

Quality assurance of the RCoA CPD approval scheme

1 November 2017 –
31 October 2018

A report for the CPD Board by the RCoA Revalidation and CPD Team



Contents

Executive summary	3
1. The why and how of CPD event approval	5
2. Applications from event providers for CPD approval	8
3. Evaluation of events by the CPD Assessors	12
4. Annual review of delegate feedback from CPD-approved events	17
5. Coverage of the CPD Matrix in CPD-approved events	25
6. College resources to support CPD and revalidation	31

Executive summary

“The CPD Board has responsibility for quality assurance of CPD approval across the speciality.”
Terms of Reference, CPD Board

The quality assurance report for the Continuing Professional Development (CPD) approval scheme at the Royal College of Anaesthetists (RCoA) is produced every year under the Terms of Reference of the CPD Board, an independent body which oversees the accreditation process. The report is produced by the RCoA Revalidation and CPD Team, which administers the CPD approval scheme, and this is the seventh quality assurance report to be produced.

During the period from 1 November 2017 to 31 October 2018, details of 1,213 events were submitted to the RCoA for CPD approval. This was very similar to the number received during the previous 12 months when information on 1,199 events had been submitted. Of the applications reviewed for CPD credits, 79.3% were unconditionally approved (a slight reduction when compared against 84.9% during the previous 12 month period) whilst 7.8% were declined for CPD, a noticeable increase when compared against the 4.1% of declined applications during the previous 12 months. The reasons for this increase include a new ruling made by the CPD Board whereby applications for approval cannot now be received less than two weeks before the event date, and between 1 July and 31 October 2018 this accounted for 16 declined applications.

The CPD event reviews were completed by 88 CPD Assessors including nine members of the CPD Board. During the period from 1 November 2017 to 31 October 2018, seven CPD Assessors retired from the role and one has been on maternity leave, whilst six Fellows of the RCoA have become new CPD Assessors. This is the highest number of CPD Assessors we have had throughout the operation of the CPD approval scheme although new applications are also very welcome. A training pack is available to support new CPD Assessors and further information is available from cpd@rcoa.ac.uk.

Nearly 66% of the CPD Assessors completed their event reviews within an average two week timeframe with 27 of the CPD Assessors completing them within an average of five days or less. Whilst this is similar to the 69% of completions in under a fortnight between 1 November 2016 and 31 October 2017, the previous 12 months saw the highest number of CPD Assessors completing their reviews during an average timeframe in excess of 21 days which may be a reflection of a number of CPD Assessors being new to the role. However, these timeframes compare very well with the Academy of Medical Royal Colleges' recommendation that applications should be made at least eight weeks before the event date. The RCoA is extremely grateful for the support and expertise of all the CPD Assessors in this important role especially given their many other time pressures.

The majority of CPD-approved events were aimed at a 'national' audience and were events held in London, the North West, East of England and in Yorkshire & The Humber. Focusing on coverage of codes from the CPD Matrix, an optional resource designed to assist anaesthetists and appraisers in their appraisal discussions and to help guide individual CPD requirements as part of the personal development plan, those which were mapped to by most events included advanced airway management, team leadership and resource management and human factors in anaesthetic practice. It is hoped that the data may assist in future event planning.

The CPD Matrix is going to be replaced by a CPD Framework which will still be an optional resource. Instead of comprising three Levels, this will instead comprise more general subject headings accompanied by indicative content and also links to resources (events, e-Learning and reading, and the appropriate specialist societies and associations). Further updates will

follow on the RCoA website and if you would like to get involved in the development of the CPD Framework please contact cpd@rcoa.ac.uk.

Focusing on the 'audience' for events, we noticed that for a small number of events aimed at a 'regional' audience there were comments made that some sessions became focused on a single hospital or trust. To avoid such issues, recommendations include trying to ensure that the faculty members come from a range of different trusts, having clearly defined learning outcomes and ensuring the event is well advertised.

The above example arose during our review of the analysis of summary delegate feedback from a sample of the CPD-approved events. As in previous years we found that events which scored particularly highly included a practical component whilst negative comments often related to catering or venue issues. We observed an interesting range of opinions on the use of social media such as *Twitter* during events and lots of positive comments about incorporating the patient viewpoint into programmes.

One exemplar of modifying an event's content based on some pre-event questions on the attendees' reason for choosing to go might only be achievable for those with smaller numbers but other useful suggestions have included collecting data beforehand on the attendees' years of experience to match them up appropriately during the practical sessions.

The review of summary delegate feedback is always an integral part of the quality assurance reports and it is one of the conditions of approval that a copy of the delegate evaluation form must be submitted. Where feedback is going to be collected electronically (such as via *Survey Monkey*) a list of the questions which are going to be used should instead get provided. We are always keen to focus on the actions taken by event providers in response to delegate feedback received, both positive and negative, and we follow up for future versions of their events as necessary.

This report also details some of the CPD resources available including the CPD Online Diary and online learning, as well as the publication of a new suite of revalidation guidance. By the time of the publication of next year's report, CPD functionality will have become an integral part of the new RCoA lifelong learning platform and to get involved in this exciting work, please contact cpd@rcoa.ac.uk.

The opening chapter references the need for the CPD approvals scheme to be open and transparent and it is hoped that this report demonstrates the rigorous, two-stage processes followed during a review and the follow-up quality assurance procedures in place. For any further information about the CPD approval scheme or about this report, please contact cpd@rcoa.ac.uk.

Chris Kennedy, CPD & Revalidation Co-ordinator, Royal College of Anaesthetists

1. The why and how of CPD event approval

“External accreditation of these activities will help doctors to recognise that the activities are likely to be of sufficient quality and free from bias or competing interest.”

Standards and Criteria for CPD Activities – A Framework for Accreditation – AoMRC, 2012

In common with many other Medical Royal Colleges and Faculties including the Royal College of Paediatrics and Child Health, Royal College of Surgeons and Royal College of Physicians, approval of continuing professional development (CPD) courses has been offered by the Royal College of Anaesthetists (RCoA) for a number of years. All of the accrediting bodies follow criteria¹ specified by the Academy of Medical Royal Colleges (AoMRC) which details the following aims in providing such schemes:

- To ensure that the content of the event is relevant to the CPD of career grade doctors
- To increase the learning to be gained from CPD activities
- To minimise bias and conflicts of interest
- To encourage the appropriate evaluation of educational activities
- To maintain a published list of accredited activities to aid the completion of CPD portfolios
- To provide a transparent process open to scrutiny
- To provide a thorough but also administratively simple and flexible process.

These schemes are referenced in the GMC's guidance² on CPD which states: “Some organisations accredit events and activities for CPD. For information about CPD accreditation and quality assurance of specific CPD activities, you should contact the CPD provider, your medical royal college or faculty, specialist association, postgraduate deanery or CPD lead [section 50]”.

The benefits of CPD approval at the RCoA include that approved events are included in the RCoA [CPD Online Diary](#) and in the [diary of approved courses and events](#) on the College website. This is updated weekly and features a direct link for further information, where this has been supplied by the event provider. The RCoA's revalidation logo, which is a registered UK trademark, can be used in the promotional material and on the delegate attendance certificates for approved events.

By appearing in the CPD Online Diary, a considerable amount of time is saved for the attendees who would otherwise need to manually input lots of information including the event date and start / finish times, aims and learning outcomes, number of CPD credits equating to the contact or guided learning time and CPD Matrix codes, as well as their reflection. Instead the user just needs to select the approved event (searching by date, provider name, keywords or CPD Matrix codes), add it into their personal portfolio and then it is only necessary for them to add their reflective comments.

The need to provide a transparent process, open to scrutiny has been recognised at the RCoA with the establishment of the independent CPD Board in 2011. The CPD Board reports to Council of the RCoA and it comprises representatives from the Association of Anaesthetists and from a range of specialist societies and associations including Association of Paediatric Anaesthetists of Great Britain and Ireland, Neuroanaesthesia and Critical Care Society of Great Britain and Ireland, Society of Education in Anaesthesia UK, Association for Cardiothoracic Anaesthesia & Critical Care and Resuscitation Council (UK). The Lay Committee of the College is also represented on the CPD Board.

¹ [Standards and Criteria for CPD Activities – A Framework for Accreditation](#) – AoMRC, January 2012

² [Continuing professional development: guidance for all doctors](#) – GMC, June 2012

The CPD Board has the following Terms of Reference with the majority being covered in the production of this annual report:

1. To agree and implement appropriate mechanisms for the quality assurance of CPD approved under the RCoA's CPD scheme.
2. To ensure consistency of practice in the approval of CPD through an annual review of the register of approved CPD and by sampling applications for CPD approval and subsequent decisions.
3. To monitor the appointment and performance of the CPD Assessors on an annual basis.
4. To review the RCoA's CPD Matrix and be responsible for future revisions.
5. To ensure that the suggested list of Level 3 CPD for the special interest areas is maintained and reviewed on a regular basis.
6. To provide a shared forum for matters relating to Continuing Professional Development and report back to respective Councils and Board on any new developments.

The CPD approval scheme is administered by the RCoA Revalidation and CPD Team and the functional map overleaf details the various stages which are followed when an application is received, ideally via the [online form](#) on the RCoA website, although a [Word version](#) is also available.

