



Resources for those involved in the FFLM Examinations

Sep 2023 Review date Sep 2026 - check www.fflm.ac.uk for latest update

The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

GMC Criteria for trainer recognition

The GMC use the Academy of Medical Educators' Professional standards for medical, dental and veterinary educators (2014) as the criteria against which all trainers in recognised roles must provide evidence of their ongoing professional development. The criteria comprise seven areas:

1. Ensuring safe and effective patient care through training
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational progress
6. Guiding personal and professional development
7. Continuing professional development as an educator.

Academy of Medical Educators. Professional Standards for medical, dental and veterinary educators October 2014

Professional Standards Framework

Core Values of Medical educators

Domain 1 Designing and planning learning

Domain 2 Teaching and facilitating learning

Domain 3 Assessment of learning

Domain 4 Educational research and scholarship

Domain 5 Educational management and leadership

Feedback

Feedback is the provision of information about performance, to enable healthcare professionals to have greater insight into their performance, noting what they do well and highlighting areas where they can improve their practice.

See: BMJ 2019;366:l4523 doi: 10.1136/bmj.l4523 (Published 18 July 2019)

Feedback needs to be effective and using a model such as **BOOST** can improve the quality of feedback.

Balanced – covering the strengths/weaknesses/encouraging an open dialogue

Observed – evidence based

Objective – behaviour not personality

Specific – specific examples, guiding future action

Timely – Immediacy, regularly

Professional Reflection for Healthcare Professionals - Resources

General Medical Council

GMC - The reflective practitioner - guidance for doctors and medical students

Ten key points:

1. Reflection is personal and there is no one way to reflect. A variety of tools are available to support structured thinking that help to focus on the quality of reflections.
2. Having time to reflect on both positive and negative experiences - and being supported to reflect - is important for individual wellbeing and development.
3. Group reflection often leads to ideas or actions that can improve patient care.
4. The healthcare team should have opportunities to reflect and discuss openly and honestly what has happened when things go wrong.
5. A reflective note does not need to capture full details of an experience. It should capture learning outcomes and future plans.
6. Reflection should not substitute or override other processes that are necessary to record, escalate or discuss significant events and serious incidents.
7. When keeping a note, the information should be anonymised as far as possible.
8. We do not ask a doctor to provide their reflective notes in order to investigate a concern about them. They can choose to offer them as evidence of insight into their practice.
9. Reflective notes can currently be required by a court. They should focus on the learning rather than a full discussion of the case or situation. Factual details should be recorded elsewhere.
10. Tutors, supervisors, appraisers and employers should support time and space for individual and group reflection.

AoMRC and COPMed Facilitating reflection: A guide for supervisors, June 2019

Academy and COPMeD Reflective Practice Toolkit, August 2018



Templates and examples are available through links on page 4 under the Resources and include the following:

- Reflection based on Schon
- What, Why, How
- Reflection based on Rolfe et al
- Reflection based on Gibbs cycle
- Academy reflective template
- What happened, what did you do, what have you learnt, what next
- Reflective diaries/Logs
- Team reflection

Other useful resources

[Quick guide to reflective practice - The MDU](#)

Royal College of Nursing

[RCN - Revalidation requirements: reflection and reflective discussion](#)

[Eight ways to improve your reflection](#)

1. Get into the habit of reflecting on you work
2. Think about when you avoid reflection
3. Identify what you are good at
4. Structure your learning across the years
5. Make the most of your learning events
6. Keep your portfolio up-to-date
7. Familiarise yourself with the NMC Code
8. Show what you have learnt

Other useful resources:

[How to reflect on your practice for revalidation | Nursing in Practice](#)

[Guidance Sheet – Reflective Practice | Nursing and Midwifery Council \(NMC\)](#)

College of Paramedics

The College outline five principles in relation to CPD and Lifelong Learning published January 2019, these should:

1. be each person's responsibility and be made possible and supported by your employer
2. benefit the service users
3. improve the quality of service delivery
4. be balanced and relevant to each person's area of practice or employment
5. be recorded and show the effect on each person's area of practice

[Principles for CPD | College of Paramedics](#)

[Reflective practice | Health and Care Professions Council \(HCPC\)](#)