Good Psychiatric Practice

Continuing professional development

Second edition

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Royal College of Psychiatrists

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Good Psychiatric Practice

Continuing professional development

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Introduction

The Royal College of Psychiatrists' guidance on continuing professional development (CPD) has been in existence since 1994 (Royal College of Psychiatrists, 1994) but with changing expectations from within the profession as well as from the government and the regulator, 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 about 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 7400 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 Certificate of Good Standing 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 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-National Health Service (NHS) managed organisations, private psychiatrists, those who work after 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 places far fewer restrictions on how they achieve their annual requirement.

This guidance applies to all psychiatrists, consultants, specialty 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.

Definition

Continuing professional development is a process of self-assessed, 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. It 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.

Principles of CPD

The Royal College of Psychiatrists broadly supports the ten principles for College/Faculty CPD schemes (Academy of Medical Royal Colleges, 2009: pp. 15–16).

1. An individual's CPD activities should be planned in advance through a personal development plan (PDP), and should reflect and be relevant to their current and future profile of professional practice and performance. These activities should include CPD outside narrower specialty interests.
2. Continuing professional development 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 1 credit equating to 1 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 General Medical Council (GMC).

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 (2004) 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 (Royal College of Psychiatrists, 2001). This policy made several recommendations,

including participation in a peer group, setting objectives for CPD, drawing up of a PDP 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, CPD Committee members). This will change with the new policy, so that all those requiring revalidation will have to be compliant with CPD.

The benefits of structured learning cannot be overemphasised (Fig. 1). This has been well established for trainees defined measures of testing competence. In the UK, 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

Fig. 1 Benefits of CPD (Bamrah & Bhugra, 2009).

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 (2004) 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 UK 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 (relicensing);
- to confirm that doctors on the specialist register and general practitioner register meet the standards appropriate for their specialty (recertification). For those psychiatrists on the specialist register, the College sets the standards for recertification. 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 (Department of Health, 2008). The following are extracts from the CPD section of that report (p. 24).

- Continuing professional development 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 or Faculty will be a requirement for specialist recertification. The standards against which psychiatrists will be measured have been set out in *Good Psychiatric Practice* (Royal College of Psychiatrists, 2009), and the CPD requirements for psychiatrists to comply with these standards for the purposes of recertification might also form part of the evidence requirements for relicensing. 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 www.rcpsych.ac.uk/training/curriculum/curriculum2009.aspx.

Doctors with special circumstances

Some doctors find it difficult to meet the CPD requirements for a variety of reasons. Appendix 1 sets out the most common situations and recommendations.

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 it is not possible to discuss the appropriateness of an event with the peer group before it takes place, a psychiatrist 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 (clinical, academic and professional), as discussed on pp. 14–15.

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.

Frequently asked questions

Appendix 2 sets out some frequently asked questions and answers about CPD and the revised policy.

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 contacts all registrants to remind them to make their CPD returns. This generates the annual certificate, provided that the basic requirements have been met.

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 keep 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 educational needs of the following types:

- 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 the 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 identified SMARRT learning objectives.

The College's programme encourages psychiatrists to undertake a variety of CPD activities relevant to the PDP 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; 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 1 CPD hour or 1 credit of approved educational activity, subject to a maximum of 6 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-aided 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, individuals will study online 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, 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 individual. It often incorporates a strong visual style, which is helpful to those 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 individual will be guided as to why they might have made a mistake. Summative assessments may lead to the generation of certificates. These certificates provide evidence not only of participation in CPD but also that learning has actually taken place (or at the very least that 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 the resultant cross-exchange of ideas.

e-Learning is relatively inexpensive and environmentally friendly – distance learning means that individuals do not have to travel to courses. The Royal College of Psychiatrists has an online CPD programme specifically dedicated

to this form of learning (www.psychiatrycpd.co.uk). In addition, *Advances in Psychiatric Treatment*, the College's CPD journal (http://apt.rcpsych.org), also incorporates a multiple-choice question assessment exercise in each of its articles. An online facility for completing these and generating a certificate is being developed. Participants in the Royal College of Psychiatrists' CPD programme can claim up to 10 hours per year for this form of learning.

The three domains of CPD

Integral to CPD activities is the requirement that psychiatrists will accomplish CPD in a variety of settings (Appendix 3).

- **Clinical** – All educational activities that relate to the development of individual clinical and diagnostic skills or updating of specialist knowledge should be recorded in this category. An example would be attendance at a course approved by a medical Royal college.
- **Academic** – Academic activities might 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.
- **Professional** – Professional activities are those that promote organisational, managerial, legal, administrative and other non-clinical skills. Peer-group meetings, management training and information technology (IT) training, all fall into this category.