Upon receipt of an application, the RCoA Revalidation and CPD Team will complete a series of administrative checks to ensure that all the required information has been supplied; for example, that the event title, start and finish times, providing organisation's name, fee details, venue location and contact details in the online form match the information supplied in the attached programme, and that the evaluation form allows for feedback to be provided on each individual speaker / topic

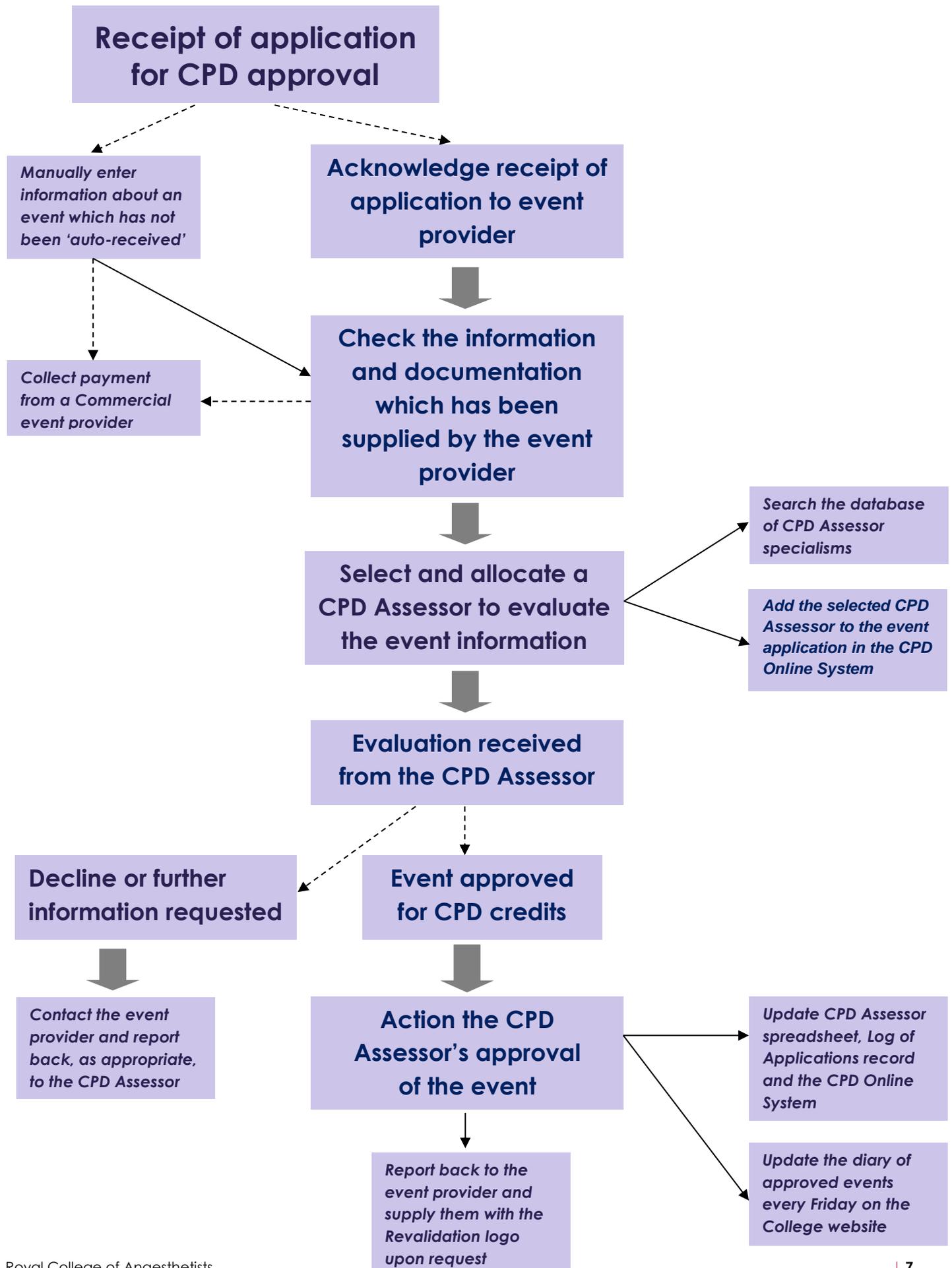
If these checks are satisfactory (if not, we will get in touch with the nominated contact specified by the event provider) we will send the event information for the technical check to one of the CPD Assessors – matching it with the specialty area(s) preferred by the Assessor and also mindful of any times of year when they have requested not to receive a review.

The functional map also shows the processes which are followed once the completed review has been received back from the CPD Assessor. It can be seen how if any queries are raised by the CPD Assessor, the RCoA Revalidation and CPD Team will liaise with the event provider in order to get these resolved – the name of the CPD Assessor is kept anonymous. As mentioned above, events which have been approved for CPD appear in the RCoA CPD Online Diary and on the College website.

The fact that CPD approval is only given after a two-stage review process, the second part of which is a technical check by independent, specialist CPD Assessors who are clinicians experienced in the subject area, is another benefit of the accreditation process at the RCoA. Sometimes the CPD Assessor will make suggestions as to how the event programme, learning outcomes etc could be improved and the event providers welcome the opportunity for this advice.

For any further information about this report or about the CPD approval scheme in general, please contact cpd@rcoa.ac.uk.

Functional map – the CPD approval process at the RCoA



2. Applications from event providers for CPD approval

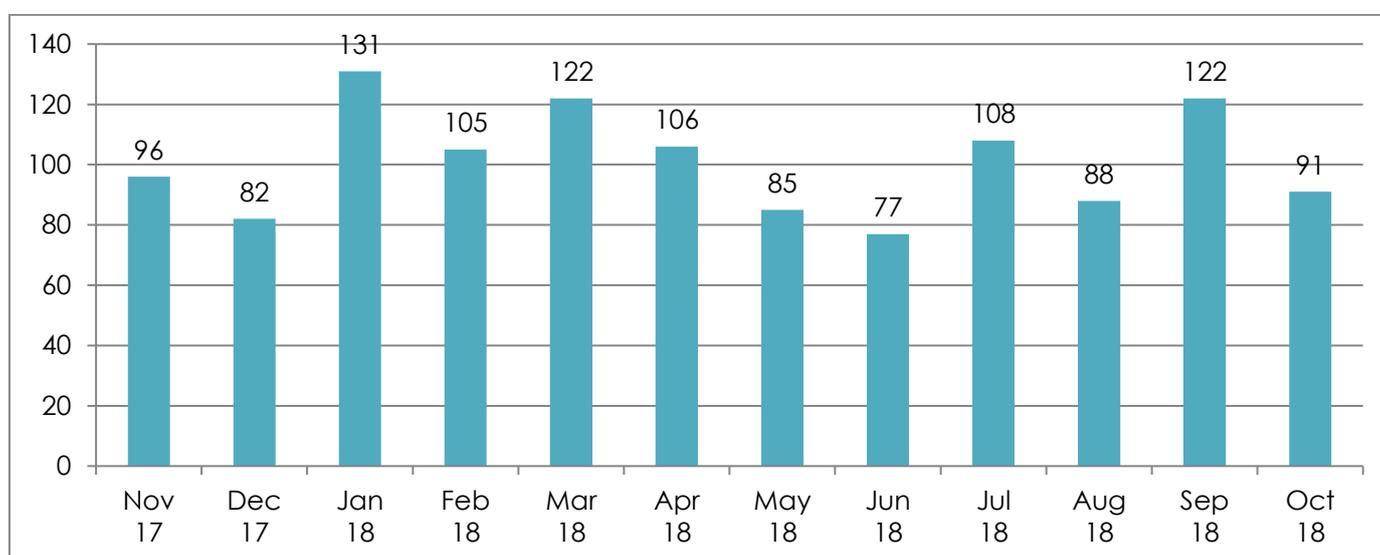
"We have also accepted some additional doctors onto some of our transfer courses from outside of our region so your calendar of events is certainly supporting them."

Course Director, Critical Care Operational Delivery Network

2.1 Number and types of event applications

Between 1 November 2017 and 31 October 2018, details of 1,213 events were submitted to the College for an evaluation for CPD credits. This was an increase by 14 on the number of applications received when compared with the previous 12 month period and whilst there was a fairly even spread it was noticed that September was particularly busier (27 more applications received) which may have been a result of the changes in policy regarding CPD event approval detailed in Section 3.3. The graph below shows the quantity of applications received by month.

Figure 1 – Number of event applications received by month: 1 Nov 2017 – 31 Oct 2018



Whilst the number of applications received between 1 November 2017 and 31 October 2018 was only a slight increase when compared with the previous 12 month period, the table below shows how throughout the lifetime of the CPD Board (and the production of these quality assurance reports) there has been a very significant increase in the number of applications being received here.

Table 1 – Number of event applications received from previous quality assurance reports

Reporting period	Applications received for CPD approval
1 November 2011 – 31 October 2012	590
1 November 2012 – 31 October 2013	822
1 November 2013 – 31 October 2014	932
1 November 2014 – 31 October 2015	1,017
1 November 2015 – 31 October 2016	1,155
1 November 2016 – 31 October 2017	1,199
1 November 2017 – 31 October 2018	1,213

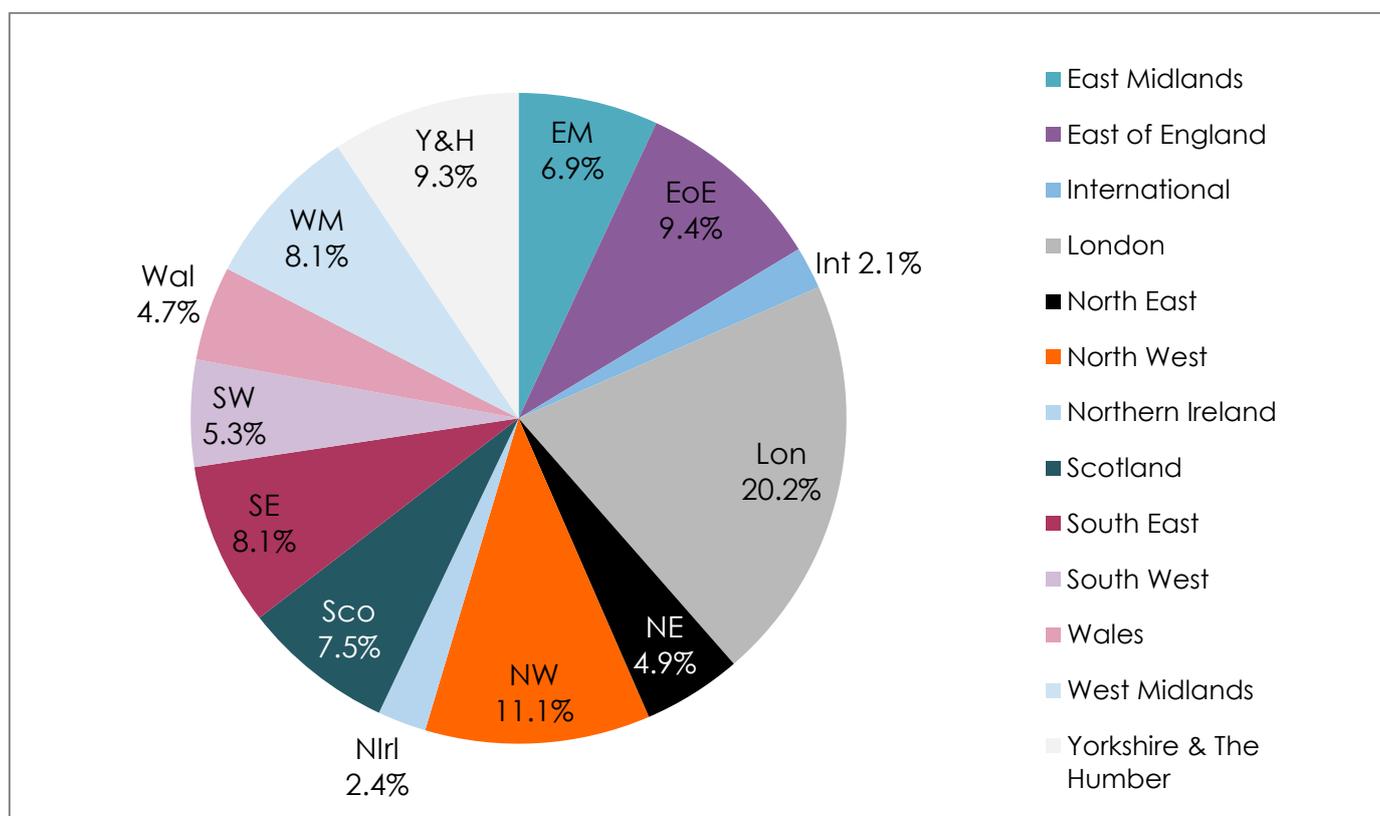
Between 1 November 2017 and 31 October 2018 the majority of applications received were aimed at a 'National' audience which is a similar situation to the trends during the previous three years. This data can be seen below.

