Membership by Assessment of Performance (MAP)

Handbook

August 2020
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### Summary of Criteria

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<th>Criterion name</th>
<th>Criterion</th>
<th>Age of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section One: Good Clinical Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. <strong>Prescribing</strong></td>
<td>The candidate prescribes appropriately, cost-effectively and safely.</td>
<td>1 year</td>
</tr>
<tr>
<td>2. <strong>Quality improvement projects</strong></td>
<td>The candidate uses a recognised method to improve his/her personal care of patients.</td>
<td>Up to 5 years*</td>
</tr>
<tr>
<td>3. <strong>Learning Event Analysis (LEA)</strong></td>
<td>The candidate undertakes learning event reviews in the course of his/her professional work.</td>
<td>Up to 5 years*</td>
</tr>
<tr>
<td>4. <strong>Managing acute illnesses</strong></td>
<td>The candidate makes rational and competent decisions regarding the diagnosis and management of patients with a range of acute presentations</td>
<td>1 year</td>
</tr>
<tr>
<td>5. <strong>Urgent referrals to secondary care</strong></td>
<td>The candidate demonstrates competent management of patients requiring an urgent (to be seen within 24 hours) secondary care opinion.</td>
<td>1 year</td>
</tr>
<tr>
<td>6. <strong>Care of patients with long-term conditions</strong></td>
<td>The candidate shows how they developed a care plan to enable long term care of a patient, in terms of physical, psychological, socio-economic and cultural dimensions.</td>
<td>1 year</td>
</tr>
<tr>
<td><strong>Section Two: Maintaining Good Medical Practice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. <strong>Reflection on educational activities</strong></td>
<td>Candidates provide evidence that they are maintaining good medical practice by updating their medical knowledge.</td>
<td>1 year</td>
</tr>
<tr>
<td><strong>Section Three: Relationship with Patients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. <strong>Complaints and compliments</strong></td>
<td>The candidate knows how to deal appropriately with a complaint, expression of dissatisfaction, or compliment from a patient, relative, or carer.</td>
<td>Up to 5 years*</td>
</tr>
<tr>
<td><strong>Section Four: Working with Colleagues</strong></td>
<td></td>
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</tr>
<tr>
<td>9. <strong>Good medical records</strong></td>
<td>The candidate makes understandable and appropriate records.</td>
<td>1 year</td>
</tr>
<tr>
<td><strong>Section Five: Probity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. <strong>Ethical Principles</strong></td>
<td>The candidate demonstrates the application of ethical principles in the management of day to day clinical problems they have encountered.</td>
<td>1 year</td>
</tr>
</tbody>
</table>

*Evidence must be from current revalidation cycle*
Section One:
Good Clinical Care
1. Prescribing – Option 1 of 2

CRITERION

The candidate prescribes appropriately, cost-effectively and safely.

GUIDELINES

A list of 50 consecutively prescribed drugs will be submitted. It is assumed you will have taken responsibility for the prescription (although you may not have initiated the drug) and will be able to justify the drug’s prescription.

The list should be analysed by asking the following questions and reflecting on the answers:

1. What are the four most frequently prescribed drugs?
   
o The cost effectiveness of the four most frequently prescribed drugs – i.e. could less expensive drugs be used without detriment to the care of your patients?
   
o The clinical effectiveness of the four most frequently prescribed drugs you use – i.e. is your choice of drugs based on evidence? Guidelines, local prescribing patterns and the BNF could influence your choice. It is appreciated that for many conditions treated in primary care there may not be an evidence base.
   
o Possible important safety issues of the four most frequently prescribed drugs. Are there any hazards or problems that both you, the prescriber, and the patient should be aware of? Safety issues can be taken as drugs that require monitoring (e.g. blood tests) or have significant interactions with other drugs.

When completing the portfolio template, the three boxes following the ‘List of four most frequently prescribed drugs used’ relate to those four drugs only, and not the remaining drugs in the section.

- Which of the remaining drugs may not be cost effective, clinically effective, or have potential safety issues?

   The three boxes beneath the table with the words ‘Justification of [...]’, relate to the remaining 50 items listed. You should use these boxes to comment on any individual drug which is not in the top four in terms of clinical effectiveness, cost effectiveness, and/or safety.

- What learning points, or actions, have you identified and what changes have you made / will you make?

   This relates to your reflection on the entire list of 50 items.
WHAT THE CRITERION WILL BE ASSESSED ON

You should reflect on all the drugs you prescribe in terms of
- Clinical effectiveness
- Cost effectiveness
- Safety aspects or possible hazards of a drug
- A justification if there is a departure from cost/clinical effectiveness
- Identification of, and reflection on, learning points
- Identification of changes to be made/actions to be taken

There should be reference to the evidence or guidelines where appropriate.

Prescribing – Option 2 of 2

CRITERION

The candidate should be able to discuss the prescribing issues in a way that demonstrates an individualised approach to prescribing for the patient which is safe, clinically justifiable and cost-effective.

Guidelines:

The candidate should provide two case studies involving different patients which demonstrate the above principles of good prescribing. These cases should come from the last calendar year.

Both case studies should involve patients described in one of the therapeutic areas outlined below. The cases must cover a range of clinical conditions and a variety of patients without repeating a therapeutic area.

Both cases should involve patients already on four or more medications (excluding topical medication).

The candidate should demonstrate the ability to consider the impact of their prescribing decisions on an individual patient, with due consideration being given to drug interactions, multi-morbidity and risks of polypharmacy. Where appropriate, alternatives to medications such as ‘social prescribing’ can also be discussed.

The candidate does not have to have initiated a prescription for the patients detailed in this criterion, although they must have been personally involved in their care. This may only involve issuing a repeat prescription. This criterion assesses the candidate’s ability to recognise possible prescribing issues as well as safe, clinically and cost-effective prescribing.

<table>
<thead>
<tr>
<th>Therapeutic Area</th>
<th>Suggested discussion points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pain management</td>
<td>Appropriateness of analgesic choice, side effects and interactions, plans to review analgesia use with the patient, clinical</td>
</tr>
</tbody>
</table>

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Section 1 - Good Clinical Care
Criterion 5 - Acute Illnesses
<table>
<thead>
<tr>
<th>Criterion 5</th>
<th>Acute Illnesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. High risk drugs e.g. warfarin, lithium, insulin, DMARDs</td>
<td>Governance when prescribing controlled drugs</td>
</tr>
<tr>
<td>3. A patient on 6 or more different repeat medications (excluding topical medications)</td>
<td>Processes for monitoring, patient education, side effects, interactions, relevant monitoring details of the past six months.</td>
</tr>
<tr>
<td>4. Higher risk patient e.g. patient with renal or liver impairment, pregnant or breastfeeding women</td>
<td>Polypathy, de-prescribing, interactions, shared decision making, prescribing in patients with co-morbidities, side effects, reducing prescribing errors, improving concordance</td>
</tr>
<tr>
<td>5. Treatment of infection</td>
<td>Medication choice, dose adjustments, monitoring, interactions, prescribing off license</td>
</tr>
<tr>
<td>6. Palliative care: symptom control and/or anticipatory prescribing</td>
<td>Appropriateness of medication choice, side effects and interactions, shared decision making, anticipatory prescribing (covering the range of problems likely to be encountered such as pain, swallowing / breathing difficulty, nutrition and hydration, secretions, etc.), other issues arising (such as patient capacity, consent, family/carer concerns, support)</td>
</tr>
</tbody>
</table>

The assessors are not expecting to see perfect prescribing, but for the candidate to demonstrate an awareness of some of the issues arising with prescribing for patients, where errors or sub-optimal prescribing may occur, and how to mitigate those risks to the patient. The candidate is required to reflect on these aspects of prescribing and provide plans for change with justification for such change/s.

