

Example CPD log May 2016

Date	Time (hr) credits	Type of activity	Topic	Outcome of learning and reflection / action taken and next steps
	1	Mandatory training-SG adults	Mental capacity act/ safeguarding adults	Legal view of act & where GP input limitations are. Assessing capacity & using correct language for records even if not on form – can understand, retain & process information given. Best interest decisions & recording them correctly
	1	CCG protected learning event	Prostate cancer	Prostate ca only needs diag in over 80's if likely to need palliation. Ix requires good performance status & 10yr life expectancy Rerefer if PSA >0.2 twice after radical surgery, if 2ng.ml above nadir after radiothx or if sig urological s/e Signs of disease progression = 3 rises PSA, PSA doubling time<6/12, PSA >20 or sx advanced dis
	1	Practice education	NICE guidance- fever in children	need to improve documentation: heart rate, respiratory rate and temperature. improve advice given to parents. effect of ibuprofen lasts for 8 hours. all GPs to have tympanic membrane thermometers. practice have ordered pulse oximeters and axillary thermometers for all doctors.
	1	RCGP e module	Bleeding problems in contraception	For unscheduled bleeding with the POP, implant or intrauterine system, a COC may be used for up to 3 months if there are no medical contraindications (cyclical manner or continuously without a pill free week). counselling patients on initial and long-term bleeding patterns is important a patient who is bleeding after several months of using a certain contraceptive method needs a speculum examination bimanual examination is useful only if there is deep pelvic pain/dyspareunia or heavy bleeding.
	1	e learning	Nutritional supplements -required for prescribing incentive scheme	Who is at risk (falling wt, low BMI, poor intake etc) flow chart for interventions according to score How to assess BMI with ulna length and arm width "food first" principals (substituting high energy foods) cost effective prescribing when to refer how to supplement drinks to increase energy etc
	6 hours	Course	GP update course	1.Refer Diabetics with BMI>30 for bariatric surgery as highly cost effective and cures diabetes in 50% 2.Autonomic neuropathy- important to ask about as

				<p>may result in lack of hypo awareness and hypos increase cardiovascular risk. So ask about: incontinence, diarrhoea, belching.</p> <p>3.Coding for Diabetes resolved: use in remission not resolved as this will ensure they continue to be recalled for retinal screening.</p> <p>4. Diabetics on glifzins can develop DKA despite having normal blood sugar. So test for ketones if having nausea/abdo pain/confusion/ thirst/fatigues/sleepiness</p> <p>5.A raised WCC can be a marker for bladder cancer so if microscopic haematuria should do FBC to check WCC.</p> <p>6.Report FGM in under 18s to police within 24 hours by ringing 111. (serious crimes act). Tell patients about obligation to code FGM and the reporting to HSC.</p> <p>7.Calcium- increases cardiovascular risk. Only justified if intake poor. Use calcium calculator.</p> <p>8.Benefits of bisphosphonates decrease after 4 years- do search for all patients who have been on them for more than 5 years</p> <p>9.Asthma- download PAAPs from asthma UK. STOP ALL LABAS ON PATIENTS TAKING LABA WITHOUT ICS.</p> <p>10.Motivate2 move website</p>
	2 hours	Learning group	Learning group	<p>We discussed a case about a PE and reviewed use of the DVT risk tool- Wells criteria and how different services handle these patients as we work in different areas. Compared practice systems for managing safeguarding reports.</p> <p>Discussed implications of new baby imms and administration of paraceramol pre-imms.</p>
	30min	Case review	Migraine in pregnancy	Management of migraine in pregnancy, use of nasal triptans. See attached.
	2 hours	QIA	QIA review of 2 week wait referrals	Reviewed 2 week waits in the light of revised cancer guidelines. Full learning points/reflections in attached QIA.
	1hr	SEA meeting	SEA meeting	Failure to update dosette boxes post discharge, safety issues, who updates meds screen, role of pharmacist, and clarifying practice protocol.
	1hour	Lecture	HRT update- Diana Mansour	<ol style="list-style-type: none"> 1. Progesterone only options available 2. Keep Mirena in till at least 55 for contraception Oestrogen only hrt not assoc with breast cancer risk 3. If breast cancer risk can use topical oestrogen, clonidine or ssri 4. If progesterone intolerant can try: femoston, micronised progesterone 200mg 14d, cyclogest vaginally for 14 days, or Mirena IUS. 5. If poor CVD risk can have ssri/ venlafaxine/gapapentin or 10mg medroxyprogesterone- as effective as Combined hrt

				<ol style="list-style-type: none">6. Controlled hypertension- can still have hrt7. Topical oestrogens can be used long term8. VTE risk- use transdermal hrt as lower risk9. Switch to CC preps at 5510. After endometrial ablation use CC prep as can still get trapped pockets of endometrium which can cause bleeding
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