Table 2 – Size of target audience for CPD-approved events: 1 Nov 2017 – 31 Oct 2018

	2015	2016	2017	2018
Target audience description	% of event providers using this description			
Local	3	4	3	3
Regional	32	35	38	36
National	60	55	56	58
International	5	6	3	3

The quality assurance report now includes data on the regional location of events which have been approved for CPD, which is derived from the [diary of approved courses and events](#) which is updated every week on the RCoA website. The pie chart below shows the percentage of applications received in each of the regions although it does not include CPD events organised by the College and by the Faculty of Intensive Care Medicine and Faculty of Pain Medicine because these would skew the percentage figure for London.

Figure 2 – Regional location of CPD-approved events: 1 Nov 2017 – 31 Oct 2018



The majority of event applications received were for events being held in London (20.2%) followed by events in the North West (11.1%), East of England (9.4%) and in Yorkshire & The Humber (9.3%). The regions in England with the least number of CPD applications received were the North East (4.9%) and South West (5.3%) whilst outside of England, Scotland received 7.5% of

applications compared against 4.7% of events being held in Wales and 2.4% of applications received for events being held in Northern Ireland.

Compared with the data from the previous 12 months, since 1 November 2017 there were more applications received for events being held in the East of England (3% more) and in the North West (2.3% more) whilst there were less applications received for events being held in the South East and in the West Midlands (both 3.1% less). All of the other regions received less than a 2% difference either way when compared with the previous 12 month period.

Events being held internationally (which includes events held in Ireland) accounted for 2.1% of all the applications received between 1 November 2017 and 31 October 2018 and this has been a similar amount in previous years (2.0% in the period from 1 November 2015 to 31 October 2016, and 2.4% in the period from 1 November 2016 to 31 October 2017).

In the review of summary delegate feedback from CPD-approved events (which is detailed in Section 4) one respondent had commented: "I think if the M25 is a clock face, then 50 to 75 miles out from it and rotate it, alternating sides round the numbers may act to catch those nearby the active meeting sites and those in London (where most probably are) and it may not then seem too distant for most people." It is hoped that this data when combined with the data in Section 5 detailing which codes from the CPD Matrix have been covered in CPD-approved events might help providers in scoping the demand for future events.

We would advise event providers that the RCoA CPD Online Diary features an option whereby users can review the 'performance' of an event they have attended against its stated learning outcomes. A screen shot from this section of the CPD system is shown below. Completion of this brief review is not mandatory although some users of the CPD Online Diary do still complete the review and it generates some meaningful data which can be provided, on request, to the appropriate event provider.

Figure 3 – Screenshot of the Learning Outcome review in the College CPD Online Diary

The Review has been saved

You are logged in as Chris Kennedy. [Logout](#)

Learning Outcome Review

The Learning Outcome review is separate to your CPD Activity review. This optional review provides the RCoA with an overview of the Course Provider's performance.

[Skip this Step](#)

The learning outcomes of this event as stated are:

The day aims to extend the attendees' knowledge and repertoire of other Central venous access procedures. There will be discussions of both adult and paediatric practice.

Rating against learning outcomes	* Please rate the activity according to the extent which the learning outcomes were met by the event provider <input type="radio"/> Fully met <input type="radio"/> Partially met <input type="radio"/> Not met at all
Overall rating	Please give the course an overall rating for content and presentation, with a score of 1-5 (1 being the lowest and 5 being the highest score) (lowest) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 (highest)
Comments	<input type="text"/>

Submit

Hints & Tips

- Please provide us with feedback on how the learning outcomes were met by the event provider.
- This is only intended as a review of the event providers' delivery of the event and is not related to the results of your own CPD activity review.

Finally, we would stress that when multiple versions of an event are planned, if the same programme / faculty is being used then the same CPD award will apply for a 12 month period without the need for a new full application to be made every time. However in such a situation the event provider is still required to email to cpd@rcoa.ac.uk a copy of the programme advert/flyer for each version so that this can be added in the RCoA CPD Online Diary and CPD web app. A new application must be made after 12 months has elapsed even if the same programme/faculty are still being used.

3. Evaluation of events by the CPD Assessors

"Thank you for all the hard work you and your team do in making sure that events are vetted before being approved for CPD, an essential job making sure they are all appropriate for appraisal and revalidation."

CPD Assessor

3.1 Number of CPD Assessors

Between 1 November 2017 and 31 October 2018, a total of 88 CPD Assessors – including nine members of the specialist societies and associations represented on the CPD Board – were involved in evaluating events for CPD approval. This is the highest number of CPD Assessors we have had throughout the operation of the CPD approval scheme and we have been very pleased to welcome six new doctors into the role during the last 12 months. However, during this period, seven CPD Assessors retired from the role while one of the CPD Assessors is currently on maternity leave.

3.2 Outcomes of the event evaluations by the CPD Assessors

Of the 1,213 event evaluations completed between 1 November 2017 and 31 October 2018, 962 were unconditionally approved for the CPD credits applied for whilst 157 were only approved when further information or clarification was provided. The reasons for this 'delayed approval' are shown in the table below:

Table 3 – Applications where CPD approval required further information or clarification from the event provider: 1 Nov 2017 – 31 Oct 2018

Query about CPD Matrix codes – e.g. clarification needed on how code(s) mentioned would be covered by the programme topic, suggested additional codes	42
Query on the programme timings / times for the individual sessions needed	39
Query on the faculty for the event – e.g. request for a mini biography or information on their experience to deliver the topic	22
Query or recommended suggested amendments to the delegate feedback form	21
Request for clarification of the programme content or expansion of the learning outcomes	19
Query on what teaching methods would be used to deliver programme topics	9
Request for clarification on any sponsorship or potential conflict of interest for the event	3
Query on the acronyms used in an event	2

As had been the case in last year's report, some of the events where further clarification or expansion had been requested had a focus on scenarios where it was impractical to supply some of this information or there was a need for it to be kept confidential from the potential attendees. Between 1 November 2017 and 31 October 2018 there was a slightly higher percentage of events only getting approved when further information or clarification had been provided when compared with the previous 12 month period: 12.9% as opposed to 11.5%.

A total of 94 applications were not approved for CPD, with further information about the reasons provided in the following table.

Table 4 – Reasons for declined CPD applications: 1 Nov 2017 – 31 Oct 2018

The events were focused entirely on Training grades and the content was not appropriate for career-grade doctors	18
The events were more appropriate for Internal rather than External CPD, the activities should be self-accredited	16
The application was received less than two weeks before the event date [†]	16
The application was for online / web-based learning	13
The event content was not appropriate to our specialty ^{††}	12
The application was made for retrospective CPD event approval [†]	5
Event provider did not respond to questions raised about their event during the review process ^{†††}	6
Activity was not an event with measurable aims and learning outcomes and was more appropriate for personal CPD	3
Application was for an event being held overseas and without any contribution from a UK-based organisation [†]	1
Commercial provider did not wish to pay the accreditation process fee	2
Application was incomplete	1

[†] further information is provided in Section 3.3.

^{††} examples here included events focusing on palliative care, hip fractures, aortic vascular surgery and thrombolysis.

^{†††} in these situations it was presumed that the event provider did not wish to continue with CPD approval and so their applications were closed. However, the RCoA Revalidation and CPD Team undertook follow-up checks to ensure that the events were not claiming approval.

Between 1 November 2017 and 31 October 2018 there was a noticeably higher percentage of events not being approved for CPD when compared with the previous 12 month period: 7.8% as opposed to 3.5%. Some of these declined applications were resultant of the new policies implemented by the CPD Board which are detailed in section 3.3.

Of the total of 1,119 applications approved for CPD, seven were approved but with a reduced credits award, whilst four applications were approved for CPD with a recommended increased award.

3.3 Changes in policy regarding CPD event approval

From 1 July 2018, two changes in policy were introduced by the CPD Board regarding the treatment of CPD event applications. The first rule is that consideration will no longer be given to applications received less than two weeks before the event date and for any applications for retrospective CPD approval.

This rule is not meant to be punitive to event providers but reflects the fact that the event reviews are completed by practising clinicians and it was not reasonable to give them a short lead-in time. During our review of the delegate feedback from CPD approved events, detailed in Section 4, we also observed some comments similar to: *"Take home message for me was comment about event 'not being well advertised' as more delegates would have registered. I have reflected on it and considering various options including advertising earlier and a website to share future meetings."* With approved events featuring in the RCoA CPD Online Diary and on the website, it is also in the best interests of event providers to make an early application.

We would encourage event providers to specify keywords when making an application for CPD approval, so as to help raise the profile of their events in the College CPD Online Diary and CPD web app. The application process also allows for event providers to make a number of their documents, such as the programme and advertisement, visible in the College systems in order to further raise their profile. Event providers are further encouraged to include a hyperlink giving additional information and we advise this should be done.

The second rule is an additional quality assurance check for events being held outside of the UK. In future, for such events, consideration will only be given if a UK-based organisation is hosting the event or has made a significant contribution to its development. In addition, and as previously, consideration for events being held outside of the UK can only be given if it can be demonstrated that the event will be catering for a specialist audience and has content of such a specialist nature that UK-based doctors would travel there specifically to attend.

These policy changes were agreed by the CPD Board following their April 2018 meeting and they were widely publicised from early June, as an 'alert' in the CPD Online Diary and in the [guidance for event providers](#) section on the RCoA website, and reinforced in an article in the September 2018 edition of the [RCoA Bulletin](#).

