CPSYCHI
COLLEGE OF PSYCHIATRISTS OF IRELAND

Professional Competence Now



Dr Ciarán Corcoran, PCS Director
Lorna O'Callaghan, PCS Manager

Hot Topics, 29th January 2026

Conflict of Interest declaration

- Dr Ciarán Corcoran: no conflicts
- Lorna O’Callaghan: no conflicts

This evening we'll look at…

- **PCS Framework**
  - Annual requirements
  - CPD categories
  - Professional Development Plan (PDP)
  - Particular circumstances

- **Professional Competence Diary**

- **Q&A** *Send your questions via the Q&A box on your Zoom menu*

“Maintenance of professional competence (MPC) is a key aspect of driving good professional practice which is centred on **patient safety** and the **quality of patient care**.”

- Medical Council Updated Framework document 2025

?

Is that the case?

McBride et al. BMC Medical Education (2022) 22:220
https://doi.org/10.1186/s12909-022-03292-z

BMC Medical Education

RESEARCH Open Access

Does continuing professional development enhance patient care? A survey of Irish based general practitioners

Successful implementation of mandatory CPD in Irish General Practice

Adam McBride, Claire Collins, Brian Osborne and Helen McVeigh*

Abstract

Introduction: The Irish Medical Council has regulated mandatory continuing professional development (CPD) for doctors since 2011 to enhance the quality and safety of Irish healthcare. The Irish College of General Practitioners (ICGP), as the professional body for general practitioners (GPs) in Ireland, operates a Professional Competence Scheme (PCS) for doctors working in general practice. As PCS evolves over time, it is important to measure the impact of mandatory CPD on patient care. The ICGP undertook this study to answer the research question: Does CPD enhance patient care? Research has been conducted on the impact of CPD on the medical profession, both in Ireland and abroad, on GP engagement with existing CPD supports and on the impact of CPD for GPs in other countries. To date, no study has been carried out in Ireland on GP views on the impact of mandatory CPD on patient care or on which type of CPD activity is perceived to be the most effective in this regard.

Methods: All PCS enrollees on the 2018/2019 year who had provided an email address ($n = 4,415$) were asked to complete an anonymous online survey available in April and May 2019. The survey aimed to obtain feedback on existing CPD supports, enhancement of CPD supports, CPD impact on general practice and on patient care. The survey questions which related specifically to patient care were used to inform this paper.

Results: A total of 1,233 (27.9%) PCS enrolees participated in the survey. Overall, 73.9% ($n = 836$) of respondents agreed that CPD assisted them in improving the quality of patient care with females significantly more likely to consider that CPD improved patient care. A total of 74.9% ($n = 848$) reported changes to patient management as a result of CPD activity and over half (56.4%; $n = 464$) of these believed that external CPD activity (courses/conferences) had the most potential to benefit their patient care, however, differences were observed across gender and age group.

Conclusion: The majority of GPs who completed the survey found CPD engagement beneficial to their patient care. The majority of respondents agree that peer engagement activities are most likely to impact patient care thus demonstrating that mandatory CPD has been successfully implemented in this respect in Irish general practice. However, there is a difference in response to the various CPD formats across different demographic cohorts and this should be considered when designing the format of educational activities.

Keyword: General practice, Primary care, Continuing medical education, Patient-centred care, Quality improvement

2019 ICGP study :
Does CPD enhance patient care?

All PCS enrolees on the 2018/2019 year …(***n* = 4,415**) were asked to complete an anonymous online survey in April & May 2019.

1,233 (27.9%) PCS enrolees participated.



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Majority of GPs who completed the survey found CPD engagement **beneficial to their patient care**… and agree that **peer engagement activities are most likely to impact patient care**

J Contin Educ Health Prof. 2021 Jul 1;41(3):176-184. doi: 10.1097/CEH.0000000000000338.

