The Royal College of Psychiatrists

Continuing Professional Development Programme

DEFINITION OF CONTINUING PROFESSIONAL DEVELOPMENT

Continuing Professional Development (CPD) is a process of self-assessment, self-directed, life-long learning that complements formal undergraduate and postgraduate education and training. It enables psychiatrists to acquire new knowledge and skills as well as to maintain and improve their standards across all areas of their practice. CPD should also encourage and support specific changes in practice and career development. Ultimately, these activities are closely associated with enhancing the quality of care provided to patients.

INTRODUCTION

The Royal College of Psychiatrists’ guidance on CPD has been in existence since 2001 (Good Psychiatric Practice: CPD. Council Report CR90) but with changing expectations from within the profession as well as others, it has become necessary to revise key areas of the guidance. So far, it has served us well. Many of the elements in that policy are still relevant today; CPD should be prospective, forward-looking, flexible, individually structured yet open to some peer group scrutiny, and it should be properly resourced for time and expenses.

One visible effect of the policy since its inception has been that our members inform us regularly how they achieve their CPD needs and what we could do better. We have some 14,250 Members and Associates worldwide, of whom 11,600 are in the UK. Around 7,400 psychiatrists are registered for CPD, of whom some 570 are not Members or Associates. It is encouraging that there are an increasing number of psychiatrists who register and who send returns so that they can have a ‘Good Standing’ certificate for their appraisal portfolios. Quite rightly, they see CPD as a major plank on which to present their evidence for revalidation.

Nonetheless, there are still a significant number who are registered for CPD but do not submit their returns to us. The new policy is our way of engaging with this group as well as making CPD much more structured and user-friendly for all those who are enrolled on the programme.

The revised policy aims to emphasise on setting and reviewing learning objectives as part of the annual CPD cycle, ensuring that peer group structures are not only retained but are strengthened through recognition for time and activity, that e-learning is promoted, and that ‘portfolio’ psychiatrists do not feel excluded. These are psychiatrists who do valuable work in non-NHS managed organisations, private psychiatrists, those who work post-retirement from the NHS, as well as others.

The number of hours required to ensure compliance with the policy will remain at 50. A very significant change though is that the External/Internal classification gives way to a more practical distinction between Clinical, Academic and Professional activities. The CPD
committee is keenly aware that NHS organisations have become larger, and that some psychiatrists have difficulty accessing ‘Internal’ CPD. We would still recommend that psychiatrists bear in mind that participating in local CPD is important for them, their colleagues and trainees, but this change makes it much less restrictive on how they achieve their annual requirement.

This guidance applies to all psychiatrists, consultants, speciality doctors, associate specialists, senior clinical medical officers, staff grade doctors and other doctors in similar posts. For brevity, they will all be referred to as psychiatrists.

**Principles of CPD**

The Royal College of Psychiatrists broadly supports the Ten Principles for College CPD schemes as revised in October 2007 by the Academy of Medical Royal Colleges\(^1\). These principles are:-

1. An individual’s CPD activities should be planned in advance through a personal development plan, and should reflect and be relevant to his or her current and future profile of professional practice and performance. These activities should include continuing professional development outside narrower specialty interests.

2. CPD should include activities both within and outside the employing institution, where there is one, and a balance of learning methods which include a component of active learning. Participants will need to collect evidence to record this process, normally using a structured portfolio cataloguing the different activities. This portfolio will be reviewed as part of appraisal and revalidation.

3. College/Faculty CPD schemes should be available to all members and fellows and, at reasonable cost, to non-members and fellows who practise in a relevant specialty.

4. Normally, credits given by Colleges/Faculties for CPD should be based on one credit equating to one hour of educational activity. The minimum required should be an average of 50 per year. Credits for un-timed activities such as writing, reading and e-learning should be justified by the participant or should be agreed between the provider(s) and College/Faculty directors of CPD.