The CPD Board considered this matter again in November 2018 and it was agreed that all applications for CPD approval for events being held outside of the UK should be completed by the Chair (this would have no impact on the application process from the event provider perspective) and also, that it would be a requirement of such approval that a summary of the delegate feedback must be provided afterwards.

It can be seen from *Table 4* that 17 applications for CPD approval have been declined for the above reasons (all except one for applications received less than two weeks before the event date) although it is expected that this number will reduce in the following months as the new rules become more widely known.

Where the above applications have been declined the event providers have still been advised that whilst formal recognition will not be available on this occasion, those doctors who attend can self-accredit their participation on the basis of one CPD credit per hour of contact/guided learning, when accompanied by reflection demonstrating how their attendance has been appropriate to their scope of practice.

3.4 Average time taken for event evaluations by the CPD Assessors

One of the Terms of Reference for the CPD Board, and hence for inclusion in this report, is to monitor the appointment and performance of the CPD Assessors on an annual basis. The RCoA Revalidation and CPD Team keeps an internal database detailing how long it takes for each evaluation to be completed by the CPD Assessors, also recording any reason why an evaluation is delayed; for example, when an event provider has been requested to supply further information or clarification.

Sometimes there can be a significant delay before the event provider responds, although, for the purposes of this report, data is only included for when each CPD Assessor had all the required information and so their evaluation was 'active'.

The graph below shows how, between 1 November 2017 and 31 October 2018, 58 of the CPD Assessors completed their event evaluations within an average two week timeframe, with 27 of the CPD Assessors completing these evaluations within an average timeframe of five days or less. Eighteen CPD Assessors took in excess of 21 days to complete their evaluations.

Figure 4 – Average time taken for evaluations by CPD Assessors: 1 Nov 2017 – 31 Oct 2018

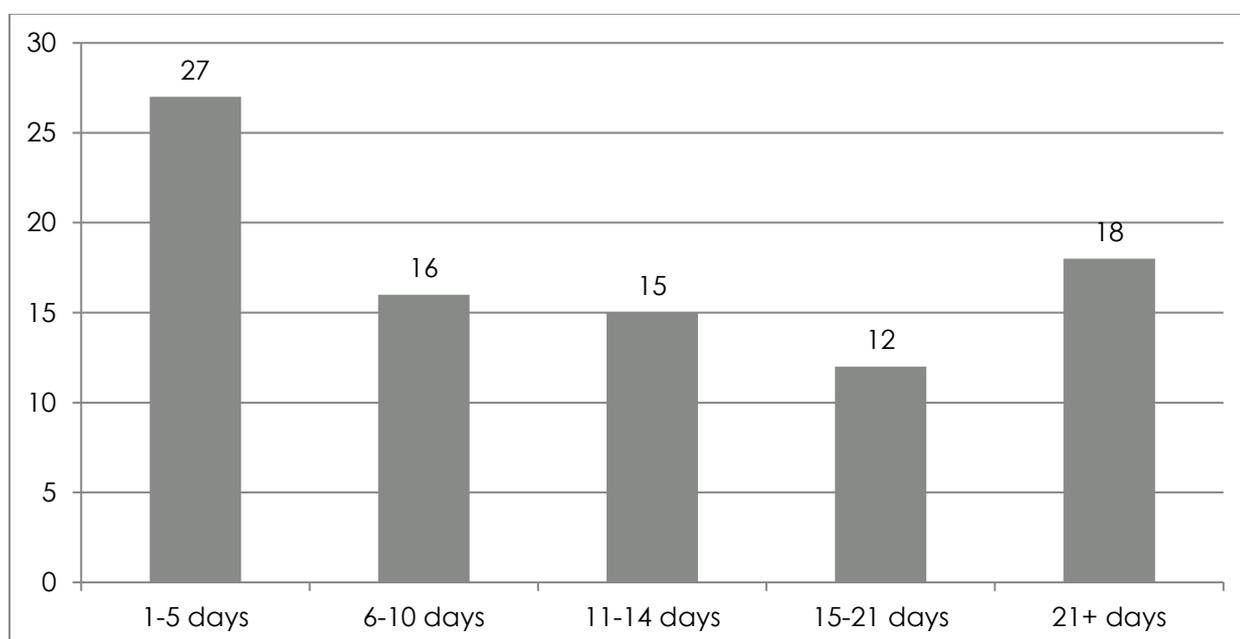
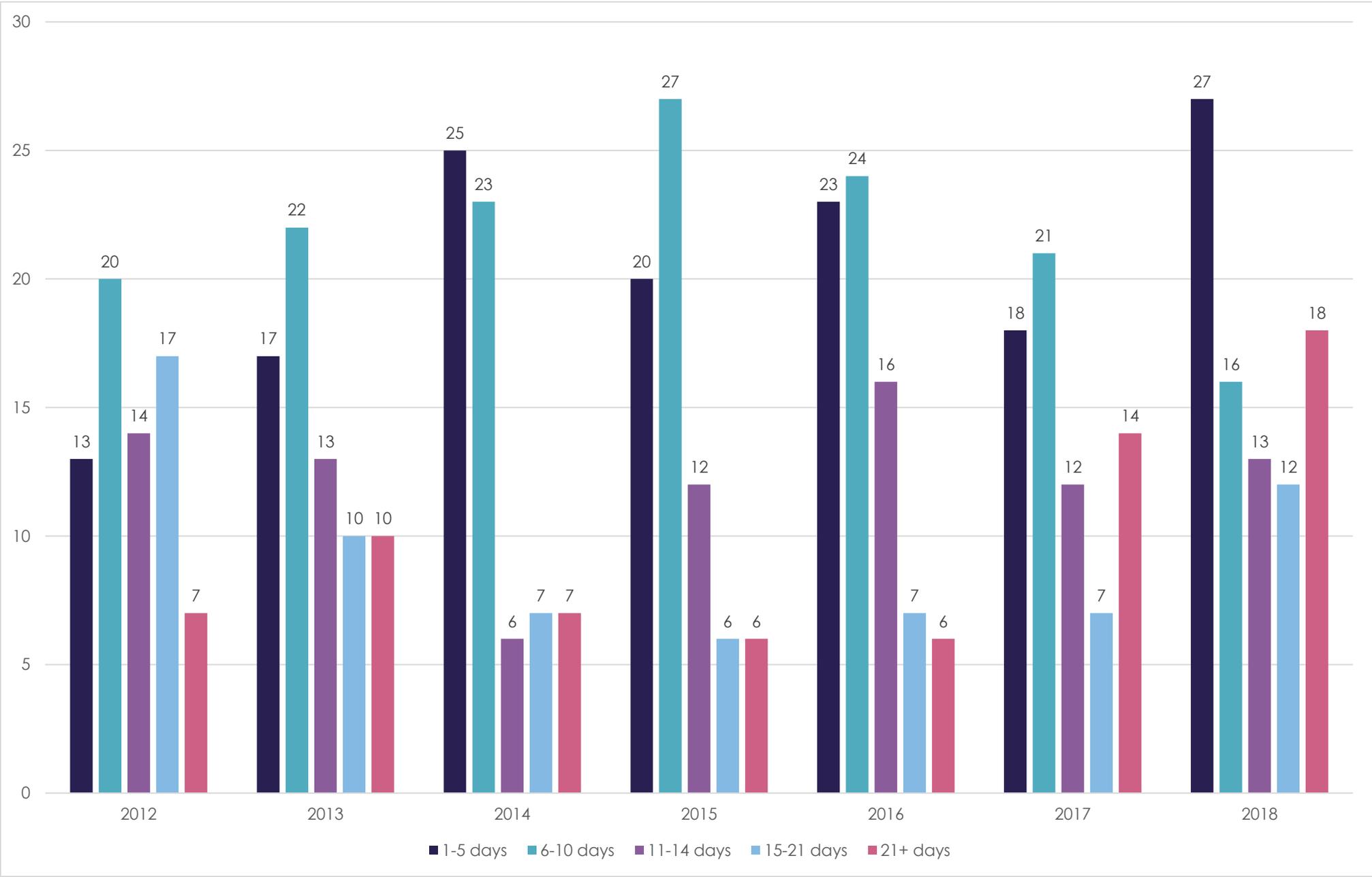


Figure 5 compares the data from the most recent period with data from the previous six years (this being the timeframe during which the quality assurance reports have been produced). It can be seen that there are exceptional trends at both ends of the scale: during the last 12 months the highest number of reviews have been completed in both the shortest and the longest average timeframes.

The significant number of reviews being completed within an average timeframe of 1-5 days is likely explained by many of the CPD Assessors becoming very experienced in the role, whilst the number of reviews being completed in an average of 21+ days is likely explained by a number of CPD Assessors being new to the role.

The number of reviews getting completed during an average timeframe between 11 and 21 days has remained very similar throughout the previous seven years and it is worthwhile quoting from the AoMRC criteria referenced in section 1 which advises: "the organiser should normally apply for approval at least eight weeks prior to the meeting date." With the vast majority of RCoA event reviews getting completed well within this timeframe, the College is extremely grateful for the continuing support and expertise of all the CPD Assessors in this important role.

Figure 5 – Average time taken for evaluations by CPD Assessors: 2012 to 2018 compared



4. Annual review of delegate feedback from CPD-approved events

“The RCoA reserves the right to request copies of summary delegate feedback and details of any actions taken from all approved events, as part of its quality assurance processes.”

Guidance for event providers seeking CPD approval – RCoA, 2018

4.1 Introduction and method

One of the key sections of the annual quality assurance report is the review of delegate feedback from events which have been approved for CPD. The quote from the College guidance for event providers, referenced above, replicates the following requirements from the AoMRC criteria for CPD approval schemes:

“Each attendee should be asked to evaluate the course/event and speaker:

-Were the printed learning aims and outcomes of the course met?

-Was there any bias or conflict of interest evident in the course?

-Was the instructor/speaker organised and knowledgeable?”

As such, it is one of the conditions of an application to the RCoA for CPD approval that a copy of the delegate evaluation form must be submitted. Where feedback is going to be collected electronically (such as via *Survey Monkey*) a list of the questions which are going to be used should instead get provided.

The following section details the survey of the completed evaluation forms for events which were approved for CPD credits between 1 November 2017 and 31 October 2018.

4.2 Method

For the review of delegate feedback, 130 event providers – whose events had been approved for CPD credits – were contacted. Feedback was requested from a range of event providers including Trusts, medical societies, commercial providers, the College and Faculties, and the specialist societies and associations, and where the approval for such events had ranged from between one and 15 CPD credits.

