APPRAISAL, REVALIDATION & PORTFOLIO | MODULE 05

CPD and reflection: turn learning into better practice

Choose relevant learning, record its impact and write authentic reflection without turning experience into a collection of certificates.

✓ 12 min reading

✓ Full teaching, practical next steps and reflection

✓ Six practice questions with answers and explanations

✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education	This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

Start with a learning need, choose an appropriate activity and review how it affects your work. A certificate records an activity; your explanation and follow-through show what you learned.

Three next actions

- Identify a learning need from current work or feedback.
- Choose an activity that can address it.
- Plan how to evaluate its effect on practice.

Learning objectives

- Distinguish GMC expectations from CPD-scheme credit rules.
- Write concise, authentic learning reflections.
- Evaluate application without claiming unsupported outcomes.

Begin with the question you need to answer

A learning need may arise from uncertainty, feedback, a new responsibility or a change in service. Name it before selecting an activity. A doctor preparing to supervise colleagues may need observation and feedback on supervision, while a doctor refreshing subject knowledge may need reading and discussion. The same event is not equally useful for every person or purpose.

Use a simple chain: current difficulty, desired improvement, suitable learning method, opportunity to apply it, and review. An original example is a doctor who notices that explanations to colleagues are technically correct but hard to follow under pressure. A lecture may add ideas, but observing a skilled colleague and asking for feedback on a real handover may better test whether the explanation has improved.

Know what a credit does and does not mean

The GMC requires annual CPD relevant to the whole scope of work and reflection on its value; it does not prescribe a fixed number of CPD points for revalidation. College schemes and employers may have their own requirements. Check the rules that apply to your chosen scheme and post rather than labelling a common credit total as a universal GMC threshold.

Keep two records distinct: participation in an activity and its developmental value. Completing a course may satisfy a scheme’s recording rules, but it does not by itself show that a new technique can be practised independently. Conversely, worthwhile learning through peer review may need a thoughtful explanation even when no certificate is available. Record honestly and ask the relevant scheme or appraisal team about uncertainty.

Write a reflection that reveals your thinking

Describe the issue briefly, what you noticed about your own understanding or behaviour, what changed in your thinking, and what you will do or examine next. Reflection is not a second clinical record. Avoid unnecessary identifiers and detailed retelling. The joint reflective-practice guidance supports learning from experience; a polished narrative is not a substitute for that learning.

Compare “I learned that communication is important” with “I realised that I assumed agreement because nobody interrupted; next time I will ask each discipline to identify unresolved concerns.” The latter explains a change in understanding and an observable next step. It does not need a patient’s age, location or unusual diagnosis. Use your own words and acknowledge uncertainty where you have not yet tested the change.

Distinguish intended impact from observed impact

After learning, ask what you tried, what happened and what remains uncertain. An intention is valuable, but it is not an observed outcome. If you changed a process, identify a proportionate way of reviewing it: feedback, observation, an agreed measure or a discussion of subsequent experience. Match the strength of your conclusion to the evidence available.

For example, a revised teaching session may receive better immediate feedback, but this alone does not establish improved clinical outcomes. You can accurately report that learners found the explanation clearer and propose a later check of application. Good reflection resists the pressure to turn every activity into an unqualified success. A useful negative result can help refine the next learning plan.

Make learning feasible across your roles

Review whether the plan covers the responsibilities that need attention, including less visible educational and organisational work. Consider methods you can realistically access: peer discussion, observed practice, structured reading, teaching evaluation and formal courses. Do not assume that spending more money produces more relevant learning. Discuss protected time and support through the appropriate job-planning or development route.

If an opportunity was inaccessible, record the need, attempts to arrange it, the effect on the plan and an alternative to discuss. This is especially relevant to rotating LEDs or doctors with limited study-leave access. A barrier should not be disguised as lack of motivation. Equally, recording the barrier does not complete the learning need; agree what action is still required and who can help.

Use writing assistance without outsourcing judgement

If you use any writing aid, retain responsibility for accuracy, confidentiality and the thinking expressed. Do not invent attendance, feedback, cases or insight. Check local policy before using AI with professional material, and never enter identifiable or confidential information into an unapproved service. Scotland’s May 2026 appraisal guidance emphasises human judgement, transparency and locally governed use; other nations and employers may set different arrangements.