5. a) Self-accreditation of relevant activities and documented reflective learning should be allowed and encouraged.
   b) Formal approval/accreditation of the quality of educational activities for CPD by Colleges/Faculties should be achieved with minimum bureaucracy and with complete reciprocity between Colleges/Faculties for all approved activities. The approval/accreditation process and criteria should be such as to ensure the quality and likely effectiveness of the activity.

6. Self-accreditation of educational activities will require evidence. This may be produced as a documented reflection. Formal CPD certificates of attendance at meetings will not be a requirement, but evidence of attendance should be provided, as determined by each individual College or Faculty.
7. Participation in College/Faculty based CPD schemes should normally be confirmed by a regular statement issued to participants which should be based on annually submitted returns, and should be signed off at appraisal.

8. In order to quality assure their CPD system, Colleges/Faculties should fully audit participants’ activities on a random basis. Such peer-based audit should verify that claimed activities have been undertaken and are appropriate. Participants will need to collect evidence to enable this process.

9. Until alternative quality assurance processes are established, the proportion of participants involved in random audit each year should be of a size to give confidence that it is representative and effective. This proportion will vary according to the number of participants in a given scheme.

10. Failure to produce sufficient evidence to support claimed credits will result in an individual’s annual statement being endorsed accordingly for the year involved and the individual subsequently being subject to audit annually for a defined period. Suspected falsification of evidence for claimed CPD activities will call into question the individual’s fitness for revalidation, and may result in referral to the GMC/GDC.

The rationale behind participation in CPD

The College has always recommended that psychiatrists should undertake CPD to ensure that they maintain, develop and remedy any deficits in the knowledge and skills relevant to their professional work. In undertaking any CPD, psychiatrists must ask: what do I need to learn, how do I need to learn, and how will this change my practice?

The GMC\(^2\) states that: ‘You must keep your knowledge and skills up to date throughout your working life. In particular, you should take part regularly in educational activities which maintain and further develop your competence and performance.’

The 2001 detailed guidance for psychiatrists set out best practice in CPD. This policy made several recommendations including participation in a peer group, setting objectives for CPD, drawing up of a Personal Development Plan and reviewing the implementation of that plan. Compliance with the standards enables psychiatrists to obtain a certificate of evidence of good standing with CPD from the College. Although compliance with College standards was recommended for all psychiatrists, it was only compulsory for College Officers e.g. College examiners, College tutors and CPD committee members. This will change with the new policy, so that all those requiring revalidation will have to be compliant with CPD.
Figure 1. Benefits of CPD

The benefits of structured learning cannot be over-emphasised (Figure 1). This is well established for trainees with defined measures of testing competence. In the U.K., once doctors leave their training programme, the rest of their learning, which is over a considerably longer period, is self directed with no real tests of knowledge over careers that might span three decades. There is compelling evidence suggesting that performance of doctors declines over time; equally performance can be preserved and even improved if individuals are certain why they undertake CPD and there is time for reflective learning. Three other conditions help: learning is linked to clinical practice, CPD is linked to personal incentives not external factors, and there are subsequent reinforcing events. The GMC promotes the principle that CPD should be relevant to doctors’ practice and therefore it should take into account the context and environment of our practice and we should explore the benefits of learning across professional disciplines and boundaries. It has been established that learning improves motivation and morale in medicine, whereas those that stop learning face depression, dissatisfaction and burn-out.

The Relevance of CPD to Revalidation

The introduction of revalidation in the United Kingdom will have as a key component the requirement that all doctors undertake CPD. Revalidation is the process that will ensure that licensed doctors remain up to date and continue to be fit to practise. Two key elements of revalidation are:

- to confirm that licensed doctors practise in accordance with the GMC’s generic standards set out in Good Medical Practice;
- to confirm that psychiatrists on the specialist register meet the standards appropriate for their specialty/specialities. For those psychiatrists on the specialist register, the College sets the standards for revalidation. A psychiatrist should ensure that CPD activities are at least of an equivalent standard to that which will allow them to be in good standing for CPD with the college.
The contribution of CPD to revalidation is set out in the Chief Medical Officer’s Report. The following are extracts from the CPD section of that report (page 25):