The lead contact from each event provider sampled was sent the following email:

Dear XXXXX

I am writing with regard to the following event, which was approved for X CPD credits by the College:

Name and date of event

As part of the annual quality assurance review of the CPD approval process at the College, we undertake a completely random sample of the delegate feedback from events – both run by the College / Faculties and externally – which have been approved for CPD. This information is kept anonymous and helps to inform a report by the CPD Board, the previous version of which can be seen [here](#).

The above event has been selected for this year's quality assurance review and so I would be grateful if you could supply a summary of the delegate feedback from it. Please note that copies of the individual delegate feedback forms are not required nor is detailed information, and what is of most importance is any actions taken based on the feedback.

Please can you email this information to cpd@rcoa.ac.uk by Friday 12 October.

You will be aware that events approved for CPD by the College are featured in the CPD Online Diary and CPD web app and also in the [diary of approved events](#) – unless the event provider has requested that this should not be done. If you have any suggestions on how this information could be further enhanced, or any general comments on the CPD approval process, I would be very pleased to hear these.

I look forward to hearing from you with your summary delegate feedback, and please do get in contact if I can provide any further information or assistance or if you will not be able to meet the deadline date.

Kind regards

Chris

**Chris Kennedy | Revalidation & CPD Co-ordinator
Royal College of Anaesthetists**

(Some event providers had also supplied previous summary delegate feedback as part of their application process.)

The above email was sent on 19 September which gave the event providers just over a three week timeframe to respond – 17 had failed to do so by the deadline of 12 October. A follow-up email was sent to the non-respondents / those who had requested an extension which had a final deadline of 31 October, and this generated a further 15 responses. At the time of writing (16 November 2018), two event providers had not responded to either of the requests to supply their event feedback. Should this get rectified it is recommended that it will be for the CPD Board to consider if future event applications can be considered from them; until then it will not be possible to do this at all.

The following section discusses in detail the key findings.

4.3 Results and analysis

It was mentioned in the executive summary that this is the seventh quality assurance report to be produced and some of the key findings from the recent review of delegate feedback from CPD-approved events are similar to those from the first quality assurance report which had covered the period between 1 November 2011 and 31 October 2012.

The first quality assurance report mentioned that where events had received poor ratings, these had mainly applied to factors outside of the event content: *“Some of the events only had a ‘2 / Fair’ rating for their catering, with one comment made that there should be a “better choice for vegetarians”, and another comment: “perhaps have a stand-up buffet lunch to enhance networking with colleagues and trade stands.” The venues used for some of the events were rated in a similar way with some comments made about a lack of space or a poor layout of chairs.”*

There were some similar comments observed in the review of delegate comments over the most recent 12 months. For example, a negative comment about one event focused on: *“not enough seats at lunch time... after standing at all the stations it was a tiring couple of days”* whilst for another event, comments included: *“presentation was hard to hear/understand and delivery of session was impeded due to synchronisation between presenter and person changing slides.”*

Many of these types of issues should be easy to resolve and this was evidenced in the organisers of an event focusing on intensive care reporting: *“Last year’s feedback of excessive light causing poor projection, poor sound quality in back of venue and background noise from canteen all fed back to hotel and optimised this year.”* Some issues may be more difficult to resolve; for example, comments about an event on obstetrics included that there was too little parking around the venue.

Some other ‘quick wins’ which are going to be taken in response to delegate feedback received over the past 12 months include the provider of an event on pain will limit the number of speakers in response to some delegates reporting some repetition due to a large number of speakers, on the scanning station for a regional anaesthesia event the delegates will be able to scan rather than watching the faculty, and, for a similar type of event, subsequent versions will include a session on catheter techniques which will be more appropriate for experienced delegates than a needling workshop. We will follow-up with these event providers over the next 12 months to monitor how well these enhancements have been received.

Another provider reported that over the last three years they have taken a number of actions based on delegate feedback in their transoesophageal echocardiography event including adding more hands-on and more MV cases, teaching probe insertion and allowing more time in theatre.

As has been the case in the reviews of delegate feedback in previous quality assurance reports the events which have attracted the most positive comments have included a practical component. For example, in the previous 12 months, one comment observed was: *“Great to have so much scanning time, helpful anaesthetists supervising in the OR... it allowed me to understand the surgical implications, case reviews at the end were excellent.”*

For an event covering cardiopulmonary exercise testing, the provider commented: *“interesting cases session scored slightly higher than the introductory session with comments including really insightful and very interesting diagnostic conundrums... our intention in future is to slim down the theoretical / physiology talks and focus more on the practical demonstration and interesting cases sections as these were most well received.”*

For an event focusing on the safe conduct of pre-hospital anaesthesia, comments included: *“the best structured course I have attended with a great mix of teaching / scenarios and gradually consolidating knowledge”* and *“emphasis on practical scenarios rather than Powerpoint was spot on.”*

Example 1 – Sedation event

Based on delegate feedback the event provider will be taking action on the following suggestions for improvement:

- *“Include an additional practical airway station as this went down really well.*
- *Some additional slides on drug interactions and this session needs about 15 minutes longer.*
- *Produce hand-outs for sessions of particular importance, such as ECG interpretation and drug combinations.*
- *Allow more time for scenario and discussion as candidates found this useful.”*

A number of recurring themes were observed during the review of the delegate feedback, as follows.

A) Provision of pre-event reading and material

In last year's quality assurance report we examined the pros and cons of event providers supplying material beforehand, such as copies of the slides which are going to be used. In the review of delegate feedback from CPD-approved events between 1 November 2017 and 31 October 2018 we have again observed similar comments. For example, for a regional anaesthesia event, comments included: *"it would be really useful if we received some theoretical notes or slides of all the speakers consolidated as a small booklet which can help prepare us"*.

Action is being taken by some of the providers surveyed including that future versions of a general anaesthesia event will include a reading list beforehand and the presentations will be supplied on a USB stick afterwards, whilst registrants for an event on leadership and management will also be given a list of suggested reading in advance. However, we cannot recommend that all event providers must supply all of their presentations beforehand in view of the previous comment from a well-established provider that doing this may stifle engagement and more open fluid discussion around the learning points.

B) Use of social media such as Twitter during events

A number of providers reported using social media, particularly *Twitter* during their events with one referencing a similar online resource called *Sli.do*. The use of these resources was generally felt to be positive with one event on trauma using it for shared learning, particularly with colleagues who were unable to attend in person, and for delegates to participate in polls during the day and to ask questions to the panel.

For an event focusing on anaesthesia and surgery, one delegate commented: *"I really liked having the Q&A via app which speeds up the number of questions answered."* However the need to find a balance was evident in a feedback example from an intensive care event: *"I think the Twitter option for questions is fine but I strongly dislike how Twitter was given preference over people in the room."*

C) Timekeeping

Some negative comments were observed about the timekeeping at some events. An event covering critical care included feedback: *"found [the] presentations really informative and helpful [but some] ran substantially over time which should have been planned for better [and] not enough time for questions."* This type of feedback has been observed in previous quality assurance reports with one previous suggestion being the use of a gong which is struck by the chair of the meeting: *"The gong also proved to be an excellent device for bringing order during the sometimes heated debates."*

We are always keen to hear about actions being taken by providers based on delegate feedback and for this year's quality assurance report, the lead contact for a critical care event commented: *"We are aware that timing could have been much better and have already agreed to have an independent person to keep time at our next conference rather than relying on the chair and organiser as we did this year."*

For another event the organiser said that they would discourage the excessive use of *Powerpoint* and of *"reading from slides"* in future versions whilst the providers of events focusing on pain and on leadership and management are considering delegate

recommendations to increase the duration from two to three days. We will follow up with them to see what action they took for their 2019 versions.

Example 2 – Airway event

It was noticed that one of the delegates from an airway event had commented that there might be an opportunity to shorten the morning session to include an interactive aspect. We asked the event provider to comment on this and they replied: *“We noticed that feedback. We have therefore changed the programme to increase the number of faculty presenting in the morning to allow for more interaction. Because of the inclusion of simulation, we did not feel there would be time to add more interactive sessions to the morning. This is the first time we have received such feedback but we will continue to monitor it. If there are repeated comments then we may consider adapting the whole programme.”*

D) Poster presentations during events

Some of the events which had been approved for CPD featured poster presentations and we observed mixed feedback about these sessions. Whilst the opportunity which they presented was felt to be of value (for one event, 96% of delegates supported the chance for the poster authors to present their work), it did not always appear to be the case that they had been properly incorporated into event programmes or given dedicated space.

Comments included: *“[The posters] would have been better in the middle of the room and attendees would have been able to walk round them. I don't think they were show cased well enough to congratulate the entrants”* and *“It wasn't clear if we were supposed to present the posters to judges at any point – just a bit of guidance or a brief announcement would have been helpful, alongside clearly allocated poster spaces.”*

E) Including the patient viewpoint into events

A number of the events reviewed featured sessions on the patient perspective and these were all well received, one comment being that the patient perspective: *“made the message clear why we were all there.”* For an event focusing on delirium, the session on the perspectives of patients and relatives scored highest overall whilst the session on visiting hours in the ICU during a critical care event scored 8.1 out of 10 with one delegate commenting: *“Very interesting data about PTSD in families and patients. I had no idea!”*

An event focusing on organ donation attracted the comment: *“The speakers were engaging and thought provoking and it was a particular privilege to be able to hear from those who have received/the families of those who have received & donated organs”* whilst an event on paediatric critical care commenced with a presentation from a parent, with a comment made: *“The presentation from parents is very powerful because often as clinicians we are balancing competing needs in a resource scarce health service.”*

This particular session was felt to be most likely amongst the delegates to impact upon a potential change in practice and a similar experience was reported following a session on feedback from patients who have had Sepsis and the effects that it has had on their everyday lives post-discharge, with the comment: *“I am now looking at what we do in our Trust following discharge and the support that is offered.”*

The provider of an intensive care event had received a feedback example: *“excellent course, would have been nice to maybe include some real patients with pathologies on the*

course too” and, as with some of the other examples mentioned elsewhere in this section, we will follow up with the provider to monitor any actions taken.

F) Impact upon performance following attendance

Demonstrating impact upon performance following attendance at CPD-approved events is referenced in the GMC's guidance on CPD: *“You must also reflect on what you have learnt from your CPD activities and record whether your CPD has had any impact (or is expected to have any impact) on your performance and practice. This will help you assess whether your learning is adding value to the care of your patients and improving the services in which you work [section 18].”*

We observed that a number of the CPD-approved events featured feedback questions on how their attendance would have an impact in this way. One event focusing on regional anaesthesia attracted feedback including: *“inspirational”, “game changer” and “has given me the tools and vision to improve our regional anaesthesia service.”*

An event on transferring the critically ill patient asked pre- and post-event questions on how the attendee would rate their knowledge of the subject and whilst the pre-event average score was 2.7 out of 5, the post-event average score was 4.83. This might be a helpful question for many event providers to include.