**What the module will be assessed on**

The candidate should demonstrate that they:

- prescribe appropriately over a range of clinical situations
- discuss the issues associated with an individualised patient approach
- prescribe safely, cost effectively and with clinical justification
- assess the risks and benefits of prescribing, taking into account the patient’s other medications and co-morbidities
- use local and / or national guidance and evidence-based medicine, and are able to justify any departure from this in their prescribing
- can demonstrate an understanding of the need to review and monitor effects of prescribed medications including blood testing at relevant intervals
- have the ability to recognise any learning issues which may include:
  - use of medicines of limited clinical and / or cost effectiveness
  - prescriptions outside licence
the effects of personal circumstances and views of the patient which may have influenced prescribing in a particular case  
N.B. This is not an exhaustive list.

There should be reference to the evidence or guidelines where appropriate.
1. Prescribing – Option 1

EVIDENCE/PROFORMA

I confirm the evidence included in this section is from *within the last year* □

Please list the 50 items prescribed (which were recorded for this survey) below:

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Drug preparation and strength</th>
<th>Cost effective (Y/N)</th>
<th>Evidence based (Y/N)</th>
<th>Significant Safety Issues (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Justification of all departures from cost effectiveness for any of the 50 items prescribed

Justification of all departures from clinical effectiveness for any of the 50 items prescribed

Justification for the prescribing of any of the 50 items which have significant safety issues

List of the four most frequently prescribed drugs used

<table>
<thead>
<tr>
<th>Number of times drug was prescribed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
</tbody>
</table>

Comment on the cost effectiveness of the four most frequently used drugs

Comment on the clinical effectiveness of the four most frequently used drugs

Comment on possible safety issues of the four most frequently prescribed drugs

Learning points or discussion points identified
Where appropriate, any changes made or action taken
EVIDENCE/PROFORMA

I confirm the evidence included in this section is from within the last year☐

Case Study 1 (of 2)

Therapeutic area
(i.e. pain management / high risk drugs / polypharmacy and/or de-prescribing / higher risk patient / treatment of infection / palliative care / other [candidate’s choice, please state]):

Context
Briefly describe the patient, relevant past and current medical history, and the prescribing situation (e.g. medication review, hospital discharge summary, acute presentation, initiating a dosset box) including dates.
Please include, if applicable, interactions, safety, monitoring, concordance, legal issues, poly-pharmacy/de-prescribing/alternatives to pharmaceuticals, and personal circumstances.

<table>
<thead>
<tr>
<th>Medication prescribed (all current medications with dosing instructions for each drug) and reason for each prescribed medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication including dose</td>
</tr>
<tr>
<td>Changes made / action taken / reasons for change</td>
</tr>
</tbody>
</table>
(Please copy and paste the box below as necessary)

<table>
<thead>
<tr>
<th>Change type</th>
</tr>
</thead>
<tbody>
<tr>
<td>(new / dose change / removal / nil)</td>
</tr>
<tr>
<td>Medication including dose</td>
</tr>
<tr>
<td>Reason for change / prescribing decision including references and/or record of discussions with prescribing lead</td>
</tr>
<tr>
<td>Safety issues including interactions</td>
</tr>
<tr>
<td>Monitoring details</td>
</tr>
<tr>
<td>Cost effective (Y/N)</td>
</tr>
<tr>
<td>Clinically effective (Y/N)</td>
</tr>
<tr>
<td>Patient specific prescribing advice</td>
</tr>
</tbody>
</table>

Discuss your learning about prescribing from this case. Describe any future actions or changes that you may make.
## Case Study 2 (of 2)

### Therapeutic area
(i.e. pain management / high risk drugs / polypharmacy and/or de-prescribing / higher risk patient / treatment of infection / palliative care / other [candidate’s choice, please state]):

### Context
Briefly describe the patient, relevant past and current medical history, and the prescribing situation (e.g. medication review, hospital discharge summary, acute presentation, initiating a dossett box) including dates. Please include, if applicable, interactions, safety, monitoring, concordance, legal issues, poly-pharmacy/de-prescribing/alternatives to pharmaceuticals, and personal circumstances.

### Medication prescribed (all current medications with dosing instructions for each drug) and reason for each prescribed medication

<table>
<thead>
<tr>
<th>Medication including dose</th>
<th>Reason for prescription</th>
<th>Cost effective (Y/N)</th>
<th>Clinically effective (Y/N)</th>
<th>Safety issues (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Changes made / action taken / reasons for change
(Please copy and paste the box below as necessary)

<table>
<thead>
<tr>
<th>Change type (new / dose change / removal / nil)</th>
<th>Medication including dose</th>
<th>Reason for change / prescribing decision including references and/or record of discussions with prescribing lead</th>
<th>Safety issues including interactions</th>
<th>Monitoring details</th>
<th>Cost effective (Y/N)</th>
<th>Clinically effective (Y/N)</th>
<th>Patient specific prescribing advice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discuss your learning about prescribing from this case. Describe any future actions or changes that you may make.
2. Quality Improvement Projects

CRITERION

The candidate uses a recognised method to improve his/her personal care of patients.

GUIDELINES

Essential Components

The following is an overarching framework relating to Quality Improvement Projects, but you will need to follow the specific template for your chosen project in the MAP portfolio proforma. Your evidence must come from your current revalidation cycle (and be no more than 5 years old at the time of submission).

A description of a quality improvement project should include:

- the title of the quality improvement project
- the reason for the choice of topic and statement of the problem
- the process under consideration
- the priorities for improvement and the measurements adopted
- the techniques used to improve the processes
- the baseline data collection, analysis and presentation
- the quality improvement objectives
- the intervention and the maintenance of successful changes
- the quality improvement achieved and reflections on the process in terms of:
  - knowledge, skills and performance
  - safety and quality
  - communication, partnership and teamwork
  - maintaining trust

You are advised to look at the RCGP information on quality improvement including the Guide to Quality Improvement in General Practice in the QI guide and ‘How to’ tools section before starting work on this criterion.

This criterion seeks to encourage you to evaluate your personal working practices critically by use of one of the five methods described below. The working practices evaluated could be in clinical, educational or management roles.

The methods available are:

- Case review or discussion
- Clinical audit
- Evaluation of the impact of a health initiative
- Review of clinical outcomes
- Review of the effectiveness of a teaching programme

You should choose only ONE of these methods for this criterion. Further guidance on each method is given below.
Additional guidance

Whilst it is recognised that much activity in general practice is carried out by teams, this criterion should aim to reflect your own performance. To complete this section, you should choose one of the methods listed above to demonstrate that you can reflect on your practice, with the aim of identifying areas in which the quality of your work can be improved.

You should choose the method that best reflects an aspect of your performance that might be improved. It is not appropriate to choose something that is either not relevant to your work or that you believe has no potential to change; for example, you should not choose an audit criterion where you already know that your performance cannot be improved.

See Appendix 1 for further information concerning each method.

There are further examples in the ‘Revalidation: Guidance for GPs’ section of the RCGP website, including example portfolios from a variety of working arrangements: http://www.rcgp.org.uk/learning/revalidation/new-revalidation-guidance-for-gps.aspx

WHAT THE CRITERION WILL BE ASSESSED ON

You should:

- Clearly and systematically describe the activity with a focus on what was done, why it was done and the relevance to your own work as a doctor
- Identify and reflect on the learning points that arise
- Demonstrate changes that could improve the quality of your performance
- Identify future activities to maintain/improve performance
Option 1: Case review or Discussion

**Essential components**

This is an account of a series of interesting or challenging cases with a linked theme that you have discussed with a peer or colleague or within a multi-disciplinary team. The number of cases need not be large, three being the minimum and four, or five most appropriate.

