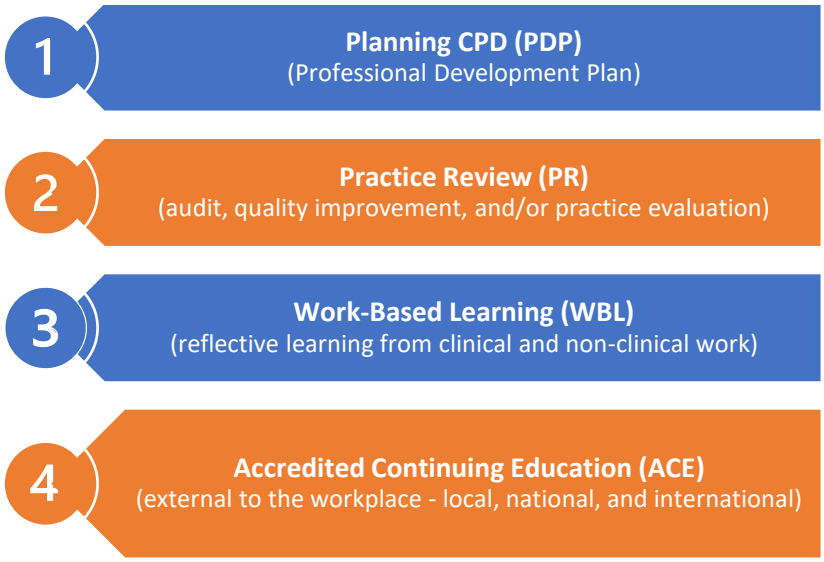
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The Four CPD Categories Explained. *Professional Competence 2025.*

Once enrolled in a Scheme, doctors must engage in and record 50 hours of CPD activity annually. There are four broad categories of CPD:



The following sections outline these categories in further detail, with lists of examples of activities which can be included in each CPD category. Generally, 1 hour of professional competence activity = 1 CPD credit.

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1. Planning CPD (PDP) - maximum 5 PDP Credits per year

A Professional Development Plan (PDP) is the tool provided for doctors' planning of their CPD. It is important to note that 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.

Engaging in activities to implement a PDP will be a self-directed process for which the doctor, and only the doctor, will be responsible. The PDP will be informed by the doctor's 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.

Developing and putting the PDP in place, is a critical step in the maintenance of professional competence process. Doctors must develop and then update their PDP annually, using the guidance and tools provided by Training Bodies. Five hours / PDP credits can be recorded for this CPD activity. Completing a PDP must include the following stages:

Stage 1

- Identifying learning and development opportunities
- Prioritising CPD based on what is esstential versus desirable, what can be achieved within resources available (accessibility, funding, time), what is most urgent versus what are more long-term goals, and consider personal, local and national agendas
- Ensuring a registered medical practitioner's CPD encompasses the Framework CPD requirements of:
  1. Planning
  2. Practice review
  3. Work-based learning
  4. Accredited CPD activity

Stage 2

- Engaging with a colleague when developing the Plan to bring fresh viewpoints and impartiality (supervisor, fellow clinician, college tutor, programme director, colleague with similar level of experience for consultants/GPs, etc.). The aim is to encourage doctors to discuss their learning objectives with a colleague.

Stage 3

- Reflection and, as required, revision

Evidence for your logged PDP credits:

The CPsychI PDP template is available in the Professional Competence section of the CPsychI website. This is your document, which you should keep safely once completed and reviewed with a peer.

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2. Practice Review (PR) – minimum 10 PR credits per year

Doctors engaged in the practice of medicine must undertake a clinical audit, quality, or practice evaluation project to review and enhance practice.

- **Clinical audit** is a clinically-led quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria, and acting to improve care when standards are not met. The process involves the selection of aspects of the structure, processes and outcomes of care which are then systematically evaluated against explicit criteria. If required, improvements should be implemented at an individual, team or organisation level and then the care re-evaluated

to confirm improvements."[1] Audits can be undertaken at individual, practice, speciality, hospital, or national level.

- **Quality improvement** is the defining of a problem, studying the variation within that problem, formulating a goal, and then developing a hypothesis about the potential interventions or changes that might work to achieve this goal. These changes or interventions are then tested on a small scale to verify whether they have achieved the predicted outcome.
- **Practice evaluation** is a systematic assessment of the performance of individual or a group of doctors by members of the same profession or team, or by patients.

Activities involving a process through which registered medical practitioner reviews evidence relating to their practice and plans improvements.
Audit, quality improvement and/or practice evaluation.

