



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Continuing Professional Development Programme

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Contents

Section	page
1. Definition of Continuing Professional Development (CPD)	3
2. The rationale behind participation in CPD and the relevance to revalidation	3
3. The principles of the CPD programme	4
4. Those who are required to participate in the CPD Programme	4
5. Individual personal responsibility for CPD	4
6. How CPD points are registered?	4
7. The Programme	5
8. CPD Points	5
9. Definitions of Categories of CPD	5
10. Overview of the CPD Scheme	6
Point requirement per year and per five years	6
Examples of Educational activities that qualify for CPD	7
Allocation of points in some specific circumstances	7
CPD online activities	8
Specific exclusions from consideration for CPD points	8
11. Planning and review of individual CPD activities	8
CPD and Annual Appraisal	8
Supporting information required for appraisal	8
The documented evidence of participation in CPD activity	8
Supporting information needed to demonstrate that learning has taken place	9
The means whereby individual CPD activity and the Personal Development Plan (PDP) relate to each other	
12. Consequences of failing to provide evidence/insufficient evidence	9
13. Registration of Participants	9
14. Responsibilities of employers	9
15. Special circumstances	10
Sick-leave, Parental Leave or other Career Breaks	10
SAS/Specialty Doctors	10
Doctors who have fully retired from clinical practice	10
Doctors working in isolated environments outside the UK	11
A rolling five-year programme	11
Doctors undergoing remediation	11
Doctors who are suspended	11
Other Special Circumstances	11
16. References	11
APPENDIX I – How to obtain points	12
APPENDIX II – CPD APPROVED ACTIVITIES (CATEGORY B)	15
Meetings in the UK and Ireland	15
Overseas Meetings	16

1 Definition of Continuing Professional Development (CPD)

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 behaviours across all areas of their professional practice. It includes both formal and informal learning activities. [GMC Definition 2014]

CPD should also support specific changes in practice and career development.

The CPD programme of The Royal College of Ophthalmologists (RCOphth) started in 1996 and is open to all Fellows and Members. Others may join by becoming Affiliate Members. It is designed for ophthalmologists whether or not they are employed within the NHS. The programme is also open to non-members of the College who will be charged an annual fee. Details of the current fee are available from the College via cpd@rcophth.ac.uk

2. The rationale behind participation in CPD and the relevance to revalidation

Revalidation is the process that will ensure that licensed doctors remain up to date and fit to practise. The two key elements of Revalidation are:

- To confirm that licensed doctors practise in accordance with the GMC's generic standards.
- To confirm that doctors on the Specialist Register and GP Register meet the standards appropriate for their specialty.

The contribution of CPD to Revalidation is set out in the Chief Medical Officer's Report, 'Medical Revalidation – Principles and Next Steps' ¹. The report states that:

- Continuing Professional Development (CPD) is the process by which individual doctors keep themselves up to date and maintain the highest standard of professional practice.
- The GMC will require documented proof of CPD as an essential component of the information needed for successful appraisal and revalidation.
- CPD belongs to the individual, but there is a need for the organised collection of evidence of appropriate activity, together with some audit of the adequacy of any individual's programme. To facilitate these requirements, the Colleges and Faculties of the Academy of Medical Royal Colleges have developed CPD Schemes.
- It will be desirable to increase the linkage between CPD and appraisal. Appraisal focuses on meeting agreed educational objectives.
- Monitored systems that define College or Faculty approved educational activities may assist the meeting of those objectives.
- Effective CPD schemes are flexible and largely based on self-evaluation. This lets doctors develop what they do in the context of their individual professional practice while providing evidence for external scrutiny.

- The principles underpinning CPD schemes need to be as simple as possible while providing a good foundation on which to build an appropriate portfolio unique to the individual doctor.

3. The principles of the CPD programme

Points given by the College for CPD will be based on one point equating to one hour of educational activity (or an equivalent measure of educational activity). The minimum required will be an average of 50 points per year. Points for un-timed activities such as writing, reading and e-learning must be justified by the participant or should be agreed between the provider(s) and the RCOphth.

4. Those who are required to participate in the CPD Programme

All doctors who have a UK licence to practise will be required to provide documentation that they are participating in CPD in order to keep up to date and fit to practise.

