RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

OP98

Continuing Professional Development

Guidance for Psychiatrists

January 2026

Contents

Introduction

What is 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 behaviour 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. The Royal College of Psychiatrists (RCPsych) recognises that to care for others and for their work to be sustainable, psychiatrists need to be supported and to continue to learn and to develop in their roles; CPD has a key role to play in providing opportunities for this.

It is therefore essential that new learning is considered alongside 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 points when appropriate.

Reflective practice is a professional activity which takes a variety of forms designed to enhance individual and team functioning and thereby benefit patient care. The RCPsych strongly supports embedding reflective practice as a core component of clinical practice for all clinicians and mental health staff and this is supported through CPD.

CPD is unlikely to be fully effective if it is seen as being deliverable only through taught courses. Different development objectives may be most effectively achieved through varied approaches, and it is recognised that individuals have diverse 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 (resident doctors) 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, resident doctors 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 points required for revalidation and does not require the doctor to join and participate in a peer group.

The Royal College of Psychiatrists CPD Submissions service

The College's CPD submission service is open to current Members, Fellows, Affiliates and Specialist Associates, who can use the College's submission service 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 30 points of clinical CPD (authorised by the peer group) annually **and**
- submitting at least two reflections on learning (authorised by the peer group).

When these minimum requirements have been met, the College will issue a CPD certificate of good standing. If a doctor does not do any clinical CPD, they cannot be issued with a CPD certificate of good standing from the College. However, one can use the CPD diary to record their CPD activity and discuss it during their appraisal.

A successful submission to the College will result in the issuing of an RCPsych CPD Certificate of Good Standing. This confirms that the psychiatrist has met the minimum requirements, including peer group approval, covering a fixed period of twelve months. The certificate maintains the psychiatrist's good standing until the next anticipated submission twelve months later. The CPD year does not need to align exactly with the appraisal date; instead, it may form part of the supporting evidence, alongside other more recent CPD activity.

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 submission service is the use of effective functioning peer groups.

A CPD peer group is a collective of psychiatrists who meet to discuss their professional development needs and determine the best way to address these needs. The group then evaluates the effectiveness of the identified learning in enhancing each psychiatrist's practice. It is important to note that this is distinct from, and not a replacement for regular clinical supervision.

Who should be in the peer group?

A peer group needs to consider the whole practice of a psychiatrist as a doctor. It should be composed of psychiatrists (of any grade) rather than other mental health professionals or other doctors. It is also crucial 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. Employers may assist in identifying existing peer groups where appropriate. Their role is supportive; they are not required to establish or arrange peer group membership.

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
Selecting the right members for a peer group is crucial for its effectiveness.

Members should consider:

Professional Compatibility: Ensure that all members are psychiatrists, as the group needs to consider the whole practice of a psychiatrist as a doctor. A mix of seniority and grades (Consultant and SAS Psychiatrists) will likely provide a richer learning environment for all.

Respectful Challenge: Choose members who see themselves as peers and can respectfully challenge each other.

Voluntary Participation: Psychiatrists should be free to choose their own peer group and must not be directed to CPD peer groups by employers.

Consistency and Fresh Perspectives: While some consistency in membership is necessary for building good relationships, it is also important to avoid stagnation by occasionally inviting colleagues from other groups to observe and suggest improvements.

Group Size: While there are no strict rules regarding the size of a peer group, considering the size of the group to ensure it can fulfil its responsibilities effectively is essential. A large group may potentially struggle to dedicate sufficient time to each member's needs leading to a diluted sense of responsibility. Conversely, a small group (two or three members) may not be sufficiently challenging and could unintentionally become too 'cosy'. A group of four to eight members is recommended by the college

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 capabilities 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 scope of work 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 points
- 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 scope of work. 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, considering the following:

- Learning from serious incidents or complaints
- Development needs relating to service change
- Areas identified through multi-source 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 should be considered an important part of this. The new information and skills gained undertaking CPD need to be considered alongside current practice so that improvements in patient care can be optimised. As well as in this document, you can find guidance on the reflective process as part of CPD 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 points

CPD points can 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 point allocation, this can only be done subject to approval by the peer group. To approve CPD activity for points, the peer group must be assured that learning and appropriate subsequent reflection has taken place. This is an important principle, as the appropriateness of any learning activity can only be determined in relation to the individual professional and the nature of their work.