Attitudes, Perceived Benefits, and Experiences of Engagement With Professional Competence Schemes for Doctors in Ireland: Findings From a National Survey

Holly Rose Hanlon [1], Lucia Prihodova, Hilary Hoey, Thelma Russell, Deirdre Donegan, Ann O'Shaughnessy

Affiliations + expand

PMID: 33929349 PMCID: PMC8404959 DOI: 10.1097/CEH.0000000000000338

Abstract

Introduction: This study aimed to assess the attitudes, perceived benefits, and experiences of engaging with a formal system of continuing professional development (CPD) in the form of Professional Competence Schemes (PCSs) among doctors in Ireland.

Methods: The study utilized an anonymous online survey measure with both open-ended and Likert-scale questions. The measure examined general attitudes, perceived impact, and experiences of engagement with PCS. This study examines the scale items only. All 4350 doctors enrolled on a PCS were invited through email to complete the survey. One thousand four hundred eight doctors participated, indicating a response rate of 32%.

Results: Descriptive and inferential statistics (analysis of variance and Kruskal-Wallis) were performed on the scale items using IBM SPSS statistics, with group comparisons examining differences in responses according to gender and current primary role. A majority (80%) of respondents had positive overall attitudes to PCS. Most participants reported that CPD positively impacts their practice across a wide range of areas, particularly patient care. Most participants reported positive experiences engaging with PCS, although a minority reported difficulties, including lack of time to participate in and record CPD activities, difficulties obtaining evidence of participation, and feeling that their CPD activities are not easily captured by the PCS system. Significant differences in responses according to role were found for overall attitudes (confidence interval = 95%, $P < .00$) and overall experiences of PCS (confidence interval = 95%, $P < .00$) with nonconsultant hospital doctors emerging as a particularly vulnerable group with less positive attitudes and experiences.

Discussion: Across the board overall attitudes, perceived impact and experiences of PCS were positive, and indicate that doctors feel that PCS is a valuable and beneficial activity. However, a minority of respondents reported experiencing difficulties with engagement, and these areas of difficulty represent targets for future improvement.

Study Published 2021. Attitudes, impact & experiences of PCS engagement.

- **4,350** doctors enrolled on a PCS invited to complete anonymous survey.
- **1,408** participants (**32% response rate**)
- **80%** of respondents had **positive overall attitudes to PCS**.
- Most participants reported said **CPD positively impacts their practice across a wide range of areas, particularly patient care**.
- **Overall attitudes, perceived impact and experiences of PCS were positive**, and indicate that doctors feel that **PCS is a valuable and beneficial activity**.
- A minority reported difficulties with engagement.

Comhairle na nDochtúirí Leighis
Medical Council

Updates to annual Continuing Professional Development requirements under the Maintenance of Professional Competence Framework