5. Individual personal responsibility for CPD

Individuals have the responsibility to record CPD that has educational value. Where an activity has not been formally approved for CPD, it is the responsibility of the individual to record the activity and document the learning achieved. Learning may reinforce existing good practice as well as provide new knowledge.

Self-accreditation of relevant activities and documented reflective learning will be allowed and encouraged.

It will be the responsibility of individuals to ensure that they undertake a range of CPD that reflects the local and national needs of their practice and their own learning needs.

6. How CPD points are registered?

Self-accreditation of educational activities will require evidence. This may be produced as a documented reflection.

Participants should record CPD points on a continuous basis and should ensure that they have provided a reflection for every meeting.

UK College members will automatically be provided with CPD access by the College. Participants can record attendance and number of hours (one hour, one point) spent on activities. Where activities are self-accredited (e.g. e-learning, refereeing papers, etc.), participants must record a reflective note describing the value of the activity.

A CPD point represents learning that is equivalent to one hour of educational time spent in good quality educational activity. The actual learning will vary between individuals.

7. The Programme

CPD should include activities both within and outside the employing institution, where there is one. In order to support doctors in obtaining a proportion of their CPD outside their workplace, the College has therefore included a category of Clinical and Academic (External) CPD which should account for a minimum of 20 (CPD points).

8. CPD Points

The College believes that there should be a balance of learning methods that includes a component of active learning. CPD activities should include professional development outside narrower specialty interests so as to maintain a base of core knowledge.

9. Definitions of Categories of CPD

Categories assist people to classify CPD and to ensure that a balance of activities is undertaken. So as to ensure a balanced portfolio of CPD activity there will be four categories of CPD. The **minimum** number of points to be achieved in each category per annum is as follows:

- CATEGORY **A**: CLINICAL AND ACADEMIC: INTERNAL (10 Points)
- CATEGORY **B**: CLINICAL AND ACADEMIC: EXTERNAL (20 Points)
- CATEGORY **C**: CLINICAL AND ACADEMIC: SELF DIRECTED (5 Points)
- CATEGORY **D**: PROFESSIONAL & MANAGERIAL (5 Points)

	Internal	External	Self Accredited
Clinical and Academic	Local postgraduate Meetings or Teaching Activities (Category A)	Regional/National/International External Postgraduate Academic activities/Meetings (Category B)	Self-Directed Activities (Category C)
Professional and Managerial	Training in Management/Administration/Teaching/Technology/Information Technology (Category D)		

Continuing Professional Development has been incorporated into the template of Personal Development Plans (PDPs) and all individuals will be expected to tailor their CPD activity to meet the objectives of their plan.

10. Overview of the CPD Scheme

- One point will be awarded for each hour of educational time.
- Personal study will attract points only if a reflective note on the value of the activity is made as with all other categories of CPD activities.
- There will be a five year cycle of CPD activity in which it will be necessary for 250 points to be accumulated. Participants are expected to accumulate 50 points per annum.
- Participants will be able to download a certificate from the College CPD website stating their CPD activity for use at annual appraisal.
- The CPD Diary will lock after downloading a certificate and participants will not be able to edit, add or subscribe to events prior to the creation date.
- Participants will be able to download a PDF report displaying their CPD activities in more detail as a continuous report.

Point requirement per year and per five years

- A minimum of 20 Clinical and Academic EXTERNAL points will be required each year.
- To even out the educational experience over the five-year cycle, participants should aim for 50 points each year. In recognition of the fact that it is not always possible to get exactly the right number, **a variance of 10 points either above or below 50** will be allowed or carried over to the next year. Any number of points over 60 will be disallowed unless there are exceptional circumstances, e.g. practitioners who have been out of medical practice for a prolonged period, those undertaking PhDs, etc.
- 250 points are required over a five-year period.
- The above figures apply equally to full-time and part-time ophthalmologists.
- Examples are given in Appendix I.

Examples of Educational activities that qualify for CPD

Educational activities that may qualify for CPD are suggested in the table below. (This is not an exclusive list).