Clearly, there will be some overlap in some of the activities 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 some are 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 a cross-exchange of ideas 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, 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 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 them to make up the deficit in the following 1 or 2 years while 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

Continued professional development should reflect the requirements of *Good Psychiatric Practice* (Royal College of Psychiatrists, 2009) and Good Medical Practice (General Medical Council, 2009). The College suggests that it may be helpful to consider CPD activities 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 subspecialty 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 3)

- Case conferences, audit meetings, journal clubs, local or trust educational events, didactic teaching, conferences, courses and workshop-type events.
- Online learning where feedback and certificates are provided at the end of the session.
- General Medical Council and Postgraduate Medical Education and Training Board (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 bodies (e.g. Royal College of Psychiatrists, National Institute for Health and Clinical Excellence (NICE)), writing modules for the College's CPD Online, 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 5 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.

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 PDP and to review CPD activities which are relevant to that plan.

The role and purpose of a peer group is to:

- elect the peer-group coordinator
- 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 from only one psychiatric specialty or subspecialty. Indeed, there are potential advantages in including doctors from different subspecialties, as they may be able to provide challenges and a different perspective. Nonetheless, peer groups should, if possible, contain at least two doctors from the same specialty or subspecialty.

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 consider including, at least annually, a colleague from another peer group to comment on how the group might be improved and to prevent meetings from 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 1), the peer group focuses solely on reviewing the learning needs, educational objectives and educational activities of its members. To meet these criteria, a peer group will need to meet at least three times over the course of an appraisal cycle and to achieve the following:

- the identification of educational needs, agreement on learning objectives and agreement on educational activities proposed
- review progress in achieving the objectives
- agree a process for completing educational objectives and agree 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 its value and its effect on their practice.

At a higher level (Level 2) 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 that this is shared with members of the group.

At the highest level (Level 3) the peer group could, in addition to the activities in Levels 1 and 2, 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 processes similar to the individual case-based discussion.

The new 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.

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 educational value. Self-accreditation of relevant activities and documented reflective learning is allowed and encouraged. It is the responsibility of individual psychiatrists to ensure that they undertake a range of CPD that reflects the local and national needs of practice and their own learning needs.

Continued professional development activity must be tailored to 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 they are predominantly a clinician, a medical manager or an academic. A narrow range of activity focused on an individual's interests alone is not acceptable and must be identified and addressed at both appraisal and by the peer group.

Psychiatrists should record their CPD activity on the 'My CPD' form, which replaces the old Form E, and also document their reflections on the activity and how, if appropriate, their practice might change.

Specific exclusions from consideration for CPD credits

Events which are primarily promotional for a particular product or range of products, with no educational benefit, cannot be considered for CPD credits.

The appeal process

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An individual who feels that the decision not to award them a Certificate of Good Standing is unjustified can make an appeal in writing, setting out clear reasons why they feel 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 chaired by the Dean.

Planning and review of individual CPD activity

CPD and annual appraisal

Continuing professional development is an important part of appraisal (Fig. 2). As noted earlier, it 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's CPD schemes will be confirmed by a regular statement based on annually submitted returns, and this should be made available to the appraiser.

The College's CPD Certificate of Good Standing is normally accepted by appraisers as confirmation that psychiatrists have complied with the College's standards. This includes the preparation of a PDP, 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

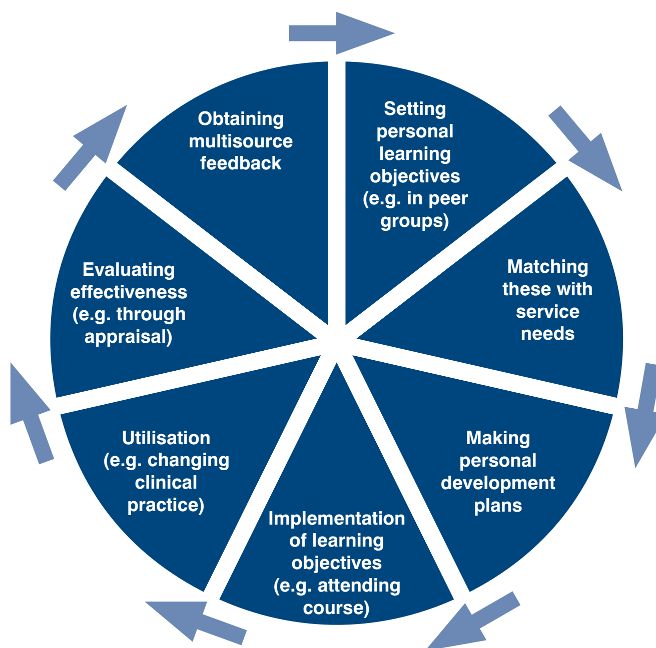

Fig. 2 The CPD cycle (Bamrah & Bhugra, 2009).

a robust system in place for approving and monitoring CPD activity in order that the College and appraisers can be assured of the quality of the information contained in the returns.