Information booklet for Doctors
May 2025



Comhairle na nDochtúirí Leighis
Medical Council

Maintenance of Professional Competence Guidelines

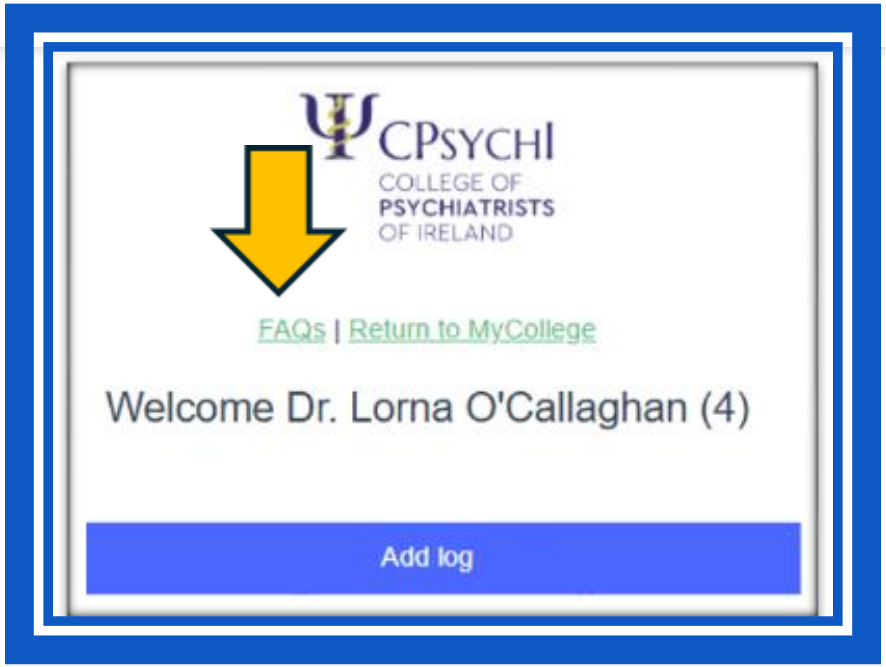
May 2025

New MPC Framework

- **Not *so* different!**
- **PCS Year remains same –** 1st May to 30th April.
- Minimum **50 CPD credits** (50 hours) of CPD activity per year.
  - includes 10 credits for completed practice review (audit)
- **New categories** of CPD activity
- **Professional Development Plan** *now mandatory*
- **Engaged / not engaged** in the practice of medicine
- Retain certificates & evidence for a period of **six years.**
- **Eight Domains of Good Professional Practice**

Eight Domains of Good Professional Practice

- Clinical Skills
- Patient Safety & Quality of Patient Care
- Communication & Interpersonal Skills
- Relating to Patients
- Collaboration & Teamwork
- Management (including self management)
- Scholarship
- Professionalism



Professional competence activities over a year should incorporate all of these.

PCS Old Framework: 40 credits + audit

External CPD

Internal CPD

Personal CPD

Research, Examining, Supervision, Teaching

Clinical / Practice Audit

Professional Development Plan

PCS May 2025 onward: 50 credits inc. Practice Review & PDP

Accredited CE — 20

Work-based Learning — 15

Practice Review — 10

PDP (mandatory) — 5

Engagement in the practice of medicine incorporates activities including:

- Involvement in the act of diagnosing, treating, or managing illnesses and medical conditions, including telemedicine consultations
- Provision of medical advice
- Prescription of medications
- Performing of medical procedures
- Development of preventative programmes
- Conducting relevant medical research
- Taking any other actions which require medical knowledge and skills

Doctors who declare that they are not engaged in the practice of medicine when registering with the Medical Council are excluded from the entitlement to issue prescriptions.

- Forum / Medical Council

Engaged / not engaged in the practice of medicine

Usually per Annual Retention declaration. Unlikely to apply to many psychiatrists.

Engaged in practice of medicine			**Not Engaged** in practice of medicine	
Professional Development Plan (PDP)	Up to 5 credits		Professional Development Plan (PDP)	Up to 5 credits
Practice Review – audit, quality improvement and/or practice evaluation	Min 10 credits		***Mix of*** Practice Review – audit, quality improvement and/or practice evaluation *or* Work-based learning activity	Min 25 credits
Work-based learning activity	Min 15 credits			
Accredited CE Activity	Min 20 credits		Accredited CE Activity	Min 20 credits

Accredited Continuing Education (CE) activity
(external to the workplace - local, national, and international)

20

External CPD

Work-Based Learning
(reflective learning from clinical & non-clinical work)

15

Internal CPD
Personal CPD
Research, Examining, Supervision, Teaching CPD

Practice Review
(audit, quality improvement, and/or practice evaluation)

10

Clinical / Practice Audit

Planning CPD / PDP

(Professional Development Plan - PDP)

5

PDP

1. Accredited CE (continuing education)
20 *credits per year*

Activities accredited for CPD by a recognised organisation

- Conferences / courses / workshops / webinars
  - CPsychI conferences, Hot Topics, Hot Topics eModules, others
- Local / national / international
- Clinical / non-clinical
- Outside of the workplace
- Online / in-person
- Simulation based learning
- Academic qualifications e.g. degree, diploma, masters etc.