A Clinical and Academic: Internal	B Clinical and Academic: External	C Clinical and Academic: Self-directed	D Professional and Managerial
Participating in local teaching programmes	Participating in regional/national and international seminars/workshops	Completing journal self-assessment questions	Attending a course on how to train e.g. training the trainers
Participating in department audit meetings	Attending conferences e.g. Annual Congress	Reviewing a paper for a journal	Attending a meeting on how to use a new piece of software e.g. PowerPoint or other computer related activity
Participating in local seminars and meetings	Making new presentations at conferences	Reading journals and text books or completing an e-learning activity	Attending a course on interview techniques/equality and diversity training etc.
Participating in journal clubs/x-ray/pathology meetings etc.	Undertaking a research project that results in a publication	Undertaking visits to other units e.g. as part of a CQC team, College Invited Service Review or other purposes	
		Writing examination questions and examining	

Allocation of points in some specific circumstances

- Examiners are allowed three points for each full day.
- Each referred contribution to a journal or presentation at a scientific meeting is allowed an allocation of up to five points. However, if in essence the same material is both presented and published, it should be counted only once.
- Maximum number of points allocated for reading journals is only five per year, which must be referenced and a critique on the article submitted.
- Points are awarded per hour of self-directed project work not falling into other categories of CPD activity and subject to a detailed written description of activity, time, aim and outcome concerning knowledge gained (or change of practice).
- Educational visits to other units are awarded three points per half day and should be included under Self-Directed Activity.

CPD online activities

An individual may allocate themselves CPD points from on-line learning activities under self-directed activities, with referencing to the particular website and allocating one point per hour of on-line learning (e.g. American Academy of Ophthalmology site).

Specific exclusions from consideration for CPD points

Attendance at lectures given by company representatives or others with a conflict of interest concerning products or services will not be recognised for CPD points.

In calculating CPD points, travelling time to meetings and breaks during the programme will be excluded. Activities such as multidisciplinary team meetings which are part of a clinician's work timetable will not normally be considered as CPD.

11. Planning and review of individual CPD activities

CPD and Annual Appraisal

Participation in the College CPD programme will be confirmed after members have recorded their CPD activities online. Annual returns for CPD will be calculated by the system and participants will be able to print off pdf reports as often as required for appraisal and revalidation purposes. The report should not be confused with the certificate, which should be signed off annually at appraisal. Printing the certificate will lock activities and it is not possible to add events retrospectively to locked periods.

Participants will need to collect evidence to record their CPD activity, normally using a structured portfolio. This portfolio will be reviewed as part of the process of appraisal and revalidation.

Annual appraisal will lead to a personal development plan which will include future CPD activity. The CPD undertaken should reflect and be relevant to a doctor's current and future profile of professional practice and performance.

CPD documents will be required for presentation during local appraisal and revalidation procedures. It is imperative therefore that participants keep their diary up to date and preserve documents for the entire duration of any given CPD cycle.

Supporting information required for appraisal

- Individuals will be expected to keep evidence of their participation in CPD activities.
- Certificates of attendance should be uploaded to the College's CPD online diary and kept in hard copy form.
- In the absence of a certificate of attendance, a receipt for the cost of the meeting or name badge or similar evidence should be retained as evidence.

The documented evidence of participation in CPD activity

The documentation described above should also be retained as proof of CPD activity. It is extremely important for documents to be kept for the full five-year CPD cycle. This will be needed to provide evidence for Revalidation. As mentioned previously, a documented reflection is required for activities where a certificate or other proof is unavailable.

Supporting information needed to demonstrate that learning has taken place
As above, but with a further note as to how practice has been changed.

The means whereby individual CPD activity and the Personal Development Plan (PDP) relate to each other

There are two fundamental components to a PDP. The first is what the individual's job contract requires of him/her and how he/she intends or plans to go about fulfilling those requirements. The second is what the individual wants from his/her professional career (within or outwith the job contract) and how he/she plans to meet those aspirations. A PDP should reflect both these aspects even if they represent a conflict.

12. Consequences of failing to provide evidence/insufficient evidence

Failure to produce sufficient evidence to support claimed credits will result in an individual's annual statement being annotated accordingly for the year involved and the individual subsequently being subject to audit annually for a defined period. Further failure or suspected falsification of evidence for claimed CPD activities may call into question the individual's fitness for revalidation, and may result in referral to the GMC.

