedback guidance developed by the College. Respondents were asked whether or not they used these resources and general comments were also invited on the College’s current revalidation guidance and any further material which could be developed.

The following results were received to Section 5 of the survey.

5.1 Do you use the Supporting Information guidance and Checklist?

This question received 654 responses, of whom 264 (40.4%) replied that they did use the Supporting Information guidance and Checklist whilst 390 (59.6%) had not used it and the number of non-respondents was 64.

Unfortunately this survey question did not include the ‘Intend to use’ option and respondents were only able to reply ‘Yes’ or ‘No’ – with a further option to indicate why not if ‘No’ had been selected. However, a total of 24 respondents did comment in this free text section that they planned on using the Supporting Information guidance and Checklist in future (for example: ‘First consultant post and not due an appraisal for some time yet, may use it later’ and ‘Will use it at the time of revalidation’) and whilst this number may not be representative of all the respondents to this question, it has been included in Fig 15.

The main reason for non-use of the Supporting Information guidance and Checklist was that respondents said they instead used their Trust or local system. Comments included: ‘Trust software essentially provides adequate guidance’, ‘My Trust’s electronic appraisals system gives clear guidance, setting out what needs to be included on each page. As I need to follow the form to the letter, I use their guidance’, and ‘My Trust has chosen to use a generic one for all specialties. I don’t think it’s as good for anaesthetists as the RCoA one, but I have no choice and inadequate time to do both.’
A total of 56 respondents said that they had not previously been aware of the Supporting Information guidance and Checklist, with comments including: ‘I was made aware of it by my appraiser recently’, and ‘I wasn’t aware of it and my own Trust has developed a rather complex system of its own which is very time-consuming’.

Six doctors replied that they did not have time to read the guidance, or that it was too lengthy (‘30% is just the introduction – needs to be written clearer, and more concise’) whilst a further six doctors replied that they had recently been revalidated. Four doctors commented that they did not need to read the guidance (‘I have undergone successful appraisal without it’ and ‘I have been through the appraisal process so many times as I feel familiar’) whilst four other doctors said that they used other information sources such as guidance from colleagues. Finally, one doctor replied that they had been unable to find the guidance on the College website.

Fig 15 – Reasons why the Supporting Information guidance and Checklist hasn’t been used yet.

5.2 Have you used, or do you intend to use, the RCoA Patient Feedback Questionnaire?

This question also received 654 responses of whom 109 (16.7%) replied that they had used the RCoA Patient Feedback Questionnaire whilst 165 (25.2%) intended to use it. A total of 380 (58.1%) respondents had not used it and the number of non-respondents was 64.

Fig 16 – Replies to the question: ‘Have you used, or do you intend to use, the RCoA Patient Feedback Questionnaire?’
Positive feedback received about the RCoA Patient Feedback Questionnaire included: ‘Will be useful for next revalidation cycle’, ‘I have just downloaded it and it seems very useful’ and ‘I used a pilot version of this and found it useful. I read the piece in Bulletin about it and will use it for my next patient feedback which is due in three years’ time.’

The question inviting comment on where respondents did not, or intended to use, the RCoA Patient Feedback Questionnaire elicited 380 responses. These are displayed below.

**Fig 17 – Reasons why the RCoA Patient Feedback Questionnaire hasn’t been used yet, or at all.**

![Bar Chart](chart.png)

Given the large number of replies, these are explored in more detail as follows.

- **Required to use the local / Trust system (277 responses).** Example comments: ‘Our Trust uses the Equiniti feedback questionnaire which I am yet to do. It will be sent to me by the Trust closer to the revalidation date. I have no control over it and the Trust decides when to send it to its doctors’; ‘My Trust bought Zircadian software which we are asked to use’; ‘Our Trust expects us to get patient feedback survey questionnaire provided by Edgecumbe’; ‘Our health board insists we use the CARE questionnaire’; ‘Working in Scotland, therefore I use our locally approved scheme for both patient and colleague feedback via SOAR.’

**RCOA response:** This was by far the majority reason (as was the case for the survey question on usage of the Supporting Information guidance and Checklist) and this was not surprising, particularly given that this was a UK-wide survey where the Medical Appraisal and Revalidation System (MARS) is typically used in Wales, and the Scottish Online Appraisal Resource (SOAR) used in Scotland. Given that the RCoA Patient Feedback Questionnaire has been tailored to the specific needs of anaesthetists and extensively piloted before being approved for use by the GMC, we do encourage doctors to recommend the benefits of using it with their Appraiser or Responsible Officer, and this was evident in some of the survey responses; for example: ‘Have used a generic Trust one but one more anaesthesia based is more useful and will use next cycle’, ‘Our Trust customised the GMC questionnaire to be more useful for anaesthetists to use pending one from the College. Once the remaining 17 have been through this process we will update and use the RCoA one’, and ‘At the moment our Trust want us to use a generic feedback form which is less suitable but are open to switching to a speciality relevant one.’
RESULTS FROM THE RCOA SURVEY ON CPD AND REVALIDATION
A report by the Revalidation and CPD Team

■ Had already collected patient feedback (39 responses). Example comments: ‘Already done in my 360 degrees appraisal’; ‘I have already got 20 patient’s feedback, sent directly to my appraisal system’; ‘Revalidated 2 years ago before this was available – will use next time around’.