- CPD is the process by which individual doctors keep themselves up to date and maintain the highest standard of professional practice.
- The GMC will require documented proof of CPD as an essential component of the information needed for successful appraisal and revalidation.
- CPD belongs to the individual, but there is a need for the organised collection of evidence of appropriate activity, together with some audit of the adequacy of any individual’s programme. To facilitate these requirements, the Colleges and Faculties of the Academy of Medical Royal Colleges have developed CPD Schemes.
- It will be desirable to increase the linkage between CPD and appraisal. Appraisal focuses on meeting agreed educational objectives.
- Monitored systems (arrangements in place to quality assure Colleges’ and Faculties’ CPD programmes) that define College or Faculty approved educational activities may assist the meeting of those objectives.
- Effective CPD schemes are flexible and largely based on self-evaluation. This lets doctors develop what they do in the context of their individual professional practice while providing evidence for external scrutiny.

**Who is required to participate in the College’s CPD programme?**

All doctors in the UK with a licence to practise will be required to provide documentation that they are keeping up to date and fit to practise through participation in CPD. Documentation of participation in, and learning from, CPD to the standards set by the College will be a requirement for specialist revalidation. The standards against which psychiatrists will be measured have been set out in Good Psychiatric Practice and the CPD requirements for psychiatrists to comply with these standards will form part of the evidence requirements for revalidation. Those who are specialists in more than one area will have to demonstrate their CPD commitment to all areas of expertise but the total requirement for CPD is no more no less than for any other specialist. For those who are not specialists, the standards are no lower.

**CPD and Trainees**

Although trainees are not required to participate in the College’s CPD programme, it is desirable that ST6 trainees become familiar with the policy and as far as is possible that they form peer groups prior to attaining their Certificate of Completion of Training. The requirements for trainees are set out in ‘A Competency Based Curriculum for Specialist Training in Psychiatry (GMC Approved June 2010)’.

**What is required to register CPD credits?**

Self-accreditation of educational activities will require evidence. This may be produced as a documented reflection. Evidence of attendance at live events or of participation in all other CPD activities should be provided.
If a psychiatrist finds it difficult to discuss the appropriateness of an event with the peer group before it takes place he or she may self-accredit the event and discuss it later with the peer group. In this instance psychiatrists should be aware that they should only claim CPD hours for those events which the peer group considers have been educationally valuable and on which the psychiatrist has properly reflected. Evidence of attendance and reflection must be presented to the peer group.

The peer group must agree the number of credits that are appropriate for each of the three domains as listed below.

The College has retained its position of not accrediting national or international educational events on the basis that individuals ought to distinguish which ones would contribute to their PDP, with the approval of their peers wherever possible.

THE CPD PROGRAMME

Enrolling on the College’s CPD programme is simple: membership and affiliateship both ensure automatic enrolment. A small number of individuals directly apply to the CPD scheme. The yearly cycle of CPD starts at the point of first enrolment although in some cases it is possible to alter the date at which renewal becomes due. Each year, the College’s CPD department sends a reminder to all registrants to remind them to make their CPD returns. This generates the annual certificate, provided that the basic requirements have been met with.

The programme helps psychiatrists focus on a variety of learning objectives. It is important that CPD occurs in those areas in which the psychiatrist needs to be kept up to date with current practice and, in addition, addresses those areas which have been identified as weaknesses. Educational needs should reflect the needs of patients, the employer, national bodies such as the GMC and the Royal College of Psychiatrists as well as the needs of the individual psychiatrist. It is expected that CPD will be informed by the following educational needs:-

- Personally identified
- Identified through the appraisal process
- Identified through the job planning process
- Identified through complaints and adverse incidents
- Identified through workplace based assessments, outcome data and audit
- Identified by peer group

It is expected that educational needs will be converted to learning objectives. These objectives should be SMARRT, namely Specific, Measurable, Achievable, Relevant, Resourced and Timed. Each psychiatrist should identify educational activities that address the SMARRT learning objectives identified.