13. Registration of Participants

The College CPD scheme is available to all Members and Fellows and, at reasonable cost, to non-Members and Fellows who practise in a relevant specialty.

Eligible College Fellows or Members are automatically sent login details for the online system when accepted as members.

14. Responsibilities of employers

In its Guidance on Continuing Professional Development² the GMC states:

- Employers and organisations that doctors work in should recognise the benefits of allowing enough resources for doctors to carry out CPD activities.
- Resources, such as time to think and access to on-site educational facilities, should be available to all doctors to allow them to develop professionally.

The responsibility for fulfilling CPD requirements and achieving learning needs rests with the individual doctor. However, the employing organisation (including locum agencies, where applicable) should provide support for professional development in partnership with other relevant bodies.

According to the Terms and Conditions of Service Consultants England (2003), "The recommend standard for consultants is leave with pay and expenses within a maximum of

thirty days (including off-duty days falling within the period of leave) in any period of three years for professional purposes within the United Kingdom.

Authorities may at their discretion grant professional or study leave in the United Kingdom above the period recommended in Schedule 18 Paragraph 13 of the consultant contract terms and conditions* with or without pay and with or without expenses or with some proportion thereof.

Authorities may at their discretion grant professional or study leave outside the United Kingdom with or without pay and with or without expenses or with any proportion thereof.”

15. Special circumstances

All doctors who hold a licence to practise should remain up to date with the CPD requirements set out by the College. Doctors working less than full time have an equal obligation to provide high quality patient care as do those working full time, and thus should maintain the same commitment to their CPD. Colleges and Faculties, as well as employers, should be as flexible as possible in enabling this commitment to be met for all doctors.

In addition, the local arrangements to facilitate CPD should reflect current NHS guidance on equality and diversity in the workplace ³.

In some circumstances participation in CPD may be difficult or impossible for periods of time. The following are some of the circumstances to be considered, and some of the ways in which these may be addressed:

Sick-leave, Parental Leave or other Career Breaks

Any deficit in CPD activity should be made up over the remainder of the five-year cycle. This may be achieved either prospectively (where possible) or retrospectively after return to clinical work, or by a combination. Where the absence is very long term (e.g. more than nine months), employers will need to provide a structured return to work plan that includes CPD so that patients are protected. In these circumstances individual advice from the College may be sought.

SAS/Specialty Doctors

This group of doctors should meet the same CPD requirements as other career grade doctors in their specialty.

Doctors who have fully retired from clinical practice

If a retired doctor wishes to retain a licence to practise, then the CPD requirements of the College should be met. As much flexibility as possible should be provided, and a doctor experiencing difficulty should contact the College for advice.

*http://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/Consultant_Contract_V9_Revised_Terms_and_Conditions_300813_bt.pdf

Doctors working in isolated environments outside the UK

In some circumstances the type of CPD activity available may not conform to the quality standards set by the College. The doctor should self-accredit as much CPD as appears justifiable in terms of the learning achieved. Any shortfall should be made up on return to the UK. Periods of absence of more than one year may require specific CPD as agreed with the doctor's appraiser, and/ or the College.

A rolling five-year programme

A shortfall in CPD activity at the end of a fixed five-year cycle is difficult to make up. However, the use of a rolling cycle allows the average amount of activity to be maintained over five years if a shortfall occurs.

Doctors undergoing remediation

CPD will be an essential part of the remediation process.

Doctors who are suspended

This is likely to be rare, and the period of suspension before return to work, or a decision on re-training or remediation should be short. Where necessary it should be possible to make up any lost CPD credits over a five-year cycle.

Other Special Circumstances

There may be circumstances other than those mentioned above that warrant special consideration. The College will consider such cases on their individual merits.

16. References

1. Medical Revalidation – Principles and Next Steps. Department of Health, 27 July 2008.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086430
2. Guidance on Continuing Professional Development. GMC.
http://www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp
3. Navigating Equality and Diversity. NHS Employers
<http://www.nhsemployers.org/~media/Employers/Publications/Navigating%20equality%20and%20diversity.pdf>

APPENDIX I – How to obtain points

The principle of one point for every hour of educational activity will apply, except for examinations where it is half that figure.