■ Used the GMC Patient Feedback Questionnaire (25 responses). Example comments: ‘Have used a generic GMC one for my revalidation 18 months ago’; ‘I used the GMC one and managed to get 44 out of 45 possible responses. It didn’t seem to be a problem for the patients’; ‘I was told by my Trust I had to use the generic GMC form for all doctors for my appraisal’.

RCOA response: The RCoA Patient Feedback Questionnaire is similar in format to the GMC version, although with this being designed for the traditional doctor-patient interaction of clinical medicine, some anaesthetists felt that it was not appropriate to their own situation. As such, the wording was refocused from ‘Your doctor’ to ‘The anaesthetist’, because some patients may have incorrectly assumed that feedback was being sought on their surgeon, and we also removed the question which asked whether the patient felt the doctor ‘Would keep information about them confidential’. This is because our pilot of the College questionnaire found that it was unclear whether or not confidentiality extended to other members of the surgical team.

■ Not aware of the RCoA Patient Feedback Questionnaire (19 responses).

Four respondents commented that they used their own form for collecting patient feedback whilst four doctors said that they were exempted from this supporting information requirement. A further four respondents had concerns about the wording of the questionnaire; for example: ‘It is not fit for purpose. It tells us nothing about the anaesthetic itself, just the patient’s opinion on the pre-operative visit’ and ‘I found the compulsory question about offering options for anaesthesia unhelpful as in my neuro practice there are no options. People marked me down I feel unnecessarily’.

Four respondents commented that they had concerns about the ‘validation’ of the RCoA Patient Feedback Questionnaire, including: ‘Our trust hasn’t approved the RCoA questionnaire yet and favoured the use of the generic GMC questionnaire’ and ‘Our Trust has been told it hasn’t been validated for use’. However, the RCoA Patient Feedback Questionnaire was presented to the GMC who were satisfied that it met their criteria and they have approved it for use.

In addition, two respondents commented that the RCoA Patient Feedback Questionnaire did not focus on intensive care (‘A large part of my work is ICU – difficult to assess that aspect irrespective of the questionnaire used’), one respondent commented that it did not focus on pain, and one doctor replied that they would be retiring soon and so they would not need to complete another patient feedback exercise.

Some respondents suggested that the RCoA Patient Feedback Questionnaire should be enhanced by having it available online and by the College developing a mechanism to analyse the responses and produce a final report: ‘It would be helpful if RCoA could arrange for software to allow for completion of patient feedback on electronic devices and to have a programme that would then automatically produce a report’. One respondent requested further College guidance on 360 colleague feedback, whilst another respondent commented: ‘It could be made clearer that patient and colleague feedback must be reflected on in the context of an appraisal if the Responsible Officer is to make a positive recommendation.’

In addition to the above feedback which was specific to the RCoA Patient Feedback Questionnaire and College guidance, a number of more general comments were received about the requirement and general process for collecting patient feedback. Concerns were expressed that it was difficult to apply in practice without departmental support, and the question which asked patients to rate the doctor’s performance in assessing the patient’s medical condition, and assessing them for their anaesthetic, was disliked. Some comments were also received such as: ‘It seems to apply only to the pre-op visit and is a marker of talking the talk rather than actually delivering a good result.’
5.3 General comments on the Revalidation guidance.

This part of the survey invited any general comments on the Revalidation guidance produced by the College and a number of positive responses were received; for example: ‘Useful to understand the evidence required for appraisal, has helped me greatly in preparing for appraisal’ and ‘The guidance was very helpful and made my preparation for revalidation less stressful.’ However, some other comments were received that the guidance was too long and that documentation produced by the doctor’s Trust was used instead: ‘Receive advice from several sources and it all gets slightly bewildering – tending to concentrate on my local Trust guidance more and more.’

5.4 Development of other Revalidation guidance

Some suggestions were made as to further Revalidation guidance which could be developed by the College. One respondent commented that it was unclear how many completed patient feedback questionnaires were required. However, this is answered in the College Guidance on Patient and Colleague Feedback for Anaesthetists which also references the GMC’s FAQ on this matter.

One respondent referenced maternity leave in requesting further guidance on how the deferral process works, including that the deferral request is made by the doctor via the local Responsible Officer rather than directly to the GMC.