The College’s programme encourages psychiatrists to undertake a variety of CPD activities relevant to the personal development plan and the overall scope of practice. Psychiatrists are strongly recommended to be involved in a balance of CPD activities rather than concentrating all activities in one area. For example it is recommended that not all educational activities are undertaken in their own workplace or by attending
national conferences. Clinicians should look upon educational activities for which they have to pay as a justifiable and essential expense of retaining a licence to practise.

Learning involves not only attending specific educational events but it can be obtained by observing other colleagues’ work and by visiting other units. Evidence of formal CPD activities must be accompanied by evidence of learning and, if possible, practice changes should be identified.

**The structure of the CPD programme**

The basic unit of CPD activity is one CPD hour or one credit of approved educational activity, subject to a maximum of six hours per day.

**Basic Credit Requirement**

To become and remain in good standing with the College for CPD, psychiatrists must undertake an average of 50 hours/credits of peer group approved educational activity during each CPD year. In tandem with revalidation, CPD is averaged over five annual cycles with a minimum requirement of 250 hours over the duration. The CPD committee also recommends that all psychiatrists supplement this accredited learning with an annual 100 hours of reading which does not need formal recognition or recording. What is very evident from modern day practice is that many clinicians rely heavily on web-based and computer technology learning, and so it seems reasonable to recognise this as a legitimate method of acquiring CPD credits.

**Electronic learning (E learning)**

E learning simply refers to an educational method which uses computer technology. Typically learners will study on-line and there will be no face to face interaction with a teacher or trainer. Where the educational method involves both face to face teaching and e learning then the term "blended learning" is used.

E learning offers a number of advantages. It can be done entirely at a time and pace which suits the learner. It often incorporates a strong visual style which is helpful to learners whose preference is for visual rather than verbal materials. It is also ideally suited to incorporating assessment, both formative and summative. Often this will involve automated multiple choice questions. When used in a formative way incorrect answers will be identified and the learner will be guided as to why they might have made this mistake. Summative assessments may lead to certificates being generated. These certificates provide evidence not only of participation in CPD but also that learning has actually taken place (or at the very least knowledge has been maintained). The disadvantages are few: apart from technical hitches, the main drawback is that this form of learning is solitary and it does not allow mingling with other participants, and therefore, a cross exchange of ideas.

Lastly, e learning is relatively inexpensive and environmentally friendly - distance learning means that learners do not have to travel to courses. The Royal College of Psychiatrists has a CPD On-line programme specifically dedicated to this form of learning http://www.psychiatrycpd.co.uk/. In addition the College journal of continuing professional development, the Advances in Psychiatric Treatment, also incorporates an
MCQ assessment exercise in each of its articles and can be accessed on http://apt.rcpsych.org/. An on-line facility for completing these and generating a certificate is being developed. Participants in the Royal College of Psychiatrists’ CPD programme can claim up to 25 hours per year for this form of learning, so long as this is approved by their peer groups.

The College is keen to emphasise that a mixed portfolio of learning, through courses, lectures, e-learning, reading, etc are the best way to acquire new skills and keep knowledge afresh.

The Three Domains of CPD

Integrated within the CPD activities is a requirement that psychiatrists will accomplish CPD in a variety of settings (Appendix 1). These are:

A. CLINICAL: All educational activities that relate to the development of individual clinical and diagnostic skills or specialist knowledge update should be recorded in this category. An example would be attendance at a course approved by a medical Royal College.

B. ACADEMIC: Academic activities may include postgraduate teaching, educational supervision, examining, and publishing. You do not need to work in an academic post to claim credits in this section. Clinical audit, teaching, and research are all forms of academic CPD.

C. PROFESSIONAL: Professional activities are those that promote organisational, managerial, legal, administrative and other non-clinical skills. Peer group meetings, management training, information technology training all fall into this category.