The RCoA guidance for event providers features some suggested feedback questions for event providers including the impact upon their future practice of attendance and if their attendance confirmed that their current knowledge is up-to-date. The updated [RCoA Guidance on CPD](#) says: *“If participation in a CPD activity does not result in learning something new but instead reinforces that your existing knowledge and skills are up-to-date, CPD credits can still be recorded, accompanied by a reflective note explaining that there are no changes that you need to currently make. However, care should be taken to participate in a balanced range of activities.”*

The CPD Board is currently considering designing a range of feedback templates and further information will be published on the revalidation guidance section of the RCoA website.

G) Regional not local events

CPD approval does not apply to events aimed at the local level (i.e. aimed at an audience within the employing organisation / a single trust or health board) due to the very large number of such events taking place and the resource implications for a limited number of CPD Assessors. Instead attendance at such events should be self-accredited by the participants on the basis of one CPD credit per hour of guided / ‘contact’ learning when accompanied by reflection.

When reviewing the summary delegate feedback from the sample of CPD-approved events over the last 12 months, three attracted comments: *“The session was taken over by one hospital and its one problem”* and: *“very focused on the issues of one trust, not relevant for people from other trusts.”*

Whilst all of these events were definitely aimed at regional audiences, some suggestions for avoiding these types of feedback include trying to ensure that the faculty members come from a range of different trusts, having clearly defined learning outcomes and ensuring the event is well advertised. A ‘quick win’ practical session, as suggested by an attendee from one of the above events, was: *“The room needs to be set in a circle in order for everyone to be able to be involved.”*

H) Some novel approaches

We were interested to see some novel approaches being adopted by some of the event providers surveyed. One provider asked a pre-event question on the attendee's reason for choosing that event, with the possibility that the on-the-day content could be modified according to the needs of the audience. This would help provide content very relevant to the attendees' scope of practice although this approach would clearly be impractical for an event with a large number of attendees.

An event covering transoesophageal echocardiography received feedback: *"Demystified the acquisition of 3D images and also the post-acquisition processing. Clear objectives and built on your knowledge day upon day"* but also: *"Sometimes during the workstation time there was a bit of waiting when different candidates had different speeds."*

As a solution, a provider delivering an event on perioperative care collected data beforehand on the attendees' years of experience in order to match them up appropriately during the practical sessions on the day, whilst an attendee from an event covering ultrasound guided regional anaesthesia commented: *"I appreciate the way we were grouped based on our experience / competence allowing teaching to be tailored. Very helpful day."*

We were particularly interested to read how an event on bariatrics would be featuring a live link to an operating theatre for a one-hour session to observe and question European practice and, for an event focusing on clinical audit, the sessions covered were reinforced by *You Tube* videos. Based on delegate feedback, this event provider is also scoping delivering refresher courses possibly on an in-house basis.

We were also interested to learn how the faculty from a sedation course sit down together at the end of each day for a debrief of the delegate feedback, making adjustments and amendments there and then, whilst the provider of an obstetrics event commented: *"I have had several previous candidates approach me with an interest in obstetrics and helping out on future courses. We plan to have a couple of these 'instructor candidates' on each course."*

4.4 Conclusions

For this year's quality assurance report, the summary delegate feedback was reviewed from 130 providers whose events had been approved for CPD. At the time of writing of 16 November 2018, two event providers had not provided their summary delegate feedback.

As has been the case in previous years, the events which attracted the most positive comments included a practical component such as lots of opportunities for scanning whilst negative comments often related to secondary considerations such as the quality of the premises used. Many of these types of issues should be fairly easy to resolve as 'quick wins'.

We observed some feedback both in favour and opposed to supplying pre-event reading and material, such as the copies of the presentation slides, and also arguments both for and against the use of social media such as *Twitter* during events. There were also some recommendations in the feedback about how poster presentations could be better utilised during events and some suggestions about how timekeeping could be improved. The need for regional events not to be dominated by a local faculty or audience is emphasised.

A number of the events had featured presentations on the patient perspective and these had been particularly well received. We were also interested to observe some novel approaches taken including the use of a live link to an operating theatre and reinforcing the event content with focused *You Tube* videos developed afterwards.

It is sometimes the case that feedback from smaller events can be more positive than feedback from larger events, particularly in respect of the opportunities for greater interaction with the faculty, and this was observed in some of the feedback which we reviewed. Events with a smaller target audience may also benefit from the novel approach being adopted by some providers in asking beforehand the attendee's reason for choosing that event and their level of experience, to try and group them up appropriately.

The email which had been sent to the lead contacts from the event providers surveyed had also asked for any comments as to how the approvals process could be enhanced but there were no suggestions received about this.

The main purpose of this part of the quality assurance report is to review any actions taken by event providers in response to feedback received and we will follow up as appropriate. For those event providers who have not supplied feedback, it is recommended that no further event applications can be considered from them as things currently stand.

5. Coverage of the CPD Matrix in CPD-approved events

“The CPD Matrix is intended to be contextualised and interpreted in the light of individual requirements... 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.”

Introduction to the CPD Matrix, RCoA website

5.1 Introduction to the CPD Matrix

The RCoA [CPD Matrix](#) was first published in 2010 and it is designed to assist anaesthetists and appraisers in their appraisal discussions and to help guide individual CPD requirements as part of the personal development plan. The CPD Matrix is divided into the following three levels (core knowledge areas, knowledge and skills that are relevant to an individual doctor's 'whole' practice, and specialist areas) with each of the topics assigned a code:

- Level 1 includes the core knowledge topics, including basic science and medico-legal issues, which are universal to those who have trained as anaesthetists whatever their special interest area.
- Level 2 focuses upon the knowledge and skills that are relevant to an individual's 'whole' practice. By covering day-to-day and also potential on-call activity, this Level features a wide range of topics.
- Level 3 covers the knowledge and skills required by those whose routine clinical practice includes one or more special interest areas.

It is not mandatory to use the CPD Matrix for individuals or for event providers seeking CPD approval and this is made clear on the RCoA website and in other guidance. However we do receive feedback that the CPD Matrix is a helpful resource for individuals planning their own CPD activities and in using the CPD Online Diary to identify events appropriate to their personal scope of practice.

Previous versions of the quality assurance report have included information on which codes have been covered in events approved for CPD and this data might be of particular interest for future event planning. This information is now provided for the period from 1 November 2017 to 31 October 2018.

5.2 CPD Matrix covered in approved events: 1 November 2017 to 31 October 2018

During the 12 month period from 1 November 2017, all of the 102 codes from the CPD Matrix had been mapped to at least two of the 1,119 events which had been approved for CPD, with no events assigned the 'Unclassified' category. The number of times each code was covered is shown in *Figures 6 to 8* although it should be noted that some specialist events might only cover one topic (CPD Matrix code), whilst others may cover a number of topics – this is the norm, although the College guidance for event providers advises that coverage of a maximum of two codes per session or 10 codes for a whole day's programme is most appropriate and realistic.

The code most frequently mapped to CPD-approved events since 1 November 2017 was 2A01 Advanced airway management, which had been mapped to 229 events, whilst 1102 Team leadership and resource management was mapped to 199 events approved for CPD, 1103 Human factors in anaesthetic practice was mapped to 188 events and 1105 Healthcare management: quality improvement was mapped to 182 events.

After 'Unclassified', the codes which had been least used in CPD-approved events were 3A12 Ophthalmic (2 events), 1G02 IT skills: basic search methodology and 2A09 Anaesthesia for non-obstetric procedures in the pregnant patient (4 events each) and 1E02 Patient safety: Level 2 and Level 3 child protection training (5 events). The *Tables* below show the top codes which were most and least frequently mapped against CPD-approved events.

Table 5 – Top 10 CPD Matrix codes in CPD-approved events: 1 Nov 2017 – 31 Oct 2018

Rank	Code	Skill and Knowledge area	Events
1	2A01	General: Advanced airway management	229
2	1102	Healthcare management: Team leadership and resource management	199
3	1103	Healthcare management: Human factors in anaesthetic practice	188
4	1105	Healthcare management: Quality improvement	182
5	2C01	ICM: Assessment of the critically ill patient	177
6	3J02	Education and training	174
7	1C01	Airway management: Airway assessment	161
8	1C02	Airway management: Basic airway management	160
9	3C00	Adult ICM	157
10	3I00	Other clinical	135

Table 6 – Bottom 10 CPD Matrix codes in CPD-approved events: 1 Nov 2017 – 31 Oct 2018

Rank	Code	Skill and Knowledge area	Events
	1E04	Patient safety: Blood product checking protocols (to comply with local requirements)	12
	1G01	Use of patient record systems	12
	3A06	Day surgery	12
	3A13	Bariatric	11
	1E05	Patient safety: Venous thromboembolism prophylaxis	9
	2B07	Obstetrics: Principles of newborn resuscitation	9
	3A04	Hepatobiliary surgery	8
	3A15	Anaesthesia for radiology	7
	1E02	Patient safety: Level 2 and Level 3 child protection training	5
	1G02	IT skills: Basic search methodology	4
	2A09	General: Anaesthesia for non-obstetric procedures in the pregnant patient	4
	3A12	Ophthalmic	2
103	–	Unclassified	0

Between 1 November 2017 and 31 October 2018, the majority of codes mapped to CPD-approved events were from Level 2 of the CPD Matrix and similar trends have been experienced over the previous six years, as can be seen in the *Table* below. The number of CPD-approved events covering codes from Level 3 has always been around one fifth of the total.

Table 7 – CPD Matrix codes by Level mapped to CPD-approved events: 2012 – 2018

CPD Matrix code	1 Nov 2011 – 31 Oct 2012	1 Nov 2012 – 31 Oct 2013	1 Nov 2013 – 31 Oct 2014	1 Nov 2014 – 31 Oct 2015	1 Nov 2015 – 31 Oct 2016	1 Nov 2016 – 31 Oct 2017	1 Nov 2017 – 31 Oct 2018
Level 1 codes	1,215 / 30%	1,552 / 33%	1,847 / 34%	1,937 / 34%	2,518 / 36%	2593 / 35%	2212 / 35%
Level 2 codes	2,032 / 51%	2,306 / 48%	2,553 / 46%	2,646 / 46%	3,084 / 44%	3264 / 44%	2828 / 44%
Level 3 codes	776 / 19%	890 / 19%	1,074 / 20%	1,158 / 20%	1,433 / 20%	1597 / 21%	1324 / 21%

Focusing on *Table 6*, some of the codes included in the 'bottom 10' may appear surprising such as those focusing on patient safety. However this has been a similar trend in previous years and reflects the fact that many of these essential topics will be covered in mandatory training at Trust level or via e-Learning. The inclusion of topics focusing on ophthalmic, radiology and obstetrics also in the 'bottom 10' can be explained by coverage of these having a more natural fit with other Medical Royal Colleges and Faculties.

