

Continuing professional development

Guidance for psychiatrists

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Introduction

Definition of continuing professional development

Continuing professional development (CPD) is any learning outside of undergraduate education or postgraduate training that helps a doctor maintain and improve their performance. It covers the development of their knowledge, skills, attitudes and behaviours across all areas of their professional practice. It includes both formal and informal learning activities. CPD should also support specific changes in practice and career development.

The purpose of CPD is to help doctors continually develop and improve the care they provide. It is therefore essential that new learning is considered alongside our current practice and areas for change are identified. It is a continual process that is not composed of isolated learning events; it is also a very individualised process, dependent on the psychiatrist's individual needs and the service in which they work. These unique requirements have led to the development of peer groups responsible for, among other things, considering the suitability of learning activities for psychiatrists and authorising CPD credits when appropriate.

CPD is unlikely to be fully effective if it is seen as being deliverable only through taught courses. Different development aims will be better met by different approaches and individuals all have different learning styles. Psychiatrists, supported by their peer group, should identify the most effective way for them to meet their objectives – for example, by shadowing colleagues, visiting other services, or undertaking a reflective piece of work – and should not be heavily reliant on didactic teaching.

GMC requirements for revalidation

All doctors in non-training grades who have a licence to practise and wish to remain on the General Medical Council (GMC) register must participate in CPD activities to meet the requirements of revalidation. The GMC requires documented proof of CPD as an essential part of successful appraisal and revalidation (for further information, please visit the [revalidation section](#) of the College's website). Although

trainees are not required to prove CPD activity in the same way, the central position of effective CPD in appraisal and revalidation means that it is recommended that during higher training, speciality registrars should take part in peer groups and the associated processes of learning and reflection.

The standards set out by the [GMC for revalidation](#), which are the minimum standards doctors should reach, are not the same as those set out by the Royal College of Psychiatrists to be considered in good standing for CPD. Specifically, the GMC does not identify a minimum number of CPD credits required for revalidation and does not require the doctor to join and participate in a peer group.

The Royal College of Psychiatrists' CPD scheme

The College's CPD scheme is open to current Members, Fellows, Affiliates and Specialist Associates, who can use the College's programme to show that they are in good standing for CPD by:

- being an active member of a peer group that meets at least four times a year
- undertaking at least 50 credits of CPD activity (authorised by the peer group) annually.

When these minimum requirements have been met, the College will issue a CPD certificate of good standing.

Individual responsibility for CPD

It is the individual doctor's responsibility to participate in CPD that has educational value and is appropriate to their personal field of practice, anticipated changes and developments, and the needs of the service in which they work. It is the responsibility of the individual to record and document the learning achieved from all their CPD activities. Learning may reinforce existing good practice as well as provide new knowledge. The College recommends that individual psychiatrists are supported by their peer group in identifying their needs, agreeing relevant actions and assessing progress.

Peer groups for CPD

What is a peer group?

The foundation of the College's CPD scheme is the use of effective, functioning peer groups. A CPD peer group is a group of psychiatrists who come together in order to discuss their development needs and consider how best these needs can be met. The group then explores the effectiveness of the identified learning in improving each psychiatrist's practice. This is not the same as, and not a substitute for, regular clinical supervision.

Who should be in the peer group?

As the peer group needs to consider the whole practice of a psychiatrist as a doctor, it needs to be made up of psychiatrists (of any grade) rather than other mental health professionals or other doctors. It is also important that the group members should see themselves as peers, able to respectfully challenge each other. Psychiatrists should be free to choose their own peer group and must not be directed to CPD peer groups by employers.

It is inevitable that the membership of peer groups will change over time. Some consistency is necessary, as fulfilling the tasks required will be more easily achieved if there are good relationships within the group. However, a group membership that has remained the same for a long period could run the risk of becoming 'stagnant'. In these circumstances, it would be considered good practice to invite a colleague from another group to observe a meeting to assess whether it is working effectively and to suggest any improvements.

Size of the group

There are no rules about the size of a peer group, but the group needs to consider its ability to fulfil its responsibilities and whether it is fit for purpose. A very large group might struggle to spend sufficient time considering each member's needs, and there would be a risk that the sense of responsibility could become dissipated. A very small group (two or three members) runs the risk of not being sufficiently challenging and unintentionally becoming too 'cosy'. It is therefore recommended that the group be made up of between four and eight members.