Annual appraisal will lead to a PDP, which might include future CPD activity. The 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 officer (Department of Health, 2008) will recommend revalidation of the individual doctor to the GMC on the basis of the quality of the information available from the appraisals, which will include a component of CPD.

Supporting information for appraisal

Provided that psychiatrists have obtained a Certificate of Good Standing, there should be no need to provide further paper evidence of CPD at appraisal. Psychiatrists should allow their appraisers access to their CPD electronic records on request.

What documentation is needed of participation in the activity?

Psychiatrists are requested to retain records of all CPD activities. This should include attendance certificates or other evidence of physical presence, and evidence of reflection, including personal reflection and discussion with the peer group. This information should normally be kept for up to 5 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. To achieve 50 CPD credits, 100 hours of personal study,

reflective learning and the record-keeping for CPD required to fulfil revalidation requirements, an average of 4 hours per week should be set aside. 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 programmed activities/sessions 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 activities should map to the ten principles of CPD set out by the Academy of Medical Royal Colleges (2009) and listed on pp. 6–7. 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 about other educational events that might be useful for future events. It is the responsibility of the provider to furnish each participant with 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 CR148 '*Good Psychiatric Practice: Relationships with Pharmaceutical and Other Commercial Organisations* (Royal College of Psychiatrists, 2008).

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 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 psychiatrist and the peer group to ensure that an event is appropriate and relevant for that 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's CPD policy. Continuing professional development is effectively self-directed and therefore it is possible that some events may be retrospectively approved, while others might conform to the objectives set at the beginning of the CPD cycle.

Audit of CPD compliance

To quality-assure their CPD system and 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 – 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?

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 practise in question. Therefore a programme of remediation must be agreed with the College in order to ensure progress towards revalidation.

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

Statistics are reviewed regularly and research is undertaken into the working of the whole system. The IT system has not yet been introduced.

Administration

Administering CPD

The College has one CPD Administrator. This individual reports to the Head of Professional Standards, who has a particular interest and expertise in the area of CPD.

Registration of participants

The College CPD scheme is available to all Members, Fellows and Affiliates and, at reasonable cost, to non-members who practise in a relevant specialty.

College CPD Executive

CPD Executive Committee

- President – Professor Dinesh Bhugra
- Dean – Professor Rob Howard
- Director of CPD – Dr J. S. Bamrah
- Associate Dean for Revalidation – Dr Laurence Mynors-Wallis
- Director of Professional Standards – Mr Robert Jackson
- CPD Administrator – Ms Marion Palmer-Jones
- Deputy Director
- Faculties and Sections Representative
- Divisions Representative
- Editors of *Advances in Psychiatric Treatment* and CPD Online
- Head of the Education and Training Centre

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Appendix 1. Doctors with special circumstances

Situation	Recommendation
Doctors on sick leave	If doctor was in good standing for CPD for 2 consecutive years and CPD involvement continued until commencement of sick leave, consider doctor in good standing for CPD for 1 year from date of commencement of sick leave. If doctor was not previously in good standing either because no returns had been submitted or insufficient hours had been recorded, the doctor cannot be considered to be in good standing. The doctor would be expected to overcome the balance deficits over a 5-year cycle, or over the next cycle if in the last year of their sick leave.
Doctors on maternity leave	If doctor was in good standing for CPD for 2 consecutive years and CPD involvement continued until commencement of maternity leave, consider doctor in good standing for CPD for 1 year from date of commencement of maternity leave. If doctor was not previously in good standing either because no returns had been submitted or insufficient hours had been recorded, the doctor cannot be considered to be in good standing. The doctor would be expected to overcome the balance deficits over a 5-year cycle, or over the next cycle if in the last year of her maternity leave.
Doctors on career breaks	If doctor was in good standing for CPD and CPD involvement continued until commencement of career break, consider doctor in good standing for CPD for 1 year from date of commencement of career break. If the doctor undertakes non-medical courses or research, up to 20 credits can be accepted towards their annual credits in the academic and professional domains. If doctor was not previously in good standing either because no returns had been submitted or insufficient hours had been recorded, the doctor cannot be considered to be in good standing. The doctor would be expected to overcome the balance deficits over a 5-year cycle, or over the next cycle if in the last year of their sabbatical.

