CPSYCHI
COLLEGE OF PSYCHIATRISTS OF IRELAND

5 Herbert Street, Dublin
D02 CK68
Tel: 01 661 8450
www.irishpsychiatry.ie

SAMPLE PROFESSIONAL DEVELOPMENT PLAN

PDPs are a tool for professional development and not for performance management. A doctor's PDP should not be used by an employer, Training Body or the Medical Council to assess performance.

PDPs can incorporate a wide range of activities, based on individual doctor's scope of practice and professional interests. **The Sample PDP below is intended solely as an example**. Your PDP may differ significantly.

NAME: _*Dr Joe Bloggs*__ MCRN: _*01234*___ PCS YEAR: May 20*25*_ to April 20*26*_

Date PDP form completed: _____*20/05/2025* _____

Date PDP reviewed by Peer Group, or Peer: _*30/06/25*_ Reviewer Initials : _*LO'R*__

Date(s) of revision, if any: _____*30/11/2025, 30/03/2026* _____

A doctor's PDP should be informed by their **current and future CPD opportunities** linked to their **scope of practice** and the **wider health eco system** and guided by the overall goal of **improving patient safety and care**. Such plans should reflect the application of the **Eight Domains of Good Professional Practice** (Appendix 1).

Step 1: Identify your Professional Development Aims

Your CPD activities over a PCS year should cover all the Domains of Good Professional Practice.

Goals for the current PCS Year:

(i) ***Improve my knowledge of psychopharmacology***
(ii) ***Assess my management of metabolic syndrome***
(iii) ***Enhance my professional wellbeing***

Longer term goals:

(iv) ***Complete psychiatry related PhD by September 2027***
(v) ***Develop research article with a view to publication***
(vi)

SAMPLE

Step 2: How do you plan to achieve these goals?

Any given goal may be achieved by activities in a number of different CPD categories.

Accredited CE activities:

(i) ***Attend BAP conference - July 2025***
(ii) ***Attend accredited mindfulness training - January 2026***
(iii) ***Attend Hot Topics webinars related to my scope of practice***
(iv) ***Attend CPsychI Spring 2025 Conference***

Work-Based Learning activities:

(i) ***Discuss complex cases with colleagues in Peer Group***
(ii) ***Read relevant journal articles***
(iii) ***Review guidelines regarding management of metabolic syndrome – September 2025***
(iv) ***Reflect on and discuss personal issues in Peer Group***
(v) ***Use online resources to enhance wellbeing***
(vi) ***Source PhD supervisor; develop proposal – August–December 2025***
(vii) ***Identify research topic, do literature search, draw up proposal and approach ethics group re. project for publication – June–October 2025***

Practice Review Activities:

(i) ***Audit my management of metabolic syndrome and compare with identified best practice guidelines – March 2026***

Step 3: Reflect on your PDP (towards the end of PCS Year)

Did I achieve my goals?

Yes, except was unable to attend BAP conference

Any barriers to achieving my goals?

Difficulty securing leave to attend conference.
Increased workload presented difficulties in enhancing professional wellbeing.

Were the Outcomes of my PDP as I expected?

Greater knowledge of psychopharmacology.
I identified areas for improvement in management of metabolic syndrome in my practice.

What will I change going forward? (Includes planning for next PDP):

Discuss issues regarding educational leave with management / ECD.
Introduce checklist sheet for management of metabolic syndrome and re-audit.
Further work on PhD.
Discuss current service resourcing with CD to reduce excessive workload.

SAMPLE

Appendix 1

MEDICAL COUNCIL EIGHT DOMAINS OF GOOD PROFESSIONAL PRACTICE

Patient Safety and Quality of Patient Care

Patient safety and quality of patient care should be at the core of the health service delivery that a doctor provides. A doctor needs to be accountable to their professional body, to the organisation in which they work, to the Medical Council and to their patients thereby ensuring the patients whom they serve receive the best possible care and is a partner in decision making in accordance with the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Professionals.

Examples include:

- providing good clinical care
- keeping records
- prescribing drugs or treatment
- supporting self-care
- treating people in emergencies
- cultural competence.

Relating to Patients

Good medical practice is based on a relationship of trust between doctors and society and involves a partnership between the patient and doctor that is based on mutual respect, confidentiality, honesty, openness, empathy, responsibility, and accountability.

Communication and Interpersonal Skills

Medical practitioners must demonstrate effective interpersonal communication skills. This enables the exchange of information, and allows for effective collaboration with patients, their families and with clinical and non-clinical colleagues and the broader public.

Examples include:

- the registered medical practitioner-patient relationship
- establishing and maintaining trust
- confidentiality
- giving information to patients about their condition
- involving relatives, carers, and partners
- giving information to patients about education and research activities
- advising patients about their personal beliefs
- assessing patients' needs and priorities.
- avoiding discrimination
- ending a professional relationship
- dealing with a difficult patient
- advertising
- dealing with adverse outcomes
- working in teams
- overseeing prescribing by other health professionals
- arranging cover
- delegating patient care to colleagues
- referring patients
- sharing information with the patient's general practitioner
- providing their contact details
- telemedicine.

Collaboration and Teamwork

Medical practitioners must co-operate with colleagues and work effectively with healthcare professionals from other disciplines and teams. They should ensure that there are clear lines of communication and systems of accountability in place among team members to protect patients.

Examples include:

- working with colleagues
- making decisions about access to medical care
- attending group or interdepartmental multidisciplinary team meetings
- providing cover for colleagues when appropriate.

Management (including Self-Management)

A medical practitioner must understand how working in the health care system, delivering patient care and how other professional and personal activities affect other healthcare professionals, the healthcare system and wider society.

Examples include:

- working with colleagues
- making decisions about access to medical care.

Scholarship

Medical practitioners must systematically acquire, understand, and demonstrate the substantial body of knowledge that is at the forefront of the field of learning in their specialty, as part of a continuum of lifelong learning. They must also search for the best information and evidence to guide their professional practice.

Examples include:

- teaching, training, appraising, and assessing doctors and students.
- research
- and improving their performance.

Professionalism

Medical practitioners must demonstrate a commitment to fulfilling professional responsibilities by adhering to the standards specified in the Medical Council's Guide to Professional Conduct and Ethics for Doctors.

Examples include:

- raising concerns about patient safety
- responsible use of limited resources
- writing reports, giving evidence, and signing documents
- their health
- integrity in professional practice
- financial and commercial dealings
- hospitality, gifts, and inducements
- conflicts of interest
- open disclosure
- an apology.

Clinical Skills

The maintenance of professional competence in the clinical skills domain is clearly specialty-specific and standards should be set by the relevant Postgraduate Training Body according to international benchmarks.