These cases should not be referrals or admissions which are used in other criteria.

**Additional Guidance**

It is best to look at cases of a particular type within a limited time-frame. You can use a variety of types – for example, cancer diagnoses, other clinical conditions or cases that caused you some concern or led you to consider improvements in the quality of care that you provide. You should briefly describe each case and then reflect on your discussions. It is essential that your reflection should help you identify areas of good medical practice and areas where the quality of care provided could have been better. You should reflect on the linked theme, not the clinical aspect of each patient.

If you choose this method, you will need to demonstrate that you can use a peer or peers to help you identify potential changes in your performance. The key to this method is that you can describe the process and outcome of the discussion.

The changes that you identify maybe minor; they should, however, be specific, measurable and achievable. If the discussion identifies that you have learning needs involving specific knowledge, skills or attitudes, you should describe what these needs are, how you will address them and how you will maintain your improvement.

| • Briefly describe the cases, including the dates and linked theme |
| • Why did you choose these cases and with whom did you discuss them? |
| • Describe the areas of good practice that you identified |
| • Describe the areas for improvement |
| • What learning or developmental needs did you identify? |
| • What changes have you made to your practice as a result of this review or discussion? |
| • How will you ensure that the changes are maintained? |

Option 2: Clinical Audit

**Essential Components**

You may undertake an audit in the place where you work. The audit will include two sets of data with an intervening change (an eight criteria audit).

If an audit is chosen it should reflect personal involvement and not just be a practice / management produced audit for the Quality and Outcomes Framework or any local/regional primary care organisation initiatives (such as Local or Directed Enhanced Services). These audits are not excluded, but what is important is the...
personal impact of the lessons learned and the changes made. Doctors working in England should note that the Care Quality Commission (CQC) inspects clinical audits.

It is essential that you demonstrate a clear understanding of the difference between criteria and standards. The criterion or criteria should be referenced where possible and standards should reflect local circumstances and should be expressed as a percentage. Where there is no evidence for your choice of criteria and/or standards, you will be expected to provide reasonable justification for your choices.

Please include the dates of data collection in the audit, as well as details of any exclusions including the reasons for the exclusion from the audit. You must clearly demonstrate changes or improvements in practice, including a plan to ensure these are maintained.

**Additional Guidance**

Small, highly focussed audits often lead to a better chance of meaningful change in practice. It is best to keep the audit short, simple and easily manageable. It is important to clearly define the criterion, or criteria, and make sure you demonstrate that you understand the audit cycle. It is often useful to seek the advice of a colleague who is familiar with audit, perhaps another doctor or a member of your Primary Care Organisation if you are unsure of the process.

You should avoid simply doing a target driven audit, as stated in the guidance for this criterion.

The number of patients in the audit does not have to be large but the audit does have to consider important aspects of their care. The audit can look at either a clinical or a non-clinical aspect of care and can be carried out in a variety of settings: for example, if you work in more than one location you could choose to audit your own practice across locations. This might include benchmarking your performance against guidelines. You may reasonably expect your employers to help you with the collection and processing of data.

It is recommended that the final results of your audit be presented in tables and/or graphs showing criteria, standards and the two sets of achievements expressed as percentages. It is often easier to read and interpret information presented as graphs or tables.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Justification of subject</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Criterion / criteria</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Standards with justification</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Preparation and planning</strong></td>
<td></td>
</tr>
<tr>
<td><strong>First data collection, including dates, exclusions, comparison with standards set, analysis of data</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Proposals for changes and actions taken</strong></td>
<td></td>
</tr>
</tbody>
</table>
• Second data collection, including dates, exclusions, comparison with first data collection and standards set, analysis of data
• Discussion of results
• Final conclusions

Option 3: Evaluation of the impact of a health initiative

Essential Components
This is the review and evaluation of a change to health policy or management practice, with which you have been directly involved, arising from the implementation of a national or local initiative. This could be a change within your practice or in the wider community. It should be a change that impacts on the care of your patients. The maximum timescale for this evaluation is one year from implementation of the change.

Additional Guidance
This method requires you to demonstrate that you can reflect on, and evaluate, the impact of a health related change, made by the practice.

There is a very wide range of potentially suitable initiatives and each can be evaluated in a variety of ways. Your evaluation does not have to cover every possible impact of the initiative and it is best to choose one or two key outcomes.

• Describe the health initiative, including dates of activities and how this initiative was evaluated
• Describe why this initiative was chosen and its relevance to your work
• Give your analysis of the outcome of this initiative
• Describe any barriers to successful implementation of the initiative and effects on patient care
• Describe any changes that you made as a result of this evaluation
• What have you learned about managing change as a result of this exercise?

Option 4: Review of clinical outcomes

Essential Components
This is the review and evaluation of clinical outcomes where robust and attributable data are available. Your submission should be in an area that is integrated into your own practice and should include a reflection on how it might impact on the care of your patients: an example might be to reflect on your own referral rates.

Additional Guidance
This method can be chosen if you have robust and reliable data about clinical outcomes in a clinical area. You need to demonstrate that you are able to reflect on the data and can identify specific, measurable and achievable changes that might impact positively on patient care.
- Describe the data that you reviewed, including dates, and outline how this reflects on your practice
- Describe why you chose to evaluate this data and its relevance to your work
- Describe and reflect on the results of your evaluation
- What steps have you identified that may help to improve outcomes?
- What change(s) have you made to your practice as a result of this review?
- How will you ensure that the changes are maintained?

Option 5: Review of the effectiveness of a teaching activity

Essential Components
This is the review and evaluation of the effectiveness of a teaching programme that you have delivered or have developed. This can be within your practice or externally. There should be emphasis on improvement in the quality of your performance as a teacher.

Additional Guidance
You might choose this method if you deliver or develop educational programmes as part of your professional role.

It is important that you are directly involved with education rather than just reflecting on how your organisation delivers it. An example of this might be to review how you mentored and taught a nursing or medical colleague.

You should describe how you evaluated the teaching and what developmental needs you identified. The evaluation does not need to be extensive, and does not have to cover all possible areas, but it needs to look at relevant aspects and provide enough detail to draw conclusions, for example by use of feedback forms after a specific session or programme. However, feedback from learners alone is not a sufficient evaluation. Your reflection should focus on style, effectiveness and teaching methods, together with an emphasis on improvement in the quality of your performance as a teacher, rather than giving too much detail of content.

You need to be able to reflect on what went well and how things could be improved.

- Describe the identified needs of your learners
- Describe your teaching activity or programme
- Describe the evaluation or assessment of the teaching activity
- Provide the feedback from learners and/or other teachers
- Reflect on the impact of the process and lessons learned that will lead to improvement in your teaching practice
2. Quality Improvement Projects

EVIDENCE/PROFORMA

I confirm the evidence included in this section is from current revalidation cycle ☐

Use only ONE proforma (those not used should be deleted)

2.1) Case Review or Discussion

Describe the cases that you discussed (including dates and the linked theme)

Why did you choose to discuss these cases and with whom did you discuss them?

Describe the areas of good practice that you identified

Describe areas for improvement

What learning or developmental needs did you identify?

What changes have you made to your practice as a result of this review or discussion?

How will you ensure that the changes are maintained?