Situation	Recommendation
Doctors in the previous groups listed and others with special circumstances (e.g. disabled)	Doctors may submit a PDP to the College for approval. This may include electronic forms of learning and distance learning. The plan would be approved on an annual basis and doctors would be expected to undertake a minimum of 50 hours CPD annually. Consideration should be paid to achieving CPD in all three domains (clinical, academic, professional) wherever possible.
Locum doctors	Should aim to join a peer group where they are working and undertake CPD in the normal way. If they are undertaking a series of short-term locum appointments they should aim to remain in one peer group as far as possible and to retain contact with it, even from other locations. In the event of difficulty in forming a peer group, contact should be made with the CPD Regional Coordinator (CPDRC). This should be in the location where the doctor lives, if they are working in a variety of areas.
Doctors in private practice	Should aim to join a peer group where they are working and undertake CPD in the normal way. In case of difficulty, the CPDRC should be approached for assistance.
Doctors suspended by the GMC	The CPD requirement will be frozen for the period that the doctor is suspended. The CPD cycle will be changed accordingly when the doctor is reinstated on the GMC register.
Doctors excluded by their employees	It would be desirable for these doctors to continue with their CPD programme. However, they may not be able to access their local courses so they may have to access their CPD through the local division, medical societies, Royal College of Psychiatrists' courses or e-Learning where possible. The doctor would be advised to contact their peer group if possible or the CPDRC early to gain advice.
Doctors who have retired and are no longer in clinical practice	Doctors who do not need to be re-licensed do not need to be registered for CPD.
Doctors in part-time practice	Require the amount of CPD credits as doctors working full-time, no matter how many patients are seen or how many hours worked.
Geographically isolated doctors	Should aim to join a peer group wherever possible and undertake CPD in the normal way. In case of difficulty, the CPDRC should be approached for assistance. Peer-group 'meetings' may take place by conference call, by video link or any other suitable means. *continued*

Situation	Recommendation
	Where, after all efforts have been exhausted, it is impossible to form a peer group, the College may be approached to approve and monitor a PDP. For their CPD, this group should consider e-Learning. Up to 10 CPD credits can be gained in this manner.
Specialist associates, specialty doctors, staff grades, etc.	Should be encouraged to apply to the College for Affliateship or Associateship if they are not already Members or Affiliates. If unwilling to apply, they should be encouraged to participate as non-members in the CPD scheme. May form peer group exclusively of non-consultant career grade doctors or may participate in consultant groups. In case of difficulty, the CPDRC should be approached for assistance.
Doctors who have severe difficulty in forming a peer group	Where, after all efforts have been exhausted, including a full discussion with the CPDRC, it is impossible to form a peer group, the College may be approached through the CPDRC to approve and monitor a PDP.

Appendix 2. Frequently asked questions

Q: Why is the College changing its policy?

A: Mainly for two reasons. The policy was due for renewal in 2006, but has been delayed owing to the uncertainties shape regarding the revalidation that would take. We now have firm guidance on how CPD will form part of revalidation, and so that the policy has the confidence of our members, the GMC, patients and carers, we have made changes to make this more appropriate to present-day practice.

Q: I found the 'old' internal/external distinction quite confusing. Why is it still there?

A. Many members were unsure what constituted internal or external. For example, is it external if the speaker is from outside the trust, and what if the trust is large and there is a combined seminar for all doctors at one site? Could that really be internal? So we have been applying the rule flexibly in recent years provided that the recommended 50 hours are achieved. We still maintain that it is important for psychiatrists to make their learning both internal and external to their department, but no limit has been set. Broadly speaking, any activity that widens the audience beyond your local department would be considered to be external CPD.

Q: I am still confused! You have practically abolished internal/external CPD but you have introduced three new domains.

A: Correct! Continuing professional development needs to be a little bit more sophisticated so just achieving 50 hours without differentiating what type of CPD (e.g. clinical or research) you need to perform will give no direction to the educational activities that psychiatrists undertake. Some medical Royal colleges already have this differentiation. We expect clinicians to undertake a minimum of 30 CPD hours in the clinical domain, but there will be flexibility in application of this rule depending on peer-group support and adjudication by the CPD Executive Committee if necessary.

Q: I tend to do much of my research and course work online. Does this count towards my credits?