What does an accredited CPD event look like?

CPD Activity Criteria	
1. **Educational Needs**	The accredited provider incorporates into CPD activities the educational needs (knowledge, competence or performance) that underlie the professional practice gaps of their own learners.
2. **Change Competence, Performance and/or Patient Outcomes**	The accredited provider provides learners with CPD activities designed to change competence, performance or patient outcomes as described in its mission statement.
3. **Appropriate Formats**	The accredited provider chooses educational formats that are appropriate for the setting, objectives, and desired results of each CPD activity.
4. **Competencies**	The accredited provider provides CPD activities in the context of desirable registered medical practitioner attributes (competencies) incorporating the Medical Council's Eight Domains of Good Professional Practice.
5. **Analyses Change**	The accredited provider analyses changes in learners (competence, performance, or patient outcomes) achieved due to participating in a CPD activity(ies) provided by the organisation.

What does an accredited CPD event look like?

- Accredited CPD is Scientifically Valid
- Accredited CPD is independent and free from all sales & marketing messages
- The Accredited Provider must identify, mitigate, and disclose relevant financial relationships for all individuals involved in control of accredited CPD activity content.
- Learners must be informed of who is responsible for the CPD activity and its accreditation.

1. **Evidence!** Accredited CE (continuing education)
20 *credits per year*

- Certificates of attendance / participation displaying CPD / Accreditation
- Evaluation / MCQs for online learning modules etc.
- Continued automatic recognition of RCPsych, other Irish Postgraduate Medical Training Bodies, ACCME, EACCME accreditations

- More detailed and demanding process for the approval of Accredited CE – still being finalised.
- Some meetings, courses, workshops etc. that were approved for External CPD under the old framework, may move into the Work-Based Learning category of CPD in the new framework.

Accredited Continued Education (CE) activity
(external to the workplace - local, national, and international)

20

External CPD

Work-based learning
(reflective learning from clinical & non-clinical work)

15

Internal CPD
Personal CPD
Research, Examining, Supervision, Teaching CPD

Practice review
(audit, quality improvement, and/or practice evaluation)

10

Clinical / Practice Audit

Planning CPD

(Professional Development Plan - PDP)

5

PDP

2. Work-Based Learning
15 *credits per year*

"***Learning at or through work, reflective in nature***"

- Previously Internal, Personal and Research / Examining / Supervision / Teaching CPD.

Examples:

- Peer Group, Balint participation
- Weekly supervision (NCHDs and Consultants)
- Examining
- Journal clubs, case conferences, grand rounds
- Reflection on health & wellbeing
- College Committees, Faculty meetings, SIGs (up to 10 credits / yr)

2. **Evidence!** Work-Based Learning
15 *credits per year*

- Signed logs
- Publications, abstracts
- Reflective notes of personal study, reading etc.
- Academic co-ordinator / organiser signed confirmation for College committees, examining etc.

Accredited Continued Education (CE) activity
(external to the workplace - local, national, and international)

20

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Work-based learning
(reflective learning from clinical & non-clinical work)

15

Internal CPD
Personal CPD
Research, Examining, Supervision, Teaching CPD

Practice review
(audit, quality improvement, and/or practice evaluation)

10

Clinical / Practice Audit

Planning CPD

(Professional Development Plan - PDP)

5

PDP

3. Practice Review

10 *hours / credits per year*

Audit / Quality Improvement / Practice Evaluation

"review evidence relating to practice and plan improvements"

- Clinical Audit, Practice Audit, QI
  - local / regional / national / international
  - measure / compare with identified standards / best practice
- Critical incident review
- Practice visit
- Performance appraisal
- Multisource feedback
- Structured feedback from colleagues / patients / students
- Patient Satisfaction survey