2.2) CLINICAL Audit

Title

Justification of subject

Criterion/criteria

Standards with justification

Preparation and planning

First data collection, including dates, exclusions, comparison with standards set, analysis of data

Proposals for changes and actions taken

Second data collection, including dates, exclusions, comparison with first data collection and standards set, analysis of data

Discussion of results

Final conclusions
2.3) Evaluation of the impact of a health initiative

| Describe the health initiative, including dates, and how it was evaluated |
| Describe why you chose this initiative and its relevance to your work |
| Give your analysis of the outcome of the initiative |
| Describe any barriers to successful implementation of the initiative |
| Describe the effect on patient care as a result of the initiative |
| Describe any changes that you made as a result of this evaluation |
| What have you learned about managing change as a result of this evaluation? |

2.4) Review of clinical outcomes

| Describe the data that you reviewed, including dates, and outline how this reflects on your own practice |
| Describe why you chose to evaluate this data and its relevance to your work |
| Describe and reflect on the results of your evaluation |
| Describe the steps you identified that may help to improve outcomes |
| What change(s) have you made to your practice as a result of this review? |
| How will you ensure that the changes are maintained? |

2.5) Review of the effectiveness of a teaching activity

<p>| Describe the identified needs of your learners |
| Describe your teaching activity or programme, including dates |
| Describe the evaluation or assessment of your teaching activity |
| Provide the feedback from learners and/or other teachers |
| Reflect on the impact of the process and lessons learned that will lead to improvement in your teaching practice |</p>
<table>
<thead>
<tr>
<th>Assessor Comments</th>
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<tr>
<th>Pass</th>
<th>Resubmit</th>
<th>Type</th>
<th>Major/Minor</th>
<th>Score</th>
</tr>
</thead>
</table>
3. Learning Event Analysis

CRITERION

The candidate undertakes learning event reviews or analysis in the course of his/her professional work.

GUIDELINES

Essential Components

For the purposes of MAP, we would expect candidates to undertake a Learning Event Analysis or a Significant Event Analysis. Learning Events are for those events which do not reach the GMC ‘threshold’ to be described as a Significant Event but still present an opportunity for learning.

Learning events are any events that you have learned from and made changes as a result of the event - they can be positive, neutral or negative. What they have in common is a systematic review of the event and what can be learned as a result which leads to quality improvements in practice.

The term Significant Event refers exclusively to events which reach a GMC threshold of potential or actual serious harm to patients, (which historically may be referred to as Significant Untoward Incidents, Critical Incidents, Serious Incidents or GMC-level Significant Events). The requirement for GPs to declare and reflect on all GMC-level Significant Events in which they have been personally named or involved will remain an essential element for revalidation, but we recognise that not every doctor will have any GMC Significant Events to discuss for MAP.

It is essential that learning event you choose to present involved you, the candidate although you do not have to have been at the centre of the initial incident. It is not enough to have sat in a meeting unless you were directly involved in suggesting and implementing change.

The event might be one which affected your own practice or your area of responsibility such as practice staff, trainees or salaried doctors. If you are a locum or a salaried doctor it is more likely that it will need to be about your own clinical practice, unless you played a major role in the plan which is put into place.

The first step is to find out what actually happened by talking to everyone involved.

Then look at what went wrong (or right) and at which stages key factors came into play. Was any early action taken to deal with any immediate consequences of the event? (For example, for a prescribing error, was a search made for other patients who might have been similarly affected between the event and you becoming aware of the event?)

Steps taken (i.e. computer searches etc.) to identify other occurrences are particularly relevant in cases where there was a significant time lapse between the event and you becoming aware of it. Your commentary should include a comment on the reasons for the time lapse.
Then make a plan to prevent future similar occurrences or ensure that examples of good practice are shared so that they will be repeated. You might also consider who is responsible for implementing the plan and monitoring or reviewing its success in future. You should include reflection of what went well and what went less well.

The planning resulting from event must have occurred within your current revalidation cycle.

Additional Guidance
In learning event analysis, doctors analyse individual cases in which there has been a significant occurrence (not necessarily involving an undesirable outcome for the patient) in a systematic and detailed way to identify changes that might lead to future improvements. LEA is an invaluable tool for looking at the process of what happened and improving quality of care, rather than looking for scapegoats.

If possible, tell the assessors how your plan has worked since you put it into place. Follow the seven headings in the evidence proforma, which ask for what has changed in the practice but also what has changed in your personal practice as a result of the exercise.

Candidates should be aware of the guidance on the National Patient Safety Agency website on SEA (http://www.nrls.npsa.nhs.uk/resources/?entryid45=61500). The NPSA publication Significant Event Audit (1 October 2008) will be of value. It is worth noting that for doctors in England the CQC inspects SEA.

WHAT THE CRITERION WILL BE ASSESSED ON
The following points must be covered:

- what happened, including your role
- why it happened
- who was involved in the discussion of the event
- what went well and what went less well
- what was learned
- what you have changed in the practice as a result of the review, or, if no change has been made, please explain why.
- what you have changed in your personal practice as a result of the review?
### 3. Learning Event Analysis

**EVIDENCE/PROFORMA**

I confirm the evidence included in this section is from *current revalidation cycle*.

<table>
<thead>
<tr>
<th>Title:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of event:</td>
<td></td>
</tr>
<tr>
<td>Date you became aware of the event:</td>
<td></td>
</tr>
<tr>
<td>Date of learning event meeting:</td>
<td></td>
</tr>
<tr>
<td>Date report compiled:</td>
<td></td>
</tr>
</tbody>
</table>

What happened, including your role?

Why did it happen?

Who was involved in the discussion of the event?

What have you learned?

What went well and what went less well?

What have you changed in the practice as a result of the analysis, or why have no changes taken place?

What have you changed in your personal practice as a result of the analysis?

---

**Assessor Comments**

Pass  Resubmit  Type  Major/Minor  Score

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Section 1 - Good Clinical Care
Criterion 5 - Acute Illnesses
4. Managing Acute Illnesses

CRITERION

The candidate makes rational and competent decisions regarding the diagnosis and management of patients with a range of acute illnesses or other new presentations.

GUIDELINES

This criterion is an assessment of your ability to manage day to day clinical problems. You need to enter enough detail to describe your decisions and to justify the action that you took for each of these cases. You will need to record 20 consecutive patients with new presentations. There must only be one new acute presentation per patient. You should not include other problems which could be ongoing chronic problems. Acute exacerbations of a chronic problem can be included. These patients do not have to be seen in a single surgery but could be a mix of patients seen in several different settings including via telephone, video, email (or similar online ‘not live’ consultations). This may include an initial telephone call which is followed by face to face review, this would count as a single consultation. Please ensure to make this clear in your submission.

It is unlikely that you would see 20 patients in a row who meet these requirements. Those patients who do not fit the requirements should be excluded from this criterion.

If there is a gap of several days in dates between patients please make it clear why this has happened in the box provided, for example if you are less than full-time you might not see patients for a few days.

You may need to bring anonymised medical records of these consultations if you are invited to an Evaluation Panel (face to face review). You should NOT attempt to bring the whole patient record to the Panel but just those entries that are pertinent to the episode of acute illness that you have included in your log.

Appendix 2 gives guidance on anonymising medical records.

WHAT THE CRITERION WILL BE ASSESSED ON

The following must be included:

- Patient information including age, sex, how and when seen (If the tele-consult was changed to face to face, please provide details)
- Brief description of presenting history and examination findings
- Problem or working diagnosis
- Management/outcome
- Full details of a prescription if issued
- Brief comment justifying action taken
- Comments on any learning points
- Further information if you are aware that guidelines are not being followed or there are specific reasons for adopting a different approach.
4. Managing Acute Illnesses

**EVIDENCE/PROFORMA**

I confirm the evidence included in this section is from *within the last year*.