Responsibilities of the peer group

The peer group is central to effective CPD and assures the College that the CPD activity is appropriate and has been considered alongside the psychiatrist's current practice. This responsibility must be understood by the group members. Broadly speaking, the peer group has two overarching responsibilities.

- To support the individual in developing and completing a relevant personal development plan (PDP) that leads to an improvement in that person's skills or competence and therefore an improvement in care provided to patients.
- To assure the College and the wider public that the individual's PDP reflects their needs in their post and that the CPD activity undertaken is relevant to the PDP and includes suitable reflection and, where appropriate, changes to practice.

More specifically, the CPD peer group has the following functions:

- development of a PDP
- support in completing the PDP
- approval of CPD activity for CPD credits
- agreeing completion of the PDP
- arranging peer group meetings
- recording peer group meetings.

Development of a PDP

The peer group should, as far as possible, ensure that the PDP developed by an individual is relevant to their needs and their post. Additionally, the group should support the individual in ensuring their development needs are realistic and achievable. A PDP should be agreed at the beginning of each yearly cycle and used to inform the PDP produced as part of the appraisal process. Similar information will be used in both circumstances (though at different times), so the content will probably be quite similar. In both cases, the PDP is owned by the individual, who should take responsibility for its completion or for identifying and addressing barriers to its completion.

The PDP developed by the peer group will usually have been drafted by the individual prior to the meeting. It should reflect the role of the psychiatrist and be focused on improving practice and the experience of patients, taking into account the following:

- learning from serious incidents or complaints
- development needs relating to service change
- areas identified through multisource feedback
- needs identified through reflection or peer discussion
- new requirements identified from other learning activities.

There is no fixed format for the PDP. However, the following should be recorded:

- a clear description of the development need
- a description of how the need will be met
- a record of the peer group's review of progress
- evidence that the development need has been met.

A record of the reflective process will be an important part of this. It is important to highlight that learning does not finish with the end of a conference (for example), as new information and skills need to be considered alongside current practice so that improvements in patient care can be optimised. Guidance on the reflective process as part of CPD can be found on the [Academy of Royal Medical College's website](#).

Support in completing the PDP

The peer group supports the completion of a PDP in a variety of ways. It might be through advice, signposting to appropriate opportunities, forming a learning group or helping the individual through the process of reflection and action-planning after a learning activity. The peer group is required to agree when learning objectives have been met and so should be involved in deciding the process for meeting them.

Approval of CPD activity for CPD credits

CPD credits can normally only be approved by the peer group, as they are uniquely placed to understand the individual psychiatrist's development needs. Although course providers can recommend a CPD credit allocation, this can only be done subject to approval by the peer group. In order to approve CPD activity for credits, the peer group must be assured that learning and appropriate subsequent reflection has taken place. This is an important principle, as whether a learning activity is appropriate can only be considered in relation to an individual professional and their work.

Agreeing completion of the PDP

Throughout the year, the individual's progress against their PDP will be reviewed within the peer group. Therefore, agreeing whether or not it has been completed should simply be an extension of these discussions. The peer group has responsibility for confirming that the learning claimed has taken place and that appropriate reflection has been completed. The peer group's agreement on completion is required before the individual makes a submission to the College.

Members must attend at least four peer groups within each yearly cycle: one to develop a new PDP, two to review progress and a final meeting to agree completion (or otherwise) of the PDP and create a new one. It is advisable, though not mandatory, for the peer group to stagger the CPD year start and end dates for the different members.

Arranging peer group meetings

The peer group has a role in developing a psychiatrist's PDP, reviewing learning activity, agreeing completion of the cycle for submission to the College and then agreeing the next year's priorities. The group must therefore meet at the beginning and end of each year, as well as throughout the year, to consider an individual's training for CPD credits and help the psychiatrist to address any challenges to completion. It would not be possible to fulfil the peer group's responsibilities without meeting at least four times a year.

It is inevitable that members of the group will, from time to time, be unable to attend a meeting. The group, however, must be vigilant that such absences are not excessive, so that they are able to fulfil their responsibilities to the individual psychiatrist and they themselves do not miss out on what that individual brings to the group.

It is possible that geographical separation could become challenging. In such circumstances, the group should consider whether video conferencing provides a realistic alternative to a physical meeting.

Recording peer group meetings

It is essential that records are kept of peer group meetings. They are an important reminder to the peer group of the discussions and decisions that have been reached. They are also evidence that members have been active and that their learning has been accredited for CPD by the group.