3. **Evidence!** Practice Review

***10** hours / credits per year*

Summary / Report of Audit / QI / Practice Evaluation

- What was activity
- Why was it chosen
- What standards were used to measure
- Results
- Reflection
- Further actions

- Confirm on your Diary

Accredited Continued Education (CE) activity
(external to the workplace - local, national, and international)

20

External CPD

Work-based learning
(reflective learning from clinical & non-clinical work)

15

Internal CPD
Personal CPD
Research, Examining, Supervision, Teaching CPD

Practice review
(audit, quality improvement, and/or practice evaluation)

10

Clinical / Practice Audit

Planning CPD

(Professional Development Plan - PDP)

5

PDP

4. Professional Development Plan (PDP)

*up to **5** hours / credits per year*

"Professional development tool, not a tool for use by an employer, Training Body nor the Medical Council to assess performance"

1. **Identify** learning & development opportunities.
2. **Review** with a colleague.
3. **Reflect** / revise towards end of PCS year

- PDPs may be subject to legal discovery – court order / disclosure
- Write in a **measured and professional style**
- Keep entries **high-level and constructive**, focus on future learning and development goals.
- Avoid **detailed clinical or personal reflections**
- **Broad themes** - enhancing communication skills / updating knowledge / developing leadership capacity. Not specific case-related experiences.
- **Link** to scope of practice, wider health eco system, Domains of Good Professional Practice
- Your document.

4. **Evidence!** Professional Development Plan (PDP)

*up to **5** hours / credits per year*

Identify | Review | Reflect / Revise

- CPsychI PDP template (on website), or your own plan – keep with your records.

- Tick PDP on your diary to confirm PDP completed and reviewed.
- 5 PDP credits will automatically be entered into your PCS year.

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PROFESSIONAL DEVELOPMENT PLAN

Step 1: Identify your Professional Development Aims

Your CPD activities over a PCS year should cover all the Domains of Good Professional Practice (Fig 1).

Goals for the current PCS Year:

(i)
(ii)
(iii)

Longer term goals:

(iv)
(v)
(vi)

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:

Work-Based Learning activities:

Practice Review activities:

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

Did I achieve my goals?

Any barriers to achieving my goals?

Were the outcomes as I expected?

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

Save this completed PDP document with your professional competence records, for at least 6 years.

Fig 1.
8 Domains of Good Professional Practice



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SAMPLE PROFESSIONAL DEVELOPMENT PLAN

PDPs can incorporate a wide range of activities, based on individual practitioner'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: ____*30/05/25*___

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***

(v) ***Develop research article with a view to publication***

(vi)

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***

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 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 (at 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.