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Age</th>
<th>Sex</th>
<th>Brief presenting history and examination findings</th>
<th>Problem / working diagnosis</th>
<th>Management/outcome including prescription issued if any</th>
<th>Justify actions taken and comment on any learning points identified including information on any variation from current guidelines</th>
<th>Mode of consultation (telephone, video, email, face to face) This may include consultation that starts via telephone and then is face to face.</th>
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<tbody>
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</tbody>
</table>

If there are gaps of several days between the dates of the cases above, please briefly explain the reason for the gaps

Assessor Comments

Pass  Resubmit  Type  Major/Minor  Score
5. Urgent Referrals to Secondary Care

CRITERION

The candidate demonstrates competent management of patients requiring an urgent (to be seen within 24 hours) secondary care opinion.

GUIDELINES

Essential Components

This criterion requires details of five cases in which you have seen patients, assessed them, and arranged for urgent assessment by secondary care colleagues. Admission to hospital is not necessarily always the outcome (e.g. a patient may be urgently referred as having a possible DVT, undergo an ultrasound scan and subsequently be discharged without admission). Carefully read the guidelines and fill in all the boxes with appropriate details in the proforma.

One of the five cases must be a face to face consultation. The remaining four can be any other type of consultation included telephone, video/online.

You must include a copy of the patient record, which is the entry you make in the patient’s medical record, for each case. Scan or retype this into the appropriate box on the proforma. You should not include a copy of the referral letter to the hospital.

You should tell us clearly in your own words about your patients. The cases do not need to be consecutive and we suggest you select five referrals that have been seen within the last year, thoroughly and competently assessed by yourself, and referred appropriately with a known outcome.

You may be required to bring anonymised medical records of these consultations if invited to attend an Evaluation Panel. You should not attempt to bring the whole patient record, just those entries that are relevant to each patient's emergency admission.

Additional Guidance

You should provide the assessors with a clear idea of the patient’s complaint, findings on examination (detail clearly all findings including general impressions and specific records relevant to the patient's complaint), and the exact reasons why you decided to refer then and there to secondary care. Remember to tell the assessors about the patient’s social circumstances, and how you communicated with relatives or carers. You must provide the outcome of the referral Therefore, even if you would not normally track the outcome, you would need to do so for this patient.

You should reflect on the referrals and consider any learning points and whether you would do anything differently in future. For example, you may decide that an admission could have been avoided if urgent investigations or treatment could have been carried out in the community through an alternative pathway.

Appendix 2 gives guidance on anonymising medical records.
WHAT THE CRITERION WILL BE ASSESSED ON

- Including the record of the patient age and sex.
- Providing details of time of call, mode of communication, time patient assessed, seen or visited by doctor
- Providing details of history (including psychological and social factors) and examination
- Providing details of the reason for admission or seeking an urgent opinion
- Reflection on the involvement of other agencies, including communication with patient, carers, hospital, and appropriateness of mode of transport, if applicable
- Providing a copy of the medical records for the event (anonymised)
- Providing an outcome with information including the final diagnosis and reflection
5. Urgent Referrals to Secondary Care

EVIDENCE/PROFORMA

I confirm the evidence included in this section is from *within the last year* ☐

<table>
<thead>
<tr>
<th>1 (of 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Date / time patient contacted surgery</td>
</tr>
<tr>
<td>Mode of communication (telephone/online/etc)</td>
</tr>
<tr>
<td>Date / time assessed by doctor</td>
</tr>
<tr>
<td>History (including psychological and social factors) and examination</td>
</tr>
<tr>
<td>Reason for seeking urgent secondary care opinion</td>
</tr>
<tr>
<td>Reflection on the involvement of other agencies including communication with patient, carers, hospital, and appropriateness of mode of transport, if applicable</td>
</tr>
<tr>
<td>Full text of medical record for the event including date</td>
</tr>
<tr>
<td>Outcome, including the final diagnosis and reflection</td>
</tr>
</tbody>
</table>

One box for each of the 5 required cases is provided.

<table>
<thead>
<tr>
<th>Assessor Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass</td>
</tr>
</tbody>
</table>

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6. Care of Patients with Long-term Conditions

CRITERION

The candidate shows how they developed a care plan to enable long-term care of a patient, in terms of physical, psychological, socio-economic and cultural dimensions.

GUIDELINES

Essential Components

You will need to describe how you, as part of a team, have looked after a patient with a long-term illness. This may be a terminal illness in which you describe the illness, and the final stages and death, or it may be an on-going long-term condition.

You need to provide evidence of holistic care rather than merely demonstrating long term care for an individual patient. To do this you need to cover the following five components:

<table>
<thead>
<tr>
<th>Description of the case</th>
<th>Including clinical details and diagnosis, and proposed care plan. Demonstrating coordination of services and providing evidence of continuity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate medication / symptom control</td>
<td>Describe this in detail with indications for prescribing and dosages.</td>
</tr>
<tr>
<td>Provision of psychosocial support for the patient and carers</td>
<td>Something we often take for granted, but are we doing it? This can involve patient / carers / family / faith leaders in the plan and provision of care, acknowledging vulnerability where relevant, and respecting confidentiality and dignity.</td>
</tr>
<tr>
<td>Involvement with other health care workers</td>
<td>Nurses, community staff, twilight, counsellors, practice partners and anyone else relevant. Active involvement with other agencies in providing care.</td>
</tr>
<tr>
<td>How continuity of care was achieved</td>
<td>Describe your systems for the coordination of services in detail. Include information on how remote working has affected quality and continuity of care.</td>
</tr>
</tbody>
</table>

The above five components may be demonstrated using different patients if the context of your practice requires. If symptom control is described using one patient and psychological support for patient and carers with a different patient, both patients have to be described in the Description of case box.

There are two template options on the next pages, please choose ONE that works best for you. This section might be written like a diary (if you have had several contacts with the patient), describing an unfolding story about the patient. To help you use a diary format you may wish to use Proforma A, which has the areas of involvement across the top of the table, with the entries written in chronological order down the page.
Additional guidance

It is essential that you were centrally involved with the care of this patient. The cases chosen by previous candidates have been very varied, with roughly 50% describing cancer, terminal care and death, and 50% describing chronic illness. These may be neurological diseases such as MND, severe Parkinson’s disease, stroke, rheumatic disease, cardiac disease or mental illness. When choosing it might be helpful to ask yourself whether the care of the patient you have in mind involved a holistic team approach with cooperation and input from others, and whether there was a social and psychological component of the patient’s problems for you to describe and take into consideration.

It is possible (but difficult!) to cover all the five components of this criterion with a single contact with a patient. However, an example might be arranging to visit a patient at home following reception of a letter from a psychiatrist outlining the diagnosis of significant dementia. Your role would be to explain the diagnosis to the patient and carers, implement any drug treatment, and arrange input from Social Services, agree to liaise with district nurse or community psychiatric nurse for specialist nursing support and outline help for carers in terms of benefits and respite care. You would need to show how you would make sure that appropriate information was handed over to others in the team, to ensure continuity of care. Consider how care is coordinated and whether provision is made for treatment outside normal working hours where appropriate. To complete the criterion, you would also need to tell us about the clinical and social background of the patient. Most candidates, however, need to have several contacts with an individual patient to cover all the components of this criterion.

Each of the five components is important, so if you find that you write a lot about three of them and rather little about, say ‘providing psychosocial support’ then think carefully about that. Ask yourself whether you actually do provide that aspect of care, or whether someone else does, and whether that is telling you something about your style of medicine.

If you are unable to illustrate the five essential components in one patient, you are recommended to use proforma “B” and copy and paste the number of proformas you require to match the number of patients and ONLY fill out the relevant boxes in each template.