A: You will need to produce evidence that any online activity has an educational value and that 1 credit is equivalent to an hour's study. You may count up to 10 credits annually in this way, in any of the three domains. This may also be achieved by accessing web-based College sources such as *Advances in Psychiatric Treatment* (http://apt.rcpsych.org) and CPD Online (www.psychiatrycpd.org).

Q: I am glad you have acknowledged peer-group activity as counting towards my CPD. Does this include psychotherapy notes? If so, could I keep these notes in a confidential file for personal use only?

A: It seemed anomalous that having promoted peer groups, we did not acknowledge their CPD worth. This policy corrects that. You can now count up to 5 credits for 5 hours of peer discussions and this includes discussions about psychotherapy notes. Any notes you keep are subject to the Data Protection and Freedom of Information Acts and therefore can be expected to be made available if required.

Q: I am retired from clinical practice, but I undertake some mental health tribunal and medico-legal work. Why do I need 50 CPD credits?

A: Simply because you will need to keep up to date with any clinical treatments to be able to give advice to the tribunal or a court. Patients will not want anything less from you as you sit on the hearings or present your findings as an 'expert' in your field. You, like everyone else, will need appraisal and revalidation, and without CPD you are unlikely to get a licence to practise.

Q: I can't find a peer group. What shall I do?

A: Have you looked hard enough? Are there a few psychiatrists around with similar work patterns? Revalidation does require some scrutiny of the quality of your CPD, and a peer group will ensure more support and advice than you might get from the CPD Executive Committee, who will be responsible for scrutinising your CPD portfolio.

Q: I can't seem to get the time or the resources to attend courses these days. What shall I do?

A: In order that you keep up to date with your practice, whether clinical or not, it is imperative that you set out clearly your CPD priorities for the year. Planning prospectively makes your job easier. Once study leave is granted, resources will have to be committed by your employers.

Q: I am thinking of going to the APA Annual Convention, and I have sponsorship to attend from a pharmaceutical company. Is it ethical to accept this?

A: The pharmaceutical companies are governed by strict sponsorship guidance by the Association of the British Pharmaceutical Industry so as long as the conference is approved by your peer group as being appropriate to your PDP and your employer grants you study leave, there should be no ethical dilemmas. However, you have the responsibility to ensure that any added hospitality is commensurate with attending the meeting.

Q: I do not want to join the College CPD scheme. What options do I have?

A: As long as you adhere to the guidance offered by the College, you may be able to present your CPD returns to your appraiser for final approval. If you are a member of another medical Royal college, than certification by them would be sufficient evidence for revalidation.

Q: I have heard that the College might develop a web-based e-Portfolio?

A: This is still in the making. We will keep you posted on any developments.

Q: I am an ex-Member/Affiliate of the College. Can I join the College CPD scheme?

A: Yes, but only if you rejoin the College as a Member or Affiliate. It will not be possible for you just to register for the CPD scheme.

Q: What quality assurance is there that the system of CPD is effective?

A: We randomly audit 5% of all returns annually. The audit establishes whether psychiatrists do what they say on the CPD portfolio, that there is evidence of learning objectives, peer groups, number of CPD credits claimed, internal and external CPD and so on. We therefore recommend that all psychiatrists keep their documentation of attendance at a CPD event for the audit and until they are revalidated.

Q: I am considering working abroad for 2–3 years. How can I remain in good standing with the College?

A: There are two ways: if you are still registered with the GMC, you should continue to submit your returns to the College giving evidence that you are achieving 50 CPD credits in the three domains. The other option is that you stay CPD compliant with the new body you are registered with, and check that there are reciprocal arrangements of approval.

Appendix 3. Quick guide to CPD domains

Some activities overlap between domains; no double-counting allowed.

Domains	Description	Number of credits[a]
Clinical	All educational and training events relevant to developing and preserving clinical skills, for example: lectures, seminars, local case conferences, educational activities in a multidisciplinary setting, risk assessment training, case-based discussions and clinical workshops	30–50[b]
Academic	Research (up to 5 credits) Audit (up to 5 credits) Teaching (up to 5 credits) Examining (up to 5 credits)	0–10[b]
Professional	Peer-group meetings (up to 5 credits) Managerial courses Cardiopulmonary resuscitation training Equality and diversity training Breakaway training Mandatory training Governance training Leadership courses IT training Medico-legal training Mental health law training Mental capacity training Writing or reviewing guidance for statutory bodies (e.g. Royal College of Psychiatrists, GMC, NICE) (up to 5 credits – see p. 15)	0–10[b]

a. e-Learning can count towards a maximum of 10 CPD credits in all domains.
b. Recommended number of credits, but flexible with peer-group approval.

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