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# RCGP Revalidation Toolkit: Demonstrating Impact

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## Definition, revalidation requirements

The Royal College of General Practitioners is the only College in the UK that recognises the importance of impact and allows a GP to double the credits claimed when implementation of learning in practice is demonstrated.

*The RCGP Guide to the Credit-Based System for CPD (Version 3.0 / September 2013)*<sup>1</sup> describes impact in context of:

- patients (e.g. a change in practice, implementing a new clinical guideline, initiating a new drug for the first time)
- the individual (personal development, e.g. development of a new skill or further development of existing skills)
- service (e.g. developing and implementing a new service, becoming a training practice, teaching others)
- others (teaching, training, NHS locally or nationally).

## What is acceptable evidence?

To claim points for impact, a GP needs to demonstrate evidence of change. There are numerous ways to demonstrate this, which may include:

- performing an audit with evidence of change (e.g. if the learning point was the use of beta blockers in heart failure an audit can provide evidence of implementation of learning with improved patient care)
- writing up a case report demonstrating how the newly acquired knowledge has been applied in practice (e.g. submitting a case report on management of a patient with newly diagnosed atrial fibrillation using the recently acquired knowledge from a learning activity)
- developing a protocol with evidence of applying this in practice (e.g. implementation of a new protocol for use of antibiotics in a practice with evidence of reduction in prescribing antibiotics following implementation)
- improvement in patient survey or MSF results following learning activities or practice development (e.g. following completion of communication course, or leadership course)
- developing and implementing a new service in the practice following a learning event (e.g. joint injections, insertion of contraception devices)
- taking on a new role following training and documentation of learning points (e.g. undergraduate tutor, staff appraisals)
- evidence of changes in the practice as a result of significant event audits (SEAs) (e.g. implementation of anticipatory care planning for palliative care patients following an event where treatment was delayed. A case report describing the implementation of the new changes with positive feedback from a family is an example of impact).

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## What is not acceptable evidence?

It is not acceptable to claim for implementation of learning in practice as a result of general statements such as ‘I am more confident in managing this condition’ or ‘I am now more aware of changes in this area’. There needs to be specific examples of how change has occurred.

Presenting a summary of main learning points from an educational activity is good practice and should be encouraged. However, if this has not changed practice then **implementation of learning in practice** cannot be claimed.

Sharing information with other colleagues is also good practice, but may be difficult to demonstrate **implementation of learning in practice** unless there is material evidence of change – for example feedback from the team, developing a new protocol in the practice, performing data collection or audit.

Completion of postgraduate courses (e.g. in dermatology, palliative care etc.) are important professional development activities. To claim **implementation of learning in practice**, a GP will have to discuss how this has changed practice through case reports, developing services or taking on a new role. The impact of these activities may occur in future years.

## List of criteria for acceptability

The main criterion for acceptability of implementation of learning in practice is ‘demonstration of change in practice’. There are numerous ways to demonstrate this and some examples are given above; however the appraiser may submit other examples that may be valid. Implementation of learning in practice is self assessed and verified at the appraisal interview. The appraiser should be satisfied that the evidence presented justifies impact and, if not, should be challenged at the appraisal interview.

## Tips for the process, desirable outcomes sought

It is acknowledged that not all learning activities will have impact on the practice, patient care or the individual. However, presenting a list of educational activities with no evidence of implementation of learning in practice may indicate difficulties with how to apply or document change. The appraiser should encourage reflection on how new knowledge/skills can be used to enhance personal/practice development or improve patient care. It should be remembered that evidence of reflection is required for time-based credits.

## Hints and tips for GPs in different working contexts

GPs in some working contexts, particularly those without a fixed practice base, may find it more challenging to demonstrate implementation of learning in practice, as it may be difficult to complete an audit in the area of learning, or develop a protocol or develop a service.

There are however other ways of demonstrating impact such as:

- case reports of managing patients following update in knowledge on new guidance (e.g. a case report in managing a newly diagnosed hypertensive patient following new NICE guidelines)

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- review of prescribing (e.g. collecting data on prescribing antibiotics for urinary tract infections following newly acquired knowledge demonstrating implementation of learning in practice)
  - updating medication carried in emergency bag following an SEA (e.g. carrying an alternative to benzyl penicillin after visiting a patient with suspected meningitis with allergies to penicillin)
  - taking on new roles following completion of courses (e.g. working one session a week in a family planning department after completing a family planning course).

Such GPs are encouraged to approach practices where they work regular sessions to attend educational meetings, SEA meetings or discussion and participation in audits that are taking place in the practice.

Being part of a supportive peer group may also be useful where peers can share their experiences of demonstrating impact.

### **References and sources of further help**

- 1 Royal College of General Practitioners. *RCGP Guide to the Credit-Based System for CPD*. London: RCGP, 2013, available from [www.rcgp.org.uk/courses-and-events/cpd-credits-and-appraisal.aspx](http://www.rcgp.org.uk/courses-and-events/cpd-credits-and-appraisal.aspx).
- 2 RCGP Revalidation e-learning: Keeping up to Date module (2013), [www.elearning.rcgp.org.uk/](http://www.elearning.rcgp.org.uk/).

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