You may wish to review the AoMRC guidance on “Coordinating care”

WHAT THE CRITERION WILL BE ASSESSED ON

- Description of the case, including clinical details and diagnosis, and proposed care plan
- Appropriate medication/symptom control
- Provision of psychosocial support for patient and carers
- Involvement of other health and/or social care workers
- How continuity of care was achieved
- Outcome, as well as reflection on the care provided and suggestions for improvements in practice.
6. Care of Patients with Long-term Conditions

EVIDENCE/PROFORMA

I confirm the evidence included in this section is from *within the last year* ☐

Use only ONE proforma (the other should be deleted)

6.1) Proforma A

| Description of case including clinical details and diagnosis, and proposed care plan |
|---|---|---|---|
| Appropriate medication & symptom control | Involvement of other health / social care workers | Psychosocial support for patient and carers | How continuity of care was achieved |
| Date | Date | Date | Date |
| Date | Date | Date | Date |
| Date | Date | Date | Date |

Continue as necessary, adding extra rows for each date and entry.

Outcome, with reflection on the care provided and suggestions for improvements in practice
6.2) Proforma B

Please ensure that you include dates

<table>
<thead>
<tr>
<th>Description of case, including clinical details and diagnosis, and proposed care plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe appropriate medication/symptom control</td>
</tr>
<tr>
<td>Involvement of other health / social care workers</td>
</tr>
<tr>
<td>Provision of psychosocial support for patient and carers</td>
</tr>
<tr>
<td>How continuity of care was achieved</td>
</tr>
<tr>
<td>Outcome, with reflection on the care provided and suggestions for improvements in practice</td>
</tr>
</tbody>
</table>

Assessor Comments

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<th>Major/Minor</th>
<th>Score</th>
</tr>
</thead>
</table>

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Section Two:
Maintaining Good Medical Practice
7. Reflection on Educational Activities

CRITERION

Candidates provide evidence that they are maintaining good medical practice by updating their medical knowledge.

GUIDELINES

This criterion requires you to provide evidence that you are keeping up to date. Good medical practice requires that you ‘take part in educational activities that maintain and further develop your competence and performance’. To demonstrate this for MAP you will need to undertake an approved learning exercise; the Essential Knowledge Update Programme.

Essential Knowledge Update Programme

Within the EKU Programme you are required to undertake one complete Essential Knowledge Update (EKU) and one complete Essential Knowledge Challenge (EKC). You must select the most recent Update with an associated Challenge.

From these activities you will then need to select three of the modules (topics) within the EKU you have completed and reflect on:

- what you have learnt
- how it has/will change your practice
- the areas where you have performed well and less well.

*These three modules must be from the same EKU (for example EKU2017.3) not from multiple EKUs. You will then need to provide the certificate for the associated Essential Knowledge Challenge (e.g. EKC2017.3). If benchmarking data on score comparison with peers is available, reflection on this would be advisable.

Please refer to Appendix 3 for guidance on how to access the Essential Knowledge Updates and Challenges.

The certificate for the Essential Knowledge Challenge you have completed should be sent to the MAP Office as a separate attachment to your email when your portfolio is submitted.

Educational ‘Free choice’ Activity

You must also identify and address a learning need that reflects a personally identified learning need. For example, your learning need could be an area of clinical interest or the development of skills for a teaching or management role. You should then choose an educational activity to fulfil this need. There are no set tools or exercises for this ‘free choice’ activity, however you must provide detailed reflection on your learning as detailed in the bulleted list above.

WHAT THE CRITERION WILL BE ASSESSED ON

- Evidence of having taken the approved learning exercise by providing the certificate for the Essential Knowledge Challenge you have completed, including reflection on areas where you have performed well and less well.
- Undertaking one Educational ‘free choice’ activity.
- Reflection on why you selected each topic and how you identified your learning need and why you addressed it in this way.
- Reflection on what you learnt from the exercises.
- Reflection on what changes you have made to your personal practice as a direct result of your learning.
- Identification of further learning needs and a plan to address them.
7. Reflection on Educational Activities

**EVIDENCE/PROFORMA**

I confirm the evidence included in this section is from *within the last year* ☐

The certificate for the Essential Knowledge Challenge should be sent to the MAP office, when the criterion is submitted, as a separate attachment to the email.

For guidance on this criterion, see Appendix 3 of the handbook.

**Complete one proforma for each separate learning activity.**

<table>
<thead>
<tr>
<th>Reflection on areas where you have performed well and less well in EKC/U.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>1 (of 4)</th>
<th>Name of learning tool and selected topic / learning need and date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reflection on why you chose this topic (for your own selected learning need please write a few sentences to put the need and how it arose into context)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reflection on what you learnt (for your own selected learning need please also explain why you addressed it in this way)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reflection on what changes you have made, or will make, to your personal practice as a direct result of your learning</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What further learning needs did you identify?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How and when will you address these?</th>
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</thead>
</table>

One box for each of the 4 required activities is provided.

<table>
<thead>
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<th>Assessor Comments</th>
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Section Three:
Relationship with Patients
8. Complaints and Compliments

CRITERION

The candidate knows how to deal appropriately with a complaint, expression of dissatisfaction, or compliment from a patient, relative, or carer.

GUIDELINES

EITHER: You should be able to deal with a complaint from a patient in an appropriate way within a reasonable timeframe. If you have not had any recent complaints, then an episode of dissatisfaction or an adverse comment or criticism would suffice for this criterion. If this is the case, then it is hoped that you would use some of the principles from the complaints procedure to approach the issue. For instance, it is important both for complaints and episodes of dissatisfaction that correspondence or comments are dealt with quickly and the complainant is kept fully informed.

You will need to add a succinct description of the complaints policy (you may provide a link to the full complaints policy) in operation at the practice where the complaint or dissatisfaction arose. The complaints policy itself is not part of the assessment but reflection on the strengths and weaknesses of the policy is. This is best considered by viewing the policy from a patient's point of view.

OR: You may choose to present a compliment or appreciative feedback you have received in relation to your clinical practice.

You should be able to describe the patient’s view of your work but also be able to place it in perspective. For example, a patient might be especially appreciative of something you did as a matter of routine.

The compliment should refer to work you have done yourself. You should include reflection on it about the circumstances of the relevant event, and why you felt the compliment was especially welcome. You will need to describe how the compliment arose. You will need to include a justification for including the compliment.

If you choose to submit a compliment, you must demonstrate resulting change in personal professional practice or show that the compliment was received as a result of change in practice. You must also describe the change.

BOTH: This criterion is about the way you assess and deal with feedback from patients. It is not marked on the grounds for the complaint or compliment itself. The reflection on the outcome of the complaint or compliment may include its implications for the wider organisation and for patients.
WHAT THE CRITERION WILL BE ASSESSED ON

- Reflection on the strengths and weaknesses of the complaints policy, if applicable
- Handling of the complaint / dissatisfaction / compliment
- Response made, including the final outcome
- Your personal involvement
- Lessons learnt from the complaint / dissatisfaction / compliment
- Reflection on the background to the compliment, if applicable
- Changes put in place either which led to the compliment or resulted from the complaint / compliment.
8. Complaints and Compliments

**EVIDENCE/PROFORMA**

I confirm the evidence included in this section is from *current revalidation cycle* ☐

Use only ONE proforma (the other should be deleted)

8.1) Complaints

<table>
<thead>
<tr>
<th>Please describe succinctly the complaints procedure at the practice where this complaint/dissatisfaction occurred and reflect on the strengths and weaknesses of the policy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe a complaint/dissatisfaction that was reported at this practice, including initial handling and dates</td>
<td></td>
</tr>
<tr>
<td>What response was made, including the final outcome?</td>
<td></td>
</tr>
<tr>
<td>What changes were put in place?</td>
<td></td>
</tr>
<tr>
<td>Describe your personal involvement</td>
<td></td>
</tr>
<tr>
<td>What have you learnt from this complaint/dissatisfaction?</td>
<td></td>
</tr>
</tbody>
</table>

8.2) Compliments

<table>
<thead>
<tr>
<th>Please describe a compliment/appreciative feedback including the context in which it was received, how it was considered, and dates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What response, if any, was made?</td>
<td></td>
</tr>
<tr>
<td>What have you learned from it?</td>
<td></td>
</tr>
<tr>
<td>Describe your personal involvement</td>
<td></td>
</tr>
<tr>
<td>Reflection on the background to the compliment</td>
<td></td>
</tr>
<tr>
<td>What was the change in practice which led to the compliment or what changes have you put in place as a result?</td>
<td></td>
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<tr>
<td>Assessor Comments</td>
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Section Four:
Working with Colleagues
9. Good Medical Records

CRITERION

The candidate makes understandable and appropriate records.