That the codes from Level 3 have always been mapped to the least number of events reflects the fact that many of the topics here are of a very specialist and discrete nature and often only one such code would be covered during an event. This again emphasises how the CPD Matrix is intended to be contextualised and interpreted in the light of individual requirements.

5.3 Replacement of the CPD Matrix

It is mentioned above how the RCoA guidance for event providers advises that coverage of a maximum of two codes per session or 10 codes for a whole day's programme is most appropriate and realistic. However, looking at the data in *Table 5* it can be seen that airway topics accounted for three of the 'top 10' codes and the CPD Matrix as a whole contains four codes relating to airway across all of the Levels. Similarly, ICM topics feature across both of Levels 2 and 3 of the CPD Matrix.

These examples are some of the drivers behind the replacement of the CPD Matrix with a more flexible CPD Framework. Instead of comprising three Levels, this will instead be a list of more general subject headings accompanied by indicative content and also links to resources (events, e-Learning and reading, and the appropriate specialist societies and associations). An example schematic is shown on the next page.

Pain medicine		
Knowledge and skills		
Assessment of acute pain	[User can select as appropriate]	<input type="checkbox"/>
Management of acute pain		<input type="checkbox"/>
Advanced management of perioperative pain		<input type="checkbox"/>
Management of acute non-surgical pain		<input type="checkbox"/>
Basic assessment and management of chronic pain		<input type="checkbox"/>
Pain medicine		<input type="checkbox"/>
Pain medicine events		
CPD-approved event	[Direct link to CPD Online Diary account]	
Event for which CPD approval not applied	[Hyperlink to event]	
Useful resources		
e.g. e-Learning module	[Hyperlink to resource]	
e.g. Journal article	[Hyperlink to resource]	
Specialist societies		
e.g. Faculty of Pain Medicine	[Link to website]	

As with the CPD Matrix, the CPD Framework would be entirely optional to use.

The CPD Board has conducted some initial research into how the CPD Framework might appear, as well as a gap analysis with the CPD Matrix, and it would seem appropriate that the majority of the subject headings should come from the current Level 3 in the CPD Matrix. Most of these are duplicated in the other Levels of the CPD Matrix and it is in Level 3 that there are already links to many of the specialist societies and associations – they have previously been contacted when the CPD Framework was first proposed.

Further updates will follow on the RCoA website and if you would like to get involved in the development of the CPD Framework please contact cpd@rcoa.ac.uk.

Figure 6 – Coverage of codes from Level 1 of the CPD Matrix in CPD-approved events: 1 Nov 2017 – 31 Oct 2018

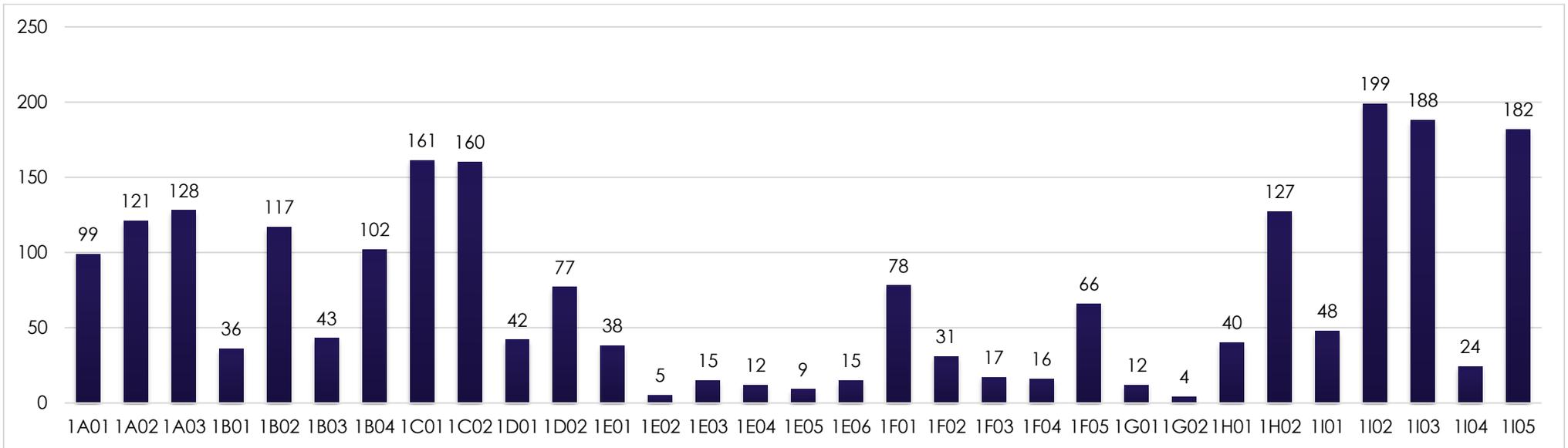


Figure 7 – Coverage of codes from Level 2 of the CPD Matrix in CPD-approved events: 1 Nov 2017 – 31 Oct 2018

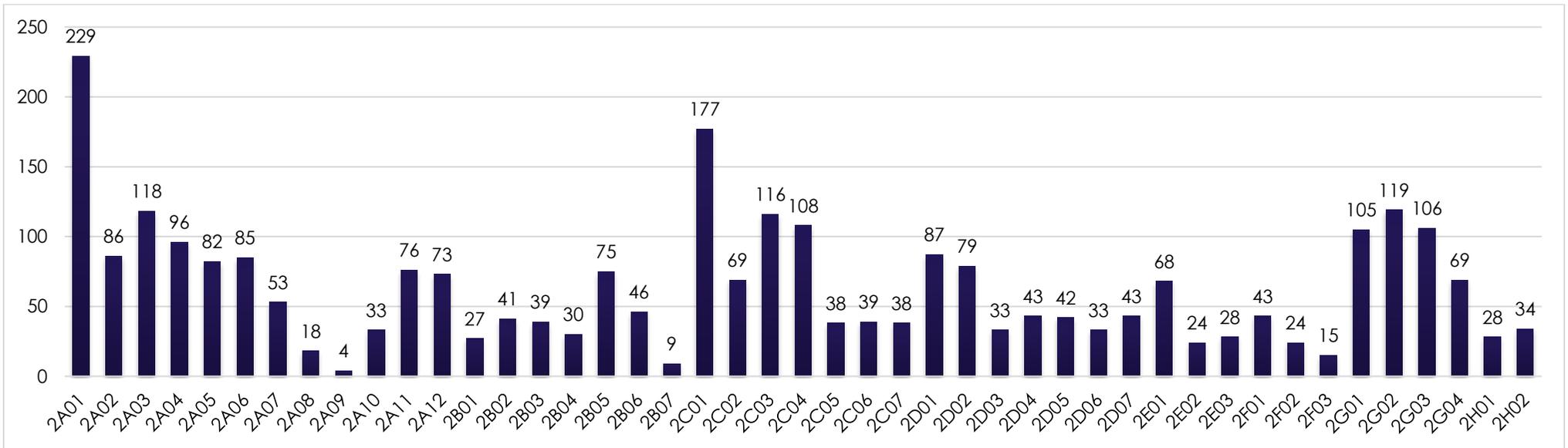
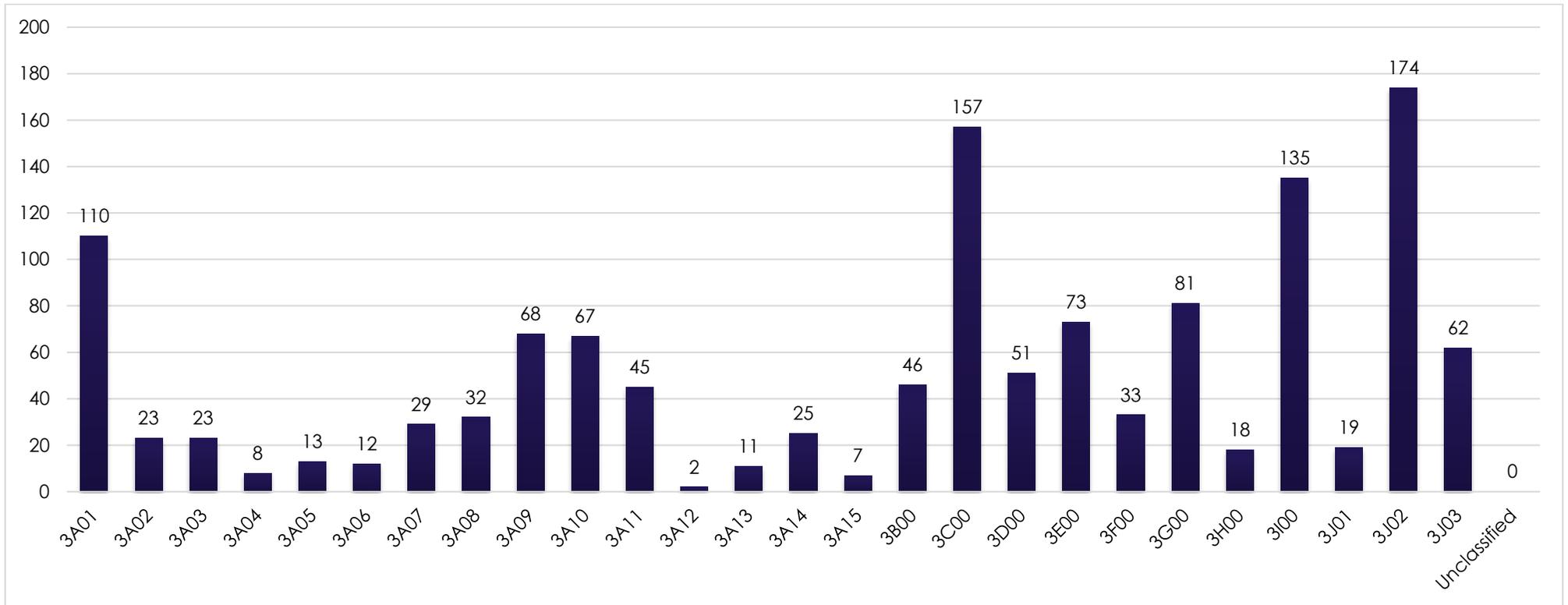


Figure 8 – Coverage of codes from Level 3 of the CPD Matrix in CPD-approved events: 1 Nov 2017 – 31 Oct 2018



6. College resources to support CPD and revalidation

"I thought the guidance on revalidation was very clear and comprehensive, and the links to other sources e.g. GMC was very useful."