Clearly, there will be some overlap in some of the activity undertaken, for example a seminar on effectiveness of a particular medication could be clinical for an NHS psychiatrist but academic for a research psychiatrist. The best way to achieve these targets is to ensure that a proportion is externally achieved and some are derived from local educational or training programmes. Cost effectiveness will have to be borne in mind when planning CPD. External CPD has the advantage that psychiatrists meet other colleagues and there is cross exchange of idea not just in the lectures, but also in the informal meetings that take place. However, it is important that these courses are worth the educational content for the purposes of CPD. We continue to recommend that in planning CPD, that you bear in mind the requirement to participate in both Internal and External CPD activity, although unlike the previous policy, no limit has been set for each of these. We expect that these matters will be ironed out in peer group discussions at the beginning of the CPD cycle, or at appraisal. It is worth noting that External CPD credits, for the purposes of those registered with our scheme, are derived from any educational event that is regional, national or international.

A return should be submitted annually via the CPD portfolio through the College’s website and it must be verified by a member of the peer group. Once the College is satisfied with the return, a ‘Certificate of Good Standing’ signed by the President and Director of CPD is issued.
If a psychiatrist has been in good standing over a period of years but falls short in a particular year, the CPD Committee may permit him or her to make up the deficit in the following one or two years whilst remaining in good standing. Failure to make returns for two consecutive years could lead to suspension from the CPD scheme.

**Definitions of Categories of CPD**

CPD should reflect the requirements of Good Psychiatric Practice\(^5\) and Good Medical Practice\(^6\). The College suggests that it may be helpful to consider CPD activities in the following way according to four levels of practice:

- **Level 1** The common core of practice relevant to all doctors who are engaged in any branch of the profession, including non-clinical work.
- **Level 2** The core of practice appropriate to the broad specialty of psychiatry.
- **Level 3** The core of practice appropriate to the particular specialty or sub-specialty of psychiatry in which each practitioner works.
- **Level 4** The actual profile of practice activities unique to each practitioner.

**Educational activities that qualify for CPD (Appendix 1)**

Case conferences, audit meetings, journal clubs, local or Trust educational events, didactic teaching, conferences, courses and workshop-type events.

On-line learning or accredited reading which facilitate reflective practice, where it is possible to get feedback and CPD certificates at the end of the session also qualify. These might be accessed through CPD Online or Advances in Psychiatric Treatment.

GMC and PMETB work involving training or being trained, revalidation activity e.g. case based discussions, assessing Article 14 applications, journal article reviews, book reviews, writing or reviewing guidance for statutory national or international organisations, e.g. RCPsych, NICE, etc., CPD on-line module writing, MRCPsych examining and preparing presentations. In each case, it will be necessary to demonstrate clearly your role, and the time attributed to such activity. We recommend that this type of CPD activity should be limited to 5 CPD credits per year.

Audit of professional practice: A maximum of five hours each year may be claimed in respect of audit. It is expected that this would be high quality audit which conforms to a standard set by the College or other professional bodies.

Long taught courses such as degree and diploma courses may also count towards one’s CPD, within the ‘Academic’ domain.

**Structure and Function of Peer Groups**

The Royal College of Psychiatrists’ CPD programme requires each psychiatrist to work with a self selected group of peers (the peer group) to discuss and produce a personal development plan and review CPD activities which are relevant to that plan.
The role and purpose of a peer group is to:

- Elect the peer group co-ordinator
- Review and identify learning objectives linked to clinical, academic and professional practice in support of their CPD.
- Approve CPD activity commensurate with each individual’s professional development.
- Document meetings, progress of peers and future meetings.
- Provide advice, remedies and support for any impediments.
- ‘Sign off’ CPD portfolios.

The ideal number of doctors in a peer group is not fixed. An optimal size is probably between three and six. It is likely that smaller numbers will not provide sufficient breadth and challenge whereas larger numbers will reduce the focus on each individual doctor’s needs. It is not the case that a peer group needs to consist of doctors only from one psychiatric specialty or sub-specialty. Indeed, there are potential advantages for doctors from different sub-specialties being able to provide challenge and a different perspective. However, peer groups should, if possible, contain at least one colleague from the same specialty or sub-specialty.