There is no set format requirement for the records. Peer groups will vary in what formats suit them. A suggested template for recording meetings is provided in Appendix 1, but the following points should be recorded as a minimum:

- who was present
- what was discussed
- any activity that was approved for CPD credits.

CPD activities: requirements

There is no fixed definition of a CPD activity. Any activity that provides educational benefit to an individual psychiatrist is appropriate for CPD. These activities can vary, from courses, conferences, meetings and workshops to research, peer-reviewing journal papers and so on. Every recorded CPD activity must be authorised by the peer group and its domain agreed.

Domains of CPD

Individual practitioners should aim to maintain or improve competence in all aspects of their work. These aspects are reflected in the domains of CPD as described by the College: clinical, academic and professional.

Clinical

Clinical activities encompass all educational activities that relate to the development of clinical skills, competence or knowledge. These include lectures, seminars, local case conferences, educational activities in a multidisciplinary setting, risk assessment training, case-based discussions and clinical workshops. Any psychiatrist involved in clinical practice must achieve an average of 30 clinical CPD credits a year over 5 years.

Academic

Academic activities include preparation for postgraduate teaching or research, clinical audit, educational supervision, examining and publishing (each with a maximum of 5 credits per CPD year). Academic activity will be undertaken to a greater or lesser extent by most psychiatrists. It is the learning required to successfully complete the activity rather than the activity itself that should be considered in CPD accreditation. For example, if the activity is a clinical audit of physical health monitoring of people taking antipsychotic medication, it is the understanding of the impact of medication on physical health and the associated physiological markers that could be considered as CPD by the peer group, rather than the collection and interpretation of data.

Professional

Professional activities are those that promote organisational, management, legal, administrative and other non-clinical skills. They can include peer group meetings (maximum of 5 credits per year), management and leadership training, mandatory training (if authorised by the peer group), governance training, medico-legal training, relevant IT training and writing or reviewing guidance for statutory bodies (e.g. the College, GMC; up to 5 credits per year if learning takes place).

At different times, or for different people, the same activity could fall into different categories. For example, a lecture on neurotransmitter changes in depression might be considered in the clinical domain for someone wishing to improve their understanding of the pharmacological treatment of depressive illness, whereas someone wishing to undertake a treatment trial could see it in the academic domain.

Internal and external CPD activity

There is no requirement for a psychiatrist to undertake a particular amount of internal or external CPD activity. The peer group, however, has a responsibility to support the individual in an effective, rather than just convenient, way. Compulsory or mandatory trust training would not be considered a CPD activity, unless clinically relevant and authorised by the peer group.

Credit requirements and limits

Traditionally, a psychiatrist's CPD activity has been recognised by awarding a certain number of credits, or points, equating to the time spent on and effect of that learning time. Normally, 1 credit given by the College for CPD equates to 1 h (or equivalent measure) of educational activity. The minimum required is at least 50 credits per year and at least 250 credits in each 5-year revalidation cycle.

The peer group is ordinarily responsible for allocating CPD credits to learning activity and must be assured that development and appropriate reflection has taken place. If a psychiatrist finds that an activity is useful, they can count it as CPD, to a maximum of 6 credits per day. If the activity had no educational value, it should not be counted as CPD. If only part of the activity relates to the individual's role, the peer group may approve only some for the activity for credits (e.g. 4 credits for a day of lectures).

Balance of activities

There is no upper limit on the number of hours that can be claimed for the same type of activity. However, psychiatrists are encouraged to achieve a balance of activities that reflects their practice and developmental needs. The underlying principle for claiming CPD credits is that they should be for activities that have resulted in some new educational benefit for the individual. Claiming CPD credits for similar activities is not justified if no new educational benefit has been gained. A planned programme should be agreed between a psychiatrist and their appraiser when creating a PDP.

Where a psychiatrist has any clinical contact with patients, at least 30h (credits) per year must fall under the clinical domain for the psychiatrist to remain in good standing with the College. If there is no patient contact, this is not a requirement; however, the balance of CPD activities undertaken should reflect the psychiatrist's practice and developmental needs.

One of the peer group's most important functions is to help the psychiatrist decide how best to meet their developmental needs. Often experiential learning will be more valuable than attending formal conferences.