Simple attendance at a meeting does not signify that any professional development has occurred. In order to improve individuals' input, participants should think about what they have obtained from a CPD activity by answering in one or two sentences the following question:

'What have I learnt (new knowledge/information/skill) from this event and how will it affect my practice?'

Notes: New knowledge may not always be 'new or novel scientific advances' but any information or knowledge that is new to the individual concerned.

Not every event will provide new knowledge or skills that result in a "change in practice". However, it may reinforce an individual's practice or reassure the individual that his/her current practice is correct. This can be counted and should be stated as such in the answer to the question.

Remember that the statements made here may be subject to scrutiny during appraisal and revalidation.

At times it may be more appropriate to address each component of a scientific meeting (e.g. seminar, update, free paper session etc.) separately rather than the whole meeting as one event.

For Self-Directed Activity, complete 'Notes on Self-Directed Activity' section for each such activity and then enter as below.

EXAMPLE 1 Individual X attends a full day symposium on Glaucoma. The symposium was approved for a total of six CPD points.

A leading specialist in the field of Glaucoma with a purely glaucoma practice.

Q	What have I learnt (new knowledge/information) from this event?	Points allocated	Category
A.	There was little new at this seminar for me in terms of knowledge. I did hear about a new technique for tying releasable sutures which I will try myself	1	Clinical and Academic External (B)

I.e. only one point out of a possible six allocated as little new knowledge/skills gained.

EXAMPLE 2 Individual X attends a full day symposium on glaucoma. The symposium was approved for a total of six CPD points.

A general ophthalmologist with no glaucoma subspecialty interest.

Q	What have I learnt (new knowledge/information) from this event?	Points allocated	Category
A.	I learnt all about the new drugs available for the treatment of glaucoma and the mechanisms of action. I also learnt about the drugs to be used in first line and which are second line, and which combinations are most effective.	6	Clinical and Academic External (B)

I.e. sufficient new knowledge/skill gained to allocate the maximum number of points.

EXAMPLE 3 A consultant, who sub specialises in cornea and external eye diseases, attends a meeting for registrars where he gives a routine half-hour talk on basic corneal disorders. Meeting approved for three CPD points.

Q	What have I learnt (new knowledge/information) from this event?	Points allocated	Category
A.	No new knowledge gained as this was a standard lecture which I have given on many occasions.	0	Clinical and Academic External (A)

In other words this event should neither be counted nor returned by that individual.

EXAMPLE 4 An ophthalmologist attends a time management course that was approved for two CPD points.

Q	What have I learnt (new knowledge/information) from this event?	Points allocated	Category
A.	I learnt how to prioritise my correspondence, delegate responsibilities and work more effectively to get more paperwork done in a shorter time.	2	Professional and Managerial (D)

EXAMPLE 5 A consultant ophthalmologist reads a review article on endophthalmitis following cataract surgery for two hours.

Q.	What have I learnt (new knowledge/information) from this?	Points allocated	Category
A.	Nothing new but my current knowledge was refreshed and consolidated. I will treat these suspected cases with much more urgency.	2	Clinical and Academic: Self Directed (C)
Reference	Bacterial Endophthalmitis – Evidence Based Update Ophthalmology 2002; 109: 13-23		
Critique	An excellent review article		

N.B. Maximum number of points allocated for reading journals is only five per year, which must be referenced and critiqued.

EXAMPLE 6 A consultant in a district general hospital visits a local teaching hospital to watch a list of squint surgery for half a day approved for three CPD points.

Q	What have I learnt (new knowledge/information) from this event?	Points allocated	Category
A.	I learnt a new technique for tying adjustable sutures in squint surgery.	1	Clinical and Academic Self-Directed (C)

APPENDIX II – CPD APPROVED ACTIVITIES (CATEGORY B)

This list was last reviewed in 2010 (UK only). A new review is planned for late 2021.