At a minimum, peer group members should document when and for how long they meet and who attended. A brief summary of the activities undertaken in the meeting should also be documented. This information should be included in each individual doctor’s CPD and appraisal portfolio.

The peer group must be fit for purpose. It is recommended that each peer group considers including, at least annually, a colleague from another peer group to provide comment on how the peer group might be improved and to avoid peer group meetings becoming too cosy and informal.

Peer groups can be considered as having a restricted and limited function or a wider, supportive educational role.

At the basic level (Level I) the peer group focuses solely on reviewing the learning needs, educational objectives and educational activities for its members. In order to meet these criteria, a peer group will need to meet as a minimum three times over the course of an appraisal cycle to achieve the following:-

- The identification of educational needs, the agreement of learning objectives and the agreement to educational activities proposed.
- Review progress in achieving the objectives.
- Agree process of completing educational objectives and agreeing the number of educational credits to be allocated to each activity.

Psychiatrists should discuss with their peer group the potential effectiveness of attending educational events. Provided the peer group agrees that an event appears to be relevant to the psychiatrist’s learning needs that event will receive prospective approval. The psychiatrist should retain evidence of attendance at the event and should subsequently discuss with the peer group the value of it and the effect on practice.
At a higher level (Level II) the peer group could, in addition, be used as a learning set identifying key new information from the literature or good practice elsewhere and ensuring this information is shared with members of the peer group.

At the highest level (Level III) the peer group could, in addition to the activities in levels one and two, meet to discuss the clinical management of individual cases. This will provide doctors with the opportunity to benefit from a peer review of their clinical work. Such activity is educationally important. Learning needs for individual doctors could be identified from the discussion. Discussions could be formally documented using similar processes to the individual case based discussion.

The revised CPD policy now makes it possible to recognise this as legitimate activity, within the domain of Professional CPD. The CPD Committee recommends that up to 5 CPD credits are permitted for peer group activity each year.

The CPD programme is based on an annual cycle, the start date of which is selected by the psychiatrist. It is possible to vary the date, by self-selection on the CPD section of the College website.

**Personal Responsibility for CPD**

Although the peer group will assist each psychiatrist in meeting and monitoring their CPD objectives, each doctor has the personal responsibility to ensure that this occurs. Psychiatrists have the responsibility to record CPD that has an educational value. Self-accreditation of relevant activities and documented reflective learning is allowed and encouraged. It will be the responsibility of the psychiatrist to ensure that he or she undertakes a range of CPD that reflects the local and national needs of practice and his or her own learning needs.

CPD activity must be tailored towards the identified educational objectives. It is expected that agreed CPD activity will reflect the range and circumstances of an individual’s practice, taking into account whether he or she is predominantly a clinician, a medical manager or academician. A narrow range of activity focussed on individual’s interests alone is not acceptable and must be identified and addressed at both appraisal and by the peer group.

The psychiatrist should record their CPD activity on the ‘My CPD Portfolio’ form which replaces the old E form and also document his or her reflection on the activity and how, if appropriate, their practice might change.

**Specific exclusions from consideration for CPD credits**

Those events that are primarily promotional for a particular product or range of products, with no educational benefit are excluded from CPD accreditation.

**APPEAL MECHANISM**

An individual who feels that the decision not to award him/her with a ‘Certificate of Good Standing’ is unjustifiable can make an appeal in writing setting out clear reasons why he or she feels aggrieved. The complaint will be addressed by the CPD Executive
Committee, although in exceptional circumstances the complaint might be forwarded to the Education, Training & Standards Committee which is chaired by the Dean.

