

Peer Group Continuing Professional Development (CPD) Form for Psychiatrists

Practitioners not submitting a RCPsych CPD Certificate of Good Standing must provide CPD evidence to support their application for either initial or renewal approval for Section 12(2) and/or Approved Clinician purposes.

The content of this form must meet the minimum standards set by the Royal College of Psychiatrists*:

It is the practitioner's responsibility to:

- Participate in CPD and provide the peer group with the appropriate evidence.
- Be an active member of a peer group that meets at least four times a year.
- Undertake at least **30** points of clinical CPD (authorised by the peer group) in the 12 months immediately prior to the date of application, **and**
- Submit at least **two** reflections on learning (reviewed by the peer group).
- Maximum points per day is 8.
- Ensure that activities are signed off **with wet ink signatures** and dated by two peer group members.

It is the peer group's responsibility to:

- Scrutinise the evidence confirming it meets the RCPsych standards.

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.

*** Taken from the RCPsych CPD – guidance for psychiatrists – January 2026**

Peer Group CPD Activity Log

Full Name	
GMC Number	
Date From	
Date To	

Date	CPD Activity	Clinical hours (<u>minimum 30</u> <u>hours</u>)	Non-clinical hours
Total			
Total Hours of CPD Activity - minimum 30 clinical hours			

Peer Group Members

Name	Professional Registration Number

Peer Group Members Declaration

- The CPD record above was discussed at the peer group meeting on **DD/MM/YYYY**
- For all self-accredited activities, we confirm that the activities have been educationally valuable, and we have been provided with appropriate evidence of attendance and reflection.
- I/We confirm that the practitioner has accumulated the specified hours activity in the period stated and that this is sufficient evidence of CPD as per the Royal College of Psychiatrists standards.
- **As a peer group we have reviewed two reflections on learning (authorised by the peer group)**

This declaration should be ink signed only.

Name	Signature	Date

Name	Signature	Date