GUIDELINES

You should submit ten clinical entries from consecutive consultations with different patients which fit the requirements listed below. It may be that you will not see 10 patients in a row which meet these requirements. Those patients who do not fit the requirements should be excluded from this criterion. Any significant gaps should be explained e.g. part-time working arrangements.

These should be single entries for one consultation and not the complete patient record. However, it may be necessary to include a single previous note entry for follow-up cases in order to provide relevant information recorded at a previous consultation. You should keep the information brief.

You should reflect on specific records or in general, including ways in which they might be changed or improved. Consultations that are limited to medication reviews, repeat medication requests, or other essentially administrative tasks should be omitted. Records should be of significant issues with which patients have presented, but it is best to avoid large record entries such as those with multiple pathology or several diagnoses.

The information may be retyped or extracted by copying and pasting into the portfolio proforma. Screen shots or screen grabs are acceptable, but you must ensure embedded images do not increase computer size of the document. https://lifehacker.com/how-to-take-a-screenshot-or-picture-of-whats-on-your-co-5825771

All written/paper notes will need to be typed into the portfolio proforma. Each copy should be made completely anonymous so that it is not possible to identify the patient. Appendix 2 gives guidance on anonymising medical records. The age and sex of the patient should be given.

These clinical entries must not be those of patients included elsewhere in the MAP portfolio.

You should check your medical records using the following guide to the content of each entry:

- The consultation/visit is dated
- The whole entry is easily understandable in its entirety
- The record includes history, examination, investigation, problem definition (if applicable) and any significant negative findings
- It includes a management plan
- It includes a problem definition/ Read code
You should reflect on the records and consider any learning points and whether you have made any improvements or would benefit from making changes in your recording practice. This reflection should be on the quality of the records, not the clinical care. You should submit records which have been managed appropriately in your view.

WHAT THE CRITERION WILL BE ASSESSED ON

- The surgery or visit consultation is dated
- The whole entry is easily understandable in its entirety
- The history, examination, investigation, problem definition, and management are recorded, if and when appropriate, and should include significant negative findings
- The assessor should be able to answer yes to the question, “If I were the next doctor to see the patient, would the record provide me with the information I need to continue the patient’s care?”
- Some reflection on how, if possible, the records could be improved
9. Good Medical Records

EVIDENCE/PROFORMA

I confirm the evidence included in this section is from **within the last year**

10 consecutive single note entries

<table>
<thead>
<tr>
<th>Clinical entry</th>
<th>1 (of 10)</th>
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<tbody>
<tr>
<td>Age</td>
<td>Sex</td>
</tr>
<tr>
<td>Text</td>
<td></td>
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</table>

One box for each of the 10 required cases is provided.

Reflection on the above records and how, if possible, they might be improved

Assessor Comments

[ ] Pass [ ] Resubmit [ ] Type [ ] Major/Minor [ ] Score
Section Five: Probity
10. Ethical principles

CRITERION

The candidate demonstrates the application of ethical principles in the management of day to day clinical problems they have encountered.

GUIDELINES

You should describe the ethical issues raised by a case and then demonstrate that ethical principles and appropriate professional guidance have been used to resolve a clinical problem.

To do this you will need to describe, concisely, a clinical situation in which you have had significant involvement. You should begin with a clear statement of the clinical situation and the ethical dilemma you faced in this case. You should demonstrate that, by applying ethical principles and, where appropriate, seeking professional advice, you were able to develop a reasoned management plan. Careful consideration will show that many day to day clinical issues have an ethical dimension to them.

The clinical issue must allow you to demonstrate that you are thinking about issues within an ethical framework.

The four ethical principles are usually defined as; autonomy ('self-rule'), beneficence (to do good), non-maleficence (to do no harm) and justice (to act fairly). You may find it useful to use these to structure your submission. You can use an equivalent framework as an alternative, but these four principles are a recognised one and you will need to show familiarity with them.

In many cases referring to Good Medical Practice (http://www.gmc-uk.org/guidance/good_medical_practice.asp) or Duties of a Doctor (http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp) would be regarded as appropriate professional guidance, and you should be familiar with these. However, further reading around the topic is encouraged. This is not an alternative to using an ethical framework, as described above.

The final outcome of the clinical problem might be unknown to you. However, you need to state how the situation was resolved as far as you know. In the overall reflection you should consider the issue raised from both your point of view and that of the patient.

WHAT THE CRITERION WILL BE ASSESSED ON

- Brief description of the clinical situation
- Guidance used
- Use of an ethical framework in considering the clinical problem
- Outcome
- An overall reflection on how the problem was resolved

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1 R. Gillon BMJ 1994 volume 309 p184/7
10. Ethical Principles

EVIDENCE/PROFORMA

I confirm the evidence included in this section is from *within the last year* ☐

<table>
<thead>
<tr>
<th>Brief description of the clinical situation including the ethical issue and giving dates of key events</th>
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<table>
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<th>What guidance was used (including advice sought)</th>
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<th>How the ethical framework was used in considering the clinical problem</th>
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<th>What the outcome was</th>
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<table>
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<tr>
<th>An overall reflection on how the problem was resolved</th>
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Assessor Comments

Pass ☐ Resubmit ☐ Type ☐ Major/Minor ☐ Score ☐
Appendices
Appendix 1 – Quality Improvement Projects

All doctors have strengths and weaknesses. It is a key component of professionalism that we can demonstrate to others that we can both identify these and then take steps to improve our performance. The improvement may be small or difficult to measure, but the basis of quality improvement programmes is that the potential for change is identified and plans are made to implement this change. This section allows you to demonstrate that you can do this using a method of your choosing.

Case Review or Discussion

This method should be used for a series of cases with a common theme. To permit meaningful reflection, without too long a discussion, up to five cases should be discussed. You should choose a theme that is either important in itself or reflects an area of your practice that you think needs improvement.

Examples of important areas could be: hospital admissions, requests for urgent out-patient appointments, patients with cancer diagnoses.

Areas that you have identified as in need of potential improvement might include: patients with a particular type of problem, for example eye or skin problems; patients who caused you some stress or distress; patients for whom investigations which you requested came back as being normal.

Clinical Audit

Choose an area that is important to your practice and one that you think can be improved. Often significant events or ‘near misses' can provide useful areas for audit. The following are examples of potential audits – both clinical and non-clinical:

Clinical

- Wound infection rates after minor surgery
- Uncomplicated urinary tract infection in non-pregnant females
  - Antibiotic courses for acute episodes should be prescribed for three days
  - Antibiotic prescribing should be evidence based
- Rheumatoid arthritis
  - Patients should have had a full blood count in last 12 months
  - Patients with history of upper gastrointestinal disease should be on gastrointestinal protection
- Leg ulcers
  - Patients should have had ankle / brachial pressure ratio measured by hand-held Doppler
  - Patients should have had a blood glucose measurement
- Therapeutics - are common guidelines such as NICE or SIGN followed e.g. in BNF or from NICE- e.g. PPI with NSAID in the elderly?
- Guidelines - Have guidelines been followed for common diseases - e.g. monitoring of DMARDS?
• Outcomes- You could look at outcomes from interventions and measure against agreed standards- e.g. Joint injection.