PLANNING AND REVIEW OF INDIVIDUAL CPD ACTIVITY

CPD and Annual Appraisal

![Figure 2. The CPD cycle](image)

CPD is an important part of appraisal (Figure 2). As noted above, CPD is also a key component of revalidation. Participants will need to collect evidence to record their CPD activity, normally using a structured portfolio. This portfolio will be reviewed as part of the process of appraisal and revalidation. Participation in the College CPD schemes will be confirmed by a regular statement based on annually submitted returns, and this should in turn be made available to the appraiser.

The College CPD ‘Certificate of Good Standing’ is normally accepted by appraisers as confirmation that psychiatrists have complied with the College standards. This includes the preparation of a personal development plan, attending appropriate events, reflecting on learning and changing or confirming practice. It is envisaged that individuals who are in good standing with the College with regard to CPD will not have to provide further detailed evidence of CPD at appraisal unless requested by their appraiser. It is important therefore that the peer group has a robust system in place for approving and monitoring CPD activity in order that the College and appraisers can be assured as to the quality of the information contained in the returns.

Annual appraisal will lead to a personal development plan which might include future CPD activity. The Personal Development Plan (PDP) agreed with the peer group should form part of the final PDP agreed at appraisal. In some cases the PDP agreed at the peer group may be sufficiently detailed and robust to cover all the elements of personal development that are dealt with at appraisal. It is likely, however, that the personal
development review component of CPD will form only part of the overall PDP requirements that come through the appraisal process.

The CPD undertaken should reflect and be relevant to a doctor’s current and future profile of professional practice and performance.

Revalidation will depend on doctors having successfully completed five appraisals. A Responsible Officer4 will recommend revalidation of the individual doctor to the GMC on the basis of the quality of the information available from the appraisals, and which will include a component of CPD as well.

**Supporting Information for Appraisal**

Provided psychiatrists have obtained a certificate of ‘Good Standing for CPD’ there should be no need to provide further paper evidence of CPD at appraisal. Psychiatrists should allow access to their CPD electronic records to their appraisers upon request.

**What evidence is needed of participation in the activity?**

Psychiatrists are requested to retain records of all CPD activities including attendance lists, CPD certificates or other legitimate evidence of physical presence. In the absence of such documentation any such course/conference will not be accepted as evidence toward CPD should the individual be part of the College’s audit and it is probable that appraisers too will do similar. The information should normally be kept for up to a maximum of five years, until revalidation has been successfully achieved.

**What supporting information is needed to demonstrate that learning has taken place?**

The electronic CPD record should be used to record reflection and changes to or confirmation of practice.

**How much time do I need for CPD?**

Crucial to any discussions on job planning is the time required to fulfil your CPD needs. In order to achieve 50 CPD credits, 100 hours of personal study, reflective learning and record keeping for CPD required to fulfil revalidation requirements, an average of 4 hours per week should be set aside to meet this basic requirement. This equates to 1 Supporting Professional Activity session, in a typical contract requiring 2.5 Supporting Professional Activities. In addition, psychiatrists would also be entitled to their annual study leave quota which will go towards attending external educational events.

It is expected that local study events would require time-shifting rather than any formal application for study leave. Psychiatrists who engage in research, teaching and audit would utilise other PAs to fulfil their responsibilities for these.

**APPROVAL AND QUALITY CONTROL OF CPD ACTIVITIES**

**Responsibilities of the providers of CPD activities**
The way in which each provider will format their schemes is open to individual consideration but should map to the Ten Principles. Providers are required to ensure that the educational content of the programme is of high quality, objective, and open to scrutiny. Each educational activity must be followed by formal feedback from the participants thus allowing the providers to gauge the quality of the programme and also to enquire on other educational events that might be useful for future events. It is the responsibility of the provider to furnish each participant an appropriate certificate of attendance for their portfolio.

**Sponsorship of educational events**

The College’s policy on the sponsorship of educational events is clearly set out in its publication CR148 ‘Good Psychiatric Practice: Relationships with pharmaceutical and other commercial organisations’.

**Procedures for Recognition/Approval of CPD Activities**

The Royal College of Psychiatrists does not formally approve any events centrally or regionally for CPD as it is impossible to judge the quality of an event from a paper or electronic submission and even more impossible to state that an event might be educationally beneficial to a large number of psychiatrists.