Meetings in the UK and Ireland

- Altnagelvin Annual Meeting
- ARCUS
- Bury St Edmunds Symposium
- Britain and Eire Association of Vitreo-Retinal Surgeons (BEAVRS)
- Belfast Annual Alumni Meeting
- Bowman Club
- British Association for Ocular Pathology
- British Conference for Basic Eye Research
- British Contact Lens Association
- British Excimer and Kerato-refractive Laser Society
- British Facial and Audiological Implant Group
- British Isles Neuro-Ophthalmology Club (BINOC)
- British Isles Paediatric Ophthalmology and Strabismus Association (BIPOSA)
- British Oculoplastic Surgery Society (BOPSS)
- British Prosthetic Society
- British Society for Clinical Electrophysiology of Vision (BriSCEV)
- Cambridge Symposium
- Child Vision Research Society
- College Annual Congress
- College Seminars
- Cornea and Oculoplastic Course, East Grinstead
- Eye Study Group
- UK and Eire Glaucoma Society (UKEGS)
- Institute of Ophthalmology Courses
- Irish College Annual Conference
- Irish College of Ophthalmologists
- Mayday Phacoemulsification Course
- Medical Contact Lens and Ocular Surface Association (MCLOSA)
- Medical Ophthalmology Club
- Medical Retina Group
- Moorfields Alumni
- Neuro-ophthalmology Group
- Nottingham Eye Symposium and Research Meeting
- Ophthalmological Societies
 - Midland Ophthalmological Society
 - North of England Ophthalmological Society
 - Scottish Ophthalmological Club
 - Southern Ophthalmological Society
- South Western Ophthalmological Society
- Oxford Alumni
- Oxford Congress

- Paediatric Ophthalmology Group
- Paediatric Ophthalmology Meeting, Dublin
- Retinal Imaging Course, Institute of Physics
- Regional Audit Days
- Royal Academy of Medicine in Ireland (Ophthalmic Section)
- Royal Society of Medicine (Section of Ophthalmology)
- Salisbury Oculoplastic Surgery Course
- Scarborough Meeting
- South West Oculoplastic Society Meeting
- Spring Ophthalmological Symposium RCPSGlasgow
- Strabismus Grand Round
- Trends in Ophthalmology, St Thomas's Hospital
- UK and Ireland Society for Cataract and Refractive Surgeons (UKISCRS)
- UK Transplant Support Service Authority (UKTSSA) Corneal Transplant Meeting
- Welsh Ophthalmic Forum

Overseas Meetings

All overseas meetings approved for CPD in the host country will be approved for the same number of points. Applications for CPD approval for overseas meetings should be submitted to the appropriate authority in the country hosting the meeting.

- All India Ophthalmological Society
- American Academy of Ophthalmology
- American Association of Paediatric Ophthalmology and Strabismus
- American Society of Cataract and Refractive Surgery
- American Society of Ophthalmic Plastic Reconstruction Surgery
- *Association for Research in Vision and Ophthalmology*
- Canadian Ophthalmological Society
- Club Jules Gonin
- Complications of Diabetic Retinopathy Group
- Contact Lens Association of Ophthalmologists
- European Congress
- European Corneal Conference
- European Eye Bank Association (EEBA)
- European Glaucoma Association
- European Neuro-ophthalmic Society
- European Oncology Group
- European Ophthalmic Pathology Society (EOPS)
- European Paediatric Ophthalmology Group (EPOG)
- European ROP Group
- European Society of Cataract and Refractive Surgery
- European Society of Oculoplastic and Reconstructive Surgery
- European Society of Ophthalmology (SOE)
- European Strabismological Association
- European Association for Vision and Eye Research
- Fluorescein Angiography Group
- International Congress of Eye Research

- International Neuro-ophthalmology Society
- Imaging and Perimetry Society
- International Society of Colour Vision
- International Society of Ocular Inflammation
- International Society of Ocular Trauma
- International Society for Ophthalmic Ultrasound
- International Strabismological Association
- Macular Society
- North American Neuro-ophthalmology Society
- Retina Society
- Royal Australian College of Ophthalmologists
- Vitreous Society

This list is not exhaustive and other meetings will be considered on merit by the College. Any new regular meetings will need to have run successfully for three years or three occasions before being considered for inclusion in the above list.

Meetings accredited by other Colleges for CPD purposes are all recognised by the College.