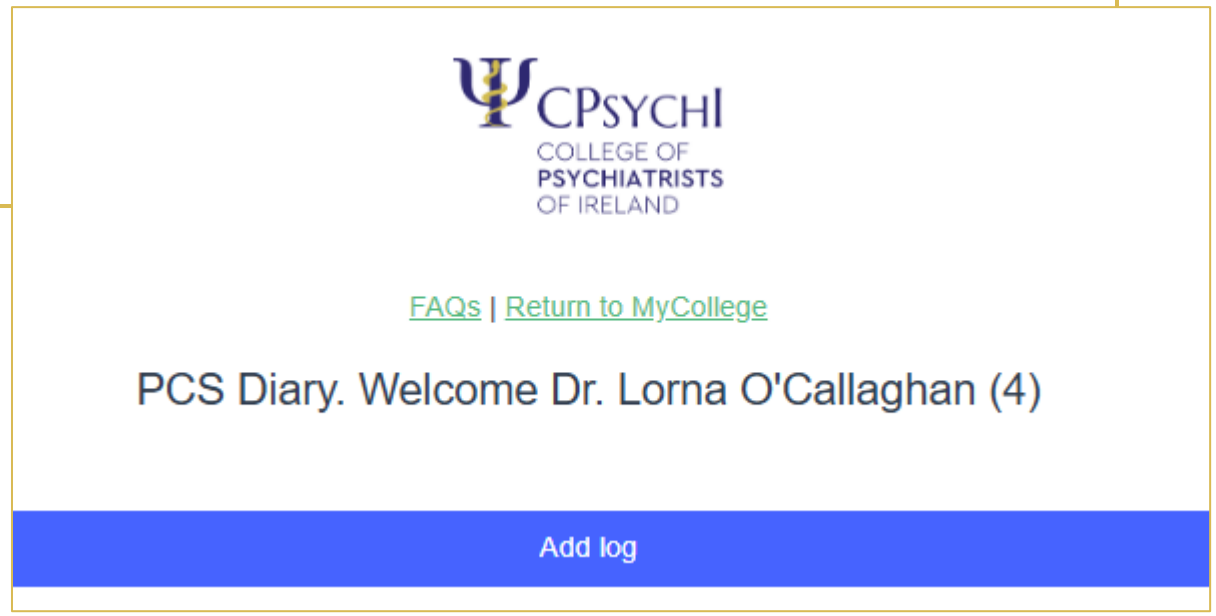
Were the Outcomes of my PDP as I expected?

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.

PCS Diary



- www.irishpsychiatry.ie
- Log in via MyCollege

- If you can't remember password, click on 'Forgot Password'.

- Log PDP once only. 5 PDP credits automatically allocated.
- Scroll down to view your logs.
- Click on a log to edit or delete it.

Further reading / resources

- Professional Competence section of www.irishpsychiatry.ie
- **Medical Council PCS information booklet for doctors**
- **Blog** in **News & Publications** section of **Medical Council website**
- Professional Competence on Medical Council website
- 101 Recipes for Audit in Psychiatry (ISBN: 9781908020017), edited by Clare Oakley et al and published by RCPsych Publications
- FAQs section of your PCS Diary

Questions





Q: I am training in psychotherapy. As part of that I attend twice weekly **personal therapy** and **weekly supervision**. Are those activities counted towards CPD?

Semi-Retirement:



Q: Psychiatrists who have r**etired from their substantive posts** and whose only practice is as members of **Mental Health Tribunals** and/or as Independent **Consultants for MHC**. How can they comply with the new CPD requirements and Development Plans in particular?



Q: I am a **retired** consultant and I now only work for the **MHC** as an ICP and TCP. I am finding it very difficult to get my CPD in all the categories and I wonder has the college any advice or suggestions for those of us in this position.



Q: How would **retirement** impact on CPD requirements, especially the practice review section and also the PDP



Q: I am on **maternity leave** for the full PCS year, I don't think I can cover the work-based learning and practice review categories. Is it possible to replace them with points from the accredited continuing education category, total of 45?

A: Annotation for certified leave:

"Maternity, parental, carers, adoptive leave, and other forms of statutory leave and illness:

Doctors on maternity, parental, carers, adoptive, or any other form of statutory leave or who for reasons of illness, **do not practise for a period of more than three months in a scheme year are not required to undertake CPD**, though they are required to enrol in a Scheme. The doctor must inform the Training Body of their leave or illness in writing and provide any supporting material which may be required. The Training Body will make the necessary annotation on the doctor's Statement of Participation. Doctors are encouraged to maintain some engagement in CPD over the duration of the leave, but this is **discretionary and not mandatory**."

- Medical Council PCS Guidelines



Q: Is there someone that reviews our **PDP** at the end of the year and gives us an outcome on whether it was achieved or not?



Q: My service does a 6-monthly documentation audit for documentation compliance. Is this sufficient to be considered an **audit** for the PCS?



I've logged an Audit under the Practice Review, however it appeared only as 1 CPD only, is that right?