Reviewing reflections on learning

Reviewing reflections is a crucial part of the CPD process. It involves assessing the insights gained from various learning activities and how these insights have been integrated into practice. The peer group should ensure that reflections are thorough, honest, and demonstrate a clear understanding of the learning objectives. This process helps in identifying areas of improvement and ensuring that the CPD activities are genuinely beneficial to the psychiatrist's professional development.

The peer group should consider the following when reviewing reflections:

Depth of Reflection: Ensure that the reflections go beyond a superficial level and provide a deeper understanding of the learning experience.

Application to Practice: Evaluate the ways in which insights gained from learning activities have been incorporated into the psychiatrist's clinical practice.

Identification of Barriers: Identify any barriers to implementing the learning and discuss strategies to overcome them.

Future Learning Needs: Reflect on the learning experience to identify any future learning needs and incorporate them into the PDP.

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 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.

It is recommended that members must attend at least four peer group meetings 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. The cycle dates are individual to them and does not need to be aligned with other members of the group.

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. We recommend that the group, meet a minimum of four times a year to consider an individual's training for CPD points and help the psychiatrist to address any challenges to completion. It is unlikely that the peer group will be able to fulfil its responsibilities without meeting on at least four occasions per 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.

Online meetings

Online meetings can be very useful if meeting face to face is not feasible. Online meetings can ensure that all members can participate fully, regardless of their location.

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 points
- individual reflective learning

CPD Activities

Requirements

There is no fixed definition of a CPD activity. Any activity that provides educational and developmental benefit to an individual psychiatrist and is within the scope of their work, 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 approved by the peer group and its domain agreed.

Domains of CPD

All individual practitioners are encouraged to maintain and enhance their capabilities across their full spectrum of their professional responsibilities. They should aim to maintain or improve capabilities in all aspects of their work. These aspects are reflected in the domains of CPD, as described by the College: clinical and non-clinical.

Clinical

Clinical activities encompass all educational activities that relate to the development of clinical skills, capabilities or knowledge. These may include lectures, seminars, local case conferences, educational activities in a multidisciplinary setting, risk assessment training, case-based discussions, reflective practice activities and clinical workshops.

Non-Clinical

The academic and professional domains are combined under the overarching category of non-clinical activity. This can include academic activities, for example preparation for postgraduate teaching or research, clinical audit, educational supervision, examining and publishing (each with a notional maximum of 5 points per CPD year). Activity, previously defined as academic 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 anti-psychotic 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 activities are those that promote organisational, management, legal, administrative and other non-clinical skills. They can include peer group meetings (notional maximum of 5 points 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 points 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 part of the non-clinical domain.

The peer group has a responsibility to support the individual in an effective, rather than just convenient way. Compulsory or mandatory training would not be considered as CPD activity, unless clinically relevant and authorised by the peer group.

CPD requirements and limits

Traditionally, a psychiatrist's CPD activity has been recognised by awarding a certain number of points, equating to the time spent on and effect of that learning time. Normally, 1 point given by the College for CPD equates to 1 h (or equivalent measure) of educational activity.

The GMC do not mandate a specific amount of CPD. Their guidance, 'GMC Continuing professional development: guidance for all doctors' states that "It is your responsibility to do enough appropriate CPD to remain up to date and fit to practise in your work and to be able to demonstrate this at your appraisals. This applies whether you are in full-time or less than full-time practice."

The College CPD submissions programme requires a minimum of 30 hours of clinical CPD per year, the completion of at least two reflective learning activities, and active participation in a peer group.

Participation in this programme is not mandatory, and non-use of the service must not constitute a barrier to a psychiatrist's successful appraisal or revalidation.

The peer group is ordinarily responsible for allocating CPD points 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 8 points 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 of the activity for points (e.g. 4 points for a day of lectures).

For a CPD submission to be in good standing with the College, the psychiatrist is expected to submit a minimum of two reflections on learning per year, together with at least 30 CPD points per year in the clinical domain.

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 points is that they should be for activities that have resulted in some new educational benefit for the individual. Claiming CPD points 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 per year must fall under the clinical domain for the psychiatrist to remain in good standing with the College.

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.

E-learning

E-learning (e.g. online modules, podcasts, webinars) can provide an interactive learning experience and offers a means of demonstrating learning, rather than attendance alone, through the use of assessments or tests. The College recommends that psychiatrists undertake a balanced mix of online and face-to-face CPD overall; however, where only online CPD is feasible, this will be accepted for the purposes of CPD submission.