Limits to activities

There are certain limits to CPD activities within which psychiatrists using the College scheme must work.

e-Learning

e-Learning can provide an interactive learning experience and readily provides a way of ensuring learning, rather than simply attendance, by means of a test. This interactivity, however, is limited, so e-learning should not account for the majority of someone's CPD activity. The College has therefore limited e-learning to a maximum of 25 credits per year.

Reading

It is expected that reading will form a large part of learning for psychiatrists, in addition to CPD activities. The College recommends 200h of reading a year to supplement other CPD activity. As with e-learning, structured reading can provide an interactive experience by including a test at the end to ensure key messages have been understood. In order to make sure that the content is linked to practice, a reflective

note (Appendix 2) must be completed before the peer group approves the activity. The College has limited the number of credits that can be awarded for such structured reading to 5 credits per year, and the total for reading and e-learning added together should not exceed 25 credits per year.

Delivering training or teaching

The delivery of training or teaching is not normally approved for CPD credits. However, it might be that the training/teaching preparation results in development for the psychiatrist. This might be via learning new information through reading (with a reflective note; see Appendix 2) or developing skills to communicate and teach more effectively. The preparation activity should be considered by the peer group for CPD approval.

Commercial sponsorship

The College published *Good Psychiatric Practice: Relationships with Pharmaceutical and Other Commercial Organisations* in 2008. An important aspect of CPD is promoting change in practice that will ultimately improve patient care. It is therefore important that information used in CPD activity is as objective as is practically possible. Therefore, sponsored events should not be approved for CPD credits unless there is an explicit statement that the content of the event has not been influenced by the sponsor.

Work for external organisations

Psychiatrists will often be invited to undertake work for other organisations, such as the GMC or Care Quality Commission. Although such activity would not usually be considered as CPD, there might be elements of the preparation or training for the role that the peer group could accredit.

Peer group activity

Beyond the requirements of a peer group outlined in detail in the previous section, a group can take on an extended role by discussing particular issues relating to an individual patient (anonymously) or wider clinical practice. Such discussion, linked with appropriate reflection and consideration of practice, could qualify for CPD credits. The limit for this activity is 5 credits per year.

The role of reflection in CPD

CPD should ultimately lead to improved patient care. The psychiatrist should therefore consider any learning in relation to their own practice and make appropriate changes to that practice. Reflection as part of the learning process is important, as it:

- supports deep rather than superficial learning which promotes improvements to own personal practice
- aims to improve practice and care
- links the activity to the needs identified in the PDP and appraisal process
- allows the psychiatrists to consider what is learnt from CPD and whether it has or is likely to have the impact on performance and practice that was intended
- helps to identify future learning needs.

Having completed the learning activity, the reflection process should begin soon afterwards. There are four parts to the process.

- 1 **Describe the purpose of the learning activity.** This might be aligned with the domain as described by the College (clinical, academic, professional) or by the GMC (knowledge, skills and performance; safety and quality; communication and teamwork; maintaining trust).
- 2 **Describe what was learnt and the key messages.** These could be linked to other experience and knowledge. Critically and objectively analyse the learning taken away from the activity.
- 3 **Consider the application of the learning to specific practice.** Consider the relevance to work and any practical obstacles to implementation. What might be done differently in the future?
- 4 **Identify further actions.** Have gaps in knowledge or skills been identified? In order to improve practice, what else is needed? Are there further learning requirements? What, when and how will change take place? How can completion of the objective be evidenced at appraisal? This final step might identify further learning required in order to complete the PDP or identify items for a future PDP.

The output from the reflective process will need to be considered by the peer group to determine whether the learning objectives have been met and whether further activity is required. The peer group can then approve any CPD credits.

| Recording CPD

Collecting evidence

All doctors with a licence to practise are required to collect evidence to record their CPD activity, normally using a structured portfolio which will be reviewed as part of the process of appraisal and revalidation. Psychiatrists choosing to use the College CPD scheme are required to use the online [CPD submissions system](#). Paper submissions (Form E) are no longer accepted. Psychiatrists not using the College's CPD scheme may choose to use an electronic tool provided by their employer or trust.

Reflective learning

For all CPD undertaken, evidence of reflection must be provided that gives consideration to what the psychiatrist has learnt, the impact on their patients and the services in which they work, and any further learning needs. The content of a reflective commentary must be appropriate to the learning experience and the value of the activity in a psychiatrist's learning. The Academy of Medical Royal Colleges has produced a [template and guidance on reflection in CPD](#).

The output from the reflective process will need to be considered by the peer group to determine whether the learning objectives have been met and whether further activity is required. The peer group can then approve any CPD credits.