Another request for guidance was in respect of revalidation for doctors working in different settings: ‘It is not clear how deep to dig when using this evidence for an appraisal. It is fine when there are no concerns but much more difficult with locums and people whose jobs are not typical.’ Finally, a comment was received that the whole revalidation process should be much more related to NHS and / or local Trust performance management.

5.5 Conclusions

The Revalidation guidance produced by the College was generally well regarded, with comments received that it had helped doctors in preparing for their appraisals and revalidation. Some feedback were received that it was too long, or that Trust or local guidance was used instead, whilst there were also some requests for more communication about the College resources; for example: ‘Ensure that all anaesthetic departments have a responsible person or at least a poster that boldly illustrates all the excellent features available from the College website, as there are still a lot of people especially SAS that have not a clue what is going on.’

The replies to the questions on the Supporting Information guidance and Checklist showed that 59.6% of respondents had not used this resource, with the main reason (100 replies) being that they instead used their Trust or a local system. The second most common reason (56 replies) was that the respondents had not been aware of the College guidance.

It is worthwhile mentioning that the GMC’s overarching Supporting Information guidance, published in 2012, recommends that doctors in specialist practice should consult the information provided by their College or Faculty and so in 2014 a working group from the AoMRC developed a new document which amplified the headings provided by the GMC – in the sections entitled ‘Requirements’, and which allowed Colleges and Faculties to add their own specialty-specific information – in the sections entitled ‘Guidance’. Some survey respondents had commented that the resultant document was too long; for example, the comment: ‘30% is just the introduction’, although two-thirds of the content is universal across the various Colleges and Faculties.

We are aware that many Trusts and commercial providers have further summarised the GMC or AoMRC / College guidance although we have received evidence that the Checklist in the College guidance is also being used, for example, that it has been emailed to an appraiser accompanied by the doctor’s required documentation. One survey respondent said: ‘I use it to appraise others as well as my own appraisal preparation... I have a hard copy, would it be worth advertising this again?’
As such, we will be producing hard copy versions of the Checklist only, accompanied by brief guidance on its use, and accompanied by links to the main GMC and College documents, and we hope that this will assist doctors; for example, in the case of the respondent who requested: ‘What I would like to see is in the five year cycle, what are the exact requirements I require? For example, I see in five years as a minimum, 250 CPD? Guidelines? Audits? MDT? Mortality, etc.’ We would also be interested to hear about the experiences from the 24 doctors who responded to the survey that they intended to use the Supporting Information guidance and Checklist.

When the survey focused on the RCoA Patient Feedback Questionnaire there was similar situation to the questions on use of the Supporting Information guidance and Checklist; 58.1% of respondents had not used the Questionnaire with the main reason (277 replies) being that a Trust or a local system was instead utilised.

This was not surprising, especially given that a number of Trusts use commercial providers whilst the MARS and SOAR systems are used in Wales and Scotland respectively. However, a number of comments were received that the RCoA Patient Feedback Questionnaire was more useful and more relevant, and some respondents hoped to be able to use it in the future. It was surprising to note that four respondents raised concerns about the ‘validation’ of the Questionnaire, because it has been approved for use by the GMC.

Nineteen respondents said they did not know about the RCoA Patient Feedback Questionnaire and so, as with the Supporting Information Checklist, hard copy versions will be produced accompanied by brief guidance including information for intensivists and pain doctors and a focus on the importance of reflection. The opportunity will also be taken to emphasise the difference between patient feedback and patient outcome; the former referring to the nature of the interaction between the doctor and their patient, including domains such as communication skills, involving the patient in their treatment and showing dignity and respect, whilst the latter refers to major and minor complications of treatment.

A number of respondents requested an online version of the RCoA Patient Feedback Questionnaire accompanied by functionality to collate, anonymise and report on the responses, and this will be taken forward for discussion by the Revalidation Committee. It will also need to be considered as part of the overall TSR project. The general comments received about the requirement and general process for collecting patient feedback will be reported back to the respective AoMRC working group.

Finally, some suggestions were made for the development of further guidance, including how the deferral process works and revalidation for doctors working in different settings. These will be taken forward as actions and added to the Revalidation section of the College website.
Closing comments

Before concluding the survey, respondents were invited to provide a contact email address if there were any questions for which they wanted a direct and personal response. 36 doctors supplied their email addresses and many of their comments made have been included elsewhere in this survey.

Other suggestions included that a free text option should be available for adding activity types in the CPD Online Diary and web app (it would need to be explored how this could work in respect of the final PDF summary report which is generated), and that ‘guest’ appraiser access should be possible to review a doctor’s CPD documents in the CPD Online Diary.

All of the 36 doctors were responded to by the College CPD and Revalidation Team and they will be kept updated as the actions from the survey are rolled out.