Reading

It is expected that reading will form a large part of learning for psychiatrists, in addition to CPD activities. The College recommends 200 h of reading a year to supplement other CPD activity. In order to make sure that the content is linked to practice, we would recommend a reflective note be completed before the peer group approves the activity. The College has limited the number of points that can be awarded for such structured reading to 5 points per year.

Delivering teaching or training

The delivery of training or teaching is not normally approved for CPD points. 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 CR202 Good Psychiatric Practice: Relationships with Pharmaceutical and Other related organisations in 2016. 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, any promotional, sponsored events should only be approved for CPD points if there is an explicit statement that the content of the event has not been influenced by the sponsor. This can also be discussed and authorised within the peer group.

Work for external organisations

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

Longer Courses

If a psychiatrist undertakes a longer course (i.e. MSc) during the cycle they may allocate up to a total of 10 hours (non-clinical) per cycle. However, if any of the time involves specific clinical learning, it may be eligible for Clinical CPD, subject to approval by the relevant peer group.

Educator-related activities

All medical educators are expected to complete the GMC National Trainer Survey (NTS) annually. Participation in the survey with subsequent reflection and peer group discussion of the results, can contribute to CPD activity within the non-clinical domain. Subject to peer group verification that meaningful learning has occurred, up to five CPD points may be claimed for these activities.

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 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 points. The limit for this activity is 5 points per year.

Personal therapy

Personal development work including personal therapy is recognised as supporting a psychiatrist's work, their development as a clinician and other aspects of their professional role. As such, it can contribute to CPD as part of their reflective practice, although evidence of reflecting about clinical cases is also required. As with other CPD activities, this should also be discussed with the peer group and up to 5 points awarded in recognition of this activity.

Reflective Practice

The role of reflective practice in CPD

Healthcare organisations and staff inevitably face distress, anxiety and trauma as part of their work. The impact of these emotions can have a negative impact on staff and patient care without opportunities to address and process them. This emotional work is intrinsic to a psychiatrist's role. Reflection in its various forms is a GMC requirement, and all doctors are expected to reflect as an integral part of maintaining good clinical practice. The GMC states that reflection activities should be encouraged by employers and training providers, and that time should be made available, both for self-reflection, and to reflect in groups. (GMC Guidance for the reflective practitioner 2021).

The Royal College of Psychiatrists emphasizes the importance of reflective practice, relational skills and psychological approaches to personal development for all psychiatrists and strongly supports embedding reflective practice as a core component of clinical practice to ensure the highest standards of patient care. Towards this, psychiatrists are strongly supported and encouraged to engage in reflective practice about the emotional impact of their work to support their roles as containers of distress, and to model this to their teams.

Reflective practice is recognised to be an umbrella term which refers to a range of potential activities. Clinical supervision, case-based discussions, Balint groups and specialist panels (e.g. complex case discussions) may all constitute reflective practice, provided there is an explicit focus on the emotional impact of the work on staff and on what this may indicate about the patient's state of mind. Psychiatrists are expected, within their reflective entries, to demonstrate engagement in reflective practice with a clear clinical focus, regardless of the format used. We recommend up to 5 hours per year as part of the annual CPD are spent on reflective practice activities.

Reflections on all aspects of learning

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 domains as described by the College (clinical, non-clinical) 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 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 points.

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 activity undertaken and should clearly describe its relevance and value to the psychiatrist's professional development. 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 points.

Population Health-Based Caseload Discussion tool

The Population Health-Based Caseload Discussion (PHBD) tool enables psychiatrists to reflect on their caseload through a population health lens, moving beyond individual care to address wider social and public health trends. It aligns psychiatric practice with NHS priorities such as prevention, community-based care, and digital transformation. Unlike traditional appraisal tools focussed on individual competence, PHBD embeds population-level thinking into professional reflection, supporting quality improvement, equity, and system leadership.

Conducted in peer groups, which has been long valued for safe reflective practice, PHBD introduces structured prompts and data to explore mental health trends, inequalities, and service priorities collaboratively. Similar to case-based discussions but population-focused, it is recommended once every three years, ideally in multidisciplinary groups. The discussion is expected to produce a summary of insights and actions, which could be included in appraisal portfolios to align with Good Medical Practice.