**Who carries out the approval process?**

It is the responsibility of the individual and the peer group to ensure that an event is appropriate and relevant for a psychiatrist and to approve it accordingly. It is expected that psychiatrists will approach this responsibility in a rigorous and professional manner and be guided by the College CPD Policy. CPD is effectively self-directed and therefore it is possible that some events may be retrospectively approved, whilst other might conform to the objectives set at the beginning of the CPD cycle.

**Audit of CPD compliance**

In order to quality assure their CPD system and in order to verify that claimed activities have been undertaken and are appropriate, all Medical Colleges/Faculties are required to audit participants’ activities on a random basis.

Until alternative quality assurance processes are established, the proportion of participants involved in random audit each year should be of a size to give confidence that it is representative and effective. This proportion will vary according to the number of participants in a given scheme.

The first line of audit is at peer group level. The psychiatrist’s annual submission is not made unless the peer group is satisfied with it.

Separately the College centrally audits 5% of all returns. This is not just to check that the claimed activities have been undertaken but it also checks the appropriateness of the CPD and the working of the peer group.
Participation in the College CPD scheme is normally confirmed by a regular statement which is based on annually submitted returns signed off by the peer group.

**What processes will follow when a doctor fails to meet the audit criteria set by the College?**

In the case where audited returns show a discrepancy the College may ask for more information or make recommendations on how the psychiatrist can become CPD compliant.

Failure to produce sufficient evidence to support claimed credits will result in a psychiatrist’s annual statement being endorsed accordingly for the year involved and the individual subsequently being subject to audit annually for a defined period.

Further failure or suspected falsification of evidence for claimed CPD activities may call into question the individual’s fitness for revalidation, and may result in referral to the GMC.

Failure to comply with CPD may put a doctor’s licence to practice in question and hence a programme of remediation must be agreed with the College in order to ensure progress is made towards revalidation.

**How is the performance of the whole system monitored, including IT aspects?**

Statistics are reviewed regularly and research undertaken into the working of the system.

The IT system has not yet been introduced.

**ADMINISTRATION**

**Administering CPD**

The CPD department is headed by the Director of CPD and supported by a CPD Administrator who reports to the Head of Professional Standards.

**Registration of Participants**

The College CPD scheme is available at no extra cost to all Members, Fellows and Affiliates and, at reasonable cost, to non-members who practice in a relevant specialty. College membership provides free access to the College library, the British Journal of Psychiatry and online access to the College’s Advances in Psychiatric Treatment, CPD Online, and Evidence-Based Mental Health.
References:


## Appendix 1.

### Quick guide to CPD domains*

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<tr>
<th>Domains</th>
<th>Description</th>
<th>Number of credits**</th>
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<tbody>
<tr>
<td><strong>Clinical CPD</strong></td>
<td>All educational and training events relevant to developing and preserving clinical skills. Includes: lectures, seminars, local case conferences, educational activities in a multidisciplinary setting, risk assessment training, case based discussions, clinical workshops, etc.</td>
<td>50-30***</td>
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</tbody>
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| **Academic CPD** | Research (up to 5 credits)  
Audit (up to 5 credits)  
Teaching (up to 5 credits)  
Examining (up to 5 credits) | 0-10***               |
| **Professional CPD** | Peer group meetings (up to 5 credits)  
Managerial courses  
CPR  
Equality and Diversity  
Breakaway training  
Mandatory training - other  
Governance training  
Leadership courses  
IT training  
Medico-legal training  
Mental health law training  
Mental Capacity training, etc.  
Writing or reviewing guidance for statutory bodies, e.g. RCPsych, GMC, NICE, etc. (up to 5 credits – see page 9) | 0-10***               |

*Some activities overlap between domains; no double-counting allowed  
**E-learning can count towards a maximum of 25 CPD credits in all domains  
***Recommended number of credits, but flexible with peer group approval