A practical self-check is to ask whether you could explain each sentence in conversation from your own experience. If you could not, rewrite it or remove it. A tool might help arrange headings, but it cannot supply a memory of what you thought or learned. For this website’s planners, use neutral educational notes and export only what you intend to retain on your own device.

Common mistake

Avoid this	Using attendance totals or fluent reflective prose as a substitute for relevant learning and honest evaluation.

Pause and reflect

Which learning activity changed something you actually do, and what evidence supports that conclusion?

Takeaways

- Select learning for a defined need.
- Explain application and uncertainty.
- Your reflection must remain your own.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. A doctor wants clearer feedback conversations. Which learning plan is strongest?

A. Write a reflection before trying a different approach.

B. Collect certificates from several unrelated courses.

C. Choose the event with the greatest number of credits regardless of content.

D. Combine relevant learning with observation, practice and feedback on the conversations.

2. A colleague says the GMC requires exactly 50 CPD credits each year. What is accurate?

A. College CPD rules cannot be relevant to a doctor’s chosen scheme.

B. The number is a universal licensing threshold for every doctor.

C. The GMC does not prescribe a fixed credit number; check any applicable scheme rules separately.

D. Credits replace the need to reflect on learning.

3. Which reflection best shows a change in thinking?

A. I assumed silence meant agreement; I will check unresolved concerns explicitly.

B. Communication is important and I will always communicate well.

C. The event proves I have no communication development needs.

D. The patient’s detailed chronology is copied below.

4. Learners liked a revised session. What can the doctor reasonably conclude?

A. The teaching has proved that patient outcomes improved.

B. No conclusion of any kind can be drawn until a national study is completed.

C. Every learner is now competent to practise independently.

D. Feedback suggests improved acceptability; application and wider outcomes need further review.

5. A relevant course is inaccessible because study leave was not available. What is useful?

A. Abandon the development need without review.

B. Record the barrier and discuss an alternative method and support plan.

C. Record the course as completed because the need was identified.

D. Assume a barrier itself establishes that no further action is needed.

6. AI-generated wording describes insight the doctor did not have. What should the doctor do?

A. Keep it if it sounds more reflective than the original.

B. Replace it with an accurate account of their own thinking and follow local policy.

C. Ask the appraiser to accept it as a standard reflection template.

D. Use it only if the software says it is confidential.

Answers and explanations

1. D — Combine relevant learning with observation, practice and feedback on the conversations.

The method should fit the need. A conversational skill benefits from opportunities to apply and review learning, rather than attendance alone.

Review the named teaching section, then explain the next step in your own words.

2. C — The GMC does not prescribe a fixed credit number; check any applicable scheme rules separately.

GMC expectations concern relevant annual CPD and reflection. College and employer requirements must be identified accurately rather than presented as a universal GMC quota.

Review the named teaching section, then explain the next step in your own words.

3. A — I assumed silence meant agreement; I will check unresolved concerns explicitly.

A useful reflection explains an assumption and a practicable next step. Generic reassurance or unnecessary clinical detail does not show the same learning.

Review the named teaching section, then explain the next step in your own words.

4. D — Feedback suggests improved acceptability; application and wider outcomes need further review.

Match the claim to the evidence. Immediate feedback can be useful without establishing competence or patient outcomes.

Review the named teaching section, then explain the next step in your own words.

5. B — Record the barrier and discuss an alternative method and support plan.

A barrier needs an honest account and a next step. It should neither be hidden nor treated as completion of the learning need.

Review the named teaching section, then explain the next step in your own words.

6. B — Replace it with an accurate account of their own thinking and follow local policy.

The doctor remains responsible for authenticity and accuracy. Writing assistance cannot supply an experience or a judgement that did not occur.

Review the named teaching section, then explain the next step in your own words.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: continuing professional development
UK · https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation/continuing-professional-development

GMC and partners: reflective practice principles
UK · https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students/ten-key-points-on-being-a-reflective-practitioner

Medical Appraisal Scotland: ethical AI guidance, May 2026
Scotland; check local policy elsewhere · https://appraisal.nes.scot.nhs.uk/media/ywrj0mnb/ai-in-appraisal-and-revalidation-v10.pdf

Edition and verification

Editorial edition: 9 September 2026. The page source-review date is 2026-09-09. A publication date, editorial edit and substantive source check have different meanings. See sasdoctors.com/corrections for material corrections and the scope of review.

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