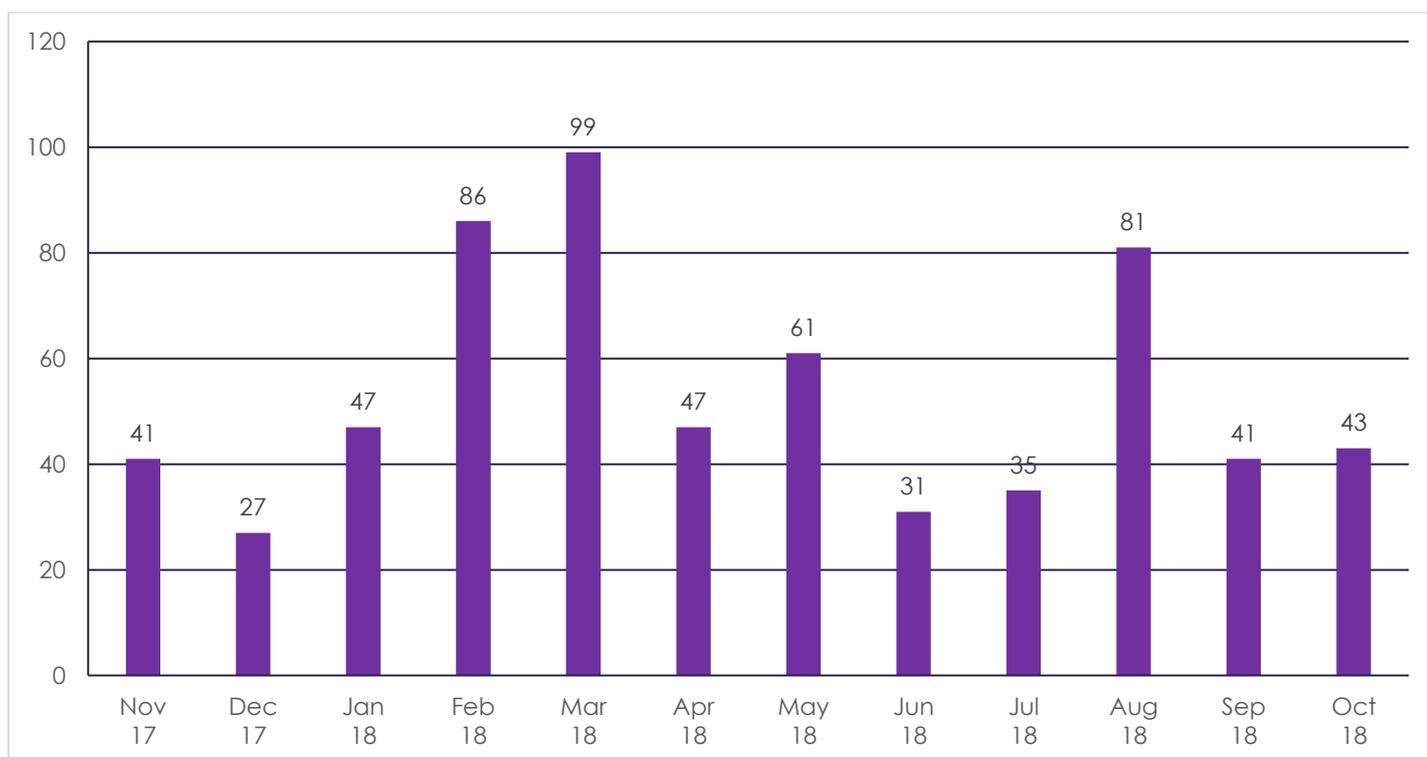
Member of the RCoA Lay Committee

In addition to the CPD event approval service detailed in Section 2 and the CPD Matrix, detailed in Section 5, the College offers a number of other resources to support doctors with their CPD and revalidation.

6.1 CPD Online Diary and web app, and the lifelong learning platform

The RCoA CPD Online Diary was launched in September 2011 as a 'one-stop' solution for subscribing members of the College to record and reflect upon their CPD. By 31 October 2018 the system had 8,465 registered users and *Figure 9* shows the number of user account requests received during the last 12 months.

Figure 9 – Registration requests for the CPD Online Diary: 1 Nov 2017 – 31 Oct 2018



August traditionally sees an increase in the number of recommendations being made and the associated impact of registration requests for the CPD Online Diary, and these trends are regularly monitored by the RCoA Revalidation and CPD Team. We also oversee usage of the system, archiving accounts as appropriate, to ensure its best functionality.

A web app version of the CPD Online Diary was launched in September 2014 as a mobile-enhanced version of the main system. It offers the most popular and frequently-used features of the full version diary in a format suitable for touch-screen devices, available 'on the go'. The web app can be used offline and when connectivity is restored the information which has been added will be synchronised into the full version of the CPD Online Diary.

Demand for the CPD web app had come from a number of members of the College in response to a survey which had been conducted in 2012 and it is compatible with iPads, iPhones and Android devices plus Windows devices. It continues to be a popular resource.

In August 2018 a new lifelong learning platform was launched at the RCoA which incorporates a logbook plus updated version of the trainee e-Portfolio, significantly enhanced following previous feedback. Further information about this new system can be seen [here](#). During 2019 it is planned for the CPD functionality (member accounts to record and reflect upon completed CPD activities, and guest accounts for event providers to apply for CPD approval, to be incorporated into the lifelong learning platform to develop a truly joined-up system. Further updates will follow on the RCoA website and if you would like to get involved in testing the new system please contact cpd@rcoa.ac.uk.

6.2 Online learning

A variety of online learning resources are available to assist with CPD. The following journals are published by Oxford University Press and are available free of charge to Members of the College: *The British Journal of Anaesthesia* (BJA) and *BJA Education*.

The *BJA* remains the oldest and largest independent journal of anaesthesia and it became the journal of The College of Anaesthetists in 1990. The College was granted a Royal Charter in 1992. Although there are educational links between *BJA* and the College, the journal retains editorial independence. With an Impact Factor of 6.499 in 2018, the *BJA* is the second ranking journal in the Anesthesiology field.

BJA Education is a joint venture of the British Journal of Anaesthesia and the RCoA. The main purpose of *BJA Education* is the publication of material to support the continuous medical education and professional development of specialists in anaesthesia, critical care medicine and pain management.

In conjunction with *Elsevier*, participation in *BJA Education* online offers an MCQ test for each article, for which a 'pass' generates a PDF certificate of completion which can be printed off or uploaded into the RCoA CPD Online Diary or another revalidation management system. Some recent enhancements made to the *Elsevier* platform include that the user can save and return to a MCQ test and that a pass certificate will get automatically emailed to the user.

Another very popular resource is e-Learning Anaesthesia (e-LA) which was developed by the College in partnership with e-Learning for Healthcare (e-LfH). This allows access to a wealth of specialty modules which are written and edited by anaesthetists with the learning material presented as a structured series of bite-sized e-Learning sessions. It also includes access to an extensive e-Library of articles and interactive MCQ sessions and time spent on these is automatically recorded in the user's learning record in the portal. Full information is available at [e-Learning Anaesthesia](#).

The Faculty of Pain Medicine's [e-PAIN](#) resource uniquely distills the knowledge of a range of professionals into 12 Modules made up of interactive sessions to meet the needs of a multidisciplinary audience. The modules cover knowledge ranging from how to managing acute pain well, through to learning in depth about common pain conditions and moves on to cover how to manage pain in specialist areas, like pain in cancer or pain in childhood. e-PAIN is current, up to date and presented in an interactive way to make both basic and specialist knowledge accessible. Any e-PAIN module can be completed stand alone and a downloadable certificate is available upon completion of each module.

The [e-ICM](#) online resource was launched in August 2016 and provides 10 modules of resources covering the Faculty of Intensive Care Medicine's syllabus including e-Learning sessions, links to

open access review articles and guidelines. Whilst the resources will be particularly useful for trainees undertaking Stage 1, they will also be of interest and use to anyone caring for the critically ill or preparing for the FFICM examination and include modules on medicine and surgery for ICM, trauma, infectious disease and ICM and patient safety in ICM.

The RCoA also offers [webcasts](#) which are free recordings of lectures (including lecture slides) from selected RCoA events. These can be recorded as a personal CPD activity and recently uploaded webcasts focus on critical care, basic sciences, emergency medicine and trauma, and global anaesthesia.

All online learning should be self-accredited by the participants on the basis of one 'internal' CPD credit per hour when accompanied by reflection demonstrating how the learning has been appropriate to their scope of practice.

6.3 Revalidation guidance and resources

In October 2018 the RCoA published a new suite of revalidation guidance documents. The [guidance on CPD](#) includes information on the personal development plan, the role of the employer and signposts for reflection, and it also includes examples of the types of activities that the RCoA recognises for CPD. This is accompanied by [guidance on patient and colleague feedback](#) which provides advice on a number of areas including logistics in obtaining patient feedback: when to collect it, the need to make it accessible, and its administration and collation.

The overarching guidance on [supporting information for appraisal and revalidation](#) provides dedicated information specific to doctors working in anaesthesia, critical care and pain. This document features the GMC's requirements followed by the updated RCoA and AoMRC guidance, and information on available resources. For easy reference, a summary checklist of the supporting information requirements for revalidation is also included.

These documents are featured in the [revalidation guidance](#) section of the RCoA website which also references the AoMRC's updated advice on returning to practice and the "Mythbusters" document which is aimed both at the individual doctor and to everyone involved in appraisal and revalidation, including the appraiser and the responsible officer, to dispel some of the confusion that has been identified and clarify recommendations and requirements.

The RCoA [revalidation helpdesk](#) can provide generic advice and can get help with specific circumstances. Questions regarding the processes underpinning revalidation, or help with finding the relevant guidelines and regulations, will be answered by the RCoA Revalidation and CPD Team, and these can normally be dealt with very rapidly. Questions that require clinician input will be referred to a Revalidation Specialty Adviser for reply – this may take a little longer

During 2019 we will be working on providing additional resources for returning to practice and also on patient feedback, which we are aware from comments received and discussions with other Medical Royal Colleges and Faculties still presents challenges for some doctors.

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