Planning and review of CPD activity

A CPD programme should be planned and agreed between a psychiatrist and their appraiser during the annual appraisal and as part of the psychiatrist's PDP. The PDP should outline a series of development aims and how the psychiatrist intends to achieve these aims, including a summary of CPD activities planned for the coming year.

The PDP may need to be reviewed regularly throughout the year; for example, because of new developments in medical practice, relevant changes in the law or medical regulations, specific requirements of employing, regulatory and other such bodies, or unexpected or unplanned clinical events.

The Academy of Medical Royal Colleges (n.d., 2014) has published two documents that might be useful: *CPD Guidance Framework for Appraisers and Appraisees* and *Appraisal for Revalidation: A Guide to the Process*.

Quality control of CPD activity

In addition to the peer group discussing and signing off a psychiatrist's CPD activity for the year, the College routinely audits a monthly sample of the CPD returns. This process includes:

- verification of the learning activities undertaken, by requesting evidence of 20h of CPD activity, and a copy of the peer group minutes in which the submission was agreed
- contacting the peer group to verify appropriate peer group interaction and confirm the CPD activity indicated and reflection following that CPD activity.

An inability to demonstrate this will mean that a certificate of good standing cannot be issued.

Responsibilities of employers

In *Continuing Professional Development: Guidance for all Doctors*, the GMC (2012: p. 22) states:

Employers and contractors of doctors' services are responsible for making sure their workforce is competent, up to date and able to meet the needs of the service. They should maintain and develop the skills of all of their medical staff whether they are consultants, staff grade, specialty or associate specialist (SAS) doctors, sessional general practitioners (GPs), locum doctors or trainees. They should also facilitate access to the resources (including the time to learn) that will support this.

Employers and contractors should use the appraisal system, alongside job planning and PDPs, to plan and coordinate the CPD needs of their staff, to discuss how best those needs should be met, and to monitor the effectiveness of doctors' CPD activities.

The responsibility for fulfilling CPD requirements and achieving learning needs rests with the individual doctor. However, the employing organisation (including locum agencies, where applicable) should provide support for professional development in partnership with other relevant bodies.

Special circumstances

All psychiatrists who hold a licence to practise should remain up to date with the CPD requirements set out by the College, or at least meet the minimum standards required by the GMC. Employers should be as flexible as possible in enabling this commitment to be met for all psychiatrists. In addition, the local arrangements to facilitate CPD should reflect current National Health Service guidance on equality and diversity in the workplace.

In some circumstances, participation in CPD may be difficult or impossible for periods of time. Some of the circumstances to be considered, and some of the ways in which these may be addressed, are discussed below.

Psychiatrists working less than full-time hours

Psychiatrists working less than full-time hours are just as obliged to provide high-quality patient care as those working full time, and thus should maintain the same commitment to their CPD. If the scope of practice for a less than full-time psychiatrist includes any patient contact, a minimum of 30 credits per year should be in the clinical domain of CPD.

Sick leave, parental leave or other career breaks

If a psychiatrist is away from work for an extended period, they may choose one of the following options.

- Continue to meet the requirements of the College's CPD scheme. The use of a rolling cycle can allow the average amount of activity to be maintained over 5 years if a shortfall occurs.
- Stop the clock on their CPD cycle while they are away from work and resume the cycle on their return. In these circumstances, a certificate of good standing will not be issued.

Where the absence is for more than a year, advice should be sought from the College. Further guidance can also be found in the Academy of Royal Medical College's (2012) *Return to Practice Guidance*. Any deficit in a year's CPD activity should be made up over the remainder of the 5-year cycle.

Psychiatrists undergoing remediation

CPD is an essential part of the remediation process.

Psychiatrists who are suspended

Psychiatrists currently suspended by the GMC are expected to continue with their CPD activities as far as possible. The range of activities that are available may be reduced, but the psychiatrist should aim to satisfy the overall CPD requirement if possible. Online learning and reflective notes may be helpful under these circumstances.

Psychiatrists excluded by their employers

It would be desirable for these psychiatrists to continue with their CPD programme. However, as they might not be able to access their local courses, they might have to pursue their CPD through e-learning, or activities organised by the local division, medical societies or the College. The psychiatrist is advised to contact their peer group to gain advice, where possible.