Examples:

- Audit or quality improvement project relative to their scope of practice (may be a local, regional, national, or international audit/quality improvement)
    - ➢ Comparing processes or patient/health care outcomes with best practice
    - ➢ Audit of departmental outcomes including information on where they fit within a team
    - ➢ Audit of performance in an area of practice measured against that of their peers
    - ➢ Taking an aspect of practice and comparing performance to national standards
- Review of critical incidents /significant events
- Review of compliments and complaints
- Practice visits to review registered medical practitioner's performance
- Performance appraisal
- Multisource feedback (e.g., 360 appraisals/ feedback)
- Structured feedback from colleagues/ patients/ students
- Patient satisfaction survey
- Mortality and morbidity review

If a doctor is in any doubt as to whether they should undertake a practice review, they must seek advice from the Training Body operating their Scheme.

Evidence for your logged PR credits:

Summary of Audit, Summary of Quality Improvement project, signed & dated logs / evidence of participation in other Practice Review activities.

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[1] Source: https://www.hse.ie/eng/services/publications/national-review-of-clinical-audit-report-2019.pdf

3. Work-Based Learning (WBL) – minimum 15 WBL credits per year

Work-based learning involves doctors' reflection of their clinical and non-clinical work. When doctors participate in work-based learning they analyse and assess areas of their professional practice to gain insight on best practice and improvements where possible. Work-based learning aims to make an individual more aware of their own professional knowledge and action by 'challenging assumptions of everyday practice and critically evaluating practitioners' own responses to practice situations.

Activities that promote a registered medical practitioner's learning at or through work and which are reflective in nature.
Reflective learning from clinical and non-clinical work.

Examples:

- Peer Groups
- Balint Groups
- Grand Rounds
- Schwartz Rounds
- Joint review and discussion of cases
- Structured review of records and processes of care
- Practice management
- Research and scholarly activity
- Education, teaching, training, mentoring and supervision (as the provider or recipient)
- Assessment of trainees and peers
- Organised learning activities (including journal clubs)
- Participation on College, national or international bodies in the development of standards for clinical or non-clinical care
- Management, policy, and advocacy
- Internal teaching session
- Communication training (including Open Disclosure).
- Review of patients' unmet needs (PUN) and registered medical practitioners' educational needs (DEN)
- Review of patient data
- Critique of a video review of consultation
- Reflection on health and wellbeing
- Health, wellbeing, and staff support meetings
- Practice management systems enhancements
- Participation in research (and education)
- Participation on College or other committees that are related to clinical care, education, or research.
- Participation in College Faculty, Special Interest Group and other committees that are related to clinical care, education, or research
- Participation in morbidity and mortality meetings
- Examining candidates for College examinations
- Research, publication and peer review for journals and texts
- Working as an assessor or reviewer for the Council or PGTB
- *For Psychiatrists, multi-disciplinary clinical activities (MDTs, MDMs) are generally <u>not</u> considered work-based learning CPD.*

Evidence for your logged WBL credits:

Dated logs / evidence of participation in WBL activities – usually signed by Academic Co-ordinator, Chair, organiser etc.

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4. Accredited CPD Activity (ACE) – minimum 20 ACE credits per year

Accredited CPD activity includes attendance at relevant educational conferences, courses, and workshops at local, national, international level, and accredited CPD offered in the workplace. It would include clinical or non-clinical CPD. CPD activity which is used to count for a registered medical practitioner's annual CPD requirement must be accredited in Ireland or in the State where it is delivered and be considered acceptable to the Training Body as meeting international standards..

Accredited activities that include registered medical practitioners' attendance at relevant educational conferences, courses, and workshops at the local, national and international level (clinical and non-clinical) outside of the workplace.

Examples:

- Presentations to scientific meetings
- Conferences/seminars – national and international
- Webinars – national and international
- Simulation-based learning
- Relevant academic qualification (for example degree, diploma or course)
- CPsychI Winter & Spring Conferences
- Hot Topics webinars
- Third party events approved for ACE CPD by CPsychI such as UCD ACAP webinars (see CPsychI events calendar)
- RCPsych, RANZCP or RCPSCanada conferences / CPD events
- Conferences / CPD events which carry ACCME, EACCME, RCPsych, RANZCP or RCPSCanada CPD accreditation
- Conferences / CPD events approved for ACE CPD by the other Irish Medical Postgraduate Training Bodies

Evidence for your logged ACE credits:

Accredited Continuing Education (ACE) CPD Certificate of attendance or similar displaying event and accreditation details and number of credits approved.