Key outcomes include greater awareness of health inequalities, improved use of population health data, and understanding how service design and resource allocation affect outcomes. PHBD strengthens leadership within integrated care systems and fosters collaboration between clinicians, managers, and public health partners.

Discussions draw on data from national resources (e.g., RCPsych Mental Health Watch, NHS Benchmarking, CQC, CCQI, PMHIC) as well as local data (Trust dashboards, ICB, PCN). Reflective questions address demographic representation, equity, social determinants, and equitable resources. A checklist supports systematic analysis and documentation for appraisal.

Ultimately, PHBD develops psychiatrists as system leaders, promoting equitable, data-driven care and linking individual development with organisational and national strategies.

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 (2023) has published core principles for continuing professional development and the GMC has published CPD requirements for revalidation that might be useful: General Medical Council: CPD guidance for all doctors

Audit of CPD activity

In addition to the peer group discussing and signing off a psychiatrist's CPD activity and required reflections 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 20 h of CPD activity.

- contacting the peer group to verify appropriate peer group interaction and confirm the CPD activity, indicated reflection following that CPD activity and minimum of 2 detailed reflections as below.

- There should be evidence of a minimum of 2 detailed reflections on learning from CPD activities. These reflections should also be discussed in the peer group and minuted prior to final submission for the year. The evidence for learning proforma is attached in appendix 1.

- For psychiatrists selected at random for the auditing process, the quality of their reflective templates may also be reviewed as part of a separate review every two months led by the CPD clinical lead. This separate process will not withhold a certificate of good standing.

- An inability to demonstrate the evidence of the required number of CPD points and minimum of 2 detailed reflections will mean that a certificate of good standing cannot be issued.

Responsibilities of Employers

In "Continuing Professional Development: Guidance for all doctors" (GMC 2012, p22) the GMC states in relation to employers and contractors of doctors' services, and commissioners of medical education:

"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, (locally employed doctors/clinical fellows), specialty or associate specialist (SAS) doctors, sessional general practitioners (GPs), locum doctors or trainees (resident doctors). 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.

Doctors will be better able to maintain and improve their performance in organisations that have a culture of learning and information systems that allow doctors to measure their outcomes and the quality of care they provide." (General Medical Council Continuing professional development: guidance for all doctors)

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

Whether you are working full-time or less than full-time, the CPD requirements are the same. We expect all psychiatrists should have a minimum of 1.5 SPA (Supporting Professional Activities) to complete their CPD in both full- time and less than full time working 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.

Sick leave, parental leave and other career breaks

Psychiatrists are encouraged to continue making CPD submissions, regardless of their employment status. For individuals on leave, irrespective of the reason or duration, it is advised that if a complete CPD return cannot be submitted, a certificate of good standing will not be issued for that timeframe. Employment is not a prerequisite for maintaining CPD. We recommend for those wishing to maintain their CPD while on leave/break to remain in contact with their peer group.

If an individual is not eligible for a CPD certificate of good standing, this will not prevent them from being successfully appraised or revalidated. It should be noted that the College cannot shorten or extend the duration of a cycle to accommodate a period of leave.

Periods of leave and CPD arrangements

The College can record an account as being on leave, during which time there is no obligation or expectation for the psychiatrist to complete a CPD submission. On returning to work or resuming CPD activity, the psychiatrist should contact the College at cpdqueries@rcpsych.ac.uk to initiate a new CPD cycle, after which CPD activities can be added towards a certificate for that cycle.

A gap in CPD activity within a given year does not, in itself, prevent successful appraisal or revalidation.

Psychiatrists undergoing remediation, suspension process or those that have been excluded by their employer

It is strongly recommended that individuals under any remediation processes continue to complete their CPD activities in the usual manner. Psychiatrists currently undergoing remediation or suspension are expected to maintain their CPD activities as far as possible. Although the range of available activities may be limited, psychiatrists should strive to meet the overall CPD requirements. Online learning and reflective notes can be beneficial in these circumstances, along with eLearning resources, college events and activities, and discussions regarding peer group access.