Psychiatrists who have fully retired from clinical practice

If a retired psychiatrist wishes to retain a licence to practise, then the CPD requirements of the College should be met. The GMC (2014a) has produced the document *Revalidation: Frequently Asked Questions* for retired doctors.

Psychiatrists in private practice

Psychiatrists in private practice should join a peer group where they are working and pursue CPD in the normal way.

Non-consultant grade psychiatrists

Staff grade, specialty or associate specialist doctors and locum doctors should meet the same CPD requirements as consultant grade doctors. Locum doctors should join a peer group where they are working and pursue CPD in the normal way. If they are undertaking

a series of short-term locums they should aim to remain in one peer group as far as possible and to retain contact with it, even from other locations.

Difficulties in establishing a peer group

Psychiatrists struggling to be part of a peer group should contact the College for further advice. Psychiatrists may participate in peer group meetings by conference call, video link or any other suitable means.

Psychiatrists working in isolated environments outside the UK

In some circumstances, the type of CPD activity available may not conform to the quality standards set by the College or the peer group. The psychiatrist should self-accredit as much CPD as seems justifiable in terms of the learning achieved. If the psychiatrist is working in an isolated environment outside the UK, any shortfall should be made up on return to the UK. Periods of absence of more than 1 year might require a tailored programme of CPD as agreed with the psychiatrist's appraiser or peer group. The GMC (2014b) has also produced [guidance for doctors working overseas and for overseas regulators and organisations](#).

References and further information

References

Academy of Medical Royal Colleges (n.d.) *CPD Guidance Framework for Appraisers and Appraisees*. AoMRC.

Academy of Medical Royal Colleges (2012) *Return to Practice Guidance*. AoMRC.

Academy of Medical Royal Colleges (2014) *Appraisal for Revalidation: A Guide to the Process*. AoMRC.

General Medical Council (2012) *Continuing Professional Development: Guidance for all Doctors*. GMC.

General Medical Council (2013) *Good Medical Practice*. GMC.

General Medical Council (2014a) *Revalidation: Frequently Asked Questions*. GMC.

General Medical Council (2014b) *Revalidation: Frequently Asked Questions for Overseas Regulators and Overseas Organisations*. GMC.

Royal College of Psychiatrists (2008) *Good Psychiatric Practice: Relationships with Pharmaceutical and Other Commercial Organisations* (College Report 138). Royal College of Psychiatrists.

Further information

- The College CPD Submissions team can be contacted by email at cpdqueries@rcpsych.ac.uk.
- The College also offers a revalidation portfolio free of charge to members. More information can be found on www.rcpsych.ac.uk.
- The Academy of Medical Royal Colleges offers a comprehensive set of [frequently asked questions](#).

Appendix 1.

Peer group meeting record

Peer group meeting record			
Psychiatrist's details			
College number	Name	PDP period	
		From:	To:
Peer group details			
College number	Name	College number	Name
1.		5.	
2.		6.	
3.		7.	
4.		8.	
Date of meeting			
Present (initials)			
Summary of discussion and credits authorised			

Appendix 2.

Reflective note guidance

Reflection should occur as soon as possible following the event to be contemporaneous and meaningful. The guidance should support reflection on all types of CPD activity in order to promote learning, and should move psychiatrists away from completing a 'box ticking' exercise. Learning should involve development in the knowledge, skills and attitudes of an individual. Psychiatrists should also consider how their learning might affect their practice (e.g. patient care and safety, interactions with colleagues and allied health professionals, organisational impact).

Reflective note guidance

Title and description of activity

- Include the date of activity
- Number of continuing professional development (CPD) hours claimed
- Why was this activity selected for CPD?

What was the learning need or objective that was addressed?

- CPD activities should ideally be linked to learning objectives, either agreed as part of your personal development plan (PDP) or those that you have considered desirable for your own development
- Describe how the activity contributed to the development of your knowledge, skills or attitudes
- It may help preparation for appraisal to map your reflections to the General Medical Council's (2013) *Good Medical Practice* framework domains and attributes:
 - Knowledge, skills and performance
 - Communication/teamwork
 - Quality and safety
 - Maintaining trust

What was the outcome of the activity?

- How have your knowledge, skills and attitudes changed?
- Have you identified any skills, attitude and knowledge gaps?
- How will this activity improve patient care or safety?
- How will your current practice change as a consequence of your learning from this activity?
- What aspects of your current practice were reinforced by this activity?

Further learning needs

- Outline any further learning or development needs highlighted by the activity.
- How do you intend to address these?