Non-Clinical

• Patient waiting time after allotted appointment
• Surgeries starting and ending on time
• Routine GP referral letters sent within three working days
• Department of Work and Pensions medical reports returned within five working days
• Data recording
• Recall arrangements

Evaluation of the impact of a health initiative

The change to be evaluated might be:
• A change in organisation of care, for example the impact of using practice nurses to treat particular disease areas.
• A change in how clinical data is recorded. The use of templates for example.
• A change in how a particular disease is managed. For example, changes to national or local guidelines.

It is important that you can describe clearly what the initiative was, how you evaluated it and what you learned from the evaluation. The main focus of this is demonstrating that you can learn from both the initiative and the evaluation.

Review of Clinical Outcomes

The data reviewed might include individualised prescribing data, referral rates or pathways to specific diagnoses. You should choose an area that you think might have a positive impact on patient care.

Review of the effectiveness of a teaching programme

Examples might include the review of a programme for your GP speciality training registrar, teaching colleagues, practice nurses or other clinical colleagues. The activity must be a teaching programme with learning goals and evaluated outcomes. It is important that you have identified objectively the needs of the learners in the programme. You must include details of the learning activity(ies) and attempt to assess how effective your teaching programme was for the participants. You must state how future teaching activities might be improved as a result of this review.
Appendix 2 – Anonymising Criteria for Submission and Use of Patient Data

The information provided in your submission for MAP must be fully anonymised so that there is no way that any patients or your workplace or geographical area can be identified. Your portfolio should not contain any of the information listed below:

- Candidate’s name or initials
- Colleagues and other health care professionals’ names or initials
- Hospital names
- Surgery names
- NHS numbers
- Patients’ names or initials
- Addresses
- Dates of birth
- Telephone numbers

For each criterion please ensure that no confidential information can be traced back to any patient. Please use unique identifiers where reference to a patient is required as there may be a need for you to identify them at a later date.

Upon receipt of your submitted portfolio, the MAP office will check to ensure that these instructions have been followed and will return the portfolio if it does not adhere to these guidelines.

For criteria 4 and 5, those candidates invited to an Evaluation Panel may be required to bring the relevant entries from the patient records to allow verification and further discussion of the patients they have included in their lists of cases. The candidate will be informed of the need to bring records when they are invited to the Evaluation Panel. It is important that the candidate brings only the relevant entries from the medical record and does not attempt to bring the whole medical record. All entries must be dated.

It is of absolute importance that these entries are anonymous. There must be no way of identifying these patients. Therefore, it is recommended that the candidate gives each patient in their logs a unique number solely for the purpose of MAP. This allows only the candidate to identify the patient.
Use of patient data

You must not:

- Use the same consultation in more than one criterion. For example, a consultation used in your Managing acute illnesses [criterion 4] must not also be used in Complaints and compliments [criterion 8].

- Use the same patient for the following criteria (even if these are different consultations):
  - Quality improvement programmes
  - Learning Events Analysis
  - Complaints and Compliments
  - Ethical Principles

For example: a patient who you used to demonstrate ethical thinking may subsequently issue a complaint, but you cannot use this scenario in both criteria. Two separate patients will be needed.
Appendix 3 – Reflection on Educational Activities

There is one learning toolkit approved for use in the MAP education criterion; the Essential Knowledge Update Programme.

Associate Members of the RCGP can access this tool without charge. Details of Associate Membership are sent to all candidates following approval of their application for MAP.

The tool is accessed through the RCGP Online Learning Environment: http://elearning.rcgp.org.uk/. You will need to log in at the top right-hand corner of the screen, entering the email address you provided on your MAP application form, and the password that is sent to you in your Associate Member Welcome Pack.

Accessing the Essential Knowledge Updates and Challenges

To access the Essential Knowledge Updates and Challenges, click on the box entitled ‘Essential Knowledge Updates & Challenges’ (remember to log in first!). The EKU Programme course category page will then open, from here you will be able to access all of the resources within the programme.
To access the Updates and Challenges, scroll down the page and click on the small arrows to the left of either the Updates or Challenges.

This will then provide you with a drop down list of all the Updates or Challenges that have been released to date.
Please click the image to the left to download a copy of the EKU Programme RCGP Annual Conference Session 2017 presentation.

It has been brought to our attention that there was an error within our Conference slides regarding the dosage of aspirin 300 mg in the treatment of a TIA. This has now been corrected and we are grateful to the feedback we received to highlight this to us.

In October 2014 the Essential Knowledge Update and Challenge Programme won the Gold Award for Best eLearning Project (first sector) at the eLearning Awards. Please click the image to the left to find our news.

<table>
<thead>
<tr>
<th>Updates &amp; Challenges by Clinical Content</th>
<th>Updates &amp; Challenges by Non Clinical Content</th>
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<tbody>
<tr>
<td>EKU Podcasts</td>
<td>EKU Screencasts</td>
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<tr>
<td>EKU Hot Topics</td>
<td>EKU Journal Watch</td>
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<th>Updates</th>
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<tr>
<td>Essential Knowledge Update 2018: 1 Jan 2018</td>
<td></td>
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<tr>
<td>Essential Knowledge Update 2017: 3 Sep 2017</td>
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<td>Essential Knowledge Update 2017: 2 May 2017</td>
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<td>Essential Knowledge Update 2017: 1 Jan 2017</td>
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<td>Essential Knowledge Update 18 Oct 2016</td>
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<td>Essential Knowledge Update 17 Apr 2016 (Reviewed Nov 2017)</td>
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<tr>
<td>Essential Knowledge Update 16 Oct 2015 (Reviewed Apr 2017)</td>
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<tr>
<td>Essential Knowledge Update 10 Apr 2015 (Reviewed Oct 2016)</td>
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You must select the most recent Update with an associated challenge. If this is the first time you have accessed the OLE you will need to agree to the OLE Terms and Conditions in order to proceed. By clicking on Update, you then see the course page of the Update where you can access the ‘Major topics’, Journal Watch bulletins and Hot Topics.

It is recommended that you review all items within the Update, including ‘Major topics’, Journal Watch bulletins and Hot Topics, before you complete the associated Challenge.

Each of the ‘Major topics’ has a ‘Self-Assessment’. You are not required to submit the self-assessments from this section, however these may assist your learning. At this point identify three learning needs which you will use to complete the MAP template.

When you have reviewed the entire Update, you will need to select the Challenge associated with the Update you have completed (from the EKU Programme Course category page as illustrated above) and complete the multiple-choice questions.

You do not need to complete this in one session – you can save your answers for some of the Challenge and return to it at a later date (by clicking on the ‘Save without submitting’ button at the bottom of each page). If you have completed the Challenge, you will need to click on the ‘Submit all and finish’ button at the bottom of the final page. You will then need to submit one EKC certificate (i.e. evidence that you have completed the EKC) as a separate attachment to your email when you send your submission to the MAP office.

Should you experience any difficulties when logging in to the Online Learning Environment, when accessing the EKU Programme or if you have any queries, please contact the EKU Programme team at eku@rcgp.org.uk, or 020 3188 7607. Don’t forget to identify your own learning need and complete the fourth template.