

Submission Checklist

PCS Requirement	Remember!	✓
<p>20 hours CPD</p> <p>Tip for recording short learning activities: If you completed several short activities <i>within the same category</i> that are each less than one hour, you may combine them into one recorded unit. Example: 10 mins + 30 mins + 20 mins = 1 hour of CPD</p>	<p>CPD Activity Detail: Each CPD entry must include the following four elements:</p> <ol style="list-style-type: none"> Date of activity Duration - total hours/minutes of CPD completed Category of learning (Work-Based, Professional Activity, Formal Education, Self-Directed Learning) Link to the CODE – clearly state how does this activity relates to the CODE. <p>Variety: Your CPD record should demonstrate from across the four categories:</p> <ol style="list-style-type: none"> Work Based Learning Professional Activity Formal Education Self-Directed learning <p>Aim for a balanced mix to demonstrate your learning is varied and not concentrated in one category only.</p>	
	<p>Evidence: CPD should be <u>relevant</u> to the area you work/practice in</p> <p><i>Submit evidence for each CPD activity.</i> Acceptable evidence includes:</p> <ul style="list-style-type: none"> Certificate of attendance or achievement Reflection (short, structured—see below) <p>Reflection: Use these 3 reflective questions to guide your submission:</p> <ol style="list-style-type: none"> How does this keep my practice safe? How does this align to the Code? How have I developed or maintained my competence? <p>(Reflections should be concise and not contain any identifiable details)</p>	
<p>Practice Hours 150 hours</p> <p>Practice hours must relate directly to your area of practice.</p>	<p>RELEVANCE OF PRACTICE HOURS</p> <ul style="list-style-type: none"> Ensure you have recorded practice hours demonstrating you meet the minimum required hours to maintain competence. <p>VERIFICATION OF PRACTICE HOURS</p> <p>Provide full details of the person verifying your practice hours, including:</p> <ul style="list-style-type: none"> Name Job title Organisation Work email Contact number <p>Acceptable verifiers include:</p> <ul style="list-style-type: none"> Director of Nursing / Director of Midwifery Line Manager HR Personnel 	
Declaration of compliance with PCS requirements	<p>Don't forget to:</p> <ul style="list-style-type: none"> Sign the declaration form (electronic or typed signature is permitted) Ensure your name, PIN, and date are included Confirm the accuracy and truthfulness of your submission 	