Psychiatrists who have fully retired from clinical practice

Retired doctors who wish to retain their license to practice are required to continue undergoing revalidation and to remain compliant with the guidance issued by the General Medical Council (GMC). To provide further clarification, the GMC (2014a) has published Revalidation: Frequently Asked Questions for Retired Doctors. For retired psychiatrists who intend to maintain their license, it is recommended that the Continuing Professional Development (CPD) requirements set by the College to be fulfilled. Furthermore, in order to obtain an annual College CPD certificate of good standing, the regular requirements specified for this purpose must also be met.

Psychiatrists experiencing difficulty finding a peer group

The College recognises that some psychiatrists, including those working predominantly in private practice and locally employed doctors, may face additional challenges in identifying or joining a peer group. In such circumstances, the following options should be considered:

- Participating in peer group meetings via telephone, video conferencing, or other suitable remote methods where face-to-face meetings are not feasible.
- Making enquiries within the relevant department or service to identify existing peer groups that may be joined.
- Contacting the local employer to seek access to any established peer groups.
- Establishing a new peer group by identifying and inviting suitable colleagues to participate.
- Seeking advice and guidance from medical directors regarding available options for peer group participation.

Psychiatrists working in isolated environments outside the UK

In some circumstances, the CPD activities available may not meet the quality standards set by the College or the peer group. Where a psychiatrist is working in an isolated setting outside the UK, any resulting shortfall in CPD should be addressed on their return to the UK. Periods of absence exceeding one year may require a tailored CPD programme, to be agreed with the psychiatrist's appraiser or peer group.

Psychiatrists working in Australia and New Zealand

If a psychiatrist's membership with the college is current, the college will accept a RANZCP CPD certificate, when available, as evidence for a CPD cycle should the individual wish to be considered in good standing with Royal College of Psychiatrists in the United Kingdom. Upon submission of the certificate, the college will issue an RCPsych CPD certificate of good standing. It is not necessary for the individual to enter entries on the college's site if they are due to be issued a certificate from RANZCP.

Acknowledgements

Dr Debasis Das, Specialist Advisor for CPD at the Royal College of Psychiatrists, would like to thank the CPD Update Project Group for their contributions to discussion and writing chapters of the document:

Dr Mike Groves (Vice Chair, RCPsych SAS Psychiatrists Committee)
Dr Jo O'Reilly
Dr Himanshu Garg
Dr Priyadarshini Natarajan
Dr Subodh Dave (Dean, RCPsych)

In addition, Dr Das would like to thank all those who have lent their comments and suggestions to the project over the course of the last 12 months, including members of the RCPsych Workforce Committee, RCPsych SAS Psychiatrists Committee and those who have provided feedback directly at conferences across the UK.

Peer Group Meeting Record

Psychiatrist's Details

Name College Number CPD Period

Peer Group Details Date of meeting:

Enter the name and college number of peer group members below

Summary of peer group discussion and CPD points authorised

RCPsych CPD Submissions
Reflective Practice

As part of your annual submission, you are required to complete 2 reflective notes; you can use this form to help direct your reflective practice to ensure it is effective

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

Describe the purpose of the learning activity. This might be aligned with the domain as described by the College (clinical, non-clinical) or by the GMC (knowledge, skills and performance; safety and quality; communication and teamwork; maintaining trust).

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.

RCPsych CPD Submissions
Reflective Practice

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?

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..

Population Health Based Discussion

Date of discussion:
Doctor's Name: GMC Number: College No:
Peer group attendees:

Focus of discussion: Suggestion: How will you break down your patient population e.g. along the lines of their diagnosis, ethnicity, equity of access, etc? Does your service meet the needs of your patients? Is the care concordant with NICE guidelines? For example, Length of stay, available therapies, waiting time, etc. What social determinants affect your patient's health, i.e. employment, housing? What are their unmet needs?
What are the needs of your local population? Suggestion: What are the needs of the local population and patients under your care? How does your caseload compare to the local population, e.g. ethnicity, deprivation? What insights do the datasets give you about your local population needs? Consider using datasets from Public Health Fingertips, NHS Benchmarking, CQC area profiles, local Data. What are the unmet needs and local health inequalities?
Peer Feedback: Suggestion: What information do you need to improve the care of your patient? What insights can you get from the discussion today re: population health, KPIs, Qis, etc? How is your team or employing organisation involved in health promotion, prevention, and outreach?
Areas for Development: Suggestion: What are the next steps to improve patient care? What can your organisation do to help you? What will you do next? What are your objectives? Are they simple, measurable, achievable, relevant and timebound?
Doctor's Reflection: